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A study of social intimacy and high risk sexual behavior in African American men who have sex with men

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A STUDY OF SOCIAL INTIMACY AND HIGH RISK SEXUAL BEHAVIOR IN AFRICAN AMERICAN MEN WHO HAVE SEX WITH MEN

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Thesis dated May, 1995

This research explores the effect of social intimacy on the high risk sexual behavior of African American men who have sex with men. Seventy-three men participated in this study. The Miller Social Intimacy Scale (MSIS) was used to determine the participants' level of social intimacy. Their scores on the MSIS were compared to high risk sexual behaviors.

Although the analysis indicates that there is no statistical relationship between the level of social intimacy and high risk sexual behavior in African American men who have sex with men, the study does indicate some important implications for social work practice, most importantly, the need for future research which continues to look for reasons why African American males continue to engage in high risk sexual behavior in the face of AIDS and other STD's.
A STUDY OF SOCIAL INTIMACY AND HIGH RISK SEXUAL BEHAVIOR IN AFRICAN AMERICAN MEN WHO HAVE SEX WITH MEN

A THESIS
SUBMITTED TO THE FACULTY OF CLARK ATLANTA UNIVERSITY
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE DEGREE OF MASTER OF SOCIAL WORK

BY
VICTOR R. THOMAS

SCHOOL OF SOCIAL WORK

ATLANTA, GEORGIA
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All Praises To The Creator From Whom all Blessings Flow.

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CHAPTER I
INTRODUCTION

General Overview of the Study

Since the beginning of the AIDS/HIV epidemic in the United States, attempts have been made to curb HIV transmission. Scientists and epidemiologists are constantly in search of new HIV prevention and treatment techniques. These attempts have concentrated on HIV education, safer sex techniques, health promotion programs, and cultural/ethnic specific models of HIV prevention.

In an attempt to inform the citizens of the United States of HIV disease and prevention measures, the U.S. Surgeon General published and presented to the American public a report on HIV Infection and AIDS. Along with giving HIV information, the report outlined the federal government's primary course for HIV prevention. The report suggests the surest way to protect one's self from HIV infection is abstinence from sex, or having a monogamous relationship with an uninfected partner.1 In the event that a relationship of this nature is not possible and one still engages in sex, proper use of latex condoms and spermicides should be used for protection from HIV transmission. The report also urges a common effort to change the behaviors that spread HIV.2

In spite of these necessary and innovative attempts to prevent HIV transmission, HIV is spreading at an increasingly alarming rate among people of color. Especially affected are African American males who


2Ibid, 21.
have sex with men. Well into the second decade of HIV disease in the United States, this often times ignored sector of the U.S. population has not responded to the attempts of HIV prevention education. Many African American males who have sex with men still engage in high risk sexual activity that leads to HIV transmission, especially those males who have low levels of social intimacy.

Social intimacy is an important predictor of healthy physical and psychological functioning. This is especially true in regard to relationships with others. Men who have low levels of social intimacy are more likely to engage in high risk sexual behavior than men with high levels of social intimacy. This study explores the phenomenon of social intimacy and safer sex among African American men who have sex with men in the metropolitan Atlanta area. Social intimacy is suggested as an important variable in assessing high risk sexual behavior, and for developing strategies to help change the behavior that leads to HIV transmission.

Statement of the Problem

Epidemiologists at the Centers for Disease Control and Prevention (CDC) reports that as of June 30, 1994 there were 401,749 cases of advanced HIV Disease or AIDS and 243,423 deaths from complications from related illness associated with HIV disease in the United States. Two hundred eleven thousand, seven hundred seventy-seven cases are among men who have sex with men, and 25,447 are men who have sex with men and a history of Intravenous Drug activity. Cases attributed to male to male sex or bisexual contact increased over 87 percent, from 25,864 to

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5Ibid.
48,266, from 1992 to 1993. Of the 11,091 cases of AIDS reported in Georgia since 1981, over 88 percent (9,758) are male. Sixty-one percent (6,080) of the total cases attributed to male to male/bisexual contact, including those identified as injecting drug users.

Racial and ethnic minority populations have been proportionately affected by HIV infection and AIDS since the beginning of the epidemic in the United States. In 1993, racial/ethnic minorities accounted for 51 percent (45,039) of the reported AIDS cases. The rate for Black males was nearly five times greater than that for white males. Among males who were racial/ethnic minorities, 39 percent were exposed to HIV through male to male sexual contact. Another factor involved in HIV transmission among men who have sex with men is its relationship to the transmission of HIV in women. The principal contributing factors of HIV transmission in women are IV drug use and heterosexual contact with someone who engages in high risk sexual behavior such as bisexual activity and/or IV drug use. This suggests that African American males’ low levels of intimacy also has an effect on African American women.

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8Ibid.

9HIV/AIDS Prevention, Centers for Disease Control and Prevention, March 1993.


11Ibid, 653.

With no known cure for HIV Disease or a HIV vaccine, African American males must alter their high risk sexual behavior as a preventive strategy for HIV transmission. There is a need to understand the psychosocial issues affecting these men. Their means of communication and the meanings involved with their sexual acts must be explored to understand how to alter their high risk sexual activity. By understanding these cognitive processes, effective HIV prevention measures among African American males who have sex with men can be implemented. This research suggests that the African American males’ concept of social intimacy is the place to begin.

**Purpose and Significance of Study**

Exploring social intimacy in African American men who have sex with men as a deterrent to high risk sexual activity that leads to HIV Disease, gives a new dimension to the fight against HIV transmission. This type of exploration forces HIV Prevention Educators to consider the importance of interpersonal, societal and psychological influences on the expression and formulation of intimacy, and the importance of the need for intimacy in African American men who have sex with men. It provides a clue as to understanding the sexual risks that are taken in search for this intimacy.

For many years the prevailing thought was that same-sex sexual activity was deviant and unnatural. It was easier to dismiss same-sex sexual behavior as perverse and concentrate on "curing" the pathological behavior, rather than exploring and understanding these actions as part of a human’s need for intimacy. Same-sex sexual behavior has become accepted as most likely biologically based and fixed by early childhood. It is a significant part of the population in virtually every known culture. More research is needed concerning the need for intimacy that leads to same-sex contact.
With a better understanding of intimacy’s role in the sexual expression of African American men who have sex with men, new innovative ways will become evident to inform and educate these men on intimacy and other ways to fulfill their need for intimacy. There are many ways that intimacy can be achieved other than a sexual act. Educating these men on true intimacy and its expression is a step in the fight against high risk sexual behavior that lead to HIV Disease. It is a step in providing a tool for successful, meaningful relationships between them and restoring their interactions to dignity that it deserves.

The following pages explore intimacy as it relates to these issues. A review of literature related to these issues will be discussed in Chapter Two. Chapter Three will deal with the methodology used in this study. Chapter Four gives the data and its analysis, followed by the discussion of the results and conclusions of this research.
CHAPTER II
REVIEW OF THE LITERATURE

This chapter seeks to review related literature involving intimacy and high risk sexual behavior as it relates to African American men who have sex with men. It will discuss those factors that relate to their expression and level of intimacy including gender socialization, homosexuality, homophobia, and societal influences. It will also provide a discussion of high risk sexual behavior and HIV prevention techniques. It concludes with a discussion of the hypothesis this research explores and theoretical framework employed.

Although HIV prevention techniques have been saturated into the African American community, this community is one of the fastest groups to contract HIV/AIDS. This research explores the African American male's expression and concept of intimacy, and their knowledge of high risk sexual behavior and prevention techniques. In later chapters the relationship will be explored and discussed. At this point, discussion begins with the concept of intimacy.

**Intimacy**

In reviewing the literature concerning intimacy several interpretations prevail. There is the popular meaning of intimacy as having sexual contact. Research espousing the importance of the emotional aspects involved with intimacy is called emotional intimacy. For this research, Miller's concept of social intimacy is used. Social intimacy is a closeness that is achieved and developed with others. It recognizes that becoming intimate with others requires the development of relationships based on identity and roles. This view allows for the
equal importance of emotions and sexuality in the formation and expression of intimacy. It also provides a framework to look at the relationship of emotions and sexual activity as it impacts on the relationships with others. This research seeks to explore the relationship of intimacy to high risk sexual behavior in African American men who have sex with men. The concept of social intimacy provides a viable construct to explore these relationships because it allows for the importance of all the components of intimacy.

Brown's definition of intimacy encompasses the importance of the interrelatedness of the variables of intimacy. Brown defines intimacy as an enduring relationship between whole people. It includes communion and understanding of one's innermost self and union with others in social-emotional, mental, physical, and spiritual ways.¹

Touching the innermost core is the essence of intimacy. In the intimate experience awareness of ourselves occurs with the simultaneous opening up with another human being.² This becomes one of the most deepest and direct forms of human experiences. In times of solitude, intimacy becomes a closeness with one's self. In moments of human interaction, intimacy is closeness to others in moments of sharing and connecting.

Humans are a social species, greatly needing human contact. If there is such a strong demand for human contact on the part of the typical human adult, then he must relax his guard and open himself more easily to the approaches of others.³ Allowing another to get close means taking a risk. It involves the disclosure of truths, a romantic feeling, or confession of classified information that might make some


one think less of us or put us in emotional jeopardy. Intimacy involves both emotions and basic human contact.

The popular meaning of intimacy is linked with sexual behavior. In looking at intimacy from a purely primal approach, Desmond Morris and other ethologists view intimacy as occurring whenever two individuals come into bodily contact. The suggestion is that intimacy is established while the child is in the womb. The need for the security found in this type of physical intimacy continues throughout the life of a person. Humans grow up and break free from their mothers. They stand alone in the world as adults. The intimacy we lose from our mothers are sought in others through our sexual contact. Only after establishing this base do humans continue in their exploration for meaningful interactions.

Goot also discusses the importance of family in the development of intimacy. She suggests that feelings about intimacy are learned by experience, not by instruction. The family provides a place to cultivate intimacy in the wholesome atmosphere of life long relationships. Their attitudes on sexuality and intimacy are woven together during this period. Hiding and stifling exploration of sexuality or intimacy may influence how a child views his own body and their concept and need for human intimacy. If sexuality and intimacy are not provided nurturing environments, they may be unprepared to take control of and responsibility for their own sexuality. Relationships in which sexual behavior is of special importance are also adversely affected.

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If intimacy is not present in a person's life then the pressures involved with daily functioning become complex. People begin to search for the missing feelings of protection and security of the mother's embrace in social activities that provide us with the missing bodily contact. Other substitutes such as pet animals and inanimate objects are used as a stand-in for intimacy. Humans also develop ways of establishing this intimacy with our own bodies by "hugging and caressing ourselves as if we were two people."7

Much research exists that discusses the effect of gender role socialization in how children are taught to express intimacy. The notion is that men and women are taught to express their emotions differently. Gender role socialization is deeply rooted in American society. Because of our social circumstances, male and female are really two different cultures with different life experiences. A child's gender identity is developed by combining the parents', peers' and the culture's notions of what is appropriate to each gender by way of temperament, character, interests, status, worth, gesture and expression. Every moment of a child's life is a clue to how he or she must think and behave to attain or satisfy the demands which gender places on one.8

Robertson states:

We have to learn what is edible and what is not, what is sexually appropriate behavior and what is inappropriate, and to go about surviving generally. Our personalities, values, knowledge, and social behavior depend largely on our learning experiences, which in turn, are determined by the society into which we are born. Various agents of socialization-the family, the mass media, the peer group, the patterns of behavior


comes to seem "natural," "normal," or even to appear as "instinctive." 9

Chodorow believes that boys are taught more thoroughly to be more masculine and girls to be more feminine; thus, the pressure on men is greater. 10 With boys, intimate connections are likely to involve athletic activities and game playing. But whatever the activity, Chodorow believes that "masculine identification processes stress differentiation from other, denial of affective relations, and processes that tend to deny the establishment of relationships." 11

Grossman and Wood suggest that gender role indoctrination leads to a difference in the expression of emotional expressiveness. 12 Stereotypically, women are viewed as more concerned with their own and others' feeling states. Their daily activities involve activities requiring emotional sensitivity and responsiveness. Women also have greater opportunities to practice emotion-related skills and to develop beliefs and values concerning emotional sensitivity and expressiveness.

There is a kind of "masculine mystique" made up of beliefs, values, and myths about masculinity and sexuality. These include the thought that boys are tough, don't cry, and are the superior gender. These concepts largely influence how many men behave, live their lives and express their intimacy. This rigid behavior and limiting

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11Ibid, 179.

perspective emphasizes control, independence, competitiveness, and restrictive emotional expression. Mosher and Tomkins discuss this type of socialization of American males. They suggest that males are taught to disdain any deviation from "machismo," the essence or soul of masculinity. Only a narrow range of emotions are allowed. These emotions include aggressiveness, competitiveness, anger, joviality, and the feelings with being in control. As the boy continues to grow, sexual feelings are added to the list.

Their ideology of machismo is defined as:

"a system of ideas forming a world view that chauvinistically exalts male dominance by assuming masculinity, virility, and physicality to be the ideal essence of real men who are adversarial warriors competing for scarce resources (including women as chattel) in a dangerous world."

Weakness, confusion, fear, vulnerability, tenderness, compassion, and sensuality are allowed for women and girls. The male that exhibits these "inferior feminine" traits are humiliated. A boy that shows any of these traits is likely to be made fun of and called a "sissy" or a "girl" by his peers.

Most known societies and cultures have the uniquely male experience of close-knit group formation. The purpose of these groups ranges from gathering and hunting, to protection of tribe or

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15Ibid, 64.
In American society, it is within these groups that male attitudes and behaviors are learned, internalized, and solidified.

"As a guy develops and practices his masculinity he is accompanied and critiqued by an invisible male chorus of all the other guys who hiss and cheer as he attempts to approximate the masculine ideal, who push him to sacrifice more and more of his humanity for the sake of his masculinity, and who ridicule him when he holds back."17

This type of male socialization has a tendency to interfere in the development and expression of his intimacy. O'Neil concurs. He lists four erroneous assumptions that he believes are the basis for men's fears about expressing intimacy:

1. Emotions, feelings and vulnerabilities are signs of femininity and are therefore to be avoided;
2. Men seeking help through emotional expressiveness are immature, weak, dependent, and therefore feminine;
3. Interpersonal communications emphasizing emotions, feelings, and intuitions are considered feminine and to be avoided;
4. Emotional expression may expose inner fears and conflicts that could portray the man as unstable, immature, and unmanly.18

The idea that men have a fear of intimacy has been discussed by many. Naifeh and Smith discuss male fear of intimacy from the Freudian psychoanalytic perspective. They suggest that men long for emotional intimacy, but are afraid to give in to intimacy due to problems in the


resolution of the Oedipal conflict. This represents one of the male's primary deprivation and deepest hurt. The male surrenders his sexual impulses toward the mother under threat of castration by the father. The male then makes an identification with the power figure, the father and returns to a nonsexual relationship with the mother. Successful separation and return to the mother yields the ability for intimacy.

Fixation in this psychosexual stage of development results in the boy in a state of flux. Part of him longs for the intimacy of the mother-son relationship. The other part of him rejects those feelings as feminine and develop a "masculine" personality. In rejecting what he considers the feminine within him, emotional detachment can develop as a self protective mechanism. This provides a way for him not to put himself in a position that may produce painful inner conflict. He learns to fear intimacy with anyone who might force him into such conflicts. His fear of intimacy appears in the accepted "appropriate" masculine form of devaluation, hostility, and indifference.

Homosexuality and Homophobia

Another factor limiting the expression of intimacy in males is homophobia. Homophobia refers to an emotional reaction of deep-rooted fear of homosexuality and accompanying hatred of lifestyles and individuals related to homosexuals.

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20 Ibid, 47.

Morin and Garfinkle have done research on homophobia as a major obstacle to male disclosure, companionship, and touching of other men.²² Fear of being perceived as "feminine" or "unmanly" causes some men to expend a great deal of energy in suppressing intimacy and convincing other males that they are "straight." Thus, feelings of intimacy exhibited in males may be denigrated by homophobic men and categorized as homosexual, immature and unacceptable which forces men to conform to the rigid masculine gender roles. Homophobic beliefs and attitudes have been codified within American society. Their influence is seen in law, social policies, religious beliefs, child rearing practices and educational curricula.²³

American society holds differing views on homosexuality. Some accept it as a valid form of sexual expression. Yet, others view homosexuality as perverse. Ethnic, social, and social background and whether one personally knows someone who is homosexual influences one's view.²⁴

Homosexuality is a natural variation in human behavior. It is not some pathological deviation from the prescribed "normalcy." It makes no more sense to view homosexuality as resulting from an impairment or inhibition of heterosexuality than it does to view heterosexuality as a failure to engage in a homosexual relationship.²⁵ A person is best understood when viewed as a total human being, instead of what activity that is done in the privacy of their bedroom. Sexuality is only a part of much larger and more complex emotions, talents, interests and


attachments to others. By singling out the homosexual's private sexual activity and condemning it as a despicable sin, criminal offense, or a shameful illness, we thereby strip the gay person of his very humanity, in the process creating misery and sorrow for millions of men and women.26

This process may also influence the way that participants of same-sex sexual contact develop and express intimacy. This becomes especially true when their natural feelings are demeaned, considered evil, and forces them to accept heterosexuality as their only recourse. Carl Rogers reminds us of the psychological handicaps created when people are forced to live by someone else's agenda instead of by our own.27 He suggests that destructiveness towards self and others comes about when persons continually get tangled up in contradictions between their own wishes and the expectations of others. When the mismatch becomes extreme, emotional reactions such as feelings and expression of intimacy become unpredictable and anxiety significantly increases. This would suggest that there is some relationship to same-sex sexual behavior and the expression of intimacy in African American men who have sex with men.

One's feelings concerning their same-sex sexual behavior becomes important in understanding the expression of their intimacy. Social psychology and psycholinguistic researchers note the importance of understanding and accepting of one's sexual behavior to achieving intimacy. Gerald Goodman has developed an "Intimacy Index" scheme to understand intimacy. This concept suggests that the achievement of


intimacy involves three aspects. These are interpersonal symmetry, self disclosure and empathy.28

Interpersonal symmetry involves a balance of needs, temperaments, and evenness in the exchange of psychological resources such as caretaking, giving pleasure, being trustable, or accepting the burden of each other's secrets. Self-disclosure involves the sharing of secrets and "being private together." Access to each other's inner lives becomes more than a matter of fairness, but a necessity for successful intimate interaction. Empathy, the third component of this model, links symmetry and self disclosure. Empathy is feeling into another's experience, and attempting to share inner thoughts, desires and beliefs. Empathic understanding creates psychological safety for vulnerable feelings and invites more risky disclosures.29

Other definitions of intimacy exists, each giving a different emphasis on the components involved with the construct of intimacy. For example, Lucy Goodison defines intimacy as "a very strong energy exchange with another person." She espouses the human need for connection with others. However, there must be "a very intense connection with the energy of your own body."30 This definition is enlightening to the understanding of intimacy. It reminds that in order to achieve intimacy with others, it is necessary to have achieved intimacy with one's self.

Men Who Have Sex With Men

There is much discussion as to the proper way to refer to a group. One of the goals in "labeling" a group is to be socially and politically

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29Ibid, 188.

30Ibid.
appropriate. As time constantly changes, so do the proper terms. At one point in time it was correct to refer to black people as Negroes, not colored or blacks. Today the term Negro is considered offensive to some who refer to be called African American or Black.

There is also much thought as to the appropriate term for those men who have sex with men. Homosexual and gay are the two mostly used terms to describe this behavior. Although both are accurate descriptions of the activity, Andersen states that: "gay is to homosexual what black is to Negro. It is not an anthropological or sociological term, but a non-derogatory, political description."31

For his research, Myers operationalizes gay as male homosexuals who have reached the stage of identity disclosure where a lifestyle choice of same sex emotional and sexual relationships has been made.32 Confinement to these parameters omits a proportionate share of those men this research seeks to reach. This definition and others like them does not include those men having sex with both men and women. It also excludes those who consider themselves heterosexual who engage in sex with men. In order not to lose the importance of the behavior, men having sex with men, is used to describe the participants of this study.

High Risk Sexual Behavior

More than ninety percent of HIV/AIDS cases have been attributed to high risk sexual behavior or intravenous drug abuse.33 A simplistic solution suggested by many is that those at risk should abstain from sex. Complete abstinence is the only certain way to avoid infection.

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Any sexual behavior that allows the contact or exchange of bodily fluids allows the transmission of HIV. Abstinence requires the denial of sexuality and sexual expression. If abstinence is to be seriously considered as a solution for HIV transmission, it requires the denial of any activity that could lead to sexual arousal.34

Most people cannot or choose not to abstain from sexual activity. Sexual expression is a powerful and personal part of their lives. Sexual behaviors have different meanings. They also have different levels of risks for HIV infection. Sexual activity that involves direct contact with semen, blood, or vaginal/cervical secretions are considered to be high risk sexual behavior. The sexual behavior of men that have sex with men that carries the highest risk of HIV transmission is anal receptive anal intercourse, followed by insertive anal intercourse. Oral sex and intimate kissing complete the spectrum of risk for HIV infection.

Safer sex means taking precautions that reduce the chance of direct contact with bodily fluids that may transmit HIV. Safer sex does not mean eliminating sexual passion and intimacy from your life. It means showing love, concern, and respect for your partner and yourself by using latex barriers every time anal or oral intercourse is done. Safer sex means employing other techniques that avoid the transferring or acquiring semen or other bodily fluids. This can include talking, fantasy, touching, and mutual masturbation.35

From the early stages of the AIDS epidemic, AIDS risk reduction education programs directed to homosexual men have emphasized the need for sex partners to avoid exchanging semen, and the need for using


35Safer Sex, American College Health Association, (Baltimore: American College Health Association, 1990).
condoms in genital-anal intercourse. Many gay men use condoms for genital-anal sex, but they often use oil-based lubricants which weaken latex condoms and lead to leakage. Public health sex education efforts aimed at reducing the risk of infection from the human immunodeficiency virus have been underway in the United States for nearly a decade. Now, there is concern about relapses from safer sex behavior and the association between unsafe sexual behavior and drug use. Although health education may not be an efficient cause of behavioral risk reduction, it is clearly necessary. Individuals must understand and believe the reasons for modifying pleasurable, intimate, and day-to-day activities before attempts at changing this behavior is likely. Nonetheless, health education is not a sufficient cause of behavioral risk reduction.

Societal Influences On Intimacy Among African American Males

The values and attitudes of the African American community hold significance for addressing HIV among African American men. Confronted with high employment, poverty, and disproportionately high indices of morbidity and mortality, HIV is seen as relatively unimportant compared to other more immediate problems, such as rent and putting food on the table. There are suggestions that the African American community has a strong distrust of the government and its implementation of HIV

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prevention. Initially, many African Americans viewed AIDS through the prism of race, which brought more than three and a half centuries of white-black relations into focus. Slavery, sharecropping, peonage, lynchings, Jim Crow laws, disenfranchisement, residential segregation, and job discrimination were the substance to which many African Americans reduced all American history, forming a saga of hatred, exploitation, and abuse.\textsuperscript{40}

The term psychosocial is a concept that looks at the interaction between internal (psychological) challenges which are often caused directly by external (social) changes.\textsuperscript{41} The amount of stress that people with HIV feel is related to the kind of support available from family, friends and significant others. Lending encouragement, being loved, remaining positive, view of one's self and situation are a part of social support. Social support refers to the amount and type of people and organization that provide the necessary incentive for HIV techniques. Social support can be friends, a same sex significant other, and those who are emulated.

Although noted for being extensively involved in providing support to their members, African American churches have unfortunately been slow in providing support for those affected and infected with HIV. But the destructive effect HIV Disease is having on the lives of church members, their families, and even ministers is forcing the church to respond to HIV Disease in the African American community.\textsuperscript{42}

The Black community is still not identifying with the HIV Disease epidemic. They don’t see themselves in it. Too many members of the


Black community still see AIDS as a white man's disease. This is a function of denial about Black homosexuality; being Gay in the black community is okay, as long as it is kept quiet. Consequently, black men are not letting their lifestyles be known.43

Because black men who do not openly identify themselves as gay or bisexual, have to chose between identifying with the black community or identifying with the gay community. On one hand they are subject to negative attitudes about homosexuality and the gay community from the Black community. On the other, they are subjected to the attitudes and values, including racism and sexual racism from the gay community. Black men may counteract racially biased negative responses from the gay community and antihomosexual attitudes from the Black community by emphasizing their masculinity. In their relationships with same sex partners, these men take on a dominant, aggressive role. They may feel that these relationships are wrong and may suppress their homosexuality. By denying their sexual activity, these men often times ignore messages of HIV Disease prevention.

Psychosocial and behavioral variables influence susceptibility to HIV transmission. Men need to be convinced to stick to safer sex, for their own sake and that of their partners. This needs to be done through the improvement of their educational, legal and economic status. There must be a coalition of the internal functionings and the many systems that interact.

In dealing with such a complex issue as HIV prevention, interpersonal relations and self perception must be explored. Social influence is an important agent of true attitude and sexual behavior. Social influence must be provided by a source that is credible to the

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group at risk, on their own terms, or by a source that the group likes and respects.\textsuperscript{44}

Efforts at social influence can lead people to feel that important freedoms have been threatened. When choices are threatened or eliminated, as with the changing of sexual expression, people experience psychological reactance due to their perception that freedoms are being taken away from them.\textsuperscript{45} Effects of reactance include the direct reassertion of freedom through behavior; a greater liking for the threatened behaviors; aggression toward the source of the threat; and direct reassertions of freedom if actual reassertion has become impossible.\textsuperscript{46}

Same-sex partners have been struggling for the freedom to express their affectional preferences. There is a myth that all gay people define sexual freedom as sex with many partners as possible. Marcus gives the "reality" in his study of gay male monogamous relationships and their ability to sustain long term loving relationships.\textsuperscript{47} Health officials are telling men who have sex with men to limit their partners, not to exchange bodily fluids, and to use condoms or a fatal disease inherent to them could result. Therefore a great deal of reactance ensues.

\textbf{Theoretical Framework}

This research seeks to explore the reasons for high risk sexual activity. It suggests that there may be a relationship between the


\textsuperscript{46}Ibid, 69.

level of social intimacy and the sexual behavior of African American males who have sex with men. The study supports the need to curb high risk sexual behavior because of the interconnectedness with the transmission of HIV which leads to HIV Disease. The research then involves the intrapersonal and interpersonal components of African American men and its effects on establishing intimacy. In order to encompass all the factors involved in this research the Biopsychosocial Model will be used as a theoretical base for the discussion.

The Biopsychosocial model was originally discussed by Engel in 1977. It was conceived as a model that considered the role of the behavior and lifestyle of an individual on social, on institutional environments, and on policies as they interact with the individual and the community. Based on the general systems paradigm, it was applied to human health and disease. The Biopsychosocial model proposes that disease and illness can only be truly understood by evaluating all potential contributing factors, including the social and psychological context, as well as physiological.

HIV Disease is a biopsychosocial disease that affects the physical condition, psychological adjustment, and social interactions of those infected with HIV. It also affects those who are not HIV infected. Fears of infection may produce high anxiety and can affect the establishment of healthy relationships among African American men who have sex with men. Peterson and others agree that the danger of HIV transmission through high risk sexual behavior exists when sexual partners who may be psychologically unhealthy themselves feel frustration over the lack of intimacy. They begin to act out sexually engaging in high risk sexual behavior which heighten the risk of HIV infection. Low frequency of sexual contact and high level of stress in

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the relationship may also influence high risk sexual behavior. From the umbrella framework of the Biopsychosocial model, the broad range of relationships and processes that lead to HIV Disease via high risk sexual behavior can be explored. The formulation and expression of social intimacy's impact on high risk behavior in African American men who have sex with men can be explored.

**Definition of Terms**

**SOCIAL INTIMACY** - the closeness that is achieved and developed with others.

**AFRICAN AMERICAN MEN WHO HAVE SEX WITH MEN** - African American men 21 years of age or older who engage in same-sex sexual behavior.

**HIGH RISK SEXUAL BEHAVIOR** - Sexual activity that allows contact or exchanges bodily fluids such as saliva, blood, semen, and vaginal fluids. Any sexual activity that shares these fluids are high risk.

**SAFER SEX** - A way of classifying specific sexual activities according to their risk of transmitting HIV. Safer sex guidelines are used by people to avoid contact with bodily fluids without giving up sexual activity. Techniques employed include the use of condoms, latex barriers, limiting the number of sexual partners, and other options available for reducing the risk of HIV transmission.

**Hypothesis**

This research seeks to explore the relationship between the expression of intimacy among the African American male who has sex with men, and his high risk sexual activity. African American men with high levels of social intimacy are less likely to engage in high risk sexual behavior. The lower the level of social intimacy, the higher the chances of engaging in high risk sexual behavior.

The most important distinction among variables for research design purposes is the designation of the variables in a relationship as dependent or independent. The concept that produces the change or

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action is the independent variable. The concept that is affected is the dependent variable. The dependent variable is high risk sexual behavior. The independent variable is social intimacy or the sharing and expression of emotions.

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CHAPTER III
METHODOLOGY

Research Design

This is a study of the effect of the level of social intimacy on high risk sexual behavior among African American men who have sex with men. More specifically this research seeks to select and define the high risk sexual behaviors to be changed; to identify underlying behavioral determinants associated with behavior; and, based on this understanding, to make recommendations about Social Work practice methods to impact the behavior.

A survey research design is employed in this study. Survey research was employed because it allows data to be collected with a self report measuring instrument. By using the self report measure opinions and answers can be obtained from the respondents regarding their level of social intimacy and high risk sexual activity. This helps in the describing and studying the population as a group as well as all variables concerned with the study.

Sampling

The population for this study is 72 African American men 18 years of age or older who have had sex with men within the last year. These men were found in the surrounding counties comprising metropolitan Atlanta. There are no known all inclusive lists available of African American men who have sex with men. For this reason, purposive sampling, sometimes called judgmental or theoretical sampling was used. Participants for this study were known or judged to be good sources of information, and were specifically sought out and selected for the
sample population. Therefore, generalizability of the research to the African American population as a whole is limited.

**Data Collection**

An effort was made to reach all sectors of African American men who have sex with men. The co-owner of The Pearl Garden was contacted to seek permission to administer the questionnaire. The Pearl Garden is a neighborhood bar located in downtown Atlanta. The clientele is mostly African American and presumed to be participants in same-sex sexual behavior. Seventy five questionnaires were distributed. Of these, 72 were collected.

**Instrument**

The data collection instrument was a self-administered, anonymous, closed-ended questionnaire. The instrument seeks to accurately establish high risk sexual behavior in African American men who have sex with men, their expression of intimacy, and the use of safer sex techniques.

The Miller Social Intimacy Scale (MSIS) was used to gather information on social intimacy. The MSIS is a 17 item instrument designed to measure closeness with others. Based on research suggesting the importance of intimacy as a predictor of healthy psychological and physical functioning the MSIS's structure permits an assessment of intimacy in the context of friendship and marriage. Higher scores on the MSIS indicates greater amounts of social intimacy.

Two other sections comprise the questionnaire. The first section is a measure of the respondent's high risk sexual activity. The respondent is asked to report recent participation (within the last 12 months) in any of the 10 listed high risk sexual behavior. This section is to access the level of high risk sexual behavior. The levels of high risk sexual behavior are:
low - No high risk behavior reported

high - Reporting multiple sex partners, sex in conjunction with the sharing of IV needles, sex with a person with HIV/AIDS, sex in exchange for money or drugs, and/or sex with the use of alcohol, drugs, etc., reporting insertive, receptive anal sex without a condom, oral or oral-anal sex without a condom, or vaginal sex without a condom.

Demographic information concerning age, education, and residency was also collected. This information will be helpful in determining these factors on social intimacy and high risk sexual behavior. Accurate data on these issues hinges on truthful, subjective reporting. But as Rosiland Cash asks, "In a society where heterosexuality is virtually compulsory and when severe penalties can befall the openly gay, how honest can a man afford to be -- even with himself?"

Analysis

Individual scores on the MSIS were summed (A = 1, E = 5) to produce an overall score. Interaction between these scores on social intimacy, and high risk sexual behavior was tested using chi-square test of independence. Cross tabulation was used to find the effect of the participant's level of intimacy on their high risk sexual behavior.

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CHAPTER IV
REPORT OF THE FINDINGS

The analysis of the data of this research involved a variety of descriptive and inferential statistics. This chapter begins with a discussion of demographic data. A discussion of the data of the variables, social intimacy and high risk behaviors are also included. The chapter will discuss the results from the statistical tests that were used to determine the relationship between the variables. The chapter ends with a discussion of the results and limitations involved in the research.

Seventy-two or 96 percent of the questionnaires were returned. One of the respondents noted on the survey that he was white. As the research is concerned with African American men only, the questionnaire was omitted from the data analysis. Another questionnaire only contained the demographic information and was also omitted from the analysis.

Demographics

The average age of the men of this research is 34.16, ranging from 22 to 60 years (see Table 1). The median age is 33 years, which means that half the men are younger than 33 and half are older. More than 82 percent of the respondents were less than 40 at the time the questionnaire was completed.
TABLE 1 -- Age of Survey Participants

<table>
<thead>
<tr>
<th>VALUE</th>
<th>FREQUENCY</th>
<th>PERCENT</th>
<th>VALUE</th>
<th>FREQUENCY</th>
<th>PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>3</td>
<td>1.4</td>
<td>35</td>
<td>2</td>
<td>2.9</td>
</tr>
<tr>
<td>23</td>
<td>3</td>
<td>4.3</td>
<td>36</td>
<td>3</td>
<td>4.3</td>
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<tr>
<td>24</td>
<td>2</td>
<td>2.9</td>
<td>37</td>
<td>4</td>
<td>5.7</td>
</tr>
<tr>
<td>26</td>
<td>3</td>
<td>4.3</td>
<td>38</td>
<td>6</td>
<td>8.6</td>
</tr>
<tr>
<td>27</td>
<td>3</td>
<td>4.3</td>
<td>39</td>
<td>4</td>
<td>5.7</td>
</tr>
<tr>
<td>28</td>
<td>3</td>
<td>4.3</td>
<td>42</td>
<td>2</td>
<td>2.9</td>
</tr>
<tr>
<td>29</td>
<td>6</td>
<td>8.6</td>
<td>44</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td>30</td>
<td>5</td>
<td>7.1</td>
<td>45</td>
<td>3</td>
<td>4.3</td>
</tr>
<tr>
<td>31</td>
<td>2</td>
<td>2.9</td>
<td>46</td>
<td>2</td>
<td>2.9</td>
</tr>
<tr>
<td>32</td>
<td>3</td>
<td>4.3</td>
<td>47</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td>33</td>
<td>5</td>
<td>7.1</td>
<td>54</td>
<td>1</td>
<td>1.4</td>
</tr>
<tr>
<td>34</td>
<td>3</td>
<td>4.3</td>
<td>60</td>
<td>1</td>
<td>1.4</td>
</tr>
</tbody>
</table>

N = 69
Missing value = 1

Mean = 34.16
Std Dev = 7.463
Median = 33

All of the respondents lived in the metropolitan Atlanta area. Thirty-two (45.7 percent) of the respondents lived in DeKalb County. Twenty-nine (41.4 percent) of the men resided in Fulton County. Men from Cobb County and Clayton County were also represented in the sample. However, the majority of the participants (87.1 percent) were from DeKalb and Fulton counties.

The education data revealed a well educated group of men. Ninety-seven percent of the men completed high school. Thirty four men (48.6 percent) are college or technical school graduates. Seventeen men (24.3 percent) have post graduate degrees.

Relationship status is the final demographic explored. Thirty-four men (34.3 percent) were in same-sex relationships at the time they participated in the research. Fourteen men (20 percent) have been in relationships for 1 year or more. The clear majority of respondents (63.3 percent) were single at the time they completed the questionnaire.

Based on the demographic data, the average respondent is a 34 year old, single, African American male. He has college experience and lives in DeKalb County.
Social Intimacy

The Miller Social Intimacy Scale (MSIS) was used to gather data on these men's level of intimacy. The scale required the men to respond to a series of questions based on the relationship that they have with someone they consider their closest friend. The closest friend of 65 of the respondents was male. This accounts for 92 percent of the total sample population. Seventy one percent or 50 men had known their closest friend for over a year. Only 24 men's (34.3 percent) sexual partner was considered their closest friend. Thirty-five men (50 percent) acknowledge that the relationship with their closest friend has a great deal of importance in their life.

Eighty-five is the maximum score that can be achieved on the MSIS. The higher the score on the MSIS, the higher the level of social intimacy in the respondent. The lowest score possible on the MSIS is 17. The mean score is 46.

The MSIS scores received by the participants of this study ranged from 35 to 85 (see Table 2). The mean score is 64.3. This average score is higher than the survey's mean score of 46. Only ten percent of the men of this research scored lower than 46. Two men scored the maximum score of 85.
TABLE 2 -- Scores on The Miller Social Intimacy Scale

<table>
<thead>
<tr>
<th>LOW VALUE</th>
<th>FREQUENCY</th>
<th>HIGH VALUE</th>
<th>FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>35</td>
<td>1</td>
<td>67</td>
<td>1</td>
</tr>
<tr>
<td>39</td>
<td>2</td>
<td>68</td>
<td>1</td>
</tr>
<tr>
<td>40</td>
<td>1</td>
<td>69</td>
<td>1</td>
</tr>
<tr>
<td>42</td>
<td>1</td>
<td>70</td>
<td>3</td>
</tr>
<tr>
<td>43</td>
<td>2</td>
<td>71</td>
<td>4</td>
</tr>
<tr>
<td>46</td>
<td>1</td>
<td>72</td>
<td>2</td>
</tr>
<tr>
<td>49</td>
<td>2</td>
<td>73</td>
<td>2</td>
</tr>
<tr>
<td>50</td>
<td>2</td>
<td>74</td>
<td>1</td>
</tr>
<tr>
<td>51</td>
<td>1</td>
<td>75</td>
<td>3</td>
</tr>
<tr>
<td>52</td>
<td>2</td>
<td>76</td>
<td>3</td>
</tr>
<tr>
<td>54</td>
<td>1</td>
<td>78</td>
<td>1</td>
</tr>
<tr>
<td>55</td>
<td>1</td>
<td>79</td>
<td>5</td>
</tr>
<tr>
<td>57</td>
<td>1</td>
<td>81</td>
<td>2</td>
</tr>
<tr>
<td>58</td>
<td>2</td>
<td>82</td>
<td>1</td>
</tr>
<tr>
<td>59</td>
<td>2</td>
<td>84</td>
<td>1</td>
</tr>
<tr>
<td>61</td>
<td>2</td>
<td>85</td>
<td>2</td>
</tr>
<tr>
<td>62</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>63</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>64</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>65</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>66</td>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

N = 70
Mean = 64
Median = 66

The median score of 66 was used to designate the levels of intimacy. Those scoring 66 or less were grouped into the low intimacy group. Those scoring more than 66 were grouped into the high intimacy group.

Fifty percent of the men report a great deal of closeness with their best friend. Twenty-seven men (38 percent) always feel close to their friend. The men also have an inclination to share themselves through the disclosure of personal information. Fifty-eight percent of the respondents most always or always confide personal information.
Only eight percent keep personal information to themselves and do not share.

A great deal of importance is placed on the importance of listening to the personal disclosures of their friends. Fifty-five percent (39 men) gave a great deal of importance to listening, and 22.9 percent (16 men) rated listening as having some importance.

It was equally important to the respondents that they encourage and support their friend and receive encouragement and support from their friend. Thirty-nine respondents (55.7 percent) place a great deal of importance on both these issues.

Thirty-nine men (54.3 percent) feel some or a great deal of affection toward their friend. Slightly less respondents (47.1 percent) show expressions of affection always or most times.

**High Risk Sexual Behavior**

The data supported the research's assumption that African American men who have sex with men are participating in high risk sexual activity (see Table 3). Forty-eight (68.6 percent) of the men surveyed reported some type of high risk sexual behavior. There were responses in all high risk sexual activity except sex in conjunction with the sharing IV needles.
TABLE 3 -- High Risk Sexual Behavior

<table>
<thead>
<tr>
<th>HIGH RISK SEXUAL BEHAVIOR</th>
<th>FREQUENCY</th>
<th>PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex with multiple partners</td>
<td>22</td>
<td>31.4</td>
</tr>
<tr>
<td>Receptive anal sex without a condom</td>
<td>11</td>
<td>15.7</td>
</tr>
<tr>
<td>Vaginal sex without a condom</td>
<td>4</td>
<td>5.7</td>
</tr>
<tr>
<td>Sex with a person with HIV/AIDS</td>
<td>5</td>
<td>7.1</td>
</tr>
<tr>
<td>Sex with alcohol and/or drugs</td>
<td>27</td>
<td>38.6</td>
</tr>
<tr>
<td>Oral sex without a condom</td>
<td>36</td>
<td>51.4</td>
</tr>
<tr>
<td>Insertive anal sex without a condom</td>
<td>11</td>
<td>15.7</td>
</tr>
<tr>
<td>Sex in exchange for money or drugs</td>
<td>2</td>
<td>2.9</td>
</tr>
<tr>
<td>Anal-oral sex without a latex barrier</td>
<td>16</td>
<td>22.9</td>
</tr>
</tbody>
</table>

The most frequent high risk activity reported was oral sex without a condom. Thirty-six men (51.4 percent) reported this high risk behavior. Eleven men (15.4 percent) reported insertive anal sex without a condom. Eight of these men (72.7 percent) also reported receptive anal without a condom. Of the men having both insertive and receptive anal sex, half the men reported being in a same sex relationship for a year or longer. Only one of these men reported multiple sexual partners. Although the study is limited by sample size, this reflects recent studies noted concerning high risk sexual activity among gay couples.

Multiple sex partners has been considered high risk sexual behavior because each sexual partner increases the chance of HIV exposure. Twenty-two men (31.4 percent) reported multiple sexual partners with in the past 12 months. All but one of these men (95 percent) also reported at least one other high risk sexual behavior.
The data on sex with the use of alcohol and/or drugs was similar to that found concerning multiple sex partner. Sex with the use of alcohol and/or drugs is considered high risk behavior because of the altering effect that these have on the ability to make valid choices. Twenty-seven men (38.6 percent) reported sex with alcohol and/or drug use. Eighty-nine percent of these men also reported other high risk sexual behavior. The most common high risk sexual behavior in conjunction with alcohol and/or drug use was multiple sexual partners. Seventeen of these men (70.8 percent) reported both alcohol and/or drug use and multiple partners. Nine of these men (37.5 percent) had three or more of these high risk sexual behaviors including multiple sex partners and sex with alcohol and/or drug use.

The fact that only 4 men (5.7 percent) reported vaginal sex without the use of a condom does not mean that the heterosexual community is safe from HIV transmission from men who have sex with men. The questionnaire was administered at a neighborhood bar whose clientele is predominately male men who identify with the gay lifestyle. This may have limited the sample population and not reached those African American men who have sex with both men and women. It is also possible that the men who do engage in sex with females and other men are using condoms.

**Statistical Tests**

Several tests were done to find the statistical relationship between social intimacy and high risk sexual behavior. The first test run to test the hypothesized relationship was the Pearson Correlation Coefficient (r) test.

A correlation was sought by individual questions to each variable. No coefficient could be computed. Each variable was then compressed into two groups of high and low. The Pearson r test was run again. The results was a coefficient of .00. As the coefficient was 0, the
variables of high risk sexual behavior and social intimacy are not related.

SPSS was used to test the reliability of the questionnaire. The MSIS which was used to determine the level of intimacy tested well for internal consistency (Alpha = 0.83).

The definitive measure to ascertain statistical significance of the variables of high risk sexual behavior and intimacy, Chi square test of independence was administered (see Table 4). Ten respondents (14 percent) met the research hypothesis. These men had low high risk sexual activity with high scores on the MSIS. Conversely, 22 men (31.4 percent) had low scores on the MSIS and high risk sexual behavior. Men with low scores on the MSIS and low high risk behavior accounted for 18.6 percent of the sample group. The highest number of men were found in the high intimacy high risk sexual behavior group. These 25 men comprised 35.7 percent of the men surveyed.

<table>
<thead>
<tr>
<th>SOCIAL INTIMACY</th>
<th>LOW</th>
<th>HIGH</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOW</td>
<td>13</td>
<td>23</td>
</tr>
<tr>
<td>(18.6%)</td>
<td>(32.9%)</td>
<td></td>
</tr>
<tr>
<td>HIGH</td>
<td>22</td>
<td>47</td>
</tr>
<tr>
<td>(31.4%)</td>
<td>(67.1%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>35</td>
<td>70</td>
</tr>
<tr>
<td>(50%)</td>
<td>(100%)</td>
<td></td>
</tr>
</tbody>
</table>

**TABLE 4**

2 x 2 Chi-square Table of High Risk Sexual Behavior by Social Intimacy

\[ x^2 = 0.238 \]
Chi-square was calculated to be .238 \( (x^2 = .238) \). To determine if this value was significant "Values of \( x^2 \) for Selected Probabilities - Table 6" of Shao’s Statistics for Business and Economics was used. Because a 2 x 2 tabular analysis was used, 1 degree of freedom was used for the computation. The probability level of .05 was used to determine the significance of the computed chi-square value. The chi-square value of .238 is far below the .05 level of confidence 3.841, yielding no significant relationship between high risk sexual behavior and level of social intimacy in African American men who have sex with men.

**Limitations of the Study**

In this study, African American men who have sex with men were asked to give very personal information concerning their sexual practices. The study relied heavily on the truthful reporting of their thoughts and sexual expression. The fear of being evaluated and judged unfavorably because of their sexual behavior can have an effect on the study. The research was also limited by the relatively few measurement instruments and literature dealing with the specific dynamics of African American male same-sex relationships, and concept and expression of intimacy.

The study is limited to generalizations on the level and expression of intimacy and high risk sexual behavior of all African American men who have sex with men in the metropolitan Atlanta area. Data collection was at a place known as a predominantly African American gay bar. Attendance at a gay bar requires some sort of acceptance of gay lifestyle. However, there remain men within the African American community who are having same-sex sexual activity and are not comfortable enough with gay lifestyle to attend gay establishments. Information on the sexual activity and expression of intimacy of these men would not be available. Because of their exclusion in the data,
generalizations on African American men who have sex with men are limited.

**Summary**

Two types of statistical test were used in this research, Chi-square test of independence and Pearson Correlation Coefficient (r). No significant statistical relationship was found between high risk sexual behavior and social intimacy using either test. Therefore the null hypothesis must be accepted. There is no significant relationship between the level of social intimacy and high risk sexual behavior in African American men who have sex with men.
CHAPTER V
IMPLICATIONS FOR SOCIAL WORK

This research attempted to find a significant statistical relationship between high risk sexual behavior and the level of intimacy in African American men who have sex with men. The objective was to explore another means to end high risk sexual behavior that leads to HIV transmission. The way intimacy develops and is expressed by African American men was explored as a means to understand their high risk sexual behavior. With this knowledge, intimacy definition and expression could aid in the prevention of high risk sexual behavior.

It is important to explore all the variables involved in HIV transmission. No variable is too small or insignificant. At this time there is no cure for AIDS. There is no vaccine to prevent the transmission. The only way to eliminate HIV sexual transmission is to abstain from sexual activity. If sexual activity is going to continue, the only way to curb the spread of HIV is utilizing safer sex techniques. African American men who have sex with men be convinced to adopt safer sexual behavior, including having fewer sexual partners, choosing nonpenetrative forms of sex, and using latex barriers.

Recommendations for Future Research
Further HIV education is needed in the community of African American men who have sex with men. This research has shown that these men are having unprotected vaginal, anal, oral, and oral-anal sex without the use of latex barriers. Not only does this behavior allow the transmission of HIV in the community of African American men who have sex with men, but also endangers unsuspecting women.
HIV Disease is a social and human service problem. HIV Disease affects every aspect of a person's life and results in serious physical, emotional, social, occupational, and financial difficulties for those infected with HIV. HIV Disease also has devastating emotional, social and occupational effect on their families, and loved ones.

The sexual transmission of HIV must be controlled. This research suggests that further research on the expression of intimacy within African American men who have sex with men is needed. An unclear definition of intimacy may affect the expression of intimacy. Some men may confuse intimacy with romance, love and sex. The need to be held, touched, desired, and loved is synonymous to ejaculation. For some men, intimacy is expressed through the refusal of condom use, and the acceptance of semen. New ways must be found to help these men find alternate, healthier ways to fulfill their need for intimacy.

However, before this can be done, research must continue on this hidden population as a whole. Their cognitive processes, role within the community, and physicality must be researched in an open, frank, and non-judgmental fashion. The issue of homosexuality and its effect on low self esteem, feelings of lack of empowerment around having same-sex sexual behavior must be addressed. African American men who have sex with men must overcome internalized homophobia and negative feelings concerning their sexual orientation, in order to love themselves and develop a positive self-image.

Final Conclusions

In Social Work there is concern for a person, their life situations, and the well functioning or dysfunctioning behavior patterns that result from their interaction. In order to function in a healthy manner one must have access to and utilization of adequate and well matched internal and external demands. One must be able to take and give from within and without, to cope with life tasks and stressors in
effective, efficient, and satisfying ways and thus attain growth and self fulfillment. An individual functions well if he has mature internal abilities and competencies. He must also have the needed social resources in the way of positive, nurturing supports, facilities, opportunities and demands.

This research challenges Social Work professionals to assume the role of advocate for African American men who have sex with men. There is a need to advocate for increased funding for care and treatment of those with HIV infection. There is also a need for increase funding for prevention and education within the African American community. There is a need for addition research by Social Work professionals on African American men who have sex with men.

This research challenges the profession to do further research on the behavior, societal and interpersonal interaction of African American men who have sex with men. Through a better understanding of these issues, additional HIV education and HIV prevention techniques can be formulated specifically to address the continued HIV transmission among African American males who have sex with men. Educational programs can be created that will provide these men with tools to develop meaningful, successful, healthy relationships and develop resources within their community to help reduce the spread of HIV.

Current trends in the spread of HIV/AIDS in African American males who have sex with men suggest that program and service networks that have been created specifically to address them are not reaching them in spite of increased funding for these programs. The men of this research support these findings. Over sixty-eight percent of the men engaged in high risk sexual behavior in spite of the many culturally specific organizations within the metropolitan Atlanta area.

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HIV prevention efforts in the United States have traditionally strongly relied on HIV testing and counseling and education. It is prudent to encourage those who participate in high risk sexual behavior to be tested for HIV antibodies. Those infected can benefit from early medical regimens that can enhance the quality of their life. However, it does not appear that test result feedback - positive or negative - will automatically effect major behavior changes.\(^2\) Basic "fact-giving" education about HIV/AIDS is necessary. Yet, education is not a sufficient enough level of counseling, especially for persons who are already knowledgeable about preventive steps.

The research began searching for the relationship between social intimacy and high risk sexual behavior in African American men who have sex with men. Although the relationship was not found to be significant, it has shed light on the importance of HIV transmission in the African American community.

Acceptance of the null hypothesis means that research suggesting continued high risk behavior are correct within the sample population. Research exists that warn that high risk sexual behavior is still on the rise in the African American community. Increases in high risk sexual activity among men involved in long term same-sex relationships has also been documented. Although there were men in the study who support these suggestions, the relationship between the level of intimacy and level of high risk sexual behavior was not found to be statistically significant. Acceptance of the null hypothesis is a good indicator that additional research on the development and expression of intimacy still warrants continued research by Social Work professionals.

APPENDIX A

CLARK ATLANTA UNIVERSITY
SCHOOL OF SOCIAL WORK

A STUDY TO DETERMINE THE EFFECT OF SOCIAL INTIMACY
ON HIGH RISK SEXUAL BEHAVIOR IN AFRICAN AMERICAN MEN
WHO HAVE SEX WITH MEN

To the participants of this study:

I am enrolled in the School of Social Work at Clark Atlanta University. I am conducting this research to fulfill the requirements of the Master of Social Work degree. Your cooperation in this study is appreciated.

The information that you give will be kept confidential. This questionnaire is designed to ensure that your anonymity will be maintained.

The study concerns the relationship that the level of social intimacy has on high risk sexual behavior. The data will be analyzed and the results documented in a research thesis.

The information that you will share is important to the Social Work profession. As Social Work practitioners continue in the battle against the spread of HIV infection, there must be a more comprehensive approach to HIV prevention and education.

If you have any questions or would like to discuss the results, feel free to contact me:

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APPENDIX B

QUESTIONNAIRE

WHAT IS YOUR AGE?  __________
WHAT COUNTY DO YOU LIVE IN?  ______________
CHECK THE HIGHEST GRADE YOU COMPLETED
____ LESS THAN 12
____ HIGH SCHOOL DIPLOMA OR GED
____ SOME COLLEGE
____ COLLEGE/TECHNICAL GRADUATE
____ POST GRADUATE

RELATIONSHIP STATUS (Check One):
____ SINGLE
____ SAME SEX RELATIONSHIP, LESS THAN 1 YEAR
____ SAME SEX RELATIONSHIP, MORE THAN 1 YEAR
____ MARRIED (HETEROSEXUAL)
____ OTHER (DESCRIBE)________________

A number of phrases are listed that describe the kind of relationships people have with others. Indicate, by circling the appropriate letter in the answer field, how you would describe your current relationship with your closest friend. This friend can be either sex and should be someone whom you consider to be your closest friend at this time. Remember that you are to indicate the kind of relationship you have now with your closest friend.

1. Sex of your closest friend (Check one):
   MALE_______ FEMALE_______

2. Check how long this person has been your closest friend:
   less than a month_______ 1-4 months_______
   5-8 months_______ 9-12 months _______ over a year____

3. Is the friend you describe your sexual partner/spouse (check one):
   ____ YES
   ____ NO
(CIRCLE THE APPROPRIATE LETTER)

<table>
<thead>
<tr>
<th></th>
<th>VERY RARELY</th>
<th>SOME OF THE TIME</th>
<th>ALMOST ALWAYS</th>
<th>NOT MUCH</th>
<th>A LITTLE</th>
<th>A GREAT DEAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. When you have leisure time how often do you spend it with him/her alone?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td></td>
</tr>
<tr>
<td>5. How often do you keep personal information to yourself and do not share it with him/her?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td></td>
</tr>
<tr>
<td>6. How often do you show him/her affection?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td></td>
</tr>
<tr>
<td>7. How often do you confide very personal information to him/her?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td></td>
</tr>
<tr>
<td>8. How often are you able to understand his/her feelings?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td></td>
</tr>
<tr>
<td>9. How often do you feel close to him/her?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td></td>
</tr>
<tr>
<td>10. How much do you like to spend time alone with him/her?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td></td>
</tr>
<tr>
<td>11. How much do you feel like encouraging and supporting him/her when he/she is unhappy?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td></td>
</tr>
<tr>
<td>12. How close do you feel to him/her most of the time?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td></td>
</tr>
<tr>
<td>13. How important is it to you to listen to his/her personal disclosures?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td></td>
</tr>
<tr>
<td>14. How satisfying is your relationship with him/her?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td></td>
</tr>
<tr>
<td>15. How affectionate do you feel towards him/her?</td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td></td>
</tr>
</tbody>
</table>
16. How important is it to you that he/she understand your feelings?

17. How much damage is caused by a typical disagreement in your relationship with him/her?

18. How important is it to you that he/she be encouraging and supportive to you when you are unhappy?

19. How important is it to you that he/she show affection?

20. How important is your relationship with him/her in your life?

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IF YOU HAVE HAD SEX WITHIN THE PAST 12 MONTHS, CHECK ALL THAT APPLY TO YOU:

____ Multiple sex partners

____ Oral sex without a condom

____ Sharing IV needles

____ Insertive Anal Sex without a condom

____ Receptive Anal Sex without a condom

____ Vaginal Sex without a condom

____ Sex in exchange for money, drugs, etc.

____ Sex with a person with HIV/AIDS

____ Anal-Oral Sex (Tossing Salad) without a latex barrier

____ Sex with the use of alcohol and/or drugs
SELECTED BIBLIOGRAPHY


