

Sexual partner type taxonomy use among urban Black adolescent mothers

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Abstract: Research on sexual-partner type has focused mostly on “main” and “casual” partner categories and has found, for example, that adolescent girls were less likely to use condoms with main partners and more likely to use condoms with casual partners. It is likely that adolescent mothers differ from other adolescents in having different types of sexual partners that cannot be simply characterized as main or casual. The purpose of the present qualitative study was to explore and describe the range and characterization of male sexual partner types reported by 31 Black, predominantly African-American, adolescent mothers aged 15 to 19. Data gathered in focus groups and interviews were transcribed and then analyzed using qualitative content analysis. Nine discrete sexual partner types were identified, including a unique partner type that was the biological father of the baby. These nine partner-types were characterized under three themes each of which had three corresponding partner types. The themes were (1) All main partners are not created equal, (2) They're not casual partners because there are strings attached, and (3) Wham, bam, thank you, ma'am: No strings attached.

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Introduction

In the United States, the vast majority of heterosexually transmitted human immunodeficiency virus (HIV) infections among adolescents occur in females (Centers for Disease Control and Prevention [CDC], 2004). Overall, the incidence of HIV and other sexually transmitted infections (STI) among female adolescent remains higher among non-Hispanic Blacks than among other racial/ethnic groups (CDC, 2004; 2009a; 2009b; Forhan et al., 2009). It is currently estimated that sixty-nine percent of HIV cases diagnosed among females ages 15-19 in the last decade were among Blacks (CDC, 2009a). Black adolescent females are also overrepresented in non-HIV STI morbidity. Blacks represent 73% of reported gonorrhea cases among females ages 15-19 (CDC, 2009b). Similarly, over 52% of chlamydia cases in females aged 15-19 are among Blacks (CDC, 2009b).

Sexual partner type is one factor known to influence condom use among female adolescents. Most research has focused on two binary partner types—main and casual. A main (steady) partner is generally a partner with whom a person engages in sexual intercourse on a regular, interval, or otherwise long-term basis (Lansky, Thomas, & Earp, 1998; Macaluso, Demand, Artz, & Hook, 2000). In contrast, a casual (non-steady) partner is, generally, a partner with whom a person engages in sexual intercourse on an episodic, periodic, or otherwise short-term non-committed basis (Lansky et al., 1998; Macaluso et al., 2000). Considerable research has examined the relationships between partner types and condom use for HIV/STI prevention. The findings indicate that the likelihood of condom use among female adolescents is higher with casual sexual partners than with main/steady sexual partners (Macaluso et al., 2000; Morrison-Beedy, Carey, & Lewis, 2002;

Rosengard, Adler, Gurvey, & Ellen, 2005; Williams et al., 2001).

Results from other studies have identified an additional distinct male sexual partner type in which the partner is also the biological father of the child(ren) of the female (Johnston-Briggs, Liu, Carter-Pokras, & Barnett, 2008; Singer et al., 2006). In these studies, this partner type has been referred to as “father of the baby” (Johnston-Briggs et al., 2008) or “baby daddy” (Singer et al., 2006). The identification of this partner type indicates that the range of potential partners for young mothers is perhaps more extensive and nuanced than what is accounted for in the terms “main” and “casual” partners. This may be particularly relevant for Black adolescent females who are 2.38 times more likely to be pregnant and 2.86 times more likely to be parenting than White non-Hispanic adolescent females (Kost, Henshaw, & Carlin, 2010). Moreover, researchers have found associations between adolescent maternity and HIV/STI risk perceptions (Kershaw et al., 2003) and risk behaviours (Blythe, Fortenberry, Temkit, Tu, & Orr, 2006; Ickovics, Niccolai, Lewis, Kershaw, & Ethier, 2003), which could be influenced by the existence of this unique co-parent sex partner type. In order to address partner-related risk behaviours of Black adolescent mothers, it is important to more fully understand the range and associated characteristics of their sexual partners (Nelson & Morrison-Beedy, 2008). The purpose of this study was to explore and describe the range of male sexual partners types of Black adolescent mothers and the characteristics of these various relationships.

Methods

Design and sample

To be eligible for inclusion in the study participants needed to be female, to self-identify as Black, to be 15 to 19 years of age, and to have given birth to a child who is currently living. Participants who met these initial criteria were excluded from the study if they had not been sexually active with more than one male partner within the past six months or were currently married, living with a male sexual partner, or unable to speak English. Mothers were purposively sampled via community health provider referrals and peer network referrals. Flyers and brochures were also

posted and placed at sites throughout the community such as a local public health perinatal home visiting programs, a public sexual health clinic, day care centres and women, infants, and children (WIC) offices. The study took place in a city of moderate size in the State of New York.

All study participants provided written informed consent or assent. The University of Rochester Medical Center Institutional Review Board (IRB) approved the study. The IRB waived parental consent for participants under age 18 since, in the State of New York, minors who are themselves parents may assent to participate in sexual health research. Nonetheless, as an additional safeguard, the public health clinic where we conducted the study designated a public health nurse advocate to ensure that the best interests of the minors were upheld. All potential participants were advised during the informed consent/assent processes that they could contact her and ask any questions or express any concerns that they had regarding participating in the study. We also informed them that one of the nurse’s roles was to be an adult advisor who would ensure that they did not participate in the research, regardless of the reason, if they did not want to or if they were unsure about the procedures, risks, or benefits involved in participation.

Sample size determination

The idiographic nature of qualitative research studies does not lend itself to *a priori* calculations of sample size; nonetheless, it is feasible to make logic-based determinations of sample sizes (Guest, Bunce, & Johnson, 2006). Based on our review of the literature on qualitative research in sexual health with adolescent females (Morrison-Beedy, Carey, Côté-Arsenault, Seibold-Simpson & Robinson, 2008; Spear & Locke, 2003), we anticipated that there would be moderate degrees of variation in responses between the women in our study. We thus estimated that we would need to conduct at least four groups in order to generate enough data to identify common themes regarding the women’s relationships with their various sexual partner types. After conducting the first three focus groups, we paused to assess the data cumulatively, to identify how close we were to reaching data redundancy, and to determine how well we thought we could answer our research question

using the data collected up to that point. Based on these assessments, we refined our focus group guide and continued to enroll participants and conduct additional focus groups as necessary to reach data redundancy. Once we determined that the cumulative data generated were sufficient to answer the research question, we stopped enrollment and the sample size was finalized.

Sample description

In total, there were thirty-one participants in the study. All of the study participants identified as Black. Most of the women were African-American (n=28) and the remaining 10% were Latinas (n=3). Their ages ranged from 15 to 19 years with a mean age of 17.5 (*SD* 1.4). Twenty-two of the 31 women were 18-years-old or younger. All participants were single (not-married) mothers residing in low-income neighbourhoods who reported having sex with two or more male partners, including the birth fathers of their children, in the six months prior to enrolling in the study.

Measures

Data were collected via focus groups and interviews. Our original design included only focus groups since we were interested in the range of experiences related to sexual partner types of adolescent mothers. Previous research has indicated that this method is appropriate for studying potentially sensitive topics (Farquhar & Das, 2001) with youth (Clark, 2009) and also that African-American adolescent girls preferred group versus individual settings for discussions related to sex (Morrison-Beedy, Carey, Aronowitz, Mkandwire, & Dyne, 2002; Nelson & Morrison-Beedy, 2007). Despite this expectation, we experienced three consecutive instances of low attendance at the planned focus groups. On the first (n=1), second (n=1), and third (n=2) occasions, we chose to proceed with data collection by conducting interviews. These unintended interviews provided very personalized accounts of four young women's experiences which we used to supplement and corroborate the more general accounts shared in the focus group discussions as per Michell (2001). Overall four individuals were interviewed and 27 participated in focus groups. Median group size was 4 participants with a range of 3 to 9).

A trained female facilitator who was also a nurse with years of clinical practice with adolescents conducted the focus group discussions and interviews. A semi-structured question guide, based on the model of Krueger & Casey (2000), was developed and used to guide the focus groups and interviews. The 90-120 minute sessions began with introductory questions and proceeded to a sequenced set of questions. Open-ended questions were used to stimulate broad conversation regarding participants' relationships with various sex partners (e.g., "What are the different sexual partners that you or young mothers your age have?"). We then used specific questions at various points during the discussions in order to elicit more detail (e.g., "How do you know which category the sexual partner belongs to?" and "In what ways are these sex partners different/ similar?"). The first author co-facilitated all of the discussions, took field notes of group interactions, and assisted with the focus group logistics. All focus groups and interviews were conducted in a private conference room at a local public health clinic and were digital audio recorded. We provided participants with lunch and a small honorarium as a way to show our appreciation for their participation in the study.

Analytic strategy

All focus group and interviews were transcribed verbatim. During transcription all identifying data were removed from the text transcripts. The first author reviewed all transcribed data to correct any errors or misrepresentations that were made by the transcriptionist. The first author also re-integrated field notes on group interaction and other non-verbal data back into the transcripts to better contextually situate the data (Duggleby, 2005; Morrison-Beedy, Cote-Arsenault, & Feinstein, 2001). Data were analyzed using qualitative content analysis (Miles & Huberman, 1994). Excerpts from the transcribed text that represented sexual partner types and characteristics were labeled with codes that reflected those meanings. For partner type, we usually used the actual partner-type category name. We used Atlas.ti to attach codes to the data and to manage the codes generated from the different groups and interviews. Coding occurred across groups and interviews and was iterative in that codes were continuously refined as subsequent data warranted clarification or revision of previously constructed codes. Conceptually

overlapping codes (e.g., friend and homeboy) were combined while related but conceptually distinct codes were clustered into categories (e.g., friend/homeboy, friends with benefits).

We used Microsoft Word to create data display tables within which we inputted and organized code categories according to the session from which they originated. This process allowed us to visually see the distribution of the categories and to compare and contrast them across focus groups and interviews (Miles & Huberman, 1994). We reviewed the arrangement of categories in the display tables to identify common threads across the groups and interviews (Morse, 2008). The exemplar statements shown in the display tables provided supporting evidence for the categories and the preliminary themes regarding partner types. We established content validity through a peer review process in which a qualitative analysis workgroup of clinicians and researchers in adolescent health reviewed our data display tables to assess the goodness-of-fit between the preliminary themes, code categories and exemplar statements (Brod, Tesler, & Christensen, 2009). While we did not perform mathematical reliability calculations, we noted early in our analytic peer-review process that there was not total agreement among workgroup members regarding whether the preliminary themes flowed logically from the code categories and exemplars. This led to several iterations of re-immersion in the data, refining the themes, and re-presenting preliminary results to the workgroup until there was consensus that the themes clearly reflected the data. Finally, we presented the themes to a focus group of adolescent mothers who discussed their own experiences and affirmed that our themes reflected their experiences (Brod et al., 2009; Pyett, 2003).

Results

The taxonomy that participants' used to organize their sexual partners into discrete categories was composed of nine distinct partner types clustered under three separate themes. These themes, reflecting certain general characteristics of the different partner types, were characterized as "All main partners are not created equal", "They're not casual partners because there are strings attached", and "Wham, bam, thank you, ma'am: No strings attached."

Although participants reported many different types of partners, the nine partner types described below under the appropriate theme headings were the ones that they most commonly and prominently identified and affirmed (i.e., in three or more separate groups/interviews).

Theme 1: All main partners are not created equal

The participants consistently resisted the facilitator's attempt to have them discuss "main" partners. Instead, they insisted that there was a need to clarify what type of main partner was to be discussed. While the participants were familiar with the term "main" partner, they did not feel that the term in and of itself was a meaningful descriptor of their relationships. The women opted instead to discuss the types of partners that might be considered "main," this included the *hubby*, *baby daddy/baby father* and *boyfriend* partner-types.

Hubby

This partner type is similar to a boyfriend, except that it has a marital-like status. The women perceived that they were in life-long committed romantic relationships with partners they identified as this type. An example of this perception is reflected in a comment from one of the early groups in which a participant clearly stated that "*Hubby* is like your husband" (Group 2). Hubbies are usually males that were once considered boyfriends. Over time and through valuation of relationship trust, love, and commitment these male partners have had their status elevated or upgraded to *hubby*. One of the women interviewed clarified that "Your *hubby*, that's somebody you plan to be with for life" (Interview 3). While the term *hubby* is a derivation of the term "husband" used in the concept of marriage, the use of the term *hubby* by the young women signified their intention to remain in long-term relationships, but did not signify a concrete intention to marry these male partners.

Baby daddy/baby father

This term described partners who were the birth fathers of the women's children. Women used of the term *baby daddy* to indicate biological paternity without suggesting his parental involvement. For example, in a group discussion in which participants were negotiating their definition of *baby daddy*, one

woman stated “The reason why he is called *baby daddy* is only because we got a child by him” (Group 2). The women deliberately used the term “daddy” as opposed to father as a way to signify that the men had little or no involvement in the lives of their children. One of the women in the individual interviews described the significance of an adolescent mother’s use of the term “daddy” as a general reflection of the relationship between the male, mother and child through her statement,

when people say my *baby’s daddy* that really says that he’s not really in your life, like he’s not really involved with the child...like saying he’s not there, he’s not doing a good job. (Interview 1)

The use of *baby father* was reserved for birth fathers that the women believed were sufficiently participating in co-parenting or other activities that centered on the development of their shared children. An example of this distinction is seen in the following quote from a group discussion in which participants contemplated the situations in which a male sex partner is characterized as a father or a daddy.

Baby daddy falls into different categories. He can be the *baby’s father* when he’s taking care of the kids, [but] a *baby daddy* is just somebody who come[s] around. (Group 2)

The distinction between baby “daddy” and “father” sex partners reflects relational nuances regarding the men’s relationships with their biological children, as well as their dyadic relationships with their children’s mothers.

Boyfriends

The *boyfriend* partner was described as someone with whom a young woman has established a romantic, committed relationship. The term *boyfriend* is a commonly used relationship term in the U.S. and Canada, and its meaning was largely taken for granted by the women in the study, so much so that the participants had difficulty articulating a formal definition of the term since “everyone already knew” what it meant. Instead, participants offered examples of relationship dynamics as proofs of how one knows that a boyfriend is a *boyfriend*. These descriptions were more clearly elucidated in the interviews than

in the focus groups. For example, in an interview one woman’s proof that her partner was her *boyfriend* was that “he was the only person I was messing with and I was the only person he was messing with at the time so he was my *boyfriend*...” (Interview 2)

While the women reported that the *boyfriend* partner-type was characterized by relationship commitment, they still distinguished this type from other “main” partners. For example, if a woman had a child with a man that she is in a committed relationship with the woman would refer to him as the *baby daddy/baby father* rather than as a *boyfriend*. Additionally, the women described that the commitment in the relationship with the *boyfriend* does not carry with it the same sense of permanency as *hubby* partner type. A clear example of this distinction happened in the paired interview where the two participants tried to clarify the boundaries that demarcated the *boyfriend* from the *hubby*.

Speaker 1: Your *hubby* is somebody that like, you plan on being with that person forever. That’s different from a *boyfriend*.

Speaker 2: Yeah, you’re not “that serious” with a *boyfriend*. (Interview 3)

Theme 2: They’re not casual partners because there are strings attached

Similar to the discussion of types of main partners, participants’ resisted lumping partner types into a generic casual category. The women described various types of relationships they have or have had with male sexual partners who were not their main partners. These sex partner types were characterized by a relationship (also known as ‘strings’) but not with the assumptions of mutual monogamy, commitment, or parental connection that characterized *hubby*, *boyfriend*, and *baby daddy/baby father* partners. The three partner-types under this theme were *friends/homeboys*, *friends with benefits*, and *boo*.

Friends and homeboys

The categories *friends* and *homeboys* are synonymous terms and are used to describe friendships in which occurrences of sexual activity are allowable and accepted within the bounds of the relationship. In general, the women did not hold lingering romantic attractions for these partners. Across the groups and

interviews, the women intimated quite clearly that “You’re homeboy... they’re somebody you don’t date, you just have sex with them” (Group 5). The relationships with these partners were characterized by friendship, not necessarily romance. Moreover, the women described sex with these partners as largely coincidental or secondary to their friendships that were close and intimate—but again, not primarily sexual or romantic. This is illuminated in a personal account shared during a group discussion.

I mean, like, I have a friend that’s just like, we can talk about anything... tell him everything and if we felt like we wanted to have sex we could do that too and still be able to maintain a regular friendship. (Group 3)

Friends with benefits

Women described partners they identified as *friends with benefits* as men with whom they have friendships in which occurrences of sexual activity are allowable and accepted within the bounds of the friendship relationship. Similar to *friends/homeboys*, sex is an added benefit of the existing friendship; however, in contrast to the relationship with *friends/homeboys* where sex is largely happenstance, sex is an expectation of the arrangement with *friends with benefits*. Additionally, women described that this partner often does “favours” for the female partner. The following excerpt indicates that these favours (e.g., financial, logistical) are also seen as benefits that the women reaped from their friendships with these male partners.

A *friend with benefits* is somebody that you have sex with, they give you money, they give you whatever... but it’s not like a trick, it’s like your homeboy. He knows I need stuff now that I have kids. He knows my son needs this or my son needs that. It’s the kind of relationship where you don’t have to ask, and he already knows. (Group 3)

The above emphasis on describing the relationship as one of mutual need fulfillment was present across all groups and interviews in which the *friends with benefits* partner was discussed. The participants very deliberately distinguished *friends with benefits* from relationships that they believed were characterized by

one-for-one transactions in which the women were viewed as engaging in prostitution.

Boo

The *boo* partner is one for whom the young women had lingering romantic attractions. A *boo* also possesses friendship-like qualities, but the relationships with these partners are primarily characterized by romantic feelings whereas friendship, not romance, is the primary characteristic of relationships with *friends* and *friends with benefits*. As described in one group “A boo is...somebody that you always gonna like or have like feelings for” (Group 5). In some instances, the *boo* partners were men for whom the women had romantic feelings but with whom they had never been in relationships as formal couples. In other instances, the *boo* partners were described as former boyfriends for whom the women still had romantic feelings. For example, in the paired interview, one of the women described her lingering affection for a former boyfriend whom she considered to be her *boo*.

Yeah, right now to this day, he is still my *boo* and I love him, don’t get me wrong. But if he ain’t got his mind right about what he want to do with himself and how to respect a person, you know what I’m saying, I can’t date him. Mmm hmm, but don’t get me wrong though...because [sometimes] I do call him and I be like, “*Boo*,” I need you to come over—I need some [sex].” (Interview 3)

Theme 3: Wham, bam, thank you, ma’am: No strings attached

The final theme related to partner-types that were primarily sexual relationships. For many of the participants, our characterization of their interactions with these partners as “relationships” made the circumstances surrounding the behaviours that occurred sound more emotionally laden than was actually the case. The primary focus of participants’ relationships with this type of partner was sex with no pretense of any ongoing commitment or attachment. The *booty call*, *pop-off/jump-off* and *one-night stand* were the three partner-types that fell within this theme.

Booty call

This partner-type is contacted for the sole purpose of on-demand sexual encounters. In their descriptions,

the women used *booty call* as both a noun that described the partner and a verb that described the sexual encounter as well as the act of arranging the sexual encounter. For example, in one of the groups a participant noted “a *booty call* is when you just call ‘em when you need ‘em” (Group 2). These sexual encounters are usually visits that are pre-arranged via telephone or text and can occur at any time of day, but are often arranged to occur at night. The women’s descriptions indicated that this *booty call* partner functioned to satisfy the sexual desires of the woman and that that they had no other use for such partners beyond sex. In one of the more colourful descriptions of the *booty call* partner, the two women in the paired interview each took turns describing a *booty call* with casual yet clever rhymes that reflected the lack of seriousness that women gave to these arrangements. One woman said, “With a *booty call* we just do whatever and get it over with...wham, bam, thank you, ma’am” while the other added that a *booty call* was nothing more than a “late night get right” (Interview 3). According to the women, it was not uncommon for a *booty call* arrangement to be established subsequent to the termination of a relationship, such as with an ex-boyfriend.

One-night stand

The *one-night stand* is a partner in a short-term encounter in which sex occurs but no relationship pre-existed, was expected, or would be pursued. Unlike the complexity involved in discussions about other partner types, the participants’ understandings of and experiences with *one-night stands* were simple and consistent, that is, a “*one-night stand* is somebody you have sex with and you don’t talk to them no more” (Interview 2). The *one-night stand* is used both to describe the partner-type and the sexual encounter with that particular partner. These encounters are often pseudo-anonymous insofar as such partners are often met on the same night that the sexual encounter occurs. Additionally, the sexual encounter with the *one-night stand* is neither pre-arranged nor totally spontaneous, but usually evolves out of a brief courting during a social event such as a party. This differs from *booty call* partners who are not anonymous. *Booty calls* are arranged sexual encounters with men who are previously known to the women. Moreover, it is expected that sex with a *booty call* will be recurring albeit sporadically

while sex with a *one-night stand* is a single non-recurring event.

Pop-offs and jump-offs

These two terms are synonymous and describe a partner that has an extraordinarily dense network of sexual partners. The women indicated that *pop-offs* and *jump-offs* are simultaneously reviled for their indiscriminate copulative patterns and revered for their sexual prowess. Discussion of these partner-types elicited spirited responses, often using words and intonation that reflected condemnation. For example, during a discussion about *pop-offs/jump-offs*, one woman offered a simple and relatively non-judgmental description that: “A *pop-off* is somebody who just has sex with anybody” (Group 5). Immediately, and almost in protest to the nonchalant manner in which the first woman described this partner, another woman interjected with a shout:

A *pop-off* is horrible! That’s somebody who just sleeps with anybody. Just, go down the line, just want to mess with everybody in the room. (Group 5)

Similar to the *booty call* and *one-night stand*, the terms *pop-off* and *jump-off* were used to describe the partner-type as well as the sexual act. For example, one may get ready to go “*pop-off*” (describing the action) or one may be going to have sex with a *pop-off* (describing the person).

Discussion

The sample of sexually active Black adolescent mothers in this study organized their partner types using taxonomy. This classification served as a mechanism to sort partners into categories that reflected relationship nuances that are not visible when partners are dichotomized into main and casual categories. Familiarity with the classification system was expressed in all of the groups and the interviews. While not all of the participants had direct experience with each and every one of the nine partner-types discussed in this article, they nonetheless acknowledged that, in general, these were the categories within which they understood most sex partners to fit. While there were certainly outlier partner-type categories that occurred once or twice

during the course of the study, the nine partner types presented in the results were remarkably consistent across the groups and interviews. The consistency of the sex partner taxonomy and the component definitions suggests that the classification rules are transmitted through social and cultural channels. Early research in social science literature indicates that humans' mental classification of "things" into categories serve useful social and cultural functions (Berlin, Breedlove, & Raven, 1973; Durkheim, 2001, Hirschfeld, 1998). The taxonomy described and used by the women in this study may serve useful social and cultural functions by providing a common language for young women to understand and name their various sexual relationships with males and for them to efficiently communicate with one another about these relationships.

The results of this study help to move the field of adolescent sexual health research beyond a focus on "main" and "casual" partner types towards a more in-depth understanding of variation in partner types among adolescent mothers. The "main" and "casual" partner type designations that dominate the adolescent health research literature were noticeably absent from the list of partner types found in our study. That these global partner type categories did not surface in any of the groups or interviews highly suggests that those labels are not a common part of the language that Black adolescent mothers use to organize, understand, and discuss their sexual partners. It also suggests that consolidating partner types into "main" and "casual" categories was less relevant and meaningful for this group of women who instead discussed a deconsolidated typology of sexual partners (Hostetler & Herdt, 1998).

Commonly used consolidated partner type classifications like "main" or "casual" partner incompletely convey the range of adolescent mothers' heterosexual relationships and thus limit our scientific and clinical understandings of the influences of those relational meanings on these women's sexual behaviours such as condom use. In clear contrast to the "main" and "casual" designations that abound in the literature, the women's use of a sex-partner taxonomy that accounted for important relationship nuances highlights the need for clinicians and researchers to give serious attention to the socio-culturally grounded

nomenclatures that are otherwise lost when partner-types are compacted into broad, high-density categories (Kagan, 1998). For example, the *baby daddy* partner is unique from all the other partners in that he is also linked to the woman via his paternity to their child and their relationship contains a unique layer of dynamics related to co-parenting functioning. Collapsing the *baby daddy* partner into the "main" category has the effect of largely rendering him invisible, which decreases our ability to develop in-depth understandings of the complexities of this relationship, especially in terms of its influence on sexual risk (Johnston-Briggs et al., 2008; Singer et al., 2006).

The sex-partner taxonomy defined relationships between the women and their male partners and was imbued with understandings of the limits and possibilities for how the women and their male partners can relate to one another. For example, by employing the binary main/casual partner type system currently used in research and practice, a *pop* and a *boo* would likely be categorized as "casual" partners. The young women in this study did not have the same types of relationships with a *pop* as they did with a *boo*; thus, risk reduction counseling strategies that one would use for addressing sex with the *boo* needs to be different from those used to address sex with a *pop*; that is, the strategies must be informed by the relationship and emotional nuances between the women and their partners.

Limitations

The results of this study are based on a small, very specific sample of Black (mostly African-American) adolescent girls who had given birth to children and who had more than one male sex partner. The clinical implications of the results should therefore be considered preliminary due to the limits of their generalizability to the broader population of adolescent girls. Nonetheless, the findings from this study offer new insights that can lead researchers to approach the study of sex partners in ways that take into account relational nuances and cultural context. Additionally, this study did not include microanalyses into differences in participants' accounts based on ethnicity/ cultural background. Over 90% of the participants identified as Black, non-Hispanic. A major attempt to identify ethno-cultural differences would require a larger and more diverse sample. It

is therefore important to explore the degree to which sex-partner type taxonomy is used among adolescent mothers of different racial and ethnic backgrounds, as well as those who live in urban settings outside of the United States.

Concluding observations

The Black adolescent mothers in this study used a meaning-rich language to talk about sexual partner types. Clinicians and researchers must not be naive about this language, since it may well be a reflection, however partial, of the way that these young mothers organize and understand their relationships. The partner types they described may also reflect how they prioritize and rationalize sexual risks in their various relationships. Clinicians providing sexual health counseling to Black adolescent mothers need to discuss the degrees of sexual risk associated with their various sexual partner types and provide the most appropriate risk-reduction strategies based on the young women's relationship circumstances. Future research must move beyond the re-identification of correlations between condom use and main/casual partner types towards the development of interventions that take into account the nuances of relationships between Black adolescent mothers and their sexual partners.

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