

# Black Sexuality, Social Construction, and Research Targeting 'The Down Low' ('The DL')

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**PURPOSE:** The purpose of this commentary is to explain how social constructions of black sexuality are relevant to research targeting black sexual behavior and the ostensibly new and race-specific phenomenon known as "the Down Low" (the DL). The term "the DL" is widely used to refer to black men publicly presenting as heterosexual while secretly having sex with other men and presumably spreading human immunodeficiency virus and acquired immune deficiency syndrome (HIV/AIDS) to unsuspecting women.

**METHODS:** We briefly review lay and public health literature from 1998 to 2004 about the DL, describe existing social constructions of black sexuality, discuss two implications for epidemiologic research, and offer recommendations to guide future research.

**RESULTS:** The lifestyle referenced by the term the DL is neither new nor limited to blacks, and sufficient data linking it to HIV/AIDS disparities currently are lacking. Common perceptions about the DL reflect social constructions of black sexuality as generally excessive, deviant, diseased, and predatory. Research targeting black sexual behavior that ignores these constructions may unwittingly reinforce them.

**CONCLUSIONS:** Unaddressed social constructions of black sexuality have implications for epidemiologic research targeting black sexual behavior. Explicit examination of these concerns is necessary to eliminate fundamental causes of health disparities.

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**KEY WORDS:** HIV Infections, Prevention and Control, Epidemiologic Methods, African Americans, Sexual Behavior, Sex.

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## INTRODUCTION

"Ideas about race, gender, sexuality, and black people as well as the social practices that these ideas shape and reflect remain intricately part of the new racism, but in changed ways."

—Patricia Hill Collins (1)

Although racial disparities in human immunodeficiency virus and acquired immune deficiency syndrome (HIV/AIDS) have persisted for more than two decades (2–4) and African Americans account for increasing proportions of infections (5), research typically does not examine relationships between the social context of US racism and the processes and assumptions informing research that targets black sexual behavior. Increasingly, many people attribute racial disparities in HIV/AIDS to an ostensibly new

phenomenon known as "the Down Low" ("the DL") (6–8). This term has been part of black vernacular connoting secrecy of some sort since the early 1990s; for example, someone might say "I will tell you why I am upset if you keep it on the DL." Keeping a thing on the DL did not necessarily connote perceived wrongness; it reflected first and foremost a desire for discretion. The original connotation of the DL with regard to sexual liaisons referred to heterosexual relationships. Recently, however, it has come to be used in variety of overlapping ways to denote: 1) presumed straight black men; 2) who are in primary relationships with women; 3) secretly have sex with other men; and, 4) are presumed HIV-positive as the result of male-to-male sexual contact (9).

The DL gained considerable notoriety from publicity surrounding the publication of popular books and news features on the phenomenon (10–14). Most framed it as black men's deviant immoral sexual behavior and focused on implications for "innocent" women partners as well as higher rates of HIV among black relative to white women to emphasize the DL as a public health emergency (15–17). Public reactions to the existence of a DL phenomenon echo responses in the early 1980s to emergent news of the HIV epidemic and to earlier panics about black men as sexual predators: widespread fear; scapegoating of minorities; and attributing infection to sexual immorality (18, 19). Historically,

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**Selected Abbreviations and Acronyms**

AIDS = Acquired immune deficiency syndrome  
CDC = Centers for Disease Control and Prevention  
DL = “Down low”  
HIV = Human immunodeficiency virus  
MSM = Men who have sex with men

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however, black sexuality has always been considered different than “normal” sexuality, which is associated with whiteness, middle-class status, and heterosexuality (1, 20). During and after the US Reconstruction, for instance, whites lynched thousands of black men for fear of them raping white women (1). Similar fears about black men pervaded the civil rights era and remain imbedded in Americans’ attitudes today (21, 22).

This commentary explores certain social dynamics that epidemiologists are not trained to recognize, which may function when research targets stigmatized minorities such as black men who have sex with men (MSM). Specifically, social constructions of black sexuality may influence research and, in turn, research unwittingly may reinforce the constructions. Social construction connotes that the media and researchers do not merely observe a reality objectively; they also help to create it (23, 24). Our goal is neither to prove nor disprove the DL, its prevalence, or the proportion of HIV infections resulting from straight-identified black men having sex with each other. Rather, we demonstrate that a burgeoning emphasis on behavioral determinants of HIV among minorities necessitates a disciplinary critique (23, 25) of the processes by which this research is conducted. We summarize epidemiologic data related to the DL’s purported contribution to HIV/AIDS disparities, discuss social constructions of black sexuality and illustrate implications for both minority group stigmatization and epidemiologic risk group formation. We conclude with recommendations for conducting research that is attentive to these concerns.

**Epidemiology of HIV/AIDS Among Blacks**

Although HIV/AIDS rates among US blacks decreased from 2001 to 2004, blacks represent 50% of diagnoses in the 35 areas reporting HIV infection and 40% of cumulative AIDS diagnoses (26, 27). Among US households from 1999 to 2002, 1.4% of blacks ages 18 to 39 years and 3.6% of blacks ages 40 to 49 years were HIV-positive (28). Blacks represent 74% of heterosexual diagnoses and 69% of HIV/AIDS diagnoses among women (29). Among HIV-positive women, 67% of whites and 80% of blacks acquire HIV through heterosexual contact (30, 31). Among HIV-positive men, 77% of whites and 49% of blacks acquire HIV through MSM contact. Black MSM are less likely than white MSM to know their serostatus (32–34). Greater

proportions of black MSM also identify as heterosexual and have sexual partnerships with women (35).

More complete population-based information on heterosexual transmission of HIV is necessary, however, before the DL can be linked epidemiologically to HIV/AIDS racial disparities (36). Black women carry a heavier burden of heterosexually acquired infection than do whites; however, evidence is incomplete on how the partners of these women became infected. The Centers for Disease Control and Prevention (CDC) collects data on subtypes of heterosexual contact (sex with an injection drug user, a bisexual male, a hemophiliac, an HIV-infected transfusion recipient, or an HIV infected person, risk not specified); however, 80% of women who contracted HIV through heterosexual contact in 2002 did not know or specify the risk category of their heterosexual contact (37). Completeness of reporting of transmission risk has been decreasing over time (38). Further, due to a paucity of qualitative behavioral research, what constitutes risk may not always be clear (39, 40). Although several studies (41–43) have reported high-risk behaviors among black MSM, others (44–47) have found black MSM to have comparable or lower levels of behavioral risk than other MSM.

**Relevant Discourses and Common Assumptions About the DL**

We reviewed popular (7, 10–12, 48–55) and scholarly sources about the DL identified through the use of Lexis/Nexis, Medline, CINAHL, Sociological Abstracts, and Google searches for the period 1998 to 2004 containing the following sets of terms in the titles, abstracts or as key words: HIV, HIV/AIDS, or HIV infection; down low, men who have sex with men (MSM), men who have sex with men and women (MSM/W), or bisexual; and blacks, African Americans, race, or racial disparities. Most characterized straight-identified MSM as a new, race-specific phenomenon, implied links to HIV disparities (56–59) disproportionately emphasized HIV-related implications for women relative to men (12, 16, 35, 58, 59). With some exceptions (60–63), public health discourses emphasized implications for women and conceptualized sexuality as fixed and categorical (e.g., heterosexual vs. homosexual) rather than as fluid (i.e., contextually, temporally, situationally dependent) (see References 64 and 65) (66). In addition, two common but erroneous assumptions about the seeming discordance between behavior and orientation signified by the term the DL were that it is new and limited to blacks.

**Is the Seeming Discordance New?**

While the term “the DL” is relatively new, activists and researchers have long known about the lifestyle it references. Sexual behavior may or may not correlate with sexual

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