

The Impact of Parenting on Gay Male Couples' Relationships, Sexuality, and HIV Risk

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Parenthood changes couples' relationships across multiple domains, generally decreasing relationship quality, sexual satisfaction, and sexual frequency. Emerging research suggests that gay couples who are parenting might experience similar challenges. However, such changes might have even more profound implications for gay couples' health, and in particular their HIV risk, given the somewhat different ways in which they negotiate and tolerate sexual behaviors with outside partners. We aimed to examine these issues in a qualitative analysis of interviews from 48 gay male couples who were actively parenting children. Findings suggest that parenthood increases men's commitment to their primary relationship while simultaneously decreasing time and energy for relationship maintenance, and generally decreasing sexual satisfaction. These challenges alone did not generally result in greater infidelity or HIV risk, as most men reported successfully coping with such changes through a combination of acceptance and revaluing what is important in their relationships. In addition, couples reported negotiating agreements regarding sex with outside partners that closely resemble those documented in studies of gay couples who are not parents. Men reported that parenthood typically decreased their opportunities to engage in sex with outside partners, but also posed barriers to talking about these behaviors with their partners and health-care providers. HIV-related sexual risk behavior was relatively rare, but nevertheless present in some men. Providers should assess sexual function as a regular part of their work with gay couples who parent, and facilitate opportunities for men to discuss their sexual agreements, both with their primary partners and with relevant health-care providers.

Keywords: gay couples, transition to parenthood, relationship dynamics, HIV/AIDS

Gay men continue to make up the largest proportion of HIV/AIDS cases in the U.S. In 2006, gay men accounted for 48.1% of HIV/AIDS cases overall, and men who have sex with men (MSM) represented 51% of new HIV/AIDS diagnoses, not including MSM who inject drugs (CDC, 2008a). Moreover, MSM represent

the only risk group for whom the numbers of new infections continue to increase annually (CDC, 2008a, 2008b). The burden of HIV is especially great among MSM of color: African American and Latino men comprise 35% and 19% of new HIV infections, respectively (CDC, 2008a).

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As the HIV epidemic has evolved over the past three decades, with preventive efforts struggling to keep pace, scholars have increasingly noted the difficulty in intervening with an individual alone, and called for research that examines the social, relational, and structural contexts in people's lives that sustain individuals' risk behaviors, or support precautions (Díaz & Ayala, 2001; Sumartojo, 2000). Accordingly, a growing body of research has examined gay male couples, and sought to explore the relationship dynamics that contribute to risk behaviors, both within and outside the primary partnership (Beougher, et al., in press; Hoff, Beougher, Chakravarty, Darbes, & Neilands, 2010; Hoff et al., 2009; Moreau-Gruet, Jeannin, Dubois-Arber, & Spencer, 2001; Prestage et al., 2008). One of the dynamics that has been virtually unexplored in the literature on gay couples and HIV risk is parenthood, and how having children might provide both risk and protection to gay couples as they navigate an ongoing HIV epidemic in their community.

Nationwide, more than one in six gay men have fathered or adopted a child (Gates, Badgett, Macomber, & Chambers, 2007), and more than one in five gay male couples are raising children (Gates, Ost, & Birch, 2004). A preliminary analysis of the 2010 United States Census revealed that 17% of the 646,464 same-sex couples reported raising at least one child and although a detailed analysis by gender has not been conducted, gay male couples made up 49% of those same-sex couples (Gates & Cooke, 2011). As gay men become more accepted by society and gain more structural support and legal rights, the trend to start families will likely grow, as more than half of gay men report wanting to have a child (Gates et al., 2007). Most research on lesbian, gay, bisexual, and transgendered (LGBT) families, however, has focused on lesbian-headed households, so gay fathers represent a particularly understudied emerging family structure (Patterson, 2004).

Parenting Changes Couple's Lives

Although research has yet to explore the ways in which parenthood might affect gay couples' HIV risks, the idea that parenthood has consequences for one's health is not new. An abundance of research conducted largely with

heterosexual couples shows that parenting fundamentally changes most people's lives across multiple domains. Of particular relevance to risk for HIV are parenting-related changes to a couple's relationship quality and sexual expression. When a child is introduced into the family, many couples face challenges in both domains, and those challenges can create opportunities for HIV risk.

Parenting and Relationship Satisfaction

One long-documented change is that couples' marital satisfaction decreases following the transition to parenthood (Cowan & Cowan, 2000). Although gradual declines in relationship quality are common to all couples, whether or not they are parenting children (Doss, Rhoades, Stanley, & Markman, 2009), the transition to parenthood may still represent a uniquely fast-acting source of dissatisfaction. In an 8-year prospective study, all couples became less satisfied with their relationships, but parenting couples experienced a sudden postnatal drop in satisfaction as opposed to the more gradual decline experienced by nonparent couples (Doss et al., 2009). While the bulk of this research has been conducted with heterosexual couples, a handful of studies with gay male couples have shown that the transition to parenthood is also a challenge for their relationships, with gay male couples reporting greater conflict (Mallon, 2004), as well as decreases in time spent together (Gianino, 2008), romance and intimacy (Bergman, Rubio, Green, & Padron, 2010), and relationship quality (Goldberg, Smith, & Kashy, 2010) following the transition to parenthood.

Parenting and Sexual Intimacy

Together with declines in relationship quality, the transition to parenthood is also linked to changes in couples' sexual relationships. Many couples are less sexually intimate after the birth of a child; sexual frequency among new heterosexual parents is once or twice a month (Ahlborg, Dahlof, & Hallberg, 2005). Although some of the decrease in sexual frequency is directly related to the effects of labor and childbirth on female partners, some of the change also results from stresses and changes common to all new parents (Allen et al., 2005). Thus, not

surprisingly, several qualitative studies of gay couples also report that sexual satisfaction and frequency decreases after they become parents (Bergman et al., 2010; Gianino, 2008; Mallon, 2004).

Parenting, Relationship Stability, and Sex With Outside Partners

The concomitant decreases in relationship quality and sexual intimacy that accompany parenthood can have serious consequences for a couple's relationship stability. Research has shown that expectant heterosexual couples are more likely to experience infidelity (Pittman, 1989; Whisman, Gordon, & Chatav, 2007), and the drop in marital satisfaction once children are born may continue to place people at risk for infidelity postnatally (Twenge, Campbell, & Foster, 2003). Furthermore, divorce rates peak among heterosexual couples with young children (Ahlborg & Strandmark, 2006). However, we know virtually nothing about how the changes to relationship quality and sexual intimacy impact the stability and fidelity among gay couples. For instance, decreases in relationship satisfaction following the transition to parenthood might have greater consequence for gay couples who have fewer institutional supports (e.g., legal marriage) to bind them to one another. Furthermore, decreases in sexual satisfaction, and resulting infidelity, may carry greater risks for gay men who are more likely to encounter sexual partners who have HIV (CDC, 2008a).

A related dynamic that might change as a function of parenthood among gay men is the phenomenon of "sexual agreements." Sexual agreements refer to how couples negotiate the sexual boundaries of their relationships, and regulate whether and how sex with outside partners is allowed. Although heterosexual relationships are also typically governed by agreements (i.e., marriage implies monogamy), those agreements tend to be implicit, rather than explicit, and virtually no research has examined deviations from that norm other than a small literature on polyamory (Barker & Langdridge, 2010). In contrast, agreements about sex with outside partners are common among gay couples (Hoff & Beougher, 2010), and are integral in organizing couples' decisions regarding sexual behaviors that may place them at risk for

HIV. Agreements also provide security in the primary relationship by setting boundaries regarding the kinds of interactions allowed with outside partners (Hoff & Beougher, 2010). We currently know nothing about whether and how these agreements are enacted by gay fathers, or whether parenthood affects agreements in ways that might improve or degrade relationship quality, the couple's sexual connection, or HIV risk.

Present Study

As the literature reviewed above suggests, parenthood has important implications for a couples' relationship function and sexual health. Given the relative paucity of research on how gay male couples adjust to parenthood, the present study aimed to explore qualitatively several domains of that experience. Specifically, we examined how the transition to parenthood impacts gay male couples' relationship satisfaction, sexual behavior (both inside and outside the couple), and sexual agreements, with a particular emphasis on understanding possible implications for HIV risks. Our goal was to inform both the larger literature on family development and parenting-related life change, as well as the literature on HIV prevention among gay male couples.

Method

The present analysis utilized qualitative data collected between January 2010 and February 2011. Participants were part of a larger, dual-site (Salt Lake City, UT, and San Francisco, CA) study that examined the impact of parenting on the health and well-being of gay fathers. Participants were recruited using passive and active outreach at organizations serving LGBT parents, online forums for LGBT parents, community health and HIV/AIDS service organizations, and by purchasing advertising in community newspapers and social networking websites. Both individuals and couples were encouraged to participate, regardless of HIV status and race/ethnicity.

Those interested were screened for eligibility. Eligibility requirements included being at least 18 years old, identifying as gay or bisexual, having had children for more than six months, living with the children at least half-

time, and being involved in parenting. Coupled participants had the additional requirements of being in their relationships for at least 12 months, living with their partners, and knowing their partners' HIV status. HIV status was not biologically verified, and the criterion that men know their partner's status was a human-subjects precaution to avoid disclosure of HIV-seropositivity to a partner who was unaware. Couples with discrepant reports of partner HIV status or with one partner who identified as transgender were ineligible. Out of 163 individuals screened, 117 were eligible.

Eligible participants were scheduled for 60–90-min semistructured, qualitative interviews conducted at the investigator's home institutions. Informed consent was obtained from each participant individually. Participants in relationships were interviewed together for the first half (answering more general, relationship-oriented questions to build a fuller picture of the couples, such as relationship history and couples' paths to parenthood), and separately for the second half (answering more personal, private questions to encourage candid discussions of potentially sensitive issues, such as substance use and sexual behavior with outside partners). Interviews examined work and social life, sources of stress and support, family life, parenting, personal health, and sex. For participants in relationships, interviews also examined the relationships, and sex with both the primary and outside partners. Interview guides can be obtained from the first author. Participants were paid \$40.00 each, plus reimbursement for child-care expenses.

The present analysis included only concordant HIV-negative and discordant couples, in order to focus on HIV risk for gay men in relationships. Concordant HIV-positive couples ($n = 3$) and single fathers ($n = 15$) were excluded. Of the remaining 96 participants (48 couples), 70 identified as White, nine as Latino, six as Asian, six as Black, three as multiracial, and two as "other." A majority of participants reported being HIV-negative ($n = 87$); nine participants reported being HIV-positive. All participants identified as gay. At the couple level, there were 32 same-race couples and 16 interracial couples. A majority of couples were concordant HIV-negative ($n = 39$); nine couples were discordant. Participants ranged from 26 to 62 years old ($M = 45$), and relation-

ship length ranged from just under 2 years to over 28 years ($M = 12$).

Analysis

Interviews were digitally recorded and transcribed verbatim, and transcripts were checked for accuracy (e.g., mistakes, misspellings, or omissions) by the same persons who conducted the interviews. Transcripts were then divided equally among four lead members of the study team for analysis to identify themes regarding changes in relationships, sexual behavior, and resulting impact on HIV risk. We selected thematic analysis as a flexible and accessible method well-suited to our goals of identifying, analyzing, and reporting themes using minimal organization of the data and involving researchers who all had extensive substantive expertise, but had varying levels of experience with qualitative analysis (Braun & Clarke, 2006).

Our analytical process was as follows: First, analysts immersed themselves in reading their assigned transcripts, noting all possible codes/topical areas relevant to the overall research question and collaboratively generating a list of codes and their definitions. Second, analysts continued to review transcripts, case by case, systematically applying the codes to the transcripts. Third, through multiple group discussions, the team reviewed the coded data, no longer on a case-by-case basis; rather, at this phase the team was concerned with identifying themes across the data set that reflected important aspects of the impact of the transition to parenthood on men's relationships and sex lives. The final phases of analysis included further refinement of themes (e.g., identification of subthemes, such as increased investment in the relationship, within a larger theme, such as increased commitment) and consideration of themes in relation to the dataset as a whole. Transcripts from all couples were pooled together and treated as one dataset for analysis in order to provide a fuller picture of the issues facing gay couples with children.

Results

Overall, the men in our study offered rich narratives about the evolution of their relationships and the ways in which those relationships had changed as a function of having children.

We organize our discussion of the themes identified in those narratives into several broad categories, beginning with the impact of parenting on relationship quality and commitment, and sexuality within the couple. This is followed by a discussion of the ways in which men understood and coped with those changes in their relationships, including a discussion of their sexual agreements. Finally, we describe the specific themes identified as men discussed their sexual behaviors with outside partners, and how parenthood impacted their specific attitudes and behaviors toward HIV risk.

Relationship Quality and Commitment

Increased commitment. The overwhelming majority of fathers expressed increased commitment to their primary partners, which they attributed to parenting and to their relationship as coparents. Increased commitment was reflected in many different ways: desire and a sense of obligation to maintain family stability, the belief that children added value to the relationship (a belief often shared by their families of origin), increased investment in the relationship, satisfaction with working toward a shared goal (i.e., the success of the family), and feelings of admiration and respect from witnessing one's partner parent. One father, reflecting on how children had impacted his relationship, exemplified the sense of bonding that many fathers reported when he said, "It's brought us closer together . . . we have a common goal, you know, we have these two little people that are more important to us than ourselves and . . . it's really cemented the bond between us." (White, age 46).

In addition to increased commitment, a few fathers explicitly indicated that their commitment to raising their children as a couple had kept them together in the face of challenges. These fathers wondered if they would still be with their partners if not for their children and acknowledged that parenting had deepened their relationship:

Overall I think we have a good relationship . . . we've gone through some significant challenges. You know, we were seeing a couple's therapist for a reason. And I think that having children has definitely kept us together in ways that I think if we had not had children, we might not be together because we're very committed . . . to our family and making sure that we're there for the kids. (Latino, age 36).

Several fathers also indicated that parenting and seeing one another in the parenting role resulted in: a deepened love, increased satisfaction with their partners, and improved relationship dynamics (e.g., conflict management). As one father commented:

Seeing him as a caring, loving father has deepened my love and respect for him . . . I wouldn't have known those parts of him had we not had children. I think the experience of having children has let us each develop parts of ourselves that the other would not have seen. (White, age 54).

Refocusing time and energy away from relationship and toward children.

Alongside the increase in commitment attributed to raising children together, the demands of parenting shifted dynamics in the relationship in substantial ways. The most pervasive shift was focusing time and energy away from meeting the needs of the relationship and toward meeting the needs of the children. For instance, most fathers discussed changes such as reduced time for relationship communication, with remaining communication becoming more child-focused. A minority of fathers perceived these changes positively, such as communicating more directly because of limited time. For example, one father talked about the positive impacts that the demands of parenting had on his relationship:

Having children required us to talk about what we wanted, and what we needed, and our feelings, and what our expectations were. It required it . . . it's always been tough to talk about . . . the negative feelings of being angry or disappointed or hurt. It's always hard enough to do that, but when we had children it was more imperative; it was essential. (White, age 62).

More often, however, men articulated negative or ambiguous impacts, such as having conflicts left unresolved because of limited time, as exemplified by this father's comment:

I think it both puts a strain on the fact that we don't communicate and in some ways it . . . gives us a focus and it just seems like sometimes things happen between us and we let it go really quickly 'cause we gotta get the dinner on the table and the homework's next and so I think it makes us more or it makes me more pragmatic. (White, age 53).

The majority of fathers expressed a pragmatic view of the shift in focus from couplehood to parenthood. The utility of this shift was aptly expressed by this father:

You know, it seems like the primary focus of the relationship is parenting—parenting together as op-

posed to being intimate partners. So that's definitely changed the relationship . . . it feels like we've moved from an intimate sort of relationship to one of more sort of parents and then coparents and that's the primary way that I look at our relationship . . . It's not fulfilling completely, but . . . it meets the most pressing needs. (White, age 46).

Sexuality Within the Couple

Given that the primary focus of the relationship shifted to meet the "most pressing needs," the sexual relationship within couples was a salient topic for most participants. The majority of couples reported less frequent sex than they desired with their primary partners. Couples varied in how they interpreted this discrepancy and how distressed they were by it.

Most couples attributed their lack of sexual desire or opportunity to the demands of parenting:

It's almost like we have to schedule it. It's not as spontaneous as it used to be and there's no spark when we do it. It feels so structured and it happens so infrequently . . . Because before we didn't have to worry about any interruptions; now it's like . . . I'm always constantly like "Oh gosh is she gonna walk in?" It has to be very private; it has to be very closed. Usually we have to find a babysitter and it has to be scheduled. And she's at a sleepover and that's a great time to do it. But sometimes we're so tired it doesn't matter that she's not here; we're so tired we just want to go to bed. (Mixed race, age 30).

A few of these men, however, acknowledged that decreasing sexual desire or activity might have predated their children. As one father explained:

The sexual component of our relationship wasn't very strong before we had [our child], and . . . [our child] hasn't made it any better. I don't think it's made it any worse, but it certainly hasn't made it any better. In the other aspects of our life, I think having [our child] has kind of helped them blossom and this one it hasn't. Our sexual relationship hasn't blossomed through having [our child]. (White, 49, HIV-negative).

For some men, the lack of sexual activity within the relationship was difficult:

We haven't had sex in a very long time and we've had an open relationship for quite awhile, so that has been the hard part of our relationship. We sleep in the same bed, we cuddle, we are affectionate in other ways but . . . we haven't really been active sexually together for a long time. (Latino, age 36).

However, a few men expressed appreciation for the sexual activity that did occur, even if less frequently:

Before kids, any time you aren't working there was a potential opportunity for having sex and now it's limited to when they're asleep or they're not around. So just the windows for it have been greatly reduced and therefore the spontaneity of it has changed. And the amount of energy we have when we do have a window is less, but the flipside of that is that it can also be exciting and motivating. It's like, "Okay let's get going!" We've got a little window of time and we got a lot of pent up desires, so let's get to it. (White, age 46).

Another participant expressed similar views, saying, "There's just less occasion for [sex] . . . when it does happen we celebrate it more. It feels like a really special treat and I'm thrilled it's still part of our life. I'm still thrilled we have excellent sex lives" (White, age 44). Furthermore, a couple of men recognized that parenthood changed their sex lives in healthy or fun ways:

It's been great. It has its challenges . . . It kind of connects to drugs and alcohol in a way. One thing we realized is that . . . we actually have sex sober now more regularly. Whereas often for us it just became a regular we would go out and then we would be [drunk or] high or whatever, buzzed, and then come home and have great fun, you know, nighttime sex. Now we find opportunities to engage in sexual intimacy together and . . . it hasn't involved any drinking or drugs. So, that's sort of funny. (White, age 40).

Finally, decreases in sexual frequency and satisfaction were not ubiquitous. Several participants described sex lives that remained active and fulfilling, like this father, partnered for 25 years: "What I'm amazed at is that we continue to be totally turned on by each other" (White, age 47).

Coping With Changes

Acceptance. The majority of fathers met the child-related strains on their sex lives and relationships with acceptance and by reconceptualizing fulfillment and relationship satisfaction. When men reported decreased sexual frequency, most discussed it without judgment and described it as a stage in the relationship that would change in the future.

It's certainly gone down in frequency quite a bit, but I can't say that I don't give it any thought, that I'm not upset about it, or that I don't worry about it either . . . it seems reasonable to expect it. I would think that when the kids are older or move out that it'll change back to somewhere near how it used to be, but right now we're just at a different phase of our lives together, and so it's by appointment I guess. (White, age 36).

Often fathers revealed their acceptance as they discussed relationship strains, but simultaneously made positive statements about other aspects of the relationship. For example, this father described his deepening commitment to his partner in the face of strains in the relationship:

In a lot of ways, we're less focused on our relationship than we are on our family, with our kids and us. So sometimes our relationship gets ignored more than it should . . . it's much more about what's going on with kids, what are we gonna do with the kids, who's gonna take them to that, and who's gonna pick 'em up. And you know our relationship has changed. But it's certainly deepened because of the kids. I think we mean more to each other because of the kids and certainly more committed. (White, age 46).

Other times, acceptance was accompanied by resignation. Commenting on his feelings about having less sex with his primary partner, this father said:

It doesn't cause me any anxiety . . . I wish it were different. But I also don't stress out about it too much cause I don't think it's really anything that either of us feels horrible about. I mean, I wish it were different . . . we wish we would be more intimate from time to time, but we both realize that . . . it's neither of our fault. (White, age 39).

De-emphasis of sexuality in the relationship. In addition to accepting relationship changes, some fathers described a decline in the importance of sexuality within their relationships. These two fathers' reflections (of separate relationships) capture the essence of this theme:

I see the bigger picture of it all. I mean, it's just not as important to me to pursue this ridiculous sex life between the two of us. It is not as important as the overall picture and I'm very satisfied with my partner, and how he provides for the family and how I provide for the family. (White, age 38).

[Having children] did, in some ways, impact our sex life, which was a negative impact actually, which has then . . . taken on a life of its own . . . [sex] became less often and a less important part of the relationship. (Latino, age 36).

Nonsexual ways to capture intimacy. A few fathers effectively managed declines in sex frequency by finding nonsexual ways to be intimate. This father, reflecting on the "ebb and flow" of sex with his partner, explained:

I think our intimacy . . . is, in some ways, greater because being parents has opened us up to one another. And being a parent puts such a mirror on both the wonderful, flattering things about myself and himself,

and the less flattering things. And being able to have this other person to talk about those realizations with, like, "Whoa!". . . So, I think we have a much greater emotional intimacy with each other and a much bigger emotional vocabulary than we ever did. I think our toolbox is just growing. (White, age 39).

Another couple, who reported having very little sexual contact, nevertheless expressed feeling satisfaction from simply holding one another. As one partner said, "We sleep together every night and that's very satisfying. He holds me and I hold him and we caress each other. And I massage him" (White, age 62). In his separate individual interview, his partner stated, "I have always found that I get huge, deep satisfaction in sleeping with him, holding him, and being held by him. It's incredibly soothing and comforting and securing" (White, age 54).

Parenting and Sexual Agreements

When queried about sexual agreements, men in our sample were universally familiar with the concept and able to discuss their agreements. Five common characteristics of the agreements are notable. First, our sample contained a diversity of agreement types, including roughly equal numbers of men who did and did not explicitly allow sex with outside partners (i.e., monogamous vs. nonmonogamous), with variability in when and how outside partners were allowed. Second, among those allowing outside partners, the foundational rules of the agreement almost always addressed sexual safety and the need to protect the couple (or the HIV-negative partner in the couple) from HIV infection. The specific nature of those rules varied, with the most common being an insistence on condom use for anal intercourse with outside partners. Third, couples employed additional rules to protect the integrity of the primary relationship (e.g., no repeat encounters with outside partners, no sleepovers). Fourth, couples occasionally reported discrepant understandings of their agreement, particularly around the finer details, but sometimes included discrepancies as basic as whether or not outside partners were allowed at all. Finally, broken agreements were common, although by no means universal, and the nature and severity of the breaks differed. A few men with monogamous agreements reported occasional outside partners. Others, with nonmonogamous agreements, reported breaking a specific rule (e.g., having a repeat encounter with

one individual). Instances of broken agreements that carried high risk for HIV transmission (i.e., having unprotected anal intercourse [UAI] with an outside partner) were occasionally reported, but relatively rare. On those occasions when HIV-risk behavior occurred, some men disclosed the events to their partners, whereas others did not.

The formulation and negotiation of these varied agreements almost universally predated the presence of children. The only exceptions to this were among couples in which one man had children prior to his relationship. Thus, most agreements about sex, and the behavioral patterns related to those agreements, were well-established before children. Explicit changes to agreements in response to having children were rare. One couple reported that they created stricter rules for sexual safety following the birth of their children (i.e., they agreed to no longer have sex with HIV-positive outside partners, regardless of condom use). Two other couples suggested that the parenthood-related decrease in sex in their primary relationship likely contributed to their subsequent decisions to be nonmonogamous.

Although most couples reported that having children did not directly impact the nature of their agreements, it was common for men to discuss subtler parenting-related changes in their feelings about and ability to maintain their agreements. These changes were largely concentrated in three areas: increases in commitment to the agreements, the impact of parenting logistics on agreement adherence, and decreases in the amount of communication about the agreements. We discuss each of these in more detail below.

Increases in commitment to agreements. Just as the participants commonly articulated that children increased their commitment to their primary relationship, they also frequently discussed how having children increased their investment in maintaining their sexual agreement, regardless of what that agreement was. This theme is well captured by one father who is in a nonmonogamous relationship:

If I don't keep my agreement, I stand the risk of jeopardizing what I have with [my partner] . . . that could have a horrible impact on the kids and I have no interest in doing anything like that to them. Also, because I love and respect him, I don't want to do that either, but if it was just him and me, it's just much

easier to say "Ah, fuck it. Whatever, I deal with it." But there are two kids depending on us, so there's no way that I'm going to jeopardize, because I've got them. (Other ethnicity, age 49).

Parenting and agreement adherence. Having children not only increased men's subjective sense of the importance of their agreements, but also impacted the practicalities of adhering to that agreement. This impact appeared to differ somewhat by general agreement type (i.e., monogamous vs. nonmonogamous). For fathers in monogamous relationships, most indicated that the everyday demands of parenthood simply left little room in their lives for having sex with an outside partner. Thus, parenting logistics served as a structural barrier to infidelity. As one father explained, "Oh, we both have no time to (laughs). We both have no time to look for [outside sex] . . . even if we wanted a sexual partner I don't think we both have time to do that" (Asian/Pacific Islander, age 41). For fathers in nonmonogamous relationships, having children decreased opportunities to engage in outside sexual relationships. Answering whether having children had changed their agreement, one father said:

Not in terms of the rules because they're still the same; it's how frequently we can do it. [My partner] gets to . . . partake in our arrangement more because of either his travels and/or because he works from home . . . I rarely get to take advantage of the agreement. It's been I don't know how long since I've had the chance to take advantage of it. So in that sense, again, the impact of time, the free time is really the one thing. (White, age 42).

Decreased agreement communication. Finally, a few men reported fewer opportunities to discuss their agreement (and breaches of the agreement) since having children. For some, this was because of a desire to keep their agreements secret from their children. For others, decreased communication about agreements was also tied to their decreased time and energy for relationship maintenance overall. This father expressed both:

I guess not being able to speak candidly whenever we want about whatever. It's always kind of "Oh, I'll talk to you about it later." . . . We can't just talk all the time like we used to . . . And oftentimes the conversations won't happen 'cause . . . we kind of forget about it, so we'll forget to tell each other things until days later, a week later. (White, age 30).

Sexual Behaviors With Outside Partners

Men discussed their sexual encounters with outside partners in ways that were highly consistent with the overarching theme of how parenthood deemphasized sexuality. Most men explained that their lives had evolved away from a focus on sexuality, in part because they had less time and energy and because their priorities had shifted.

We've connected with people a couple times since we've been parents, but probably a lot less. I have a certain bandwidth—whereas when I was a single guy, 95% of that was sex; then as a coupled guy, 50% of it was sex; and then as you get older and now as a parent, it's like 3% of my life is sex. So it's not . . . my first priority. (White, age 43).

The net result of this for almost all participants was an overall decrease in the number of sexual partners.

In addition to reporting less sex with outside partners, a few also suggested that parenthood had changed how they viewed casual sex and that the role of “father” was somehow incompatible with sexuality, particularly sexuality outside of a primary relationship. One father said, “Initially, it made the thought of [having sex with outside partners] a little weird” cause there's just that little stigma. Like you're having sex with somebody else and you got kids. I mean it just seems kind of odd” (White, age 42). Others perceived this same pressure from the community:

From others' perspectives of us, they would assume that we have a very monogamous, traditional relationship. That's been the hardest part: the fear that someone's gonna learn about our relationship and see me at [a sex club] and . . . assume I'm cheating on him and all these assumptions and stuff because . . . we put forth this image of this very traditional, normal [family], and we're like everybody else. (White, age 45).

The feeling of incongruence between fatherhood and sexuality also became a barrier to HIV testing, and by extension HIV prevention, for several men. The father quoted above also described avoiding HIV testing for fear of being seen going to a local test site:

Sometimes I'll go somewhere else. I'm just worried about being seen. . . Because also you put on this hat of father, right, like somehow you're supposed to have this . . . very monogamous, straight relationship . . . And you take on a little bit of that perspective yourself like, “What, God, do I really have to go get tested every six months?”

Another participant described reluctance to get an HIV test from his primary care physician, who knew that he was a father, and from whom he feared judgment:

I think being a parent, it's like I shouldn't have this risk [for HIV] . . . as a dad I should never be doing anything risky, right? So it's kind of this weird head trip that you go on because you think as a parent you're gonna be perfect and not screw up and not make a mistake and have a lapse in judgment. So that makes it hard to say, “You know what, I screwed up, and I need to test.” (White, age 49).

Despite the general trend of less sex with outside partners, and some concern that sexuality felt incompatible with the parental role, several men did emphasize their ongoing interest in sex with outside partners and their belief that those encounters were valuable to their health and well-being. One participant expressed how the demands of parenthood motivated him to seek casual sex as a form of stress relief. Others talked about it maintaining a sense of balance in their lives, with family, relationship, and sexuality all being integral components.

No matter what, [our family] takes priority over everything else. But we also see our needs to be out, to be gay men, and to have that sense of sexual identity. So I think there's that need that we both recognize that we have. So when we have our time to go out by ourselves, I think we definitely support that experience . . . And I think [my partner] would say the same thing to me. Like I want you to feel healthy and happy, and if that means going out and dancing and maybe going home with some guy for an hour, but you always come home to me. So I think for us, we always come home to each other and that's the most important thing. (White, age 40).

Managing HIV Risk With Outside Partners

Most fathers talked about their feelings regarding HIV in a manner similar to other studies of coupled gay men. Specifically, HIV-negative men universally reported strong motivation to remain HIV-negative and employed various strategies to meet that goal (e.g., using condoms consistently with outside partners, disclosing HIV-status with outside partners, seropositioning). As with other studies of couples, however, a few men did report occasional lapses and HIV-related risk behaviors.

With respect to the impact of parenthood on the participants' HIV risk, what was most notable was the distinct lack of impact having children had on their strategies for managing

HIV risk. Evidence for this came from a number of sources. Our interviewers asked men first about their sexual behaviors and agreements generally, and followed up with a query about any potential impact that having children had on those issues. During this section of the interview, men frequently discussed HIV and how their decisions were influenced by HIV (e.g., structuring rules of agreements to prevent HIV transmission). When queried about the impact of children on their sexuality, however, discussion of HIV-risk or risk-reduction strategies almost never spontaneously arose.

It was only when we asked men specifically about how having children might have changed how they felt about HIV prevention that they discussed the possible intersection at all. Three types of responses were common. First, about half of the men indicated that having children did not influence their feelings about HIV risk. These responses typically came from men who reported relatively consistent histories of safe-sex practices that predated having children. Second, about half of men described greater motivation to have safe sex. One man put it simply, "Having kids makes us more aware. We don't want to put our family life at risk by one of us getting sick" (White, age 49). Although the participants described greater motivation, we saw little evidence of it accompanying an actual shift in behavior. In some instances, this was because men were consistently having safe sex. The participant quoted above immediately followed up saying, "But I don't know that that's necessarily changed because we've always been lucky and careful." In other instances, men reported higher motivation, but nevertheless acknowledged instances of UAI with an outside partner, again suggesting limited behavior change. Third, a few men initially said that having children increased their motivations to be safe, but actually described other motivations for safe sex and provided little actual emphasis on the impact that their children had. For example:

I think [parenthood] certainly made me pay more attention to HIV and AIDS. Gonorrhea, geeze, you know I'd already seen what that did even before the experience with my ex-partner. I mean, I'd been in the medical field since I was 18. So I think by virtue of that, I think I've probably been more careful than a lot of people. I mean I had to treat gonorrhea and syphilis and you know, I'd give lectures and how to avoid reinfection. (White, age 55).

In responses such as this one, the lack of any significant mention of their children suggested that parenthood might have actually had limited influence on their feelings about HIV risk, and that their initial mention of parenthood was more a result of the directive nature of our query than it was a reflection of their true experiences.

Discussion

The results of the present study contribute to the literatures on parenting-related life change, gay couples, and HIV risk in multiple ways. We identified changes to relationship quality and sexual intimacy that parallel those seen in the larger literature on heterosexual parents, and the emerging literature on gay parents. In addition, our analysis extends existing work by exploring the specific ways in which gay men respond to those changes, and what implications these responses have for their HIV risks.

The couples in our study reported a mixture of positive and negative relationship changes associated with parenting. Notably, they emphasized the ways in which having children simultaneously taxed the day-to-day quality of their relationships, but also infused them with a sense of greater purpose and increased commitment. While the acute challenges of parenting have been well-documented (Ahlborg & Strandmark, 2006; Cowan & Cowan, 2000; Doss et al., 2009), including among gay couples (Bergman et al., 2010; Gianino, 2008; Goldberg et al., 2010; Mallon, 2004), relatively less attention has been paid to the ways having a child strengthens the bond within a couple (see Mock & Eibach, 2011, for a brief review). Although that dynamic is likely not exclusive to gay couples, it might be relatively less prominent in the literature on heterosexual couples because the bulk of those studies are quantitative and tend to conceptualize the transition to parenthood as a challenge (Goldberg et al., 2010). This renders identification of positive consequences more difficult. Thus, research on heterosexual couples might benefit from revisiting that assumption and exploring methodologies that allow both strengths and challenges to emerge. It is also possible, however, that having children might provide unique benefits for gay men's relationships (e.g., validation of the relationship, affirmation of the commitment to the relationship). These are benefits that most

heterosexual couples experience prior to having children because their relationships receive greater social and legal recognition, especially if they marry. Indeed, in his study of gay couples who adopted, Gianino (2008) indicated that for the men in his sample, parenthood affirmed that their relationships were “lasting and permanent” (p. 233). Future research should explore how this mixture—*decreased* relationship satisfaction, coupled with *increased* feelings of legitimacy and purpose in the relationship—affects the longevity of gay men’s relationships postparenting. It is possible that in contrast to heterosexual parents, rates of breakup might be lower among those gay men who are parenting young children.

Gay couples also reported changes in their sexual dynamics that parallel those observed in the broader parenting literature (Ahlborg et al., 2005; Allen et al., 2005) and in the handful of studies on gay parents (Bergman et al., 2010; Gianino, 2008; Mallon, 2004). Namely, decreases in sexual frequency and satisfaction were common among the men in our sample. Some previous literature has implicated gender-specific causes for these decreases—specifically, that decreases in sexuality result from the physical and hormonal changes associated with childbirth and breastfeeding (Abdool, Thakar, & Sultan, 2009; Alder, 1989; Serati et al., 2010), or from specific aspects of female socialization (Helms-Erikson, 2001; Katz-Wise, Priess, & Hyde, 2010). That maintaining a sexual connection is also a challenge for gay male couples suggests that gender-specific explanations do not tell the whole story, and that other causes, such as increased stress and decreased leisure time—which are common to parents of both genders—are at least as important in explaining this dynamic.

Despite the importance many men place on sexual satisfaction, the couples in this study generally maintained healthy perspectives on their dissatisfaction with their sexual relationships, which kept such dissatisfaction from coloring their overall view of their relationships. Moreover, the parents in this study employed many of the same strategies observed in childless gay couples for navigating decreases in sexual activity within relationships, in a cultural context where sex with outside partners is more normative. Specifically, these couples uniformly acknowledged having agreements about

whether and how to allow sex with outside partners—agreements that closely resembled those seen in gay couples without children. Thus, the implications that sexual agreements have for HIV prevention (Beougher et al., 2011; Darbes, Chakravarty, Beougher, Neilands, & Hoff, 2012; Hoff et al., 2010; Hoff & Beougher, 2010; Hoff et al., 2009) likely also apply to gay couples with children.

We did identify subtle ways in which parenthood might have changed the contours of the participants’ sexual agreements, some which likely confer additional protection from HIV and relationship dissolution, whereas others might create vulnerabilities. Of note, men indicated that parenting increased their commitment to honoring their agreements. Previous research has shown that valuing an agreement and feeling committed to it is associated with decreased sexual risk behavior with casual partners (Hoff et al., 2010; Hoff & Beougher, 2010; Hoff et al., 2009). However, the participants also reported that the varying demands of parenthood and the presence of children in their lives decreased their opportunities to talk with their primary partners about their sexual agreements and any lapses that might have occurred. Thus, discrepancies in couples’ understandings of their agreements could go unresolved, and violations of the agreements that have implications for a partner’s sexual health might not get discussed as often, or at all, in couples with children.

Although many men reported having sex with outside partners, they generally reported that parenthood resulted in a net decrease in the frequency of that activity, which suggests fewer opportunities for HIV infection. Moreover, men indicated some degree of increased incentive for HIV prevention after becoming parents. Nevertheless, a minority of men did report occasional HIV risk with outside partners. In addition, parenthood seemed to bring with it a decrease in men’s comfort with their sexual behavior with outside partners, and with acknowledging that behavior to themselves and to health-care providers. Thus, although overall levels of sexual behavior seemed to decrease, the impact of an occasional risky behavior might be amplified. Following a risky encounter, men with children might be less likely to disclose the encounter to their partners and obtain an HIV test.

It is important to note that sexual activity outside of one’s primary relationship is not

unique to gay men. Large, nationally representative samples have yielded estimates that roughly 15% of heterosexual individuals have had extramarital sex (Treas & Giesen, 2000), although fewer women report extramarital sex than do men (11% vs. 22%; Greeley, 1994; Wiederman, 1997). The annual incidence of extramarital sex for heterosexual couples appears to be between 2 and 4% (Choi, Catania, & Dolcini, 1994), and some research suggests that infidelity is particularly common among couples who are expecting a child (Pittman, 1989; Whisman et al., 2007). Thus, the true differences between heterosexual and gay male couples may be in how these events are dealt with by each couple, and the consequences they have for the relationship over time. Future research should explore how couples' strategies for managing sexual activity outside the relationship affect the quality and longevity of their relationships. Such research could benefit all couples, regardless of sexual orientation, and might be particularly salient for those who are parenting, given our society's investment in maintaining nuclear families.

Limitations

Our findings must be qualified by a number of limitations. First, although our sample was relatively large for the qualitative literature, it is not possible in any qualitative study to draw firm conclusions about the prevalence of the themes we observed. Future quantitative research will be required to determine exactly how often gay fathers report sexual risk behaviors or specific parenting-related changes in their relationship dynamics. Second, as with most qualitative studies, our participants were not sampled randomly, but rather conveniently—through organizations, advertisements, and word of mouth. Gay dads who are otherwise completely unaffiliated with the gay community were likely undersampled, and thus, care should be taken in generalizing these findings to all gay fathers. Third, in an effort to focus on couple dynamics, our analysis excluded single gay or bisexual men who were parenting. Thus, future work must explore the unique issues that single gay or bisexual fathers face as they navigate romantic and sexual relationships in the context of parenthood. Finally, the use of a semistructured instrument increases the risk of overlook-

ing relevant phenomena, context, or underlying constructs not asked about during the interview (Miles & Huberman, 1994). These limitations were balanced against the need for comparability across a relatively large sample between the two research sites, and the need to address specific issues central to the aims of the study.

Conclusions and Recommendations for Intervention

Gay couples experience parenting-related changes to their relationships that are common to all parents, in addition to some that are unique to their cultural context. These changes likely serve as novel sources of strength, as well as new liabilities, for the health of their relationships. With respect to sexual health more specifically, gay couples with children typically suffer from declines in sexual satisfaction within their relationships. However, parenthood also likely reduces most men's opportunities for HIV and STD infection, primarily by decreasing frequency of sexual contact with outside partners. Nevertheless, occasional risk behaviors do occur in some men and might be especially salient for the couple's sexual health, as parenthood decreases men's opportunities to discuss sexuality with their partners and might also pose barriers to accessing prevention services.

Drawing from these findings we make the following recommendations for mental health professionals, physicians, and HIV prevention interventions that serve gay men who are parenting:

1. Sexuality is important to gay fathers, and sexual dissatisfaction is common. Thus, assessment of sexual function should be a common part of clinical practice with gay fathers. Moreover, evidence-based approaches to improving sexual function in couples should be offered when appropriate.

2. Many men naturally and effectively apply cognitive techniques for coping with stress related to decreases in sexual activity within their relationships, and so those techniques might be recommended for other couples who are presenting with distress about their sexual relationships.

3. Gay couples with children should be encouraged to communicate regularly about their sexual agreements to ensure that men have a

common understanding of their boundaries, and that they disclose risk behaviors that occur with outside partners. Interventions should help couples create opportunities to have these conversations despite other demands on their time.

4. Sexual behavior with outside partners might carry greater stigma for men who are parenting, and that stigma could create barriers to prevention. Thus, stigma-reduction efforts might be useful (e.g., normalizing the behavior). Moreover, providers need to be aware that many gay fathers remain sexual with outside partners, and can encourage open communication about these issues by adopting a nonjudgmental stance toward such behavior.

5. Gay fathers uniformly report less leisure time, and thus spend less time in gay social venues (e.g., bars, events) where HIV prevention programming is most prominent. Thus, interventions need to find novel ways to deliver messages to fathers who tend to be less present in those settings.

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