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## **"There's more to us than this:" A Qualitative Study of Black Young Adults' Perceptions of Media Portrayals of HIV**

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### **ABSTRACT**

The extent to which the targeted group attends to and is engaged by HIV/STI prevention messages is one component of effective health communication. Through an empirical examination of the cumulative perceptions of HIV/STI prevention media messages targeted to Black youth and young adults, this qualitative study privileges the voices of Black/African American young adults as a group that is frequently targeted in HIV prevention campaigns. Semi-structured interviews with 23 Black/African American young adults yielded key themes that suggest barriers to effective health communication. Traditionally, health promotion has advocated for targeted messages as a means to increase risk perception and promote behavior change. For some study participants, the unintended consequences of this approach with HIV prevention included a perception that cumulatively media messages (1) portrayed HIV as a "Black disease; (2) blamed Black people for the HIV epidemic; and (3) fostered negative judgments about Black people. Participants described mixed feelings because they perceived that the messages simultaneously increased awareness for HIV prevention in the Black community as well as perpetuated stigma of the Black community. The findings challenge existing notions about targeting health communication particularly when focusing on stigmatized illnesses.

**Keywords:** Stigma, HIV prevention, Black, African American, Emerging Adults, Young Adults, Media

### **INTRODUCTION**

A strength of mass media health promotion campaigns is their ability to impact public health via reaching large audiences (Noar, Palmgreen, Chabot, Dobransky, & Zimmerman, 2009). Young people and Black Americans, in particular, are frequent consumers of media and technology. Black/African American youth spend an average of 7 hours each day watching television (Company, 2011). Given the high consumption of media content of Black/African American youth and young adults, mass media campaigns are an opportunity to reach Black/African American young adults with HIV/STI prevention messages.

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Targeted messages are a frequently used strategy in health messaging. Targeted messages use audience segmentation to define specific populations and develop messages that resonate with them (Noar et al., 2009). However, using targeted messages with stigmatizing conditions such as HIV/STIs may inadvertently label and stigmatize the targeted group and may result in distancing from the message (Guttman & Salmon, 2004). This has serious health implications that may ultimately have the opposite impact than intended. The focus of the current research is to examine Black/African American young adults' cumulative perception of media efforts to prevent HIV/STIs including unintended consequences.

Stigma is one potential unintended negative consequence of current media messaging strategies. HIV/STIs continue to be among the most highly stigmatized health conditions. HIV/STI stigma involves the social construction of HIV/STIs as preventable illnesses resulting from behaviors deemed "deviant" or "immoral" such as "sexual promiscuity" or drug use (Deacon, 2006a). According to Deacon's (2006) conceptual model, HIV stigma involves three processes: blaming, shaming, and othering. Blaming consists of attributing responsibility for a disease to a specific group (Nelkin & Gilman, 1988). Shaming is the process of expressing social disapproval to invoke remorse and/or condemnation by others (Braithwaite, 1989). Othering is the process in which individuals distance themselves (and others thought to be similar to them, i.e., an in-group) from risk of infection by blaming individuals perceived as different for having an illness because of socially constructed "deviant" behaviors often through shaming and judgments (Deacon, 2006b). In the case of HIV stigma, judgments often involve making assumptions about a person's morality and values such as promiscuity and lack of responsibility (Nyblade, Stangl, Weiss, & Ashburn, 2009). Marginalized groups subjected to othering, shaming, and blaming can internalize these forms of marginalization and replicate them within group (Cohen, 1999).

HIV stigma can interfere with HIV prevention through its negative impact on seeking testing and treatment (Fortenberry, 2002). Fortenberry and colleagues (2002) found that in a sample of 1,973 participants from seven U.S. cities, low levels of stigma were associated with greater likelihood to participate in HIV testing. In order to promote positive behavioral outcomes such as HIV testing, it is critical that HIV prevention messages do not inadvertently stigmatize.

While much of the research on HIV stigma has focused on individuals living with HIV, it is essential to examine stigma that results, not from being HIV infected, but from being a part of a group that experiences racial stigma and a disproportionate burden of HIV/STI infection. The association of Black people as a group with a stigmatized disease can mirror and exacerbate the racial stigma that exists in the U.S. Media representations of Black young adults already associate Black culture with hypersexuality and drug use (Hill Collins, 2004; Madhubuti, 1990; Staples, 1978). As a result, Black/African American young adults may be especially motivated to resist messages perceived as reinforcing negative representations of Black people.

Previous research has found evidence of both intended and unintended effects of HIV prevention campaigns targeted to Black/African American young adults. The Rap-it-Up campaign was the most widespread campaign designed to promote HIV testing and condom use among African American youth and young adults. The evaluation of this campaign included telephone interviews with 800 African American respondent and found that these young adults reported engaging in talking to a partner (52%) and receiving HIV testing (28%) because of viewing the campaign. However, the evaluation also found evidence of potential unintended or ineffective outcomes such as a perception that "the messages went in one ear and out the other"

(39%) and a perception that "the messages exaggerate the problem" (14%). Additionally, the evaluation did not assess the potential unintended consequence of increasing group level stigma.

The current study examines the cumulative perception of HIV/STI prevention media messages from the perspective of the targeted audience. The current study focuses on Black/African American students attending a Historically Black college/university (HBCU). Many HBCU students are members of groups experiencing elevated rates of HIV/STI transmission including young adults, African Americans, and residents of the Southern region of the United States (CDC, 2010). A review of the sexual health literature related to HBCU students found that Black HBCU students reported individual protective factors associated with sexual health, such as HIV/STI knowledge, perceived HIV/STI risk, condom use, HIV/STI testing, religiosity, and alcohol and drug abstinence, at equivalent or higher rates than white students at Historically White Colleges/Universities (HWCU); however, rates of lifetime STIs were higher among Black HBCU students (Younge, Corneille, Lyde, & Cannady, 2013). This data indicates that effective prevention messages for this group are essential.

## **METHODS**

### Participants

Thirteen Black female students and ten Black male students recruited from a Historically Black College in the Southeastern region of the U.S participated in the study. Inclusion in the study involved the following criteria: (1) self-identifying as Black or African American, (2) being a traditionally aged college student (ages 18 to 24), and (3) being unmarried. We collected data on participant demographics such as parental socioeconomic status and residence for the purposes of describing the participants.

### Procedure

Participants were recruited via flyers posted in high traffic areas (e.g. student union, cafeteria) frequently used by students of all disciplinary majors at the university. The flyer invited participants to participate in an interview about sexual health. All participants received an informed consent form, a \$20 gift card incentive, and an information sheet of campus and community organizations that provide HIV/ STI testing and prevention services.

Two trained African American graduate students conducted the face-to-face, semi-structured interviews. Interviewers were matched to participants by gender and race. The interviewers were trained on ensuring eligibility of participants, sharing informed consent information with potential participants, maintaining confidentiality and rigor regarding the research protocol, and asking probing questions without leading participants. The interview guide contained open-ended questions designed to elicit information about general attitudes about health, perception of media portrayal of HIV/AIDS, and perception of media portrayal of HIV/AIDS related to the Black community. Prior to the media related items, each participant was read the following statement, "The next set of questions is about the media. When we say media, we mean things like TV, radio, billboards, and magazines." An example question from this section is "How do the media talk about how HIV and AIDS are affecting Black people?" Interviews were digitally audio-recorded and transcribed verbatim.

### Data analysis

Transcripts were uploaded into Nvivo 9.0 and analyzed by two members of the data analysis team. Both members of the preliminary data analysis team (a trained graduate student and associate professor) read the transcripts multiple times, identified recurring ideas, and

independently coded the data. The research team broadly coded for content using a codebook based on the research questions and emergent themes in the data. The data analysis team met weekly to determine consensus in coding and discuss unexpected or surprising findings. In order to reach consensus, a data analysis team member read the corresponding text for the code aloud and described their rationale for coding. Team members alternated sharing coding first in order to decrease the likelihood that a dominant team member overly influenced the discussion (Hill et al., 2005). An outside auditor with knowledge of the topic reviewed the coding and the corresponding text. The auditor was used to verify coding conducted by the primary team and to minimize the impact of groupthink (Hill et al., 2005).

The appropriate institutional review board granted approval before the study commenced. Each participant was assigned a code name to protect their anonymity. Participants' statements are presented in the Results section to illustrate typical responses. These responses are presented verbatim in order to preserve the authenticity of their statements and with pseudonyms to protect confidentiality.

## **RESULTS**

### Participant Characteristics

Participants' ages ranged from 18 to 23 with a mean age of 19.22 ( $sd=1.11$ ). Participants reported studying a broad range of academic disciplines. All participants reported their HIV status as negative (or unknown status). Participants' report of parental household income indicated the study recruited an economically diverse sample. When asked to estimate their parent's annual household income, 30% described an income below 35,000; 23% reported parental household income between 35,000 and 49,999; 32% described parental household income between 50,000 and 74,999; and 15% indicated parental household income above 75,000. Regionally, study participants were raised in areas of the U.S. heavily affected by the HIV/STI epidemic such as the South and metropolitan cities.

### Participants' Perceptions

Results indicate that most participants (17 of 23 participants) perceived that HIV prevention media messages perpetuated stigma. Of the male participants, 8 of the 10 perceived that the messages perpetuated stigma, whereas 9 of the 13 women shared this perception. Most participants perceived that Black/ African Americans (15 of 23) were the group most likely to be represented by the media as HIV positive.

Several themes emerged related to the process of stigma as blaming, shaming, and othering. The most frequently endorsed theme was that the media portrayed HIV as affecting only Black people. Some participants perceived that this fostered the stereotype that most Black people are HIV positive. For example, Jessica, 19, described "it's like another stereotype – most Black people are carrying HIV. And, I don't know, because it is not just Black people, so it's like why just gear it towards us." Marlon, 21, stated, "It's like only Blacks have it. And if you are not Black, the chances of getting it is very unlikely." Some participants described mixed feelings because they perceived that messages promoted awareness while simultaneously perpetuating stigma of the Black community. For example, Jessica, 19, stated, "Well, most of the time since it is geared towards Black people, they [media] are not really actually talking down on them. They [media] do say about how the thing could affect you, but they are like it is more toward get tested so you don't have this, or you don't get this, or so you know. So, it is not really a negative thing that they do towards Black people, but it's just the fact that they only represent Black people as

having HIV." The representation of HIV as only affecting Black people was perceived as perpetuating stigma because it was experienced as (1) blaming Black people for HIV and (2) perpetuating negative perceptions of Black people as an out-group "worthy" of shame and judgment.

#### *Blaming*

Some participants described their perception that the media portrays HIV as affecting only Black people as perpetuating stigma because it fostered feelings of being blamed for the epidemic. For example, Craig, 19, described "just the way they [the media] focus on Black people and how they always to me, blame Black people like we invented AIDS, or Black people invented STDS. That is really insulting to me." Nick, 19, described "they talk about it as far as Black people having it, they talk about it like it's just ran through Black people, like Black people brought the disease over here."

#### *Shaming*

Shaming, or the process of invoking condemnation by others (Braithwaite, 1989), was described by several participants who perceived that media messages perpetuated existing stereotypes of Black people as "dirty", "overly sexual," or "careless." Nick, 19, described, "it kind of make it seem like African Americans don't really care who they have sex with. And, I mean, they make it seem like African Americans just have unprotected sex with a lot of people."

#### *Othering*

Othering is the process in which individuals distance themselves from risk of infection by blaming individuals perceived as different for having an illness because of socially constructed "deviance" (Deacon, 2006b). Gabriella's description of her perception of media representations of HIV in comparison to representations of herpes provides an example of a participant who experienced messages as othering. Gabriella described, "And then, they have the herpes commercials where the white people are just like, oh, yeah, I have herpes, and I take my medicine. And I may break out, you know, every six months but that's okay. Like, we still have sex. And it's okay. But with us, it's like, okay, these Black people have HIV/AIDS. Umm, yeah, they're filthy. You know what I'm saying. So, that's how I feel about the media." Gabriella's perception that HIV is represented as "filthy" as well as associated with Black people provides an example of how these negative representations can be experienced as suggesting "deviance" about the group associated with the representation. Other participants described othering of subgroups of the Black community. For example, Elizabeth, 19, stated,

*"A lot of Black males -- I'm not going to say they deserve to have that, you know, what is it? I'm not going to say they deserve to have that put on them, but they don't see these diseases as important as they are. Like, they don't see it as serious as it should be. So, like, I feel like if the media does put it on Black males, maybe they [Black males] will look closer into it and try to change that. But then again, some of them [Black males] don't. But, I mean, it's not a good thing. They [media] shouldn't do that. I feel they [media] should, you know, make it not only a Black male thing, but you know, everyone."*

Elizabeth's statement provides an example of one participant's struggle not to engage in internalized othering by constructing Black men as an out-group blamed for spreading the disease through assumptions about lack of seriousness.



Additionally, there were participants (6 of 23) who did not experience media messages as perpetuating stigma. These participants did not differ demographically (e.g. age, classification, major) than those who perceived that the messages perpetuated stigma. These participants emphasized the intended effects of these messages such as providing education and promoting awareness. Chris, 18, described, "It's getting the message out and telling us to get tested. And to make sure that we protect ourselves with condoms and other contraceptives." Participants who discussed stigma also provided suggestions about less stigmatizing approaches for providing messaging about sexual health. These included less emphasis on negative statements and more on positive, uplifting messages. For example, Ariel, 20, described, "some media, they have a field day with this kind of stuff, and just make it known that—just put out the negative statements more than needed, you know. Instead of flipping it and just saying, you know, we do need to be more conscious of what we're doing and to be more knowledgeable. But yeah, they're going to be more negative, I think." Other participants suggested a more universal approach to messaging. Joe, 19, stated, "I understand we're the highest gender/race with HIV/ AIDS. But, I still think if they're going to portray the gender/race/ class with AIDS, they need to go to every race/class. Because, I know there's not any race out there that doesn't have someone with HIV/AIDS."

## **DISCUSSION**

Traditionally, health promotion has advocated the strategy of targeting persuasive messages as a means to increase risk perception and promote behavior change. For some study participants, the unintended consequences of this approach with HIV prevention included a perception that media messages (1) portrayed HIV as a "Black disease; (2) blamed Black people for the HIV epidemic; and (3) perpetuated negative perceptions of Black people as an other worthy of shame and judgment. Several participants described mixed feelings because they perceived that the messages simultaneously increased awareness for HIV prevention in the Black community as well as perpetuated stigma of the Black community. Although participants' comments include generalizations; these generalizations illustrate the stigmatizing discourse that can emerge when a marginalized group is exclusively targeted with messages about a stigmatized condition. This stigmatizing discourse can include discussing HIV prevention in terms of "us versus them," othering, shaming, and blaming (Deacon, 2006b; Parker & Aggleton, 2003).

It is critical to analyze these perceptions within historical and cultural context. Participants' perceptions of messages exacerbating negative stereotypes about Black people as "overly sexual", "dirty" or "careless" is consistent with the long history of negative representation of Black people. For example, stigmatizing cultural images that represent Black women as hypersexual and using sexual relationships for financial support, continue to perpetuate stigma about Black women's sexuality (Stephens & Phillips, 2003). Social science and media representations of Black men have disproportionately associated Black masculinity with hypersexuality, violence, and drug use (Ferber, 2007). Additionally, the history of unethical medical experimentation on Black people (e.g. Tuskegee experiment, forced sterilization) has contributed to mistrust of public health messages (Gamble, 1997; Shavers, Lynch, & Burmeister, 2000). As a result, Black people may be especially motivated to resist public health messages perceived as promoting negative representations of Black people.

The worldview of many Black/African Americans is based on collectivism. Collectivism refers to the idea that individuals view themselves as a closely linked whole and focus on the welfare and survival of the group (Triandis, 1995). Black people with a collectivist worldview may demonstrate a particular awareness about how their racial group is portrayed and thus effective health communication targeted to Black/African Americans may need to consider this worldview (Bowser, 1992). Black/African Americans may disengage from HIV/STI messages perceived as stigmatizing because they experience the message as threatening to positive group identity. In the current study, participants' critiques of HIV/STI media messages focused on the messages' impact on perception of Black people as a group. For example, statements used to describe media messages targeted to Black/African Americans such as, "there's more to us than this," and "it's insulting to our race" demonstrates a perception that the messages were processed on the basis of impact on group identity.

Participants who provided feedback about combatting stigma in messages advocated for an approach that emphasized framing messages in the context of working together as a community. Participants also advocated for a universal portrayals in HIV prevention wherein everyone is aware that they can be impacted by HIV/AIDS. Because of HIV/AIDS stigma, many persons living with HIV/AIDS fear openness about living with HIV will result in discrimination. Therefore, the media is often charged with portraying the "face of HIV." Portraying a marginalized group as "the face of HIV" may serve to contribute to a stigmatizing discourse that promotes an "us" versus "them" mentality about the disease (Deacon, 2006b; Parker & Aggleton, 2003).

#### Implications

The implications of the current study include the critical importance of examining media representations for unintended consequences from the perspective of the intended recipient of the message. The study suggests that some Black/African American young adults evaluate HIV messages not only in terms of the recommendations for individual behavior change, but also for what they perceive the message implies about the Black community. In order to transform the public discourse surrounding HIV and Black/African Americans, it may be beneficial to include a discussion of positive strides in the Black community such as higher condom use among Black/African American young adults (CDC, 2014) and the sociohistorical factors such as marginalization that contributed to the epidemic proliferating in the Black community (Cohen, 1999).

#### Limitations

Although this study fills the important gap of examining unintended consequences of HIV prevention messages, the study does have some limitations. One limitation of the study is that we did not assess specific messages in order to be able to determine the specific content that participants experienced as stigmatizing. The goal of the research was to assess the cumulative impact of exposure to targeted messages for a stigmatized condition among Black/African American young adults. Another limitation is that the data was collected from Black/African American young adults attending a Historically Black College/ University (HBCU). Perceptions of Black/African American young adults in other settings may differ. The emphasis of HBCUs on collectivism may result in HBCU students adopting a collectivist worldview. Another limitation is that the data were collected using self-report. Because of the interview format, participants may have been reluctant to describe stigma if they perceived that the interviewer would judge such perceptions. The researchers attempted to minimize this by using a "perceived

peer" facilitator which consisted of young graduate students matched to participants' race and gender. Another limitation is the small sample size. Future studies should seek to replicate these findings across Black/African American populations to examine the pervasiveness of this finding across age groups and contexts.

## CONCLUSION

HIV/ STI prevention media messages are an opportunity to promote healthy sexual behaviors among Black/African American youth and young adults. It is critical to examine the impact of such messages including their unintended consequences. Additional research is needed to determine the types of messages that are less likely to be perceived as perpetuating stigma. Messages that are ignored or dismissed as stigmatizing are a missed opportunity at prevention.

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