

Education and Fear: Black and Gay in the Public Sphere of HIV Prevention

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In the third decade of HIV/AIDS in the U.S., African American gay and bisexual men constitute the largest growing part of those testing HIV-positive. Education and prevention efforts are being refocused on this population, but there has been a dearth of research on health promotion efforts specifically tailored for this marginalized group. This project examines HIV prevention media campaigns targeting African American gay and bisexual men through a content analysis and a cultural-critical approach. The researchers found that, among 40 social marketing campaigns, the primary tactics were educational and fear-based to promote HIV-related messaging to African American gay and bisexual men.

Keywords: African American; Gay and Bisexual Men; HIV Prevention; Social Marketing

Introduction

The public sphere has been a central growth in post-industrial societies (Habermas, 1989). Mass media presents unique opportunities to understand social values at any given time. Publicly placed media—such as billboards or popular entertainment—is one way to communicate with a group about its place in society. Producers, audiences, and consumers of mass media work collaboratively to construct meaning and use. These are not static dynamics—the meaning is not fixed. Time, place, awareness, and politics comprise historicity of both the representation and the subject using the tools (de Certeau, 1984). In other words, the use of iconography and language can be seen as empowering or disenfranchising depending on the time, place, and politics of the producer and the audience. For instance, the words “negro”

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and “black” have undergone rhetorical change in the U.S. throughout the 1900s, with implications for identity practices and cultural norms (Jackson, 2006).

Similarly, identity is not a simple process. People have complicated identity practices, not limited by ideology or community norms. Race, for instance, may seem determined at birth, yet America abounds with racial and cultural mixing. Individuals often pass through other communities depending on the group’s organizing dynamic: phenotype (e.g. a dark-skin Latino passing among African Americans); class (e.g. a working class student at university); gender (e.g. a woman at a meeting consisting of mostly men); sexuality (e.g. a heterosexual person at a gay bar); or age (e.g. a college student attending a high school football team event) (Rodriguez, 2003). In fact, each arena has particular rules that govern appropriate interaction, and regular participants understand and utilize these rules to the best of their ability and intent (Clair, Beatty, & Maclean, 2005; Suter & Daas, 2007).

Media campaigns focused on health attempt to influence particular populations through knowledge and behavior change. HIV/AIDS media materials are produced in a variety of formats and for a range of purposes. These can include informational brochures, outreach palm cards, magazine advertisements, and billboards. Each format has a specific strength—some messages may be more appropriate for private and personal consumption; others could be aimed at an entire geographic community. This project is particularly concerned with HIV media that appear in public places, such as billboards and posters.

In the U.S., African Americans comprise the largest part of HIV/AIDS cases. In 2007, the Centers for Disease Control and Prevention (CDC) launched a new initiative recognizing the impact of HIV/AIDS among African Americans (CDC, 2007). While race is not the risk for transmission, the CDC acknowledges “a complex set of historical, structural, environmental, and cultural factors—including racism and discrimination, poverty, denial, stigma, homophobia, and limited access to health care” that make African Americans more vulnerable to HIV infection (CDC, 2007, p. 2).

When looking at African American gay and bisexual men, the numbers are even more alarming. While constituting a very small percentage of the population, African American gay and bisexual men—in CDC surveillance terminology, men who have sex with men (MSM)—are almost half of the new HIV infections in the U.S. since 2000 (CDC, 2006). The advances in visible community involvement have not had notable impact on HIV transmission rates among African American gay and bisexual men. The media and health agencies have speculated about the reasons for this steady increase in HIV infection. Millet et al. (2006) found that many hypotheses regarding behavior and sexuality are unsupported by current research (e.g. lower identification with gay community and identity; higher levels of risky sexual behaviors and drug use; lower disclosure of HIV sero-states, or sexuality; non-gay identity is associated with risky sex). Millet et al. (2006) found that hypotheses supported by current research included: higher levels of STD infection; lower HIV testing frequency than other MSM; more likely to have unrecognized HIV infection and later stage HIV diagnosis than other MSM.

HIV/AIDS education materials have contributed to the cultural production of gender, identity, and sex practice among gay and bisexual men. While African American gay and bisexual men are also part of the gay community, they may not internalize or appropriate gay community messages because of their distance from the gay community's norms, institutions, and social networks (Dowsett, 1996). Education messages are a vital part of preventing the spread of HIV for African American gay and bisexual men, but there is a dearth of research specifically on what tactics are being utilized and how these messages might be interpreted.

Among the larger African American community, HIV/AIDS has reified a schism along the lines of sexuality, substance use, and socio-economic class. In the media coverage, Cohen (1999) points out that African American media have created a process of "secondary marginalization" that silences HIV-infected communities. The secondary marginalization follows mainstream population discriminatory patterns against homosexuals, substance users, and the poor. In this light, those who engage in homosexual sex, substance use, or live in poverty are highly stigmatized, or not covered in African American news media. When the African American news media does cover HIV/AIDS, the highlighted perspectives are often heterosexual women not engaged in substance use, as well as middle or upper class people.

The cultural-critical approach is particularly useful in understanding meaning for marginalized groups, especially in health campaigns where vulnerabilities might be central (Dutta & de Souza, 2008). The cultural-critical approach explores how power is experienced from multiple points of view. It can often take an intimate or personal perspective to understand strategies of resistance and marginalization.

HIV social marketing campaigns focus on basic disease information as well as promoting behavior change. HIV risk is complicated by community and personal values around sex, substance use, and connection. Because of these complications, strategies of resistance and marginalization can be deployed in the campaigns depending on the audience and medium, particularly if the campaign's focus is a population that experiences social marginalization or discrimination in some way. This project is concerned with the potential messages found in HIV prevention social marketing campaigns specifically targeting African American gay and bisexual men in the U.S.

Method

The researchers utilized a content analysis and a cultural-critical approach to looking at HIV prevention mass media campaigns that target African American gay and bisexual men in some way. Rodriguez (2003) proposes that identities are practiced in multiple ways, even across similar demographics. In fact, venues that tailor to a specific population—a black gay bar, for instance—can also serve as the neighborhood hang out for local heterosexual, lesbian, transgendered people, as well as white, Asian, or Latino gay men. These practices indicate potentially different nuances, understanding, and history with risk factors associated with HIV. Diaz and Ayala (1999) found that Latino gay men had different narratives around HIV-infection and risk. This complicates the personal experience surrounding the context where risk

occurs, and the health outcome. Mercer (1994) uses cultural products and media to illuminate social norms. In addition, history informs the ways that people understand and experience marginalization, social isolation, vulnerability, and desire.

This analysis of HIV prevention mass media campaigns targeting African American gay and bisexual men is governed with the following questions:

- What are social marketing tactics used to reach African American gay and bisexual men in HIV prevention mass media?
- Do these messages differ from or reinforce social messaging in the U.S. about African American gay and bisexual men?
- What are the individual and community HIV messages and practices being promoted?

Data Collection

The researchers contacted community-based organizations (CBOs), AIDS service providers, health departments, and the CDC National Prevention Information Network (CDC NPIN) to identify publicly placed HIV prevention campaigns focused on African American men. Materials meant for personal consumption—such as brochures or magazine advertisements—were excluded due to their lack of presence in the general public.

Forty HIV prevention advertisements were identified that targeted African American gay and bisexual men from 1992 to the present. The advertisements were placed in 12 cities across the U.S. This included campaigns that were intended for the gay community, the general African American populace, and the geographic location. The campaign was counted as long as a single African American man was prominently featured, and the sexuality was identified as gay or bisexual.

Different creative executions of the same campaign were considered separately, as the messaging and placement varied between executions. The same campaign might have run in Seattle, Los Angeles, or Boston, but different choices were made concerning the placement and execution. As such, different audiences and publics are addressed with the separate choices.

Authorship of campaigns was difficult to disaggregate. Campaigns were produced by both health departments and CBOs. Often, the campaigns were produced in partnerships or collaborations. With some, one partner or a network of partners would provide the bulk of the creative input, and another partner would provide the placement dollars. In some cases, advertising agencies produced campaigns for health departments or CBOs.

Both researchers are experienced with HIV programs and social science research. Each researcher coded the ads, identifying each campaign's tactic and specific goal in terms of target and message. The researchers reviewed the coding process to make sure that the matrix worked. Inter-coder reliability for tactics was measured at .91. The tactics and goals were then tabulated. While the inter-coder reliability was high

for tactics, the researchers differed on goals and targets for each ad, perhaps reflecting how each person interprets the campaign messaging.

Findings

The researchers found four primary tactics utilized in the social marketing campaigns: education, fear-based, controversial, and inspirational. Educational messages were instructional, usually around some area of service provision, HIV-testing, and basic disease information. Fear-based messages focused on danger and risk messages. Controversial messages intended to create a “buzz” within the community. Inspirational messages were aspirational in tone, often introducing a goal or role for the target population to work towards. Social marketing campaigns had a wide variety of goals, regardless of the tactic. For instance, HIV-testing campaigns targeting African American gay and bisexual men utilized educational, fear-based, and controversial tactics.

Of the 40 campaigns reviewed, 22 (or .55) of the total campaigns utilized educational tactics. Educational messages targeted multiple communities and focused on various aspects of HIV testing, information, and services. Some focused on the gay community, some on HIV-positive men, and some on African Americans in general.

Fear-based tactics identify danger and risk. About one-fifth (.21) of the campaigns used fear-based tactics. Some campaigns focused on African American men as the potential root of HIV infection, such as, for instance, ads emphasizing female partners of bisexual men. Others invoked social imagery reminiscent of predatory or racist rhetoric.

Controversial tactics attempt to cause a ‘buzz’ or dialogue among consumers. Approximately 13 of the HIV campaigns used controversial tactics, including the intentional use of everyday slang or particularly surprising messages to accompany images. Some of the campaigns emphasized sex and beliefs about sex; some promoted the presence of African American gay and bisexual men in places where they have been traditionally overlooked.

Inspirational campaigns create an image or goal for people to look towards. Only .09 of the campaigns utilized inspirational tactics for African American gay and bisexual men. These were primarily focused on integrating African American gay and bisexual men into their respective communities in positive ways.

The study revealed certain key features of recent HIV prevention campaigns targeting African American gay and bisexual men. The researchers noted that while the campaigns were meant to provide messaging about HIV/AIDS for African American gay and bisexual men, many were filled with unintentionally marginalizing messaging. The majority of campaigns utilized educational tactics, with another one-fifth using fear-based messaging. In addition, educational campaigns did not address substance use. Bisexual ads tended to be fear based, and there were very few inspirational campaigns overall.

Educational tactics may seem neutral, but they produce marginalizing messages too. The intent of the educational messages in gay community campaigns is to include African American gay and bisexual men in the vision of the gay community,

to promote HIV-testing, and to promote community dialogue on HIV. These campaigns also have certain limits. First, they decontextualize African American men by portraying them as single individuals within a predominantly European American group. This limits the range of African American men portrayed and places them firmly away from possible links to the African American community.

Some educational campaigns focus on personal responsibility, as in the case of encouraging HIV disclosure. This does not consider the actual social terrain of disclosure and puts responsibility of protection in sex to one partner when there are two involved. Social stigmatization about HIV remains a key concern in the U.S., and many states criminalize HIV-positive individuals for failure to disclose.

The plethora of fear-based messages targeting African American gay and bisexual men may intend to increase awareness of personal risk to HIV and promote HIV-testing, but the campaigns often ignore the social iconography invoked. A shooting target over a black male's face in an HIV campaign, for instance, is an unclear message. It does seem to promote a predatory and violent view of African American men.

Fear-based messages have also been used to target African American bisexual men's female partners. The campaigns attempt to increase HIV risk awareness for women and promote HIV-testing. The message is confused, as it invokes distrust when the female partner is ostensibly seeking intimacy with her male partner. The message also stigmatizes his possible identity and practices, which can lead to less disclosure.

Controversial messages intentionally want to start a 'buzz' in a community, such as using slang to discuss drug use in a supposedly direct manner. These campaigns may want to increase HIV risk awareness for drug and sex exchanges, and promote dialogue around these—or other particularly high HIV-risk—exchanges. Unfortunately, it also stigmatizes African American gay and bisexual men, as if all African American gay and bisexual men involve drugs with sex.

Inspirational messages promote self-esteem or community-building. Many utilize nationalist motifs in their message or design. The campaigns are limited in their reach to African American gay and bisexual men due to the lack of overt targeting. In addition, it is unclear if nationalist messages have salience for those who feel secondary marginalization from their racial group.

Conclusions

This project showed certain limitations to HIV prevention media targeting African American gay and bisexual men. HIV social marketing—and any health media—can have problematic or unintended messaging. Many of the campaigns utilized social norms around masculinity and identity for African American gay and bisexual men. These norms can be marginalizing or restrictive if one practices their identity outside of set standards. African American gay and bisexual men live in the U.S. across a wide range of socio-economic positions, geographies, and social networks. There is a considerable range within the community across age, educational background, social isolation, sexual experience, sexual practice, and history with HIV/AIDS. Each of

these personal experiences can be practiced in a variety of ways, depending on venue, expectations, and understanding of social norms. A local neighborhood bar will have different rules than a classroom, and those within the setting understand and practice their identities within and against those rules (Rodriguez, 2003).

The cultural-critical studies approach is useful to understanding visual representations of black masculinity. Representation can be a site of conflict. Masculinity is always socially constructed through historical and cultural forces. Black gay men (as well as other minorities) have masculinities constituted by competing social forces around sexuality, gender normativity, and racial stereotypes. Those with institutional/cultural power determine points of conflict. For instance, white gay men may not problematize depictions of men of color inside gay media, and black nationalism may offer masculinist and sexist views of its citizenry (Mercer, 1994). In both instances, African American gay and bisexual men occupy marginalized positions.

Behavior change models stress participant and community values, and require extended saturation of ideas for its adoption. Future campaigns should take these factors into account. The vast majority of campaigns in this study were placed for limited time due to politics or budget. Since elected officials often appoint health directors, the health department and its relationship to the electorate is a key part of politics. In addition, CBOs and the local community play a part in local politics around health, either through an outcry against a particular campaign or demanding for more health initiatives. Sometimes even the media placement companies may limit a campaign by judging the media materials inappropriate to be connected to their company.

This study did not take into account design elements of campaigns or the potential impact of the campaigns in their local communities. Evaluation measures for health media should take place in the formative, development, and end stages of campaigns. These measures can better collect data on a campaign's potential impact. If a campaign is intended to be controversial, then appropriate evaluation measures should be defined. In addition, publicly placed media may have unintended messages for other audiences. It is imperative when attempting to reach an already marginalized group that public health practitioners do not aggravate the vulnerable condition through stigmatizing messages.

In this third decade of the HIV epidemic, African American gay and bisexual men have emerged as a vital population in need of more effective HIV interventions. Health media campaigns can play a vital role in promoting visibility for marginalized groups, as well as encourage health-seeking behaviors. This study attempts to contextualize the health media specifically on HIV prevention and African American gay and bisexual men.

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References

- Bond, L., Wheeler, D. P., Millett, G. A., LaPollo, A. B., Carson, L. F., & Liau, A. (2009). Black men who have sex with men and the association of down-low identity with HIV risk behavior. *American Journal of Public Health, 99*(S1), S92–S95.
- Centers for Disease Control & Prevention (CDC). (2006). Twenty-five years of HIV/AIDS—United States, 1981–2006. *Morbidity and Mortality Weekly Report (MMWR), 55*(21), 585–620.
- Centers for Disease Control and Prevention. (2007). *A heightened national response to the HIV/AIDS crisis among African Americans*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.
- Clair, J. A., Beatty, J. E., & Maclean, T. L. (2005). Out of sight but not out of mind: Managing invisible social identities in the workplace. *Academy of Management Review, 30*(1), 78–96.
- Cohen, C. (1999). *The boundaries of blackness: AIDS and the breakdown of black politics*. London: University of Chicago Press.
- de Certeau, M. (1984). *The practice of everyday life*. Berkeley, CA: University of California.
- Diaz, R. M., & Ayala, G. (1999). Love, passion and rebellion: Ideologies of HIV risk among Latino gay men in the U.S.A. *Culture, Health & Sexuality, 1*(3), 277–293.
- Dowsett, G. (1996). *Practicing desire: Homosexual sex in the era of AIDS*. Stanford, CA: Stanford University.
- Dutta, M. J., & de Souza, R. (2008). The past, present, and future of health development campaigns: Reflexivity and the critical-cultural approach. *Health Communication, 23*(4), 326–339.
- Habermas, J. (1989). *The structural transformation of the public sphere: An inquiry into a category of bourgeois society*. Cambridge, MA: MIT Press.
- Jackson, R. L. (2006). *Scripting the black masculine body: Identity, discourse, and racial politics in popular media*. Albany, NY: State University of New York Press.
- Mercer, K. (1994). *Welcome to the jungle: new positions in black cultural studies*. New York: Routledge.
- Millett, G. A., Peterson, J. L., Wolitski, R. J., & Stall, R. (2006). Greater risk for HIV infection of black men who have sex with men: A critical literature review. *American Journal of Public Health, 96*(6), 1007–1019.
- Myrick, R. (1999). In the life: Culture-specific HIV communication programs designed for African American men who have sex with men. *Journal of Sex Research, 36*(2), 159–170.
- Peterson, J. L., Bakeman, R., Blackshear II, J. H., & Stokes, J. P. (2003). Perceptions of condom use among African American men who have sex with men. *Culture, Health & Sexuality, 5*(5), 409–424.
- Rodriguez, J. M. (2003). *Queer latinidad: Identity practices, discursive spaces*. New York: New York University Press.
- Suter, E. A., & Daas, K. L. (2007). Negotiating heteronormativity dialectically: Lesbian couples' display of symbols in culture. *Western Journal of Communication, 71*(3), 177–195.