

ABSTRACT

Title of Document: BLACK WOMEN'S MEANING-MAKING OF
HIV/AIDS CAMPAIGNS: A BLACK
FEMINIST APPROACH TO THE IMPACT OF
RACE ON THE RECEPTION OF TARGETED
HEALTH COMMUNICATION

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The purpose of this exploratory study was to understand how Black women make meaning of HIV/AIDS communication. This study combines Black feminist epistemology with the situational theory of publics in an examination of Black females' meaning making of HIV/AIDS communication. Twenty in-depth interviews were conducted with Black women under the age of 35. Findings suggest targeted publics may choose not to process messages because they feel the messages inaccurately represent their identity, or not to seek information because they do not want to face judgment from others who associate their identity with a health problem because of targeted messages. This study added to the situational theory of publics by proposing an emerging model describing the relationship between identity and the variables of the situational theory.

BLACK WOMEN'S MEANING-MAKING OF HIV/AIDS CAMPAIGNS: A
BLACK FEMINIST APPROACH TO THE IMPACT OF RACE ON THE
RECEPTION OF TARGETED HEALTH COMMUNICATION

By

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Chapter 1: Introduction

HIV/AIDS is killing Black¹ Americans at an alarming rate that is disproportionate to other demographic groups. Although Black people make up 12.3% of the American population about 50% of new HIV/AIDS contractors are Black (U.S. Center for Disease Control, 2005). In 2003, a study concluded that Black women have an HIV/AIDS contraction rate “19 times higher than” their White counterparts “underscoring the need for continued emphasis on programs targeting females in racial/ethnic minority populations” (Diagnoses of HIV, 2004, p. 1106). Although public relations professionals have responded to this AIDS crisis by creating and implementing health campaigns targeting Black females, success in decreasing the number of new HIV/AIDS cases remains unattained.

Although there have been multiple communication campaigns intended to overturn stereotypical views of HIV/AIDS and curb the high contraction rate, Black heterosexual females have continued to assume they are not at risk based on their identity. This urges the examination of the processes, culture, and communication of heterosexual Black females in order to understand how Black females make meaning of HIV/AIDS and the health campaigns targeting them.

Purpose of Study

The purpose of this study is to understand how Black women make meaning of HIV/AIDS communication. I used Black feminist epistemology to conduct a

¹ I am aware that people prefer to be described in various ways in referring to their racial, ethnic, or cultural identity. Based on my discussion with participants, reading of related research, and my preference for describing my heritage I have decided to use the term Black to describe persons in this study who, like myself, belong to any ethnicity with self-described linkages to the African Diaspora. The underlying epistemology of this study requires the assessment of all terms so that the participants are empowered through the expression of their identity which is in their self-description.

qualitative study to learn how Black women make meaning of HIV/AIDS communication². This study combines Black feminist epistemology with the situational theory of publics in an examination of Black females' meaning making of HIV/AIDS communication to investigate (1) if and how Black women seek information about HIV/AIDS; (2) if they are conscious of communication about HIV/AIDS; (3) how they make meaning of the information regarding HIV/AIDS; and (4) their reasons for compliance or non-compliance with the messages they receive.

Results could contribute to the development of health communication that positively impacts a traditionally marginalized population. This study's theoretical contribution is that it extends situational theory's applicability to understanding publics in an examination of a health context. This thesis includes a literature review of (1) Black feminist epistemology; (2) theories of publics with a concentration on the situational theory of publics and studies within health, women, and race; and (3) the impact of HIV/AIDS campaigns on Black women. I then list my research questions and describe the qualitative methodology, the sample, data analysis, results, implications and limitations of the study.

² I struggled with the decision to conduct this study on Black women and exclude Black men. Although Black feminist epistemology is not focused on the lived experience of men I still recognized the opportunity to include Black men's meaning making in public relations research, as they are not often included. Alas I am resolute that if I am to employ the use of Patricia Hill-Collins' (2000) explanation of Black feminist epistemology, which requires the research to be both Black and female to employ the method, I should not use this method in researching a group in which I do not belong. From a deontological approach, I would not be able to apply equal dignity and respect to all of my participants to express their perspective without being a member of their group. Additionally discussing the sensitive topic of sexual related behavior with people of the opposite sex would have surely confound the results of this study. If I was to find a Black male researcher available to help conduct focus groups and analyze the data for inter-coder reliability, I would then be capable of expanding my participant pool because that would allow me to maintain epistemological requirements.

Chapter 2: Literature Review

In this section I provide definitions of concepts and theories that frame this research project. The following consists of a review of Black feminist epistemology, relevant theories of publics (with a focus on situational theory), HIV/AIDS communication, and the connections between health communication and Black women.

Black Feminist Approach/Perspective

My means of understanding reality, or my *epistemology*, is Black feminist; it influences how, why, and to what end I research Black women (Lindlof & Taylor, 2002). Black feminist epistemology is about the collective struggle and experience of Black women. This collective struggle is expressed through individual and group accounts of issues wherein multiple parts of the participants' and researchers' identities are acknowledged. This subjugated knowledge is then placed within the overall framework of one's raced society to understand and fight against the normative Whiteness that permeates and validates traditional expressions of knowledge. This approach is a useful framework for conducting this research because it is a qualitative perspective that requires an understanding of multiple meaning makings of the participants. This perspective allows for the participants to guide the research and combat the historical marginalization of the Black female identity in scholarship (Hill-Collins, 2000).

Black feminist epistemology was conceptualized to allow politically conscious Black female researchers to examine the lived experiences of Black women within their lived socio-political environment (Hill-Collins, 2000). Although this

approach is not readily found in public relations, other disciplines have used this perspective to examine insight into Black female's meaning making (Crenshaw, 1993; Few, Stephens, & Rouse-Arnett, 2003). The perspective allows researchers to fill racially diverse gaps in a given field (Aldoory, 2005; Hill-Collins, 2000). The epistemology calls for insider research to examine the "production and reproduction of, resistance to, or transformation of relatively fixed structures of communication and meaning" (Mumby, 2001, p. 587).

Black feminist epistemology offers the researcher and participants' perspectives on themselves, their immediate community, and their society. This perspective requires Black women to offer an "articulated, self-defined, collective standpoint" (Hill-Collins, p. 36). Black feminist research dates back to any expression of Black feminist thought, which can be described as offering a perspective of where one stands as a Black female in one's personal and social position. This approach was born out of the historical oppression experienced by Black women. Oppression is "an unjust situation where a group denies another access to the society's resources" (Hill-Collins, 2000, p. 4).

Hill-Collins (2000) outlines exclusion from powerful positions, omission of presence, or de-legitimization in (a) White feminist organizations; (b) academic realms; (c) social networks; and (d) in patriarchal society as the combined reason for creating work that has been later classified as Black feminist research. This perspective is a *critical social theory of power*, wherein an oppressed group creates theory that is meant to further the just treatment of their collective. In other words, the goal of the approach is "to shape specific political contexts confronting Black

women” (Hill-Collins, 2000, p. 36). In keeping with this goal, there are four components of Black Feminism: (1) “thematic content,” (2) “interpretive frameworks,” (3) “epistemological approach,” and (4) “significance for empowerment” (Hill-Collins, 2000, p. 17).

Black feminist procedure. Black feminism describes attempts to “escape from, survive in, and/or oppose prevailing social and economic injustice,” as inherent in the Black female position in society (Hill- Collins, 2001, p. 7). Herein, the researcher must analyze institutions of racism to resist their impact in an interest to empower participants and solve problems of unrecognized oppressive structures.

Black Feminist research takes form in any medium, from oral story telling to traditional academic research. The researcher must take a purposeful sample of women who self-identify as Black. The research must have some qualitative methods and take form in a dialogic exchange, wherein the participant and the researcher have equal power levels (Guy-Sheftall, 1995; Hill-Collins, 2000).

The ethics of caring. Hill-Collins (2000) describes the ethics of caring as essential to any Black feminist research. These ethics require the researcher to speak from the heart, recognize individuals as unique, allow for the showing of appropriate emotion, and empathy (Hill-Collins, 2000). Few, Stephens, and Rouse-Arnett (2003) describe the process required for (a) the research to have a context (social significance); (b) the researcher to be aware of their identity during the research process; (c) the researcher to monitor their symbolic power in representing the research; and (d) the informants to remain informed about the research throughout the process. Member checks, constant comparison between researcher analysis and

participant perspective, and peer examination (non-member checks) are required in Black feminist research (Hill-Collins, 2000; Few, Stephens, & Rouse-Arnett, 2003).

Black feminism and media. Shaw stated “the Euro-American ideology of race and white supremacy is almost universally reflected in the portrayals of Blacks, from the obvious stereotypic images of Uncle Tom and Aunt Jemima to the seemingly positive images of Black superheroes” (Shaw, 1990, p. 85). As implied by the institution of slavery, Blacks have had limited power in detracting from their negative representation in popular media controlled by and geared towards Euro-American consumers. Proving this point, Betsch Cole and Guy-Sheftall (2003) describe replication of Euro-American ideology on Black femininity in the media, saying “Whites would advance the thesis that Black women were morally defective, it is important to point out that some African Americans also accepted the dominant culture’s stereotypical definition of Black womanhood” (p. 77).

Defining Publics

Publics can be defined as groups of people that are grouped according to their attitudes and behaviors towards an issue (Dewey, 1927; Grunig & Hunt, 1984). According to public relations literature, a public is a group of people who share a common position in relation to an issue that manifests as a result of organizational decision-making (Grunig & Hunt, 1984; Grunig & Repper, 1992). J. Grunig & Repper (1992) described a four-part typology of publics: all-issue publics (active about everything), apathetic publics (ignore all of the issues), single-issue publics (active on a few issues that impact a minority amount of a population), and hot-issue publics (active on an issue that affects the majority of the population). This typology

differs from Chay-Nemeth's (2001) conceptualization, which she generated based on an analysis of HIV/AIDS in Thailand; she found circumscribed (dependent and unlikely to engage in public discourse), co-opted (easily discuss problems with authoritative structures), critical (dissatisfied with conventions), and circumventing (follows desires even if against social norms) publics.

Many scholars believe that publics are potentially powerless in the face of organizational decision making (Broom, Casey, & Ritchy, 2000; Grunig & Repper, 1992; Vasquez & Taylor, 2001). Scholars recommend that either the publics' perspective be brought to light by activists or better yet, the publics realize their own power in order to resist the organization's power and incur change (Dozier & Lauzen, 2000). Publics are affected by the organization but they also have the capacity to affect the organization. Public relations practice requires knowledge of publics because of their potential impact on the organization's survival (Grunig & Hunt, 1984). Public relations scholars have proposed theories or approaches for how publics respond to organizations, one of which is the situational theory of publics (Ballinger, 1991; Botan & Taylor, 2004; Grunig & Hunt, 1984; Grunig, Grunig, & Dozier, 2002; Pratt, 2001).

Situational theory of publics. Grunig's situational theory of publics predicts when people have decisive thoughts and communicate about a problem. Grunig & Hunt (1984) describe this theory from the premise that publics' attitudes toward an organization are dependent on the immediate situation. For example, publics seek information about an organization only when there is a problem (Grunig, 1994). The

situational theory segments publics based on their relationship to the problem caused by organizational decision-making.

Grunig and Hunt (1984) found three independent variables and two dependent variables that explain publics' attitudes and behaviors towards an organization. The following are the independent variables: problem recognition (level of perception of a problem), constraint recognition (level of perception of barriers to doing something about the problem), and level of involvement (personal relevance of an issue) (Grunig & Hunt, 1984). The two dependent variables are active, information seeking; and passive communication processing (Grunig & Hunt, 1984).

According to Grunig's (1994) canonical correlation tests, publics appear in any given situation as all-issue publics, apathetic publics, single-issue publics, or hot-issue publics. The independent variables of the situational theory define these four categories of publics: all-issue publics are active on the problems, apathetic publics pay no attention to the problems, single-issue publics are selectively active, and hot-issue publics are active on a problem of widespread attention (Aldoory & Sha, 2006).

Public relations practitioners are faced with the task of assessing their organization's relationship with their publics, since publics have varying attitudes toward an issue according to the situation. Grunig's situational theory's ability to predict thoughts and communication about an issue allows public relations practitioners to successfully manage their relationship with publics, thereby positively contributing to public relations practice (Grunig & Hunt, 1984). Additionally the theory contributes to the theoretical conceptualization of public relations because it consists of measurable variables. Although the situational theory allows for

segmentation of publics and reliable prediction of attitudes and beliefs on an issue, the theory fails to explain the process through which issues come to the attention of a public. This unanswered origin of the issues is addressed in the issues processes model.

Strategic management perspectives hold that level of involvement and its antecedents are the most useful variable for health communication because it links the importance of the message to measurable changes in behavior (Aldoory, 2001; J. E. Grunig & Childers, 1988; J. E. Grunig & Hunt 1984; Major, 1993). A higher level of involvement increases the possibility of behavior change and communication, while the other independent variables, lack of problem recognition and constraint recognition, result in decreased behavior change and communication. The less a public recognizes a problem the less likely there will be a response. Similarly, the higher the constraint recognition the less powerful the public will feel; the public does not engage in behavior change or communication because the efforts appear futile. Using this framework of communication activity, scholars (Aldoory & Sha, 2006; Grunig, 1997; Grunig & Repper, 1992) have categorized publics in terms of their activity as: active (high involvement, high problem recognition, low constraints, and organized); aware (higher constraints, high involvement, and high problem recognition); latent (low problem recognition, low involvement); and non-publics (the issue is irrelevant to them).

Antecedents. Sha (1999, 2006) has proposed that culture (in terms of race or ethnicity) influences and predicts the three independent variables of situational theory. She found that when publics have a tangible connection with their culture,

there is a direct correlation with level of involvement, and problem recognition. She also found that Blacks have the highest propensity for a tangible connection with their culture; she concluded that they may be the best publics in which to test the validity of culture as an additional variable. This proposition has yet to be widely explored in public relations literature; testing and evaluation would introduce more knowledge of diversity into the field and add to the situational theory (Kern-Foxworth, 1991).

Public relations literature offers other perspectives that would argue that other variables, such as motivation generation, economic impact, demographics, and media are antecedents to situational theory (Hallahan, 1999; Hallahan, 2000; Hamilton, 1992; Heath, Liao, & Douglas, 1995; Morton, 1998; Pinkleton, Reagan, Aaronson, & Chen, 1997). These variables have been criticized for the possibility of limiting the attentiveness to cultural meaning making and tangible connections because they simplify demographics without assessing identity (Sha, 2006). However, these studies evaluate different variables that may in turn be linked to what Grunig (1997) expressed as the individual's predisposed worldview, which may in turn be linked to the worldview of their culture (Sha, 2006).

Black Women and HIV/AIDS Communication

Despite efforts aimed at lowering the rate of Black female HIV/AIDS contraction, practitioners have failed. The historic inefficiency of health communication to influence Black women's behavior has been linked to lack of insider research and poor strategic campaign planning (Sherman, Gielen, & McDonnell, 2000; Vitellone, 2002). Black women in the U.S. are contracting HIV/AIDS in record numbers. Public relations appears integral to the success of

health campaigns (Aldoory, 2001, 2005). Research applicable to Black women and HIV/AIDS communication can be found in a variety of fields, such as psychology (Weinstein, 1983), sociology (Dolinski, Gromski, & Zawisza, 1987) communication (Smith & Morrison, 2005), women's studies, and African-American studies. Studies in these areas have concluded that the perception of risk motivates behavior change for preventative measures.

Targeted studies of HIV/AIDS effectiveness have examined variables ranging from social norms to gender (Dilorio, Dudley, Lehr, & Soet, 2000; Goldstein, Usdin, Scheepers, & Japhet, 2005; Opt, 2005; Troth & Peterson, 2000, Van Den Eijnden, Buunk, Bakker, & Siero, 1998). These studies show that young adult publics recognize the problem of HIV/AIDS, but they have a low level of involvement as they feel they are not at risk for contraction (Kellogg, 2002; Makulowich, 1999; Opt, 2005). Case studies illustrate that stigma permeates Black HIV research (Lapinski & Nwulu, 2005). Social stigma in the Black community is compounded by general fear (Herek & Glunt, 1988; Captiano & Herek, 1990; Herek, Captiano, & Widaman, 2002) and stereotyping that is associated with HIV/AIDS (Falk, 2001; Fortenberry et al., 2002; Herek, 1999). Stigma has proven detrimental to preventing health risks because publics do not seek necessary information or communicate about preventing risks (Liu et al., 2005; Witte, Ferrara, & Smith, 2005).

Identity politics and HIV/AIDS. Gender and race intersect to create high constraint recognition, low problem recognition, and low level of involvement among Black women about HIV/AIDS (Bowleg, Belgrave, & Reisen, 2000). Ethnicity studies have shown that Black HIV/AIDS issue awareness is disproportionately low

compared to issue awareness regarding sexually transmitted diseases (STDs) and sexually transmitted infections (STIs) (Connell, McKevitt, & Low, 2004). Vitellone (2002) attributed this to the perception and propositions that condoms and prevention are necessary and specific to Whiteness. Vitellone (2002) found that Whiteness is performed and enacted in preventative campaigns. He proposed restructuring campaigns so that they have a better affect on other strategic publics.

Some scholars have concluded that gender politics in the Black community require similar restructuring; they conclude that if women feel capable of seeking health prevention they will also feel empowerment to take preventative measures (Chitando & Chitando, 2005; Jones-DeWeever, 2005). Bowleg, Belgrave, & Reisen, (2000) suggest that both power and gender dynamics place women at a disadvantage in HIV/AIDS prevention because social scorn, male relationship dominance, low knowledge of female condoms, and predictions of promiscuity lower women's will to use preventative measures. Sherman, Gielen, and McDonnell's (2000) power and attitudes in relationships (PAIR) model supports increased segmentation and discussion of gender roles in HIV/AIDS campaigns, as a means for increasing involvement and awareness of the HIV/AIDS issue.

Conspiracy and Black health. The social perspective of Blacks toward health institutions has been detrimental to their health prevention and treatment. HIV/AIDS studies of Blacks suggest suspicion of health institutions, but it has yet to be explored and described (Connell, McKevitt, & Low 2004; Vitellone, 2002). Brown & Brown's (2003) study of HIV/AIDS prevention found that individuals with related identities are most affected by outreach campaigns. Although the identity factor connects the

Black community with the traditional suspicion of out-group individuals and health communication, the research also suggests that there was a salient identity at work within the community (Brown & Brown, 2003; Sha, 2006). The data lack identification of the public's level of involvement, and the researchers suggested in retrospect that they should have tallied the number of HIV/AIDS information refusals (Brown & Brown, 2003). Literature supports the notion that campaign implementation must be conducted and managed strategically in order to increase Black level of involvement and problem recognition, while decreasing constraint recognition (Braithwaite et al. 1998; Cole, 2005).

Research Questions

The previous review illuminated conceptualizations that will influence me in this research related to the situational theory and Black female health. Examining the level of involvement variable of situational theory will allow for the possibility of behavior change for HIV/AIDS prevention. Problem and constraint recognition will also be assessed in this study in order to assess types of publics for future HIV/AIDS campaigns.

Interrogating the importance of culture is important to furthering the situational theory (Sha, 1999). By understanding the participants' view of communication campaigns targeting them, this study explored the applicability of segmentation to minority publics. Should publics feel adverse to segmentation or the tactics used in health communication, this may affect the reception of the health messages. By exploring the following research questions from a Black feminist perspective, this research empowered the participants, and will hopefully empower

readers (Collins, 1990), while encouraging further exploration of culture as a variable in healthy behavior (Mendias, Clark, & Guevara, 2001).

RQ1: How do Black women make meaning of campaigns targeting them about HIV/AIDS?

RQ2: What is the level of involvement for Black women regarding HIV/AIDS campaigns?

RQ3: What characteristics affect Black women's problem recognition of HIV/AIDS as an issue?

RQ4: What constraints do Black women perceive in engaging in the recommended actions portrayed in the HIV/AIDS campaigns?

Chapter 3: Method

I will follow the research design as proposed by Few, Stephens, and Rouse-Arnett (2003), which (a) upholds the participants' voice as expert; (b) tries to assess factors that influence participant experience; and (c) attempts to create empowerment (on the personal, interpersonal, and political levels for the participants). I will try to remain attentive to my position as researcher, wherein "decisions made enhance or suppress the language of our informants, and subsequently, reaffirm or deny their account of experience" (Few et al., 2003, p. 211). I will also be modeling this study after Aldoory (2001) and Vardeman (2005), where in-depth interviews were used to understand women's meaning-making process in relation to a health issue.

Qualitative Approach

The qualitative research paradigm is an open approach that can be explored through many methodologies that are sometimes referred to as ambiguous (Potter, 1996). Lindlof and Taylor (2002) explain qualitative research as "converg[ing] on issues of how humans articulate and interpret their social and personal interests" (Lindlof & Taylor, 2002, p. 19). Scholars agree that qualitative research intends for participants to be engaged in a naturalistic, interpretive manner (Denzin & Lincoln, 2003; Frey, Anderson & Friedman, 1998; Lindlof & Taylor, 2002; Potter, 1996). In this study, I looked for the "ways in which people describe their relational bonds, and the dilemmas they encounter in maintaining and transforming them" in a "relational ethnography," which will explore the intersectionality of participants' race, gender, and culture (Lindlof & Taylor, 2002, p. 20; Morrill & Snow, 2003).

While some researchers have focused on the description of qualitative research (Wolcott, 1992) others have suggested that “explicit, systematic methods [are] use[d] to draw conclusions and to test them carefully (Miles & Huberman, 1994). The data can be found in the words, actions, symbols, and artifacts of the participants (Lindlof & Taylor, 2002; Miles & Huberman, 1994, p. 2). For this reason, qualitative methods were most appropriate to enable the data to speak for itself, so that the voices of the participants are represented in the research findings of this study (Wolcott, 1992; Wolcott, 2001).

First, I conducted in-depth individual interviews with participants wherein I requested their assessment of the issue of HIV/AIDS and their perceptions of media materials. Note, this was not the original design of the study; it was the third level in a contingency plan. Originally, I planned to conduct focus groups of 6-12 women (Grunig, 1990). Focus groups have been successfully used in HIV/AIDS studies (Chikombero, 2005) and according to Grunig (1992) focus groups can be used for taboo topics such as AIDS. I moved to the second level of the contingency plan because in carrying out the focus groups I faced two problems: (1) women had work obligations or needed to take care of their children and could not spare the time to coordinate their schedules, or (2) women said they were not comfortable discussing this sensitive topic in a focus group environment. For the second level of my contingency plan, as suggested by my committee members, I attempted conducting smaller focus groups of friend dyads or triads should the participants express discomfort with the traditionally sized focus groups. This also did not work; participants said they were not comfortable discussing this topic with a friend because

they did not want to face judgment. Although this concern for social judgment may have caused participants to give socially desirable answers, the interviewees described their ability to share because the interviews were anonymous, they did not care what a stranger thought, and I observed the lack of social desirability when participants pondered aloud if they should share certain information with me, then decided to share those feelings. At this point I reached the third level of my contingency plan and conducted one-on-one in-depth interviews.

Next, I provided participants with materials from a HIV/AIDS campaign that targets young Black females. The exploratory nature of this allowed the participants perspectives to guide the outcomes. I used grounded theory to explore the meanings presented by the participants. I received Institutional Review Board approval and followed the guidelines proposed by its tenets.

Interviews

The data came from 20 semi-structured in-depth interviews. I reached this number based on reaching the saturation point. Glaser and Strauss (1967) describe the saturation point as the time in the research process where the researcher notices then substantiates the existence of common themes occurring in each of the interviews. Although the participants described concepts using different language, slightly after the tenth interview the interview themes began to coalesce into themes. I was then able to understand central themes of the participants' discussions. Past this point, themes began to solidify as well defined concepts, with each interview adding to the complexity and clarity with which I understood the themes.

Each in-depth interview took an average of 45 minutes to conduct. The focus of the interviews was the participants' experiences and meaning-making. Although interviews can take place in a number of forms, I used the semi-structured system of inquiry so as to limit the possibility for potentially ethically complicated communication with my participants as seen in Wolcott's (2001) field work. I used Rubin and Rubin's (1995) semi-structured interview method in the in-depth interviews so that the participants guided our conversation. The dialogic exchange described by Hill-Collins (2000) would be most similar to the real world communication realm, therefore making a semi-structured conversation more realistic or comparable to a friendly conversation.

I constructed an interview guide of open-ended questions (see Appendix A) and probes with the conscious intention not to include leading questions, in order to get a clear understanding of the participants' perspectives (Potter, 1996; Rubin & Rubin, 1995). I considered all of what the participants said, regardless of its applicability to a particular question, unless the women asked me not to report their stories (Hill-Collins, 2000; Potter, 1996). Because of the sensitive nature of talking about HIV/AIDS, in-depth interviews allowed for a casual, depth environment in which discussion was spurred on by participant interaction.

Campaign Materials

Lindlof and Taylor (2002) suggest having media available for participants to review during a discussion. In light of this I looked for a nationally recognized targeted HIV/AIDS campaign in order to provide participants with materials. I chose Black Entertainment Television's (BET) partnered health campaign with the Kaiser

Family Foundation (KFF); The Rap-It-Up campaign. The program is the largest HIV/AIDS campaign directed at African-Americans in the U.S. and has existed since 1998 as “a comprehensive and sustained media campaign to inform African-Americans about HIV/AIDS” (Kaiser Family Foundation, 2007). This campaign has been nominated or received 15 awards from 2004-2006 alone. The campaign is based on survey research conducted with African-Americans. According to the KFF, materials include “targeted public service ads (PSAs), long-form documentary and entertainment programming, and free resources” (Kaiser Family Foundation, 2007).

Black Entertainment Television (2007) reports having created 32 PSAs, which air four to five times a day. I selected video PSAs from the campaigns from the past two years because these messages are more recently developed and therefore more current with the meaning-making of participants (PSAs since 2002 were available online). I watched all of the PSAs and selected which to use based on the presence of women in the messages. In the first PSA, the narrator is female, speaking about a male. In the second, the narrator is female speaking of a female. Finally, in the last PSA the narrator is a female speaking about herself and other women. I chose the first two PSAs because they seemed to be targeted at women (because the narrator was female). I chose the last PSA because of the two PSAs made in 2005 it was the one entitled About Female, contrasting the other—About Male (Black Entertainment Television, 2007). I selected three PSAs to give a variety of representations of the campaign and limited them to three in order to control for the confounding variable caused by participant fatigue (resulting from watching many PSAs). Additionally, more than three PSAs would have been unrealistic and taken away from the

naturalistic intent of using the media to spur discussion. Many of the PSAs were similar; therefore, the variety between each is in respect to the overall similarity between the messages. I used a within-subjects design so all participants viewed the same three PSAs, which were 30 seconds long each (See Appendix B for transcripts of the commercials).

As the campaign materials were in video form and found on the Internet, not all of my participants had access to the videos. I saved the videos to my computer and showed them to participants during our interviews. For participants who preferred telephone interviews, those who could not afford Internet connections in their homes used their work resources, after business hours, in order to participate in the interviews.

Participants

Recruitment. Participants were recruited through purposive, snowball methods. I found participants by requesting contact information from colleagues and acquaintances. After I invited the initial participants, I used snowball techniques. I contacted potential participants, describe the nature of the interview, the purpose of the research, and scheduled interviews with consenting participants.

Sample. Participants for the interviews were selected on the basis of demographic background. The women who participated in this study were Black, heterosexual, between the ages of 18 and 37, with high school diplomas or higher. I chose not to interview people with less than a high school degree as I thought my role as a Master's student may create a power differential and impact participants' autonomy and make them feel that their knowledge was somehow less valuable. I

wanted to equalize power between myself and my participants (Hill-Collins, 2000) and felt that the role of this study as a Master's thesis would negatively impact participants without high school degrees. The participants were current residents of the Washington, D.C. metropolitan area, as I did not have the resources to travel elsewhere in order to conduct the research.

I used multiple strategies to increase my transparency and create a sentiment of trust with my participants. I made the participants aware of my intentions for conducting the research and their role as expert informants throughout the interview (Rubin & Rubin, 1995). The interviews were conducted either in the participants' homes or via telephone after hours at their jobs or in their homes. Since Rogers (1976), researchers have found that the quality of data collected during telephone interviews is comparable to in-person interviews. I left the choice of where the interviews were to be conducted to the participants to increase their comfort. I shared my identity and ethnic background with the participants. Additionally, I debriefed the participants at the end and offered them information on how to receive HIV/AIDS education, testing, and treatment. I applied pseudonyms to each participant and their background information so that none are identifiable. I refer to the women according to their pseudonyms in the results section of this thesis, in order to provide each with an identity.

Interview Question Guide

I used a question guide (Lindlof & Taylor, 2002), with open-ended questions and I conducted a pre-test of it with two Black female master's students, one was outside of the public relations discipline and the other was inside the discipline. I used

these discussions to revise questions and ensure that I was asking appropriate questions during the study.

I used additional probes and question as they arose throughout the interview processes. The protocol questions started with grand tour questions related to the women's health concerns and their relationship experiences. I then asked the participants about their perspectives on and experiences related to HIV/AIDS communication. Following this, I showed the PSAs to the participants and asked them questions regarding the messages. Closing the interviews, I asked the women about their view of the research topic, their comfort in discussing the topic, suggestions for improving protocol questions, and what they would like to know as a result of the research (See Appendix A).

Data analysis

All of the interviews were digitally audio-taped and transcribed. I paraphrased transcript text when the discussion was not directly related to the RQs. The dialect and speech patterns of the participants were preserved in the transcripts. I kept digital recordings in a secure location and will destroy the video recordings at the time appointed by the Institutional Review Board. I recorded notes and initial reactions to the interviews in a journal. I included initial themes, questions to bring up in future sessions, and problems that I identified during the interaction with participants. I tracked assessments of my own biases and unexamined judgments in the journal. These data analysis methods are consistent with recommendations from Black feminist epistemology that require purposeful samples to be evaluated via dialogic

exchange, equalized power dynamics, and attentiveness to uniqueness (Hill-Collins, 2000).

I read the transcripts and included observer comments (OCs) in the transcripts. The OCs referenced my reactions, assessment, emerging themes, and connections to other interviews. The final OCs at the end of each transcript connected the themes in each of the transcripts to one another. I reserved the opportunity to conduct follow-up telephone conversations during, after, and post transcription and data analysis if I had further questions for participants. I wanted to be sure that the participants were being accurately represented so I consulted them heaviest prior to data analysis.

The interviews were analyzed independently for themes over the course of data collection and again after the data collection was complete. I analyzed the themes so that I captured “not just ideas, but also the context in which these ideas occur” (McCracken, 1988, p. 25). The themes were reviewed, analyzed, and revised for cross-interview analysis. Themes reported in the results section of this thesis include both common and exceptional themes (van Zoonen, 1994). I set up a coding system as suggested by Miles & Huberman (1994); the themes were reported on the basis of both commonality and uniqueness; collapsing similar themes into one category and defining the constructs of each theme.

After listing comprehensive themes, I used my coding system to assign the themes to comments in the transcripts. I used Bogdan and Biklen’s (1998) to analyze the data for the persistence of themes. After assigning themes to each of the separate transcripts, I reviewed the themes in the transcripts and put them in a separate document, listing the frequency and context within which the themes appeared. Then,

I revisited my journal description of my biases to remind myself of the difficulties I had during the research, so that I could attempt to keep from tainting each of the participant's voices with my perspective.

Validity and Reliability

Validity and reliability are often discussed in evaluating research. Qualitative research has specific definitions for both that are distinct from quantitative studies. Validity can be discussed as internal and external validity. Internal validity refers to “whether a researcher has measured what the research purports to measure” (Wolcott, 2005, p.160). External validity discusses “the correspondence between research and the real world” (Wolcott, 2005, p. 160). Lindlof and Taylor (2002) describe truth of value, which explains validity in terms of concept validity, which measures according to the predictions of a theory.

In this study I attempted to reach the validity as discussed by Wolcott (2005), who mentioned that the purpose of a study is to generate a dialogue about the findings presented rather than a discussion about the findings' generalizability. Kvale explained validity through craftsmanship (Kvale, 1995). My craftsmanship was displayed through the questioning and interpretation of the findings as guided by theory and carried out in a four-step process (Kvale, 1995). First, I wrote in a journal to analyze my feelings, biases, and the intersection of theory with the themes in the research process. Second, I described both the participants' view of the health issue and their assessment of campaign materials. Third, I enlisted the help of another Black female researcher and my participants to analyze the truthfulness of my data analysis. The researcher and participants provided me with member checks and

additional perspectives to be sure that I accurately reported the women's thoughts and feelings (Lindlof & Taylor, 2002). Prior to conducting member checks, I decided to discuss discrepancies with the reviewers to assess their ideas and report those conversations when describing the results. Lastly, my thesis advisor acted as a buffer to assist me in evaluating issues I encountered during the research.

I also took steps to maintain reliability, often referred to as an artifact, to attain continuity in my research method (Wolcott, 2005). The method must therefore be "reasonably stable over time and across research methods" (Miles & Huberman 1994, p. 278). I maintained reliability by using constant research instruments (Lindlof & Taylor, 2002). Although described as unrepeatability in qualitative data, intercoder checks allowed me to check for proper analysis and interpretation (Lindlof & Taylor, 2002). For example, using semi-structured interviews allowed me to question the participants in similar ways without forcing them to answer questions that were not relevant to their interests or overshadowed their view of HIV/AIDS.

Reflexivity

Reflexivity is highly valued in Black feminist epistemology (Hill-Collins, 2000). This may be due to the fact that the idea that one cannot interview her own cultural group without understanding her own role in the research. I am a Black woman in my early 20s from a middle-class home. I am pursuing a master's degree in communication with hopes to advance the quality of women's health and the presence of Black voices in communication research. My identity and the search for my identity in my research field has sparked my interest in exploring Black meaning making and its fit within public relations theory.

I am interested in studying Black women because of my own identity; I have a strong sense of heritage. I conducted a study of Black men's perceptions of women in Hip-Hop and found difficulty in relating to the participants because of some of their description of women. I presented a study of Black feminist epistemology for a class and was overwhelmed by the perspectives' fit with my interests and previous study of African-American literature. My upbringing in a racially stratified area and exposure to many people whose color may be similar to mine yet had a wide range of experiences, made me interested to know how they feel and where they stand in regards to the topic of HIV/AIDS.

My interest in the social impact of HIV/AIDS was first sparked last spring. With the passing of World AIDS Day and Black AIDS Day I constantly heard I was in an 'at risk' group. Those weeks caused me to wonder about my position in society, the purpose of the health communication I was hearing, and how other Black women receive the news that they are a possible statistic. HIV/AIDS became more important as I heard it being mentioned on the radio, in the news, during entertainment shows, and seemingly everywhere I turned. I doubt I would have noticed as such if these announcements had not been constantly linked to women my age who look like me. The messaging scared me and I wondered at their affect on my counterparts. I also wondered at their ineffectiveness. My lack of knowledge of the disease was also startling to me. I wondered at the fact that I had never known anyone who had admitted contracting the disease. I also felt guilty for wanting to explore the concept and discussing the possibility of contraction with women in a high risk category while I myself was at little risk for contraction. The prospect of questioning others and

causing them concern through discussion while I had never had to wonder about my own status seemed irresponsible. I decided to put myself in my participants' shoes and go through the process of getting tested for HIV/AIDS. I still feel that this is unfair because I had little personal risk of contraction but I hope the process will help me empathize with my participants.

As a future practitioner I began to wonder at the responsibility and ethical implications of targeted health message not only in terms of health prevention but in a broader context of the impact of creating targeting messaging. I am very interested in researching how the messenger's racial identity impacts the publics' reception of health communication messaging. My interest in this topic is not because I want to further bolster segregated messaging but rather because I think racial requisite variety is a requirement for health communication messages to be effective. I hypothesize that even when focusing on publics to the publics highly impacted by an issue one should not completely alienate them from other publics because the specificity of the campaign may have unintended negative stereotyping, affecting on both active and latent publics and cause the intended publics to ignore the health issue.

Chapter 4: Results

The 20 women interviewed made meaning of HIV/AIDS communication in ways that explained their recognition of HIV/AIDS as a health related problem, their level of involvement in HIV/AIDS, and the constraints they face in complying with and discussing HIV/AIDS messages. The participants made meaning of HIV/AIDS through concepts such as: identity, personal relevance, stigma, activism, realism, fear, down-low phenomenon, and community. The women also shared their conceptualization of: healthy behaviors, trusted information sources, desire not to generalize, and comfort in discussing HIV/AIDS with different groups.

In general, the media use by participants varied. For example, a few of them could not afford cable television or the Internet; another small group chose not to watch television, and the majority utilized the Internet, print media, and television. The majority of the participants described their reliance on the Whitman Walker Clinic, in Washington, D. C. as a trusted source of information regarding HIV/AIDS. The Internet, and support groups were also regarded as trustworthy information sources by the women. The women described search engines such as Google as their starting point more often than U.S. government sites. The women said they would also rely on support groups in order to find out more regarding HIV/AIDS. Specific campus health centers and doctor's offices were infrequently mentioned as information sources. Only one participant described seeing HIV/AIDS information in an episode of *Girlfriends*, a sitcom featuring the friendship of four Black women under the age of 35. A few participants received HIV/AIDS information while at work (three women work for agencies that monitor government and political

messages, including those related HIV/AIDS). The findings are organized below according to research question.

RQ1: How do Black women make meaning of campaigns targeting them about HIV/AIDS?

Location

The first theme that women described when I asked them if they had seen any HIV/AIDS related campaigns in the past was location. The women focused on where they saw HIV/AIDS communication. Over half of the participants described seeing HIV/AIDS related information specifically on or in public transportation. For example, Sasha said, she could only remember seeing HIV/AIDS messages when on the bus, on the metro-rail, or in the free city paper that can be found at the public transportation stops. Additionally, Melinda suggested that she saw more HIV/AIDS messages near areas where the residents were either homosexual, minorities, or racially diverse. Although, Melinda, an African American woman with one African parent in her mid 30s, was the only participant to describe geographic areas where the messages would be found, the other participants described the media sources that provide information regarding HIV/AIDS.

The women stated that they could only see HIV/AIDS messages on Black Entertainment Television (BET), and the Music Television Network (MTV). Overall, the women described the location of the messages, similarly to Cynthia, an African American woman in her mid 20s, who said, the fact that the messages are on channels like BET shows how they are not mainstream. The participants expressed their

concern with the messages not being found in mainstream media because they felt not everyone would have access to the message.

Frequency

When I asked the women how often they saw HIV/AIDS messages in a given week, they gave answers ranging from never to six times. For the small number of participants who said never to twice a week, they proposed different reasons for the infrequency. Alicia, a graduate student in her mid 20s, said she only encounters messages during awareness month, on one channel. The majority of the women stated that they see messages frequently, and that they felt there has been an upsurge in the amount of messages they see. Participants assessed the frequency differently; some felt that despite frequency they still could not remember the contents of the message, while others, like Tasha, a teacher in her early 20s, said the messages acted as a reminder of the issues surrounding HIV/AIDS. In summation, the women noticed the frequency of the messages but did not attribute any value to the frequency of HIV/AIDS messages.

Depth of Content

This theme is different than I originally understood it in analysis. During a conversation I had with a black female graduate student, she explained that one of the comments I separated as a theme failed to reach a saturation point because it could be combined with another theme. I originally labeled these themes *alluded to topic*, and *too general*, after agreeing with my colleague that the themes were in fact similar I reviewed the participants' comments and believe *depth of content* accurately describes what they assess within this theme.

The women complained that the information in the messages they viewed failed to teach them anything about the issue, did not give them any information for where to get tested, and it was too impersonal. Both Sasha, an African American in her young 20s, and Asia, a Nigerian women in her mid 20s, stated that condoms are not a full-proof form of protection and wondered why this is not addressed in messages so that people could make an informed decision about their ability to be protected against HIV/AIDS. One woman, Sasha, assessed her criticism of the message depth as a product of the social climate. She guessed that message designers cannot move on to more complex issues if society has not mastered preliminary information (for example condoms are necessary to protect oneself from HIV/AIDS).

Realism

Assessing the realistic features of the message also characterized the women's meaning making of HIV/AIDS messages. According to a majority of the participants, realism was missing from the sample campaign messages. When asked about what they would change about HIV/AIDS communication, the women said they would make the messages more realistic. They want the messages to be relevant, show suffering, tell the stories of real women who have been infected, and explain life skills necessary to avoid situations that would be considered risky for HIV/AIDS contraction.

The participants felt the messages were too ideal and unreal. Maria, a college student of West Indian heritage said that seeing someone's real story would be more depressing but it would surprise her and stick out in her mind. Alicia remembered one commercial in particular because the person featured was a woman near her age who

had contracted HIV during her first sexual encounter. Similarly, Melinda remembered a billboard of a handsome young man stating his HIV positive status. These women and others said they remembered the stories that were personal and realistic. They felt that these types of messages, as Sasha stated, break the mold of traditional message formats and situate the issue of HIV/AIDS as a real daily issue.

Identity

Women discussed race, sex, age, stereotypes, and the impact of celebrity identities as characteristics of HIV/AIDS messages. In general, participants wanted more variety in the identity represented in messages. They told me that this topic is applicable to more than Black women, and should therefore reflect the impact on more than one type of person in the messages. More specifically, participants wanted to see different races, and genders equally represented in messages. Asia told me that targeting is ineffective, while Tasha felt the actors were talking to her, and Kimberly, a woman working in a competitive business firm, in her mid 20s told me that she would not use Black actors to speak to White audiences. Each of these participants felt strongly about their perspectives, although they differ, their variety supports Sasha's claim that increased variety in the identities represented in the messages illustrates the impact of HIV/AIDS on more than one type of person.

Age (in addition to race and sex) was another feature of the identity that the participants desired increased variety. Keisha, a graduate student, in her early 20s, was one of the many participants who told me she knows when messages are targeted at her because of cues like referencing parents, teachers, and peers. She and other participants want a larger age range in the messages. Not all of the women in

interpreted identity the same way. Melinda, although in the risk group for the messages, told me that the commercials were in the language of the kids. In addition to their overall desire for more variety of the identities represented in the messages, the participants described underlying themes of stereotypes and celebrity.

Stereotypes

A minority of women brought up the theme of stereotypes in the messages, however all of these participants expressed feelings about this subject similarly to the following example:

Maria: As a Black woman; there's a history of being labeled and with HIV/AIDS it's like ok yet another thing that's a stereotype where I get put down and labeled.

Victoria, a college graduate in her early 20s, who has been supporting herself since graduating high school, expressed stronger frustration at seeing and hearing stereotypes in HIV/AIDS messages. She said her main complaint is that everything surrounded by stigma is targeted at black people. Victoria said the following:

Victoria: No, I knew 'cuz they're black. You know anyone Black we're supposed to relate to. You know that's what media think all Black people know each other. All Blacks are supposed to be attracted to each other 'cuz we're Black—no!

Tiph: Does that bother you?

Victoria: I mean I guess we would assume that Vanilla Ice is still cool to White people. I mean, assumptions; you can never really assume a lot of things. You have to go to the source find out what the kids like, who they

want to talk to, what they want to hear. I think they need to have the marketing or public relations department, whatever to venture out and have all kinds of people in the mix from every color and race and ethnicity to make sure that things like this don't happen.

Sasha said she keeps herself from getting angry at stereotypes in messages by reminding herself that message developers use identity as a means for targeting audiences, and although she knows people who would get angry about targeting she does not because she cannot get mad at stereotypes if she does not do that activity. Sasha described this strategy after telling me, one of the sample messages portrayed the woman as materialistic. Kimberly said felt conflicted about the message showing a stereotype of women being materialistic; that may characterize some women but not all.

Celebrity

When asked what they thought about the sample messages, the participants were almost unanimous in their desire not to see anymore celebrities in the messages. They associated celebrities as common in HIV/AIDS related messages. Sasha was the single outlier who said you do not have to be a superstar to make a difference, was impressed by the celebrity desire to be an activist in the HIV/AIDS issue. The rest of the participants either stated they wanted an end to celebrity features in the messages, while others used sarcasm to express their sentiments. Examples of the sarcasm include: "I saw it and thought oh famous people", "hmm Alicia Keyes is savin' lil' kids in Africa", "I guess that works for people who are star-struck", and "they only do

those messages to get paid; no one really thinks celebrities have HIV.” Mira explained her distaste for ‘preachy’ commercials and what they entail:

LaShonda: Oh God, just like [sighs exasperatedly]. I dunno. I just think the ones on BET that have the celebrities. And I feel like they try to connect to a famous face because they think, ‘oh people will relate to these people,’ but I just feel like it makes it that much more distant because obviously you don’t think that this celebrity has the disease. And I think that they’re just doing this ‘cuz they’re getting paid for it. They’re not affected by it in any way and they just say commands like use condoms, blah blah blah, protect yourself. Not that those can’t be effective ways of doing it, but I feel like the ways that celebrities—oh these cool people are telling you not to do it so you shouldn’t do it. It’s just like unreal.

Alicia tied her aversion for celebrity features to class differences, when she said, “of course celebrities can donate money they are rich I guess this message is just for upper class people.”

An underlying concept in the celebrity identity theme may be connected to the participants’ desire for realism in the messages.

Effectiveness

The final theme women described in their meaning making of HIV/AIDS messages is message effectiveness. The majority of the participants want to know if these campaigns work. They measure the effectiveness through the questions they asked, such as why messages have not lowered contraction rates, why women do not know how to get help should they want to it, why messages are separated from their

daily routine, why messages are only about sex, and why the messages are so preachy or judgmental. Tasha was the only participant who said messages had an impact on her personal behavior; she told me that she got tested because a message she saw last year was followed by a conversation with a friend regarding HIV/AIDS. She said the combination of the two caused her to go get tested. Other than the example of Tasha, the rest of the participants did not attribute effectiveness to the HIV/AIDS messages. The participants described recommendations made in the sample messages, their reactions to messages, and the features they liked about the messages to explain the effectiveness of both the sample messages and typical HIV/AIDS messages.

Recommendations

The participants often identified a lack of recommendations in HIV/AIDS messages. Only a few participants identified using a condom as a suggestion in the messages. Also, a few participants mentioned activism and sending money to Africa as recommendations. A single participant identified getting tested. None of the participants expressed salient recommendations in the messages. Regarding the suggestions that were identified, the participants said they already did the recommendations and identified recommendations tentatively. Tasha stated that there were no recommendations, then later said maybe they were saying to be an activist, but she was not sure if that was their intended message. The majority of the participants felt there were no recommendations.

Reactions

The women described their reactions to the sample messages. Overall, the reactions were, as Kimberly described, that of indifference. The majority of the

participants did not have an emotional reaction to the messages. They also told me that they either would not have paid attention to the messages had they not been partaking in a study. Tasha said, “When I saw that commercial I thought oh she’s pretty. Honestly I wasn’t paying attention.” The participants said the messages need to be more memorable, with more information, for them to have a reaction to the messages. Beverly, a law student in her late 20s, had an unexpected reaction to the messages; she said the message seemed like it was saying “it’s only a matter of time before you contract AIDS”. Overall, the participants did not have a positive reaction to the sample messages.

Women did have a positive reaction to the message features that they said empowered women. They described respect for their bodies, the aspiration to help others, using actors with good reputations, and the sentiment that they are precious as valuable message features that should be seen more frequently. Although there was no question specifically asking about the features of the message that the participants liked, the majority of women expressed their preference for messages that included empowering women to respect themselves and see their own value.

In characterizing what constitutes a memorable message, a majority of the participants described reactions they had to one or two messages they had seen in the past, stating that they remembered them because they were shocking. Sarya, a college student in her late teens, described seeing a message wherein they did a mathematic equation to illustrate how you are sleeping with all of a partner’s past partners when engaging in intimacy. This example is similar to what many participants termed shock value.

RQ2: What is the level of involvement for Black women regarding HIV/AIDS campaigns?

The participants described their level of involvement regarding HIV/AIDS campaigns and message as a social issue, a personal issue, and an issue worthy of activism. The personal theme has an underlying theme of empathy for others, and the activism theme is connected to age.

Social Issue

A minority of the women stated that since everyone has the ability to have HIV/AIDS it is an issue that everyone should be concerned about. As Sasha put it, AIDS is not a bullet with someone's name on it, so everyone should be concerned. A handful of other participants agreed with her perspective saying that anyone having sex should be concerned about the impact of contraction and therefore it should be an issue that everyone thinks about. The majority of the participants did not express these feelings and did not view HIV/AIDS at the social level of issues. Most, including the participants who described the social impact of HIV/AIDS characterized their involvement on a personal level of issue involvement.

Personal Issue

Women had varying involvement in the issue depending on how they saw HIV/AIDS affecting them personally. Victoria described her virginity as her means of protecting herself from this issue. She said she was not concerned about the issue because she does not engage in risky behaviors. Her feeling of exemption is contrasted with the other participants whose health concerns, sexual activity, and personal relationship with people who currently have or died from HIV/AIDS.

One woman expressed her personal involvement in HIV/AIDS as stemming from a health concern. Sasha, shared that she is a hemophiliac and had received many (upwards of 70) blood transfusions in her lifetime thus far. As Sasha is in her mid 20s she feels she has had a frequent chance of exposure to HIV/AIDS and other blood borne illnesses. She is tested for HIV/AIDS every six months and will continue to be tested for the rest of her life. She said she feels personal relevance of HIV/AIDS because of her medical condition.

All of the women, except Victoria, discussed their personal involvement in the issue of HIV/AIDS as resulting from their past sexual history. Victoria expressed her personal involvement as stemming from a concern for others who may be impacted by HIV/AIDS. Participants said they are more cautious, want to protect themselves, have changed their lifestyles in response to HIV/AIDS, do not know anyone who is not concerned, and they must in fact be concerned since they could possibly be infected. Although these responses were expected, however, Mira, a college graduate in her late 20s, described a lack of personal involvement from some of her friends. Mira told me that she has some friends who do not care about the personal impact of HIV/AIDS. As she feels personally involved she asked them why they are not—they responded that they have to die some way, so why worry about AIDS? While none of the women participating in this research expressed that lack of personal involvement, there are alternative attitudes.

Lastly, participants described their personal involvement in HIV/AIDS as a product of their interpersonal contact; those who know someone who contracted HIV said they have a higher personal involvement in the issue as a result. Justine, Melinda,

and Alicia in particular shared how the impact that knowing someone who had HIV/AIDS as raising their awareness. As Alicia put it, it does not hit home until you know someone who has it. The majority of the participants stated that since they did not have a direct impact by knowing someone with HIV/AIDS they felt that they were not involved beyond trying to be cautious. They said they would feel more involved if they knew someone affected by the issue.

Empathy

Although the majority of the participants did not know anyone with HIV/AIDS they expressed empathy for those infected. The majority of the women described the suffering connected with the illness as characterized by lesions and the deterioration of the body. Nola, a Nigerian woman in her early 30s visiting the United States for a doctoral program, told me that having HIV/AIDS is like being trapped in your body; you cannot receive help or be saved, a feeling she felt was horrible. Beverly suggested HIV/AIDS is something no one should be infected with; she said it was too harsh.

Activism

The majority of the women desire to be involved in some type of activism to alleviate the issue of HIV/AIDS. LaShonda, a boarding school graduate and current undergraduate student (in her late teens), suggested that she felt like she is doing a service by discussing HIV/AIDS. Most of the participants felt it was their duty to be proactive, however they did not characterize this duty as activism; they described discussing HIV/AIDS with others as a service. LaShonda, Justine and Tasha all participated in AIDS walkathons in the past, however, they did not describe this

activity as activism, but again a service. Both Sasha and Mira took courses in HIV/AIDS in order to better understand the issue and discuss it with others. Mira explained her reasons for doing so:

Mira: Um... I'm comfortable discussing that as well, because I really think that we need to we're in some way dropping the ball with not discussing it and leaving it in the dark is to lead people to death; it's basically into trap. And so I've actually done that; I took a course, an eight week course to be a peer educator on HIV/AIDS.

Half of the women expressed an interest specifically in speaking to younger women regarding HIV/AIDS in order to inform the younger generation.

Generally, women expressed their activism as a duty to do service to others. Participants who said while they had no avenue which they felt was doing a service, they wondered what they could do, and felt that the issue warranted their activity. They said they were sad that HIV/AIDS is not treated as breast cancer. Beverly and Alicia in particular, said that they wish this issue had the same support as breast cancer, so that people could join together to fight HIV/AIDS.

RQ3: What characteristics affect Black women's problem recognition of HIV/AIDS as an issue?

Women described a number of characteristics that influence their problem recognition of HIV/AIDS as an issue. They characterized the problem as it relates to a *deadly sexual transmission, the down low phenomenon, unlikely coincidence, and infection rates*. Overall, the women described their recognition of HIV/AIDS as a problem. They also shared the perspectives of friends and associates who do not

recognize this as a health issue and suggested that their problem recognition is shaped by both interpersonal and mediated interactions. A minority of the participants shared strong feelings of conspiracy related to this health issue and its impact on Black people. They shared what they termed conspiracy theories with great hesitation as they stated that they did not want to be perceived as alarmists. The women's ponderings over the conspiracy related to HIV/AIDS did not lessen impact of their recognition a problem; on the contrary, all of the participants shared recognition of HIV/AIDS as a problem.

Deadly Sexual Transmission

The first theme described by the participants was that of sexual transmission. Women described HIV/AIDS as a problem because of its ability to be transmitted sexually. As both Alicia and Asia stated, the participants do not know anyone who uses needles. All of the participants described their view of HIV/AIDS as a sexually transmitted health problem. When asked why she thinks of HIV/AIDS as a problem associated with sex, Charisse, stated that she is taught by the media to connect the two.

Ilene, an undergraduate student in her late teens, described the impact of HIV/AIDS as breaking down the immune system so that the body is unable to fight off germs, viruses, or any source of illness. The consensus among the participants is that HIV/AIDS kills. Women characterized the problem as dangerous, life-threatening, and fatal. Kimberly, was the only participant to express the perspective that women seem more susceptible to this problem. The majority of the participants expressed the incurable nature of the disease as connected to the problem of

HIV/AIDS as causing the permanency associated with the depth of the problem of HIV/AIDS.

Responses to the problem. Women respond to this problem in the following number of ways: getting tested for the virus, remaining abstinent, using condoms, and not using condoms. Participants state that their response to the problem is not causally related to their awareness of HIV/AIDS as a problem. Keisha recognized HIV/AIDS as a problem and did not understand why people did not use condoms to protect themselves against transmission. Justine and a minority of the other participants mentioned knowledge as their means of learning how to respond to the problem by protecting themselves against the virus. Anna shared:

Anna: Say once you and your partner have had unprotected sex and all of a sudden you go to get tested and you find out you have it. Or either once you, or someone you know, has been exposed to the disease. That's when it's brought up and talked about. And it should be brought up before then because if it's brought up before then you are aware of what could happen. And then sometimes people are aware of it; what could happen, but they choose to do whatever they want to do anyway...and endanger other people's lives.

They stated that their friends helped them understand the problem and that condoms are the best way to stay safe. The other participants either did not comment on their use of protection or told me that they are not always consistent in using protection (this topic will be discussed further in the description of constraints). Participants also described people, unaware friends and associates, as responding to the problem without taking precautions. Marsha stated that the people are unaware

because they think the problem is not personally relevant, while both Sasha and Asia felt that those who do not use precautions have no education on the topic. Kimberly described the mindset of these individuals as, "my partner seems clean and I'm just having fun". Overall, the participants described varying levels of problem recognition and problem response to the health issue of HIV/AIDS.

Down-low Phenomenon

The majority of the participants described HIV/AIDS as a problem associated with the down-low phenomenon. According to Sarya, Down-low refers to men who have sexual contact with other men, do not characterize themselves as homosexual, and do not disclose their preference for being intimate with both men and women to their female partners. These men are distinguished from homosexual men who are considered to be 'closeted' or not openly homosexual because they are in seemingly monogamous relationships with women who are unaware of their mixed sexual orientation. Anna also explained:

Anna: Brothers on the d.l.... D.L stands for down low when someone usually a guy is gay and doesn't want to publicly admit that they are gay or having sexual relations with another male.

The participants described down-low men as creating danger and increasing the problem of HIV/AIDS as it relates to Black women. Beverly told me that these men feel they cannot say they are homosexual because they would face social stigma within the Black community. She also said the following:

Melinda: To be honest, I don't think a lot of people think about it one way or another, to be honest with you. I don't think it's a conversation that we have.

We talk about down low brothers but we don't talk about the seriousness of the disease. It's been here before the term down low brothers came about. And it's been here and it's been an issue, and it's going to be an issue. But I don't think it's a real concern. And I don't know whether it's because they're doing more with the medications so people that have it you don't really know who's HIV positive ...

Overall, the women described their recognition of HIV/AIDS as heightened because down-low activity raises the possibility for HIV/AIDS contraction because women may unknowingly have unprotected sex with men who have unprotected sex with other men. Participants said they know down-low behavior does not single-handedly cause HIV/AIDS contraction rates. For example Tasha said although she knows HIV is bigger than down-low, that activity is still important in her understanding of HIV as a problem:

Tasha: Honestly what comes to mind is down low. I know it's bigger than that; I know that it's a huge epidemic in Africa, I know that Black women and Latina women in the U.S. are among the most infected. I know this, but whenever someone says AIDS I think, 'Oh God, Black men doing wrong'. ... Yea, it was like this huge thing and it was kind of scary because at the time I didn't have a boyfriend, I was dating and I am in D.C. now. I was really scared, I was scared like, 'I have to be safe I really don't want to put myself out here', and thinking that 'I'm with someone who is heterosexual and he really isn't'.

Unlikely Coincidence

A minority of participants had strong feelings of what they termed conspiracy as it relates to the HIV/AIDS issue. These participants prefaced their discussion by stating that they did not want to seem crazy, paranoid, or as conspiracy theorists. They were also hesitant to describe their feelings because they did not want to appear irrational; they characterized their observations as unlikely occurrences that must necessarily have some underlying cause:

Tiph: When said that a lot of the medicine isn't accessible, why do you think it isn't accessible?

Beverly: Um well without sounding like a conspiracy theorist um....

Tiph: No, no. Go ahead...

Beverly: I mean like for instance in countries like in Africa people don't get medicine, don't have money, and it's very expensive and there's a barrier to acquiring it and I think that's what makes it. If people had budgets like Magic Johnson of course you wouldn't find traces of it in their blood³, but not everyone does.

In another example Victoria thought HIV/AIDS is a science experiment gone wrong that is targeting Black people:

Victoria: I feel that, honestly I think that it was made in a Petri dish somewhere near here, like Rockville, Maryland or somewhere in the District [of Columbia] and it was a science experiment that went wrong and someone

³ I contacted her after looking into this because I researched and learned that this might be an urban legend.

has the cure and someone is just testing it out watching all these people die, just to see how far it goes⁴. Honestly.

Tiph: What makes you think that?

Victoria: I just feel that things like this you can't say you know there are so many urban legends or myths about HIV and like you just see that like the way it travels, like I dunno', like so many places that are highly infected. Like Africa, it's just like come on! You know they're just trying to kill off all the black people. I just feel like something about it is not right it's just not logical, like not even Africa, like all these other third world countries too they have all these high statistics for high AIDS so why is it that places like Europe or Russia or Central America south America don't have the same thing and others its such a big deal. (Shifts uncomfortably).

When asked about the source of HIV/AIDS preventative messaging some participants described their suspicion of the sources as linked to the problem of HIV/AIDS. For example, Victoria told me that she did not believe the problem of HIV/AIDS was as it is depicted in messaging because BET is no longer owned by Black people. Beverly informed me that the condoms at Planned Parenthood are less effective than consumer brands of condoms. Alicia told me that HIV/AIDS is not treated as other health problems because it does not affect mainstream society (made up of non-minorities). Overall, the participants who described this theme felt that the problem of HIV/AIDS is a result of some unlikely coincidences related to the origin and contraction of the virus and disease.

⁴ After researching the origin I sent her an article related to the controversy surrounding the origin of HIV; scientists haven't been able to agree on the origin of the virus.

Infection Rates

The participants' recognition of HIV/AIDS was connected to their knowledge of infection rates. The participants associated infection rates with both their own identities and with the global population. For example, the majority of the women stated that HIV/AIDS is the top killer of women of color. They also shared Justine's sentiment; she said that the virus is a rampant and world-wide epidemic. Both participants of African and African-American heritage described the impact of HIV/AIDS on Black and Latin women, as well as on children, and the African continent.

RQ4: What constraints do Black women perceive in engaging in the recommended actions portrayed in the HIV/AIDS campaigns?

Participants described many constraints that impact their engaging in the recommended actions portrayed in HIV/AIDS campaign materials. The participants identified themes of *Africa, fear, living in the moment, trust, self-esteem, family dialogue, privacy, invincibility, resources, lifestyle association, feelings, masking the problem, and pregnancy* as constraints.

Africa

The majority of the women mentioned there is a misconception that HIV/AIDS only impacts Africa. Dina, a former business student in her early 20s wondered why commercials only talk about HIV/AIDS in Africa. Melinda also said that this topic is important not just in Africa, so Africa should be left out of the discussion in order to show the relevance of HIV/AIDS. Most of the participants echoed this sentiment wanting for "the situation here to be handled first". The women

feel that the focus on HIV/AIDS in Africa causes the misconception that people in America should be concerned with this issue.

Fear

The participants described their emotions related to HIV/AIDS with terms consistent with fear. About half of the women said when thinking about this health topic they feel scared, feel awful, and do not want to talk or think about the death of a loved one. For example, Tasha stated that she feels scared because of the uncontrolled nature of HIV/AIDS. Although the majority of the women said they were scared of contracting HIV/AIDS, Keisha expressed her fear with an experience she had previously. While attending an awareness forum, she was told to look into a coffin, when she peered into the space there was a mirror and a message that said this could be you. She said the experience terrified her and made her even more fearful of infection.

In the Moment

A few of the women said it is difficult to remember to use protection when in "the heat of the moment". As Sasha said, situations do not always happen as planned. In other words women felt that when in a situation where one needs to protect oneself, they forget to be careful.

Trust

Participants described the constraint of trusting their partners as it relates to HIV/AIDS. Justine told me that she had learned that men were supposed to take care or provide for women and that influences her desire to trust them. This trust is in

conflict with the possibility of dishonesty that the participants feel could lead to HIV/AIDS contraction:

Tasha: Earlier I talked about men being on the down low and even though I know my boyfriend isn't, but still it's just like you really don't know and it's so scary... And I have all this trust. And I don't doubt him, but when I read that book, it's just like you do not know.

As Diana and Ilene also stated, "you never know who you can trust". The women said they felt that they do not have complete control over their risk for contracting HIV/AIDS because their partner can impact their status without their knowledge.

Self-esteem

Women said self-esteem can be a constraint in their responsiveness to HIV/AIDS campaigns. They said some women are afraid of rejection or afraid that their partner does not want them so they do not properly protect themselves. Justine said women are taught to do anything for their men and afraid of being alone. She also told me that women may not want to tell others if they have contracted HIV/AIDS because people will question their ability to make their partner happy:

Justine: Who wants to admit that their man is sleeping with another man?

Now that isn't a proper answer but most people would think that you weren't handling your business as a woman because your man has to cheat on you, not with another woman, but with another man. It's like a slap in the face that I'd think most women wouldn't want to talk about that.

Earlier in our conversation, Justine said:

Justine: They don't tell you how to be a strong woman and saying no. Society doesn't give women the option of saying no. um I think a lot of black women are afraid of being alone when they get older so like I said earlier they'll do anything and everything to keep a man even if it harms their health.

Sarya stated that discussing this health topic is difficult to initiate with a partner. Kimberly and Mira suggested that respecting one's body and knowing their value makes them use protection with partners and alleviates any fear they would have of being alone. In an additional example, Beverly said:

Beverly: I also just feel like women, and in particular Black women, they're not—I don't know if this is the result of social reasons or what—but they're just not willing to have the conversation with the people that they're sexually active with meaning honestly. Like it's uncomfortable which I don't understand I mean I'm not judging anyone, I'm just saying.

Family Dialogue

Participants said they felt discomfort discussing HIV/AIDS or recommendations in the messages with their families. The consensus among the women is that they do not discuss HIV/AIDS with their families. When I asked why, they told me their family does not discuss any topics related to sex. The women said if they bring up the topic, they would be faced with judgment that they are either engaging in risky behavior or are infected. Charisse also said that since her family believes that pre-marital sex is wrong and therefore no one should contract the virus. Additionally, Victoria said if she brought up the topic, her family would say that better not happen to you. Families generally had negative perceptions of HIV/AIDS:

Beverly: I think that my family thinks; that people who get the disease are dirty nasty were doing dirty acts.

Three of the women described their mothers as “special” and open to dialogue about this topic. Many of the participants said they value talking with younger relatives about HIV/AIDS in order to encourage them to avoid risky behavior. Alicia felt the discussion of protecting oneself from HIV/AIDS should start at home; however, none of the participants said this topic was appropriate for conversation with their families.

Privacy

The women felt HIV/AIDS is too private to discuss in public because it is related to sexual behavior. About half of the participants said they feel sex is too private to discuss with doctors. For example, Cynthia said doctors are judgmental and condescending:

Cynthia: Um... well the doctor I have now I feel comfortable talking about it with her; she has her stuff, she's like easy to talk to. So, she kinda' makes you feel like when you want to talk about stuff, she's not too edgy. 'Cuz a lot of doctors, when they see girls who are younger coming in there, they want to talk to you like you're their child or whatever. I think she's more open, and it's like you can talk to me about stuff.

This was a common sentiment among the participants. Sasha also said that the formality of discussing risky behavior with a doctor would make her feel apprehensive. A few participants did say they felt comfortable:

Anna: I'm pretty, I mean, I'm comfortable discussing it with doctors because they're going to find out anyway through tests and stuff and so if anything,

any concerns I have, I'm going to talk to them about it. I want to know why and how I can remedy any problem.

A few of the participants said they did not want to discuss HIV/AIDS in a church environment, again because it is related to sex. The participants would not talk of HIV/AIDS in front of children. A minority of the women said they would not initiate a discussion about the topic because it is "too heavy to discuss in public" and people will judge them as possibly infected because they brought up the topic.

Invincible

Women described other women as feeling invincible and not paying attention to HIV/AIDS. Victoria said she has some friends who think if they have not contracted HIV/AIDS by now, they will not ever contract it. The women also said they know people who do not feel the topic is severe or take it seriously because they think they will not contract the virus.

Resources

The women said people are constrained from doing recommended actions because resources. Many of the women mentioned lacking resources as a constraint. They referred to the lack of education and knowledge needed to prevent HIV/AIDS. Women also spoke of the constraints faced by low income individuals. For example, Justine said that lower income people cannot afford a television and because of this they do not see all the campaign messages on televisions. Victoria spoke of income as impacting people in a different way. She said, "women relate to those who look like themselves, like little girls and dolls and would need to see themselves in the

messages in order to relate to the materials”. Beverly, framed her comments as they referred to her home continent, Africa:

Beverly: In Africa you have to choose between, like in other countries; condoms are relatively expensive in other countries. As far as getting food for your family and buying condoms, of course you’re going to buy food for your family so people here I don’t feel like they’re as sympathetic to it.

Money was also important to the majority of the women as they said health insurance is a constraint for women to be concerned for their health. As Keisha put it, “we don’t get the help we need because a lot of us don’t have health care”. The need for money for health insurance, or to buy condoms are constraints identified by the participants. Ilene also faces this issue:

Ilene: Like the people, okay, the people who do have health insurance or whatever, like I said before, they use it to their advantage my aunt like very time something is wrong with her like every time she could break a toenail and be like, ‘uh oh I gotta’ go to the doctor!’

Both: (Laugh).

Ilene: She knows that it’s okay because she has health insurance she can go to the doctor she knows it’s ok because she doesn’t have to pay for it. But people who don’t have health insurance or whatever like it’s kinda’ hard for them because if something is wrong with them like if they don break a toenail and it’s real serious they can’t go ‘cuz they can’t afford it. Ya’ know what I’m sayin’ it’s hard for them because it’s like I would like to go to the doctor but I can’t. So they can only go to the doctor when they are in dire, dire need.

Lifestyle Association

The participants felt constrained in concerning themselves with HIV/AIDS because of the lifestyle stigma associated with the virus and disease. Women said HIV/AIDS is associated with drug use, promiscuity, homosexuality, and low income status. Only a few of the participants characterized the health issue as that of drug users. The majority of the participants discussed HIV/AIDS as related to 'being dirty, the nasty girl disease, promiscuity, and anal sex'. The women shared that promiscuity is commonly associated with women who are infected and because of this they and their associates have distanced themselves from the topic. For example, Charisse said:

Charisse: I feel as though, I feel that... Well for one, I wish that people, that they would work harder to find a cure as opposed to money going to everything else besides finding cures for diseases. And I feel that a lot of people are careless about their health and there's a lot of ways to protect against it and there's so much knowledge about it and there's so much information about it everywhere television and walking down the street. So it's almost just like you don't have a reason to not know and I kinda', I wouldn't say I lost respect for people who don't take precaution and I can't think of the word I want to use... [Long pause].

Tiph: Do you look at them differently?

Charisse: I don't look at them, I mean obviously getting HIV or AIDS can come from different ways so for those who don't protect, who just don't protect. I guess sometimes you obviously can't protect against injection or anything like that or if you got raped or that sort. But if it's an agreement

between two partners or two random people who are just going to be careless and not protect then yea then I don't look at them positively.

Participants also mentioned homosexuality as the historical association of the disease. Melinda told me that HIV/AIDS as "the gay plague" is still a misconception today. She said the following:

Melinda: I think it's for, I think it's still targeted to a certain community.

Tiph: And what community is that?

Melinda: Of gay people,

Tiph: Ok...

Melinda: I think they kind of take care of their own, of their people, and their young. And it's in their face and what's that—LG-lesbian, gay, teens—but their teens they're inducted, and their lifestyle it's a part of the education of their lifestyle. And I've been to the gay clubs so I've seen it—they have condoms being given out at the door. And I've never been to a straight club that did that. ...Not that they're supporting sex but it's reality.

Kimberly added to the constraints of lifestyle association when she said it seems as though only poor Black people are infected. Overall, the participants described lifestyle choices as having the potential for endangering the lives of one's partners.

Feelings

A few of the participants said they were constrained in speaking of HIV/AIDS because they are afraid of offending or hurting someone's feelings because of the topic. The participants had concerns for people who they may speak to on the topic and find out in the course of conversation that they have HIV. They also

had concern for people of different religious or political views. Charisse said she has a loss of respect for people who are not proactive in preventing HIV/AIDS and she does not want to hurt anyone's feelings by her sentiments carrying over in conversation.

Masked

Almost all of the participants said that they are constrained by HIV/AIDS being masked. By masked, the participants referenced the inability to identify an infected person by looking at them, the advancement of HIV medication, and the ambiguity of the HIV/AIDS messaging. Most of the participants said the people who have HIV/AIDS look normal as though they are not sick at all. Ilene wondered how many people find out they have HIV without knowing they were at risk. This situation characterizes what Alicia termed 'brushing under the rug'. She told me that HIV is a topic that is brushed under the rug and not talked about until it is too late; after a person has had unprotected sex and is at risk of being infected. The women described the 'cocktail' of medications taken by people infected HIV/AIDS as helping to make this topic an issue that is not physically visible. Justine said this invisibility makes people too comfortable in social norms and not worry about the impact of HIV/AIDS. Beverly said:

Beverly: Peers... Um, I don't know. I just think that it's an uncomfortable conversation for a lot of people just because, I get it, it's this stigmatized disease that only drug users and dirty people get, so it's not something that comes up I don't think. And it's not this whole—it's not like breast cancer—I feel like there's this we need to all join together and find a cure, we need to all

do this together, we're all affected by it. And I don't get that feeling with HIV/AIDS. And I don't know if its because and ya' know, again not to be a conspiracy theorist, I don't know if it's because it's a disease that's plaguing poor people or black people or poor black people or gay people, it's not like we're all affected by it.

Kimberly said HIV campaigns are not depicted here as they are in Africa. In her travels she said the messaging is not ambiguous; it is more like breast cancer awareness:

Kimberly: And the condoms, the free ones, they have AIDS ribbons on them; there's no ambiguity there's no, baby with a no sign [abortion] or Chlamydia or HPV, it's all AIDS [messaging].

Many participants echoed this statement saying that much of the messaging alluded to preventative measures and to the topic of HIV in general.

Pregnancy

The final constraint described by the women is that of pregnancy. Most of the women said they were told to be most concerned about pregnancy that about sexually transmitted diseases. They often have to remind themselves and others that pregnancy is not the worst thing they could happen as a result of unprotected sex. Women said this focus on not getting pregnant was the main repercussion of sex:

Justine: I would start with, one, the family doesn't really tell a lot of children about HIV/AIDS. They tell you don't get pregnant not that having a condom can save your life.

Additional Findings: Women's conceptualization of health and health related communication

Participants discussed additional themes that did not relate to the research questions. These themes were *health, discussing health with friends, community, and desire not to generalize.*

Health

The women described their conceptualization of health as related to emotional, social, and physical upkeep and lengthening their lives. Healthy behaviors described are eating well, exercising, and going on annual exams. The consensus among participants is that eating healthy and exercising are needed for living healthy. Melinda said she learned to eat unhealthy things because in her family they eat according to taste and no food is considered bad for your health. Maria said she finds it difficult to eat healthy because although she knows she should, eating healthy is too expensive for her income; it is cheaper to eat fast food than to eat a balanced diet. Generally, the participants said that health concerns are universal. Sarya told me that disease does not discriminate by race or sex but some people may be more susceptible to a disease because of their lifestyle or family history.

Family problems. Women described their personal health concerns as linked to their family history. Diabetes, cervical cancer, breast cancer, lung cancer, ovarian cancer, fibroids, and blood pressure are concerns of the participants. When asked about their health concerns none of the participants mentioned HIV/AIDS or other sexually transmitted diseases. The main concerns of the participants are related to their family history.

Age related concerns. The participants said they feel informed on the health concerns faced by their age group. They said older women have different health concerns and women report having different illnesses at different ages. Victoria said she wants to stay intact so she will not have to do repairs later on in life.

Identity related concerns. Women said gender and culture impact health concerns. Beverly said men think they are invincible. Sarya agreed saying that men are more ashamed of getting health resources. Only a few of the participants discussed race in reference to health concerns. They said White people tend to eat healthier. Many of the other participants said Americans have different concerns than other cultures because of the importance placed on annual health screenings. Charisse told me the following about cultural health concerns:

Charisse: (giggles a little at me trying to convince her to go on) Ok, well I was in Africa. And some of them truthfully don't care. They feel as though, well wait I definitely wouldn't say majority but we did have encounters with some teenagers who were like, "it feels better without condoms and so, and I don't think I'm going to get AIDS they just don't care".

Tiph: Oh?

Charisse: And it's obviously an epidemic.

Tiph: Right...

Charisse: And that was recently when I went there, which was about a month or two ago. And I wouldn't say that that's their culture, but some people my age don't care. But a lot of Americans, a lot of people I know in my close circle I think care.

A few of the participants described health concerns that they were born with as impacting their lives. Generally, the women said identity influences the proactive health measures people take.

Comfort Discussing with Friends

The women said they feel comfortable discussing health related concerns with their friends. Sasha and Asia said sharing information is like brainstorming. They said friends have more impact than a commercial because their friends are easier to relate with. A few of the participants said they are not willing to have a discussion about the health concern of HIV/AIDS. Asia although she shared the value of discussing health with friends said many people get defensive when talking about HIV/AIDS because they feel as though they are being judged by their peers. When I asked participants how comfortable they felt discussing this sensitive topic in our interview they assured me that they were comfortable. A few of the participants asked to do the interview via telephone because they 'didn't want to see if I had a reaction to what they said'. Kimberly said that she felt fine with our dialogue because 'here it's anonymous'.

Community

Most of the women discussed HIV/AIDS as an issue facing Black communities. Terms and phrases such as us, we, people like us, our community, and all of us littered the speech of the participants. When I asked them who us or we referred to they told me Black people:

Tiph: People like us?

Beverly: Meaning Black; Black people,

Community was also used to describe other groups such as openly homosexual people, White people, and Hispanic people. In speaking of the openly homosexual community, Melinda told me about what her openly homosexual friend taught her about HIV/AIDS:

Melinda: Well in terms of having friends that have suffered with HIV, who were positive and had medication. Friends who had AIDS, and people who actually died. I think in their community—the openly gay community—everyone knows somebody who has been affected by it. And um, I think that he also enlightened us a lot on the down low type people. So a lot of people experiment that you really don't know, and us as Black women don't know. So he's also explained how you don't catch it like you think it's nothing you can see but I've also seen people with lesions.

Desire not to generalize. Although the participants described themselves as a part of a Black community they constantly reminded me that they do not want to speak for other individuals. They cautioned me against generalizing because as Beverly said, all of our opinions differ. Melinda reminded me that some of what she described may be stereotypes and to acknowledge in the write-up that she did not want to seem certain of associations that were stereotypical.

Chapter 5: Discussion

This qualitative study explored Black women's meaning making of targeted HIV/AIDS communication. Twenty women participated in in-depth interviews intended to gain insight into their awareness of, communication about, feelings toward, response to, and preventative behavior related to HIV/AIDS communication. The women were from various national backgrounds (African, African-American, West-Indian, and mixed heritage). The situational theory of publics was the framework for examining the women's meaning making of HIV/AIDS messaging. Results showed that the Black women received the targeted messaging at different rates of frequency and the majority of the women did not process messaging or seek information regarding HIV/AIDS. Furthermore, the majority of the women felt they were aware of risk prevention and found little useful information in the messages. They also felt constraints in communicating about, preventing, and complying with messaging on HIV/AIDS.

Women made meaning through factors such as *identity, personal relevance, stigma, trust, unlikely coincidences, activism, realism, invincibility, fear, down-low phenomenon, community, resources, and lifestyle association*. The participants assessed targeted HIV/AIDS communication in different ways, but they explained their compliance with the messages as caused by a number of constraints. Some women are unable to comply because of their access to resources. Women with less access to resources, particularly money, could not afford television to view campaigns, health insurance, condoms, nor did they have accurate knowledge about HIV/AIDS. Other women simply chose not to comply because they felt invincible.

The majority of women complied with the messaging, yet most did this not because of the messaging, but because of their desire to live full and healthy lives.

Participants consistently described recognizing HIV/AIDS as a problem, but their level of involvement in the issue varied depending on how relevant they felt the topic was to them or to their social network. Women who were sexually active, had friends that were active, or knew someone who had contracted the virus, expressed concern about HIV/AIDS. Those who were not sexually active or felt the topic was irrelevant to them personally were not as concerned, but they felt concerned for the world-wide impact of the health concern. The majority of the women were dissatisfied with current patterns of targeted HIV/AIDS messaging for the following three reasons: (1) because they said this issue is not a part of mainstream society; (2) the messages are unrealistic; and (3) they do not learn any new information from the messaging. In addressing these problems, the women made suggestions on how to improve both targeted campaigns and HIV/AIDS communication in general.

Expanding the Situational Theory of Publics

The situational theory of publics was the organizing framework for this study. All of the women in this study recognized the problem of HIV/AIDS. They felt involvement with the issue, however, their connection varied according to how relevant they saw the issue to their lives. Additionally, this study identified many constraints Black women face in complying with targeted health communication. Two constraints that were consistently described were that of resources and identity. For example, the magnitude of constraints varied according to the women's socioeconomic status; women from lower income backgrounds faced practical

constraints in complying with messages. In addition, gender and social acceptability were constraints with complying with messaging, while race and media representations of race constrained participants' information processing of HIV/AIDS communication.

Although constraint recognition was consistently high among participants, they composed and identified the following three publics: (1) aware publics, as composed by the majority of the women who had high problem recognition, high involvement, and low constraints; (2) active publics, composed of a few of the participants who had high problem recognition, high involvement, low constraints, and who had organized to respond to the issue; and (3) latent publics, which were described by participants as friends with high involvement, no problem recognition, and no constraint recognition.

The results of this study differed from previous research. Bowleg, Belgrave, and Reisen (2000) found that gender and race intersect for high constraint recognition, low problem recognition, and low involvement (latent publics) of Black women and HIV/AIDS. In this study, however, participants shared stories of other Black women who fit the latent publics role; they themselves were aware or active. Although the women in the aware and active publics had low constraints that allowed them to comply with messaging, some identified many constraints and others reported inconsistent compliance with message recommendations. The women connected the constraints and inconsistent behaviors with their identity of being both Black and female. This connection of identity and constraint recognition has an impact on the participants' information processing of targeting messaging and HIV/AIDS

information seeking. The majority of the participants did not process information in the messaging nor did they seek out messaging. For example, the women described not listening to the messages, changing the channel, going to do something else when the messages appeared, avoiding targeted HIV/AIDS information all together.

The characteristics of this data unearth new questions related to the situational theory of publics. How does salient identity connect to constraints in targeted communication (constraint recognition)? To what extent does message targeting maximize constraint recognition of publics (constraint recognition)? How do constraints impact publics' information processing when they feel sufficiently informed on a topic (constraint recognition and information processing)? How does the connection between salient identity and constraints impact publics' response to cognitions intended in communication? What underlying concepts allow publics to lower the impact of constraints they identify?

These questions further complicate the strategic knowledge needed in order to communicate with publics, for if we do not understand the connection between salient identity and constraints and their impact on communication, we have the potential for unintended negative consequences. For example, we may maximize the potential for aware publics to disengage in information seeking and information processing behaviors. We can also alienate publics or misinform them. I was able to consider the participants' fit with variables of the situational theory, however, the women who were in active and aware publics (traditionally characterized by low constraints) identified many constraints. This posed a problem, for how could the women have lowered their constraints enough to constitute active and aware publics, yet identify

constraints? During analysis, I realized that the constraints recognized by the women were not related to personal agency but rather constraints connected to the women's identities as Black, female, and in some cases, socioeconomic status. This realization led me to the potential addition of the connection between salient identity and constraints as they interact with communication. The data revealed that the connection between identity and constraints can impact perceived communication. Women also described salient identity as connected to their level of involvement and problem recognition of targeted HIV/AIDS communication. However, constraint recognition was the only variable whose connection with identity had solely a negative impact on participants' view of and compliance with messaging. In other words, constraint recognition may need to be more complex to include a salient identity as an underlying concept in the situational theory that impacts the strategic effectiveness of targeting publics.

Level of involvement. Participants in this study connected themselves to the issue of HIV/AIDS but they reported feeling more or less involvement depending on how relevant they felt the issue was to their everyday life. All of the participants expressed connectedness to the issue because they are in the group of women who are most at risk for contraction, but they felt more connected if they knew someone who contracted HIV/AIDS. Here, the identity of Black female connected participants to the issue; they were aware that Black women are in a high risk group for contracting HIV/AIDS and either of those characteristics (either Black or female) came up frequently as connected with the issue and the main reason the participants feel involvement with the issue (as none of them reported being HIV/AIDS positive).

The participants suggested alternatives to communication sent to them about HIV/AIDS because they felt their identity was not accurately represented by the messaging shown them. The women felt the messages did not speak to them due to the ages of characters, stereotypes, focus on Africa, and celebrity depictions. Women explained their identity has been connected to the issue via HIV/AIDS communication since they make up a risk group; without this mediated relationship they would not feel involvement in the issue based on their identity. Thereby, this study proposes: *women's involvement in health issues can be constructed through the connection of their identity to health communication. Additionally: involvement with a health message can be influenced by the level of accuracy with which women feel their identity is being represented. Problem recognition.* All of the women in this study recognized HIV/AIDS as a problem. Although none of the participants faced HIV/AIDS as a personal problem because of infection, they all recognized the potential for contraction. They felt they were all susceptible, whether using precautions or not (during sexual contact), and whether in an accidental medical transmission. When asked what they knew about HIV/AIDS, the women responded with accurate information about its transmission. The women did not always provide accurate information regarding its origin, although its origin is still a topic of debate. Some of the participants were tested for HIV in the past.

Even though the women complied with the messages, they did not understand why they were in a risk group and they looked for alternative causes for the problem. For example, Victoria was convinced that HIV was the result of a wayward science experiment injected into a group of Black people. The problem then, goes beyond the

behavior to be connected to the person. Nola was an example of this thinking, as she told me Black women in America are more promiscuous and, therefore, more susceptible. Nola was certain of her reasoning although it was not founded in research. Through this example it is evident that: *in targeted messaging, behavioral patterns may become connected to identity so that both situational behavior and a given identity constitute the problem.*

Similar to level of involvement, connecting identity to problem recognition can have both positive and negative consequences. In health communication, it may be beneficial to heighten an at-risk groups' recognition of a problem by targeting their identity in communication. Unfortunately, the targeting may also cause others to view those targeted publics with stigma. In response to this stigma: *targeted publics may choose to (1) not process the messages because they feel the messages inaccurately represent their identity, or (2) seek information because they do not want to face judgment from others who associate their identity with a health problem.*

Constraint recognition. Participants identified multiple constraints to complying with HIV/AIDS communication. For example, participants discussed the inability of low-income individuals to purchase condoms because they are more concerned with paying for more essential items. The participants also described how communication focuses on HIV/AIDS in Africa and thereby, pushes the problem in this country to the background.

While these constraints recognize economic and continent identities, the identity of Black females were strongly discussed in concepts such as self-esteem, family dialogue, privacy, and the masked nature of HIV/AIDS communication.

Within those themes, women suggested they have been taught as women “to do whatever they can for their man,” and should discretions of trust arise, not to discuss it with others since that would call one’s womanhood into question. In the family system, women said sex is not appropriate conversation, while some participants felt preventative discussions should originate in the home. However, none felt this discussion took place. In both the privacy and family dialogue themes, women felt potential judgment for not being lady-like (‘they will assume something is wrong with me or I am promiscuous’). Lastly, the masked nature of HIV/AIDS makes the participants feel constrained. They wondered why breast cancer awareness is ever-present while HIV/AIDS messaging is full of allusions and targeted to their identity. Some participants felt that their identity being impacted was the reason why HIV/AIDS is not communicated as freely as breast cancer. A few women wondered whether HIV/AIDS communication would change if it was affecting the ‘mainstream population’ in the same manner.

As stated earlier there were three types of publics in this study, two of which had low constraint recognition, despite all of the participants identifying a number of constraints. Generally, the women framed constraints as particular to their identity as Black and female. This is particularly concerning for public relations because the identity connected with constraint recognition has great potential to cause publics to become apathetic so that they do not comply with health messaging. For example, Mira described her friends who say they are going to die from something so why bother worrying about HIV/AIDS. Or the women who said the messages make it seem as though it is just a matter of time before one contracts the virus. It is important

to note here that none of the messages included linguistic features that intend to elicit fear (see Appendix B). Although all of the women recognized many constraints related to their identity, some of the women overcame the constraints. *What concepts allowed the women to identify many constraints yet still lower their personal constraint recognition to the point where they could become aware and active publics?*

Unlike the connection between identity and level of involvement and problem recognition, the connection between identity and constraint recognition had no positive consequences. This is also a more difficult connection to disentangle so it may have deeper impact on the publics. The less agency the publics feel, the more unable they will be to increase information seeking (aware and active publics). Instead, publics may recognize the health problem as inherently related to or caused by their identity, so that the health issue is inescapable because of ones identity. Constraints for the participants were perpetuated through concepts such as: unrealistic messages, stereotypical portrayals, lifestyle associations (association with a lifestyle or sexual orientation), and unequal resources. Plus, participants have little means to escape the health issue because their identity seems to correlate to the constraints. This inescapable cycle must be understood by public relations in order to avoid connecting identity and constraints in messaging. The knowledge of this connection between identity and health issues may also allow public relations to empower publics by connecting identity with a means for overcoming constraints.

Research on Targeted HIV/AIDS Communication

This study reinforces important previous findings regarding Black women and HIV/AIDS. Research has found that gender politics in Black community call for restructuring so that women feel more capable of seeking and using health prevention measures (Chitando & Chitando, 2005; Jones-DeWeever, 2005). Bowleg, Belgrave, and Reisen (2000) also found that power and gender dynamics are barriers for Black women's compliance with HIV/AIDS messaging because their identity is subject to scorn, male dominance, low knowledge of female condoms, and outsider perceptions of promiscuous behavior. Although most participants did not discuss female condoms specifically, the women said they feel limited control over their ability to prevent HIV/AIDS because their partners have a large impact on their status.

Black Feminist Epistemology

This study satisfied the intent of Black feminist research to allow the participants to guide the research and overturn marginalization of the Black female identity in scholarly literature (Hill-Collins, 2000). This study also examined the lived experiences of Black women (Hill-Collins, 2000). The research here was the first inclusion of Black feminist research in public relations literature and a step toward Aldoory's (2005) call for filling in the racially diverse gaps in our field. This study is in keeping with the four elements of the epistemology: thematic content, interpretive frameworks, epistemological approach, and significance for empowerment (Hill-Collins, 2000). The data showed the intersectionality of race and gender connecting with health constraints to produce oppressive consequences. These oppressive consequences impair Black women from information processing and seeking, while

engaging the women's meaning making to view targeted communication as misrepresentations of their identity.

Here I will deviate from the traditional format of academic research by taking a moment to, as Hill-Collins (2000) suggests, celebrate the shared meaning of the participants. According to Hill-Collins (1989) the purpose of this exercise follows:

“Black feminist thought's potential significance goes far beyond demonstrating that Black women can produce independent, specialized knowledge. Such thought can encourage collective identity by offering Black women a different view of themselves and their world than that offered by the established social order.”
(p. 750)

This excerpt accurately represents the participant's contribution to society past the confines of agreeing to be a study participant. First, women in this study shared their specialized understanding of targeted health communication. Second, independence of their thoughts has added to the complexity of situational theory. Thanks to the participants, this study contributes another example of Black women representing their own: (1) concern for society; (2) concern with others of common identity; (3) effective communication of collective identity; and (4) the implications of their collective identity on their lives. Lastly, the women who participated in this study were brave; they shared their honest opinions on a stigmatized subject simply because they hoped their perspective would help create more effective communication. Again and again, the women asked who the research would help and urged me to use the results to help other women. This speaks to care Black women share for their collective identity.

This epistemology was valuable in this research as the participants had admitted hesitation in sharing their meaning making of this sensitive topic. The dialogic exchange between the participants and I equalized power levels and encouraged the participants to share their feelings and ideas despite the taboo nature of the topic. For example, Keisha told me she felt comfortable in our conversation because our talk was anonymous. Another participant, Melinda, felt comfortable telling me she only participated in the research because I promised to complete the research with the intention of accurately representing her and helping address problems she saw in HIV/AIDS messaging. As in Dare's (2005) feminist analysis of an ethnic minority in a Chinese province, the open communicative process in this study ushered in female perspectives and their recommendations for making HIV/AIDS messaging more effective. Black feminist research also allowed me to speak from the heart, show appropriate emotion, empathy, and recognize the participants as individuals (Hill-Collins, 2000). The interviews stirred memories of participants' friends and loved ones who had died from HIV/AIDS; this was potentially emotionally damaging for some of them, and without Hill-Collins' epistemology, I would not have been able to recognize and adjust to the emotional climate of our discussions.

Conclusion

This research has benefits for both health communication and public relations practitioners. Strategic message targeting practices may need to be reevaluated and reframed in order to combat the powerlessness connected to gendered or raced identities so that communication does not reinforce or create linkages between

identity and constraints. For *if we are effective in recognizing and disconnecting diffuse identities and constraints in communication while presenting new information we can decrease the risk of publics disengaging in information seeking and processing behaviors*. This may in turn change communication patterns, causing more women to become active and aware publics so they engage in preventative behaviors, allow women of all identities to recognize the impact of HIV/AIDS so that none are latent publics because they will not feel the communication targets identities outside of their own. This may also increase the effectiveness of the relationship between health professionals and women because there would be less stigma connected to any particular identity and the virus. Additionally, *public relations practitioners may be able to increase the trust and limit the scrutiny with which they are viewed by diffuse publics for they would no longer feel alienated by stereotypical messaging and recognize the efforts of the practitioners to empower their identities*. These consequences are an example of Sha's (2006) criticism of the situational variables; she suggested the possibility of the variables limiting attentiveness to cultural meaning making and tangible connections because they simplify publics without assessing identity.

Practical implications. At first glance it appears that this study agrees with Sherman, Gielen, and McDonnell's (2000) findings. Their research states the power and attitudes in relationships (PAIR) model supports segmentation and reference to gender roles in HIV/AIDS communication in order to increase involvement and awareness of the issue of HIV/AIDS. This also found that connecting identity with the issue in message targeting can lead to involvement and problem recognition.

Knowing more about the complications of classifying publics allows practitioners to examine specific characteristics during boundary scanning in order to maximize the potential of cognitions caused by campaigns. In other words, if we can understand the influencers on publics' categorization, and anomalies in the normative theory we can use that knowledge to create effective cognitions caused by communication. This study shows we must look past strategic preparation of messaging (DeJong, Wolf, & Austin, 2001) to gaining in-depth understandings of publics if we intend to effectively communicate. Knowing where publics stand and minimizing identity-related constraints will de-legitimize salient socially constructed constraints.

Theoretical implications. Salient identity can influence all of the situational variables, just as Sha (2006) suggested, but identity has been shown here to have a relationship with constraints. If an identity is already marginalized in society and messaging supports that marginalization by connecting the identity with constraints, powerlessness can be maximized by messaging that does not assess identity in the development stage.

The following model outlines the connection between identity and the situational variables:

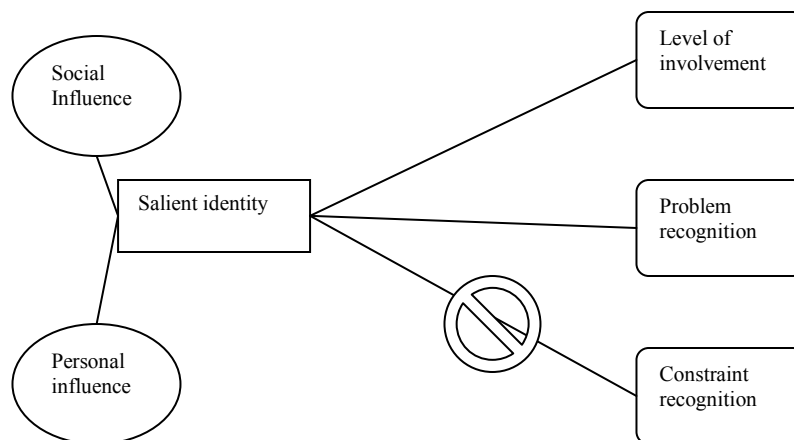


Figure 1. Emerging Model of Strategic Consequences in Targeted Communication with Situational Publics of Salient Identities

This model coincides with past research, which suggests social and personal influences and interactions contribute to the formulation of salient identity. It also supports Sha's (2006) proposition that identity is connected to the situational variables. Additionally, as found in this research, the model shows an impeded connection between identity and constraints because this is the only variable that has solely negative consequences for communication with targeted publics. The connection between identity and constraint recognition is problematic because it maximizes constraints. The data suggest that publics must recognize the connection between identity and constraints, and then not process information or seek it, in order to remain active and aware. Participants said they generally ignore messaging because it misrepresents their identity, taps into constraints associated with their identity, and fails to address constraints associated with their identity. Participants were able to remain active and aware because they felt empowered enough to minimize the impact of constraints (although they were still aware of the constraints).

Messaging must be corrected so that the women no longer need to ignore the communication. Public relations as the strategic communicator and relationship builder of an organization would need to negate the connection of salient identity with constraints in all messaging or communication so that publics will be better able to comply with messaging.

Limitations of study. There are limitations to this study, primarily because of recruitment of participants. Because of time constraints and resources I was unable to interview Black women from more varied economic backgrounds, regions, and nationalities. By interview women from a larger range of backgrounds the external validity of the findings would be increased as the data would reflect more of the complexity of women's realistic perspectives. Although I recruited women in the targeted risk group only a few of the participants were in their 30s. The meaning making of HIV/AIDS described in this study would have also benefited from the inclusion of women from less wealthy socioeconomic backgrounds. Participants suggested an interest in understanding the constraints, knowledge, and awareness of women of lower socioeconomic status. Some of the women may have fit into definitions low socioeconomic status, as suggested by some of the participants not having health insurance, however since all of the participants were college students or graduates they have the potential to move out of their family's socioeconomic status. Interviewing women with less education and earning potential would have given a more complete view of how constraints impact women's lives (beyond inability to afford condoms and health insurance).

This study may have also been limited by the targeted campaign materials chosen. I selected three messages aired in the past three targeted messages from a campaign intended to target Black people. I selected the messages from the last two years because they may have been more relevant and more representative of current communication. Two messages were from 2006, and one was from 2005. I chose these because there were only two PSAs aired in 2005, as opposed to the 31 PSAs aired in 2006. In the real world participants would not have seen three messages in a row. I wanted to maximize time with the participants and give them more than one message to discuss so I limited the messages to three 30 second clips. Seeing three of the clips in a row may have been unrealistic for the participants every day lives, however, they were able to reflect on their real experiences with HIV/AIDS messaging both before and after viewing the clips. For example, most of the participants remembered one or less messages and described the problems they identified with current messaging. After viewing the materials, the majority of the participants told me they would not have noticed the messages had they been exposed to the messages outside of the research context.

Future research. This study proposed an emerging model describing the relationship between identity and the variables of the situational theory. Although the data of this study supports this model, more data and additional testing is needed. This study was not conducted in an experimental manner so additional methods of research to explain the causal relationship between the situational variables and identity are necessary. As this is an exploratory study additional studies of other types of targeted publics is necessary to substantiate or add more depth to the emergent

model proposed here. Replication of this study with various publics may be useful in understanding how identity and constraints impact targeted publics. Although Hill-Collins (2000) asserts the controversial suggestion that the researcher must be both Black and female in order to use the method, I disagree. I think the tenants of this epistemology can be utilized by any researcher in an oppressed group. The attention to intersectionality and the matrix of domination (Hill-Collins, 2000) make this epistemology applicable to traditionally marginalized roles and identities. By using this epistemology the researcher enables the participants to explore sensitive topics and controversial perspectives with freedom to share their experiences and the sense they will be accurately represented.

Future in-depth studies exploring publics meaning making would allow researchers to evaluate the proposed model with various publics. We can then explore combined impact of salient identity on each of the situational variables in the context of other identities. Participants of various ages, socioeconomic statuses, regions, and perspectives should be explored. Additionally, more issues, both health and non health should be explored to understand the applicability of this emergent model to different public relations contexts. Public relations can take the lead in evaluating the effectiveness of equalizing power and maximizing the agency of diffuse publics by assessing salient identity and using the knowledge to strategically and effectively communicate with publics and build trusting relationships with said publics.

Gaining an understanding a public's meaning making allows for one to see if they construct themselves as having a salient identity. Continuing to research this topic will help us understand how that salient identity is constructed from the

person's perspective, and how that construction interacts with communication they face in their every day lives. Gained insight into how this process works will grant targeted communication effectiveness by empowering and valuing the targeted salient identity. This empowerment is a means for breaking down the constraints publics face. Future research must research if salient identity has the same relationship with issues that are not sensitive.

Assessing identity may be knowledge that can allow public relations to create cognitions that motivate publics to engage in more information seeking behaviors and counter the effects of power differentials that maximize constraint recognition. If the model proposed is substantiated, we can maximize campaign effectiveness and move past demographic segmentation to environmental scanning that focuses on exploring characteristics that connect with publics' meaning making and build relationships of long-term trust. Trust can be encouraged by public relations decreasing unrealistic representations of identity that could lower information seeking and processing (as seen in this study). Traditionally targeted publics would then feel less stigmatized by organizations and value their messages enough to evaluate the validity of the organizations suggestions. Steps toward understanding the ineffectiveness of HIV/AIDS campaigns must be take while also equalizing women's perceived power to protect themselves. This, then, may overturn the stigma surrounding this health issue and communicate to save lives.

Appendix A

Interview Guide

What does the word “health” mean to you?⁵

Probe: What are your major health concerns?* Do you think your concerns differ from any other groups of people? What groups? What are their concerns? Why is there a difference?

When someone mentions HIV/AIDS, what comes to mind?

Probe: Why do those things come to mind?

How do you feel about HIV/AIDS? How do you think other Black women feel about it?

What do you think your friends and family feel about HIV/AIDS?

How do you feel discussing HIV/AIDS with friends, family, doctors, and peers?

(Separate questions for each group)

Is HIV/AIDS a topic that causes you to be concerned? What do you know about the disease? Where would you look if you wanted to get more information about the disease?

In what situations would you feel comfortable discussing HIV/AIDS? Where would this topic be a taboo topic of discussion?

Have you seen or heard any messages about HIV/AIDS?

Probe: How often?*

⁵ Interview questions followed by an asterisk were adapted from Vardeman’s (2005) master’s thesis, which references Mizell (2002).

Probe: What made the ones you recall stand out more than others?

Pass out materials from the sample HIV/AIDS campaign.

How well do you feel like the messages in these materials address your needs for information?*

How do these messages make you feel?*(Does seeing this message make you want to change any of your behaviors? Do you do any of the actions recommended in the message?)

Probe: do the messages give you information that you were not aware of?

To what extent do you think these messages are targeted to you?*

Probe: If they are not, whom do you believe the messages target?

Probe: How would you feel if I told you the messages are targeted at you?

How would you change the messages so that they're tailored to make you notice them?

If you could change the way that Black women receive information about HIV/AIDS, what would you change?

How would you feel if the previous messages were all you knew of HIV/AIDS? To what extent do you feel capable of preventing HIV/AIDS, based on the information you have seen here about it? To what extent do you feel susceptible?

If you were conducting this study what would you want to know about how other Black women feel about HIV/AIDS communication?

Is there anything you would like to add to our discussion?

Appendix B

Public Service Announcement Transcripts

2006, Heroes-Dr. Robert Fullilove

India Arie: Heroes are thinkers. Dr. Robert Fullilove is a hero. The Columbia University, Public Health Professor spends his days training the next generation in the fight against HIV/AIDS. He even created a master's degree program about the health services in major cities. Be an everyday hero in the fight against HIV/AIDS; protect yourself. Call 1-866-rap-it-up. Make AIDS... history.

2006, Heroes-Alicia Keyes

India Arie: Heroes are unbreakable. Forget about the awards and hits; Alicia Keyes raised over one million dollars in one night so kids in Africa could receive AIDS medication. How's that for raising your voice. Be an everyday hero in the fight against HIV/AIDS; protect yourself. Call 1-866-rap-it-up. Twenty-five heroes, twenty-five years too long. Make AIDS, history.

2005-About Female

Young woman: It's not about the jew-els; it's about our treasure called life. It's not that overpriced bag you carry; it's how you carry yourself. It ain't about everybody being in your business; it's about handling your own. It's not just about sex; it's about respect for yourself. You've already been tested by your parents, friends, grades; you're more than prepared for this one. Take control, take an HIV test; know your status. To find an HIV testing site in your community, call 1-866 rap-it-up.

Footnotes

¹ I am aware that people prefer to be described in various ways in referring to their racial, ethnic, or cultural identity. Based on my discussion with participants, reading of related research, and my preference for describing my heritage I have decided to use the term Black to describe persons in this study who, like myself, belong to any ethnicity with self-described linkages to the African Diaspora. The underlying epistemology of this study requires the assessment of all terms so that the participants are empowered through the expression of their identity which is in their self-description.

² I struggled with the decision to conduct this study on Black women and exclude Black men. Although Black feminist epistemology is not focused on the lived experience of men I still recognized the opportunity to include Black men's meaning making in public relations research, as they are not often included. Alas I am resolute that if I am to employ the use of Patricia Hill-Collins' (2000) explanation of Black feminist epistemology, which requires the research to be both Black and female to employ the method, I should not use this method in researching a group in which I do not belong. From a deontological approach, I would not be able to apply equal dignity and respect to all of my participants to express their perspective without being a member of their group. Additionally discussing the sensitive topic of sexual related behavior with people of the opposite sex would have surely confound the results of this study. If I was to find a Black male researcher available to help conduct focus groups and analyze the data for inter-coder reliability, I would then be capable of

expanding my participant pool because that would allow me to maintain epistemological requirements.

³ I contacted her after looking into this because I researched and learned that this might be an urban legend.

⁴ After researching the origin I sent her an article related to the controversy surrounding the origin of HIV; scientists haven't been able to agree on the origin of the virus.

Figure Captions

Figure 1. Emerging Model of Strategic Consequences in Targeted Communication with Situational Publics of Salient Identities

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