

HIV/AIDS FRAMES IN AFRICAN-AMERICAN MEDIA

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Abstract

African-Americans are disproportionately affected by the HIV/AIDS epidemic. HIV/AIDS coverage in one African-American print medium, *Essence* magazine, was analyzed from August 2000 to August 2010. During this period, new technological advancements were made in the plight against the epidemic, specifically in regards to the African-American community. This study found that coverage of the disease was present, but not prominent and regular included in the magazine. The extent to which African-American media promotes awareness about the HIV/AIDS virus in articles, messages, and editorials will be analyzed. The cultural-competency model of health communication serves as a guide to communicators about how to enhance messages geared toward specific groups.

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## Chapter 1- Introduction

*HIV/AIDS and African-American women*

Human Immunodeficiency Virus (HIV) affects a person's immune system by attacking the cells, whose main function is to tackle debilitating diseases and avoids them from entering the bloodstream. The Center for Disease Control (CDC) website stated, "HIV damages a person's body by destroying specific blood cells, called CD4+ T cells, which are crucial to helping the body fight diseases" (Center for Disease Control, 2007). Once a person's body can no longer fight off infections, HIV approaches the late stage, most commonly referred to as Acquired Immune Deficiency Syndrome (AIDS). Since most of cases go undiagnosed, the rate in which patients die is quite alarming and disheartening. UNAIDS (2009) stated, "Studies indicate that undiagnosed infection facilitates ongoing HIV transmission and increases susceptibility to early mortality among people living with HIV" (p. 66). When HIV transmission increases the cost to fund programs to care for those infected becomes a burden of the local and federal governments.

*Cost burden.* In 2009, a small percentage was spent on preventative techniques and research for HIV/AIDS in domestic areas of the United States; however just using 4% of the total budget on prevention, saved the United States over \$350,000 in providing care and treatment (Avert Organization, 2010). This indicated that prevention education inadvertently helped people to avoid situations that may have put them at greater risk of becoming infected. Large sums of money have been approved for rapid test, which are tests that provide individuals with their results the same day. In 2010, the Obama administration approved the CDC's budget of \$142.5 million over the span of three years. These funds are allocated for testing and prevention for HIV/AIDS, Hepatitis, STIs and Tuberculosis (Avert Organization, 2010). For AIDS and sex

education in America, the Obama administration allocated \$50 million to abstinence-only educational programs, despite complaints about only teaching children to abstain from sex. The United States have not been able to fund treatment programs for all uninsured and underinsured people affected by HIV/AIDS, and most assistance comes from the Ryan White CARE Act, even though as of July 2010, almost 2,300 people were still unable to receive adequate treatment (Avert Organization, 2010). The funding slated for the upcoming years provide hope for tackling the debilitating disease, preventing it from dramatically devastating a community, and ensuring those infected that they will receive the most professional care.

The CDC reports that in 2011, the federal budget will allocate \$20.5 billion for HIV/AIDS care and prevention, and 69 percent will be dedicated to care for those individuals infected by the disease, 11 percent will be given for further research, 10 percent will go towards housing and cash assistance for the infected person as well as their families who may suffer from poverty due to their illness, and finally, 3 percent will be allocated for prevention programs and education in schools, clinics, and community-settings (Avert Organization, 2010). This amount is a \$2.3 billion increase from last year's \$18.2 billion, where 51% of funding was dedicated to care for HIV/AIDS infected individuals. Resource allocation is the main objective of future HIV/AIDS funding stipulations. Healthcare professionals and the federal government both will try to stretch the funds to reach the most people. Despite, the amount of funding specifically assigned to the HIV/AIDS epidemic, people are still getting infected. African-Americans suffer a disparity in terms of mortality and morbidity in regards to the HIV/AIDS epidemic.

*Mortality and morbidity rates.* The February 2010 Morbidity and Mortality Weekly Report (MMWR), released by the Center for Disease Control and Prevention, highlights how prevalent the HIV/AIDS epidemic has been in the diagnosis and death of African-Americans.

During 2004-2007, every 12.3 per 100,000 African-Americans adults were diagnosed as being HIV-positive, and 10.2 per 100,000 Black children were infected with the disease (CDC MMWR, 2010). Compared to women of other ethnicities (i.e. Caucasian, Asian, Hispanic, etc.), Black women and children were almost 23 times more likely to be diagnosed with HIV/AIDS. Of those infected, 51% of those will die due to external factors such as, limited care and limited access to medication, as well as internal factors, such as infections and pneumonia. HIV/AIDS is a dangerous epidemic plaguing the structure of the African-American community.

### *Context of the Study*

While heart disease is the number one killer of African-Americans<sup>1</sup>, the percentage of African-American women infected by HIV/AIDS is quite alarming, because “although African-Americans represent 12% of the population of the USA, they account for 46% of HIV prevalence. African-American females are 19 times more likely than their Caucasian counterparts to become infected” (UNAIDS, 2009, p.65). However, in the age of advanced contraception, quick screening tests, and a multitude of information, researchers and public health practitioners struggle to understand why this disease continues to spread disproportionately among this population.

One reason for the continued spreading of HIV/AIDS may be due to the difficulty of influencing behavioral changes among African-American communities. African-Americans have demonstrated resistance to behavior change messages about HIV (El-Bassel, Caldeira, Ruglass, & Gilbert, 2009), and African-Americans tend “to be suspicious of health care professionals and their practices” (Campinha-Bacote, 2009, p. 52). Another reason for the continued spreading of

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<sup>1</sup> ‘African-Americans’ and ‘Black’ will be used interchangeably to describe this particular group of people. Since most African-Americans refer to themselves as being Black, and since most of the references use the two terms interchangeably as well, for the purposes of this thesis I will follow those same patterns. Therefore, in the matter of this research the terms- ‘Blacks’ and ‘African-Americans’ will include those living in the United States who are of African descent and/or lineage.

the disease may be due to the idea that HIV/AIDS campaign messages consistently lack consideration for unique cultural differences and values within African-American communities about HIV/AIDS (Murray-Johnson, Witte, Liu, & Hubbell, 2001). Lukwago, Kreuter, Bucholtz, Holt, & Clark (2001) stated that in order for African-Americans to believe that the messages are intended to help, “the programs and services for disadvantaged African-American populations will need to reflect and respect the group’s cultural norms and values due to their profound impact on health” (p. 63). As many health professionals rely on the biomedical model<sup>2</sup> of health communication to educate patients on safe sex practices, the systemic incorporation of culture has improved the success of prevention programs. Culture is being equated to race in this study because in the healthcare profession doctors, nurses, and healthcare providers consider a patient’s culture to include one’s beliefs, attitudes, and values, and, not just their race and gender (Stacks, Salgado, & Holmes, 2004). As a result, current research has indicated that culture should be a main component in educating individuals on making health decisions (Airhihenbuwa & Obregon, 2000). As a result, many African-American print magazines have incorporated a cultural stance within their articles.

### *Purpose of Study*

Health professionals and communicators understand that mass media is an important channel to disseminate information about inexpensive methods to prevent HIV/AIDS (Pickle, Quinn, & Brown, 2002). Since mass media can inform a large population of people through a single broadcast, article, or radio program, mass media can strongly influence behavior and risk evaluations of HIV/AIDS. Specific to this study, magazines and newspapers that target African-Americans like, *Essence*, provide a background for ways in which people think about their

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<sup>2</sup> In the biomedical model of health communication, illness is seen mainly from a biological perspective, meaning biology is the sole deciding factor in one’s health diagnosis. – (Thompson, Dorsey, Miller, & Parrott, 2003).

health. The extent to which African-American media promotes awareness about the HIV/AIDS virus in articles, messages, and editorials will be analyzed, as well as if this magazine educates African-American women about the HIV/AIDS epidemic and its preventative methods. Using a mass media theory, framing theory, the study will try to identify which frames are being used within this popular African-American magazine. Also, as the cultural-competency model of health communication serves as a guide to communicators about how to enhance messages geared toward specific groups, the cultural-competency model will be used to analyze the extent to which culture was discussed in the messages and campaigns reported in this magazine.

*Preview*

In the next section, literature about framing theory, health communication, and cultural-competency was reviewed in order to inform the development of the coding sheet for a quantitative content analysis. Theoretical implications likely will expand on the importance of studying how media frame health information, particularly in situations of health disparities as in the case of HIV/AIDS in African-American communities. This study will also assist researchers on identifying which aspects of culture are being discussed, and which aspects of culture need to be framed differently in promoting awareness for significant health risks.

## Chapter 2- Literature Review

*Summary of Literature*

Several areas of literature are important to inform this study. Those areas are (a) framing theory, (b) health communication, (c) the cultural-competency model of health communication and its relationship with African-American health practices, and finally, (d) HIV/AIDS and its relationship to African-American women.

*Framing Theory*

Framing is an important academic theory within the communication discipline that suggests that media professionals unconsciously use to report angles about stories they deem as necessary. As the mass media theory for this thesis, framing theory will be used to identify the frames the authors of the magazines' articles incorporated to reach African-American women. Framing theory is a relevant guiding theory for this study because "[framing] is based on the assumption that how an issue is characterized in news reports can have an influence on how it is understood by audiences" (Scheufele & Tewksbury, 2007, p. 11).

*Theoretical foundations.* Frames are comprised of packages of information based on arguments, facts, and signs that characterize issues in the media. The patterns of messages comprised force people to interpret meanings and classify information based on aspects of the media (Scheufele, 2000). Additionally, many frames are based upon cultural cues and meanings, and they often encourage people to think about an issue from a cultural perspective (Tewksbury & Scheufele, 2009). For example, racial visuals and subtexts can often subtly provide an understanding for stories, and they can also provide images to activate mental pictures and define stereotypes (Abraham & Appiah, 2006). Therefore, framing theory suggests that particular meanings are attached to frames based on the contexts in which the frames are used. The framing

process is important in both human and social processes, and is impacted by internal and external variables, such as behavior and community (i.e., the collectivistic approach, etc.).

For a given topic, a variety of frames can be used. For example, when print media covers stories about health, such as HIV, the authors may use words, intentionally or subconsciously, that cause people to take a certain message into consideration over other relevant messages. An author may list all the ways to get HIV, symptoms of HIV/AIDS, and possible treatments (e.g., medical frames). Or, an author may talk about the financial impact HIV/AIDS has on a nation's public health system (e.g., financial or public health frame). Or, the author can talk about the political ramifications of mandating treatments and insurance coverage for HIV/AIDS patients (e.g., political frame). If an author covers one frame exclusively or disproportionately to other frames, framing theory suggests that media consumers may come to know HIV/AIDS primarily according to that framing of information. Frames from news and non-news media allow events to be seen as normal in the public's eye, and their dominance can lead to the proliferation of some attitudes and interpretations about health over others among a community.

Framing theory also limits the kinds of interpretations people receive from the messages in the news and mass media. Tewksbury & Scheufele (2009) stated, "Framing research argues that news frames function to suggest how audiences can interpret an issue or event" (p. 19). Often, communication scholars and journalists use culturally acceptable forms of dissemination to garner the most support and attention for an issue, and the content of those messages are built to invoke previous patterns of judgment. Bardhan (2001) stated, "Certain frames drawn from among the larger register of meaning potential can activate different levels of knowledge among audience-readers" (p. 286). Since communicators are aware of this, many set frames mostly on the contextual (i.e., contexts) and schemata (i.e., schemas) levels which are discussed next.

Contextual levels of frames occur through the media, social systems, political figures, entertainment leaders, and major events that affect a large number of people. Through the onset of those events, deemed socially relevant, communicators use frames to provide people with enough information to ensure a cognitive influence. On the other hand, the schema refers to the relationship of objects that form an individual's cognitive frame. Schemata levels of frames are influenced by values, ethics, personal viewpoints, and way of life (Bardhan, 2001).

*Framing differences.* Framing exists in a variety of different forms. Framing happens in news production, where the activities of interest are constructed through special issue groups (i.e., activists groups, such as PETA; community groups, such as neighborhood boards; and, social groups, like fraternities and sororities), policymakers, journalists, and other groups that have a vested interest in shaping news and impacting the news messages and their places on the agenda. In regards to news processing, journalists, editors, producers, and the members of an audience can frame messages. The attention to detail is a key component in the processing of information framed in the news and non-news media. Scheufele & Tewksbury (2007) stated that "framing is simply a more refined version of agenda setting. Framing, from that perspective, means making aspects of an issue more salient through different modes of presentation and therefore shifting people's attitudes" (p. 14-15).

*Framing studies on HIV/AIDS.* When researching framing studies and HIV/AIDS, there was a limited amount of information for the United States. Fourteen academic journal articles were found on this topic, and of those 14, the majority of them discussed framing in other countries such as Uganda, China, India, Singapore, and South Africa. The only U.S.-based article found was related to the framing of HIV/AIDS in African-American- owned newspapers (Pickle et al., 2002).

The major frames within this article were a moral frame (i.e., the ethics of individual behavior and how immoral behaviors have contributed to the HIV/AIDS epidemic), a health frame (i.e., identify HIV/AIDS as a public problem that requires systemic and individual treatment and prevention mechanisms), a political frame (i.e., how decisions and politics are made that influence the allotment of federal funds towards the HIV/AIDS problem), and an assets frame (i.e., successes of organizations dedicated to helping African-Americans overcome the HIV/AIDS epidemic) (Pickle et al., 2002). Some sub-frames were highlighted as well, which were economic factors, social/cultural factors, racial bias, indirect government responsibility, news, and African-American denial. Framing studies on the African-American community would provide insight into how communicators can effectively frame messages to garner support from the Black community.

*Framing studies on the African-American community.* Framing studies related to the African-American community yielded 37 academic sources. Out of those articles, 12 related to framing of the African-American community in the United States. Because of the dominance of news, the interpretations formed can influence racial perceptions across the country (Poindexter, Smith, & Heider, 2003). The representation of people of color has been rated poorly over the years, and those racial stereotypes often can be found within the evening news and program teasers. For example, if African-Americans are portrayed negatively in the news, then those media professionals are often unconsciously framing African-Americans to be judged poorly. It was also interesting to see the amount of articles that included visuals as an important frame when analyzing media content about the African-American community. Abraham & Appiah (2006) stated, "Photographs have long been used as aesthetic enhancements for information contained in news stories, but the effects of juxtaposition of photographs and text on readers'

perception of issues has received little attention” (p. 185). Communicators often use visual frames to provide meanings to issues without the luxury of blatant text.

The most common frames in framing studies on the African-American community are racial inequality and disparity frames (Boylorn, 2008; Fahmy, Kelly, & Kim, 2007; Gandy & Li, 2005; Hoerl, 2008; Holt, Roberts, Scarinci, Wiley, Eloubeidi, Crowther, et al., 2009; Kenix, 2005; Poindexter et al., 2003; Spratt, Bullock, & Baldasty, 2007), frames on poverty and crime (Abraham & Appiah, 2006; Fahmy et al., 2007; Gandy & Li, 2005; Mastin & Campo, 2006; Poindexter et al., 2003; Richardson, 2005; Spratt et al., 2007), and frames using victimization and emotionality (Fahmy et al., 2007; Gandy & Li, 2005; Richardson, 2005; Rodgers, Kenix, & Thorson, 2007).

Other frames found among framing studies of the African-American community were episodic (i.e., frames that focus only on time-specific and topic-particular issues) and thematic (i.e., frames that occur within general contexts of political issues and events) frames (Gandy & Li, 2005; Kenix, 2005; Rodgers et al., 2007; Spratt et al., 2007), social injustice and civil rights frames (Abraham & Appiah, 2006; Gandy & Li, 2005; Hoerl, 2008; Kenix, 2005; Spratt et al., 2007), blame frames (Gandy & Li, 2005; Mastin & Campo, 2006; Spratt et al., 2007), frames about racial/ethnic stereotypes (Abraham & Appiah, 2006; Boylorn, 2008; Poindexter et al., 2003; Richardson, 2005; Rodgers et al., 2007; Spratt et al., 2007), visual frames (Abraham & Appiah, 2006; Fahmy et al., 2007; Rodgers et al., 2007), frames covering politics and public discourse (Mastin & Campo, 2006; Richardson, 2005; Spratt et al., 2007), and spirituality and religion frames (Holt et al., 2009). Less common frames were frames on punishment and in-group bias (Richardson, 2005) and common sense (Hoerl, 2008).

*Framing studies on women's health.* A search for framing studies on women's health didn't yield as many articles in the field of mass communication and health communication as it did in other specialized areas such as public health, health and human sciences, and nutrition studies. Overall, framing studies on women's health offer information to communicators about framing health stories through class, culture, and family-oriented frames (Andsager & Powers, 2001). Communicators and scientists alike believe that women's health must be approached through socioeconomic status and cultural influences (Andsager & Powers, 2001). For example, magazines that are mostly targeted to members of a lower social class will not incorporate message cues that belong to members of the middle- and upper-classes. The collectivistic approach to messages (i.e., a family-oriented approach that considers the well-being of the community over the individual) also helps in cases in which a community is more focused on the whole instead of a single individual. For example, if cancer is prevalent in the African-American community, communicators can opt to utilize frames that include a collectivistic theme, as well as individual influence.

The common frames used in studies on women's health were frames about public concern (Andsager & Powers, 2001; Chapman, 1997; Mastin & Campo, 2006; Walsh-Childers, 1994) story/narrative frames (Andsager & Powers, 2001; Hornig, 1990), frames about a specific illness, such as breast cancer (Andsager & Powers, 2001; Gottlieb, 1995; Parrott, 1996; Zuckerman, 1995), survival frames (Andsager & Powers, 2001; Endres, 1995; Prijatel, 1995), frames on health marketing and research (Hust & Andsager, 2003; Mastin & Campo, 2006; Warner & Procaccino, 2003), and environmental frames (Blocker & Freudenberg, 2001; Bronner & Boyington, 2002; Mastin & Campo, 2006; Wolfe, 2000). An introduction of a new frame was included as well-- a self-efficacy frame-- which is the idea that a woman could motivate herself

in order to gain control over the external factors associated with her health (Andsager & Powers, 2001).

*Framing studies on culture.* The articles about framing culture from a communication perspective offered limited results. Five major articles discussed frames used to identify culture in messages. More frames are incorporating culture as a basis for understanding, identifying meanings, and further enhancing knowledge based on the messages given about issues (Van Gorp, 2007). Frames have been used by communicators to bridge culture and cognition, as well as social and political issues that can alter the functioning of a group of people. Goffman (1981) stated, “Culture refers to an organized set of beliefs, codes, myths, stereotypes, values, norms, and frames. Frames are a central part of a culture and are institutionalized in various ways” (p. 63).

Some frames used to analyze how studies identified culture were frames on past experiences (Van Gorp, 2007), human-interest frames (Entman, 2004; Van Gorp, 2007), frames about conflict (Iyengar, 1991; Van Gorp, 2007), thematic frames (i.e., frames that occur within general contexts of political issues and events) (Benford & Snow, 2000; Cappella & Jamieson, 1997; Van Gorp, 2007), hospitality frames (Van Gorp, 2005, 2007), frames involving culture in the media (i.e., how the media can form a culture of viewers, such as MTV viewers, punk rockers, right-wing activists, etc.) (Brewer, 2002; Callaghan & Schnell, 2001; Entman, 2004; Falcous & Silk, 2005; Van Gorp, 2007), and frames regarding ideological constraints (i.e., being restricted or compelled to avoid one’s beliefs and personal outlooks) (Giroux, 2001; Kraeplin, 2008).

*Health Communication*

Health communication combines the basic components of communication with experiences of health and illness; therefore, messages must be tailored and targeted to a specific audience in order to be effective (Kreuter & Wray, 2003). For instance, health communication like framing, helps set the public agenda about what is more important in health practices, interventions, and prevention techniques. When messages are built clearly around a certain illness and a certain audience, the messages have a greater chance of being placed on the public's agenda, either by the consumers, the healthcare industry, or communicators. Health communication combines communication and the body. Therefore, health communication is deeply rooted in the broader field of health and biological sciences. It subsequently aims to combine education and interventions in a way that more people would be willing to believe information given about certain illnesses and diseases. Health communication is comprised of four fundamental bodies of research, which are provider-patient interaction, social and community health issues, organizational issues of health, such as healthcare organizations and policymaking, and health and its relationship with the media.

*Main bodies of health communication research.* Provider-patient interaction requires that the needs, beliefs, and values of patients are respected and encouraged. The relationship between the physician and the patient is important, in that the physician treats the patient from physical and psychosocial perspectives (Lambert, Street, Cegala, Smith, Kurtz, & Schofield, 1997). The provider-patient interaction component of health communication favors effective and positive dialogue. Patients who develop "satisfaction with the patient-provider relationship are associated with improved adherence to treatment" (Ciechanowski, Katon, Russo, & Walker, 2001, p. 34). Therefore, the more comfortable the patients are, the more they may be willing to accept health-related recommendations and treatments from their providers. Secondly, the social and

community issues of health communication focus on the community context of messages, which attempts to address public health-related issues (Albrecht & Goldsmith, 2003). The focus in recent years has been on underrepresented and poverty-stricken areas, in which health interventions are not always accepted or employed in ways most appropriate for communities facing significant barriers to seeking and obtaining health care. The foundations of this area of health communication consist of the negotiation of resources and examining the social constructs of educating people about health.

The organizational issues that comprise the third area of health communication take into account the demands of organizations within the healthcare industry. Some of the most common industries are hospitals and health maintenance groups, which must strive to accomplish both the individual organization and the collective (organization and patient) goals (Geist-Martin, Horsley, & Farrell, 2003; Poole & Real, 2003). The goals of the organizations range from urgency to meeting client expectations to issues concerning the personnel of an organization.

The final component of health communication is its relationship with the media. The media allows communicators and healthcare professionals the opportunity to reach a vast amount of people about a health concern. For instance, a story about HPV vaccination may yield too confusing information for readers when media provide risks and side-effects alongside healthcare professionals' advice, which may only provide a snippet of information in order to get more of their patients to obtain vaccination. Furthermore, the characteristics of campaign messages about health have changed throughout the years, especially in this time of digital media. Telemedicine is a new trend that can reach many people who have access to the Internet (Powell, Low, Griffiths, & Thorogood, 2005). Not only is telemedicine the new channel of health information, but many people still also combine that new information with the current

updates they receive from magazines, which may attempt to entertain while educating about a health topic.

*Health communication and magazine print media.* There wasn't a vast array of information pertaining specifically to health communication in magazine print media, but there were three articles that discussed health in print media, including newspapers, magazines, and editorials. Since the news plays a major role in getting health information out to the public, it would only be beneficial to include the information in print media. The process of health reporting in print media follows the same criteria needed to cover politics and other subjects of popular culture aired and printed in today's media. The news sources are contacted, the angle of the story is decided upon by the editors, research is finalized, the story is written, and finally it is filed and published for the people to read, digest, and hopefully to comprehend (Viswanath, Blake, Meissner, Saiontz, Mull, Freeman, et al., 2008). Basic information can be omitted, which cause the article to ignite unnecessary precautions, hysteria, or perhaps an even detrimental fate among readers. An example would be the handling of the anthrax crisis in print media. The flawed information, created to illuminate some of the potential threats of the virus, addressed issues that would have negative long-term effects on some people's health (Mebane, Temin, & Parvanta, 2003). Even though the CDC served as the primary source of information for the print media, some of the editors opted to use listservs that weren't scholarly, thus including information that wasn't all factual. Since then, many print media outlets have relied on their editors to make sure the information is "built on accuracy and fairness," and that it is equally "timely and useful per its definition" (Mebane et al., 2003, p. 53).

The role of print health media is to be health-enhancing, meaning that the information included in the articles and publications will strive to educate individuals on how they can

enhance their health practices. The interpersonal aspect of health communication allows print journalists to incorporate the two-flow model of communication<sup>3</sup>, with the addition of scholars, specialists, and interview transcriptions. The belief is that healthy reading will inadvertently assist in making healthy choices (Dutta-Bergman, 2004). Magazines serve as a primary source of health information for certain populations of people. Heavy magazine readers for instance will more likely pick up a magazine than a newspaper for health information, often stumbling across it while browsing through its pages. Magazines like newspapers provide additional information on health issues for further cognitive involvement (Dutta-Bergman, 2004). Newspapers and magazines unfortunately do not extensively cover minority issues in those print publications, with the exception of those magazines specifically dedicated to African-Americans.

Minorities and those people who comprise the poverty-stricken neighborhoods in the United States are not equally represented in health articles in comparison to the affluent population. A result of this could be that many minorities are not “among those reporting on health and medical science in the United States” (Viswanath et al., 2008, p. 768). Since the information from traditional mass media are not disseminated as frequently and abundantly in lower socioeconomic groups as needed, relying on in-group publications is a viable option. The cultural sensitive approach of in-group publications prove a sense of comfort for those willing to learn about their health (Friedman & Hoffman-Goetz, 2006). Overall print media is an important channel to communicate health messages.

Print media is very influential, and the journalists reporting the health information must be reliable and trustworthy. The sources used for health information is equally important as the content of the messages. Viswanath et al. (2008) stated, “Where the journalists get their initial

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<sup>3</sup> Theoretical idea founded by Lazarsfeld and his colleagues, in which communication flows from the mass media to opinion leaders, who in turn disseminate the information to the general public (Katz & Lazarsfeld, 1955).

idea depends on the type of medium” (p. 772). Print media has to relay information to readers through words in the absence of audio. The cultural and gender elements of health communication also are major factors in getting information to people in a believable manner.

*African-American women and print magazine media.* Magazines and newspapers that are targeted to African-Americans provide a background for ways in which people are to think about their health. Their use of colorful narratives and self-help tips allow African-American women to be educated and entertained at the same time through the pages of the magazine. Many people use the media to gain information to help support or reject their preconceived notions about a particular disease and/or illness (Clark, McLellan, & Hoffman-Goetz, 2006).

One of the magazines used to study HIV/AIDS frames sent to African-American women is *Essence* magazine. *Essence* tries to keep the information current to ensure their readers are up-to-date on the issues and methods being incorporated. The magazine also incorporates a time orientation in which many African-American women utilize. In addition to timely information, *Essence* offers help through corresponding websites and personal narratives that women today can relate to, and as a result, they capture the attention of African-American women who otherwise may not be as concerned or informed about their health if all of the information seemed outdated or irrelevant to the lifestyle in which they lived.

*Health communication and African-American women.* African-American women experience barriers in seeking timely health communication messages due to a variety of issues ranging from the lack of access to financial setbacks. One major setback of receiving messages that are timely and accurate can be due to the socioeconomic status of African-American women, who often are forced to care for loved ones before caring for themselves. Since many African-American women cannot afford healthcare, they often are forced to seek and provide care

from/for their family members. For African-American women caregivers, this leaves them with little time to maintain their own health. Health often takes a backseat to other family priorities (Gustafson, McTavish, Stengle, Ballard, Jones, Julesburg, et al., 2005). Therefore, when an African-American woman is diagnosed with a disease, such as breast cancer, the disease affects her at a faster rate due to late detection inadvertently caused by being over-consumed with other things. As a result, healthcare information is usually sought in only cases of emergency.

This section will highlight solutions for culturally-competent communication with African-American women's health. The use of appointed community officials could be beneficial in getting health communication to African-American women. Black women have sought health tips from their community members for years, especially taking advice from the older women in their neighborhoods (Marks, Reed, Colby, & Ibrahim, 2004).

*African-American spiritual and community leaders.* One of the major problems with the epidemiological spread of HIV/AIDS in the African-American community is the apprehension of Black Americans and the healthcare industry. The Center for Program Evaluation and Research (2008) stated, "One of the major barriers in working with African-American communities is the 'power' differential often based on outside researchers being of different ethnic groups and educational status than those typically seen in the community" (p. 3). This means that the concept of power seems to have an effect on African-Americans, thus those seeking to have more authority are not trustworthy. In contrast, many uneducated African-Americans rely on community leaders to educate them about things happening in the community and beyond. Religious leaders and spiritual guides are very important in educating members of the African-American community. The CDC has even started to mobilize community action in an effort to get African-Americans to be more trusting of the healthcare professionals. CDC Media Facts

(2007) stated it was a crucial component in “bringing together African-American leaders from all walks of life to discuss concrete actions that can be taken to reach all African-Americans” (p. 5). Health communication for African-American women can also be transmitted through advisory panels and social networks that offer opportunities of new health advances that otherwise might not get discussed within this group. Many of these panels consists of entertainers (i.e. Steve Harvey, Sean “Diddy” Combs, etc.), faith community leaders (i.e. ministers and pastors of African-American mega churches, such as T.D. Jakes), and business professionals (i.e. Russell Simmons, Denzel Washington, etc.) in order to sway the influence of African-Americans. Advisory panels are health communication campaign techniques that use community leaders as messengers to bring important health information to members of a community, such as the Sisters Together campaign that educates Black teenage women about obesity (Rudd, Goldberg, & Dietz, 1999). Modeling the health behaviors of those discussed within social groups also allows African-American women to identify with the issue.

Inclusion is really important in culturally relevant health campaigns, thus having the potential to improve health behaviors (Kean & Prividera, 2007). These social networks also approach health initiatives from a spiritual perspective. The church-based health information plays a significant role in the lives of African-Americans, especially African-American women who are most prevalent in Black churches and spiritual clubs. For example, in Houston there is an Urban AIDS Ministry that combines the role of churches and faith leaders in encouraging healthy sexual practices. The Houston Department of Health and Human Services newsletter (2000) stated, “The Urban AIDS Ministry Task Force (UAM) is a coalition of African-American spiritual leaders, churches and faith based organizations working to prevent HIV/AIDS among African-Americans in Houston” (p. 1). Since the church is the foundation of the Black

community, the health information it disseminates can have an effect on the way African-Americans view health and incorporate healthy habits (Holt, Lee, & Wright, 2008). Many churches have roundtable discussions about HIV/AIDS during Bible study and youth days. Some even offer free testing to ensure that their parishioners know their status.

Religion, spirituality, and social groups can aid in educating African-American women about their health. Incorporating community spokespersons can help with educating about certain preventative techniques, self-examinations, and early health screenings. Granted environmental factors play a part in the apprehension of healthcare practices and information dissemination, but cultural perceptions can be altered with the right approach used to target specific audiences (Campo & Mastin, 2007). Cultural approaches can be built between provider and patient through dialogue and rapport. The quicker African-American women, the leading population infected by HIV/AIDS, can be educated appropriately about their health, the better health communication about the HIV/AIDS epidemic can be. Designing appropriate campaigns, with the inclusion of community and spiritual leaders input, are critical in transmitting reliable health communication messages. The African-American church is “called on more frequently than medicine or medical doctors as a part of the solution to the problem of HIV/AIDS (Clark, McLellan, & Hoffman-Goetz., 2006, p. 502).

#### *Cultural-Competency of Health Communication*

African- Americans are a group of people who rely heavily on their cultural innuendos to satisfy their health needs. When healthcare professionals and health communicators interact with African-Americans they must keep in mind that their cultural needs and demands are a key component of who they are. As one of the largest ethnic groups in North America, and particularly the United States, the idea of addressing the issue of health disparities must be used

from a cultural perspective. Medical anthropologists and cross-cultural physicians have stated for many years that the cultural beliefs and practices of a person can either assist or ruin the incorporation of health interventions (Marks et al., 2004).

The cultural-competency model was established to improve the cultural competence of healthcare services. The cultural-competency model states that a person must be able to intermingle with another group of people in order to acquire the most support. Campinha-Bacote (2009) stated that achieving cultural competence is a process in which a healthcare professional works continuously within the cultural context of the patient, which includes reflecting upon his/her individual beliefs about a community.

*Cultural-competency and African-American women.* The cultural-competency model, which incorporates all aspects of a culture, is the most effective model for African-Americans, who are often frightened by the biomedical approach of health communication (Campinha-Bacote, 2009). The biomedical approach takes the doctor's and researcher's perspective into account, and does not consider the cultural norms and values of a patient (Marks et al., 2004). This approach causes many African-Americans to shy away from medical practices since they are often distrustful of the health community as a whole (Basu & Dutta, 2009). In many biomedical healthcare systems, many Black women feel that valuable information is intentionally left out by the medical provider, and that they had to wait for excess amounts of time for unacceptable service.

For example, many African-American women avoid getting tests like mammograms because they do not trust the doctor performing the procedure. African-American women are leery of the medical profession because they believe that they do not receive the same care due to race. They also feel that they are treated poorly because they have limited access to affordable

medical insurance. Socioeconomic factors play a major role in Black women's health, as well as other factors such as cultural beliefs and attitudes in the African-American community (i.e., holistic approaches to health, voodoo, etc.) (Lannin, Mathews, Mitchell, Swanson, Swanson, & Edwards, 1998). Other factors include location (i.e., not centrally located near a physician or clinic) and personal experiences (i.e., a person may have been misdiagnosed by a medical professional thus limiting their desire to visit a doctor). Distrust of the biomedical model is important to researchers when discussing the cultural approaches of health intervention, campaigns, and practices geared towards African-American women, and as a result African-American women may be more likely to accept the components of cultural sensitivity in the cultural-competency model of health communication.

*Factors for cultural characteristics in study.* Cultural characteristics vary from one ethnicity to the next, and what may be culturally acceptable amongst a group of people may be unacceptable for others. For example, most teenagers believe that it is okay to talk on their phones in public places, like restaurants and crowded buses; but, their parents, many of whom were born in an era not as technologically-savvy, might deem the act disrespectful. Cultural characteristics of African-Americans were imperative to RQ2 in this study. Based on the literature review, the main factors of culture were African-Americans, especially the interaction amongst African-American women, Black churches and its community leaders, grandmothers and older women in the African-American families, colloquialisms used between African-Americans, and the cultural settings. The coders were informed that cultural characteristics were a critical component of this study, and it was necessary to understand what culture in the African-American community equated.

The interaction amongst African-American women was a factor to determine cultural characteristics. African-American response to the HIV/AIDS crisis came during a time when African-Americans were leery of the healthcare industry due in large part to the 40-year Tuskegee syphilis study (Pickle et al., 2002, p. 428). As a result, many African-Americans felt that it was necessary for the group to discuss amongst themselves the repercussions and medical side effects to the disease and its treatments before signing on to be a “lab rat.” Articles that “reinforced cultural identification through brotherhood and sisterhood” were considered a factor that determined cultural based on the interaction between African-Americans (Clarke et al., 2006, p. 501).

The next factor to determine cultural relevance was the Black churches and the leaders in the community. Articles that discussed the outreach of community members, and the education delivered from the pulpit to the congregation were symbolic of the importance of Black churches in the plight against HIV/AIDS (Clarke et al., 2006, p. 502). The Black church is often described as the backbone of the African-American community; therefore, articles that discussed the roles the churches played in educating their members about the disease were culturally relevant. Clarke et al. (2006) stated that AIDS education was the “Christian responsibility toward the suffering,” meaning that it was the Black churches Christian duty to help prevent the spread of the disease in the Black communities (p. 503).

The third factor that identified culture was the importance of grandmothers and older female family members. The African-American family has long been the responsibility of the matriarch. Most children are reared by their grandmothers, older aunts, or older female figures dating back to the times of slavery when most of the men were killed. Recently, those matriarchs have had to step in when absent parents threatened the well-being of their children, either

because of drug abuse, violence, the inability to care for them, or death. Like the Black churches, most grandmothers are the ones that keep the family together, often being the most spiritual. If the articles mentioned grandmothers or female figures as a source of information, “the supportive person next to a pastor”, or the person who taught the children “how to meditate in order to get in touch with a higher power”, then they were deemed culturally acceptable (Clarke et al, 2006, p. 503).

The dialect amongst a group of people builds a rapport within that group that many people on the outside would not understand. How a person talks amongst friends often differs from how one talks when out with members of a different race. This factor holds true in determining the cultural characteristics in this study. Based on the literature, it has been stated that the words used to relay health information might be more acceptable when the language mimics those persons hearing it. The African-American community is filled with metaphors and euphemisms that are “used frequently in HIV/AIDS stories (Clarke et al., 2006, p. 500). Many clichéd expressions describe African-American as “in the fight” against the disease, “leading the war” against the disease, and “knocking down the walls” to protect oneself and family from HIV/AIDS (Clarke, 2006, p. 500). For articles that described African-Americans as in a struggle, war, or transition with the disease, and used the terms “brothas” and “sistas” to get the messages across were culturally favored.

Along with the language used, the final determining factor of culture is the settings in which dialogue between African-Americans most commonly take place. The hair salons and neighborhood barbershops are places that many African-Americans frequent. Friendly weekend gossip usually leads the conversation, but more recently many of these places have been seen passing out pamphlets on HIV/AIDS and condoms, as well as discussing safe sex between trips

to the shampoo bowl. The salon/barbershop campaigns “send messages to their clients in order to increase levels of awareness of HIV/AIDS, encourage risk reduction and promote early HIV/AIDS screening” (Houston Department of Health and Human Services, 2000, p 1). These places of solace also allow individuals a comfortable, support system where they won’t be judged or ridiculed for failing to use a condom on a previous excursions, awkwardly being confused on how to ask their significant other to get tested, or to just find out a little more about the disease. Cultural characteristics are a critical aspect of increasing awareness about the HIV/AIDS epidemic in the African-American community.

### *Research Objectives*

The purpose of this research is to understand how the HIV/AIDS epidemic is framed in *Essence*, one of the most popular African-American magazines. Many messages, campaigns, and programs are geared specifically to African-Americans, but are oftentimes ignored. Through this research the culture-competency model of health communication and how it is used in the magazine to approach African-American healthcare will be examined. The study will include a quantitative content analysis. Theoretical implications likely will expand on the importance of studying how media frame health information, particularly in situations of health disparities as in the case of HIV/AIDS in African-American communities. This study will also assist researchers on identifying which aspects of culture are being discussed in magazine media, and which aspects of culture need to be framed differently in promoting awareness for significant health risks.

### *Research Questions*

This research proposes that the field of mass media provides a sense of awareness through media frames created by the authors. In order to better understand how and to what level

awareness and education is being provided about the HIV/AIDS epidemic and its emphasis among African-American women, the following research questions (RQs) will be addressed:

RQ1: What frames does *Essence* use in promoting a sense of awareness about HIV/AIDS through their messages, columns, and articles?

RQ2: How does *Essence* frame HIV/AIDS reporting according to cultural qualities important to African-American women?

## Chapter 3- Methods

*Summary of Method*

This study explored the frames communicators adapted in *Essence* magazine in promoting a sense of awareness about the HIV/AIDS epidemic in the African-American community. Content analysis was employed to identify which frames were being reported, and the frequency of those frames in *Essence*. Content analyses are important for such studies because, “Content analysis...is particularly appropriate for mass media messages because it permits us to describe precisely a vast diversity of message content that might otherwise prove elusive” (Sparks, 2010, p. 20). This content analysis allowed communicators to decipher the framing of the messages in relation to providing awareness to its readers, who are mainly African-American women. Krippendorff (2004) stated, “Content analysis is a research technique for making replicable and valid inferences from texts (or other meaningful matter) to the contexts of their use” (p. 18). Thus, content analysis is a social scientific tool that analyzes data about how content is conceived. The quantitative content analysis method was appropriate for this research because “content analysis is, thus, a powerful method for analyzing texts that is useful to researchers, practitioners, and consumers alike” (Frey, Botan, & Kreps, 2000, p. 243).

Developed primarily as a study of public and mass media messages, content analyses’ historical roots can be traced to the Swedish church in which religious symbolism was analyze in church hymns (Frey et al., 2000). Content analysis has since become one of the most used types of textual analysis in communication research. Quantitative content analysis was selected because it gave insight on the underlying meaning of messages, and their inadvertent effect on consumers (Krippendorf, 2004). This method entailed identifying text, analyzing the material, and drawing conclusions from the analysis.

This study attempted to identify the extent to which African-American media promotes awareness about the HIV/AIDS virus in articles, messages, and editorials. Using a mass media theory, framing theory, it also sought to identify what frames were being used within this popular African-American magazine in educating African-American women about the HIV/AIDS epidemic.

#### *Rationale for the Selection of Magazine*

*Essence* magazine was selected for this study because it is one of the “highest circulating magazines directed toward African-Americans and African-Canadians” (Clark et al., 2006, p. 496). This magazine is designed especially for African-Americans; therefore the health messages were more relatable to this study since it examined promotion of awareness of HIV/AIDS specifically in the African-American community. Altheide (2002) stated, “Indeed, it has been said that the lives of modern people are experienced through the prism of the media” (p. 89).

*Essence* has a readership of over 8.5 million (middle and upper-class women; educated) according to the magazine’s corresponding website, a major increase from its first issue in 1970, which had a readership of 50,000. African-American women, ages 18 and 49, constitutes the largest range of readership. Likewise, African-American women, between the ages of 18 and 34 (lower and middle-class women; uneducated and educated), are the largest population of African-American women infected with HIV/AIDS.

The reporters and health campaigners are reaching out to those community leaders and educated opinion leaders, hoping that the messages will be disseminated throughout the community to those who are of higher risk and who cannot afford to get the information firsthand. Since the researcher realized that most of the population of African-Americans may not be readers of the magazine due also to limited education, community leaders acted as liaisons

between the health information and those uneducated members of the targeted community. As a result, further research should be analyzed separately to see if the shared information has decreased the number of those infected. Word-of-mouth information is a key component in the communication system of the African-American community.

### *Sampling and Data Collection*

The articles selected for this study spanned ten years (August 2000-August 2010) from *Essence* magazine. This timeframe covered information about past and current HIV/AIDS information and it also provided insight on how the disease and preventative measures to treat those infected have progressed within ten years. This period also allowed the inclusion of information that discussed new testing procedures and new medications implemented by the World Health Organization (WHO). This timeframe also represented the contemporary period. A total of 60 articles were selected from the magazine. Only texts that could clearly be identified as articles and editorials (coders were briefed on how to identify them) dealing specifically with the HIV and the AIDS epidemic were selected. The study analyzed the framing of messages related to the epidemic and the frequencies of those frames, and the sense of awareness promoted through extant and new frames about risks and prevalence of the disease.

Selecting texts requires researchers to identify the universe and sample being used. The sample must represent the population from which it is derived (Kaid & Wadsworth, 1989). Since the entire magazine was not examined and did not constitute the population or sample, the articles dealing with HIV/AIDS were separated for population purposes. The EBSCO Host database system and the magazine archives at the downtown Houston Public Library were used to locate articles pertaining to HIV/AIDS in *Essence* magazine. The unit of analysis was the

whole article to ensure that no pertinent information was omitted or overlooked by simply grazing the beginning of an article.

Since the population was small, every article that mentioned HIV/AIDS as a major topic was selected for the study, and divided equally amongst the coders. The initial research method the researcher thought to pursue was a simple random sample, but since the ten-year span only yielded 60 articles, the entire population was studied. However, referential units were still adopted since the frames used in messages were the topic of study. Referential units measure the meanings attached to frames and refer to people, issues, or events (Riffe, Lacy, & Fico, 1998). The referential units focused on HIV/AIDS and the frames incorporated in the magazine for this research.

#### *Variable Definitions*

According to the 6<sup>th</sup> edition of the McGraw-Hill Dictionary of Scientific and Technical Terms, a coding sheet is “a sheet of paper printed with a form on which one can conveniently write a coded program” (Parker, 2002, p. 94). The printed form was used to analyze the content of a given topic. The coding sheets for this study were printed separately for each article and for each coder. So if the sample is 60 articles, the coders will receive 60 separate coding sheets, one for each article. Writing utensils were provided by the researcher. In the first step, coders identified descriptive variables about each article. Coders recorded each of these variables on a separate coding sheet for each unit (article). The variables consisted of date, article title, and the inclusion of photos or graphics. The coders analyzed the data together at Madison Senior High School in Houston, Texas. This location was selected since two of the coders are teachers at the school, and it was convenient for the researcher (the third coder) to travel to them after the conclusion of their classes. Once each coding sheet was completed, they were collected and the

next article and coding sheet was distributed. This allowed the researcher to keep the coding sheets and corresponding articles organized.

*Date.* The date when the article was published, entered as “month-year.”

*Section of the magazine.* The section the article was listed in. The sections identified were entertainment, lifestyle/living, relationships, politics or news, other.

*Inclusion of photos.* This variable referred to the addition of photos (pictures of people, health clinics, AIDS ribbons, needles, etc.) in the articles that related to African-Americans and/or HIV/AIDS.

*Inclusion of graphics.* This variable referred to the addition of graphics (charts, timelines, tables, etc.) that related to African-Americans and/or HIV/AIDS.

In the second step, coders read definitions of frames (which were typed out on the coding sheet). Then, after reading the article, coders checked off on the coding sheet which frames were used in each article. The major frame(s) of the story was the variable for this section, and the statistical calculation of the frequency of each frame was identified in the results.

*Frame.* This variable referred to the idea that the article employed a particular theme. The following frames were used in the coding process based on those frames identified from the literature review.

*Poverty Frame-* This frame suggested that the lack of money to afford condoms or a doctor was linked to HIV/AIDS in the African-American community.

*Crime Frame-* This frame suggested that crime and violence were linked to HIV/AIDS in the African-American community (i.e. drug usage, the prison system).

*Frame of Racism-* This frame suggested that African-Americans were not treated the same as Caucasian Americans in the healthcare industry.

*Civil Rights/ Social Injustice Frame-* This frame suggested that African-American were denied their civil rights regarding HIV/AIDS (i.e. no medical attention).

*Blame Frame-* This frame suggested that African-Americans are the sole group to be blamed for spreading HIV/AIDS in the African-American community.

*Frame of Racial Stereotypes-* This frame suggested that African-Americans were lazy and promiscuous thus making them more susceptible to HIV/AIDS.

*Frame of Visual Images-* This frame suggested that visual communication is important in promoting awareness about HIV/AIDS.

*Public Policy/Political Frame-* This frame suggested that bills and laws be passed to promote HIV/AIDS awareness.

*Controversy Frame-* This frame suggested that it was due to a conspiracy (i.e. ploy by the government to eradicate all African-Americans) that African-Americans are disproportionately affected by HIV/AIDS.

*Victimization Frame-* This frame suggested that African-Americans were victims of circumstance, and sympathy was asked of the reader for African-Americans infected by HIV/AIDS.

*Religion/Spirituality Frame-* This frame suggested that religion and the church were channels of health information for African-Americans.

*Economic Impact Frame-* This frame suggested that financial constraints to the American people affected the level of promotion given to HIV/AIDS awareness.

*Frame of Gender Stereotyping-* This frame suggested that female versus male roles in relationships were linked to promoting awareness about the HIV/AIDS epidemic.

*Punishment Frame-* This frame suggested that African-Americans were punished for taking risks in sexual intercourse.

*Common Sense Frame-* This frame suggested that protecting oneself is the only way to stop the spread of the epidemic (i.e. not using condoms, not sharing needles, etc.).

*In-group Bias Frame-* This frame suggested that members of the African-American community often alienated those infected members of the community.

*Moral Frame-* This frame suggested that the difference between right and wrong often affected their approach to health practices (i.e. refraining from sleeping with someone unprotected when they have HIV/AIDS).

*Health Frame-* This frame suggested that HIV/AIDS was only a health issue and culture was not important.

*Assets Frame-* This frame suggested that personal assets (i.e. financial capital, friends, job security, etc.) may be jeopardized because of a person's status.

*Government Involvement Frame-* This frame suggested that the government and the federal budget impact the level of prevention in the African-American community.

*Social Frame-* This frame suggested that HIV/AIDS is often the result of reckless social activities (i.e. drinking uncontrollably, hooking up with random people, etc.).

*Episodic Frame-* This frame suggested that certain events create a correlation to the HIV/AIDS epidemic (i.e. Magic Johnson, Arthur Ashe, etc.).

*Thematic Frame-* This frame suggested that political issues (i.e. signing of health bills, etc.) correlated to the spread of HIV/AIDS.

*Public Concern Frame-* This frame suggested that HIV/AIDS should be seen as a concern for all people in order to be the most effective.

*Story/Narrative Frame-* This frame suggested that stories allow readers to understand the disease through the personal accounts of others.

*Specific Illness Frame-* This frame suggested that HIV/AIDS is often tied into another illness most often faced by African-Americans (i.e. sickle-cell anemia, etc.).

*Survival Frame-* This frame suggested how new medications are being implemented into the healthcare industry to help people live longer with HIV/AIDS.

*Health Marketing/Research Frame-* This frame suggested that marketing and research from organizations in the health industry can be a means of getting care outside a hospital for HIV/AIDS.

*Environmental Frame-* This frame suggested that a person's living conditions and support systems can affect how a person approaches HIV/AIDS.

*Self-efficacy Frame-* This frame suggested that the more a person is satisfied with their health, the more likely they are to protect themselves from risky sexual practices.

*Cultural Innuendos.* This variable was determined based on one of the five characteristics listed in the literature review. If the article indicated culture from interaction with African-Americans, especially African-American women, the Black church and the community leaders, the matriarchs, such as grandmothers and older, female relatives, colloquialisms, and cultural settings then the article was found to be culturally relevant in promoting awareness about the HIV/AIDS epidemic in the African-American community.

#### *Treatment of Data and Statistical Analysis*

Once the coding reliability was established (discussed in the "inter-coder reliability" section later in this chapter), the data was described in statistical terms. This process identified statistically what the data meant to the study and the researcher. Statistics were tabulated using

the SPSS software, and the importance of statistics in this study was that they did not only collect and collate numerical facts, but also the process of reasoning. Cowles (1980) said, “[statistics] are the process of going beyond the data, making inferences and drawing conclusions with greater or lesser degrees of certainty” (p. 6).

The level of measurement for this study was based on a nominal scale. Nominal measurement scales are not particularly concerned with the amount of a variable, but rather the categories that define the variable (Frey et al., 2000). This study examined which frames were used in promoting awareness, as well as what frames the magazines were reporting.

The frequencies of the frames were tabulated from the sample using the numbers from each coding schemes. In order to answer RQ1, coders coded for the frames that *Essence* used in promoting awareness about HIV/AIDS, as well as the frequency of those frames. Krippendorff (2004) stated, “The frequency is taken to indicate the importance of, attention to, or emphasis on that symbol, idea, reference, or topic in the messages” (p. 59). For example, if 9 out of 10 of the articles mentioned the religiosity/spirituality frame specifically, the percentage of agreement was 90%, or .90. A frequency table was used to discuss these results. Frequencies tables are solicited quite often in content analysis because they identify the number of times—variables-- and in this case, frames-- are incorporated. If one frame was used more often, or if a new frame was used more vividly in the last two months, it was noted. This pinpointed a transition in the way HIV/AIDS is discussed, and if the frame was a result of new preventative measures implemented in Black communities.

To answer RQ2, the researcher used the coding sheet of *Essence* magazine to identify which frames were culturally relevant to African-American women, and how they approached health initiatives. For example, if an article was coded as a spirituality frame, and if the Black

churches spreading messages about HIV/AIDS protection were the central focus of the article, then that article was considered culturally relevant to African-American women.

After the findings were summarized, the researcher discussed the implications of the study. The researcher identified the limitations of the study and any improvements that were made to the data collection or analysis methods for a future study. The researcher also provided communicators with new ideas for future research on the framing of the HIV/AIDS epidemic in African-American communities, which they can incorporate when researching other health disparities specifically related to African-Americans, such as diabetes, lupus, or sickle cell anemia.

#### *Reliability and Validity*

*Inter-coder Reliability.* Each content analysis requires the analysts to construct their own meaning about texts; however, content analysis also requires that coders answer the research questions in a cohesive manner (Krippendorff, 2004). The information was coded and tallied, and was based on a collaborative, systematic framework pre-established by the three coders. Sparks (2010) stated, “Content analysis is objective in the sense that the method permits multiple researchers to examine the same content and come to identical conclusions” (p. 21). In content analysis the categories to code content must be exclusive, equivalent, and exhaustive, which means that there can only be one unit for each coding category (Frey et al., 2000). The content analysis had predetermined coding schemes, which were easily accessible (meaning the coders could find them quickly) and which the researcher easily entered data into statistical form with SPSS programming.

The researcher solicited three coders for this study to ensure that the information was valid. Since the researcher was a coder with a background in health communication, the other

two coders were chosen due to their educational background in human sciences and their previous Peace Corp tenure in AIDS-infected Africa. Developing this closed coding scheme, the researcher had to pay particular attention to the coders and the level of information they were given as to how to effectively code textual content. The researcher also had to ensure that all of the coders agreed on the frames used in the articles, and ultimately how they were categorized with the greatest detail. The frames for each article were determined based on the content of the messages in the articles, columns, and editorials in *Essence*.

The three coders analyzed the data in the same location to ensure that if a question arose, the researcher got to them to clear up any misunderstandings. As previously mentioned, this location was chosen because two of the coders are teachers at this school (the researcher was the third coder). The coding process took place from 7pm-9pm every Wednesday and from 10am-1pm every Saturday for two consecutive weeks. The researcher anticipated each coder needed a total of 10 hours to analyze her set of data. If a coder had a question after analyzing some of the data, they were able to contact the researcher via cellular and email.

*Cohen's Kappa*. The inter-coder reliability was established, which must have been at least .70. Cohen's Kappa formula  $\kappa = \frac{\text{Pr}(a) - \text{Pr}(e)}{1 - \text{Pr}(e)}$  was incorporated to calculate the results. Cohen's Kappa coefficient is a statistical measure of inter-coder agreement. In the equation of Cohen's Kappa,  $k$  = the level of agreement of the coders, where  $\text{Pr}(a)$  was the relative observed agreement amongst coders (correlation of agreement between coders) and  $\text{Pr}(e)$  was the assumed probability of chance agreement (the hypothesized idea that coders agreed on a variable) (Smeeton, 1985). If the coders were in agreement  $k = 1$  or  $>1$ . Cohen's Kappa was calculated using simple mathematical calculator inputs, where at least a .70 agreement was favored.

*Validity.* The coding rules were discussed with the other two coders (the researcher was the third coder as previously mentioned) prior to coding the data. All coders were trained before the data was collected, in which a subsample of the universe was coded to discuss familiar pieces and categories through a pilot study. A pilot test was administered to the coders using an article from the content universe. The article was different from the materials that were examined; however, the article came from the overall population of those in the predetermined timeframe. If coders disagreed about a category, all three met to discuss how to reach an agreement on how the content was analyzed.

The amount of threats for internal and external validity was limited. Internal validity focuses on making sure the study is accurately conducted, whereas, external validity involves how the study can be generalized and applied to other topics and texts. The researcher refrained from influencing the coders through responses, behavioral characteristics, and observational biases. The criteria remained the same from start to finish in the procedure outlined to avoid observer drift<sup>4</sup>. The researcher tried to “control this by making sure that observers are fresh and not ‘drifting’ and by checking the consistency of their observations over the course of the observation period” (Frey et al., 2000, p. 124). Limiting validity threats was a priority in the overall study and the categorizing of the content.

*Delimiting study.* Through months of research, the researcher noticed that *Ebony* magazine provided a limited number of articles, despite the expansion of the timeframe analyzed, and as a result it was eliminated as a magazine for the study. *Ebony* magazine is a popular African-American print magazine, which has received numerous awards on its health topics. But, the bulk of those topics focus on diabetes, obesity, and breast cancer. HIV/AIDS was

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<sup>4</sup> Observer drift occurs when researchers become overwhelmed with the material, either through lack of rest or the inability to fully understand a portion of the research. Their analyses may become inconsistent (Frey et al., 2000)

not a topic covered regularly within the magazine. There were more magazines that garner the attention of African-American readers, but many were geared toward music (*XXL*, *WordUp!*, *Honey*, etc.). So, for the purposes of this study, the researcher limited the study to *Essence* magazine because it had the content needed to answer the research questions.

## Results

Sixty magazine articles from *Essence* magazine were analyzed, and of those articles six variables were generated into data for analytical purposes for this study. The variables were: date, section of magazine, inclusion of photos (pictures of people, health procedures, needles, AIDS ribbon, etc.), inclusion of graphics (charts, tables, timelines, etc.), frames, and the highlighting of cultural factors. Twenty-three frames were used in the articles in *Essence* and seven frames were not used in any of the articles' messages.

### *Frames about HIV/AIDS*

In order to answer RQ1, which analyzed which frames *Essence* incorporated to promote awareness about the epidemic, the articles were first coded and then the number of times a frame was used within the magazine was counted to identify the frequencies. A basic frequency table is shown in Table B1. The most observed frame was the public concern frame, with nine of the articles incorporating a public concern frame. The public concern frame demonstrates coverage about a community helping assist in the spread of messages about HIV/AIDS prevention and care. It also shows a concern about the future generations of African-Americans, especially young adults and children. An article titled, "The Story of AIDS: The Witness," demonstrated the public concern frame; in which actress Sheryl Lee Ralph discussed her one-woman show that broke the silence about HIV/AIDS through an "array of characters affected by HIV/AIDS-from a Jamaican transsexual to a high-powered executive whose nauseating medications keep her from a life of normalcy" (*Essence*, Nov. 2006, p. 182). She uses her voice to speak out on the disease and offer help for the African-American public through her Diva Foundation.

The other frames used most frequently were: story/narrative frames (6 articles), common sense frames (5 articles), in-group bias frames (4 articles), and health marketing/research frames

(4 articles). The story/narrative frame demonstrates coverage about the HIV/AIDS disease from someone's personal perspective. The information is usually written in 1<sup>st</sup> person. An article titled, "The Story of AIDS Part II: The Good Doctors," demonstrated the story/narrative frame; in which, two doctors discussed firsthand experience of making sure poor Black patients get the highest quality care. Stone, a director of a women's AIDS program stated, "In the early days of AIDS, I had patients dying every two weeks. Through my research, I've gotten doctors to think a lot more about the part they play in helping patients get better" (*Essence*, Dec. 2006, p. 241). The common sense frame demonstrates coverage about everyday practice of protecting oneself from the HIV/AIDS epidemic by using condoms, using clean needles, and getting tested regularly. An article titled, "Get Tested Annually," demonstrated the common sense frame; in which, Cookie Johnson, the wife of HIV-positive Magic Johnson, stated, "Each time you go for a yearly physical, ask for an HIV test. It's the only way to know your status" (*Essence*, Nov. 2009, p. 180).

The in-group bias frame demonstrates coverage about how African-Americans blame and shun other African-Americans for the spread and cause of the disease. Social groups have caused many African-Americans to alienate members of the community once they are found to be HIV-positive. An article titled, "Men Who Sleep with Men," demonstrated the in-group bias frame; in which, researchers have uncovered that Black men are turned off by the mention of gay and bisexual, and as a result, "these men don't consider themselves gay, so AIDS prevention messages and programs often elude them" (*Essence*, Oct. 2001, p. 76). The health marketing/research frame, the final major frame, demonstrates coverage about techniques mentioned as a means of care outside the hospital for AIDS. Many products may be pitched to the reader to garner financial capital for a company. An article titled, "An HIV Cure,"

demonstrated the health marketing/research frame; in which, viral vaccines were analyzed on monkeys to determine the window of cure allowed from initial exposure. Since the 1980s, vaccines have been implemented, but “it will take years before the vaccine wins FDA approval” (*Essence*, Oct. 2001, p. 80).

None of the articles incorporated the public policy or political frame, controversy frame, victimization frame, economic impact frame, moral frame, assets frame, or thematic frame. The following frames were used in at least one article in the population: crime frame, civil rights or social injustice frame, frame of racial stereotypes, frame of visual images, frame of gender stereotyping, health frame, social frame, and survival frame. The following frames were used at least twice in the articles of *Essence*: frame of racism, blame frame, punishment frame, government involvement, specific illness frame, and environmental frame. These frames were used at least three times in the population of articles for this study: poverty frame, religion or spirituality frame, episodic frame, and self-efficacy frame.

Table B1

*Frequency of Frames in Essence Magazine Articles*

<b>Frames</b>	<b>Total</b>
<b>Public Concern Frames</b>	9
<b>Story/Narrative Frames</b>	6
<b>Common Sense Frames</b>	5
<b>In-Group Bias Frames</b>	4
<b>Health Marketing/Research Frames</b>	4
<b>Self-Efficacy Frames</b>	3
<b>Episodic Frames</b>	3
<b>Religion or Spirituality Frames</b>	3
<b>Poverty Frames</b>	3
<b>Frames of Racism</b>	2

<b>Blame Frames</b>	2
<b>Punishment Frames</b>	2
<b>Government Involvement Frames</b>	2
<b>Specific Illness Frames</b>	2
<b>Environmental Frames</b>	2
<b>Survival Frames</b>	1
<b>Social Frames</b>	1
<b>Health Frames</b>	1
<b>Frames of Gender Stereotyping</b>	1
<b>Frames of Visual Images</b>	1
<b>Frames of Racial Stereotyping</b>	1
<b>Civil Rights and Social Injustice Frames</b>	1
<b>Crime Frames</b>	1

*Note.* Total= the number of times the frame was used in the total population of this study.

#### *Cultural Framing of HIV/AIDS*

RQ2 analyzed how culture was incorporated into the articles in order to enhance the awareness of HIV/AIDS in African-American communities. Based on the data, culture was not a major factor in promoting awareness of HIV/AIDS in *Essence* magazine. Of the 60 articles that were coded, only 22 were considered to be culturally-relevant, meaning that the messages included cultural innuendos and practices most common between African-American women. An article titled, “The Story of AIDS: The Congregation” stated, “Our youth director was a gay man...our church just embraced him. We chose to step into the gap and became the first church-based AIDS project in New Orleans” (*Essence*, Nov. 2006, p. 185). Another example can be seen in the February 2009 issue in which Cookie Johnson insists that you should “ask family and friends if their churches are welcoming and have active HIV ministries, or try searching [balmingilead.org](http://balmingilead.org) for a compassionate congregation near you” (*Essence*, 2009, p. 168).

An example of an article not utilizing culture can be found when Cookie Johnson simply urges people to “know their status. Help halt the advance of HIV. Get tested now” (*Essence*, Sept. 2009, p. 168). Thirty-eight of the articles did not highlight factors that pinpointed culture as a determining issue for promoting awareness about the HIV/AIDS epidemic. Most of the twenty-two articles that included references to culture listed Black churches, African-American athletes and celebrities, support groups and African-American organizations as a means of disseminating the cultural elements of messages. For example, in the article titled, “HIV/AIDS: A Timeline,” Arthur Ashe, Magic Johnson and the Congressional Black Caucus were listed as a source of health information, because in 1998 “the Congressional Black Caucus pushed the Minority AIDS Initiative through Congress, creating special funding” (*Essence*, Jul. 2006, p. 141). Another example of the church’s mission to address HIV/AIDS can be found in the October 2001 issue that stated, “The church’s Agape program [Antioch Baptist in Cleveland] provides services to HIV-infected women and their families” (*Essence*, 2001, p. 84).

Table B2

*Frequency of Culture in Essence Magazine Articles*

<b>Culture</b>	<b>Total</b>
<b>No</b>	38
<b>Yes</b>	22

*Note.* Total= the number of times culture was used in the total population of this study.

*Secondary variables.* The date was coded to see if a certain year yielded more articles than others, and through the data the researcher found that 2006 and 2009 combined for 42 of the 60 articles used for this study. There wasn’t any significance to 2006, but in 2009 President Barack Obama increased the budget for HIV/AIDS prevention, research, care, and treatments.

Photos and graphics were listed as variables, because the researcher wanted to see if the photos and graphics enhanced the messages about HIV/AIDS. For example, in the article titled, “Know Your Status,” there were pictures of rapid testing procedures and home tests that allowed people to see that the methods weren’t as complex as it may have seemed (*Essence*, Dec. 2004, p. 99). Only six articles included photos.

On the other hand, most of the graphics came in the form of charts and graphs. In the article titled, “National Alert,” the author provided the reader with a map of the United States stating that “a San Francisco Bay area study pinpointed three Oakland zip codes as HIV hot spots” (*Essence*, Feb. 2009, p. 146). Of the 60 articles analyzed, five articles included graphics. The section of the magazine in which the articles were found revealed that the lifestyle/living and relationships sections were more likely to include health information, when compared to other sections such as entertainment or politics. Of the 60 articles coded, most health information on HIV/AIDS was found in the lifestyle/living section with 37 articles.

The articles viewed education as a major component of spreading information about the HIV/AIDS epidemic in the African-American communities. An example of this can be found in the article titled, “Let’s Talk about Sex,” in which, Cookie Johnson explained she had to discuss the disease with her children when her husband was diagnosed HIV-positive. Johnson stated, “I spoke to my son and daughter about the disease when they were young, explaining that their father had HIV and took medicine to remain healthy” (*Essence*, Nov. 2008, p. 98).

The articles also conveyed messages that limited economic means to provide for one’s health played a role in people not realizing that many tests are offered free of charge. African-American magazines’ role as advocates for the community can be used in public health forums

to encourage African-American print and broadcast media to increase coverage of HIV/AIDS and safe sex issues.

*Validity.* Cohen's Kappa was calculated for each of the seven variables. For the first variable, the date of the article, the inter-coder agreement was 100%. The section of the magazine the articles was included identified the second variable, and it yielded a 71% inter-coder agreement. The third and fourth variables, photos included and graphic included respectively, had to be explained after the pre-test. The researcher had to explain what constituted a photo and/or graphic that specifically correlated to HIV/AIDS and African-Americans, such as a picture of a women getting tested at a clinic in the December 2006 issue. There was a 69% and 65%, respectively, inter-coder reliability the first time, but once it was thoroughly identified that the pictures had to relate to African-Americans or HIV/AIDS specifically, the inter-coder agreement was 74% and 71% respectively. The fifth variable, the frame used in the magazine, yielded a 73% inter-coder agreement. The final variable, which identified the inclusion of culture into the health messages, yielded a 70% inter-coder agreement.

The Cohen Kappa formula,  $\kappa = \frac{\text{Pr}(a) - \text{Pr}(e)}{1 - \text{Pr}(e)}$ , was used to identify each inter-coder agreement on a T9 graphic calculator. An acceptable Cohen Kappa for academic research is a .70 or 70% agreement amongst coders. This study met the acceptable level of inter-coder reliability, and exceeded those expectations for each variable except for the last, which yielded a 70% inter-coder agreement which is the recommended level.

## Discussion

In this study, coverage of HIV/AIDS in one prominent African-American magazine, *Essence*, was analyzed to emphasize the complex and multi-faceted frames surrounding coverage of the HIV/AIDS epidemic in the African-American community. Themes included cultural beliefs and attitudes (spirituality and religion in black communities), common sense (condom usage and protecting one's self), the public concern of others (how to avoid spreading the disease), and story/narrative (a person with a specific connection to an infected patient was used to explain the epidemic).

*Population finding of Essence magazine.* The amount of information on HIV/AIDS was surprisingly low given the fact that African-Americans in the United States are disproportionately infected with by the epidemic. With African-American women 19 times more likely to be infected, and inadvertently die from HIV/AIDS, many children are being reared in motherless environments; and considering that African-American women are the main subscribers of *Essence* it comes as a surprise that more information is not included in the publication. As the results indicated, only 60 articles yielded information about HIV/AIDS in a ten-year span, and more than half of those articles were in 2006 and 2009. With its [HIV/AIDS] prevalence in the African-American community, this begs to question how important the media perceives this health topic.

*Essence* magazine also failed to really capture the importance of culture. Since cultural innuendos and euphemisms are a major component in the dialect of African-Americans, it may have been beneficial to the readers if more of the articles presented the health information with cultural undertones. Many of the articles simply stated the facts, quoted celebrities and specialists, and presented the information in a strictly biomedical, thus failing to capture the

essence of the African-American community and their approach to healthcare. It would be beneficial in the future if the magazine used more cultural inferences while discussing HIV/AIDS. It would also be a good idea if there were more articles on HIV/AIDS to balance out the health information on diabetes, sickle cell anemia, and lupus, which are other diseases that disproportionately affect the African-American community.

*Implications for framing theory and framing studies of HIV/AIDS.* Through this content analysis, framing theory was the key component in the distribution of health information about HIV/AIDS. The message of how the information was delivered allowed for the interpretation of the health information by its readers. Scheufele & Tewksbury (2007) stated, "Framing describes how people use information and presentation features regarding issues as they form impressions" (p. 12). Most of the frames dealt with the public concern of the African-American community and its plight against the AIDS epidemic, therefore educating communicators on how to effectively reach a target population. Through this research, health communicators can learn how to present information in a manner in which the audience, especially the community leaders, could relay it to other members of the community who didn't necessarily have the advantage of obtaining the information themselves. Communicators can also see that framing messages in different forms can be beneficial in the long run. For example, if all the frames coded incorporated the blame frame, the readers wouldn't be able to think of the prevention and care of HIV/AIDS from any other perspective than the idea that HIV/AIDS is transmitted because of external factors and not one's person behavior and other factors, like unprotected sex. Communicators thus can learn that individuals understand messages when they are framed in a variety of ways, thus allowing the reader to interpret the message's effectiveness.

*Implications for framing in the African-American community.* By analyzing and identifying these frames through culture and other unique characteristics of African-Americans, the frames used in this population of articles conceptualized HIV/AIDS according to individualistic versus collectivistic concerns. African-Americans comprise a collectivistic culture, in which groups make decisions from a combined effort, and often through the guidance of community leaders. For the African-American community, the church was framed as a central focus of health communication, from both those who accepted the mission to provide protection to their parishioners, to those who shunned members of the congregation infected. Prevention was a reoccurring trend in the information read about African-American churches, where “the church rather than health care system is the most frequent mentioned institution of involvement in the HIV/AIDS crisis” (Clarke et al., 2006, p. 504).

*Implications for framing studies on women’s health.* Women’s health was discussed throughout the literature review, and in the case of the articles for this research, most of the information was geared towards women taking the condom initiative for themselves and their partners. With that in mind, Cookie Johnson discussed the self-efficacy of protecting oneself, and how that when a woman feels that she is in control of her own health, she is more likely to avoid risky situations. Johnson’s column touched on this topic quite frequently, and her personable messages were intended for African-American female readers. Education was a major factor in women understanding their health statuses. The articles coded revealed the idea that women must communicate with other women, because of the familiarity and similarities women share in gender, biology, and physicality.

*Implications for health communication.* In the review of literature, the researcher understands that health communication must be customized for the intended sources. This was

most evident in the cultural innuendos of educating African-Americans in the churches, support groups, and civic organizations. Kreuter & Wray (2003) stated, “In theory, tailored health communication can customize the source, message, and channel of given communication to a given individual, presumably maximizing the relevance of the communication to that person” (p. 227). The literature review discussed the importance of inclusion, and this was most evident in the articles that included celebrities and athletes as motivations to get tested. Most of the articles understood the variations in socioeconomic status of the women infected and with greater risks, which underscored the need for spiritual leaders.

*Implications for communicators in African-American print media.* In this study, the researcher analyzed one form of print media—a magazine. The next step is to compare coverage with other media sources. As the country moves toward more public awareness about HIV/AIDS in African-American communities, it is imperative that researchers and communicators provide a comprehensive look at the issues of the epidemic, thus enabling them to use what was learned in HIV/AIDS infected countries, like Africa. This study analyzed the role played by African-American communicators, specifically those for *Essence* magazine, regarding coverage of this major health epidemic. The study also identified framing and cultural concerns surrounding HIV/AIDS in the African-American community between August 2000 and 2010. The findings show that African-American cultural practices of health should be taken into consideration. The media exposure, such as the frequency of HIV/AIDS information in this magazine, and framing theory play a major role in whether people notice and evaluate an issue. Thus, this study suggests that healthcare communicators should work more closely together in responding to the HIV/AIDS epidemic as a major social problem.

Overall findings indicated that the framing of messages in this magazine support the women-centered and culturally-competent approach to covering HIV/AIDS issues. Campo & Mastin (2007) stated, “The theory encourages public health professionals to work with the media to help establish the frames in which public health issues are discussed” (p. 238). Framing theory proved to be a favorable theory for this study in discussing the approach communicators enlist to portray the complexity of this epidemic for African-Americans, especially African-American women. Andsager & Powers (2001) stated, “Research suggests the media have played a key role in raising women’s consciousness of their health” (p. 177-178). This can be considered relevant to this study since African-American women are the dominate readers of *Essence* magazine, as well as the most infected population of individuals with HIV/AIDS.

*Implications for cultural-competency.* Culture wasn’t a major component in the articles coded for this study, but it was still mentioned as a need in getting community leaders to back an idea. This is a form of educating the public. When cultural cues are included in messages, and community leaders from a community of people are used to deliver the message, more people will be likely to pay closer attention. It is critical that healthcare professionals and communicators consider the complex process of framing of HIV/AIDS information that may lead some of the African-American women patients to distrust conventional, biomedical treatments and opt for alternative practices, most commonly found in churches and through places of spirituality. One culturally responsive strategy would be to incorporate a health advising approach, where African-American community leaders who are educated about a practice counsel new patients in treatments or methods of safe sexual practices. These health liaisons will be responsible for providing information with trust, tenacity, and an overall cultural approach in the community in which they reside.

*Limitations of study.* Although a quantitative content analysis provided a detailed exploration of specific frames used in these magazine articles, it could not tell how many African-American women went and got tested because of the articles they read. The data also cannot determine the extent to which, readers shared information they received from it with a community member. Campo & Mastin (2007) stated, “Content analysis is a valuable method...however, content analysis does not provide insight regarding individuals’ use of content, nor what they learn from content” (p. 238). It may be more beneficial to add an additional element for qualitative content analysis, where the researcher may interview avid readers of the magazine to see if these articles affected audience agendas or perceptions of issues.

*Ebony* magazine was eliminated from the study due to a limited number of articles in the ten-year timeframe. Considering that *Ebony* is one of the oldest publications for African-American women, it came as a shock to the researcher when the timeframe only yielded 16 articles.

*Future research.* Future studies of the African-American media should include examinations of the effects between media and audience framing of HIV/AIDS in African-American communities. Comparison studies between African-American print magazines, African-American print newspapers, and African-American cable networks would provide further insight into the meaning of HIV/AIDS within African-American communities. With that said, it is also unknown whether these results can be generalized to include African-American men, who are also subscribers of *Essence* magazine, as well as teenage African-American females, who are more likely to be in risky situations concerning the disease and are more likely

to read *Essence* due to easy access, the fashion spreads, and the influx of pop culture the magazine provides.

If other less popular magazines could be included in the future it may provide a larger scope of studying HIV/AIDS in African-American communities. Including magazines that may cater to the younger populations may add depth to the study, despite the limited number of them in circulation. Education should be analyzed to see if members who are aware of the information in the magazines are less likely to be placed in situations that make them susceptible to contract the disease. It will also be interesting to see a comparison analysis between predominately Caucasian print magazines and African-American print magazines on the coverage of the HIV/AIDS epidemic in African-American communities. Finally, it would be interesting to see if the messages are delivered differently when the ethnicity of the readers shift.

Building messages that are both informative and constructive are important values about HIV/AIDS treatment and prevention. Reading of narratives may encourage some frightened African-Americans and HIV patients to examine their sexual practices and get tested annually, especially those sexually active. Personal experiences can also be used to help health communicators in encouraging African-Americans that the framing of HIV/AIDS in *Essence* magazine was a component of the larger theme of the epidemic. *Essence* magazine has proved to promote HIV/AIDS awareness, but considering the influx of the disease in African-American communities through the years, it may be beneficial to the communicators to include even more information, as well as finding a way to utilize the community leaders who have so much clout in the communities. It is still however left up to the individual to get tested, to ensure that their partner is tested, to always practice safe sex; and if infected, it is the individual's mission to refrain from intentionally infecting others. If other African-American magazines include

HIV/AIDS messages, the scope of people educated may increase, and it may inadvertently reduce the number of new cases.

*Appendix A*

## Interest in Current Study: The CVS Pharmacy Encounter

One morning before I entered campus for my Thursday health communication course, I was approached in the parking lot of an area CVS Pharmacy by an African-American woman in her late thirties. Afraid to roll down my car windows, I conversed with her through them hoping that she would not be too offended that I wanted to keep my distance. She began by telling me that she had walked up and down the neighborhood looking for a shelter that would take in her and her children because she was getting evicted from her home. Her landlord felt that she was a health hazard to the other tenants, and that her arm sores may infect the others occupying the common dwelling spaces. She proceeded to ask if I could help, not hesitating to let me know that she would do household chores (i.e. cleaning, yard maintenance, etc.) if need be. But as a full-time student who stayed at home with her parents, my hands were tied. The most devastating part of her narrative was when she stated, "Oh, and I have AIDS." A look of disbelief and agony ran across my face as I tried to recall the five words she had just spoken. As I proceeded to tell her that I could not provide shelter for her, I started to feel really bad that I didn't have the means to help. Question after question ran through my mind. How did she contract this illness? Are her children infected as well? I was touched mostly by the story because being a health communication student, I was more aware of issues that concerned an individual's health.

Many African-Americans do not understand that there must be a way to protect oneself from this debilitating disease that is plaguing the African-American community at disproportionately alarming rates, especially in regards to African-American women. Since the

inception of the HIV/AIDS virus, African-Americans have been blinded to the fact that there is information specifically tailored to African-American communities. Or is there?

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