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3 Lebanon Street, Hanover, New Hampshire 03755

# **Primary Prevention of AIDS**

**Psychological Approaches**

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**Primary Prevention of Psychopathology  
Vol. XIII**



**SAGE PUBLICATIONS**

*The Publishers of Professional Social Science*  
Newbury Park London New Delhi

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## AIDS Prevention in Black Populations: Methods of a Safer Kind

Vickie M. Mays

### Epidemiology of AIDS in Black Americans

The earliest cases of AIDS that aroused physicians' concern involved White gay men who had unexpected opportunistic infections. This led initially to the perception that AIDS was a disease of White America. However, as we now know, that perception is wrong. As of January 2, 1989, 21,929 of the more than 82,764 reported cases were Blacks, or 26% of cases. This is so even though Blacks represent only 12% of the population. An additional 15% of cases involve Hispanics, although Hispanics represent only approximately 6% of the American population (U.S. Department of Commerce, 1983). Asians and Native Americans, categorized as "other ethnic groups" by the CDC, account for 1% of AIDS cases and 2% of the population.

In 1987, using the Centers for Disease Control surveillance data, it was estimated that 1% to 1.4% of the Black population was then HIV infected, an incidence rate three times that of Whites (Mays & Cochran, 1987). Using the Centers for Disease Control model that estimated both a stable 25% proportion of Blacks among reported cases and the 270,000 cases in 1991 estimate that is so often quoted in the popular press, my colleague and I suggest that about 67,500 of these cases will be Black Americans (Mays & Cochran, 1987).

Author's Note: This chapter was partially funded by a National Institute of Mental Health grant (1 R01 MH 42584-02) and a National Research Services Award (T32 HS 00007) from the National Center for Health Services Research and Health Care Technology Assessment. This work was completed while Dr. Mays was a National Center for Health Services Research Fellow at the RAND Corporation, Santa Monica, CA.

In that article the point is made that the Public Health Service speculates that the empirical model used to derive these estimates may *underestimate* by at least 20% the serious mortality and morbidity (Mays & Cochran, 1987). A variety of factors are responsible for this underreporting. Limited access to health care facilities and early deaths may diminish accurate reporting of AIDS-related symptoms. In addition, biases in surveillance data reporting by health care personnel and organizations to the Centers for Disease Control may differentially affect the accuracy, including the reporting of AIDS cases in Black Americans. Already, cases in Blacks have risen to 26% of the total and, currently, nearly 36% of all newly reported AIDS cases are among Blacks (AIDS Program, Center for Infectious Disease, 1988).

A second issue is that although AIDS is a catastrophic illness for everyone affected by it, for Blacks and Hispanics length of survival following diagnosis is significantly shorter than that for Whites. It has been estimated that the mean survival time for Blacks is 8 months, while for Whites it is 22 months. This is the result of several factors. First, Blacks are more likely to seek treatment later in the disease process, and hence diagnosis may occur later in the disease progression cycle. Second, it has been reported that large numbers of Blacks have not participated in experimental drug trials that would affect their length of survival after diagnosis. Thus, among reported AIDS cases, Blacks and Hispanics are more likely to be deceased.

AIDS and HIV infection have been described as a set of overlapping epidemics, each with its own particular characteristics. Generally, when AIDS in the Black population is discussed, the discussion begins and ends with the citation of the 26% statistic. However, this obscures some very important epidemiologic and methodological issues in AIDS prevention.

### AIDS in Gay Men

In cases where male homosexual sexual contact is thought to be the risk behavior that led to HIV infection, 13% were Blacks and 10% Hispanic. However, even here Blacks and Hispanics are overrepresented. For example, 10.6% of the male population over age 12 are Black males. In contrast, Whites represent 85% of males over age 12, but only 77% of AIDS cases in homosexual men (Centers for Disease Control, 1989).

Recent articles note the drop in sexually transmitted disease infection rates and the major behavioral changes that have occurred in the gay community. However, though incidence rates of syphilis and gon-

orrhoea have markedly decreased in the population as a whole, the rates in Black and Hispanic communities have *increased* in the last two years (Centers for Disease Control, 1988). Even among gay men, Black gay men are not showing the deceleration of syphilis incidence noted among White gay men (Landrum, Beck-Sague, & Kraus, 1988).

We have little empirically based knowledge of behavioral changes among ethnic gay and bisexual men. This status of knowledge is so because ethnic gay men have not participated in large numbers in the NIMH or NIH studies. Those Black gay men who may have been participants may also not be representative of the overall Black gay community. One of the points of investigation in our national study of AIDS-related information in Black gay and bisexual men is the distinction between Black gays and gay Blacks. This distinction is best described by M. C. Smith (1986):

Gay Blacks are people who identify first as being gay and who usually live outside the closet in predominantly White gay communities. I would estimate that they amount to roughly ten percent of all Black homosexuals. Blacks gays, on the other hand, view our racial heritage as primary and frequently live "bisexual front lives" within Black neighborhoods. (p. 226)

We also contend that there is another group of Black gays who are a part of the emerging Black gay male community (Cochran & Mays, 1988). The importance of these distinctions for prevention efforts and research methodology are enormous. The various groups are probably quite different in their social activities, social support systems, access to AIDS-related information, and, potentially, in their sexual behaviors. In addition, prevention programs for Black gay men must interface with the overall Black community since many of these men are hidden within the social, economic, and community-based activities of the broader, predominantly heterosexual community.

#### **AIDS in Bisexual Men**

The fact that Black males are dramatically overrepresented among bisexual men, accounting for 28% of cases, may reflect the issue of maintenance of ties to the Black heterosexual community. The incidence of bisexual behavior in the Black community has often been interpreted negatively. One rationale is that the Black community does not support homosexuality. This is a very simplistic explanation. For those of us knowledgeable about the Black community, openly gay

men have always been a part of the community. Acceptance of bisexuality and homosexuality in the Black community as identities or instances of sexual behavior is complicated (Cochran & Mays, 1988). There are a multitude of factors that may account for bisexuality in the Black community.

First, we know less about the behavior of Black men who identify as bisexual than we know about Black gay men. We know even less about the bisexual behavior of those Black men who identify as heterosexual. Yet we do know that Black men are imprisoned in greater numbers than are other ethnic males. While in prison, these men may engage in homosexual activities but not consider this sexually activity more than situationally determined (Cochran & Mays, 1988).

Second, much of our thinking about bisexuality has been shaped by Kinsey's bipolar representation, with heterosexuality on one side and homosexuality on the other, with bisexuality somewhere in the middle. This orientation to bisexuality does not include ethnicity, culture, class, and economics as interactive factors influencing the expression of sexual behavior or sexual orientation. While Blacks and Whites may engage in the same sexual behaviors, it is not necessarily true that they perceive these sexual acts in the same way or come to the same conclusion regarding sexual orientation.

Third, given the differences in experiences between the two populations, it would seem important that our prevention and research efforts use frameworks that incorporate the cultural, ethnic, and economic realities of our target groups. For example, in a national study currently being conducted we are interested in recruiting Black men who have had sex with other Black men regardless of whether they identify as bisexual or gay (Mays & Cochran, 1988). Some of our recruitment efforts look no different from efforts of approximately two years ago in the recruitment of lower-SES Black women into a smoking cessation project. Black women, in their roles as mothers, siblings, and friends, are sometimes aware of same-sex behavior in some Black men, and we expect these women will tell those men about our study.

#### **AIDS in Intravenous Drug Users**

Intravenous drug users are classified by the Centers for Disease Control into one of four categories: homosexual males, bisexual males, heterosexual males, and females. Even here, the overrepresentation of Blacks and Hispanics continues, with Blacks accounting for 22% of homosexual male intravenous drug users and

32% of bisexual intravenous drug users. Hispanics account for 13% and 18%, respectively. In prevention efforts, this is sometimes a group that falls between the cracks. Their needs are not well met in gay-oriented programs that do not focus on their intravenous drug use. On the other hand, drug treatment programs have in some cities been reluctant to take seropositive individuals. Also, some drug programs embrace philosophies that are at times homophobic. What is important here is not to forget that some Black intravenous drug users may be gay or bisexual (Mays & Cochran, 1988a).

When we look at cases of intravenous drug users among females and heterosexual males, the impact of this epidemic on the Black and Hispanic communities becomes even more apparent. Blacks account for nearly half of cases among heterosexual men and 58% of cases among women. Hispanics, too, are dramatically affected, accounting for 32% of heterosexual male cases and 19% of female cases.

#### AIDS and Heterosexual Transmission

Although among Whites AIDS is most frequently found in gay and bisexual men, Blacks show a very dispersed epidemiologic infection pattern. It has been suggested that current heterosexual transmission cases represent the second wave of an epidemic among heterosexuals (Redfield, 1987). The first occurred in IV drug-using individuals; the second, in their sexual partners. According to CDC classification techniques, heterosexual transmission is coded if (a) there are no other risk factors and (b) the person has had sex with a known or suspected HIV carrier, or (c) the individual comes from a Pattern II geographic region. Pattern II refers to individuals from certain parts of central, eastern, and southern Africa or some countries in the Caribbean where HIV transmission is thought to be nearly exclusively due to heterosexual contact (Centers for Disease Control, 1989).

The vast majority of heterosexual transmission cases in men are in Blacks, accounting for 81% of cases. Among women, 53% are in Blacks and 22% in Hispanics. Figure 15.1 illustrates the importance of looking at data by ethnic group and by gender. Surgeon General Koop and others state that AIDS is not a profound problem for heterosexuals. While this may be true for the U.S. population as a whole, this is not the case in some ethnic communities. Using the Centers for Disease Control data examining the number of cases of AIDS in ethnic women as a function of their percentage in the population reveals that Black women are approximately 13.2 times more likely than White women to contract AIDS. For Hispanics, the risk ratio is ap-

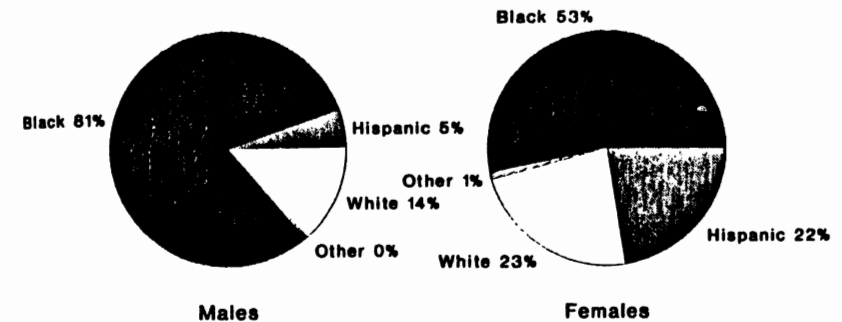


Figure 15.1 Heterosexual Sexual Transmission of HIV by Ethnic Group as of January 2, 1989

SOURCE: Data are from Centers for Disease Control (1989).

proximately 9 times greater than that for White women (Mays, Cochran, & Roberts, 1988; Selik, Castro, & Pappaioanou, 1988). Thus the risk is not the same. In our prevention efforts it is important that we present information with its appropriate caveats.

One of the implications of increasing numbers of female AIDS cases is, of course, the growing number of pediatric cases. Currently 52% of all pediatric cases are Black and 23% are Hispanic.

From this quick look at the epidemiology of AIDS in ethnic minorities, we can see that AIDS in these populations is a much more diverse epidemic than among Whites. There are many reasons this is so. Let me focus now on some issues that are often overlooked when we think about AIDS in Black Americans, particularly when we are concerned with prevention issues.

#### Migration and the Transmission and Prevention of HIV Infection

It has often been said that international travel sets the stage for the AIDS epidemic. Migration of subpopulations also occurs within the United States. This has potential implications for the future of AIDS in this country, particularly if these migratory subpopulations maintain an ethnic identification with attendant social structure serving to restrict sexual contacts and drug-use behavior to within the subpopulation.

For some Blacks, achieving the dream of a better life requires migration in order to take advantage of better opportunities or to escape political or racial oppression. The people who move geographically

are often those with expectations and dreams of moving up the social and economic ladder (Wells, 1985). Historically, between 1910 and 1960 there was a mass exodus of Blacks from the South. Between 1910 and 1940 an estimated 1.5 million Blacks left the South, migrating primarily to New York, Pennsylvania, Ohio, Illinois, Michigan, and Washington, D.C. (Robinson, 1986). The pull for Blacks was the attraction of jobs in northern industries. This migration outward continued steadily through the 1960s. Through the 1940s an estimated 1.6 million Blacks left the South, in the 1950s another 1.6 million, and in the 1960s 1.4 million, all in search of jobs. The proportion of Blacks who lived in the Northeast and the Midwest from 1940 to 1970 rose from 22% to 39%.

The decade of the 1970s was a time in which the hopes of many Blacks, particularly those who had moved from the South, turned to frustration, disappointment, and bitterness (Jordan, 1980). The simultaneous recession and double-digit inflation hit the Black community particularly hard. Unemployment rates increased to 61% among Black teenagers while increasing to 40% among White teenagers (Hill, 1981). One study that sought to determine why so many young Black men in the ghetto did not work found that they believed that their education (graduation from high school) qualified them for jobs better than those that were actually available—cleaning floors, washing cars, or delivering packages (Anderson, 1979). These young men also knew Black men in their 40s and 50s who had worked at low-paying jobs all of their lives. They felt that if they accepted menial jobs they would be dead-ended careerwise. Employers, when interviewed, did not want to hire these young men because they felt they would steal and not work hard. For some, an economic alternative to low-paying jobs came from criminal pursuits. The marketing of women, drugs, and stolen goods led to the financial success and status that they desired.

Starting in the 1970s there began a reversal of the migration patterns. Many of the deteriorating social and economic conditions for Blacks in the Northeast and Midwest led to a migration out of the North, back to the South. Black migration to the South accounted for 11% of the 1.8 million migrants the South gained between 1975 and 1980 (Robinson, 1986). Results of the 1985 Current Population Survey indicate that while this trend has slowed, Blacks, particularly in the 25 to 34 age group, are still moving to the South. Since 1980, the South has gained 87,000 Blacks. The Northeast has lost a net of 30,000, and the Midwest 67,000. At the same time, the West has gained 10,000.

Given what we know about the epidemiologic patterns of the virus in ethnic minorities, one step toward prevention may be to determine more about the migrants who are moving permanently to the South, as well as any increases in transitory migration as a result of the arrival of the new migrants. For example, my research project recently completed a focus group in a major southern city, and out of ten Black gay men who participated, two were recent arrivals. Prior to their permanent move, these two men, one from Los Angeles and the other from New York, had visited this southern city and stayed for extended periods. These visits subsequently led to their permanent relocation. For individuals with little disposable income, vacation sites are often chosen according to where friends and relatives reside who can provide housing and transportation. Then, if an individual is able to get the means to arrive in the city and a little bit of cash to spend, the vacation is possible.

It is important in our prevention efforts that we not lose sight of the behavioral and social issues that may drive the HIV epidemic. Changes in social and economic conditions in an area resulting from a large influx of individuals from high-prevalence regions indicate a site for primary prevention.

### Cultural Context of AIDS and HIV Transmission and Prevention

It is important to understand the cultural context of AIDS and HIV prevention in the Black community in order to develop effective prevention strategies. The lesson of the importance of cultural context has been clearly demonstrated by the successes of the gay community. Prevention efforts and risk-reduction activities occur within a framework that incorporates norms, tastes, preferences, shared language, and the like within large segments of that community. Culture and context are equally important dimensions for prevention efforts in Black populations.

#### Religion

Religion is a backbone of the Black community. It is important that as researchers and intervention planners we understand something about the different religions most prevalent in Black populations. Religion influences attitudes and behaviors concerning sex, specific sexual practices, contraceptive use, and premarital, extramarital, and other intimate relationships. Methods of education or interventions involving fundamentalist Christians, such as Jehovah's Witnesses, may

and should differ radically from those targeting liberal Episcopalians. For example, it has been estimated that approximately 90% of fundamentalists and Baptists believe in an afterlife. For many, the afterlife is a place of reward or punishment for actions on earth. One strategy for addressing groups with this orientation is that of asking them not to judge, but to leave God to judge the actions of individuals. Instead, they can focus on the role that they can play in ministering to and helping those suffering from AIDS through house visits, food drives, and providing child care or respite care to families. This service, regardless of the sin of the person served, will be rewarded by God. The language and the method of intervention used in working with fundamentalists become appropriate in the context of their belief system. In working with individuals from this group, the focus on the use of condoms is not primarily as protection against AIDS; rather, the emphasis is on the fact that medical science has found that condoms offer some protection against the transmission of the virus. This latter statement is accepted more as a fact and less as a value or moral statement.

Of the various religions, fundamentalists and Baptists seem most likely to condemn homosexuality as well as extramarital and premarital sex (T. W. Smith, 1984). According to a study by T. W. Smith (1984), 86% of fundamentalists judged extramarital relations to be always wrong, as did 82% of Baptists, 76% of Lutherans, 75% of Methodists, 70% of Presbyterians, 59% of Catholics, and 50% of Jews. Among those with no religious affiliations, only 40% believed extramarital relations were wrong.

A second important factor in understanding the nature of Black religious affiliations is that they provide some clue to sources of support, social networks, and potential organizing structures for prevention activities. Fundamentalists often take part in church activities on a regular basis. For some this may involve attending church functions several days a week for several hours at a time. On Saturdays, Jehovah's Witness families may be found walking door to door, passing out literature. Muslim brothers can be seen on some street corners on Saturdays selling bean pies. We can better understand who may be a source of peer influence, how to approach the development of norms, and how realistic our expectations for our programs are if we are sensitive to the spiritual and emotional lives of Black Americans.

Following is an example of how insensitivity to the role religion plays for some ethnic groups can actually damage future prevention efforts. In the Los Angeles area last year, an outreach project of a predominantly White gay male organization targeted to the Hispanic community openly advocated condom use as a prevention strategy for

HIV infection for Hispanics. This led to a confrontation with the Catholic church. As a result of the confrontation that occurred, the church issued an official statement against the use of condoms. While AIDS education had previously been conducted through church groups and on church property used by community groups, after the public statement neither the parish priests nor the church members were willing to violate openly the recommendations issued by the church. Hispanic AIDS educators felt they lost a great deal of ground with individual churches after this cultural blunder.

#### Communication of Risks

While the relationship between attitudes and behaviors has been debated for years (e.g., Ajzen & Fishbein, 1980; Fishbein, 1967), presenting the Black community with specific information and education to assist them over time in their attitude formation about HIV-related risk behaviors may be one of the influencing factors in behavior change. If the information is presented in a manner that engages the attention of the Black community and is believed, then the prevention or protective influence has a greater chance of occurring. Yet, in communicating the risk of HIV infection we have used little of our available knowledge about influencing the attitudes and behaviors of Blacks.

*Television.* Certain facts about the use of television and credibility of media messages are well established (see Bales, 1986, for a review). Television has a greater impact on Blacks when compared to Whites (Allen & Bielby, 1979; Bogart, 1972). Blacks on the average watch more television (Allen, 1981; Comstock, 1980), have less hostility toward television as a medium (Durand, Teel, & Bearden, 1979), and view its contents as more believable (Bower, 1973). Not only do Blacks give greater credibility to television as a source of information, when compared to Whites, Blacks are more likely to rely on it as their primary source for news and information (Johnson, 1984).

Based on the characteristics of the segment of the Black community with the most watching hours (which seems also to be associated with having limited means and resources to engage in other leisure outlets; Comstock, 1980) and the literacy level, it would appear that television would serve as an ideal medium for disseminating information and influencing attitudes of particular segments of the Black community. Television commercials have been shown to be an effective means for the delivery of information (Davis, 1987).

Currently, several different 30- and 60-second public service an-

nouncements are airing about AIDS; many are delivered by nonminority actors. Very few are delivered by Blacks. Even worse are the AIDS specials. In fact, one half-hour special on heterosexuals and AIDS that originated in Los Angeles focused almost exclusively on the concerns of White Americans. At the end of the show, when the members of the audience were asked to raise their hands if they knew someone who had gotten AIDS through heterosexual contact, two Blacks but no Whites raised their hands. The newscaster commented that the sight of hands raised was unexpected, because AIDS is not a major problem for heterosexuals yet—not so if you are Black.

Koop, Mason, Curran, and Morgan Fairchild will seldom elicit attention from, achieve credibility with, or influence large segments of the Black population most at risk. Often, simply because such programs lack Black faces, they will be switched off by Blacks. The first step in using the media is getting the target group to attend to the message. Several studies have documented the role of social comparison in media use of Blacks (Allen & Bielby, 1979; Fairchild, Stockard, & Bowman, 1986; Graves, 1980; Poindexter & Stroman, 1981; Roberts & Bachen, 1981). Blacks, like other groups, seek programming that includes representatives of their own ethnic group or portrays ethnically relevant life experiences (Fairchild et al., 1986). This was clearly demonstrated in data analyzed from the National Survey of Black Americans, a national probability sampling of Black Americans in the United States, on their viewing preferences and satisfaction with the epic story *Roots* (Fairchild et al., 1986). *Roots* was watched by approximately 87% of the sample. The epic increased Black viewers' knowledge about slavery; indeed, Blacks absorbed greater knowledge than Whites (Hur, 1978) and were emotionally involved in the story (Howard, Rothbart, & Sloan, 1978). Clearly, if we are interested in getting Blacks to attend to the message, social science and communication research have demonstrated the importance of ethnic relevance.

The second step is to get Blacks to view the delivery of the message as credible and to believe the information. In a study of Blacks' perceptions of credibility of Black versus White male and female newscasters, Black male newscasters were rated as the most credible, followed by White male, Black female, and, lastly, White female newscasters (Johnson, 1987). What most often comes through in this line of research is that most people want to listen both to some experts and to some people like themselves. If Koop wants to deliver an effective message to the Black community regarding AIDS, role playing with Susan Dey rather than a member of the *Cosby* show would be better.

But there are also other ways of enlisting attention and increasing

credibility among Black viewers. Credibility in the Black community can come in the form of Whoopi Goldberg, who has expressed the mood of some in the Black community with her remarks about AIDS (Christon, 1988). Goldberg has her character Fontaine, who is now an ex-junkie, mystified as to why national TV channels are locked on the Baby Jessica incident but appallingly indifferent to the Florida family whose home was bombed and gutted because their kids were HIV infected. The Black community identifies well with this. In fact, similar remarks were made by colleagues working with Black pediatric AIDS cases when they saw the stuffed bears and gifts sent to Baby Jessica but knew, in spite of appeals, that nothing would be forthcoming for the AIDS babies. Goldberg's comment that Nancy Reagan's "Just Say No" antidrug campaign doesn't hold much water for a welfare mother whose 13-year-old son makes \$13,000 a month dealing drugs expresses an important point relevant to AIDS risk reduction in the Black community. The Centers for Disease Control and many of us would do well to remember it.

*Print and radio media.* Early studies have found that Blacks are less likely than Whites to use newspapers as sources of information (Warren, 1972). A study of Black women's media usage compared to that of White women found interesting differences (Darden & Darden, 1981). In the area of periodicals, White women were heavier readers of *Time*, *Newsweek*, *U.S. News & World Report*, *Reader's Digest*, *Family Circle*, *Women's Day*, *Ladies' Home Journal*, *McCall's*, and *National Geographic*. Black women, on the other hand, read *TV Guide* in greater numbers and, of course, the Black publications *Ebony* and *Jet*. Black women were also more likely than White women to tune in to AM radio, listening to radio news, sports, talk shows, and talk-and-call-in shows proportionately more. This study supports others that conclude that White women may be more likely than Black women to trust sources other than television and radio for news (Darden & Darden, 1981; Warren, 1972). Equally revealing here is that Blacks rely on word of mouth more than printed sources for their information and news (Warren, 1972).

It has been stated consistently in the last couple of years at numerous Black health conferences that R. J. Reynolds, Reeboks, Anheuser-Busch, and others have the technology to influence smoking, alcohol consumption, shoe brands, or car models purchased by Black Americans. When Anheuser-Busch wants to get Blacks to drink its brand of beer or wine coolers, it purchases billboard, magazine, and ethnic newspaper advertising. It sponsors community events and gives away free caps, T-shirts, and, in some instances, samples of its product.

These strategies have not been exploited by the Centers for Disease Control in their efforts to change behavior. In spite of our knowledge from other health-based prevention programs (e.g., hypertension, CHD, smoking cessation, nutrition) that some of these strategies coupled with other interventions do increase knowledge, change attitudes, and sometimes change behaviors, little emphasis has been given to the virtues of social marketing in the AIDS epidemic. The gay community entertained the notion of social marketing for condoms, but the response to condom use has gone so well that no major campaigns were launched. Those interested in prevention efforts in the Black community may find that our colleagues in the fields of social psychology, marketing, and communications should be some of the primary collaborators for a successful fight against the spread of HIV infection.

#### Underclass Economics

There are other issues here as well, one of which is relevant to a subgroup of the Black population, particularly those in the Northeast and some parts of the Midwest. Members of this group cannot move in search of a new life—they are the underclass. This is also a very difficult-to-reach population. Many are probably already infected. Some are highly resistant to our primary prevention efforts after already experiencing years of frustration and anger at their treatment by society. Some of these individuals have found ways to support themselves relatively well, but in illicit careers which we suddenly want them to discontinue. Our advice is perceived by some members of the underclass as not that easy; nor, in many ways, does it make sense to them. This story helps to illustrate the problem. A teenage son of someone I know sold crack and cocaine. This young man had several people working for him, all adult Black males who otherwise would be marginally employed. Many of the young children in the neighborhood looked up to the teenage son, as he often bought them candy or sodas or took them for rides in his jeep. He always encouraged the kids to stay in school and protected them from gang violence or gang involvement. When around and not busy, he always had time to listen to the kids' problems and dreams, trying to fix one and encourage the other. His father was very supportive of his activities for several reasons. First, his son's income provided him with the kind of security that a Ph.D. or tenure provides. He knew that if racism at his job got out of hand he would merely quit and work for his son. Second, the son bought him a new truck and supported his mother,

who was the mistress of the father. There are many who profit positively from the son's drug dealing. While drug dealing, in itself, is an illicit activity with many negative social costs, it provides some people with benefits. Some of the factors that facilitate spread of the virus in the Black community require complex prevention efforts that may need to focus not just on the Black community but on our social policies.

#### Summary

It is important that we not fool ourselves about the task of prevention in the Black community. AIDS has exposed some of the worst of societal ills, and we can hope to begin to see the best of what society is only by instituting sensitive and comprehensive prevention efforts. It is important that in designing prevention efforts for the Black community we recognize the richness and value of the support networks, culture, and tradition that have helped that community to mount successful efforts against many other ills.

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