To identify effective communications strategies for delivering substance abuse and other “prosocial” behavior messages to African-American, inner-city teenagers, Motivational Education Entertainment (MEE) Productions in Philadelphia carried out more than three months of surveys, focus groups, and interviews with 295 subjects in Washington, DC and Philadelphia. The focus groups examined messages through rap videos, public service announcements (PSAs), and discussions of popular films. The surveys assessed the degree of media consumption of the target audience.

The mainstream’s well-intentioned messages aimed at African-American youth are reaching the wrong audience with the wrong information. The messages are being heard, but no one is listening, because, as study respondents said, again and again, “No one is really talking to me.”

Need to Specify Target Audiences

The failure of educational efforts up to now lies in the assumptions upon which communications strategists have based most of the messages to this audience: that there is a homogeneous “street culture”; that inner-city youngsters are making decisions in their mid- to upper teens about whether to engage in self-destructive or antisocial acts; that the dominant culture’s linear style of communication is effective for an audience that comes from an oral tradition; and that mainstream society has enough credibility with this audience to dispense super-parental injunctions like “Just say no!” and “Stay in school.” It is not that simple.

“Street culture” dissolves upon close observation into a series of overlapping subcultures—drug cultures, hip-hop cultures, gang cultures, sex cultures, age-defined cultures—whose common traits and needs are very different from those assumed by outsiders. On the streets, where childhood can be very brief, decisions about drug use and other behaviors are made much earlier than mainstream culture imagines.

And the mainstream assumption that the streets harbor rudderless, leaderless young people, yearning for a catch phrase upon which to focus their lives, is treated with the derision it probably merits. This culture has its leaders. It has a social structure. But, like the White counterculture movement of the 1960s, African-American, inner-city teenagers are far more certain of who they are not than who they are, and their efforts at self-definition, even when this includes behaviors they know to be antisocial and self-destructive, are defended on grounds that they are, at least, authentic.

The Hip-Hop Culture and Risk

Authenticity is the key to reaching this audience. But it is a mutating target whose powerful engine is the hip-hop culture. This music-centered, male-dominated, rebellious voice of urban youth shapes—and is shaped by—the language, culture, fashion, and world view of a generation alienated not only from the Eurocentric dominant culture, but, to a surprising degree, from its own African-American heritage.*

Hip-hop is in many respects a classic youth subculture, rejecting the norms and values of the mainstream, measuring success in terms of peer approval, and equating power with the ability to influence the subculture’s constantly changing insider cues, tastes and values. Its strengths are its energy and creativity. Its major weakness is its demand for uncritical adherence to its orthodoxies as a con-
Editorial: Street Anthropology
Robert Marks, Editor

It has become the clichéd conclusion of most HIV prevention treatises that HIV education must be developed and delivered by members of each target population. Nothing in this issue of FOCUS contradicts this principle, but everything in it suggests that such a pat response oversimplifies the HIV prevention challenge, particularly in terms of reaching inner-city, African-American teens.

Patrick McLaurin and Ivan Juzang demonstrate the power of innovative ethnographic studies to uncover the heart and soul of a culture and debunk assumptions about reaching its members. In fact, McLaurin and Juzang’s article would be devastating if it were not so insightful and if its insights—no matter how pessimistic—did not so clearly identify strategies that are bound to fail.

They discover that the prevention endorsements of people like Magic Johnson are likely to be dismissed as “mainstream” and therefore tainted, and that trends and customs in the hip-hop world are so ephemeral that they can be characterized by the phrase “flavor of the month.”

Honing Messages

Perhaps most amazing, they find that members of the hip-hop generation use extremely specific standards against which to judge the accuracy and authenticity of education messages. This suggests that being a member of a culture—and this may apply as much to gay White men as to African-American teens—is not enough to ensure the development and delivery of effective prevention messages.

Educators must define, in addition, distinct subcultures and gather comprehensive qualitative data on them—in essence mini-ethnographies—in order to fashion their campaigns. After reading about the range of approaches that are bound not to reach African-American adolescents, the challenge remains for educators to take McLaurin and Juzang’s data and Anita Taylor’s insights into the political process and use them to discover what strategies will work. This may seem daunting, but with knowledge of what will fail and why, educators have a better shot at pinpointing what will succeed.

Of course, educators are not the only professionals who gain from ethnographic surveys. Counselors can use such information to understand the cultural forces that influence the behaviors and attitudes of clients, how these forces may challenge clients, and the kinds of individualized support clients from particular cultures may need.

...
ing one of the obligations of being a celebrity. They would feel he had little to tell them about living their lives.

On the other hand, an acknowledged peer would have great credibility to speak on a subject of direct relevance. For example, a young, impoverished, unwed mother could speak compellingly about the gritty realities of teenage pregnancy.

Similarly, depictions of environment must be authentic and current. But adherence to this reality is judged in terms of attitudes and behaviors, not simply in terms of locale. *Boyz-n-the-Hood* was well-received as an accurate depiction of life in most East Coast urban areas, even though it focused on urban Black culture of the car-oriented West Coast. Conversely, *New Jack City*, which presented the drug culture and life in urban projects, was criticized because it did not conform with “the way it happens around here.”

Appeals to African-American sensibilities are also likely to be ineffective. Few of the students we interviewed in Washington and Philadelphia could name an African-American elected official, even though both cities had African-American mayors at the time. Most did not know what the acronym NAACP stood for, or the significance of the “X” in Malcolm X’s name, even though many wore caps and other clothing sporting the “X” symbol. Messages perceived as being from outside the culture have very little chance of getting in, and blatant attempts to co-opt the culture—by using sounds, specifically music, and images to sell messages—will be resented and rejected.

**Messages and Message Content**

The task of imbuing a message with “street life” is two-fold. First, it must be shareable, that is, entertaining, engaging, and couched in terms that conceal any origins in mainstream value systems. Second, it must have sufficient longevity for the sharing to take place and for the message to gain street acceptance.

This is not easy in a culture characterized by constant change—a dynamism captured in the street term “flav.” “Flav” is short for “flavor of the month,” an acknowledgment that the life cycle of trends is measurable in weeks. In addition, if an effective message begins showing up too often in PSAs, on billboards, and in the appeals of celebrities, it will be perceived as having been co-opted by mainstream culture—the kiss of death to a message on the streets.

Effective delivery must be matched by appropriate content in order for a message to be successful. The study’s focus groups uncovered two important findings related to content: teens want skills not directives—“Don’t tell us what to do, tell us how to do it, step by step, without losing the approval of our peers”—and many teens endorse mainstream values in this culture, but have problems expressing these positions so that they are socially acceptable. One “How To” is creating a “language of rejection,” that is, expressing the rejection of a particular behavior without rejecting the culture or group.

Another focus group finding was the significant desire among adolescents to see their culture portrayed in a more positive and multifaceted fashion, including interactions in the home, the family, and after-school jobs. Their identification with the streets is strong, but it is not the only influence in their lives.

Finally, messages were more likely to be accepted if they dealt with central “thematic” areas to which the teens could relate, for example, group cohesiveness and the conception of African Americans as victims. The most dominant theme, however, was sexuality: male pursuit of females, female attractiveness to males, and all the teen fantasies associated with “the game” were of great interest.

The power and dominance of the opposite sex theme was repeated again and again in focus groups and cannot be overemphasized, especially in terms of HIV prevention. For example, in an experimental videotaping project, students developed an anti-drinking message: the scene was a party, and the protagonist, a young girl, has sex with a casual acquaintance as the result of drinking too much. What was interesting was that the dating and sexual pursuit themes were cast as central to the drama of alcohol abuse.

But it is not sex but power that is significant in this particular drama. In the “use or be used” culture these teens inhabit, the girl is sanctioned for having gotten drunk, lost control, and been used. Pregnancy and disease transmission are irrelevant in this context.

**Reaching Entertainment Consumers**

Media programming is a central component of any campaign because urban teens are huge entertainment consumers. Study
results showed that on average, African-American teens from low-income families, usually households with unemployed single parents, consume two to three movies a month, buy one to two rap albums or compact discs a month, and, combined with other household members, watch more than 70 hours of TV a week. VCR ownership was more than 94 percent versus the national average of 71 percent. A large number of inner-city teens spend more time watching media programming than they spend in school, with their parents, in church, and reading combined.

The African-American urban teen culture rarely turns to printed messages, which, with their mainstream, linear character and slow dissemination are not appropriate vehicles for behavior-related messages. The linear character of typical PSAs and the mainstream image of the medium also limit the use of television.

Ninety-seven percent of urban, African-American teens like and listen to rap music, and more than 90 percent watch rap videos on a regular basis. This latest manifestation of the African-American oral tradition combines rhythmic repetition—one of the most successful educational tools known—with “street” acceptance and exponentially growing popularity. However, some issues must be addressed before rap can be used as an educational vehicle: music videos are costly to make and enjoy only brief popularity; songs seen as too “deep” or message-laden are not accepted as “party songs” suitable for sharing; and complex lyrics require too much attention.

Movies, with their ability to address “R-rated” topics, develop characters, and explore situations, appear to be good, if extremely expensive, vehicles for this very movie-oriented audience. But, with long production lead times, a movie’s slang, style, and music quickly becomes obsolete.

It is interesting to note that focus group respondents did not perceive movies as having messages. When asked to describe the message in Boyz-n-the-Hood, many could not think of one or guessed incorrectly. It was evident, however, that many of the messages in the film had indeed gotten through as a kind of living experience. For instance, some respondents said that they had no idea HIV could be transmitted via oral sex until they saw the scene in which the characters discuss it.

Conclusion

To be successful in communicating at-risk messages to the hip-hop generation, HIV educators must first recognize that they are most fundamentally dealing with cross-cultural communication, that despite its appearance as a monolingual society, the United States has become multilingual. Part of this recognition is understanding that a minority culture—like African-American youth—may have not only its own communication style, but also unique notions about the role of communication itself. Second, educators must understand the role of women in shaping and supporting values in a culture defined by an overwhelming orientation toward male images and manifestations.

Finally, although urban youth have been the focus of much social science research, educators remain ignorant of basic information concerning the dynamics of hip-hop culture, that is, how it functions in action. To fill this gap, ethnographic research like this study must continue to define how messages are used, misused, and diffused among African-American urban youth.

Authors

Patrick McLaurin and Ivan Juzang are co-founders of Motivational Education Entertainment (MEE) Productions in Philadelphia. They are convening in New York City, March 1-2, 1993, a national communication symposium to gain a better understanding on how to reach the hip-hop generation.

Clearinghouse: Educating Black Youth

References


On the November 1991 day that Magic Johnson announced to the nation that he was HIV antibody positive, I received a telephone call from a friend saying that he too was infected and had known for a year. In January 1993, my friend died.

When I think about Craig, I think about the power of Magic’s announcement. Craig was a well-educated, affluent Black attorney. He had access to health care, a network of friends, a church community, and no doctor. To Craig and countless others, Magic’s courage was the role model necessary for them to seek education and care. Many within the Black community had hoped that Magic Johnson’s commitment to life—like the posthumous disclosure of Rock Hudson’s HIV infection—would reverse the spread of HIV disease among their own. This article discusses the extent to which Magic’s disclosure succeeded and failed to attain this goal.

The Response to the Announcement

Prior to Magic’s announcement, the Black community lacked a focal point for action: no leader of national stature had claimed a prominent space from which to address HIV disease. Few Black politicians, entertainers, civil rights leaders, or sports figures had tackled the issue of AIDS either through public service announcements, television talk shows, radio addresses, church pulpits, theaters or school auditoriums. Magic’s announcement—at least for a time—changed that.

The Magic Johnson Foundation was formed involving Black Hollywood in HIV education efforts. For months following the announcement, teen programming was interrupted with the sounds of Salt-n-Pepa singing “Let’s Talk About Sex.” Arsenio Hall dedicated hours of programming to discussions about AIDS. Athletic shoe companies employed superstars to spout messages about the seriousness of HIV education. A condom-sheathed Sinbad appeared in a free video featuring frank talk. Adolescents received the message that it was not only acceptable to discuss sexual intercourse, it was critical.

Since the announcement, researchers have published three studies of the effects of Magic’s announcement on HIV prevention. A Chicago study of 252 men found that both concern that acquaintances will get AIDS and interest in getting more HIV-related information increased significantly after Magic’s announcement, and African-American men were significantly more concerned about AIDS than were White men. An analysis of HIV antibody testing at alternative test sites in Orange County, California found spikes of increased—but not sustained—interest in testing after the disclosures of Magic Johnson and Arthur Ashe.

A similar analysis of testing rates in San Francisco found that testing increased by 20 percent following Magic’s announcement. Increases were highest for Latina women, African-American women, White women, Asian men, and African-American men. There was no corresponding increase for White men.

Within months, however, this flurry of activity ceased. Testing rates returned to normal, “Let’s Talk About Sex” was no longer in vogue, and the link between athletic shoes and AIDS education was broken.


The Failure to Sustain Interest

What happened? The shock of the Magic announcement did not translate into support for a crumbling infrastructure of HIV prevention education, early intervention, treatment, and social services. Congress still slashed $15 million from the prevention budget, dollars that had been targeted for community-based organizations reaching out to the populations with the highest rates of new infections.

A large segment of the worried well did call the National AIDS Hotline. Others, like Craig, who were infected and could afford to access the health care system, did so. But such actions did little to change behaviors or support those organizations, health centers, and public hospitals with the commitment and expertise to respond to the Black community. Programs serving adolescents at risk, such as the Sexual Minority Youth Assistance League in Washington, D.C., received no increases in funding to meet increased demand.

After more than a decade of living with HIV disease, many people in the United States believe that HIV prevention messages have been adequately conveyed: AIDS units have been included in school-based sex education, and testing and counseling programs exist in all 50 states. But education attempts have been insufficient, particularly in communities of color. Consequently, it is only now, as the epidemic has dramatically shifted to envelop the Black community, that there has been widespread mobilization around prevention education and early intervention.

This continues to be an arduous task for two reasons. First, this is a community which, for generations, has been plagued by poverty and discrimination, and which now faces the drain of both human and economic capital as a result of HIV disease. Second, education and early intervention messages within the formative years of the epidemic were not geared toward minority populations allowing the disproportionate spread among African Americans. While the number of new infections steadily increases, however, legislators are acting on the assumption that after more than a decade, the prevention task should be complete so they can shift support from prevention to meet other HIV-related needs.

This situation is exacerbated by the fact that among African Americans and Latinos diagnosed with AIDS, the proportion of cases attributable to injection drug use is four times as high as it is among Whites. In a society that views substance abuse only as a criminal act and ignores its public health significance, these demographics lead to the conclusion of AIDS Action Network director Belinda Rochelle that Black injection drug users are regarded as a “throw-away” population. And Black gay men, who might be assumed to have access to the vigorous HIV-related services available to the gay community, are in fact marginalized by lawmakers and AIDS advocates.

Conclusion

Given this situation, how has the national Black leadership responded since Magic's disclosure? The National Black Caucus of State Legislatures held its first major forum on AIDS in the Black community, a meeting of advocates, journalists, and lawmakers. Out of this meeting came two resolutions: calls for the development of a pilot needle exchange program, and for an increase in the number of culturally sensitive HIV-related programs. The Congressional Black Caucus (CBC) held similar discussions and several CBC members—such as California Representative Maxine Waters, who is drafting legislation targeting the needs of underserved populations—have brought to Congress a commitment to address the challenges of the epidemic.

In the year following Magic's retirement, as many as 80,000 Americans may have become infected with HIV. Clearly, the disclosure of his infection has done little to change the devastating effect of the epidemic on the Black community. For a while, mainstream America was hungry for Magic and his message to Black adolescents, but it will take more than “star gazing”—the momentary response to celebrity disclosure—to challenge HIV disease in the Black community.

References


Authors

A.D. Taylor is Director of Public Policy at the National Minority AIDS Council, a Washington-D.C.-based group dedicated to developing leadership within communities of color fighting the spread of HIV disease.

Conferences

The National Minority AIDS Council convenes its first annual Public Policy Conference in Washington, DC on April 22 and 23, 1993. Registration is $100 for NMAC member organizations (before March 12) and $150 after March 12 and for nonmember organizations. Registration for those who wish to attend only the April 22 Congressional Dinner or only the April 23 Public Policy Institute is $85.

For further information, call (202) 544-1076, or write National Minority AIDS Council, 300 Eye Street, NE, Suite 400, Washington, DC 20002-4389.

1992;
HIV Videodisc Program Appears Effective
Schinke SP, Orlandi MA, Schilling RF, et al.

A group of minority professionals and adolescents evaluated and approved the content and technique of an interactive videodisc program developed to present HIV information and prevention methods to Hispanic and Black adolescents.

The program was initially developed using seven focus groups, made up of 58 Hispanic and African-American adolescents, and six expert panels, made up of 42 Hispanic and African-American human services professionals. Both groups suggested that drug use and unsafe sexual activity should be addressed using language and situations that reflect the social realities facing minority youth.

They recommended that the prevention message should be given by people of the same ethnic-racial background; that early adolescents should receive information from adults, and older adolescents from peers; and that information about sexuality should be presented by members of the same sex. The focus groups recommended that the videodisc be made available in settings other than schools, including fast food outlets and grocery stores and the expert panel members advised that the content should state explicitly the social, legal and life-threatening results of behaviors.

Incorporating these recommendations, researchers developed an interactive videodisc curriculum that targeted Hispanic adolescent males. Local adolescent and adult actors performed the script, consisting of interactive vignettes. The resulting videodisc, using a playback machine with remote control and color monitor, was installed at six social agencies in the Bronx, Brooklyn, and East Harlem that served Hispanic and African-American adolescents. Researchers tested the pilot videodisc with 45 Hispanic male adolescents and 21 Hispanic and African-American professionals.

Both adolescents and professionals were positive in their assessment of the videodisc curriculum. Responding to a written questionnaire, they evaluated the videodisc in terms of appropriateness, sensitivity, realism, attraction, responsiveness, enjoyment, and potential impact. Scored on a seven-point scale with seven indicating the highest positive result, they rated the content as attractive, easy to understand, realistic, and sensitive to an appropriate use of language. They judged the videodisc to be persuasive in changing HIV-related knowledge, attitudes, and behavior, as well as interesting and likely to achieve its goals.

Participants rated only the sex specificity of curriculum content less than the mean score of five. Although the results of this feasibility study were encouraging, further full-scale randomized trials of interactive videodisc curricula are required.

Interactive Approach to Behavior Change

An interactive approach including videotapes, games, and exercises successfully changed AIDS knowledge, behaviors, and attitudes of a group of Black male adolescents in Philadelphia and led to lower rates of sexual activity and higher rates of safer sex.

Researchers presented a five-hour, culturally and developmentally appropriate intervention to 150 young Black male participants, whose average age was 14. The intervention, facilitated by 27 Black adults, stressed active participation. Half the participants received information about HIV prevention; the other half—the control group—received information about career opportunities. AIDS knowledge, behaviors, attitudes and intentions were measured before and immediately after the intervention, and after a three-month interval.

After the intervention and at the three-month follow-up, the young men who participated in the AIDS intervention had greater knowledge about AIDS, expressed less favorable attitudes about risky sexual behaviors, and had less intention to engage in these practices than did subjects in the control group. Sexually active participants also reported fewer incidences of risky sex and increased use of condoms.

Recent Reports
Peer Education Reaches Young Black Women


Peer counseling among adolescent Black women in Philadelphia resulted in changes in sexual behavior and increased AIDS knowledge, but did little to decrease misunderstandings about some types of transmission.

The pilot program trained 10 Black adolescent women to present AIDS information during clinic visits to 241 young women with an average age of 16, 90 percent of whom were Black. The one-on-one sessions took from five to 30 minutes. Researchers conducted telephone interviews within two to six weeks after the peer counseling session to determine depth of AIDS knowledge and the amount of behavior change.

Participants showed improved knowledge about HIV disease, including transmission by oral sex and sex with an injection drug user, but there was only a small increase—from 70 to 74 percent—in the understanding of anal transmission. Similarly, there was no significant change in the comprehension that heterosexuals were at risk and that blood donors were not at risk. Finally, 20 percent continued to incorrectly believe that spermicides alone, oral contraceptives, and vaccines prevent infection. The one-third of participants who scored lowest at baseline ried low costs were twice as likely toippers who felt that using condoms carried low costs were twice as likely to consistently use them. Although having fewer than three partners was also predictive of condom use, the most powerful determinant of consistent usage was the perception that condoms were an effective preventive barrier.

There was an alarming association between multiple partners and infrequent condom use, and 49 percent of those who associated high costs with using condoms had no experience with condoms. This finding suggests that peer values and prevalent social norms may be behind these negative perceptions.

Why Kids Use Condoms


Consistent condom use among inner-city minority adolescents was associated with sexual activity with fewer than three partners, the belief that condoms were an effective preventive measure, and the perception that the emotional, physical, and practical costs of using condoms were minimal, according to a study of northern California junior high school students.

Researchers surveyed 403 inner-city students who reported having had sexual intercourse. Fifty-two percent were male, and 61 percent were between the ages of 13 to 14. Thirty-one percent were Black, 24 percent were Latino, and 33 percent were Asian. The questionnaire collected information about demographics, HIV-related knowledge, attitudes and beliefs, sexual activity, and drug use.

Age, ethnic background, HIV-related knowledge, age at first sexual intercourse, alcohol and drug use, and perception of one’s ability to prevent infection were not associated with condom usage. But participants who felt that using condoms carried low costs were twice as likely to consistently use them. Although having fewer than three partners was also predictive of condom use, the most powerful determinant of consistent usage was the perception that condoms were an effective preventive barrier.

There was an alarming association between multiple partners and infrequent condom use, and 49 percent of those who associated high costs with using condoms had no experience with condoms. This finding suggests that peer values and prevalent social norms may be behind these negative perceptions.

Next Month

Dealing with HIV-related treatment, counseling and education is difficult for most people and is even more so for people with chronic mental illness. In the March issue of *FOCUS*, Emily Leavitt, LCSW, a psychiatric social worker, and Patricia Sullivan, MA, Coordinator of Hospital Services—both at the UCSF AIDS Health Project—define the HIV-related challenges for the chronically mentally ill and describe how mental health and medical systems do and could function together to facilitate the care of HIV-infected people with chronic mental illness.

Also in the March issue, Ronald Hattis, MD, MPH, Public Health Officer at Patton State Hospital in southern California, offers advice about how to present HIV education to psychiatric inpatients and details the educational approach used at Patton.
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