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Literature Review

Unseen and Unspoken: A Content Analysis of Public Health Messaging on HIV and Black Women in the American South

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Abstract

The ongoing HIV epidemic is not only a public health crisis but also a profound story of social justice, particularly for communities of color. Despite advancements in treatment and prevention, Black and Brown communities, especially in the Southern United States, continue to bear a disproportionate burden of HIV. Mississippi, along with eight other Southern states, has reached epidemic status, with rising case rates particularly among individuals aged 13–24. Yet media coverage remains sparse. This literature review presents a content analysis of HIV-related public health messaging from federal, state, and nonprofit sources between 2020 and 2024. It examines representation, framing, cultural competence, and calls to action across six Southern states. The study finds that Black women remain underrepresented in both messaging and media coverage, and that structural determinants of HIV risk are often overlooked in favor of individual behavior narratives. Findings underscore the need for journalism and public health communication to adopt culturally competent, community-informed strategies that give voice to those most affected.

Introduction

The Southern United States remains the epicenter of the HIV epidemic in the U.S., with Black women bearing a disproportionately high burden. Though Black women represent roughly 13% of the nation's female population, they account for over half of new HIV diagnoses among women in the region [1]. In states including Mississippi, Georgia, and Louisiana, factors such as poverty, healthcare access barriers, housing instability, and structural racism contribute to persistent disparities.

In October 2024, Jackson, Mississippi, hosted the traveling seminar "HIV Then and Now: The Power of Innovation," organized by Varner PR and sponsored by Gilead Sciences. Held at Tougaloo College, this event bridged historical and contemporary narratives around HIV, focusing on stigma, education outreach, screening, treatment innovations, and contraceptive access [2]. Panelists emphasized how medical advancements, such as Antiretroviral Therapy (ART) and Pre-Exposure Prophylaxis (PrEP), must be paired with culturally relevant communication and community-driven engagement to truly impact Southern Black communities.

This message aligns closely with the mission of Gilead's COMPASS Initiative® (Commitment to Partnership in Addressing HIV/AIDS in Southern States), which is a 10-year, $100 million investment supporting more than 350 community-based organizations across the U.S. South [3]. Through four coordinating centers at Emory University, University of Houston, Southern AIDS Coalition, and Wake Forest University, the COMPASS Initiative provides grants, trainings, stigma-reduction campaigns, mental health and trauma-informed care, and faith-based advocacy tailored to local needs [3]. Its focus on empowering grassroots leadership and leveraging community knowledge speaks directly to gaps identified in mainstream HIV messaging. Despite this robust infrastructure, public health messaging continues to underrepresent Black women and default to individual behavior framing. This mismatch between institutional investment and narrative inclusion highlights the problem this study

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addresses. By examining a purposive sample of HIV-related communication artifacts from federal, state, and community sources (2020–2024) across six Southern states, our analysis explores how well, or poorly Black women are represented in current messaging, how cultural competence is incorporated, and whether messages address structural determinants of health.

This preliminary content analysis situates its inquiry in the context of broader regional investments and dialogues such as the *HIV Then and Now* seminar in Jackson [2] and the Gilead COMPASS Initiative [3] and asks: Are Black Southern women seen and centered in HIV messaging efforts? If not, what opportunities exist to align communication strategies with community realities and health equity goals?

Literature review

Recent communication initiatives underscore the need to reframe HIV prevention narratives for Black women in ways that move beyond deficit-based, individualistic approaches. The *Risk to Reasons Grantee Summary* [4] demonstrates a paradigm shift from "risk"-focused messaging to narratives grounded in personal motivations for prevention and self-care. Developed with the insight of Black women advocates, this program delivers culturally resonant messages through community-led grants and interactive tools, addressing structural barriers such as stigma, poverty, and intimate partner violence. Similarly, the 2025 [5] W.E.B. Du Bois Session, *Breaking the Silence: The Intersection of Mental Health, Sexual Wellness, and HIV in the Black Community*, sponsored by ViiV Healthcare at the National Association of Black Journalists Convention, highlighted the interconnected nature of mental health, sexual wellness, and HIV prevention. The session emphasized how culturally competent, community-centered communication can dismantle stigma, foster trust, and integrate HIV messaging into broader narratives of health and well-being. These approaches align with the structural analyses of Johnson, et al. [6], Diallo, et al. [7], and Randolph, et al. [8], who collectively show that HIV interventions targeting Black women in the South must address overlapping systems of inequity, not just individual behaviors.

While many studies highlight the HIV crisis among Black women in the South, attributing much of the disparity to structural and sociocultural factors rather than individual behaviors. Adimora, et al. [9] argue that structural racism, mass incarceration, and limited healthcare access are central drivers of HIV vulnerability in this population. They call for an end to the epidemic that centers racial justice and community equity. Geter, Sutton, and Hubbard McCree [10] reinforce these findings in their systematic review, which identifies consistent barriers to care for Black women, including stigma, transportation, and provider bias. Their work suggests that even when medical services are available, access is often undermined by distrust and social marginalization.

Davis and Tucker-Brown [11] similarly argue that HIV risk is "bigger than biology" that it must be viewed in the context of social determinants such as education, housing, and systemic inequities. This framing shifts attention from individual behavior to the broader structures that shape health outcomes. Jordan-Zachery [12] critiques how Black women are framed in media and policy narratives, often stripped of complexity or agency. Sontag's [13] foundational critique of illness metaphors further suggests that the way we communicate about diseases like HIV impacts how affected groups are socially treated and politically supported. Moreover, Campbell and Scott [14] emphasize the importance of dialogic, health-enabling communication in addressing HIV. In their African-based research, they argue for locally grounded and culturally resonant narratives that engage communities. Their findings are echoed by Campbell, et al. [15], who demonstrate how community conversations can cultivate "HIV competence," a collective resilience and response capacity.

Despite some progress, mainstream public health messaging in the U.S. continues to rely on risk-based models that inadequately reflect the lived experiences of Black women. This study builds on these works by examining how current messaging includes, or excludes, these critical dimensions. However, mainstream public health messaging often relies on individual risk framing, which limits the potential for system-level change. Jordan-Zachery [12] critiques such narratives, arguing that the cultural representations of Black women in policy and media frequently render them invisible or morally suspect. These portrayals deflect attention away from the systems that constrain choices and amplify vulnerability.

Across multiple sources, a clear pattern emerges: structural and systemic inequities, rather than individual behavior alone, remain central to the HIV epidemic among Black women in the U.S. South. Johnson, et al. [6] document the "dual epidemics" of HIV and intimate partner violence, revealing how prevention and intervention efforts often fail to address their intersection, leaving critical gaps in services. Diallo, et al. [7] extend this structural lens globally, showing that quality of life for people living with HIV depends not only on access to treatment but also on dismantling barriers such as stigma, discrimination, and lack of culturally competent care. These are barriers equally prevalent in Southern contexts. Moreover, Randolph, et al. [8] provide an in-depth, qualitative account of how structural racism and medical mistrust directly impact Black women's engagement in HIV care, demonstrating that these forces actively shape health outcomes and perpetuate disparities. Together, these studies illustrate that any effective HIV communication, prevention, or treatment strategy must go beyond individualistic narratives to address structural determinants while fostering trust through culturally informed, community-centered approaches.

Community-based approaches show promise in correcting this imbalance. Campaigns led by regional nonprofits like SisterLove, Inc. and the Southern AIDS Coalition offer localized, faith-centered, and culturally relevant alternatives to federal messaging, though they often lack visibility and funding. Despite some progress, the gap in representation and contextualization in HIV messaging remains wide. This study seeks to document and analyze current messaging practices and highlight areas for future intervention.

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Methods

Design

This study employed a qualitative content analysis approach to examine how Black women are represented or omitted in HIV public health messaging across six Southern U.S. states. By analyzing the framing, representation, and cultural competence of these messages, this study sought to identify trends and gaps in public health communication.

Sampling and artifact selection

A purposive sampling strategy was used to select messaging artifacts, focusing on materials most likely to reach and influence public audiences. The sample included 25 artifacts published between 2020 and 2024, drawn from a range of federal, state, and community-level sources. These artifacts encompassed Public Service Announcements (PSAs), infographics, press releases, social media campaigns, and educational brochures. Selection criteria were designed to capture both official and community-driven narratives:

1. **Geographic scope:** Materials originated from six Southern states with high HIV prevalence: Mississippi, Alabama, Georgia, Louisiana, South Carolina, and Texas.
2. **Relevance:** Messages explicitly addressing HIV prevention, treatment, or awareness were included.
3. **Accessibility:** Publicly available artifacts were gathered from official websites (e.g., CDC, state health departments), nonprofit organizations (e.g., Southern AIDS Coalition, SisterLove, Inc.), and social media platforms.
4. **Audience focus:** Campaigns targeting general audiences were included if they visually or textually depicted women or could reasonably be inferred to impact women in these communities.

This approach prioritized diversity in messaging sources and formats, recognizing that public health communication in the South emerges from both institutional and grassroots contexts.

Coding and analysis

Artifacts were analyzed using an inductive thematic approach. Each was coded across four dimensions:

- **Representation:** Were Black women visually present or textually referenced?
- **Framing:** Was HIV risk presented through individual behaviors (e.g., condom use, partner selection) or systemic factors (e.g., healthcare access, poverty)?
- **Cultural competence:** Did messaging include culturally relevant elements (e.g., local vernacular, faith-based contexts, or community-specific imagery)?
- **Call to action:** What actions were promoted (e.g., testing, PrEP, stigma reduction, advocacy)? Two independent coders reviewed an initial subset of artifacts to establish consistency, achieving a Cohen's Kappa of 0.82, which indicates "almost perfect agreement" [16]. This high level of reliability supports the credibility of the thematic coding process.

Study limitations

This study represents preliminary findings aimed at mapping key patterns in HIV-related messaging for Black women in the South. The small sample size and focus on publicly accessible materials mean results are illustrative rather than exhaustive. As such, they provide an early snapshot of representational trends rather than a definitive assessment. The preliminary scope is intentional: by establishing foundational observations, this study lays the groundwork for future research with larger datasets, longitudinal designs, and audience reception studies. In addition to expanding the sample range, further inquiry could examine how Black women engage with these messages, test the effectiveness of culturally tailored campaigns, and assess differences across urban and rural contexts.

Discussion

This study's analysis revealed a critical underrepresentation of Black women in HIV public health messaging across six Southern states. Only 28% of sampled materials featured Black women explicitly, and most messaging relied on individualistic framings of risk, emphasizing behaviors like condom use or testing without acknowledging structural determinants. These findings echo what Geter, Sutton, and Hubbard McCree [10] described in their systematic review: that Black women face unique barriers not only in treatment access but in how they are recognized and addressed by the health system. These gaps in messaging are not merely oversights. They reflect a deeper failure to engage with the lived experiences and systemic obstacles Black women encounter.

Davis and Tucker-Brown [11] highlight that HIV must be understood as more than a biomedical issue, it is deeply intertwined with social conditions such as housing instability, educational inequities, and systemic racism. This broader context is often missing from public health campaigns, which tend to emphasize personal responsibility and behavioral compliance. Findings show that such campaigns rarely incorporate narrative strategies that validate or reflect the complexities of Black women's lives in the South.

Moreover, the invisibility of Black women in HIV discourse mirrors the critiques raised by Jordan-Zachery [12], who noted that policy and media representations often strip Black women of complexity, agency, and voice. The messaging analyzed in this study largely failed to challenge dominant stereotypes or center community wisdom. Instead, it perpetuated reductive images that may further alienate the very audiences these messages are meant to serve. Sontag's [13] work on the metaphoric framing of illness also helps explain why stigma persists in public narratives. When diseases like HIV are

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discussed as moral or personal failings rather than structural phenomena, the effect is not just shame, it is disengagement and distrust. This underscores the urgent need for a public health communication strategy that is restorative, culturally grounded, and justice oriented.

Encouragingly, community-driven models offer a blueprint. Campbell and Scott [14] and Campbell, et al. [15] emphasize the power of participatory, dialogic communication in fostering what they call "HIV competence," the ability of communities to recognize risk, reduce stigma, and build collective solutions. While their studies were grounded in African contexts, their conclusions are instructive for the Southern United States. Local organizations such as SisterLove, Inc. and the Southern AIDS Coalition embody these principles by creating messaging that is informed by and accountable to the communities they serve.

Yet these models remain underfunded and under communicated from the dominant public health narrative. To change this, partnerships between governmental health institutions and grassroots organizations must move beyond symbolic inclusion and toward authentic co-creation of strategy and messaging. Again, this study is limited by its sample size and regional focus. While purposive sampling allowed for depth, a broader national sample may yield different trends. The analysis also focused on English-language materials, which may exclude relevant messaging for multilingual Black communities. Future studies should explore audience reception, including how Black women interpret and respond to these messages. Participatory research involving Black women as co-creators of content could offer deeper insight into what effective messaging looks like. Additionally, longitudinal analysis of campaign effectiveness could reveal how cultural tailoring impacts behavior change and trust in public health institutions.

Conclusion

A well-documented decline in U.S. media coverage of HIV, from hundreds of stories per month in the early 1990s to less than a quarter of that volume in subsequent decades, reflects a phenomenon often described as "AIDS fatigue," which corresponds to diminishing public visibility and urgency about the epidemic [17]. This decline is particularly pronounced in the Southern United States, where HIV incidence remains highest yet receives the least journalistic attention [17].

Meanwhile, cisgender Black women in the South face disproportionate HIV risk: they account for approximately 67% of new HIV diagnoses among women in the region despite representing just around 13% of the U.S. female population [18]. However, health communication targeting this population is sparse. According to West [19], Black women represent six out of ten new HIV cases nationally, yet are often excluded or misframed in messaging campaigns, which perpetuates stigma and mistrust among the very communities most affected.

Furthermore, scholarship on structural competency underscores that Black women living with HIV contend with "injuries of injustice," overlapping layers of discrimination and constrained reproductive autonomy that are insufficiently acknowledged in both health systems and media narratives [20]. HIV messaging that relies on individual behavior explanations, rather than addressing broader social determinants such as poverty, stigma, and policy barriers further entrenches inequities and erases lived experiences [21,22]. This combination of media silence and reductive framing represents a substantial missed opportunity. Without coverage that centers Black Southern women and confronts structural determinants, opportunities for awareness, mobilization, prevention, and trust-building are lost. To address this crisis, journalism and public health messaging must embrace community-informed, culturally competent frameworks that respect and elevate the voices of those most impacted.

The persistent absence of sustained HIV coverage in traditional Southern media including print, broadcast, and mainstream digital platforms constitutes a critical gap in public health communication. Media silence and the predominance of individualist framing of Black Southern women obscure the structural drivers of HIV inequities and reinforce stigmatizing narratives. Amid high incidence rates among Black women in the U.S. South, such framing erases the intersections of race, gender, region, and socioeconomic inequality. To move forward, media and public health messaging must shift toward culturally competent, community-informed strategies that elevate marginalized voices, confront structural determinants, and build trust. Only with that paradigm shift can communication become a tool for empowerment, equity, and progress toward ending the HIV epidemic.

Fortunately, several community-based organizations are leading the charge in reshaping how HIV is discussed and addressed in the South. Groups like SisterLove, Inc. in Atlanta, Georgia, center Black women's voices in sexual health education and advocacy. Similarly, the Southern AIDS Coalition and the Black AIDS Institute amplify the lived experiences of affected communities and promote coalition-building between healthcare professionals, journalists, and advocates. Integrating the work and wisdom of such organizations into mainstream public health messaging offers a pathway forward—one that reflects justice, dignity, and community empowerment.

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