

EVOLUTION OF A VIRUS: FRAMING HIV/AIDS IN SOCIAL WORK JOURNALS

by

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(Under the Direction of Brian E. Bride)

ABSTRACT

Medications developed in the mid-1990s have changed HIV/AIDS from a disease which was primarily viewed as terminal to one which is considered by many to be chronic. The disease has also shifted its demographics from an illness that began in the gay white male community to one that is now heavily affecting heterosexual women of color. Although much has been written by social workers since the introduction of the virus in 1981, there has not been an investigation describing what has been done in the field or potential gaps in practice. Using content analysis, this study explored publications in four social work journals between 1987 and 2006. This twenty-year period permitted an examination of the quantity of literature published before and after the introduction of the life-saving drugs known as Highly Active Anti-Retroviral Therapies (HAART). The results of this study indicate that there have been less overall publications regarding HIV/AIDS in general social work journals versus health-related social work journals. Further, most published literature in social work journals has focused on domestic HIV/AIDS issues while ignoring the global pandemic. Lastly, this study demonstrates a need for social workers to focus on hidden populations, such as people of color and adolescents, being hardest hit by the virus.

INDEX WORDS: HIV/AIDS, content analysis, social work journals

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EVOLUTION OF A VIRUS: FRAMING HIV/AIDS IN SOCIAL WORK RESEARCH

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TABLE OF CONTENTS

	Page
ACKNOWLEDGMENTS	iv
LIST OF TABLES	viii
LIST OF FIGURES	ix
 CHAPTER	
1 INTRODUCTION	1
Background of the Problem	1
Statement of the Problem	3
Importance of the Study	4
Conceptual Framework	5
Purpose of the Study	5
Overview of the Presentation	6
Definitions	7
2 REVIEW OF THE LITERATURE	9
The HIV Virus: Past, Present, and Future	9
The Development of HIV/AIDS Treatments	11
The Demography of HIV/AIDS	15
HIV/AIDS in Social Work: Pre-HAART	19
HIV/AIDS in Social Work: Post-HAART	23
Chapter Summary	28

3	THE CONCEPTUAL FRAMEWORK	29
	The Work of Harold Lasswell.....	29
	Framing and Priming/Agenda-Setting	39
	Framing of HIV/AIDS in the Media	42
	Chapter Summary.....	44
4	METHODOLOGY	46
	Research Design.....	46
	Sample Selection.....	47
	Data Collection.....	51
	Hypotheses	56
	Data Analysis	58
5	RESULTS	61
	Research Question One	64
	Research Question Two	65
	Research Question Three	68
	Research Question Four	71
	Chapter Summary.....	72
6	DISCUSSION.....	75
	Discussion of Research Questions	75
	Changes in Issues over the 20-year Period	81
	Limitations of this Study.....	82
	Strengths of this Study	85
	Implications for Social Work Practice	86

Recommendations for Future Research	89
Summary of the Study.....	93
REFERENCES	96
APPENDICES	114
A List of HIV/AIDS Trigger Words.....	115
B Table of Contents Samples	117
C Journal Articles in Sample	119
D Codebook	138
E Codebook Training	139

LIST OF TABLES

	Page
Table 1: Example of SPSS Spreadsheet.....	59
Table 2: Comparison of HIV/AIDS and Non-HIV/AIDS Articles.....	62
Table 3: HIV/AIDS Journal Special Editions.....	64
Table 4: Comparison of Pre-HAART and Post-HAART HIV/AIDS Articles.....	66
Table 5: Comparison of Pre-HAART and Post-HAART as a Domestic or Global Issue	67
Table 6: Comparison of Pre-HAART and Post-HAART HIV/AIDS Affected Populations.....	69
Table 7: Comparison of Pre-HAART and Post-HAART HIV/AIDS as a Chronic or Terminal Issue	73

LIST OF FIGURES

	Page
Figure 1: Framing Process	41
Figure 2: Combined Journals HIV/AIDS Research.....	62

CHAPTER 1

INTRODUCTION

Social worker professionals are a formidable resource with regards to HIV prevention and detection, but training and education may be required to ensure workers are adequately prepared to serve in this role. Many avenues currently exist for social workers to receive such HIV/AIDS education and preparation...it is apparent that social workers lack knowledge on specific HIV/AIDS issues and education on the disease...the profession needs to address this issue (Wolf & Mitchell, 2002, p. 178-9).

Background of the Problem

According to the Henry J. Kaiser Family Foundation (2007), 1.2 million people in the United States are living with HIV/AIDS and approximately 17,000 Americans died from the disease in 2005. HIV/AIDS was first discovered in urban epicenters including Los Angeles, San Francisco, and New York City in the early 1980s (Shilts, 1987). At that time, HIV/AIDS was seen as primarily affecting either gay men, as reflected in its early identification as “gay cancer” or Gay-Related Immune Deficiency Syndrome (GRID), or intravenous (IV) drug users (Shilts, 1987). The HIV/AIDS epidemic in the United States has since metamorphosed from one that took hold via the gay and IV drug using communities to one that is now heavily affecting heterosexuals, women, and persons of color (Sepkowitz, 2001; Tang, Wong, & Lee, 2001). Heterosexual transmissions, consisting of only 3% of the total in 1985, accounted for 31% of new infections 20 years later. Women, who at the start of the epidemic were only 8% of the HIV/AIDS population, jumped to 27% of those infected by 2005. Black Americans and Latin

Americans, 12% and 14% of the overall U.S. population respectively, accounted for 50% and 19% of the AIDS cases diagnosed in 2005. What began in the early 1980s as a virus which was presented in the media as most affecting the gay and bisexual communities has evolved into a virus which threatens everyone regardless of sexual orientation, ethnicity, or gender (Bleich & Taylor-Clark, 2005; Kaiser Family Foundation, 2007; Katzman, Gulati, Higa, Welch, & Wood, 2007).

Although in the United States HIV/AIDS is undoubtedly a public health crisis, its repercussions pale in comparison to other parts of the world. The HIV/AIDS global pandemic has profoundly impacted entire generations in underdeveloped countries. Del Rio (2005) noted, “through 2004, UNAIDS and the WHO estimate that approximately 40 million people are living with HIV worldwide, including 2.5 million children under the age of 15” (p. 683). While HIV/AIDS continues to spread across the United States it has obliterated other parts of the world, in part because the people in these countries do not have the same resources in the form of newer medications and prevention monies as those living in developed nations.

As the populations affected by HIV/AIDS in the United States have changed, the way it has been portrayed in the media has also changed both in the amount of coverage and the focus of coverage (Lehrman, 2004; Swain, 2005). As one observer noted, “the 1980s saw spates of media coverage. Triggering events during the 1980s included fears about the ‘gay plague’ and casual transmission, debates about San Francisco bathhouses, immigration policy concerns, Rock Hudson’s infection, and the advent of AZT” (Swain, 2005, p. 258). At the beginning of the health crisis, newspapers as well as television provided vast coverage of HIV/AIDS. Such coverage in the United States has dissipated over the years as HIV/AIDS has moved from a

domestic to international health crisis due to disparities in availability of life-saving medications (Swain, 2005).

Statement of the Problem

As HIV/AIDS and its impact has changed over time, depiction of the disease in the media has shifted as well. Swain (2005) noted that more recent media coverage has explicitly depicted HIV/AIDS as being almost cured. The public perception of HIV/AIDS as cured has also been implicit in the declining media coverage since the introduction of Highly Active Anti-Retroviral Regiments (HAART), a combination of pills developed in the mid 1990s which drastically reduced the mortality rate of those with HIV/AIDS. Swain (2005) also observed that HIV/AIDS is now being expressed more as a global rather than a domestic issue. Although HIV/AIDS is a worldwide pandemic, it continues to be a significant issue in the United States. Therefore, the mindset that many have of HIV/AIDS as primarily a global issue could have a considerable effect on the perception of those living in America as it may mislead them into believing that HIV/AIDS is no longer a significant public health issue within certain communities.

While the work of Swain (2005) primarily refers to coverage of HIV/AIDS in the mass media it is less known whether the depiction of HIV/AIDS in other media, particularly professional journal publications, has similarly changed. Professional publications are an important means by which social work practitioners keep proficient on social work issues. The means by which HIV/AIDS is portrayed in social work publications will have a profound effect on what is viewed within the profession as important and worthy of research. As such, it is important to understand how HIV/AIDS is currently portrayed within professional social work journals.

Importance of the Study

In order to ensure that clients receive the most effective and appropriate services, it is essential that social workers remain cognizant of recent developments in social work research (Mullen, Bellamy, Bledsoe, & Francois, 2007). Professional social work journals are commonly recognized as the link between practice and academia (Shaw, 2007). One of the primary mechanisms through which social work practitioners can stay current with recent developments in empirical findings is exposure to publications in social work journals. Therefore, it is important that social work publications are congruent with the contemporaneous reality of social problems, in this case HIV/AIDS.

Previous research by social workers on HIV/AIDS has tackled such applicable themes as occupational stress among case managers (Cushman, Evans, & Namerow, 1995; Grube & Chernesky, 2001), patient coping strategies (Reeves, 2000; Reeves, Merriam, & Courtenay, 1999), facilitating support groups (Grossman & Silverstein, 1993; Gunther, Grandles, Williams, & Swain, 1998; Hayes, McConnell, Nardoizzi, & Mullican, 1998), HIV/AIDS agencies (Demmer, 2002; Smith & Bride, 2004), and education of social work students on topics related to HIV/AIDS (Merdinger, Wrenn, & Parry, 1990; Sachdev, 2005). Although important subjects, some are less pertinent in the face of an evolved HIV/AIDS that is no longer a guaranteed death sentence to those infected. Elford, Bolding, and Sherr (2001) discussed the turning point that took place at the 11th International Conference on AIDS in 1996 when practitioners began to observe the effects that HAART was having on the quality and quantity of life for those infected with HIV/AIDS. The following year data emerged indicating that there was some optimism among gay men in San Francisco regarding HIV/AIDS treatments, the first time such optimism

had been recorded since the start of the epidemic in 1981. Unquestionably, many things related to HIV/AIDS, including research, have evolved since the virus was first identified.

It is a valid inquiry to explore the prevailing literature regarding HIV/AIDS. One of the ways to ascertain the current state of HIV/AIDS and social work is through a content analysis of those journals considered by leading scholars to be top-tier social work journals. As no research to date has examined HIV/AIDS publications in social work journals, the profession is unable to gauge whether or not the subject is still being analyzed at multiple levels, such as population demographics, funding sources, and HIV/AIDS policy and legislation, needed in order to provide practitioners with the tools to assist those living with the virus.

Conceptual Framework

The conceptual framework underlying this study is informed primarily by two complementary bodies of literature. The first of these draws upon the work of Harold Lasswell (1972), which articulated reasons why certain issues, such as HIV/AIDS, have a higher probability of falling off societal agendas. The second is the literature related to framing and priming/agenda-setting which fall under the umbrella of frame analysis. Frame analysis is the process by which a communication source (i.e., news headlines, magazines) defines and constructs an issue or public controversy (Snow, Rochford, Worden, & Benford, 1986).

Purpose of the Study

The purpose of this study was to investigate how the framing of HIV/AIDS in the field of social work has changed during the course of the epidemic. In particular, the study investigated the ways in which the framing of HIV/AIDS has changed since the advent of HAART by comparing pre-HAART and post-HAART social work journal publications. With this purpose in

mind, the study was guided by the following research questions since the introduction of HAART:

1. Has the coverage of HIV/AIDS in social work journals changed?
2. Has the framing of HIV/AIDS as a domestic, as compared to a global, issue changed?
3. Has the framing of HIV/AIDS as affecting specific populations changed?
4. Has the framing of HIV/AIDS as a terminal, as compared to a chronic, disease changed?

Overview of the Presentation

Literature relating to HIV/AIDS and social work, including a historical review of the virus and treatment, is presented in Chapter Two as a means by which to examine the current state of HIV/AIDS. Adjunct to this is a brief discussion about past and present HIV/AIDS research performed by social workers and an examination of current populations being affected by HIV/AIDS. Chapter Three, conceptual frameworks, includes an examination of the work done by Harold Lasswell (1972) regarding power in society. The concepts of framing and priming/agenda-setting are also discussed in order to complement the work of Lasswell as well as to demonstrate trends in HIV/AIDS research and media. Content analysis and its utilization as a mechanism by which to explore the research questions begin the methodology in Chapter Four. Similar studies that employed content analysis will be cited in order to lend credence for the sampling, coding scheme, and results. Chapter Five displays the results of the content analysis in the form of statistical analyses. Lastly, Chapter Six examines the results with considerations for practice, policy, education, and research. Strengths, as well as limitations, will round out the chapter along with recommendations for future research.

Definitions

AZT (azidothymidine).

The first drug in a pharmaceutical class known as anti-retrovirals approved by the United States Federal Drug Administration (FDA) for treatment of HIV/AIDS.

Acquired Immune Deficiency Syndrome (AIDS)

A syndrome which is defined by having a positive HIV test coupled with a t-cell count of less than 200 and at least one opportunistic infection.

Centers for Disease Control (CDC)

Government agency responsible for tracking epidemiologic changes in public health issues.

Elites

A term used by Harold Lasswell to describe those in society with money, power, and influence.

Frame Analysis

Theoretical body of work, which includes framing and priming/agenda-setting, which examines the interplay between the media and its audience.

General Journal

All social work journals which do not have an emphasis on health-related issues (ex.

Families in Society, Social Work).

Health Journals

All social work journals which have an emphasis on health issues (ex. *Social Work in Health Care, Health & Social Work*).

Highly Active Anti-Retroviral Therapies (HAART)

Also known as the *triple combination* or *drug cocktail*, this combination of pills was developed in the mid 1990s and dramatically decreased the quantity of virus for those infected with HIV/AIDS therefore reducing mortality rates and increasing quality and quantity of life.

Human Immunodeficiency Virus (HIV)

The virus which causes AIDS by killing cells in the bodies' immune system which are used to fight infections.

IV (intravenous) drug users

Those substance misusers who administer drugs via hypodermic needles into the blood stream.

Masses

A term used by Harold Lasswell to describe those in society with little or no power, money, or influence.

Men who have Sex with Men (MSM)

Men who participate in sexual behavior with other men but may identify themselves as gay, bisexual, or heterosexual.

Protease Inhibitors (PIs)

Powerful class of drugs which allowed for the creation of HAART.

T-Cells

These white blood cells, also commonly called CD4 cells, assist the body's immune system in fighting infections.

CHAPTER 2

REVIEW OF THE LITERATURE

This chapter addresses the fundamentals of the HIV/AIDS virus, including history, biology, and in particular treatment. Populations which have been most affected by the virus will also be identified. The role of social work within the epidemic will also be examined, both before and after the advent of life saving medications.

The HIV/AIDS Virus: Past, Present, and Future

It is said that a society is judged by how it responds in times of need. Clearly, the age of AIDS is a time of the greatest need. The HIV epidemic represents not only a medical crisis, but also a broader set of challenges to individuals and society. Among these challenges are those to researchers in the social and behavioral sciences (Snyder & Omoto, 1992, p. 115).

To understand the current state of HIV/AIDS and social work, it is important to deconstruct the evolution of the virus itself. By providing a brief history of HIV/AIDS, it is hoped that a better understanding of the virus and its place in society will be gained. Without the historical context, it is difficult to appreciate all of the complexities that HIV/AIDS encompasses. HIV/AIDS differs from most other diseases in the modern era that have affected humankind because it is contagious and has multiple routes of transmission.

Although there is some debate amongst epidemiologists regarding whether or not the first drop of blood tainted with HIV can be traced to the late 1950s, the scientific community concurs that the spread of the virus was not identified in the United States until 1981 (del Rio, 2005;

Radetsky, 1991; Rowland-Jones, 2003). During that year gay men, both young and old, in urban areas including Los Angeles, San Francisco, and New York began to manifest multiple illnesses. What perplexed health officials most was that these illnesses had previously only been seen in elderly people with severely compromised immune systems. Doctors, public health workers, social workers, and concerned citizens worldwide were baffled by this outbreak of what was then called gay cancer or Gay-Related Immune Deficiency Syndrome (GRID) (Rowland-Jones, 2003; Shilts, 1987). In the two-year span between 1983 and 1985 virologists around the world worked on isolating the pathogen. When the scientific community finally singled out the virus they named it Human Immunodeficiency Virus (HIV). Over a period of years HIV, which is transmitted by sexual intercourse, breast milk, or contact with blood, destroys most of the body's helper t-cells which are integral to the immune system. Without these cells to fight infections, a person has no defense against other viruses or many other infections, as well as some rare cancers (Gard, 2001).

Although HIV can be readily and reliably diagnosed via an antibody test, defining clinical AIDS has been less clear. Currently, the Centers for Disease Control (CDC) states that any person who tests positive for HIV antibodies, has a t-cell count of less than 200, and an HIV-related clinical illness qualifies as an AIDS diagnosis (Mugavero, Castellano, Edelman, & Hicks, 2007). Prior to this definition a diagnosis of AIDS was given based on a formulation of t-cell count and the number of opportunistic infections a patient developed. In 1987, the CDC introduced its definition of AIDS as any person who had less than 200 t-cells and any one of 23 clinical conditions (including pneumocystis carinni pneumonia, lymphoma, candidiasis, etc.) Currently the CDC recognizes 29 clinical conditions which when combined with a t-cell count lower than 200 meet the criteria for an AIDS diagnosis.

The Development of HIV/AIDS Treatments

By late 1985, a test to detect antibodies for the virus emerged thus giving way for not only treatment for those infected, but also epidemiological surveillance of those groups most affected (del Rio, 2005). Many expected that a cure as well as a vaccine would be developed soon after the isolation of HIV. As of 2007, there is no vaccine that has demonstrated large-scale effectiveness against the mutations of the HIV/AIDS virus (Gard, 2001; Johnston & Fauci, 2007; Wecker, Ridzon, Graham, & Duerr, 2006). Although a vaccine has been elusive, treatment for the virus has changed dramatically since the first cases in 1981 (Turkoski, 2006). Not only have pharmaceutical companies invested heavily in the development of treatments for HIV/AIDS, they have also actively investigated pharmacological treatments for the many opportunistic infections to which those with HIV/AIDS are susceptible. The introduction of azidothymidine (AZT), an antiretroviral originally developed in the 1970s to treat cancer, then shelved for many years due to its ineffectiveness as well as toxic side-effects, was resurrected from the medicinal chest and expounded as a miracle cure due to its ability to be absorbed into t-cells and interfere with the replication of the HIV virus (Yarnell, 2005). Unfortunately, it was soon learned that AZT on its own showed very little promise in slowing the disease progression for those living with HIV/AIDS, and often caused side-effects that exacerbated the numerous illnesses that accompanied HIV/AIDS (Stephenson, 1995).

The early 1990s brought what Charles Meyer (1993) proclaimed to be, “a banner year for AIDS therapy” (p. 58). Zalcitabine (DDC) and Didanosine (DDI) were added to the arsenal that doctors had in their struggle against HIV/AIDS. Along with these new anti-retrovirals came medications to assist with the various opportunistic infections. People with HIV/AIDS cautiously took a breath, waiting for the other shoe to drop. It would drop quietly that same year with the

realization that the three anti-retrovirals, separately or in combination, were having only a minimal effect on both quantity and quality of life for those with HIV/AIDS (Stephenson, 1995).

In 1995, rumors began to circulate regarding a powerful new class of agents demonstrating great effect in laboratory experiments. This new class of drugs, protease inhibitors (PIs), provided another tool against HIV. The development of protease inhibitors in combination with anti-retrovirals already in use effectively stopped HIV replication. This combination of pills was soon marketed together and took on the acronym of Highly Active Anti-Retroviral Therapy (HAART), also referred to as the *drug cocktail* (Berry, et al., 2001). HIV/AIDS treatment was revolutionized when clinical trials demonstrated that the addition of PIs to medications already FDA approved was having a huge impact on lowering viral loads in those with HIV/AIDS (Berry et al., 2001). This decrease in viral loads allowed those living with the virus to experience less illness and lowered mortality rates. Today, HAART has evolved into four different classes of HIV/AIDS treatment options. Among these four classes are approximately 25 medications which, when used in the proper combination, have become so refined that most who follow the regimen are able to maintain undetectable viral loads in their bloodstreams (Hoffmann & Mulcahy, 2006).

The world of HIV/AIDS has changed exponentially over the past 26 years. Although HIV/AIDS treatments for both the virus and the illnesses created by the virus have become readily available they have not always been easy to administer. Many of the treatments require anywhere from 10 to 16 pills per day taken at different intervals. Other treatments, known as fusion inhibitors, require patients to give themselves shots on a daily basis at different sites throughout the body. Even when people with HIV/AIDS are completely adherent with these challenging treatment options, there is still the risk for side-effects similar to those of

chemotherapy (Turkoski, 2006). Medication for HIV/AIDS has changed dramatically since the introduction of protease inhibitors, though the treatments are far from a cure. Although they offer many the chance of a higher quantity of life, for others the quality is questionable. HIV/AIDS deaths have dropped dramatically since widespread use of HAART, but the virus cannot be wholly eradicated from the body.

Impact of HAART

Suddenly, after 1997, those in the United States with HIV/AIDS began living longer, opportunistic-infection-free lives. Although HAART proved to have its own share of problems (i.e., side effects, need for compulsive adherence, cost), for those who were fortunate to have social and medical connections, it was a life-saving phenomenon. For those on HAART, the world of HIV/AIDS was revolutionized as the mortality rate began to drop sharply (Whitman, Murphy, Cohen, & Sherer, 2000). HIV/AIDS-specific hospice facilities began to either shut their doors or treat people with other end-stage illnesses, and hospital wards introduced explicitly for HIV/AIDS patients began to close. Funding for non-profit agencies dealing primarily with HIV/AIDS was tougher to find (Hoy-Ellis & Fredriksen-Goldsen, 2007). Suddenly those infected with HIV/AIDS were tackling new issues. Instead of crafting eulogies from deathbeds, people with HIV/AIDS were re-writing their resumes, trying to fill in the pre-HAART gap in which they were too sick to work full-time. Newer problems began to emerge such as the high cost of medications and who would absorb these costs. (Linas, et al., 2006; Tuller, 2001).

It is important to note the paradigm shift that took place at this point in the chronology of HIV/AIDS history. At this moment in time, diagnosis of the virus went from a certain death sentence to one of possible chronic illness (Schmitt & Stuckey, 2004). The implications of this change due to effective treatment affected not only those living with the virus, but also those

assisting them. If there is a splice made in the timeline of HIV/AIDS when not only treatment of the virus but perception of the virus began to change dramatically, it should be made in 1997.

This evolution is very much evident in the media's portrayal of HIV/AIDS in the United States. The 1980s were filled with headlines regarding the virus, some born out of panic, others fueled by the fiscal understanding, that sound bites filled with the *terror* of HIV/AIDS would sell more publications (Swain, 2005). The majority of news stories changed after the introduction of HAART. Lehrman (2004) asserted that, "AIDS has dropped off the agenda for most journalists, and the results are profound---especially in communities of color" (p. 24). Since the refinement of HIV/AIDS treatment led to a much higher quality of life for many in the United States, the focus on the virus within the media seems to have declined over the years.

One interesting trend to note is the change of media coverage from domestic to global stories. As those infected with HIV/AIDS in the United States lived longer, journalists began writing about the pandemic in parts of the world which did not have access to HAART. Essentially, the media began to cover HIV/AIDS stories that still allowed them to depict the horrific and deadly side of those who were not being treated or who were without access to HAART.

The radical transformation of HIV/AIDS from a mythical virus which promised certain death to a manageable sickness wrought with the difficulties of other chronic illnesses brought about many changes for those infected and affected by the virus. Although society has historically faced a variety of epidemics, HIV/AIDS in the mid 1980s captured the attention of the world. This attention seems to have slowly dissipated over the years. Perhaps this could be viewed as one indicator that HIV/AIDS, in the minds of most Americans, has truly become a *chronic* health condition.

Unfortunately, those closest to the virus may not share the same views as the rest of the United States when it comes to HIV/AIDS. Hoy-Ellis and Fredriksen-Godsen (2007) study of 154 patient-caregiver dyads found that approximately, “41% of persons living with AIDS and 39% of their informal support partners perceive AIDS as chronic, another 37% of persons living with AIDS and 35% of informal support partners perceive AIDS to be terminal rather than chronic” (p. 841). Although for most, HIV/AIDS has become somewhat of a chronic illness, for others living with the virus the perception continues to be that HIV/AIDS is terminal and therefore they will die due to the illness, an understandable viewpoint when full-blown AIDS diagnoses increased 3% from 2004 to 2005 in spite of HAART (Kaiser Family Foundation, 2007). This contradiction has existed in society during the past 10 years as we have dealt with a virus that transformed itself from one with a certain death sentence too one that has become chronic for the vast majority of those infected.

The Demography of HIV/AIDS

HIV/AIDS was first recognized by the public health community in the early 1980s. Since that time, approximately 1.2 to 1.7 million people in the United States have been infected with HIV/AIDS, which includes over 550,000 persons who have already died. The number of new HIV/AIDS infections peaked in the 1980s at approximately 150,000 per year. Currently, the average number of new infections seen per year during the 1990s and beyond has been roughly 40,000. It is important to note that it is estimated that roughly 25% of those who have HIV/AIDS do not know of their infection (Kaiser Family Foundation, 2007).

Gay and bisexual men: The first victims

There is little dispute that the media portrayed HIV/AIDS in the United States during the beginning of the epidemic as being concentrated in a community comprised mainly of gay white

men (Shilts, 1987; Strug, Grube, & Beckerman, 2002; Stulberg & Smith, 1988). Although gay and bisexual men who have sex with men (MSM) were disproportionately affected, the incidence of new infections has dropped from a high of 65% in the 1980s to 43% currently. The media also seemed to latch on to another population which was experiencing high rates of HIV/AIDS, IV drug users (Kaiser Family Foundation, 2007).

Intravenous drug users: Dual diagnoses

Those battling substance misuse, predominantly intravenous drug users, quickly revealed themselves to be yet another community which would soon be coping with the effects of HIV/AIDS (Galea, Lewis, & Baker, 1988). The IV drug using community contained both men and women, this being the first indicator that women would feel the effects of HIV/AIDS (Tangenberg, 2001). Gillman and Newman (1996) noted that approximately half of the women were infected with HIV/AIDS by IV drug use or as sexual partners of IV drug users. Incidence of HIV/AIDS infections among IV drug users was 19% in the 1980s, peaking at 31% in the early 1990s and currently hovering around 29% (Kaiser Family Foundation, 2007).

Women: Growing population at risk

Women, in particular heterosexual women, began as a small minority of infections during the 1980s. In terms of new AIDS diagnoses, 8% occurred in women in 1985, 13% in 1990, 20% in 1995 and then plateaued at 27% in 2000 and 27% in 2005 (Kaiser Family Foundation, 2007). Although all women were at risk due to multiple factors, women of color quickly became the hardest hit populace. Neff, Amodei, Valescu, and Pomeroy (2003) reported that, "Among females, compared to decreases of 4% [of new HIV infections] among non-Hispanic Whites, heterosexual incidence increased by 12% among non-Hispanic Blacks and by 5% among Hispanic females" (p. 57). As of 2005, African-American women accounted for 66% of AIDS

diagnoses among all women, followed by 16% of Latinas and 16% Caucasian, with the remaining 1% including Asian, Native American, and Pacific Islander. Once the media discovered women at risk, the realization that children born from these women could also be infected was attained (Kaiser Family Foundation, 2007).

Children and adolescents: The next generation

Children comprised a fair number of HIV/AIDS infections during the early days of the epidemic. Prenatal transmission rates from mother to child were estimated to be from 10-25% in the 1980s (Muller, Fahs, Mulak, Walther, Blumenfield, & Fulop, 1996). “By the end of December 1991, the Centers for Disease Control had reported 3,471 children with AIDS, of whom 1,621 were still alive” (p. 2). Multiple obstacles were encountered due to the HIV/AIDS epidemic in children, including foster care placement, mainstreaming in public schools, and the overall stigma of fear received from society. After the introduction of HAART in 1997, the rates of transmission from mother-to-child dropped dramatically to less than 2% with most of newborn infections today being seen in the African-American community. Among the estimated 141 infants born HIV positive in the United States in 2006 65% were African-American (Kaiser Family Foundation, 2007).

Adolescents of all sexual orientations, in particular young gay men and women of color, have also historically had high numbers of HIV/AIDS infections. Kaiser Family Foundation (2007) reported the main route of transmission among adolescents continues to be through sexual contact. Once again, women of color are being unequivocally affected by this virus as exemplified by the fact that African-American teenagers (13-19 years) comprised 69% of new HIV/AIDS infections within that age group.

Older adults: Aged and sexuality

Older adults were a hidden population during the early days of the epidemic, mainly due to the fact that sexuality was not a topic which was being discussed with most senior citizens. Linsk (1994) stated that, “currently, in the middle of the second decade of the AIDS epidemic, HIV clearly has become a concern for elderly and middle-aged adults” (p. 362). As of 2003 the CDC (2005) estimated that 57,162 people over the age of 55 were living with HIV/AIDS, with approximately 13,711 ages 65 or older. Older Americans are often thought of as being affected by a variety of illnesses including cancer, diabetes, and heart disease. The introduction of HIV/AIDS has added another strain to an already burdened Medicare system.

People of color: Invisible epidemic

People of color, including African-American and Latin, began to surface with higher than expected rates of infection. As of 2005, people of color represented 71% of new AIDS cases. Arguably both the Latin and African-American communities have been disproportionately affected by HIV/AIDS. CDC (2005) epidemiological information described the HIV/AIDS case rate for African-Americans was upwards of nine times that of Caucasians. Further, in the United States close to 2% of African-Americans are living with HIV/AIDS, higher than any other racial group. When comparing rates of infections among different racial groups it is staggering to see the higher proportion in communities of color as compared to Caucasians.

Although HIV/AIDS may forever be rooted in the gay and IV drug using communities, it is clear that the disease has no boundaries. The virus has touched every facet of society, regardless of age, race, economic status, or sexual orientation. Although there has been some success in prevention efforts among those populations which were identified early on in the epidemic, it is still apparent that the hardest hit communities, people of color, are becoming invisible victims of the virus.

HIV/AIDS in Social Work: Pre-HAART

The story of HIV/AIDS in the United States is also the story of social inequality and social injustice in the United States. The trajectory of the epidemic points out the unfortunate reality that sectors of our population are, and have been, left behind, while others have benefited significantly from scientific advances. The structures that allow for these disparities are themselves foci for social change (Wheeler, 2007, p. 156).

It seems only natural that social workers would play a major role during the early days of HIV/AIDS (Kaplan, Tomaszewski, & Gorin, 2004; Wheeler, 2007). The profession of social work is based on principles which include assisting the most disenfranchised populations cope with biological, psychological, and social ills (NASW, 1999). During the early days of the epidemic social workers supported every realm affected by HIV/AIDS, including individuals, communities, and policy. Shernoff (1990) stated:

this profession can be justly proud of the often pioneering work done by social workers from the onset of the AIDS health crisis in developing psychosocial services of singular diversity and effectiveness that reach out to people infected and affected by HIV. Even before the significance of HIV was known and complete knowledge of the modes of transmission was verified, social workers began to make important contributions to all professionals' understanding of AIDS (p. 5).

The early 1980s brought a combination of death, grief, and loneliness, not only for those who carried the virus, but also those who treated them. Grossman and Silverstein (1993) noted that many professionals and volunteers who had long cared for or been advocates for people with HIV found themselves overwhelmed by despair or struggling to cope. During the late 1980s and early 1990s the juxtaposition of hope alongside loss and burnout surfaced. A long-term survivor

of HIV/AIDS eloquently voiced the sentiment of that time when he stated, “living with AIDS is an experience filled with immense irony-the loss, hurt, sadness, and anger of it all. At the same time, you find countless examples of boundless human will, spirit, and compassion at their most brilliant” (Jones, 1994, p. 19).

Social workers tackled a variety of research issues during this tenuous period. At the onset of the HIV/AIDS virus, some already began to realize that women of color as well as other minorities were at great risk for becoming a disproportionate number of those infected with the virus (Hines & Graves, 1998; Lindhorst, 1988). Demonstrating the ingenuity of social workers who had foresight to see the scope of the virus would be felt far beyond the gay and IV drug-using communities, other social workers tackled more specific areas around cultural competence. An example is the work of Goicoechea-Balbona (1997; 1998) which sought to discover whether current health care models were appropriate for minorities with HIV/AIDS living in rural communities.

Other social workers expressed concern over the possible exclusion of clients with HIV/AIDS in the provision of social services. Although the social work profession was founded on pillars of acceptance and caring for all humankind, social workers acknowledged that HIV/AIDS was unlike any other illness tackled by the profession in its 90-year history. Merdinger, Miller, and Parry (1990) discussed the complex challenges they encountered in helping social work students develop higher HIV/AIDS competency. “In the Fall of 1987, a student in the MSW program at San Jose State University refused to see a client in a field placement agency because the client had been diagnosed with AIDS” (p. 32). This article went on to relay the findings of pre- and post-tests of approximately 120 MSW students provided with HIV/AIDS education in field seminar training. The day long field seminar training provided the

students with updated knowledge about HIV/AIDS with the hope that this new found enlightenment would then be dispersed to clients in the field. Outcome measurements showed that students felt better informed, therefore giving them tools to educate clients.

Research by Riley and Greene (1993) scrutinized the education of social workers dealing primarily with HIV/AIDS clients and showed an overall lack of knowledge regarding basic facts about HIV/AIDS such as transmission routes. Owens (1995) examined the current attitude and knowledge levels of African-American social work students and found that most had misinformation regarding basic HIV/AIDS knowledge. This important body of work exemplified social work's ability to look inward when confronted with a contemporary issue such as HIV/AIDS.

The discovery of the HIV/AIDS antibody test brought a host of other queries from social workers. Gellert, Berkowitz, Gellert, and Durfee (1993) probed ethical and legal issues around testing sexually abused children for the HIV/AIDS virus. Goldberg (1992) voiced an opinion on mandatory testing and debated the pros and cons involved with the process. Social workers quickly assessed that HIV/AIDS was permeating every political, legal, and social realm possible and wondered what their role should be in each of these developing arenas (Reamer, 1988; Ryan, 1991). Another social work concern was the administration of appropriate case management services for the multiple needs of those living with HIV/AIDS (Abramowitz, Obten, & Cohen, 1998; Ehrlich & Moore, 1990).

Many social workers were mindful of stress-related issues for those recently diagnosed with HIV/AIDS (Krieger, 1988; Littrell, 1996). Some social work researchers discovered that along with this stress came a higher risk of suicide (Mancoske, Wadsworth, Dugas, & Hasney, 1995). Caputo (1985) was one of the first to initiate discussion around those with a dual

diagnosis of both HIV/AIDS and addiction. He recognized that, “workers should be aware of locally available treatment resources and usually should refer substance abusers to these specialized treatment centers” (p. 362). This foreshadowed the important emphasis that behavior and risk for HIV/AIDS would be forever intertwined.

Although much credit can be given to the early pioneers in social work who identified and researched HIV/AIDS related issues, those most duly noted should perhaps be medical social workers. These professionals working within white walls with the sounds of beeping IV machines provided sanctuary for individuals on the fringes of society. As the virus continued to spread to members of every socio-economic status, social workers on the front line quickly became those employed in medical settings. Prior to the creation of grassroots agencies capable of providing multiple services to HIV/AIDS clients, most of the infected were seen immediately after diagnosis or while dying in the hospital and/or medical clinic environment. Although the overall field of social work was forever changed by the virus, medical social work was especially hard hit by the epidemic. Most likely trained to encounter discharge planning, fetal demise, cancer, and a host of other health issues, these professionals instead confronted the first diagnoses of *gay cancer* in 1981.

Cushman, Evans, and Namerow (1995) noted, “throughout the 1980s, studies that examined the impact of job-related stress on AIDS health care providers focused primarily on clinical [nurses, physicians] professionals” (p. 116) and disregarded the impact that social workers were feeling. In her study of 128 hospital social workers, Oktay (1992) discovered that, “although it is disturbing that rates of emotional exhaustion and depersonalization are high in these hospital social workers who work with AIDS patients, it is also important not to overlook the high level of personal accomplishment” (p. 437).

HIV/AIDS in Social Work: Post- HAART

The advent of drug therapies, which lowered mortality rates, had a profound effect on research issues with regards to HIV/AIDS. It created some fresh problems as well as amplified older ones such as dual diagnosis and education of social workers. With the unfolding of newer issues came a varied crop of questions asked by social workers about the contemporary world of HIV/AIDS. For instance, many social workers began to realize that the epidemic had taken hold of different and perhaps surprising populations such as the elderly. Vance and Struzick (2007) explored the cognitive impairments that some older people with HIV/AIDS encountered due to living longer. This cutting edge example of post-HAART exploration of HIV/AIDS is an excellent illustration of one of many new topics caused by the shift to chronicity attributed to medications. Other social workers have also taken note of the geriatric population and the effect that HIV/AIDS has had on that community (Levy-Dweck, 2005; Rodgers-Farmer, 1998). Research on geriatric HIV/AIDS is a relatively new endeavor though one worthy of further exploration.

Other social workers recognized that in spite of advances in medication, or in many cases due to medications, women and children are still being disproportionately affected by the virus (Goggin, et al., 2001; Witte & DeRidder, 1999). Gilbert's (2001) work attempted to inform school social workers of issues and resources they should be familiar with when assisting children and adolescents affected by HIV/AIDS. Sweifach and laPorte (2006) delved into school social work and HIV/AIDS peer education. Although children with HIV/AIDS seemed to be a hot media topic in the 1980s, coverage seems to have dropped off the radar (Brier, 2006). Adolescents, one of the fastest growing groups in terms of new infections, are a population of which social work still needs to be aware and actively researching.

Some issues such as substance abuse and risk behaviors of gay men seem to span the pre- and post-HAART eras (Lewis, Boyle, & Evans; MacMaster, et al., 2007; Shernoff, 2006). This research demonstrated that although treatment for HIV/AIDS had changed, some of the basic behaviors that put people at risk had not. In the same vein, other important issues such as HIV/AIDS support groups, coping techniques, and disclosure in the workplace continued to be researched by social workers (Fesko, 2001; Gordon-Garofalo & Rubin, 2004; Mason & Vazquez, 2007; Pomeroy, Green, & Van Laningham, 2002; Rier & Indyk, 2006; Saunders & Burgoyne, 2001). Others examined the fatigue as well as emotional bounties social workers received from working with HIV/AIDS populaces (Demmer, 2002; Smith, 2007). Although working with HIV/AIDS communities can be draining on social workers, it appears to be worthwhile for those who report high job satisfaction.

As the epidemic quickly exploded in other parts of the world where access to HAART was almost non-existent, social workers began to explore HIV/AIDS research related to countries being hardest hit. Johnson (2004) argued for more internationalization of social work in order for students to see the devastating effect that HIV/AIDS was having on underdeveloped nations. Engstrom and Jones (2007) concurred and pleaded for social workers to explore international internships to assist countries coping with HIV/AIDS. Others explored distressing situations that those infected by HIV/AIDS in underdeveloped nations were facing (Slonim-Nevo & Mukuka, 2007; Strydom & Raath, 2005). Social work researchers have been dutiful in their response to the global epidemic, but perhaps at the cost of research on the domestic fight against HIV/AIDS.

Other social workers have taken on the task of addressing social work's place in the new HIV/AIDS pandemic. Wheeler (2007) stated:

although the deaths associated with AIDS have decreased, annually an estimated 40,000 new individuals become infected in the United States (CDC, 2006). These statistics tell part of a saga that was foretold more than 20 years ago-HIV and AIDS are diseases of social systems as much as they are diseases of the immune system. (p. 155)

Although Wheeler acknowledged that social workers, "...have a long history of working the trenches of this pandemic" (p. 155) he questioned whether or not social workers are receiving the necessary training in their education on the many facets of an HIV/AIDS which is somewhat manageable for those with HAART. Hall (2007) also questioned social workers' role in the new global HIV/AIDS epidemic and, although he emphatically believed that social workers are still interested in the fight against HIV/AIDS, stated, "...some are not really sure exactly what to do about it and what their contribution could be" (p. 56). Hall stated, "today one of the major barriers to effective HIV/AIDS response is the gulf that separates the rich and poor worlds in terms of access to life-prolonging HIV treatment" (p. 58). He recommended social workers can still make a monumental contribution in the fight against HIV/AIDS because, "social workers in many countries are therefore at the forefront of attempts to promote social development and to find sustainable ways of assisting families and communities" (p. 60). Lastly, Hall stated, "social workers need to become involved with efforts to reduce the effects of the epidemic-particularly regarding prevention and treatment programs" (p. 71).

Sachdev (2005) surveyed approximately 385 social work students in India to assess their knowledge and attitudes about HIV/AIDS. This study demonstrated the powerful effect that HIV/AIDS research can have on countries hardest hit by the epidemic. Sachdev noted that, "As the AIDS crisis deepens in India and the number of infected men, women, and children escalates the role of social workers as part of the health care team becomes increasingly vital" (p. 95).

Sachdev discovered that less than half of the students surveyed had satisfactory information regarding HIV/AIDS treatment and transmission. Further, he asserted that this was not surprising considering only approximately 25% of the students received HIV/AIDS education as part of their social work education, and that most of the information the students had obtained came via magazines. Sachdev recommended that, “teaching content on AIDS can be achieved in a variety of ways. The content can be integrated into the core courses or offered as elective or selective topic courses” (p. 109).

Within the United States HIV/AIDS research amongst students in social work programs has been a poorly investigated effort. An examination of college students and their current HIV/AIDS knowledge was attempted by Davis, Sloan, MacMaster, and Kilbourne (2007). This research broke down the results and looked for differences amongst ethnic groups. Koob and Harvan (2003) inspected the curriculum of MSW programs to assess the sum of HIV/AIDS content available to students. They found that after almost 20 years, more than half of the schools of social work in their sample did not offer any type of HIV/AIDS elective. These authors articulated a need for future studies, “. . .to discover what impact HIV/AIDS education has on the prevention and treatment of the disease. Namely, in schools of social work where HIV/AIDS courses are being taught, is there a demonstrated impact by social workers on the prevention and treatment of the disease?” (p. 314).

The work of Wolf and Mitchell (2002) examined whether or not currently practicing social workers were equipped with basic HIV/AIDS knowledge. They found that most social workers were not qualified to do a basic HIV/AIDS risk assessment and were therefore missing out on prime opportunities to educate clients regarding the virus. They also found statistical significance demonstrating a link between prior HIV/AIDS specific training and a higher

knowledge of HIV/AIDS. “Given these findings, efforts should be directed to increase social workers’ awareness of the epidemic and their role in prevention education and case finding” (p. 178).

As HAART has changed the course of HIV/AIDS for those with access to the treatment, research within the profession of social work has changed as well. What was once decidedly seen as a domestic United States problem has erupted in underdeveloped countries. Social work research has taken note and begun to acquire a role in assessing the lives of those with little or no access to HIV/AIDS treatment (Hall, 2007). At the same time, social workers within the United States have continued to examine disenfranchised women of color as they have become a disproportionate number of those infected with the virus (Neff, Amodei, Valescu, & Pomeroy, 2003). Although social work research has aggressively addressed the issues facing those living with HIV/AIDS, it appears that researchers as well as educators have neglected American students in their acquisition of critical HIV/AIDS information. As social workers in countries hardest hit by the virus have begun to assess the level of HIV/AIDS knowledge amongst their students, domestic social work research has produced few current studies which seek to assess the knowledge levels of social work students in the United States.

Current HIV/AIDS studies tackle many of the same issues as pre-HAART research. The explosion of HAART has unequivocally changed the way social work researchers view issues around HIV/AIDS. Some issues have intensified due to the fact that people infected are living longer. Some topics are new altogether, while others are the same regardless of the advancement of HAART. Social work has done a commendable job of investigating new issues post-HAART. However, the virus is far from being cured. The battle continues and social workers must remain vigilant in their quest to assist those living with HIV/AIDS.

Summary

Since 1981 HIV/AIDS has been part of the culture of modern life. The early days of the epidemic, in terms of treatment, have changed exponentially since that time. What was once an impending death sentence for those diagnosed as having HIV/AIDS has changed somewhat to a chronic, manageable health condition. As treatments have become available to most people infected in the United States, the chronic nature of the virus has changed the way Americans view the virus.

Mass media portrayed HIV/AIDS as a virus which was easily contagious and certainly deadly early on in the epidemic. During the mid 1990s, in particular after the advent of HAART, stories which produced mass hysteria seen in the 1980s began to disappear. People were no longer afraid of *catching* HIV/AIDS from mosquito bites or toilet seats. HIV/AIDS has seen a dramatic transformation since 1981. It has quickly moved from a *gay white male* disease to one that is heavily affecting *heterosexual women of color*. Yet, there seems to be an obvious disparity between these two groups in terms of access to resources, in particular, media attention. Most interesting to note is the lack of coverage in the media of HIV/AIDS stories, excluding those that cover the global HIV/AIDS pandemic.

CHAPTER THREE

THE CONCEPTUAL FRAMEWORK

This chapter provides a foundation for the theoretical frameworks which were utilized to develop the original four research questions. The writings of political scientist Harold Lasswell, in particular his illuminations on power differentials within society, will be explored. Framing and priming/agenda-setting, three theoretical notions on the interactions between mass media and its audience will also be probed in order to compliment the work of Harold Lasswell. These theories are commonly utilized in journalism as well as sociology and political science.

The conceptual framework underlying this study is informed primarily by two complementary bodies of literature. The first draws upon the work of Harold Lasswell (1972) which articulated reasons why certain issues, such as HIV/AIDS, have a higher probability of falling off societal agendas, in this case social work research. The second body of literature is related to framing theory or frame analysis, the process by which a communication source (i.e., professional journals) defines and constructs an issue or public controversy (Snow, Rochford, Worden, & Benford, 1986).

The Work of Harold Lasswell

Zuckerman (2001) observed, “It is by now commonplace to view societies as characterized by an asymmetric distribution of political power” (p. 324). Kelly (1986) explored trends of political inquiry and stated, “The policy sciences are often viewed as applied social sciences, i.e., as forms of social engineering. At its simplest, the applied social science approach has been interpreted to mean that knowledge accumulated in the various disciplines will be used

to improve social programs and policies” (p. 520). Kelly articulated the shared ideals behind both social work and political science. While social work is grounded in ideas of making positive change happen, political science is anchored in the need to examine and explore why that change must occur in the first place.

HIV/AIDS and how it is framed in media as well as research is a conundrum which should be examined from multiple conceptual vantage points. Famed political scientist Harold Lasswell himself noted the difficulty when he observed, “In the practice of social science, as of any skill in society, we are bound to be affected in some degree by our conceptions of future development. There are problems of timing in regard to availability of data and considerations of society (Marvick, 1977, p. 165)” in formulating sound social science. This difficulty seems only compounded when approaching a subject such as HIV/AIDS in which media frames representing the disease seem to change instantaneously, making them difficult to capture and analyze.

In reviewing almost 22 years of HIV/AIDS media coverage, the work of Brodie, Hamel, Brady, Kates, and Altman (2004) showed that coverage in the United States was on the decline. It also bore out that stories appearing in US media were moving toward the global pandemic of HIV/AIDS rather than the situation in the United States. Data demonstrated that coverage of HIV/AIDS in the media as well as within research journals have fluctuated greatly over the past three decades, in particular media stories regarding the virus have declined dramatically and those stories that are published focus on the global epidemic. It seems worthy to explore conceptual frameworks which may answer inquiries around why popular media as well as research journals would cover a disease with differing levels of focus across the years depending on the demographics of those affected by the disease.

Lasswell's (1972) theoretical works have been used to examine policy trends across mass media as well as the tobacco industry's influence on lobbying (Givel, 2007; Howland, Becker, & Prelli, 2006). His role as one of the founding fathers of content analysis is agreed upon by most scholars in the field (Janowitz, 1968; Post, 2001). Marvick (1977) explained Lasswell's central thesis which asked:

how requires us to cope with the power aspects of any situation; *when* suggests the need to chart the results through time; *what* raises the question of which value conditions are being sought, gained, and lost; and *who* poses the tasks of identifying elites, that is, those in any situation who have the most of what there is to get (p. 2-3).

How: Aspects of power

Lasswell's *how* objectively prescribes delving into power aspects in society. Those with power in a capitalist country are elites with the most resources in the form of money, healthcare benefits, shared values, and majority stockholders in media outlets. The elites ultimately decide outcomes for a variety of societal issues. Elites hold the power to publish an article about HIV/AIDS on the first page of a newspaper or hide it within the twelfth. Conceptually, elites have the necessary power, skills, and money to frame HIV/AIDS in ways that demonstrate the astronomical level at which the virus is still affecting populations in the United States.

Lasswell (1972) argued that, "the rational application of violence as an instrument of influence depends upon the clear appraisal of the act of violence as a detail of the total context. It is seldom an instrument of total destruction" (p. 48). Groups such as Act Up, comprised mainly of gay white men from middle to high socio-economic status, in the 1980s and 1990s were effective in using violence and public disturbance as a means in which to frame HIV/AIDS as a societal issue in order to incite a response to the HIV/AIDS epidemic (Temalski, Florn,

Friedman, et al., 2007). Now that the epidemic has shifted to communities of color, the use of violence has been almost absent in respect to activism regarding HIV/AIDS.

While the rates of infection for gay men have steadily decreased over the past ten years, the quantity of women and people of color has skyrocketed (Kaiser Family Foundation, 2007). Communities of color, which now have the highest rate of new infections, including African-Americans who are roughly 12% of the overall US population and accounted for 50% of AIDS diagnoses in 2005, have not mobilized in the same fashion as affluent white gay men in the 1980s and 1990s. Lasswell (1972) pointed out that, “successful violence depends upon coordinating such other salient aspects of the total act as organization, propaganda, information” (p. 52). Current communities being hardest hit may be lacking in the resources to perpetuate such needed *violence* in order to frame the virus so their voices can be heard in their fight against HIV/AIDS.

When: Charting results through time

The importance of *when* was also established by Lasswell (1972) which is essentially the necessity to observe changes over time. The act of observing how issues are framed over time gives political scientists the ability to view changes in the *who, what, and how* and allows for more understanding of significant events. Research in social work journals should be addressing the multiple changes that have taken place in the field of HIV/AIDS over the past 25 years. The research being conducted should be timely in order to address the ever-changing demographics of the epidemic. If the research is not examined on a timeline, the results do little to show evidence of any type of change. The way in which the virus was framed in 1985, 1995, and 2005 should provide a vast amount of information regarding treatment, population, and public sentiment regarding the virus.

What: Value conditions

The *what* questions value conditions which our society either accepts or rejects. It is unlikely contemporary American society values a virus which early on was framed as a disease most easily spread through intravenous drug use or passive anal sex. Due to this, it would be safe to assume that HIV/AIDS is much lower on the list of acceptable diseases, such as cancer and heart disease, because the bulk of people obtained the illness through *unacceptable* means. Interestingly, these means have changed over the years from homosexual channels and IV drug use to heterosexual contact and yet the disease continues to be framed as one that mostly affects gay and bisexual white men.

Due to the shift in demographics for new infections the masses are slowly becoming the elites in that those who are becoming infected by the virus share the overall value system of the majority of Americans. However, because these heterosexual contacts are more abundant in communities of color, there seems to be a dichotomy in that the masses have still not embraced the HIV/AIDS epidemic. According to Lasswell, this would make perfect sense because people of color are disproportionately lacking in resources such as medical insurance, financial assets, and the power to lobby for funds. Treisman and Angelino (2004) wondered whether or not the current medical insurance crisis in this country was providing a:

contentious environment, [where] persons who are mentally ill, disenfranchised, poor, geographically and socially isolated, substance abusing, cognitively impaired, and HIV infected have little or no chance. They have no voice, do not vote, are disorganized and desperate, and have few champions. There is an increasing sense that some patients can be discarded, are too hard or expensive to save, or consume too many resources (p. 5).

Value conditions such as medical insurance as well as the means to advocate are the same regardless of whether or not someone has HIV/AIDS. Where the split in resources seems to occur is in the color of the skin of the person infected.

The field of social work stands on principles which include caring for the disenfranchised and advocating for those with little or no power, i.e., the masses. Although the elites seem to be quick to discard those with HIV/AIDS, the field of social work should intuitively do the opposite. Therefore, one would anticipate the research conducted in the field of social work and HIV/AIDS would be framed in order to address populations most affected by the virus.

Lasswell (1972) examined the presence of popular media and propaganda and their influence on behavior throughout the life span and how that parlays into the *what* that society accepts. He delved into the fact that newspapers only print fragments of stories---sound bites to please the masses. “When such an ideology impregnates life from start to finish, the thesis of collective responsibility runs against a wall of miscomprehension. In any collective society, the whole texture of life experience would need to be re-spun” (p. 34). Therefore, propaganda seems to be akin to priming/agenda-setting in that stories are spun by the elite in a certain way to elicit pre-conceived responses from the masses.

Lasswell (1972) ascertained that, “Propaganda, when successful, is astute in handling aggressiveness, guilt, weakness, and affection” and noted, “when elites resort to propaganda, the tactical problem is to select symbols and channels capable of eliciting the desired concentrated acts” (p. 37). The early response by society due to media’s framing of HIV/AIDS elicited a response, which could be qualified as less than sympathetic towards those who were infected, such as that which occurred in 1986:

James was one of over eleven thousand New York City public school students who missed the first day of school. His parents kept him home to shield him from exposure to a medical condition they feared but knew little about. Hundreds of other parents and children marched outside of eight Queens schools on September 9, holding signs that read “Save Our Kids, Keep AIDS out” and “Teacher’s Aides, Yes; Student AIDS, no”...it is virtually impossible to imagine black and white parents joining forces to fight anything in the postwar era. AIDS changed that (Brier, p. 965-7, 2006).

“Propaganda, then, is conducted with symbols which are utilized as far as possible by elite and counter-elite: but the intensity of collective emotions and the broad direction and distribution of collective acts are matters of the changing total context” (Lasswell, 1972, p. 45). As propaganda was utilized by the elite, it was equally effective when the counter-elite, i.e., the gay community, harbored its power to affect change. The leaders of Act-Up were very capable in mobilizing, demonstrating, and ultimately demanding treatments for HIV/AIDS (Sember & Gere, 2006). Since the virus’s landscape has changed to one affecting people of color with fewer economic resources, there seems to be a lack of political mobilization to fight HIV/AIDS in these communities.

Who: Elites versus masses

Lasswell (1972) declared, “The influential are those who get the most of what there is to get. Available values may be classified as *deference, income, safety*. Those who get the most are *elite*; the rest are *mass*” (p. 13). Lasswell further defined elites by describing that they, “may be compared in terms of *class* as well as skill. A class is a major social group of similar function, status, and outlook” (p. 17). It is safe to assume that most whom comprise the elite category of society are neither infected nor affected by HIV/AIDS. If they were, there would still be a

plethora of front-page stories regarding the virus in the United States (Swain, 2005). Therefore, when discussing Lasswell's conceptual framework in the context of HIV/AIDS, elites should be thought of as those who are not infected with HIV/AIDS and the masses include those who are infected.

One of the available values in today's society is access to healthcare. This would include HAART as well as multiple lab tests which can easily escalate into thousands of dollars per year (Lisotta & McManus, 2006). In the early days of the crisis, policymakers in this country made it obvious that they chose not to broach the subject of HIV/AIDS (Shilts, 1987). The elites at the time were not concerned or worried about a virus which affected a small fraction of the masses, especially a fraction which did not fit into the elite's ideals or norms (Sember & Gere, 2006).

Media frames regarding HIV/AIDS have changed, and with such early infected pioneers as Ryan White, Elizabeth Glasser, and Magic Johnson, as well as advocates such as Elizabeth Taylor and Elton John, the virus has come a long way in terms of being recognized and funded. In spite of this, HIV/AIDS is still viewed as a primarily *hidden* disease which only affects those in society that hold little or no power. Treisman and Angelino (2004) concurred when they noticed, "Currently, many persons who contract HIV in North America, Western Europe, and, to a lesser extent, many other areas of the world can be described as *vulnerable*" (p. 3). Surely these vulnerable populations do not hold the same power as the elites. Although it would seem that the elites would benefit fiscally from helping the masses as they are major stockholders in pharmaceutical companies which produce HIV/AIDS medications. The question then becomes are the elites benefiting so much that it may be counter-productive for them to assist in funding prevention efforts which may decrease HIV/AIDS infections as each new infection is potentially a new consumer.

Lasswell's *who* also suggested the need to identify a working set of principal players in which to try to influence in terms of changing policy. This is especially important when it comes to legislation, media portrayals, and the public sentiment which directly affects those living with HIV/AIDS. In a time when federally funded programs such as the AIDS Drug Assistance Program (ADAP) are being slashed, Lasswell's *who* are those individuals who can increase or decrease funding (Linaas et al., 2006; Lisotta & McManus, 2006). Social work research should be framing HIV/AIDS issues and populations in order to promote funding for programs which assist those most affected by the virus.

As a means by which key players are identified to mobilize more resources toward HIV/AIDS programs:

political analysis is not only interested in the methods by which the influential are protected or superseded. It is also concerned with the characteristics of those who obtain such values as deference, safety, income. One aspect of the matter is the partition of values among the exponents of various skills (Lasswell, 1972, p. 97).

Lasswell goes on to relate the idea that engineers historically have been so absorbed in their work that, "they have rarely been articulate in demanding the control of high policy and administration" (p. 99). This begs the question of whether or not social workers have the toolbox needed to begin to help communities deal with HIV/AIDS. Do researchers in the field of social work have the ability to frame HIV/AIDS in ways which will bring attention to a virus which some believe is all but cured?

Lasswell (1972) stated a major skill needed in order to promote social change is advocacy. Further, he expressed that the majority of modern propaganda which originates from mass media is produced from advertising firms with little or no convictions. It follows that those

who are framing HIV/AIDS in mass media have little motivation to publish articles about a virus that holds scarce interest for the majority of Americans. Social work research should differ in that the profession is grounded in giving a voice to those who are unheard. Social workers should still be framing HIV/AIDS as a problem affecting differing populations at multiple levels.

Analysis of human relations is another important characteristic needed for those who seek to stimulate change. It would seem, according to Lasswell, that social workers do indeed qualify as agents of change. Social work education is grounded in social action as well as clinical practices, both of which should allow social workers the ability to identify those who could assist in mobilizing communities under siege.

Lasswell (1972) might argue that the players who assist in the battle against HIV/AIDS, both domestic and global, have one ally in the form of, “discontent, however created, tends to weaken the hold of the dominating system of symbol and practice. Any elite which fails to coincide with prosperity and victory may be rejected by the masses” (p. 169). What Lasswell failed to specify was the level at which discontent must reach in order for the masses to rage against the elites. “The harmless discharge of mass emotion (catharsis) can be induced by propaganda, by violence, or by the management of goods and practices. Adjustment, too, can be furthered by each method. But all methods are susceptible to defeat through ineptitude and unpropitious circumstances” (p. 170).

Lasswell’s conceptual framework is important when examining HIV/AIDS in the context of social work. He provided an investigative tool which allowed the epidemic to be viewed outside the usual social work realm. The *who* gets *what*, *when*, and *how* questions were valuable tools while investigating the availability of resources, including research, with regards to HIV/AIDS. His questions articulated a way in which to discern whether or not the profession of

social work is truly committed to the masses and not merely another cog in the machine built by the elites. This framework along with frame analysis will serve as a springboard in the discussion section.

Framing and Priming/Agenda-Setting

Framing and priming/agenda-setting have roots in psychology, sociology, and journalism and fall under the general study of *media effects*. The concept of framing and the methodology of frame analysis are commonly credited to sociologist Erving Goffman (Snow, Rochford, Worden, & Benford, 1986). The concepts of framing and priming/agenda-setting refer to methods that are used to demonstrate as well as research the interactions that occur between the media (i.e., television, newspapers, magazines, etc.) and those that view the media (i.e., the audience).

Although there is some conceptual overlap, framing and priming/agenda-setting are distinctly different on a primal level: Framing determines *whether* we think about an issue, while priming/agenda-setting determines *how* we think about it (Scheufele & Tewkesbury, 2007). It is recognized within scholars in the field of communications that the ideas which make up framing are different from those of priming/agenda-setting. Further, it is agreed upon that priming/agenda-setting are two names for one basic idea. Priming/agenda-setting are used in media in order to manipulate a certain response from viewers of media while framing is simply the interaction that happens between mass media and its audience without any manipulation from the media (Scheufele, B., 2004; Scheufele, D., 2000). In order to provide more cohesiveness to the conceptual framework, I will use framing and priming/agenda-setting as two different theories as opposed to the three in which they are at times represented. This integration of three theories into two is not without merit as many in the field of framing agree that clearer

definitions need to be developed in order for the framework to be further developed (Entman, 1993).

In the context of this study, framing and priming/agenda-setting were used as a means by which to view the connection between social work practitioners and social work journal publications. Framing and priming/agenda-setting were used as magnifiers in order to begin to break down the *who, what, when, and how* of HIV/AIDS research in social work journals. Framing involves the social construction of meaning. Because distribution of economic, political, and cultural resources shapes which frames are sponsored and distributed, studying the construction of reality through framing necessarily involves an examination of power (Carragee & Woefs, 2004). In this research, the sponsorship of frames is attributed to those who are responsible (i.e., editorial boards, social work researchers) for publishing in social work journals. Those are the senders of messages, the receivers being those who are exposed to those messages, in this case social work practitioners.

Framing analysis is simply the study of the presentation of ideas while priming/agenda-setting could be described as the sentiments of society on a certain subject based on the characterization of that subject within the media (Sheufele & Tewksbury, 2007). Framing is neutral in that it has no agenda while priming/agenda-setting seek out a certain response by the way in which something is framed. This research assumes that the sentiments of social workers on certain subjects may be informed by way of publications in social work articles. Therefore, both the framing as well as priming/agenda-setting of certain subjects within social work could influence how social workers practice in the field.

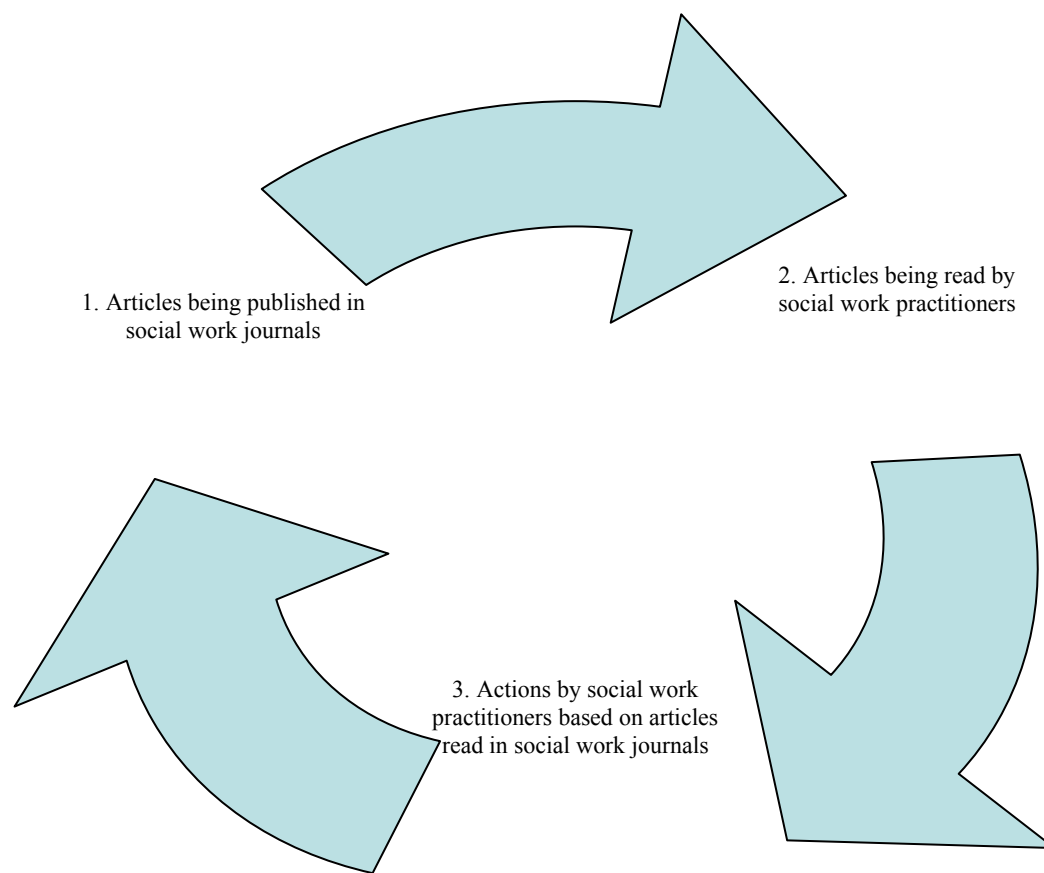


Figure 1. Framing Process

Research which utilized framing and priming/agenda-setting

Using the concepts of framing and priming/agenda-setting Wu (2006) sought to capture the difference between Chinese and US news coverage of the HIV/AIDS epidemic within China by asking the question, “How is HIV/AIDS in China framed in the Chinese and American news media, respectively, and what contextual factors might account for the distinct framing of this issue?” (p. 253). This qualitative in-depth analysis tackled a variety of frames, including dishonesty/oppression, statistics, denial, human rights abuses, and incompetence. The analysis concluded with the fact that HIV/AIDS in China is represented very differently depending on which media source is examined.

The topic of Al Jazeera as an obstacle to traditional framing research was undertaken by Wojcieszak (2007), who described framing research as that which, "...scrutinizes primarily these processes of issue selection, elite influence on frame production and the frames' effects on the audience" (p. 115). Wojcieszak proposed that, "framing research sees frames as reflecting the interests of established actors and conceives of the media as contributing to the maintenance, reinforcement and legitimization of the status quo" (p. 116). The methodological issue of power within framing analysis was acknowledged by Wojcieszak when he articulated, "It follows that frames are inevitably only a partial representation of the broader sociopolitical environment and the reporting requires arbitrary decisions as to what aspects of reality to represent" (p. 117). This research confirmed framing as a popular concept but argued that the process is perhaps limited to examinations of US media and not global entities.

These studies demonstrated that frame analysis can indeed be a powerful tool in which to view social issues. Framing and priming/agenda-setting, when combined with Lasswell's (1972) ideas, provided a full conceptual framework in which to view HIV/AIDS within social work research. While Lasswell expounded on ideas regarding those with power in society, framing and priming/agenda-setting provided one avenue in which to view how said power can be utilized for few or many. Snow, Rochford, Worden, and Benford (1986) described that, "frames function to organize experience and guide action, whether individual or collective" (p. 464). Reese, Gandy, and Grant (2001) recognized the increasing fascination of framing by stating, "whether called a theory, paradigm, model, or perspective, 'framing's' appeal is growing" (p. 8).

Framing of HIV/AIDS in the Media

HIV/AIDS presents an abundance of possibilities for examination from both political science and social work perspectives. Armstrong, Carpenter, and Hojnacki (2006) performed an

exhaustive review of media coverage, both print and television, regarding the framing of seven diseases, including HIV/AIDS, chronic obstructive pulmonary disease, breast cancer, diabetes, Alzheimer's disease, heart disease, lung cancer, and hypertension over a 19 year period. They unequivocally found that *who* suffers from a disease as well as how many suffer are critical factors in explaining why some diseases get more attention than others. HIV/AIDS actually received more attention than any other disease at certain periods in time. Their final analysis demonstrated that both print and the broadcast media tend to be much less attentive to diseases that are framed as burdening blacks more than whites. This correlates with the waning volume of HIV/AIDS coverage in mass media due to the changing demography from white gay men to heterosexual women of color. It is also congruent with other studies demonstrating that domestic HIV/AIDS coverage has indeed decreased over the past 10 years (Brodie, Hamel, Brady, Kates, & Altman, 2004; Swain, 2005).

The framing of HIV/AIDS has changed dramatically over the past 25 years. Tomes (2000) noted that activists in the field of HIV/AIDS fought to convince journalists in the early 1980s to publish and televise stories regarding the virus. This lobbying on the part of activists paid off as an increasingly competitive news industry, the HIV/AIDS epidemic, emerging diseases, and other disease outbreaks have furnished reporters with a constant stream of newsworthy stories (Tomes, 2000). Although the media framed HIV/AIDS in multiple ways during the 1980s and early 1990s, the fact remains that it was at least framed and therefore in the forefront of journalism in that time period.

Similarly, Freimuth, Massett, and Meltzer (2006) examined 10 years of research in the *Journal of Health Communication*. This journal differed from others in health communication by focusing on research and practice while including an international perspective. A total of 255

peer-reviewed articles were coded and classified by theme using content analysis. They found that HIV/AIDS and smoking/tobacco were most pronounced amongst the published articles. “This content analysis of 10 years of the JOHC allows us to construct a profile of the typical article. Its primary author is a U.S. academic. It probably focuses on smoking, HIV/AIDS, or cancer” (p. 18). Although a high percentage of articles focused on HIV/AIDS, there was a noted increase in the framing of the virus as an international issue since the advent of HAART. The framing of HIV/AIDS from domestic to global is evident in the dramatic decrease of news stories concerning the virus since the advent of HAART (Lehrman, 2004). It is even suggested that as the virus has become more manageable for those in the United States with access to healthcare, stories relating the epidemic in the United States have declined. One of the reasons for this decline is given by Lehrman who observed, “...since The New York Times Magazine declared ‘The End of AIDS: The Twilight of an Epidemic’ in 1996, coverage has steadily declined” (p. 24).

The above studies demonstrated that HIV/AIDS is an anomaly in that, unlike most other diseases, it is infectious, with a primary route of transmission through sexual contact. This in and of itself makes it of interest due to the fact that sexuality is an engrossing subject for the majority of Americans. Even more importantly HIV/AIDS tends to affect younger people as well as being a relatively new disease (Armstrong, Carpenter, & Hojnacki, 2006). What is evident is that the framing of HIV/AIDS by the media over the past 25 years, most notably since the introduction of HAART, has changed dramatically.

Summary

Lasswell (1972) as well as framing and priming/agenda-setting compliment one another in that they recognize the link between power and how that power can be used to fuel public

sentiment. More importantly, they seek to find out whether power differentials in society account for the disparity which occurs between those with resources and those without. With regards to HIV/AIDS, these conceptual frameworks provide a foundation which helps explain the vast differences in terms of media portrayal of HIV/AIDS which have taken place since the virus was first discovered.

Research has already confirmed that HIV/AIDS coverage within the United States media has declined dramatically since the media began to frame the illness as chronic versus the death sentence from which it began. What is less understood is why the media has ignored the massive rise in new infections which have taken place in communities of color in the United States. Lasswell would possibly attribute this to the fact that the elites, those with money and power, are not concentrated in communities of color. The elites control the corporations which produce media. Framing and agenda-setting/priming within the media is therefore guided by the elites. Although Lasswell and framing and agenda-setting/priming are two distinct theoretical frameworks, they do compliment one another. These tools demonstrate that the framing of an issue within the media has a direct correlation with how society will feel about said issue. Therefore, until the masses begin to have more control over the priming/agenda-setting of issues in the media, it is unlikely that significant change will take place in the future.

CHAPTER FOUR

METHODOLOGY

The methodology which was utilized to explore the research questions will be discussed in order to provide clarification for each step in the investigation process. The ideas which created the two-stage sampling scheme are also examined. Lastly, an overview of validity, reliability, and data analysis will be discussed in order to provide justification for the methods utilized.

Research Design

The methodology of content analysis was utilized to investigate how the framing of HIV/AIDS in social work has changed during the course of the epidemic. In particular, content analysis provided the means to investigate the ways in which the framing and priming/agenda-setting of HIV/AIDS within social work journals has changed since the advent of HAART by comparing pre-HAART and post-HAART HIV/AIDS publications in social work journals. Content analysis is the systematic, objective, quantitative analysis of message characteristics and has been used widely in many social science disciplines ranging from psychology to journalism (Neuendorf, 2002).

Content analysis is a research technique for making replicable and valid inferences from data to their context in order to provide knowledge, new insights into representation of facts, and a practical guide to action. To do so, content analysis employs its own set of specialized procedures for processing scientific data (Krippendorff, 1980). Utilizing content analysis as a means by which to examine the framing and priming/agenda-setting of HIV/AIDS in social work

journals was appropriate considering that content analysis seeks to discover the meaning of messages in a quantitative manner. It provides a workable methodology in which to sort out the multiple facets of HIV/AIDS and social work. Using this methodology, the mission of parceling out research, in this case social work publications, offers social workers a sense of what has been done in the field of HIV/AIDS and social work. This study analyzed the content of four peer-reviewed journals to examine how HIV/AIDS has been framed in social work research.

A strong content analysis study is built on a foundation of rigor for which the researcher is responsible (Krippendorff, 1980; Neuendorf, 2004; Weber, 1990). In order for a content analysis to be successful, variables must be clearly defined and mutually exclusive. According to Weber, “different people should code the same text in the same way” (p. 12). Therefore, a strongly designed codebook is essential when performing content analysis. This codebook must be developed with a high level of accuracy in order to ensure some level of validity as well as reliability.

Sample Selection

A two-stage purposive sampling approach was utilized to identify articles to include in the analysis. The first stage consisted of finding appropriate social work journals which would ideally be generalizable to all social work journals. The second stage which consisted of recognizing and parceling out appropriate articles from social work journals, laid the groundwork in order to begin to answer the original four research questions, since the introduction of HAART:

1. Has the coverage of HIV/AIDS in social work journals changed?
2. Has the framing of HIV/AIDS as a domestic, as compared to a global, issue changed?

3. Has the framing of HIV/AIDS as affecting specific populations changed?
4. Has the framing of HIV/AIDS as a terminal, as compared to a chronic, disease changed?

After the multistage sampling frame was defined a time-period was put in place in order to demonstrate and track changes. In this study, two time periods, 1986-1996 and 1997-2006, were used based on the premise that the development and widespread use of HAART in 1997 would provide a mid-way point in which to analyze the data.

Stage One Sampling: Journals

The first sampling stage selected the journals from which the articles were selected. Four journals were identified: *Social Work*, *Families in Society*, *Health & Social Work*, and *Social Work in Health Care*. All of these journals are highly regarded in the field of social work (Epstein, 2004; Ligon, Thyer, & Dixon, 1995; Williams, 2001). *Social Work* and *Families in Society* were selected because they are broad in scope and have been in continuous publication between 1987 and 2006. *Health & Social Work* and *Social Work in Health Care*, the top rated health-related social work journals, were selected due to their focus on healthcare, which suggested that they would yield a wide variety of HIV/AIDS- related articles (Sellers, Perry, Mathiesen, & Smith, 2004). Although there are HIV/AIDS specific journals within social work (i.e., *Journal of HIV/AIDS and Social Services*), they were not chosen as part of the sample due to the fact that the study attempted to garner a more generic view of HIV/AIDS from social work journals as this would provide more insight into the overall perception of social workers versus those social workers who were working with HIV/AIDS on a daily basis.

Social Work, published by the National Association of Social Workers (NASW), began in 1920 with quarterly editions containing approximately 5 articles. *Families in Society*, also

introduced in 1920, is the largest journal publication outlet for Ph.D.-level social work faculty members following *Social Work* (Williams, 2001). *Families in Society* is published from 4 to 10 times a year (1987-1996=10, 1997-2001=6, 2002=5, 2003-2007=4) with a range of 5 to 17 articles per issue (earlier years which produced more issues had fewer articles). Both of these publications target social workers in the field with a heavy emphasis on empirically based practices. *Health & Social Work*, another NASW publication, was first published in 1976 as a forum to disseminate information to practicing social workers in the medical field. *Social Work in Health Care* started in 1975 and claims to be one of the top-ten electronic journals accessed online. *Health & Social Work* and *Social Work in Health Care* are both published quarterly with approximately 9 and 5 articles, respectively, per issue. All four of these journals contain letters to the editor, commentaries, book reviews, and empirically-based research.

There are differing views on which social work journals are of top-tier importance. However, *Social Work* and *Families in Society* are commonly identified as core social work journals (Ligon, Thyer, & Dixon, 1995), journals reaching the broadest audience of social work researchers and practitioners (Epstein, 2004), and among top-tier journals (Williams, 2001), while *Health & Social Work* and *Social Work in Health Care* are the top rated health-related social work journals (Sellers, Perry, Mathiesen, & Smith, 2004). Other journals identified as core or top-tier journals include *Journal of Social Work Education*, *Child Welfare*, *Social Service Review*, *Social Work Research*, and *Journal of Social Service Research* (Epstein, 2004; Ligon, Thyer, & Dixon, 1995; Williams, 2001). These journals were excluded because they had a specialized focus that limited the possibility of HIV/AIDS research being published in them (i.e., *Journal of Social Work Education*, *Child Welfare*) or had not been in print for the entire 20-year time frame (i.e., *Social Work Research*).

Stage Two Sampling: Articles

The second sampling stage selected the articles to be analyzed. All articles published between the years of 1987 and 2006 in the four journals selected in stage one were examined to determine appropriateness for inclusion. All articles that reported on HIV/AIDS were included in the sample. This was determined by using a list of HIV/AIDS trigger words (Appendix A) and examining the table of contents (Appendix B is an example of the table of contents from two of the journals utilized for this study) of each individual journal in order to discover whether or not an article title had one of the trigger HIV/AIDS words. A total of 4332 articles were screened for inclusion and 248 articles were initially identified for inclusion into the study. Upon further investigation it was discovered that 8 articles which were included based on the trigger words did not have an emphasis on HIV/AIDS therefore making the final sample-size 240 articles (Appendix C).

Krippendorff (1980) has stated that the justification of a sampling approach is generally more difficult in content analysis than in survey research, from which most of the techniques and terminology of sampling stem, because the phenomena of interest are only indirectly manifested in available material. Further, Krippendorff relates that sampling size varies greatly from media source (i.e., newspapers, commercials, headlines, etc.) and recommended using similar studies as guides in which to develop a sample size. Neuendorf (2002) suggested a sample size of 167 articles in order to obtain a 99% level of confidence (with a possible sampling error of +/- 10%). This research included 240 articles, consistent with publications of similar research using content analysis that relied on an average of 231 articles (Carter & Forsyth, 2007; Lee, Driscoll, & Nelson, 2004; Worthington, Soth-McNett, & Moreno, 2007). Determination of sample size within content analysis is not clearly defined for each medium. Therefore, I chose to rely on the

suggestions of experts in the field, as well as studies which closely resembled what I was examining.

Data Collection

Procedure

The chronological sampling frame for the social work journals was divided into two periods: pre-HAART and post-HAART. The first period began on January 1st, 1987 and ended on December 31st, 1996. The second period began on January 1st, 1997 and ended on December 31st, 2006. These two distinct sampling frames allowed for chronological classification of the two eras being studied. All article titles from each issue's table of contents were then examined for key words related to HIV/AIDS. If the title included any of these words, it was added to the research pool. All letters to the editors, teaching notes, and book reviews were excluded.

Coding Classification

In order to develop a codebook to conduct a content analysis of research articles there is the option of looking at individual words, word sense, sentences, or themes (Weber, 1990). In making an individual word codebook it must be, "so complete and unambiguous as to almost eliminate the individual differences among coders" (Neuendorf, 2004, p. 132). Using HIV/AIDS as an umbrella, I listed all trigger words related to this topic. To increase face validity this list was then viewed and modified from input by Dr. Larry McGlynn, MD, psychiatrist at the Stanford Positive Care Clinic and Ryan White Santa Clara County Clinic, Dr. Andrew Zolopa, MD, noted virologist and infectious disease specialist, and Dr. William Snell, PhD, creator of multiple scales including The AIDS Discussion Strategy Scale (ADSS) and The Multidimensional AIDS Anxiety Questionnaire (MAAQ). These three experts in the field made recommendations which were utilized in order to complete the list of HIV/AIDS trigger words.

The codebook (Appendix D) began with the identification of which journal the article came from (*Social Work in Health Care, Families in Society, Social Work, or Health & Social Work*). The next item to be classified was the month and year of publication. A blank space was then available for the coder to write in the author of the article. Classification of domestic versus global included domestic, global, both, or neither. An article was coded as domestic if the research or discussion piece was focused on the United States and/or its provinces. If the article had a global focus, it was coded accordingly. If there was an equal amount of information on the HIV/AIDS epidemic within the United States and outside of the United States, it was coded as both. If the article did not have a clear focus as far as whether the information was focused on global or domestic issues it was coded as neither. The next space on the codebook was devoted to the population in which the article was focused. This was an open-ended space and did not have clearly set parameters. Populations were derived from the title of the article. For example, if an article was titled Support Groups for Gay Men with HIV, gay men with HIV was written in the population section. Some examples of population framed by social work publications included homosexual, heterosexual, women, communities of color, youth, IV drug users, health care practitioners, etc. If the article did not have a focus on a certain population, it was coded as none. The final section addressed whether or not HIV/AIDS was presented as terminal, chronic, or both. If an article specifically referred to HIV/AIDS as a chronic or a terminal health condition, it was coded accordingly. More specifically, if the article mentioned that HIV/AIDS is thought of as a chronic health condition, it was coded as chronic. If the article explicitly stated that HIV/AIDS is a fatal condition, it was coded accordingly. If the article did not clearly state either or stated that some people died from HIV/AIDS but others were living with the virus, it was coded as both.

Validity and Reliability

“Internal validity refers to the confidence we have that the results of a study accurately depict whether one variable is or is not a cause of another” (Rubin & Babbie, 2005, p. 314). Essentially, “validity may be seen as encompassing the criteria of reliability, accuracy (free from bias-nonrandom error), and precision” (Neuendoff, 2004, p. 113). Krippendorff (1980) stated, “Internal validity is merely another term for reliability. It employs criteria that are internal to an analysis and evaluates whether research findings have anything to do with the data at hand without saying what” (p. 156).

One important variable regarding internal validity includes construct validity, “a measure has high construct validity when it correlates with other measures of the same construct (convergent) and is uncorrelated with measures of dissimilar constructs (discriminate)” (Weber, 1990, p. 19). Another instrumental variable, semantic validity, is of special importance because should co-researchers code the words, “persons familiar with the language and texts examine the lists of words (or other units) placed in the same category and agree that these words have similar meanings or connotations” (p. 21) and there must be agreement within the research team.

According to Weber (1990) content analysis has three types of reliability: Stability, reproducibility (also known as inter-coder reliability), and accuracy. Stability is determined by the rate of precision that occurs when data are coded by the same person over periods of time. For example, articles coded at the beginning of the study should also be re-coded at the middle and end, thus checking for inconsistencies and ensuring that stability is maintained. Forty-eight articles (20% of the overall sample) were randomly selected and re-coded by the primary researcher to assess for consistency over a one-month period; stability was shown to be high at

93.7% at the middle interval and 97.9% at the final phase. Although stability is considered the weakest component of reliability it is still an important step in the content analysis process.

When describing reproducibility, or inter-coder reliability, there is little consensus. There is ongoing debate amongst methodologists for the need to have standards in place for inter-coder reliability (Krippendorff, 1980; Neuendorf, 2002). Neuendorf, along with other leading academics in the field, proposed a variety of options based on previous research. For some researchers an inter-coder reliability estimate of a percent agreement (the simple percentage of agreement amongst coders) between .75 and .80 would be considered sufficient. Others strive for a percent agreement which would be at least .80 or higher in order to be considered highly reliable. Cohen's (1968) *kappa*, a statistical measure of inter-rater reliability believed to be stronger due to the fact that the equation takes into account agreements occurring by chance, is considered more conservative when compared to general percent agreement. Given the more conservative nature of this statistic, within the range of .40 to .75 is considered fair to good agreement, while .75 and upwards indicate excellent agreement amongst coders. In summary, it appears that reliability percent agreements of .90 or greater would be acceptable to all, .80 or greater would be acceptable in most situations and below that, there exists general disagreement. Previous research suggests that the weighted statistics, such as Scott's *pi* and Cohen's *kappa*, are afforded a more liberal criterion.

Published studies incorporating content analysis vary widely in their interpretation of inter-rater reliability. Carter and Forsyth's (2007) study on race and culture in psychology journals reported using 11% of the overall sample for inter-rater reliability. Their work yielded a percent agreement of .89. The work of Lee, Driscoll, and Nelson (2004) on distance education in education journals simply stated, "To increase the precision of classification, an inter-rater

reliability test was conducted. This test defined the extent to which different coders, each coding the same content, came to the same coding decisions” (p. 228) without reporting any statistics on inter-rater reliability. The content analysis of Worthington, Soth-McNett, & Moreno (2007) which examined multi-cultural counseling in 20 years of textbooks reported inter-rater reliability as being conducted by having coders meet on a regular basis to discuss discrepancies. It is apparent that inter-rater reliability standards, much like sampling size determination, seems to be lacking in many published studies utilizing content analysis.

Inter-rater reliability for this content analysis was conducted using both Cohen’s *kappa* and simple percentage agreement as these two methods seemed to be the most widespread in studies using content analysis. Although I conducted all of the initial coding, two additional coders were engaged to lend credence to the codebook. They participated in a one-hour training in which the study as well as codebook was explained (Appendix E). In addition to multiple meetings between coders and myself to discuss coding uniformity, instruction sheets were utilized to limit ambiguity between coders. A \$50.00 honorarium was given to each coder in the hopes of increasing accountability. It is important to note that in order to lower social desirability the two coders were not close acquaintances. The first coder, a professional with an MBA who has lived with HIV/AIDS since 1989, was randomly given 10% of the sample (n=24). After preliminary coding done individually, the coder and I reconvened and compared codebooks. Initially Cohen’s *kappa* was .46, while simple percent agreement, expected to be higher and less valid, was 54%. After discussing differences in the two sets of coding as well as some fine-tuning of the codebook (most specifically a change in the coding of terminal and chronic), Cohen’s *kappa* rose to .69 while simple agreement increased to 79%. Furthermore, 6.6% (n=16) of the sample was randomly selected again and coded by a master’s level social worker with

eight years of practice experience, some which were HIV/AIDS related. Perhaps due to the fine-tuning of the codebook this second round of inter-rater reliability was much higher with Cohen's *kappa* at 81.6% and a percent agreement of 87.5%. This corresponds with the standards, .80 or higher percent agreement, more liberal afforded Cohen's *kappa*, which are generally acceptable to those conducting content analysis (Neuendorf, 2002).

Wimmer and Domminick (as cited in Neuendorf, 2002) recommended between 10% to 20% of articles be used for reliability assessments. This study used 10% and 6.6% of articles randomly selected in order to ensure inter-coder reliability. Ideally 10-20% of the sample should have been used to evaluate inter-rater reliability. Unfortunately, due to the time constraints of coders I was only able to obtain 10% and 6.6% for inter-rater reliability. Perhaps, with external funding, I would have been able to further compensate coders for their time as each article took roughly 10-15 minutes to code. Further, 20% of articles were randomly selected for stability and were examined at the beginning, middle, and end of the study by the author. Content analysis of a similar nature was examined in order to credit this reliability (Carter & Forsyth, 2007; Freimuth, Massett, & Meltzer, 2006; Lee, Driscoll, & Nelson, 2004).

The highest form of reliability when doing a content analysis is accuracy. This calls for an expert panel of people to create the codebook or using a pre-existing codebook with proven validity. Unfortunately, neither of these were an option and therefore this will be explored in the limitations section in chapter six.

Hypotheses

Research Question One: Has the coverage of HIV/AIDS in social work journals changed since the introduction of HAART?

Hypothesis 1. There has been a *decrease* in the amount of HIV/AIDS coverage in social work journals since the introduction of HAART.

Research Question Two: Has the framing of HIV/AIDS as a domestic issue changed since the introduction of HAART?

Hypothesis 2. There has been a *decrease* in the framing of HIV/AIDS as a domestic issue since the introduction of HAART.

Hypothesis 3. There has been an *increase* in the framing of HIV/AIDS as a global issue since the introduction of HAART.

Research Question Three: Has the framing of HIV/AIDS as affecting specific populations changed since the introduction of HAART?

Hypothesis 4. There has been a *decrease* in the framing of HIV/AIDS as affecting MSMs since the introduction of HAART.

Hypothesis 5. There has been an *increase* in the framing of HIV/AIDS as affecting heterosexuals since the introduction of HAART.

Hypothesis 6. There has been an *increase* in the framing of HIV/AIDS as affecting women since the introduction of HAART.

Hypothesis 7. There has been an *increase* in the framing of HIV/AIDS as affecting persons of color since the introduction of HAART.

Hypothesis 8. There has been an *increase* in the framing of HIV/AIDS as an issue affecting the elderly since the introduction of HAART.

Hypothesis 9. There has been an *increase* in the framing of HIV/AIDS as an issue affecting children and adolescents since the introduction of HAART.

Hypothesis 10. There has been an *increase* in the framing of HIV/AIDS as an issue affecting substance misusers since the introduction of HAART.

Research Question Four: Has the framing of HIV/AIDS as a terminal disease changed since the introduction of HAART?

Hypothesis 11. There has been a *decrease* in the framing of HIV/AIDS as a terminal disease since the introduction of HAART.

Hypothesis 12. There has been an *increase* in the framing of HIV/AIDS as a chronic disease since the introduction of HAART.

Data Analysis

The Statistical Package for Social Science (SPSS) 16.0 was employed in order to quantify the codebooks. Each individual article was entered into SPSS and yielded a total of 240 cases. An example of the SPSS spreadsheet is displayed in Table 1; this hypothetical article could have been titled “Support Groups for HIV Positive Gay Men” (some cells are empty because they are only being used for demonstrative purposes, i.e., Latin only had two categories).

Each case was assigned a journal as well as year of publication. In order to make statistical tests more accessible, a dichotomous variable was added which denoted whether an article was pre-HAART or post-HAART. Global and domestic focuses were also coded with four choices, domestic, global, both, or neither. Articles were then coded either yes or no for a variety of populations. For example, if an article was about women of color with HIV/AIDS, it was given a yes for women, people of color, and people with HIV/AIDS. All other fields concerning population were coded as no. A total of 26 fields were used for the various populations. Each article was also coded with the authors as well as a brief description in order to make it easier to find cases with the data-set.

SPSS then generated data which were analyzed in order to observe frequencies, percentages, and proportion of HIV/AIDS articles within social work journals. Appropriate statistical tests (i.e., chi-square) were utilized for significance and the data were then used to answer the research questions and hypotheses. Chi-square, also known as a goodness of fit, is a statistical test which can analyze non-parametric variable to ascertain whether there is a statistically significant relationship.

CHAPTER FIVE

RESULTS

Chapter five presents the results from the statistical analyses. Each research question will be introduced and followed by a table displaying the results from chi-square analyses. Each table will be followed by the results which answer each hypothesis. The chapter concludes with a brief summary of the results.

Utilizing the four journals *Families in Society*, *Social Work*, *Social Work in Health Care*, and *Health & Social Work* the total sample size was 240 out of a possible 4332 articles published during the specified timeframe. Thus, 5.5% of the articles published over the twenty-year period in the four journals were related to HIV/AIDS. As seen in Table 2, of the 240 HIV/AIDS articles published between 1987 and 2006, 69 (28.8%) were in *Social Work in Health Care*, 63 (26.3%) were in *Health & Social Work*, 62 (25.8%) were in *Social Work*, and 46 (19.2%) were in *Families in Society*. Because there was variance in the total number of articles published by the different journals, a chi-square analysis was conducted to determine if particular journals were more likely to publish HIV/AIDS content. A chi-square test for independence was conducted and found to be significant ($\chi^2 = 30.69, p < .0001$). Post hoc analyses revealed that the health-related journals (*Health & Social Work* and *Social Work in Health Care*) were more likely to publish HIV/AIDS related articles than the more general journals (*Social Work* and *Families in Society*).

Figure 2 illustrates the total publications from the four journals over the 20-year period examined. As expected the years with the highest number of articles occurred prior to the

Table 2

Comparison of HIV/AIDS and non-HIV/AIDS Articles

	HIV/AIDS Articles		Non-HIV/AIDS Articles		Total articles		χ^2 (1)
	N	%	N	%	N	%	
General Journals	108	45.0	2581	63.1	2689	62.1	.19
<i>Social Work</i>	62	25.8	1414	34.6	1476	34.1	
<i>Families in Society</i>	46	19.2	1167	28.5	1213	28.0	
Health Journals	132	55.0	1511	36.9	1643	37.9	.13
<i>Health & Social Work</i>	63	26.3	752	18.4	815	18.8	
<i>Social Work in Health Car</i>	69	28.8	759	18.5	828	19.1	
All Journals	240	100.0	4092	100.0	4332	100.0	30.69*****

*p<.05, **p<.01, ***p<.001, *****p<.0001

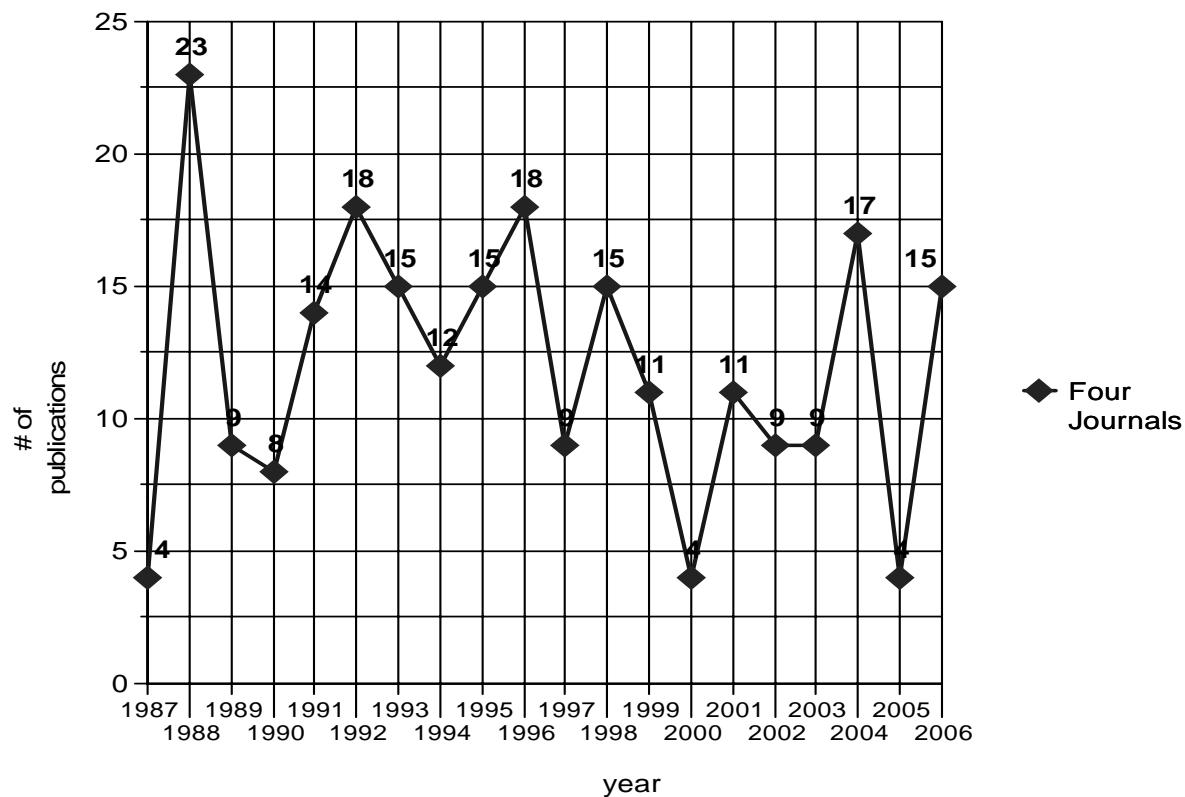


Figure 2. Combined journals HIV/AIDS research

introduction of HAART. The years 2001 through 2006 showed little in the way of a pattern as publications fluctuated greatly. This could be attributed to the fact that articles may have begun to focus on other social work issues, such as 9/11.

It is also important to note that each journal had at least one year in which a special edition (see Table 3) was published which contained an emphasis on articles related to HIV/AIDS.

Table 3

HIV/AIDS Journal Special Editions

Journal	Year(s)
<i>Families in Society</i>	1988, 1994
<i>Social Work</i>	1991, 1993
<i>Health & Social Work</i>	2004
<i>Social Work in Health Care</i>	1992, 1993, 1995, 1996, 2006

Research Question One

Has the coverage of HIV/AIDS in social work journals changed since the introduction of HAART?

The goal of this research question was to investigate whether the amount of HIV/AIDS research within social work journals has, like popular media, changed since the introduction HAART. There was one hypothesis related to research question one.

Hypothesis 1: There has been a decrease in the amount of HIV/AIDS coverage in social work journals since the introduction of HAART. In order to test this hypothesis, a total of seven chi-square analyses were conducted in a three-step process. The first step included all of the journals combined. That is, I first tested to see if there was an overall decrease in HIV/AIDS articles between the pre-HAART and post-HAART periods (see Table 4). The results of this first step were not significant. The second step was to test whether there was a decrease among the general journals and the health-related journals. There was a statistically significant decline in

the amount of HIV/AIDS articles published in the general journals ($\chi^2 = 11.31, p < .001$), while there was no significant difference in the health-related journals. The third step examined each journal individually. *Families in Society* was the only journal which had a significant difference ($\chi^2 = 10.55, p < .01$), in the number of articles published before and after HAART, which represented a decrease in the amount of HIV/AIDS articles post-HAART.

Research Question Two

Has the framing of HIV/AIDS as a domestic issue, as compared to a global issue, changed since the introduction of HAART?

The goal of this research question was to investigate whether the amount of HIV/AIDS research which framed HIV/AIDS as a domestic or global issue within social work journals has, like popular media, changed since the introduction of HAART. It is important to note that this category had four coding choices: domestic, global, both, or neither. These categories are not mutually exclusive in that an article coded as “both” would have framed HIV/AIDS as a domestic as well as a global issue. Therefore, two hypotheses related to research question two were formulated and tested (see Table 5). The amalgamation of the four selected journals revealed a heavy emphasis on domestic issues versus articles focused on HIV/AIDS issues outside of the United States. Domestic articles dominated with 82.9% (n=199), articles about global issues accounted for 5.4% (n=13), those that dealt with both were 3.3% (n=8), and articles which did not clearly present either a domestic or global agenda were 7.9% (n=19). Due to low cell counts, chi-square analyses were conducted only on all journals. It was not possible to examine decreases in individual journals or type (i.e., general or health) of journal.

Table 4

Comparison of Pre-HAART and Post-HAART HIV/AIDS Articles

	Pre-HAART (N = 136)		Post-HAART (N = 104)		Total (N = 4332)		χ^2 (1)
	N	%	N	%	N	%	
General Journals	81	59.6	27	26.0	2689	62.1	11.31***
<i>Social Work</i>	46	33.8	16	15.4	1476	34.1	1.98
<i>Families in Society</i>	35	25.7	11	10.6	1213	28.0	10.55**
Health Journals	55	40.4	77	74.0	1643	37.9	.56
<i>Health & Social Work</i>	28	20.6	35	33.7	815	18.8	.26
<i>Social Work in Healthcare</i>	27	19.9	42	40.4	828	19.1	.15
All Journals	136	56.7	104	43.3	4332	100	.77

*p<.05, **p<.01, ***p<.001, ****p<.0001

Table 5

Comparison of Pre-HAART and Post-HAART as a Domestic or Global Issue

	Pre-HAART Articles (N = 136)		Post-HAART Articles (N = 104)		Total articles (N = 240)		χ^2 (1)
	N	%	N	%	N	%	
Domestic	115	84.6	85	81.7	227	94.6	.339
Global	3	2.2	10	9.6	13	5.4	6.3156*

*p<.05, **p<.01, ***p<.001, ****p<.0001

Hypothesis 2: There has been a decrease in the framing of HIV/AIDS as a domestic issue since the introduction of HAART. Though there was a decrease in the number of HIV/AIDS articles that framed the disease as a domestic issue, there was also a decrease in the overall number of HIV/AIDS articles post-HAART. The chi-square performed to discover whether there was a difference in the number of HIV/AIDS publications which focused on domestic issues pre and post-HAART was not significant. Thus, Hypothesis Two was not supported.

Hypothesis 3: There has been an increase in the framing of HIV/AIDS as an international issue since the introduction of HAART. There were 3 articles out of 133 (2.25%) published demonstrating an emphasis on global issues pre-HAART versus 10 articles out of 93 (9.3%) which were published post-HAART. The chi-square performed to discover whether there was a difference in the number of HIV/AIDS publications which focused on global issues pre and post-HAART was significant ($\chi^2 = 6.315, p < .05$). Thus, Hypothesis Three was supported.

Research Question Three

Has the framing of HIV/AIDS as affecting specific populations changed since the introduction of HAART?

The goal of this research question was to investigate whether the amount of HIV/AIDS publications which framed at-risk populations discussed in Chapter Two within social work journals has, like popular media, changed since the introduction of HAART. In particular, the framing of seven populations was investigated; hence there were seven hypotheses for research question three. The results are displayed in Table 6. Due to low cell counts, chi-square analyses were conducted only on all journals. It was not possible to examine decreases in individual journals or type (i.e., general or health) of journal.

Table 6

Comparison of Pre-HAART and Post-HAART HIV/AIDS Affected Populations

Population	Pre-HAART Articles (N =136)		Post-HAART Articles (N = 104)		Total articles (N = 240)		χ^2 (1)
	N	%	N	%	N	%	
MSM	11	4.6	8	7.7	19	7.9	.013
Heterosexuals	10	7.4	2	1.9	12	5.0	3.658
Women	10	7.4	19	18.2	29	12.1	6.611**
Persons of color	5	3.7	5	4.8	10	4.2	.189
Elderly	3	2.2	8	7.7	11	4.6	4.056*
Children & adolescents	12	8.8	6	5.8	18	7.5	.792
Substance misusers	6	4.4	1	.9	7	2.9	2.478

*p<.05, **p<.01, ***p<.001, ****p<.0001

Hypothesis 4: There has been a decrease in the framing of HIV/AIDS as affecting MSMs since the introduction of HAART. Although the number of articles focused on MSMs decreased from 11 in the pre-HAART period to 8 in the post-HAART period, this difference was not found to be statistically significant. Thus Hypothesis Four was not supported.

Hypothesis 5: There has been an increase in the framing of HIV/AIDS as affecting heterosexuals since the introduction of HAART. Unexpectedly, counter-intuitive to the fact that there has been an increase in heterosexual transmissions of HIV/AIDS over the past 20 years there was a decrease in the number of articles focused on heterosexuals from 10 in the pre-HAART period to 2 in the post-HAART period. However, though the decrease approached statistical significance ($p = 0.056$) it was not statistically significant. Thus Hypothesis Five was not supported.

Hypothesis 6: There has been an increase in the framing of HIV/AIDS as affecting women since the introduction of HAART. There was an increase from 10 articles in the pre-HAART period to 18 articles in the post-HAART period that had women as a significant focus, a statistically significant difference ($\chi^2 = 6.611$, $p < .01$). Thus Hypothesis Six was supported.

Hypothesis 7: There has been an increase in the framing of HIV/AIDS as affecting persons of color since the introduction of HAART. It was necessary to examine persons of color, including persons of African and Latin descent as a single group due to the fact that there were not enough articles focusing on these populations to perform separate analyses. In both the pre-HAART and post-HAART periods, there were 5 articles that had a significant focus on persons of color. Thus Hypothesis Seven was not supported.

Hypothesis 8: There has been an increase in the framing of HIV/AIDS as an issue affecting the elderly since the introduction of HAART. There was a statistically significant ($\chi^2 =$

4.056, $p < .05$) increase in articles focusing on the elderly. There were 3 articles out of 136 (2.2%) published demonstrating an emphasis on the elderly pre-HAART versus 8 articles out of 104 (7.7%) which were published post-HAART. Thus Hypothesis Eight was supported.

Hypothesis 9: There has been an increase in the framing of HIV/AIDS as an issue affecting children and adolescents since the introduction of HAART. Contrary to expectations, there was an overall decrease in the number of articles focusing on children and adolescents from 12 in the pre-HAART period to 6 in the post-HAART period. However, this decrease was not statistically significant. Thus, Hypothesis Nine was not supported.

Hypothesis 10: There has been an increase in the framing of HIV/AIDS as an issue affecting substance misusers since the introduction of HAART. As with children and adolescents, the trend in articles focusing on substance misusers was in the opposite direction of that predicted. In the pre-HAART period there were 6 articles with a significant focus on substance misusers and 1 article with this focus in the post-HAART period. However, this decrease was not statistically significant. Thus, Hypothesis Ten was not supported.

Research Question Four

Has the framing of HIV/AIDS as a terminal disease changed since the introduction of HAART?

The goal of this research question was to investigate whether the HIV/AIDS articles published within social work journals has framed the disease as being chronic or terminal, since the introduction of HAART. There were two hypotheses related to research question four.

It is important to note that this category had three choices, terminal, chronic, or both. The vast majority of articles framed HIV/AIDS as both. These categories (terminal and chronic) are not mutually exclusive in that an article could focus on HIV/AIDS as terminal and chronic. Therefore, two hypotheses related to research question four were formulated and tested (see

Table 7). Forty-six articles, 19.2% of the sample, had wording which strongly suggested the author(s) presented HIV/AIDS as either terminal or chronic. The majority of articles at 80.8% (n=194) had wording which presented HIV/AIDS as both terminal and chronic or were ambiguous when it came to describing the virus. Due to low cell counts, chi-square analyses were conducted only on journals. It was not possible to examine decreases in individual journals or type (i.e., general or health) of journal.

Hypothesis 11: There has been a decrease in the framing of HIV/AIDS as a terminal disease since the introduction of HAART. The chi-square performed to discover whether there was a difference in the number of HIV/AIDS publications which framed HIV/AIDS as a terminal disease pre and post-HAART was significant ($\chi^2 = 11.565$, $p < .001$). There were 20 articles out of 136 (14.7%) published framing HIV/AIDS as a terminal disease pre-HAART versus 2 articles out of 104 (1.9%) which were published post-HAART. Thus, Hypothesis 11 was supported.

Hypothesis 12: There has been an increase in the framing of HIV/AIDS as a chronic disease since the introduction of HAART. The chi-square performed to discover whether there was a difference in the number of HIV/AIDS publications which framed HIV/AIDS as a chronic disease pre- and post-HAART was significant ($\chi^2 = 17.376$, $p < .0001$). There were 4 articles out of 136 (2.9%) published demonstrating an emphasis on HIV/AIDS as a chronic disease pre-HAART versus 20 articles out of 104 (19.2%) which were published post-HAART. Thus, Hypothesis Twelve was supported.

Summary of Findings

HIV/AIDS within social work journals has changed in a variety of ways over the last 20 years. This transformation is to be expected; as the virus has evolved, so has literature regarding the virus. It is encouraging that both women and the elderly had a significant increase in articles

Table 7

Comparison of Pre-HAART and Post-HAART HIV/AIDS as a Chronic or Terminal Issue

	Pre-HAART Articles (N = 136)		Post-HAART Articles (N = 104)		Total articles (N = 240)		χ^2 (1)
	N	%	N	%	N	%	
Terminal Disease	20	14.7	2	1.9	22	9.2	11.565***
Chronic Disease	4	2.9	20	19.2	24	10.0	17.376****
Both	112	82.4	82	78.8	194	80.8	.468

*p<.05, **p<.01, ***p<.001, ****p<.0001

published, but discouraging that this same trend did not play out for persons of color. It is also intriguing that social work articles have also begun to define HIV/AIDS as chronic since the advent of HAART, much like other media outlets.

This descriptive content analysis of four journals in the field of social work explored changes in HIV/AIDS since the advent of HAART. Although there was a decrease in the number of articles published in mainstream journals it was encouraging to find that the health-related journals actually showed an increase in publications regarding HIV/AIDS. Perhaps as treatment for HIV/AIDS continues to be refined, the medical social work journals will take responsibility for enlightening the field of social work. As HIV/AIDS has shifted out of mainstream media, social work journals seem to have paralleled this movement.

CHAPTER SIX

DISCUSSION

This final chapter reviews the original four research questions. Limitations as well as strengths of the study are explored and implications for social work practitioners are discussed. Lastly, recommendations for future research are suggested in order to further publications on HIV/AIDS within social work journals.

Discussion of Research Questions

Research Question One: Has the coverage of HIV/AIDS in social work journals changed?

Mainstream journals, congruent with previous research, showed a noticeable decrease in HIV/AIDS-related publications since the mid-1990s (Lehrman, 2004; Swain, 2005). Conversely, medically-focused social work journals showed an increase in HIV/AIDS related publications. The two journals chosen as representative of those that conceivably reach the most social workers, *Social Work* and *Families in Society*, displayed a disturbing trend: HIV/AIDS is no longer an issue at the forefront of most social work publications since the introduction of HAART. It is heartening to see that those publishing in medical social work still believe that HIV/AIDS has a powerful bearing on the profession of social work as shown by the increase of articles in health journals. Perhaps this is explained by a stronger alignment of these journals with health-related issues including HIV/AIDS, a continuing and pervasive crisis for America's health care system.

Many factors could explain the decline of HIV/AIDS articles in mainstream journal publications. For example, the editorial board of any journal is responsible for the agenda-setting

for that journal. Therefore, one editor may be concerned with HIV/AIDS while another may believe that the field of social work needs to focus on issues of child abuse or substance misuse. Commonly, the editors and editorial staff are academics positioned in universities throughout the world. It is interesting to note that Diaz and Kelly (1991) in their study on social work education found that of 1,593 full-time faculty members surveyed, only 2% reported that they were conducting HIV/AIDS related research. Further, only 1% had extramural grant-funded research on HIV/AIDS. That this occurred at a time when HIV/AIDS was far from being considered chronic and populations-at-risk such as women of color had already surfaced is mind-boggling. It would seem social workers in academia during that time-period would have been doing more research on HIV/AIDS related issues.

Although many social workers have responded by including HIV/AIDS in their overall research agenda, the number of HIV/AIDS-related articles still seems rather small. HIV/AIDS in social work suffers the same harsh realities of aging in social work, specifically; research is being conducted in order to evaluate how to teach social work students about this important subject matter in the hopes that more students will show an interest in these fields (Kolomer, Lewinson, Kropf, & Wilks, 2006). Essentially, we are trying to discover innovative ways to *sell* populations such as those living with HIV/AIDS to future social workers.

It is troubling to note that *Social Work*, accepted by many as the *premier* journal and mailed to every member of the National Association of Social Workers failed to have a single article related to HIV/AIDS during the years of 1987, 1997, 2000, and 2005. Future studies should investigate journals' editorial biases. It is also noteworthy that a national survey of 556 social work faculty members by Sellers, Perry, Mathiesen, and Smith (2004) found that overall respondents were unhappy with the current state of social work journals. "Another implication of

the findings highlights the diminutive role of practitioners in contributing to and using the information in social work journals” (p. 158).

Research Question Two: Has the framing of HIV/AIDS as a domestic, as compared to a global, issue changed?

There is no doubt that HIV/AIDS is a domestic epidemic of major proportions within certain populations. Although our inner-cities as well as rural areas are being ravaged by new infections, our plague is nothing compared to the pandemic that is taking place across such countries as South Africa, China, Russia, and Thailand. Global HIV/AIDS deaths are expected to rise from 2.8 million in 2002 to an astronomical 6.5 million in 2030, and this calculation includes coverage of the combination therapies reaching 80% of those infected by 2012 (Mathers & Loncar, 2006).

One of the most startling findings from this content analysis was social work’s lack of research on global HIV/AIDS issues. Although there are social work journals which focus on international social work issues, the four that were utilized for this study did not have a direct focus on subjects outside of the United States (although most published some articles on issues which had a focus outside of the United States). The fact is, very little was published on HIV/AIDS in countries which have much higher rates of infection than the United States. Lasswell (1972) could prescribe this to the fact that those in underdeveloped nations have little or no power, therefore making it impossible for them to advocate for more publications although why this phenomenon would play out in social work journals which are concerned with the disenfranchised is not clear.

Publications in social work journals over the 20-year period studied only contained 13 articles, less than 6%, with an emphasis on global HIV/AIDS. From these results it would seem

social workers in the United States live in a vacuum that ignores a global HIV/AIDS pandemic. Although there has been a thrust in social work education for more training and internships in international social work and specifically in global HIV/AIDS work, this has not extended to the literature thus far (Hall, 2007; Johnson, 2004).

HIV/AIDS and social work publications have largely ignored the global epidemic, in spite of the fact that the future of HIV/AIDS in social work may begin to look like more of an international mission versus one that is happening in America. Although the problem still remains momentous in the United States, the situation is even worse in other parts of the world. Social work has the unique opportunity to play a role in training health care workers in China, Russia, and other countries who are having a difficult time incorporating HIV/AIDS into their systems. We can demonstrate what we have learned, especially in terms of harm reduction techniques, over the past 25 years in our battle with HIV/AIDS.

Research Question Three: Has the framing of HIV/AIDS as affecting specific populations changed?

Not surprisingly, a large number of articles (n=116, 48.3%), were directly connected to people living with HIV/AIDS (including those in the hospital setting, rural setting, and those with HIV/AIDS dementia). Men, including gay and bisexual men, classified as Men who have Sex with Men (MSM), had a lower number of articles linked to them than those related to women, including lesbians contrary to the fact that gay men were and continue to be a group with a high proportion of HIV infections (Shilts, 1987; Strug, Grube, & Beckerman, 2002; Stulberg & Smith, 1988). Articles focused on men had a sample size of 25, while women had a sample size of 29 (10.4% versus 12.5%). Populations with surprisingly low numbers of articles included adolescents (including gay, bisexual, and transgender) (n=7, 2.9%), IV drug

users/substance misuse (n=7, 2.9%), hemophiliacs (n=2, .48%), and those who were homeless (n=1, .24%). While the literature has demonstrated that infections have decreased in both the IV drug-using communities as well as MSM, the number of articles which were published with a focus on either were surprisingly low (Kaiser Family Foundation, 2007; Strug, Grube, & Beckerman, 2002). The profession of social work has published fewer frames regarding these populations perhaps because they believe they are no longer at risk for infection.

Populations which are currently being heavily affected by the HIV/AIDS virus have changed drastically since the plague began in the early 1980s. Heterosexual women of color are now one of the largest groups of new infections (Kaiser Family Foundation, 2007; Neff, Amodei, Valescu, & Pomeroy, 2003). Although there was an increase in the number of articles which focused on women from 10 to 19 pre- and post-HAART, in comparison to the total sample size this number is miniscule.

Pediatric AIDS was also emphasized prior to the drug cocktail's advent. Research articles regarding children seem to span the whole 20 year period examined, although the emphasis shifted towards the global issues of AIDS orphans post- HAART. Domestic articles were nearly non-existent as prenatal transmission rates dropped from 10% to less than 2%, perhaps a testament to the success of new medications used in the United States (Kaiser Family Foundation, 2007). There were 6 articles published pre-HAART and 5 articles post-HAART with an emphasis on children. Overall, children were the focus of 11 articles.

Research has demonstrated that framing of certain subjects within journals at-large have fluctuated in terms of the number of articles published (Freimuth, Massett, & Melzer, 2006). It could be assumed that social work journals would be dutiful in their quest to highlight populations which are in dire need of assistance. Yet, due to the fact that there were so few

publications regarding people of color, this research has demonstrated that social work journals have not remained cognizant of the fact that this population currently has one of the highest rates of new infections (Kaiser Family Foundation, 2007). Due to the fact that social work has largely ignored these populations, the profession has inadvertently set an agenda which does not frame HIV/AIDS as affecting those hit hardest by the virus.

Research Question Four: Has the framing of HIV/AIDS as a terminal, as compared to a chronic, disease changed?

A disturbing outcome of this study was the number of articles pronouncing HIV/AIDS to be either chronic or terminal (n=46 or 19.2% of sample). HIV/AIDS has always been a disease that is both chronic *and* terminal. Early in the epidemic a small number of long-term survivors (roughly 4-5% of those infected) tested positive for antibodies yet never progressed to AIDS (Addiction Letter, 1995; Beardsley, 1994). These almost mythical figures had an abundance of CD8 (a type of t-cell) cells that seemed to keep the HIV virus at bay. Although the majority of those infected prior to anti-retrovirals died fairly quickly, the profession discounted those who were living with the virus when they referred to HIV/AIDS exclusively as a terminal illness. At the same time social workers were possibly giving up on any type of forthcoming curative measures. Conceivably this is illustrative of that era during which HIV/AIDS was viewed as terminal and average life expectancy for someone newly infected ranged from 8 to 11 years from diagnosis (Hoy-Ellis & Fredriksen-Goldsen, 2007).

With this taken into consideration, almost equally disturbing is the fact that many in the profession are now eager to label HIV as a chronic health condition. Although the advent of drug cocktails has made HIV/AIDS livable for most infected, the United States still had approximately 70,000 deaths from AIDS in 2005 (Kaiser Family Foundation, 2007). For the

majority, HIV/AIDS does indeed have the potential to be chronic. However, depending on time of diagnosis, socio-economic status, access to medical care, and many other factors, the disease can very well bring the same death sentence it did in the 1980s.

This begs the question of whether or not social workers understand the basic biology of HIV/AIDS. The authors of 46 articles reviewed in this study that defined HIV/AIDS as either chronic or terminal misunderstood the biology of HIV/AIDS. Some examples of this are research by Cox (2002) which proclaimed, “society now considers HIV to be a chronic disease” (p. 427) as well as the discussion piece written by Stulberg and Buckingham (1988) which stated, “AIDS is a lethal, sexually transmitted disease that currently has no curative treatments” (p. 355). Lastly, the work of Letteney and LaPorte (2004) which defined HIV/AIDS as chronic when they wrote, “Currently, a diagnosis of HIV is no longer a death sentence but a chronic medical illness, managed by improved medical regiments” (p. 106).

Perhaps, as suggested by Koob and Harvan (2003) there is a monumental need for more HIV/AIDS material in social work educational curriculum. Social work has the unique opportunity to provide public health information regarding HIV/AIDS to students in multiple class settings. Without such knowledge, it is likely social workers will continue to perpetuate misconceptions regarding the virus. If there is a lack of understanding among those who publish in journals, what type of information is guiding future social workers?

Changes in Issues over the 20-Year Period

Many pieces published before 1998 had an emphasis on grief and loss. The work of Taylor-Brown & Wiener (1993) is an example of the mindset in the United States in 1993. This article was set up as a *how-to guide* for women with HIV/AIDS, showing them how to make videotapes for their children before they died. Although the subject matter seems grim, it also fits

the mentality at the time. Another example of the prevalence of loss is given by Dane (1991), who explored anticipatory grief of middle-age parents with adult children who had AIDS. Death and dying were incorporated into most journal articles addressing patients and caregivers coping with HIV/AIDS. The hopelessness and frustration that permeated this era was evident in many of these pieces. There were 9 publications directly related to death and dying. Using the chronological time-frame there were 7 articles pre-HAART and 2 post-HAART. Articles related to suicide were found only in pre-HAART journals and included 1 in 1995 and 2 in 1996.

Prior to 1997, as expected, the data also gave prominence to the topic of HIV/AIDS patients in the hospital setting. Many of these articles were focused on health-care practitioners, including social workers, as well as patients coping with HIV/AIDS-based dementia. A total of 15 articles were produced prior to the introduction of HAART. As another sign that HIV/AIDS has experienced a dramatic decrease in mortality, there was not a single article which focused on such issues after 1996.

Articles with an emphasis on support groups, both for those living with HIV/AIDS and caregivers, were plentiful pre-HAART with 10 publications and 4 post-HAART. Post-HAART, many articles featured new themes relevant to people living with HIV/AIDS. Prior to the evolution of effective treatments, subjects such as workplace re-entry for those with HIV/AIDS, medical adherence, and exploration of areas around sexuality for those with an HIV/AIDS diagnosis were absent. Post-HAART there were 7 articles which tackled these subjects.

Limitations of this Study

Accuracy is the highest form of reliability when conducting a content analysis (Krippendorff, 1980; Neuendorf, 2004; Weber, 1990). Unfortunately, to obtain true accuracy the codebook must be one that has been used before or one that was created by a panel of *experts*.

Due to the fact that this research has not been conducted before, it was impossible to find a codebook to properly capture the variables I was attempting to quantify. Although some experts in the field of HIV/AIDS were consulted during the creation of the codebook, a panel of experts on HIV/AIDS, content analysis, Lasswell's theory, and frame analysis was not feasible. Therefore this study lacked the highest form of reliability which can be utilized in content analysis.

The methodology of content analysis comes with its own mixed bag of limitations. One of the most significant is that the sample of research articles may not be exhaustive; another limitation could be the improper design or use of the codebook. However, "although validity is a common problem with content analysis, the concreteness of materials studied in quantitative approaches to content analysis strengthens the likelihood of reliability. You can always code and recode and even recode again if you want, making certain that the coding is consistent" (Rubin & Babbie, 2005, p. 480). Therefore what is lost in validity is made up in reliability.

Essentially, this research, much like most research which utilizes content analysis, had high reliability but low validity. "Developing measures that are reliable and still capable of tapping the richness of meaning of concepts is a persistent and inevitable dilemma for the social researcher, and you will be effectively forearmed against it by being forewarned" (Rubin & Babbie, 2005, p. 199). Although every measure was taken to increase validity, including seeking out three individuals with expertise in the field of HIV/AIDS to assist with the codebook, validity within content analysis is usually low based on the methodology alone. An example of this is the codebook (Appendix D) which contained an open-ended section for coders to define the population that the article was about. One way to strengthen the codebook would have been to have had a list of populations for coders to choose from, therefore reducing ambiguity.

Another limitation facing this study was having only two coders to test for inter-rater reliability. More funds would have assisted in hiring additional coders, perhaps ensuring higher inter-rater reliability. There was possible variance between each coder, something that could have been lessened by using a computerized content analysis. An attempt was made to find coders who were not well known to me as to lessen the social desirability factor. The ambiguity of the subject matter must also be addressed as themes such as chronic and terminal are not always concrete. Although there was an attempt in the coding process to address this by having catch-all categories, the fact remains that these were concepts difficult to quantify.

Computer-assisted content analysis vastly decreases ambiguity between coders. Although there are many advantages in using one of multiple programs, there is some loss of validity in that the computer cannot discern whether a particular word is relevant in the context of a sentence. Unlike a coder, a computer can only identify words. Computer-assisted content analysis may have increased the number of sample articles, but it is unlikely that those articles would have yielded substantially more information.

Furthermore, increased access to more funding sources (i.e., CDC, NIMH) since the beginning of the epidemic could have contributed to this study. Since most publications are directly tied to research, it would follow that research funding would likely be linked to the extent of research that is being published on any given subject. A broader view of funding resources would have given this research more credibility in that area. Unfortunately, after exhaustive searches, there was little found on funding other than the work of Holtgrave and Kates (2007) that documented a strong link between incidence of HIV and the CDC's prevention budget. This work concluded that, "...beginning in the mid-1980s, it appears that the nation's investment in HIV prevention came to anticipate HIV incidence (with a 1-year lag)" (p. 66).

Using this study as anecdotal evidence it would appear that funding sources for prevention, including research, have indeed been available to those interested in researching HIV/AIDS.

Although the sample size of 240 articles appeared congruent with past research which used content analysis, it ended up being too small for certain aspects of this study. After the articles were coded, it was apparent that there were only a small number of articles related to certain populations, including people of color and adolescents. This made the task of discovering whether publications increased or decreased in certain areas difficult. Another important facet is to identify is the fact social workers publish in multiple disciplines. Therefore, although this research attempted to capture a general overview of social work publications on HIV/AIDS, it was remiss due to the fact that it only contained social work specific journals.

In conclusion, having more coders, increased access to funding information, and a larger sample size may have decreased the challenges encountered in this study. This might have been possible had more significant funding been available to assist with this project; this was not possible due to time and logistical constraints. Although this study did have some limitations, I still believe it to be a valid and worthy assessment of HIV/AIDS within social work journals.

Strengths of this Study

This research attempted to provide a broad perspective of HIV/AIDS within social work journals. By providing a broad scope of the work done thus far by social workers in journals, it is hoped that such knowledge could direct future social work education. Without inclusion of HIV/AIDS material in social work education, the next generation of social workers who participate in the publication process may have little desire to further an agenda which includes publications on HIV/AIDS. While there were limitations to this study, there were some strengths as well.

Content analysis can bring to light many subjects warranting further examination. When attempting this study, I hoped to be able to provide insight into the role that social work has played in both the global and domestic HIV/AIDS pandemics. While also providing some historical perspective, this study sought to find out the place that HIV/AIDS has within the culture and context of social work.

The use of Lasswell's *Who gets What, When, How* provided a theoretical perspective from another discipline, political science, which allowed for a unique lens in which to view power differentials and its effect on the masses and elites in the United States. Further, the ideas which ground framing, priming/agenda-setting, were also enlightening in that they illuminated the effect that publications can have on the perceptions of those exposed to said publications. These two distinct frameworks allowed me to construct a study on a multi-faceted issue such as HIV/AIDS.

However, the most salient strength of this study is the fact that it stands alone when examining literature on HIV/AIDS and social work. No other research has attempted to quantify 20 years worth of HIV/AIDS research from leading social work journals in order to give a descriptive picture of the virus within the arena of social work. A broad, descriptive analysis such as this study has yet to be available to social workers. It is hoped that this work will pave the way for more analysis and discussion on HIV/AIDS place within the social work profession, both in clinical and academic realms.

Implications for Social Work Practice

As HIV/AIDS continues to become a more treatable and livable chronic health condition, at least for those with access to medical care, housing, and refrigeration for medication, the role of the HIV/AIDS social worker will evolve. As discovered in this research, the early days of the

epidemic required social workers to primarily confront end-of-life and grief issues. They took paramount roles in helping gay men bond with their families of origin and essentially helped those infected with HIV/AIDS come to terms with death. They also worked in the foreground of public health to discover new approaches for engagement in risk-reducing behaviors.

The issues have changed since the revolutionary advancement of anti-retroviral therapies. Social workers are now tackling such critical topics as re-entry into the workforce after being in disability programs and medical compliance. With treatments becoming so advanced and refined, one must ask is there still a need for social workers to be involved in the lives of those living with HIV/AIDS. If it truly is a chronic, treatable condition, perhaps social workers are no longer needed to be engaged in the lives of those living with the virus. After all, social workers do not generally provide case management services to others living with chronic illness such as diabetes, hypertension, hepatitis C, and herpes.

This study demonstrated that the work of social workers in the field of HIV/AIDS is far from over. For a variety of reasons, there is still a powerful role for these professionals to play in the lives of those infected with HIV/AIDS. One of the weightiest challenges in the fight against HIV/AIDS continues to be the stigma that comes with having the virus (Moorer, 2003).

Although diabetes and heart disease can be equally or more crippling than HIV/AIDS, neither carry the connotations of HIV/AIDS. Most people are not afraid of losing employment or housing if they are afflicted by socially acceptable illnesses affecting both the masses and the elites such as cancer and diabetes. Those living with HIV/AIDS encounter an extraordinary set of obstacles and social work offers a multi-level skill set that is well matched to these needs. Social workers, especially those working in HIV/AIDS case management, are sometimes considered to be a luxury that current managed care cannot afford. The question must be asked:

How expensive will it be to treat more infections compared to caring for those already infected and potentially stopping new infections?

This content analysis has shown that published articles dealing with people of color are truly disproportionate when compared with high rates of infections occurring in communities of color. With these new infections soaring to incomprehensible levels, it is obvious that HIV/AIDS has evolved from the gay male and IV drug using virus it once was (Clarke-Tasker, Wutoh, & Mohammed, 2005). Social workers must acknowledge that the populations being hardest hit by HIV/AIDS have changed since the mid-1980s and tailor research, publications, and practice accordingly.

Social workers in the field must continue case management services for those coping with the virus in order to ensure medical compliance and a high quality of life. If social workers do not continue to lobby for funding to assist local non-profits specializing in services for those with HIV/AIDS, they will lose the opportunity to further lessen the mortality rates that have declined at a record pace since the mid 1990's (Whitman, Murphy, Cohen, & Sherer, 2000). Funding of programs allowing access to medications regardless of health insurance status may also be at risk of reduction. While HIV/AIDS drug assistance programs are facing their own economic trials, social workers must be aware that these viable alternatives for uninsured Americans are providing life-saving medications, lowering viral loads of HIV, and therefore making those who are adherent less infectious ("CD4+ cell", 2006).

Social work practitioners, especially those working with persons who have recently emigrated from countries with high HIV/AIDS infection rates, must remember that the global epidemic of HIV/AIDS outside the United States is much larger than in this country:

HIV disease is essentially the Black Death of the 21st century, killing on a massive scale and threatening to cripple economies and topple governments. However, the continued spread of the HIV epidemic and the new availability of lifesaving antiretroviral drugs have triggered an extraordinary response by governments, international agencies, philanthropies, pharmaceutical companies, religious organizations, and individuals (Mullan, 2007, p. 744).

Researchers and practitioners can take the recommendations from this content analysis and begin to examine communities of color on a wider scale. At the same time, the HIV/AIDS epidemic abroad needs to be analyzed further across the spectrum of social work, perhaps starting at the BSW internship level. Practitioners have the power and skills to impact the high rates of HIV/AIDS infections occurring in the United States and globally. Hopefully, this descriptive content analysis will begin to point social workers in the right direction.

Recommendations for Future Research

My first recommendation would be to discover whether or not there is in fact a connection between availability of funding and HIV/AIDS research. Funding plays a major part in HIV/AIDS research and has many implications for both academia and practice. Mitka noted, “the NIH, which historically funded 30% of applications, now only funds 20%. For first-time submissions, the acceptance rate is only 10%. Such low rates have raised concerns about nurturing new researchers and novel ideas” (p. 615). Another indication of the frugal state of research is the fact that the United States government passed a 2008 budget which provides less money for academic research versus previous years (Field, 2008). Jaskyte (2005) recognized that, “social work practitioners and academics are faced with challenges of securing funding for their activities. Social work practitioners need to look for alternative funding sources to sustain

their programs, and social work scholars are increasingly experiencing pressure of bringing in extramural funding” (p. 47).

According to the Kaiser Family Foundation (2007) funding for HIV/AIDS by the CDC for fiscal year 2007 was broken down into five categories; direct care (58%), research (12%), prevention (4%), cash/housing (9%), and global (17%). Siegel, Byron & Lawrence (2005) verified that two-thirds of federally sponsored studies investigate five primary diseases: infections (other than HIV/AIDS), cancer, HIV/AIDS, cardiovascular disease, and substance abuse. Most would agree that although HIV/AIDS affects a relatively small number of the population, it still seems to garner a huge percentage of research funds.

Holtgrave and Kates (2007) explored HIV/AIDS incident rates with CDC’s prevention budgets from 1978-2006. This exploratory study sought to determine whether the amount of funds being used toward prevention had any effect on number of new infections. This research focused, “on the CDC’s HIV prevention budget because it is the lead agency in the United States supporting HIV prevention services, and accounts for the bulk of federal HIV/AIDS funding and prevention in the United States” (p. 63). The authors found that, “CDC’s HIV prevention budget increased most sharply in the early years of the epidemic. Since the early 1990s...budgets have been on the decline. Expressed in real dollars, the inflation-adjusted budget is now at a level roughly equal to that seen in the early to mid-1990s” (p. 65). Overall the researchers discovered that beginning in the mid 1980s HIV prevention funds anticipated HIV incidents with a one or two year lag. Although there may be a link between amount of funds and publications on certain subjects, there is no data with regards to HIV/AIDS in social work to support or rebuke this statement.

My second recommendation would be making research more accessible and applicable to practitioners working in medical social work. This is a process which could be more steadfast if educators began to introduce multiple research methodologies to students starting their undergraduate or graduate social work education. As HIV/AIDS treatment continues to change it is important for social workers to become cognizant of the research being done in the field. Although the vocation professes to provide research accessible to line workers in the field, there is a need for more practice research to assist medical social workers working primarily with the HIV/AIDS population. The plight of those infected with Hepatitis C (HCV) is quickly becoming an epidemic mirroring HIV/AIDS (Paylor & Orgel, 2004). “It would seem that the lessons learnt and prevention strategies implemented in response to the HIV/AIDS epidemic have fallen short of reducing the risk of exposure to HCV” (p. 903). Perhaps future research on HIV/AIDS would be well served by examining similar blood borne communicable diseases alongside the virus and research such as this could be utilized by social workers working with other infectious, communicable diseases.

My third recommendation would be further evaluation of harm reduction (also called risk reduction) with regards to HIV/AIDS. According to The Harm Reduction Coalition (HRC) (Shepard, 2007), “the harm reduction approach can be defined as a set of interventions which seek to ‘reduce the negative consequences of drug use, incorporating a spectrum of strategies from safer use, to managed use to abstinence’” (p. 26). Examining research on harm and risk reduction would be beneficial since it has the potential to provide social workers with tangible outcomes for which to strive. For example, research has already examined the links between HIV/AIDS and methamphetamines but there is yet to be a meta-analysis on this subject (Nanin, Parsons, Bimbi, Grov, & Brown, 2006; Parsons, Kelly, & Weiser, 2007). Content analysis can

be a powerful tool in which to garner current, as well as past, attitudes regarding certain treatment modalities in social work. A content analysis exploring various approaches utilized with high-risk populations could demonstrate the most powerful interventions available. This information could then be disseminated to social workers in the field who are working with a variety of vulnerable populations.

My fourth recommendation is an examination of the publication process, including an investigation into the lag-time between when a publication is accepted and when it is actually published. Social work prides itself on being an applied science and yet there seems to be a disconnect between what is published and what is read. Perhaps the profession needs to further analyze which journals are actually being accessed by practitioners as well as being mailed to agencies. Social workers in academia must discover where social workers in the field are getting information. By utilizing this knowledge, social work research could then be targeted to reach intended audiences. While there are numerous articles that claim to identify which journals are *top-tier*, none examine the readership of these journals.

The fifth recommendation would be a replication of my study which would build on what I learned in my limitations. One aspect of a replicated study which could potentially garner higher generalizability would be to expand the portion of journals into the research. Another study would ideally involve more than four journals and could further investigate whether social workers are tackling issues related to HIV/AIDS, both within social work journals and in journals not wholly devoted to the field of social work.

My final recommendation includes replicating two studies which were uncovered in the sample. Although multiple studies seemed worthy of replication, two stood out in terms of relevance for today's social worker. The work of Peterson (1991) surveyed 500 members of

NASW to ascertain current HIV/AIDS knowledge levels. Surprisingly, a large number of respondents did not believe they had any need for HIV/AIDS knowledge. Further, social workers seemed to lack basic information about HIV/AIDS and it could therefore be assumed that this vital information was not being given to clients. Replication of this study to assess current attitudes and knowledge of today's social workers would be useful in curriculum development.

Linsk and Marder (1992) utilized a mixed-methodology to investigate the difficulty that medical social workers were experiencing when trying to place patients with HIV/AIDS in long-term nursing facilities. It is apparent that this phenomenon has not dramatically changed as there is still extreme difficulty for medical social workers to place patients with HIV/AIDS as well as those with the hepatitis C virus. Most nursing and extended care facilities are not receptive to admitting patients with HIV/AIDS. A study of this kind could provide needed information on the current state of care and allow social workers to educate staff in these settings.

Until there is a cure for HIV/AIDS, it will continue to ravage silent communities with little power. Although the disease began by infecting gay men and IV drug-users, it has quietly and quickly converged upon people of color, especially women. Research on these populations must be current and culturally appropriate in order to guide social workers who are working within these communities. Research on HIV/AIDS must continue in order for social workers to maximize competent and professional care and services for our clients. This research, in many cases, could be life-saving.

Summary of the Study

This exploratory content analysis was undertaken to gauge the current state of HIV/AIDS-related publications within the profession of social work. Social workers have done a commendable job in attempting to keep the literature current as issues around HIV/AIDS change

alongside the virus. Although there is much to praise, there is equally much to scrutinize. The field of social work must continue to publish articles regarding HIV/AIDS. The profession must also look outside of the United States and reach out to less developed countries as they experience explosive HIV/AIDS infection rates.

Content analysis alongside the conceptual framework has allowed this study to address the original four research questions. The data revealed that although social work has attempted to stay in tune with current issues, the number of articles published in general social work journals has decreased dramatically. Although this is offset somewhat by the increase of HIV/AIDS information in health-related journals, the fact remains that these journals may reach a relatively small audience, specifically those social workers placed in medical settings.

Publications, including research, in social work journals on HIV/AIDS has failed to adequately address important populations being hardest hit by the virus. People of color, especially heterosexual women, continue to see a staggering rate of new infections in the United States. Unfortunately, this study discovered that articles related to this population are not proportionate to the number of new infections. Academics in social work research consistently elevate and define social work journals as the link between research and practice. Therefore, the importance of researching publications in journals through content analysis would seem to be a worthwhile contribution to the field of social work. Research that also defines a timeline provides the ability to track changes and identify deficiencies, offering social workers the opportunity to steer the course of research into advantageous directions. Without such a compass, the field of social work is left with nothing more than antidotal evidence.

Educators in the field of social work have a unique opportunity as the classes required for accreditation are as varied as the field itself. Social work students are exposed to classes which

cover such topics as policy, human behavior, and biology. These topics can all be directly related to issues around HIV/AIDS and therefore would be the ideal opportunity to expose students to a virus which is far from cured.

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APPENDICES

APPENDIX A

List of HIV/AIDS Table of Content Trigger Words

If any of the following words appear in title, article will be included in analysis:

AIDS
A.I.D.S.
Acquired Immune Deficiency Syndrome
ARC
A.R.C.
AIDS Related Complex
AZT
Bareback
Bisexual men
Drug cocktail
Gay cancer
Gay men
GRID
G.R.I.D.
Gay Related Immune Disorder
HIV
H.I.V.
HIV-1
HIV-2
HIV supervirus
HIV positive
HIV negative
HIV infection
HIV strains
Homosexual men
Human Immunodeficiency Virus
HIV/AIDS
IVD
IV drug users
Immune suppressing
Immune system
KS
Kaposi Sarcoma
Lypodistrophy
MSM
Men who have sex with men
Mysterious gay disease
Magnetic couples
Needle exchange program

PCP
Pneumocystic pneumonia
PIs
Protease inhibitors
Safe sex
Safer sex
Sexual behavior
STD
STI
Seriopositive
Triple combination therapy

APPENDIX B

Samples of Table of Contents

Social Work in Health Care

1/7

Volume 14
Number 3
1990

CONTENTS

Development of a Collaborative Geriatric Program Between the Legal System and a Social Work-Directed Program of a Community Hospital <i>Lynn Hackstaff-Goldis, MSW, LCSW</i> <i>Susan T. House, JD</i>	1
Anxiety and Isolation in Siblings of Pediatric Cancer Patients: The Need for Prevention <i>Susan J. Bendor, DSW, CSW, ACSW</i>	17
Effects of Childhood Chronic Illness on Families <i>Dorothy J. Feeman, PhD</i> <i>John W. Hagen, PhD</i>	37
'I Beg to Differ': Conflict in the Interdisciplinary Team <i>Roberta G. Sands, MSW, PhD</i> <i>Judith Stafford, MSW, PhD</i> <i>Marleen McClelland, MS</i>	55
Training Volunteer Caregivers of Persons with AIDS <i>Mary Ann Jimenez, MSW, PhD</i> <i>Daniel R. Jimenez, MSW, PhD</i>	73

www.familiesinsociety.org

11/11

Volume 69 Number 6 June 1988

Articles

AIDS: Legal and Ethical Issues

Caitlin C. Ryan and Mona J. Rowe

Integrating Safer-Sex Counseling into Social Work Practice

Michael Shernoff

Women and AIDS: Countertransference Issues

Judy Macks

Children and AIDS

George Lewert

Parallel Issues for AIDS Patients, Families, and Others

Ian Stulberg and Stephan L. Buckingham

Responding to AIDS: Rural Community Strategies

Kathleen A. Rounds

AIDS and the Inner City: Critical Issues

Ellen Honey

AIDS-Dementia Complex: Implications for Practice

Stephan L. Buckingham and Wilfred G. Van Gorp

Inpatient Care of Persons with AIDS

Sandra Napoleone

AIDS and Terminal Illness

Rosemary Moynihan, Grace Christ, and Les Gallo Silver

Case-Management Practice in an AIDS Service Organization

George E. Sonsel, Frank Paradise, and Stephen Stroup

News and Views

Drama: An Effective Way to Educate about AIDS

Laurien Ward

Education for Life during the AIDS Pandemic

George S. Getzel and Kevin Mahony

Book Reviews

AIDS AND THE LAW: A GUIDE FOR THE PUBLIC, edited by Harlon L. Dalton, Scott Burris, and the Yale AIDS Law Project. *Reviewed by George A. Appleby.*

THE SOCIAL DIMENSIONS OF AIDS, edited by Douglas A. Feldman and Thomas M. Johnson. *Reviewed by Mel Goldstein.*

WHAT TO DO ABOUT AIDS? PHYSICIANS AND MENTAL HEALTH PROFESSIONALS DISCUSS THE ISSUES, edited by Leon McKusick. *Reviewed by Susan Watt.*

WOMEN AND AIDS, by Diane Richardson. *Reviewed by Susan E. Dietz.*

LIVING WITH AIDS AND HIV, by David Miller. *Reviewed by Thomas Edward Smith.*

APPENDIX C

Journal Articles in Sample

Social Work in Health Care

Abramowitz, S., Obten, N., & Cohen, H. (1998). Measuring case management for families with HIV.

Abramowitz, S., Obten, N., & Cohen, H. (1998). Measuring HIV/AIDS case management.

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APPENDIX D

Codebook

Journal

Social Work in Health Care _____

Families in Society _____

Health & Social Work _____

Social Work _____

Month and Year (volume/edition) article was published _____

Authors _____

1. Does this article focus on:

1. Domestic
2. Global
3. Both
4. Neither

2. What population is this article mainly concerned with? _____

3. Does this article relate HIV/AIDS as being:

1. Terminal
2. Chronic
3. Both

APPENDIX E
Codebook Training

Inter-Coder Reliability Training Handbook

Date _____

Inter-Coder _____

1. Check the journal on your code sheet

2. Is this a domestic, global, both, neither, unknown
 - a. Article is coded as domestic if research took place in the U.S.
 - b. Article is coded domestic if statistics are for the U.S. and not worldwide
 - c. Article is coded domestic if case examples are from the U.S.
 - d. Article is coded domestic if it contains information on domestic and global issues but more than 50% of the article is related to U.S. issues
 - e. Article is coded global if research took place outside of the United States
 - f. Article is coded global if it contains information on domestic and global issues but more than 50% of the article is related to global issues
 - g. Article is coded both if it has an equal balance of domestic and global content
 - h. Article is coded neither if it is not clear whether the content is global or domestic but could be applied to either or both

3. Check the year the journal was published

4. Decide on what the population is the focus of the article and code accordingly
 - a. In most cases, this will come directly from the title
 - b. For example, if the title is “Training Volunteer Caregivers of Persons with AIDS” would be coded as Volunteer and Caregiver.
 - c. For example, if the title is “Reasons for unsafe sex among a community sample of people with HIV/AIDS” would be coded as people with HIV/AIDS.
 - d. Example: If the article is about the relationship between HIV positive people and their healthcare provider, the focus is people with HIV/AIDS.
 - e. If the article is about family member’s willingness to care for a family member with HIV/AIDS, the focus would be families.
 - f. If the article is about social workers gaining knowledge from clinical supervision, the focus is social workers.

5. Does this article relate to HIV/AIDS as being:
 - a. Terminal
 - i. For an article to be coded terminal there must be very strong wording which indicates that the author(s) believe HIV/AIDS is a semi-immediate death sentence.

- ii. For example, “People with AIDS must come to terms with this chronic and fatal illness” would be coded as terminal, if the author had mentioned mostly fatal, then it would be coded otherwise.
- iii. Another example, “...because AIDS is a new, lethal, and predominantly sexually transmitted disease” would be coded as terminal, again, if the author used a specific stating most time lethal, for the most part lethal, etc., it would be coded otherwise.
- iv. Another example, “AIDS is a terminal illness that is becoming increasingly widespread throughout the world” would be coded as terminal.
- v. The article must contain terminal without chronic alongside.

b. Chronic

- i. For the article to be coded chronic there must be very strong wording which indicates that the author(s) believe HIV/AIDS could be classified as a chronic condition.
- ii. For example, “known as the triple cocktail or HAART therapy, transformed HIV from a fatal disease to a chronic illness” would be coded as chronic.
- iii. For example, “the introduction of HAART has placed HIV in the category of controllable chronic illnesses” would be coded as chronic.
- iv. For example, “...as HIV emerges as a chronic illness” would be coded as chronic.

- v. The article must contain the word chronic without terminal (lethal, deadly, etc.).

c. Both

- i. For the article to be coded as both, the article must include content which suggests that HIV/AIDS is both chronic and terminal.
- ii. For example, “HIV is chronic for most” would be coded as both.
- iii. For example, “Although HIV is terminal in most cases” would be coded as both.
- iv. This should be the catch-all code and should be used if it is unclear how the author(s) present HIV/AIDS. It is much better to err on the side of neither.
- v. This category should also be used if it is unknown how the author(s) feel about whether HIV is a terminal or chronic illness.