Attitudes toward HIV testing, awareness of HIV campaigns, and using social networking sites to deliver HIV testing messages in the age of social media: a qualitative study of young black men

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Abstract

This study assessed attitudes toward HIV and awareness of previous HIV prevention campaigns among young black men in the United States of America (USA). The study also ascertained the appropriateness of HIV testing messages for young black men and explored the use of social networking sites to deliver HIV testing messages for social media marketing campaigns. Nineteen (n = 19) black male college students attending a public university in Atlanta, GA, USA from September 2016 to October 2016 participated in three focus groups. The focus groups consisted of a group interview querying experiences with HIV and STI testing, awareness of HIV campaigns, solicited feedback on campaign messages and the use of social networking sites to deliver messages. Data analysis involved the grounded theory approach to identify emergent themes. Fear, stigma and low risk perception were discussed as barriers to HIV testing. HIV prevention, social support and new sexual partners were discussed as reasons for testing. There was a general lack of awareness of existing HIV testing campaigns. Messaging with a universal appeal and disseminated through Twitter, Instagram and Snapchat may counter narratives of fear, stigma and low risk perception to increase HIV testing among young black men.

Introduction

HIV has been a public health issue in the United States (US) for well over 30 years and continues to affect various subpopulations throughout the country, including young black men. Young black gay and bisexual men (aged 13–24 years) account for the largest number of HIV diagnoses [1, 2]. Furthermore, among heterosexual men (those who only have sex with women, MSW), blacks account for the highest number of new HIV diagnoses compared with their counterparts in other racial/ethnic groups [3].

The high rates of new infections among young black men can be attributed to infrequent HIV testing and late diagnoses among this population in addition to never testing for HIV [4, 5]. HIV testing remains a key prevention measure especially when considering that young black men report incorrect and inconsistent condom use [6–11] and men who have sex with men (MSM) report low awareness of pre-exposure prophylaxis (PrEP) [12]. Although the Centers for Disease Control and Prevention launched several social marketing campaigns to increase HIV testing, it is unclear whether the HIV testing messages from these campaigns are reaching and resonating with young black men who may be at risk for infection. Prior qualitative research conducted with samples of young black men explored barriers to testing and prevention [13–16]. None of the studies explored whether HIV testing campaigns
and prevention efforts have reached young black men nor do the studies explore the use of social networking sites (SNS) as a mode to efficiently deliver HIV testing messages to young black men.

Previous social marketing campaigns relying on social media channels to deliver HIV testing and sexual health promotion messages have achieved some success. For example, the Get Yourself Tested (GYT) Campaign used multiple forms of media (including social networking sites) and on-the-ground efforts to reach youth with information and link them to STI testing [17]. Evaluation of the campaign reported that from 2009 to 2010, GYT’s Facebook page gained over 4400 fans, Twitter feed gained almost 2000 followers and more than 140 000 referrals were made to the STD testing locator [17]. Although the researchers report increases in STI testing (e.g. chlamydia) at Planned Parenthood affiliates, increases in HIV testing were minimal suggesting a need to focus on HIV testing exclusively [17].

Dowshen and colleagues conducted a pre–post quasi-experimental study to test the effects of a youth-driven social media campaign designed to increase STI/HIV testing among youth 13–17 years of age [18]. The researchers assessed STI knowledge and attitudes toward STI testing, compared rates of STI testing at affiliated family planning clinics and tracked social media use [18]. The youth-driven campaign reached over 1500 youth through the social media intervention and there were significant increases in the proportion of youth testing for Syphilis and HIV post campaign launch [18].

The proliferation of SNS allow for people to engage in behavioral modeling [19, 20], post images of the behavior using ‘selfies,’ and the widespread adoption of behaviors through social learning [21]. Although previous STI/HIV-related studies have not tested the concepts of behavioral modeling and social learning theory directly, a few studies employ some form of behavioral modeling. These forms of behavioral modeling include online pictures, webisodes and video-series [22–24]. None of the aforementioned studies recruited a sample of young black men exclusively. It is becoming increasingly important to better understand how SNS can be used to deliver HIV testing messages to young black men as Web 2.0 and mobile device technologies are gaining traction as effective tools to address the HIV continuum of care [25] and SNS are effective at delivering HIV testing messages to broad populations [26].

The primary purpose of this study was to assess any changes in attitudes toward HIV and HIV testing as well as ascertain awareness of HIV testing campaigns among young black men attending a public university in Atlanta, GA via focus groups. The secondary purpose of this study was to develop HIV testing messages that would resonate with young black men and explore the use of social networking sites to deliver HIV testing messages for a social media marketing intervention.

Methods

Participants and recruitment

This study recruited nineteen (n = 19) black male college students at a public university in Atlanta, GA, USA for three focus groups from September 2016 to October 2016. Recruitment involved sending students an email containing a link to the description of the study and eligibility screener, posting flyers with focus group and study contact information throughout approved areas on the campus (i.e. Student Center), and speaking to several classes consisting of undergraduate students. Students who contacted the lead author were sent the link to the study description page.

The eligibility criteria were as follows: ages 18–24 years, enrolled at the university at the time of participation, born male, black/non-Hispanic and initiated sexual debut (had ever engaged in sexual intercourse, vaginal or anal). All interested and eligible students completed a web-based consent form. Students who agreed to participate then registered for a focus group and completed a brief questionnaire ascertaining basic demographic information. The lead author notified eligible students who registered for the focus groups with their appointment time. The study received Institutional Review Board approval (from Georgia State University).
Focus groups

Three focus groups were conducted with 6–7 participants in each focus group. We recruited at least six participants per focus group to ensure that a diverse group of opinions were shared and to allow each participant to express himself. Each focus group lasted between 79 and 93 min. The lead author served as the focus group moderator and three graduate-level student volunteers took notes and recorded participant responses to focus group questions. For training purposes, one of the graduate-level student volunteers helped to moderate the final focus group with input from the lead author. Participants received $25 for their participation concluding each focus group.

The focus groups consisted of a group interview that queried students’ general thoughts and experiences with HIV and/or STI testing, students’ awareness of HIV testing campaigns and related activities, their critique of potential messages for an HIV testing campaign, and communication of HIV testing messages through social networking sites. To ascertain thoughts and experiences related to HIV and HIV testing we asked questions such as, ‘What comes to mind when you hear about HIV?’ and ‘How important is it for you to test for sexually transmitted infections such as HIV?’ To assess their awareness of existing HIV testing campaigns we asked, ‘What are some of the HIV awareness or testing campaigns that you’re familiar with?’ and ‘How did you hear about those campaigns?’ We also asked, ‘What are your thoughts about those campaigns?’ to determine whether previous campaigns appealed to young black men.

We presented participants with a series of potential campaign messages structured as a meme because messaging would be distributed via SNS. Each message featured a young black man in various settings with a caption related to HIV testing. One set of messages featured a young black couple (man and woman) to potentially reach black men who have sex with women (MSW) who would perceive their risk for infection to be low. Campaign messages targeted the following: fear and anxiety which are often cited as barriers to HIV testing [14–16] and masculinity as suggested by a previous qualitative study [13]; knowing one’s HIV status due to low HIV testing rates among young black men [4] and testing for HIV as part of a loving relationship because concern for a partner’s risk was cited as motivation for getting tested [13]. For instance, the message featuring the theme of masculinity and fear had the following caption, ‘Don’t be Afraid...Be a Man. Get Tested for HIV.’ Another message depicting the couple had the following caption ‘Love is Testing for HIV.’ Each message was shown with and without HIV-related statistics and participants were asked to take 2–3 min to view each message and write down their thoughts for discussion. Finally, we discussed strategies to communicate HIV testing messages to young black men via SNS.

Data analysis

Each focus group was audio recorded with a digital recording device and transcribed verbatim by the graduate-level student volunteers. The lead author of the study then reviewed each transcript and made minor corrections to the transcript as needed. The transcripts were entered into QRS Nvivo v. 11.0 for qualitative data analysis. We employed the grounded theory approach to code the data and identify emergent themes [27]. The graduate-level student volunteers used open coding, an analytic process through which concepts are identified and their properties as well as dimensions are discovered in the data. Nodes were first identified for participant responses to focus group questions. The nodes assigned to particular sentences and phrases represented initial codes for the data. For instance, sentences and phrases in which students mentioned being afraid to test for HIV and not wanting to learn of a positive test result were assigned the node of ‘fear’ and/or ‘anxiety.’ The graduate student volunteers and first author reviewed the transcripts and coding scheme to identify differences, reconcile nodes and identify emergent themes in the data once nodes were assigned. The nodes were then grouped into sub-themes and overarching themes using axial coding, a process by which categories
are related to their subcategories. We fit nodes into groups that followed a similar pattern of response. Finally, overarching themes were identified based on axial coding and clusters of nodes. For instance, the overarching theme of ‘Motivation to Test for HIV’ consisted of the subcategories intrinsic and extrinsic motivation. Nodes that fit into the intrinsic category (e.g. self-efficacy to test for HIV, knowing for one’s own personal health and awareness of one’s status) and nodes that fit into the extrinsic category (e.g. protection of sexual partners and knowing someone living with HIV) were grouped together.

Results

Nineteen \( (n = 19) \) black men participated in the focus groups. We present participant demographics in Table I. The mean age of the sample was approximately 20 years \((SD = 1.3)\) and most participants were in their second or third year of college (74%). The majority of participants (95%) receive some form of financial aid to help pay for their education. Approximately 58% of participants are from the City of Atlanta and among those not from the City of Atlanta, most are from the State of Georgia.

The following themes emerged from the analysis: general thoughts and attitudes toward HIV and testing campaigns; barriers to test for HIV, motivation to test for HIV with subcategories of intrinsic and extrinsic motivation, and development of future social media marketing campaigns (consisting of campaign messaging and campaign marketing/dissemination subcategories) as given in Table II.

### General thoughts and attitudes toward HIV

The participants in this study generally reported negative attitudes and perceptions of HIV. When we asked participants what came to mind when they heard HIV, many participants responded with words such as ‘disease,’ ‘illness’ and ‘sick.’

Participant from Focus Group 1: ‘I see like um lesions on the face. I see um just a illness’

Participant from Focus Group 2: ‘Um, just someone sick in general’

Although people living with HIV were viewed as sick or with an illness, one participant recognized that HIV was treatable and some were aware of the epidemic in Atlanta, GA.

Participant from Focus Group 3: ‘When I hear the word HIV, I just like assume just disease...Like, other people generally think it’s extremely serious. Well it kind of is but like it’s...you can live a long time with uh treatment.’

Participant from Focus Group 1: ‘Uh, I think people actually uh do think about it since Atlanta is the #1 in infected in HIV so.’

There was some misunderstanding of how HIV was transmitted.

Participant from Focus Group 2: ‘Uh, disease because it can be contracted uh whether it’s sexual or uh from any type of other [inaudible] or like coming from like from a bug or something like that.’

Many felt that young black men perceive their risk to be low and indicated that they do not discuss the topic of HIV with their friends. Most agreed that their friends held negative views toward HIV.

<table>
<thead>
<tr>
<th>Table I. Demographics of research participants</th>
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<tbody>
<tr>
<td><strong>Age</strong></td>
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<td><strong>Year in school</strong></td>
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<tr>
<td>First year</td>
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<td>Second year</td>
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<td>Third year</td>
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<td>Fourth year</td>
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<tr>
<td>Financial aid recipient</td>
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<tr>
<td>Born in Atlanta metropolitan area</td>
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<tr>
<td>Yes</td>
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<td>No</td>
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<tr>
<td>From state of Georgia</td>
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<td>Yes</td>
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<td>No</td>
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\( ^a \)For students not born in the Atlanta metropolitan area.
## Table II. Emergent themes with descriptions

<table>
<thead>
<tr>
<th>Theme</th>
<th>Description</th>
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<tbody>
<tr>
<td>General thoughts and attitudes toward HIV</td>
<td>Disease and disability&lt;br&gt;Death&lt;br&gt;Sexual risk&lt;br&gt;Unaffected by HIV&lt;br&gt;Negative perceptions from peers&lt;br&gt;HIV knowledge&lt;br&gt;Awareness of older campaigns for HIV testing&lt;br&gt;Lack of awareness of current HIV-related campaigns&lt;br&gt;Awareness of the impact of HIV in Atlanta</td>
</tr>
<tr>
<td>Barriers to test for HIV</td>
<td>Stigma&lt;br&gt;Isolationism&lt;br&gt;Fear of a positive test result&lt;br&gt;Monetary costs associated with receiving the HIV test</td>
</tr>
<tr>
<td>Motivation to test for HIV</td>
<td>Intrinsic&lt;br&gt;Knowing for one’s personal health&lt;br&gt;Awareness of one’s status&lt;br&gt;Self-efficacy to seek HIV testing services&lt;br&gt;Social support from friends&lt;br&gt;Monetary incentives</td>
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<tr>
<td></td>
<td>Extrinsic&lt;br&gt;Protection of sexual partners&lt;br&gt;Knowing someone living with HIV&lt;br&gt;New sexual partner&lt;br&gt;Prevention measure</td>
</tr>
<tr>
<td>Future social media marketing campaigns</td>
<td>Campaign messaging&lt;br&gt;Use short messages&lt;br&gt;Frame statistics within the context of HIV risk&lt;br&gt;Do not directly challenge masculinity&lt;br&gt;Show that people can live well with HIV&lt;br&gt;Messages lighter in tone can ease the burden of HIV testing&lt;br&gt;Promote universal messages (i.e. include messages that speak to different sexualities, race/ethnicities and gender)&lt;br&gt;Use reverse peer pressure to indicate HIV testing as part of a normal, healthy lifestyle&lt;br&gt;Show multiple, young people in testing messages&lt;br&gt;Create a message that promotes ‘unity’&lt;br&gt;Make the message a call to action&lt;br&gt;Use a self-sustaining message (one that can sustain itself after the completion of the campaign)</td>
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<td></td>
<td>Dissemination&lt;br&gt;Incorporate sports&lt;br&gt;Get fraternities and sororities involved&lt;br&gt;Posting a ‘selfie’ of receiving the test is discouraged&lt;br&gt;Posting a ‘selfie’ with a sticker to indicate that one received an HIV test is more acceptable&lt;br&gt;Generally discouraged the use of Facebook to market the campaign to men 18–24 years&lt;br&gt;Twitter may be used for short powerful messages&lt;br&gt;Incorporate the filter feature of Snapchat for campaign related events&lt;br&gt;Use Instagram for professional looking memes and ads related to HIV testing</td>
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Participant from Focus Group 2: ‘Um, it’s not discussed in my social circle that much, but I’ll say the views towards it are negative due to like societal standard and stigmas associated with the disease.’

Participant from Focus Group 2: ‘Yeah um, I’m gonna agree with him, just denial in general like ‘that couldn’t be me’...’

When asked if they were aware of any HIV testing campaigns, some of the participants reported not being aware of recent campaigns, others reported Black Entertainment Television’s (BET) ‘Wrap it Up’ campaign, another participant reported seeing the ‘Greater Than AIDS’ campaign and other participants reported seeing various advertisements throughout Atlanta.

Participant from Focus Group 3: ‘I feel bad but...I don’t think I remember [seeing campaigns]...at all.’

Participant Focus Group 1: ‘I remember old school BET “Wrap it Up” [campaign].’

Participant from Focus Group 3: ‘I remember seeing like a Greater Than AIDS...like literally a greater than sign.’

The advertisements seen at the local transit stations were perceived as directly targeting men of the LGBT community.

Participant from Focus Group 3: ‘Yeah ‘Cause I...I’ve even seen an ad on the MARTA train and it’s two black males and it’s talking about getting tested...That’s kind of insinuating that only black males or gay black males can...like are the main ones getting HIV.’

Motivation to test for HIV
The participants reported two forms of motivation related to HIV testing behavior: intrinsic motivation (performing the behavior based on internal factors) and extrinsic motivation (performing the behavior based on external factors). Intrinsic motivation included having a high degree of self-efficacy to find HIV testing locations and getting tested, knowing their status for the sake of their own health and well-being, and knowing they can help prevent HIV if they get tested. The men generally agreed that testing for HIV was important and some saw HIV testing as a tool to not inadvertently spread the virus on to others.

Participant from Focus Group 1: ‘For me um, I was scared the first time I went, but I went by myself um just knowing that I needed to know for my sake, you know my status. You know I didn’t know like what everybody else was doing’

Barriers to test for HIV
The dominant barriers to HIV testing were stigma and fear of a positive test result. Many believed that young black men do not get tested because they would lose friends or people will not want to associate with someone who is living with HIV. Many participants expressed some form of fear and anxiety of a positive test result. The men in this study almost unanimously agreed that fear was a key driver for not wanting to get tested.

Participant from Focus Group 2: ‘...um when you do have HIV in a sense you become an outcast to society so people don’t approach you or talk to or socialize with you the same as they do with somebody who does not have or non HIV person...’

Participant from Focus Group 2: ‘Um, I know my peers they wouldn’t want to get tested because they know they’re participating in risky behavior...so they rather not find out.’

Among those who received an HIV test, there was some concern that the staff would unintentionally disclose positive test results to other individuals. Costs associated with HIV testing were also discussed as a barrier. Participants indicated that if they had to pay for an HIV test, they would opt not to test.
Participant from Focus Group 1: ‘You know that really didn’t matter to me, because it’s my life so I have to know for myself you know, then once I got the results, I was like “okay cool.”’

Participant from Focus Group 2: ‘Um just to add on to that like it’s not only for to—to prevent to see if you have it, it’s like to not to spread it around yourself.’

Extrinsic motivation included social support and getting tested with their friends or having friends accompany them to get tested for HIV. Knowing someone who died from an AIDS-related illness and how HIV affected a family member encouraged one participant to get tested as part of a healthy lifestyle. Others saw HIV testing as a way to help prevent the spread of HIV to other people and saw HIV testing as a protection measure especially after having sex with a new partner of unknown status.

Participant from Focus Group 1: ‘I remember my first time I was scared, like I was like I didn’t want to go by myself like I was like you know, thinking about the what-ifs, you know psyching myself out so I had to have my friends go with me…’

Participant from Focus Group 2: ‘Um… I guess personal experience you know cause I lost someone in my family to HIV just seeing that happen to them really wanted me to get informed on it and know how to prevent it.’

Participant from Focus Group 3: ‘I know for me, what motivated me when I got tested was a new sexual partner. So that was like “Well I should go get tested now.”’

Development of future social media marketing campaigns

Campaign messaging

The participants generally agreed that campaign messages targeting this population should be short and concise. The messages that targeted male masculinity were perceived as bold and caught the men’s attention, however the participants believed that directly targeting male masculinity would dissuade young black men to get tested. The message was viewed as forcing young black men to get tested and many participants thought an authoritative tone was improper because it undermines the fear that many young men have regarding HIV testing.

Participant from Focus Group 1: ‘And on Instagram or Snapchat or something I might—I’m just uh imma catch that, it’s gonna catch my eye and everything and for a second reason uh the “man up” part it really just—I don’t know for some reason it just offends me I don’t know like.’

Participant from Focus Group 3: ‘And also…it also like disregards the real fear surrounding getting an HIV test. It’s like telling you just to ignore the fact that you’re afraid…just go get tested.’

The participants suggested that a message lighter in tone may persuade more individuals like themselves to think about HIV and consider getting the test. They cautioned that the tone not be too light because it would take away from the severity of living with HIV.

Participant from focus Group 2: ‘Umm, definitely it took kind of the whole getting tested pressure away…but…like you were saying about the people who do have it and the ones that did get tested and aren’t going to be smiling after because you know they have it now….nothing can ever be perfect but you have to consider that side too.’

The men in this study suggested that campaign materials should feature people living well with HIV and engaged in social settings with their peers to counter narratives of isolationism and disease.

The men in this study disliked materials and images that featured just one young black man with HIV-related messages. However, some participants indicated that messages and materials featuring just two young men would be perceived as something exclusively for MSM and those who only have sex with women would otherwise
ignore the message. It was suggested that campaign materials feature a diverse group of individuals of different races and cultures to show that HIV is not something that impacts black individuals exclusively, rather it is a virus that can spread to multiple people of various communities. It was also suggested that images depicting positive peer pressure be used to normalize HIV testing behavior such that not receiving an HIV would be viewed more negatively.

Participant from Focus Group 2: ‘A really weird concept... if you show them the complete opposite, show like everybody getting mad at somebody who didn’t get tested, like “Oh what’s wrong with you, you didn’t get tested?”’

The participants generally agreed that posting a message with HIV-related statistics would capture their attention though the statistics should be short and framed within the context of the image. Many of the participants liked the image of the couple and the messaging to accompany the image as it reinforced ideas of preventing the virus from spreading to sexual partners.

Participant from Focus Group 3: ‘Cause I mean I feel like that’s probably the most reasonable approach. If you love somebody and yourself you should just be tested and understand what both of y’all have going on. If y’all love each other and yourself.’

Many suggested that images featuring couples of different groups at risk (i.e. Hispanic couples, gay or bisexual couples, transgender individuals) for infection would be more effective because such images would resonate with broader audiences and not be viewed as hetero-normative.

Participant from Focus Group 1: ‘My straight friends would take it into consideration but for my other friends that are in different categories, it could kind of leave them out. [Use] Different couples of students so that way everyone is involved and it’s inclusive. Everybody gets the same message.’

**Campaign marketing and dissemination**

Social networking sites were seen as effective tools to disseminate campaign messages, particularly Instagram, Twitter and Snapchat. The participants suggested that Facebook would not be as effective because young people use Facebook less frequently compared with other sites and Facebook was viewed as a more family oriented site and sharing HIV-related messages could be stigmatizing.

Participant from Focus Group 3: ‘Don’t use Facebook.’
Participant from Focus Group 3: ‘Facebook is like family oriented.’

Twitter was seen as something that could be used to deliver short powerful messages. The Twitter platform would also be useful for disseminating facts to broad audiences that could capture their attention and get people to test for HIV and Snapchat would be particularly useful for HIV testing campaign related events by incorporating the filter feature.

Participant from Focus Group 3: ‘I think too, you got to remember we tweet a lot. Like that’s what we do. Twitter and Instagram is like what we use.’

Participant from Focus Group 1: ‘I mean Snapchat is definitely... popular.’

Participant from Focus Group 3: ‘And another good idea with that is, I don’t know if you guys are familiar with Snapchat but the filters. You know you can be in a certain location and use the filters.’

The participants suggested to couple social media marketing approaches with traditional community-based HIV outreach by partnering with groups popular within the campus community such as fraternities and sororities. The participants indicated that Greek lettered organizations generally attract mass crowds and could get individuals to test for HIV if members from the fraternities and sororities received the HIV test themselves.
Participant from Focus Group 2: ‘Easy, Greek life.’
Participant from Focus Group 2: ‘Like he was saying...I guess it could be something that uses music or like when they have the different uh like the Hispanic frat...so like if you could get like a performer or performance type thing going on while you’re having the testing done...’

When we asked the participants if they would post a ‘selfie’ of themselves receiving an HIV test many indicated that they would not. Most participants expressed concern that posting images of themselves or other individuals receiving an HIV test would inadvertently disclose those who test positive. Those who test positive or those unwilling to post the results of their test would be presumed positive and could face marginalization.

Participant from Focus Group 3: ‘I’m just thinking if you do post something like that, it’s still like trying to map out who has it and who doesn’t. And it still kind of enforces that whole okay so if this person does have it...oh you got AIDS...isolate the whole thing...the whole fear thing that comes with the entire process.’

One participant suggested that posting an image with a sticker indicating that one tested for HIV could be a benign signal that one tested for HIV.

Participant from Focus Group 3: ‘But no, I feel like a cute sticker...something simple that gets the point across...’Cause I’ve seen stickers where it’s like ‘I got tested’ but then it’s the rainbow flag. And then it seems like only LGBTQ people need to be tested...’

Discussion

The attitudes and perceptions of HIV testing and awareness campaigns were examined among young black men attending a public university in Atlanta, GA. This study also examined how to tailor messages promoting HIV testing and disseminating such messages via social media to increase HIV testing uptake among young black men. It appears that little has changed to sway negative attitudes toward HIV. Young black men view HIV as suffering from an illness even though it was mentioned that HIV is treatable. Fear, stigma and low risk perception remain barriers to HIV testing among young black men. The findings of this study reaffirm the findings of other qualitative studies with various samples of black men in that stigma, fear of a positive test result and low risk perceptions are key reasons for avoiding the HIV test [13–16]. Though several barriers to HIV testing were cited, some men in our sample engaged in HIV testing behavior and discussed their motivation to test.

Some of the men indicated that testing for HIV was very important for them and reported a high degree of self-efficacy to test for HIV. Equating HIV testing as part of a healthy lifestyle could encourage more young black men to get tested. Other extrinsic factors such as getting tested with their friends also motivated young men in our sample to get tested. This finding underscores research suggesting peers can have a positive influence on sexual risk prevention as indicated by popular opinion leader research [28–30]. In this case, increased HIV testing could be a product of behavior modeling and social learning such that young black men see their peers get tested, this image produces a positive association with HIV testing, they then engage in the behavior of HIV testing. In addition to peers, sexual partners were seen as a reason to get tested. Preventing the spread of HIV to sexual partners appeared to be an important factor for receiving an HIV test.

The young black men in this study indicated some awareness of HIV testing campaigns although there was some ambivalence toward the campaigns. Many of the previous HIV social marketing campaigns did not resonate with the young black men nor encourage them to get tested for HIV. The Wrap it Up campaign appeared to encourage young black men to get tested in part because there were activities related to HIV
testing and the campaign appealed to young black men and women. Apart from seeing signs and billboard advertisements throughout the Atlanta metropolitan area, there was generally a lack of awareness of HIV testing campaigns implemented by the Centers for Disease Control and Prevention and other groups. This lack of awareness is problematic because the messages may not be reaching their intended audience and those vulnerable to HIV acquisition may not be persuaded to seek HIV testing.

The young men in this study saw social networking sites as a mechanism to sufficiently deliver HIV testing messages. Instagram, Twitter and Snapchat were preferred platforms for receiving HIV campaign related messages underscoring the increased popularity and usage of these particular sites for young people (18–29 years of age) and non-Hispanic blacks [31]. The participants indicated that they personally would not post a ‘selfie’ receiving an HIV test, but a sticker indicative of an HIV test could encourage them to post that they received an HIV test. This approach could allow young black men to indirectly model HIV testing to their peer networks on SNS.

HIV testing messages speaking to the fear of young black men captured their attention but tying in fear with masculinity may be problematic. Although the message that targeted masculinity was provocative and caught the men’s attention, targeting masculinity may undermine the fear of a positive test result. The messaging should recognize that people are afraid to test but counter negative perceptions such as equating HIV with sickness. Such messages could acknowledge that people are afraid of receiving the HIV test, however messaging could reinforce that one can live a meaningful life with HIV and engage in social activities with their friends. Messaging can counter the stigma of HIV testing via positive peer pressure such that HIV testing is seen as normal behavior and those who do not test for HIV should face scrutiny. The messaging should also incorporate relevant statistics for the intended population as to contextualize the HIV epidemic in a way that changes risk perception for those who engage in risky behaviors. Finally, incorporating fraternities and sororities could be used to engage more young black men in HIV testing efforts.

Limitations

Our sample was limited to young black men attending a public university in Atlanta, GA. We are unable to ascertain the opinions of young men who are not enrolled in a college though most of the men in this study reported being from Atlanta, GA and the major difference in circumstances is that the young men in this study are enrolled in college. We do not expect the opinions and attitudes expressed in this study to be substantially different from young men who do not attend college as some of our findings overlap the findings of previous studies with different samples of black men. This study also lacked a large sample size and was very homogenous with respect to age and race/ethnicity. Guidelines for focus groups suggest that researchers conduct a minimum of three focus groups consisting of 6–8 individuals per session for methodological rigor [32, 33]. Although we conducted the minimum amount of focus groups with a sufficient number of participants for each group, we had limited funding and were unable to conduct more focus groups with a large sample. We did not query sexual orientation thus we could not determine how messages should be specifically tailored for MSM and MSW. The results indicate that a universal message targeting both MSM and MSW would most likely be effective to resonate with young black men.

Conclusions

Although fear, stigma, negative attitudes toward HIV and low perceived risk for infection continue to hinder young black men from receiving HIV tests, universal messages that show HIV is something anyone can acquire (and not misconstrued as being limited to certain subpopulations such as the LGBT community) and messages that tap into their motivating factors (i.e. friends, peer leaders, protecting themselves and sexual partners) could be effective in increasing HIV testing uptake among this population. Using social networking sites such as Instagram may allow researchers and practitioners to send messages to young black men engaged in
HIV-risk behaviors and increase their awareness of campaigns and the importance of HIV testing.

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**Conflict of interest statement**

None declared.

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