

# Managing Hypervisibility in the HIV Prevention Information Seeking Practices of Black Female College Students

Lynette Kvasny (corresponding author)      Fay Cobb Payton  
Pennsylvania State University      North Carolina State University  
College of Information Sciences & Technology      College of Management  
329C IST Building      Campus Box 7229  
University Park, PA 16802      Raleigh, NC 27695  
814.865.6458 (voice)      919.513.2744 (voice)  
814.865.6426 (fax)      919.513.6943 (fax)  
lkvasny@ist.psu.edu      fcpayton@ncsu.edu

## Abstract

While information resources have contributed to the overall decline in human immunodeficiency virus (HIV) infections in the US, these benefits have not been experienced equally. Our paper describes formative research conducted as part of a larger study focused on the development of an online HIV prevention platform tailored for Black female college students. To inform the design of our platform, we conducted focus groups with 60 Black women enrolled at two predominantly White institutions (PWIs). The purpose of the focus groups was to understand information needs, awareness of specific information resources, and the search strategies employed for finding and evaluating HIV prevention information. We used hypervisibility as a sensitizing lens for making sense of how the intersecting gender and racial identities of Black womanhood shape information-seeking behavior. Four themes emerged: platform choice and privacy, relatability, respectability politics, and silence on campus. The themes depict discursive representations specific to black female identity to manage stigma, reduce their hypervisibility, and amplify their authentic voices in the broader HIV prevention discourse. Our findings contribute to human information behavior scholarship on marginalized groups.

**Keywords:** HIV prevention, Black women, health information seeking, hypervisibility

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## Introduction

In this paper, we focus on HIV prevention information seeking by Black women collegians to understand how and why intersecting gender and racial identities inform their practices. We report our analysis of focus group data gathered from a participatory design process used to gather user requirements for an online platform with HIV information tailored for Black female collegians. Our reason for studying Black female collegians is informed by three factors which may heighten their concerns about HIV: 1) social determinants related to sexual oppression, poverty, and racial segregation contribute to Black women being disproportionately affected by HIV (Davis & Tucker-Brown, 2013); 2) they are heavy Internet users (Pew Internet Project, 2014), and 3) they are less trusting of and satisfied with the services provided by the healthcare providers on campus (Boulware et al., 2003).

As Black women increasingly use Internet technologies for health information, it is important to consider the socio-cultural context that informs their information seeking behaviors (Warren et al., 2010). HIV prevention is a particularly salient health domain because Black women are disproportionately affected by this disease. In 2015, Black women accounted for 4,524 (29%) of the estimated 17,670 newly diagnosed HIV infections among all Black adults and adolescents (Centers for Disease Control, 2016).

While HIV infections among Black women decreased since 2005 (6,389, 60.2% of women newly diagnosed with HIV), Black women remain far more affected than women of other races and ethnicities. A decade later, Black women still accounted for nearly 60% (4,524) of all new HIV infections among women (7086) while Latina (1131) and White women (1431) had much lower HIV diagnoses.

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Although these statistics are informative for tracking and quantifying HIV infection rates, the numbers provide little insight into the social determinants that contribute to the higher rates of HIV infection among Blacks (Wingood, Hunter-Gamble & DiClemente, 1993). The critical social determinants include the choice of sexual partners, structural inequalities, socioeconomic disparities, lack of awareness of HIV status, distrust of institutions, and stigma about HIV (Centers for Disease Control, 2016). Blacks tend to have sex with partners of the same race/ethnicity. The greater HIV prevalence in Black communities means that Black women face a higher risk of HIV infection with each new sexual encounter. Structural issues, such as racial discrimination and higher rates of incarceration, which disrupts social and sexual networks, increase Black women's risk of HIV infection. Socioeconomic issues associated with poverty, including limited access to high-quality health care, as well as substance abuse and food insecurity that can lead women to engage in high-risk sexual behaviors in exchange for money, further increasing the risk of HIV infection. Lack of awareness of HIV status negatively impacts health care and outcomes. Deep-seated mistrust of government and health care institutions fosters conspiracy theories including the belief that AIDS was created in a government lab to control the Black population. While these beliefs may be understandable based on persistent health disparities and the looming historical impact associated with the Tuskegee Study and other cases of medical ethic violations, they factor negatively into health behaviors (Washington, 2007). Stigma about HIV from critical institutions in the Black community may also lead Black women to avoid counseling and testing. Davis and Tucker-Brown (2013) found that the sexual oppression and exploitation of the Black female body harms those affected and infected by HIV. These social determinants provide contextual explanations for why Black women continue to be disproportionately affected by HIV due to intersecting gender, race, and class inequalities, and not merely individual risk behaviors.

While Black women have gained prominence in the HIV discourse, their visibility is further heightened by their under-representation at predominantly White institutions (PWIs). Hypervisibility offers a theoretical lens for investigating Black women studying at PWIs whose racial under-representation renders them highly visible yet their information needs are often unseen. This dual-edge sword of hypervisibility is articulated by the women in this study and influences their information seeking practices.

In the next section, we review the literature on Black students' enrollments at PWIs and Historically Black Colleges and Universities (HBCUs), as well as HIV- and Internet-related research that addresses Black college students. Next, we discuss our methodology for conducting focus groups as well as the results of our thematic analysis of the data. Through our findings, we discuss how Black women used stigma reduction strategies to manage their hypervisibility, and implications for research and practice.

## Literature Review

### *HIV and Black Collegians*

Historically, HIV prevalence rates for Blacks in US southern states were lower than the rates of major cities in northern states. In the late 1990s, however, public health officials began to notice a wave of new HIV infections within Black communities in the South (Reif, Whetten, & Wilson, 2011). This surge of new infections, especially among Black youth, was perhaps best illustrated by a concentrated outbreak in North Carolina (Thompson-Robinson et al., 2005). In trying to find causes for the surge in infections, researchers gathered data from one of the sources where there is a large concentration of Black youth – students at HBCUs (Sutton et al., 2011; Younge, Corneille, Lyde & Cannady, 2013). These research findings highlight the importance of health literacy education at colleges to improve HIV knowledge and prevention. Moreover, these studies suggest a need for research that goes beyond identifying individual risk models to consider social determinants.

In studies that compare regional differences in Black students' knowledge, perceptions, and health behaviors related to HIV prevention, researchers have identified the importance of several factors. These factors include religion and religiosity in southern Blacks' perceptions about sexuality and a lower willingness to engage in discussions about the disease (Kanu, 1997), poorer quality of sex education in rural areas in the South (Lloyd, 2012), and less access to treatment and testing facilities in rural southern settings (Elliott & Larson, 2004). Rural youth also tend to have the impression that they are less vulnerable in their small town because HIV seems like a big city disease or 'gay' disease (Milhausen et al., 2003).

In the literature on Blacks and HIV in college settings, researchers tend to focus on risk behaviors like the use of alcohol before sex and number of sex partners (Aral, Admiora & Fenton, 2008; Hou 2009). There is also an emphasis on Black men who have sex with men as a purported cause of increased HIV rates among Black female victims (Alleyne & Wodarski, 2009; Weekly, 2010). Alleyne and Gaston

(2010) found that gender imbalances on HBCU campuses may play a significant role in increased risk of HIV transmission for Black women. However, Painter et al. (2012) studied women in Atlanta and determined that a college education may reduce Black women's risk of acquiring HIV. Ford and Goode (1994), surveyed Black collegians to understand their behaviors and perceptions about health issues. They found that HIV and AIDS were perceived as the most pressing health issues facing college students. In a later study of Black collegians and HIV sexual risk behaviors, Adefuye and colleagues (2010) found that students report a prevalence of high-risk sexual behaviors, such as multiple sexual partnerships and inconsistent condom use, especially among young women. Students also reported a poor appreciation of their risk of HIV infection with 48.1% of 20 to 29-year-olds and 57.9% of those under the age of 20 years perceiving themselves as not having any chance of being infected with HIV. This lack of awareness and concern is not unique to Black students and may translate into the avoidance of protective health behaviors.

### *Black Student Experiences at HBCUs and PWIs*

Research on the experiences of Black college students is primarily conducted at HBCUs (Khosorvani, 2011; Sutton et al., 2011; Kanu, 1997, Thompson-Robinson et al., 2005) where the population of Black undergraduate students on campus averages 76% (Gasman, n.d.). At PWIs, Black student enrollment percentages may be in the single digits. However, while the percentage of Black student enrollments at HBCUs is high, these institutions educate only 16% of all Black college students (Irvine and Fenwick, 2011). The National Center for Statistics in Higher Education (2010) reports that in 2008, approximately 2.3 million Black students were enrolled in undergraduate studies, but only about 250,000 of them studied at HBCUs. This suggests that the majority of Black collegians are learning in a majority culture at PWIs, which can create a challenging balance between maintaining a Black cultural identity and “fitting in” with the perceived whiteness of their campuses (Guiffrida & Douthit, 2010; Reeder and Schmitt, 2013; Simmons et al., 2013). Consequently, Black students at PWIs have markedly different cultural experiences compared to those attending HBCUs (Guiffrida & Douthit, 2010; Harper, 2013; Reeder and Schmitt, 2013; Harper, 2013).

### *Health Information Seeking and Black College Students*

Digital media, social media platforms, and smartphones can be enablers that support culturally informed health information and disease management (Montague and Perchonok, 2012). Results from a survey conducted by Berger, Wagner and Baker (2010) indicate that the Internet may be a valuable health communication and education tool for populations affected by stigmatized illnesses like HIV. Stigma may be defined as a process involving labeling, separation, stereotype awareness, stereotype endorsement, prejudice, and discrimination in a context in which social, economic, or political power is exercised to the detriment of members of a social group (Link and Phelan, 2001; Boudewyns et al., 2015). Several types of stigma have been identified including: anticipated stigma (anticipation of personally being perceived or treated unfairly); experienced stigma (the personal experience of being perceived or treated unfairly); internalized stigma (holding stigmatizing views about oneself); perceived stigma (views about the extent to which people, in general, have stigmatizing attitudes/behavior towards people with HIV); stigma endorsement (our own stigmatizing attitudes/behavior towards other people with HIV); and treatment stigma (the stigma associated with seeking or receiving treatment for HIV). The impact of internalized and anticipated stigma can also involve people's responses to HIV information seeking as well as their perceptions of others' negative responses (perceived stigma). The more perceived stigma surrounding a topic, the less likely that topic will be discussed with others (Boudewyn et al., 2015).

While the Internet can aid in the reduction of longstanding health inequalities and reach those interested in learning more about stigmatized medical conditions (Berger et al., 2005), scholars caution that these benefits are not equally achieved by minority communities (Brock, 2007; Kvasny & Igwe, 2008; Kolko, Nakamura & Rodman, 2000; Payton, 2009; Payton & Kiwanuka-Tondo, 2009; Warren et al., 2010, 2012). In a study of Black women's attitudes towards the Internet as a health information resource, for instance, Warren and colleagues (2009) found that participants made a critical distinction between access to the Internet—which they viewed as under their control—and the content of the Internet—which they perceived to be under the control of the dominant, White culture. Nakumara (2002) uses the term “menu-driven identities” to signify how content providers reproduce inequality through the design of the interface and the personalization of content that fails to accommodate the cultural perspectives of ethnic minorities. Gibbons (2006) found that health information on the Internet is not typically tailored to address the realities in which many Blacks exist, especially those with limited income. Thus, while the Internet offers the potential for information tailoring, a lack of culturally relevant website design and content limits these intended benefits.

### *The Double-edged Sword of Hypervisibility*

Our study focuses on Black women attending PWIs, a population that may be at increased risk of HIV transmission but is not often studied, and regularly uses the Internet to obtain health information (Smith, 2011). We use Black feminist scholars' (Krusemark, 2012; Mowatt, 2013; Noble, 2013) concept of hypervisibility to theorize the marginalization of Black women in environments where they are underrepresented. Hypervisibility highlights the experience of how scrutiny and surveillance of Black women's bodies make them highly visible yet voiceless. This scrutiny is based on the perceived difference, which is usually interpreted as deviance and sexualized, that draws negative outside attention with few opportunities for Black women to construct self-affirming representations. Hypervisibility highlights the difference between being seen and affirmed from the discomfort that comes from being watched and judged.

Hammonds (1997) discusses the dilemma of stigmatized visibility to demonstrate the ways that Black women are simultaneously made visible and silenced. On the one hand, hypervisibility refers to how Black women can be placed under surveillance, pressured to speak as the expert only when race explicitly enters the conversation, and perceived as a threat that needs to be controlled (Feingold & Souza, 2013). On the other hand, those in the majority can speak about and for Black women as if they are not present or have no authority to speak on their own behalf (Feingold & Souza, 2013).

Hypervisibility arises, in part, from lingering stereotypes about Black women's intellectual ability, body politics, and racial identity (Feingold & Souza, 2013). As raced and gendered individuals, Black women are more likely to be self-conscious of their race, view their race as relevant to others' perceptions of them, and attribute race as a cause underlying a particular event (Feingold & Souza, 2013). Overcoming self-consciousness of their race and gender is an additional burden that Black women bear, and we posit that it shapes their information seeking practices. If Black women, for instance, believe that information providers have apathetic attitudes toward Black women's health, they might mistrust the information. Alternatively, if they feel that they are being singled out in calls to get tested, they may resist for fear that they are being subjected to surveillance (Kvasny & Igwe, 2008). Because HIV discourse places Black women at increased risk, gender and racial attitudes may shape how they seek HIV prevention information.

### **Research Methodology**

Research that contextualizes how identity characteristics shape the construction of information needs, information seeking behaviors, and the evaluation of the results is essential for understanding marginalized groups as health information seekers (Courtright, 2007). According to Frith (2000), focus groups are an effective qualitative method for facilitating collective discussion and interaction among research participants that makes possible the exploration of under-researched topics and populations. Focus groups are also effective for soliciting the language commonly used by marginalized groups to situate their information seeking practices in their intersectional identity.

We conducted focus groups to inform the design of our online HIV prevention platform tailored for Black female college students. The purpose was to understand information needs, awareness of specific information resources, and search strategies employed for finding and evaluating HIV prevention information. We used hypervisibility as a sensitizing lens for making sense of how by the intersecting gender and racial identities of Black womanhood shape information seeking practices. Hypervisibility theory further requires that Black women be offered opportunities to genuinely shape how they are represented and offered space to become active subjects of the platform's design.

Our research team conducted six focus groups, three at a southern PWI and three at a northern PWI. Sixty Black female undergraduate students (40 at the southern PWI and 20 at the northern PWI) participated. All participants were between the ages of 18 and 24 years old. The university contexts were quite different. The southern metropolitan PWI has nearly twice the percentage of Black students (7%) as does the northern rural PWI (4%) (citations blinded). Also, the Black population in the rural community surrounding the northern campus is about 4%, while the Black population of the southern metropolitan community is about 30% (US Census Bureau, 2010). At the northern PWI, an undergraduate student assisted the first author with recruiting participants, scheduling the focus groups sessions, and facilitating the focus group activities. At the southern PWI, the second author worked with an additional facilitator who assisted with these tasks. To facilitate the discussion, we began by presenting basic facts about HIV

and sharing statistics about infection rates for Black women. Next, we used web pages from the National Institutes of Health, Centers for Disease Control and Prevention, and WebMD to elicit group discussion about the layout of the website, interactive features, and information content. We obtained the informed consent of each participant and entered each woman into a raffle for a \$10 gift card. Each focus group session lasted from 75 to 90 minutes, and all of the sessions were audio recorded and later transcribed to ensure that we captured the authentic voices of our participants.

We used open coding techniques for analyzing focus groups transcripts to elicit and refine illustrative themes (Miles & Huberman, 1994). The researchers began by independently reading and coding the focus group transcripts of both PWI locations. Biweekly meetings were held to discuss the interim analysis, and themes were refined over a 6-month timeframe until all of the focus groups were completed. Our coding resulted in the themes presented in Table 1.

Table 1: Results of Thematic Analysis

Theme	Definition	Illustrative Example
Platform and Privacy	Motivation for participants' choice of platform to avoid association with HIV	<i>Twitter is more so like you follow people you want to follow. Facebook is more public like you can see everything going on with pictures, posts, whatever. On Twitter you're just seeing tweets. You don't see a face whereas on Facebook you see the profile picture. You have a little avatar on there [Twitter] but it's nothing major. On Facebook they be like "[Name] is talking about AIDS over there" and umm Twitter it's like different. You could post something and people can't respond to it. Like they can see it but they won't respond. On Facebook they can see it and multiple people will respond. Like some of the reactions might not be good.</i>
Relatability	"Relatability" of content that embraces the language, images, and institutions that privilege Black female experiences	<i>No, I wouldn't automatically trust it [because it's from a Black Organization]. I'd have to read it first. But it's just more relatable. You'll understand it more but it's not necessarily right... I read magazines online, like Essence. It is about Black women and I see images of sistas (looking like me).</i>
Respectability Politics	Presenting a virtuous demeanor acts as a social norm that conditions information behavior	<i>I think that in my church, I'm Christian, [premarital sex] is just looked at bad. Like they know that I don't have a ring on my finger. I'm not married so I wouldn't even try to cross that path. Cause I know that, on my mom's side like my older aunts and my grandparents look down on those who have sex before marriage.</i>
Silence on Campus	The lack of health interventions at PWIs that target Black women's health issues.	<i>One thing I found interesting when you talked about high school and people coming in you know to talk about HIV and STs, it's really funny that in high school it was really promoted like "safe sex, safe sex"! And like when you come to college, you don't really hear a lot about safe sex. And it's (HIV infections) happening a lot here because it's like parties and being drunk, you know, sexual assaults. (all the women chime in and say "YEAH!") Things going on and we don't really focus on educating on safe sex. Like, why is that? Why do we not have programs or initiatives to promote safe sex in the college setting?</i>

## Findings

### *Platform and Privacy*

During the focus groups, participants were asked to critique the search engine's behaviors as they searched for HIV prevention information for Black women. Participants challenged the neutrality of the search engine and noted that the search results include links to desired information resources as well as HIV information prompts such as advertisements and suggested links. These prompts made the women feel that the search engine assumed an HIV positive person on the other end.

Women also critiqued the quality of the information resources listed in the search results. Women reported that the results could be repetitive and not well-aligned with their intersecting identities. Participants felt forced to choose between Black or female, which created an experience of "twoness" reflective of their racialized oppression and devaluation of their gender in a White, male-dominated society. Although they include themselves as a part of a Black community at greater risk of contracting HIV and therefore visible, their unique voice as Black women is largely silent.

While social media affords the ability to self-author and share content, participants explained that they do not use social media for HIV prevention because it publicizes online activities to friends and family. As one woman explains, "*If my family follows me I be like, 'Oh I can't retweet or put this as a status because they gonna tell mom I think {name} got HIV!'*" [laughter]. The virtual and real converge as people retain connections to the tangible when selecting and evaluating information that they share and produce on the Internet.

### *Relatability*

Participants introduced the concept of "relatability" as they advocate for content that authentically tells their story. Relatability reflects Black women's agency and the silencing of outsiders seeking to teach them how to tell their own stories. Peer-authored narratives created through blogging, video channels, and web forums offer Black women full subjectivity and voice, and are therefore deemed relatable information sources. Relatability creates an insider/outsider binary in which a strong intersectional affiliation with an information source is empowering for insiders, but may negatively impact outsiders' connection to the information. While the race and gender of the author or information provider shape the authenticity and willingness to trust the information, the credibility of the information is scrutinized.

### *Respectability Politics*

The Black church and family are primary institutional information sources for the women in our study. At the center of HIV discourse are constructions of race and sexuality. Particularly in conservative Black churches and families where premarital sex is frowned upon, women refrained from discussing their sexuality to avoid criticism. The desire of participants to distance themselves from the HIV discourse makes it necessary to find ways to position themselves as respectable, celibate women. However, as Black women, they recognize that their bodies are hypersexualized and devalued in society. Navigating these two representations, the virgin and the jezebel, is challenging.

Respectability politics also shaped the women's willingness to participate in the focus groups. As under-represented minorities at PWIs, visibility management is a common-sense strategy for their collective survival. Recruitment was particularly difficult on the northern campus, where under-representation on campus and the surrounding community was greater than the southern campus. When asking participants to reflect upon possible explanations for the recruitment challenges, one responded in a way that demonstrates how racialized constructions of Black sexualities are reproduced. In the following quote, the speaker shows how Black women avoid being further marginalized by adopting a politics of respectability while silencing the voices of those "ratchet Black folks" who reinforce damaging stereotypes about Black women's hypersexuality:

*I wasn't trying to prejudice, but as I was trying to pick people to invite to the focus group, I got y'all because I know you through clubs and I know you out here doing the right thing. But I was also trying to get the ratchet Black folks. We recording this and we gonna get the same answers. I was trying to find ratchet people because like we got pride in ourselves. The conversation sounds conservative, like real mature.... But why can't I get the ratchet people? Because as soon as they hear HIV they be like "I ain't got it!" They're not mature enough to know what I'm about to say. I*

### *Silence on Campus*

High schools are another institutional information source that women discussed. The women in the northern PWI were all from the same large city and noted that their high schools provided HIV prevention interventions. The southern women also described how “my first memory of learning about HIV/AIDS was in high school sex ed. No one talks to us as college students”. Participants have grown used to the dominant HIV risk narratives about safe sex and getting tested, but acknowledge a silence regarding targeted dialogues that address racial and gender identity. Specifically, no HIV discussion on campus contextualizes the damaging effects of stereotypes and myths about Black women’s sexuality. A deeper understanding of Black heterosexual relationship dynamics is also missing. This is especially salient given the challenge of asking Black men, already widely distrusted in broader society, about sexual histories and current sexual activities, condom use, and other sexual practices that can place them at a greater risk of contracting HIV.

## **Discussion**

In our study, we used hypervisibility as a sensitizing concept for centering Black women’s unique challenges of intersecting identities of race and gender in the context of HIV prevention information seeking. Prior work on information seeking by marginalized groups is often guided by information poverty theory (Spink & Cole, 2001; Veinot, 2009; Lingel & boyd, 2013; Hasler, Ruthven & Buchanan, 2014; Savolainen, 2016). These studies report that marginalized groups find limited resources that speak to their information needs, have restricted economic and social capital, are more suspicious of information from outsiders, and engage in self-protective behaviors to reduce their marginalization. Our findings uncover layers of visibility that drive similar information behaviors. We offer three takeaways: 1) participants engaged in self-protective behaviors to avoid being stigmatized if they were known to be looking for HIV information; 2) participants trust and relate to personal stories from others who share their racial and gender identities; and 3) participants’ most trusted institutional sources of information are largely judgmental or silent.

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Self-protective behaviors provide common sense strategies for managing hypervisibility for Black women navigating the intersecting oppressions of sexism and racism coupled with stigma related to HIV. Participants carry the social stigma that associates them with undesirable racialized stereotypes of black female sexuality as hypersexual and deviant. Add to this the disproportionately high rates of HIV among black women in the US that also place them under surveillance. Hypervisibility is again furthered by being an outsider on a predominantly White campus and the perceived absence of culturally sensitive HIV prevention services from campus health organizations. These layers of visibility fuel discourses of the HIV epidemic that are highly contentious for Black females and loaded with overdetermined rhetoric of who is and who is not 'at risk' in the epidemic (Weekly, 2010).

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Participants enacted self-protective behaviors to conform to ideals of respectability and avoid negative judgments from others, including family members, friends, the Black church, and peers on campus. Participants self-censored their online search and social media practices as well to avoid leaving digital footprints. This self-censorship masks the fact that highly stigmatized conditions are searched considerably more than they are mentioned in social media postings (De Choudhury, Morris, & White, 2014). Thus, while technology engagement is often explained in terms of affordances of freedom and liberalization (Leonardi, 2011), online self-censoring practices are reflective of cultural differentiation among intersectional groups like Black women (Jones et al., 2009).

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Since hypervisibility compounds the risk of judgment and exclusion by outsiders, participants afford greater trust to similarly situated peers. We found that trust patterns operate at a local community and racial-gender group level with higher degrees of trust extended to peer-authored content, healthcare providers in their home communities, and Black institutional information sources. This trust pattern is consistent with prior studies. Kimmel and colleagues (2013), for example, conducted focus groups with forty-eight Black youths to discuss their sexual education experiences. They report that the school-based sex education restricted the content covered and presented content in an uncomfortable way. Consequently, participants turned to trusted community organizations, healthcare providers, and peers to provide credible information that supported their confidentiality and self-determination. In another focus group study of Black youths and sexual health, Veinot and colleagues (2013) found that participants mistrusted the benevolence of outside healthcare institutions and rejected authoritative HIV prevention information.

In our study, trust is reinforced by the inclusion of Black female narratives and images that improved participants’ ability to relate to the information. This finding supports work by Ziebland and

Wyke (2012) that identified seven domains through which online resources have both positive and negative impacts on health. Five domains are relatively well supported in the scholarly literature (i.e., finding information, feeling supported, maintaining relationships with others, affecting behavior, and experiencing health services). The two lesser examined domains (i.e., learning to tell the story and visualizing disease) align with the theme of relatability in our study. We found that hearing about other Black women's experiences in a familiar language, especially testimonials, enhanced participants' ability to relate to the narratives. Thus, learning to tell the story in ways that support Black womanhood may have positive impacts on HIV prevention. Similarly, video clips and images on health websites offer powerful visualizations for communicating memorable and relatable HIV prevention messages. Unfortunately, storytelling and visualization via eHealth websites have been treated mainly as design issues rather than for their potential consequences for health behaviors (Ziebland & Wyke, 2012; Payton & Kvasny, 2016).

Feeling unseen and unacknowledged, participants reported that their college campuses and churches were silent on HIV in Black communities. These muted institutional responses may influence Black women to practice respectability through the public display of gender decorum and sexual restraint. Religion and religiosity in Blacks women's perceptions about sexuality may also lower willingness to engage in discussions about the HIV and sexual expression others.

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### **Implications**

The hypervisibility of women in our study offers implications for interventions aimed at managing stigma and improving risk-reduction knowledge and behaviors. Expecting or fearing the stigmatizing designation of a person living with HIV may lead people to adopt a stigma-reduction strategy of secrecy (Meisenbach, 2010; Boudewyns et al., 2015). As we witnessed in our study, simply talking about HIV can suggest that the disease is either relevant or important to the speaker. Moreover, discussions of stigmatized illnesses in non-anonymous, online settings, like Twitter and Facebook, are viewed as similar to face-to-face interactions because users often know their social networking peers outside the realm of the Internet, and anonymity is less prevalent (Ellison, Steinfield, & Lampe, 2007). Even searching for information privately using Google was not deemed safe by participants. These Internet technologies do not dictate ideologies about race, gender, and HIV. Rather, users reproduce prevailing social and cultural values about identities and HIV-related stigma as they engage with the technology. Cloaking anonymity online is a complex and persistent problem, but the use of temporary identities could enable users to discuss and search for sensitive health information incognito, thereby reducing anticipated stigma. For example, Veinot (2009) examined stigma management in the information networks of people with HIV and found that some preferred to search for information anonymously online to avoid stigmatization.

Prior studies have found that the tailored interventions for Black women are also an effective means of improving risk-reduction behaviors and skills. For instance, DiClemente and Wingood (1995) conducted a randomized control trial of an HIV sexual risk-reduction intervention and found that community-based HIV risk-reduction programs that are gender relevant and culturally sensitive, and provide social skills training can effectively enhance consistent condom use among young Black women. In another study, DiClemente and colleagues (2004) recruited Black adolescent girls to participate in four group sessions emphasizing ethnic and gender pride, HIV knowledge, communication, condom use skills, and healthy relationships. These researchers found that interventions that are gender-tailored and culturally congruent can enhance HIV-preventive knowledge and skills typically found in public HIV education.

While the DiClemente's studies refer to more intensive interventions than public education campaigns and searching for information on the Internet, our findings reiterate the importance of health messages that include narratives and visualizations that are gender and racially relevant. As media representations increasingly depict the disproportionate rates of HIV transmission in the Black population, Black women need discursive representations aligned with Black female identity to manage the stigma attached to HIV. These narratives should include testimonials from Black women that address heterosexual romantic relationships and sexuality, as well as empowering perceptions of Black women to foster trust and promote proactive health attitudes and behaviors.

Our findings also show that young adults continue to search for information using traditional and new media, as well as face-to-face interactions. Prevention materials should, therefore, be disseminated across this broad information ecology that supports Black women's sexual health. This may include health workshops and fairs, plays and dramatizations on campus and local churches. Like the church, hair salons are a key cultural institution for Black women and are often used in community health interventions. Enrolling Black cosmetologists and clergy as lay health advisors who disseminate coupons, condom samples, and printed media on magazine racks in beauty shops and churches is an innovative dissemination mechanism that speaks effectively to Black women (Kim et al. 2007; Sadler et al. 2000).



## Conclusion

Hypervisibility is used to show how Black women can be rendered highly scrutinized and silenced in their physical and online information worlds. Our study contributes to understanding how Black women adopt self-protective behaviors to avoid stigma in the context of HIV prevention information seeking. These avoidance strategies may move Black women to the margins even further as they seek information in silence and fail to articulate their information needs. Future studies should examine additional communities of Black women and other marginalized groups to gain a broader understanding of how hypervisibility is experienced and managed in health information ecologies. Contextualizing health information seeking choices and behaviors is critical to providing accessible information resources that are culturally empowering for marginalized groups that are disproportionately impacted by health disparities.

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