

# Evolution of a Virus: The Framing of HIV/AIDS in Social Work Journals

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Over the past two decades, increasing emphasis has been placed on evidence-based practice (EBP) in the social work literature. At the core of the EBP movement is the philosophical position that social work practice should be guided by scientific findings and that social workers should remain current with the scientific knowledge base of the profession (Howard, McMillen, & Pollio, 2003). An important obstacle to widespread adoption of EBP, however, is the repeated finding that many social work practitioners neither access nor use research evidence (Rosen, 1994; Rosen, Proctor, Morrell-Howell, & Staudt, 1995). A necessary precondition for the implementation of EBP is that research be relevant to social work practice; otherwise, social work practitioners are unlikely to access and use the research literature (Lindsey & Kirk, 1992a; Yunong & Fengzhi, 2009). Journal publications are a major vehicle for accumulating and disseminating professional knowledge and constitute a primary source of guidance for practice (Lindsey & Kirk, 1992b; Rosen, Proctor, & Staudt, 1999). To be viewed as relevant to practitioners, journal articles must be timely and accurately reflect the dynamic nature of practice contexts.

Very little research has been conducted to determine whether social work journals are indeed responsive to the changing knowledge and practice contexts faced by social workers. To that end, the purpose of this study was to examine the extent to which social work journals accurately reflect the changing context and knowledge base of practice in the field of HIV/AIDS. We conducted a content analysis of HIV/AIDS articles published in four leading social work journals over the 20-year period between 1987 and 2006.

HIV/AIDS is one area of social work practice that has changed dramatically over the past

25 years (Kaplan, Tomaszewski, & Gorin, 2004; Strug, Grube, & Beckerman, 2002; Wheeler, 2007). Since the beginning of the HIV/AIDS epidemic, social workers have played a central role both on the frontlines of service delivery and in the development of policy at the local, state, and federal levels (Aronstein & Thompson, 1998). The profession has demonstrated the ability to respond to changes in the epidemiology and treatment of HIV/AIDS (Kaplan et al., 2004; Strug et al., 2002). As the nature of the HIV/AIDS pandemic has changed, social workers have become increasingly involved in primary prevention efforts aimed at reducing and eliminating high-risk behaviors and secondary prevention efforts aimed at issues of survival and living with the disease (Strug et al., 2002). The profession's integral role in responding to HIV/AIDS requires that practitioners have access to timely and relevant knowledge regarding HIV/AIDS epidemiology and treatment.

## CHANGING CONTEXT OF SOCIAL WORK PRACTICE WITH HIV/AIDS

In the early years of the HIV/AIDS epidemic, a diagnosis of AIDS was widely viewed as a death sentence. Indeed, early surveillance found that more than 80 percent of people who had acquired AIDS died within two years of diagnosis (Dowdle, 1983). By 1986, azidothymidine (AZT), an antiretroviral that interferes with the replication of the HIV virus, was widely prescribed because of its apparent ability to extend the life of some infected people (Strug et al., 2002). 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).

Efforts were redoubled to identify and develop pharmacological agents that could effectively slow the progression of AIDS, if not cure it.

In 1996, the treatment of HIV/AIDS was revolutionized with the advent of highly active antiretroviral therapy (HAART), which combines the use of protease inhibitors with existing antiretrovirals. This combination of medications soon revolutionized the treatment of HIV/AIDS when clinical trials demonstrated its effectiveness in lowering viral loads and, thereby, lowering mortality rates and increasing quality of life (Berry et al., 2001). Today, HAART has evolved into four different classes of HIV/AIDS treatment options. Among these four classes are approximately 25 medications that, 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). Although HAART is not a cure for AIDS, it has changed the nature of AIDS from a terminal disease to a chronic disease for those who have access to and are able to adhere to the complex pharmacological regimen. This new reality is reflected in medical journals (Chesney, Chambers, Taylor, Johnson, & Folkman, 2003; Cruess et al., 2003; Demmer, 2000) and by people living with AIDS and their support partners (Hoy-Ellis & Fredriksen-Goldsen, 2007).

The HIV/AIDS epidemic in the United States has also changed from one that took hold via the gay and IV drug-using communities to one that is increasingly affecting heterosexuals, women, and people of color (Bleich & Taylor-Clark, 2005; Katzman, Gulati, Higa, Welch, & Wood, 2007). Heterosexual transmissions, consisting of only 3 percent of the total in 1985, accounted for 31 percent of new infections in 2005. Women, who at the start of the epidemic were only 8 percent of the HIV/AIDS population, jumped to 27 percent of those infected by 2005. African Americans and Latin Americans—12 percent and 14 percent of the overall U.S. population, respectively—accounted, respectively, for 50 percent and 19 percent of the AIDS cases diagnosed in 2005. In addition, with the advent of HAART, HIV-positive individuals are living longer, resulting in an increasing proportion of HIV and AIDS diagnoses in adults 50 years of age and older (Centers for Disease Control and Prevention, 2007; Hardy & Vance, 2009).

## PURPOSE OF THE STUDY

The purpose of this study was to examine the degree to which HIV/AIDS articles published in social work journals have reflected the changing practice context in this field. In particular, we investigated how the content of HIV/AIDS articles published in social work journals has changed since the advent of HAART. The study was guided by the following three research questions:

1. Has the amount of HIV/AIDS articles published in social work journals changed since the introduction of HAART?
2. Has the framing of HIV/AIDS as a terminal, as compared with a chronic, disease changed since the introduction of HAART?
3. Has the framing of HIV/AIDS as affecting specific populations changed since the introduction of HAART?

## METHOD

The methodology used in this study was content analysis. Four social work journals from which to select articles were identified: *Social Work*, *Families in Society*, *Health & Social Work*, and *Social Work in Health Care*. These journals were selected because they are highly regarded in the field of social work (Epstein, 2004; Ligon, Thyer, & Dixon, 1995; Williams, 2001), regularly publish articles related to HIV/AIDS, and were published throughout the period under study. *Social Work* and *Families in Society* were selected because they have a broad social work audience, and *Health & Social Work* and *Social Work in Health Care*, the top rated health-related social work journals (Sellers, Perry, Mathiesen, & Smith, 2004), were selected because of their focus on health care. All articles published in these four journals from 1987 through 2006 were examined to determine appropriateness for inclusion—namely, that they had a significant HIV/AIDS focus. A total of 4,332 articles were screened by examination of titles, key words, and abstracts. A total of 240 articles were identified for analysis. Letters to the editor, teaching notes, and book reviews were excluded. Articles published during the period of 1987 through 1996 were placed in the pre-HAART cohort, and articles published during the period of 1997 through 2006 were placed in the post-HAART cohort. Although HAART was introduced in 1996, we defined the beginning of the post-HAART period

as 1997 to allow for lag time for articles to reach print.

Data were recorded for each of the study variables according to decision rules set forth in a detailed codebook developed by the authors for this study. The first variable, *disease status*, addressed whether HIV/AIDS was framed as terminal, chronic, or both. That is, articles that referred to HIV/AIDS as a "chronic" (that is, long-term, manageable) health condition were coded as *chronic*, and articles that referred to HIV/AIDS as a "terminal" condition (that is, a death sentence) were coded as *terminal*. For the second variable, *population*, articles were coded as having a focus on one or more of the following populations: men who have sex with men (MSM), heterosexuals, women, people of color (that is, African Americans, Hispanics/Latinos, Asian/Pacific Islanders), and older adults.

Data were coded over a 30-day period; therefore, it was important to ensure that coding stability was maintained. Using Weber's (1990) method, coding stability was determined to be high during both the middle (94 percent agreement) and final (98 percent agreement) phases of data collection. In addition, interrater reliability was estimated using both Cohen's kappa and simple percentage agreement as these two methods are the most commonly reported for content analysis. Although Michael N. Humble coded all the articles, 40 articles were coded a second time by one of two additional coders to provide an estimate of interrater reliability. The simple percentage of agreement was 88 percent, and Cohen's kappa was .82, reflecting a relatively high degree of interrater reliability for content analysis (Neuendorf, 2002).

In conducting the statistical analyses, we used chi-square analysis to examine differences in the percentages of HIV/AIDS articles and total articles published during the 20-year period of study. Specifically, we compared each journal with the others, and we compared the general journals as a group with the health-related journals. Next, we conducted chi-square analyses to determine whether there were differences in the percentages of HIV/AIDS articles published pre- and post-HAART. Last, we investigated, again using chi-square analyses, whether there were differences pre-and post-HAART in the content of HIV/AIDS articles in regard to disease status and specific populations affected: MSM, heterosexuals, women, persons of color, and older adults.

## RESULTS

During the period of 1987 through 2006, 5.5 percent of the articles published in the four journals were related to HIV/AIDS. Of the 240 HIV/AIDS articles published, 69 (28.8 percent) were in *Social Work in Health Care*, 63 (26.3 percent) were in *Health & Social Work*, 62 (25.8 percent) were in *Social Work*, and 46 (19.2 percent) were in *Families in Society*. The health-related journals were more likely to publish HIV/AIDS-related articles than were the more general journals ( $\chi^2 = 31.46$ ,  $p < .001$ ). There were no within-group differences. Data comparing the percentages of HIV/AIDS articles published pre- and post-HAART are displayed in Table 1. There was a statistically significant decrease in the percentage of HIV/AIDS articles published in the general journals during the post-HAART period, though post hoc analyses revealed that the decrease occurred only in *Families and Society*. There was no difference

**Table 1: Comparison of Pre-HAART and Post-HAART HIV/AIDS Articles**

Journal	Pre-HAART (N = 136)		Post-HAART (N = 104)		Total (N = 4,332)		$\chi^2$
	n	%	n	%	n	%	
General	81	59.6	27	26.0	2,689	62.1	11.31***
<i>Social Work</i>	46	33.8	16	15.4	1,476	34.1	1.98
<i>Families in Society</i>	35	25.7	11	10.6	1,213	28.0	10.55**
Health	55	40.4	77	74.0	1,643	37.9	0.56
<i>Health &amp; Social Work</i>	28	20.6	35	33.7	815	18.8	0.26
<i>Social Work in Health Care</i>	27	19.9	42	40.4	828	19.1	0.15
All	136	56.7	104	43.3	4,332	100	0.77

Note: HAART = highly active antiretroviral therapy.

\*\* $p < .01$ . \*\*\* $p < .001$ .

**Table 2: Comparison of Pre-HAART and Post-HAART in Terms of Disease Status and HIV/AIDS-Affected Populations**

Variable	Pre-HAART Articles (N = 136)		Post-HAART Articles (N = 104)		Total Articles (N = 240)		$\chi^2$
	n	%	n	%	n	%	
<b>Disease status</b>							
Terminal	20	14.7	2	1.9	22	9.2	11.57***
Chronic	4	2.9	20	19.2	24	10.0	17.38***
<b>Population affected</b>							
MSM	11	4.6	8	7.7	19	7.9	0.01
Heterosexuals	10	7.4	2	1.9	12	5.0	3.66
Women	10	7.4	19	18.2	29	12.1	6.61**
People of color	5	3.7	5	4.8	10	4.2	0.19
Older adults	3	2.2	8	7.7	11	4.6	4.06*

Note: HAART = highly active antiretroviral therapy; MSM = men who have sex with men.

\*p < .05. \*\*p < .01. \*\*\*p < .001.

found in the percentage of pre- and post-HAART HIV/AIDS articles published in *Social Work*. Furthermore, no difference was found in the amount of HIV/AIDS articles published in the health-related journals before and after the introduction of HAART.

Data related to the framing of HIV/AIDS in terms of disease status and populations affected in pre-HAART articles as compared with post-HAART articles are displayed in Table 2. There was a statistically significant decrease in the framing of HIV/AIDS as a terminal disease and a statistically significant increase in the framing of HIV/AIDS as a chronic disease. The vast majority of articles framed HIV/AIDS as both chronic and terminal, and no difference was found between pre- and post-HAART articles. In terms of populations affected, there was a statistically significant increase in the percentage of articles with a focus on women and a significant increase in the percentage of articles focusing on older adults. There was no change in the amount of HIV/AIDS articles that had a focus on MSM, heterosexuals, or people of color.

## DISCUSSION

The purpose of this study was to examine the extent to which articles published in social work journals accurately reflect the changing context and knowledge base of practice. To do so, this study focused on one specialized area of social work practice: HIV/AIDS. The nature of the HIV/AIDS pandemic has changed significantly

since AIDS was first recognized in 1981 and has, thus, affected the context within which social workers in the field of HIV/AIDS practice. With the advent of HAART in 1996, the life span of individuals living with HIV/AIDS has dramatically increased, to the point that HIV/AIDS is now largely considered to be a chronic rather than terminal disease. The "face of HIV/AIDS" has also changed, as evidenced by the dramatic increase in HIV/AIDS among heterosexuals, women, people of color, and older adults. The findings of this study are mixed in terms of whether the professional social work literature has accurately reflected the changing reality of HIV/AIDS.

Our first research question sought to determine whether the amount of articles published in social work journals changed between the pre- and post-HAART periods. With the exception of *Families in Society*, which published fewer HIV/AIDS articles after the introduction of HAART, there was no change in the percentage of articles devoted to HIV/AIDS in the journals under study. This finding suggests that interest regarding HIV/AIDS among those publishing in social work journals has not diminished with the re-framing of the disease as one that is chronic and manageable rather than a death sentence—as has been found in cases of mass media coverage (Swain, 2005).

Our second research question sought to determine whether there was a change in the framing of HIV/AIDS as a terminal versus a chronic

disease following the introduction of HAART. Indeed, there was a decrease in articles that referred to HIV/AIDS as a terminal disease and an increase in articles that referred to HIV/AIDS as a chronic disease. This finding indicates that, in terms of the nature of the disease, HIV/AIDS articles published in social work journals accurately reflect the changing reality of HIV/AIDS in the United States. However, it is notable that 81 percent of articles did not take a clear position as to whether HIV/AIDS is terminal or chronic. HIV/AIDS is a disease fraught with ambiguity and uncertainty, which is reflected in the difficulty experienced by people affected by it in differentiating HIV/AIDS as a terminal or a chronic disease (Hoy-Ellis & Fredriksen-Goldsen, 2007). Our data seem to indicate that those publishing on HIV/AIDS in social work also face this difficulty.

Our third research question sought to determine whether the framing of HIV/AIDS in social work journals as affecting certain populations had changed since the introduction of HAART. Of the five populations that we identified, there were two for which there was a significant change in the number of articles focused on those populations. During the post-HAART period, there were significantly more HIV/AIDS articles that had a central focus on women or older adults. These two findings are consistent with the changing context of HIV/AIDS in that there has been a significant increase in the number of women and older adults living with HIV/AIDS. In light of the significant contributions social work has made in the field of gerontology, along with the tremendous investments the profession has made toward advancing gerontological practice, it is encouraging that there was an increase in articles focusing on the older population. However, we also found no increase in the amount of HIV/AIDS articles that focused on heterosexuals or people of color. Given that people of color have been disproportionately represented among new infections for the past decade, and given social work's historical dedication to marginalized populations, this is a disappointing finding.

In sum, our findings were mixed in terms of whether the coverage of HIV/AIDS articles in social work journals has accurately reflected the changing practice context in this field. Such findings raise concerns regarding the ability of social work journals to be seen as relevant by social

work practitioners. If frontline practitioners do not view the discipline's publication outlets as responsive to or accurately reflective of the changing practice contexts in which they are immersed, they are unlikely to see professional journals as a resource for accumulating professional knowledge. Journal editors, editorial boards, and reviewers must strive to be cognizant of the changing context of social work practice to provide the most congruent reflection of the current practice context. Given the breadth and diversity of social work practice, this is admittedly a tall order even for specialized journals. Furthermore, researchers must be more vigilant in conducting and reporting research that is consistent with the dynamic contexts in which social workers practice.

We acknowledge that there are a number of limitations inherent in the present study. Caution should be exercised in generalizing these results beyond the journals included in the analysis. Given the overarching purpose of this research, we specifically selected four journals that are widely disseminated and are among the top journals and, therefore, have a higher probability of being accessed by practicing social workers. However, had we included a different set of journals, our results might have been different. In a similar manner, caution must be exercised in generalizing beyond the field of HIV/AIDS. It is certainly plausible that other fields of practice are more accurately portrayed in social work journals. At the same time, it is plausible that other fields of practice are less accurately portrayed. We encourage further research to assess the accuracy and relevance of published articles in additional fields of practice. Despite these limitations, the findings of this study have important implications that should be considered by authors as well as editorial staff. **SW**

## REFERENCES

- Aronstein, D., & Thompson, B. (Eds.) (1998). *HIV and social work: A practitioner's guide*. Binghamton, NY: Harrington Park Press.
- Berry, M. M., Schacker, T., Collier, A. C., Shea, T., Brodie, S. J., Mayers, D., et al. (2001). Treatment of primary human immunodeficiency virus type 1 infection with potent antiretroviral therapy reduces frequency of rapid progression to AIDS. *Journal of Infectious Diseases*, 183, 1466–1475.
- Bleich, S., & Taylor-Clark, K. (2005). Black men on the “down-low” and the HIV epidemic: The need for research and intervention strategies. *Harvard Journal of African American Public Policy*, 11, 13–20.

- Centers for Disease Control and Prevention. (2007). *Estimated numbers of persons living with HIV/AIDS, by year and selected characteristics, 2001–2004*. Retrieved from <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2004report/table8.htm>
- Chesney, M. A., Chambers, D. B., Taylor, J. M., Johnson, L. M., & Folkman, S. (2003). Coping effectiveness training for men living with HIV: Results from a randomized clinical trial testing a group-based intervention. *Psychosomatic Medicine*, 65, 1038–1046.
- Cuess, D. G., Petitto, J. M., Leserman, J., Douglas, S. D., Gettes, D. R., Ten Have, T. R., et al. (2003). Depression and HIV infection: Impact on immune function and disease progression. *CNS Spectrums*, 8, 52–58.
- Demmer, C. (2000). Grief and survival in the era of HIV treatment advances. *Illness, Crisis & Loss*, 8, 5–16.
- Dowdle, W. R. (1983). The epidemiology of AIDS. *Public Health Reports*, 98, 308–312.
- Epstein, W. M. (2004). Conformational response bias and the quality of the editorial processes among American social work journals. *Research on Social Work Practice*, 14, 450–458.
- Hardy, D. J., & Vance, D. E. (2009). The neuropsychology of HIV/AIDS in older adults. *Neuropsychology Review*, 19, 263–272.
- Hoffmann, C., & Mulcahy, F. (2006). *HIV therapy 2006—Drug classes*. Retrieved from <http://www.hivmedicine.com/textbook/haar/classes.htm>
- Howard, M. O., McMillen, C. T., & Pollio, D. E. (2003). Teaching evidence-based practice: Toward a new paradigm for social work education. *Journal of Social Work Education*, 33, 234–259.
- Hoy-Ellis, C. P., & Fredriksen-Goldsen, K. I. (2007). Is AIDS chronic or terminal? The perceptions of persons living with AIDS and their informal support partners. *AIDS Care*, 19, 835–843.
- Kaplan, L. E., Tomaszewski, E., & Gorin, S. (2004). Current trends and the future of HIV/AIDS services: A social work perspective. *Health & Social Work*, 29, 153–160.
- Katzman, J., Gulati, H., Higa, D. H., Welch, Q., & Wood, R. W. (2007). A community manifesto for gay and bisexual men: An appeal to control HIV/STDs. *Journal of Public Health Management Practice*, 13, 244–251.
- Ligon, J., Thyer, B. A., & Dixon, D. (1995). Academic affiliations of those published in social work journals: A productivity analysis, 1989–1993. *Journal of Social Work Education*, 31, 369–376.
- Lindsey, D., & Kirk, S. A. (1992a). The continuing crisis in social work research: Conundrum or solvable problem? An essay review. *Journal of Social Work Education*, 28, 370–382.
- Lindsey, D., & Kirk, S. A. (1992b). The role of social work journals in the development of a knowledge base for the profession. *Social Service Review*, 66, 295–310.
- Neuendorf, K. A. (2002). *The content analysis guidebook*. Thousand Oaks, CA: Sage Publications.
- Rosen, A. (1994). Knowledge use in direct practice. *Social Service Review*, 68, 561–577.
- Rosen, A., Proctor, E. K., Morrow-Howell, N., & Staudt, M. (1995). Rationales for practice decisions: Variations in knowledge use by decision task and social work service. *Research on Social Work Practice*, 5, 501–523.
- Rosen, A., Proctor, E. K., & Staudt, M. (1999). Social work research and the quest for effective practice. *Social Work Research*, 23, 4–14.
- Sellers, S. L., Perry, R., Mathiesen, S. G., & Smith, T. (2004). Evaluation of social work journal quality: Citation versus reputation approaches. *Journal of Social Work Education*, 40, 143–160.
- Stephenson, J. (1995). Other AIDS drug regimens beat AZT alone, reduce clinical progression and mortality. *JAMA*, 274, 1183–1184.
- Strug, D. L., Grube, B. A., & Beckerman, N. L. (2002). Challenges and changing roles in HIV/AIDS social work: Implications for training and education. *Social Work in Health Care*, 35(4), 1–19.
- Swain, K. A. (2005). Approaching the quarter-century mark: AIDS coverage and research decline as infection spreads. *Critical Studies in Mass Communication*, 22, 258–262.
- Weber, R. P. (1990). *Basic content analysis* (2nd ed.). Newbury Park, CA: Sage Publications.
- Wheeler, D. P. (2007). HIV and AIDS today: Where is social work going? [National Health Line]. *Health & Social Work*, 32, 155–157.
- Williams, J. W. (2001). Journals of the century in social work. *Serial Librarian*, 39, 69–77.
- Yunong, H., & Fengzhi, M. (2009). A reflection on reasons, precondition, and effects of implementing evidence-based practice in social work. *Social Work*, 54, 177–181.

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