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The Exploration of Theater as Innovative Tool to Improve HIV Rates Among Black Men

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ABSTRACT—The current study assessed the impact of theater, as a health education intervention, upon knowledge of risk factors that contribute to HIV/AIDS and sexually transmitted infections among black males. Participants ($n = 124$) were given measures to assess their HIV/AIDS knowledge and sexual behavior before and after the play “Lonely Words”. Paired sample t-tests were used to investigate mean differences in the responses for each of the items on both the knowledge and behavior scales. Results indicated that there was an increase in total knowledge scores for black men after viewing the play. Theater also proved to be effective in increasing the likelihood of condom use among black men and an increased likelihood of black men discussing their sexual pasts with their respective partners. Such studies may assist in the design of behavioral interventions that may help reduce the risk of HIV/AIDS among a high-risk population.

KEY WORDS—HIV/AIDS, theater, Black males, condoms

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Introduction

BLACK COMMUNITIES THROUGHOUT THE UNITED STATES CONTINUE to bear a disproportionate burden of the AIDS epidemic (U.S. Department of Health & Human Services, 2014). More than 500,000 black Americans are living with HIV and 20,000 or more become infected each year (Wilson, Wright, & Isbell, 2008). In the United States, approximately 1.2 million people are living with HIV, and Blacks, aged 13 and older, account for 44% of new HIV infections (CDC, 2014). In 2010, black women accounted for 29% of estimated new HIV infections among black adolescents and adults, which was 20 times the rate for white women living with HIV and five times that of for Hispanic/Latino women; most new infections among black women are attributed to heterosexual contact (CDC, 2014). However, black men bear the greatest burden of HIV. In 2010, black men accounted for 70% of the estimated 20,900 new HIV infections among all black adolescents and adults, which was seven times the rate for white men living with HIV, twice that of Latino men, and close to three times that of black women (CDC, 2014). Of HIV infected children aged 13 and under, 59% are Black. One in 16 black men and 1 in 32 black women will be diagnosed with HIV infection unless something is done to change the course of HIV infection (U.S. Department of Health & Human Services, 2014). The CDC reports that in 2007 the findings in 34 states reveals that Blacks comprised 69% of this population with 9,371 reported cases, with the South reporting the majority of these cases for both males and females (CDC, 2007).

According to the U.S. Census Bureau 2006–2008 race and ethnicity statistics data, Blacks comprised twelve percent of the U.S. population. However, Blacks comprised 69% percent of new diagnosis for HIV/AIDS between the years 2001 and 2005 (CDC, 2007) and comprised 44% of new diagnosis in 2010 (CDC, 2014). According to the CDC (2014) Blacks are the racial ethnic group most affected by HIV/AIDS, and the rate of HIV/AIDS is eight times that of Whites based upon population size.

Black Men and HIV/AIDS

In 2010, men accounted for 70% of the estimated 20,900 new HIV infections among all adult and adolescent blacks. The CDC (2014) suggests that the estimated rate of HIV infections of black men is 3 times that of black women. One of the main factors contributing to disparate outcomes for

Blacks is that many are diagnosed at the late stages of the disease when it is often too late for medications to be effective (U.S. Department of Health & Human Services , 2014).

The CDC reported in 2007, based on the CDC's parameters for risk based on age, the 18–30 year old population of heterosexual and homosexual black males is at a high risk for HIV infection. Currently, the largest number of new HIV infections among MSM (men who have sex with men) occurred in young black MSM aged 13–24, which accounts for 45% of all new infections among black MSM and 55% among all MSM (U.S. Department of Health & Human Services, 2014). Although a number of educational efforts have been employed at the high school and collegiate levels to educate young black men about HIV/AIDS, rates among black men have continued to increase, which questions whether exposure to information about safer sexual behaviors has any effect on infection rates. Thus, there is a need for more innovative health education techniques, which will increase safe sex knowledge and behavior among this population. This is not to suggest that there is something peculiar about black males' sexual behavior. However, given the high rates of HIV/AIDS among young black MSMS and black women, there is a great need to find target interventions that focus on increasing knowledge and awareness of HIV/AIDS and dispelling myths and stereotypes about the disease, which will aid in alleviating this issue in the black community.

Knowledge of HIV/AIDS

For this study, knowledge of HIV/AIDS has been operationally defined as one's personal knowledge of HIV/AIDS. This may include factors such as how HIV is contracted and what the consequences of HIV and AIDS are. This knowledge, whether correct or incorrect, is garnered from various sources within the course of one's life i.e. school, peers, parents, and media.

A number of intervention studies have been conducted to increase knowledge about HIV and STI's and change attitudes and sexual behavior. Earlier intervention studies on college students were informational in nature, providing general information about HIV, including its modes of transmission. A study conducted by Burns & Dillon found that 90% of black males were sexually active and reported having sex with more than two partners in the past 6 months. Their study also found that only 37% of those black males used condoms consistently with casual encounters (Burns & Dillon, 2005).

Although there have been a number of intervention efforts among college-aged males and numerous studies citing the risk of HIV/AIDS, researchers continue to struggle with connecting knowledge to practice.

Previous studies have reported that between 80% and 92% of black college students possess correct HIV/AIDS knowledge and believe condom use is a good preventive method (Bazargan et al., 2000). However, this fairly high level of accurate knowledge about HIV and its mode of transmission have yet to be linked to an increased reduction in risky behaviors. Several studies indicated that although some misperceptions persisted, college students possessed relatively high levels of knowledge about HIV/AIDS (Bazargan et al., 2000). A review of the literature indicated that many college students appeared to have difficulty in translating this knowledge into consistent behaviors that may protect their health (Bazargan et al., 2000).

Similar studies have been designed to assess AIDS knowledge, attitudes, and beliefs held by those who have not attended college (Bazargan et al., 2000). Knowledge about the major modes of transmission has been found to be generally adequate. However, certain myths in regards to modes of transmission still persist such as the spread of HIV through mosquito bites and toilet seats (Bazargan et al., 2000). Knowledge about specific aspects of risk reduction was also low, with less than half of participants expressing knowledge that latex condoms are more effective than natural skin condoms in preventing HIV infection. Other significant areas surrounding incorrect beliefs regarding the contraction of HIV is transmission through blood donation. Most people knew that AIDS destroys the body's immunity, and the majority knew that it is caused by a virus. However, about one-fifth of people interviewed did not know that a person with HIV can spread it to others even before they get full-blown AIDS. Knowledge about symptoms of HIV was also low (Bazargan et al., 2000).

In a study conducted by Janet St. Lawrence in the early 90's examining black adolescents' knowledge, health-related attitudes, sexual behavior, and contraceptive decisions, information was compiled to assess the effect that knowledge has on various forms of sexual behavior. Adolescents completed measures of knowledge related to AIDS as well as various other measures indicating attitudes, perceptions, and behaviors. The study examines the implications for the content, format, and timing of HIV prevention with black adolescents. The study found that girls were typically more knowledgeable about AIDS, reported fewer sexual partners, held more positive

attitudes toward precautionary sexual behavior, and perceived themselves to have greater control than boys (St. Lawrence, 1993).

In a survey conducted at the Research Center of the University of Michigan's Institute for Social Research in 1999, Norris and Ford further assessed AIDS, condom knowledge, and beliefs as well as HIV risk behaviors held by low-income Black and Hispanic youth. When measuring perceived susceptibility to HIV, researchers found that their non-monogamous subgroup had the highest partner specific perceived susceptibility to HIV due to their sexual partner's non-monogamy. Norris and Ford (1999) reported that non-monogamous youth may perceive their behavior as more risky and be more likely to use condoms. Results may imply that the individuals in this study recognized increased sexual risk in having multiple sexual partners, which indicates some basic level of knowledge concerning the transmission of HIV. However, the researchers found that those who engage in relative or serial monogamy may believe that by doing so they have minimized their exposure to HIV and other STDs and do not need to use condoms.

The perception of safety believed to surround monogamous relationships may lead to a reduced perceived susceptibility to HIV infection and foster involvement in other risky sexual behaviors (Norris & Ford, 1999). The misconceptions surrounding risk reduction behavior is concerning. Knowledge about risk reducing behaviors must be accurate so individuals can learn to effectively protect themselves from infection (Bazargan et al., 2000).

Sexual Behaviors

For this study, sexual behaviors have been operationally defined as any physically sexual act or form of intimacy that can potentially facilitate the transmission of bodily fluids and disease. Examples of sexual behaviors include fellatio, cunnilingus, coitus, and sodomy. When examining the definitions of sexual behaviors within a population it becomes necessary to examine the common themes that offer insight into how participants conceptualize dating, sexual activity, and dating or sexual partners. These themes include the following: (a) definition and role of the dating or sexual partner; (b) meaning of the dating process; (c) partner's expectations regarding fidelity; and (d) friends' expectations regarding condom use (Harper et al., 2004).

Research conducted by Harper et al. (2004) found that many young men want a dating partner to focus her attention exclusively on them and avoid

contact with other males. Females, on the other hand, anticipate that their boyfriends will have other partners. These young women appear to focus on maintaining their position as the “number one” or most important female partner rather than on the males’ sexual fidelity. This fact evidences a leniency towards multiple sexual partners, which in turn is a dangerously effective way to spread disease (Harper et al., 2004).

To slow the spread of HIV/AIDS, there is a need to re-evaluate stances on safe sex practices. There is also a need to clarify why some people never use condoms, others use them intermittently, and others use them consistently (Winfield, & Whaley, 2005). One explanation is that, among sexually active males, those holding traditional attitudes about masculinity indicated that they were less likely to use a condom with a hypothetical future partner (Pleck, Sonenstein, & Leighton, 1993). However, research has also shown that men know less about contraception and take less responsibility in regards to contraception than do women (Pleck, Sonenstein, & Leighton, 1993). A review of the literature on sexual behavior reflects a decline in research on condom use among young men since 2003. Most of the research published during utilizes data from the 80’s and ‘90s, during a time when the AIDS epidemic was at its peak. Thus, there is a need for contemporary studies that focus on attitudes towards condom use and sexual behavior in the black community given the variability in sexual expression among Millennials and more liberal attitudes towards sex.

Males with immediate-egocentric pleasure orientation toward dating and sexual partners express a desire to engage in sexual activity with dating partners and emphasize the immediacy of sexual intimacy (Harper et al., 2004). This emphasis on the immediacy of sexual intimacy brings up concerns regarding the attitudes these individuals maintain relative to sexual safety and the degree with which they practice safe sex. Although social scientists for years have attempted to find links between knowledge and behavior change, a few studies have tried to understand the link between values, knowledge, attitudes towards sexual behavior and that of condom use.

In a meta-analysis of 96 studies, which included 22,594 participants, Albarracín et. al (2001) attempted to understand the relationships between norms, attitudes and beliefs, intentions, and actual related sexual behavior. They found that condom use was associated with a person’s intentions to use, and one’s intentions were based upon attitudes. They also found that attitudes had a direct influence upon behavior in that attitudes about condom use superseded one’s intentions. These findings suggest that one’s

core attitude or psychological disposition may be a better determinate of prosocial sexual behaviors, such as condom use. Therefore, future interventions may need to focus on changing young men's attitudes about sexual behavior. Moreover, interventions may need to focus on pre-teen age groups such that protective sexual behavior, particularly condom use, becomes an attitudinal norm prior to adolescent and adulthood, which may increase the likelihood of condom use.

The issue of safe sex practices is of key concern on college campuses. Given the high rates of STIs among young women aged 13–25 and the higher rates of new HIV infections among men, there is a need to focus interventions on college campuses, particularly Historically Black College & Universities (HBCUs). In a study conducted by Smith, et al. (2010) about knowledge of HIV/AIDS and condom use, of 493 college students and young adults, only 57% of the students reported they used condoms, 27% reported in engaging in unprotected sex more than four times within the past year, and 26% indicated that they usually have sex while intoxicated, which lowers inhibitions and puts them at greater risk. These findings were consistent with a larger study conducted by Washington et. al, (2009) that investigated differences in condom use among sexually active black males at HBCUs. Researchers surveyed over 1800 freshmen from 35 HBCUs in the United States. They found differences in rates of condom use among MSM and men who have sex with men and women (MSMWS) in that MSMWS were less likely to use condoms than heterosexual males. Given the high rates of risky sexual behavior, higher rates of alcohol and drug use, and the freedom experienced during one's first few years of college, interventions to increase knowledge and condom use at the collegiate level is warranted.

There is a disconnect between this reported condom usage by the non-monogamous population and their reported percentage of consistency of condom use in the past year and condom usage during their last sexual encounter. The non-monogamous group maintained the lowest percentages of consistency in use and use during previous encounter of all three groups. Regardless, this population still has the reported highest condom use in the past year, highest rate of carrying condoms, and highest percentage of people who keep condoms in their homes (Norris & Ford, 1999). This frequent use of condoms suggests some knowledge about STIs and their mode of transmission. Again, this knowledge has yet to be linked to an increased reduction in risky behaviors (Bazargan et al., 2000).

Self-report measures indicate that only a small proportion of sexually

active students use condoms 100% of the time regardless of the high HIV/AIDS knowledge reported. The link between knowledge and protective behavior is weaker for black college students. Bazargan et al. (2000) found that only 20% of sexually active unmarried black undergraduates at an inner-city commuter university always used condoms when they engaged in sexual activities. Similarly, although 90% of black male college students were reported to be sexually active (with more than two partners in the last 6 months), only 37% used condoms consistently, with condoms most likely to be used for casual sexual encounters (Bazargan et al., 2000).

However, there have also been studies that indicate the HIV/AIDS epidemic did have some effect on sexual activities because a small proportion of college students have reportedly changed their sexual behavior by either becoming more selective of their sex partners, decreasing sexual activity, increasing use of condoms, or by abstaining (Bazargan et al., 2000). With recent statistics on the incidences of STIs growing, there is a greater need preventative measure and useful interventions for adolescents and young adults. In order to remain effective, risk reduction programs will need to be tailored differently to accommodate the needs of the distinct subgroups of youth (Norris & Ford, 1999).

Prevention & Education

Efforts towards HIV/AIDS education and prevention in America have been taking place since the initial outbreak of the disease in the 1980s. At the outset of the HIV outbreak, men who have sex with men (MSM) were disproportionately effected in terms of numbers of new infections (CDC, 1990). This trend has persisted and currently the largest number of new infections among black MSMS and MSMWS occurs in young black men aged 13 to 24, which increased by 20% from 2008 to 2010 (U.S. Department of Health & Human Services, 2014). In 1990, the CDC reported that 68% of all AIDS infected patients reported through 1989 were MSM. Thus, before significant breakthroughs in the epidemiological study of AIDS, many men in the gay community had already been infected in the 80's and early 90's. The rate of infection in this population was largely attributed to high-risk sexual practices, such as unprotected anal intercourse and multiple sexual partnerships (CDC, 1990). The current rate of infection in this population may be attributed to the fact that MSMS and MSMWS may not consider themselves to be a part of the larger gay community and

therefore do not pay attention to the prevention messages that target the community (Washington et. al, 2009).

With advancements in the study of HIV/AIDS has come the advancement of intervention techniques and treatment of existing cases. The current body of HIV prevention literature includes a variety of behavioral and educational intervention programs. Various interventions have increased condom use (CDC, AIDS Demonstration Project Research Group, 1999) and improved condom negotiation and usage skills (Smith & DiClemente, 2000; Anderko & Uscian, 2000). Other literature reveals that many programs developed for urban settings have been able to delay initiation of intercourse (Siegel, Aten, & Enaharo, 2001), reduce unprotected anal intercourse (Kegeles, Hays, & Coates, 1996), and decrease drug use (McCoy, McCoy, Lai, Weatherby, & Messiah, 1999). Viable programs developed for rural and southeastern settings include health education and risk reduction, condom distribution, and one-to-one client education or outreach (Smith & DiClemente, 2000).

Use of Theater

In 2007, Alexander reported that media influences have a profound effect on the attitudes and behaviors of Blacks. Furthermore, studies that utilize theater as a tool to educate individuals on health related issues have revealed that dramatic presentation is an effective means of eliciting health conscious behavioral change (Gray et al., 2000). This positive influence can be observed in the benefits of theater based health interventions. Among these benefits are increased understanding between health care providers and patients, as well as better opportunities for educating and training health care professionals. Through theater, individuals are allowed to experiment with different life roles and explore new behaviors in order to promote positive life changes (Gray et al., 2000). Research by Cameron et al. (2013) on prostate cancer on southern black men found theater to be effective in increasing prostate cancer knowledge, the likelihood of black men engaging in healthier behavior, and increased reporting of prostate screening. Theater also proved to be effective in increasing HIV/AIDS knowledge and encouraging healthier sexual behavior among young black women (Livingston, 2014).

One researcher strongly proposed that AIDS prevention programs should be specifically designed for people of color (de la Cencela, 1989). Among the various approaches suggested de la Cencela, he observed that

ethnic youth respond to approaches that present peers or positive role models as primary agents, which utilize familiar vehicles such as comic books, humor, music videos, soap operas, rap songs, dance clubs, and street theater. Lauby et al. (2010) discovered that black male adolescents in the juvenile justice system are at high risk for HIV infection; the theory-based HIV risk reduction intervention study employed theatrical performances. Participants in this study demonstrated greater knowledge of HIV and condom use and improved attitudes toward HIV testing and towards those living with HIV/AIDS than did those in the comparison condition. Participants were also significantly more likely to use a condom during their last sexual contact with a non-main female partner than comparison participants. Similarly, Stuttaford et al. (2006) also found that theater is an effective educational tool for changing behavior. Although only a few studies have cited the utility of other forms of artistic expression as educational tools to address health disparities, research on the use of theater, has proven to be quite effective in educating populations of color on health issue throughout the world (e.g., breast cancer, cardiovascular disease, and HIV). Douglas et. al (2000) suggested that theater is a form of “Edutainment” that allows for active learning, where the audience is engaged emotionally and cognitively. Douglas further suggests that providing theater within the community provides audience members a comfortable setting to explore their attitudes and values about health and prosocial health related behaviors. Given theater’s potential to change behaviors as noted in previous studies, further examination of its effectiveness in addressing HIV/AIDS is warranted.

Purpose of the Study

In light of the aforementioned assertions, the purpose of this study is to determine the effectiveness of theater as an education tool to educate black males about HIV/AIDS and its risk. Thus, the following research questions will be explored: 1) Can theater increase black males’ knowledge of HIV/AIDS? and 2) Can theater change the intended sexual behaviors of black males?

Methods

Research Design

To assess the impact of theater in increasing knowledge and healthy sexual decision-making among the black males, University researchers, theater

faculty, and a program evaluation specialist convened to develop a play entitled “Lonely Words”, written by a local playwright. The play, with the guidance and assistance of researchers, community health professionals, and theater personnel was conducted over a two-week time period. Utilizing student actors from a local university, researchers employed surveys and a retrospective quasi pre-posttest design in an effort to assess the impact of theater on participants. Retrospective pre-post design is a new technique and is quite effective in getting pre-prevention data (Griner-Hill, 2005).

Participants

Participants in the study were recruited from three counties in the south-east. Over 95% of the play goers were Black. One hundred twenty-four of the men attending the play participated in the study. Only those who were 18 years of age were allowed to participate in the study. Over 40% of the sample participants were between the ages of 18 and 25. The average income for participants was \$30,000 or higher and 27% of respondents reported incomes of more than 75,000 per year. Most of the participants resided in the same zip code in which the play was held. Most of the participants reported having some college education. Over 49% of the participants were college graduates. A little over 35% heard about the play by word of mouth. More than 43% of the participants reported having good health, while more than 41% reported excellent health. Approximately 58.9% of participants reported having health insurance, while 25.8% of participants reported having no health insurance. The majority of participants reported going to the doctor once a year or less. While 64.5% of participants reported using condoms, 35% of participants reported engaging in unprotected sex more than four times during the past year. When asked about having sex while intoxicated, 33.9% of participants answered yes and 59.7% of participants answered no. Approximately 66% of participants have been tested for HIV, and 22.6% of participants reported having a family member diagnosed with HIV.

Procedures

Participants were recruited through an aggressive advertising campaign, which utilized radio, television, newspaper, billboards, and posters. Flyers and posters were mailed and distributed to churches, barbershops, and community centers throughout the community. The play, “Lonely Woods”, was promoted as a play about black relationships. Advertisements also indicated that the

Table 1. Descriptive Statistics for Participants (n=136)

Variable	n	%
Pretax income		
10,000 or less	9	7.3
10,001–15,000	5	4
15,001–20,000	9	7.3
20,001–30,000	19	15.3
30,001–50,000	30	24.2
50,001–75,000	16	12.9
over 75,000	34	27.4
Participants' Level of Education		
some high school	6	4.8
high school grad	13	10.5
some college	42	33.9
college grad	29	23.4
some grad school	8	6.5
grad school	24	19.4
Participants' Rating of Health		
Excellent	51	41.1
Good	54	43.5
Fair	7	5.6
Poor	0	0
Missing Responses	12	9.7
Participants' Report of Health Insurance		
Yes	73	58.9
No	32	25.8
Unsure	5	4
Missing Responses	14	11.3
Frequency of Visits to a Doctor		
More than once a year	45	36.3
Once a year	41	33.1
Once every two years	14	11.3
Once every five years	6	4.8
I never go to the doctor	5	4
Missing Responses	13	10.5

Variable	n	%
Unprotected Sex (w/in past year)		
1 time	14	11.3
2 times	8	6.5
3 times	5	4
4 times or more	44	35.5
Missing Responses	53	42.7
Sex While Intoxicated		
Yes	42	33.9
No	74	59.7
Missing Responses	8	6.5
Participants Tested for HIV		
Yes	82	66.1
No	40	32.3
Missing Responses	2	1.6
Participants Reporting Condom Use		
Yes	80	64.5
No	34	27.4
Missing Responses	10	8.1
Participants with HIV Diagnosis In Their Family		
Yes	28	22.6
No	95	76.6
Missing Responses	1	0.8

play was free of charge and would run for twelve nights during the months of July and October 2007. Surveys employing retrospective or quasi-pre/post-test design were employed. Researchers asked participants to indicate their level of knowledge regarding HIV/AIDS, propensity to use information, and get involved in efforts to reduce HIV/AIDS in the community before and after the play. Likert scale questionnaires were employed to analyze participants' opinions of HIV/AIDS before and after the play.

Once participants arrived at the theater, they were instructed by ushers where to sit. The play ran for about an hour and a half. Prior to the panel discussion, researchers explained the nature of the study and its importance, as well as provided a consent form to the audience members interested in participating in the study. Participants were provided contact information if they had any questions regarding the nature of the study, and they were instructed that all responses were confidential and the data would only be handled by the research team. Research participants were also informed that their participation enabled them to be placed in a drawing to win one of two \$25 gift cards. At the close of the play, participants were instructed to remain seated for the after-play discussion with a panel of nurses, researchers, community health professionals, and people living with HIV and/or AIDS.

Measures

Demographics

To assess the effectiveness of theater in educating black men about HIV/AIDS, a series of demographic questions were asked. Participants were asked whether or not they used condoms, number of sexual partners within the past year, number of times having unprotected sex during the past year, and whether or not they have had sex while intoxicated. Participants were also asked about their health insurance coverage.

Knowledge, awareness and propensity to change

In order to assess knowledge and the likelihood of behavior change, a modified version of the AIDS Risk Behavior Knowledge Test developed by Kelly, Lawrence, Hood & Brasfield (1989) was employed. The revised measure consists of 13 items and assesses participant knowledge of basic HIV/AIDS information, sexual transmission, HIV/AIDS misconceptions, preventive behavior and risks. A Likert Scale ranging from 1 = disagree to 5 = strongly agree was employed. Examples of items include the following: "Before see-

ing the play, I believed that a person could not be exposed to the AIDS virus in one sexual contact.” & “After seeing the play, I believe that a person can be exposed to the AIDS virus in one sexual contact.” The split-half reliability coefficients were reported as .53 (Part 1) and .46 (Part 2). To test hypotheses 1 and 2, paired sample t-tests were performed on items that reflected both knowledge and behavior. Items 1, 2, 3, 4, 5, and 7 were used to test knowledge of HIV/AIDS among participants. After running Cronbach’s alphas, item 2 was removed because it did not correlate well with the rest of the items on the scale, nor did it correlate well with the entire knowledge scale. The alpha for this knowledge scale is .58. In order to assess behavior among the population, items 6, 9, 10, 11, 12, and 13 were used. After running reliability analysis, items 6 and 11 were removed because neither item correlated well with other items in the scale. The alpha for this scale was .73. Alphas for the two scales were .58 and .73 respectively. Each of the scales was summed.

Results

To investigate the impact of theater in increasing knowledge and awareness of HIV/AIDS, a retrospective quasi pre/post-test design was employed. SPSS 19 was used to analyze the data and 20% of the data was randomly reentered to assure that the data was entered accurately. Frequencies and distributions were run to assure that the data fell within acceptable ranges (See Table 1).

HIV/AIDS Knowledge

Paired sample t-tests were run to investigate research questions 1 and 2 and to assess mean differences in responses for each of the items on both the knowledge and behavior scales. Results of the study indicate that there were no significant mean increases in knowledge about the appearance of those who are infected and whether or not one can contract HIV through a single sexual contact ($M\Delta = .198$, $SD = 1.37$), $t(116) = 1.56$, $p = ns$ (See Table 2) ($M\Delta = -2.08$, $SD = 2.07$), $t(116) = -10.79$, $p \leq .01$ respectively (See Table 2). Participants did not report significant increases in knowledge regarding who can possibly be infected; however, they did report significant increases in the belief that one could contract HIV from a single sexual contact. Moreover, although not significant but approaching, male participants indicated a belief that persons who are heterosexual are not at risk for AIDS ($M\Delta = -.21$,

$SD = 1.16$), $t(106) = 1.84$, $p \leq .068$. Participants in the study reported that they understood heterosexuals are at risk for AIDS. Although there were a few significant increases for a few individual items, a composite scale score consisting of 5 items was created, with a Cronbach's alpha of .58. Results indicated that there was a statistically significant mean difference in the total knowledge scores for black men after the play ($M\Delta = 1.73$, $SD = 3.91$), $t(116) = 31.27$, $p \leq .001$.

Sexual Behavior

Paired sample t-tests were run to assess mean differences in intended sexual behavior before and after the play. Men in the sample reported increases in their intentions to educate and inform others about HIV/AIDS ($M\Delta = -.23$, $SD = .91$), $t(107) = -2.67$, $p \leq .01$. Participants also suggested that it was important to speak with family and friends regarding the significance of HIV/AIDS ($M\Delta = -.25$, $SD = 1.06$), $t(108) = -2.45$, $p \leq .05$. Moreover, participants reported a significant increase in their intentions to use condoms ($M\Delta = -.40$, $SD = 1.38$), $t(101) = -2.89$, $p \leq .01$. Participants also reported a greater future propensity to share their sexual past with their partners ($M\Delta = -.38$, $SD = 1.33$), $t(105) = -2.93$, $p \leq .01$. Although there were statically significant differences found for the individual items, a composite scale score consisting of 4 items, with a Cronbach's alpha of .73, was created. Results indicated that there was a statistically significant mean difference in participants' intended sexual behavior after the play ($M\Delta = 2.77$, $SD = 4.15$), $t(108) = 2.11$, $p \leq .001$.

Discussion

HIV/AIDS disproportionately affects Blacks, particularly black men, in the U.S. (CDC, 2007). Moreover, the statistics clearly indicate that black men have the highest rates of infection per capita in any given racial or ethnic groups (CDC, 2007). Given how significantly HIV and AIDS affect this population, there is a need for greater insight into the cultural and gender based dynamics that put this population at high risk and effective interventions. In Research Question I, postulated that theater used as an intervention would increase Black men's reported knowledge about HIV/AIDS. The data indicated that the play, "Lonely Words", was successful in increasing black men's knowledge about HIV/AIDS. This finding is significant because in order for HIV/AIDS prevention to occur, there must be an acknowledge-

Table 2. Paired sample t-tests for Revised AIDS Risk Reduction Scale

	Before Play	(n)	After Play	SD	t	p
Knowledge						
1a.& b. Appearance of one with HIV/AIDS	1.9	116	1.7	1.37	1.37	0.122
3a.& b. Exposure to AIDS	1.72	116	3.8	2.07	-10.9	.000***
4a.& b. Effectiveness of Condoms	2.6	116	2.64	0.91	-4.07	0.685
5a.& b. Monogamy and safe sex	2.12	115	1.95	1.31	1.41	0.16
7a.& b. Risks of heterosexuals	1.48	106	1.69	1.16	-1.84	0.068
Behavior						
9a.& b. Get involved in efforts to educate	4.07	107	4.31	0.91	-2.67	.009**
10a.&b. Talk with family and friends	4.02	108	4.27	1.06	-2.45	.016*
12a.&b. Use of condoms	3.51	101	3.91	1.38	2.89	.005**
13a.&b. Discuss sexual pasts with partners	3.69	105	4.07	1.33	-2.93	.004**

$p \leq .05^*$, $p \leq .01^{**}$, $p \leq .001^{***}$

Note. There were significant differences found for items reflecting participants' hiv/aids knowledge and propensity to change behavior before and after viewing the play.

ment and understanding of risky behavior; understanding perceptions of risk, as well as knowledge, is essential to promoting risk-reducing behavior (Braithewaite & Thomas, 2001).

Research Question 2 postulated that theater used as an intervention would increase intended sexual responsibility among black men. Black men in the study reported increased likelihood of using the information learned to improve their health. Black men also indicated that they were more likely to talk to friends and family about HIV/AIDS after seeing the play. In 2000, Gray et al. found similar results with the use of theater among health care professionals working with prostate cancer patients. Participants reported increased awareness and understanding of issues facing prostate cancer patients after viewing a cancer related performance. In 2000, Cueva et al. and Gray et al. found comparable results in using theater to promote cancer education.

Given the seemingly innumerable health disparities that impact Blacks in the U.S., more specifically black men, interventions that educate and encourage behavioral change this particular population are essential. Continued efforts have been made on the part of health educators, activists, and researchers. While these efforts have in fact had positive results in black communities across the country, they have not been able to stem the growing tides of various health disparities for Blacks in America as a whole. The keys to effective change are finding interventions that work and a means to effectively distribute those interventions. One on One interventions and group based interventions are excellent ideas that benefit the community at large. However, issues such as transportation and available time can be highly influenced by SES, and given the socioeconomic disenfranchisement of Blacks in America these interventions may prove to be less effective. Due to the exceptionally high rates of media consumption by Americans as a whole, Theater may be an exceptional tool to reach the target population as well as other audiences. Theater has proven to be an influential type of media given its popularity over generations and its adaptation into larger scale mainstream media outlets, such as television broadcast and movie adaptations. By providing easily digestible information to large scale audiences through mass media in a format that is familiar and entertaining, health care advocates of all types will be able to reach broader audiences. Combined with smaller scale community-based local interventions, such as the play "Lonely Words", thousands of Americans can have access to information that may or may not otherwise be afforded them.

Limitations

Although the play proved successful in increasing black men's knowledge about HIV/AIDS and promoting healthy behavior, many of the participants were from middle income to more affluent Black communities. Demographic data revealed that only 15% of the population lacked some type of college education, and 65% of the sample reported annual earnings at or well above median incomes for the area. Moreover, the majority of men in this study reported that they were insured. As such, findings may not be generalizable to Black who come from low-income communities.

Other limitations of the current study include questions that specifically address multiple sexual partners and failure to inquire about participant sexuality. Also, by failing to obtain a greater sample of men the study is limited in the diversity of the results. While sexuality is a hot topic in many black communities, it is recorded fact that MSM, especially black MSM, are at a high risk for HIV infection. By not obtaining participants sexual orientation, it is possible that valuable data concerning knowledge, condom use, and sexual behavior specific to this population was not captured.

Implications

The use of theater as a means of increasing black men's HIV/AIDS knowledge may lead to a greater understanding of the actual risk specific sexual behaviors pose to the population. With this enhanced knowledge, black men may engage in more responsible sexual behavior. The use of theater is an excellent intervention tool in that it has the ability to influence multiple people at one time in a single setting and due to the higher rates of media consumption by the target population. Given that theater can be performed in venues that directly serve the target population, underserved communities are provided with an opportunity to be informed and educated about HIV/AIDS and the importance of making healthy behavior choices.

Future Directions

Moreover, given the higher mortality rates among lower-income Blacks, future studies will need to include low income, high-risk communities. Future research employing theater will benefit greatly from more comprehensive sampling techniques, which include families from low-income areas. Using health and human service organizations to assist in the promotion of theater will also aid greatly in addressing health disparities in black communities.

Cultural context is critical to interventions that are used to disseminate HIV/AIDS facts to Blacks and Hispanics; research has found that information delivered through illustrative vignettes, demonstrating ways to limit risks for HIV infection, is effective in changing behavior (Schnike et al., 1990).

It is important to address the sexual health of men as whole because the research indicates that men are more proficient at spreading the HIV virus than women. Given the large and ever-growing number of black women being infected with HIV by black men, the sexual health of black men has become the crux of black women's sexual health as it relates to HIV infection. More research should target black men who have sex with both men and women as the black MSM community accounts for the highest rates of infection in the black community. Hopefully, by increasing this population's knowledge about HIV/AIDS health advocates and researchers will be able to promote healthy behaviors. Theater remains a viable solution on the frontier of Black HIV/AIDS education. This medium has been proven effective in increasing knowledge and changing intended sexual behavior. As this medium continues to grow and new innovations are created to enhance its educational and entertainment value, the American populace will benefit as a whole.

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