

What are Black women's HIV prevention needs?

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Are Black women affected by HIV?

Yes. Black women and men in the US are hard hit by HIV, and have been since the beginning of the epidemic. In 2006, Black women accounted for 61% of new HIV cases among women, but make up only 12% of US female population.¹ The rate of HIV diagnoses for Black women is 15 times the rate for White women.¹

Black women also have high rates of sexually transmitted diseases (STDs), which can facilitate transmission of HIV. Among Black women in 2006, the rate of chlamydia was 7 times higher, gonorrhea 14 times higher, and syphilis 16 times higher than the rate among White women.²

These numbers and statistics, however, don't show the richness and diversity of Black women's lives. Black women can be White collar and working class, Christians and Muslims. They live in inner-city and suburban neighborhoods, are the descendants of slaves and recent Caribbean immigrants. They work, go to school, raise families, fall in love. HIV among Black women is not simply about individual behavior, but a complex system of social, cultural, economic, geographic, religious and political factors that combine to affect health.³

HIV prevention often takes a back seat when women are struggling to secure jobs, food, housing or child care. Most HIV/AIDS cases among Black women occur in inner city and rural areas where many women live in poverty and have unstable employment and housing.⁹ Women in these neighborhoods are more likely to be homeless and trade sex for money or shelter, use substances (alcohol, crack, heroin), be dependent on a man for support, and experience violence or trauma. All of these affect a woman's ability to refuse sex, use condoms or clean needles and protect herself from HIV.

High incarceration rates in the African American community also affect HIV risk. Incarceration decreases the number of men in the community, which disrupts stable partnerships and promotes higher-risk concurrent partnerships (having more than one sexual partner in a given period and going back and forth between them).¹⁰

The ratio of men to women is much lower among African Americans than among any other ethnic group in the US. High rates of death among Black men due to disease and violence as well as high rates of incarceration impact the community in many ways, including reducing the number of potential partners. This promotes women with low-risk behaviors partnering with men with high-risk behaviors.³

Who are the women at risk?

Having STDs other than HIV, having unprotected vaginal and anal intercourse with an HIV+ person, and sharing injection drug equipment with an HIV+ person are the highest risk factors for HIV transmission for Black women or anyone. Another risk is not knowing your partner's risks, such as injection drug use, having other current sex partners or unknown HIV status. In 2005, 80% of Black women were infected with HIV through heterosexual contact and 18% through injection drug use.⁴

Young women and teens are particularly affected. In 2004, HIV was the leading cause of death for Black women aged 25-34 years.⁵ Black teenagers (ages 13-19) accounted for 69% of new AIDS cases among teens in 2006, but make up only 16% of US teenagers.⁶

What affects HIV risk?

When it comes to having safer sex, women are often more concerned about pregnancy prevention than HIV/STD prevention, and are less likely to use two methods of protection (such as the pill and condoms). Black teenage girls are more likely to use implant and injectable contraception (the patch, Norplant) than White teenage girls, making them less likely to use condoms that protect against HIV.⁷ Similarly, Black women, especially women living in low income areas, are more likely to use sterilization as contraception.⁸

Do Black women know their risk?

It's been reported that many Black women don't know that they are at risk for HIV, because many women report no or unknown transmission category when testing for HIV. Black communities traditionally have a high degree of social mixing between higher and lower risk individuals,¹¹ which means that Blacks are more likely to know and date a partner with a risk history. Ultimately, it may not be that Black women aren't aware of their risks, but that risk is more accepted because of this social mixing.

Black women understand they are at risk, as shown by HIV testing rates that are higher than any other racial group. Almost two thirds (65%) of Black women ages 15-44 have ever been tested for HIV. Black women are twice as likely to be tested for HIV in the past 12 months (25%) than are White women (13%).¹²

Because of the disproportionately high rates of STDs and HIV in the Black community, the likelihood of being exposed to an infected person is much higher for Black women and men than it is for people living in other communities. This means

that even though Black women are engaging in fewer risk behaviors than White women,³ in order to not get infected, Black women have to do so much more than other women to protect themselves.³

What's being done?

There are currently 11 interventions for Black women and adolescents that have been approved by the CDC as best or promising evidence or are in the Diffusion of Effective Behavioral Interventions (DEBI) project.¹³ In addition, many agencies across the US provide innovative HIV prevention services with and for Black women that see women as a whole, not just their sex and drug use, and as part of a community.

Supporting women with incarcerated partners is important. HOME (Health Options Mean Empowerment) worked with women whose male partner was being released from state prison. HOME trained women visitors to be peer health educators, both for other women visitors and women in their communities. HOME included community-building activities (group lunches for women waiting to enter the prison); general health workshops (on diabetes, blood pressure, obesity and smoking cessation); sexual-health workshops on HIV/STDs; health fairs; and facilitated community referrals and support services geared to the needs of women who visit men in prison. Women who participated reported decreased unprotected sex, increased HIV testing and increased communication with their partners about HIV-related topics.¹⁴

A recent large, multisite trial described the Eban HIV/STD Risk Reduction Intervention, a program for African American couples who are HIV-serodiscordant. Eban addresses individual, interpersonal, and community-level factors that

contribute to HIV risk behaviors at multiple levels in 8 weekly 2-hour sessions. Four sessions focus on communication, problem solving and decision making around safer sex within the couple. Four group sessions focus on changing peer attitudes and norms, de-stigmatizing serodiscordant couples and increasing support for couples in the community.¹⁵

To reach Black women in their own communities, many agencies have implemented HIV prevention interventions in beauty salons and nail parlors, which provide a safe environment to access HIV information and condoms. In Durham County, NC, Project StraightTalk has been training barbers and beauticians to educate their clients about STDs/HIV since 1988. The project offers annual trainings, gives condoms and educational materials to each salon twice a month, and produces personalized posters for the salons.¹⁶

What needs to be done?

The African American community will continue to be severely affected by HIV unless prevention and care efforts are combined with efforts to address the root causes of disease.³ Black girls, teenagers and women need to be supported within their social environment to build stronger relationships, families, neighborhoods and communities and reduce their risk for HIV and other diseases. HIV prevention programs for women's male partners can benefit both men and women.

Effective HIV prevention programs should be developed and run by Black women and provide job training, couples counseling, food banks, housing assistance, mental health services, substance abuse treatment and family services. Government and other funding agencies need to understand that all of these things are HIV prevention and should be funded as such.

Says who?

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