

# SANKOFA FACT SHEET

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*A Fact Sheet for National HIV Testing Day Organizers*

## African-Americans and Voluntary HIV Counseling and Testing

African-Americans are the single most affected group by HIV/AIDS. In fact, they have been disproportionately affected since the beginning of the epidemic.<sup>1</sup> In 2003, African-Americans represented 13 percent of the population; however, they were 40 percent of the total AIDS cases and half of all newly diagnosed HIV/AIDS cases. The numbers of women and youth with AIDS in this group have been on the rise. African-American women in 2003, and African-American teens ages 13-19 were 65 percent of all cases among teens in 2002.<sup>1,2</sup>



### FACTORS TO CONSIDER WHEN PROMOTING AND PROVIDING HIV PREVENTION AND TREATMENT

#### Socioeconomic Factors

There are a number of relevant structural factors associated with social access and equality. For instance, studies have found a direct correlation between higher AIDS incidence and lower income and nearly one in four African-Americans live in poverty.<sup>3</sup> Limited and late access to quality health care are also related. African-Americans with HIV/AIDS are more likely to be publicly insured or uninsured than are Caucasians, with 59 percent relying on Medicaid and 22 percent being uninsured.<sup>1</sup> A study of HIV-positive people found that 56 percent of late testers (those diagnosed with AIDS within one year of their HIV diagnosis) were African-American. Survival rates are also low for this group, with only 60 percent living nine years after an AIDS diagnosis.<sup>3</sup>

#### Denial and Stigma

Segments of the African-American community have yet to successfully address relevant social issues, such as sexual orientation, HIV-related stigma and silence around sexual and drug use behaviors. For example, studies show that a significant number of African-American men who have sex with men identify not as gay or bisexual but as heterosexual.<sup>3</sup> Some individuals do not test or return for their results for fear that a positive result will damage their self-image and their family and social relationships.<sup>4</sup>

#### Distrust and Fatalism

Historical and current discrimination towards African-Americans in the health care arena is relevant to HIV prevention. Many have a general distrust of the medical and scientific establishments and some believe HIV to be government-made. A recent study found that among African-American men, those who hold stronger conspiracy beliefs, regardless of other factors, are less likely to use condoms consistently.<sup>5</sup>

#### Immigration Issues

The growing community of African and Caribbean immigrants requires greater understanding of cultural and immigration issues. According to studies, immigrants face poverty, racism, stigma, extended separation from family and low self-esteem, which in turn can result in stress, depression and anxiety.<sup>6</sup> This can increase immigrants' risk behaviors and prevent them from seeking services.

- References:
1. The Henry J. Kaiser Family Foundation, *African Americans and HIV/AIDS*, February 2005.
  2. CDC, *HIV/AIDS Surveillance Report, Vol. 15*, December 2004.
  3. CDC, *Fact Sheet: HIV/AIDS Among African Americans*, February 2005.
  4. CDC, *Best Practices in Prevention Services for Persons Living with HIV*, December 2004.
  5. JAIDS, *Are HIV/AIDS Conspiracy Beliefs a Barrier to HIV Prevention Among African Americans?* 38 (2):213-218, Feb. 1, 2005.
  6. UNIDOS Network, *AIDS and Migrants: Solutions and Recommendations*, June 2004.

For more information, call the **Mississippi Urban Research Center** at: 1-866-JSU-MURC (578-6872).

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