



Akoma



Youths, Adolescents and Young Adults Center of the African American Prevention Intervention Network

Inspirations

One falsehood spoils a thousand truths.

~ Ghana

He who questions, cannot avoid the answers.

~ Cameroon

Knowledge is better than riches.

~ Cameroon

He who learns, teaches.

~ Ethiopia

CONFERENCES

2008 HIV Prevention Leadership Summit (HPLS)

Detroit, Mich. ...June 11-14, 2008

2008 United States Conference on AIDS (USCA)

Miami Beach, Fla. ...Sept. 18-21, 2008

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HIV/AIDS among African Americans

Of all racial and ethnic groups in the United States, HIV and AIDS have hit African-Americans the hardest. The reasons are not directly related to race or ethnicity, but rather to some of the barriers faced by many African-Americans. These barriers can include poverty (being poor), sexually transmitted diseases, and stigma (negative attitudes, beliefs, and actions directed at people living with HIV/AIDS or directed at people who do things that might put them at risk for HIV).

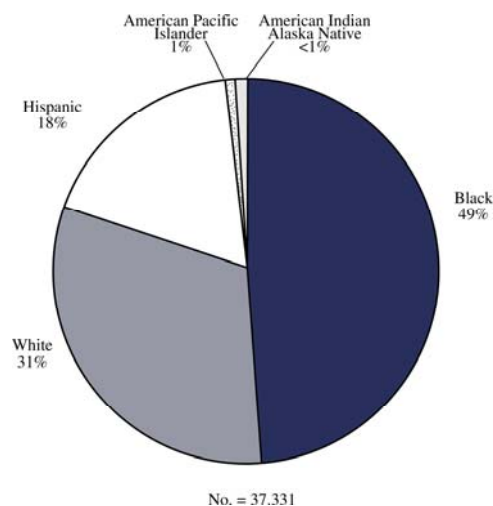
When we look at HIV/AIDS by race and ethnicity, we see that African-Americans have:

- **More illness.** Even though blacks (including African-Americans) account for about 13% of the U.S. population, they account for about half (49%) of the people who get HIV and AIDS.
- **Shorter survival times.** Blacks with AIDS often do not live as long as people of other races and ethnic groups with AIDS. This is due to the barriers mentioned above.
- **More deaths.** For African-Americans and other blacks, HIV/AIDS is a leading cause of death.

The reality is similar for children: HIV/AIDS affects black children the most. In 2005, 104 of the 166 children under the age of 13 diagnosed with HIV/AIDS in 33 states were black.

For black men, the most common ways of getting HIV are (in order):

1. having unprotected sex with another



As the pie chart above shows, In 2005, about half (49%) of the people diagnosed with HIV/AIDS were black (according to information from 33 states). Children are included in these data.

man who has HIV

2. sharing injection drug works (like needles or syringes) with someone who has HIV
3. having unprotected sex with a woman who has HIV.

For black women, the most common ways of getting HIV are (in order):

1. having unprotected sex with a man who has HIV
2. sharing injection drug works (like needles or syringes) with someone who has HIV.

Blacks at higher risk for HIV are those

- who are unaware of their partner's risk factors
- with other STDs (which affect more

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Akoma

Executive Editor: Velesha P. Williams
Editor: Pamela McCoy
Managing Editor: Velesha P. Williams
Graphic Artist: Lee Campbell II

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HIV/AIDS among African Americans Continued

blacks than any other racial or ethnic group)

- who live in poverty (which is about one quarter [25%] of all blacks).

Source: <http://www.cdc.gov/hiv/topics/aa/index.htm>

In the United States, the HIV/AIDS epidemic is a health crisis for African-Americans. At all stages of HIV/AIDS—from infection with HIV to death with AIDS—blacks (including African-Americans) are disproportionately affected compared with members of other races and ethnicities. [1, 2]

Race and ethnicity, by themselves, are not risk factors for HIV infection. Even though HIV testing rates are higher for blacks than for members of other races and ethnicities [4], rates of undetected or late diagnosis of HIV infection are high for black men who have sex with men (MSM) [5].

Blacks are also more likely to face challenges associated with risk factors for HIV infection, including the following.

Sexual Risk Factors

Black women are most likely to be infected with HIV as a result of sex with men who are infected with HIV [2]. They may not be aware of their male partners' possible risk factors for HIV infection, such as unprotected sex with multiple partners, bisexuality, or injection drug use [6, 7]. Sexual contact is also the main risk factor for black men. Male-to-male sexual contact was the primary risk factor for 48% of black men with HIV/AIDS at the end of 2005, and high-risk heterosexual contact was the primary risk factor for 22% [2].

Substance Use

Injection drug use is the second leading cause of HIV infection both for black men and women [2]. In addition to being at risk from sharing needles, casual and chronic substance users are more likely to engage in high-risk behaviors, such as unprotected sex, when they are under the influence of drugs or alcohol [8]. Drug use can also affect treatment success. A recent study of HIV-infected women found that women who used drugs, compared with women who did not, were less likely to take their antiretroviral medicines exactly as prescribed [9].

Lack of Awareness of HIV Serostatus

Not knowing one's HIV serostatus is risky for black men and women. In a recent study of MSM in five cities participating in the Centers for Disease Control and Prevention's National HIV Behavioral Surveillance System, 46% of the black MSM were HIV-positive, compared with 21% of the white MSM and 17% of the Hispanic MSM. The study also showed that of participating black MSM who tested positive for HIV, 67% were unaware of their infection; of participating Hispanic MSM who tested positive for HIV, 48% were unaware of their infection; of participating white MSM who tested positive for HIV, 18% were unaware of their infection; and of participating multiracial/other MSM who tested positive for HIV, 50% were unaware of their infection [10]. Persons who are infected with HIV but do not know it cannot benefit from life-saving therapies or protect their partners from becoming infected with HIV.

Sexually Transmitted Diseases

The highest rates of sexually transmitted diseases (STDs) are those for blacks. In 2005, blacks were about 18 times as likely as whites to have gonorrhea and about five times as likely to have syphilis [11]. Partly because of physical changes caused by STDs, including genital lesions that can serve as an entry point for HIV, the presence of certain STDs can increase one's chances of contracting HIV infection three- to five-fold. Similarly, a person who has both HIV infection and certain STDs has a greater chance of spreading HIV to others [12]. A recent CDC literature review showed that high rates of HIV infection for black MSM may be partly attributable to a high prevalence of STDs that facilitate HIV transmission [5].

Homophobia and Concealment of Homosexual Behavior

Homophobia and stigma can cause some black MSM to identify themselves as heterosexual or not to disclose their sexual orientation [13, 14]. Indeed, black MSM are more likely than other MSM not to identify themselves as gay [5]. The absence of self-

HIV/AIDS among African Americans Continued

identification or the absence of disclosure presents challenges to prevention programs. However, data suggest that these men are not at greater risk for HIV infection than are black MSM who identify themselves as gay [14, 15]. The findings of these studies do not mean that black MSM who do not identify themselves as gay or who do not disclose their sexual orientation do not engage in risky behaviors, but the findings do suggest that these men are not engaging in higher levels of risky behavior than are other black MSM.

Socioeconomic Issues

Socioeconomic issues and other social and structural influences affect the rates of HIV infection among blacks [16]. In 1999, nearly one in four blacks was living in poverty [17]. Studies have found an association between higher AIDS incidence and lower income [18]. The socioeconomic problems associated with poverty, including limited access to high-quality health care, housing, and HIV prevention education, may directly or indirectly increase the risk factors for HIV infection.

PREVENTION

In the United States, the annual number of new HIV infections has decreased from a peak of more than 150,000 in the mid-1980s and has stabilized since the late 1990s at approximately 40,000. Populations of minority races and ethnicities are disproportionately affected by the HIV epidemic. To reduce further the incidence of HIV, CDC announced the Advancing HIV Prevention (AHP) initiative in 2003. This initiative comprises four strategies: making HIV testing a routine part of medical care, implementing new models for diagnosing HIV infections outside medical settings, preventing new infections by working with HIV-infected persons and their partners, and further decreasing perinatal HIV transmission.

CDC has also established the African-American HIV/AIDS Work Group to focus on the urgent issue of HIV/AIDS in African-Americans. The work group developed a comprehensive response to guide CDC's efforts to increase and strengthen HIV/AIDS prevention and intervention activities directed toward African-Americans. Already, CDC is engaged in a wide range of activities to involve community leaders in the African-American community and to decrease the incidence of HIV/AIDS in blacks.

For example, CDC

- Funds demonstration projects evaluating rapid HIV testing at historically black colleges and universities as well as projects to improve the effectiveness of HIV testing among black women and MSM.
- Conducts epidemiologic research focused on blacks, including
 - Brothers y Hermanos, a study of black and Latino MSM

conducted in Los Angeles, New York, and Philadelphia that aims to identify and understand risk-promoting and risk-reducing sexual behaviors.

- Women's Study, a study of black and Hispanic women in the southeastern United States that examines relationship dynamics, and the cultural, psychosocial, and behavior factors associated with HIV infection.
- Addresses, through the Minority AIDS Initiative, the health disparities experienced in the communities of minority races and ethnicities at high risk for HIV infection. Funds are used to address the high-priority HIV prevention needs in such communities, including funding community-based organizations (CBOs) to provide services to African-Americans. Examples of the programs that CBOs carry out are
 - A program in Washington, DC, that provides information to, and conducts HIV prevention activities for, MSM who do not identify themselves as homosexual. The activities include a telephone help line; Internet resources; and a program in barbershops that includes risk-reduction workshops, condom distribution, and training barbers to be peer educators.
 - A program in Chicago that provides social support to help difficult-to-reach African-American men reduce high-risk behaviors. This program also provides women at high risk for HIV infection with culturally appropriate, gender-specific prevention and risk-reduction messages.
 - A program in South Carolina that is focused on changing the behaviors of adolescents to reduce their risk of contracting HIV infection and other STDs.
- Creates social marketing campaigns, including those focused on HIV testing, perinatal HIV transmission, and the reduction of HIV transmission to partners.
- Disseminates scientifically-based interventions, including
 - SISTA (Sisters Informing Sisters about Topics on AIDS), a social-skills training intervention in which peer facilitators help African-American women at highest risk reduce their risky sexual behaviors.
 - Many Men, Many Voices (3MV), an STD/HIV prevention intervention for gay men of color that addresses cultural and social norms, sexual relationship dynamics, and the social influences of racism and homophobia.
 - POL (Popular Opinion Leader), which identifies, enlists, and trains key opinion leaders to encourage safer sexual norms and behaviors within their social networks. POL has been adapted for African American MSM and shown to be effective in that population.

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Jackson State University

MISSISSIPPI URBAN RESEARCH CENTER

Youths, Adolescents and Young Adults Center

350 W. Woodrow Wilson Blvd. • Jackson, MS 39213

JSU Box 17309 • Jackson, MS 39217

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