
A Discussion of African-American Females on the Effect of HIV/AIDS: A Call for Action

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Preface

When matriculated into the academy, academicians are often initiated with a command for scholarly publication and productivity. Due to the ever increasing need to expand the knowledge base of areas of study, the research production machine often yields the fruit of in-depth insight and a greater understanding of concepts. Conducting research should not be, therefore, viewed as a negative obligation, but as a platform opportunity. Increasing scholarly productivity can be accomplished by identifying research topics of eminent concern for the global community. Conducting research is essential, because the foundation of good education is current, relevant, and prevalent knowledge. This knowledge is needed to teach and expose emerging professionals to the issues and concepts they will encounter, process, manage or solve. For example, research pertinent for counselor educators are those critical topics most salient to the populations for which professional counselors serve. HIV/AIDS is an epidemic that touches the global community, and therefore warrants increased levels of attention in research among human service disciplines in education (Shaw, 1997).

Introduction

Acquired Immune Deficiency Syndrome, more commonly known as

AIDS, first originated in the United States in 1981. The cause of AIDS is still not yet fully understood, but it is known that the Human Immunodeficiency Virus (HIV) must be present first in the body before a person can actually develop AIDS. HIV attacks the body immune system. The progression of this disease differs among individuals. Some will develop AIDS over a relatively short period of time while others have lived for a very long time never developing this stage of HIV disease (this term encompasses all stages or progression of the disease from HIV infection through the development of AIDS) (CDC, 1994).

HIV/AIDS disease has infected and impacted countless individuals across the United States and throughout the World. Worldwide it is estimated that approximately 40 million individuals are living with HIV/AIDS (CDC, 1994). Among all populations in the United States, African Americans account for a disproportionate number of persons with HIV disease. The CDC (1999) estimated that African Americans accounted for nearly one half of all new cases of HIV infection among young adults in the 1990s.

AIDS was initially thought to exclusively affect gay men. It was not until 1993 that medical practitioners (i.e., internal physicians, surgeons, nurses, medical technologists, paramedics) even began to consider HIV/AIDS disease in relation to its impact on women. Preliminary research suggested that HIV disease affects women in different ways than it does men. Research suggested, for example, that women are more likely to die sooner from AIDS than their male counterparts (Lea, 1994) and while the rate of HIV infection among men has become relatively stable there has been a significant increase in the rates of infection among women (CDC, 2001). Specifically, during this time the CDC revised the symptomatic diagnostic criteria for AIDS to include symptoms more likely to be discovered in women (e.g., cervical cancer) (CDC, 2000).

Over the last decade there has been an increased focus on the rising number of women with HIV/AIDS disease. One aspect of the focus looks at differences in life expectancy for women with HIV disease; which has been attributed to several factors. Due to limited access, patient knowledge, and attitudes about treatment, women are less likely to take antiretroviral medications (Duerr, 1997). Many women simply do not seek appropriate or early medical intervention due to responsibilities, which may include supporting other family members (Carney, 2003). Research suggests that many women have limited social support or that they experience more psychological or social ramifications related to infection. For example, the majority of women with HIV disease are likely not to disclose their status or seek psychological support (DeMarco, Miller, Patsdaughter, Chisolm, & Grindel, 1998). Women who do not

seek social support or medical support are more likely to report lower levels of quality of life and often die sooner. Research has found this to be especially true for mothers who sacrifice their own needs for the sake of their children and families. The conceptual driving force behind this ideology is considered the result of the societal expectation that women attend to family needs before their own (Walker, 2002). Because a number of women who are HIV positive appear to lack power and control, isolation and self-neglect often result (Travers & Bennett, 1996).

Current Demographics of Women with HIV/AIDS

Of growing concern is the increased number of minority women infected with HIV/AIDS. Among other ethnically-diverse groups, numbers of infected persons have either stabilized or decreased (CDC, 2001). The number of cases of women with HIV disease has escalated from 7% of all cases in 1985 to 25% of all cases in 1999. However, among minority women this increase is greater. African American and Hispanic women account for the majority of this increase (CDC, 1999). While African American and Hispanic women together represent less than one-fourth of all women, combined they account for more than three-fourths (78%) of all AIDS cases among women (CDC, 2001). Current research has observed this figure increase, indicating that the percentage of African American and Hispanic women with HIV disease may account for as much as 80% of all cases of women with HIV virus (CDC, 2000). Within the population of African American and Hispanic women, the greatest increase has been among African-American women.

Women and Children

Unlike their other ethnic counterparts, African-American women deal with socioeconomic, race, and gender problems referred to as the “Triple Burden.” This in itself can cause major issues of concern in regards to both the quality of life and health not only for the women infected with this dreadful disease, also entire families—especially children (Quinn, 1993).

While surprising, there has been an increased number of women with HIV disease deciding to have children. Many African-American women only find out about their HIV infection after they have given birth, which gives a very high probability of transmitting the disease to their unborn child if certain precautions are not taken (Carney, 2003). Specifically, for many children the greatest fear is not the risk of transmission, but the loss of a parent. This reality is nowhere better illustrated than in Africa, where over 11 million children have been orphaned by AIDS,

with a total of 14 million worldwide (Boyd & Aleman, 1990). With a significant number of the women stricken with this disease, many are single parents; children are left with a family member or even the state as their primary caregiver (Boyd & Aleman, 1990).

More than half of the children with HIV infection in the United States now live long enough to attend school. However, most studies of teachers' knowledge and attitudes about HIV in schools have not assessed content that is relevant to the needs of preschool or elementary-aged children with HIV or AIDS. Content included in teachers' training and assessment should be specifically related to HIV/AIDS in young students, including transmission of HIV in the classroom, routes of HIV transmission in children, disease processes for children with HIV, effects of HIV on intellectual and emotional functioning, and safety procedures in the classroom (Franks, Miller, Wolff, & Landry, 2004).

Young Women

Of specific concern is the dramatic increase in the number of young African-American women affected by the HIV/AIDS disease. It is estimated that as many as 1 in 160 African-American women who are infected with HIV disease; the majority became infected as young adults (CDC, 1999). Half of the cases being reported in the United States are made up of African-American women under the age of 25, often infected during adolescence (CDC, 2001). High adolescent birth rates make up a large population of youth being exposed to unprotected sex and the ability to potentially contract HIV (CDC, 1999). Also, research indicates that teens are less likely to use condoms, thus increasing their risk for HIV infection (Gaskins, 1999).

It is also important to note that among persons with HIV infection, women are most likely to have unidentified risk information. The CDC (2001) indicates that women lack important information and are often unaware of their risk factors. It is also suggested that medical practitioners (i.e., internal physicians, surgeons, nurses, medical technologists, paramedics) lack concern for reporting women's un-awareness associated with HIV/AIDS risk factors. Lack of resources, prevention methods, and interventions specific to the needs of minority and young women have been cited as factors contributing to the spread of this disease among these populations (Carney, 2003; Flaskerud & Winslow, 1998). The residual effects of these limitations are especially evident among the fastest growing group—young African-American women—with the greatest increase in infection rates residing in the Southern region of the United States (CDC, 1999).

Women and Relationships

The highest percentages of these women being diagnosed with HIV are now estimated to have contracted the infection through heterosexual contact. It is estimated that 38% of women with AIDS in the United States were infected through heterosexual contact; while injection drug use accounts for 25% of AIDS cases among women. Recent research suggests that it is hard to differentiate between these two categories of infection. Specifically, women who use drugs intravenously are also likely to engage in unsafe sex, and are thus also likely to acquire HIV disease through heterosexual contact (Carney, 2003). Worldwide heterosexual contact is the leading mode of transmission among women and it is estimated that within the next five years it will also be the leading cause in the United States (CDC, 2001; CDC, 1993).

Awareness is also growing that African-American women may face greater risks related to socio-cultural stereotypes about homosexuality. Recently, African-American males have spoken publicly about the “DL” trend in an effort to educate and protect African-American women. “DL,” urban vernacular for down low or double lives, is a term coined to characterize an African-American male who can “appear” heterosexual (under the false pretence that heterosexuality is truly visible), who engages in “recreational” homosexual activity, yet rejects a male homosexual or bisexual identity.

A male leading a “DL” lifestyle has been characterized as one who is married or who is involved in one or more heterosexual relationships. Speculative causality identified as social biases towards male homosexual behavior makes it more likely that males who engage in homosexual behavior will not disclose and/or will continue to engage in heterosexual contact so as not to “appear” gay (Myers, Javanbakht, Martinez, & Obediah, 2003). The reality of African-American women contracting HIV/AIDS disease from men who are having sexual relationships with other men is not a new phenomenon. The deception associated with infidelity and un-protected sex contributes to the lack of awareness or belief that some of these men do live “down low” lifestyles. These trends are now significantly contributing to the HIV/AIDS epidemic among African-American female populations in the United States.

Global Impact

According to UNAIDS/WHO (2003), 40 million women, men and children are infected with HIV/AIDS and the vast majority live in developing countries. Many professions are challenged with identifying new and innovative prevention and intervention methods for impeding

the disease. Women, men, and children are living longer lives because of the awareness and seeking medical help in the United States, but this is not the case in other countries. Because HIV/AIDS is still relatively new in other countries, rates of infection and lack of treatment continue to increase (CDC, 2004). Heyzer (2003) directs attention to violence against women and children (e.g., sexual coercion), gender inequality, and power inequity in relationships. Socioeconomic status and age are also factors that reflect the global impact. Because of the negative impact, volunteering to help in such efforts as prevention and intervention is very low. (Dis & Dongen, 1993). So what can we do in higher education?

Applying the Literature

The aforementioned research clearly indicates that, in general, women with HIV disease are a distinctly different group than their male counterparts. There are indications that everything from the way HIV disease presents itself physically to the social and psychological implications are dramatically different for women than men. There is also research to suggest that these differences may influence the overall quality of life of younger African-American women with this disease (Quinn, 1993). While the number of women who have been impacted by or infected with this disease has increased, the focus of most research studies, including medical studies, still focuses on men. While the numbers of young African-American women infected with or impacted by this disease has increased, there is still a paucity of research on the impact of HIV disease on women's psychological, personal, and physical well-being, and long-term prognosis (Carney, 2003). Also, the call for educators and volunteers is highly needed globally to educate about this devastating disease.

A Call for Action

More research and outreach initiatives are needed. The high incidence of HIV disease spreading throughout the United States of America, particularly among young African-American women, begs for the attention and pleads for the voice of African Americans and the global community. Currently strategies for prevention focus of sexual education and proper condom use. However, research indicates a need to move beyond this to promote protection and advocacy of victims (Galambos, 2004). In light of the global impact of HIV/AIDS on humanity, higher learning institutions (HLIs) can allocate higher education recourses toward increasing the awareness of the pandemic. Field experiences and service learning initiatives have long served both the purpose of providing real-world

work experiences for students in the medical, social sciences, and helping professional while providing extension and outreach to the community. These models of education can be implemented and used as recourses for meeting the needs of people, both foreign and domestic, in counties plagued by HIV/AIDS. Based of the critical global impact of HIV/AIDS that has been documented and researched, yet virtually ignored, humanity has a responsibility to respond and mobilize in continuing to create awareness about and care for those infected with HIV/AIDS.

At the level of HLI's, administrators, educators, and students can continue to engage in research that assists in the development of new and well funded programs that empower women and children to access needed and resources needed to live. Additionally, further steps must be taken to address the social inequalities and disparities among women and children that are impacted the greatest. We can teach what we know about HIV/AIDS in the context of our classes, drawing correlations between the epidemic and professional trends and practice. We can serve, advocating for movements toward multicultural education across all disciplines and schools of learning, discussing HIV/AIDS in an open and competent manner. All of this will serve the purpose of improving the number of students cognizant of the very seriousness state of HIV/AIDS in the world today.

Making An Impact With Research

Conducting research is a way to bring the severity of HIV/AIDS issues to light. For example, recommendations advocating for intervention and prevention models suggest that gender and culture-specific approaches are more functionally effective for educating specific groups than use of generalized information (Becker et al., 1998; DiClemente & Wingood, 1992; Mays & Cochran, 1998; Robinson et al.; Yeakley & Gant, 1997). Current risk factor information, new benefits of using protection, culturally appropriate models of prevention/ intervention education, the differences in how HIV disease manifests in women vs. men, and how HIV disease impacts young African-American females quality of life (e.g., psychologically, emotionally, socially, spiritually, and physically) have all been identified as areas in need of further study. This information can assist in grass roots campaigns to educate young African-American women (i.e., adolescents to college age). Research can disseminate this information, thereby creating awareness that HIV/AIDS disease not only affects individuals, but families as well as the community at large. By understanding this disease and how it affects the next generation of African-American women, we all can become more aware of how to increase attention to HIV/AIDS issues.

Outreach

Prevention education through community and college/ university campus outreach is needed to heighten the awareness among young African-American men and women about HIV/AIDS disease and to disseminate current research findings and emphasize the importance of increasing community resources toward prevention education. African-American women need to know that they can empower themselves by utilizing psychological and familial resources. Prevention education that is gender, culture, and developmentally specific can assist women with making informed choices about sexual behavior. It is important for women of color to understand the manifestations of HIV/AIDS disease and the ways in which they can protect themselves. In addition to condom use and prevention education, it is equally important for women to actively screen their partners by asking questions and avoiding risky behavior. Educators and human and social service professionals need to assume the advocate role as well. The more we are educated and understand HIV/AIDS disease, the more equipped we will be to prepare our students and others in the community to help eliminate the spread.

Many issues pertinent to the African American community have been overlooked or just plain ignored by society. As people of color working in the professorate, we have an obligation to enlighten others on these issues. Many of the issues that have gone unmentioned usually pertain to African Americans. We can use our research as a voice for those issues that have gone unheard. Education in action is the key in fighting the HIV/AIDS pandemic. The research we conduct and the outreach initiatives we support can be a source of hope in overcoming this challenging disease, which takes the future from our people. Our research is a tool that can be used to address areas that are vital to the African American community. Our research can be an effective tool for outreach that not only creates awareness of these issues, but also evokes possible solutions.

Policies

There is a true need for implementation of policies in regards to incorporating HIV/AIDS discussion and education within the classroom. Many educators are not discussing this matter with students they instruct. By taking an active role, individuals can gain a greater sense of the critical nature of this pandemic that is affecting our world globally. Classroom activism is a key role in getting the word out about this disease (Clark, 2004). Policies within the education sector need to focus on human rights. It is evident that individuals with and without HIV/AIDS should have the knowledge, understanding, and support to help protect the rights of all people. By implementing HIV/AIDS education policies

in the United States at the educational level, educators open the door to push needed policies globally (Stone et al., 2004).

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