Manning Up

Female empowerment and self-love are mandatory to fight HIV/AIDS among African-American women. But is it realistic and productive to leave brothers out of the discussion?

September 1, 2009 By Kellee Terrell

With the focus on women's empowerment, HIV campaigns often seem not to speak to men," notes Kate Ferguson, *Real Health*'s editor-in-chief. "What about men speaking to men about their behaviors and the need to, perhaps, change how they interact with women?"

"How in the world do you think men go unspoken to? Men have been spoken to forever," counters Sheryl Lee Ralph, actress and AIDS activist. "We'd have to get into men's heads and start finding out what they think. That would be such a huge revolution. Do you think we're *really* ready for that discussion? Do you think we're *really* ready for men to come out and open up and pour out their emotions about how they really feel?"

Back and forth we go.

There is often disagreement when people offer opinions about what issues should be addressed to effectively fight the HIV epidemic. Both professional HIV/AIDS advocates and everyday folks who work to halt the spread of the virus in the black community have strong viewpoints about the matter.

But because black women primarily get HIV through high-risk heterosexual contact, some view the war as a gender conflict.

What's Going On?

It makes sense that black women should be the driving force behind the fight against AIDS. Just look at the numbers: AIDS is the No. 1 killer of black women ages 24 to 35 and black women are 23 times more likely to contract HIV than white women.

The fact is, just as with Hurricane Katrina, no one is coming to save us. Clearly, we need to save ourselves.

But just why are black women so disproportionately affected by HIV/AIDS?

Many experts agree that gender oppression—social, biological, economical and cultural—coupled with racial oppression makes black women more vulnerable to contracting HIV.

On a global level, society has responded. More women have taken leadership roles in Thailand, South Africa and Fiji. In these and other countries, to decrease HIV infection rates, the government has created supportive empowerment and economic independence programs for women. Even the scientific community has reacted by implementing microbicides research. The hope is that women—who often cannot successfully negotiate condom use—will be able to use these clear, vaginal, virus-blocking gels to reduce their HIV risk.

Stateside, although African-American women may not be in the same dire straits as their sisters in disadvantaged countries, gender oppression renders them vulnerable to contracting HIV. Gender oppression is shaped by a combination of issues that undermine women's ability to negotiate condom use. They include dependence on men, reliance on survival sex, the lack of available male partners, economic disparities, and female vulnerability to domestic violence, sexual abuse and assault.

"Female empowerment is a crucial approach," says Javarre Wilson, the program coordinator for Many Men Many Voices, a group for incarcerated men hosted by the Black Coalition on AIDS. "Female empowerment means women receive equal access to employment, media representation and health care, which can enhance their overall health outcome."

Kenyon Farrow, the interim executive director of Queers for Economic Justice, believes that the necessary policy changes are slow in coming because society often blames people for their social situation.

"Here in the states, there tends to be this idea that if you are poor, it's your fault; AIDS also falls under that notion," he says. "Also, look at how black women are blamed for poverty in this country; policy reflects that attitude."

Definitely, there is a lot of work to do. To enable black women to effectively address HIV prevention, Farrow suggests establishing safe spaces where they can openly discuss their concerns about gender inequality, their relationships with black men and the necessity for more social and economic programs.

But in the midst of prevention campaigns that rally women to fight for their lives, a negative attitude toward black men lingers. The "niggas ain't shit" sentiment, still popular among some black women, has contributed to the polarization of the sexes, which weakens HIV prevention efforts in the community.

"You can help by doing secondary work with women around issues of violence and abuse, but until we start larger discussions with men, the violence isn't going anywhere," says Mehret Mandefro, MD, managing editor for TruthAIDS.org, a New York City–based nonprofit with a mission to battle HIV infection among women.

Wilson agrees. “It is critical that men are at the table,” he says. “Black men are facing serious issues that are connected to HIV and health, which need to be addressed.”

And Wilson has a point: Black men are also victims of systematic oppression. They have suffered disproportionate incarceration, poverty, health care disparities, violence and poor health. While there are no excuses for men mistreating women, it’s a reality that American society has contributed to the traumatization of black men—which affects their relationships with black women.

For some women, if a man shows his emotions, it’s a sign of weakness, says Damon Moore, the program director for Episcopal Social Services in New York City. Moore works with young adults newly emerged from foster care and the prison system. “Society has taught women that it is more acceptable for them to express their emotions, but it’s not accepted for a man to show emotion.” For black men, the burden is multiplied. “Not only are you a man,” says Moore, “but you’re a black man, and society doesn’t hold you close to its heart from the start.”

This brings us to the heart of the matter: How can we address gender oppression and hold men accountable for their behavior toward women without demonizing them? In short: How can we bring the sexes together to reduce HIV infections?

Avoid the Blame Game

One way is to stop pointing the finger. Over the past decade, some have blamed the rise in HIV among black women on down-low (DL) brothers—commonly perceived as black men who engage in secret and unprotected sexual encounters with other men while simultaneously sleeping with unsuspecting female partners. The DL theory, which gained credibility via pop culture and the mainstream media, has provided a convenient explanation for the spread of the disease.

But science says it just isn’t so.

What is proved by study findings is that there is no significant correlation between DL men and HIV rates among black women. Despite evidence-based research, many people still ignore information confirmed by statistics like this one: 78 percent of black female infections between 2001 and 2004 resulted from unprotected sex with heterosexual men.

Wilson believes these facts, coupled with homophobia, illuminate the mistrust that permeates our community. “There is an animosity between the sexes because people are focused on who is responsible for this epidemic,” Wilson says. “Many women are blaming it on the DL theory, and men don’t think they are at risk because they still believe that this is a gay disease.”

These myths not only create mistrust, they also result in people not using condoms. As a result, they can unintentionally transmit the virus.

“There is not enough emphasis on heterosexual men in terms of prevention,” says C. Virginia Fields, the CEO of the National Black Leadership Commission on AIDS (NBLCA). “There are also not

enough straight men in the field, because many fear that if they are outspoken [about the virus] people will think they are either gay or have HIV."

The fact that straight black men aren't targeted to receive HIV prevention messages perplexes many—especially since both men and women are having unprotected sex. "We have created this need for black women to be sexually empowered and able to negotiate condom use with their partners," Farrow says. "But we have not done the same for men. By not emphasizing messages to men, we place an unfair burden on women."

Tracie M. Gardner, the director of New York State Policy for the Legal Action Center and the coordinator of the Women's Initiative to Stop HIV/AIDS (WISH), believes that men are generally left out of most disease prevention dialogues, not just HIV campaigns. "Teen pregnancy is not something that is looked at as being a male issue—it's the girl's responsibility," she says. "Most men are not socialized to believe that health in general is something they should proactively address."

What, then, are the plausible solutions?

Let the Healing Begin

One solution is to create more support groups for men that address HIV, safer sex, healthy relationships and mental health. "Men are looking toward pop culture and music to understand what it means to be a black man, and that is a problem," Moore says. "We need programs that urge men to take responsibility for their lives and be accountable for their actions."

Discussion leaders also indicate that it's important to integrate messages about HIV into other topics, instead of giving the virus top billing. "Unfortunately, if you say the meeting or the panel is about HIV, men are not going to show up," says Farrow. Moore agrees. "While the programs I lead discuss HIV, we talk about a lot of other issues, such as relationships, anger management and media images. I link HIV to them."

Also, bringing the sexes together in these types of programs can be helpful, even though Moore admits, "In the beginning, it can be very confrontational."

Mandefro believes that HIV/AIDS researchers should not use silos—research categories that segregate participants based on gender, sexuality, race and age—to develop programs and get funding. "There's politics involved in how we get our money. Silos keep women and men separated [and unable to communicate with each other]," she says. One way to break that tradition is to focus on broad themes, such as traumas that affect both genders.

For the past few years, Mandefro has observed groups of young men at the E3 center, a youth service organization in Philadelphia. The center is a field work site where Mandefro researched how trauma and violence intersect with HIV and how this affects black adolescents. "These young boys are witnessing physical abuse, sexual abuse and gun violence," she says. "It's disturbing how normalized violence is." (Research shows that HIV infections are linked to violence and

involvement in violent relationships.) She adds, “If we address trauma, we are finding that common link between both genders and we can get funding for it without leaving anyone out.”

Gardner believes that more needs to be said to boys about sexual health. “They get that message from rap, pop culture and other guys who also don’t have the correct information,” Gardner says. “Boys don’t understand their responsibility and entitlement to health. We talk to them about their entitlement to make money and support their family and to be attractive to women, but we don’t talk to them about their health, taking care of themselves and [by extension] taking care of their partners.”

Gardner admits that bridging the gender divide between black men and women will require great effort on both sides. “We’ve got a ways to go,” she says. “HIV has given us a reason to talk to men about health [theirs and their partners’], but we are coming in with little or no foundation…How do we school and engage men and boys about health literacy?”

What would also be helpful, Gardner says, is for people to stop complaining and start channeling their energy into becoming advocates for health entitlement. This is the kind of activity that Gardner believes gets results. “Where are our sororities and groups like the Links [a nonprofit organization of professional African-American women] to march on Washington to demand funding for health care and treatment?”

Currently, the political landscape is favorable for change in general, Gardner says. “If these demands and policy changes can’t happen under a black president, they are never going to happen.”

As we inch toward the fourth decade of the AIDS epidemic, here is what we know: Infection rates are up, and AIDS deaths are increasing. The way we are fighting the war on HIV is not working.

Clearly, a solution is needed. Even if black men and women are unprepared to have this dialogue, we must—no matter how uncomfortable it might make us.

With so much at stake, isn’t now the time to talk?

LET’S BE CLEAR: HIV IS STILL A THREAT
New CDC campaign highlights the HIV crisis in black America.

More than 1 million people in the United States have HIV, but about 21 percent of them don’t know they are infected. Some may think they’ve been tested but haven’t. Others feel they are not at risk. As a result, they can unwittingly pass the virus to others. Another concern is that many people feel HIV/AIDS is no longer a problem, but statistics say otherwise.

To raise awareness, the Centers for Disease Control and Prevention (CDC) launched “Act Against AIDS,” a five-year multifocused HIV prevention campaign, with overlapping phases, aimed at population groups most at risk to acquire the virus.

The campaign's first phase, themed "9½ Minutes," delivered a simple message: Every 9½ minutes, someone in the United States is infected with HIV. The messages end with advice to "Get the Facts" and direct people to NineAndaHalfMinutes.org for more HIV/AIDS information.

The next phase of the "Act Against AIDS" campaign is called "I Know" and launches this fall, via print, broadcast and online messages aimed at the African-American community. The CDC hopes "I Know" will build awareness about HIV prevention and convince people to get tested.

In addition to its targeted population campaigns, the CDC introduced the Act Against AIDS Leadership Initiative (AAALI), a partnership with 14 leading African-American organizations. The goal? To increase HIV awareness among individuals within the black community and motivate them to take leadership roles in preventing transmission of the virus.

Another major player in the CDC's "Act Against AIDS" team is the Black AIDS Media Partnership (BAMP). Comprised of major U.S. media companies, BAMP launched a campaign titled "Greater Than AIDS" to bring black Americans information about the virus, fight the stigma associated with the disease and remind black America that "we are greater than AIDS."

In upcoming months, the CDC plans to launch additional phases of "Act Against AIDS," such as "Take Charge. Take the Test," which focuses on African-American women, and an as-yet-unnamed themed initiative that will target black men who have sex with men (MSM). Both campaigns hope to increase HIV testing among the population groups targeted. The initiatives urge anyone who has had unprotected sex—even once—to get tested.

Each phase marks a critical effort to reduce the spread of HIV. What's more, these campaigns can put the virus back on the black community's radar as a continuing threat to our survival in America.

Fact: AIDS is the No. 1 killer of black women ages 24 to 35.
Fact: Black women primarily get HIV from sex with straight men.

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http://beta.docker.realhealthmag.com/article/women-men-hiv-17194-2817