Aids in the african american community

Sociology, Community

In the mind of the public, the AIDS problem is undoubtedly linked to sexual behaviors and possibly perceived to be a result of promiscuity, nonmonogamous sexual activity, and a well-deserved problem that should affect gay and homosexual people.

To a certain extent, efforts to combat AIDS in the African-American communities have also been hindered by the fact that we know very little, beyond stereotypes and myths, about the sexuality of African-Americans. These perceptions have provided much of the confusion about what we should do about HIV/AIDS, or for that matter any of thehealthproblems that are at epidemic levels in the African American communities throughout the United States.

It has also been the case that several of the important sources ofleadershipin the African-American communities have utilized the AIDS epidemic to develop and promote extremely conservative religious and moral agendas and punitive responses toward persons who are already considered to be unfit members of the community.

For example, during the first wave of the AIDS epidemic there were several stories within the African-American communities across the United States about ministers who were preaching to their congregations about how AIDS is " God's punishment for homosexual people who sin."

While there is no way to determine the extent of this attitude among African-American ministers and preachers, approximately one-fourth of the sample (28 percent) of African-American college students was in agreement with this belief.

" There is a long history in the United States of African-Americans and other minority groups being devalued and of having their behavior labeled deviant. In the case of AIDS, the victims are further socially ostracized.

A prime example is the fact that Haitians were at one time considered a risk group. Because of this, many Haitians lost their jobs and experienced extreme levels of racialdiscrimination, not because they had AIDS, but because they were Haitians and therefore linked to AIDS" (Moore and LeBaron, 1986).

So, it appears that efforts to combat HIV/AIDS have been hindered by (1) our lack of knowledge about the sexuality of African-Americans, (2) research that has not seriously examined the variability of behavior and attitudes within African-American groups, (3) community and religious leaders who view the AIDS problems as punishment from God, (4) our intolerance of gays and bisexuals within the African American community, and (5) the lack of attention directed at the prevention of sexually transmitted diseases prior to the HIV/AIDS epidemic.

If one accepts these observations, then what are we to do in order to develop effective and culturally sensitive AIDS-prevention messages that will reach African-Americans, who are not monogamous, are not abstinent, and who do not use IV-drugs.

One solution is to make sure that African-Americans have an adequate understanding of the factors associated with the transmission of HIV/AIDS. Overall, the pattern of the results indicates that African Americans are very

knowledgeable about AIDS, but there appears to be a gap between knowledge and risky sexual behaviors.

The development of culturally sensitive AIDS-prevention programs for African-American college age adults may be facilitated by considering some of the insights gained from the study.

For example, data suggest the gap between knowledge and risky sexual behavior is likely to be filled with different attitudes and beliefs for males versus females, or individuals with multiple versus non-multiple sexual partners, or individuals with or without a history of STDs, or individuals with or without HIV/AIDS. (Nikitta Foston, 2002).

Information uncovered by this investigation revealed that males are less knowledgeable about several factors involved in the transmission of AIDS than females. On the other hand, individuals with multiple partners were more likely to believe that AIDS is caused by bacteria or the same virus that causes VD.

Knowledge about the factors associated with the transmission of HIV/AIDS was essentially identical for subjects who practiced unprotected anal intercourse and those subjects who did not. Individuals with HIV/AIDS correctly answered only 55 percent of the questions concerning the transmission of AIDS while those not exposed correctly answered 85 percent of the AIDS knowledge questions.

These data suggest that educational information and self-assessment instruments may need to be created for and targeted at specific African-American groups rather than rely on a wide-scale mass media campaign to

reach all individuals. One way to accomplish this aim may be to create materials that enable African-Americans to actively question and evaluate their own risk.

Perhaps one of the problems that has to be overcome in order to implement such a plan is to identify the explicitness needed in the HIV/AIDS prevention messages for African-Americans who are not monogamous and engaging in risky sexual behaviors (e. g., anal intercourse).

The possible means of how to minimize the gap between knowledge and risky behaviors could go on and on, but the one way that is likely to result in a more favorable outcome is to simply ask the people involved to provide solutions. Seldom have we taken this position around a major public health problem, but what can we lose by asking African-Americans to generate solutions to problems that are the focus of so much human suffering.

One of the barriers to effective HIV/AIDSeducationprograms in African-American communities is the fact that the people and organizations have not been encouraged to believe that HIV/AIDS prevention would be more effective when planned, executed, and propagated by members of their own community.

In other words, African-American community members are not involved in the empowerment process which stresses both individual determinations over one's own life and strong democratic participation in the life of one's community. The notion of empowerment presupposes that African-American community members have the competency to intervene on their own behalf but lack the necessary resources.