



# Getting Real

## Black Women Taking Charge in the Fight Against AIDS

By Hilary Beard  
Black AIDS Institute  
December 2005



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## OVERVIEW

# The State of AIDS Among Black Women

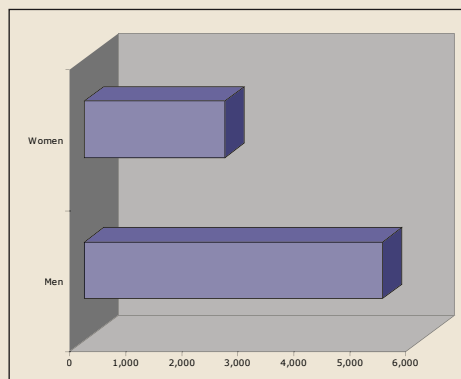
**Here's the vastly underreported good news about HIV and AIDS among African American women: In June 2005, the U.S. Centers for Disease Control and Prevention reported a six percent drop in infection rates among Black women between the years 2000 and 2003. Later, in November, the CDC reported a five percent drop in infection rates among African Americans overall. We are making progress; prevention is working.**

In particular, the overall decrease in infection rates among African Americans reflects the success of programs that attack the virus's spread among injection drug users, the CDC noted. The November data was the first to fold analysis of new HIV infections in New York State into the overall national analysis. That state's success with needle exchange programs—which make clean needles and sterilizing materials available to drug users, while helping connect them with drug treatment—has successfully driven down new infections in the drug-using population there, a population that is disproportionately African American. That success, as well as similar successes among drug users nationally, may be responsible for the decrease among Blacks,

## A Killer, Still

Despite a growing belief that AIDS is no longer a lethal disease, African Americans are still dying from AIDS-related illnesses every year. Blacks who test HIV positive are seven times more likely to die from it than whites. And as of 2002, AIDS remained the leading cause of death for Black women between the ages of 25 and 34—and ranked among the leading causes of death for all Black women.

Black deaths from AIDS in 2002:



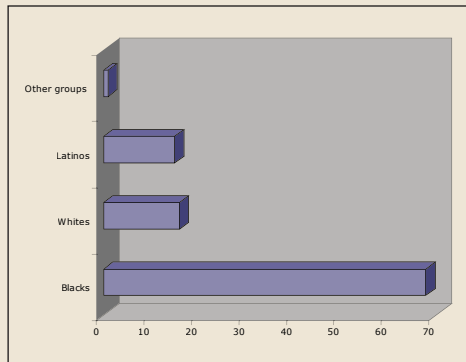
Source: U.S. Centers for Disease Control. Presentation before Black Media Roundtable on HIV/AIDS, Nov. 17, 2005.



## Leader of the Pack

Here's the underreported good news: The U.S. Centers for Disease Control and Prevention announced in June 2005 that HIV infection rates among Black women had dropped by six percent between 2000 and 2003. But here's the bad news: In November the CDC announced that Black women still account for 68 percent of new HIV diagnoses.

Racial breakdown of new HIV diagnoses among women between 2001 and 2004:



Source: CDC. Trends in HIV Diagnoses—33 States, 2001-2004. MMWR 2005; 53 (45).

the CDC speculated.

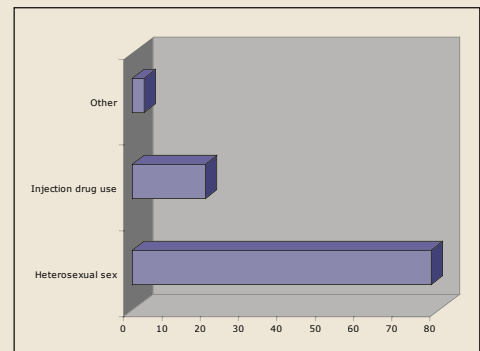
All of that said, there remains a staggering amount of work to do, particularly among Black women. While the vast majority of new infections still occur among men—both in America at large and in Black America—the racial gap in infection rates among women is astounding.

Overall, African Americans in 2004 were 8.4 times more likely to be HIV positive than whites. Among women, African Americans accounted for 68 percent of newly diagnosed infections in 2004; we were 44 percent of them among men and 51 percent of them

## Getting it Straight

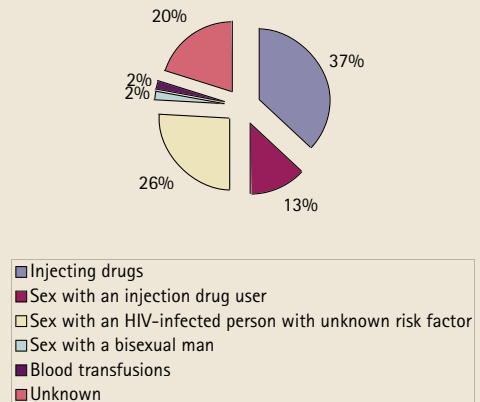
Heterosexual sex is by far the most common route of HIV transmission for Black women. However, included in the share of women who contracted the virus through unprotected sex is a large share whose sex partners contracted it through injection drug use.

Infection routes for new HIV diagnoses among Black women, 2001 to 2004:



Source: CDC. Trends in HIV Diagnoses—33 States, 2001-2004. MMWR 2005; 53 (45).

Infection routes for all diagnosed AIDS cases among Black women, cumulative through 2003:



Source: CDC. HIV Surveillance Report, v. 15, tables 19-22.



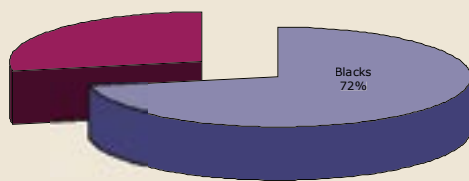




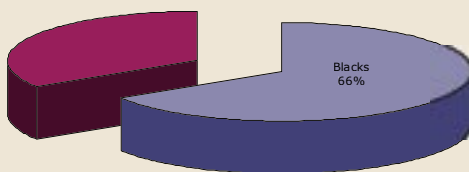
## Girls Get It, Too

In June 2005, the CDC offered some good news about HIV infection rates among girls and young women: Over a 10-year period between 1994 and 2003, infection rates among 13- to 24-year-old females dropped a whopping 20 percent. But, once again, there was sobering news for African Americans. As of the end of 2001, Black girls still made up 68 percent of all HIV diagnoses among girls aged 13-24 and young women.

HIV diagnoses among 13- to 19-year-old girls, as of 2001:



HIV diagnoses among 20- to 24-year-old girls, as of 2001:



Source: CDC. *HIV/AIDS Surveillance Report*, v. 13, no. 2, table 8.

overall. This, as African Americans make up just over 12 percent of the U.S. population.

This dichotomy of success in bringing infection rates down as racial disparities remain locked in place is seen starkly among young women as well. In June 2005, the CDC reported a strikingly hopeful fact about the young epidemic—where half of all new infections occur each year. During the 10-year

period running from 1994 to 2003, HIV infections in the 25 states that use the same system to track the virus dropped a dramatic 20 percent among girls aged 13 to 24. Yes, a lopsided majority of those infections that still occurred were once again among African Americans; Black girls and young women accounted for 68 percent of new infections in that same 10-year period.

For women overall, the epidemic is a sexual one. According to the data the CDC released in November 2005, 78 percent of Black women with HIV contracted it through unprotected sex, while 19 percent contracted it through injecting drugs with contaminated needles. But it is also important to note how the sex partners of those women contracted the virus. There remains a large swath for which the women report that they don't know what the "risk factor" for their partners had been. As of 2003, one third of Black women who had ever contracted HIV through heterosexual sex did not know what their partners' risk for the virus had been, according to the CDC's *2003 HIV/AIDS Surveillance Report*; eight percent knew their partner had been an injection drug user. Clearly, both our community and the researchers investigating this epidemic must learn more about the risk factors at work.

But in the following pages, we will discuss less what others are doing to put Black women at risk and more about what we are doing to hurt ourselves.

There are myriad reasons for the racial disparities in infection rates—studies have shown the profound effects of poverty, sexual and emotional abuse, generalized trauma and the plain demographic truth of a gender imbalance in available partners in Black America. This report will explore each of these factors, and more. But ultimately, we as Black women make the choice to protect ourselves or put ourselves in harm's way. When we chose to leave ourselves vulnerable to emotional and physical danger, why do we



do so? What roles do our past experiences with Black men, both family members and lovers, play in our current efforts at finding and building healthy relationships? And what steps can we take to first identify and then correct the mistakes we make over and over again in our sexual and romantic lives?

These are the questions that this report hopes to get Black women thinking and talking about. Ultimately, the answers to each must come from within our own lives. To find the right answers, however, we must first ask the right questions.



## CHAPTER ONE

# Is Your Relationship History Bad for Your Health?

**S**andra Bennett (names have been changed throughout this report) spent her childhood waiting for her father to leave. Though her parents hardly argued, a “quiet dissatisfaction” had settled over the household. Sandra sensed it. One night when she and her siblings were “spying on” her parents, “I heard my father say something about leaving,” the Dallas native says. From then on, “every day I wondered if this was the night that Daddy wouldn’t come home. I would watch every car that drove by the house to see if it was him. When I’d see his headlights I’d feel relieved.”

During her 20s, Bennett secretly waited for every man she dated to dump her. As much as she wanted her relationship to last, whenever she got the sense her man might leave her, she would quit him first. It wasn’t until age 32 that she discovered, in counseling, that the baggage she had picked up from her parents’ relationship was weighing down her love life.

Whether or not we’re aware of it, our parents’ relationships—or lack of them—form a kind of invisible mold that shapes our romantic experiences. In the Black com-

munity, many people have grown up “only seeing one parent carrying the load, with a second person who comes in and out of the mother’s life,” observes Washington, D.C., psychotherapist Audrey B. Chapman, author of *Getting Good Loving: Seven Ways to Find Love and Make it Last*. “Many others grow up seeing “a man who doesn’t really interact with the mother in a supportive or loving way, or who’s distant or dominant—sometimes physically.”

Of course, these images conflict with most women’s desire for a stable and long-lasting relationship with a mate who loves and is committed to them. It also undermines our attempts to find such love. No wonder so many women complain they experience romantic disappointment after disappointment. “I thought it was men, but it turned out to be me,” Bennett says.

But we can free ourselves from relationship “groundhog day” by drawing upon the traditional African principle of *sankofa*, an Akan word meaning “we must go back and reclaim our past so we can move forward; so we understand why and how we came to be who we are today.” We

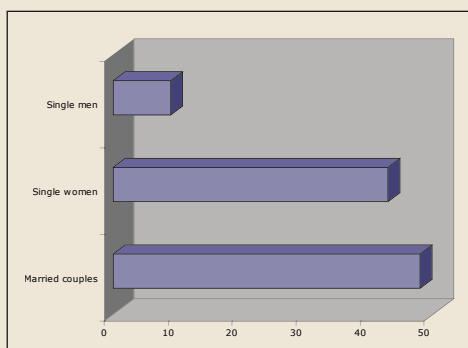




## Head of the Household

A striking number of African American children grow up in households headed by single women. Some psychologists say this has a long-term effect on young Black women, who may have grown up without having ever had a significant relationship with a male. As they begin dating, many have an entirely understandable urge to satisfy curiosity about men and maleness, and be prone to devalue themselves within those relationships they develop.

Black families headed by married couples, single men and single women, 2002:



Source: U.S. Census Bureau. "The Black Population in the United States: March 2002." Tables 5 and 6.

can heal our needy places and re-sculpt our psyche to help us create the relationship we want.

## Is Home Where the Heart Is?

The experiences we have in our childhood home lay the groundwork for all other

relationships in our life. Among the most important information early caregivers impart is that we're innately worthy of love and respect. In an ideal world, our parents would teach us we're wonderful because we're a "unique child of God"—there's no one else like us, says Tallahassee, Florida psychotherapist Dr. Samella Abdullah. Children who are taught their innate self worth tend to have higher self-esteem and are better able to fend for themselves.

But too many African American parents fail to build their girls' self worth, Dr. Abdullah observes. As a result, many Black females struggle to feel good about themselves, and "rely on the outside world to tell them they're worthy," often because of their appearance or how they're dressed. Over the long term, this can cause sistahs to feel they need to look or behave in certain ways to be loved and appreciated, since they believe they're not okay the way they are. In her relationships Bennett felt she wasn't good enough and had to prove she was smart or men wouldn't love her.

A girl-child's relationship with her father lays an important cornerstone in the foundation of her relationships with men. "Unfortunately, there is still a notion that dads are superfluous," observes Roland Warren, president of the National Fatherhood Initiative. They're not. While millions of women hold it down on the family front in an effort to compensate for the absence of their children's father, sistahs aren't Superwomen. Whether or not their father lives at home, research shows girls who have a close relationship with their fathers are more likely to feel competent in life and in their femininity, take initiative, demonstrate self-control and get better grades. They're also less likely to have behavioral problems or get pregnant as teens. If he has abandoned her, she may believe it's her fault. "If her father would leave her, other men surely would," Chapman says is a common, but mistaken attitude.

As girls grow up, those who have not received quality attention from Dad may not only have a very normal urge to satisfy their curiosity about men, they may become “very male-focused as a way of experiencing maleness and figuring out what it’s about,” says Chapman. Some may believe they need to “deny their own needs” to “hold onto a man and not rock the boat and send him away.” Such beliefs may set women up to settle for less than they think they deserve and not to stand up for themselves.

Of course, these struggles don’t take place in a vacuum. They are magnified by Black men’s issues as well, and their own acting out of father-absence and the relationship role models they’ve absorbed. The

## Trauma Linked to HIV

University of California, Los Angeles behavioral scientist Dr. Gail Wyatt led a team of researchers examining the impact a history of abuse had on risk for HIV among women of all races. Examining the histories of 490 women of diverse racial backgrounds, the team found that, despite the racial imbalance in HIV infection rates among women, the best indicators of risk for HIV were not race but, rather, poverty, exposure to violence, and high-risk sexual practices such as intercourse without condoms.

In the study, HIV-positive women of all races had “significantly lower” per capita incomes than women who were HIV negative. And in all racial groups positive women were “significantly more likely” to report a history of sexual abuse. However, among African American women, those who were positive were “slightly more likely” to report a history of child sexual abuse by a family member.

## Fast Facts on Abuse & HIV

- 1 in 3 American women report sexual abuse before the age of 18.
- 4 million women a year face domestic violence.
- Women who report early and chronic sexual abuse have a 7-fold increase in HIV-related risk behavior.

*Source: Wyatt, Gail and others. Does a History of Trauma Contribute to HIV Risk for Women of Color? Implications for Prevention and Policy. American Journal of Public Health. April 2002. Vol. 92, no. 4.*

absence of fathers, says George Williams, executive director of the Urban Fathering Project at the National Institute for Fathering, also “emotionally wounds” men. “A lot of males are grappling with the issue of what it means to be a man. A lot of it ties back to their lack of preparation and initiation by a father.”

## That’s the Way Love Goes

**“My parents were absolutely insane,” says 29-year old waitress LaTonya Hoyt. “They did everything in the eighties that the eighties had to offer—all the drugs, all the madness.” Her mom was a “screamer and a hell of a thrower. I saw a lot of that, and yelling,” she says. “I remember watching them kiss, sit close and argue.”**

In spite of her parents’ drama, the Baltimore native had a good relationship with her dad. “I wasn’t the princess, but he loved me and really liked me,” she says. They would laugh, shadow box and listen to music together.





## 10 Signs of an Abusive Relationship

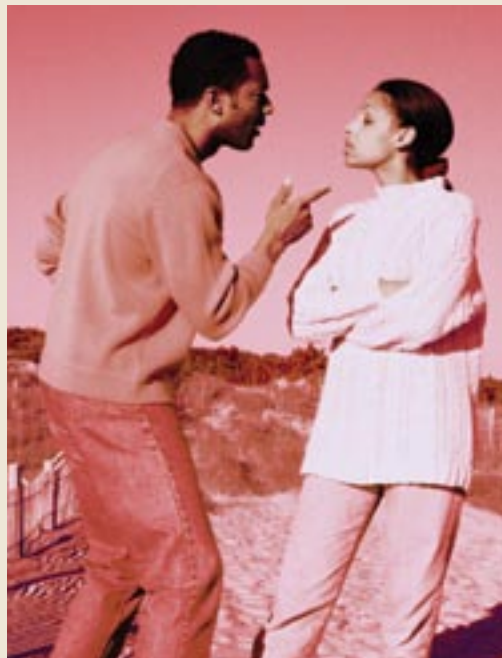
There are many “clues and warning signs” that a partner may become abusive, “but we don’t always see them,” says Dr. Samella Abdullah. While TV accounts of domestic abuse often focus on cases that end in murder, violence between relationship partners can take many forms.

Intimate-partner abuse includes any physical, sexual, emotional, economic or psychological actions or threats that influence another person, according to the National Domestic Violence Hotline. This includes frightening, intimidating, terrorizing, manipulating, hurting, humiliating, blaming, injuring or wounding someone.

While some of the signs of physical abuse—pushing, hitting and throwing objects, among others—are commonly known, many women experience emotional abuse that slowly erodes their self-esteem. Here are the signs:

1. Calls you names, insults you or continually criticizes you.
2. Does not trust you and acts jealous or possessive.
3. Tries to isolate you from family or friends.
4. Monitors where you go, who you call and who you spend time with.
5. Does not want you to work.
6. Controls finances or refuses to share money.

7. Punishes you by withholding affection.
8. Expects you to ask permission.



9. Threatens to hurt you, the children, your family or your pets.
10. Humiliates you in any way.

If you are experiencing any of these situations, you may be in an abusive relationship. Please call the National Domestic Violence Hotline at 800-799-7233 ([www.ndvh.org](http://www.ndvh.org)) or your local domestic violence center to speak with a counselor about it.

But when she, her mom and four siblings landed in a homeless shelter, her dad moved away from the family and into a room. “I felt like my father had left me,” Hoyt says. “I hated him but never showed it.” Years later, her mother told her that her parents decided her dad would move out because “in the shelter system, they’ll put

you at the bottom of the list because you’re a two-parent household.” Her father remained involved with his children while they were in the shelter. “He was a good dad,” she says. “But he wasn’t the best provider.”

Another important determinant of how our love life goes down comes from our parents’ interactions. The way our folks



interacted imprinted us with beliefs about relationships—patterns we replicate, often unconsciously. Whether our parents expressed affection and care for each other, were merely co-existing, were at war or not relating at all, we bore witness and it has shaped our expectations.

Today, LaTonya attracts men “with no direction. I’m not sure if it’s because I’m looking for my father or because they’re so abundant,” she says. Once, she dated a man

where “like my parents, we would yell and argue and go make up.” She also attracts men who abandon her. One “would fall off the face of the earth for from one month to three or four years.”

Hoyt realizes that for her socioeconomic situation, it was unusual to have her dad in her life. She recalls walking down the street holding her father’s hand, and having the girls at school ask her about the man she was “with.”

## Healing Hints

Just because our childhood homes didn’t feel like the Huxtables’ doesn’t mean we’re doomed to disappointing love lives. Here are some steps relationship counselors and psychotherapists suggest for building self-worth.

■ **GET WITH GOD.** Tallahassee psychotherapist Dr. Samella Abdullah advises to start by connecting with your spiritual nature, our Creator and everyone else on the planet. Remind yourself that you are unique. “If we can’t recognize that we’re a jewel and we have to protect ourselves, why should anybody else?” she asks.

■ **CONNECT WITH YOUR CULTURE.** Think about “who we are, where we’ve come from, how valuable we are, how necessary we are to the survival of our people,” Philadelphia therapist Gary Bell recommends. “Once you understand history and how many beautiful, wonderful and successful African American women preceded you, you understand that you’re special.”

■ **TAKE A TIME-OUT.** Tell your babies (big and small) to look after themselves for a while; you need some “me” moments.

■ **CONSIDER COUNSELING.** Many women find it empowering to explore their psyches. Though some folks look at counseling as a sign of weakness, therapists know better. “The people who walk into my office are probably the healthier ones. They realize something’s not right and they want to fix it,”

says Washington, D.C. psychotherapist and author Audrey B. Chapman.

■ **BECOME A C.S.I.** One helpful introspective activity is a relationship autopsy, where you return to the “scene of the crime.” Make a timeline of the relationship, Dr. Gail Wyatt suggests. “Write down what you think went right and what went wrong” to help you “pinpoint” where things went south, she says. Ask, “Where did I go wrong?” Then face the facts.

■ **ENVISION A GOOD RELATIONSHIP.** Consider what characteristics you think are important in a man. Create a character profile of a loving and compassionate mate—consider honesty and patience, for instance.

■ **WALK THE TALK.** After you’ve identified the characteristics you’d like to see in your dream man, “make that list operable in your own life,” Chapman advises. “Once women do that, they start noticing that the qualities of the people they’re relating to is different. ... If honesty is a virtue of mine and I meet somebody who’s gorgeous but he cheats, lies and is deceptive, there’s going to be a conflict.”

■ **STOP COMPROMISING YOURSELF.** “Start looking for what you want and stop settling for less,” says Bell. “That’s not to say that if you want a lawyer you won’t settle for a mail carrier, but that’s different from settling for someone who’s been in and out of jail for 10 years.”





## Looking Out for #1

Because Black women are generally socialized to take care of others, many sistahs become skilled at identifying others' desires, but never consider what they want. "I see so many young women whose conversation is 'How do I keep him?' and 'What does he want?'—as opposed to 'What do I want?'" observes therapist Gary Bell. But you can't get your needs met if you don't put them out there. Practice saying these phrases that put yourself first.

- I want a relationship with a man who is committed to me
- I expect you to do what you say you'll do
- I expect a man to support me emotionally
- I want to further my education
- I love and respect myself and won't engage in that behavior
- I always use condoms
- I won't risk my life for you. We need to use protection.
- I won't settle for less

If, on the one hand, we believe that men father babies, drop off diapers, then ditch the mother and child, we're more likely to attract and accept a man who meets those expectations. If, on the other, we expect a man should be emotionally supportive, we're more likely to find him.

The negative images of Black women and men on television, in videos and movies also mold us. At best, this limits what we believe about ourselves and what we think we can achieve. Worst case, we act out hypersexual, risk-taking, violent, stereotypical and degrading roles.

## Trauma Drama

**Fatima Johnson's father began molesting her at age 11. One of her younger sisters remembers seeing their father "on top of her," but Johnson remembers him "going into my panties and touching me. I'd be so scared and pray he'd leave me alone—it was truly traumatic." She didn't say anything about it to her mother until well into adulthood; her mom, meanwhile, pretended not to know.**

Now 57, Johnson believes that to survive the abuse she had to learn to be emotionally detached—and that keeping the secret caused her to lose her voice in life. "I knew what I wanted to say but I couldn't," she says. "Even when people would ask me to speak—oh, the fear!—I'd think, 'You aren't worthy to be heard.'"

Reflecting on how losing her voice has impacted her romantic relationships, the Detroit native says, "It's almost like a curse. You draw people into your life with the same kind of emotional detachment and low self-esteem." When she became pregnant with her oldest daughter, she told the father and never saw him again. "He never saw the baby," she says. "I was just existing. I was at an all-time low."

While experts don't believe sexual violence is more common among Black women, Black psychotherapist and author Chapman notes that 80 percent of the women who seek her assistance have experienced sexual trauma, from rape and molestation to being flashed or fondled. One in three American women report having been sexually abused before the age of 18, according to University of California, Los Angeles behavioral science researcher Dr. Gail Wyatt, who is studying the impact sexual abuse histories have on women's risk for HIV. The problem, it seems, is an all-American one, and includes all races. "We want to believe that we don't do those things—that it only happens with white people up in the hills," Chapman observes.

It's also a problem with direct consequences for HIV. According to Wyatt's research, the best indicator of risk for HIV is not race but, rather, traumas associated with poverty and sexual abuse. Wyatt's research shows women who report a childhood history of sexual abuse have a seven-fold increase in HIV risk-taking behavior. (See "Trauma Matters to HIV" on page 13.)

After Johnson married she revealed her father's sexual abuse to her husband. "He just said, 'Oh?' with no compassion, no nothing," she says. Now in marriage counseling after 32 years with her husband, who has struggled with drug problems and may have been unfaithful, she realizes, "I chose people who weren't there emotionally because I didn't think I deserved it. I chose people throughout life—girlfriends, my mate—who weren't available. They'd talk about themselves, but when the time came to talk about me, they wouldn't."

Violence and sexual trauma change us, whether it occurs at home or out in the world. As Johnson experienced, a woman who has been traumatized often "feels like damaged goods," Chapman explains. "These experiences damage her sense of self, self

esteem and make her feel worthless."

The violation may also alter her sexual nature. "Some of it's conscious and some of it's totally unconscious because we repress it," Chapman says. "You may become sexually repressed or sexually hyperactive but may not understand your reaction." Johnson recalls that, in high school, "I was a virgin, but I had a reputation for being fast. I thought I had to act that way."

## Get the Picture?

**Chapman warns that by our mid-teens we've "painted a picture in our head of how relationships go"—whether that's an accurate and healthy portrait or not. Far too many Black women and men have never seen a loving long-term relationship—much less, a happy marriage. Absent an intervention, the information Black children and trauma victims internalize can make it difficult for them to create the love life and family life they want for themselves. Women whose mothers' desires were ignored (or worse) may pair up with men who are emotionally unavailable, insensitive to their needs, and don't help with parenting and building a home and family.**

But we don't have to compromise our spirit or our safety in our quest for romance. Our ability to thoughtfully examine our experiences can be the lifeline that helps us escape our past and prepares us to find a mate who has our best interests at heart.

## Spiritual Reading List

- Living Through the Meantime : Learning to Break the Patterns of the Past and Begin the Healing Process and other books by Iyanla Vanzant
- The Four Agreements by Don Miguel Ruiz
- Woman, Thou Art Loosed!: Healing the Wounds of the Past and other books by T.D. Jakes
- Seven Spiritual Laws of Success by Deepak Chopra







AVANT L'UTILISATION  
EN GARDE SUR LA BOÎTE  
Inspecter et utiliser par  
Méthode

Lubricated

Lubrifié

XP OCT-2005

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*Si utilisés selon le mode d'emploi, les condoms de latex contribuent à réduire les risques de transmission du virus VIH (SIDA) et de nombreuses autres maladies transmises sexuellement (MTS). Ils sont également très efficaces pour prévenir la grossesse.*

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## CHAPTER TWO

# The Condom Conundrum

**“I have placed my life in God’s hands far more times that my friends would ever imagine,” says Baltimore-area marketing manager Melanie Nixon. “I know I look successful and confident to outsiders, but these days with men that’s not how I feel.”**

Single and childless at 39, Nixon admits she’s hearing every tick of her biological clock. Though she isn’t certain her 11-month relationship with 43-year-old Marcus will last, she is ambivalent about practicing “safer sex.”

“I know I’m taking my chances,” she admits, “however, I don’t want to look back on my life and feel just because there aren’t enough men I didn’t do everything I could to have a baby.”

College junior Chante White is also in harm’s way. The first time she didn’t use condoms, she was in an abusive relationship with a partner who didn’t want to use rubbers and “I wasn’t able to stand up for myself,” she says. Two years later, she’s stopped using protection again. She and her college-basketball-star boyfriend have been involved for a year. While the Kansas City native has been tested for HIV and several STDs, she’s taking her

man’s word that he was tested for HIV earlier this year and has been monogamous since. And while she feels confident that he hasn’t cheated, she admits that trusting him “probably wasn’t smart.”

While single people of all ages and races know they’re supposed to use condoms, getting folks to use them consistently has challenged public health officials. In fact, a survey of sexual attitudes published in 2005 by the Centers for Disease Control and Prevention found that only 36 percent of single women used condoms last time they had sex. Among African Americans, about one-third of single and married women used a “jimmy hat” when they last got busy. (Since married women may use condoms less, that stat suggests the number for Black single women may be higher.)

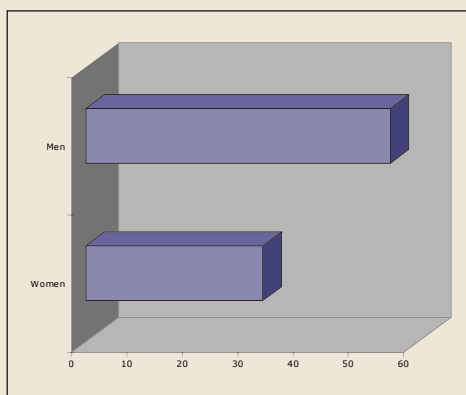
With STDs rampant in America, particularly among African Americans, and HIV disproportionately attacking Black women, you’d think that everyone would “strap up.” But whether we don’t know our risk factors or choose to ignore them, far too many Black women are standing in harm’s way.



## Unwrapped

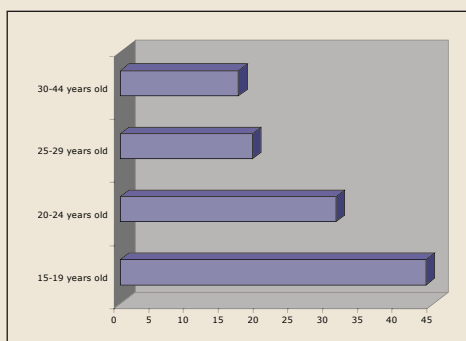
Times have changed: Between 1982 and 2002, the percentage of sexually active women aged 15 to 44 who had ever had a male partner use a condom rose from 52 percent to 90 percent, according to the CDC. But the numbers of women using condoms consistently remain low.

Share of single, sexually active African Americans aged 15 to 44 who used a condom at last encounter, 2002:



And, for American women overall, the older we get the less likely we are to still wrap it up.

Percent of sexually active women aged 15 to 44 who used a condom at last encounter, by age, 2002:



Source: CDC. *Sexual Behaviors and Selected Health Measures: Men and Women 15-44 Years of Age, United States, 2002. Table 22.*

## Consistently Inconsistent

Women describe many reasons they don't use condoms or choose not to use them consistently. Because many STDs—including HIV—don't have visible symptoms, and everyone keeps theirs a secret, many of us minimize our risks. However, half of Americans get an STD before age 25. Rates are rampant among African Americans. According to the CDC's 2004 *STD Surveillance Report*, Blacks are 19 times more likely to be infected with gonorrhea than whites, eight times more likely to be infected with chlamydia, and five and a half times more likely to have primary or secondary syphilis.

A host of factors stack the odds against us when we gamble on unprotected sex: we disproportionately lack insurance coverage, access to affordable and competent care, and are often too overwhelmed by poverty, single parenthood, jobs, relationship and other life problems to tend to our health problems right away, all of which add up to high rates of undiagnosed STDs. And since we by and large sleep with one another, in what University of North Carolina researcher Adaora Adimora's studies have shown to be tight-knit, often overlapping sexual networks, it's easy to pass our STDs around.

But even when folks know their risk factors, people of all races believe prophylactics are a pain. "We want people to use condoms because they're supposed to be safer. But everybody says the same thing: Condoms interfere with pleasure," says University of Pennsylvania professor and condom-promotion expert Loretta Sweet Jemmott, Ph.D., a specialist in HIV-prevention among African Americans.

"I don't know if it's the condom or the spermicide, but they make me itch," Nixon says.

The fact that they require men's cooperation makes matters more difficult for many

## STDs: HIV's Little Helpers

The presence of certain STDs increases the chances of someone contracting HIV once encountering it by three- to five-fold. And African Americans have the highest rate of STD infection. Old progress is reversing: In 2004, syphilis rates went up among Blacks for the first time in a decade, driven primarily by increases among men.

In 2004, African Americans were STD overachievers once again. We were...

- 19 times more likely to be infected with gonorrhea than whites, and nine times more likely than Latinos.

- Eight times more likely to have chlamydia than whites, and almost three times as likely as Latinos.

- Five and a half times more likely to have primary or secondary syphilis than whites, and almost three times as likely as Latinos.

*Source: U.S. Centers for Disease Control and Prevention, STD Surveillance, 2004.*

women. “You don’t have to wear it; he has to wear it,” Dr. Jemmott says. “You’ve got to get a man to do something he might not want to do.” Making matters worse, many women neither know how to put a condom on a man nor negotiate its use, leaving them at a disadvantage in their interactions with men. Though White says she knows how to put a condom on, “I have never done it,” she admits.

Self-esteem shortages add to the problem. Numerous women lack the confidence they need not only to bring the issue up in the first place, but to stand their ground in the face of partner push-back. “College students don’t

have the confidence and 50-year-old women don’t have the confidence,” Dr. Jemmott observes. No wonder many public health officials feel pressed to provide women with ways to protect themselves that don’t require a man’s cooperation (see “Protection Women Control” on page 22).

In addition to such issues that affect all women, Black women experience additional pressures that cause them to feel less capable of—and, as in Nixon’s case, interested in—protecting themselves. “This is a women’s issue generally,” Dr. Jemmott says. “But women of color are bombarded with a lot of things: women’s issues, poverty, children, men’s problems, not wanting to be alone.”

Generally socialized to put others’ needs first, sistahs “don’t think about being safe all the time—we give in,” Dr. Jemmott says, many fearing “he’s gonna hit me, quit me, leave me or find another partner.” White, the college student, admits she was too intimidated to insist upon condoms in the relationship where she was abused.

Top all of that off with the real and perceived shortage of available men, and even Black women who are inclined to stand up for themselves can lose their nerve. Many sistahs feel that they “don’t have a lot of power,” says Gary Bell, executive director of Philadelphia’s Blacks Educating Blacks About Sexual Health Issues. “Use of a condom is really about who has the power in the relationship.” Even when some women insist on using condoms, it may “fall on deaf ears” if she’s involved with a man she believes will “take it,” he says. Either that, plenty of women believe, or “she loses and she’s alone.”

## If It Don’t Fit, Don’t Force It

**But even when couples do use condoms early on and during casual encounters, “people**







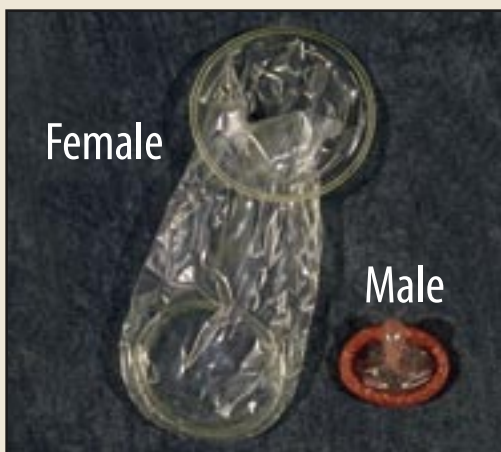
# Controlling Our Destiny: Protection Women Control

Around the globe HIV is raging among women. Biology isn't on our side: HIV enters the bloodstream easily through the vaginal walls. And the inequality that characterizes many male-female relationships makes matters worse by, among other things, causing women to feel unable to insist on the use of condoms or to leave relationships where their partner is unfaithful. Consequently, researchers are searching for HIV-prevention methods that women control themselves. Here are the options so far:

## Female Condoms

Presently, the female condom is the only available woman-controlled method of preventing HIV and other STDs.

Imagine an oversized (you can stick your hand in it) male condom made of polyurethane plastic with soft, flexible rings at both the open and closed ends. The smaller ring



at the closed end is inserted into the vagina, where it is anchored in place by the pubic bone, while the other remains outside the vulva at the vaginal entrance. Plastic lines the vagina protecting it from the penis, male body fluids and some STDs.

While some couples describe the female condom as noisy, many men are unaware of its presence. Like the male condom it is effective 79 percent to 85 percent of the time, when used properly. Cost: \$2.50 each.

## Microbicides

This next-generation barrier method may be applied topically as a creme or gel or released slowly via a "vaginal ring."

In theory, microbicides will reduce transmission of HIV during intercourse by creating a barrier between the virus and vagina, boosting the vagina's natural immunity or preventing the virus from duplicating itself after entering the vagina. Microbicides to prevent pregnancy and other STDs are also being studied. Currently in development, it is believed that a microbicide to prevent HIV will be commercialized in about 2010.

## Vaccines

Eventually public health officials hope to create one or more vaccines that will stimulate the body's immune response to fight off HIV. These vaccines would either inoculate people against HIV itself or strengthen the immune system to prevent HIV disease even if someone did become infected. The vaccine would contain synthetic copies of pieces of the HIV virus—not the live virus or even all of the synthetic virus. The exposure to this synthetic virus would teach the immune system how to fight the real virus if the person is exposed to it in the future.

Many HIV vaccines are being tested around the world, including trials in the United States. They need African American volunteers. Learn more at the HIV Vaccine Trials Network ([www.hvtn.org](http://www.hvtn.org)).

sort relationships into a hierarchy,” says UCLA psychology professor and sex therapist Dr. Gail Wyatt. As a result, many women stop using protection as they grow comfortable with their partner—which is often very quickly, since having sex suggests closeness.

“The checklist people have is, among other things, a risk-assessment report card,” agrees Columbia University public health professor Dr. Robert Fullilove. If their checklist, rightly or wrongly, says “the risk is low, or this is something I want,” some women take their chances. “Both of these situations produce unsafe encounters,” Fullilove says.

“I figure I’m taking a calculated risk,” Nixon says. “He has fantastic values, he’s honest, he has his own business, I see how he treats his son and his ex-wife.”

However, many women expose themselves to extra risks because they “try to put casual relationships into a long-term, committed format too soon with too little information,” Dr. Wyatt says. “If women want a relationship and have sex with somebody, they may consider it to be a relationship; to the guy, she may be his ‘fuck-buddy.’” Other people use condoms in more casual relationships but go “raw” with their primary partner.

And some women decide that to compete for a man, they will “make themselves available,” Dr. Fullilove adds. He has heard many sistahs say they give up “the insistence that their partner use a condom.” In fact, some experts believe that the “man shortage” may be changing sex norms in the African American community, causing women to engage in riskier behaviors, including giving up condoms, in an effort to snag a man.

## Survivor: Black America

**But “man shortage” aside, some women don’t have problems insisting that condoms be used—and many men want to use them. There are steps we can follow to help us feel**

**more empowered and hold our ground if our partners resist.**

■ **SLOW DOWN.** The speed with which many relationships turn sexual today gets in the way of safe-sex practices. Many young adults, in particular, “don’t have relationships,” says Dr. Jemmott. “There’s no dating and slow-walking and taking their time.” And “bootie calls” and sexual “hook-ups”—casual, uncommitted encounters—have become more common. So has being “friends with benefits”—friendships that include sex but no commitment—among all age groups.

Dr. Wyatt stresses the importance of building friendships first. “Many people don’t know what it means to have a relationship where you can say, ‘This person is my friend. They know how to treat me, respect my opinion, are honest with me, support me and don’t hurt me,’” she says. “You can’t build good relationships until you know how to build good friendships.”

■ **LOOK BEFORE YOU LEAP.** Especially if you have a hard time using condoms, it’s important to figure out why—either by engaging in introspection or by getting professional help. If you have experienced violence, abuse or sexual abuse in your life, counseling is particularly important. “You might react to it and not realize it,” says Washington, D.C. therapist Audrey B. Chapman, author of *Getting Good Loving: Seven Ways to Find Love and Make it Last*. Many sex abuse survivors become “sexually repressed or sexually hyperactive,” which can expose them to risks, she says. Chapman observes that in her practice at least 80 percent of the women have experienced sexual trauma (unwanted sexual activity or exposure) of one kind or another.

If low self-esteem is causing you to seek satisfaction outside of yourself, it might be a good time to ride the relationship pine. Take a breather and focus on building your confidence. If you’re not sure how serious your partner takes the relationship, it’s important to ask.



## For Women Like Us

Interested in having a discussion with your youth group, church organization, book club or sorority about how you can protect yourselves from HIV?

If so, order *Women Like You*, a free DVD and discussion guide on Black women and HIV prevention, published by Pfizer, the NAACP and the Los Angeles HIV Prevention Trials Unit of the National Institutes of Health.

The 20-minute documentary is loaded with facts from Black researchers, doctors and public health officials, along with Black women's first-hand experiences and observations. It provides the essentials on HIV, stats, risk factors, prevention, testing and living with the virus.

The discussion guide is designed to assist a group leader to facilitate a discussion. It contains questions, talking points and action steps women can take.

For copies, call Deborah Wafer at Pfizer, Inc. at 212-733-1000.

■ **GO FOR A GOAL.** Experts also find that women with academic, athletic, educational, financial, career and other life goals often feel more comfortable insisting that men “strap up.” “It’s easier to bring up condoms because they help you to attain your goals,” Dr. Wyatt says, since they require you to “think about consequences and whether you want them.”

■ **DO YOUR HOMEWORK.** Many women gain resolve following a quick spin on the Internet or trip to Planned Parenthood ([www.plannedparenthood.com](http://www.plannedparenthood.com)) or other sexual health or family planning clinic. The more you know about your sexual wellness, it’s easier to understand why it’s important to protect yourself.

■ **PRACTICE MAKES PERFECT.** The thought of rehearsing safer-sex talks may seem silly, but experts recommend it. Talking about sex can give you the jitters or cause you to trip over your tongue. Because our tension can make our partners feel anxious, it’s important to sound as comfortable and natural as possible. “Practice in the mirror,” Dr. Wyatt suggests, speaking in an “authentic way so your partner takes you seriously.” Then ask close male and female friends to do dress rehearsals with you and help anticipate possible objections.

■ **MAKE A PLAN.** Timing is everything. The conversation needs to be had in a way that suggests you’re serious. Don’t have it while you’re butt-bootie naked or feeling physically or emotionally vulnerable. Instead, make sure you’re dressed, in a safe location and have your own ride or cab fare home.

■ **DON’T GIVE UP LOVE WITHOUT A GLOVE.** If your man refuses to wrap it up, get to stepping, so you can find someone who will. You can do bad all by yourself and you won’t endanger your life.

But even after taking all these steps, it’s possible that we’ll slip up at one point or another. When we fall short of our standards, it’s important to give it a go again. Seek support for yourself, whether by journaling, making an appointment with a sex educator at an organization like Planned Parenthood, talking to your gynecologist or finding a psychotherapist. “You’re not done just because you’ve made mistakes, bad things have happened or life has taken a big toll,” Dr. Wyatt reminds us. “This issue is lifelong. The last day you try should be your last day on earth.”







## CHAPTER THREE

# Broken Bonds: Black America's Relationship Crisis

**No Black woman would be surprised to learn that her love life is under assault. Party dresses hanging in her closet with their price tags still on, take-out containers for one and her knowledge of the Saturday night TV line-up are testament to too many nights home alone. Data from the National Center for Health Statistics (NCHS) documents just how alone Black women are—at least as measured by marriage rates. Marriage and cohabitation data from a survey of Americans aged 15 to 45 showed that Black women are significantly less likely to marry and more likely to remain single than any other group. At age 30 only 52 percent of Black women are married, compared to 81 percent of white women and 77 percent of Latinas.**

Given these figures, it's no surprise that Harvard University sociology professor Dr. Orlando Patterson, an expert on the consequences of slavery, has identified African Americans as the most un-partnered people in America—and possibly on earth. Adding insult and injury to our loneliness and heartbreak, the health risks associated with sex increase the more partners we have—a

natural side effect of being single and shopping around for a mate.

## Marriage Meltdown

We've got it bad, and that ain't good. But Black folks aren't the only ones having problems sustaining relationships. Romance in America is under significant stress. In spite of singles' good intentions, the number of successful marriages is declining. According to the NCHS, within five years 20 percent of all first marriages are disrupted by separation or divorce. No wonder a lot of Americans are "wary of marriage and commitment," says UCLA's Dr. Gail Wyatt, a behavioral science researcher. "They don't see a lot of it, or don't want it, or don't know how to make it happen."

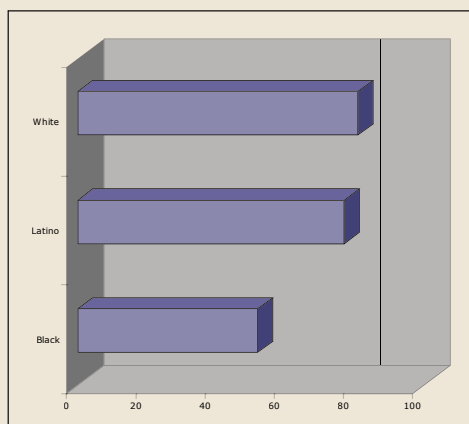
Of course when white America sneezes, Black America catches pneumonia. Our live-in relationships are less likely to last than those of both white and Latino women, according to the NCHS July 2002 analysis



## Bells Go Hush

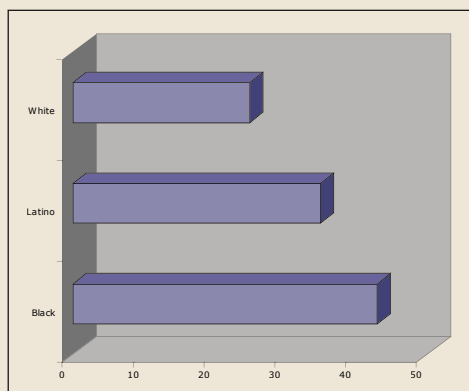
Marriage may not be the solution to all of our relational problems, but social scientists say it is still a good indicator of stability in relationships. According to the National Center for Health Statistics, a fifth of all marriages end within five years. The ground grows even shakier for young Black women, who are far less likely to have even married in the first place.

Percent of women married at age 30, by race:



Source: National Center for Health Statistics.

Percent of adult population never married, by race, 2002:



Source: U.S. Census Bureau, Current Population Survey, March 2002, Racial Statistics Branch, Population Division.

of marriage and cohabitation data from the National Survey of Family Growth. Black women are also more likely to have never married nor cohabitated with a partner—that’s true for 40 percent of Black women, compared to 25 percent of white women and 28 percent of Latinas. And while one third of first marriages among white folks fail within 10 years, almost half of Black marriages do. And once we divorce we’re less likely to remarry.

Black relationships have been under duress since slavery and Reconstruction, when our families were systematically destroyed, and men and women raped and sexually abused. But according to George Williams, executive director of the Urban Fathering Project at the National Institute for Fathering, a remarkable three-quarters of Black children were born into two-parent homes from the late 1800s through the 1950s, in spite of the fact that many African Americans were leaving their families to migrate North.

Today, less than 40 percent of Black children are born into two-parent homes. And research shows that women who didn’t grow up in an intact, two-parent household are less likely to have a successful first marriage of their own.

Debates about how and why marriage rates have gone down in Black America rage on—is it the loss of manufacturing jobs that have employed lower-skilled, urban men; social safety-net programs that some argue discourage the formation of nuclear families; the increase in women’s economic independence, which makes women less reliant upon marriage financially; “no-fault” divorce laws that make it easier for couples to split; the crack-cocaine epidemic and subsequent “war on drugs” and mass incarceration of men of color that devastated our families and neighborhoods? And, for that matter, does marriage matter at all? A growing amount of research shows

that young people are forming lasting partnerships that simply don't include going to the official altar. But whatever the reason behind it, the instability among those who do chose or wish to get married leaves Black women bouncing from one relationship to the next, searching for lasting connections and, too often, risking their lives by handing out unearned trust to their would-be life partners.

## A Few Good Men

**Making matters worse is the problem of missing men. Census data for 2002 show that Black women outnumber Black men by a little more than three million. Among 25 to 44 year old African Americans, women outnumber men by almost 20 percent. Since research also shows that the overwhelming majority of Americans partner with people of their own race, this makes marriage a mathematical impossibility for countless Black women. From that figure subtract the estimated five percent of Black men who are incarcerated (12 percent of those in their 20s), according to the Bureau of Justice Statistics, and the scores more who sell or use drugs or are caught up in the justice system. And, of course, roughly 10 percent of men prefer relationships with other men. So it's easy to see why so many sisters are home on "date night" chowing Chunky Monkey ice cream.**

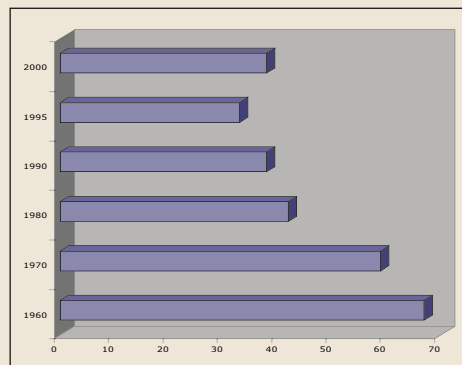
Meanwhile, research shows that men who have been locked up are less likely to reside with their children's mom, be employed, compromise in decision-making, express affection or be encouraging—behaviors that encourage unions—and more likely to criticize, abuse substances or be violent—actions that undermine love.

What about the remaining men? Many are spoiled by the number of choices they have, their women or their mothers, observes

## Family Matters

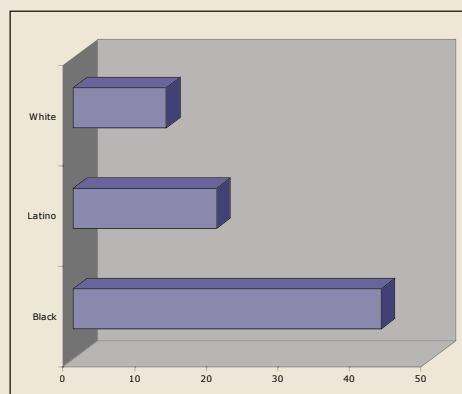
As relationships break down, increasingly Black children find themselves growing up in households where fathers are not present.

Percent of Black children living with two parents:



Source: *Fatherhood Facts*, National Fatherhood Initiative.

Percentage of families headed by single women, by race, 2002:



Source: U.S. Census Bureau, *Current Population Survey, March 2002*, Racial Statistics Branch, Population Division.

Philadelphia therapist Gary Bell, who heads the Black AIDS service organization





## Make Lemonade from Lemons

**Y**ou can't affect societal forces, but you can change how you deal with them, so you feel good about yourself and are more likely to achieve the relationship results you want. What can you do?

**REDUCE STRESS.** Many of us enter relationships that aren't good for us because we're attempting to relieve life's pressures. There are often "many clues and warning signs" that the person we're seeing isn't right for us, "but we don't always see them because we're trying to be cuddled and warmed a bit," says therapist Samella Abdullah, Ph.D. "Down the road when the stress has been relieved and we're functioning toward our normal level, we ask, 'What's the matter with me?'" Rather than thinking a man can make you stress less, assess your life choices—whether you enjoy your job, the length of your commute, your spending habits—and identify changes you can make to nurture your spirit and reduce physical, emotional and financial pressures.

**BEBASHI.** "Commitment is optional, and there's competition among women to hold onto a man. There's also the expectation that men will cheat and that there aren't that many good ones anyway," so women lower their expectations, he says. Add the gender imbalance, and you have oil and a lit match. Because there are fewer Black men available than women, countless sistahs believe they must ruthlessly compete to win one's attention, that they shouldn't make waves once they have a man, that they shouldn't expect much from men, and that obtaining physical love is the same as being loved emotionally—or at least it's the best they can do.

Bell observes, "The overwhelming context for women is that if you don't put up with nonsense you're going to be alone." As a result many women grudgingly settle for man

**BUILD UP YOUR SUPPORT SYSTEM.** In today's fast-paced world, many Black women make educational and career choices that separate them from their family and social network. Distance from family can be particularly difficult for women with children. "It takes a village to raise a child," reminds Dr. Abdullah, who made the difficult decision to relocate from Chicago to Tallahassee to be close to her children and grandchildren.

**ASK AROUND.** If you've never seen a good relationship yet aspire to have one, give yourself a homework assignment of identifying and interviewing folks in your extended family, neighborhood, church or school who have had long-lasting relationships. Ask them how a "good man" behaves and what makes their relationship work. "Seek out a mentor or an older woman to help you figure this out," Chapman advises. Just as important, don't go by the fictionalized relationships you see on TV or in the movies.

sharing, being "friends with benefits," dating someone who's selling drugs or supporting a man who doesn't work.

Then, to make themselves more attractive to men, scores of women decide, "whatever he wants, that is in my power to give, I will do it," says Columbia University public health professor and HIV expert Dr. Robert Fullilove. "One of the frequently-described things it is easier to give up is the insistence that a partner use a condom." As more women engage in this and other risky behaviors to catch or hold onto a man in a community where STD and HIV rates are high, "there's an increase in likelihood that somebody's going to be exposed." Lots of women are "not entering into these relationships dewy-eyed and unaware of what's going on," Fullilove adds. "Some women are saying 'I'll take my chances, I'll play the odds.'"

## Anger Management

**With this backdrop, should it surprise us that Black men and women are also angry at and mistrustful of each other?**

“The issue of sexual trust has been complicated by everything from the sexual use made of male and female slaves to a limited ability today to figure out how to have honest conversations about where we’ve been and what we’ve done,” Fullilove says.

But rather than holding “the system” ac-

countable for the many ways it has failed us, Black men and women tend to take out their anger on each other. In his book *Rituals of Blood: Consequences of Slavery in Two American Centuries*, Dr. Patterson cites a study performed by the National Opinion Research Center which found that 46 percent of African American women had felt “really angry” at a loved one within the previous few months, the highest of any group. By contrast only 26 percent of Black women had gotten “really angry” with someone at work. Black folks also stayed mad longer than anyone else

## What a Mighty Good Man

Forget the bling, the ring, the ride, the roses. While some say “money makes the man,” men in enduring relationships know better. So we asked a few men to identify the one characteristic a woman looking for a decent and committed man should insist on.

We started with therapist Gary Bell, executive director of a Philadelphia AIDS service organization. “He should be open about himself, his needs, his dreams, his history, his life, and willing to talk about them,” Bell says. “And you can’t fix anything without communication.” But what about the strong and silent types? “When a man is closed, there are all kinds of reasons why,” he says.

■ *If you can't trust somebody, it would be difficult to have a meaningful relationship with them. If they aren't accountable for what they say and do, that would be devastating. If you're honest about a relationship and what you feel for somebody, then you'll be committed.*—Ray, age 70, married 45 years.

■ *That they're genuinely good, nice people to others. A lot of times people get caught up in the fact that he treats them special. If he treats everyone else like shit, when he gets used to you he'll treat you like shit too. Somebody who's a good person to everybody and doesn't get caught*

*up in jealousy that he hugs everybody they see. People who have a lot of enemies, there's something wrong with them.*—Willie, age 50, married 20 years.

■ *The ability to see things from other points of view and perspectives—most predominately, his woman's. When you see him display this, it makes your ability as a couple to get over drama that much stronger.*—Nick, age 40, married 8 years.

■ *Manhood is about taking responsibility for others. Our community is in desperate need of men who take care of someone other than themselves. Too many men say, “I'm the man.” But who do they take care of? Too often they can't point to anything. They may own a record label or a couple of homes, but if they don't take care of anyone—their siblings, their mother, their children, their woman—they're not a man.*—Byron, age 38, married 16 years.

■ *He must accept responsibility for his actions—good and bad—as opposed to putting his life experience and problems off on someone else. I don't want to hear, “I don't come home because my daddy didn't come home.” He should say, “I didn't come home because I didn't want to come home.” That allows a woman to make an informed decision about whether he's the one.*—Robert, age 36, married 11 years.



and were far more likely to believe the other person was responsible and that they were not at all to blame for the altercation.

## Forward Motion

**So what is the future of Black relationships and families? As individuals we can take steps to get rid of our baggage and prepare ourselves to make the healthiest choices we can in a depressing relationship environment. But as a community it's clear there are no easy answers. Patterson writes, "Without consistent and lasting relations between men and women, and without a durable, supportive framework within which children are brought up, a group of people is in deep trouble."**

"Marriages will be less common and more premium," predicts UCLA's Wyatt. "Family formation will be less common. Multiple relationships will be more common." Given the current realities, she encourages Black people to think creatively about how we can come together to love each other and our children. "We need to prepare people who can raise children alone. For example, single women can come together and raise their children in a group," she suggests. "That's what happens when there are not enough men—it's very primal."

Yet while the statistics are sobering and challenges daunting, Dr. Wyatt remains optimistic. She believes that African Americans can become the role models who will help our society figure out how to reinvent family and community life so it supports parents who do so solo. Wyatt reminds us that, in spite—and perhaps because—of the challenges they've faced, "most of our leaders come out of homes where the father wasn't present."









## CHAPTER FOUR

# Growing Out of the Down Low Rut

**From my elementary school music teacher to gym teachers to classmates to relatives, somehow I've always known that people could fall in love with a person of the same sex. My first close relationship with a gay man took place when I was 25, when I became close with Barry, my church choir director. Barry seemed to have one foot in and one out of the closet. While his homosexuality was obvious to me, he was surprised—sometimes distressed—to learn that his sexual orientation showed.**

As my friendship with Barry grew, he began telling me which male members of the congregation frequented gay clubs. Some of these men were involved with women, he warned me—decades before such things ever made it onto *Oprah* and into the *New York Times*. He confessed he had been one of them. Barry had dated and even gotten engaged several years earlier, as he struggled with his feelings toward men and felt family, church and community pressure to be heterosexual. He also claimed that several street-corner thugs who ignored or ridiculed him during the day would proposition him

when he walked by late at night.

Barry would take me to the mall or downtown and challenge me to pick out the gay men. He didn't want me getting caught up with any brother who "dealt with" men. Whenever I'd tell him I'd met a new love interest, he'd insist, "I need to see him." I got the message loud and clear: not all gay men fit effeminate stereotypes, some date women, and others conduct their sex lives under the literal cover of darkness.

Fast-forward to around 2000, when the mainstream media first began reporting on a phenomenon they called "the down low"—and its relationship to the HIV epidemic that exists among Black women. I read the articles but wasn't surprised, since not much of what was being reported was new to me. What did catch me off guard was our community's reaction. Even sistahs whom I knew had gay male friends, who claimed to have "gaydar," and who for 10 years had helped make E. Lynn Harris's novels chronicling Black gay and bisexual men's lives into bestsellers, seemed shocked. They felt certain there had been an explosion of Black men having sex





## Risky Business

We can't control our partner's sexual history, but we are in charge of what sexual practices we engage in. Choosing sexual practices that are less dangerous can help us minimize our risk of STDs and HIV. Here's a list of common sexual behaviors ranked in order from least to most risky:

- Protected oral sex, using a condom or dental dam
- Protected vaginal sex, using a male or female condom
- Protected anal sex, using a male or female condom
- Unprotected oral sex
- Unprotected vaginal sex
- Unprotected anal sex

*Note: Whether or not a man ejaculates in your mouth, STD' can be transmitted via oral sex.*

with men. Suddenly, they assumed every brotha was “on the DL.” I was amazed by how many brothas agreed with them, though no one seemed to have personal proof. But as sistahs felt entitled to grill men about being gay and brothas became angry about being accused, I became clear that whether or not the information was accurate, the DL had become another wedge dividing Black men and women.

## Coming Out of the Closet

“Long before it was named ‘down low,’ we used to describe it as ‘the behavior of bisexual Black men who are in the closet,’” says Columbia University public health profes-

sor and HIV expert Dr. Robert Fullilove. “It goes back to the dawn of time. The idea that it is completely new and suddenly Black men discovered they could have sex with other men” doesn’t make sense, he says.

“One of the biggest lies we have told ourselves about the down low is that the story is new,” writes Keith Boykin, in *Beyond the Down Low: Sex, Lies and Denial in Black America*. He agrees with Dr. Fullilove that the down low has been happening “since the beginning of time.”

Boykin says that homophobia and intolerance send gay and bisexual people underground and cause them to hide their identity, while the stereotype that “gay men are readily identifiable” causes people to believe that anyone who doesn’t “look gay” isn’t. Contrary to caricatures of effeminate gay Black men, all Black “men who have sex with men”—as public health researchers label them—don’t look and act like RuPaul any more than all sistahs behave like “video vixen” Karinne Stephans or all Black men mimic 50 Cent. Rather, they are doctors, lawyers, mail carriers, accountants, fork-lift operators, systems analysts, truck drivers and, yes, church choir directors.

“There’s an assumption that unless a guy comes across as openly gay, he’s not. So women think that if he has a child or comes off ‘thuggish’ he’s not gay,” says Gary Bell, executive director of Philadelphia’s Blacks Educating Blacks About Sexual Health Issues.

And being on the DL isn’t limited to Black men, Boykin states. Former New Jersey governor Jim McGreevy, music-industry executive David Geffen and actor Rock Hudson all fit the profile, he notes. To his point, in September 2005 the *New York Times* published a story about “men who lead ostensibly heterosexual lives” and “commute between New York City and the suburbs, where they often have a house, a mortgage, a wife and children,” yet have sexual liaisons with other men in parking lots. Notably, neither AIDS nor the down low was mentioned, though

the *Times* has run several features about the down low among Black men. Presumably, in this case, the men in question were white and, thus, somehow no threat to their female partners.

## Don't Believe the Hype

**But if being closeted and gay isn't uncommon, why did the media start hyping the down low? And what's its relationship to HIV?**

"In the 1990s, public health officials switched the conversation we were having with Black women, which had been about the large numbers of men who had histories of IV drug use that weren't revealing it," says Fullilove. In its place the health community began talking about bisexually active men "who don't reveal that to their female partners," he says.

At that time, large numbers of Black women had begun to test positive for HIV/AIDS, which is now the number one cause of death for African American women aged 25–34. Subsequent yet unrelated CDC surveys showed that 25 percent of Black men who have sex with men think of themselves as heterosexual. In a seminal CDC study, conducted over the course of the 1990s, one third of 20-something Black men who have sex with men in six major cities tested HIV-positive; nine out of ten who were positive didn't know they were infected and didn't consider themselves at risk for HIV. Consequently some people theorized that closeted Black gay and bisexual men were driving the infection rates among Black women.

However, researchers did not then and do not now have proof that this is—or is not—actually what's taking place. The story became sensationalized through the media—in part because it is news; in part because exotic stories sell copies and drive ratings; and in part because it confirmed everyone's pre-existing

fears and fantasies about the alluring danger of Black male sexuality in general.

Changing their message put public health officials "in a real difficult situation," Dr. Fullilove admits. In public health, among sisters and in the media the questions became: "Where did it come from? Who's responsible for passing it? How did you get it, girl?" he says.

In the process, much of the conversation about HIV/AIDS in the Black community has moved away from taking personal responsibility for practicing safer sex to "a conversation about how to assign blame." Women's focus shifted to sniffing out deceptive, down-low men.

## Is the DL Our Greatest HIV Risk?

**According to data released by the CDC in November 2005, 19 percent of Black women who tested HIV-positive between 2001 and 2004 got it from using IV drugs and 78 percent through sex with men (three percent through various other routes, such as blood transfusions). But are all or even most of those men really on the DL? Isn't it possible that some of the men infecting Black women are honestly heterosexual—former partners of women who use IV drugs, for instance?**

Previous CDC data breaks down that question—partly. As of 2003, according to the agency's year-end *HIV/AIDS Surveillance Report*, eight percent of Black women who had ever contracted HIV got it through sex with a man who was an injection drug user, while only three percent reported getting it through sex with a man who was bisexual. But a stunning 34 percent said they didn't know what their sex partner's risk was. This may be the real problem—whatever our partners are doing to put themselves at risk, we're not hav-





## When Can the Rubber Hit the Road in Our Relationships?

In a Black community where roughly 1 in 50 men and 1 in 160 women are believed to be HIV-positive, and a world where over half of married people cheat, when is it safe to have sex without a condom?

“You have to go and get tested together,” Dr. Wyatt advises. In addition to getting checked for HIV, also get screened for all STDs, including genital herpes, gonorrhea, syphilis and chlamydia, which are epidemic among Black folks. In addition to compromising your health, causing infertility and increasing the risk of cervical cancer, having an STD can make it more likely you’ll become infected with HIV—according to the CDC, the presence of an STD increases the likelihood you will contract HIV if your sex partner has it by five-fold. And be sure to see your partner’s results with your own eyes. You can’t afford to take anyone’s word for it, Dr. Wyatt says.

In the latest safer-sex wrinkle, both partners’ oral health needs to be evaluated as well.

“If you have gum disease or floss, your gums could be bleeding. You need to be treated for gum disease,” she says, noting that herpes and other STDs can be passed through deep kissing and oral sex.

But even if you and your partner pass the battery of STD tests, how can you be sure your partner won’t cheat?

You can’t. What you can do is think about how trustworthy he is in other situations. “Give them some money or put something important in their care that you don’t think will hurt you if it’s lost, and ask them to hold it for a month,” Dr. Wyatt says. Also evaluate whether the person treats personal information you share with care.

Essentially, build trust before you take your clothes off, Dr. Wyatt stresses. “If you don’t know these things, how can you be sure a person will be there to address the unintended consequences of sex—say, if you get pregnant or an STD?”

ing the sorts of conversations with them that would allow us to know about it.

“The majority of public health research doesn’t support the theory that DL Black men are a ‘bridge’ for HIV to the general Black community,” Atlanta HIV treatment specialist and researcher Dr. David Malebranche, who is studying the down low, told BlackAIDS.org.

“We don’t know that all those men [infecting Black women] are on the DL,” adds UCLA’s Dr. Gail Wyatt. “That’s the assumption these days and it’s highly offensive.” Dr. Wyatt observes that IV-drug use plays a major role in infection rates on the West Coast. Her research also shows that, among women of color, the primary risk factors are poverty, a history of sexual abuse, and a history of risky sexual behaviors, such as unprotected

vaginal or anal sex with multiple partners over time.

“The DL is real,” Bell acknowledges, “but I don’t know how widespread it is—I think it’s overblown.” He observes at BEBASHI and in his private practice as a therapist that “the main men who are infecting women are not men on the down low, they’re dogs—men who are with a lot of women.”

## Too Much Unearned Trust?

**But even though we’re afraid of getting HIV, only about a third of Black women reported using condoms the last time they**

**had sex, according to a sex survey of Americans aged 15 to 44 conducted by the Centers for Disease Control and Prevention.**

Why are we putting ourselves at risk?

Black couples want “what every couple wants: the closeness, the love, the deep emotion, the intimacy—and don’t want a piece of plastic to get in the way,” Dr. Fullilove says. But instead of engaging in the uncomfortable, awkward and even nerve-racking work of talking about sex, protecting ourselves, and getting tested, “We’re trying to conduct our love lives by assessing risk,” Fullilove observes.

Dr. Wyatt says that most of her clients remove the condom within the first couple of sexual encounters. “They’re not using condoms based on the fact they’ve known each other for a while and are in love, but that has no relationship to your safety.” Risk and safety “are based on disease status,” not how comfortable we are or how much we trust our partner.

“People have an optimistic belief that their partner would not have something infectious. They believe, ‘I know it’s out there. And I know a lot of people where I live have it. But not my partner,’” says Dr. Liana Clark, a medical director for Merck working on a vaccine against the human papilloma virus (HPV), which can cause cervical cancer. “When we are into or hot for or love another person, we will use every abstract rationalization to avoid seeing our partner as ‘diseased,’ ‘unfaithful,’ ‘infected’ or any other negative adjective.”

“Folks do two things,” adds Dr. Fullilove. “They trust, and as a result of trusting they let down their guard. When they let down their guard, they’re most likely to not use condoms.” The main reason for the increasing number of HIV cases in our community isn’t because of the down low, he insists. Instead, “people aren’t engaging in behavior we’ve been telling them for the past 20 years that they’ve got to engage in if they want to pro-

tect themselves—talking about sex before you have sex, using protection and getting tested.”





## CHAPTER FIVE

# Parenting Power

**Back in the 1940s when Alma Redmond, 68, saw the first red drop of her period, she felt “ashamed because I thought I had done something wrong.” Though nine women lived in her household, no one had ever told her anything about menstruation—sex wasn’t talked about in her home. She was, however, aware that her big sisters had some kind of mysterious “friend” and kept placing small “packages” wrapped in newspaper into their wood-burning stove.**

With all those women around her, “I should have been prepared,” the Indianapolis resident says.

Alma vowed to prep her own children differently, particularly if she had girls. When the time came to educate, first, her daughter and, more recently, the grandchildren she now raises, she didn’t want them “to be ignorant of the normal functions of life,” she says.

So during her first major “talk” with her granddaughter Donita, now 14, “I used official and proper words,” she says. “The next time I used street terms so she would know what the boys were saying.”

How does the church pianist reconcile frank sex talk with her religious beliefs? “This

is the way God made your body—you can’t be ashamed of anything God makes,” she says. “We’re talking about normal human functions. I’m not talking about things that happen in outer space.”

Having adequate and accurate information is key to making informed decisions about sex and sexuality, especially in the Black community, where the risks that accompany sex are high. Black children come of age sexually in an environment laden with landmines that can jeopardize their futures and lives—high rates of STDs, HIV and teen pregnancy on the one hand—while images of “thugged out” brothas and nearly naked sistahs entice them to live dangerously.

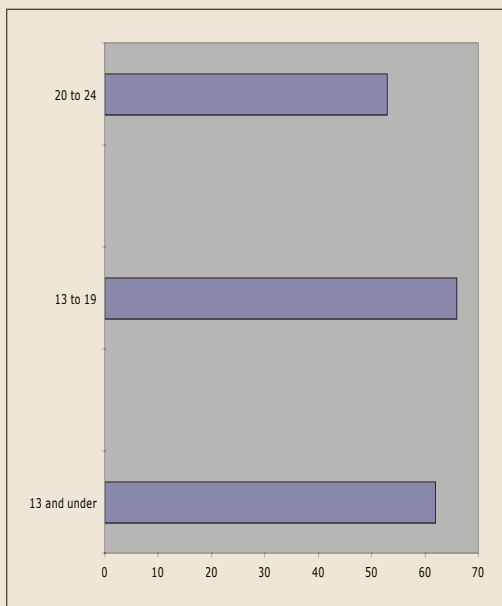
Unfortunately, you can’t control what your children are learning from videos on BET, from “Pookie an’ ‘em” on the corner, or even from their new honeys. However, you can make sure that you teach them the truth about sex, their sexuality and the values you expect them to live by. Here’s what you need to know to start a healthy and ongoing dialogue.





## Young, Black and Positive

Today, people under the age of 25 account for half of all new HIV infections each year. Within that group, African Americans account for 56 percent of new infections. No matter what age group one focuses in on, Blacks are most impacted:



- Among 13-to-19 year olds, African Americans account for 66 percent of new HIV infections.

- Among 20-to-24 year olds, it's only slightly better, with Blacks accounting for 53 percent of those infected.

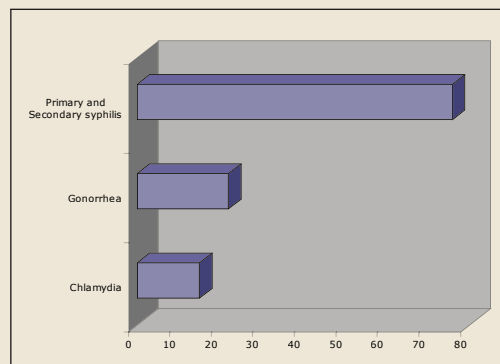
- Among those 13 and under, African

Americans are 62 percent of all reported AIDS cases through 2003.

Sources: Deas, Nahmahsha. *Advocates for Youth. Adolescents and HIV/AIDS. January 2003*; Centers for Disease Control and Prevention (CDC). *Pediatric HIV/AIDS Surveillance, L262 slide series, slide #11.*

But African American youth are making progress on reducing other STDs. With the notable exception of chlamydia, infection rates have dropped dramatically. Chlamydia is the most commonly reported STD in America—and is known to make HIV transmission much easier.

Percent change in STD infection rates among Black 15- to 19-year-olds, 1999-2003:



Source: U.S. Centers for Disease Control, *STD Surveillance Report, 2003.*

## Sex in the Danger Zone

The consequences of sexual activity are disproportionately high for teens and young adults of all races and ethnicities. Surveillance data on sexually-transmitted diseases reported by the CDC show that young people aged 15 to 24 account for one quarter of people who are sexually active, yet rack up 50 percent of the STDs. Experts

estimate that one in two sexually-active Americans will get an STD before age 25.

But because African Americans disproportionately face pressures associated with contracting STDs—being poor, lacking insurance and access to quality healthcare, living in neighborhoods where STD rates are high and some people trade sex for drugs—STD rates among Black folks are also disproportionately high, particularly among the young. African Americans aged 15 to 19 have the

highest gonorrhea rate of any racial, ethnic or age group. Black folks' syphilis rate is almost six times that of white folks. Our Chlamydia rate is seven times higher. And many experts believe the reason HIV has become the number one killer of Black 24- to 35-year-olds is that so many young people are unknowingly infected during their teens. Black youth are also more likely to have their lives derailed by unplanned pregnancy, which, while declining, occurs more often among Black girls.

## Values Not Learned at Home

**Children learn about sex from a variety of sources—their parents, school, church, their peers and the media—and over the course of their youth. In an ideal world the information they receive would be filtered through their parents' values, says Dr. Loretta Sweet Jemmott, a University of Pennsylvania nursing professor.**

"Kids would rather talk to their parents about sex—if the parents are open minded and willing and approach the child," says Dr. Jemmott, who, with her husband, University of Pennsylvania psychologist Dr. John Jemmott, has created what is considered the "gold standard" of HIV-prevention programs for urban teens.

However, researchers note that parents and other traditional sources of sex education and values—like schools and the church—are increasingly being displaced and drowned out by young people's peers and the media. As a result, they are constantly receiving information and are involved in a dialogue about sex and sexual values—"but not with people in their house," says UCLA's Dr. Gail Wyatt.

Wyatt observes that some Black parents do communicate to their children actively and openly about sex; however, many are "silent and confused." She says too many Black

parents "buy into the notion that adolescence requires independence and autonomy. So they take no responsibility to discuss sexual issues with their children on an ongoing basis."

## What Parents and Educators Want

- 46 percent of Americans want kids to learn about both delaying sex and preventing disease in sex education classes.
- Just 15 percent of people surveyed want lessons restricted to abstinence discussions.
- 71 percent think it's "appropriate" for teens to be able to get contraceptives from clinics and doctors without parental approval.

## What Students Get

- 30 percent of middle schools and high schools that have sex education courses teach only about abstinence.
- 47 percent of schools with sex ed classes teach both abstinence and safer sex.
- 34 percent of schools teach students how to use condoms correctly.

*Sources: Kaiser Family Foundation, Harvard University John F. Kennedy School of Government and National Public Radio, "Sex Education in America," January 2004; U.S. Centers for Disease Control and Prevention, School Health Policies and Programs Study, 2000.*





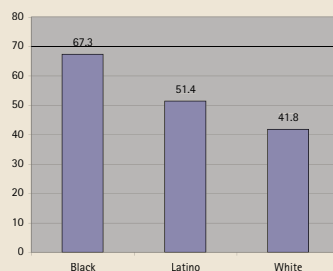
## Young Folks and Sex

Every year, the U.S. CDC surveys the “risk behavior” of high school- and college-aged youth on things ranging from diet to violence. On sexual activity, the survey found that since the early 1990s teens increasingly have had less sex and done it safer. There have been distinct racial differences in the trends, however.

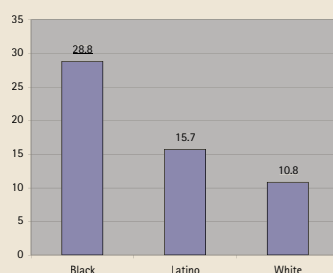
African Americans report having more sex, at an earlier age than any other group ...

And within the racial categories, there are distinct gender differences. Black males report far more sexual activity than Black females ...

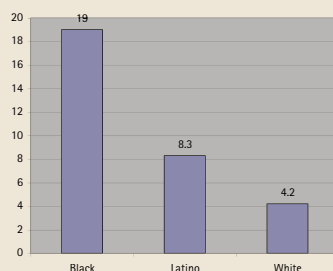
Percent of youth who reported ever having sexual encounters, 2003:



Percent of youth who reported more than four lifetime partners, 2003:

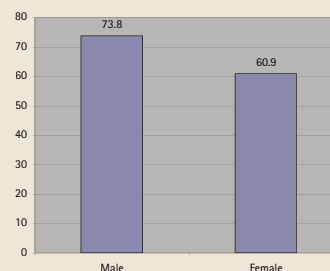


Percent of youth who reported having sex by the age of 13, 2003:

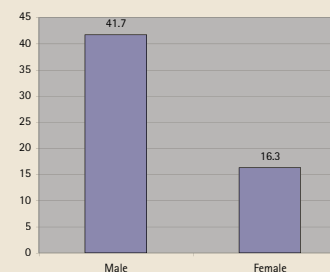


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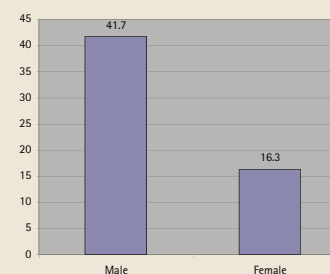
Percent of Black youth who reported ever having sexual encounters, 2003:



Percent of Black youth who reported having more than four lifetime partners, 2003:



Percent of Black youth who reported having sex by the age of 13, 2003:



We will require far more *qualitative* research on teen sexual behavior to understand both the racial and gender disparities—and what they mean for controlling STDs.

Source: CDC. *Youth Risk Behavior Surveillance—United States, 2003. Morbidity and Mortality Weekly Report. May 21, 2004.*

Experts find this scenario particularly frightening, given the negative and outrageous images of Black sexuality the media portray. Parents often don't realize their silence gives dangerous outside influences greater power over their kids, Wyatt says.

Other parents mistakenly believe that talking about sex is the same as condoning or promoting it.

Redmond believes young people are "less inclined to do it if they have the knowledge and understand all the ramifications and serious consequences." She feels this approach worked with her daughter, who at 24 was "a grown woman" by the time she bore her first child.

## Media and Street as Parent and Educator

**One reason for parents' confusion about sex education is that they wrestle with their own sexual issues, ranging from not knowing how to talk about it to not knowing when to bring it up to not having accurate information. As a society, "We don't teach parents how to do it," says Dr. Jemmott. "Did your parents talk to you? No. Did my parents talk to me? No."**

Redmond recalls that in her childhood home, she wasn't allowed to say the word "pregnant." "We had to say 'in the mother way' or 'going to be a mother.' But to teach a child that she can get 'in the mother way' is not a full picture. What does it mean to be 'in the mother way'—standing in front of a mom who's walking too fast?" she laughs.

In addition to not knowing how to have "the talk," many adults have experienced sexual trauma—rape, incest, molestation, being "felt up" or "flashed," for instance. This makes sex an emotionally charged and often unpleasant topic. "We want to believe we don't do those things—that it only hap-

pens with white people in the hills," observes Washington, D.C. psychotherapist Audrey Chapman.

If they don't learn all about sex at home, parents can't bank on their babies learning at school what they need to know to protect themselves. Although they face the greatest risks, research says that Black kids receive slightly less HIV-prevention education than others. And the Bush administration's abstinence-only approach leaves kids who don't abstain in the danger zone. A flood of studies have shown that abstinence-only doesn't work.

As reported in the March 10, 2005, issue of the *New York Times*, one study found 88 percent of youth who sign "abstinence pledges" break them, and while some studies show abstinence-only programs delay sexual activity, none show that they keep youth from having sex until married. And that means those who don't keep the promise go into sexual encounters totally unprepared to protect themselves. Hannah Bruckner of Yale University and Peter Bearman of Columbia University found in a study published in the *Journal of Adolescent Health* in 2005 that youth who sign abstinence pledges are more likely to engage in risky sexual behaviors, such as unprotected anal and oral sex.

But while kids may not learn much in school, our churches are saying a lot—both "by their silence and by coming up with very, very punitive messages about what you're not supposed to do," Wyatt says. But absent a give-and-take dialogue, such rules cause many young folks to tune out.

So with the most reliable sources of information coming up short, Black kids "tend to get raised by everybody other than parents—their peers, the media, you name it," Wyatt observes. Low-income youth, America's largest TV consumers, are particularly at risk, since TV programming contains disturbing amounts of hypersexualized and violent images of Black people. "We should



be having more conversations with our children than anybody because we're targeted in these videos and movies, and the images are so potent," Wyatt reminds us.

Influenced by the same media, young people's peers often pass along inaccurate and inadequate information—tinged with corporate values that exploit our young people's best interests. "Society is changing," Dr. Jemmott observes, "and our kids are paying the price for it."

## Having 'The Talk'

**We can make educating our kids about sex much easier if we do it all the time. Instead of relying upon major, anxiety-provoking "talks," take advantage of "teachable moments"—times when you can school them about something they're seeing, hearing or experiencing in the media or world around them. Be prepared to go with the flow of your kid's conversations and interests. For instance, if she loves Kanye West's "Gold Digger" song, tell her you rock to it too, but were disappointed to find the video contained depictions of Black women you don't agree with—and why.**

Redmond used a newspaper article she read about girls getting chlamydia to talk to her granddaughter about oral sex. "I told her you can get diseases of the throat and how a doctor can know what you've been doing," she says. She also had Donita observe first-hand how her 21-year-old brother's unplanned baby had made his life very challenging.

Supplement teachable moments with bigger "birds and bees" talks. Your timing is very important. Be sure to schedule the conversation at a time that's convenient for both of you. What should you talk about? It depends on the child. Since some girls are getting their periods as early as eight or nine, "kids need to know about their bodies, growth and devel-

opment and puberty in grade school," says Dr. Jemmott. Start to talk about sex by no later than age 11 or 12, she advises, whether or not you think they're having it. Be sure to include information about "good" and "bad" touching, what it means to have a boyfriend, why it's important to date instead of "hook up"—youth slang for commitment-free sexual encounters with casual acquaintances—and lay down the law about home- and cell-phone calls.

And when talking about sex, be sure to instill your own values. Whether you feel more comfortable talking about "abstinence, abstinence, abstinence, or abstinence and safer sex, depends on your family," Dr. Jemmott says.

Redmond told Donita that she should "save herself for her husband." Rather than having sex, she explained the power of remaining mysterious to boys. She also emphasized that boys talk about their sexual encounters, and that she wouldn't want "four or five boys in the neighborhood knowing what size her vagina is." But in addition to her emphasis on abstinence, Redmond wanted Donita to be informed. "How can they make a wise decision if you keep them ignorant?" she asks.

Because kids today are engaging in oral sex, same-sex sex, anal sex and other non-traditional practices, experts note, parents must be prepared to talk to them about all the ways people have sex. When you discuss condoms, be prepared to whip one out and even to demonstrate and help them practice putting one on. It's also essential to role-play and rehearse responses to resistance to using them faced by both boys and girls. And finally, don't skip sexual orientation. "Everyone's trying the same-sex stuff," Dr. Jemmott observes of today's youth. While experts say parents have to wait and see to know whether it's curiosity or permanent, "the sexual expression of today differs" from their parents' generation. "We talked about STD's, oral and

# What Our Kids Are Learning

Since 2001, when the Bush Administration took office, the federal budget for abstinence-only programming has doubled, reaching nearly \$170 million in 2005 (of the \$270 million originally requested). Because a portion of the federal money is distributed to states, which are required to provide matching funds, the actual amount of spending driven by federal policies is significantly higher.

The federal spending increase during the last four years has been driven almost entirely by a U.S. Department of Health and Human Services (HHS) program that gives grants directly to community-based organizations to develop and administer abstinence-only projects. The HHS initiative, named Special Programs of Regional and National Significance, or SPRANS, has grown from \$20 million for 33 programs in 2001 to \$104 million for more than 100 grantees in 2005.

These hundreds of programs all utilize a handful of abstinence-only curricula. In 2003, 13 curricula were used by more than two-thirds of the SPRANS programs. In 2004, California Democratic Congressman Henry Waxman ordered a Congressional review of those 13 curricula. **The review found that 11 of the 13 abstinence-only curricula contained “false, misleading or distorted information.”** Here are some examples of the sorts of things Rep. Waxman’s review found that the SPRANS programs teach America’s school children.

■ **You can get HIV from tears and sweat.**

One curriculum fantastically listed tears and sweat in a column titled “At Risk” for transmitting HIV. Both fluids have been dismissed as transmission routes for HIV since the early days of the epidemic. HHS funded 19 programs that used this curriculum in 2003.

■ **Condoms don’t work.** Several curricula cited a long-discredited 1993 study that claimed condoms prevent HIV transmission only 69 percent of the time. In 1997, HHS publicly distanced itself from the study, echo-

ing countless other researchers in explaining that the study was based on “serious errors” in methodology. Another curriculum attacked one of the leading studies proving condom effectiveness, citing “university groups” that challenged its findings. The study in question looked at 15,000 acts of intercourse between an HIV-positive and negative person in which a condom was used; it did not find a single incidence of viral transmission. The challenging “university groups” that the abstinence-only curriculum cites turn out to be six letters to the editor of the *New England Journal of Medicine*, where the original study was published.

■ **Women need money from men.** The curricula regularly presented gender stereotypes as scientific facts. One curriculum, used by 19 HHS grantees, listed “Financial Support” as among the “5 Major Needs of Women” and “Domestic Support” under the same list for men. It goes on to explain, “Just as a woman needs to feel a man’s devotion to her, a man has a primary need to feel a woman’s admiration. To admire a man is to regard him with wonder, delight, and approval.” Another curriculum, used by 32 HHS grantees, taught that “guys are able to focus better on one activity at a time” because women “experience feelings and emotions as part of every situation.”

■ **Men need sex from women.** The same curriculum that listed financial support as a top female need and domestic support as a top male need also taught, “A male is usually less discriminating about those to whom he is sexually attracted. ... Women usually have a greater intuitive awareness about how to develop a loving relationship.”

In 2003, 69 programs in 25 states used the curricula in Rep. Waxman’s study. Those 69 programs have received over \$90 million in federal funding since 2001.

*Source: Committee on Government Reform, Minority Staff. U.S. House of Representatives. The Content of Federally-Funded Abstinence-Only Education Programs. December 2004.*





## The Four-Part Rehearsal

If, like many parents, you feel uncomfortable, unsure of yourself or afraid you may not have the facts, how can you prepare yourself to talk to your kids about sex? Start by following these four steps.

First, **GET THE FACTS**. Contact a sexual-health or family-planning organization to obtain accurate information. At Planned Parenthood, for instance, you can make an appointment with a sex-education counselor or participate in a program designed to facilitate family conversations about sexuality.



Next, **DO SOME INTROSPECTION**. “If you’re not ready and your attitude’s in the wrong place, you’re going to say the wrong thing,” warns University of Pennsylvania nursing professor Dr. Loretta Sweet Jemmott. So take time out to get it together—before you put your foot in your mouth and shut down communications with your child. Identify any preconceived no-

tions you have about sex and sexuality because of your experiences or upbringing, as well as your values, judgments, morals, concerns and any personal problems you have.

Then, **REHEARSE**. Practice makes perfect. Before you sit down with your child, have “dress rehearsal” conversations with family members and friends. Prepare yourself to hear the full range of answers to questions you may ask your child. “You can’t say, ‘Oh my God, you can’t be doing that’ or ‘That’s horrible,’” or you’ll turn them off, says Jemmott. “You have to figure out a way to hear what your kid says and not respond or judge it.” Also figure out how to answer any questions your child might ask you, including those about your own sexual past.

And don’t forget to “**WALK THE TALK**.” Everything your child learns about your sexual values doesn’t come from what you tell her. So check your own behavior or she may not only ignore what you’re saying but throw your shortcomings back in your face. “If you’re not modeling the right thing, then you’re in trouble,” Jemmott warns.

anal sex, we talked about how gays make love,” says Redmond. “At first she was quiet, then she finally started asking questions. She told me things she was surprised that I knew. Then we started talking back and forth instead of me being the only one talking. I enjoyed it very much. I think she did, too.”

## Protecting the Future

**An STD or unplanned pregnancy can ruin our children’s lives—not to mention, kill them. They need knowledge about sex and their sexual development from a source they love and can trust. By making the effort to overcome our discomfort, exhaus-**

**tion, overwork and our own sexual issues, we can combat corporate interests, including the media, which seek to exploit them.**

We must be our babies’ best defense. Knowing that she’s told her grandchildren everything she knows and has taken all the precautions she can, Redmond’s conscience is clear. She says, “If they make a mistake in life, they can’t say, ‘Grandma, you didn’t tell me.’”

# About the Author

Hilary Beard is executive editor of *Real Health*, a quarterly Black health and wellness magazine, and a freelance writer and editor specializing in health and wellness—mind, body and spirit. She is a contributing writer for NiaOnline.com and former editor of *HealthQuest: the Magazine of Black Wellness*, and has contributed to publications ranging from *Poz* to *Essence* magazines.

She has worked as an editorial consultant for the American Diabetes Association, the Office of National Drug Control Policy, American Express Publishing and Johnson & Johnson-Merck.

Beard co-edited *What Your Mother Never Told You About Sex* (Putnam) by Hilda Hutcherson, M.D., which was featured on *Oprah* and co-authored *Lighten Up: The 30-Day African American Weight-Loss Program* (Amistad).

She has also penned two motivational books: *Venus and Serena: Serving from the Hip: 10 Lessons on Living, Loving and Winning* (Houghton Mifflin)—which was the first of two books on values for teenagers by tennis's Williams sisters—and *Success Never Smelled So Sweet: How I Followed My Heart*



and *Found My Passion* (Ballantine Books), with Lisa Price, CEO of Carol's Daughter.

A resident of Philadelphia and native of Cleveland, Ohio, Beard enjoys daily walks, developing her spiritual skills, volunteering and singing.



# About the Black AIDS Institute

The Black AIDS Institute, founded in 1999, is the only HIV/AIDS think tank in the United States focused exclusively on Black people. The Institute's mission is to stop the AIDS pandemic in Black communities by engaging and mobilizing Black institutions and individuals in efforts to confront HIV. The Institute conducts HIV policy research, interprets public and private sector HIV policies, conducts trainings, builds capacity, disseminates information, and provides advocacy and mobilization from a uniquely and unapologetically Black point of view.

## What We Do

■ The Institute develops and disseminates information on HIV/AIDS policy. Our first major publication was the **NIA Plan**, which launched a national campaign to stop HIV/AIDS in African American communities by formulating and disseminating policy proposals developed through collaboration with federal, state and local government agencies, universities, community-based organizations, healthcare providers, opinion shapers and “gatekeepers.”

■ **The African American HIV University (AAHU)**, the Institute's flagship training program, is a two-year fellowship program designed to increase the quantity and quality of HIV education in Black communities by training and supporting peer educators of African descent.

■ **The International Community Treatment and Science Workshop** is a training and mentoring program to help people who are living with HIV/AIDS or who are working with community-based and non-governmental AIDS organizations to meaningfully access information presented at scientific meetings.

■ **The Drum Beat** is the Institute's Black media project designed to train Black media on how to report accurately on HIV/AIDS and tell the stories of those infected and affected. **The Black Media Task Force on AIDS**, a component of the Drum Beat Project, currently has over 800 Black media members.

■ The Institute publishes original editorial materials on the Black AIDS epidemic. Our flagship publication is a monthly newsletter, **Kujisource**, which has a distribution of

25,000. Our web site [www.BlackAIDS.org](http://www.BlackAIDS.org) attracts nearly 100,000 hits a month. The **Drum Beat** newspaper is a semi-annual tabloid with a distribution of 300,000. It is distributed to Black conventions, barbershops, beauty parlors, bookstores and doctors' offices. The Institute's newest publication is **Ledge**, a magazine produced by and for Black college students and distributed on the campuses of historically Black colleges and universities around the country.

■ **Heroes in the Struggle**, an annual photographic tribute to the work of Black warriors in the fight against AIDS, is currently traveling to Black universities, museums and community-based organizations throughout the United States, providing information on HIV/AIDS.

■ The Black AIDS Institute and BET, in association with the Kaiser Family Foundation, also sponsors the **Rap-It-Up Black AIDS Short-Subject Film Competition** to highlight the issue of AIDS and HIV infection within the African American community. The 2004 Rap-It-Up winner, first-time filmmaker Tracy Taylor, has been nominated for an NAACP Image Award. Taylor's film,

*Walking on Sunshine*, aired on BET and will be screened at film festivals throughout the year.

Rap-It-Up is designed to provide a voice and visual outlet for the thousands of African Americans living with or caring for those with HIV and AIDS, and/or fighting AIDS in Black communities. By showcasing examples of heroism from within Black communities, we can galvanize African Americans to refocus and recommit to overcoming this epidemic.

■ The Institute provides **technical assistance** to traditional African American institutions, elected officials and churches who are interested in developing effective HIV/AIDS programs, and to AIDS organizations that would like to work more effectively with traditional African American institutions.

Finally, nearly 30,000 people participated in AIDS updates, town hall meetings or community organizing forums sponsored by the Institute last year.

