

Editorial

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HIV/AIDS and African American Women: Research Opportunities to Stem the Epidemic

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BACKGROUND

HIV/AIDS in communities of color across the United States continues to be a devastating epidemic. The Centers for Disease Control (CDC) estimates the rate of new HIV infections to be higher among African American women compared to Whites and other races. In 2009 for example, African American women made up only 14% of the US. Female population and yet accounted for 66% of new HIV cases among all women. In 2010, African American women experienced the disease at a rate that was 20 times higher than White women, and 5 times higher than Hispanic women (CDC, 2012a). This data points to the need for further research to stem the spread of the disease in communities that are already adversely affected by HIV/AIDS.

HIV rates in New Jersey are similar to that of the nation's. While African Americans make up 14% of the state's total population, they account for 54% of all people diagnosed with HIV/AIDS. Among those living with HIV/AIDS in New Jersey, African American women made up 64% of HIV/AIDS cases. Of the 64%, injection drug abusers accounted for 38% of the HIV/AIDS infections, while 55% were the result of heterosexual exposure.

This editorial will highlight the ongoing research that is being conducted to stem the spread of HIV/AIDS in communities of color and specifically among African American women.

PROJECT DASH**Divas Against the Spread of HIV/AIDS**

A study on HIV risk and Mental Health among African American Adolescent Girls with HIV+ Mothers is a study which utilizes a mixed method research approach to explore the relationship and communication characteristics between daughters and their HIV+ mothers, as predictors of sexual behaviours and HIV risk of the adolescent. The objective of this project is 1) to explore the experiences of HIV positive minority women in New Jersey in accessing and navigating the healthcare system with a view to addressing them and 2) to examine the relationship and communication characteristics between daughters and their HIV+ mothers around HIV prevention.

A mixed-methods approach (quantitative and qualitative) was used to obtain data from study participants. Quantitative data was obtained using surveys while qualitative data were obtained using face-to-face one-on-one interviews. The total number of participants was (n=74) who completed demographic surveys (n=51 mothers, 23 daughters) and a subset of mothers and daughters who additionally completed in-depth interviews (n=15 mothers, 15 daughters). Among mothers, 98% of respondents were African American, 73% had been HIV-infected for at least 10 years, and the mean age was 49.9 years. Among daughters, 85% reported having a good relationship with their mother where they felt comfortable talking to her about sex.

Findings from Project DASH study have the potential to guide the development of a larger study to: 1) examine specific elements of the mother-daughter relationship, that can protect daughters against HIV risk, 2) identify modifiable risk factors for HIV/AIDS in adolescents, 3) develop interventions that target mother-daughter sexual communication as a methodology to reduce HIV risk. The proposed approach has tremendous potential to further examine specific drivers of HIV/AIDS in urban communities. The ultimate goal is decreased transmission to further prevent the spread of HIV in African American adolescent females.

CONCLUSION

Drawing on available evidence from existing literature, the research study outlined above demonstrates promising data that places the life experiences of women within a socio-ecological framework; one that considers the various ways in which cultural norms and preferences, individual needs, disparities in the access of neighborhood resources, and psychological distress intersect to affect a woman's overall potential and ability to manage the multiple complications associated with HIV and its related comorbidities.

The findings suggest that comprehensive services that not only include culturally sensitive education components, but also strengthen and facilitate an individual's existing personal, social, and environmental support networks are needed to improve health outcomes among African American women living with HIV.