

HIV Risk Reduction

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Division of Addictive Diseases for HIV and substance abuse professionals
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Black Women & HIV

Unveiling the Healing Potential of Relationships

“For many women, the need to be in a relationship overrides the need to protect themselves.”

Dr. Gail Wyatt, clinical psychologist, sex therapist and professor, describes how many women become infected with HIV. In the United States, 84 percent of women who have HIV were infected through heterosexual contact, according to the Centers for Disease Control and Prevention (CDC). CDC numbers show that one in four people living with HIV in the U.S. is a woman. The rate of incidence for women of color, particularly black women, is greater. The Kaiser Family Foundation reports that in 2010, the rate of new HIV infections for black women was 20 times higher than the rate for white women.

In seeking to understand these frightening statistics, “many people think that black women are not exercising any control over their sex lives. It all goes back to the stereotypes about black women and promiscuity,” says Dr. Wyatt. Today these stereotypes are being reinforced by images of black women projected by the music and entertainment industries, Wyatt says. “And it isn’t true. That’s not how this disease is being driven. It’s being passed along through relationships.”



Gail Wyatt, Ph.D.

Gail Wyatt, Ph.D., is a professor in the Department of Psychiatry and Biobehavioral Sciences at UCLA. She also serves as associate director of the UCLA AIDS Institute, a unique multidisciplinary think tank of top-flight researchers who are assailing HIV from a dozen disciplines. Their studies are carried out on the UCLA campus, in community settings including Atlanta, at major medical centers in greater Los Angeles and at scores of locations in India, Jamaica and sub-Saharan Africa. Dr. Wyatt has testified before the U.S. Congress several times on issues related to health policy.

“The majority of women with HIV generally have one partner at a time,” says Dr. Wyatt. “Many are not aware that their partner is having unprotected sex with someone else.” Those who are often do not insist on using condoms because they are connected by marriage or children, or are financially dependent on their partners.

The pressure on black women to put their relationships ahead of personal safety is rooted in the fear of being alone, a fear that has basis in fact, says Dr. Wyatt, who notes that there are about 70 black men for every 100 black women in the United States. She adds that an even greater disparity exists between the number of educated, successful black men and the number of equally educated and successful black women.

As an investigator and a clinician, Dr. Wyatt has interviewed thousands of black women. “Women, and African American women in particular, are very sensitive about how they are perceived by their partners,” says Dr. Wyatt. “Women tell me that their partners really don’t see them as beautiful as perhaps women of other ethnic groups. And they are frequently characterized as too harsh, too aggressive, too demanding and told that they have too much to say.”

“We have to empower people and let them know they have a right and a voice,” says Dr. Wyatt. But how? Counselors with the Georgia Department of Behavioral Health and Developmental Disabilities’ HIV Early Intervention Services (EIS) program grapple with that question daily.

There is a daunting array of interlocking factors from poverty to health disparities that can place black women at higher risk for HIV. By focusing on serodiscordant black couples (one partner is HIV-positive and one is HIV-negative), Dr. Wyatt and her colleagues have found a way to make a difference by incorporating the traditional African concept of “eban,” which

means “fence,” a symbol of safety, security, and love within one’s family and relationship, into an intervention program, the “Eban Project.”

In a groundbreaking study* researchers measured significant reductions in HIV/STD risk behaviors among black serodiscordant couples.

The intervention focuses on building skills in two arenas: within the relationship and in

the community. Individual couple sessions were designed to address factors associated with sexual risk reduction including communication, problem solving, monogamy and negotiation skills. Group sessions were designed to address community-level factors including normalizing condom use by emphasizing the threat of HIV to black communities, reducing the stigma associated with being a black couple affected by HIV and increasing social support for HIV risk reduction.

As a pioneering sex therapist, Dr. Wyatt brought a wealth of experience to the venture. “Early on in my work with couples, it became apparent that most people suffer from the assumption that when you’re in a relationship, if someone really loves you, they understand how you think and feel and you don’t need to communicate. But of course that’s not true.



For every 7 black men in this country there are 10 black women.

* National Institute of Mental Health Multisite Eban HIV/STD Prevention Intervention for African American HIV Serodiscordant Couples: A Cluster Randomized Trial

And yet many couples don't know how to talk to each other."

"This is one of the very basic tenets of the Eban Project; we teach couples how to talk to each other and how to listen to each other. Because if they can talk and listen about different topics, not just sex, but groceries and who's going to pick up the kids, they can bond more closely and share the relationship responsibilities."

"We also know that there are certain elements of relationships that get overlooked. One is the health status of the individuals in the relationship. Many individuals told us that in their relationship they didn't talk about their partner's HIV status because they didn't want their partner to realize that they were afraid to have sex. So even though they were terrified of becoming infected, the HIV negative partner wouldn't say anything and they would agree to have unprotected sex."

To reinforce the skills taught in individual couple sessions, one of the group exercises in the Eban Project splits participants into two groups, seated in concentric circles. During the first part of the exercise, the HIV-positive individuals sit in the inner circle and share their perspectives on being in a relationship and having HIV. Their HIV-negative partners sit in the outer circle and listen. What they hear is that their partners are very concerned about infecting them; they want spontaneity in their relationships, but they do not

know how to negotiate it. Therefore, they often do not use any form of protection.



"All couples need to learn how to talk to each other and be respectful, how to listen and resolve conflicts in ways that keep the relationship alive."

In the second part of the exercise, the groups switch roles. "Usually in that conversation the negative partners talk about their fear of being HIV infected," says Dr. Wyatt. "And how difficult it is to keep a loving relationship going and yet to try to talk about these issues about protection in a way that won't hurt their partner's feelings. And so both the positive and the negative partners get a realistic idea of what their partners are struggling with." The exercise is designed to give voice to those who may not be able to speak up one-on-one, and it helps sensitize each participant to his or her partner's needs.

"These are things that no one is taught in school, nor are you taught when you're interested in developing a relationship. The

project offers couples a lot of very solid relationship tools and skills that are necessary in order to have a successful relationship," Dr. Wyatt says.

"Most of the investigators on the Eban Project were married and had long-term relationships.... As investigators, we recognized that these are important issues for all couples, regardless of HIV-status. All couples need to learn how to talk to each other and be respectful, how to listen to each other and how to resolve conflicts in ways that can keep the relationship alive."

HIV, Misconceptions, Geography, Stigma & Black Women



“Decades ago, we thought that we knew who was at risk for HIV. We didn’t offer testing to a lot of groups, particularly females, because we thought at the time that if they weren’t using intravenous drugs, they were not at risk. Now we know that you can’t look at someone and tell whether or not they are engaging in high-risk behaviors,” says Dr. Wyatt.

Today, many women still have no idea that they may be at risk. HIV’s impact varies across the country, but according to the Kaiser Family Foundation, in Southern states like Georgia the epidemic is more likely to have a woman’s face. HIV EIS counselors find innovative ways to engage at-risk women in HIV counseling and testing.



The first black female to be licensed as a psychologist in California, Dr. Wyatt earned her doctorate at UCLA, where she also trained as a sex therapist. A wife and mother, Dr. Wyatt has won numerous awards for her scientific accomplishments and teaching and has authored or co-edited five books including Stolen Women: Reclaiming Our Sexuality, Taking Back Our Lives and No More Clueless Sex: Ten Secrets to a Sex Life that Works for Both of You.

HIV Early Intervention Services (EIS)
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