

Black collegians fair poorly on HIV IQ test

By Mark Stringfellow
Special to Sentinel-Voice
ATLANTA, Ga. (NNPA) - Notty Morton "damn near cried" when he received his negative HIV/AIDS results last fall. This was the face of a then-22-year-old Black male who'd never taken an HIV test.

The test was an admission requirement for Morehouse College. Now at 23, this small-framed, dreadlock-wearing Baltimore native recalls that day, in which his entire view on life changed.

"When I got my results...it changed my perspective. I was like, 'I really need to watch what I'm doing here,'" Morton says.

New research released at this week's National HIV Prevention Conference suggests that Morton's story is, sadly, unique among Black college students.

A report, authored by Nanetta Payne, a graduate student at Jackson State University in Mississippi, indicates troubling misperceptions about HIV among young African-Americans, who are at higher risk for the disease compared to other racial groups but are unlikely to realize it.

Payne surveyed 151 African-American male and female students enrolled in Jackson State during the 2005 spring semester. She asked about their attitudes toward HIV. Initially, 70 percent of the sample said they were not at risk. But after answering questions about their sexual activity in the past three months, Payne saw discrepancies.

"I found that when you ask the students if they see themselves being at risk for HIV, many respond, 'No.' But then you have dialogue

with them. 'Have you been having unprotected sex these last 90 days, whether it's vaginal or anal?' Then they're honest. 'Yes, I have.'"

Payne also found few students voluntarily getting HIV tests. Less than half had been tested, and the majority of those who had been tested only did so as part of a Pap smear or in routine prenatal care.

Payne acknowledges that, when you think about it, the average person doesn't want to feel like they're engaging in risky behavior. But new data released at the Atlanta conference on June 12 shows a hike in risky behavior among young African-American males.

The U.S. Centers for Disease Control and Prevention told the meeting that from 1994 to 1998 HIV diagnosis among young men overall declined by 30 percent. But that improvement was offset by a 41 percent increase from 1999 to 2003.

The CDC said the increase among young men was driven by a 47 percent rise in diagnoses among homosexual and bisexual men ages 20 to 24, 60 percent of whom were Black.

In contrast, in the same 10-year period infections among women and girls aged 13 to 24 dropped by 20 percent.

The data includes information from only the 25 states that used a method approved by the CDC to track HIV during the study period.

Twenty-year-old Morehouse finance major H. Rick Jordan says he's HIV savvy. He's heard about HIV's impact on gay and bisexual men and is aware that he can acquire the virus by

having sex with women.

"It don't take but one to spread it," the confident Jordan warns. Still, he doesn't always use a condom. "I can count how many people I've had sex with..." Jordan explains, "and I used condoms with all of them-except one."

Terrance Brown, similarly, sees the importance of using protection, but unlike Jordan he says he uses condoms 100 percent of the time. But he also illustrates the tension between perception and reality that Payne's study suggests. Brown said he believes he can tell

whether his partners are positive.

"I know you can't tell from facial features," he offers, "but you can tell by the way they act."

Asked if he ever asks his sexual partners about their HIV status, Brown says, "If I do, it'll be jokingly!"

Tuskegee University student Tiffiani Watson, 20, says that's not good enough. "Me and my partner always talk about sexually transmitted diseases. We never go straight into it and we're always open about it," she brags. "I knew somebody

with an STD, and I'm a lot more cautious now."

Payne says that all it takes to get the ball rolling on prevention is just that sort of communication, adding, "Not talking about this epidemic is not going to make this go away."

Payne suggests that the reasons students refuse to believe they are at risk are related to how society markets HIV.

"This is not like a person saying they've been diagnosed with cancer," said Payne.

"If a person opens up and

says 'I've been diagnosed with HIV,' you get a totally different response. In order for someone to admit something like that, they have to feel safe and not like society will close them off."

Aspiring Morehouse student Morton offers art as the approach to counter this stigma. "If there were more shows involving music and art, it might attract that audience. Then if you pass little statistics and facts out, you're able to educate while entertaining."

Mark Stringfellow writes for BlackAIDS.org

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Drug

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dard heart drugs and BiDil, while the others got standard drugs plus an inactive placebo. After about two years, 6.2 percent of those on BiDil had died, compared with 10.2 percent on those on placebo. Also during that period, 16.4 percent on BiDil were hospitalized for heart failure, compared with 24.4 percent of the rest.

The major side effects of BiDil were headache and dizziness, causing some to drop out of the trial.

While the trial that led to the recommendation for approval was conducted in Blacks, some physicians have questioned the earlier study, expressing the belief that the drug should help all heart failure victims.

Of the nine advisers who voted for approval of BiDil, two said the label should not be race-specific. The FDA will now evaluate the study and recommendation before deciding whether to grant approval for sale of the drug. It is not required to follow the recommendations of its advisory committees, but most often does so.