

For Black Women, Stopping HIV Starts With Self-Respect

Just days before Christmas in 1987, Rosemary Ramroop learned that her two-month-old daughter was HIV positive. Soon after this devastating news, Mrs. Ramroop learned that she, too, was infected with HIV. Married and only 23 years old, Mrs. Ramroop was shocked. As far as she knew, she had never engaged in risky behavior.

What she did not know was that she was one of a growing number of young women becoming infected with HIV from their husbands and partners.

Debra Fraser-Howze, executive director of the National Black Leadership Commission on AIDS, believes that Mrs. Ramroop represents many young Black women living with HIV. She has a three word manifesto in her work to reach Black women with this life-saving information. "You're worth it."

It's a message that sounds simple, says Ms. Fraser-Howze, but may go to the heart of the effort to protect Black women from HIV.

"African-American women have grown up learning to take care of everyone else—boyfriends, family, children and even friends—before caring about themselves," she says. "It's a cultural thing, but too many of us still find it hard to say no, to ask him to use a condom, or to lead rather than follow."

The price women pay can be their own lives. This year, the United Nations, for the first time, announced that HIV/AIDS cases in women world-wide—the vast majority of them Black—outnumbered those in men. In the United States, one in 160 Black women has the virus, compared to one in 3,000 White women. Black women account for an estimated 64 percent of all new HIV infections among women each year. And heterosexual contact is the leading cause, accounting for more new infections than intravenous drug use.

Race itself is not a risk for HIV, but many factors—including poverty, denial, discrimination and other sexually transmitted diseases—increase vulnerability of Blacks to the disease.

Increasingly, though, experts are recognizing that self-assertiveness and self-esteem may be critical to stemming the spread of HIV among Black women.

Jackie Howell's diagnosis with HIV caught her by surprise, and made her realize how many years she'd spent letting other people do her thinking for her.

"My gynecologist suggested I get tested for HIV, and I agreed without a second thought—I knew I didn't have it," she remembers.

A few weeks later, when the test came back positive, her world fell apart. "I walked around with my head bowed, like I didn't deserve to look up," says Ms. Howell, a New York City mother of a college age son. Today, she's a motivational speaker and peer counselor with a particular emphasis on helping HIV-positive women stay on the medications that can keep them healthy.

"When I was diagnosed, I felt like the rug was pulled from under my feet. I thought I was the only one suffering," recalls Mrs. Ramroop.

Both women found a more lasting sense of worth from listening and learning from other people with HIV who were not filled with shame. Their courage in confronting their reality taught them that being positive could lead to self-respect, rather than self-doubt or destructive behavior.

"I learned something I hadn't known before, which was the power that comes from living yourself and taking responsibility for your actions," Ms. Howell remembers.

Acting on the knowledge of her HIV status, Mrs. Ramroop began to talk with physicians that specialized in AIDS care. Under a doctor's care, she started HIV treatment, her best chance at living with the virus long-term.

Mrs. Ramroop tried many different treatment combinations, some of

which gave her side effects and did not completely suppress the virus. Despite these setbacks, she persevered. In her quest for new treatments, she found a regimen that worked for her, and her health began to improve dramatically. Her daughter also started treatment and today, both mother and daughter have undetectable levels of HIV.

"My regimen allows me to enjoy a sense of normalcy," Mrs. Ramroop says. "I've learned that while my medications are controlling my virus, I have to do my part by exercising and eating well. It's a partnership."

Ms. Howell, unsure of exactly who had infected her, called her past sexual partners to let them know that they should be tested. Instead of being angry, as she expected, they thanked her for her honesty. She, too, began treatment and, to this day, remains healthy.

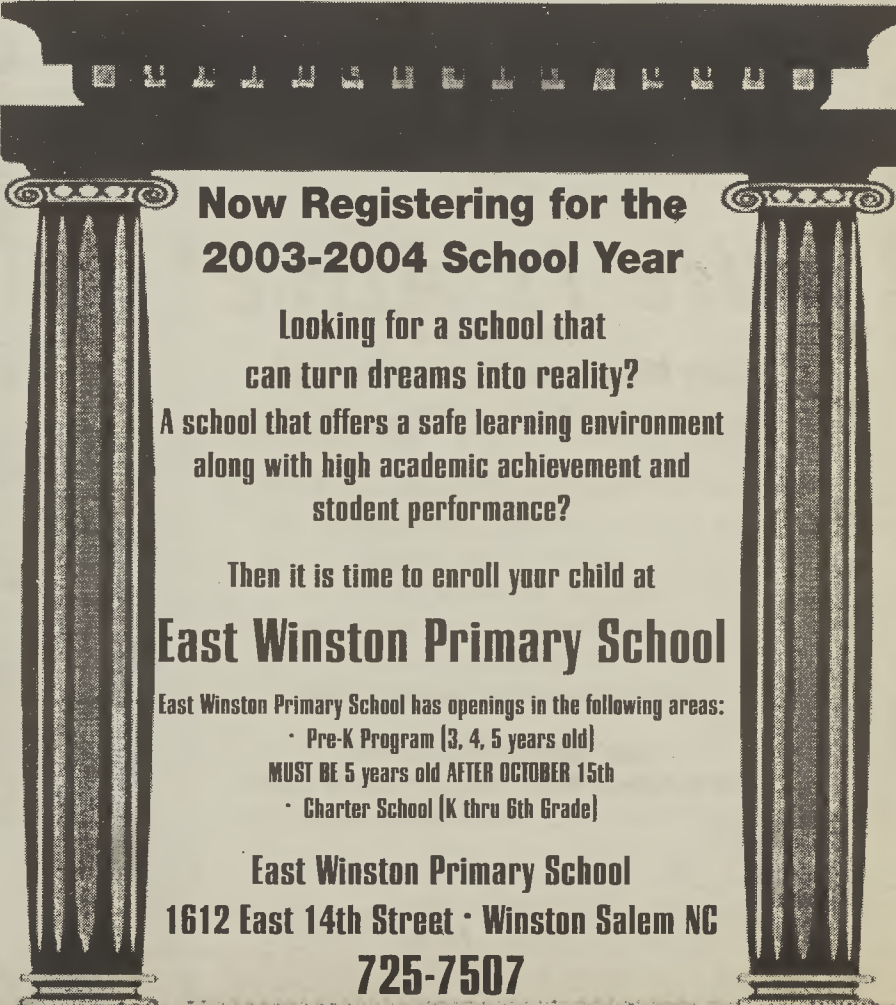
Hardest of all, she disclosed her HIV status to her high school aged son.

"It was terrible at first. He started screaming, wanted to find the man who had done this to me," she said. "But I just held him and talked to him and loved him. In the end, he said, 'You know what? If you're not scared, I'm not scared.' Though he did ask me if I would mind waiting until he graduated before coming to talk at his school."

Ms. Howell has gone often to other schools to talk—half of all new infections in the U.S. are among people under the age of 25—as well as to hospitals and programs for ex-offenders and drug users. Many times, she says, she hears about patterns that are all too familiar.

"I hear women talk and I hear myself," she says. "When I was younger, it was all about finding someone who would love me, and not enough about loving myself. I think that's what got me into trouble."

(Special to the NNPA from the Black AIDS Institute.)



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