



How Neighborhoods Can Help Poor Black Women Fight AIDS

Celeste Michele Watkins-Hayes, University of Michigan, Ann Arbor

A disproportionately high number of the 1.2 million people living with HIV/AIDS infections in the United States are blacks. Blacks are 12% of the U.S. population, but almost half (46%) of those infected. Those living in poor neighborhoods are particularly vulnerable. The Centers for Disease Control tells us that about two out of every one hundred heterosexual adults living in high-poverty urban areas are infected with HIV – a percentage well above the one person out of every hundred that defines an “epidemic.” AIDS infections are a leading cause of death among poor black women.

Why the Risks of Infection are Higher in Poor Neighborhoods

Individual behaviors contribute to contracting HIV/AIDS infections. But the choices people make are influenced by their surroundings; and when people actually do get sick, access to local resources and services makes a big difference for their future. Changes in neighborhood institutions can help reduce the rate of HIV transmission, and can also help infected people cope with the challenges of living with this illness.

Black women living in impoverished neighborhoods are especially vulnerable to a combination of threatening circumstances. Jobs are scarce and public services may be hard to find. Neighborhood residents try to cope with poverty, the targeted marketing of legal and illegal drugs in their communities and the ensuing drug epidemic, and the mass incarceration of family members and romantic partners. Impoverished women may try to survive or obtain drugs by selling sexual favors. Older men may impose unwanted attention on less powerful younger women. Personal security is often at risk, even for people just going about daily routines, so fears about safety can make it hard to get out to buy necessities or obtain services.

Well-located neighborhood institutions that address these issues can help to protect women. In what follows, we explore additional ways in which neighborhood-level efforts to prevent and treat HIV infections can be built into all kinds of ongoing institutional activities and services.

Childhood Sexual Abuse and Community Mental Health

Childhood sexual abuse can put women more at risk for HIV infection. Women who have been sexually abused as children are, research tells us, more likely to be forced into unwanted sex or may find it hard to negotiate safer practices with consensual partners.

In the face of such realities, community health services contribute to the fight against HIV/AIDS simply by educating poor communities about childhood sexual abuse and providing mental health services to both the abused and abusers. In fact, any steps taken to improve mental health facilities in impoverished neighborhoods seem likely to contribute to AIDS prevention and the longevity of those infected.

Good Nutrition Matters

For people in poor communities, access to healthy food can be a daily struggle. People may not have enough money to buy necessities for the entire month – and even when they can pay, stores may be few and far between and prices higher than in other neighborhoods. Food matters for everyone, of course; yet when people are undernourished or eat poorly, HIV infections are more likely to progress into full-blown, life-threatening AIDS. To counteract nutritional deficiencies in poor neighborhoods, it makes sense for food banks and community-based wellness services to work in partnership with those treating or seeking to prevent AIDS. All efforts to make healthy food readily available and affordable will likely improve HIV treatment outcomes.

Re-imagining What Street-Level Bureaucracies Can Do

Street-level bureaucracies provide services such as financial assistance, housing resources, and employment advice or training, and they have the potential to become a regular part of the fight against AIDS in poor neighborhoods. Street-level officials who routinely interact with community residents are in a position to influence how people understand and address risks. Even an agency devoted to a separate purpose can either host a satellite health clinic or find ways to deliver messages about HIV. People who come for information about jobs, housing, and educational opportunities can hear about the HIV threat and ways to prevent or cope with infections. Individuals at risk can get help this way, and so can family members or peers of people at risk. Doing this can deliver live-saving messages and help to counter local forces that put people at heightened risk of infection or death.

Surrounding Poor Women with Information and Help

The full range of community-based institutional resources can make a difference in the fight against HIV/AIDS in poor urban areas. To be sure, individual attitudes and behaviors matter, but we cannot change personal choices or experiences without also reshaping people's daily surroundings. Interventions to prevent HIV infections and help people live with AIDS are likely to be much more effective when they use all available local routes to deliver messages and services right where poor people live. Poor black women, in particular, have much to gain from a neighborhood-based approach.

Read more in Celeste Watkins-Hayes, Courtney Patterson, and Amanda Armour, "[Precious: Black Women, Neighborhood HIV/AIDS Risk, and Institutional Buffers.](#)" *The DuBois Review* 8, no. 1 (2011): 229-240.

Read more in Celeste Watkins-Hayes, Courtney Patterson, and Amanda Armour, "[Precious: Black Women, Neighborhood HIV/AIDS Risk, and Institutional Buffers.](#)" *The DuBois Review* 8, no. 1 (2011): 229-240.