

Ways of Knowing and Catholic Intellectual Traditions: Women Living with HIV/AIDS in US/Massachusetts

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1) Trends in HIV/AIDS incidence and prevalence in African American women in the US and in Massachusetts

- › Health Disparities (process and patient level)
- › Heterosexual transmission is the predominant mode of exposure for women with partners of unknown risk and HIV status
- › Women at risk face serious longstanding issues related to advocating for themselves across complex health care systems that decreases funding in prevention regularly (*Obama Stimulus Package and Windfall to NIH)
- › Little consideration of social norm influences, environments in which they live, and long standing histories of trauma that include battling mental illness, emotional/physical abuse, and substance addiction.

According to the Centers of Disease Control and Infection (CDC) 2005 statistics of the 126,964 women living with HIV/AIDS, 64% were black, 19% were white, 15% were Hispanic, 1% were Asian or Pacific Islander, and less than 1% were American Indian or Alaska Native.

HIV infection is the 3rd

*****The Massachusetts Department of Public Health (MDPH) considers the category “black” as individuals who identify as African American (considered person born in the US who are descended from members of the black community living in the US since the era of black slavery) and other black individuals including persons born in African, the Caribbean basin and parts of Central and South American (MDPH, AIDS Bureau, 2007).**

According to MDPH AIDS Bureau (2007), while only 6% of the Massachusetts population is black, over 28% of people living with HIV/AIDS are black. Among females living with HIV/AIDS, 40% are black. Over 83% of women diagnosed with HIV are non-white (reported mid-year 2006). These data suggest that either more women are getting tested or, more likely, their risk taking behavior has increased related to the invisible nature of the epidemic as more people live longer and do not experience prevention intensity.

The age-adjusted HIV/AIDS prevalence (women living with HIV/AIDS as of year-end 2005) per 100, 000 residents among black women is 23 times that of white individuals (MDPH, AIDS Bureau, 2007). The predominant mode of exposure is “presumed” and in other analyses “confirmed” to be heterosexual sex with partners with unknown risk and HIV status (41%). Accuracy related to mode of exposure with women is challenging because many women provide limited information about risk history, HIV status, and their male partners.

A key factor influencing access and use of prevention services in the black community are the “long standing patterns of unequal treatment in medical care are reinforced both by word-of-mouth and ongoing experience.....HIV services continue to be delivered largely by white individuals.....that may be intimidating to certain members of these communities” (MDPH, AIDS Bureau, 2007, p. 10)

2) culturally relevant and gender sensitive knowledge development from a community-based participatory research perspective (CBPR)

- Spirit of reflective work in CBPR and the CIT
- Silencing the Self (Jack, 1991)

This presentation was inspired by the words of Monika Hellwig (2000) and her views on the Catholic Intellectual Tradition (CIT) and approaches to knowledge. She states that across many religious traditions, we learn to deal with experience and knowledge in order to acquire wisdom, live well, and build good societies, laws, and customs (1991)6

Chisholm, 1998; DeMarco & Norris, 2004a; DeMarco & Norris, 2004b; Norris &

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- Hellwig, M.K. (2000). The Catholic intellectual tradition in the Catholic University. In A.J. Cernera & O.J. Morgan (Eds.),