Chapter 9
The Disabling Nature of the HIV / AIDS Discourse Among HBCU Students: How Postcolonial Racial Identities and Gender Expectations Influence HIV Prevention Attitudes and Sexual Risk-taking

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"There is a fear of talking about HIV - students are afraid to talk about it", female student.

The catastrophic imagery and sense of emaciation and doom associated with full-blown AIDS generates considerable stigma in the public consciousness. Widespread images of black, dying and disabled AIDS sufferers contribute to a climate of trepidation. For young persons of African descent, age and race are important issues to consider within the many discourses surrounding HIV / AIDS. People with AIDS are frequently characterized as tarnished in body and character. For some, people with AIDS are the embodiment of flawed character.   The stigma associated with AIDS suffering dominates how students think about HIV. Consequently students can be influenced to fear people with the infection or the disease. The discourse on HIV / AIDS on some black college campuses can be disabling since youth distance themselves from the diseased and tarnished "other" to a point where their own sense of personal risk is minimized. At the same time racial identity characteristics, gender role expectations, tribal stigma and other social factors complicate the way that youth think about sexual risk-taking. This analysis reveals that many students in this black college setting (The Atlanta University Center) perceive HIV + persons as impaired and "flawed" and those with AIDS as having a stigmatized condition.

Given the pandemic nature of HIV / AIDS, and its increasing prevalence in post-colonial communities, it is essential to develop specific and targeted risk reduction programs for college students situated within an age group which has been impacted by high HIV incidence rates. Such initiatives must address the disabling stigma associated with HIV / AIDS. For many

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[1.] Historically Black Colleges and Universities.

[2.] Atlanta University Center: Spelman is part of the largest consortium of historically Black institutions of higher learning in the world. Its four partner institutions include Clark Atlanta University, the Interdenominational Theological Center, Morehouse College and Morehouse School of Medicine. Spelman shares cross-registration with its undergraduate partners. They also share the Robert W. Woodruff Library.

[3.] Spelman College is a historically Black college founded for African American women in 1881

African Americans, this stigma intersects with significant levels of homophobia and with racial stereotypes concerning African American sexuality. Images of sub-Saharan Africans and African American suffering from a debilitating and sexually transmitted disease (AIDS) contribute to widespread fear and loathing which can be "socially" disabling for persons who are HIV positive. The disabled status extends to those who are deemed *at-risk* of acquiring or transmitting HIV. This paper addresses the disabling nature of AIDS discourse using Erving Goffman's (1963; Herek, 1995; 1998) concept of social stigma. Critical Race Theory (Crenshaw, 1995; Brown, 2001) and Patricia Hill Collins (2000) concepts of interlocking systems of oppression and Healthy Black Sexual Politics (2004) are also used to help examine how African American students attending HBCUs (historically black colleges and universities) react to the prevalence of HIV / AIDS.

"I realize that in the college environment people are afraid of getting AIDS", female student.

The methodology for this study includes focus groups, interviews and surveys with more than 250 students within the Atlanta University Center over the last two years. The purpose of the study is help determine how young people attending HBCU's feel about HIV / AIDS and how they try to identify those persons who are "risky" (i.e., socially disabled and stigmatized) sexual partners. Students were also asked about their racial identities, gender role expectations, perceived HIV / AIDS risk factors and how they felt about taking an HIV test on their respective campuses.

The study is further informed by my five years of experience in accompanying undergraduates to South Africa as part of a human rights exchange course entitled the International Human Rights Exchange (IHRE). Although the human rights project was not a part of my formal study, I gained valuable insights into how students from South Africa and Zimbabwe react to the AIDS pandemic. The IHRE was conducted in South Africa (in Capetown and Durban) between 2000 and 2005. Each year, approximately 80 students (half from the U.S. and half from countries in southern Africa) lived, studied and learned together over four intensive weeks of study, exchange and intellectual collaboration. Faculty members for the project were drawn from the 13 institutions that participated in the initial planning of the project. The U.S. institutions contributing students, faculty and staff to the project each year included Bard, Bryn Mawr, Morehouse, Oberlin, Spelman, Swarthmore, and Trinity Colleges. Sub-Saharan African institutions included the Universities of Capetown, Fort Hare, KwaZulu Natal, Western Cape, Witwatersrand and Zimbabwe. The innovative and ambitious project began just six years after South Africa held its first truly democratic elections. As an African American the project attracted me based on my interests in the sociology of health and African Diaspora studies.

The objective of the IHRE was to teach undergraduates about the histories and implementations of human rights since 1948. A significant and persistent theme in the course was the human rights implications of the HIV / AIDS pandemic. Students and faculty were interested in the human rights issues associated with the pandemic in South Africa such as the availability of anti-retroviral drugs for HIV + persons, AIDS orphans, AIDS treatment and HIV / AIDS prevention. Each year, we were able to interact with representatives from the South African Treatment Action Campaign and other human rights organizations, agencies and NGO's.

Student course evaluations indicated that they learned a lot from the program and that the most valuable program element (for them) was the "exchange" of ideas and information among their peers. Most of the U.S. students in the course were of traditional college age with majors predominately in the social sciences and other liberal arts. South African students were more likely to major in law and the natural sciences than their U.S. counterparts.

I was a professor in the program, a member of the steering and executive committees for five years and the course evaluator for four years (2001 – 2005). During the project, students spoke openly and often about HIV / AIDS in southern Africa and the U.S. The setting for the project was especially significant since The Republic of South Africa has some of the highest estimated rates of HIV / AIDS in the world. Of the estimated 25 million persons living with HIV / AIDS in sub-Saharan Africa (2005), 5.5 million live in South Africa. This prevalence is second only to India in the world (www.UNAIDS.org, 2007). In the face of prevalent rates of AIDS, many South Africans are constantly confronted with the consequences of an embodied and stigmatizing disease. In South Africa, and AIDS diagnosis is viewed as a death sentence. Many AIDS patients die as a result of an insufficient supply of anti-retroviral drugs. Poverty and a lack of prevention resources also contribute to very high HIV / AIDS morbidity and mortality rates. The stigma associated with the disease contributes to social problems such as gender violence, the sexual abuse of children (La Franiere, 2006), victim-blaming and ostracism of HIV positives and persons with AIDS (PWA's). Excessive AIDS death rates among persons between the ages of 16 and 44, make AIDS orphans a common sight on the streets of South African cities. Southern African students were more intimately familiar with these social ills than their peers from the U.S. Black students from the U.S. sometimes romanticize African histories and cultures. Many exhibit strong emotional ties with African cultures and are more likely than some of their peers to identify themselves as "African American". Some of these young people were especially distraught by their South African encounters with AIDS orphans and other hungry children.

HIV / AIDS also has racial overtones in South Africa since the disease is perceived primarily as a "black" problem. A common perception among the white and black African students (primarily from South Africa and Zimbabwe) is that AIDS is a problem *only* among black African students. Students joked openly about the fact that (black) African students were at an elevated risk of contracting (or infecting others) with the virus. Not only were these students perceived of as possibly tainted (by their at-risk status), persons in South Africa who are HIV positive are commonly stigmatized and even ostracized. White and Indian students from South Africa did not perceive themselves to have been at any discernible risk of contracting the disease. These racial perceptions (illusions) are especially dangerous and misleading since the virus does not acknowledge race or ethnicity.

HIV / AIDS stigma influences the attitudes, gender role expectations, sexual scripts (Weil, 1990) and risk-taking behaviors of contemporary college students in many settings. The attitudes about HIV / AIDS among students from southern Africa and the U.S. were surprisingly similar in terms of their views about the incapacitating yet selective nature of the disease and in their ambivalent attitudes about homosexuals. The fact that some male and female students from the U.S. each year were proudly and openly homosexual generated a strong reaction from many of the IHRE participants. Even though some of the U.S. students expressed some degree of homophobia, such sentiments were significantly more common (and openly expressed) among southern African students. Several students from Zimbabwe and South Africa indicated that they had never been in such close proximity to openly homosexual persons and that they had been socialized not to accept homosexuality. Even though HIV / AIDS is transmitted primarily through heterosexual contact in Africa, many South African students continue to attribute the ultimate origin of the disease to homosexuality.

Generally speaking, gender role attitudes were significantly more "traditional" (patriarchal) among the African students in comparison to those from the U.S. All of the students spoke about AIDS as a debilitating condition that was feared and associated with promiscuity, sex work or homosexuality, in spite of the rising number of cases of the disease

contracted through heterosexual contact in South Africa and among African Americans in the U.S.

The research protocols for the AUC study were approved by the Institutional Review Boards of two colleges within the Atlanta University Center (AUC) in Atlanta, Georgia, Spelman College (2004 - 2005) and Morehouse College (2005). In each aspect of the study students were asked about the perceived personal risk of contracting HIV in their campus environments, risky sexual practices, stigma associated with HIV / AIDS, race or condoms and about the media messages geared towards preventing HIV / AIDS in their age and social groups.

Fifty students participated in focus groups and 25 students were interviewed individually. The survey data is based on convenience samples (n = 217, consisting of 53 percent males and 47 percent females who were paid $15.00 for their voluntary participation). No attempt is made to generalize the findings beyond the African American students involved in the study. In addition, students who self-select themselves into HBCUs may have several unique characteristics that could influence the study results discussed below.

Representations of AIDS as a disability commonly intersect with postmodern social constructions of race, ethnicity and gender. The fact that sub-Saharan Africans (and African Americans) have higher than expected rates of HIV / AIDS is an example of how the AIDS pandemic is associated with particular social groups. HIV / AIDS stigma influences the attitudes, sexual scripts (Weil, 1990) and risk-taking behaviors of many contemporary college students. Many African Americans strive to overcome their ascribed and inferior social status by constantly struggling against widespread stereotypes and assumptions regarding their very being. Their patterns of racial identity formation and maintenance and student gender role expectations influence how they respond to such representations, even within intimate relationships.

> "Its hard being a Black woman, you're fighting off negativity at every moment. You gotta be strong, when you're in the bedroom setting you don't want to fight anymore. You become submissive. You relax and let things flow" - first year student, female.

This link between racial identity formations and gender role constructions influence sexual risk taking. Regardless of their gender, most African American students have been exposed to a common discourse in the black community which links AIDS and homosexuality.

> "As a result of AIDS a lot of students still have issues with homosexuality and aren't as accepting as I would have thought" female student.

This association is the result of commonly held and fundamentalist religious beliefs and historic associations between homosexuality and HIV / AIDS. Although it is rare for students in the study to self-identify as "homophobic", several make comments that suggest otherwise (see below). Students in this study commonly express the notion that the hidden behavior of some bisexual men, sometimes described as, "the down low" was extremely detrimental to the black community. This suggests that closeted bisexual behavior is stigmatized as "sinful" and puts people at risk of illness.

> "Homosexuality is such a taboo in this community, its unaccepted in this community, so it forces people to keep silent about their sexual orientation" female student.

The intersection of racial identity, perceived susceptibility to HIV / AIDS and the devastating impact of the disease on the human body results in what sociologist Erving Goffman (1963) describes as social stigma. Goffman (1963) explains how the Greek term stigma (a bodily "mark" that symbolizes inferior status or shame) applies to social behavior. The stigmatized

person (or group) is viewed as "dangerous or weak" by their peers. They are reduced to a social status that is "tainted or discounted" (1963, p. 3). Although persons with AIDS (PWA's), HIV-positive persons and those who are considered *at risk* of AIDS do not always display outward signs of their status, they are widely perceived as not being in keeping "with societal norms regarding what a given type of individual should be" (1963, p. 3). Since HIV / AIDS is widely known as a debilitating syndrome, the stigma associated with HIV infection also applies to persons who are deemed "at-risk" (those who are HIV+). This behavioral response to HIV / AIDS is especially common among sexually active college students.

Stigmatized persons and groups go through what Mossman (2002) describes as a process of *dichotomizing the normal* (or beautiful) and the abnormal (different / diseased / at-risk or disabled). This fracture is "deeply inscribed in the practice of our culture" (2002, p. 648). The separation and labeling denies the so-called disabled (at-risk or diseased) person normality or full personhood. Persons who are apparently at-risk of HIV infection are also labeled and distanced from "normals" (Goffman, 1963). The following quote shows that this stigma also extends to those perceived to be at risk of HIV / AIDS.

> "I would never take an HIV test on my campus. I remember that once I asked a worker in student health services about being tested for an STD. She looked at me like I had a disease for years even though I was never tested" male student.

Goffman (1963) introduces three types of social stigma relevant to the field of sociology – 1) abominations of the body, 2) blemishes of individual character and 3) tribal stigma (which contaminates all members of a group, community or family).   In the U.S. and South Africa, HIV / AIDS generates all three forms of stigma for persons with AIDS or for those who are deemed at-risk of infection.

First, HIV infection is viewed as an "*abomination" and as an invasion of the body*. The virus invades the body and can be passed on through unprotected sexual contact or intravenous means (e.g., sharing needles or tattooing instruments). The infection also implies *character flaws* and behaviors which place people at risk such as MSM behavior (men having sex with other men), intravenous drug use, sexual promiscuity, or male bi-sexuality. Finally, HIV / AIDS appears to target and "*contaminate*" specific social groups (e.g., black South Africans or African Americans).

In spite of a fear of the disease and high levels of knowledge of HIV / AIDS and its modes of transmission, college students continue to engage in unexpectedly high levels of sexual risk taking. Using the 18 item HIV Knowledge Scale (Carey and Schroder, 2002), the mean level of HIV / AIDS knowledge was 16.92 for females and 15.89 for males (out of a possible score of 18). In keeping with traditional expectations associated with gender, males were more sexually active than females (and more likely to report using condoms with "risky" partners). Two thirds (67 percent) reported that they were sexually active (in the last 12 months—75 percent of the males and 61 percent of the females). Among the sexually active respondents, more than half reported having used condoms during their last sexual encounter (63 percent of the sexually active males and 66 percent of the sexually active females). Only a third (36 percent) indicated that they use condoms every time that they have vaginal or anal sex (34 percent of males and 39 percent of females).

> "If campus gave out Trojans in the health center then there would be no issue with condom use on campus" male student.

> "Maybe if they put condoms in the boys dorm rooms then they would use them, you know boys are cheap and they'll use anything that is free" female student.

While students fear the effects of HIV on the body, pressures to have sex are many, especially for traditionally-aged college students.

> "In spite of the severe risks involved, Black college students that put themselves at risk for infection even when they have information about HIV are probably faced with a lot of peer pressure, anxious to have sex or feel popular and most of the time influenced by the heat of the moment" male student.

At the same time, the reality of AIDS is not lost on students who sometimes respond to the disease with fear or humor.

> "Many HBCU students are afraid to find out that they might be positive for HIV—it's like a death sentence" male student.

> *"I can't dance with you, you have AIDS",* White female South African student said as a joke to a Black male South African student during an IHRE party, 2004.

High rates of HIV / AIDS among sub-Saharan Africans and African Americans 'colors' the stigma associated with the disease. In the U.S., the additional burden of a tribal (racial) stigma, rooted in U.S. history and widespread (pejorative) representations of Blacks, influences how African Americans behave in response to the ever-present threat of HIV / AIDS. Most students tend to speak about "monogamous" relationships as a means of self-protection.

> "I definitely think that you shouldn't have to wait until you are married to have sex. Especially with the shortage of marriageable Black men, the rates of marriage for Black women are dwindling, so as long as you are in a relationship, sex is fine" female student.

The tribal stigma associated with African Americans intersects with social class and racial identity and influences how young people respond to the threat of HIV / AIDS. One approach to self-protection from HIV is to try to identify those who are disabled by the virus. Herek (1998) points out that while the stigma attached to PWA's declined in the 1990's, it is still a prevalent and a significant barrier to risk reduction, prevention and treatment campaigns. Racial identity and social class influence a process of "dichotomizing the normal" into safe and unsafe categories of potential sex partners based on overt yet unreliable indicators of socioeconomic status or "risk."

> "I think that because we attend a black school where a lot of us come from wealthy families, we tend to forget that we can get HIV. People are like 'oh, but he drives this car' or 'I have so much going for myself' that you forget that any one of us can get it (AIDS)" female student.

"Groups labeled as at-risk (of AIDS), especially groups like African Americans suffer from 'a crisis of representation' " (Hammonds, 1997, p. 114). "African American women are not simply rendered invisible (in the AIDS epidemic in the U.S.): they are simultaneously profoundly exposed" (1997, p. 116) as the only women at risk. This mixture of invisibility and prominence became glaringly apparent during the U.S. presidential campaign of 2000. Both Vice Presidential candidates Cheney and Edwards, were befuddled by PBS moderator Gwen Ifill's query about excessive rates of HIV infection among African American women. In response to her question, Vice President Cheney responded:

> "I had not heard those numbers with respect to African- American women. I was not aware that it was that severe an epidemic there" (Weathers and Wilson, 2004, n.p.).

Most others are well aware of the racial dynamics of the U.S. epidemic. Another form of tribal stigma related to HIV / AIDS has to do with sexual orientation. African American men are turned off by MSM (men who have sex with men) behavior because it is perceived as a threat to the community due to the shortage of marriageable men (Herek and Greene, 1995:99). Student constructions of racial identity also contribute to this form of stigma.

> "I use words like fags and homos so a lot of people tell me I'm homophobic – I don't think so though" female student.

> "There is no way that a man can be homosexual and masculine" male respondent

> "Homosexuality is counter culture--against everything we are taught to believe about masculinity in Black culture", male student.

> "even if a homosexual black man has masculine characteristics, his homosexuality discredits that" male student.

> "It turns my stomach to see two men intimate, you can stand women being intimate but can't stand two big men" female student.

Representations of a devastating illness that appears to target disproportionately African Americans causes *AIDS fatigue* for some Black students. "After two decades of fighting the HIV / AIDS epidemic in the U.S. it is not surprising that there may be some signs of AIDS fatigue" (Kates, Sorian, Crowley and Summers, 2002, p. 1060). In some African American communities, AIDS fatigue results from extensive mass media coverage that depicts the AIDS pandemic in particular ways. Many African Americans (and undoubtedly many South Africans) have grown tired of the racial images associated with the AIDS epidemics in the global north and south. In spite of the fear and stigma associated with AIDS, AIDS fatigue and media bias influence many sexually active persons to ignore the threat of HIV / AIDS. Also, AIDS fatigue, stigma and fear result in many students avoiding taking an HIV test.

Ninety one percent of the students claim to know their current HIV status although only 62 percent had ever taken an HIV test. Among sexually active students, 70 percent had (ever) taken an HIV test. Even if tested, many students fear receiving their HIV test results. Among those tested, 88 percent actually returned to obtain their test results. Other students may deny their susceptibility to HIV infection, regardless of their sexual behaviors.

> "What do you mean, how do I calculate my risk? Ummm, that's a hard question, I don't know, I never really thought about it until now", female student.

In the multi-campus environment of the AUC, the invulnerability beliefs (syndrome) of youth are common. Seventy one percent of the survey respondents indicated that their peers feel that "HIV / AIDS 'can't happen to me." This sense of fatalism was more common than I had anticipated when I began the research. I believe that this fatalism is a consequence of not only the life stage of youth but also as another consequence of HIV / AIDS stigma.

> "I would say that black college students feel invulnerable to HIV infection because they don't use protection", female student.

More than one third (35 percent of sexually active students) also agreed with the statement: "I strongly feel that in this life fate determines that what will be, will be". This fairly common sentiment contributes to the way that students assess their personal risk of contracting HIV.

In spite of the stigma associated with the disease, most of the students assessed their own risk of contracting HIV as low. The vast majority (81 percent of the overall sample and 75 percent of the sexually active respondents) considered their personal risk as "low" (or "very low"). The introduction of anti-retroviral drug therapies in the U.S., influenced many young people (especially African American youth) consider the "death sentence" that comes with a positive HIV test result as on old wives' tale. It is commonly believed by African American youth that there is a cure for AIDS. Their "evidence" is the observation that former professional basketball star Earvin "Magic" Johnson appears to be "cured" of his infection. In 2007, Mr. Johnson spoke to a capacity crown in the historic Sisters' Chapel on the Spelman College campus to help dispel this harmful misconception.

In spite of such common beliefs and urban legends, the level of HIV / AIDS fear and stigma was high among the students. Nearly all of the respondents (98 percent) agreed that they "would be afraid to tell a close friend that they had an incurable STD" and 92 percent would be "concerned" (or "very concerned") that they "would be discriminated against if they tested HIV positive."

Another social factor that contributes to sexual risk taking is gender role expectations. Traditional gender role norms are socially constructed and associated with male dominance and control and female dependency and submissiveness. These gendered norms tend to increase the level of HIV / AIDS risk for African American and other groups of women (Hill Collins, 2004).

> "There is just a general consensus, the male has more influence when it comes to condom use, it does depend on the girl but I mean men are just able to control how things turn out more", female student.

Hill Collins (2004) contextualizes traditional gender roles with reference to historical forms of racial / gender oppression that result in structured relationships and habits. The Latin word "habitus" refers to a habitual or typical condition, state or appearance, particularly of the body (Farnell, 2000, p. 399; Jenkins, 1992). "Bourdieu tells us that the generative schemas and dispositions of the habitus are durable because they are learned during the early years of life" (Farnell 2000, p. 402). Farnell contends that Bourdieu neglects human agency in his use of the term. "If the habitus is a set of dispositions and generative schema that incline people to act in certain ways, we must ask how these entities operate and whether they are necessary to account for what people say and do" (Farnell, 2000, p. 400). An important question raised in this research is how the habitus stemming from patterns of HIV / AIDS stigma, racial identity and gender roles impact sexual risk-taking.

Gender norms influence behavior in the bedroom by determining how people respond to specific scenarios. Sexual script theory can be used to explore sexual risk-taking: "the individual actor in society is "handed a script" which defines the who, what, when, where and why of sexual behavior. These scripts not only vary from one society to another, but within particular societies or cultures. Scripts vary by ethnicity, class and gender" (Weil, 1990, p. 50). Sexual scripts and gender role expectations among students frequently result in a failure to practice "safe sex."

Fullilove et al. (1990) were among the first to write about how the relationship between intersections of history and gender influence sexual interactions (scripts). Bowleg, Lucas and Tschann (2004) studied the relational and sexual scripts involved in condom negotiations among heterosexuals. Their qualitative study involved 14 women between the ages of 22 and 39 living in the Washington, D.C. area. They found that norms "influence all aspects of sexual behavior such as appropriate sexual partners and activities" (2004, p. 70) up to and including decisions about using condoms. The authors suggest that the gender role expectations of African American women emphasize traditional femininity and nontraditional workforce participation. Consequently, women are sometimes influenced to be passive in relationships and to "maintain intimate relationships at the expense of their own needs" (2004, p. 71).

> "That's so hard [using condoms] because once you make that mistake it's just like you constantly have to go back and re-explain yourself and say 'I know I made a mistake but OK now we have to make it right,' but from that point on you don't have any fuel behind your fire. Especially in long-term relationships when he's like 'well we've been together this long and I don't even understand why we have to use them and you know you're not going nowhere and there's so much trust'" female student.

Women also tend to place more emphasis on romance than men. Passivity in the bedroom—even for the sake of romance—can be a dangerous thing. This culturally-determined script "may preclude women from engaging in indirect HIV prevention strategies such as communicating about HIV before sex or having condoms available" (Bowleg, Lucas and Tschann, 2004, p. 71).

> "I gotta keep my man, I want my man to be happy, I don't want to stop the mood and risk getting him upset" female respondent.

In her book *Choosing Unsafe Sex*, anthropologist E.J. Sobo (1995) suggests that sex without condoms occurs most frequently among socially isolated women who derive self-esteem and status mainly from having conjugal partnerships with men (Sobo, 1995, p. 72). In her analysis of working class women living in Cleveland, Ohio, she writes about how some women do not view condomless sex as being forced on them by men or as a means to gain material resources or money. The cash aid from men is scarce at best especially since taking money frequently results in unwanted compromises. This need for intimacy (which can be perceived to be enhanced by having sex without condoms) can be found among college students, although many hesitate to admit it. Sobo also reports that women frequently ignore their partner's infidelities in their relationships with men. I find that college men also place a lot of stake on their sexual relationships in order to demonstrate their heterosexuality and masculinity.

> "Sometimes men in college can try to exhibit extra hardness or other characteristics o distinguish themselves from the gay population", male student.

Condom use is especially hard to initiate after a sexual relationship has been established. Condoms are frequently seen as out of place in an established, trusting relationship – they connote distrust, disrespect and disease (Sobo, 1995, p. 79). The student respondents quoted below demonstrate how gender asymmetry in established relationships interferes with consistent condom use:

> "I think Black women have this deep need of really wanting male affection and validation, this picture of the strong Black woman is often an outer shell or defense mechanism, it's not who we really are, it's hard to hide your need for affection in the bedroom. That's where the assertiveness disappears" female student.

> "Yeah, I have had problems, my boyfriend really didn't want to [use a condom] and we ended up not using them seven or eight times, I would end up crying, it was really hard to make him use them again" female student.

Both popular and academic books decry the conflict and communications problems between the genders (especially in the African American community) that helps to feed the HIV / AIDS pandemic. While frequently under the surface, this same conflict becomes apparent among college students when sparked by music lyrics or episodes of sexual violence. *Gender Talk* (Cole and Guy-Sheftall, 2003) speaks to the "deep ruptures" (Patterson, 1998; King, 2001) in the African American community which are compounded by gender, sex and sexual identity. This gendered impasse contributes to health disparities in the black community.

The tension between gender and race dates back to the times of women's suffrage and Reconstruction in the U.S. (Frederick Douglass, 1888 and Anna Julia Cooper, 1892). African American students who identify with Black Nationalist or "afro-centric" perspectives also struggle over questions of race and gender. "Cultural nationalism" in the U.S. has traditionally addressed race and supported self help principles, while at the same time it has consistently ignored gender oppression. Cole and Guy Sheftall implore Black men to finally accept the fact that they can and do oppress (women and those who are not heterosexual) and that oppression of all kinds is problematic. Their argument should resonate not only on college campuses but with the heterosexual males of my generation. Many Black men of the "Baby Boom" generation (of which I am a part) cling proudly to their homophobic and sexist attitudes (e.g., traditional gender roles and the liberal use of the "B" word in reference to women) and they have done a good job of passing those attitudes onto their sons. Cole and Guy Sheftall (2003) also critique our shared and cherished albeit outmoded notions of Black (hyper) masculinity. They advocate changes in college curricula which could help to address the problems of gender conflict – at least on HBCU campuses.

Intersections of race, class and gender further complicate relationships among Black women and men. King (2001), Cole and Guy Sheftall (2003) and others decry the longstanding emphasis on the "Black male crisis" in public and scholarly discourses that make it difficult to concentrate on the range of social issues facing African Americans along the continuum of gender constructions ranging from hyper-femininity to hyper-masculinity.

For the hip hop generations, gender relations are especially complicated by the misogynistic expressions heard in some genres of rap music and the images seen in many hip hop videos. College students are not immune to these media images and they commonly conform to the same social pressures as their counterparts outside of the academy. Male students are especially critical of demonstrations by female students that protest misogyny when some of their counterparts actually appear in some of the offending videos. One problem with this stance is that the appearance of a woman in a video does not make her (or her peers) a sexual object. Hopefully, recent attempts by Black men to "analyze Black masculinity" (Hill Collins, 2004, p. 8) and to challenge sexism and patriarchy will continue to filter into student consciousness and HBCU curricula and extracurricular programs.

The social and political challenges associated with the aforementioned gender conflict are being partially met by HBCU students – both male and female. One recent example is the students at Spelman College (see Endnote 3) who stood up for their rights as women in their protest against hip hop performer Nelly. This male rapper sought to perform on the Spelman College campus in conjunction with a campaign to raise money and support for bone marrow cancer research. The students (with a few male supporters) applied what they had learned in their women's studies and other courses to critique his troubling video and lyrics and to protest his proposed performance on the Spelman College campus. What infuriated the students (and

faculty) was Nelly's music video "Tip Drill" (UMVD labels) which was especially misogynist and upsetting to many of our students even though most are avid supporters of the hip hop genre.

Such public expressions contribute to HIV / AIDS and racial stigma. In the U.S. and other countries, HIV positives and PWA's are impaired more by social beliefs and attitudes than by any stigma associated with their physical condition (Tataryn, 2005, p. 1).

> Yet even when ignoring prevalent social stigma, the fact remains that whether due to the impacts of the HIV itself or because of the side-effects of medication, individuals with HIV / AIDS will, at some point, acquire physical impairments that will disable them in the judgment of society" (2005:2). HIV / AIDS is not just 'any other illness' it is particularly heavily loaded with moral and ethical questions and judgments. As Sontag (1990:113) explains, 'to get aids is precisely to be revealed in the majority of cases so far, as a member of a certain risk group, a community of pariahs' (Tataryn, 2005, p. 2).

The impairment of tribal stigma and the stereotypical imagery of black promiscuity described by Hammonds (below) also extends to women on college campuses: "The disproportionate and increasing presence of AIDS in African American communities signals that the black-lady overachiever is always precariously placed to fall to the level of the welfare-queen as the differences between and among African-American women is collapsed within AIDS narratives" (Hammonds, 1997, p. 118-119). Black students are aware of and respond to tribal stigma and the essentializing social constructions of African Americans in media, literature and elsewhere (Hill Collins, 2000). In response, some attempt to negate such projections by remaining monogamous or abstinent. Students who may identify as homosexual sometimes feel pressured to engage in heterosexual relationships to "prove" their heterosexual status and their authentic "Blackness" by engaging in heterosexual relationships. They also try to avoid the stigma associated with homosexuality in the Black community.

The majority of the sexually active students attempt to sustain idealized stable, heterosexual and "monogamous" sexual relationships. Among the students surveyed, the mean duration of a stable relationship is one semester. This finding applies to male and female students. While considerable stigma is associated with sexual promiscuity (and HIV /AIDS) among these HBCU students, "serial monogamy" is a common phenomenon. This type of relationship is especially risky since it increases the number of lifetime sexual partners.

As a result of the intersections of race, class and gender, Black women have relegated into "categories of women who are not deserving of protection or consideration" when it comes to AIDS (Hammonds, 1997, p. 115). All too frequently, Black women "are relegated to the drug abuser category, or partners of drug abusers or the supremely negative category of bad mother" (1997, p. 115). This constellation of mass media representations result in Black women frequently being blamed (and ignored) for their elevated risk of HIV / AIDS. Sadly, I find evidence of such sentiments in my interviews with HBCU students:

> "The sexual risks I take depend on the chick— if I know that she has slept around, then I probably won't do most things so I base my risk on her history" male student.

One response to tribal stigma for many Blacks in the U.S. is the formation and maintenance of a collective / racial identity forged out of collective memory and a sense of shared oppression. This postmodern identity construction helps to combat tribal stigma. For Blacks with an additional socially-disabling status (HIV positive or being at-risk of HIV infection) a collective (racial) identity sometimes fosters sexual risk-taking. For example, a young person who emphasizes her Black racial identity may mistrust western medicine and also hold views that portray HIV / AIDS as a genocidal conspiracy. Several of the conspiracy theorists among the respondents also resisted or rejected condom use.

"I worry about HIV infection because I have unprotected sex" female student.

"The reason for there being so much AIDS in the community is because the Black community is too trusting of each other. We are all too willing to lay down with each other without asking the necessary questions first" female student.

"Are you sure you want to ask me about condoms? I am anti-condoms. They just don't feel right" female student

Critical race theorist Dorothy Roberts (1997) explains why some African Americans may also resist condoms, HIV tests and other HIV risk reduction techniques:

> Black people may be less likely to seek a technological fix for natural circumstances beyond their control… [S]ome researchers have linked the contrasting response of infertile Black women to their spiritual or psychological outlook on adversity… considering the history of sickle-cell screening, the Tuskegee syphilis experiment and other medical abuses, many Blacks harbor a well-founded distrust of technological interference with their bodies and their genetic material at the hand of white physicians (Roberts, 1997, pp. 259–60).

Since HIV infection can be a largely invisible "disability" (due to social attitudes), the perceptions of persons being at-risk of having (or spreading) the infection are significant. Meira (1997) described how the metaphors associated with AIDS and Cancer in Israel result in stigmatized ("polluted") identities projected onto the sufferers. Meira (1997; Sontag, 1990) suggested that public perceptions of AIDS can be studied as metaphors. She found that HIV / AIDS generates images of invasion. "In AIDS, pollution (infected body fluids) transforms the body… AIDS patients are more than members of a risk group; they are also polluted carriers of an evil disease" (1997, pp. 464-65). This metaphor appears to influence many African American students and plays into their sexual scripts. For those who also feel—by virtue of their race—that they are under virtual attack by resilient and virulent social forces, the pressure for a sense of escape can be overwhelming.

> "It's hard being a Black woman, you're fighting off negativity at every moment. You gotta be strong, when you're in the bedroom setting you don't want to fight anymore. You become submissive. You relax and let things flow" Female, first year student.

In addition, the commonly held views that condoms represent disease and infidelity and that condomless sex is more romantic (Sobo, 1995) encourages a gendered form of sexual risk taking.

> "There aren't enough men out there so many women feel like they gotta do whatever it takes to satisfy their man because they think 'I need this man'" female student

> "More pressure is put on the women (to use condoms) since they are faced with the immediate consequences" male student.

The following quote demonstrate the influence of hip hop images and patriarchal norms:

> "Many feel the need to be that 'down-ass chick' that every girl wants to be, who is able to please her man in every way possible" female respondent.

HIV / AIDS stigma and patriarchal ideologies in the U.S. lead many students to disproportionately identify and label sexually active *women* as promiscuous, at-risk and untouchable. In this case, the 'untouchable' label signals an urgent need for the use of condoms in certain sexual encounters. Such normative expectations influence male and female students to try to identify potential sex partners who are "marked" even though—in the early stages of infection—the signs of HIV positive status are very difficult to discern.

> "I am willing to take any sexual risks as long as I have a condom" male student.

In this research, students were asked how high they perceived the risk to be of HIV / AIDS transmission on their campuses. Forty one percent responded "moderate" (risk) and 49 percent reported the perceived risk in their collegiate environment as "high" or "very high." Females perceived a higher level of risk than their male counterparts (46 percent of males and 54 percent of females reported the risk as "high" or "very high"). Interestingly, very few students identified substance abuse as a significant contributor to the spread of HIV / AIDS.

The most commonly reported HIV / AIDS risk factors were: *multiple partners* (82%), *fatalism*— "it can't happen to me" (73%), MSM—*men who have sex with other men* (72%) and *not using condoms* (70%). The fact that the most common (perceived) risk factor among their peers was "multiple sex partners" indicates how the stigma associated with sexual promiscuity motivates condom use with "risky" sexual partners. The sexual double standard also applies as males are especially likely to stigmatize women who have multiple sex partners: 87 percent of males and 79 percent of females reported multiple sex partners as an important risk factor for HIV / AIDS.

> "People like to feel like it's the guy's job to take over in the bedroom. Women don't want to be too forward and be looked at like a hoe" (whore) female student.

The following quote is revealing in terms of how gender role constructions structure sexual risk:

> "There is just a general consensus, the male has more influence when it comes to condom use, it does depend on the girl but I mean men are just able to control how things turn out more" female respondent.

HIV / AIDS stigma commonly influences students to attempt to "protect themselves" from disease in casual encounters or when the risk status of the partner is perceived to be high. Female students are significantly less likely than males to admit to engaging in casual sex— which would be a stimulus to use condoms. However, students report that casual sex (frequently group sex) occurs with women who are drunk or under the influence of mood-altering and inhibition reducing drugs including marijuana, cocaine and amphetamines. I am especially concerned that some male students report not using condoms in some of these troubling encounters.

Most (58%) of the survey respondents had participated in vaginal or anal sex at least once in their lifetimes without a latex condom. Although most (64 percent) reported that they used a condom during the last sexual encounter more than half admitted that they did not use condoms consistently.

One response to the potentially disabling invasion of HIV is to know your HIV status by taking an HIV test. Most students (91 percent) claim to know their HIV status. Surprisingly, males were more likely than females to claim to know their current HIV status—even though coeds were more likely to have ever taken an HIV test. Ninety three percent of males claim to know their status in comparison to 89 percent of females. Only 62 percent (overall) admitted

that they had EVER actually been tested for HIV (60 percent of males and 65 percent of females). About 11 percent (overall) of those who reported having taken an HIV test did not return to receive their test results (or post test counseling). The mean number of months since the last HIV test was 6.79.

Conclusions

These findings illustrate how some students in South Africa and the U.S. view HIV / AIDS as a social and as an embodied disability. Their views are shaped by a combination of social forces including the stigma associated with homosexuality, bi-sexuality, PWA's, racial identity, gender role attitudes, and notions of perceived risk of contracting HIV. The vast majority of students feared being invaded by the virus and being stigmatized and discriminated against if they were diagnosed as HIV +. At the same time, feelings of invulnerability, gender role expectations, social pressures to have sex and a need for intimacy increase the likelihood of condomless sex. Sexual risk taking is more common than expected in this context as a result of the symbolic implications associated with condoms including disease prevention, relationship infidelity and multiple sex partners (Sobo, 1995).

Students commonly attempt to identify at-risk persons using stigmata such as worthiness (heterosexual and trustworthy), cleanliness and / or wealth. Other students engage in sexual risk-taking within "established' and (assumed) "monogamous" relationships. Seeking a trustworthy (safe and reputable) sexual partner precedes the establishment of a stable relationship. For the students surveyed, a stable relationship lasts for as little time as one semester for many respondents. During the process of mate selection and maintaining stable relationships, traditional gender role constructions (and habitus) make it difficult for males and females to initiate, insist upon, or maintain condom use.

HBCUs must take creative and sustained steps to combat the idea of AIDS as a disabling and stigmatized condition and to better educate students about how gender role attitudes influence sexual risk taking. To supplement the recommended "ABC" model of (A) abstinence, (B) be faithful and (C) condom use, peer education and STI prevention programs need to emphasize the fact that HIV positive persons PWA's can and do lead normal lives (with precautions) and must be part of other risk reduction strategies. The most effective HIV risk reduction interventions have been validated by federal agencies such as the Centers for Disease Control (CDC). Such programs must be selected and tailored to the needs of individual campuses. The programs also must make use of students in the planning, implementation and assessment of such projects.

Black colleges have to abandon the outmoded belief that risk reduction programs *promote sexual activity*. In my experience in the AUC and at other HBCUs, many administrators appear to avoid certain types of programming as a result of such thinking. The image of the campus will actually be enhanced when administrators enact and support proactive and culturally-appropriate health education programs. If our students are to be the leaders of tomorrow, they must be in good health. They also need to be informed so that they can better serve the public in profession they pursue. Those students who are sexually active need to learn how to more effectively protect themselves by knowing their HIV status (by being tested once every six months if sexually active) and by consistently using latex condoms and barrier methods when they engage in vaginal, oral or anal sex – even within stable relationships. Further, they must be shown how to move beyond essentialist notions that classify entire groups of people into disabled, at-risk and unworthy categories of being.

It is also important to create space for expanded dialogs among students regarding their identities in relationship to conceptions of disability and constructions of gender. For Hill Collins' (2004) notion of *healthy black sexual politics* to come to fruition, Black college campuses must, indeed, take the lead in changing the HIV / AIDS discourse. Helping students to address their notions of gender and sexual orientation will help them to better understand HIV / AIDS outside of the crucible of race. Such conversations, in a constructive context, will help address the "uncivil war" (Washington, 1996) between the sexes and heal some of the apparently growing rifts among the genders, including persons who are other than heterosexual.

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Chapter 10
Gender, Disability and the Postcolonial Nexus

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In my reflections and academic presentations (2005, 2006) on my personal/political life living with polio in post-independent India and subsequently in the United States, I have articulated "postcolonial feminist disability theory and praxis" as a framework of intersecting theories, practices and discourses. I have revisited this critical and interventionist paradigm in my pedagogical practices in teaching postcolonial literature, and my professional research on race, gender, disability and postcoloniality. My framework is a re-consideration of Rosemarie Garland Thomson's (1997) "feminist disability" theorizing in the context of American culture and literature as it relates to and is reshaped in postcolonial contexts and texts. I attempt to analyze the conflicting, competing, co-opting, and intersecting spaces of identity nexus formations, whether geo-political, socio-economic, cultural, or ideological. Moreover, this framework is useful so far as it makes transparent the matrices of oppressive, hierarchical, and discriminatory ideologies, practices, and politics. In many ways, the intersectional approach complicates concepts of emancipation and decolonization to include historical and culture specific engagements with differing and shifting colonizer-colonized interactions and relationships. Critical to this methodology is tracing the genealogies of institutions that codified social relations and processes of knowledge construction and disciplines as well as discourses that legitimated assumptions and speculations about racial, sexual, physical and mental differences, and spawned debates about heredity and environment. Post-independent responses to colonial agendas, policies, and structures constitute another level of re-evaluating degrees to which complicit as well as counter discourses and practices of emerging nations were located in immediate crisis resolution imperatives. Moreover, these responses reflect the negotiations and choices made by the leaders as well as the masses regarding which identity categories (among race, ethnicity, religion, class, gender, language, disability, caste, etc.) needed priority attention and political redress, and which ones could be postponed and delayed. Historically contextualized and nuanced studies of social and cultural meanings of identification in postcolonial sites will account for differences in the perception of the individual, since "the biological constitution of the body and concepts of health and ability, differ markedly across the diverse cultural systems" (Barnes and Mercer, 2003). However, I recognize that this articulation of a framework, as much as any other is limited by its linguistic proclivity to emplace and therefore to also displace the very coordinates of multiplicities and pluralities that are in continuous flux and flow. Therefore, I invoke the nexus as the space of chiasmatic exchanges of the in-between, points of crossover where borderlines of the center and margins move inwards and across, merging and diverging. The post-structuralist orientation to history and the post-colonial concern with the inter-relationships between the colonizer and the colonized have conceptualized chiasmatically structured relationships. These include the reciprocal concern with the historicity of texts and the textuality of history and the notion of subjectivities as the self in the other and the other in the self.