

FACT SHEET

Women and HIV/AIDS in the United States

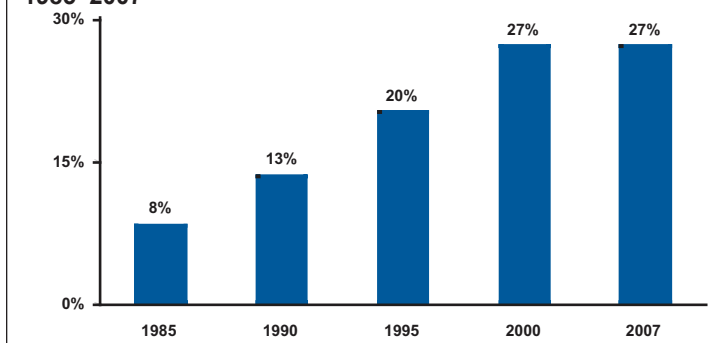
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Women have been affected by HIV/AIDS since the beginning of the epidemic, an impact that has grown over time.^{1,2,3,4,5} Women of color, particularly Black women, have been especially hard hit and represent the majority of new HIV infections and AIDS cases among women, and the majority of women living with the disease.^{1,6,7} Many women with HIV are low-income and most have important family responsibilities, potentially complicating the management of their illness. Research suggests that women with HIV face limited access to care and experience disparities in access, relative to men.^{8,9,10,11} Women are also more biologically susceptible to HIV infection during sex, and experience different clinical symptoms and complications.¹² Given these trends and issues, efforts to stem the tide of the U.S. HIV/AIDS epidemic will increasingly depend on how and to what extent its effect on women and girls is addressed.

Snapshot of the Epidemic

- Although men represent the majority of new HIV infections and AIDS cases as well as people living with the disease, the impact on women has grown since the beginning of the epidemic. For instance, women represented 8% of AIDS diagnoses in 1985, 20% in 1995 and 27% in 2000, the same share as today (Figure 1).^{1,2,3} HIV incidence among women rose gradually until the late 1980s, but then declined in the early 1990s and has remained fairly stable since that time.^{4,5}
- Today, there are approximately 1.1 million people living with HIV/AIDS in the U.S., including nearly 280,000 women.⁷
- In 2006, there were 15,000 new HIV infections and, in 2007, there were 9,579 AIDS cases diagnosed among women.^{1,4,5}
- There were 3,714 deaths among women with AIDS in 2007.¹

Figure 1: Women as a Proportion of New AIDS Diagnoses, 1985–2007^{1,2,13}



Key Trends and Current Cases

Race/Ethnicity: Women of color, particularly Black women, are disproportionately affected by HIV/AIDS (Figure 2).

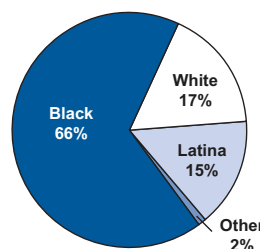
- Black women account for 66% of estimated AIDS cases among women, ages 13 and older, diagnosed in 2007, but only 12% of the U.S. population of women. Latinas account for 15% of estimated AIDS cases, compared to 13% of the female population ages 13 and over.^{1,14,15,16} Black women also accounted for the majority of new HIV infections among women in 2006.⁶
- Rates per 100,000 illustrate the severe impact on women of color. HIV incidence and prevalence rates as well as AIDS case rates for

Black and Latina women are higher than those of white women. The AIDS case rate for Black women was 39.8 per 100,000, or nearly 22 times the rate for white women (1.8). The case rate for Latinas of 8.9 was 5 times the rate for white women. The case rate was 7.1 for Native Hawaiian/Other Pacific Islander women, 5.0 for American Indian/Alaska Native women, and 1.6 for Asian women.¹ HIV incidence and prevalence rates for women by race/ethnicity show a similar pattern.^{6,7}

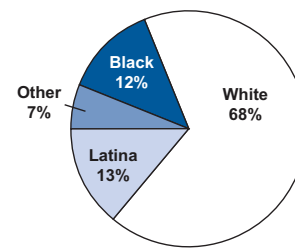
- An analysis of 1999–2006 data from a national household study found that 1.49% of Black women in the U.S. (among those ages 18–49) were HIV positive, higher than women of other racial/ethnic groups, but lower than Black men.¹⁷
- Among women, the number of HIV-related deaths and HIV death rates are highest for Black women. In 2006, HIV was the 3rd leading cause of death among Black women ages 25–44, compared to 5th for women overall in the U.S.¹⁸ In 2006, the HIV death rates per 100,000 women ages 25–34 and 35–44 were higher than the HIV death rates for other women and white men of similar age groups.

Figure 2: AIDS Diagnoses and U.S. Female Population, by Race/Ethnicity, 2007^{1,13,14,15,16}

New AIDS Diagnoses Among Women



U.S. Female Population



Age: The impact of HIV on younger women is particularly notable. More than 6 in 10 new HIV infections among women (including white and Black women and Latinas) were among those ages 13–39 in 2006—32% were ages 13–29 and 31% were ages 30–39.⁶

Transmission:

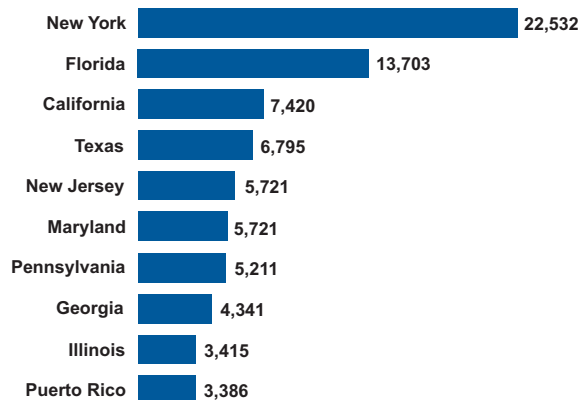
- Women are most likely to be infected through heterosexual sex, followed by injection drug use.^{1,6,7} These patterns are fairly consistent across most racial and ethnic groups, although heterosexual transmission accounts for a greater share of new HIV infections among Black women and Latinas (83%, respectively) compared to white women (70%); injection drug use accounts for a greater share of new infections among white women (30%).⁶
- Mother-to-child transmission of HIV in the U.S. has decreased dramatically since its peak in 1992 due to the use of antiretroviral therapy (ART), which significantly reduces the risk of transmission from a woman to her baby (to less than 2%). Still, perinatal infections continue to occur each year, the majority of which are among Black Americans.^{1,20,21}
- A CDC study found that most pregnant women with HIV (81%) and most babies born to HIV-infected women (93%) have received ART.²²

Reproductive health: HIV interacts with women's reproductive health on many levels:

- The virus is transmitted more efficiently from men to women during sexual intercourse. Having another sexually transmitted disease (STD) may increase risk for contracting HIV.¹²
- Women with HIV are at increased risk for developing or contracting a range of conditions, including human papillomavirus (HPV) and cervical dysplasia, precursors for cervical cancer.¹²
- There are a number of new HIV prevention technologies under research which could be particularly beneficial for women, such as cervical barriers and microbicides.¹²

Geography: The epidemic in some states is more likely to have a woman's face. About a third of those estimated to be living with AIDS in Maryland, Connecticut, New Jersey, Delaware, and the Virgin Islands are female (compared to 24% nationally). New York has the highest number of women living with AIDS (Figure 3).²³ Regionally, the concentration of new AIDS cases among women, as measured by the AIDS case rate per 100,000, is highest in the Northeast and the South. Seven of the 10 states with the highest case rates among women are in the South. The District of Columbia tops the list at 90.2 per 100,000, or nearly 12 times the national rate for women (7.7).²³

Figure 3: Number of Women/Girls Estimated to be Living with AIDS, Top 10 States, 2007²³



Income: The HIV Cost and Services Utilization Study (HCSUS), the only nationally representative study of people with HIV/AIDS receiving regular or ongoing medical care, found that women with HIV were disproportionately low-income. Nearly two-thirds (64%) had annual incomes below \$10,000 compared to 41% of men.⁸

Family responsibilities: HCSUS also found that most women with HIV/AIDS receiving medical care had children under age 18 in their homes (76%), which may complicate their ability to manage their illness.²⁴

Access to and Use of the Health Care System

Studies have indicated that women with HIV/AIDS may encounter barriers to treatment and do not receive optimal levels of care compared to men.

- HCSUS found that women with HIV were less likely to receive combination therapy and fared more poorly on other access measures than men.⁹
- Women with HIV were also more likely to postpone care because they lacked transportation or were too sick to go to the doctor than men.¹⁰
- An analysis of data from 2000–2002 in 11 HIV primary and specialty care sites in the U.S. found higher rates of hospitalization and outpatient visits among women with HIV/AIDS compared to men.¹¹

Health Insurance: Having health insurance, either public or private, improves access to care. Medicaid, the nation's health insurance program for low-income Americans and the largest source of public funding for AIDS care, is a critical source of coverage for people with HIV/AIDS. HCSUS found that women with HIV receiving care were:^{8,25}

- more likely than their male counterparts to be covered by Medicaid (61% compared to 39%) because they qualified for Medicaid as pregnant women or as parents of a dependent child.
- less likely to be privately insured (14% of women compared to 36% of men).
- as likely to be uninsured (21% of women and 19% of men).

Insurance status also varies at the time of HIV diagnosis. Analysis of 1994–2000 data from 25 states found that women were less likely than men to be privately insured and more likely to be covered by Medicaid at the time of their HIV diagnosis. Black and Latina women were more likely to be covered by Medicaid than white women, and Latinas were the most likely to be uninsured of any group.²⁶

HIV Testing:

- About one in five (19%) non-elderly women (ages 18–64) report that they have been tested for HIV in the last 12 months, with higher rates among Black women (41%) and Latinas (26%) compared to white women (13%).²⁷
- Among those who are HIV positive, 33% of women were tested for HIV late in their illness—that is, diagnosed with AIDS within one year of testing positive (in those states/areas with HIV name reporting).¹
- The CDC recommends routine HIV screening for all adults, ages 13–64, in health care settings, including women, and repeat screening at least annually for those at high risk. The CDC also recommends that HIV screening be included in the routine panel of prenatal screening tests for all pregnant women, unless the patient declines to be tested, and repeat HIV screening in the third trimester for women at high-risk for HIV. HIV testing of newborns is recommended if the mother's status is unknown.²⁸

Concern About HIV/AIDS

When asked how concerned they were personally about becoming infected with HIV, a recent survey found that 26% of non-elderly women said they were “very” or “somewhat” concerned. Black women were much more likely to say they were concerned (51%) as were Latinas (44%). Nearly six in 10 female parents (57%) said they were “very” or “somewhat” concerned about their children becoming infected.²⁷

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