

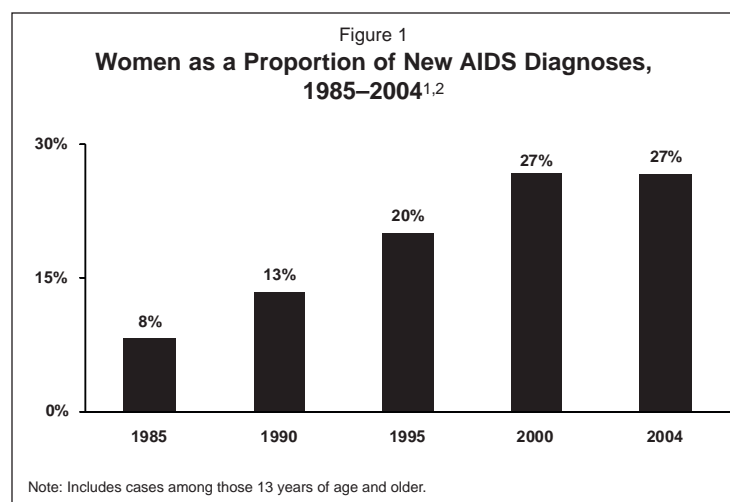
Women and HIV/AIDS in the United States

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The HIV/AIDS epidemic is taking an increasing toll on women in the United States.^{1,2} Women of color, particularly African American women, have been especially hard hit and represent the majority of new AIDS cases among women.¹ Many women with HIV/AIDS 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.^{3,4,5,6}

Overview

Although men continue to represent the majority of new HIV infections and AIDS cases in the U.S., women account for a growing share. In 1985, women represented 8% of AIDS diagnoses; by 2004, they accounted for 27%, or more than 11,000 of the AIDS cases diagnosed in that year (Figure 1).^{1,2} The Centers for Disease Control and Prevention estimates that there were 270,000–308,000 women living with HIV/AIDS in 2003, a figure that has likely grown since that time.⁷

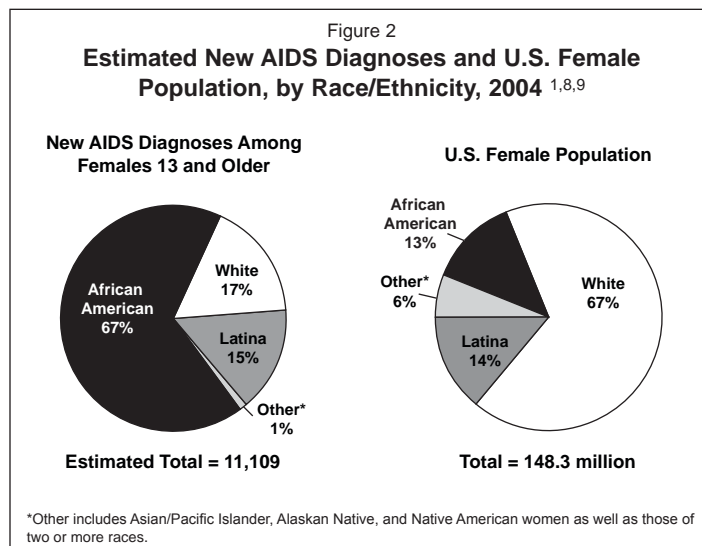


Profile of Women at Risk for and Living with HIV/AIDS

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

- African American women accounted for 67% of estimated female AIDS cases in 2004, but only 13% of the U.S. female population. Latinas accounted for 15% of estimated AIDS cases, and 14% of the female population.^{1,8,9}
- The AIDS case rate per 100,000 population illustrates the severe impact on women of color. In 2004, the case rate for African American women was 48.2 per 100,000, or 23 times higher than the rate for white women (2.1). The case rate for Latinas (11.1) was more than 5 times the rate for white women. The case rate for Native American and Alaskan Native women was 6.4; it was 1.6 for Asian/Pacific Islander women.^{1,9}
- Among women, HIV mortality rates are highest for African American women. In 2002, HIV was the leading cause of death among African American women ages 25 to 34, compared to the 6th leading cause for women overall in the U.S.¹⁰

Age: Most women with an AIDS diagnosis were diagnosed between the ages of 25 and 44 (71%), indicating that many were likely infected



at a relatively young age.¹¹ The impact on teen girls is particularly notable. In 2003, teen girls accounted for half (50%) of HIV cases reported among those ages 13–19; young women ages 20–24 accounted for 37% of HIV cases in their age group.¹² This more pronounced representation of teen girls and young women may be a harbinger for the epidemic's trajectory.

Geography: The AIDS epidemic in some states is more likely to have a woman's face. Almost a third of those estimated to be living with AIDS in New Jersey, Maryland, Connecticut, Delaware and the Virgin Islands are female (compared to 23% nationally). The concentration of new AIDS cases, as measured by AIDS case rate per 100,000, is highest in the Northeast and South. Seven of the ten states with the highest case rates among women are in the South, with Washington, DC topping the list at 113.3 per 100,000 or twelve times the national rate among women.¹³

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 for HIV infection, found that women with HIV were disproportionately low-income. Nearly two-thirds (64%) had annual incomes below \$10,000 compared to 41% of men.³

Transmission: Most AIDS diagnoses among women are due to heterosexual transmission (70% of estimated new AIDS diagnoses in 2004) followed by injection drug use (28%).¹ These patterns are fairly consistent across most racial and ethnic groups, although the proportion due to heterosexual transmission is highest among Asian/Pacific Islander women.¹⁴ Among younger women, ages 20–24, heterosexual transmission accounted for 82% of new AIDS cases; among teen girls, ages 13–19, it accounted for 63% in 2003.¹⁵

- 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. Still, perinatal infections continue to occur each year, the majority of which are among African Americans.^{1,16}

- A recent CDC study found that most pregnant women with HIV (81%) and most babies born to HIV-infected women (93%) have received ART.¹⁷

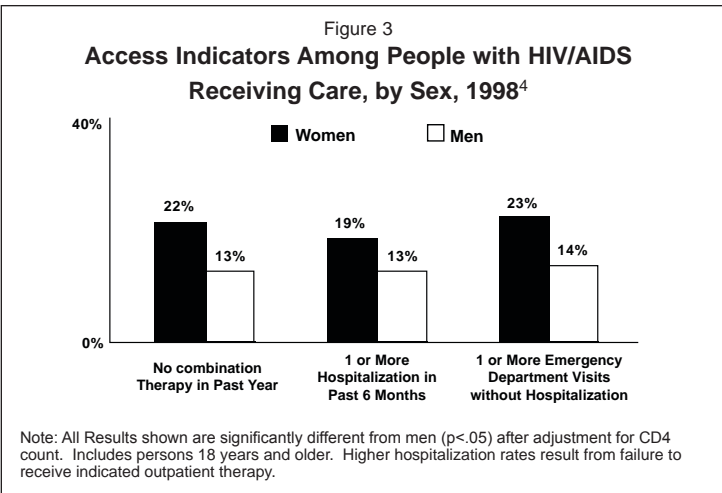
Reproductive health: HIV interacts with women's reproductive health on many levels:

- 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.¹⁸
- Women with HIV are at increased risk for developing or contracting a range of reproductive conditions, including cervical dysplasia and human papillomavirus (HPV), precursors for cervical cancer.¹⁸
- Research is underway to develop microbicides, topical compounds for women to use prior to sex to help prevent transmission of HIV and other STDs.¹⁸

Family responsibilities: Most women with HIV/AIDS receiving medical care have children under age 18 in their homes (76%), which may complicate their ability to manage their own illness.¹⁹

Access to and Use of the Health Care System

Women with HIV/AIDS who are receiving medical care 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 (Figure 3).⁴
- Women with HIV were also more likely to postpone care because they lacked transportation (26%) or were too sick to go to the doctor (23%) than men (12% and 14%, respectively).⁵
- A recent 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.⁶

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 particularly critical source of coverage for people with HIV/AIDS. The Ryan White CARE Act provides care and support to those with no or limited insurance. HCSUS found that women with HIV receiving care were:^{3,20}

- 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).

HIV Testing:

- More than half (57%) of non-elderly women (ages 18–64) report that they have been tested for HIV at some point, with higher rates among African Americans (69%) and Latinas (60%) compared to white women (53%).²¹
- These self-reported testing rates may be overestimates, however, since 24% of these women assumed that the test was a routine part of an exam.²¹
- Less than half of non-elderly women (44%) have discussed HIV/AIDS with a health care provider.²¹
- The CDC recommends HIV testing as a routine component of women's prenatal care, as well as testing of newborns if the mother's status is unknown.²²

Concern About HIV/AIDS and Information Needs²¹

- When asked how concerned they were personally about becoming infected with HIV, a recent survey found that 17% of non-elderly women said they were "very concerned." African American women were much more likely to say they were "very concerned" (45%) as were Latinas (33%). More than two thirds of female parents (69%) said they were personally "very" or "somewhat" concerned about their children becoming infected.
- Women report the need for more information about a range of HIV-related topics, such as where to get an HIV test (22%), and how to discuss HIV/AIDS with their children (34%). Women of color are more likely to say they need more HIV/AIDS information.

Conclusion

The HIV/AIDS epidemic in the United States is increasingly likely to have a woman's face. The disproportionate concentration of HIV/AIDS among women of color and those with limited resources, as well as the epidemic's impact on younger women, are especially striking. Given these trends, 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.

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