

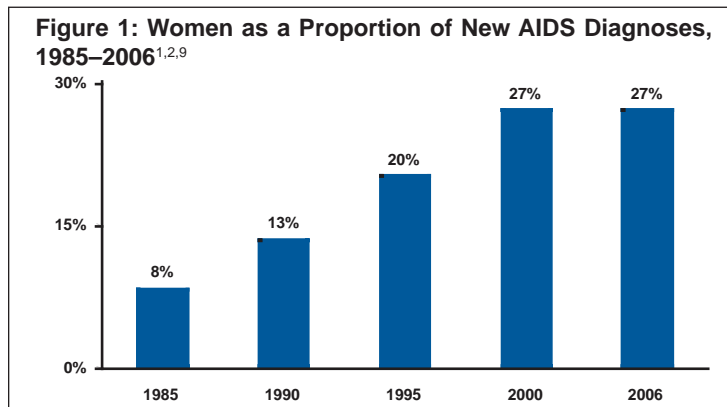
Women and HIV/AIDS in the United States

May 2008

Women have been affected by HIV/AIDS since the beginning of the epidemic, but the impact on women has grown over time.^{1,2,3} Women of color, particularly Black women, have been especially hard hit and represent the majority of new HIV and AIDS cases among women, and the majority of women living with the disease.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.^{4,5,6,7} Women are also more biologically susceptible to HIV infection during sex, and experience different clinical symptoms and complications.⁸ 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 continue to represent the majority of new HIV and AIDS cases in the U.S., the share of cases accounted for by women has risen over time. In 1985, women represented 8% of AIDS diagnoses, 20% in 1995 and 27% in 2000, the same share as today (Figure 1).^{1,2,9}
- Today, there are approximately 1.2 million people living with HIV/AIDS in the U.S., including more than 300,000 women.^{10,11}
- In 2006, there were 9,801 AIDS cases diagnosed among women.¹
- There were 3,784 deaths among women with AIDS in 2006.¹



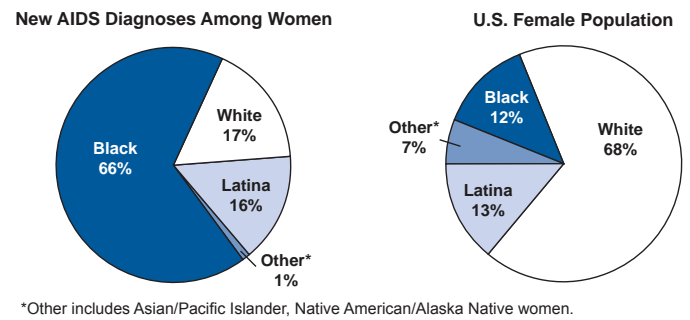
Key Trends and Current Cases

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, aged 13 and older, diagnosed in 2006, but only 12% of the U.S. population of women. Latinas accounted for 16% of estimated AIDS cases, compared to 13% of the female population aged 13 and over.^{1,12,13,14}
- The AIDS case rate per 100,000 illustrates the severe impact on women of color. In 2006, the case rate for Black women was 40.4 per 100,000, or 21 times the rate for white women (1.9). The case rate for Latinas of 9.5 was 5 times the rate for white women. The case rate was 3.6 for American Indian/Alaska Native women and 1.6 for Asian/Pacific Islander women.¹

- A recent analysis of 1999–2006 data from a national household study found that 1.49% of Black women in the U.S. (among those aged 18–49) were HIV-positive, higher than women of other racial/ethnic groups, but lower than Black men.¹⁵
- Among women, the number of HIV-related deaths and HIV death rates are highest for Black women. In 2004, HIV was the 3rd leading cause of death among Black women aged 25 to 44, compared to 5th for women overall in the U.S.¹⁶ In 2004, the HIV death rate per 100,000 women, aged 25–44, was 23.1 for Black women, higher than the HIV death rate for white or Latino men in this age group, and second only to the rate among Black men.¹⁷

Figure 2: AIDS Diagnoses and U.S. Female Population, by Race/Ethnicity, 2006^{1,9,12,13,14}



Age: Most women with AIDS were diagnosed between the ages of 25 and 44 (71%), indicating that many were likely infected at a relatively young age.¹⁸ The impact on teen girls is particularly notable. In 2005, teen girls represented 43% of AIDS cases reported among those aged 13–19 and young women, aged 20–24, represented 28% of cases in their age group; comparatively, women aged 25 and older represented 26% of cases in their age group.¹⁹

Transmission:

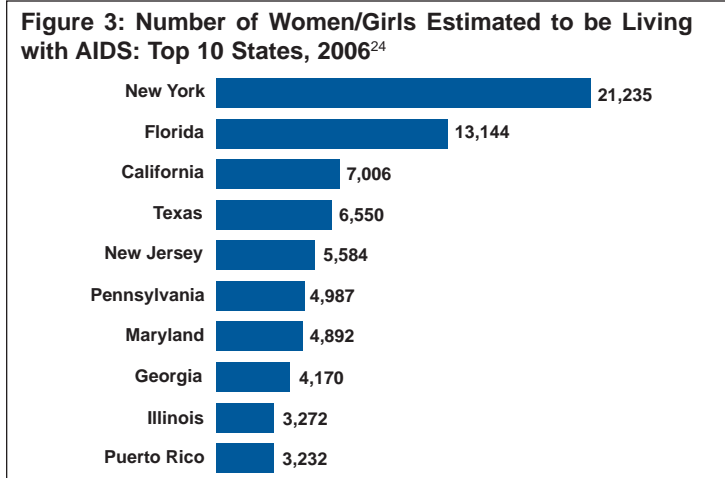
- Most AIDS diagnoses among women are due to heterosexual transmission (73% in 2006) followed by injection drug use (24%).¹ These patterns are fairly consistent across most racial and ethnic groups.^{1,20} Among younger women, aged 20–24, heterosexual transmission accounted for 80% of AIDS cases in 2005 and among teen girls, it accounted for 63%.²¹
- 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.^{1,22}
- A recent CDC study found that most pregnant women with HIV (81%) and most babies born to HIV-infected women (93%) have received ART.²³

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.⁸

- Women with HIV are at increased risk for developing or contracting a range of conditions, including cervical dysplasia and human papillomavirus (HPV), precursors for cervical cancer.⁸
- There are a number of new HIV prevention technologies in the late stages of clinical research which could be particularly beneficial for women, such as cervical barriers and microbicides. Microbicides are topical compounds for women to use prior to sex to help prevent transmission of HIV and other STDs.⁸

Geography: The HIV/AIDS epidemic in some states is more likely to have a woman's face. A third of those estimated to be living with AIDS in Maryland, Connecticut, Delaware, New Jersey, and the Virgin Islands are female (compared to 23% nationally). New York has the highest number of women living with AIDS (Figure 3).²⁴ 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 ten states with the highest case rates among women are in the South. The District of Columbia tops the list at 104.1 per 100,000, more than 12 times the national rate for women (8.2).²⁴



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.⁴

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 own illness.²⁵

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.⁵
- 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).⁶
- 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.⁷

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:^{4,26}

- 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 Latino women were more likely to be covered by Medicaid than white women, and Latinas were the most likely to be uninsured of any group.

HIV Testing:

- More than half (55%) of non-elderly women (aged 18–64) report that they have been tested for HIV at some point, with higher rates among Black women (70%) and Latinas (63%) compared to white women (50%).²⁸
- Among those who are HIV positive, 35% 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); by comparison, 39% of men were tested late.¹
- The CDC recommends routine HIV screening for all adults, aged 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 HIV status is unknown.²⁹

Concern About HIV/AIDS

When asked how concerned they were personally about becoming infected with HIV, a recent survey found that 30% of non-elderly women said they were “very” or “somewhat” concerned. Black women were much more likely to say they were concerned (53%) as were Latinas (51%). More than six in ten female parents (61%) said they were personally “very” or “somewhat” concerned about their children becoming infected.²⁸

References

- 1 CDC, *HIV/AIDS Surveillance Report*, Vol.18; 2008.
- 2 CDC, Special Data Request; 2006.
- 3 CDC, www.cdc.gov/hiv/topics/women/index.htm.
- 4 Bozzette SA et al., “The Care of HIV-Infected Adults in the United States.” *NEJM*, Vol. 339, No. 26; 1998.
- 5 Shapiro MF et al., “Variations in the Care of HIV-Infected Adults in the United States.” *JAMA*, Vol. 281, No. 24; 1999.
- 6 Cunningham WE et al., “The Impact of Competing Subsistence Needs and Barriers on Access to Medical Care for Persons with Human Immunodeficiency Virus Receiving Care in the United States.” *Medical Care*, Vol. 37, No. 12; 1999.
- 7 Fleishman JA et al., “Hospital and Outpatient Health Services Utilization Among HIV-Infected Adults in Care 2000-2002.” *Medical Care*, Vol. 43, No. 9, Supplement; September 2005.
- 8 NIAID, *HIV Infection in Women*; 2006.
- 9 Among those aged 13 and older.
- 10 Glynn MK and Rhodes P, “Estimated HIV Prevalence in the United States at the end of 2003.” Presentation, National HIV Prevention Conference; June 2005.
- 11 Kaiser Family Foundation calculations based on: Glynn MK and Rhodes P.
- 12 Kaiser Family Foundation analysis of Urban Institute estimates of the March 2007 Current Population Survey, U.S. Bureau of the Census.
- 13 Estimates do not include cases from the U.S. dependencies, possessions, and associated nations, and cases of unknown residence.
- 14 Calculations based only on cases for which race/ethnicity data were provided.
- 15 McQuillan GM and Kruszon-Moran D, “HIV Infection in the United States Household Population Aged 18-49 Years: Results from 1999-2006.” NCHS Data Brief, No. 4; 2008.
- 16 CDC, Slide Set: HIV Mortality (through 2004).
- 17 NCHS, *Health, United States*, 2007.
- 18 CDC, *HIV/AIDS Supplemental Report*, Vol. 10, No. 1, Table 5.
- 19 CDC, Slide Set: HIV/AIDS Surveillance in Adolescents and Young Adults (through 2005).
- 20 CDC, Slide Set: HIV/AIDS Surveillance by Race/Ethnicity (through 2005).
- 21 CDC, Slide Set: HIV/AIDS Surveillance in Women (through 2005).
- 22 CDC, *MMWR*, Vol. 55, No. 21; 2006.
- 23 CDC, “Enhanced Perinatal Surveillance, 1999-2001.” *Special Surveillance Report*, No. 4; 2004.
- 24 Kaiser Family Foundation, www.statehealthfacts.org. Data Source: Centers for Disease Control and Prevention, Division of HIV/AIDS Prevention-Surveillance and Epidemiology, Special Data Request; March 2008.
- 25 Schuster MA et al., “HIV-Infected Parents and their Children in the United States.” *AJPH*, Vol. 90, No. 7; 2000.
- 26 Fleishman JA. Personal communication, Analysis of HCSUS Data; January 2002.
- 27 Kaiser Family Foundation analysis of CDC data.
- 28 Kaiser Family Foundation, *Survey of Americans on HIV/AIDS*; 2006.
- 29 CDC, *MMWR*, “Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings,” September 2006.

The Kaiser Family Foundation is a non-profit, private operating foundation dedicated to providing information and analysis on health care issues to policymakers, the media, the health care community, and the general public. The Foundation is not associated with Kaiser Permanente or Kaiser Industries.

Additional copies of this publication (#6092-05) are available on the Kaiser Family Foundation's website at www.kff.org.