

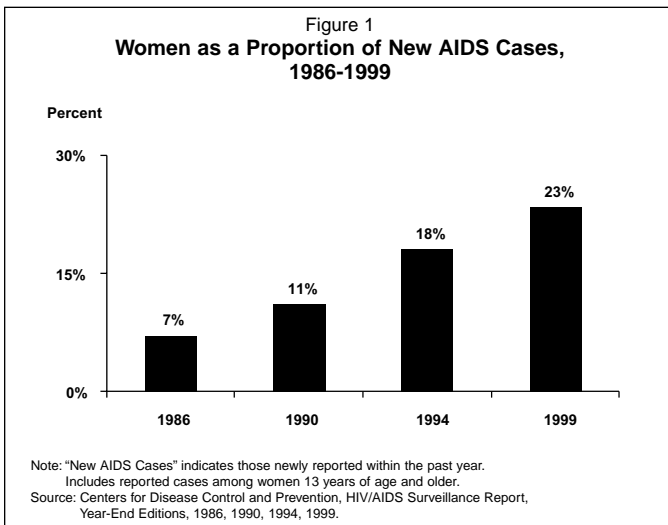
## Women and HIV/AIDS

The HIV/AIDS epidemic, now in its 20th year, has often been perceived as primarily affecting men. Today, however, women represent an estimated 30% of new HIV infections in the United States and comprise an increasing share of new AIDS cases.<sup>1,2</sup> Women of color—particularly African Americans—have been hardest hit among women by this epidemic. Over the past decade, researchers and clinicians have increasingly begun to focus on the impact of the epidemic among women, but gender disparities continue to persist in access to care and treatment.<sup>3</sup>

### Women and the Epidemic

An estimated one-quarter of the 800,000 to 900,000 Americans living with HIV/AIDS are women.<sup>4</sup> Of those living with AIDS, the most advanced form of HIV disease, 20% are women.<sup>5</sup>

- Women account for a growing share of newly reported AIDS cases each year (Figure 1).

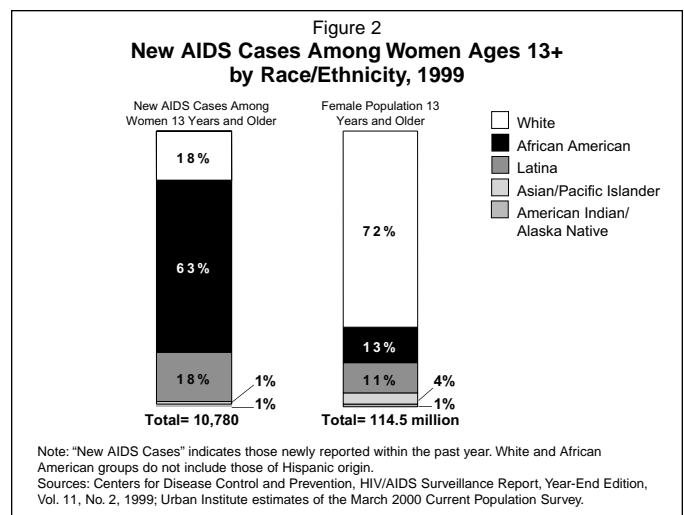


- Important treatment advances and prevention interventions have reduced AIDS incidence and deaths. Women, however, do not appear to have benefited at the same rate as men. Between 1993 and 1999, the number of new AIDS cases among women fell by 36% percent, compared to 60% for men during the same period.<sup>5</sup>
- Similarly, the number of AIDS deaths among women has declined at a considerably slower rate than men. Between 1993 and 1998, estimated AIDS deaths among women declined by 35%, compared to a 64% reduction among men over the same period.<sup>5</sup>
- In 1998, HIV was the 5th leading cause of death among women ages 25-44.<sup>7</sup>

### Characteristics of Women with HIV/AIDS

**Race and Ethnicity:** Women of color represent the majority of new AIDS cases and have been affected disproportionately by the epidemic since its beginning.

- For example, African American women are just 13% of the U.S. female population, but accounted for 63% of newly reported AIDS cases in 1999 (Figure 2).



- The impact on women of color is most clearly seen in the AIDS case rate (the number of cases per 100,000 population). In 1999, the AIDS case rate for African American women was 49 per 100,000 compared to 2.3 per 100,000 for white women—more than 21 times greater. The case rate for Latinas (14.9 per 100,000) was more than 6 times the rate for white women.<sup>5</sup>
- In 1998, HIV was the 3rd leading cause of death among African American women ages 25-44 and the 4th leading cause of death among Latinas, compared to the 10th for white women in this age group.<sup>7</sup>

**Age:** Women of all ages are affected by HIV/AIDS, but the disease is most prevalent among women in their childbearing years.

- In 1999, 68% of new cases of AIDS reported in women were among those ages 30-49; 18% were in ages 20-29 and 12% were in ages 50 and over.<sup>8</sup>
- Although teenage girls ages 13-19 account for only a fraction of new AIDS cases among women (2%), they now represent the majority (58%) of new AIDS cases in their age group.<sup>8,6</sup>

**Insurance Status:** Medicaid, the health care program for the poor, plays an important role providing health coverage for women with HIV/AIDS. This is because women are more likely than men to qualify for Medicaid as parents of dependent children or when they are pregnant or under 18.

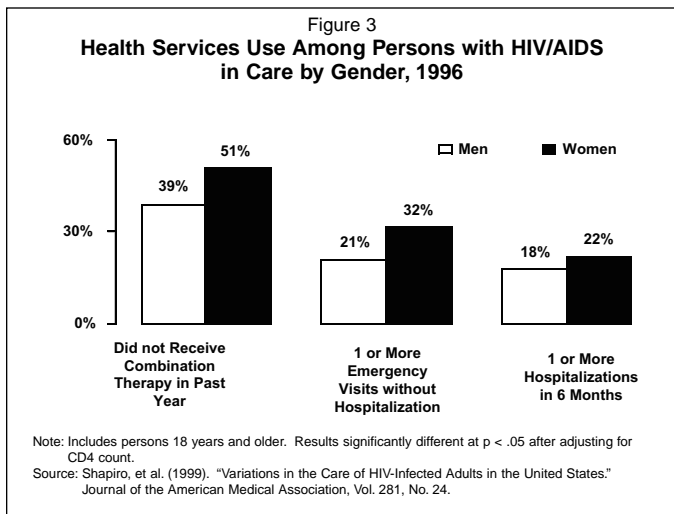
- Women with HIV/AIDS who are receiving care are almost twice as likely as men to be covered by Medicaid (50% compared to 23%).<sup>9</sup>
- They are also half as likely as men to be privately insured (15% compared to 37%).<sup>9</sup>
- One in five HIV infected women is uninsured.<sup>9</sup>

**Modes of Transmission:** Most women are infected with HIV through heterosexual contact or injection drug use (IDU).

- In 1998, 61% of women were estimated to have been infected with HIV through heterosexual contact and 36% were estimated to be infected due to IDU. These patterns are generally consistent across most racial and ethnic groups.<sup>5,10</sup>
- Among younger women, ages 13-24, the overwhelming majority (76%) are estimated to have been infected with HIV through heterosexual contact; one in five is estimated to have been infected through IDU.<sup>5,10</sup>
- HIV is transmitted more efficiently from men to women than from women to men during sexual intercourse.<sup>11</sup> Having another sexually transmitted disease (STD) can increase susceptibility to HIV infection. Because some STDs are likely to be asymptomatic, and therefore undiagnosed among women, many may be at risk and not know it.<sup>12</sup> Research is underway to develop microbicides to prevent infection by STDs like HIV, which could facilitate safer sex practices among women.

## The Health Care System

**Women with HIV/AIDS in Care:** Women with HIV/AIDS who are in care fare more poorly on several important access and quality measures than men (Figure 3).

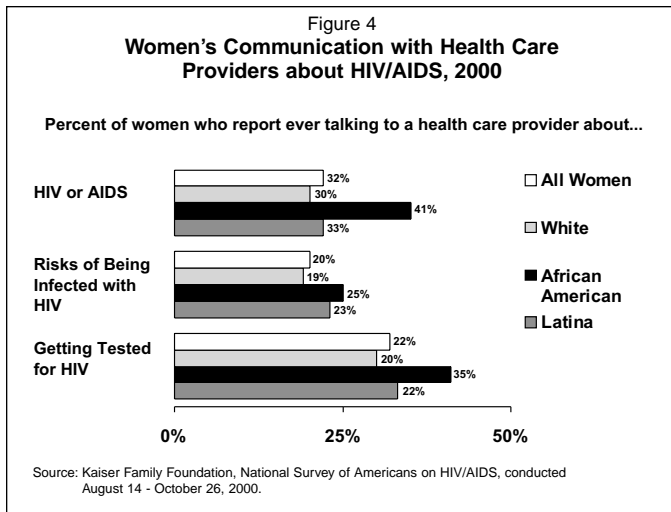


- For example, women are more likely to be hospitalized and use the emergency room than men. Women are also less likely to have received combination antiretroviral therapy, the accepted standard of care.<sup>13</sup>
- Women with HIV/AIDS face significant social and financial barriers in getting care. For example, about a quarter of women with HIV—a rate significantly higher than men—

report postponing medical care due either to barriers such as sickness or lack of transportation.<sup>14</sup>

**Women and Their Health Care Providers:** Health care providers who serve women often do not counsel patients about their risk for HIV.

- Less than half of all women, regardless of their HIV status, report talking to their health care providers about HIV/AIDS, the risks of HIV infection, or HIV testing (Figure 4).



## Conclusion

Given the impact of HIV/AIDS on women, particularly those who are the most vulnerable, efforts to improve and expand opportunities for prevention and treatment and to increase the focus of clinical research on HIV in women are critical. The apparent gender disparities in access to care and quality highlight the importance of addressing concerns about the effect of this disease on women, and point the way toward areas for further research and policy attention.

## Endnotes

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