

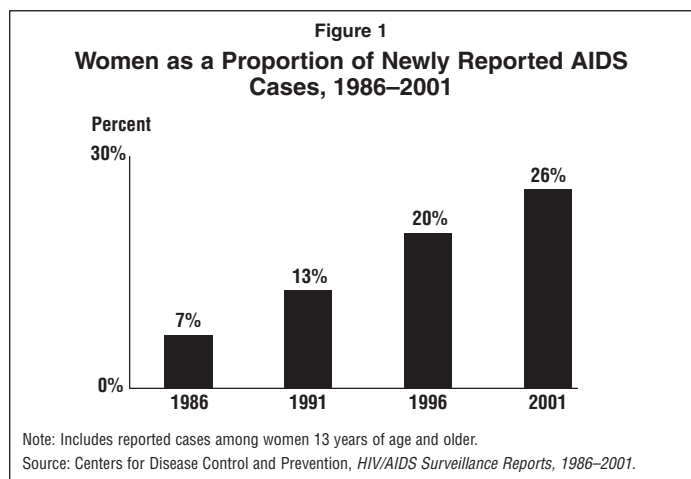
Women and HIV/AIDS in the United States

October 2003

The HIV/AIDS epidemic is taking an increasing toll on women in the United States. Women now account for an estimated 30% of new HIV infections as well as a growing share of new AIDS cases.^{1,2} Women of color, particularly African American women, have been especially hard hit and represent the majority of new infections among women. Many women with HIV are low-income and most have important family responsibilities, potentially complicating the management of their illness. Research suggests that many women with HIV face limited access to the health care system and experience disparities in receipt of care and treatment relative to men.

Overview

The Centers for Disease Control and Prevention (CDC) estimate that 850,000 to 950,000 people are living with HIV/AIDS in the U.S., with approximately 360,000 living with AIDS, the most advanced form of the illness.^{3,4} Women comprise 21% of those estimated to be living with AIDS.⁴ Women represent a growing share of annual new AIDS cases, with their share more than tripling between 1986 and 2001 (Figure 1).² About 43,000 new AIDS cases were reported in 2001.⁴

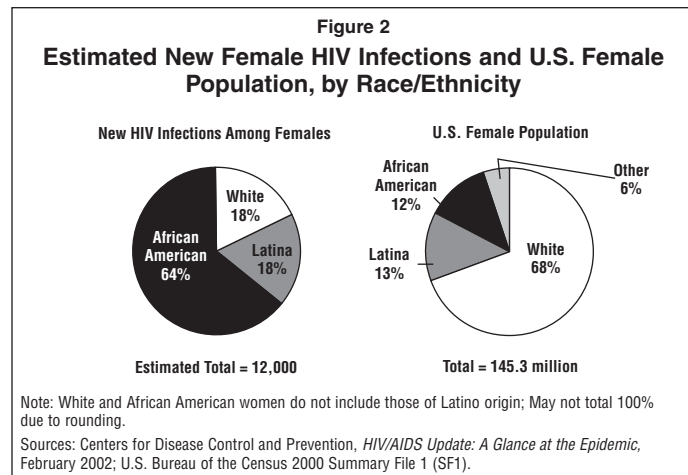


- Major advances in HIV treatment, coupled with prevention efforts, have led to a decline in the number of new AIDS cases and deaths. However, the rate of decline for women has not kept pace with that of men. Between 1993 and 2001, the number of new AIDS cases declined by 64% for men but only 34% for women, and the number of deaths among people with HIV/AIDS dropped 70% among men but only 39% for women.²

Profile of Women with HIV/AIDS

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

- African American women comprised an estimated 64% of new HIV infections among women in 2001, but represent only 12% of the female population overall. Latinas are also over-represented among women with new HIV infections (Figure 2).^{1,4,5}



- The AIDS case rate (number of cases per 100,000 population) illustrates the severe impact on women of color. In 2001, the case rate for African American women was 47.8, almost 20 times higher than the rate for white women (2.4). The case rate for Latinas (12.9) was more than 5 times the rate for white women.⁴

Age: Two-thirds of all female AIDS cases reported since the beginning of the epidemic were diagnosed among those ages 30 to 49. One-fifth (21%) were diagnosed in their twenties. About one in ten women were diagnosed at age 50 or older. One percent of cases were diagnosed among teens.⁴

- Among teens, ages 13 to 19, girls account for over half (57%) of new HIV infections reported in 2001. Among young adults, ages 20 to 24, they account for 41% of new infections.⁴ This more pronounced representation of girls and women among youth may be a harbinger for the epidemic's trajectory.

Regional Variation: AIDS case rates among women are highest in the Northeast and South. Seven of the ten states with the highest case rates among women are in the south.^{6,7}

Income: Women with HIV/AIDS are disproportionately low-income. Nearly two-thirds (64%) of women with HIV/AIDS in the care system have annual incomes below \$10,000 compared with 41% of men.⁸

Transmission: It is estimated that the majority (65%) of women contract HIV through heterosexual contact and most others (32%) are infected through injection drug use. These patterns are fairly consistent across racial and ethnic groups.⁴

- Among younger women, heterosexual contact accounts for an even larger share of estimated infections. Three-fourths (75%) of women ages 13 to 24 are estimated to have been infected through heterosexual contact and almost one-fifth (18%) through injection drug use.⁴

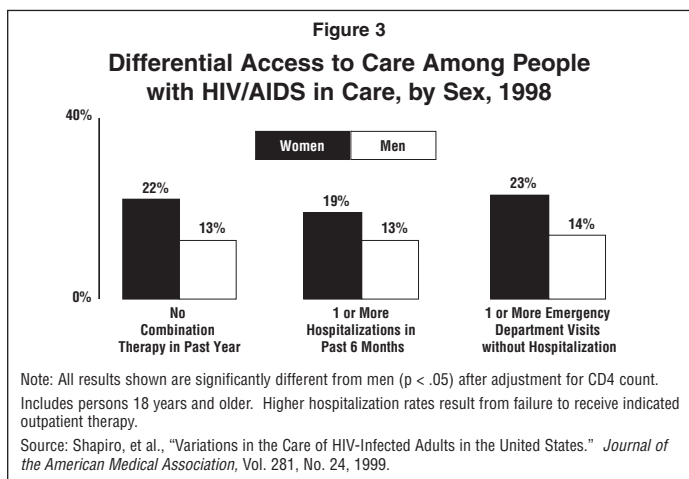
Reproductive health: HIV is transmitted more efficiently from men to women during sexual intercourse. Having another STD may increase a woman's risk for contracting HIV, but many women may not be aware that they are at elevated risk for HIV because some STDs can be asymptomatic.⁹

- Research is underway to develop microbicides, topical compounds for women to use prior to sex to help prevent infection of HIV and other STDs. Should they become available, a woman could use a microbicide without requiring her partner's consent or knowledge.
- Women living with HIV are at increased risk for developing or contracting a range of reproductive conditions, including cervical dysplasia and HPV, precursors for cervical cancer.⁹

Family responsibilities: Women with HIV in the care system are more likely than men to have children under 18 in their homes (76% of women compared to 34% of men), which may complicate their ability to manage their own illness.¹⁰

Access to and Use of the Health Care System

Advances in medical care and treatments allow many to live longer and healthier lives with HIV, but access to care is not equal. Many women with HIV/AIDS encounter barriers to treatment and do not receive optimal levels of care (Figure 3).¹¹



Health Insurance: Having health insurance, either public or private, improves access to care.

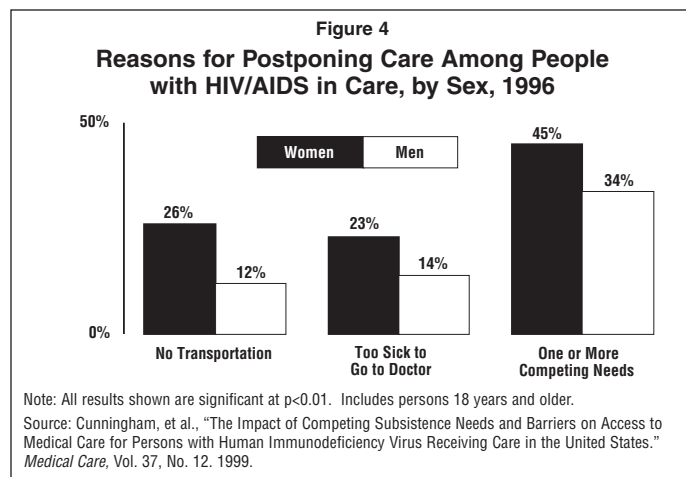
- Women with HIV/AIDS in the care system are more likely than their male counterparts (61% compared to 39%)¹² to be covered by Medicaid because they are more likely to be low-income and qualify for Medicaid as a pregnant woman or parent of a dependent child. Medicaid is the largest source of public financing for HIV care.¹³
- Men with HIV/AIDS in care were more than twice as likely to be privately insured as women (36% compared to 14%).¹²
- Similar proportions were uninsured (21% of women and 19% of men with HIV/AIDS in care).¹²

Health Care Utilization: Even women already in the care system still experience sizable barriers to obtaining services.

- Lack of transportation and concerns about missing work may cause some women to delay care (Figure 4).¹⁴

Testing and Counseling: HIV testing is critical for initiating timely care and controlling further spread of the epidemic.

- Only 32% of women have discussed HIV/AIDS with a health care provider.¹⁵ Two-thirds of women ages 18 to 49 report that they have received an HIV test, but this may be an overestimate, since 15% of these women assumed that the test was a routine part of an exam.¹⁶



- Half of young adults ages 15 to 24 state that they want more information about what is involved in getting tested for HIV or other STDs (54%) as well as where to go for testing (51%).¹⁷

The face of HIV/AIDS in the United States is increasingly likely to be a woman's face. Women at risk for HIV need access to information and education about prevention. Many women already infected with HIV face a host of challenges in managing their illness and negotiating their family responsibilities. The disproportionate concentration of the epidemic among women within communities of color, particularly those in the South and Northeast, and among women with limited resources is especially striking. Despite significant advances in HIV treatment and care, many women still face sizable barriers to receiving optimal levels of care, suggesting that social supports are critical for women with HIV/AIDS to improve quality of life for themselves and their families.

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

Much of the information in this fact sheet is drawn from Kaiser Family Foundation, *Key Facts: Women and HIV/AIDS*, October 2003 (#6093), available at www.kff.org.

References

- 1 CDC, *HIV/AIDS Update: A Glance at the Epidemic*, February 2002.
- 2 CDC, *HIV/AIDS Surveillance Reports, 1986-2001*.
- 3 Fleming, P., et al., *HIV Prevalence in the United States, 2000*, 9th Conference on Retroviruses and Opportunistic Infections, Abstract #11, Oral Abstract Session 5, 2002.
- 4 CDC, *HIV/AIDS Surveillance Report*, Vol. 13, No. 2.
- 5 U.S. Bureau of the Census, 2000 Summary File 1 (SF 1).
- 6 CDC, *HIV/AIDS Surveillance in Women, L264 Slide Series Through 2001*.
- 7 Kaiser Family Foundation, *HIV/AIDS and Other STDs in the Southern Region of the U.S.: An Epidemiological Profile*, 2002.
- 8 Bozzette, et al., "The Care of HIV-Infected Adults in the United States," *New England Journal of Medicine*, Vol. 339, No. 26, 1998.
- 9 National Institute of Allergy and Infectious Diseases, *HIV Infection in Women*, 2003.
- 10 Schuster, et al. "HIV-Infected Parents and their Children in the United States." *AJPH*, Vol. 90, No. 7, 2000.
- 11 Shapiro, et al., "Variations in the Care of HIV-Infected Adults in the United States," *JAMA*, Vol. 281, No. 24, 1999.
- 12 Fleishman, J. Personal communication, Analysis of Data from the HIV Cost and Services Utilization Study (HCSUS), January 2002.
- 13 Kaiser Family Foundation, *Federal HIV/AIDS Spending, A Budget Chartbook: FY 2002*, September 2003.
- 14 Cunningham, 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.
- 15 Kaiser Family Foundation, *The AIDS Epidemic at 20 Years, The View from America: A National Survey of Americans on HIV/AIDS*, 2001.
- 16 SELF/Kaiser Family Foundation, *A National Survey of Women About Their Sexual Health*, Summer 2003.
- 17 Kaiser Family Foundation, *National Survey of Adolescents and Young Adults: Sexual Health Knowledge, Attitudes and Experiences*, 2003.