

POPULATION FACT SHEET: AUGUST 2010

WOMEN

In the United States, transmission of HIV/AIDS among women is slowly beginning to decrease after years of growth, but high rates persist among racial and ethnic minorities. In addition to facing the challenges of living with HIV and adhering to treatment, HIV-positive women are often primary caregivers for children and aging parents.

SURVEILLANCE

- Twenty-six percent of estimated AIDS diagnoses at the end of 2008* were among women.¹
- The primary transmission category for women diagnosed with AIDS in 2008 was heterosexual contact, which accounted for 74 percent of estimated cases.¹
- Women of color represented 84 percent of estimated AIDS diagnoses in 2008.¹

Critical Issues

Women with HIV/AIDS may have more difficulty than men accessing treatment and health care. Nearly 1 in 5 women—17.2 million—under age 65 in the United States are uninsured. Women who are younger and have low income are particularly at risk for being uninsured, as are women of color, especially Hispanic women. Women without insurance lack sufficient access to care, get a lower quality of care when they do enter the health system, and have poorer health outcomes.²

Most women who are HIV positive live in poverty and were already poor when they learned their serostatus.^{3,4} Low socioeconomic status negatively affects access to health care. In addition, when women face unmet subsistence needs (e.g.,

housing, food, and child care), they have little time or resources to devote to their own health. The impact on their lives and on the lives of their children—and on older adults who may be in their care—can be catastrophic.⁵

Minority women are especially vulnerable to HIV infection. Black women, in particular, now represent the majority of new HIV/AIDS cases among women and the majority of women living with HIV disease.⁶

Women are more biologically susceptible to HIV infection: Male-to-female transmission of HIV is 2 to 4 times more efficient than female-to-male transmission.^{6,7} Women are especially vulnerable to HIV disease in relationships in which HIV status is not discussed and prevention methods are not incorporated.

Beliefs about gender roles, knowledge of sex and sexuality, level of education, fear of physical abuse, and gender inequality in relationships all play important roles in determining risk factors and risky behavior.^{5,8} For example, in a North Carolina study of HIV infection in Black women, participants most commonly attributed their high-risk behavior to financial dependence on male partners, low self-esteem coupled with the need to feel loved by a man, and substance abuse.⁹

THE RESPONSE OF THE HIV/AIDS BUREAU

A significant portion of Ryan White HIV/AIDS Program funds are devoted to serving women living with HIV disease. In 2008, 33 percent of Program clients were female, a total of 291,195 women. Part D of the Ryan White HIV/AIDS Program is specifically designed to serve this population. For FY 2010, Part D appropriations were approximately \$77.8 million. Grants support providers in their efforts to deliver family-centered comprehen-

* The most recent year for which data are available.



sive care to women and their families, youth, and children, and to help improve access to clinical trials and research.

The Ryan White HIV/AIDS Program Special Projects of National Significance Program (SPNS) funded an initiative focusing on innovative HIV outreach and intervention models. One of the demonstration sites, the University of Miami School of Medicine's Caring Connections Program, is investigating models for reaching seropositive women and children who are not in care or are underserved. To learn more, visit hab.hrsa.gov/special/outreach_index.htm. Another SPNS initiative, Enhancing Ac-

cess to and Retention in Quality HIV/AIDS Care for Women of Color, began in 2010 and is demonstrating and evaluating HIV service delivery interventions for women of color at multiple sites (for more information, see hab.hrsa.gov/special/woc_index.htm). *A Guide to the Clinical Care of Women With HIV/AIDS*, published by the HIV/AIDS Bureau, is the primary textbook on the treatment of HIV-positive women and the first manual dedicated to the medical treatment of women with HIV. The next edition of the textbook will be published in summer 2011. Additional population-specific technical assistance can be found at www.careacttarget.org.

NOTES

- Centers for Disease Control and Prevention (CDC). *HIV Surveillance Report, 2008*. 2010;20. Table 4b.
- Henry J. Kaiser Family Foundation. *Women's health insurance coverage*. Fact sheet. 2009. Available at: www.kff.org/womenshealth/upload/6000-08.pdf. Accessed April 24, 2010.
- Kaiser Family Foundation. *Women and HIV/AIDS in the United States*. Fact sheet. September 2009. Available at www.kff.org/hiv/aids/upload/6092-07.pdf. Accessed July 5, 2010.
- Solomon L, Stein M, Flynn C, et al. Health services use by urban women with or at risk for HIV-1 infection; the HIV Epidemiology Research Study (HERS). *J Acquir Immune Defic Syndr*. 1998;17:253-61.
- CDC. *HIV/AIDS among women*. Fact sheet. 2008. Available at: www.cdc.gov/hiv/topics/women/resources/factsheets/pdf/women.pdf. Accessed April 24, 2010.
- Henry J. Kaiser Family Foundation. *Putting women's health care disparities on the map: Examining racial and ethnic disparities at the state level*. June 2009. Available at: www.statehealthfacts.org/downloads/womens-health-disparities/Putting%20Womens%20Healthcare%20Disparities%20On%20the%20Map.pdf. Accessed April 26, 2010.
- Turmen T. Gender and HIV/AIDS. *Int J Gynaecol Obstet*. 2003;82:411-8.
- Abel E, Chamber KB. Factors that influence vulnerability to STDs and HIV/AIDS among Hispanic women. *Health Care Women Int*. 2004;15:761-80.
- CDC. HIV transmission among Black women—North Carolina, 2004. *MMWR*. 2005;54:89-94.

This publication lists non-Federal resources to provide additional information. The views and content in those resources have not been formally approved by the U.S. Department of Health and Human Services (HHS). Listing of the resources is not an endorsement by HHS or its components.