

## POPULATION FACT SHEET: AUGUST 2012

### WOMEN

In 2009, women represented 51 percent of the U.S. population and accounted for an estimated 23 percent\* of those newly infected with HIV.<sup>1</sup> Further, they represent more than 290,000 of the estimated 1.1 million people living with HIV in the United States.<sup>2</sup> Many of these women, most of whom are racial and ethnic minorities, experience significant socioeconomic barriers to HIV testing, treatment, and care, including poverty, limited health literacy, and lack of access to medical providers. It is not uncommon for HIV-positive women to be the sole care providers in their families, often deferring their health care needs for those of their children and extended family members.<sup>3</sup>

### SURVEILLANCE

- HIV-positive women of all racial and ethnic groups were overwhelmingly infected through high-risk heterosexual contact. Of the 10,168 estimated HIV diagnoses among women in 2010, nearly 86 percent contracted the virus through high-risk heterosexual contact.<sup>4</sup>
- Among females living with a diagnosis of HIV infection in 2010, Black/African-American women represented 62 percent of cases while Hispanic/Latinas and White women accounted for 18 percent and 17 percent of cases, respectively.<sup>5</sup>
- Black women have a 1 in 32 chance of acquiring HIV in their lifetime, compared to White women, who have a 1 in 526 chance of HIV infection.<sup>6</sup>

\* Unless otherwise noted, HIV estimates and diagnoses are gleaned from data provided by 46 U.S. States (Hawaii, Maryland, Massachusetts, Vermont are not included) and 5 U.S. dependent areas (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands).

U.S. dependent areas, however, are not included in reference to HIV among specific racial and ethnic groups, since the U.S. Census Bureau does not collect demographic information from all dependent areas.

AIDS surveillance data are based on reports submitted by all 50 States, the District of Columbia, and 6 U.S. dependent areas (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, Republic of Palau, and the U.S. Virgin Islands).

### CRITICAL ISSUES

One in five women in the United States—approximately 19 million—between the ages of 18 to 64 are uninsured. Women who are younger and low income are particularly at risk for being uninsured, as are women of color, especially Hispanic/Latina women. Women without insurance lack sufficient access to care which may impede HIV testing and result in late diagnosis; people unaware of their status are at greater risk for transmitting the virus. Uninsured women also receive lower-quality care when they do enter the health system and have poorer health outcomes.<sup>7</sup>

Low socioeconomic status negatively affects access to health care.<sup>8,9</sup> Women may also have unmet subsistence needs, such as housing, food, and child care, and have little time or resources to devote to their own health. Competing priorities, such as subsistence needs, can create barriers to entry and retention in HIV care. Women also may be vulnerable to behaviors that put them at risk for HIV infection and transmission in the first place.<sup>10</sup>

Women are more biologically susceptible to HIV infection; male-to-female transmission of HIV is approximately 2 to 4 times more efficient than female-to-male transmission.<sup>11</sup> 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.<sup>12,13,14</sup> In fact, intimate partner violence among women with HIV or at risk for HIV may be as high as 67 percent—a rate 3 to 4 times greater than among HIV-negative women.<sup>15,16</sup>

In several studies, women of color, who are particularly vulnerable to under- and unemployment, unstable housing, and poverty, commonly attributed their high-risk behavior to financial and emotional dependence on male partners, low self-esteem, and substance abuse.<sup>17,18,19</sup>



U.S. Department of Health and Human Services  
Health Resources and Services Administration, HIV/AIDS Bureau  
5600 Fishers Lane, Room 7-05, Rockville, MD 20857  
Tel.: 301.443.1993 Web: [hab.hrsa.gov](http://hab.hrsa.gov)

## HIGHLIGHTS OF THE HIV/AIDS BUREAU'S RESPONSE TO WOMEN'S ISSUES

In 2010, 31 percent of Ryan White HIV/AIDS Program clients were female.\* Also in 2010, \$77.8 million was awarded to 98 grantees through the Part D Program for Women, Infants, Children, Youth, and Families. These grants support providers in their efforts to deliver family-centered comprehensive care to this population, and help improve access to clinical trials and research.<sup>20</sup>

The Health Resources and Services Administration (HRSA) HIV/AIDS Bureau supports numerous mechanisms to bolster and develop community-based health care networks serving women that reduce barriers to early HIV identification and ensure entry into state-of-the-art primary health care. In addition, HRSA provides support in the form of comprehensive training to grantees and providers delivering HIV services to women, and Minority AIDS Initiative funding to those building their capacity to engage women of color.

\* U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB). *2010 Ryan White HIV/AIDS Program Services Report*.

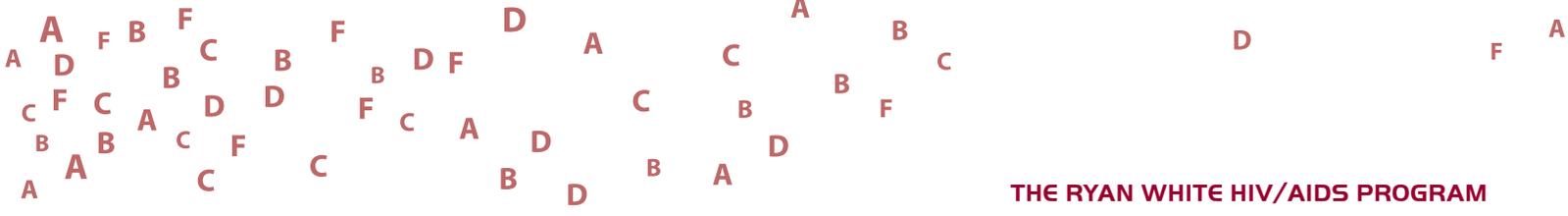
## NOTES

- U.S. Centers for Disease Control and Prevention (CDC). *HIV among women*. Fact sheet. August 2011. Available at: [www.cdc.gov/hiv/topics/women/pdf/women.pdf](http://www.cdc.gov/hiv/topics/women/pdf/women.pdf). Accessed June 29, 2012.
- CDC. HIV surveillance in the United States—1981-2008. *MMWR*. 2011. 60(21). Available at: [www.cdc.gov/mmwr/PDF/wk/mm6021.pdf](http://www.cdc.gov/mmwr/PDF/wk/mm6021.pdf). Accessed June 29, 2012.
- Aziz M, Smith K. Challenges and successes in linking HIV-infected women to care in the United States. *Clin Infect Dis*. 2011;52 (suppl 2):S231–37.
- CDC. *HIV Surveillance Report*, 2010; vol. 22. Table 3b. Available at: [www.cdc.gov/hiv/topics/surveillance/resources/reports/](http://www.cdc.gov/hiv/topics/surveillance/resources/reports/). Published March 2012. Accessed June 29, 2012.
- CDC. *Epidemiology of HIV infection through 2010*. 2012. Slide 7. Available at: [www.cdc.gov/hiv/topics/surveillance/resources/slides/general/slides/general.pdf](http://www.cdc.gov/hiv/topics/surveillance/resources/slides/general/slides/general.pdf). Accessed March 20, 2012.
- CDC. *HIV among women*. Fact sheet. August 2011. Available at: [www.cdc.gov/hiv/topics/women/pdf/women.pdf](http://www.cdc.gov/hiv/topics/women/pdf/women.pdf). Accessed June 29, 2012.
- Kaiser Family Foundation (KFF). *Women's health policy facts fact sheet: women's health insurance coverage*. December 2011. [www.kff.org/womenshealth/upload/6000-091.pdf](http://www.kff.org/womenshealth/upload/6000-091.pdf). Accessed March 20, 2012.
- Squires K, Hodder S, Feinberg J, et al. Health needs of HIV-infected women in the United States: insights from the women living positive survey. *AIDS Patient Care and STDs*. May 2011;5(5):279–85.
- National Women's Law Center. *Poverty among women and families, 2000–2010*. Washington, DC: Author; 2011. Available at: [www.nwlc.org/sites/default/files/povertyamongwomenandfamilies2010final.pdf](http://www.nwlc.org/sites/default/files/povertyamongwomenandfamilies2010final.pdf).
- Moneyham L, McLeod J, Boehme A, et al. Perceived barriers to HIV care among HIV-infected women in the Deep South. *JANAC*. March 2010;23(2):95–6.
- 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;25(8):761–80.
- CDC. *HIV among women*. Fact sheet. August 2011. Available at: [www.cdc.gov/hiv/topics/women/pdf/women.pdf](http://www.cdc.gov/hiv/topics/women/pdf/women.pdf). Accessed April 2, 2012.
- Sharp S, Khaylis A, Kamen C, et al. A review of psychosocial factors that facilitate HIV infection among women living in Canada and the United States: implications for public health policy. *Women's Health and Urban Life*. December 2010;9(2):63–79.
- Cobb AJ. *The intersection: HIV/AIDS and intimate partner violence*. Paper presented at: Ryan White All-Grantee Meeting; August 25–28, 2008; Washington, DC.
- Brief D, Vielhauer M, Keane T. University of California, San Francisco, AIDS Health Project. The interface of HIV, trauma, and posttraumatic stress disorder. *Focus*. 2006;21(4):1–4.

*A Guide to the Clinical Care of Women With HIV/AIDS*, edited by Jean R. Anderson of Johns Hopkins University and published by HRSA, is the primary textbook on the treatment of HIV-positive women. It was the first manual written specifically on the medical treatment of women with HIV. An updated edition is expected in Fall of 2012.

For more information on women and HIV/AIDS, see the July 2004, December 2004, and September 2009 issues of *HRSA CAREAction*. A forthcoming issue of this newsletter will address the impact of HIV/AIDS among African-American women. In addition, an overview of the Ryan White HIV/AIDS Program's ongoing dedication to addressing HIV/AIDS among women and girls is available on the Ryan White HIV/AIDS Program Living History Web site ([http://hab.hrsa.gov/livinghistory/issues/women\\_1.htm](http://hab.hrsa.gov/livinghistory/issues/women_1.htm)), including the video, *Darlene: Lord, Protect Me*, the personal story of one woman living with HIV in Washington State (<http://hab.hrsa.gov/livinghistory/voices/darlene.htm>).

In addition, HRSA has engaged in community consultations and collaborations with national agencies addressing HIV among women, particularly those who are members of marginalized populations.



<sup>17</sup> CDC. HIV transmission among black women—North Carolina, 2004. *MMWR*. 2005;54:89–94.  
<sup>18</sup> KFF. *AIDS in Black America: findings from focus groups*. 2010. Available at: [www.kff.org/entpartnerships/gta/upload/Greater-Than-AIDS-National-Focus-Group-Report.pdf](http://www.kff.org/entpartnerships/gta/upload/Greater-Than-AIDS-National-Focus-Group-Report.pdf).  
<sup>19</sup> Steward W. Challenges and successes in linking HIV-infected women to care in the United States. *Clin Infect Dis*. 2011;52 (suppl 2):S231–S237.

<sup>20</sup> HRSA. *Going the distance: the Ryan White HIV/AIDS Program—20 years of leadership, a legacy of care*. 2010. Available at: <http://hab.hrsa.gov/data/files/2010progressrpt.pdf>.