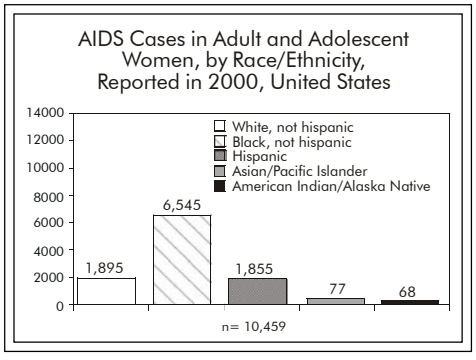
HIV/AIDS Among U.S. Women: Minority and Young Women at Continuing Risk

CENTERS FOR DISEASE CONTROL AND PREVENTION

Between 1992 and 1999, the number of persons living with AIDS increased, as a result of the 1993 expanded AIDS case definition and, more recently, improved survival among those who have benefited from the new combination drug therapies. During that 7-year period, a growing proportion of persons living with AIDS were women, reflecting the ongoing shift in populations affected by the epidemic. In 1992, women accounted for 14% of adults/adolescents living with AIDS — by 1999, the proportion had grown to 20%.

Since 1985, the proportion of all AIDS cases reported among adult and adolescent women has more than tripled, from 7% in 1985 to 25% in 1999. The epidemic has increased most dramatically among women of color. African American and Hispanic women together represent less than one-fourth of all U.S. women, yet they account for more than three-fourths (78%) of AIDS cases reported to date among women in our country. In 2000 alone (see chart below), African American and Hispanic women represented an even greater proportion (80%) of cases reported in women.



While HIV/AIDS-related deaths among women continued to decrease in 1999, largely as a result of recent advances in HIV treatment, HIV/AIDS was the 5th leading cause of death for U.S. women aged 25-44. Among African American women in this same age group, HIV/AIDS was the third leading cause of death in 1999.

Heterosexual Contact Now Is Greatest Risk for Women

Sex with drug users plays large role

In 2000, 38% of women reported with AIDS were infected through heterosexual exposure to HIV; injection drug use accounted for 25% of cases. In addition to the direct risks associated with drug injection (sharing needles), drug use also is fueling the heterosexual spread of the epidemic. A significant proportion of women infected heterosexually were infected through sex with an injection drug user. Reducing the toll of the epidemic among women will require efforts to combat substance abuse, in addition to reducing HIV risk behaviors.

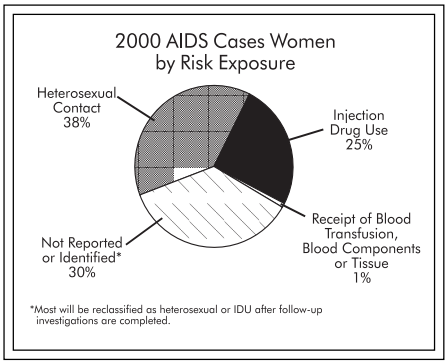
Many HIV/AIDS cases among women in the United States are initially reported without risk information, suggesting that women may be unaware of their partners' risk factors or that the health care system is not documenting their risk. Historically, more than two-thirds of AIDS cases among women initially reported without identified risk were later reclassified as heterosexual transmission, and just over one-fourth were attributed to injection drug use.

Prevention Needs of Women

- **Pay attention to prevention for women.** The AIDS epidemic is far from over. Scientists believe that cases of HIV infection reported among 13- to 24-year-olds are indicative of overall trends in HIV incidence (the number of new infections in a given time period, usually a year) because this age group has more recently initiated high-risk behaviors — and females made up nearly half (47%) of HIV cases in this age group reported from the 34 areas with confidential HIV reporting for adults and adolescents in 2000. Further, for all years combined, young African American and Hispanic

women account for three-fourths of HIV infections reported among females between the ages of 13 and 24 in these areas.

- **Implement programs that have been proven effective** in changing risky behaviors among women and sustaining those changes over time, maintaining a focus on both the uninfected and infected populations of women.



- **Increase emphasis on prevention and treatment services for young women and women of color.** Knowledge about preventive behaviors and awareness of the need to practice them is critical for each and every generation of young women — prevention programs should be comprehensive and should include participation by parents as well as the educational system. Community-based programs must reach out-of-school youth in settings such as youth detention centers and shelters for runaways.

- **Address the intersection of drug use and sexual HIV transmission.** Women are at risk of acquiring HIV sexually from a partner who injects drugs and from sharing needles themselves. Additionally, women who use noninjection drugs (e.g., "crack" cocaine, methamphetamines) are at greater risk of acquiring HIV sexually, especially if they trade sex for drugs or money.

- **Develop and widely disseminate effective female-controlled prevention methods.** More options are urgently needed for women who are unwilling or unable to negotiate condom use with a male partner. CDC is collaborating with scientists around the world to evaluate the prevention effectiveness of the female condom and to research and develop topical microbicides that can kill HIV and the pathogens that cause STDs.

- **Better integrate prevention and treatment services for women** across the board, including the prevention and treatment of other STDs and substance abuse and access to antiretroviral therapy.

For information about national HIV prevention activities, see the following CDC fact sheets:

- "CDC's Role in HIV and AIDS Prevention"
- "Linking Science and Prevention Programs— The Need for Comprehensive Strategies"

For more information...

CDC National STD & AIDS Hotlines:
1-800-342-AIDS
Spanish: 1-800-344-SIDA
Deaf: 1-800-243-7889

CDC National Prevention Information Network:
P.O. Box 6003
Rockville, Maryland 20849-6003
1-800-458-5231

Internet Resources:
NCHSTP: http://www.cdc.gov/nchstp/od/nchstp.html
DHAP: http://www.cdc.gov/hiv
NPIN: http://www.cdcnpin.org