WOMEN & HIV/AIDS: Focus on Marginalized Groups

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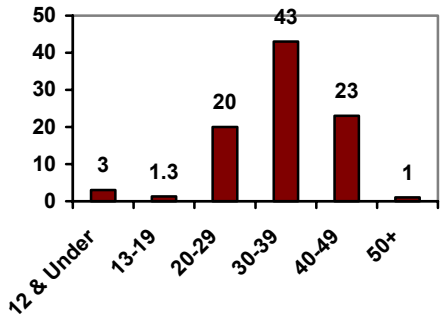
HIV/AIDS Prevalence Among Women

- In 2001, 18.5 million women worldwide were living with HIV, accounting for approximately half of all HIV cases. [i]
- As of December 2001, 145, 461 women in the United States were living with AIDS. [xxiv]
- High-risk behaviors, especially unprotected oral, vaginal, and anal intercourse, are continuing at a high rate. This is true even for some people who have been counseled and tested for HIV, including those found to be infected. [ii]
- Worldwide, women face the greatest risk of acquiring HIV due to substantial mucosal exposure to seminal fluids, high prevalence of non-consensual sex, sex without condoms, and the unknown high-risk behaviors of their partners. [iii]
- More people worldwide have been infected with HIV through heterosexual contact than through any other means of transmission. In the US, heterosexual transmission accounts for a growing percentage of both HIV infections and AIDS cases. [iv]

Figure 1: Age of Diagnosis - Percent of US Females with AIDS December 2001



- In the United States, most women (43%) are diagnosed with AIDS between the ages of 30 and 39 (See Figure 1). [xxiv]
- HIV/AIDS in 1999 was 5th leading cause of death for women ages 25-44 in the United States.[v]
- Since 1985, the proportion of all AIDS cases reported among adult and adolescent women in the United States has more than tripled, from 7% in 1985 to 25% in 2001.[vi]

Key Actions

- Educate women on the testing options available in order to learn their own and their partner's HIV statuses. This knowledge can help uninfected women begin and maintain behavioral changes that reduce their risk of becoming infected. For women found to be infected, it can assist them in getting early treatment and avoiding infecting others. [vi]
- Initiate school-based programs that reach youth before sexual and IV-drug use behavior patterns are established.
- Collaborate efforts between community-based programs to reach out-of-school youth and adults about the tools for HIV prevention.
- Educate on the importance of treating non-HIV sexually transmitted infections (STI's) in HIV prevention.
- Improve the access girls and women have to HIV/AIDS education. Ensure they have information about their own bodies, STI education, and the skills to say "no" to unwanted or unsafe sex.
- Tailor HIV prevention strategies to meet the needs of groups with specific physical and cultural needs, such as the hearing and visually-impaired, the mentally ill, the physically disabled, and immigrants, as well as other non-English-speaking populations who have been low priorities in the development of HIV/STI preventive education tactics.
- Demand more research on specific populations impacted by HIV/AIDS, particularly groups marginalized because of lack of social power and political clout.

Patriarchy and Problems of Prevention

- AIDS prevention campaigns often fail due to the assumption that women are at low risk. These assumptions are based on the belief that AIDS is a disease that only affects men who have sex with men. This results in education and resources that may not be practical or applicable for heterosexual, bisexual or homosexual women.
- Many women have little control over their sexual decisions, and it may be impossible for them to use prevention tactics such as condoms, abstinence, mutual fidelity and other options that call for assertiveness and equal power in intimate relationships. [v]
- The use of condoms as a preventative solution can be a major obstacle for many women who lack empowerment in sexual relationships either due to religious beliefs or patriarchal standards of their specific subculture, ethnicity, or larger society.
- HIV prevention that has largely focused on condom use is incompatible with conception. Alternative HIV prevention methods do not exist for couples trying to conceive.

Key Actions

- Develop affordable female-controlled HIV/STI prevention methods that women themselves can use without the knowledge or cooperation of their partner. Disseminate vaginal microbicides, virus-killing, though sperm-safe, creams or foams, that women can insert vaginally before intercourse. [vi]
- Design and support prevention programs for disempowered women that include a focus on building self-esteem and the skills necessary to delay sexual intercourse and to negotiate condom use. [vii]
- Encourage women's economic independence by supporting networks and community organizations that counter the patriarchal forces in society by creating paths for women to pursue economic independence.
- Teach and encourage boys and men to respect girls and women, to engage in responsible sexual behavior, and to share the responsibility for protecting themselves, their partners, and their children from HIV and other STIs. [v]

Social Contexts & Infection Progression Differences for Women with HIV/AIDS

- Women with HIV/AIDS are almost twice as likely as men to be covered by Medicaid. They are half as likely as men to be privately insured. One in five HIV infected women is uninsured.[ix]
- One study found that women using hormonal contraceptives were 5 to 7 times more likely to become infected with multiple strains of HIV. Hormonal contraceptives have the unintended consequences of thinning the vaginal lining and changing the nature of vaginal cells, which allows for easier transmission. Women who use hormonal contraceptives are also less likely to use condoms or convince their partners to use condoms.
- Women with HIV are more likely to have abnormal Pap smear results.[viii]
- The medical community has been slow to recognize gender specific HIV/AIDS symptoms for women, e.g. recurrent vaginal yeast infections and severe pelvic inflammatory disease.
- STIs, particularly those that cause ulcerations of the vagina (such as herpes, syphilis and chancroid), greatly increase a woman's risk of becoming infected with HIV.
- Several studies show that women with HIV have a shorter survival time than men with HIV. This difference may be because women are less likely than men to be diagnosed early. [iii]
- Although treatment advances and prevention interventions have reduced AIDS incidence and deaths, women do not appear to have benefited at the same rate as men. Between 1993 and 1999, the number of AIDS cases among women fell by 36%, compared to 60% among men.

Key Actions

- Provide women-friendly health services by ensuring that girls and women have access to appropriate health care and HIV/STI prevention services at places and times that are convenient for them. Expand voluntary HIV testing and counseling services. Make condoms and STI care available where women can go without embarrassment. [v]
- Advocate for more government-funded programs designed to provide prevention education and HIV/AIDS treatment for low-income women.

Pregnancy and Mother to Child Transmission (MTCT)

- Worldwide, MTCT causes over 90% of infections in children and infants.[xi]
- 1,600 babies are born with HIV or infected through breast-feeding everyday [iv]
- HIV-positive women should not breastfeed if alternatives are available because breastfeeding increases rate of transmission by up to 14%. However, the World Health Organization (WHO) states that in countries where alternatives are not available, the good of breastfeeding outweighs the risk of transmission. [xi]
- Risk of MTCT is significantly increased if the mother has advanced HIV. Other factors that may increase risk are the following: drug use (such as heroin or crack/cocaine), severe inflammation of fetal membranes, or a prolonged period, usually 4+ hours, between membrane rupture and delivery. [iii]
- Risk of MTCT is about 25% without drug treatment;[viii] this risk can be lowered to less than 5% with drug therapies. Similarly, in absence of breast-feeding, AZT given late in pregnancy and during delivery reduced the rate of HIV transmission to infants of infected mothers by half. A one-third reduction in early transmission was found in the same regimen in a breast-feeding population in Abidjan.[iv]
- If mothers use AZT and deliver their babies by cesarean section, the rate of MTCT can be reduced to 1%.[xii]

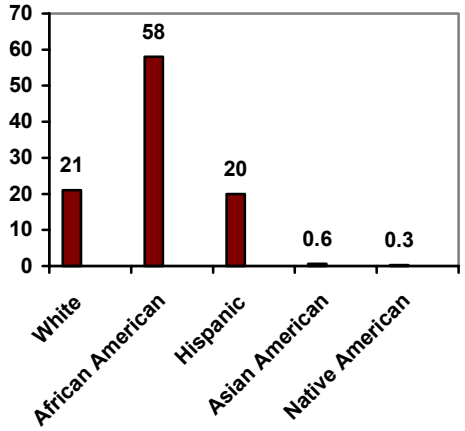
Key Actions

- Educate HIV-positive women who are breast-feeding about different management strategies, including early weaning, formula substitution, and evaluation of drugs or vaccines to reduce risk of transmission. [iii]
- Make prevention and care of HIV and STIs part of reproductive health care programs at all levels, including primary care. Pregnancy management of HIV infected women should be accessible with the possibility of providing long-term care in the homes of the women.
- WHO suggests that all women in areas of high HIV infection should be given vitamin supplements and iron folate. In all areas, quality counseling should accompany HIV testing that is accessible, voluntary, and confidential. [xiii]

Women of Color in the United States

- HIV infection in communities of color is higher than indicated by earlier statistics. [xiv]
- Women with HIV are disproportionately poor women of color. [xv]
- In 1999, African American women and Hispanic women represented less than 25% of all US women, yet they accounted for 75% of all female HIV cases (80% in 2000,[vi] 78% in 2001[xx] and 77% in 2002[xvi]).
- For African American women in 1999, AIDS was the 3rd leading cause of death for women ages 25-44. [vi]
- Hispanic women have greater difficulty with mandating condom use because a high percentage of them are Catholic, and the Catholic Church opposes the use of contraceptives. [xiv]
- HIV prevalence among African American women in the 1990s was 7 times higher than white women; for Hispanic women it was 8 times higher.[xvii]
- In December 2001, 58% of the women in the United States with AIDS were African American (See Figure 2). [xx]

Figure 2: Race & Ethnicity - Percent of U.S. Females with AIDS December 2001



Key Actions

- Increase emphasis on prevention and treatment services for women of color through the development of community-based programs tailored to fit the specific needs of the women in these communities.
- Provide funding for community-based programs that are tailored to address cultural issues of HIV/STI education in minority communities.
- Disseminate information and condoms in minority communities.

Women Who Have Sex With Women (WSW)

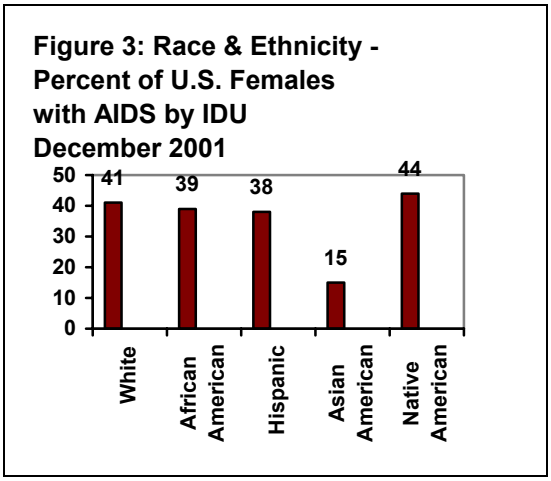
- WSW can become infected with HIV through sexual contact.
- The CDC has documented several cases of woman-to-woman sexual transmission.
- As of April 2000, there were no published studies examining the risks for women who have sex with other women. The CDC does not include female-to-female sexual transmission in its AIDS reports. Half of the data collected through 1998 of more than 100,000 women with AIDS contained no information on whether the women had sex with other women. [xviii]

Key Actions

- Lobby policymakers to mandate data collection and reporting on WSW and HIV/AIDS.
- WSW should know that exposure of a mucous membrane, such as the mouth (especially non-intact tissue), to vaginal secretions and menstrual blood is a potential route of infections, particularly during early and late-stages of HIV infection when the amount of virus in the blood is expected to be highest.
- In general, sex toys should not be shared, but to make sure to use condoms if a sex toy is used on/in more than one partner during a sexual encounter.
- Use dental dams, cut-open condoms, or non-microwaveable plastic wrap to help prevent contact with body fluids during oral sex.
- Use condoms consistently and correctly for sexual contact with men.
- Remind HIV/AIDS research funding agencies that sexual identity does not necessarily predict behavior. Woman who identify as homosexual or lesbian may have intercourse with men.
- Inform health educators that women who identify as lesbian may be at risk for HIV through unprotected sex with men, as well as with other women. [xviii]
- Prevention interventions targeting WSW must address a full range of behaviors that put WSW at risk for HIV infection, including injection drug use and unprotected vaginal-penile intercourse.[ixx]

Intravenous Drug Use in the United States

- Of the adult/adolescent female AIDS cases reported through December 2001, 55% were related to intravenous drug use (IDU) or sex with intravenous drug users. [xx]
- Native American women are the most likely (44%) of all women in the United States to contract AIDS due to IDU (See Figure 3). [xx]
- IDU was the main risk factor for HIV infection for female sex workers in six US cities.
- Female injection drug users who trade sex for money or drugs are more likely to share needles and are less likely to clean old ones before sharing.[xxi]



Key Actions

- Support community outreach programs designed to prevent the initiation of drug injection. Improve access to quality substance abuse programs. Support the use of and access to sterile needles. These programs help the uninfected stay that way, help infected people stay healthy, and help individuals initiate and sustain behaviors that will keep themselves safe and prevent transmission to others.

Sex Workers

- Women who are poor and earn their living as sex workers are at great risk for HIV infection.
- Street sex workers are at a much higher risk than other types of sex workers because they are more likely to have drug-dependence issues, to be poor and to be homeless.[xxi]
- Sex workers have great incentive to have unprotected sex for which they can charge a higher price.
- Clients may use violence to force sex without a condom.
- Police in many cities routinely confiscate condoms when they arrest or stop sex workers. Sex workers may not be able to obtain more condoms before returning to work. [xxii]

Key Actions

- Provide safe networks where sex workers can obtain HIV/AIDS prevention education materials, free condoms, affordable HIV testing and treatment, and resources regarding economic alternatives to prostitution.
- Educate police about the importance of condoms in HIV/STI prevention and the public health disadvantages of confiscating condoms from sex workers.

Incarcerated Women in the United States

- The number of HIV-positive women in prisons has steadily risen since 1980.
- Incarcerated women are 2 times more likely to be HIV-positive than incarcerated men: the rate of HIV infection is 7% among incarcerated men and 13% among incarcerated women.
- Links between drug use, sex work, victimization, poverty, race and HIV explain prevalence among incarcerated women: 84% reported a history of drug use, 74% used drugs regularly; 66% of women in prison are women of color; 50%-66% have reported a history of sexual or physical abuse. [xxiii]

Key Actions

- Provide prevention education programs and HIV/AIDS treatment for women in prisons.

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