



Affirmations

When I envision the future, I think of the world I crave for my daughters and my sons. It is thinking for survival of the species - thinking for life.

~Audre Lorde

I would like to be finished with shame, to know I love myself and my own people, that I believe I have something positive to contribute...

~Toi Derricotte

SAVE THE DATE

2009 National HIV Prevention Conference

August 23-26, 2009
Atlanta, Ga.

2009 United States Conference on AIDS

Oct. 29-31, 2009
San Francisco, Ca.

INSIDE

2...HIV/AIDS among women and girls cont.

3...HIV/AIDS among women and girls cont.

Back Cover...
References

A ò ì n k r a

Southern Prevention Intervention Center of the
African American Prevention Intervention Network

An update

HIV/AIDS among women and girls

Early in the epidemic, HIV infection and AIDS were diagnosed for relatively few women and female adolescents (although we know now that many women were infected with HIV through injection drug use but that their infections were not diagnosed) [1]. Today, women account for more than one quarter of all new HIV/AIDS diagnoses. Women of color are especially affected by HIV infection and AIDS. According to data from 2004, HIV infection was the:

- Leading cause of death for black women (including African-American women) ages 25–34 years.
- Third leading cause of death for black women ages 35–44 years.
- Fourth leading cause of death for black women ages 45–54 years.
- Fourth leading cause of death for Hispanic women ages 35–44 years.

In the same year, HIV infection was the fifth leading cause of death among all women ages 35–44 years and the sixth leading cause of death among all women ages 25–34 years. The only diseases causing more deaths of women were cancer and heart disease [2].

STATISTICS

HIV/AIDS in 2006 and 2007

Based on data from the 34 states with long-term, confidential name-based HIV reporting:

- In 2006, women accounted for an estimated 15,000 (27%) of the newly diagnosed HIV infections. [3]
- In 2006, high-risk heterosexual contact was estimated to be the source of 80% of new HIV infections in female adults and adolescents [3].
- As of the end of 2007, of the

146,692 women living with HIV/AIDS, 64% were black, 19% were white, 15% were Hispanic, and less than 1% were Asian, Pacific Islanders, American Indians or Alaska Natives [3].

AIDS in 2006 and 2007

- In 2007, of the 35,934 adult and adolescent AIDS diagnoses in the 50 states and the District of Columbia, 9,579 (27%) were for women [3].
- The 2007 rate of AIDS diagnosis for black women (39.8/100,000 women) was approximately 22 times the rate for white women (1.8/100,000) and four times the rate for Hispanic women (8.9/100,000) [3].
- In 2007, an estimated 104,560 women were living with AIDS, representing 22% of the estimated 468,578 people living with AIDS in the 50 states and the District of Columbia [3].
- In 2007, an estimated 3,714 women with AIDS died, representing 25% of the 14,561 persons with AIDS who died in the 50 states and the District of Columbia [3].
- From the beginning of the epidemic (1981) through 2007, women accounted for 198,544 AIDS diagnoses, a number that represents 19% of the 1,051,875 AIDS diagnoses in the 50 states and the District of Columbia during this period [3].
- From the beginning of the epidemic through 2007, an estimated 93,984 women with AIDS died, accounting for 16% of the 583,298 persons with AIDS who died in the 50 states and the District of Columbia [3].

(Continued on page 2)

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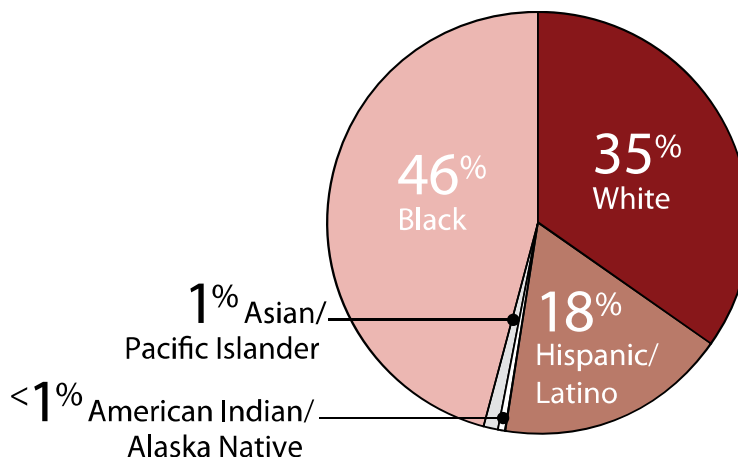
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HIV/AIDS among women and girls cont.

- Women with AIDS made up an increasing part of the epidemic. In 1992, women accounted for an estimated 14% of adults and adolescents living with AIDS in the 50 states and the District of Columbia [5]. By the end of 2007, this proportion had grown to 23% [3].
- Data from the 2005 census show that together, black and Hispanic women represent 24% of all U.S. women [6]. However, women in these two groups accounted for 80% (7,695/9,579) of the estimated total of AIDS diagnoses for women in 2007 [3].

Estimated HIV Prevalence, by Race/Ethnicity, 2006



Source: Centers for Disease Control and Prevention, New Estimates of U.S. HIV Prevalence, 2006. October 2008. Retrieved February 28, 2009 from <http://www.cdc.gov/hiv/topics/surveillance/resources/factsheets/prevalence.htm> [28].

RISK FACTORS AND BARRIERS TO PREVENTION

Younger Age

For women of all races and ethnicities, the largest number of HIV/AIDS diagnoses during recent years was for women ages 15–39. [7].

Lack of Recognition of Partner's Risk Factors

Some women may be unaware of their male partner's risk factors for HIV infection (such as unprotected sex with multiple partners, sex with men, or injection drug use) [8].

High-Risk Heterosexual Risk Factors

Most women are infected with HIV through high-risk heterosexual contact [3]. Black and Hispanic women account for 81% of the women living with HIV/AIDS in 2007 who acquired HIV through high-risk heterosexual contact [3]. Lack of HIV knowledge, lower perception of risk, drug or alcohol use, and different interpretations of safer sex may contribute to this disproportion [11].

Relationship dynamics also play a role.

Biologic Vulnerability and Sexually Transmitted Diseases

A woman is significantly more likely than a man to contract HIV infection during vaginal intercourse [14, 15]. Additionally, the presence of some sexually transmitted diseases greatly increases the likelihood of acquiring or transmitting HIV infection [16].

Substance Use

In 2007, one in seven (14%) reported cases of HIV infection for female adults and adolescents were related to injection drug use [3]. Sharing injection equipment contaminated with HIV is not the only risk associated with substance use. Women who use crack cocaine or other noninjection drugs may also be at high risk for the sexual transmission of HIV if they sell or trade sex for drugs [18].

Socioeconomic Issues

Nearly one in four blacks and one in five Hispanics live in poverty [20].

HIV/AIDS among women and girls cont.

Socioeconomic problems associated with poverty, including limited access to high-quality health care; the exchange of sex for drugs, money, or to meet other needs; and higher levels of substance use can directly or indirectly increase HIV risk factors [21].

Racial/Ethnic Differences

The rates of HIV diagnosis and the risk factors for HIV infection differ for women of various races or ethnicities—a situation that must be considered when creating prevention programs. Overall, the rates of HIV diagnosis are much higher for black and Hispanic women than for white, Asian and Pacific Islander, or American Indian and Alaska Native women. The rates for black women are higher than the rates for all men except for black men [3, 24, 25].

Multiple Risk Factors

Some women infected with HIV report more than one risk factor, highlighting the overlap in risk factors such as inequality in relationships, socioeconomic stresses, substance abuse, and psychological issues. [22].

PREVENTION

In the United States (U.S.), the annual number of new HIV infections has declined from a peak of more than 150,000 cases during the mid-1980s. It is currently estimated that more than 56,000 new HIV infections occur each year [27]. In the U.S., women, particularly women of color, are at risk for HIV infection. CDC, through the Department of Health and Human Services Minority AIDS Initiative, explores ways to reduce disparities in communities made up of persons of minority races/ethnicities who are at high risk for HIV infection. CDC is also conducting demonstration projects in which women's social networks are used to reach high-risk persons in communities of color; CDC is also conducting outreach and testing for partners of HIV-infected men. Additionally, CDC recognizes the importance of further incorporating culture- and gender-relevant material into current interventions [26].

CDC funds prevention programs in state and local health departments and community-based organizations.

CDC also funds research on interventions

to reduce HIV-related risk behaviors or their outcomes. For example, the Women and Infants Demonstration Projects were focused on low-income, inner-city sexually active women to measure injection drug use, sexual behaviors, and rates of HIV testing, as well as sexually transmitted diseases and pregnancy. The demonstration projects increased condom use and resulted in the RAPP intervention package, which is available, along with training and technical assistance, from CDC

CDC is actively involved in the promising area of microbicides—creams or gels that can be applied vaginally before sexual contact to prevent HIV transmission. The development of a safe, easy-to-use microbicide would be a milestone in the worldwide fight against HIV/AIDS. CDC is supporting the search for an effective microbicide agent through several lines of research, including:

- conducting laboratory and animal studies that can help evaluate the safety and the efficacy of microbicides before they are studied in humans.
- supporting clinical trials to assess the safety of microbicides in humans in the United States, Asia, and Africa. Current human clinical studies include a phase I safety trial of UC-781, which is being conducted among women in the United States and Thailand.

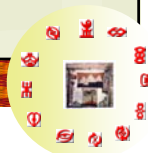


To reduce mother-to-child HIV transmission in the United States, CDC has distributed approximately \$10 million annually since 1999 to several national organizations and a number of states with high HIV/AIDS rates. These funds support perinatal HIV prevention programs, enhanced surveillance for HIV-infected mothers and babies, education, and capacity-building among health care providers and public health practitioners.

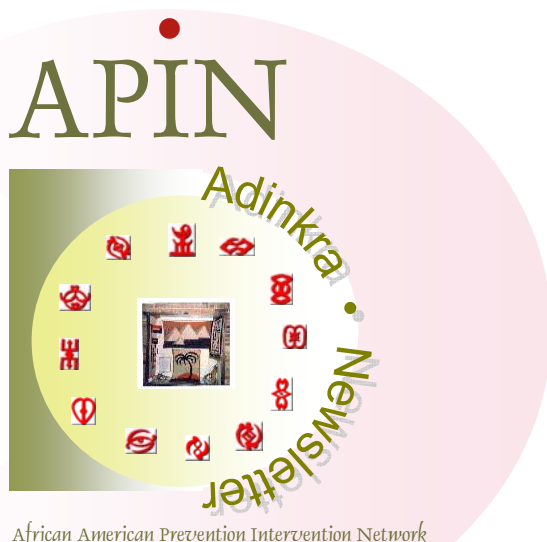
Source: Updated from: Centers for Disease Control and Prevention. HIV/AIDS among Women. Division of HIV/AIDS Prevention National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. June 2007. Retrieved January 30, 2008. <http://www.cdc.gov/hiv/topics/women/resources/factsheets/women.htm>

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