

Women and HIV

(updated January 2023)



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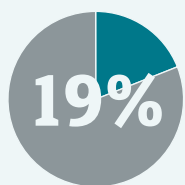
This educational packet is a curated compilation of resources on women and HIV.

The contents of this packet are listed below:

- HIV and Women (CDC)
- El VIH y las Mujeres (CDC)
- Women and HIV in the United States (Kaiser Family Foundation)
- Female Clients: Ryan White HIV/AIDS Program, 2020 (HRSA)
- Infographics from AIDSVu
- Infographics from CDC

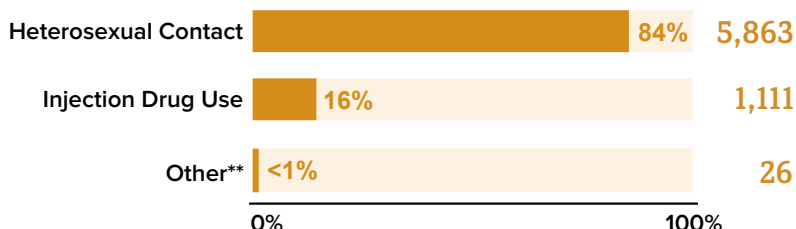
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HIV and Women



There were **36,801 new HIV diagnoses** in the US and dependent areas in 2019.* Of those, **19% (6,999)** were among women.†‡

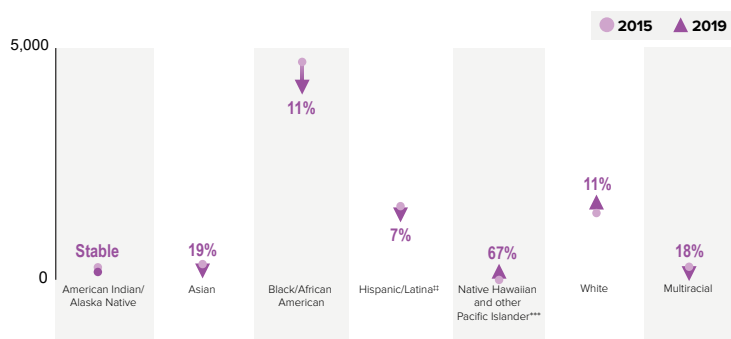
Most new HIV diagnoses among women were attributed to heterosexual contact.



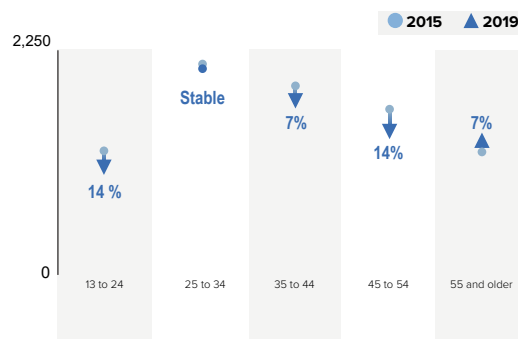
HIV diagnoses decreased 6% among women overall from 2015 to 2019. Although trends varied for different groups of women, HIV diagnoses declined for groups most affected by HIV, including Black/African American^{††} women and women aged 13 to 24.



Trends by Race/Ethnicity



Trends by Age



* American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, the Republic of Palau, and the US Virgin Islands.

† Adult and adolescent women aged 13 and older.

‡ Based on sex assigned at birth and includes transgender people. For more information about transgender people, visit www.cdc.gov/hiv/group/gender/transgender.

** Includes perinatal exposure, blood transfusion, hemophilia, and risk factors not reported or not identified.

†† *Black* refers to people having origins in any of the Black racial groups of Africa. *African American* is a term often used for people of African descent with ancestry in North America.

‡‡ Hispanic/Latina women can be of any race.

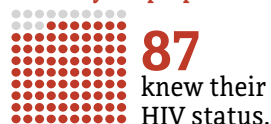
*** Changes in subpopulations with fewer HIV diagnoses can lead to a large percentage increase or decrease.

Women who don't know they have HIV can't get the care and treatment they need to stay healthy.



In 2019, an estimated **1.2 million PEOPLE** had HIV.^{†††} Of those, **263,900 were women.**^{††}

For every 100 people with HIV

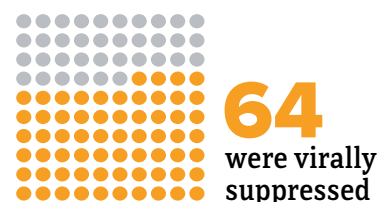
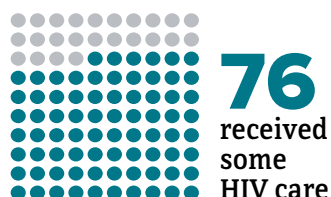


For every 100 women with HIV



It is important for women to know their HIV status so they can take medicine to treat HIV if they have the virus. Taking HIV medicine every day can make the viral load undetectable. People who get and keep an undetectable viral load (or remain virally suppressed) can stay healthy for many years and have effectively no risk of transmitting HIV to their sex partners.

Compared to all people with diagnosed HIV, women have lower viral suppression rates. More work is needed to increase these rates. For every **100 women with diagnosed HIV** in 2019: ^{****}



For comparison, for every **100 people overall** with diagnosed HIV, **76 received some care**, **58 were retained in care**, and **66 were virally suppressed**.

There are several challenges that place some women at higher risk for HIV.

Racism, Discrimination, and HIV Stigma



Racism, discrimination, and stigma may affect whether some women seek or receive high-quality health services.

Unaware of Partner's Risk Factors



Some women don't know their male partner's risk factors for HIV (such as injection drug use or having sex with men) and may not use a condom or medicine to prevent HIV.

Risk of Exposure



Because receptive sex is riskier than insertive sex, women are more likely to get HIV during vaginal or anal sex than their sex partner.

Intimate Partner Violence (IPV)



Women who have been exposed to IPV may be more likely to engage in risky behaviors or be forced to have sex without a condom or medicines to prevent or treat HIV.

How is CDC making a difference for women?



Collecting and analyzing data and monitoring HIV trends.



Supporting community organizations that increase access to HIV testing and care.



Conducting prevention research and providing guidance to those working in HIV prevention.



Promoting testing, prevention, and treatment through the *Let's Stop HIV Together* campaign.



Supporting health departments and community-based organizations by funding HIV prevention work and providing technical assistance.



Strengthening successful HIV prevention programs and supporting new efforts funded through the *Ending the HIV Epidemic in the U.S.* initiative.

^{†††} In 50 states and the District of Columbia.

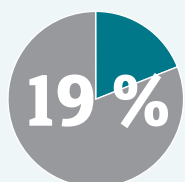
^{††} Includes only people who were assigned female at birth.

^{****} In 44 states and the District of Columbia.

For more information about HIV surveillance data, read the "Technical Notes" in the HIV surveillance reports at www.cdc.gov/hiv/library/reports/hiv-surveillance.html.

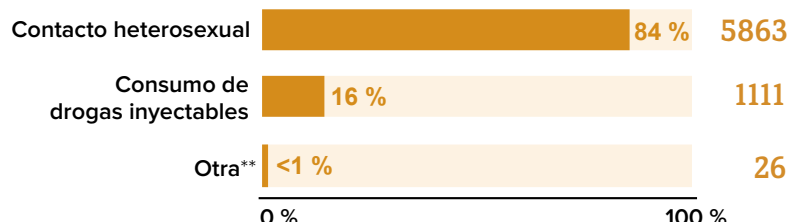
For data on HIV risk behaviors and barriers to HIV care, visit www.cdc.gov/hiv/group/gender/women.

El VIH y las mujeres



En el 2019, hubo **36 801 diagnósticos nuevos de infección por el VIH** en los EE. UU. y áreas dependientes.* De esos diagnósticos, el **19 % (6999)** fueron en mujeres.†‡

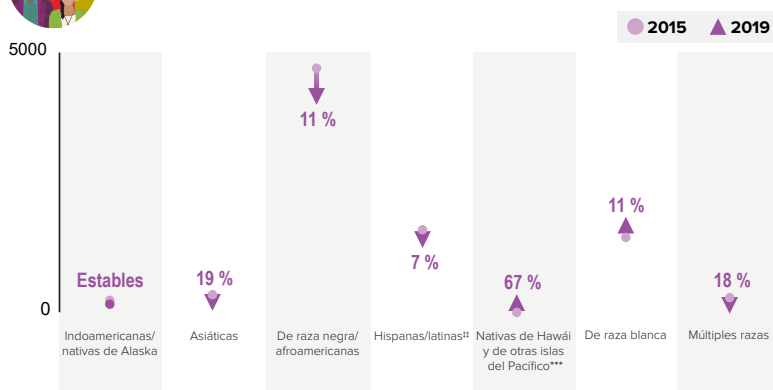
La mayoría de los diagnósticos nuevos de infección por el VIH entre las mujeres se atribuyeron al contacto heterosexual.



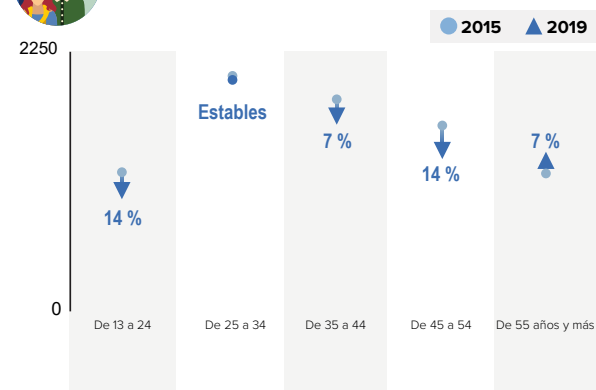
La cantidad de diagnósticos de infección por el VIH se redujo un 6 % entre las mujeres en general del 2015 al 2019. Aunque las tendencias variaron entre los diferentes grupos de mujeres, la cantidad de diagnósticos se redujo en los más afectados por el VIH, incluidos los de mujeres de raza negra o afroamericanas†† y mujeres de 13 a 24 años.



Tendencias por raza o grupo étnico



Tendencias por edad



* Samoa Estadounidense, Guam, Islas Marianas del Norte, Puerto Rico, la República de Palaos y las Islas Vírgenes de los EE. UU.

† Mujeres adultas y adolescentes de 13 años y mayores.

‡ Según el sexo asignado al nacer, e incluye a las personas transgénero. Para obtener más información sobre las personas transgénero, consulte el contenido web de los CDC: <https://www.cdc.gov/hiv/spanish/group/gender/transgender/index.html>.

** Incluye exposición perinatal, transfusión de sangre, hemofilia y factores de riesgo no reportados o no identificados.

†† De *raza negra* se refiere a personas que descienden de cualquiera de los grupos raciales negros de África. *Afroamericano/a* es un término que a menudo se usa para referirse a los estadounidenses de ascendencia africana que tienen ancestros en América del Norte.

‡‡ Las mujeres hispanas o latinas pueden ser de cualquier raza.

*** Los cambios en las subpoblaciones con menos diagnósticos de infección por el VIH pueden llevar a un aumento o una reducción porcentual grande.

Las mujeres que no saben que tienen el VIH no pueden recibir el cuidado y el tratamiento que necesitan para mantenerse sanas.



En el 2019, una cantidad estimada de **1.2 millones de personas** tenía el VIH.^{†††} De esa cantidad, **263 900** eran mujeres.^{††}

De cada 100 personas con el VIH

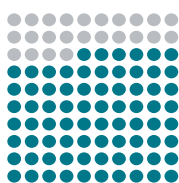


De cada 100 mujeres con el VIH



Es importante que las mujeres sepan si tienen el VIH para poder tomar medicamentos para tratar el virus en caso de tenerlo. Tomar medicamentos para el VIH todos los días puede hacer que la carga viral llegue a niveles indetectables. Las personas que logran y mantienen una carga viral indetectable (o mantienen la supresión viral) pueden mantenerse sanas durante muchos años y no transmitirán el VIH a sus parejas sexuales.

En comparación con todas las personas con infección por el VIH diagnosticada, las mujeres tienen tasas de supresión viral más bajas. Es necesario trabajar más para aumentar estas tasas. **En el 2019, de cada 100 mujeres con infección por el VIH diagnosticada:**^{****}



76
recibieron algo de atención médica para el VIH



58
se mantuvieron bajo atención médica



64
habían logrado la supresión viral

Para comparar, de cada **100 personas en general** con infección por el VIH diagnosticada:

76 recibieron algo de atención médica para el VIH, **58** se mantuvieron bajo atención médica y **66** habían logrado la supresión viral.

Hay varios desafíos que ponen a algunas mujeres en mayor riesgo de contraer el VIH.

Racismo, discriminación y estigma por el VIH



El racismo, la discriminación y el estigma pueden influir en si algunas mujeres buscan o reciben servicios de salud de alta calidad.

No conocer los factores de riesgo de la pareja



Algunas mujeres no conocen los factores de riesgo de sus parejas masculinas (como inyectarse drogas o tener relaciones sexuales con otros hombres) y podrían no usar condones ni tomar medicamentos para prevenir la infección.

Riesgo de exposición



Debido a que las relaciones sexuales receptivas son más riesgosas que las insertivas, las mujeres tienen más probabilidades de contraer el VIH durante las relaciones sexuales vaginales o anales que sus parejas sexuales.

Violencia en la pareja íntima



Las mujeres que han estado expuestas a violencia en la pareja íntima (IPV, por sus siglas en inglés) podrían ser más propensas a tener comportamientos riesgosos o a ser forzadas a tener relaciones sexuales sin condón o medicamentos para prevenir o para tratar el VIH.

¿De qué manera están los CDC cambiando las cosas para las mujeres?



Recolectan y analizan datos, y monitorean las tendencias del VIH.



Dan apoyo a las organizaciones comunitarias que aumentan el acceso a las pruebas y a la atención médica del VIH.



Realizan investigaciones sobre la prevención y brindan directrices para aquellos que trabajan en la prevención del VIH.



Promueven la realización de la prueba, así como la prevención y el tratamiento del VIH mediante la campaña *Detengamos Juntos el VIH*.



Apoyan a los departamentos de salud y las organizaciones comunitarias con fondos para el trabajo de prevención del VIH y les proporcionan asistencia técnica.



Fortalecen los programas de prevención del VIH exitosos y apoyan los esfuerzos nuevos, que se financian a través de la iniciativa *Ending the HIV Epidemic*.

^{†††} En 50 estados y el Distrito de Columbia.


^{††††} Según el sexo asignado al nacer.

^{****} En 44 estados y el Distrito de Columbia.

Para obtener más información sobre los datos de vigilancia del VIH, lea la sección "Technical Notes" (Notas técnicas) de los informes de vigilancia del VIH en www.cdc.gov/hiv/library/reports/hiv-surveillance.html.

Para obtener más información, consulte www.cdc.gov/hiv/spanish

Women and HIV in the United States

 kff.org/hiv-aids/fact-sheet/women-and-hiv-aids-in-the-united-states

Published: Mar 09,
2020

March 9,
2020

Key Facts

- Women have been affected by HIV since the beginning of the epidemic and face unique challenges in accessing optimal prevention, care and treatment resources.^{1,2} In 2018, women accounted for about 1 in 5 (19%) new HIV diagnoses in the U.S.³
- Women of color, particularly Black women, have been especially hard hit and represent the majority of women living with HIV as well as the majority of new infections among women.^{4,5}
- However, there has been some significant progress with new HIV diagnoses declining 24% among women since 2010.⁶
- Despite this progress, HIV prevention opportunities may not be reaching women effectively. Pre-exposure prophylaxis (PrEP), a highly effective medication, prevents acquisition of HIV but uptake has been slow among women in the U.S.⁷
- While there are promising new signs, with data indicating that HIV infections are now falling among women, including among Black women, addressing the epidemic's impact on women in the U.S., particularly women of color, remains critical to ensuring that these trends continue.^{8,9}

Overview

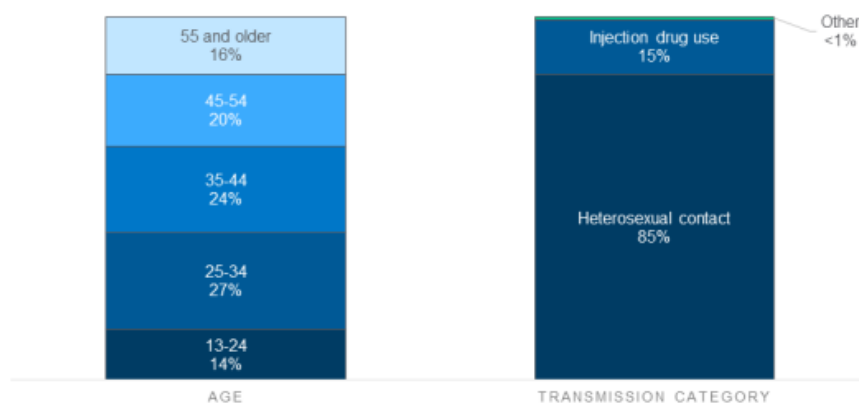
- Today, of the more than 1.1 million people living with HIV in the U.S., 258,000, or 23%, are women.¹⁰
- Women with and at risk for HIV face several challenges to getting the services and information they need, including socio-economic and structural barriers such as poverty, cultural inequities, and intimate partner violence (IPV). In addition, women may place the needs of their families above their own.^{11,12,13,14,15}
- Women accounted for 19% (7,139) of new HIV diagnoses in 2018, a 24% decrease since 2010.¹⁶
- In 2018, there were 4,106 new AIDS diagnoses (AIDS being the most advanced form of HIV disease) among women, representing 24% of all AIDS diagnoses in that year. An AIDS diagnosis suggests someone who was living with HIV for a long time before being diagnosed or suboptimal engagement in care. Like new HIV infections, new AIDS diagnoses among women are on the decline, likely linked to fewer new infections, better engagement in care, and earlier diagnoses.¹⁷

Age

- Women ages 25-34 accounted for the largest share (27%) of HIV diagnoses among women in 2018, followed by those ages 35-44 (24%). Most women (85%) who were diagnosed in 2018 acquired HIV through heterosexual sex (Figure 1).¹⁸
- Women are diagnosed with HIV at slightly older ages than men are. Men ages 13-34 accounted for 60% of HIV diagnoses among men in 2018, while women in the same age group accounted for 40% of HIV diagnoses among women in 2018.¹⁹

Figure 1

HIV Diagnoses Among Women & Girls, by Age and Transmission Category, 2018



NOTES: Data are estimates among those ages 13 and older and include U.S. dependent areas. Distribution by transmission category includes all women and girls. "Other" includes hemophilia, blood transfusion, perinatal exposure, and risk factor not reported or not identified. Percentages may not sum due to rounding.

SOURCES: CDC. [NCHHSTP Atlas Plus](#). Accessed March 2020.



Figure 1: HIV Diagnoses Among Women & Girls, by Age and Transmission Category, 2018

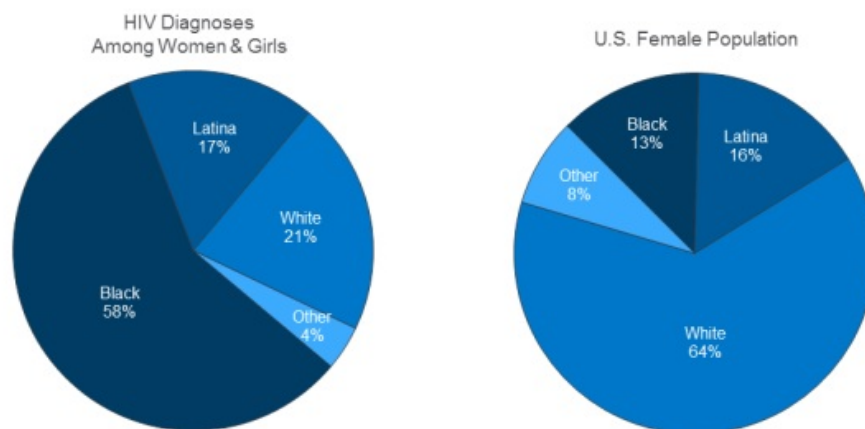
Race/Ethnicity

- Women of color, particularly Black women, are disproportionately affected by HIV, accounting for the majority of new HIV infections, the greatest prevalence, and highest rates of HIV-related deaths among women living with HIV in the U.S.²⁰
- In 2018, Black women accounted for over half (58%) of HIV diagnoses among women, while only accounting for 13% of the female population; white women accounted for 21% and Latinas 17% of HIV diagnoses among women (Figure 2).^{21,22,23} Recent data indicate that, as with women overall, HIV diagnoses among Black women are also on the decline, decreasing by 31% between 2010 and 2018.²⁴
- HIV incidence rates are much higher for Black women and Latinas than for white women. In 2016, the rate of new HIV infections for Black women was 15 times higher than the rate for white women (24.2 per 100,000 compared to 1.6); the rate for Latinas (4.9) was 3 times higher.²⁵ Rates of women living with an HIV diagnosis follow a similar pattern.²⁶

- The likelihood of a woman being diagnosed with HIV in her lifetime is significantly higher for black women (1 in 54) and Latinas (1 in 256) than for white women (1 in 941).²⁷
- In 2017, HIV was the 7th leading cause of death for Black women ages 25-44 and was the 18th leading cause of death among white women in this age group.²⁸ Black women accounted for the greatest share of deaths among women with a diagnosed HIV infection in 2017 (58%), followed by white women (21%) and Latinas (15%).²⁹
- When asked how concerned they were personally about becoming infected with HIV, a survey of Americans on HIV/AIDS found that 21% of women in the U.S. say they are “very” or “somewhat” concerned.³⁰ An earlier survey found that Black women are much more likely to say they are concerned than white women and that Black women are also more likely to express concern about an immediate family member acquiring HIV.³¹

Figure 2

HIV Diagnoses Among Women & Girls and U.S. Female Population, by Race/Ethnicity, 2018



NOTES: Data are estimates among those ages 13 and older and includes U.S. dependent areas. Percentages may not sum to 100 due to rounding. U.S. female population data is from the U.S. Census Bureau 2010 population estimates, the most recent year available.
 SOURCES: CDC, [NCHSTP Atlas Plus](#), Accessed March 2020. U.S. Census Bureau, 2010 Population Estimates.



Figure 2: HIV Diagnoses Among Women & Girls and U.S. Female Population, by Race/Ethnicity, 2018

Transmission

- As seen in Figure 1, women are most likely to contract HIV through heterosexual sex (85% in 2018), followed by injection drug use (15%).³² Heterosexual transmission accounts for a greater share of HIV diagnoses among Black women and Latinas (92% and 87%, respectively) compared to white women (65%); injection drug use accounts for a greater share of diagnoses among white women (34%).³³

- Mother-to-child transmission of HIV in the U.S. has decreased dramatically since its peak in 1991 due to the use of antiretroviral therapy (ART), which significantly reduces the risk of transmission from a woman to her baby (to 1% or less).^{34,35} Still, some perinatal infections occur each year, the majority of which are among Black women, and there continues to be missed opportunities for preventing mother-to-child transmissions, such as testing late in pregnancy.^{36,37}

Reproductive Health

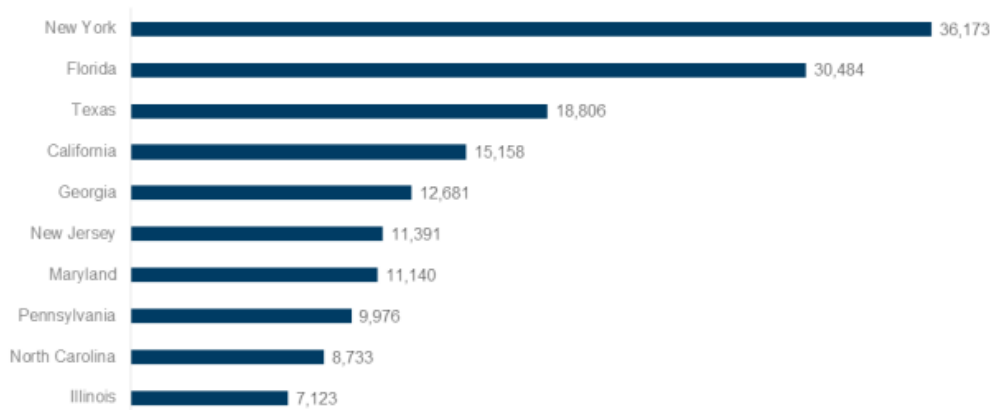
- HIV interacts with women's reproductive health on many levels.
- Studies have shown that HIV is transmitted more efficiently from men to women during heterosexual sexual intercourse. In addition, women with other sexually transmitted infections (STIs) are at increased risk for contracting HIV. ^{38,39}
- Women with HIV are at increased risk for developing or contracting a range of conditions, including human papillomavirus (HPV), which can lead to cervical cancer, and severe pelvic inflammatory disease (PID).⁴⁰
- Research efforts are exploring a number of new HIV prevention technologies which could be particularly beneficial for women, such as cervical barriers and microbicides.⁴¹
- In addition, family planning sites provide an important entry point for reaching women at risk for and living with HIV. A majority of women of reproductive age (59%) report that a family planning as a site of reproductive care services; 41% say it is their only source of care.⁴²

Geography

- HIV's impact varies across the country and, in some states, the epidemic is more likely to affect women than in others.
- Ten states account for the majority of women living with an HIV diagnosis (67% in 2017); with 5 states accounting for nearly half (47%) (Figure 3). While the District of Columbia has far fewer women living with an HIV diagnosis (3,848 in 2017), the rate per 100,000 women living with an HIV diagnosis is nearly 7 times the national rate for women (1,214.8 per 100,000 compared to 169.9 per 100,000 nationally).
- Twenty-five (25) counties account for almost half (44%) of all women living with an HIV diagnosis in the U.S. Bronx County, New York had the greatest number (9,960) and highest rate (1,576.5 per 100,000) of women living with an HIV diagnosis. ⁴³

Figure 3

Number of Women & Girls Estimated to be Living with an HIV Diagnosis, Top 10 States, 2017



NOTES: Data are estimates for adults/adolescents aged 13 and older in all 50 states, the District of Columbia, and Puerto Rico.
SOURCE: CDC. [NCHHSTP Atlas Plus](#). Accessed March 2020.



Figure 3: Number of Women & Girls Estimated to be Living with an HIV Diagnosis, Top 10 States, 2017

Intimate Partner Violence (IPV) and HIV

- Women living with HIV are disproportionately affected by intimate partner violence (IPV), including physical, sexual, and emotional abuse compared to the general population. ^{44,45} Intimate partner violence (IPV), sometimes referred to as domestic violence, has been shown to be associated with increased risk for HIV among women, as well as poorer treatment outcomes for those who are already infected. ^{46,47}
- Among all U.S. women, 36% report having experienced IPV, including rape, physical violence, and/or stalking in their lifetime; among HIV positive women in the U.S., IPV is even more prevalent, with 55% reporting having experienced IPV. ^{48,49,50}
- In many cases, the factors that put women at risk for contracting HIV are similar to those that make them vulnerable to experiencing trauma or IPV; women in violent relationships are at a 4 times greater risk for contracting STIs, including HIV, than women in non-violent relationships, and women who experience IPV are more likely to report risk factors for HIV. ⁵¹ These experiences are interrelated and can become a cycle of violence, HIV risk, and HIV infection.
- It has also been suggested that women are at risk of experiencing violence upon disclosure of their HIV status to partners. ⁵²

HIV Prevention

- The CDC recommends routine HIV screening for all adults, including women, ages 13-64, in health care settings, as well as repeat screening at least annually for those at high risk. The CDC also separately recommends all pregnant women be screened for HIV, and that those at high-risk for HIV have repeat HIV screening in their third trimester. Testing of newborns is also recommended if the mother's HIV status is unknown.⁵³
- While nearly half (49%) of women in the U.S. ages 18-64 report having been tested for HIV at some point, just 1 in 6 (18%) report that they were tested in the past year. Black women are much more likely to report having been tested in the past year compared to white women (21% compared to 6%).⁵⁴
- The United States Preventive Services Task Force (USPSTF) recommends HIV testing (including specifically for pregnant women), IPV screening, many STI screenings, and PrEP which means that most insurers are required to cover these services without cost-sharing.^{55,56}

Access to Care & Treatment

- There are a number of sources of care and treatment for women with and at risk for HIV in the U.S., including government programs such as Medicaid, Medicare, and the Ryan White Program for those who are eligible.
- Looking across the spectrum of access to care, from HIV diagnosis to viral suppression, reveals missed opportunities for reaching women. Among women living with HIV in the U.S., 9 in 10 (89%) were aware of their HIV status; however, many were tested late, many years after acquiring HIV, suggesting missed prevention opportunities. Moreover, only 65% have been linked to care and just 51% are retained in regular care and are virally suppressed.⁵⁷
- In 2017, among women who are HIV positive, 22% were tested for HIV late in their illness – that is, simultaneously diagnosed with HIV and AIDS – a similar share as men (21%).⁵⁸
- Pre-exposure prophylaxis (PrEP), a highly effective medication, prevents acquisition of HIV, but uptake has been slow among women in the U.S., suggesting potential barriers to the provision of PrEP for women. In 2016, women accounted for only 4.7% of PrEP users in the U.S.⁵⁹

Future Outlook

While data indicate that HIV incidence among women in the U.S. is falling, addressing the epidemic's impact on women remains of critical importance in ensuring these encouraging trends continue. While there are a number of sources of care and treatment for women with HIV, including new coverage opportunities under the Affordable Care Act, half of women are not engaged in care and treatment and challenges remain. Looking forward, it will be important to continue to assess an evolving, epidemiological, scientific, and policy

landscape. Of particular note, whether the White House initiative to “End the HIV Epidemic” in the U.S., impacts coverage and access to prevention, care, and treatment for women with and at risk for HIV will be critical to monitor.

Female Clients:

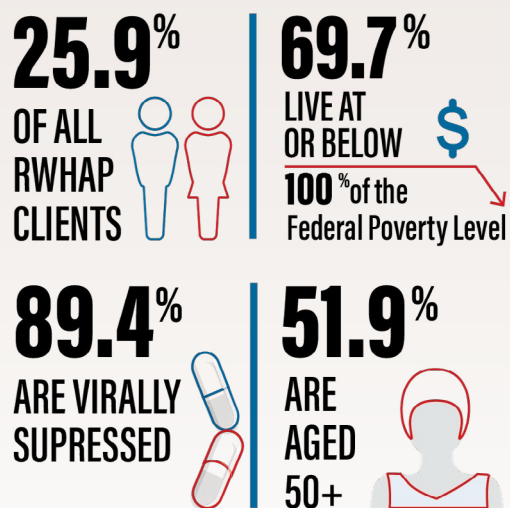
HRSA's Ryan White HIV/AIDS Program, 2020



Population Fact Sheet | July 2022

The Health Resources and Services Administration's Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV. More than half the people with diagnosed HIV in the United States—nearly 562,000 people in 2020—receive services through RWHAP each year. The RWHAP funds grants to states, cities, counties, and local community-based organizations to provide care and treatment services to people with HIV to improve health outcomes and reduce HIV transmission. For more than three decades, RWHAP has worked to increase health equity, stop HIV stigma, and reduce health disparities by caring for the whole person and addressing their social determinants of health.

Ryan White HIV/AIDS Program Fast Facts: Female Clients



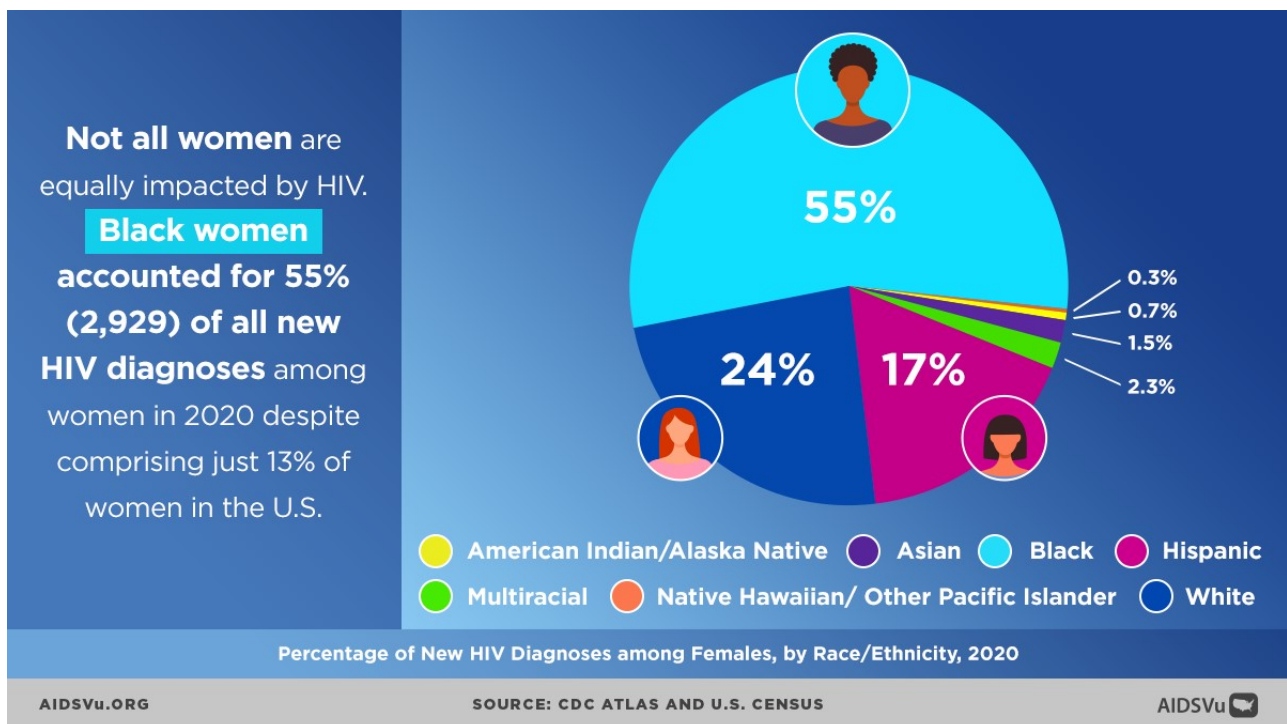
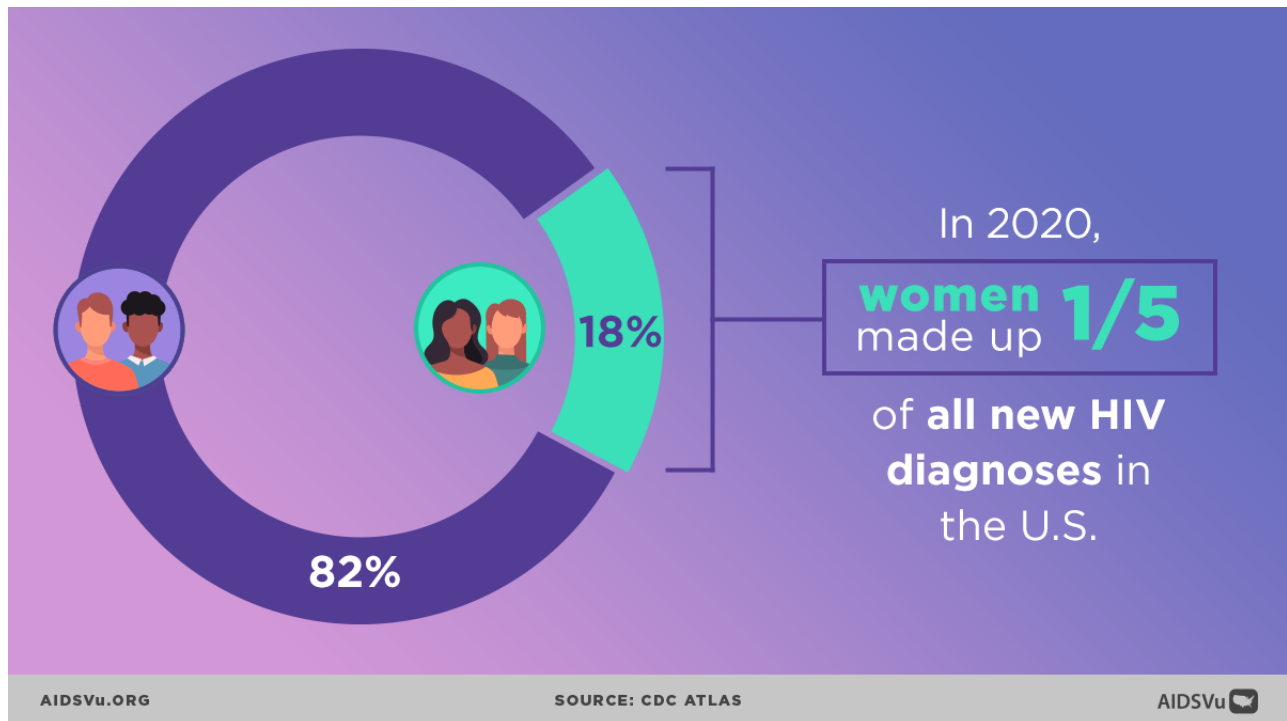
Female clients comprise a substantial proportion of people served by the RWHAP. Of the more than half a million clients served by RWHAP, 25.9 percent are people who are female. Learn more about these clients served by the RWHAP:

- **Female clients served by RWHAP are from a diverse population.** Data show that 83.7 percent of female clients are people from racial and ethnic minorities. 61.3 percent are Black/African American people, which is significantly higher than the national RWHAP average (46.6 percent), and 19.6 percent are Hispanic/Latina people, which is lower than the national RWHAP average (23.6 percent).
- **The majority of female clients served by RWHAP are people with lower incomes.** Among female clients served, 69.7 percent are living at or below 100 percent of the federal poverty level, which is higher than the national RWHAP average (60.9 percent).
- **Data show that 3.5 percent of female RWHAP clients experience unstable housing.** This percentage is slightly lower than the national RWHAP average (4.8 percent).
- **RWHAP female clients are aging.** Among female RWHAP clients served, 51.9 percent are aged 50 years and older, which is higher than the national average (47.9 percent). Only 2.9 percent of female RWHAP clients are aged 13–24 years.

Medical care and treatment improve health outcomes and decrease the risk of HIV transmission. People with HIV who take HIV medication as prescribed and reach and maintain viral suppression cannot sexually transmit the virus to their partner. In 2020, 89.4 percent of female clients receiving RWHAP HIV medical care are virally suppressed,* which is the same as the national RWHAP average (also 89.4 percent).

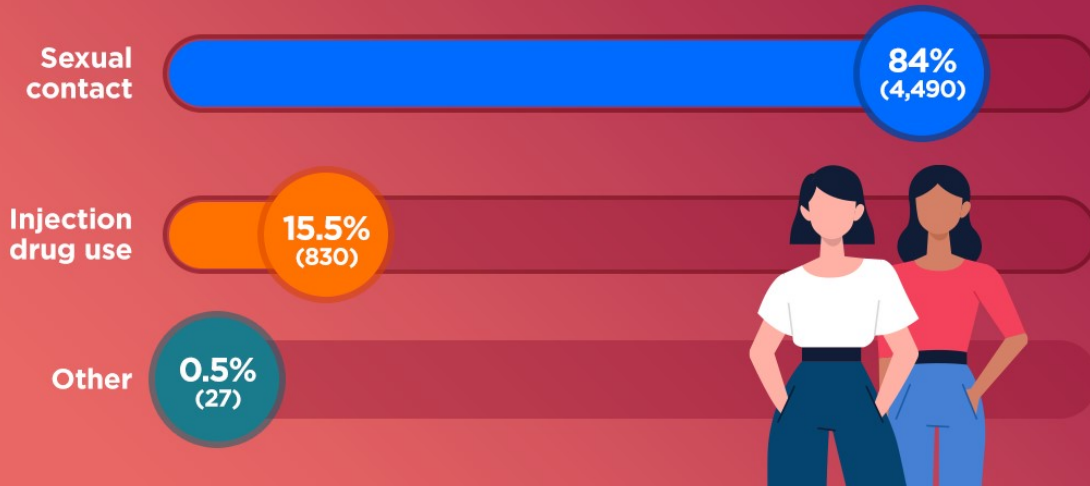
* Viral suppression is defined as a viral load result of less than 200 copies/mL at most recent test, among people with HIV who had at least one outpatient ambulatory health services visit and one viral load test during the measurement year.

Infographics from AIDSVu



Infographics from AIDSVu

Most **women** continue to contract HIV through **sexual contact**.



Number of New HIV Diagnoses among Females, by Transmission Category, 2020

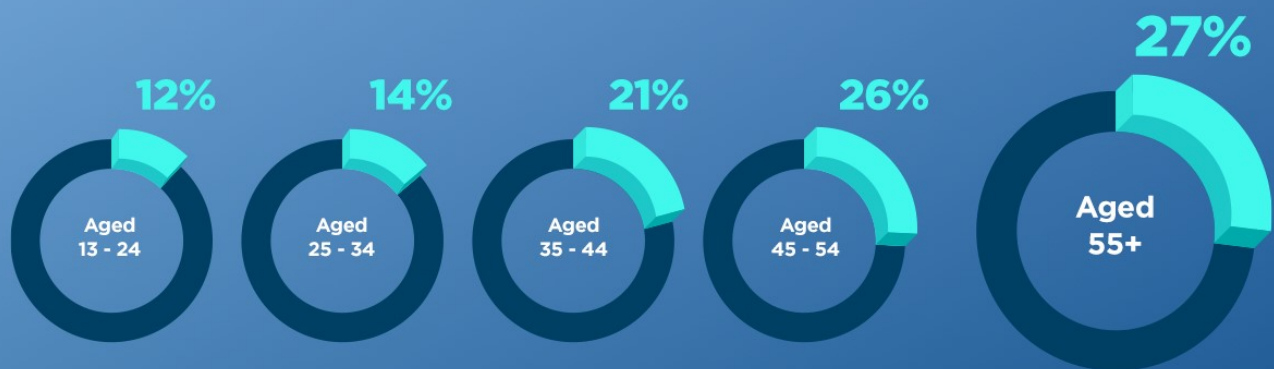
AIDSVu.ORG

SOURCE: CDC ATLAS

AIDSVu

New HIV diagnoses among

women are concentrated in **older age groups**.



New HIV Diagnoses, by Sex and Age, 2020

Females

Males

AIDSVu.ORG

SOURCE: CDC ATLAS

AIDSVu

Infographics from AIDSVu

HIV disproportionately impacts women of color. In 2019, **HIV mortality among Black women was 3x higher than white women, and 4x higher than Hispanic women.**

Black women

2,083

deaths among women diagnosed with HIV



Hispanic women

555

deaths among women diagnosed with HIV



White women

704

deaths among women diagnosed with HIV



AIDSVu.ORG

SOURCE: CDC ATLAS

AIDSVu



Social Determinants of Health and HIV Among Women

In 2020, **women** made up **18% of all new HIV diagnoses** in the U.S.

Social Determinants of Health such as **poverty, education, insurance, and unemployment** can **negatively impact HIV-related health outcomes for women, especially women of color and transgender women.**

Poverty

11.4%

of U.S. population were living in poverty.

Census



12.6%
of **women** were living in poverty.



10.2%
of **men** were living in poverty.

Education

88.8%

of U.S. population had at least a high school education.

American Community Survey, 2018



89.2%
of **women** had at least a high school education.



88%
of **men** had at least a high school education.

Uninsured

9.4%

of U.S. population* were uninsured.

National Center for Health Statistics



12.3%
of **women** were uninsured.



14.5%
of **men** were uninsured.

Food Insecurity

10.5%

of U.S. population were living with food insecurity.

U.S. Dept. of Agriculture

27.7%

of households with children headed by **single women** were food insecure.

Unemployment

among those 16 years and older

8.1%

of U.S. population were unemployed.

Dept. of Labor, CPS Survey 2020



8.3%
of **women** were unemployed.



7.8%
of **men** were unemployed.

Household Income

The U.S. Median Household income is

\$67,521

Census

The median household income for **women** is

\$50,982

The median household income for **men** is

\$61,417

AIDSVu.org

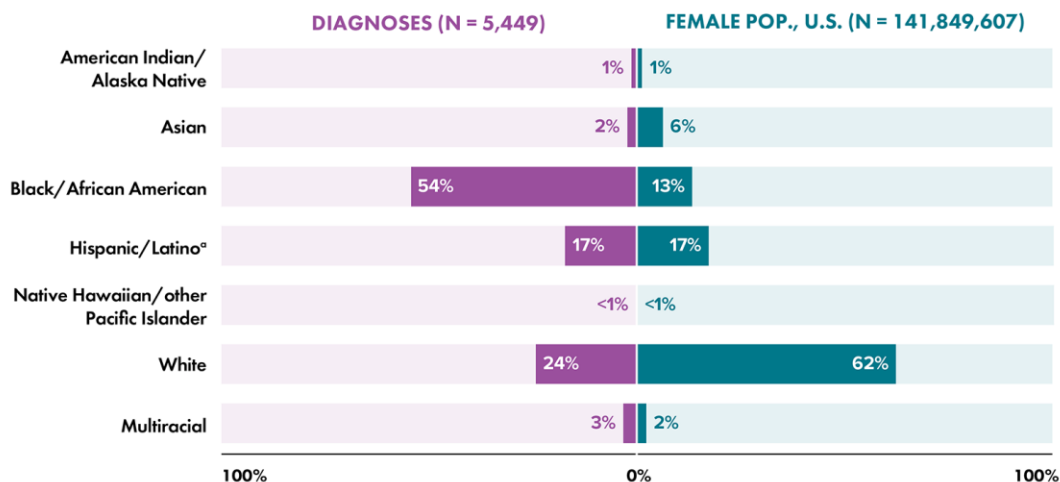
AIDSVu

Infographics from CDC

(including information about HIV Among Females)

FIGURE 22

Percentages of diagnoses of HIV infection and population among females aged ≥13 years, by race/ethnicity, 2020 (COVID-19 Pandemic)—United States

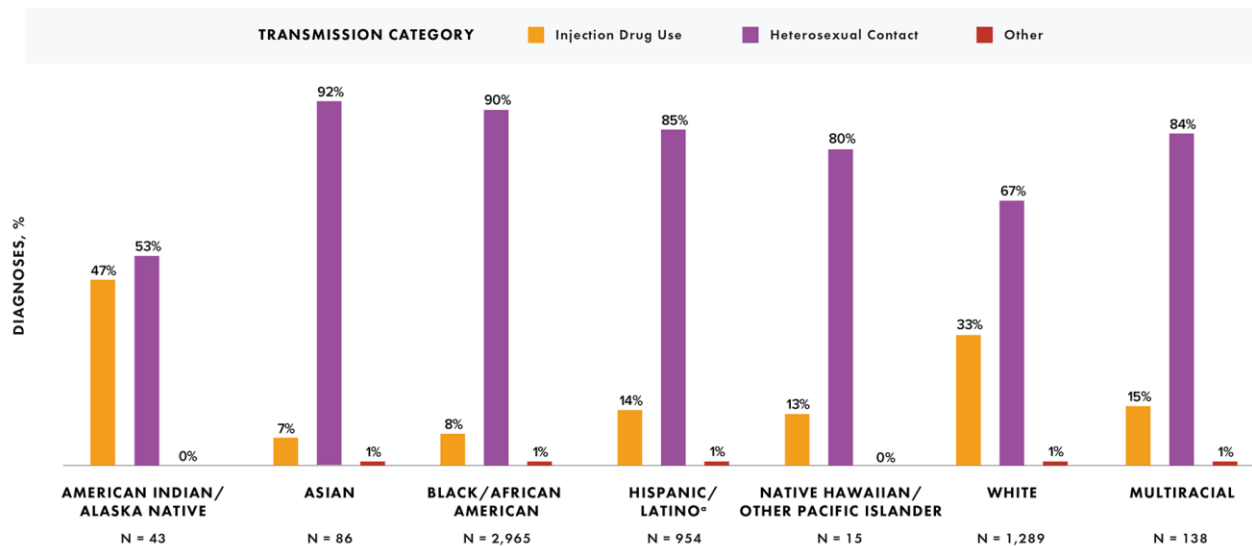


NOTE. Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state/local jurisdictions.
*Hispanic/Latino persons can be of any race.



FIGURE 24

Percentages of diagnoses of HIV infection among females aged ≥13 years, by transmission category and race/ethnicity, 2020 (COVID-19 Pandemic)—United States and 6 dependent areas



NOTE. Data have been statistically adjusted to account for missing transmission category. Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state/local jurisdictions.
*Hispanic/Latino persons can be of any race.



Infographics from CDC

(including information about HIV Among Females)

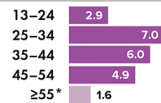
FIGURE 23

Rates and disparities of diagnoses of HIV infection among females aged ≥13 years, by selected characteristics, 2020 (COVID-19 Pandemic)—United States

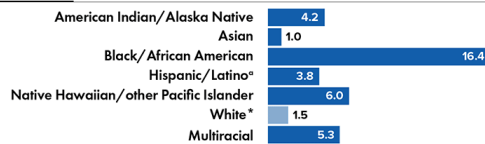
RATES OF HIV DIAGNOSIS

Asterisk (*) denotes reference group.

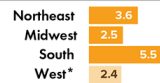
AGE AT DIAGNOSIS



RACE/ETHNICITY



REGION OF RESIDENCE



ABSOLUTE DISPARITIES
(PREVENTABLE CASES) Per 100,000 Population

If those with the highest group rates had the same rate as those in the reference group, then ___ cases would have been prevented.

5 cases prevented

15 cases prevented

3 cases prevented

RELATIVE DISPARITIES
(RATE RATIO) Per 100,000 Population

The highest group rate was ___ times the reference group rate.

4.4 times

10.9 times

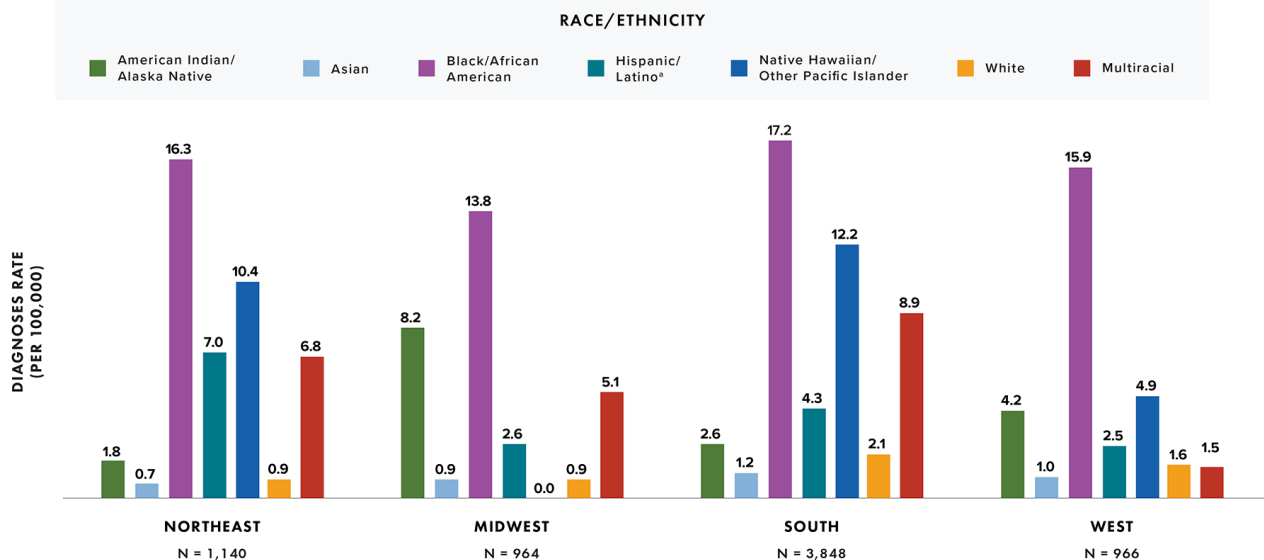
2.3 times

NOTE. Rates are per 100,000 population. Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state/local jurisdictions. *Hispanic/Latino persons can be of any race. Absolute disparity measures the difference between rates in groups with the highest rates and a reference group (Rate_{highest group} - Rate_{reference group}). Relative Disparity (Rate Ratio) measures the rates in groups with the highest rates divided by a reference group (Rate_{highest group} / Rate_{reference group}).



FIGURE 25

Rates of HIV diagnoses among females aged ≥13 years, by race/ethnicity and region, 2020 (COVID-19 Pandemic)—United States



NOTE. Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state/local jurisdictions. *Hispanic/Latino persons can be of any race.

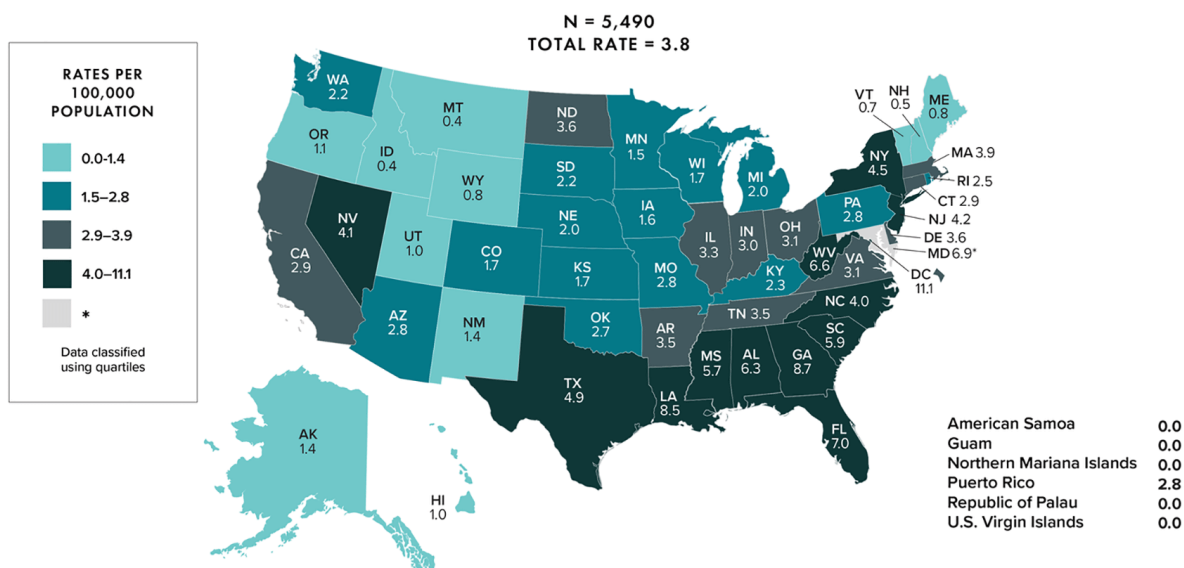


Infographics from CDC

(including information about HIV Among Females)

FIGURE 21

Rates of diagnoses of HIV infection among females aged ≥13 years, 2020 (COVID-19 Pandemic)—United States and 6 dependent areas

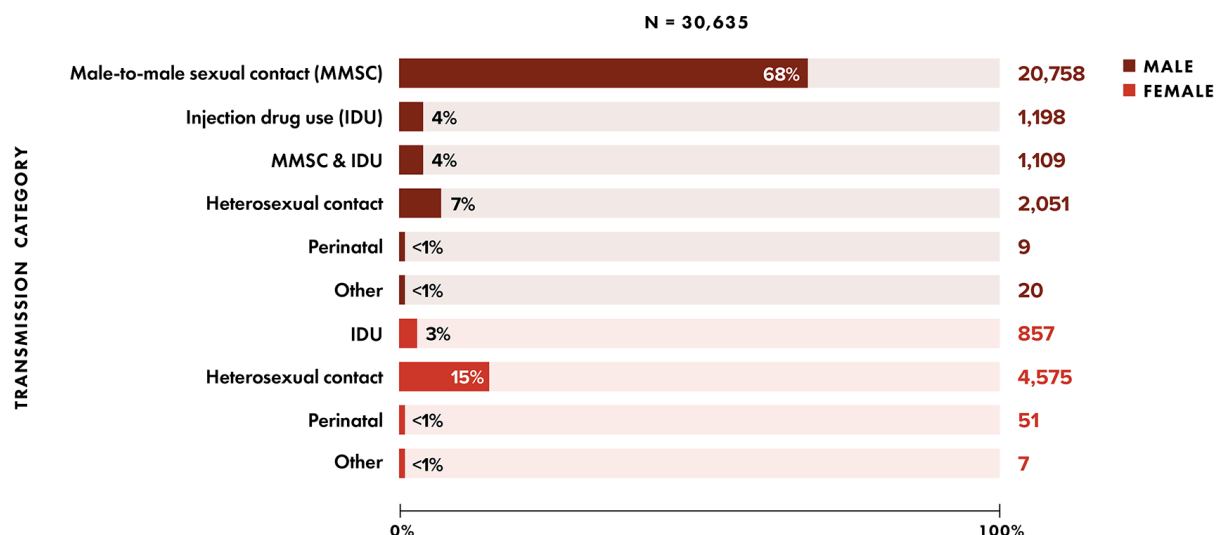


NOTE. Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state/local jurisdictions. Asterisk (*) indicates incomplete reporting.



FIGURE 6

Percentages of diagnoses of HIV infection among persons aged ≥13 years, by sex assigned at birth and transmission category, 2020 (COVID-19 Pandemic)—United States and 6 dependent areas



NOTE. Data have been statistically adjusted to account for missing transmission category. Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state/local jurisdictions.

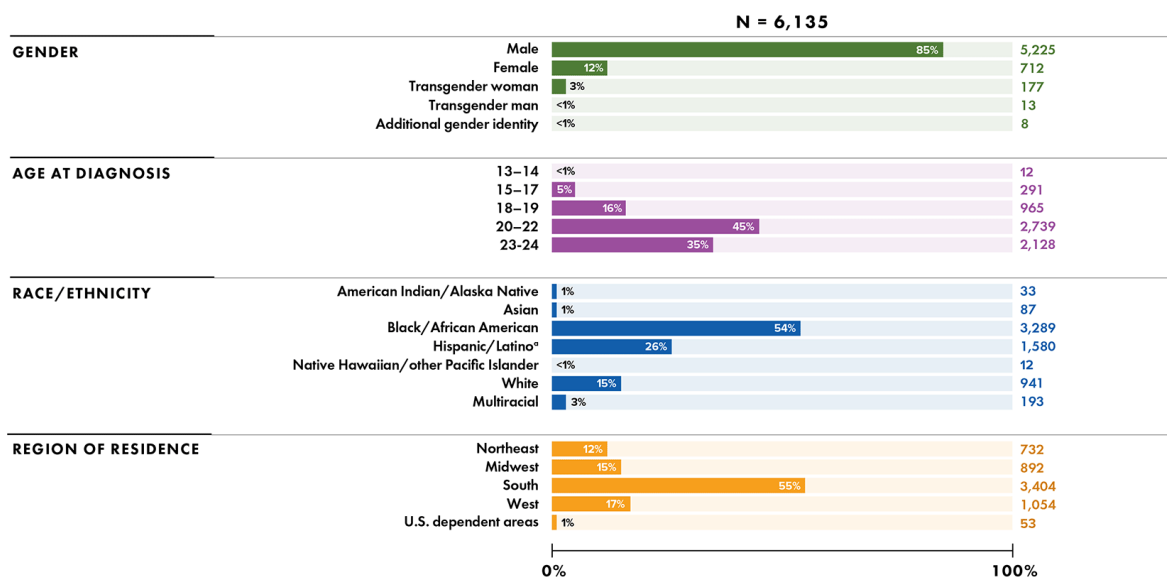


Infographics from CDC

(including information about HIV Among Females)

FIGURE 26

Percentages of diagnoses of HIV infection among persons aged 13–24 years, by selected characteristics, 2020 (COVID-19 Pandemic)—United States and 6 dependent areas



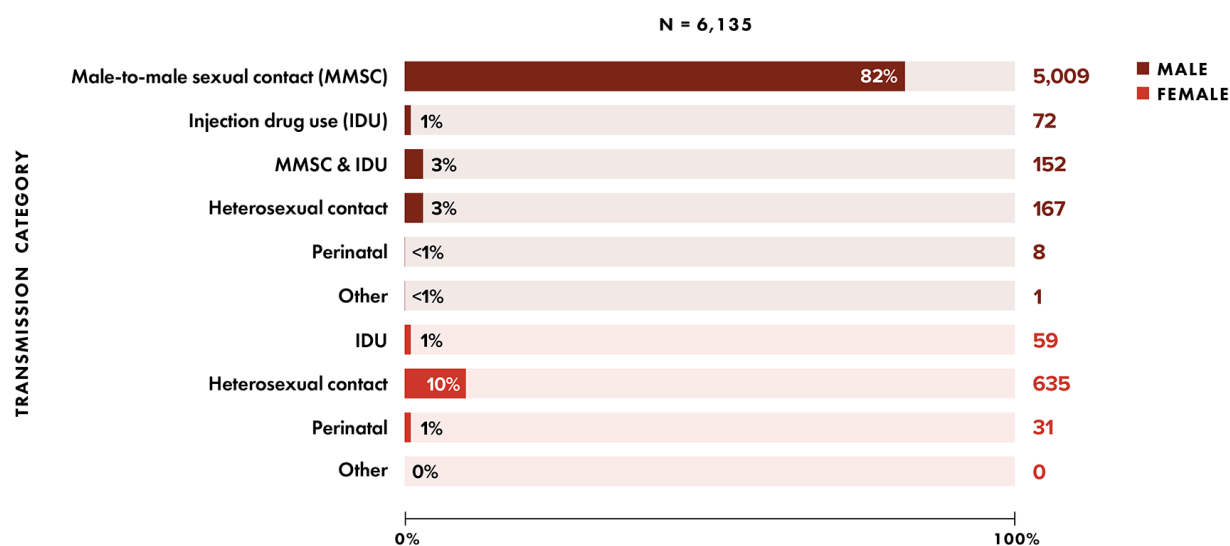
NOTE: Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state/local jurisdictions.

*Hispanic/Latino persons can be of any race.



FIGURE 27

Percentages of diagnoses of HIV infection among persons aged 13–24 years, by sex assigned at birth and transmission category, 2020 (COVID-19 Pandemic)—United States and 6 dependent areas



NOTE: Data have been statistically adjusted to account for missing transmission category. Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state/local jurisdictions.

