

## Women and HIV <sup>[1]</sup>

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## A Look at the Numbers

Over 30 years have passed since the first diagnosis of AIDS (Acquired Immune Deficiency Syndrome) in America. While there were a handful of women among the first cases, AIDS was thought primarily to affect gay men. However, as the years passed, women have emerged as another group hard hit by the HIV/AIDS epidemic. Globally, women living with HIV (HIV+) account for half of all HIV+ people, and in many countries, HIV+ women outnumber HIV+ men.

**In the US:** The proportion of HIV/AIDS cases among women in the US more than tripled from seven percent in 1985 to an alarming 24 percent in 2009. That means that about one in four Americans living with HIV is a woman. The good news is that, from 2008 to 2010, women represented a noticeably smaller percentage of new HIV infections (21 percent decrease) after more than ten years of steadily increasing numbers. Women currently account for one if five new HIV infections in the US.

HIV affects both younger and older women. In fact, the rate of HIV diagnoses in older women has been rising recently; in 2010, people aged 45 and older accounted for 23 percent of new HIV diagnoses ? almost the same percent as younger women 13 to 24 years old (22 percent).

In 2010, more than eight out of ten HIV+ women in the United States were women of color. Among women of color, African-American women are especially affected. Although African-American adolescent and adult women made up only 13 percent of the US female population, they accounted for over two-thirds of all new HIV infections among women. Latinas made up 16 percent of the US female population and accounted for 15 percent of all new HIV infections among women. For African-American women, the rate of HIV diagnosis was almost 20 times as high as the rate for white women in the US. For Latinas, it was almost four times as high as the rate for white women.

**Globally:** The World Health Organization (WHO) estimates that almost 18 million adults living with HIV are women. Although women account for approximately half of all HIV+ people worldwide, the percentage of women who are HIV+ varies widely among countries. Estimates suggest that one in three HIV+ people in the United Kingdom are women; almost four out of ten HIV+ people in India are women; and almost six in ten HIV+ people in sub-Saharan Africa are women. The Joint United Nations Programme on HIV/AIDS (UNAIDS) reports that, in 26 of 31 countries with generalized epidemics of HIV/AIDS, fewer than half of young women in these countries have correct and thorough knowledge about HIV.

**Transmission:** Heterosexual sex (sex between a male and female) is the most common way of getting HIV (or mode of [transmission](#) [2]) among women in the US. During heterosexual sex, HIV is passed almost twice as easily from men to women as from women to men. More than eight out of every ten HIV+ women in the US get the virus through sex with an HIV+ man. Heterosexual sex is also the main source of HIV transmission for women in many other countries in Africa, South America, and Western Europe. Sharing HIV-contaminated syringes for injecting drugs is another common mode of transmission.

## Is HIV Different for Men and Women?

Until recent years, little research had been done on women and HIV. While many questions remain unanswered, available information shows that HIV affects men and women differently in some ways:

- When women are first diagnosed, they tend to have lower [viral loads](#) [3] (amount of HIV in the blood) compared to men who are newly diagnosed
- Women generally have lower [CD4 cell counts](#) [4] than men with similar viral loads
- Women are more likely than men to develop bacterial [pneumonia](#) [5]
- Women have higher rates of [herpes](#) [6] infections than men
- Women get thrush (a [yeast infection](#) [7]) in their throats more often than men
- Men are eight times more likely than women to develop [Kaposi's sarcoma](#) [8] or KS (a cancer-like disease caused by a herpes virus)

Women tend to be diagnosed with HIV later in their disease than men and fewer women than men are getting HIV treatment. Women may delay getting medical care and treatment for several reasons, including:

- Limited access to health care due to lack of insurance and/or transportation
- Unstable [housing](#) [9]
- Fear of violence in the home ([domestic violence](#) [10])
- Other responsibilities such as child care or caring for a sick family member
- The [stigma](#) [11] associated with HIV
- Problems with [substance abuse or addiction](#) [12]
- [Depression](#) [13]
- Lack of financial resources and/or social supports
- Mistrust of health care providers and/or the medical system

## Treatment in HIV+ Women: Effectiveness, Side Effects, and Drug Interactions

HIV treatment studies ([clinical trials](#) [14]) have traditionally included very small numbers of women. As a result, most information on the effectiveness and safety of HIV drugs comes from research done in men. This under-representation of women in studies has only recently begun to change. [For more information on how The Well Project is working to advance and improve research for HIV+ women, please visit our site on the [Women's Research Initiative on HIV/AIDS \(WRI\)](#) [15].]

The good news is that the existing research has found little difference in terms of the

effectiveness of HIV treatment for women and men. HIV+ women who begin treatment as recommended have been found to do as well as HIV+ men. Although treatment seems to work as well in women, in some cases, the side effects [16] may differ:

- **Rashes:** Researchers say that HIV+ women are more likely than men to experience skin rashes from HIV medications.
- **Liver problems:** Women are more likely to experience liver [17] problems as a medication side effect. In fact, women with a CD4 count above 250 are warned against starting a drug combination with Viramune (nevirapine) because of the risk of dangerous liver problems.
- **Body shape changes:** Some studies have found that HIV+ women experience different types of body shape changes [18] than men. Women may experience more fat gain in their breasts and waists.
- **Weak bones:** It is known that women in general are at increased risk of developing osteoporosis (weak bones) [19] after menopause, but studies have also shown that HIV infection increases a person's risk of weakening bones. This places both HIV+ men and women at increased risk of osteoporosis. However, HIV+ women's risk for bone weakness is three times higher than HIV+ men's.

Differences in side effects between men and women may be due to interactions between HIV therapy and female hormones [20]. It may also be the result of women's smaller physical size. Standard doses of drugs are usually based upon research done mostly in men. However, there are some drugs for which weight-based dosing is recommended.

HIV+ women do need to be careful about drug interactions [21]. Certain HIV drugs can affect the levels of other drugs in the body. For example, several HIV drugs can impact the levels of birth control pills [22] and change how effective those pills are at preventing pregnancy [23].

It is important for HIV+ women to be treated by health care providers with experience treating women with HIV. Tell your health care provider about all your medical conditions and any medications you are taking. If you experience side effects [16] from your HIV drugs, be sure to ask your health care provider for help.

## Gynecological Issues in HIV+ Women

Certain gynecological (GYN) conditions [24] are more common, more serious, and/or more difficult to treat in HIV+ women than HIV-negative women:

- Some vaginal infections and inflammation, including yeast infections [7] and bacterial vaginosis
- Common sexually transmitted diseases (STDs) [6], such as gonorrhea, chlamydia, and trichomoniasis
- Genital herpes
- Pelvic inflammatory disease (PID)

Although little conclusive research is available on [HIV and menstruation \(periods\)](#) [25], many HIV+ women report abnormal menstrual periods. Some have excessive bleeding while others stop menstruating altogether.

[Human papillomavirus \(HPV\)](#) [26] is an STD that causes 99 percent of cervical cancer and can also cause genital warts. HIV+ women are more likely to be infected with HPV than HIV-negative women. HIV+ women are also less likely to clear, or get rid of HPV, than HIV-negative women. HIV+ women, especially women with advanced HIV disease, are more likely to develop dysplasia (abnormal cervical cells) as a result of HPV.

Dysplasia is a condition of abnormal cells on the cervix (the opening of the womb). It is often more severe and difficult to treat in HIV+ women than in HIV-negative women. Untreated dysplasia can lead to [cervical cancer](#) [8], a life-threatening illness.

It is important to find HPV early and get treatment to prevent health problems. Regular [Pap tests](#) [24] are a good way to check for HPV. A Pap smear is a screening test your health care provider does to check for changes in the cervix. An abnormal Pap smear can indicate inflammation, infection, dysplasia, or cancer.

The US Centers for Disease Control and Prevention (CDC) recommends that:

- HIV+ women have a complete gynecological examination, including a Pap smear, when they are first diagnosed and when they first seek prenatal care
- HIV+ women have another Pap six months later
- If both tests are normal (negative), yearly screening is recommended
- Women who have had dysplasia should receive a Pap smear more often and may return to getting annual Pap smears if they have had two normal exams in a row

For more information, see The Well Project's article, [Caring for a Woman's Body: What Every Woman Should Know about the Care and Prevention of GYN Problems](#) [24].

There are also two effective HPV vaccines. Since the introduction of the HPV vaccines in the US four years ago, the number of 14 to 19 year old girls infected with HPV has dropped by more than half. It is important for young people to get vaccinated before they have sex (before they have been exposed to HPV), since people who are already infected with HPV are not protected by the vaccines.

## **Pregnancy and HIV**

With the advances in HIV care and treatment, many HIV+ women are living longer, healthier lives. As they think about the future, some of these women are deciding to have the babies they always wanted. HIV+ women who want to become pregnant should discuss their plans with a health care provider who is very experienced in treating women with HIV. For more information, see The Well Project's article on [Getting Pregnant](#) [27].

The good news is that advances in HIV treatment have also greatly reduced the chances that a mother will pass HIV on to her child (mother-to-child transmission). If the mother takes appropriate medical precautions, the rate of transmission can be reduced from one in four to less than two in 100. In addition, studies done in the US have shown that being pregnant will not make HIV progress faster in the mother. For more information on pregnancy and HIV, [click here](#)

## In Conclusion

The numbers of HIV+ women are growing. It is important that you be aware of your risk for HIV and get tested if there is any possible reason to think you may have been exposed to HIV. In many countries, including the US, testing for HIV is part of routine health screening and preventive care.

If you test negative, you can take steps to stay that way. If you test positive, you can take steps to stay healthy and prevent passing the virus on to others, including during pregnancy. And while there is no cure yet, many HIV+ women are living longer and stronger lives thanks to effective care and treatment.

More research is needed to determine how HIV progresses in women and how HIV drugs affect women's bodies. However, it does seem that the HIV drugs can benefit women as much as men. By taking advantage of good health care and treatment as soon as you can, you greatly increase your chances of living a longer and healthier life for you and your loved ones.

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## Additional Resources

Select the links below for additional material related to women and HIV.

[International Community of Women Living with HIV/AIDS](#) [60]

[Gender Equality and HIV/AIDS \(UNWomen\)](#) [61]

[Women and HIV and AIDS \(IRCW\)](#) [62]

[Gender Inequalities and HIV \(WHO\)](#) [63]

[Women & HIV: HIV Information for Ob-Gyns and Their Patients](#) [64]

[Women & HIV Fact Sheet \(KFF\)](#) [65]

[Blog for HIV+ women: A Girl Like Me](#) [66]

[HIV among Women \(CDC\)](#) [67]

[Women are at Risk for HIV \(Womenshealth.gov\)](#) [68]

[Women and HIV/AIDS \(Avert\)](#) [69]

[Women and HIV/AIDS \(The Body\)](#) [70]

[Black Women and HIV/AIDS \(Black Women?s Health Imperative\)](#) [71]

[HIV & Women \(AIDSmap\)](#) [72]

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**Source URL:** <http://www.thewellproject.org/hiv-information/women-and-hiv>

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[3] <http://www.thewellproject.org/hiv-information/women-and-viral-load>

[4] <http://www.thewellproject.org/hiv-information/understanding-cd4-cells-and-cd4-cell-tests>

- [5] <http://www.thewellproject.org/hiv-information/pneumonias>
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- [61] <http://www.genderandaids.org/>
- [62] <http://www.icrw.org/what-we-do/hiv-aids>
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- [68] <http://www.womenshealth.gov/hiv-aids/women-are-at-risk-of-hiv/>
- [69] <http://www.avert.org/women-hiv-aids.htm>
- [70] <http://www.thebody.com/index/whatis/women.html>
- [71] <http://www.blackwomenshealth.org/issues-and-resources/black-women-and-hiv-aids/>
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