



WOMEN AND HIV

HOW SERIOUS IS HIV FOR WOMEN?

Only 7% of AIDS cases reported in 1985 in the US were women and girls. That percentage grew to 27% in 2007, and appears stable through 2012. About 80% of women are infected through sex with an HIV-infected man (often an injection drug user), and many through injection drug use (see Fact Sheet 154 on Drug Use and HIV).

In the US, AIDS rates among women are highest in the Southeast and the Northeast. In 2010, about 64% of newly diagnosed women were Black, although only 12% of the female US population is Black. The impact of HIV is especially great among young women of color. More than one third of new HIV infections among blacks and Latinas were in women ages 13 to 29.

WHAT DO WOMEN NEED TO KNOW?

Women are at risk for HIV infection. Many women think AIDS is a disease of gay men. But women get HIV from heterosexual sex and from sharing needles. Many women with HIV do not know how they got infected. This suggests that one or more of their male partners are infected.

During sex, HIV is transmitted from men to women about twice as easily than from women to men. A woman's risk of infection is highest with unprotected anal intercourse, or if she has a vaginal infection. The risk of infection is higher if her male sex partner is or was an injection drug user, has other sex partners, has had sex with infected people, or has sex with men.

Women should protect themselves against HIV infection. Having male sex partners use condoms lowers the chance of HIV infection. See Fact Sheet 153 for more information on using condoms. Condoms also come in a female version. To be effective, male and female condoms have to be used consistently and correctly. Other forms of birth control, such as birth control pills, diaphragms, or implants do NOT provide protection against HIV. Pre-exposure prophylaxis (PrEP, see fact sheet 160) is the use of the HIV medication Truvada before exposure, to reduce the risk of HIV infection. PrEP can reduce the rate of HIV infection by sexual activity by as much as 95%.

Women should get tested for HIV. Many women don't find out they have HIV until they become ill or get tested during pregnancy. Women who aren't tested for HIV may get sick and die faster than men. But if they get tested and treated, they live as long as men. HIV testing is recommended for all people between the ages of 15 and 65. Fact sheet 102 has more information on HIV testing.

Gynecological problems can be early signs of HIV infection. Ulcers in the vagina, persistent yeast infections, and severe pelvic inflammatory disease (PID) can be signs of HIV. Hormone changes, birth control pills, or antibiotics can also cause these problems. See your health care provider to identify the cause.

Women get more and different side effects than men. Women with HIV are more likely than men to get skin rashes and liver problems, and to experience body shape changes (lipodystrophy, see fact sheet 553.) Bone loss is also a concern (see fact sheet 557.) They also have more problems caused by human papillomavirus (HPV, see fact sheet 510.)

Many women are parents in addition to dealing with their health and employment. This makes it more difficult to take medications and schedule medical appointments. With proper support, women do very well on HIV treatment.

RESEARCH ON WOMEN

In 1997 the FDA said that women could no longer be kept out of clinical trials just because they might become pregnant. The proportion of women in AIDS research studies is increasing but is still quite low.

More studies of women with HIV are underway. Researchers are trying to enroll more women into their clinical trials. This is necessary because women have been under-represented in most medical research, not just on AIDS. Most medications have never been specifically tested in women.

A recent study found a higher risk of death among HIV+ women due to accident or injury with a lower T-cell count, who were unemployed, who had more than 8 alcoholic drinks each week, who showed signs of depression, who used injection drugs, or who had 3-5 sex partners.

TREATMENT FOR WOMEN

In the US, fewer women than men are getting HIV treatment. This may be partly due to suspicion about the health care system and discrimination against people with HIV. Whenever possible, women living with HIV should be cared for by experienced care providers.

◆ Women with HIV get vaginal infections, genital ulcers, pelvic inflammatory disease, and genital warts more often and more severely than uninfected women.

◆ Women get thrush (a yeast infection, see Fact Sheet 501) in their throats and herpes (see fact sheet 508) about 30% more often than men.

◆ Women are much more likely than men to get a severe rash when using nevirapine (See Fact Sheet 431.)

◆ Women with fat redistribution (see Fact Sheet 553 on Lipodystrophy) are more likely than men to accumulate fat in the abdomen or breast areas and are less likely to lose fat in the arms or legs.

◆ Abnormal, pre-cancerous cell types related to cervical cancer are more frequent and severe in women who are HIV-positive. See fact sheet 510 for more information.

THE BOTTOM LINE

More women are becoming infected with HIV. With early testing and treatment, women with HIV can live as long as men. Women should get tested for HIV. This is especially true for pregnant women and women considering pregnancy. If they test positive for HIV, they can take steps to reduce the risk of infecting their babies and ensure their own health.

The best way to prevent infection in heterosexual sex is by using condoms. Other birth control methods do not protect against HIV. PrEP medication can further reduce the risk of HIV in women at risk of HIV infection. Women who use intravenous drugs should not share equipment.

Women planning pregnancy should seek care prior to becoming pregnant to ensure good health and assess their HIV status. See fact sheet 611 on pregnancy and HIV.

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