HIV/AIDS AND WOMEN

[Excerpts from and summaries of relevant material culled from reliable sources.]

The reality of the HIV/AIDS epidemic is known in almost every country in the world. However, too little attention has been given to the women in our nation and abroad who are already HIV positive or at risk. The tendency has been for research and prevention and treatment programs to concern mainly men. Yet the women and HIV experience has many unique features.

In this segment of our web site, the Global Alliance for Women's Health spotlights HIV/AIDS as it affects women globally and will keep the information as current as possible. Our excerpts come from the extensive material published by the United States Centers for Disease Control and Prevention (CDC), whose documents have an excellent worldwide reputation. (For complete studies, please go to: http://www.cdc.gov) Also, when possible, we reference other credible sources that present information on HIV/AIDS and women.

The Scope of HIV/AIDS Among Women in the United States

(According to a CDC publication updated January 31, 2001.)

HIV infection among U.S. women has increased significantly over the last decade, 120,000 and 160,000 adult and adolescent females are living with HIV infection, including those with AIDS. [Between 1992 and 1998] a growing proportion of women were living with AIDS, reflecting the ongoing shift in populations affected by the epidemic. In 1992, women accounted for 14% of persons living with AIDS by 1998, the proportion had grown to 20%.

In just over a decade, the proportion of all AIDS cases reported among adult and adolescent women more than tripled, from 7% in 1985 to 23% in 1999 &. African American and Hispanic women together represent less than one-fourth of all U.S. women, yet they account for more than three-fourths (77%) of AIDS cases reported to date among women in our country &.

The proportion of HIV cases reported without exposure risk information is higher among women than men; in 1998, a total of 51% of HIV cases among women and 37% of HIV cases among men were reported without exposure risk information. [Exposure risk categories include men who have sex with men; injection-drug users, men who have sex with men and are injection-drug users; recipients of clotting factor for hemophilia or...
other coagulation disorders; persons who have had heterosexual contact with a partner who is HIV-infected or who has one of the risks already listed; or recipients of HIV-infected blood or blood components other than clotting factor or of HIV-infected tissue.]

Other statistics:

In 1994, the proportion of women with AIDS infected through heterosexual contact surpassed the proportion infected through injection-drug use; overall, heterosexual transmission accounted for 40% of AIDS cases reported among women in 1999.

**CDC Involvement**

The CDS is the lead agency for HIV prevention in the United States and is continuously seeking ways to improve both biomedical and behavioral strategies to combat the HIV epidemic as it involves.

*CDC's International Activities Branch* designs and executes epidemiologic and intervention studies of HIV infection and its associated illnesses in other countries in collaboration with host nations, the United Nations AIDS Program, the U.S. Agency for International Development and numerous nongovernmental organizations. Its activities include epidemiologic studies of risk factors for AIDS and HIV transmission, studies of HIV genotypic variants, seroprevalence studies, and surveys and evaluations of AIDS prevention and control activities. The branch operates two field sites in Bangkok, Thailand, and in Abidjan, Ivory Coast which conduct epidemiologic and prevention research.

Benefits to host countries from CDC-backed studies: women who participate know their HIV status and receive counseling related to it. Those who are pregnant can receive more attention during labor and delivery plus 18 months of medical follow-up, including well baby check-ups, childhood immunizations, and enhanced access to and care in the event of illness. In addition, half the women receive the short course AZT regimen that may or may not provide prevention benefits.

*CDC Prevention Activities in the U.S.*

The CDC Community Assistance, Planning and National Partnerships Branch provides technical assistance, policy guidance, and fiscal and human resources to 65 state and selected local health departments; 22 national and regional minority organizations; 10 national business, labor, and faith partnerships; and 94 community-based organizations to conduct HIV prevention services among high-risk populations.

As part of its overall mission of reducing illness and death worldwide, CDC provides leadership in preventing and controlling human immunodeficiency virus (HIV) infection by working with community, state, national, and international partners. CDC's programs include support for state and local prevention activities, a national public information network; education programs in the nation's schools, disease monitoring; and laboratory,
behavioral, and epidemiologic studies designed to identify the most effective interventions to combat HIV.

The National Institutes of Health sponsored an AIDS clinical trial in the United States that was concluded in early 1994 after it demonstrated that the risk of perinatal transmission of HIV could be reduced by as much as two-thirds by giving HIV positive pregnant women AZT throughout their pregnancy (orally for 16 to 24 weeks) and childbirth (intravenously) by giving it to their newborns for six weeks after birth. This regimen has become the standard of care in the United States, and, as a direct result, there has been a dramatic decrease in HIV infections and reported AIDS cases among children in this country.

**Prevention Research**

As AIDS increasingly affects women, it is critical that prevention methods be developed that are easily within women's control. CDC researchers are working with scientists worldwide to evaluate the effectiveness of female condoms and to develop effective microbicides that can kill HIV and the pathogens that cause other STDs (sexually transmitted diseases).

CDC researchers have assimilated and analyzed all available studies to date that evaluate the impact of prevention programs and created a Prevention Research Synthesis (PRS) database. The PRS database incorporates all well-conducted evaluations of the full range of HIV prevention programs from school-based education to street outreach for injection drug users.

**Prevention Needs of Women**

- Increase emphasis on prevention and treatment services for young women and women of color. Prevention programs should be comprehensive and should include participation by parents as well as the educational system. Community-based programs must reach out-of-school youth in such settings as youth detention centers and shelters for runaways.

- Address the intersection of drug use and sexual HIV transmission. Women are at risk of acquiring HIV sexually from a partner who injects drugs and from sharing needles themselves. Additionally, women who use noninjection drugs (e.g., crack, cocaine, methamphetamines) are at greater risk of acquiring HIV sexually, especially if they trade sex for drugs or money.

- Develop and widely disseminate effective female-controlled prevention methods. More options are urgently needed for women who are unwilling or unable to negotiate condom use with a male partner. CDC is collaborating with scientists around the world to evaluate the prevention effectiveness of the female condom and to research and develop topical microbicides that can kill HIV and the pathogens that cause STDs.

**Global Information**
Throughout most of the developing world where millions of women are infected with HIV, pediatric AIDS is a very serious and growing problem. Perinatal HIV transmission is the number one cause of pediatric AIDS. Infection rates among women in the general population of many countries are far higher than in the United States.

In some African countries, more than 1/3 of women of childbearing age are HIV-infected. In the Ivory Coast, approximately 12-14% of women in the general population are infected with HIV. In Thailand, the rate of infection in the general population is somewhat lower but varies by location in the country. In the absence of cost effective therapy, we can expect about 25% of children born to HIV-infected mothers to be infected themselves.

**Some Conclusions**

- While the number of AIDS cases is declining in the U.S., the number of people living with HIV infection is growing. This increased prevalence of HIV in the population means that even more prevention efforts are needed, not fewer. For individuals at risk, increased prevalence means that each risk behavior carries an increased risk for infection. This makes the danger of relaxing preventive behaviors greater than ever.

- Comprehensive school-based HIV and sex education programs have been shown to delay the initiation of sexual intercourse, reduce the frequency of intercourse, reduce the number of sex partners, or increase the use of condoms or other contraceptives.

- Perinatal prevention programs that identify and treat pregnant women who are HIV infected have shown dramatic success in reducing HIV transmission to their babies.

**Multiple Opportunities for Intervention**

- *Primary HIV prevention means* keeping people from becoming infected with HIV in the first place. Interventions must focus not only on uninfected populations there also is a major role for preventing further infections by focusing on infected individuals and helping them develop skills for reducing the risk of infecting others.

- *Secondary HIV prevention* means keeping people who are already HIV-infected safe and healthy by helping them avoid opportunistic infections and stopping the infection from progressing to AIDS.

- In all prevention efforts, there is a growing need to address the link between HIV treatment and prevention. In some cases, such as preventing perinatal transmission to infants by providing antiretroviral drugs to the mother, treatment is prevention. We also know that the treatment of other STDs can greatly reduce
a person's risk for sexually acquired HIV infection. And scientists even now are exploring the possibility that the combination drug therapies may reduce infectivity. With the lines between prevention and treatment beginning to fade, ongoing services for people who are HIV positive must balance medical advances with the behavioral and social support needed to preserve their quality of life and prevent the spread of infection.

- Access to prevention services and new medical treatments is vital. For example, pregnant women who may not know they are infected with HIV cannot reduce the risk of transmission to their children unless they first get prenatal care that includes routing HIV counseling and voluntary testing. Those found to be infected then must have access to antiretroviral drugs.