HIV/AIDS and its Impact on Latinas/Hispanas

In the United States, the HIV/AIDS epidemic has adversely affected women and its impact on women has grown over time. Early in the epidemic, relatively few women and female adolescents were diagnosed with HIV infection and AIDS. Things have changed.

From the beginning of the HIV/AIDS epidemic (1981) through 2006, women accounted for 189,566 diagnoses in the United States, representing 19% of the 982,498 AIDS diagnoses in the 50 states and the District of Columbia during this period.[1] The rate of women diagnosed with HIV/AIDS has risen drastically since the beginning of the epidemic—in 2008, women accounted for more than one quarter of all new HIV/AIDS diagnoses.[2]

Latinas are disproportionately affected by HIV/AIDS in the U.S. Although Latinas represented 13% of the female population aged 13 and over in 2006, they accounted for 16% of estimated AIDS cases in that same year.[3, 4] In that same year, the AIDS case rate per 100,000 Latinas (9.5) was 5 times higher than the case rate for white non-Hispanic women (1.9) in the U.S.[5] Latinas represented a much greater share (22%) of AIDS diagnoses among all Latinos and Latinas living in the U.S. compared with white women's (15%) share of AIDS cases diagnosed among all non-Hispanic white males and females.[6] Latinas also face barriers to health care and HIV testing, preventing them from knowing their status.[7] Due to infrequent HIV testing, Latinas are often diagnosed during a very late stage of HIV infection and therefore develop AIDS sooner after an HIV diagnosis than white women. Consequently, AIDS has become a major cause of death for Latinas—in 2004, HIV infection was the 5th leading cause of death for Hispanic women aged 35–44 years.[8]

1. Centers for Disease Control and Prevention. "Basic Statistics". Atlanta: Department of Health and Human Services, Centers for Disease Control and Prevention, 2006. http://www.cdc.gov/hiv/topics/surveillance/basic.htm#hivest
2. Centers for Disease Control and Prevention. "HIV/AIDS Among Women: Factsheet". Atlanta: Department of Health and Human Services, Centers for Disease Control and Prevention, 2008. http://www.cdc.gov/hiv/topics/women/resources/factsheets/women.htm
3. The Henry J. Kaiser Family Foundation. "Women and HIV/AIDS in the US". Menlo Park, CA: May, 2008. http://www.kff.org/hivaids/upload/6092_05.pdf
4. The Henry J. Kaiser Family Foundation. "Latinos and HIV/AIDS: HIV/AIDS Policy Fact Sheet". Menlo Park, CA: May, 2008. http://www.kff.org/hivaids/upload/6007-05.pdf
5. The Henry J. Kaiser Family Foundation. "Latinos and HIV/AIDS: HIV/AIDS Policy Fact Sheet". Menlo Park, CA: May, 2008. http://www.kff.org/hivaids/upload/6007-05.pdf
6. The Henry J. Kaiser Family Foundation. "Latinos and HIV/AIDS: HIV/AIDS Policy Fact Sheet". Menlo Park, CA: May, 2008. http://www.kff.org/hivaids/upload/6007-05.pdf
7. Pan-American Health Organization Regional Office of the World Health Organization: The UNGASS, Gender and Women's Vulnerability to HIV/AIDS in Latin America and the Caribbean. http://www.paho.org/English/ad/ge/GenderandHIV-revised0904.pdf
8. Centers for Disease Control and Prevention. "HIV/AIDS Among Women: Factsheet". Atlanta: Department of Health and Human Services, Centers for Disease Control and Prevention, 2008. http://www.cdc.gov/hiv/topics/women/resources/factsheets/women.htm

For Hispanic/Latina women living with HIV/AIDS, the most common methods of HIV transmission are: 1) high-risk heterosexual contact and 2) injection drug use (IDU).[9] In 2005, the majority of Latinas living with HIV/AIDS were infected through heterosexual contact—approximately 70% of Latinas.[10] Latinas are more likely to have been infected through heterosexual transmission than non-Hispanic white women.[11] Intravenous drug use (IDU) ranks as the second most common mode of HIV transmission for Latinas. In 2006, 29% of Latinas living with HIV/AIDS identified IDU as the source of HIV transmission, whereas, 24% of Black women living with HIV/AIDS identified IDU as the source of transmission.[12] Reports of injection drug use among Latinas vary by country of origin. For example, opiate drug use, often injected intravenously, was highest among women who live in the U.S. and whose country of origin was Puerto Rico at 43% and 29% among women from Cuba.[13]

Latinas confront several obstacles when it comes to HIV prevention, testing, counseling, and seeking treatment once infected—embarrassment, fear of rejection and stigma, partner's objection to testing, and lack of access to financial resources and health insurance coverage.[14]

Many Latinas are not aware of their male partner's risk factors for HIV and do not take steps to protect themselves from HIV. Men who engage both in sex with men (MSM) and women can acquire HIV from a male partner and then transmit the virus to female partners.[15] Latino men who have sex with men (MSM) and women but who do not identify as gay or disclose their bisexual activities to main female partners, also known as men "on the down-low" or as "bugarrones" in Spanish, have been cited as a primary reason for the increase in HIV infections in Hispanic women. Studies show that bisexual activity is relatively common among Hispanic HIV-infected MSM and that frequently their female partners do not know of their bisexual activity.[16] In a 2003 report of a study of HIV-infected people (5,156 men and 3,139 women), 34% of black men who have sex with men (MSM), 26% of Hispanic MSM, and 13% of white MSM reported having had sex with women.[17] However, in the same study, the female partners of these men may not have known of their male partner's bisexual activity: only 14% of white women, 6% of black women, and 6% of Hispanic women in this study acknowledged having a bisexual partner. In addition to being unaware of their partner's risk of HIV, relationship and power dynamics of sexuality often acts as obstacles to prevention. For example, some women may not insist on condom use because they fear that their partner will physically abuse them or leave them or as a sign of the man's faithfulness.[18]

Another factor attributing to higher rates of HIV infection amongst Latinas is that traditionally in Latino cultures sex and sexuality are not discussed.[19] "Marianismo"—the cultural expectation of Latinas to be modest, pure, dependent, weak, and abstinent until marriage—acts as an obstacle to HIV prevention efforts.[20] Traditional Latino families often expect that women will remain virgins until marriage and this often puts women under pressure to engage in risky alternatives to heterosexual intercourse, including anal and oral sex. The stigma that is attached to female sexuality often prevents sexually active women from accessing reproductive and sexual health services, screening, and information.[21] Silencing of Latinas' sexuality makes women less comfortable and less successful in condom negotiation, putting them at a higher risk of HIV infection.[22]

Additionally, women have differential access to medical care, counseling, and information, making them less likely than men to receive accurate prognosis and treatment of HIV.[23] According to a recent CDC study of more than 19,500 patients with HIV in 10 US cities, women were less likely than men to receive prescriptions for the most effective treatments for HIV infection.[24] As a result, women who have HIV/AIDS have a shorter life expectancy than men under the same circumstances.[25]

Acculturation is another important factor that has both positive and negative effects on HIV prevention for Latinas. Latinas with greater acculturation into the U.S. culture have the tendency to engage in high risk behaviors that increase their risk for HIV

9. Centers for Disease Control and Prevention. "HIV/AIDS Among Hispanics/Latinos: Factsheet". Atlanta: Department of Health and Human Services, Centers for Disease Control and Prevention, 2008. http://www.cdc.gov/hiv/hispanics/resources/factsheets/hispanic.htm
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12. The Henry J. Kaiser Family Foundation. "Latinos and HIV/AIDS: HIV/AIDS Policy Fact Sheet". Menlo Park, CA: May, 2008. http://www.kff.org/hivaids/upload/6007-05.pdf
13. The Drug and Alcohol Services Information System. "Hispanic Female Admissions in Substance Abuse Treatment: 2005". April 13, 2007. http://www.oas.samhsa.gov/2k7/latinaTX/latinas.htm <http://www.oas.samhsa.gov/2k7/latinaTX/latinas.htm>
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15. Centers for Disease Control and Prevention. "HIV/AIDS Among Women: Factsheet". Atlanta: Department of Health and Human Services, Centers for Disease Control and Prevention, 2008. http://www.cdc.gov/hiv/topics/women/resources/factsheets/women.htm
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17. Montgomery JP, Mokotoff ED, Gentry AC, Blair JM. "The Extent of Bisexual Behavior in HIV-Infected Men and Implications for Transmission to Their Female Partners". AIDS Care 2003;15:829–837.
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19. Gomez, C. "What Are U.S. Latinos' HIV Prevention Needs?" UCSF, Center for AIDS Prevention Studies, AIDS Research Institute, 2002.
20. Pan-American Health Organization Regional Office of the World Health Organization: The UNGASS, Gender and Women's Vulnerability to HIV/AIDS in Latin America and the Caribbean. http://www.paho.org/English/ad/ge/GenderandHIV-revised0904.pdf
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22. Gómez CA, Marín BV. "Gender, culture and power: barriers to HIV prevention strategies for women". The Journal of Sex Research. Vol. 33, pp. 355-362. 1996.
23. Pan-American Health Organization Regional Office of the World Health Organization: The UNGASS, Gender and Women's Vulnerability to HIV/AIDS in Latin America and the Caribbean. http://www.paho.org/English/ad/ge/GenderandHIV-revised0904.pdf
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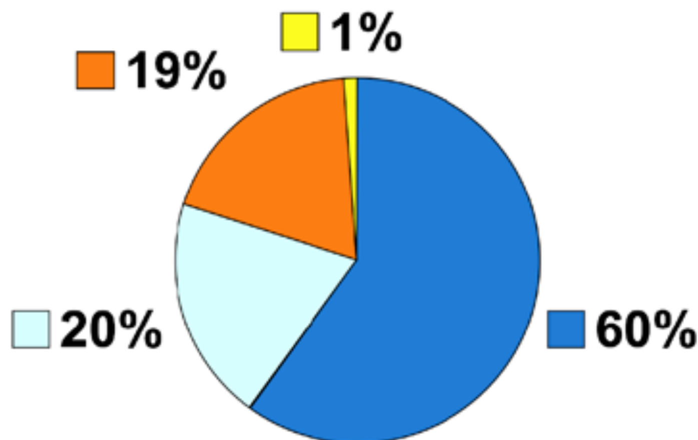
infection.[26] On the other hand, Latinas with greater levels of acculturation communicate better with their partners about practicing safer sex.[27] According to a recent study in the U.S., Latinas with a higher level of acculturation are more likely to use a condom than are women who have lower levels of acculturation.[28] The study found that Latinas with lower levels of acculturation were less likely to use condoms and more embarrassed to buy them.

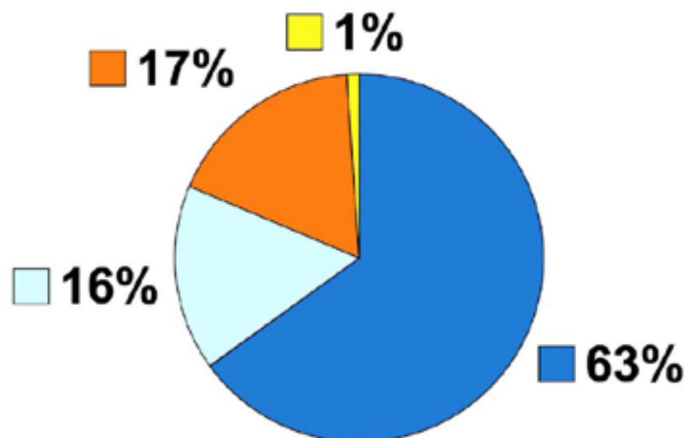
Finally, for many Latinas, the health of their family comes first and remains as the highest priority. Consequently, Latinas' personal health often comes second to the family. This causes some Latinas to focus on HIV/AIDS only when infection directly affects their family.[29]

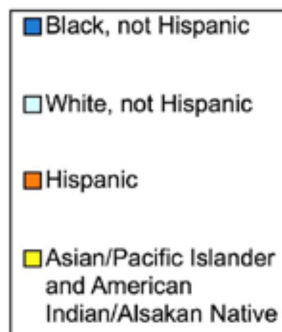
There are a number of issues that need to be addressed in order to prevent the spread of HIV infection. The following are relatively new preventative technologies that could directly benefit women. The female condom is the only female-initiated HIV prevention method presently available. These condoms can potentially help women to protect themselves from becoming infected with HIV if used correctly and consistently.[30] However, the female condom has the disadvantage of being relatively expensive—in fact, the average price in the U.S. is $2.50-$5.00, five to ten times the price of a male latex condom.[31] Post-exposure prophylaxis <http://www.avert.org/pep-prep-hiv.htm> (PEP) is another preventative option for women who have been raped, because it is an antiretroviral drug treatment that is thought to decrease the chances of HIV infection after exposure to HIV.[32] There are also plans underway to develop a microbicide that could be applied vaginally without a partner even knowing and which would prevent HIV infection. Trials have been taking place for a number of years, but there is still no microbicide that actually works.[33] However, better protecting women from HIV by using medical technology cannot be the only means to stop the spread of the HIV/AIDS epidemic. The majority of women with HIV were infected by unprotected sex with an infected man. Preventing transmission is the responsibility of both partners, and men must play an equal role in this. A new gender- and culturally- relevant intervention called "SISTA", has been proven effective at increasing

Reported AIDS cases for female adults and adolescents by race/ethnicity, Cumulative (from the beginning of the epidemic to the end of 2006)—U.S., including U.S. dependent areas[34]



Reported AIDS cases for female adults and adolescents by race/ethnicity, 2006—U.S., including U.S. dependent areas[35]





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NOTE: US Dependent Areas include American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands

26. Centers for Disease Control and Prevention. "HIV/AIDS Among Hispanics/Latinos". Atlanta: Department of Health and Human Services, Centers for Disease Control and Prevention, 2008. http://www.cdc.gov/hiv/hispanics/
27. Centers for Disease Control and Prevention. "HIV/AIDS Among Hispanics/Latinos". Atlanta: Department of Health and Human Services, Centers for Disease Control and Prevention, 2008. http://www.cdc.gov/hiv/hispanics/
28. Mendoza, Sofia. The Influence of Acculturation, Values and Relationship Power on Hispanic/Latina HIV Prevention Strategies. Undergraduate Research Opportunities at UC Irvine.
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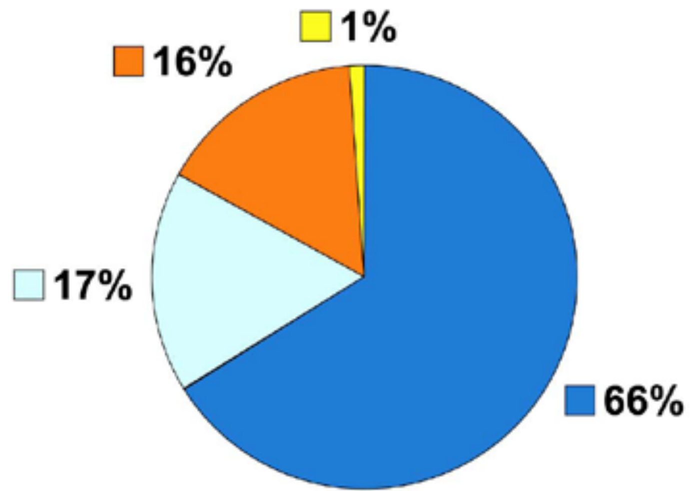
33. AVERT. "Women, HIV, and AIDS". http://www.avert.org/women.htm
34. Centers for Disease Control. "HIV/AIDS Surveillance Report, Volume 18, Table 21." Atlanta: Department of Health and Human Services, Centers for Disease Control and Prevention, 2006. http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2006report/table21.htm <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2006report/table21.htm>
35. Centers for Disease Control. "HIV/AIDS Surveillance Report, Volume 18, Table 21." Atlanta: Department of Health and Human Services, Centers for Disease Control and Prevention, 2006. http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2006report/table21.htm <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2006report/table21.htm>

condom use with African American women.[36] Currently, a similar version of "SISTA" is being adapted for Latinas but has not yet been implemented and tested for its efficacy.

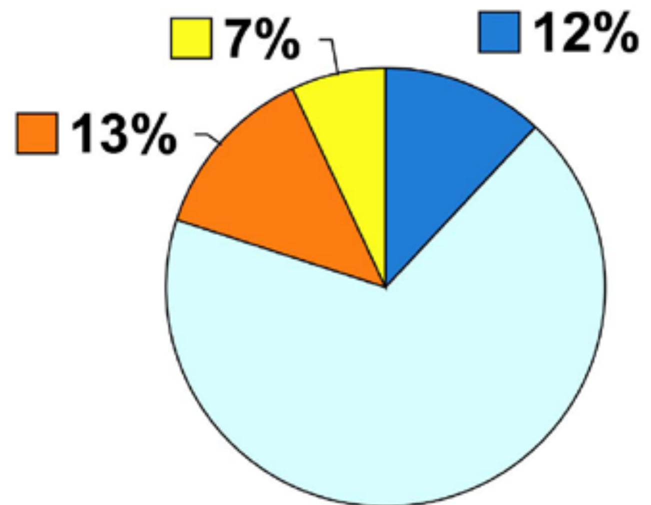
In the United States, women, particularly women of color, are at risk for HIV infection. The Centers for Disease Control, through the Department of Health and Human Services Minority AIDS Initiative, explores ways to reduce disparities in communities made up of women of minority races/ethnicities who are at high risk for HIV infection.[37] The CDC is also conducting demonstration projects in which women's social networks are used to reach high-risk persons in communities of color. Additionally, the CDC recognizes the importance of further incorporating culture- and gender-relevant material into current interventions.

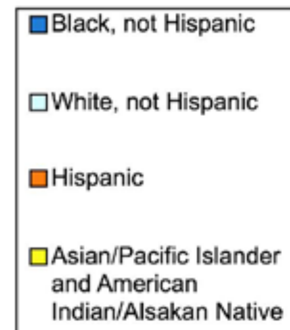
36. DiClemente, R.J., Wingood, G.M. (1995). A randomized controlled trial of an HIV sexual risk reduction intervention for young African-American women. Journal of the American Medical Association, 274 (16): 1271-6.
37. Centers for Disease Control and Prevention. "HIV/AIDS Among Women: Factsheet". Atlanta: Department of Health and Human Services, Centers for Disease Control and Prevention, 2008. http://www.cdc.gov/hiv/topics/women/resources/factsheets/women.htm
38. The Henry J. Kaiser Family Foundation. "Women and HIV/AIDS in the US". Menlo Park, CA: May, 2008. http://www.kff.org/hivaids/upload/6092_05.pdf
39. The Henry J. Kaiser Family Foundation. "Women and HIV/AIDS in the US". Menlo Park, CA: May, 2008. http://www.kff.org/hivaids/upload/6092_05.pdf

New AIDS Diagnosis among Women in 2006[38]



U.S. Female Population in 2006[39]





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KEY FACTS