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HIV/AIDS Among Women of Color in Massachusetts

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EDUCATION, INFORMATION, RESEARCH & CONNECTION
for Women

FACT SHEET
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HIV/AIDS Among Women of Color in Massachusetts

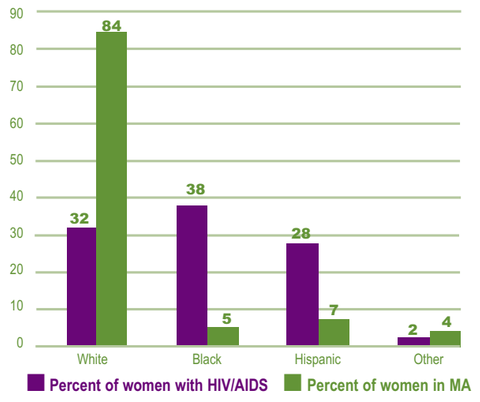
Problem

According to a recent report[1] on the status of women in Massachusetts, the Commonwealth has an "extraordinarily high" incidence of women of color with HIV/AIDS. Over 4,200 women are infected and women of color account for a disproportionately high number of these cases.

- Non-Hispanic white women comprise 84% of the female population but account for only 32% of the female HIV/AIDS cases.[2]
- Hispanic women comprise only 7% of the female population but account for 28% of HIV/AIDS cases.
- African-American women comprise only 5% of the female population but make up 38% of HIV/AIDS cases.
- "Other" ethnic/racial categories comprise 4% of the female population and account for 2% of the HIV/AIDS cases.

FIGURE 1

PERCENTAGE OF WOMEN WITH HIV/AIDS (2004) COMPARED TO THEIR PERCENTAGE OF THE FEMALE POPULATION, MA (2002)



White women contract HIV primarily through intravenous drug use (IDU), while African-American and Hispanic women primarily contract HIV through sex and needle-sharing activities of their sex partners.

- 71% of HIV-positive African-American women in MA are reported as contracting the virus through heterosexual transmission.
- 61% of HIV-positive Hispanic women in MA are reported as contracting the virus through heterosexual transmission.
- 42% of white women in MA are reported as contracting the virus through heterosexual transmission.
- Women who identify no risk behaviors are reported as "presumed heterosexual" by reporting agencies.

"Down low" behavior puts women seriously at risk for HIV infection. "Down low" refers to men who covertly have sex with other men while involved in long-term monogamous relationships with women.

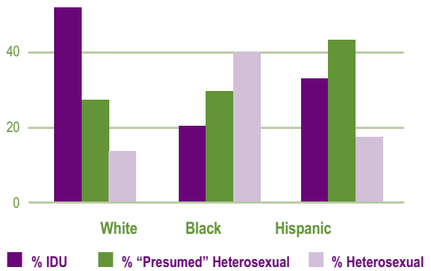
- Because these encounters are secret and rarely, if ever, discussed, condoms are seldom used.
- HIV is more easily transmitted from a man to a partner than it is from a woman to a partner.
- Many women are also unaware of their partners' intravenous drug use or needle-sharing activities.

[1]The Status of Women in Massachusetts (2002). Washington DC: Institute of Women's Policy Research (IWPR).

[2]All percentages are rounded.

FIGURE 2

FEMALE MODE OF EXPOSURE BY RACE/ETHNICITY, MA 2002



At least 60% of HIV-infected women have children under the age of 18.

- 75% of mothers with HIV/AIDS live with their children.
- Grandmothers care for about 20% of the children who have parents infected with HIV.
- Children of infected mothers face the continuing stress of living at home with a parent who has a chronic, stigmatizing disease.

Women tend to be diagnosed later, enter care sicker, and have shorter life spans than men because they face more barriers to getting care.

- Stigma: Many doctors are reluctant to discuss HIV with their female patients due to the stigma associated with HIV testing.
- Access: Poverty and lack of knowledge about HIV/AIDS keep many women from being tested. Transportation, childcare, and insurance issues make it hard for women to keep medical appointments.
- Culture: Hispanic women may be at a higher risk for HIV because of cultural norms leading to reluctance to discuss contraception with partners, and limited sex education within their families, schools, or community settings.
- Treatment: HAART[3] treatment regimens can be complex, making it difficult for many women to adhere to them. Even women who are able to adhere to the regimens are at risk for depression and isolation.

[3]Highly Active Antiretroviral Therapy includes 20 medications prescribed in combinations of 3 or more drugs.

ontext

The geographical occurrence of HIV in women varies. In some Massachusetts cities there is a higher incidence of Hispanic cases, in others a higher incidence of African-American cases, and in yet others a higher incidence of non-Hispanic white cases.

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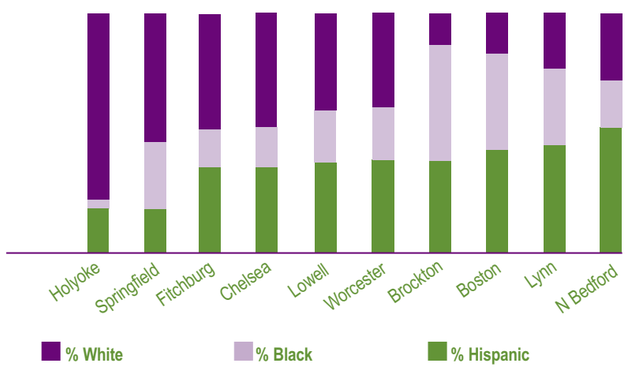
APHIC DISTRIBUTION OF FEMALE HIV/AIDS CASES BY THNICITY, MA 2002



Massachusetts HIV/AIDS policies and services are among the best in the country, but there is room for improvement in services for women.

- Minors have the right to consent to HIV/STD services but, unlike forty other states, education in schools on sexually transmitted diseases and HIV is not required.
- Forty-three organizations are funded by the Department of Public Health to provide *medical care*, *primary support services*,[4] and secondary support services for women living with or at risk for HIV, but data are not readily available on how many women utilize available services.
- The Massachusetts legislature recently restored MassHealth coverage for people with HIV who earn up to 200% of the Federal Poverty Level (an increase from the previous income limit of 133%). However, this increase has not yet been implemented.
- People with HIV in Massachusetts have access to health insurance whether or not they qualify for MassHealth, but in the past three years funding for outreach, prevention, and education programs has been cut by 37%.

[4]Primary support services include transportation, childcare, food, and case management. Secondary support services include things such as complementary therapy, housing advocacy, legal help, mental health, emergency assistance, and peer support.

Recommendations

- All women should be offered voluntary HIV testing as part of routine care.
- There should be speedy implementation of the increase in income levels for eligibility to MassHealth.
- The geographical distribution of HIV/AIDS among women should be used to plan culturally and linguistically appropriate outreach and education resources.
- There should be an unduplicated count by race and geographical location of women who receive medical, primary and secondary support services.
- Funding for outreach and education services for women should be restored.
- Effective education should be given to women of all ages and backgrounds on how to protect themselves from HIV.
- Further research should be conducted into the vaginal gels and microbicides that provide barriers to HIV infection and that women control.
- Although people in Massachusetts with HIV cannot be prosecuted for failure to disclose their status, physicians and agencies offering health services should work to foster an environment that supports voluntary disclosure to partners and care agencies.
- There needs to be more documentation and follow-up of the effects of mothers' HIV/AIDS on children and family members.
- There needs to be more documentation and follow-up of women in prison with HIV/AIDS, and their continuing care upon release.

This Fact Sheet was prepared by Erika Kates, Ph.D.; Helen Levine, Ph.D.; and LaKay Cornell, graduate student. Other contributors: Tina Williams, Julia Tripp, the staff at the Tapestry Project, Springfield, and Lina Ruiz, Regional Outreach Coordinator, Department of Health and Human Services.

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