



# 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 2004. About 71% of women are infected through sex with an HIV-infected man (often an injection drug user), and about 27% through 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. About 64% of infected women in the US are Black, although only 13% of the US population is Black. Please see Fact Sheet 611 for more information on pregnancy and HIV.

## 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 sharing needles and from heterosexual sex.

**During sex, HIV is transmitted from men to women much more easily than from women to men.** A woman's risk of infection is higher with anal intercourse, or if she has a vaginal disease. The risk of infection is higher if your 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 a condom every time can lower the chance of HIV infection. See Fact Sheet 153 for more information on using condoms. There is a female condom that provides some protection, but not as much as a male condom. Other forms of birth control, such as birth control pills, diaphragms, or implants do NOT provide protection against HIV. Several microbicides (creams, gels, and foams) that women can use to prevent HIV infection are in final testing. See Fact Sheet 157 for more information on microbicides.

**Get tested if you think you were exposed to HIV.** Many women don't find out they have HIV until they become ill or get tested during pregnancy. If women don't get tested for HIV, they seem to get sick and die faster than men. But if they get tested and treated, they live as long as men. Fact Sheet 102 has more information on HIV testing.

**Viral loads are lower in women.** Women tend to have lower viral loads during the first few years of HIV infection. Treatment guidelines suggest considering this for recently infected women with CD4 cell counts over 350. However, HIV disease proceeds at the same rate as for men.

**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 vaginal problems. See your health care provider to make sure you know the cause.

**Women get more and different side effects than men.** Women are more likely to get skin rashes and liver problems, and to experience body shape changes (lipodystrophy, see Fact Sheet 553) than men. They also have more problems caused by human papillomavirus (HPV, see Fact Sheet 510). HPV problems do not seem to improve when people take antiretroviral therapy (ART).

**Many women are full-time parents in addition to dealing with their health and employment.** This can make it more difficult to take medications and schedule medical appointments. With proper support, however, 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.

In the early 1990s, two research projects started to study women and HIV. The Women's Interagency HIV Study (WIHS) recruited 2066 HIV-positive and 575 HIV-negative women from six sites in the US. The Women and Infants Transmission Studies (WITS) enrolled HIV-infected pregnant women and their children. Both studies focus on women living in inner cities in the US.

More studies of women with HIV are underway. Pharmaceutical companies are trying to enroll more women in 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.

## TREATMENT FOR WOMEN

Women with HIV should be treated by health care providers who understand that HIV disease and its management can be different for women:

- ◆ Women get vaginal infections, genital ulcers, pelvic inflammatory disease, and genital warts more often and more severely than uninfected women.
- ◆ Only 1 woman gets Kaposi's sarcoma, a skin cancer (See Fact Sheet 511), for every 8 men who get it.
- ◆ Women get thrush (a fungal infection, Fact Sheet 501) in their throats and herpes (a virus that causes cold sores and genital herpes) 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.
- ◆ Unusual growths related to cervical cancer are more frequent and more 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 need to know more about how they can be infected, and should get tested for HIV if they think there is any chance they have been exposed. This is especially true for pregnant women. If they test positive for HIV, they can take steps to reduce the risk of infecting their babies.

The best way to prevent infection in heterosexual sex is with the male condom. Other birth control methods do not protect against HIV. Women who use intravenous drugs should not share equipment.

Women should discuss vaginal problems with their health care provider, especially yeast infections that don't go away, or vaginal ulcers (sores). These could be signs of HIV infection.

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