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WOMEN'S HEALTH

Women and AIDS: The future is grim

Mary E. Guinan, MD, PhD; Ann Hardy, DrPH

Recently, we analyzed the reported cases of acquired immunodeficiency syndrome (AIDS) in women in the United States.¹ We found two areas of great concern: first, women are more likely than men to acquire AIDS through heterosexual intercourse, and second, women are the source of disease for about 80% of children with AIDS. In this column we will discuss the source and distribution of AIDS in women, and in a future piece we will discuss women as the source of infection for pediatric AIDS cases.

As of April 30, 1987, 2,388 cases of AIDS in women had been reported to the Centers for Disease Control. Although women represent only 7% of all reported cases, they constitute 26% of heterosexual cases. With the present trend, at least 1,200 cases in women would be expected to be reported in 1987 alone. Among heterosexuals, men and women differ in how they contracted AIDS (see Table). The most marked difference is in transmission through heterosexual intercourse, which accounts for only 2% of cases in heterosexual men compared with 23% of cases in heterosexual women. The numbers are also striking, 555 women in the United States compared with 127 men have contracted AIDS through heterosexual intercourse with a person at risk for AIDS. This is the *only* AIDS transmission category (formerly called risk groups) where women outnumber men. Compared

to a heterosexual man with AIDS, a heterosexual woman with AIDS was more than four times as likely to have contracted the infection through heterosexual intercourse.

Of equal concern are the trends in proportions of male and female heterosexual cases in each transmission category. The proportion of women who contracted AIDS through heterosexual intercourse increased from 14% in 1982 to 28% in 1986, while the proportion of heterosexual men increased from only 1% to 2%. These trends indicate that transmission of AIDS through heterosexual intercourse is and will continue to be a greater threat for women than for men. It is important to emphasize that heterosexual intercourse refers to any type of sexual contact between a man and a woman. Although we did not have sexual practice data in our study, in other reported studies of heterosexually acquired AIDS in women, penile vaginal intercourse appeared to be the primary mode of transmission. We must eradicate the myth that receptive anal intercourse is necessary for sexual transmission of HIV to women. In studies of women with heterosexually acquired AIDS, the majority did not practice anal intercourse.¹

An estimated 1.5 million Americans are infected with HIV.² The incubation period between HIV infection and the onset of disease averages about five years; therefore, for those who will develop AIDS in

the next five years, the vast majority are already infected. If infected and diseased cases are proportional in men and women, then 7%, or 105,000 women, are currently infected. It is estimated that by the end of 1991, more than 18,000 cases of AIDS in women will have been reported.³ The future looks grim.

Who are the women now at risk for AIDS and how can we intervene to reduce their risk of HIV infection? Of female AIDS cases, 51% are black, 28% are white, 20% are Hispanic, and 1% are in other race or ethnic categories. Minority women are disproportionately burdened with AIDS. White women, however, are accounting for an increasing proportion of cases. Between 1982 and 1986, the proportion of cases in white women increased from 23% to 30%. Thus women of all races are in jeopardy. More than 80% of women with AIDS are of childbearing age; 32% are between 20 and 29 years old. Four states account for 76% of AIDS cases in women: New York (46%), New Jersey (14%), Florida (10%), California (6%); all other states and territories account for 24%. Only seven states have no reported cases of AIDS in women, but it is expected that within the next five years, all states will have cases and that the proportion of cases occurring outside the four top states will continue to increase.

What interventions are necessary? All women at risk for AIDS should be counseled about their risk and tested for HIV antibody. Many

Sources of AIDS in Heterosexual Men and Women as of April 30, 1987

	% IV Drug Use	% Transfusion Blood or Blood Products	% Born in Country* with Heterosexual Transmission	% Heterosexual Intercourse with Person at Risk for AIDS	% Other/ Unknown
Women (N = 2,388)	50	11	6	23	10
Men (N = 6,848)	67	11	8	2	13

*These include Haiti and many sub-Saharan African countries.

states do not have sufficient facilities to test all those at risk. Resources are therefore allocated to those perceived to be at greatest risk in the community. Women who fear they have been exposed to a man in a high-risk group are often discouraged from having the test. Messages are very mixed—one group advocates testing, another actively discourages it. We believe that active outreach programs for women at risk should begin, especially in minority communities in geographic areas with the highest AIDS rates.

Women visiting family planning clinics, neighborhood general health clinics, sexually transmitted disease clinics, and those going to private physicians should be assessed for risk. Questions concerning IV drug use, blood transfusions, and number and risk of sexual partners should be routinely asked of all women. If, since 1978, a woman has used IV drugs; received a blood transfusion; had a partner who was an IV drug user, a bisexual man, or one who received a transfusion; or had multiple sex partners, she should be counseled concerning her risk for AIDS. HIV antibody testing should be encouraged for these women and facilities for prompt counseling and testing should be available, ideally at the site where the woman receives regular health care.

Intravenous drug use is the source of AIDS for 50% of women with the disease, but geographic differences exist. For women with AIDS in New York and New Jersey, 61% were IV drug users, compared with only 25% of women in California, 16% of women in Florida, and 37% of women with AIDS in other states and territories. Female IV drug users must be targeted for special intervention programs. Women who can't be persuaded to give up using intravenous drugs should be counseled not to share needles.

The source of HIV infection differs considerably between men and women. Heterosexual acquisition of HIV infection is a reality for women. Now is the time to tailor intervention programs that particularly address women's sexual behavior. The message is clear, sexual transmission of AIDS can be prevented through abstinence from sexual intercourse. How many women at risk for AIDS are likely to respond to this message? Many experts believe that most women will not.⁴ An exclusive sexual relationship with a man who is not infected is also completely safe, provided the man remains monogamous. All other patterns of sexual behavior carry a risk for AIDS. The risk of AIDS for all women increases with the number of sexual partners. Multiple sex partners are a clear health

risk for women. Therefore, limiting the number of sex partners is an important health message for all women. Women who have more than one lifetime partner should be aware of their risk of AIDS and use condoms for all sexual encounters. Condoms reduce but do not prevent the risk of AIDS transmission. In this crisis period where no vaccine or cure for AIDS exists, we must promote all behaviors that prevent or reduce the risk of AIDS. For sexually active women who are not *absolutely sure* that their partner is free of HIV infection, condom use should become a way of life.

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