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World AIDS Day

December 1, 1990 will mark the third annual observance of World AIDS Day. This year's theme is Women and AIDS in recognition of the profound impact of AIDS on women infected by the virus or ill with AIDS, and women who are caregivers, intimate partners, and family members of persons affected by the disease.

**AIDS and HIV infection are problems for women.** The World Health Organization estimates that of the 8 to 10 million people infected with HIV, **over 2 million are women.** In the United States, the percentage of AIDS cases among females over 13 years old has grown steadily from 6% in 1982 to approximately 10% of the total. In high prevalence areas such as northeastern urban centers, as many as 18% of AIDS cases are among women. As of October 30, 1990, 14,816 women have been diagnosed with AIDS.

In women as in men, most of those who have developed AIDS are between the ages of 20 and 44 years, and disproportionately include Blacks and Hispanics. Studies among women applying for military service and those on active and reserve duty in the U.S. Army have found HIV infection rates among teenage females comparable to those for teenage males. This pattern differs from that now seen in AIDS cases and indicates that women will experience an even larger proportion of AIDS-related illnesses in the future.

Alaskans, including women, presently have a lower prevalence of infection than individuals in the most heavily impacted areas of the U.S. Screening of Alaska applicants for military service from 10/85 to 6/90 has found 0.03% to be HIV-infected, none of whom were women. This compares to 0.7% positivity among applicants nationwide. Additionally, 1990 data through August indicate that 0.1 per 1000 women bearing children in Alaska are HIV positive, as compared to 1.4 per 1000 nationwide and 7.0 per 1000 in northeastern urban centers. These data indicate that we in Alaska still have an opportunity to prevent a great deal of illness and suffering through education. For education to be effective, however, women must first perceive themselves at risk, then act to protect themselves.

**Unfortunately, many women – in Alaska and elsewhere – do not perceive themselves to be at risk for HIV infection.** The major risks for women, as for men, are illicit drug use and unprotected sex. Women differ from men in that the IV drug use is their most common risk factor in AIDS cases, followed by heterosexual transmission.

**Injectable drug use poses direct and indirect risks to women.** Sharing needles or syringes to inject drugs has caused 51% of AIDS cases among women. Using drugs, including alcohol, increases a woman's risk for HIV if she engages in high risk sexual activity while under their influence. IV drugs indirectly place women at risk when their sexual partners are users.

A woman's best defense against HIV infection from drug use is to stop using. Although treatment is important to overcome substance abuse, more people need and want treatment than find space available in treatment programs. Women face additional difficulties accessing treatment which generally do not affect men. Most programs neither accept pregnant women nor offer childcare options for women with children.

**While gay men still bear the brunt of sexually transmitted HIV infection, it is unwise to overlook the fact the proportion of cases due to heterosexual transmission has grown to over 5%.** Over one third of women with AIDS were infected by a male sexual partner. Drugs play a role: 62% of these women have been sexual partners of male IV drug users. Although studies estimate that 80% of male IV drug users have as their primary relationship a woman who does not herself use drugs, many women deny or are unaware of their partner's drug use and their resultant risk for HIV infection.

Risk from sexual transmission can be substantially reduced with the proper and consistent use of latex condoms. Barriers to condom use often exist for both men and women, but women face some special challenges. Prevention messages commonly stress the need for the woman to introduce to her partner the use of condoms. This is possible for a number of women, but discussing sexuality and negotiating sexual practices with a male partner is not congruent with traditional sex roles for women in most cultures. Additionally, a woman in an abusive relationship may be at risk for assault by trying to assert her need for protection against HIV and other sexually transmitted diseases. Educational messages often state that a woman should leave a partner who does not accept using condoms to protect her against disease, breaking a drug habit, or being monogamous. Again, leaving a relationship may subject a woman to abuse or deprive her and her children of economic or social support, and thus not be an option she considers viable.

Acknowledging these obstacles, there are many things we can do to assist women to protect themselves against HIV infection. Within our roles as community leaders, health and social service providers, counselors, and friends, we can:

- Integrate HIV prevention education into services which women access such as health care for family planning, pregnancy, or sexually transmitted diseases as well as in interactions in churches, homeless shelters, and women's organizations.
- Help women accurately assess their risk of HIV infection. Do they know about their sex partner's drug use history? Have they previously had a sexually transmitted disease? Do they have multiple sexual partners?
- Assist women to develop communication skills to assertively express their needs to intimate partners as well as to service providers.
- Assist women to identify supportive resources and services. Tailor services (such as drug treatment) to women's experiences and needs.
- Help empower women to take charge of their lives and behaviors. Acknowledge their strengths and assist them to explore their options.

- Work to reduce the stigma attached to AIDS and HIV infection which can subject women and others affected by the disease to discrimination, social rejection, and other violations of their rights.

Above all, we can remember that anyone -- male or female, old or young, poor or wealthy, gay or straight, of any ethnic background -- may place themselves at risk of HIV infection. These could be our daughters and sons; siblings and parents; friends and lovers; co-workers and acquaintances; ourselves. Perhaps we should all ask ourselves, "How shall I respond when AIDS touches my life?" World AIDS Day December 1st provides us with an opportunity to reflect on this important question.