Fast Facts

- In 2013, 165 women were diagnosed with HIV infection in Massachusetts.
- HIV infection disproportionately affects black women and Latinas relative to white women.
- Sixty-eight percent of black women recently diagnosed with HIV infection were born outside of the US.

Introduction

Currently, 26% (N=551) of people diagnosed and reported with HIV infection within the years 2011 to 2013 and 29% (5,639) of people known to be living with HIV/AIDS in Massachusetts as of December 31, 2014 are women. These totals refer to individuals who were assigned female sex at birth; there are an additional 47 transgender women living with HIV/AIDS. From 2004 to 2013, the annual number of women diagnosed with HIV infection decreased by 40% (from 276 to 165), compared to a 17% decrease among men.

Reported Risk:

While the predominant reported risk among white (non-Hispanic) women diagnosed with HIV infection between 2011 and 2013 was injection drug use (37%), the predominant reported risk among black (non-Hispanic) and Hispanic/Latina women was heterosexual sex with partners of unknown risk and HIV status (presumed heterosexual) (61% and 45%, respectively).
Race and Ethnicity:

- The majority of women recently diagnosed with HIV infection are racial/ethnic minorities. Fifty-three percent are black (non-Hispanic), and 26% are Hispanic/Latina.

- Similarly, among people living with HIV/AIDS, 46% of the women are black (non-Hispanic), compared to 23% of the men; and 27% are Hispanic/Latina, compared to 24% of men.

Disparate Impact:

- The age-adjusted average annual rate of HIV diagnosis from 2011 to 2013 among black (non-Hispanic) women (44.6 per 100,000) is 34 times greater, and among Hispanic/Latina women (16.0 per 100,000) is 12 times greater, than for white (non-Hispanic) women (1.3 per 100,000).

- Similarly, with age-adjusted prevalence rates of 1,217.1 and 604.3 cases per 100,000, black (non-Hispanic) and Hispanic/Latina women are among those living with HIV/AIDS at rates 26 and 13 times that of white (non-Hispanic) women (45.4 per 100,000).

Place of Birth:

- Forty-nine percent of women diagnosed with HIV infection within the three-year period 2011 to 2013 were born outside the US, compared to 28% of men. Among women living with HIV/AIDS, 36% were born outside the US, compared to 21% of men.
• Black (non-Hispanic) women born outside the U.S. comprise 36% of all Massachusetts women diagnosed with HIV infection within the three-year period 2011 to 2013.

**Age at HIV Diagnosis:**

• The majority (54%) of women diagnosed with HIV infection within the three-year period 2011 to 2013 were between the ages of 30 and 49 years of age.

• Thirty-two percent of women recently diagnosed with HIV infection at age 19 years or younger are Hispanic/Latina, compared to 26% of all women recently diagnosed.

• Sixty-one percent of women recently diagnosed with HIV infection at age 60 years or older are black (non-Hispanic), compared to 53% of all women recently diagnosed.

**Regional Distribution:**

• Among Health Service Regions (HSRs), the Central and Northeast HSR have the largest proportions of women among those diagnosed with HIV infection within the three-year period 2011 to 2013 at 33%, and 32%, respectively. Among people living with HIV/AIDS, the Central and Western HSR have the largest proportion of women at 38%, and 37%, respectively.

Among cities with over 20 people diagnosed with HIV infection within the three-year period 2011 to 2013, the following have the highest proportions of women (NOTE: N indicates number of women reported as diagnosed with HIV infection):

- Brockton 46% (N=39)
- Malden 46% (N=15)
- Lowell 43% (N=29)
- Waltham 40% (N=12)
- Framingham 39% (N=9)
- Lawrence 38% (N=24)
- Lynn 37% (N=19)
- Worcester 36% (N=29)
- Springfield 32% (N=40)
- New Bedford 31% (N=14)
Women at Risk of HIV Infection

Behavioral Risk Factors: According to behavioral surveys, women in Massachusetts are engaged in behaviors that place them at risk for HIV infection.

- According to the 2013 Massachusetts Behavioral Risk Factor Surveillance Survey (BRFSS), among sexually active women ages 18–64 (N=823), 77% reported that they did not use a condom at their last sexual encounter. Of these, the most common reason reported for not using a condom was being in a monogamous relationship (72%), followed by using another form of birth control (14%).v

- Among high school-aged female respondents to the 2013 Massachusetts Youth Risk Behavior Survey (YRBS), 1% reported ever using a needle to inject drugs; among those who reported sexual intercourse in the three months before the survey, 51% reported condom use at last intercourse; 18% reported substance use prior to last intercourse. vi

Data Sources

HIV/AIDS Case Data: MDPH HIV/AIDS Surveillance Program; data as of January 1, 2015

BRFSS Data: Massachusetts Department of Public Health, Bureau of Center for Health Information, Statistics, Research and Evaluation, Behavioral Risk Factor Surveillance System

YRBS Data: Massachusetts Department of Elementary and Secondary Education, 2013 Youth Risk Behavior Survey Results

i Please note “women” and “men” are used for stylistic reasons to describe female and male populations diagnosed with HIV infection that include a small number of girls and boys (N=23 children living with HIV/AIDS under age 13 as of 1/1/15).

ii Effective January 1, 2011, the Massachusetts Department of Public Health, HIV/AIDS fact sheets, epidemiologic reports, and other data presentations have been updated to remove all HIV/AIDS cases that were first diagnosed in another state before being reported in Massachusetts.

iii The category of presumed heterosexual is used exclusively for women, to define HIV reported risk in cases when sex with men is the only reported risk factor for HIV infection.

iv Reflects the health service region of a person’s residence at the time of report (not necessarily current residence). HSRs are regions defined geographically to facilitate targeted health service planning. See Epidemiologic Profile General Appendices, Health Service Region Maps, available at http://www.mass.gov/eohhs/docs/dph/aids/2006-profiles/app-hrs-maps.pdf for configuration of health service regions.
