Cisgender Women and Girls

WHAT DOES CISGENDER MEAN?

Cisgender is a term that is used to describe people whose gender identity matches the sex they were assigned at birth. For example, someone who was assigned female at birth (AFAB) and identifies as a woman is a cisgender woman. On the other hand, an AFAB person who identifies as a man is a transgender man. Similarly, an AFAB person who does not identify as either a man or woman often identifies as non-binary/genderqueer.

For the remainder of this fact sheet, woman/women will be used to describe cisgender women and man/men will be used to describe cisgender men. Many of the statistics and information below may apply to AFAB transgender people, but there is a glaring lack of research and knowledge about HIV vulnerability among these populations. For now, we don't know much about HIV risk and burden among transgender men and non-binary/genderqueer AFAB people. Read more about HIV among transgender people.

HOW SERIOUS IS HIV FOR WOMEN?

Women in many areas of the world are disproportionately affected by HIV. Women account for 51% of people with HIV worldwide, but with large regional differences — in western and central Africa, for example, nearly 60% of people with HIV are women. HIV is the leading cause of death among women aged 30-49 globally. About 80-85% of women get HIV through sex with a man who has HIV (often someone who injects drugs) and many acquire HIV through injection drug use.

Globally, young women (aged 15-24) and adolescent girls (aged 10-19) in particular account for a disproportionate number of new HIV infections. In 2018, just over 7,000 adolescent girls and young women became HIV-positive. This rate is twice as high as new infections among young men.

In the U.S., women accounted for 19% (7,190) of the 37,968 new HIV diagnoses in 2018. HIV rates among women are highest in the Southeast and the Northeast. Black/African American women are disproportionately affected by HIV. In 2018, rates of new HIV diagnoses among women were:

- Black/African American women: 58% (13% of the female population)
- White women: 21% (62% of the female population)
- Hispanic/Latina women: 17% (16% of the female population)

HIV rates are particularly high among young women of color. In 2018, more than one third of new HIV infections among Black/African American and Hispanic/Latina women were in women ages 13-29.

WHY ARE WOMEN AND GIRLS PARTICULARLY AT RISK FOR HIV?

HIV disproportionately affects women and girls because of their unequal cultural, social, and economic status in society. Intimate partner violence (IPV), inequitable laws, and harmful traditional practices reinforce unequal power dynamics between men and women, with young women particularly affected. The following factors contribute to the global burden of HIV among women and girls:

Lack of access to healthcare services: A lack of access to comprehensive HIV and sexual and reproductive health (SRH) services means that women are less able to look after their health and rights and reduce their risk of HIV infection. In many countries, this problem is even worse among girls, adolescents, and young women. Read more about HIV among adolescents and young people.

Lack of access to education: Research has shown a direct correlation between girls' educational level and HIV risk: uneducated girls are twice as likely to acquire HIV as those with more education. Women with more education tend to marry and bear children later and exercise greater control over their fertility. Higher educational level has also been shown to be linked to reduced risk of IPV, another factor that makes women and girls vulnerable to HIV.

Poverty: The poorest women may have little choice about their behaviors and must do things that put them at high risk of acquiring HIV, including transactional and intergenerational sex, child marriage, and relationships that expose them to violence and abuse. Poorer and less-educated women may be less knowledgeable about risks and therefore less able to adopt safer, risk-reducing behaviors.

Gender-based violence (GBV) and IPV: Violence prevents many women, particularly young women, from protecting themselves against HIV. In some regions it has been estimated that women who experience violence are 1.5 times more likely to acquire HIV.

Transactional sex: Research indicates that transactional sex is one of the key factors in women's increased vulnerability to HIV and other sexually transmitted infections (STIs). Research suggests transactional relationships are likely to involve high-risk sex

and low condom use. Read more about sex workers and HIV.

Child marriage: Girls who marry as children are more likely to be abused by their husbands and are more likely to describe their first sexual experience as forced than girls who marry later. Child brides are rarely able to assert their wishes and are less likely to be aware of how to protect themselves from HIV and other STIs.

Biological factors: In general, receptive sex is riskier than insertive sex. This means that women are more likely to get HIV during vaginal or anal sex than men. A woman's risk of infection is highest with unprotected anal intercourse or if she has a vaginal infection. The risk of infection is higher if her male sex partner is or was a person who injects drugs, has other sex partners, has had sex with people who have HIV, or has sex with other men.

Source: https://www.avert.org/professionals/hiv-social-issues/key-affected-populations/women#footnote1_k7d5o20

PREVENTING HIV INFECTION AMONG WOMEN AND GIRLS

Ensuring women and girls have access to HIV prevention services is critical. This is particularly important for adolescent girls and young women in areas hardest hit by the epidemic. Evidence suggests that adolescent girls and young women tend to perceive themselves as being at low risk of HIV and are unaware of the need to protect themselves from HIV and other STIs. Many in age-disparate or transactional relationships are unaware that their partner might be engaging in multiple sexual partnerships. Many women think HIV/AIDS is a disease of gay men. But women get HIV from heterosexual sex and from sharing needles. Many women with HIV do not know how they got infected. This suggests that one or more of their male partners have HIV.

Encouraging condom use

Condoms are highly effective in preventing a person from getting or transmitting HIV infection if used the right way every time during sex. Read more about how to use condoms the right way: external condoms and internal condoms. Other forms of birth control, such as pills, diaphragms, or implants do **NOT** provide protection against HIV.

Pre-exposure prophylaxis (PrEP)

PrEP is the daily use of antiretroviral medications (ARVs) to reduce the risk of HIV infection among HIV-negative people. PrEP can reduce the rate of HIV infection from sexual activity by as much as 95%. However, PrEP availability is extremely limited in some countries. Even in developed countries, many women and girls are unaware of and do not take PrEP. For example, in the U.S. only 7% of women who could benefit from PrEP were prescribed PrEP in 2018.

Post-exposure prophylaxis (PEP)

PEP is the use of ARVs to prevent HIV infection as soon as possible after potential exposure to HIV. It must be taken within 72 hours of possible exposure. PEP is not the right choice for people who may be exposed to HIV frequently. If a person is at ongoing risk for HIV, such as through repeated exposures to HIV, they should talk to a healthcare provider about taking PrEP.

HIV counseling and testing

A major gap in HIV service provision for women is in HIV testing and counseling, which is a vital gateway to treatment services. Women who don't know they have HIV can't get the medicine they need to stay healthy and prevent transmission of HIV to others. Many women don't find out they have HIV until they become ill or get tested during pregnancy. HIV testing is recommended for all people between the ages of 15-65 years old. Find an HIV testing site near you.

ANTIRETROVIRAL THERAPY (ART) AMONG WOMEN AND GIRLS

Globally, adult women are more likely to access antiretroviral therapy (ART) than men. In 2017, 65% of women with HIV had access to ART compared to 53% of men with HIV. Despite women being more affected by HIV globally, the AIDS-related death rate is around a third lower (27%) among women than men and has decreased by 33% since 2010, compared to a 15% reduction for men.

In the U.S., women have lower viral suppression rates compared to all people with HIV.

	Received some care	Retained in care	Achieved viral suppression
Women with HIV	76%	58%	63%
All people with HIV	76%	58%	65%

Source: https://www.cdc.gov/hiv/group/gender/women/viral-suppression.html

Taking HIV medicine every day can make the viral load undetectable. People who get and keep an undetectable viral load (or remain virally suppressed) can stay healthy for many years and have effectively no risk of transmitting HIV to their sex partners.

Barriers to accessing ART among women and girls include lack of transportation, lack of gender autonomy, HIV-related stigma, economic constraints, lack of knowledge, gender roles, lack of supportive/understanding work environments and families, and lack of employment opportunities.

Women on ART get more and different side effects than men. Women with HIV are more likely than men to get skin rashes and liver problems and to experience body shape changes (lipodystrophy). Bone loss is also a concern. Women also have more

problems caused by human papillomavirus (HPV).

THE BOTTOM LINE

Women in many areas of the world are disproportionately affected by HIV. This is primarily due to women's unequal cultural, social, and economic status in society.

Women should get tested for HIV. This is especially true for pregnant women and women considering pregnancy. If they test positive for HIV, they can take steps to reduce the risk of infecting their babies and ensure their own health. Read more about HIV among pregnant people.

The best way to prevent infection during heterosexual sex is by using condoms. Other birth control methods do not protect against HIV. Pre-exposure prophylaxis can further reduce the risk of HIV in women at high risk of HIV infection.

Taking HIV medicine every day can make the viral load undetectable. People who get and keep an undetectable viral load (or remain virally suppressed) can stay healthy for many years and have effectively no risk of transmitting HIV to their sex partners.

With early testing and treatment, women can live long and healthy lives and prevent HIV transmission to their partners and children.

MORE INFORMATION

CDC: HIV and Women

HIV.gov: Recommendations for the Use of Antiretroviral Drugs in Pregnant Women with HIV Infection and Interventions to Reduce Perinatal HIV Transmission in the United States

Avert: Women and Girls, HIV and AIDS

UNAIDS: Women and HIV: A Spotlight on Adolescent Girls and Young Women

UN Women: Facts and figures: HIV and AIDS Prevalence and New Infections

WHO: Consolidated guideline on sexual and reproductive health and rights of women living with HIV

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