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## **Factors Affecting HIV Among US Women of Different Races/Ethnicities**

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Race and gender intersect with many other factors in the lives of women living with HIV. Below are just a few examples of factors that affect women with HIV in different racial groups or lead them to be more vulnerable to acquiring HIV. For more in-depth information and examples of how race and gender relate to HIV, see our fact sheet [Why Race Matters: Women and HIV](#), as well as our [2016 community education webinar](#) on this topic.

## Disproportionate Impact Among Women of Color

Black women, Latinas, and Indigenous women bear the highest burden of HIV among women of color.

- Black women accounted for almost half of new HIV cases in 2019, despite representing just 13 percent of the US population. Black women are 15 times more likely to be diagnosed with AIDS than are white women. Black women living with HIV are more likely to have multiple mental health conditions and worse overall mental health.
- Latinas are three times more likely to be diagnosed with HIV than are white women. Latinas are also more vulnerable to depression than Black and white women. Latinas may also experience language barriers which can lead to difficulties accessing healthcare.
- Though they represent small numbers within the US population due to histories of genocide and repression by settlers, US Indigenous (American Indian/Alaskan Native) communities experience high rates of HIV. Indigenous women are more than twice as likely to be diagnosed with HIV as white women. In 2021, the rate of new HIV diagnoses among Indigenous communities was more than twice the rate among whites; Indigenous individuals were less likely than any other racial or ethnic group to know their HIV status; and almost half of HIV diagnoses among Indigenous women in 2022 were due to injection drug use.

Research shows that people experiencing ongoing, relentless stress due to racism, poverty, patriarchy, and other forms of injustice age more quickly than their "calendar age" and have poorer health outcomes. This phenomenon is known as *weathering*, as bodies are worn down by stress like a rock might be by wind and rain. Black women were found to have the highest levels of weathering compared with men and white women in these studies.

## Poverty

- In 2022, 21 percent of Black people, 17 percent of Latinx people and 25% of Indigenous (American Indian/Alaska Native) people were living in poverty, compared to 10 percent of whites
- Due in part to histories of racist housing policies, African Americans and Latinx people are far more likely than whites to live in concentrated poverty (entire neighborhoods/areas cut off from easy access to resources such as healthcare or high-quality schools)
- Indigenous reservations are also sites of high concentrations of poverty
- In a large US survey of people of transgender experience, Latinx (43 percent), Indigenous (41 percent), and Black (38 percent) [trans individuals](#) were more than three times as likely as the US population to be living in poverty
- Poor whites are much more likely to be spread out to more economically diverse neighborhoods, which increases their access to opportunity
- US Centers for Disease Control and Prevention (CDC) data show HIV rates are highest in areas in which 18 percent or more of the population live in poverty. Figures do not differ much by race, showing the extent to which poverty matters when it comes to HIV.

For more information, please see our fact sheet [Economic Empowerment Resources for People Living with HIV](#), as well as our [2022 webinar](#) on the topic.

## Immigration Experience

- The experiences of undocumented people, including Latinx folks and Asian immigrants, may lead them to fear being [tested for HIV](#) or [disclosing their HIV status](#)
- Immigration status and migration patterns also affect access to healthcare
- Lack of HIV education and marketing materials in a language that a person speaks or reads is a barrier to HIV awareness
- Lack of healthcare providers who speak immigrants' languages makes it difficult to get appropriate care or discuss treatment options

For more information about immigration experience and HIV, please see our fact sheets [US Immigration and HIV: The Basics](#) and [Immigration to the US, Women, and HIV: Facts and Resources](#).

## Cultural Factors

- Among Indigenous communities, there are over 560 federally recognized tribes whose members speak over 170 languages and have their own beliefs and practices, which makes it harder to develop culturally appropriate HIV prevention programs for these groups
- In more traditional Asian and Latinx communities, gender roles and cultural norms (i.e., "machismo," which stresses that Latino men be very masculine, and "marianismo," which demands Latinas be "pure") may add to prevention challenges
- Some Asians/Pacific Islanders may avoid HIV care or prevention services to "save face" (avoid potential humiliation – a core value in many Asian cultures) or for fear of bringing shame to their families
- Religious beliefs may also affect whether sex and HIV are discussed at all. If contraception is considered morally wrong, condoms may not be discussed.

## Data Limitations and Racial/Ethnic Misidentification

- Incorrectly identifying a person's race/ethnicity can lead to underestimation of HIV cases. This may happen more frequently with Asians and Pacific Islanders, so the true rate of HIV in this group may be unknown
- Racial misidentification of Indigenous individuals may also lead to undercounting of this population in HIV surveillance
- All these issues can lead to targeted services being underfunded in these communities
- Trans people in all racial groups face the challenge of data limitations and misidentification on the basis of gender identity

## Rates of Violence and Trauma

The body of research on women living with HIV and trauma or violence continues to grow. It shows that [trauma](#) and violence impact women living with HIV to a greater extent than women in the general population. This is true both before and after a woman is diagnosed with HIV.

- Indigenous women experience sexual assault and [intimate partner violence](#) (IPV) at higher rates than any other racial group of women in the US – estimated to be more than 55 percent for both forms of violence in a key 2016 report (CDC reports that about one in four women in the general population have experienced some form of IPV)
- The rate of post-traumatic stress disorder among Indigenous women is also very high
- Historical trauma and other factors also play a role in increased vulnerability to problematic substance use, mental health challenges, trauma-related illnesses, and combinations of these disorders in Indigenous communities
- These harms are underreported, and not well documented

For more information, please see our fact sheet [Violence Against Women and HIV](#).

*IMPORTANT NOTE: If you are feeling threatened right now, call 911 or the National Domestic Violence hotline in the US at 800-799-SAFE [1-800-799-7233; or 1-800-787-3224 (TTY)], or text START to 88788. You can also search for a safe space online at [Domestic Shelters](#).*

## Stigma

- [Stigma](#) is a factor in increasing vulnerability of all racial groups
- Stigmas are [intersectional](#); different types of stigma (based on gender identity, sexual expression, class, race) can make one another worse and fuel HIV-related stigma

## "Girl Next Door" Stereotypes

- There is very little written specifically about the cultural factors that can leave white women vulnerable to HIV
- Many white women have reported that not "looking like" they were at risk for HIV ("I'm the girl next door," says one educator who is a white woman living with HIV) may have led to them not being offered HIV testing for years, even if they were connected to sexual healthcare
- This is one reason why it is in white women's interest to oppose racism: It is bad for their health, too. Racial privilege may lead white women to get implied messages from society that they are "normal," "good," and "clean" compared to women of color. These beliefs are a barrier to white women being tested for a health condition that is associated with women of color -- even though white women acquire HIV in the same ways that women of color do.
- When women with privilege challenge the racism that portrays having HIV as different from what "regular women" experience – in part because rates are so much higher among Black and Brown women – then we fight stigma at its roots

## Additional Resources

Select the links below for additional articles of interest.

- [Fast Facts: HIV in the US by Race and Ethnicity \(US Centers for Disease Control...](#)
- [Poverty Rate by Race/Ethnicity \(KFF\)](#)
- [Health Disparities in HIV, Viral Hepatitis, STDs, and Tuberculosis \(US Centers ...](#)
- [Architecture of Segregation \(The Century Foundation\)](#)
- [Ending Asian & Pacific Islander HIV Stigma Starts Here \(Legacy Community Health\)](#)
- [The Facts on Violence Against American Indian/Alaskan Native Women \(Futures Wit...](#)
- [White Women and HIV \(The Body.com\)](#)
- [Impact on Racial and Ethnic Minorities \(HIV.gov\)](#)
- [HIV/AIDS and African Americans \(US Office of Minority Health\)](#)
- [HIV/AIDS and Hispanic Americans \(US Office of Minority Health\)](#)
- [HIV Statistics \(Indian Health Service\)](#)
- [HIV Prevalence in the United States \(Health Equity Tracker\)](#)
- [Among Women in the U.S., Race and Place Play an Outsized Role in New HIV Infect...](#)



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