



# HIV/AIDS Among Women in New Jersey

## Prevention & Treatment Needs of Women

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The HIV/AIDS epidemic is taking a toll on women in New Jersey. Women accounted for about one-third of the adult/adolescent HIV/AIDS diagnoses in the state in 2006. Women of color, particularly African American, have been especially hit hard and represent the majority of the infections among women (63% African American, 20% Hispanic)<sup>1</sup>. Many women with HIV/AIDS are residing in poor areas, with low income and face limited access to health care system and experience disparities in receipt of care and treatment<sup>2</sup>.

## Prevention Efforts Must Focus on High-Risk Behaviors

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Among adult/adolescent women in New Jersey, injection drug use has accounted for 38% of the infections, heterosexual exposure categories have accounted for 55% (including contact with partners of unknown HIV risk), and 8% did not report any exposure.

The estimated number of women living with HIV/AIDS has increased steadily in New Jersey, and the ways they have been exposed to the disease has shifted. The number of women who reported injection drug use (IDU) has declined, largely due to decrease in new reports. On the other hand, the number of women living with HIV/AIDS infected through heterosexual contact has continued to increase steadily in the last five years. As a result, more women have now been exposed through heterosexual contact than by any other mode of exposure.

Many women exposed to HIV through heterosexual contact were exposed by partners who were injection drug users. Thus, in addition to the direct risks associated with drug injection (sharing needles), drug use also is fueling the heterosexual spread of the epidemic. Contact with partners of unknown HIV status is also a significant risk factor. Reducing the toll of the epidemic among women will require efforts to combat substance abuse, in addition to reducing HIV risk behaviors.

## Current Trends (Data as of December 31, 2008)

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- ◆ One in 306 women (age 13+) in New Jersey is living with HIV/AIDS<sup>2</sup>.
- ◆ Among the 50 states, New Jersey had one of the highest proportion of females among persons living with AIDS.
- ◆ In the year 2006, women accounted for 32% of new HIV/AIDS diagnoses among adults/adolescents in New Jersey.
- ◆ Women have comprised a consistent percentage (32-34%) of the adult/adolescent HIV/AIDS cases diagnosed annually during 2002-2006.
- ◆ Newly reported cases tend to be older women. Fifty-three percent of the recently reported Adult/Adolescents cases in 2008 are women age forty and over.
- ◆ Sixty-five percent of women living with HIV/AIDS are currently 20-49 years old.
- ◆ Heterosexual contact appears to be an increasing exposure category for women, and by extension the greatest risk factor.

## Women with HIV/AIDS in New Jersey account for:

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- ◆ 35% of all persons age 13 and older living with HIV/AIDS in the state (almost two in five persons living with HIV/AIDS)
- ◆ 36% of living cases among injection drug users
- ◆ 56% of living cases among all those categorized as having acquired HIV through heterosexual contact, and 77% among those who reported sexual contact with an injection drug user

## Minority Women and HIV/AIDS in New Jersey:

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- ◆ While accounting for about one-third of the states' adult/adolescent female population, minority women account for over 82% of the cumulative HIV/AIDS cases among all adult/adolescent females in the state.
- ◆ During 2004-2005 the rate of HIV/AIDS diagnosis among African American women was 20 times higher than the rate among Non-Hispanic White women, and among Hispanic women the rate was 6 times higher than the rate among Non-Hispanic White women. This racial disparity among women is greater than it is among men.
- ◆ Four out of five women living with HIV/AIDS in New Jersey are minorities.
- ◆ Between 1996 and 2006, HIV infected African American and Hispanic women progressed to AIDS faster than their White Non-Hispanic counterparts. African American women show a considerably faster progression from HIV to AIDS than both Hispanics and White Non-Hispanics.
- ◆ African American women with AIDS have the poorest survival from AIDS diagnosis to death among female AIDS patients. Hispanic women survival rates may be overstated by under-reported mortality<sup>4</sup>.

## Hard hit areas in New Jersey

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- ◆ Essex County has the state's highest number (3,946) of adult/adolescent women living with HIV/AIDS among New Jersey's 21 counties.
- ◆ Salem County has the highest proportion of women (46%) among adult/adolescents living with HIV/AIDS, followed by Essex County (41%), Passaic County (40%) and Monmouth County (39%).
- ◆ In cities with 50 or more adult/adolescent persons living with HIV/AIDS, women constituted 45% or over in Salem city, Millville, Orange, Long Branch, Burlington, Irvington and Secaucus.
- ◆ Essex (1,184 per 100,000 women), Hudson (562), Passaic (499), Union (419) and Atlantic (368) counties have the highest rates for women living with HIV/AIDS<sup>5</sup>.
- ◆ Asbury Park (2,310 per 100,000 women), Newark (2,141), East Orange (1,867), Irvington (1,670), Atlantic City (1,512) and Salem (1,449) have the highest rates of women living with HIV/AIDS in the state<sup>5</sup>.

*Data source: Except for cities, rates were based on the 2007-bridged estimates. Cities' rates denominators were based on US 2000 census. Mode of exposure data is based on modified risk exposure categories as described in the NJ HIV/AIDS report as of 12/31/2008.*

## For more information

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- ◆ Call or write: New Jersey Department of Health and Senior Services  
Division of HIV/AIDS Services  
PO Box 363  
Trenton, New Jersey 08625-0363  
(609) 984-5874

E-mail: [aids@doh.state.nj.us](mailto:aids@doh.state.nj.us)

- ◆ Call the HIV/STD Hotline: 1-800-624-2377
- ◆ Visit our website: [www.state.nj.us/health](http://www.state.nj.us/health)

1. African American does not include Hispanic. Hispanic includes all cases of Hispanic ethnicity regardless of race. Percentages refer to diagnoses in 2006.

2. Two-thirds of women living with HIV/AIDS, who were not incarcerated at time of diagnosis, reside in cities where poverty rate is at least twice the state average of 8.5%, and per capita income is at least 24% less than the state average of \$27,006. According to the Office of Minority and Multicultural Health of DHSS testimony for Congressional Black Caucus, 23% of Blacks and 28% of Hispanics under age 65 did not have health insurance coverage in 2000, compared with only 9% for Whites. 3 Calculated based on the number of women reported living with HIV/AIDS as of 12/31/2008 (n=12,182) and the latest state population estimate of women as of July 2006 (n=3,741,608). 4. Many Hispanic women mortality reporting may be affected by migration and lost to follow-up. 5. Women living with HIV/AIDS as of 12/31/2008 and women population per US 2000 census.

