Women and HIV

Many women could benefit from pre-exposure prophylaxis to prevent HIV.

March 28, 2022 By Liz Highleyman

Women in the United States have lower HIV rates than gay and bisexual men, but a substantial number are at risk of acquiring the virus—and that risk varies widely by race/ethnicity and geography. Fortunately, women respond equally well to antiretroviral treatment, and many could benefit from pre-exposure prophylaxis (PrEP).

Women, who make up about half of the U.S. population, accounted for about 1 in 5 new HIV diagnoses in 2019, or approximately 7,000 cases. Women make up nearly a quarter of people with HIV in the United States but about half of those living with the virus worldwide.

Black women are disproportionately affected by HIV, accounting for nearly 60% of new cases among U.S. women. White women and Latina women each account for around 20%. The Centers for Disease Control and Prevention (CDC) projects that 1 in 309 Black women and 1 in 287 Latina women will acquire HIV in their lifetime, compared with 1 in 874 white women. This means Black women are nearly three times more likely than white women to be diagnosed with HIV. But Black women have seen a decline in HIV incidence in recent years, while white women have seen an increase.

Women ages 25 to 34 are most likely to be diagnosed with HIV—a bit older than the average age for men. While women in areas such as the Bronx and Washington, DC, are more likely to be living with HIV, new cases are increasingly shifting to Southern states. Nearly half of women diagnosed with HIV live in regions with high poverty.

Most cisgender women living with HIV were exposed through heterosexual contact (85%), followed by injection drug use (15%). Transgender women are at greater risk for HIV than cisgender women, accounting for an estimated 2% of new HIV diagnoses.

Many women living with HIV face additional challenges, including poverty, lack of health insurance, homelessness, incarceration and criminalization related to their HIV status.

Care and Treatment

The CDC estimates that 90% of women living with HIV have been tested and are aware of their status. Testing is important because people who know their status can start antiretroviral treatment and suppress their viral load, which prevents HIV transmission.

For every 100 women diagnosed with HIV in 2018, according to the CDC, 76 received some HIV care, 58 were retained in care and 63 achieved viral suppression. HIV does not progress faster among women, and they respond equally well to antiretroviral therapy. Treatment guidelines are generally the same for men and women.

Women at risk for HIV are much less likely than gay men to be taking PrEP: Only 7% of women who could benefit from PrEP were receiving it in 2018. PrEP options for cisgender women include the daily tenofovir disoproxil fumarate/emtricitabine pill (Truvada or generic equivalents) and every-other-month Apretude (cabotegravir) injections. Along with using condoms and not sharing drug injection equipment, PrEP is a highly effective prevention tool.

Women who wish to have children have some additional concerns. HIV can be passed from mother to baby during pregnancy or delivery, but effective antiretroviral treatment prevents vertical transmission. For HIV-positive women with an HIV-negative male partner, or vice versa, PrEP can enable safe conception without putting the negative partner at risk.

Women are often responsible for caring for others, and they may not prioritize their own needs. But knowing your HIV status, using the best prevention tools if you're negative and staying on effective treatment if you're positive can help optimize your own health and put you in a better position to care for your loved ones.

© 2026 Smart + Strong All Rights Reserved.
http://beta.docker.poz.com/article/women-hiv