

FACTORS CONTRIBUTING TO A HIGH PREVALENCE OF HIV IN BLACK WOMEN

Factors Contributing to a High Prevalence of HIV Among Black Women in the United States: A Literature Review

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HPRB 5010: Research Design

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April 14, 2025

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Research Question

What factors contribute to a high prevalence of HIV among African American women in the United States?

INTRODUCTION

Human immunodeficiency virus (HIV) is a virus that attacks cells that help the body fight infection, making an individual more vulnerable to other infections and diseases (HIV.gov, 2023). Specifically, HIV attacks and destroys the infection-fighting CD4 cells of the immune system (HIV.gov, 2023). This virus is primarily spread by contact with certain bodily fluids of an individual with HIV, commonly during unprotected sex, or through sharing injection drug equipment (HIV.gov, 2023).

Diagnosing HIV as early as possible is essential for treatment because if left untreated, HIV can lead to acquired immunodeficiency syndrome (AIDS) (HIV.gov, 2023). An individual with HIV is considered to have progressed to AIDS when they develop one or more opportunistic infections regardless of their CD4 count (HIV.gov, 2023). Unfortunately, the body cannot get rid of HIV and there is no effective cure for this disease. However, with the use of continuous medication, the amount of HIV in the blood can be reduced (HIV.gov, 2023). Medicines such as antiretroviral therapy (ART) that reduces the viral load, or pre-exposure prophylaxis (PrEP) that prevents HIV from entering the body and replicating, both work to eliminating the risk of transmitting HIV (HIV.gov, 2023). Having less HIV in the body protects the immune system and prevents the HIV infection from advancing to AIDS (HIV.gov, 2023). Individuals with HIV who take HIV medicine as prescribed and get and keep an undetectable viral load can live long and healthy lives and will not transmit HIV to anyone HIV (HIV.gov, 2023).

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Since the beginning of the epidemic, 88.4 million individuals have been infected with the HIV virus and around 42.3 million individuals have died of HIV (WHO, 2024). Additionally, globally there is approximately 39.9 million individuals reported living with HIV at the end of HIV (WHO, 2024). Within the U.S., around 1.2 million individuals have HIV and approximately 31,800 individuals acquired this disease in 2022 (WHO, 2024). Once diving deeper into the statistics, it becomes apparent that minority populations tend to be the most disproportionately affected by HIV. Deaths rates for HIV are highest among Black people compared to people of other ethnicities (KFF, 2024). In 2022, Black people made up around 12% of the total population of the U.S. yet accounted for over 37% of the estimated 31,800 new HIV infections (cite big who text). Black people accounted for more than 43% of deaths among individuals with an HIV diagnosis in 2022 (KFF, 2024). Additionally, in 2021 HIV became the 8th leading cause of death for Black men and for Black women ages 25-35 years old (KFF, 2024).

Women have been affected by HIV since the beginning of the epidemic. In 2022, women accounted for around 1 in 5 new HIV diagnoses in the U.S (KFF, 2024). Additionaally, one in nine women are unaware they have the virus (Hassanein, 2022). Women of color, particularly Black women, are disporportionately affected by HIV, accounting for the majority of new HIV diagnoses, the amjority of women living with HIV, and highest rates of HIV-related deaths among women with HIV in the U.S (KFF, 2024). In 2018, 7,000 women were diagnosed with HIV and Black women made up more than 4,000 of those cases (Hassanein, 2022). Even after decades of community-based interventions and research, Black women are still being infected at a rate 20 times greater than White women (Wyatt, 2020).

Addressing this epidemic is crucial since there are not many relevant studies on how HIV specifically affects Black women. Additionally, there are not many interventions that are

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exclusively set to help Black women, which will always cause disparities within the healthcare community. This disparity can be linked to a combination of factors such as systemic barriers, social inequities, intersecting stigmas, and other social determinants that play a role in making Black women a vulnerable group. The purpose of this literature review is to examine the multifaceted factors that contribute to the high prevalence of HIV rates among Black women in the United States. Overall, this study aims to analyze and discuss the factors that contribute to a high risk of HIV prevalence in African American women, as well as interventions and strategies tailored to the target population.

METHODS

For the literature review, a search was conducted between PubMed and the UGA Library for precise information regarding factors that contribute to a high risk of HIV prevalence in African American women. Specifically, PubMed is a free publicly accessible database maintained by the National Library of Medicine at the National Institute of Health. This database contains literature reviews, peer-reviewed journal articles, clinical studies, and meta-analyses. PubMed obtains its content from multiple databases and has millions of citations pulled from these sources. The site remains one the best and most comprehensive resources for health and medical research. The second database used for this literature review is the UGA Library. This resource serves as a mass collection of academic journals, peer-reviewed articles, and other digital media. The UGA Library gives a broader approach to topics compared to PubMed by having diverse fields such as health science, social science, business, and humanities. This resource pulls from multiple databases such as PubMed, PsycINFO, and Web of Science & Scopus. However, unlike PubMed the UGA Library is subscription based, and individuals must log in with their UGA credentials to be able to access materials. The third database used for this

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literature review is Taylor & Francis. Like the other two databases, this widely used site allows for extensive research from peer-reviewed articles and journals. The subjects range from social studies, to science, or business-related articles. All databases originate from the United States, which is the target location for this literature review.

Inclusion and exclusion criteria

To ensure the relevance and reliability of this literature review, articles were chosen if they were published within the last 10 years (2015-2025). An asterisk was used to show all terms related and used for the research on factors contributing to HIV in Black women. Additionally, Boolean operators were used to refine the searches. When selecting articles for this review, it was essential to only chose articles that were based in the United States due to the target location of this research. Only articles containing relevant information regarding factors contributing to a high prevalence of HIV in Black women were selection.

For the PubMed database, the first search for “Black Women* OR African American*” AND “HIV*” yielded 1,463 results. To refine this search, the terms African American*” OR “Black*” AND “Women*” AND “HIV*” AND “Barriers*” AND “Factors*” were used and this yielded 227 results. Additionally, the filters used for this search were the publication range, full text, and free full text. Systematic reviews and meta-analyses were excluded from the articles chosen. Once all the filters were added, the pool of results was reduced to 185 articles. Out of results yielded above, 12 articles were chosen from the PubMed database.

For the UGA Library, a similar search process was used to keep the research consistent and relevant. The first search for this database included, “HIV*” AND “African American*” AND “Women*” AND “Factors* OR Causes* OR Influences*” which yield 675 results. The filters applied automatically for this search were peer-reviewed articles, 10-year publication

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range, online only, and applied equivalent subjects. These filters brought the total amount of articles down to around 300 articles. From there, additional specific subjects were chosen for relevance, which were: HIV infection risk factors, qualitative research, socioeconomic factors, social determinants of health, and cross-sectional methods. By using these advanced filters, the search results were narrowed down to 167 articles. This was the final pool of results that were used to find 6 articles that fully encapsulated the research question.

The third database used for this literature review is Taylor & Francis Online. This is another academic database that has peer-reviewed journals and research articles with a wide range of subjects. When first researching this topic, the keywords “HIV*” AND “African American Women*” AND “Socioeconomic status*” which yield 550 results. The additional filters used for this search round was publication range, full text, and the subjects “Health and Social care” and “Medicine, Dentistry, Nursing, and Allied health.” This reduced the pool of results down to 200. From here, a total of 2 articles were chosen based on relevance to the research question.

Rationale for Chosen Articles

By isolating searches with specific keywords results were relevant and consistent with the research question. Each round of searches incorporated phrases that would diversify the findings relating to factors contributing to high HIV rates among Black women. Additionally, the selection of articles was based off a set of short assessments that would help eliminate articles that were unrelated to the research focus. Articles were specifically chosen if they mentioned key words such as socioeconomic status, lack of resources, and discrimination within healthcare. Also, the outcome for the articles either had to be risk factors surrounding HIV prevalence or adoption to preventative measures and medication. This approach led to the selection of 20 total

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articles that not only were consistent to the research question, but provided comprehensive insight into the structural, environmental, and economic factors influencing HIV prevalence among Black women.

RESULTS

African American women in the United States often face unique experiences in general, but when it comes to HIV, their challenges are more significant. These women experience disproportionately high rates of HIV, which are often driven by social, structural, and systemic factors. Understanding how these factors contribute to the overall high prevalence involves analyzing how underlying medical racism, inadequate educational resources, and socioeconomic barriers to be able to improve health outcomes.

Underlying Medical Racism and Disparities

Black women living with HIV in the United States frequently endure structural racism, racial biases, and discrimination in healthcare that affect their access to care (Small LA, 2023). Research shows that HIV-related discrimination is commonly experienced by Black women living with HIV and is associated with lower medication adherence and higher viral load (Sharma R, 2023). The experience of discrimination within a healthcare setting has been connected to lower treatment adherence/increased reticence to engage with healthcare resources in the future. Race-based medical mistrust is a well-established barrier for African American individuals, and is linked to direct experiences of racism and discrimination in healthcare settings and knowledge of historical mistreatment (Small LA, 2023). Medical mistrust is linked to direct experiences of racism and discrimination in healthcare settings and knowledge of historical mistreatment (Small LA, 2023).

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Medical racism also manifests in the form of microaggressions experienced while engaging with healthcare resources which have been associated with psychological distress. Both barriers to care and poorer mental health are associated with medication adherence and higher viral load (Sharma R, 2023). Along with medical mistrust, some Black women and men believe in HIV conspiracy beliefs, that the government is involved in the origin and treatment of HIV, which leads to lower intentions to HIV testing and initiating PrEP (Tekeste M., 2019). Because of this mistrust, individuals are either deter from PrEP uptake or associated the conspiracy with more willingness to use PrEP. These beliefs are common within the Black community and have been associated with suboptimal condom use, decreased uptake of HIV testing, and non-adherence to antiretroviral therapy (Ojikutu, 2020). A study found that 31% of Black Americans believe that HIV is man-made, and 40% believe that the government is withholding a cure for HIV (Bogart, 2019). These beliefs are associated with higher HIV risk among the Black community. Additionally, belief in HIV conspiracies among Black Americans varies by sociodemographic characteristics being higher among individuals who have lower education and income levels (Bogart, 2019). Medical mistrust among Black women living with HIV does not solely focus on medical doctors but rather extends to the wider healthcare system (Small LA, 2023). As a result of oppression at structural, institutional, or interpersonal level, Black women may be geographically distanced without adequate resources to reach medical centers and not have easy access to competent medical providers (Dale SK, 2019). Researchers have found that discrimination and stigma based on race, sexual orientation, and HIV status are associated with lower visit adherence and lower treatment adherence. Experiencing racism in a health care setting can lead to a negative patient experience and a decreased use of services overall (Dale SK, 2019). Research has shown that racial differences in health care system distrust were fully

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mediated through African American individual's previous experiences of racial discrimination (Rimmler, 2022). More specifically, race itself is not what drives the medical mistrust, but instead the lived experiences of being treated unfairly or unequally because of race within healthcare settings that contributes to the lack of trust among the target population.

Lack of Resources

There is a long history in the U.S. of Black patients facing discrimination and lower standards in U.S. health care systems resulting in wide health disparities. Black women who have sex with men are an overlooked population in discussions about HIV prevention and face similar stigma related to sexuality and sexual activity (Pratt MC, 2022). This stigma often limits Black women access to sexual health resources such as HIV testing and PrEP, which further deepens health disparities rooted in structural neglect. Past implementation efforts have not been relatable to African American women. There is a lack of information and educational resources for these women to even have the knowledge and awareness of methods for HIV prevention (Troutman J, 2021). Black women are significantly less likely than White women to have prior PrEP knowledge. Additionally, they are disproportionately affected by HIV and have often been ignored in HIV prevention efforts, including the rollout of PrEP (Hill M, 2021). However, once given the resources, Black women had significantly more interest in learning about PrEP if it were available for free or covered by health insurance (Troutman J, 2021). Also consistent with the literature, women viewed PrEP as an important component of HIV prevention care and would be more likely to consider PrEP uptake if PrEP was discussed and prescribed by their health care providers within trust venues (Irie, 2023). The issue that stands is that Black women do not have access to tailored providers who are willing to give them individual care without judgement. This leads to lack of discussions and medical mistrust that turns into

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disparaging treatment and discomfort towards healthcare personnel. Lack of discussions about sexual health across multiple settings leaves individual feeling unprepared for their sexual health appointments, leading them to seek out information from more accessible sources like social media which isn't factual (Pratt MC, 2022). Additionally, there is a direct correlation between lack of correct HIV knowledge and low-level of HIV test uptake and risky sexual behaviors among Black women (Dalmida, 2018). African Americans are also more likely to postpone medical care after finding out they are HIV positive (Dalmida, 2018). Although this is closely tied in with lack of resources, it is shaped by structural, social, and psychological barriers rooted in systemic inequities. Since there isn't a widespread, accessible education on HIV prevention/treatment, most Black women are unable to obtain the resources necessary to make informed decision about their health. Most African Americans do not receive the most relevant and up-to date health information and this lack of information can impact health by influencing their preventive actions and treatment decisions (Jamie Troutman ; Shan Qiao, 2023). This lack of educational resources combined with structural barriers within the healthcare system results in higher rates of HIV prevalence, further worsening disparities within this population.

As stated before, African American women in the South are disproportionately affected by HIV, and often ignored in HIV prevention efforts, including the rollout of pre-exposure prophylaxis (PrEP) (Hill, 2020). This is due to resources not being accessibly for Black women, especially those who are low-income with no insurance. For instance, women represented 19% of incident HIV infections in 2017, they represent only 10% of PrEP user (Hill, 2020). African American women are more likely to not be able to correctly identify what it is or that is used for HIV prevention (Hill, 2020). This lack of resources does not just apply to HIV prevention medications but also to the use of antiretroviral therapies (ART) which maintains viral

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suppression. Due to social determinants of health Black women disproportionately struggle with ART medication adherence (Raiford, 2023). This is due to barriers such as stigma, limited access to healthcare, poverty, and lack of educational resources (Raiford, 2023).

Socioeconomic-related Factors

Research on Black women living with HIV continue to be under-developed, and little is known about the accessibility of HIV treatment to low-income Black women in urban settings (Small LA, 2023). Those living in regions with high poverty rates have five times the incidence of HIV compared with the general population of African American women (Rimmler, 2022). This incidence rate is high because it is more likely for women to deal with contextual and structural factors such as access to health care and education (Rimmler, 2022). The intersection of socioeconomic disadvantage with race and gender adds an additional layer of complexity to the health care experience of Black women (Okoro, 2021). Low socioeconomic status has been strongly correlated with lack of healthcare access, low quality of care, and poor health outcomes (Okoro, 2021). Many Black women who are struggling with poverty often make decisions to provide for their basic needs rather than addressing matters pertaining to health (Walcott, 2016). It is an unfortunate reality that creates environments where health concerns, such as HIV prevention and treatment are deprioritized. This becomes particularly significant when considering the disproportionate impact of HIV among Black women in the United States. Not being able to afford health insurance significantly affects their management of HIV infection and adds to the complexity of their daily struggles for survival (Walcott, 2016). Additionally, health literacy is inextricably linked to socioeconomic status and education attainment with fewer years of schooling and poverty leading to poorer health (Walter, 2021). In the context of HIV, health literacy and socioeconomic status can lead to delayed testing, lower adherence to treatment, and

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limited understanding of prevention strategies such as PrEP (Walter, 2021). Limited health literacy also hinders the understanding of HIV transmission, the importance of regular testing, and accessibility to prevention measures.

Black women with HIV who are low-income contend daily with a myriad of racial/ethnic, socioeconomic, gender, and health-based inequalities (Polansky, 2015). Findings have proven that lower-income communities are more likely to have substance abuse problems. Partaking of substance use by individuals, especially those without accessibility to resources, puts them at potential risk for engaging in HIV risk behaviors (Walter, 2021). Low socioeconomic status Black women with restricted access to healthcare, stable housing, and economic opportunities are more likely to engage in substance use as a coping mechanism (Walter, 2021). Furthermore, literature has established strong links between sociostructural factors and overlapping adverse mental health outcomes, substance misuse, and HIV risk among Black women. Sociostructural inequity overburdens black women, and this inequity is linked to experiencing more housing instability and poverty (Tsuyuki, 2022). These factors not only trap Black women in cycles of instability and health vulnerability, but also increase the likelihood of HIV exposure, and present barriers to prevention and care.

As mentioned previously, research on HIV among Black women is not as abundant especially surrounding those who are low-income. The growing number of women living with HIV, the escalating HIV crisis for low-income African American women, and evidence of ongoing behavior among women with HIV, underscores the importance of understanding risk and protective factors for disclosure among African American women with HIV (Polansky, 2015). Socioeconomic status plays a crucial role in shaping both susceptibility to HIV and the

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lived experiences once diagnosed with the virus. Understanding socioeconomic status as a risk factor allows for a more comprehensive approach to prevention and intervention. Socioeconomic status highlights a deeper health disparity that is fueled by not only by individual behaviors but by broader systemic inequities (Polansky, 2015).

DISCUSSION

Although the HIV epidemic has been over for decades, the high prevalence of HIV among Black women has continued to plague African American communities. This is a result of deeply rooted systemic inequities that are directly correlated with discrimination within healthcare settings, lack of educational resources, and low-socioeconomic factors. African Americans who make up 14% of the U.S. population, make up 44 percent of the HIV-positive population (Robinson R., 2015). Studies have shown that Black Americans are diagnosed with HIV at a rate nearly 4 times higher than any other ethnic group combined (Reed, 2022). Addressing this disparity requires efforts that expand from individual-level to large-scale healthcare institutions. These disparities are not only due to individual behaviors but are significantly influenced by structural factors. Discrimination within healthcare settings further worsens those disparities.

An intervention that has shown to be effective to decreasing HIV and STI risk among Black women is called Empowering African American Women on the Road to Health (E-WORTH). This intervention ties in important factors like the use of racial and gender concordant facilitators which assist in mitigating mistrust and promoting comradery (Ojikutu BO, 2021). It integrates key components such as HIV/STI education, skill building, and trauma-informed care, which is all facilitated by racially and gender-concordant facilitators. This is significant as it helps mitigate medical mistrust among Black women, while also fostering a sense of cultural

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safety (Ojikutu BO, 2021). Even though this intervention was specifically tailored for Black women involved in the criminal justice system, it has been proven effective in decreasing HIV and STI risk among Black women. This intervention's success in reducing HIV and STI risk behaviors suggests it can hold its weight for scaling across other subgroups of Black women facing similar struggles (Ojikutu BO, 2021). E-WORTH represents a step forward in creating more equitable and effective public health interventions.

Another intervention created to decrease the high prevalence of HIV among Black women would be the Black Women First Initiative. This national project works by implementation and evaluating bundled evidence for informed interventions for Black women with HIV. Some of the interventions used are enhanced patient navigation, Red Carpet Care experience to address barriers to HIV care, stigma reduction interventions, and health literacy and resiliency interventions (School of Social Work, 2025). One of the most impactful aspects of this intervention is its success in improving retention in HIV care and increasing viral suppression rates. Additionally, it addresses social determinants of health by connecting individuals with essential resources such as housing, food, and employment through the Red Carpet Care Model (School of Social Work, 2025). Benefits from these bundled interventions involve addressing socio-cultural health determinants, expanding delivery and utilization of comprehensive HIV care and treatment services, and improving health outcomes for Black women with HIV (School of Social Work, 2025). There are around 12 demonstration sites across the country, and it is supported by the HIV/AIDS Bureau and the Office of the Assistant Secretary for Health Minority HIV/AIDS Fund (MHAF). This intervention stands as a model for how health equity can be advanced through empowerment, inclusion, and systemic change, rather than focusing solely on individual behavior.

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It is essential, when tailoring an intervention, to implement culturally competent healthcare providers, acknowledge and dismantle structural inequities, and invest in community-based interventions that have the building blocks to decrease the prevalence of Black women living with HIV. Culturally competent care fosters trust, improves communication, and ensures that individuals are fully seen, which is important for this population. These changes need to be embedded in every level of service delivery, from providers to instructional policies. Additionally, by acknowledging and dismantling structural inequities, interventions can create lasting change. When healthcare systems prioritize inclusion, empowerment, and community, they address not only the virus, but the root causes that cause the high prevalence among Black women to continue.

Limitations

The primary limitation of this literature review is that this research was limited to only twenty articles. This meant it was difficult to be able to fully analyze all risk factors contributing to the high HIV prevalence in Black women. The majority of articles selected followed a cross-sectional design meaning they cannot determine the direction of relationships between variables. Along with this, most studies had small sample sizes, meaning these findings could not be generalized to all populations, especially those with different cultures. Additionally, there were many gaps in literature when researching this topic. Since this research is done on a marginalized minority population, there is often a lack of representation studies, specifically on Black women living with HIV. Most literature fails to answer why Black women contribute the most to HIV prevalence rates, and this absence further worsens this gap. It was difficult to specify what exactly needed to be researched since most articles were not targeted towards the population being researched. Specially, when trying to search for articles regarding low socioeconomic

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status among Black women with HIV, it was difficult to narrow down to key words that were necessary for the relevance of this paper.

Conclusion / Implications of Research

This literature review encapsulates the necessity for further research on the risk factors that contribute to the high prevalence of HIV among Black women. The target population used in this review continues to be disproportionately affected by the HIV epidemic in comparison to other racial and ethnic identities. This disparity can only be reduced if future interventions include multiple levels and center the preferences and lived experiences of Black women with HIV (Rajabiun, 2023). When centering these women, it is important to note social health determinants, utilization of comprehensive HIV care, and treatment services, support of continuous care engagement, and improving health outcomes for Black women with HIV (Rajabiun, 2023). To be able to achieve this goal, the health service delivery systems need to transform and address the multiple challenges and historical trauma Black women face due to racism, sexism, classism, lack of social capital, compounded by HIV stigma and discrimination (Rajabiun, 2023). Additionally, any interventions created to help mitigate this high prevalence must go beyond individualistic behaviors, so structural determinants of health can be acknowledged and dismantled. The multifaceted, community models demonstrate the necessity of holistic approaches that effectively respond to the high prevalence of HIV among Black women. By continuing to prioritize responsive strategies that address structural, systematic, and institutional barriers, long-term progress is possible in reducing the prevalences of HIV among African American women.

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