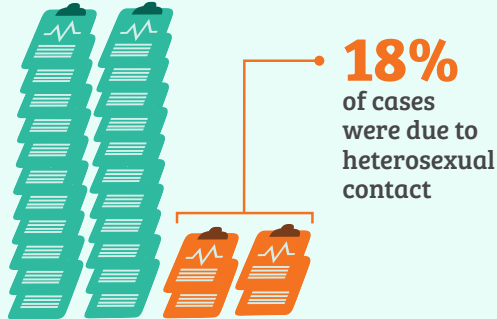


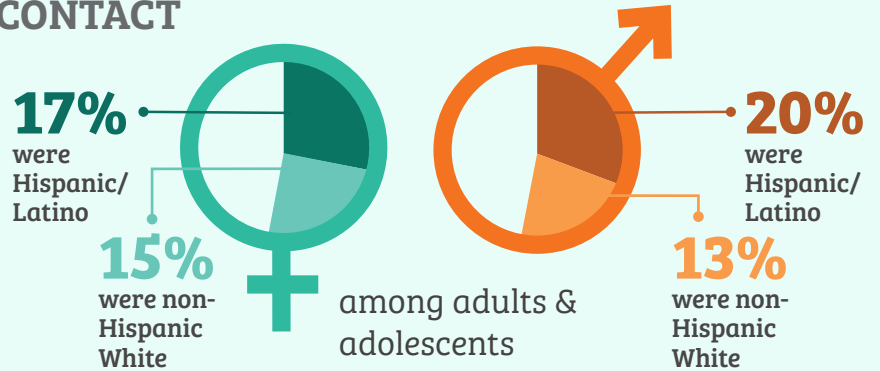
HIV/AIDS among Heterosexual Hispanic/Latinos

TO DEFEAT HIV
YOU'RE A SUPERHERO.
USE YOUR SUPERPOWERS.

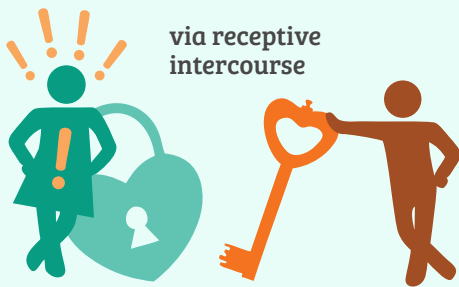
THERE WERE **9,798** HIV DIAGNOSES IN 2015 AMONG HISPANICS/LATINOS



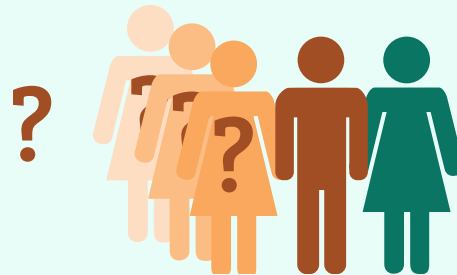
OF **40,040** HIV DIAGNOSES IN 2015 IN THE US **9,515** WERE ACQUIRED VIA HETEROSEXUAL CONTACT



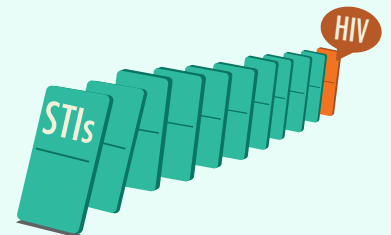
HETEROSEXUAL HISPANIC/LATINA WOMEN ARE AT HIGHER RISK THAN MEN



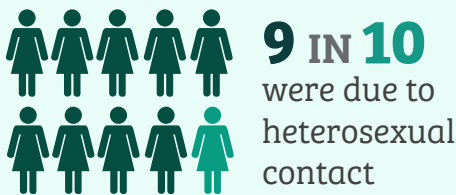
MANY HISPANIC/LATINA WOMEN ARE UNAWARE OF THEIR MALE PARTNER'S SEXUAL HISTORY



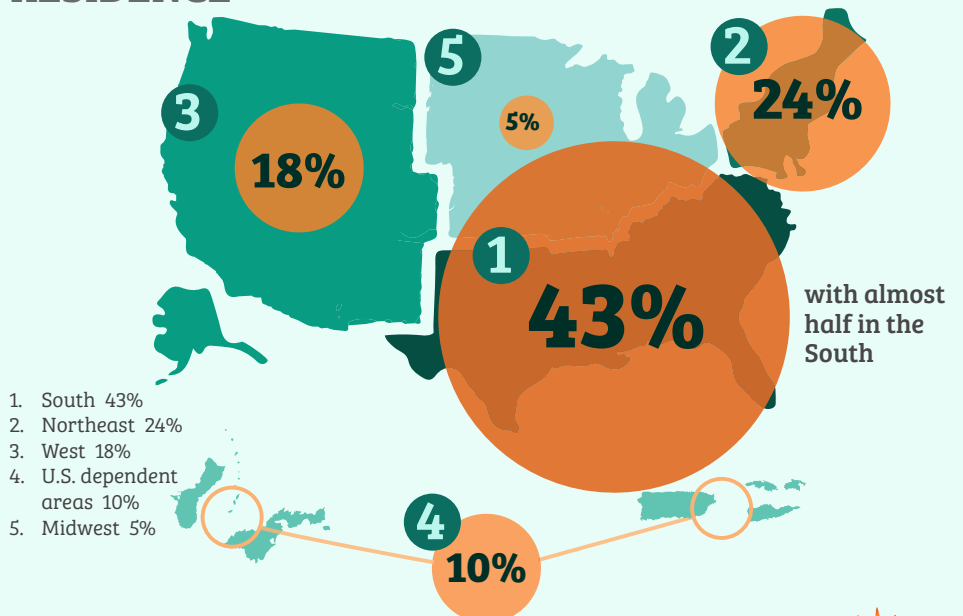
STI'S INCREASE THE RISK OF HIV INFECTION



OF THE **1,223** HIV CASES FOR HISPANIC/LATINA WOMEN IN 2015



FOR HETEROSEXUAL HISPANICS/LATINOS, HIV INFECTION IN 2015 VARIES BY REGION OF RESIDENCE



OF THE **8,563** HIV CASES FOR HISPANIC/LATINO MEN IN 2015



HIV/AIDS AMONG HETEROSEXUAL HISPANIC/LATINOS



The information provided below is in regards to adult and adolescent cisgender Latinos/Hispanics who report being sexually active with the opposite sex. Unless otherwise specified, all facts are inclusive of the United States and six dependent areas. Women have a higher risk of HIV exposure from a male partner via receptive sexual intercourse (vaginal, anal) compared to males engaging in insertive sexual intercourse with female partners.

THE FACTS¹

- There were a total of 9,798 diagnoses of HIV infection in 2015 among Hispanic/Latinos: 18% of the infections were attributed to heterosexual contact.¹
- Twenty percent (619) of all diagnosed HIV infections in 2015 acquired via heterosexual contact among adult and adolescent males were in Latino /Hispanic males compared to 13% (381) non-Hispanic white males.
- Seventeen percent (1,096) of all diagnosed HIV infections in 2015 acquired via heterosexual contact among adult and adolescent females were Latina/Hispanic females compared to 15% (968) non-Hispanic white females.¹
- Of the 8,563 diagnosed HIV infections in 2015 among adult and adolescent Hispanic/Latino males, 7% were attributed to heterosexual contact. Of the 1,223 diagnosed HIV infections in 2015 among adult and adolescent Latina/Hispanic females 90% were attributed to heterosexual contact.¹
- Among Hispanic/Latinos in the U.S. and 6 DA's, contracting HIV through heterosexual contact varies by region of residence. Of the 1,715 cases of diagnosed HIV in 2015 attributed to heterosexual contact in Hispanic/Latina women, an estimated 280 (16%) reside in the Northeast, 52 (3%) in the Midwest, 460 (27%) in the South, 260 (15%) in the West and 86 (5%) in the U.S. dependent areas.¹

RISK FACTORS

Heterosexual Hispanics/Latinos confront several obstacles when it comes to preventing HIV infection and seeking treatment once infected.

- » Hispanics/Latinos have relatively high rates for STIs compared to some other races/ethnicities, including chlamydia, gonorrhea, and syphilis. Research shows that the presence of another STI makes it easier to become infected with HIV.²
- » Country of origin and number of years living in the United States, and religiosity are important factors in acquiring HIV/AIDS knowledge and condom use.^{3,4}
- » Region of residence in the United States is an important factor in acquiring HIV infection through Heterosexual contact.¹

1. [1] Center for Disease Control (2015). HIV Surveillance Report, Volume 27. Diagnoses of HIV Infection in the United States and Dependent Areas, 2015. Retrieved from <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2015-vol-27.pdf>

2. [2] Center for Disease Control and Prevention (2015). HIV among Hispanics/Latinos. Retrieved from: <https://www.cdc.gov/hiv/group/raciaethnic/hispaniclatinos/index.html>

3. [3] Marin, B.V. & Marin, G. (1990) Acculturation differences in Hispanic condom use. *Int. Conf AIDS 1990* Jun 20-25; 6:105 (abstract no. S.C. 37). UCSF Center for AIDS Prevention Studies, San Francisco, California, USA.

4. [4] Smith, S.J. (2017). Condoms, culture and conviction: the effect of acculturation and religiosity on Latina condom use during first sex with new partners. *Social Work in Public Health*, 32(3), 176-191