
Overview

In 1998, the number of Hispanic women totaled 14.7 million, accounting for 48.6% of the total Hispanic population, 5.4% of the total U.S. population, and 10.7% of all women in the United States. Since 1990, the number of Hispanic women has increased by about 3.6 million, or 32.4%. By 2005, the number of Hispanic women is projected to increase 22.4% to 18 million. In 1997, Mexican women represented the largest share of Hispanic women, at 9.0 million (62.1% of all Hispanic women), with Central and South American, Puerto Rican, and Cuban women following at 2.1 million (14.7%), 1.7 million (11.4%), and 0.6 million (4.0%), respectively. In general, Hispanic women tend to be younger and have lower educational levels and labor force participation rates than White and Black women. In addition, Hispanic women are more likely to have children, but less likely to be covered by private or government health insurance, than White or Black women.

Family Characteristics

- ❖ **Hispanic women are younger, and more likely than White and Black women to be under 18 years of age.** In 1997, the median age for Hispanic women was 27 years, compared to 37 years for White women and 31 years for Black women. In addition, Hispanic women under 18 years of age accounted for more than one-third (35.1%) of the Hispanic women population and one-seventh (14.8%) of the total U.S. women population under 18 years of age. By comparison, fewer than one-quarter (23.8%) of White women and fewer than one-third (29.7%) of Black women were under 18 years old.
- ❖ **Hispanic women are more likely than White women, but less likely than Black women, to be single mothers.** In 1997, 10.6% of Hispanic women were single mothers, compared to 5.7% of White women and 18.3% of Black women.
- ❖ **Hispanic young women have the highest birthrate of all adolescents.** In 1995, Hispanic teenagers 15-19 years old had a higher birthrate than African-American or White adolescents (106.7 per 1,000 women, compared to 96.1 and 50.1, respectively), a figure which has steadily increased since the 1980s. Moreover, the birthrate for unmarried Hispanic, African American, and White young women ages 15-19 that same year was 78.7, 92.8, and 35.5 per 1,000, respectively.

Fertility

- ❖ **The birth rate for Hispanic women is higher than that for White and Black women.** In 1996, the birth rate for Hispanic women 15-44 years old was 104.9 per 1,000 women. Data show that the birth rate for comparable White and Black women was 64.7 and 71.1 per 1,000 women, respectively.
- ❖ **Hispanic women are more likely than White women, but less likely than Black women, to give birth out of wedlock.** In 1996, two in every five (40.9%) births to Hispanic women were outside of marriage, compared to one-quarter (25.6%) and seven-tenths (69.7%) of births to White and Black women, respectively.

Education

- ❖ **High school and college completion rates for Hispanic women are lower than those for White and Black women.** In 1997, 54.6% of Hispanic women 25 years old and over had completed high school and 10.1% had completed four or more years of college. In comparison, 83.2% of White women and 76.0% of Black women had graduated from high school, while 22.3% of White women and 13.9% of Black women had completed four or more years of college.

HISPANIC WOMEN FACT SHEET

- ❖ **Young Hispanic females are more than twice as likely to drop out of high school than their White peers.** In 1996, the event dropout rate for Hispanic women was 8.3%. That same year, the dropout rate was 3.8% for White women and 8.5% for Black women.

Labor Force Status

- ❖ **The number of Hispanic women in the labor force has increased since 1990.** In 1997, the labor force participation rate for Hispanic women 16 years old and over was 56.1%, an increase of three percentage points since 1990. In comparison, 59.5% of White women and 61.7% of Black women were working or looking for work, an increase of 2.1 percentage points and 3.4 percentage points, respectively, since 1990.
- ❖ **Among Hispanic subgroups, Central and South American women have the highest labor force participation rates.** Almost three-fifths (59.7%) of Central and South American women were working or looking for work in 1997, compared to more than one-half of Cuban (53.0%) and Mexican (54.0%) women, and almost one-half (49.0%) of Puerto Rican women.
- ❖ **A smaller proportion of Hispanic women is working than either White or Black women.** In 1997, the employment-to-population ratio for Hispanic women 16 years old and over was 50.2%, compared to 57.0% for White women and 55.6% for Black women.
- ❖ **The unemployment rate for Hispanic women is higher than that for White women, but lower than that for Black women, while Puerto Rican women have the highest unemployment rate among Hispanic subgroups.** In 1997, the unemployment rate for Hispanic women 16 years old and over was 8.9%, compared to 4.2% for White women and 9.9% for Black women of the same age group. In addition, the unemployment rate for Puerto Rican women 16 years old and over was 10.1%, compared to 8.9% and 7.6% for Mexican and Cuban women, respectively.
- ❖ **Employed Hispanic women are more likely than White and Black women to be concentrated in technical, sales, and administrative support occupations, and less likely than White or Black women to be concentrated in either service occupations or managerial and professional occupations.** In 1996, almost two in five (38.4%) Hispanic women worked in technical, sales, and administrative support occupations, one-fourth (25.0%) in service occupations, and one-sixth (17.4%) in managerial and professional occupations. In comparison, 41.9% of White women and 38.4% of Black women worked in technical, sales, and administrative support occupations, 16.3% and 25.4% in service occupations, and 31.5% and 22.7% in managerial and professional occupations, respectively.
- ❖ **The economic force of Hispanic women has been growing since 1990.** The participation rate of Hispanic women in managerial and professional occupations increased 2.8 percentage points since 1990. In addition, a greater proportion of Hispanic women is employed in managerial and professional occupations in comparison to Hispanic males (17.4% compared to 12.1% in 1996).

Income and Poverty

- ❖ **Hispanic women workers have lower median earnings than White women workers and median earnings similar to those of Black women workers.** In 1997, the median earnings for Hispanic women year-round, full-time workers were \$18,973, while those of White women workers were \$25,331. Black women workers had median earnings of \$22,035 that year.
- ❖ **Hispanic women are more likely to be poor than their White and Black counterparts, and Puerto Rican women are the poorest Hispanic women subgroup.** In 1997, over one-quarter (29.8%) of Hispanic women were poor, compared to 12.4% of White women, and 28.9% of Black women. Furthermore, in 1996, 38.0% of Puerto Rican women lived below the poverty level, compared to 34.0% of Mexican women. (No such data exist for Cuban, Dominican, and Central and South American women.)

¹ The event dropout rate describes the proportion of students who leave school each year without completing a high school program.

² The employment-to-population ratio measures the proportion of the population that is employed.

Health Status

- ❖ **Hispanic women are less likely to have private or government health insurance than White or Black women, but more likely than White women to be covered by Medicaid.** In 1996, 30.4% of Hispanic women lacked health insurance, while 24.9% were covered by Medicaid. In comparison, 13.1% of White women and 19.3% of Black women had no health insurance, and 10.6% of White women and 28.0% of Black women were covered by Medicaid.
- ❖ **Hispanic women are disproportionately affected by AIDS.** In 1997, while 10.4% of the total U.S. women population was Hispanic, Hispanic women accounted for 20.3% of all AIDS cases reported to the Centers for Disease Control and Prevention.

Sources

U.S. Census Bureau, The Hispanic Population in the United States: 1996; U.S. Bureau of the Census, Historical Income and Poverty Tables: 1959 to 1997; U.S. Bureau of the Census, Poverty in the United States: 1997; U.S. Census Bureau, U.S. Population Estimates by Age, Sex, Race, and Hispanic Origin: 1990 to 1998; U.S. Census Bureau, Population Projections of the United States by Age, Sex, Race, and Hispanic Origin: 1995 to 2050; U.S. Census Bureau, Educational Attainment in the United States: March 1997; U.S. Bureau of Labor Statistics, Employment Status of the Civilian Noninstitutional Population by Sex, Race, and Hispanic Origin: 1997; Bureau of Labor Statistics, Labor Force Characteristics of Black and Hispanic Workers: September 1997; National Center for Health Statistics, Monthly Vital Statistics Report, Volume 45, No. 10(S) 2: April 1997; and Centers for Disease Control and Prevention.

HIV/AIDS AMONG HISPANICS: 1997

Those of us working with persons infected with, and affected by HIV/AIDS know that the disease is still ramped in communities of color. The Latino community is no different. Data from the past few years indicates the upward trend in the disease among our community, especially among women, and adolescents. The highest risk of infection for our community is occurring through heterosexual contact, intravenous drug use, and among men who have sex with men.

In 1997, the Centers for Disease Control and Prevention (CDC) reported 641,086 cases of AIDS in the United States and Puerto Rico. Eighteen percent (18%) of these were Hispanics. More than 60,000 new cases of AIDS were reported in 1997, and 21% of these (12,466) were among Hispanics. The rate of AIDS among Hispanics is almost four times higher than for Whites, and half the rate of that among African Americans, (37.7% for Hispanics, 10.4% for Whites, and 83.7% for Blacks per 100,000 population).

In 1997, the primary mode of transmission reported among adult/adolescent Hispanics with AIDS (30%) was through intravenous drug use (IDU). Other risk categories for Hispanics include men who have sex with men (MSM), and heterosexual contact, 27% and 16% respectively. When broken down by place of birth, Puerto Ricans had a higher incidence of injection-related AIDS (47%) compared to U.S.-born Hispanics (27%), Mexicans (7%), Cubans (7%), and Central/South Americans (5%). Within the risk category of men who have sex with men (MSM), fifty-one percent were Mexicans, 40% were Central/South Americans, 38 % were Cubans, 29% were Hispanics born in the U.S., and 15% were Puerto Ricans. The percentage of AIDS cases acquired through heterosexual contact, by place of birth, is as follows: 25% Puerto Ricans, 16% Central/South Americans, 13% Mexicans, 11% for Hispanics born in the U.S., and 8% Cubans. The cumulative total number of AIDS-related deaths among Hispanics reported through December 1997 was 67,217 in the United States and Puerto Rico.

HIV Infection Increases Among Hispanic Women

Hispanic women continue to represent a segment of the population at increased risk, and in some cases at highest risk for HIV infection and AIDS. Between 1994 and 1997, the number of AIDS cases reported among Hispanic women has almost doubled, from 12,601 in 1994 to 20,798 in 1997. The majority of AIDS cases reported through 1997 occurred in those between the ages of 20 and 39 years, representing 67% of all Hispanic women diagnosed with AIDS. Hispanic women between the ages of 20 and 39 had the second highest percentage of AIDS cases (67%) in 1997, as compared to women from other racial/ethnic groups; American Indian/Alaskan Native women (69%), Black or White women (66%) each, and Asian/Pacific Islander women (57%). The number of AIDS cases for Hispanic women 13 to 19 years of age, has doubled since 1994, from 108 cases to 200 in 1997. The rate of HIV infection for Hispanic women in the same age range has also almost doubled, from 45 cases in 1994 to 87 in 1997. This represents an

increase of 2% for this age group between 1994 and 1997. This is more than for either Black or White women who experienced an increase of 1% each in the same age group. Only Asian/Pacific Islander women ages 13-19 had a higher rate of increase in HIV infection (3%) between 1994 and 1997.

In 1997, the leading modes of HIV transmission among Hispanic women (including adolescents) with AIDS were heterosexual contact (46%) and IDU (29%). Those having had sex with an injecting drug user (368/31%), or sex with an HIV-infected person, risk not identified (758/65%) constituted the majority of cases within the heterosexual contact category. The rate of HIV infection among adult/adolescent Hispanic women due to heterosexual contact was 37%, and another 19% due to injecting drug use. Hispanic women were second only to White women in acquiring HIV in these two categories: heterosexual contact (39%), injecting drug use (21%). The data are clear in highlighting that the majority of Hispanic women are contracting the HIV virus from heterosexual unprotected sex with men who are HIV-infected. Of 112 Hispanic women reported in 1997 with HIV infections, from states with confidential reporting, 41% were attributed to having sex with an HIV-infected drug user. These are high numbers, considering that Hispanic women represent only 5.5% of the total U.S. population.

Outlook for Hispanic Men

In 1997, Hispanic adult/adolescent males who had sex with men (35%) represented the highest-risk category for all Hispanic men infected with HIV from states with confidential HIV reporting. Another 17% of the cases occurred among intravenous drug users. When compared to other racial/ethnic groups only Whites had a higher percentage of cases among men who have sex with men (59%) than Hispanics. In the exposure category of intravenous drug users, Hispanics had twice as many cases as Whites (9%) and slightly more than Blacks (15%). The number of AIDS cases for Hispanic adolescent males ages 13 to 19 has almost doubled since 1994, from 264 cases to 407 in 1997.

Incomplete Data

In order to direct prevention and education efforts effectively, data on risk categories must be more complete. In 1997, twenty percent of the AIDS cases among Hispanic adult/adolescent males and twenty four percent of the AIDS cases among Hispanic adult/adolescent females fell into the category of "risk not reported or identified". From states with confidential reporting, 39% of the cases of HIV infection for Hispanic males and 44% for Hispanic females were among those with no risk reported or identified. The percentage of AIDS cases in the category of "risk not reported or identified" by ethnic origin were 42% for Cubans, 37% for Central/South Americans, 29% for U.S.-born Hispanics, 26% for Mexicans, and 8% for Puerto Ricans.

Need for Community Response

While the overall rate of AIDS deaths declined by 25% in 1997, and the rate of opportunistic illnesses (AIDS-Ois) among infected persons decreased by 7%, the rate of HIV infection, AIDS, and AIDS-related deaths among Hispanics has not declined. During the same year, AIDS deaths among Hispanics were the leading cause of death between the ages of 25 and 44 years. A greater number of Hispanics are getting HIV infections from intravenous drug use than are other racial/ethnic groups. The number of Hispanic women with AIDS continues to increase, with adolescent females demonstrating a greater proportion of those with AIDS. Hispanic men also continue to be adversely affected by the continued spread of HIV/AIDS, especially among IDU and MSM populations.

Although the data point to several risk categories for Hispanics, there are still a large percentage of cases with an unreported risk category. This type of "lack of data" can affect prevention efforts by not clearly identifying risk groups, and/or the extent of the problem within already identified risk groups. Those involved in HIV testing and counseling need to emphasize the importance of gathering data on a client's risk factors, and collecting more complete data on risk categories. Clients need to be educated and encouraged to provide all the pertinent information about probable routes of exposure to the HIV virus. The more information that can be provided, the clearer will be the picture of the HIV/AIDS epidemic within the Hispanic community. With this data, we will be better able to direct prevention strategies and services to those most at risk for contracting HIV infection. Developing and strengthening sex- and drug- related risk prevention and reduction programs must continue to be a top priority for Hispanics working to stop this epidemic. By targeting the various risk populations with appropriate and clear messages, we will be able to reduce the spread of the HIV virus.