

Marital status reduces risk of death from HIV/AIDS for men

12 July 2013, by Bettye Miller

(Medical Xpress)—At the height of the AIDS epidemic in the 1980s men who were married were significantly less likely to die of HIV/AIDS than their divorced or otherwise single counterparts, according to a University of California, Riverside analysis of new mortality data for that era.

For women, marital status had little impact on who was more likely to die of the disease. But race proved to be a significant risk factor, with African-American women nine times more likely to die of HIV/AIDS and Latinas seven times more likely to die of the disease than white women. Those [mortality rates](#) were considerably higher than those for men of color compared to white men.

The study by UCR sociology professor Augustine Kposowa—"Marital status and HIV/AIDS mortality: evidence from the U.S. National Longitudinal Mortality Study"—is the first to examine the effects of marital status on deaths of individuals with HIV/AIDS. It appears in the *International Journal of Infectious Diseases*, the official publication of the International Society for Infectious Diseases.

Using data from a recent release of the U.S. National Longitudinal Mortality Study and the National Death Index, Kposowa tracked nearly 763,000 individuals age 15 and older between 1983 and 1994. A total of 410 of those individuals died of HIV/AIDS in that period of time.

"These data capture when HIV/AIDS was approaching pandemic level," Kposowa explained. "People were very afraid. The perception was that only men who had sex with men were getting infected, so no one was looking at [risk factors](#) for people who were married, widowed or separated."

Kposowa's analysis of 11 years of [mortality data](#) found that [marital status](#) was a significant risk factor for men, but not women. Divorced and separated men were more than six times more likely to die of AIDS than [married men](#), and those

who had never married were 13.5 times more likely to die of the disease than those who were married. African-American men were 2.7 times as likely to die of HIV/AIDS as white men, and Hispanic men were more than twice as likely to die of the disease as white men.

"It turns out that the big story for women is race, particularly for African-Americans and Latinos," Kposowa said. "The question is, why would Latino and African-American women have been more at risk of HIV?"

The most logical explanation, Kposowa believes, relates to how little was known in the 1980s about how the HIV virus was transmitted, and a [health care](#) system that historically disadvantages the poor.

"Those without care are more likely to be minority women," he said. "It's really a function of the health care system, who has access, and how soon people seek care. So in the 1980s, poor people and minorities, who often lack information about health care, were at greater risk of death from HIV/AIDS. By the time they presented themselves for health care, the disease would have progressed."

Kposowa said his assertion is supported by other studies showing that women of color typically receive less aggressive treatment for diseases such as cancer, and that African-Americans and Hispanics are less likely to be prescribed narcotic pain medications for back pain than whites even when one takes into account pain severity. He noted that in the US, post diagnosis cancer survival rates are much lower for people of color than whites.

"The elephant in the room is the health care system and the value we put on different people because of their color and background," the sociologist added. "We don't say that consciously, but it is why the Obama administration has put so much

emphasis on reducing health disparities in this country."

More information:

www.ijidonline.com/article/S1201-9712%2813%2900109-4/abstract

Provided by University of California - Riverside

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