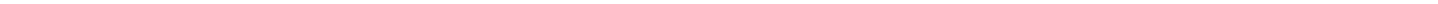




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African-Born Men in the United States Are Diagnosed With HIV Later Than African-Born Women

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[https://doi.org/10.1016/S0027-9684\(15\)30130-9](https://doi.org/10.1016/S0027-9684(15)30130-9)

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Objective

This paper evaluates gender differences in CD4 cell counts at human immunodeficiency virus (HIV) diagnosis of an African-born population receiving care for HIV infection in a publicly financed clinic setting in Philadelphia, Pennsylvania, in comparison with a non-African, foreign-born cohort in the same setting.

Methods

Records of foreign-born individuals receiving HIV care at the Philadelphia city health centers between January 2007 and December 2008 were reviewed. Data abstracted included demographics, country of origin, reason for HIV testing, and baseline CD4 cell count. Associations among baseline CD4 cell count, demographic variables and reason for testing were assessed by gender and by world region of origin (African or non-African).

Results

During the review period, 107 African patients and 127 non-African patients met inclusion criteria. Mean CD4 cell counts at diagnosis were 263 cells/mm³ for African men and 362 cells/mm³ for African women ($p = .055$). For other foreign-born individuals, mean CD4 cell counts did not vary by gender. African women were more likely than African men to undergo routine testing in the setting of reproductive health care, while there was no gender difference in rates of reproduction-related testing for non-Africans.

Conclusions

African men in Philadelphia are diagnosed with HIV at a later stage of disease than African women are. This difference is associated with higher rates of routine testing of African women in reproductive health care settings. Efforts to engage African men in the United States in routine HIV testing are urgently needed as part of the national "test and treat" strategy of HIV testing and linkage to care.



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Keywords

HIV/AIDS; gender; Africans

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