

Vulnerability Of Black Women Living With HIV/Aids In The Metropolitan Region Of Salvador (BA): An Analysis Of Public Policy Management

Vulnerabilidade de Mulheres Negras Que Convivem Com HIV/Aids na Região Metropolitana de Salvador (BA): Uma Análise de Gestão de Políticas Públicas
Vulnerabilidad de Las Mujeres Negras Que Viven Con VIH/Sida En La Región Metropolitana Del Salvador (BA): Un Análisis de La Gestión de Políticas Públicas

RESUMO:

Neste artigo, são apresentados resultados de estudos e pesquisas de abordagem qualitativa, complementada por dados quantitativos. Desse modo, visa identificar contextos de vulnerabilidade entre diferentes grupos populacionais, com foco especial no acesso, resultados, processos, rotinas e modelos de programas de IST e AIDS entre mulheres negras. A pesquisa revela que este grupo enfrenta barreiras significativas no acesso aos serviços de saúde, frequentemente devido a fatores socioeconômicos, discriminação racial e desigualdade de gênero. Os resultados indicam que as mulheres negras apresentam taxas mais altas de infecção por ISTs e HIV, em comparação a outros grupos. Essa disparidade pode ser atribuída a uma combinação de fatores, incluindo menor acesso à informação e recursos preventivos, além de um atendimento de saúde menos eficiente e menos sensível às suas necessidades específicas. A discriminação racial e a desigualdade econômica influenciam diretamente nas oportunidades de acesso a serviços de saúde de qualidade. Outro ponto importante do estudo é a análise dos modelos de programas que visam o enfrentamento da IST e AIDS. Muitos programas atuais demonstram limitações na abordagem específica para mulheres negras, frequentemente falhando em considerar as realidades culturais, sociais e econômicas que impactam este grupo. Por exemplo, programas que não abordam diretamente a questão da discriminação racial ou que não oferecem suporte econômico podem ser ineficazes.

DESCRITORES: Vulnerabilidade; ISTs e HIV; Saúde; Mulheres negras.

ABSTRACT:

This article presents the results of studies and research using a qualitative approach, complemented by quantitative data. In this way, it aims to identify contexts of vulnerability among different population groups, with a special focus on access, results, processes, routines and models of STI and AIDS programs among black women. The research reveals that this group faces significant barriers in accessing health services, often due to socio-economic factors, racial discrimination and gender inequality. The results indicate that black women have higher rates of STI and HIV infection compared to other groups. This disparity can be attributed to a combination of factors, including less access to information and preventive resources, as well as less efficient health care that is less sensitive to their specific needs. Racial discrimination and economic inequality directly influence opportunities to access quality health services. Another important point of the study is the analysis of program models aimed at tackling STIs and AIDS. Many current programs show limitations in their specific approach to black women, often failing to consider the cultural, social and economic realities that impact this group. For example, programs that do not directly address the issue of racial discrimination or that do not offer economic support can be ineffective.

DESCRIPTORS: Vulnerability; STIs and HIV; Health; Black women.

RESUMEN:

En este artículo se presentan los resultados de estudios e investigaciones con un enfoque cualitativo, complementado por datos cuantitativos. El objetivo es identificar contextos de vulnerabilidad entre diferentes grupos poblacionales, con un enfoque especial en el acceso, resultados, procesos, rutinas y modelos de programas de ITS y SIDA entre mujeres negras. La investigación revela que este grupo enfrenta barreras significativas para acceder a los servicios de salud, frecuentemente debido a factores socioeconómicos, discriminación racial y desigualdad de género. Los resultados indican que las mujeres negras tienen tasas más altas de infección por ITS y VIH, en comparación con otros grupos. Esta disparidad puede atribuirse a una combinación de factores, incluyendo menor acceso a la información y recursos preventivos, así como una atención médica menos eficiente y menos sensible a sus necesidades específicas. La discriminación racial y la desigualdad económica influyen directamente en las oportunidades de acceso a servicios de salud de calidad. Otro punto importante del estudio es el análisis de los modelos de programas destinados a abordar las ITS y el SIDA. Muchos programas actuales muestran limitaciones en su enfoque específico para las mujeres negras, a menudo sin considerar las realidades culturales, sociales y económicas que afectan a este grupo. Por ejemplo, los programas que no abordan directamente la cuestión de la discriminación racial o que no ofrecen apoyo económico pueden ser ineficaces.

DESCRIPTORES: Vulnerabilidad; ITS y VIH; Salud; Mujeres negras.

RECEIVED: 10/02/2024 APPROVED: 10/11/2024

How to cite this article: Santos JB, Gomes AVP, Nguvu PD, Vulnerability Of Black Women Living With HIV/Aids In The Metropolitan Region Of Salvador (BA): An Analysis Of Public Policy Management . *Saúde Coletiva* (Edição Brasileira) [Internet]. 2025 [acesso ano mês dia];15(92):13923-13934. Disponível em: DOI: 10.36489/saudecoletiva.2025v15i92p13923-13934

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Introduction

The Salvador Metropolitan Region (RMS - Região Metropolitana de Salvador) is a conurbation located in the state of Bahia, Brazil. As defined by law, this region includes Salvador and several other adjacent municipalities, creating an urban agglomeration of significant economic and social relevance. The RMS was officially established in 1973, being the first of its kind to be created in Brazil. Among the main municipalities that make up the RMS, in addition to the capital Salvador, are Camaçari, Lauro de Freitas, Simões Filho, Dias D'Ávila, Candeias, São Francisco do Conde, Madre de Deus, Itaparica, Vera Cruz and Pojuca (BAHIA RIOS, 2011; BANDEIRA DE MELLO E SILVA, 2011). These municipalities form an interconnected network that shares infrastructure, services and a dynamic labor market. The population of the RMS is one of the largest in Brazil, exceeding 4 mil-

lion inhabitants. Salvador, as the epicenter, is the third largest city in the country in terms of urban population (IBGE, 2022). The surrounding mu-

nicipalities also show significant population growth, driven by industrialization and urbanization processes.

Figure 1: Location of the Metropolitan Region of Salvador in the State of Bahia.



According to data from the Brazilian Institute of Geography and Statistics (IBGE, 2022), the metropolitan region of Salvador has a significant majority of people who identify as black, including both those who self-identify as black and brown. In Salvador, the black population corresponds to approximately 82% of the inhabitants, reflecting the rich Afro-Brazilian cultural and historical heritage present in the region. This data highlights the importance of inclusion policies and combating structural racism to promote equity and social development in the capital of Bahia and its surroundings.

The metropolitan region of Salvador, in Bahia, reflects profound social, economic, and racial inequalities, which are particularly evident in the lives of black women living with HIV. This multifaceted vulnerability demands a detailed analysis of current public policies and the effectiveness of the management of these initiatives (AYRES, 2003). First, it is essential to understand that black women are inserted in a historical context of marginalization that amplifies their vulnerability to HIV. The intersectionality of social and racial oppressions places them at greater risk of infection and less access to adequate health services. Public policies aimed at this population must therefore recognize and address these complexities (GALVÃO, 1997). An effective policy must include education and prevention specifically aimed at black women. Programs that use accessible language and cultural references have a greater chance of success. In addition, the provision of health services that meet the specific needs of these women is crucial. This includes breaking down barriers to access, such as distance to health centers and their opening hours. Another key issue is the professional training of health workers (GALVÃO, 2000). Training to deal with racial and gender issues will allow for more humane and effective care. Professionals need to be prepared to overcome prejudices and stigmas that often permeate their relationships with black patients living with HIV.

Public policy management should also focus on service integration. Service integration in public policies is essential to promote the efficiency and effectiveness of government actions. The management of these policies should consider the interconnectivity between different sectors and levels of government, aiming to optimize resources and improve results for the population (SOUZA, 2003). A health model that articulates prevention, diagnosis, treatment and social support in a cohesive manner can act more effectively in the lives of these women. The creation of community support networks is equally important, as it can provide a safe space for exchanging experiences and emotional support. Evaluating the effectiveness of these policies requires the implementation of continuous monitoring and evaluation systems. Specific indicators can be used to measure the real impact of the actions taken, adjusting strategies as necessary (HILL; VARONE, 2016).

Some successful models have been identified, such as those that involve the community and use intersectional approaches, recognizing the importance of understanding how race, gender and class interact to affect the health of these women. Programs that promote education and empowerment of black women, in addition to providing easier access to health services, have shown better results in the prevention and treatment of STIs and AIDS (LOTTA, 2017). In conclusion, it is clear that to improve the effectiveness of STI and AIDS programs for black women, it is essential to adopt more holistic and intersectional approaches that consider all dimensions of vulnerability that affect this group. Only through a comprehensive and integrated understanding of these multiple facets will it be possible to promote more equitable access and more positive health outcomes for black women.

Finally, it is essential to involve black women living with HIV themselves in the formulation of these policies. Active participation allows for the development of more realistic solutions that are sensi-

tive to the real needs of this population. In short, to effectively address the vulnerability of black women living with HIV in the Salvador Metropolitan Region, public policies must be comprehensive and intersectoral, aligning education, health, and social support. The management of these policies must be inclusive and adaptive, ensuring that the actions implemented result in concrete improvements in the quality of life of these women.

The vulnerability of black women living with HIV/AIDS in the metropolitan region of Salvador (BA) is a highly relevant topic that requires careful analysis of public policies, research methods, and data analysis. These women face specific challenges compared to other populations, which are aggravated by a historical and social context of racial and gender inequality. When managing public policies aimed at black women living with HIV/AIDS, it is crucial to consider both intersectionality and the need for specific approaches that address the peculiarities of this population. Policies should include prevention, treatment, and social support programs that take into account structural racism and gender inequalities. In addition, it is important to strengthen coordination between different levels of government and non-governmental organizations to ensure the effectiveness of the actions implemented.

To analyze the vulnerability of these women, a qualitative approach was used, complemented by quantitative data. The research method used for this analysis includes a literature review, analysis of secondary data obtained from official sources, such as the Notifiable Diseases Information System (SINAN), IBGE (Brazilian Institute of Geography and Statistics), and data from the Ministry of Health. The triangulation of these data allows for a deeper and more comprehensive understanding of the situation. Analysis of official data reveals that the prevalence of HIV/AIDS among black women in the RMS is significantly higher compared to other groups. In addition, the data indicate that these women have less access to

timely diagnostic and treatment services. Identifying systemic barriers, such as racial and gender discrimination within health structures, is crucial for formulating effective policies.

The data collected indicate that racial and gender discrimination are determining factors in the vulnerability of these women. Barriers to accessing the health system, such as prejudice on the part of health professionals and lack of specific resources, were widely mentioned. The reports also revealed a significant psychological impact, exacerbated by social and economic marginalization. Statistics show a disproportionate incidence of HIV/AIDS in black women, in line with the unequal distribution of resources and opportunities in society. In terms of public policy management, it is imperative that prevention and treatment programs are adapted to the specific needs of black women. Awareness campaigns must be culturally sensitive and carried out in areas of greater social vulnerability. In addition, equitable distribution of resources and the creation of safe spaces where these women can receive psychological and social support must be ensured. The implementation of effective public policies also requires the active participation of affected communities. Black women living with HIV/AIDS must have an active voice in the creation and evaluation of policies, ensuring that their experiences and needs are at the center of intervention strategies.

The vulnerability of black women living with HIV/AIDS in the Salvador Metropolitan Region requires an intersectional and inclusive public policy approach. The analysis of official data plays a crucial role in identifying gaps and creating strategies that promote equity in access to health and treatment, aiming for a more just and egalitarian society. The vulnerability of black women living with HIV/AIDS in the Salvador Metropolitan Region is a complex issue that requires coordinated actions that are sensitive to the specificities of this population. Public policy management needs to incorporate an intersectional perspective, and research

methods must be diverse and in-depth to capture the reality experienced by these women. Data analysis confirms the urgent need for more inclusive and effective policies that can truly transform the lives of these women and minimize their vulnerability.

Context

The HIV/AIDS epidemic is a global public health problem that disproportionately affects marginalized groups and is one of the most challenging public health problems of the 20th century and continues to affect millions of people globally in the 21st century. Although advances in medicine have allowed for more effective control of the virus, the spread of the disease continues to be particularly alarming among marginalized groups. Marginalized groups, including black women, are disproportionately affected by HIV/AIDS. These populations often face significant barriers to accessing HIV/AIDS prevention, treatment, and care, exacerbated by discrimination and social stigma (MS/CN DST-AIDS, 2000). Stigma and prejudice not only hinder treatment-seeking, but also foster an environment where HIV awareness and education are limited.

Inequality in access to health services is one of the main reasons for this disparity. In many countries, health services are less accessible to marginalized groups due to economic, social and political factors (LOCH, 2018). The criminalization of behaviors associated with these groups, such as homosexuality, sex work and drug use, further aggravates the situation. Global and local organizations have strived to address these issues by implementing prevention programs and awareness campaigns targeting these groups (NEMES MIB; CASTANHEIRA ERL; MELCHIOR R, ALVES MTSSB; BASO CR, 2004). However, these initiatives often face significant challenges due to lack of funding, government support and cultural barriers. Reducing the spread of HIV/AIDS among marginalized groups requires a holistic and inclusive approach.

It is essential to promote public health policies that include the protection of human rights, combating discrimination and increasing access to quality health services. Only with global cooperation and policies focused on inclusion and equity will it be possible to change the course of the HIV/AIDS epidemic and ensure a healthier future for everyone, regardless of their social status.

In Brazil, black women in the Salvador Metropolitan Region (RMS) represent one of the most vulnerable segments. More than a third of the population of Salvador identifies as black, according to the 2022 census by the Brazilian Institute of Geography and Statistics (IBGE), released this Friday (22). The number corresponds to 34.4% of the population – that is, around 825 thousand of the 2.4 million residents of Salvador. This article analyzes the management of public policies specifically aimed at these women, considering aspects of race, gender and health. This phenomenon can be analyzed through multiple social, economic and public health dimensions that contribute to this specific vulnerability. First, it is important to consider the historical and socioeconomic context.

The insertion of black women into the Bahian labor market has faced significant challenges compared to their non-black counterparts over the past decade. Between 2013 and 2023, we observed that the unemployment rate for black women remained consistently higher, while their incomes remained lower. An analysis of the labor force participation rates of black and non-black women between 2013 and 2023 reveals important nuances regarding gender and racial inequality. For most of this period, black women's labor force participation was slightly higher than that of non-black women, with the notable exception of 2015, when the labor force participation rate for non-black women was 53.4%, compared to 52.5% for black women. In 2013, labor force participation rates were nearly

equivalent: 51% for black women and 50.7% for non-black women. In 2023, both rates fell, but the gap between them became more pronounced, with 48.9% of black women participating in the labor force, compared to 43.4% for non-black women. It is important to note that, although female labor force participation has fluctuated, men have consistently maintained higher levels of labor force participation. In 2013, 73.7% of men were active in the labor market, and even with a drop over the decade, this rate was still 69.1% in 2023. These data highlight not only the persistence of gender inequality, but also the racial differences that affect women's participation in the labor market. The higher participation rate of black women, especially compared to non-black women, may be related to several factors, such as economic need

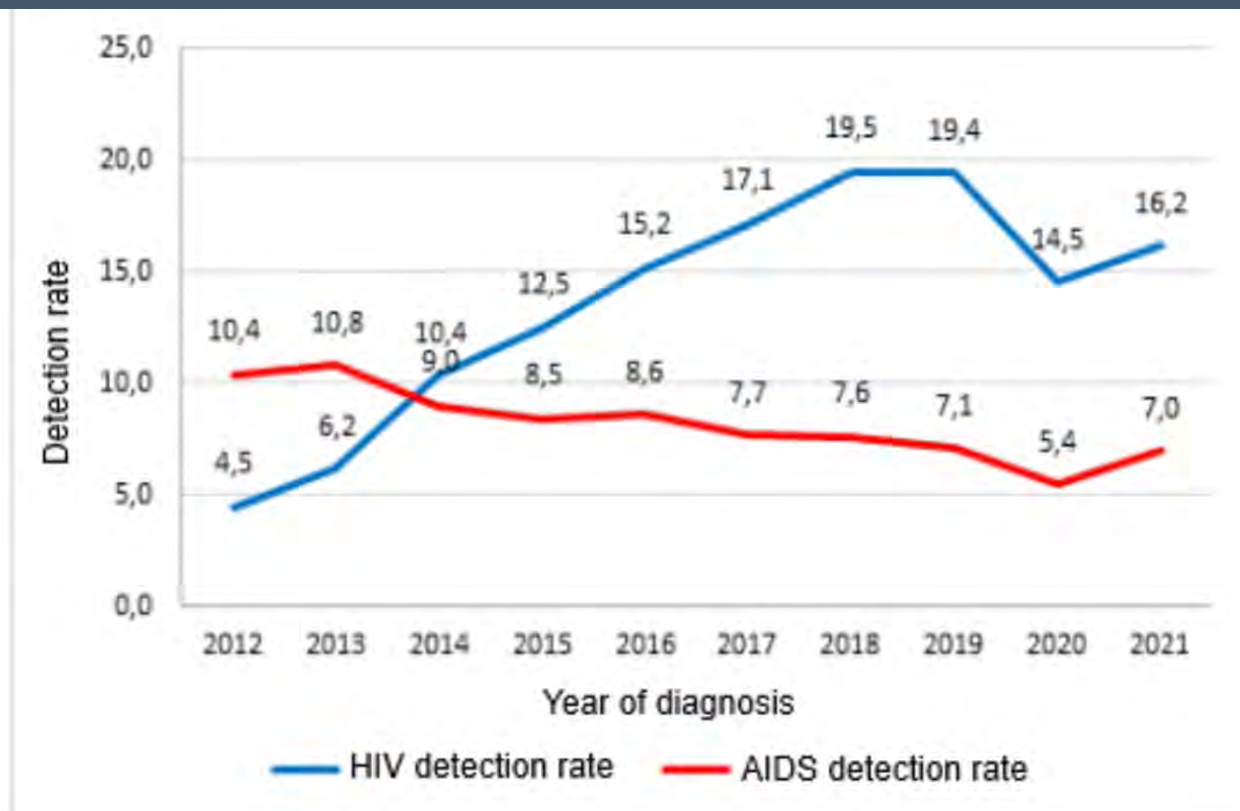
and lack of educational opportunities, which often push these women to enter the labor market under less favorable conditions.

Racial and gender inequality in Brazil is a legacy of centuries of structural discrimination, which manifests itself in worse living conditions, less access to quality education, and limited economic opportunities for black women. This context creates an environment conducive to the spread of HIV, since socioeconomic vulnerability is often associated with precarious housing conditions, lack of access to adequate health services, and greater exposure to situations of violence and sexual exploitation.

In the state of Bahia, 20,253 cases of HIV and 12,282 cases of AIDS were re-

ported. The historical trajectory reveals a significant reversal in the detection rates of HIV and AIDS. Factors that may have contributed to this change in the epidemiological scenario include the decentralization of rapid testing to Primary Care, the mandatory reporting of confirmed HIV cases, and the policy of universal treatment for all people living with HIV. Between 2014 and 2019, there was an exponential increase in the HIV detection rate and a decrease in the AIDS detection rate. This suggests that many HIV cases are being identified and treated early, preventing the progression to AIDS. Expanding access to rapid testing in Primary Care has facilitated the identification of new cases, while mandatory reporting has helped create a more accurate and comprehensive database.

Figure 2 - HIV and AIDS detection rate per 100,000 inhabitants, by year of diagnosis, Bahia, 2012 to 2021

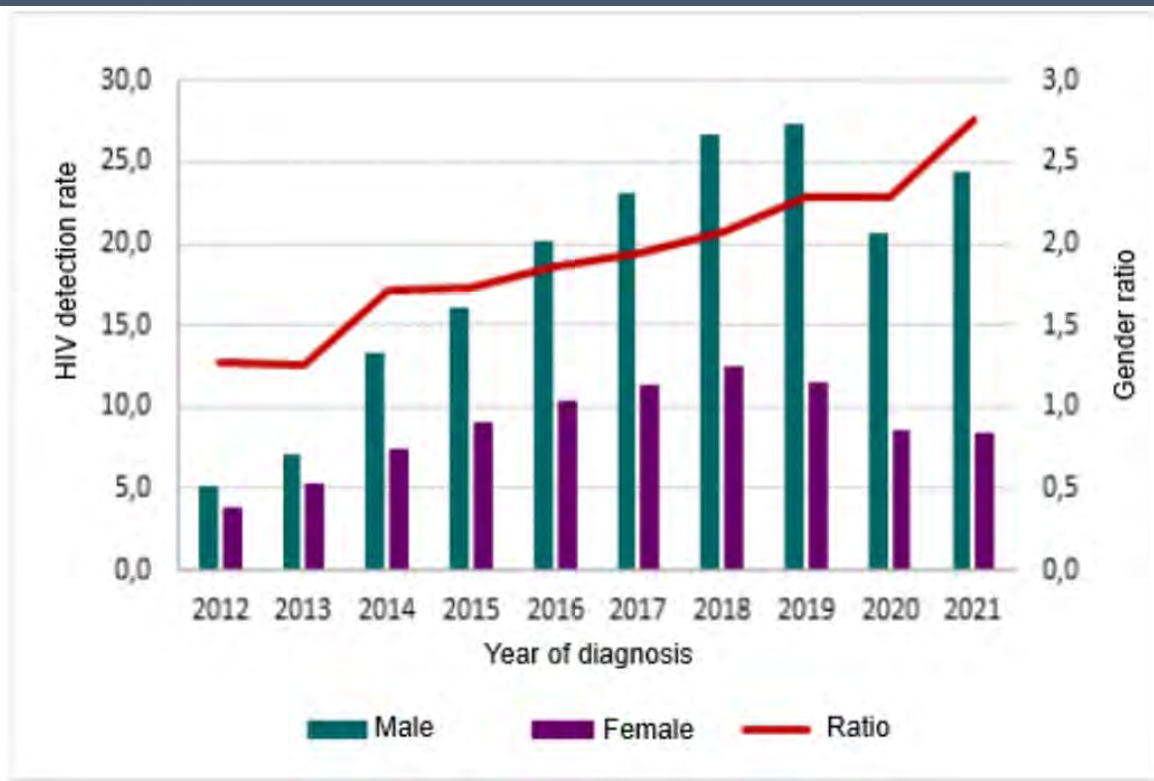


The analysis of the level of education among people living with HIV/AIDS (PLWHA) reveals a predominance of individuals with complete secondary education and incomplete primary education. However, a significant challenge is the high percentage of notification forms without information on education, which prevents a more accurate and in-depth assessment. When cases

are stratified by race/color over a 10-year historical series, it is clear that the majority of individuals infected with HIV are brown, representing on average 51.5% of cases (n=10,474). The black population comes next with 22.6% (n=4,594), while whites correspond to 10% (n=2,033), indigenous people to 0.5% (n=101) and Asians to 0.4% (n=90). A considerable portion of the forms, 15% (n=3,056), do

not have information on race/color, which limits the interpretation of these data. Regarding AIDS cases, the trend remains similar, with the highest concentration of diagnoses among the brown (55.9%) and black (20.4%) populations. These data highlight the need for targeted and more efficient public policies to serve all layers of the affected population equitably.

Figure 3: Gender ratio of HIV case detection rate, Bahia, 2012-2021. Source: Datasus/Tabwin. Accessed on November 1, 2022.



During the period assessed, we can identify that, initially, the detection rate of HIV and AIDS cases between men and women was relatively balanced. In 2012, there was a ratio of 13 HIV cases and 17 AIDS cases in men for every 10 women. However, from 2014 onwards, there was a significant increase in HIV and AIDS notifications among men. This continuous growth culminated in 2021, when the ratio reached an impressive 28 HIV cases in men for every 10 infected women. This significant change in the detection ratio between the sexes suggests specific trans-

mission dynamics that need to be analyzed and addressed to contain the spread of the virus. A significant change was observed in the distribution of HIV and AIDS cases between the male and female sexes. In 2012, the detection rate was relatively balanced, with 13 HIV cases and 17 AIDS cases in men for every 10 women. This ratio demonstrated a difference, but not a very marked one. However, from 2014 onwards, there was a marked increase in notifications among the male population, widening the disparity. By the end of 2021, the ratio reached 28 HIV cases

in men for every 10 women, evidencing a specific increase in the detection of cases among men. These data may reflect changes in risk behaviors, access to health services or specific sociodemographic issues that deserve attention to direct effective public prevention and treatment policies.

When assessing the educational attainment of people living with HIV/AIDS (PLWHA), a direct correlation can be observed with gender and race factors. Studies indicate that PLWHA often face significant educational barriers, reflecting broader social inequalities. With regard

to gender, women living with HIV/AIDS often have lower educational attainment compared to men. This disparity can be attributed to a variety of factors, including early domestic responsibilities, unequal access to educational opportunities, and gender discrimination. In addition, women may be more likely to drop out of

school due to early pregnancy and other cultural and social expectations.

The panorama of AIDS cases in Bahia reflects an unequal distribution, evidencing a disproportionate impact on certain racial and ethnic groups. Recent data indicate that the majority of AIDS cases are concentrated in the brown (55.9%) and

black (20.4%) populations, revealing a worrying trend that requires special attention in terms of public health and prevention policies. Regarding race, the analysis reveals that PLWHA from marginalized racial groups tend to have lower levels of education.

Figure 4: Proportion of HIV cases, by race/color.

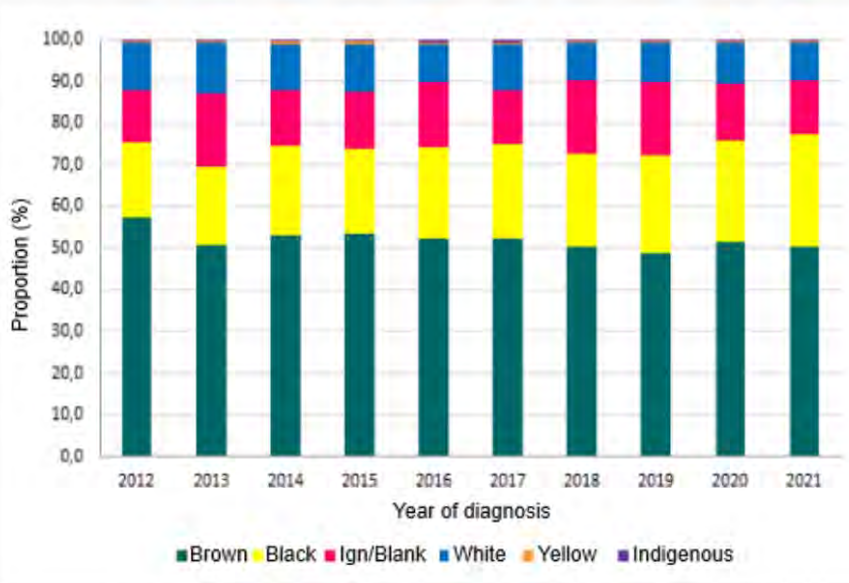
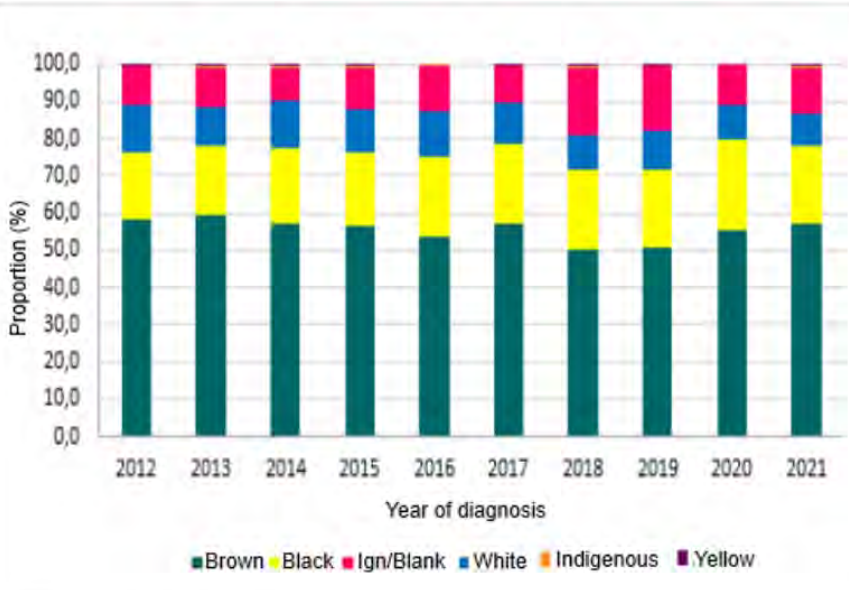


Figure 5: Proportion of AIDS cases, by race/color.



In Brazil, for example, black and brown individuals living with HIV/AIDS often face greater barriers to education. Barriers often begin with racial discrimination and HIV/AIDS-related stigmatization. This dual stigmatization can lead to social isolation, worsening mental health, and poor academic performance. Racial discrimination embedded in educational institutions contributes to the marginalization of these students. This hostile environment

can discourage school attendance and academic engagement. In addition, the health condition requires frequent medical care, which can result in school absences and difficulties in following the curriculum. This reflects a history of structural racism that affects their opportunities from childhood, perpetuating a cycle of socioeconomic and educational disadvantage. The lack of specific support and inclusion programs for these individuals in schools

and universities contributes to the perpetuation of inequalities. Special educational needs and psychological support are rarely adequately addressed. In short, racial barriers, health stigmas, and socioeconomic challenges create an adverse educational environment for black and brown individuals living with HIV/AIDS. Overcoming these difficulties requires a strong commitment to inclusive public policies that are sensitive to the needs of this population.

Figure 6: Education level of HIV cases, Bahia, 2012-2021

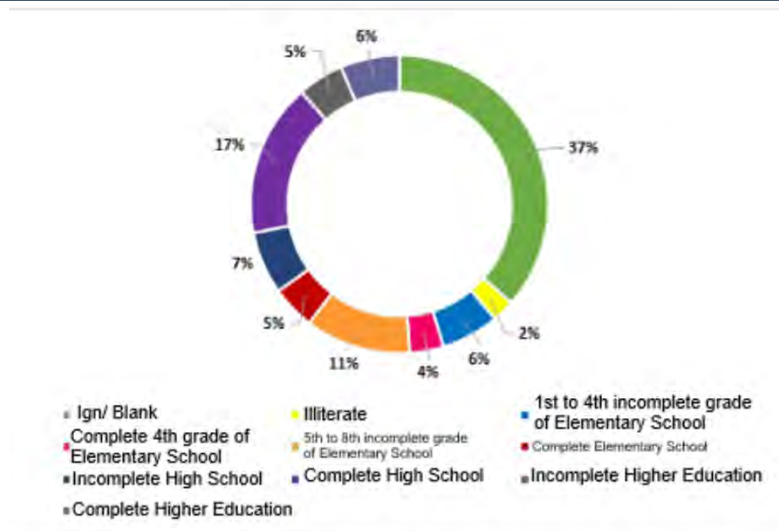
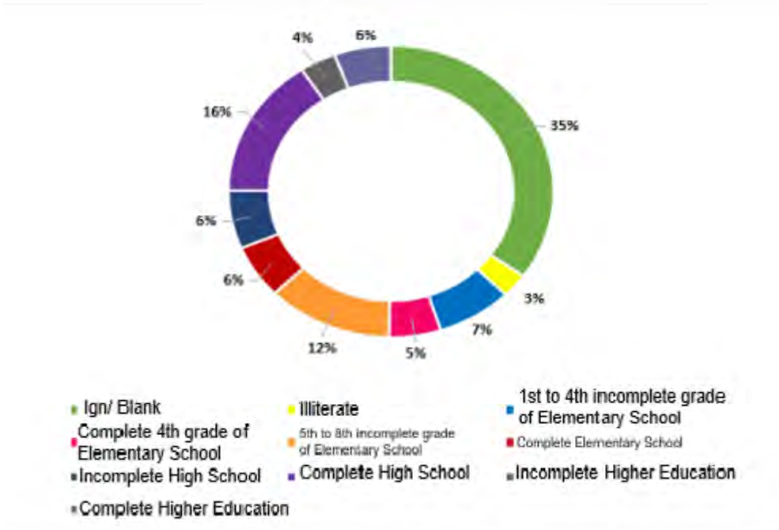


Figure 7: Level of education of AIDS cases, Bahia, 2012-2021.



The rapidly expanding epidemic among black women aged 13 to 34 years old with only primary school education clearly illustrates how socioeconomic inequalities play a crucial role in the incidence of the disease. Factors such as limited access to education, poor health services, and unfavorable economic conditions contribute to this alarming situation. The same pattern is observed among men, highlighting that vulnerability is not restricted to one gender, but rather to a specific social and economic context. Additionally, barriers to accessing health services represent a critical challenge. Black women in the Salvador Metropolitan Region often face racial and gender discrimination in health services, which can result in inadequate treatment, lack of accurate information about HIV prevention and care, and greater difficulty in obtaining early diagnosis and treatment. These institutional barriers exacerbate the impact of HIV/AIDS on this group, hindering effective and sustainable interventions. Another relevant factor is the power dynamics in gender relations, which significantly influences the vulnerability of black women to HIV. In many cases, these women face difficulties in negotiating safe sex practices with their partners, often due to relationships of economic or emotional dependence. The lack of autonomy to make decisions about their sexual health increases the risk of exposure to the virus. In addition, the intersectionality of various forms of oppression – such as racism, sexism and poverty – complicates the issue. Black women in the Salvador Metropolitan Region live at the confluence of these forces, which further amplifies their vulnerability to HIV/AIDS. This is an issue that requires a multidimensional approach, considering the specificities of race, gender and class. To address these challenges, public policies that promote health equity are needed, focusing especially on social inclusion and the empowerment of black women. Prevention and treatment strategies must be culturally sensitive and accessible to these communities. Programs that involve sexual education, as well as the strength-

ening of support and social protection networks, are crucial to mitigate the impact of the epidemic.

The situation of black women in the Salvador Metropolitan Region, in the context of the HIV/AIDS epidemic, is a reflection of multiple interconnected factors that increase their vulnerability. Among these, social, economic and health inequalities stand out, which tend to disproportionately impact this population. First, it is important to consider socioeconomic disparities. Many black women in the region face significant financial hardship, resulting in less access to quality health services. The lack of resources limits these women's ability to seek early diagnosis, adequate treatment and vital information about HIV/AIDS prevention. In addition, structural racism and gender discrimination play a crucial role in perpetuating these inequalities. Black women often face prejudices and stigmas that further hinder their access to health services and prevention programs. Fear of discrimination and judgment can lead to reluctance to seek medical help or participate in HIV/AIDS awareness campaigns. Another relevant factor is insufficient sex education. Many black women do not have access to adequate information about safe practices, contraceptive methods and prevention of sexually transmitted diseases. This contributes to a higher incidence of HIV/AIDS infections among this population, as informed citizens are more likely to adopt preventive behaviors.

Gender-based violence cannot be ignored either. Black women are often victims of sexual and domestic violence, which puts them at greater risk of exposure to HIV/AIDS. The power dynamics in these relationships can make it difficult to use preventive methods, such as condoms, and increase the chances of infection. Therefore, to address the HIV/AIDS epidemic among black women in the Salvador Metropolitan Region, it is necessary to adopt a multidimensional approach. It is essential to implement inclusive public policies, promote education and awareness, and combat racial and gen-

der discrimination that still persist in society. Only in this way will it be possible to reduce vulnerability and ensure a healthier and more equitable future for all.

VULNERABILITY OF BLACK WOMEN WITH HIV/AIDS

Black women are disproportionately affected by HIV/AIDS due to a combination of structural factors. The vulnerability of black women to HIV/AIDS is a complex and multifaceted problem, the roots of which are intertwined by a series of structural, social and economic factors (LOPEZ, 2011). These women face a higher risk of contracting the virus compared to other groups, resulting from an intersection of racism, gender inequality, poverty and lack of adequate access to health services. First, structural racism plays a fundamental role in the vulnerability of black women. This type of systematic discrimination permeates several institutions, including education, the labor market and the health system. The constant presence of racism limits the life opportunities of these women, placing them in situations of greater vulnerability and risk. For example, the difficulty in accessing quality education and good employment opportunities often results in precarious living conditions, which can facilitate the transmission of HIV. Furthermore, gender inequality further exacerbates this vulnerability (ALBUQUERQUE, V. S.; MOÇO, E. T. S. M.; BATISTA, C. M, 2011). Black women are often in unequal relationships where they have less power to negotiate condom use or to refuse risky sexual practices. These women may also face domestic violence, which not only contributes to their risk of contracting HIV but also limits their options for seeking health care and support.

Poverty is another crucial factor that contributes to the vulnerability of black women to HIV/AIDS. Lack of financial resources can limit access to adequate medical care, including HIV testing and treatment. In addition, poverty often forces women to adopt survival practices that

can increase their risk of exposure to the virus, such as sex work or other forms of informal and unsafe economic activities (ALBUQUERQUE, V. S.; MOÇO, E. T. S. M.; BATISTA, C. M., 2011). The lack of adequate access to health services is another layer in this complex web of vulnerability. Black women often have less access to information about HIV prevention, testing, and effective treatments. When these women are able to access the health system, they often face racial discrimination and sexism from health professionals, which can discourage them from seeking or continuing treatment. In short, the vulnerability of black women to HIV/AIDS is a reflection of deep and intertwined structural issues. The combination of racism, gender inequality, poverty, and inadequate access to health care creates a scenario in which these women are disproportionately at risk. Combating this epidemic among Black women requires approaches that consider these multiple inequalities and work to eliminate them in a systemic and integrated way. The main factors that contribute to the vulnerability of black women with HIV/AIDS include:

Socioeconomic Inequality: Poverty limits access to quality health care and preventive information, increasing the risk of HIV infection. Socioeconomic inequality is a multifaceted phenomenon that has a profound and pervasive impact on people's lives, especially with regard to health. Poverty, in particular, plays a crucial role in limiting access to quality health care and preventive information, creating an environment conducive to the spread of diseases such as HIV. First, it is essential to recognize that individuals in situations of poverty often face significant barriers to accessing health services (BASTOS, F. I.; SZWARCOWALD, C. L., 2000). Clinics and hospitals may be located far away from poor communities, and the cost of transportation can be prohibitive. Furthermore, even when these services are accessible, the direct cost of treatment,

medication, and medical consultations may be beyond the reach of many, forcing them to prioritize other basic needs, such as food and housing. This financial limitation not only prevents access to adequate treatment but also to early diagnosis, which is crucial in the case of HIV. Without early diagnosis, the virus can spread unchecked, increasing the chances of transmission and long-term health complications. In addition, lack of access to antiretroviral treatments can result in a more rapid progression of the disease, further compromising an individual's health and ability to maintain a livelihood. Poverty also restricts access to preventive information. Awareness campaigns about HIV and other infectious diseases are often less effective in areas where literacy levels are low or where educational resources are scarce. Lack of access to the internet and other modern means of communication also limits the dissemination of vital information about prevention and treatment. This creates a cycle of misinformation and vulnerability that is difficult to break. Furthermore, the stigma associated with HIV in many communities can be exacerbated by lack of information, leading to social isolation and discrimination of affected individuals (BASTOS, F. I.; SZWARCOWALD, C. L., 2000). This stigma can discourage people from seeking diagnosis and treatment, perpetuating the transmission of the virus. It is therefore crucial that public policies and social interventions are targeted at these vulnerable communities. Investing in health infrastructure, effective educational campaigns and economic support programs can significantly improve quality of life and reduce the spread of HIV among the poorest populations. Only through a concerted and sustainable effort can we mitigate the devastating effects of socioeconomic inequality on public health and promote a fairer and healthier future for all.

Institutional Racism: Racial discrimination in the health system results

in inadequate care and stigmatization. Institutional racism is a practice that manifests itself systemically in numerous institutions, including the health system. This form of racial discrimination is particularly harmful because it affects individuals in an insidious manner, resulting in inadequate care and perpetuating stigmatizations within society. For black women, the effects of institutional racism in the health system are pronounced (CARNEIRO, 2003). They often face differential treatment that may be less attentive or of lower quality compared to other patients. This phenomenon is especially serious in the context of stigmatized diseases, such as HIV/AIDS. Due to racial biases and a historical stigma associated with these conditions, black women may encounter significant barriers when seeking appropriate treatment. Health professionals, consciously or unconsciously, may fail to provide the same level of care and compassion, which has a harmful impact on the physical and mental well-being of these patients (GARCIA, S.; SOUZA, F. M., 2010). Stigmatization not only dehumanizes, but also contributes to worsening health conditions. Black women living with HIV/AIDS may avoid seeking help due to fear of stigma and discrimination, leading to a deterioration in their health. This distrust in the health system is fueled by lived and witnessed experiences of racism, creating a continuous cycle of inequality and marginalization. Furthermore, institutional racism affects public health policies and resource allocation. Predominantly Black and peripheral areas often receive less investment in health infrastructure, which limits access to essential services. This reinforces health inequalities, resulting in higher rates of morbidity and mortality among Black women (LOPEZ, L. C., 2011). To combat this problem, it is crucial to implement inclusive health policies and anti-racism training for health professionals. Awareness and education about the impacts of racism in medical settings are fundamental

steps to creating an equitable health system. Only in this way will it be possible to ensure that all women receive the fair and efficient care they deserve.

Gender Violence: Domestic and sexual violence contribute to increased exposure to HIV, in addition to hindering access to treatment and support. Gender-based violence is a multifaceted phenomenon that profoundly affects the health and well-being of women, especially black women. One of the most serious consequences of this violence is increased exposure to HIV, in addition to compromised access to treatment and support for victims of domestic and sexual violence. The relationship between gender-based violence and HIV infection is complex and manifests itself in several ways. Women who are victims of sexual violence are at increased risk of contracting HIV due to lack of control over sexual activity, reduced ability to negotiate condom use, and injuries that can facilitate transmission of the virus. In addition, domestic violence can lead to unequal power dynamics, where women have little or no decision-making power over their sexual and reproductive health. For black women, this situation is even more critical due to the intersections of race and gender that intensify vulnerabilities (KALCKMANN, S, 2007). They often face additional barriers to accessing health care, such as racial discrimination, low income, and lower levels of education. This disadvantaged socioeconomic context contributes to a lower likelihood of seeking and accessing appropriate HIV treatment. Fear of stigma and discrimination can also prevent these women from seeking help, further worsening their health situation. Gender-based violence not only contributes to greater exposure to HIV, but also makes ongoing treatment difficult. Women living in contexts of domestic violence may have difficulty adhering to antiretroviral treatment due to control exerted by the abusive partner, frequent travel due

to the need to escape the aggressor, or fear of reprisals for seeking medical help (AYRES, J. C. R. M, 2003). The mental health of these women is also often compromised, which can negatively impact treatment adherence. To mitigate these impacts, public policies that integrate health and human rights approaches are needed, addressing both the prevention of gender-based violence and support for women already affected. Specific programs aimed at educating about HIV and promoting women's empowerment are essential. In addition, it is essential to strengthen health services so that they are welcoming and free from discrimination, ensuring that black women have equal access to testing, treatment and psychological support. In this sense, it is essential that society as a whole, including governments, non-governmental organizations and communities, work in an integrated manner to break the cycle of violence and vulnerability. Only then will it be possible to ensure that all women, regardless of their race or social status, have a safe and healthy life, free from gender-based violence and HIV/AIDS.

CONCLUSION

The analysis of the vulnerability of black women living with HIV/AIDS in the Salvador Metropolitan Region reveals a complex intersection of social, economic and racial factors that require a holistic approach in public policies. First, it is imperative to recognize that the structural inequalities faced by this population are not limited to health issues, but encompass education, employment, housing and access to basic services, which together aggravate the situation of these women.

Black women living with HIV/AIDS in the Salvador Metropolitan Region face a unique combination of challenges that highlight their vulnerability and reveal gaps in public health policies. The intersectionality of gender, race and health status amplifies stigma and discrimination, making a multidimension-

al approach essential to address these issues. First, there is a clear need for public policies that not only recognize but also directly address the specificities of black women living with HIV/AIDS. This includes implementing education and awareness programs that challenge racial and gender stereotypes, promote acceptance, and reduce the social stigma associated with the disease. By including race in prevention, diagnosis, and treatment campaigns, it can be ensured that these women receive the appropriate and respectful care they deserve.

Data show that the prevalence of HIV/AIDS among Black women is significantly influenced by structural racism, which perpetuates inequalities and social marginalization. Lack of access to adequate educational resources and employment opportunities limits their ability to make informed decisions and seek appropriate treatment. In addition, discriminatory practices in health services often result in inadequate care, lack of follow-up and insufficient psychological support.

Additionally, training healthcare professionals is essential. Ongoing training on cultural sensitivity, implicit bias, and anti-discrimination practices can significantly improve the quality of care provided. Well-informed and empathetic healthcare professionals are essential to creating a welcoming environment where Black women can seek and adhere to treatment without fear of judgment or discrimination.

From a policy perspective, it is crucial to invest sustainably and in a targeted manner in public health, particularly in underserved areas such as the Salvador Metropolitan Region. This includes building adequate infrastructure, ensuring access to essential medicines, and implementing policies that promote equality in care. In addition to promoting physical health, these measures can contribute to improving the mental health and social well-being of affected women.

The active participation of Black

women in all phases of health policy development is equally crucial. Their inclusion in decision-making processes not only legitimizes the resulting policies, but also ensures that their needs and perspectives are fully considered. Creating spaces for dialogue and consultation, as well as the formation of advisory committees made up of Black women, can be an important step in this direction.

In summary, the vulnerability of black women living with HIV/AIDS in the Salvador Metropolitan Region demands a robust and well-articulated public policy response. It is imperative to recognize and address the intersections of oppression they face, ensuring that health policies are inclusive, sensitive, and appropriate to their specific realities. Only through a holistic and equitable approach will it be possible to promote a more just and accessible health environment for these women.

To mitigate these challenges, public policy management must adopt intersectoral strategies that consider gender and race specificities. Sexual and reproductive education programs should be implemented with a focus on raising awareness among these women, promoting greater understanding and prevention of the disease. In parallel, health services should be improved to guarantee humane, culturally sensitive and accessible treatment, ensuring that all women receive the necessary care in a continuous and comprehensive manner. In addition, it is crucial that public policies promote the economic and social inclusion of black women, creating employment opportunities and strengthening community support networks. The integration of these strategies can enhance the resilience of these women, providing them with the necessary tools to not only live with HIV/AIDS, but to thrive despite the virus.

Finally, it is essential that governments and civil society organizations continue to commit to promoting racial and gender equality, actively combating all forms of discrimination that contribute to the vulnerability of these women. Only through a comprehensive and committed approach will it be possible to reverse the current situation and ensure justice and equity for black women living with HIV/AIDS in the Salvador Metropolitan Region. These considerations express the urgent need for public policy management that is informed and guided by the reality experienced by these women, with a view to promoting a fairer and healthier future for all.

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