

Young People and HIV

A Changing Epidemic Calls For A Realistic Approach To Prevention

Young people in the United States continue to be at risk for HIV and AIDS. At the end of 2008, in 37 states and five U.S. dependent areas with confidential name-based HIV infection surveillance, 25,036 young people ages 13-24 were living with HIV, comprising sixteen percent of persons aged 13-24 at diagnosis.³ But experts believe young people may suffer from up to 30 percent of all cases of HIV in the United States.[2] Youth of color and young men who have sex with men continue to be most at risk. It is important to promote programs that help young people lessen risky sexual behaviors by encouraging condom use, delay in sexual initiation, partner reduction, and early HIV testing and treatment. But research has shown that even when risk factors are equal, minority youth are more at risk for HIV. As such it is essential that research and resources be directed toward addressing the underlying social forces that contribute to these disparities and that policies and programs promote structural and social changes to ameliorate these factors.

HIV AMONG YOUNG PEOPLE 13-24 IN THE UNITED STATES: RACIAL AND SEXUAL MINORITY YOUTH ARE AT GREATLY DISPROPORTIONATE RISK

- From 2004-2007, 72 percent of HIV/AIDS diagnoses in young people aged 13-24 were in males, and 28 percent were in females. The majority of HIV/AIDS cases diagnosed among young men were attributed to male-to-male sexual contact. High-risk heterosexual contact attributed to the majority of HIV/AIDS cases diagnosed among young women.³
- In 2007, African Americans/blacks and Latinos/Hispanics accounted for 87 percent of all new HIV infections among 13- to 19-year-olds and 79 percent of HIV infections among 20- to 24-year-olds in the United States even though, together, they represent only about 32 percent of people these ages. Asian and Pacific Islanders (APIs) and American Indians and Alaska Natives account for about one percent of new HIV infections among young people ages 13-24.
- Young women of color suffer disproportionate rates - in 2007, African American/black and Latinas/Hispanics women accounted for 82 percent of new infections in 13- to 24-year-old women in the United States, even though, together, they represent only about 26 percent of U.S. women these ages. In addition, African American/black

women account for 62 percent and Latinas for 19 percent of cumulative AIDS cases among women ages 13-24.⁴

- Most young men who have HIV acquired it through male-to-male sexual contact, and the risk is increasing for young men who have sex with men (MSM). Between 2004 and 2007, HIV/AIDS cases among young men ages 13-24 who have sex with men increased across all ethnic groups, with young African American/black men most greatly affected.⁵
 - From 2004-2007, 87 percent of HIV/AIDS cases among young men ages 13-19 and 83 percent of HIV/AIDS cases among young men ages 20-24 were attributed to male-to-male sexual contact.³
 - Sixty-two percent of HIV/AIDS infections among young men who have sex with men were in African Americans/blacks; 17 percent in Latinos/Hispanics; and 19 percent in whites.⁵
 - From 2001-2005, cases of HIV/AIDS among young African American/black men ages 13-24 who have sex with men increased by 70 percent.⁵

SEXUAL RISK BEHAVIORS PUT MANY YOUNG PEOPLE IN DANGER

- From 1991 - 2009, the percentage of high school students reporting that they had ever had sexual intercourse decreased from 54.1 percent to 46 percent. In 2009, 24.0 percent of Asian, 42.0 percent of white, 47.9 percent of Native Hawaiian or other Pacific Islander, 49.1 percent of Latino/Hispanic, 59.4 percent of American Indian/Alaskan Native, and 65.2 percent of black students reported that they had ever had sexual intercourse.⁶
- In 2009, the percentage of high school students reporting that they had sexual intercourse with four or more people during their life was highest among black students (28.6 percent) and American Indian/Alaskan Native students (23.4 percent). Eighteen percent (18.4 percent) of Native Hawaiian or other Pacific Islander, 14.2 percent of Latino/Hispanic students, 10.5 percent of white students, and 5.2 percent of Asian students reported having four or more partners.⁶

THE FACTS

Research has shown that many young people are not concerned about becoming infected with HIV. In addition, young people experience many barriers to HIV testing and are more likely than other population groups to not get tested for HIV.

- Among sexually active high school students in 2009, 61.1 percent reported using a condom at most recent sex. Male students were significantly more likely to report condom use than female students (68.6 percent versus 53.9 percent, respectively). The prevalence of having used a condom was during most recent sex was higher among white students (63.3 percent) and black students (62.4 percent) than Latino/Hispanic students (54.9 percent).⁶
- Research has shown that many young people are not concerned about becoming infected with HIV.^{7,8} In addition, young people experience many barriers to HIV testing and are more likely than other population groups to not get tested for HIV.^{9,10}
- In addition, many young people are unaware of their HIV status. Nationwide, only 13 percent of high school students have been tested for HIV. The prevalence of HIV testing was higher among black high school students (22 percent) than Latino/Hispanic (13 percent) and white (11 percent) students.¹¹ In 2006, 16 percent of young adults 18-24 reported that they had been tested for HIV in the past 12 months.¹² A study in six major cities found that among 15- to 22-year-old MSM in the United States, about three quarters of those testing positive for HIV were unaware they had the virus, and black MSM had nearly seven times greater odds of having unrecognized HIV infection as white men.¹³
- Concurrent partnerships (multiple simultaneous sexual relationships or sexual relationships that overlap in time) put many young people at greater risk for HIV infection.¹⁴

FACTORS WHICH CONTRIBUTE TO UNEQUAL RISK FOR HIV/AIDS

- Increasingly, scientists recognize sexual networks, or connections between people living in

the same community, as a driving force behind the HIV epidemic, especially for African Americans. Young people living in communities with high HIV prevalence are more at risk for HIV even if risk behaviors are the same as young people living in a community with lower HIV prevalence.^{15, 16, 17, 18}

- Dating violence and sexual assault play a role in HIV transmission. Twenty percent of youth report experiencing dating violence. Women who experience dating violence are less likely to use condoms and feel more uncomfortable negotiating condom use. In one study, half of girls who reported HIV or sexually transmitted infections (STIs) had been physically or sexually abused.^{19, 20, 21, 22}
- A study among black women in the South, a region with unusually high rates of HIV, concluded that socioeconomic factors, including financial dependence on male partners, feeling invincible, and low self-esteem, place young black women at risk for HIV/AIDS.²³
- Having an STI (sexually transmitted infection) puts youth more at risk for HIV.²⁴ Almost half of the U.S.'s over 19 million STI infections each year occur in youth ages 15-24.²⁵ A recent study found that one in four young women ages 15-19 has an STI.²⁶ Young people of color experience STIs in greater numbers than White youth - African American and Hispanic Latino youth constituted 68 percent of Chlamydia cases among young people ages 15-24 and 82 percent of gonorrhea cases among young people ages 15-24 even though they make up only 30 percent of the population.²⁷

EFFECTIVE STRATEGIES FOR HIV PREVENTION AMONG YOUNG PEOPLE

No single strategy will work to reduce HIV/AIDS infection among young people. However, research has shown that culturally competent, honest programs, that include information about abstinence, contraception, and condoms, can be effective in helping youth reduce risk behaviors.^{28,29} In addition, open and honest parent-child communication about HIV and its prevention can aid youth in making good decisions.^{30,31} Finally, resources must be directed at understanding the epidemic's impact on youth; at remedying the socioeconomic disparities which contribute to the epidemic; and at developing and testing a vaccine.

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MISSION

Established in 1980 as the Center for Population Options, Advocates for Youth champions efforts to help young people make informed and responsible decisions about their reproductive and sexual health. Advocates believes it can best serve the field by boldly advocating for a more positive and realistic approach to adolescent sexual health.

OUR VISION: THE 3RS

Advocates for Youth envisions a society that views sexuality as normal and healthy and treats young people as a valuable resource.

The core values of Rights. Respect. Responsibility.® (3Rs) animate this vision:

RIGHTS: Youth have the right to accurate and complete sexual health information, confidential reproductive and sexual health services, and a secure stake in the future.

RESPECT: Youth deserve respect. Valuing young people means involving them in the design, implementation and evaluation of programs and policies that affect their health and well-being.

RESPONSIBILITY: Society has the responsibility to provide young people with the tools they need to safeguard their sexual health, and young people have the responsibility to protect themselves from too-early childbearing and sexually transmitted infections (STIs), including HIV.

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