

Adolescents and HIV/AIDS

In the United States, half of all new HIV infections occur in people under age 25; one-fourth in people under the age of 21.¹ Each year U.S. youth under age 20 experience nearly four million sexually transmitted infections (STIs)—including herpes, human papillomavirus (HPV), chlamydia, gonorrhea, and HIV.² Although declining rates of vaginal intercourse and increased condom use among sexually experienced youth sound hopeful notes, the increasing HIV epidemic among youth of color—especially young women—and among young men who have sex with men (YMSM) underscores the need for more focused, gender sensitive, and culturally appropriate prevention programs that will build youth’s skills, enhance self-esteem, and promote positive behavior change.

HIV/AIDS among Youth Ages 13 to 24 in the United States

- Because many sexually experienced teens have not been tested for HIV, the actual number of teens living with HIV infection is estimated to be much higher than the *reported* number (6,587).^{3,4}
- Among youth age 13 to 19, 57 percent of reported HIV infections occurred among young women and 43 percent among young men; 66 percent among non-Hispanic, black youth; 24 percent among non-Hispanic white teens; and eight percent among Latino teens. Asian and native American teens together accounted for less than .009 percent of reported cases in this age group.³
- Among youth ages 20 to 24, 64 percent of reported HIV infections occurred among young men and 36 percent among young women; 53 percent among non-Hispanic black youth; 35 percent among non-Hispanic whites; and 10 percent among Latino young adults. Asian and native American youth together accounted for just over one percent of reported HIV infections in this age group.³
- Of HIV infection cases reported in 2001 among men ages 13 to 19, 46 percent occurred in YMSM. Five percent of infected young men acquired HIV through heterosexual contact. Of HIV infection cases reported among women ages 13 to 19, 37 percent were acquired heterosexually. Risk factors were not identified for 44 percent of infected male teens and 57 percent of infected female teens.³
- Of HIV infection cases reported in 2001 among men ages 20 to 24, 49 percent occurred in YMSM. Six percent of infected young men acquired HIV through heterosexual contact. Among young women the same age, 32 percent acquired HIV infection through heterosexual contact. Risk factors were not identified for 38 percent of cases among males and 62 percent among females this age.³
- Through 2001, African Americans and Latinas accounted for 84 percent of cumulative AIDS cases among women ages 13 to 19 and 78 percent of cases among women ages 20 to 24.³
- Through 2001, African Americans and Latinos accounted for 62 percent of cumulative AIDS cases among men ages 13 to 19 and 60 percent of cases among men ages 20 to 24.³

Risk Behaviors Decline Unequally among U.S. Youth.

- The percentage of U.S. high school students reporting that they ever had sexual intercourse decreased significantly between 1991 (54 percent) and 2001 (46 percent). The decline was most marked among African American youth (82 to 61 percent) and was also greater among white students (50 to 43 percent) than among Latino youth (53 to 48 percent).^{5,6}
- Among currently sexually active students in 2001, 58 percent overall reported using a condom at most recent sex, up from 46 percent in 1991. Male students were significantly more likely to report condom use than female students (65 versus 51 percent, respectively). Black students (67 percent) were significantly more likely than white or Latino students (57 and 54 percent, respectively) to report condom use. This significant racial/ethnic difference held for both male and female students.⁵

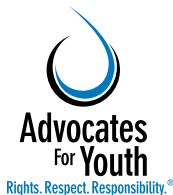
- In a new study, 93 percent of HIV-infected black YMSM were unaware of their infection. Seventy-one percent of those with unrecognized HIV infection said it was very unlikely that they were infected; 42 percent believed there was little chance they would ever be infected; and 37 percent had unprotected anal intercourse in the previous six months.⁷
- In another study, only 18 percent of HIV-infected YMSM were aware of their HIV status,⁸ a finding more common among the black (91 percent) than among the white (60 percent) HIV-infected YMSM.^{7,8}
- Research suggests that adolescents rarely use condoms or other barriers during oral sex since many consider it to be either “safer sex” or abstinence.⁹ Many Americans, including youth, may not understand that HIV, HPV, herpes simplex, hepatitis B and C, gonorrhea, syphilis, and chlamydia can be transmitted during unprotected oral intercourse.⁹
- While racial-ethnic identity and socio-economic status do not determine HIV infection, structural racism within the United States that leads to greater likelihood of poverty and drug use in minority, urban communities creates an environment of high risk for many African American and Latino women.¹⁰
- Consistent condom use among Latinos may be hampered by cultural attitudes about gender roles, including *machismo*, which demands that women be submissive and that men be sexually experienced.^{10,11}

Effective Strategies May Prevent HIV and Other STIs.

- According to the Centers for Disease Control and Prevention, “For people who are having sexual intercourse, condoms have been the surest way to prevent transmission of HIV and other sexually transmitted diseases. When used correctly and consistently, condoms provide an effective barrier, blocking the pathway of the HIV virus during sexual activities. Analysis of studies conducted by the National Institutes of Health found an 85 percent decrease in risk of HIV transmission among consistent users of condoms.”¹³
- Other important factors associated with reducing sexual risk behaviors include:
 - Gender-specific information and services that address young women’s needs and pay attention to their less than equal power status in many relationships^{10,13}
 - Culturally appropriate interventions^{10,14}
 - Interventions that enhance self-esteem, address depression and substance use, and give youth hope for their own future¹⁵
 - Teens’ access to condoms and other contraceptive services¹⁶
 - School-based programs that focus on abstinence *and* provide information on protection¹⁷
 - High levels of connection between parents and youth¹⁸
 - Teens’ receiving warmth, love, and caring from their parents¹⁸
 - Parents’ clearly expressed disapproval of teen sex¹⁸
 - Parent-child discussions about using condoms¹⁹
 - Interventions that are interesting, fun, interactive, and involve youth in both their planning and their operation.¹⁵

References

- 1 Office of National AIDS Policy. *Youth and HIV/AIDS 2000: A New American Agenda*. Washington, DC: White House, 2000.
- 2 American Social Health Association. *Sexually Transmitted Diseases in America: How Many Cases and at What Cost?* Menlo Park, CA: Kaiser Family Foundation, 1998.
- 3 Centers for Disease Control & Prevention (CDC). *HIV/AIDS Surveillance Report* 2002; 13(2):1-44.
- 4 National Institute of Allergy & Infectious Diseases. *HIV Infection in Adolescents: Fact Sheet*. Rockville, MD: National Institutes of Health, 2002.
- 5 Grunbaum JA *et al*. Youth risk behavior surveillance, United States 2001. *Morbidity & Mortality Weekly Report Surveillance Summaries* 2002; 51(SS-4):1-78.
- 6 Kann L *et al*. Results from the national school-based 1991 youth risk behavior survey and progress toward achieving related health objectives for the nation. *Public Health Reports* 1993; 108(Sup #1):47-55.
- 7 CDC. Unrecognized HIV infection, risk behaviors, and perceptions of risk among young black men who have sex with men, six U.S. cities, 1994-1998. *Morbidity & Mortality Weekly Report* 2002; 51:733-36.
- 8 Valleroy LA *et al*. HIV prevalence and associated risks in young men who have sex with men. *JAMA* 2000; 284:198-204.
- 9 Remez L. Oral sex among adolescents: is it sex or is it abstinence? *Fam Plann Perspect* 2000; 32:298-304.
- 10 Weeks RM *et al*. AIDS prevention for African American and Latina women: building culturally and gender-appropriate interventions. *AIDS Educ Prev* 1995; 7:251-63.
- 11 Villaruel AM. Cultural influences on the sexual attitudes, beliefs and norms of young Latina adolescents. *J Society Pediatric Nurses* 1998; 3:69-81.
- 12 CDC. *HIV Prevention Saves Lives*. Atlanta, GA: The Centers, 2002.
- 13 CDC. *HIV/AIDS among US Women: Minority and Young Women at Continuing Risk*. Atlanta, GA: The Centers, 2002.
- 14 National Institutes of Health. *Interventions to Prevent HIV Risk Behaviors*. [Consensus Development Conference Statement] Bethesda, MD: The Institutes, 1997.
- 15 University of California at San Francisco Center for AIDS Prevention Studies. *What Are Adolescents’ HIV Prevention Needs?* San Francisco, CA: The Center, 1999.
- 16 Eng TR, Butler WT, ed. *The Hidden Epidemic: Confronting Sexually Transmitted Diseases*. Washington, DC: National Academy Press, 1997.
- 17 CDC. *Young People at Risk: HIV/AIDS among America’s Youth*. Atlanta, GA: The Centers, 2002.
- 18 Resnick MD *et al*. Protecting adolescents from harm: findings from the national longitudinal study on adolescent health. *JAMA* 1997; 278:823-32.
- 19 Miller KS *et al*. Patterns of condom use among adolescents: the impact of mother-adolescent communication. *Am J Public Health* 1998; 88:1542-44.



Written by Nahnahsha Deas

January 2003 © Advocates for Youth

2000 M Street, NW, Suite 750 • Washington, DC 20036 USA • Phone: 202.419.3420 • Fax: 202.419.1448 • www.advocatesforyouth.org