Young People and HIV in the United States
Most Youth Are Taking Precautions Against HIV, But Many Remain Vulnerable

Young people in the United States continue to be at risk for HIV and AIDS. At the end of 2009, in 46 states and five U.S. dependent areas with confidential name-based HIV infection surveillance, 80,461 young people ages 13-29 were living with HIV, comprising ten percent of all people living with HIV.¹ Thirty-nine percent of all new HIV cases are among young people ages 13-29, and from 2007-2010, ages 15-19 and 20-24 were the only age groups to experience an increase in the rate of diagnoses of HIV infection.¹,² 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 behaviors 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 determinants that contribute to these disparities and that policies and programs promote structural and social-economical 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

- In 2010, 77 percent of HIV/AIDS diagnoses in young people aged under age 25 were in males, and 23 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 2010, African Americans/blacks and Latinos/Hispanics accounted for 84 percent of all new HIV infections among 13- to 19-year-olds and 76 percent of HIV infections among 20- to 24-year-olds in the United States even though, together, they represent only about 35 percent of people these ages. Asian and Pacific Islanders (APIs) and American Indians and Alaska Natives each account for about one percent of new HIV infections among young people ages 13-24.³

- Young women of color suffer disproportionate rates. At the end of 2010, African American/black and Latinas/Hispanic women accounted for 82 percent young women ages 13- to 24-year-old living with HIV in the United States, even though, together, they represent only about 30 percent of U.S. women these ages.³

MOST YOUTH ARE TAKING PRECAUTIONS AGAINST HIV, BUT MANY REMAIN AT RISK

- 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 2006 and 2009, 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.
  - From 2007-2010, 89 percent of HIV/AIDS cases among young men ages 13-24 were attributed to male-to-male sexual contact.⁴
  - Fifty-eight percent of HIV/AIDS infections among young men who have sex with men were in African Americans/blacks; 20 percent in Latinos/Hispanics; and 19 percent in whites.⁴
  - From 2007-2010, cases of HIV/AIDS among young African American/black men ages 13-24 who have sex with men increased by 48 percent. Diagnoses of HIV also increased among white and Hispanic men who have sex with men, but less sharply.⁴

- From 1991 – 2011, the percentage of high school students reporting that they had ever had sexual intercourse decreased from 54.1 percent to 47.4 percent. In 2011, 29.6 percent of Asian, 44.3 percent of white, 53.6 percent of Native Hawaiian or other Pacific Islander, 68.6 percent of Latino/Hispanic, 69.0 percent of American Indian/Alaskan Native, and 60.0 percent of black students reported that they had ever had sexual intercourse.⁵

- Among sexually active high school students in 2009, 68.3 percent reported using a condom at most recent sex: 56.8 percent of female students and 75.4 percent of male students. 75.4 percent of African American youth reported using a condom at last intercourse compared to 66.3 percent of white students and 63.4 percent of Hispanic students.⁵

- In general, HIV risk behavior is low among young adults but more common than among older adults. Among young people ages 15-24, between 2006-2010, 10.7 percent of women and 11.9 percent of men reported any HIV risk behavior (sexual behavior or drug use behavior) in the past 12 months. By comparison, among those ages 25-44, 6.6 percent of women and 9.6 percent of men reported such behaviors.⁶

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From 2007-2010, young people ages 15-19 and 20-24 the only age groups for which the rate of new HIV diagnoses increased.

- Many young people, even those with high-risk behaviors for HIV, have never had an HIV test and are unaware of their HIV status.7
- Nationwide, only 22.6 percent of sexually active high school students have ever been tested for HIV.7 The prevalence of HIV testing was higher among black high school students (28.8 percent) than Latino/Hispanic (21.5 percent) and white (21.4 percent) students.9
- In 2006, just 16 percent of young adults 18-24 reported that they had been tested for HIV in the past 12 months.8
- 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.9
- Two and a half percent of HIV infections among young people ages 13-24 are due to injection drug use.3

FACTORS WHICH CONTRIBUTE TO UNEQUAL RISK FOR HIV/AIDS

- Young people living in communities with high HIV prevalence, which includes many African American communities, are more at risk for HIV even if risk behaviors are the same as young people living in a community with lower HIV prevalence.10, 11, 12
- 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.13, 14
- A study among African American 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 African American women at risk for HIV/AIDS.15
- For many young men who have sex with men, social and economic factors, including homophobia, stigma, and lack of access to culturally competent health care and health care services may increase risk behaviors or be a barrier to receiving HIV prevention services.16
- Having an STI (sexually transmitted infection) puts youth more at risk for HIV.17 Almost half of the U.S.’s over 19 million STI infections each year occur in youth ages 15-24.18 A recent study found that one in four young women ages 15-19 has an STI.19 Young people of color experience STIs in greater numbers than White youth - in 2010, African American and Hispanic Latino youth constituted 67 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.17

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.20, 21

In the wake of research that found that antiretroviral treatment reduced the risk of HIV transmission from treated partner to uninfected partner by 96 percent, a new focus on “treatment as prevention” has also arisen.22 In addition, open and honest parent-child communication about HIV and its prevention can aid youth in making good decisions.23, 24 Finally, resources must be directed at understanding the epidemic’s impact on youth; at remedying the socioeconomic disparities which contribute to the epidemic; at increasing HIV testing among adolescents; and at developing and testing a vaccine.

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REFERENCES


17. The Role of STD Detection and Treatment in HIV Prevention – CDC Fact Sheet, Centers for Disease Control and Pre-

YOUNG AFRICAN AMERICAN/BLACK WOMEN ARE MORE AT RISK FOR HIV THAN YOUNG WOMEN OF ANY OTHER RACE/ETHNICITY.

- African American/Black women account for 63 percent of HIV infections among young women ages 13-24 even though they make up only about 16 percent of that population.

- Over 90 percent of infections among young African American/Black women are due to heterosexual contact, with the remaining due to injection drug use.

- In urban areas, African American women have an HIV prevalence up to five times that of the national rate for African American women.

- Young African American/Black women face a number of barriers to HIV prevention: they are at higher risk than whites for poverty and lack of access to reproductive health care, and likelier to live in a community with high HIV rates.
**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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The Facts: Understanding Disparities in the HIV Epidemic
From Research to Practice: HIV Prevention Among Young Men who Have Sex With Men
The Facts: Youth and the Global HIV Pandemic

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