



HIV/AIDS

Among Youth

Young people in the United States are at persistent risk for HIV infection. This risk is especially notable for youth of minority races and ethnicities. Continual prevention outreach and education efforts are required as new generations replace the generations that benefited from earlier prevention strategies. Unless otherwise noted, this fact sheet defines youth, or young people, as persons who are 13–24 years of age.

RISK FACTORS AND BARRIERS TO PREVENTION

Sexual Risk Factors

- **Heterosexual transmission.** Young women, especially those of minority races or ethnicities, are increasingly at risk for HIV infection through heterosexual contact. Young women are at risk for sexually transmitted HIV for several reasons, including biologic vulnerability, lack of recognition of their partners' risk factors, and having sex with older men who are more likely to be infected with HIV.
- **MSM (Men who have sex with men).** Young MSM are at high risk for HIV infection, but their risk factors and the prevention barriers they face differ from those of persons who become infected through heterosexual contact. MSM who do not disclose their sexual orientation are less likely to seek HIV testing, so if they become infected, they are less likely to know it. Because MSM who do not disclose their sexual orientation are likely to also have 1 or more female sex partners, MSM who become infected may transmit the virus to women as well as to men.

- **Sexually transmitted diseases (STDs).** The presence of an STD greatly increases a person's likelihood of acquiring or transmitting HIV. Some of the highest STD rates in the country are those among young people, especially those of minority races and ethnicities.

Substance Abuse

Young people in the United States use alcohol, tobacco, and other drugs at high rates. Both casual and chronic substance users are more likely to engage in high-risk behaviors, such as unprotected sex, when they are under the influence of drugs or alcohol. Runaways and other homeless young people are at high risk for HIV infection if they are exchanging sex for drugs or money.

Lack of Awareness

Research has shown that a large proportion of young people are not concerned about becoming infected with HIV. Adolescents need accurate, age-appropriate information about HIV infection and AIDS, including the concept that abstinence is the only 100% effective way to avoid infection, how to talk with their parents or other trusted adults about HIV and AIDS, how to reduce and eliminate risk, how to talk with a potential partner about risk, where to get tested for HIV, and how to use a condom correctly.

Poverty and Out-of-School Youth

Studies have found a direct relationship between higher AIDS incidence and lower income. In addition, studies have shown that the socioeconomic problems associated with poverty, including lack of access to high-quality health

care, can directly or indirectly increase the risk for HIV infection. Research has shown that young people who have dropped out of school are more likely to become sexually active at younger ages and to fail to use contraception.

The Coming of Age of HIV-Positive Children

Many young people who contracted HIV through perinatal transmission are facing decisions about becoming sexually active. They will require ongoing counseling and prevention education to ensure that they do not transmit HIV.

PREVENTION

Among all people in the United States, the annual number of new HIV infections has declined from a peak in the mid-1980s of more than 150,000 and stabilized since the late 1990s at approximately 40,000. Populations of minority races or ethnicities are disproportionately affected by the HIV epidemic. To reduce further the incidence of HIV, CDC announced a new initiative, Advancing HIV Prevention (<http://www.cdc.gov/hiv/partners/AHP.htm>), in 2003.

This initiative comprises 4 strategies:

- making HIV testing a routine part of medical care,
- implementing new models for diagnosing HIV infections outside medical settings,
- preventing new infections by working with HIV infected persons and their partners, and
- further decreasing perinatal HIV transmission.

Through the Minority AIDS Initiative (<http://www.cdc.gov/programs/hiv09.htm>), CDC also addresses the health disparities experienced in the communities of minority races or ethnicities at high risk for HIV. These funds are used to address the high-priority HIV prevention needs in such communities.

The following are some CDC prevention programs that state and local health departments and community-based organizations can provide for youth.

- Teens Linked to Care, which focuses on young people aged 13–29 who are living with HIV
- Street Smart, which is an HIV/AIDS and STD prevention program for runaway and homeless youth
- PROMISE (Peers Reaching Out and Modeling Intervention Strategies for HIV/AIDS Risk Reduction in their Community), which is a community-level HIV prevention intervention that relies on role-model stories and peers from the community.

CDC research has shown that early, clear parent child communication regarding values and expectations about sex is an important step in helping adolescents delay sexual initiation and make responsible decisions about sexual behaviors later in life. Parents have unique opportunities to engage their children in conversations about HIV, STD, and teen pregnancy prevention because the discussions can be ongoing and timely. Schools also can be important partners for reaching youth before high-risk behaviors are established.

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www.CDC.gov/hiv/pubs/facts/youth.htm