



# Advocacy Resource Guide



*Making a Difference . . .*

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## Addressing HIV/AIDS among Youth

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### *ISSUE IN BRIEF*

The HIV/AIDS epidemic continues to play a significant role in the lives of adolescents and young adults today. In 2000, youth ages 15-24 represented only 25% of the sexually experienced population in the United States, but had 48% of all new STIs that year (Weinstock, 2004). Thus, despite the recent focus on abstinence and delaying sexual initiation, adolescents are still engaging in sexual behaviors and the number of newly infected adolescents continues to grow. In addition, it is estimated that more than half of all HIV positive adolescents have not been tested and are unaware of their status.

To make a difference in reducing HIV among new generations, youth need accurate, culturally relevant, age-appropriate information about HIV transmission and infection, as well as, how to protect themselves, including abstinence, contraception, safer sex practices and where to get tested. HIV education and services must be also readily available to all youth, regardless of ability to pay and in a variety of settings.

### *Putting Healthy Teen Network's Advocacy Resource Guides to Work*

**You can use Healthy Teen Network's Advocacy Resource Guides to:**

1. Urge local and state policymakers to address issues that are important to the health and success of today's youth.
2. Educate school administrators or health care officials about unique issues facing adolescents.
3. Engage with the media (e.g., in a letter to the editor or an interview) using effective language to frame an issue facing youth.
4. Present to funders on why they should invest in your work with or on behalf of youth.
5. Connect to more information on youth issues and other organizations advocating for youth.

## BACKGROUND INFORMATION

### Prevalence

Currently there are 1.2 million people living with HIV/AIDS in the US, with roughly 40,000 new cases diagnosed each year. One in four Americans with HIV doesn't know they are infected (CDC, April 2006).

Adolescents continue to be at high risk for HIV/AIDS. In 2004, an estimated 4,833 young people (13-24 years old) were diagnosed with HIV or AIDS (CDC, June 2006). Both young women and youth of color are disproportionately affected by HIV. African American youth have been most heavily affected, accounting for 55 percent of all HIV infections reported among 13-24 year olds (CDC, June 2006). Latino youth, while only 16 percent of the teenage population, ages 13-19, represented 20 percent of all new HIV cases in 2002 (Kaiser Family Foundation, 2005).

***“Comprehensive sexuality education is a key factor to reducing HIV among new generations.”***

Males made up 63 percent of new HIV cases in 2003, with 74 percent among young men who have sex with men (YMSM) (Rangel, et al., 2006). The rates of new HIV cases among YMSM have increased steadily over the past five years, particularly among those ages 20-24 sending a signal that prevention messages and programs need to heavily target this population (Rangel, et al., 2006).

Young women now account for nearly 40 percent of all new HIV infections among 13-24 year olds (CDC, June 2006). Since 2002 there has been an increased trend in the US toward heterosexually acquired HIV infection in young women, especially young women of color (Weinstock, 2004) and younger teens, with females accounting for 77percent of new HIV cases among 13-15 year olds (Rangel, et al., 2006). The Center of Disease Control and

Prevention states that young women are at increased risk for sexually transmitted HIV for several reasons, including “biologic vulnerability, lack of recognition of their partners’ risk factors, inequality in relationships, and having sex with older men who are more likely to be infected with HIV” (CDC, June 2006).

### The Concern

Although youth ages 15-24 account for only 25 percent of the sexually active population, they represented 48 percent of all new sexually transmitted infections (STI) during 2000 (Weinstock, 2004), highlighting the grave concern regarding safer sex practices among adolescents, as well as the increased risk that having an STI can have on HIV transmission. Clearly, the HIV/AIDS epidemic remains a significant issue for adolescents and young adults in the United States.

Despite the recent focus on abstinence and delaying sexual initiation, adolescents are still engaging in sexual behaviors and the number of newly infected adolescents continues to grow. In addition, it is estimated that more than half of all HIV positive adolescents have not been tested and are unaware of their infection (Branson, et al., 2006).

In 2004, 47 percent of high school students reported having had sexual intercourse at least once and 34 percent reported being currently sexually active (CDC, August 2006). While condom use among adolescents has increased in recent years, the 2005 Youth Risk Behavior Surveillance System (YRBSS) found that only 62 percent of sexually active students used a condom during their most recent act of sexual intercourse (CDC, 2006-YRBSS). While HIV/AIDS is considered part of life for today's teens, the National Survey of Teens on HIV/AIDS by the Kaiser Family Foundation found that only 56 percent of respondents were personally concerned about becoming infected with HIV (Kaiser Family Foundation, 2000). The less likely teens are to perceive themselves to be at risk for HIV/AIDS, the less likely they are to protect themselves against the disease.

Adolescents need accurate, culturally relevant, age-appropriate information about HIV transmission and infection. This includes how to talk with their parents or other trusted adults about HIV and AIDS, how to reduce or eliminate risk factors, how to talk with a potential partner about risk factors, where to get tested for HIV, and how to use a condom correctly (CDC, June 2006).

Comprehensive sexuality education is a key factor to reducing HIV among new generations. The federal government, however, continues to spend over \$170 million each year on abstinence-only-until marriage programs (SEICUS, 2005)

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while not increasing support for more comprehensive approaches. Thus, the necessary comprehensive sexuality education programs are often non-existent; leaving youth at risk for misinformation and gaps in knowledge regarding HIV transmission and how to protect themselves, including contraception, safer sex practices and where to get tested. HIV/AIDS education needs to take place at various points during pre-teen years, and especially before young people engage in sexual behaviors that put them at risk for HIV infection (CDC, June 2006).

## Impact on Behavior

More than half of all HIV-positive adolescents are estimated to not have been tested and are thus unaware of their infection (Branson, et al., 2006). This is not surprising, as less than one-third of sexually active teens, ages 15-17, report having been tested for HIV (Kaiser Family Foundation, 2000). Many adolescents decline or delay HIV testing because they don't think they are at risk, often a result of not fully understanding how HIV is transmitted or being unaware of what constitutes a risky behavior. Even if they wanted to get tested, most youth don't know where to go (Kaiser Family Foundation, 2000). In addition, many young people are not aware of confidentiality laws and mistakenly believe they need their parents' permission to be tested, their parents will find out they went to the clinic, or are concerned the testing fees will show up on their parents' health insurance.

The setting for HIV testing, education and services is equally important. There are not enough easily accessible and affordable youth friendly clinics. Often times the only health care provider an adolescent knows is his or her family doctor and the youth may not feel comfortable talking to their childhood pediatrician about their sexual behaviors. As a result many adolescents continue to engage in risky sexual behaviors without seeking the education, supports or testing services they desperately need.

## ACTION RECOMMENDATIONS

Healthy Teen Network makes the following general recommendations in order to increase awareness, education, and services for addressing HIV/AIDS among youth and recognizes the need to meet the specific cultural needs of each unique individual.

### Awareness

- ✓ HTN recommends increasing awareness of HIV prevalence and risk reduction behaviors among youth, their parents, and youth serving professionals.
- ✓ HTN recommends increasing awareness of minor consent laws and confidentiality regarding HIV testing, education and services among youth, their parents and youth serving professionals.
- ✓ HTN recommends social marketing campaigns to increase knowledge and understanding about HIV transmission and prevention and reduce stigma associated with this disease.

### Education

- ✓ HTN recommends and encourages HIV focused educational opportunities for youth, their parents and youth serving professionals, that are skills building and promote healthy decision making and working towards positive life goals.

#### Youth

- HTN recommends developmentally and age appropriate comprehensive sexuality education and services be available to all youth.
- HTN encourages widespread efforts to integrate HIV, STI and teen pregnancy prevention education and services in all youth serving settings.

#### Parents

- HTN recommends parents talk to their children about love, sex and relationships.
- HTN recommends that parents have access to medically accurate information about HIV risk reduction, counseling and testing and receive the necessary support to discuss these issues with their children.

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### Professionals

- HTN recommends on-going training and professional development opportunities for professionals involved with HIV, STI, and teen pregnancy prevention education and services to ensure medically accurate and comprehensive counseling and support are offered to the youth they serve.
- HTN recommends that youth serving professionals are offered the training and support needed to optimize every opportunity to address risk reduction behavior, with an emphasis on HIV, STI and teen pregnancy prevention.

## Support Systems

- ✓ HTN recommends increasing youth friendly services with access to a full complement of support systems for adolescents that address their unique needs in a safe and confidential setting.
- ✓ HTN recommends collaborative approaches to funding and service delivery that promote integrated messages to youth regarding healthy relationships and sexual behavior.

## Behaviors

- ✓ HTN believes that HIV education and services must be readily available to all youth in multiple settings with as few barriers as possible. HTN believes that HIV testing should be:
  - readily available regardless of ability to pay;
  - administered while protecting the privacy/confidentiality of the client;
  - administered with adequate information and explanation regarding the implications of the HIV test result;
  - accompanied by opportunities to discuss personalize risk reduction behaviors and the need for repeat testing if a new risk occurs; and
  - available in a variety of settings, especially in areas with high prevalence rates.

## Funding

- ✓ HTN recommends increased funding for:
  - HIV, STI, and teen pregnancy prevention integrated education/services in multiple youth serving settings;
  - programs providing resources and services to HIV positive adolescents and their families, and
  - training for youth serving professionals on how to discuss HIV transmission and prevention with adolescents.

## DEFINITIONS

**Human Immunodeficiency Virus (HIV):** the virus that causes AIDS. HIV can be transmitted through the blood, sexual fluids, or breast milk of an HIV-infected person. People can get HIV if one of these fluids enters the body and into the bloodstream. The disease can be passed during unprotected sex with a HIV-infected person. An HIV-infected mother can transmit HIV to her infant during pregnancy, delivery or while breastfeeding. People can also become infected with HIV when using injection drugs through sharing needles and other equipment. HIV is not transmitted through such casual contact as hugging, shaking hands, sharing food, using the same eating utensils, drinking from the same glass, sitting on public toilets, or touching door knobs. A blood test can determine if a person is infected with HIV, but if a person tests positive for HIV, it does not necessarily mean that the person has AIDS. (ASHA, 2006)

**Acquired Immune Deficiency Syndrome (AIDS):** a disease caused by the human immunodeficiency virus (HIV). An HIV-infected person may be diagnosed with AIDS if he or she meets certain clinical criteria. Criteria include becoming sick with an illness defined by the Centers for Disease Control (CDC) as an AIDS-indicator illness (illnesses that take advantage of the body's weakened immune system) and by taking a blood test that shows that the person's immune system is severely damaged. (ASHA, 2006)

## RESOURCES

Center for Disease Control and Prevention  
[www.cdc.gov/std/stats/adol.htm](http://www.cdc.gov/std/stats/adol.htm)

Advocates for Youth  
[www.advocatesforyouth.org](http://www.advocatesforyouth.org)

SIECUS  
[www.siecus.org](http://www.siecus.org)

Adolescent AIDS Program  
[www.adolescentaids.org](http://www.adolescentaids.org)

Guttmacher Institute  
[www.guttmacher.org](http://www.guttmacher.org)

The Body  
[www.thebody.com](http://www.thebody.com)

American Social Health Association  
[www.ashastd.org](http://www.ashastd.org)

## ABOUT HEALTHY TEEN NETWORK

Healthy Teen Network (HTN) is a national membership organization that provides resources and services to professionals working in the field of adolescent reproductive health – specifically teen pregnancy prevention, teen pregnancy, and teen parenting.

Healthy Teen Network believes youth can make responsible decisions about sexuality, pregnancy and parenting when they have complete and accurate information, resources, and support that are culturally relevant and appropriate to their age, gender, and developmental stage.

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