

YOUTH AND HIV/AIDS

An estimated one-fourth of all HIV infections occur in people under age 21—a segment of the population that is among the most medically underserved.¹ Experts estimate that only 11 percent of HIV-positive youth in the United States receive adequate health care:² Most HIV-infected youth are asymptomatic, do not know they are infected, and are not enrolled in treatment.^{3,4}

SURVEILLANCE

Given the power of today's treatments and the average time from HIV infection to progression to AIDS, AIDS surveillance data do not reveal the scope of the epidemic among adolescents. Available data, however, are important for revealing past trends in the epidemic.

- Only a small proportion of reported AIDS cases have been among people in their teens. Given the time lapse from seroconversion to progression to AIDS, it is certain that a large proportion of people in their 20s—and some in their 30s—became HIV infected while in their teens.⁵
- In 2003, a total of 1,991 AIDS cases were reported in people ages 15 to 24, an increase of 29.2 percent since 1999. An additional 9,605 cases were reported in people ages 25 to 34, an age group in which reported AIDS cases have fallen 15.4 percent since 1999.⁶
- One in 4 AIDS cases reported among women in the United States are among people age 29 and younger, compared with about 1 in 6 cases among men.⁵ This difference is, in part, explained by the reproductive health needs that bring women into contact with health care providers at younger ages than men, creating an opportunity for earlier detection of HIV infection. But they also reflect the vulnerability of young women, many of whom become infected with HIV through sexual contact with older men.

CRITICAL ISSUES

Most teens say that AIDS is a serious problem for people their age, according to one study. Slightly more than half say that they are afraid of becoming infected. Latino/a and African American young people report higher levels of concern. In addition, 1 in 6 of the teens surveyed (1 in 4 African American and 1 in 5 Latino/a teens) know someone who has AIDS, has died of AIDS, or has tested positive for HIV.⁷

Young people may be more vulnerable to HIV/AIDS than older people. Their social, emotional, and psychological development is not complete. This incomplete development results in a tendency to experiment with risky behavior and often leads to a pattern of behavior that includes alcohol and drug use, delinquency, and challenges to authority.⁸

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A study of 2,621 gay and bisexual men ages 15 to 25 in 10 U.S. cities found that more than one-fifth (22 percent) of young gay or bisexual men had never been tested for HIV; more than half of the study participants had not been tested in the 6 months prior to the interview. This study found that the men were more likely to get tested if they knew a place they felt “comfortable” and if they had exposure to information from a variety of prevention sources.⁹

Two-thirds of young women ages 13 to 24 living with HIV/AIDS were infected through sexual relationships with HIV-positive men. Girls who have suffered sexual abuse or coercion also are more likely to have early sexual experiences and multiple partners than are girls who have not experienced abuse.¹⁰ Early sexual activity has been shown to be associated with the use of alcohol and other drugs.¹¹

The Kaiser Family Foundation’s National Survey of Teens on HIV/AIDS found that 1 in 5 teens believe a cure for AIDS exists or are simply unsure. In addition, the survey found that most teens know of the HIV risk associated with unprotected sexual intercourse and with sharing IV needles; however, a smaller proportion know of the risk associated with unprotected oral sex or know that sexually transmitted infections increase the risk for HIV.⁷

YOUTH AND THE RYAN WHITE CARE ACT

Youth ages 13 to 24 constituted approximately 4.1 percent of all Ryan White Comprehensive AIDS Resources Emergency (CARE) Act clients in 2002, a year in which CARE Act programs reached approximately 533,000 people. Many CARE Act-funded providers are reaching out to young people. For example, through the Title IV Program for Women, Infants, Children, Youth, and Families, 16 grants totaling \$5.9 million were funded in 2003 as part of the Title IV Youth Initiative.

The CARE Act Special Projects of National Significance (SPNS) Program funded an Adolescent Initiative in which grantees received funds for developing innovative models for reaching HIV-positive adolescents not in care. Results from these activities have been disseminated across the country.

Lesbian and Gay Youth: Care and Counseling, by Donna Futterman and Caitlin Ryan (Columbia University Press, 1998), is the preeminent text on health care and well-being for sexual minority youth. Development of the publication was supported with funding from the Health Resources and Services Administration (HRSA).

HRSA conducted a nationwide conference call on youth and HIV disease called Reaching HIV-Positive Youth: Models that Work. Subsequent to the event, a report that provides information on an array of resources available to organizations serving youth at risk for HIV disease was made available at www.hab.hrsa.gov/catie/search.asp.

For more information on young people and HIV/AIDS, see the May and July issues of *HRSA CAREAction*, available at www.hab.hrsa.gov/publications.

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