

- Risk reduction behaviors of correct and consistent condom use and needle exchange or correct and consistent needle cleaning would also significantly reduce the rate of infection for those who choose not to be abstinent.

Abstinence from sexual intercourse and from sharing needles means that a person has made a commitment to his or her health and to acting in ways that will prevent the spread of this disease. Use of alcohol and other drugs interferes with a person's ability to think clearly and make wise choices. Consequently, abstaining from alcohol and other drug use will increase the likelihood that a person will live up to his or her commitments. For those who have decided to have sexual intercourse, using a latex condom consistently and correctly will reduce their risk of exposure to HIV.

However, new monthly and annual statistics on AIDS cases show that neither abstinence behaviors nor risk reduction behaviors are being adopted by a majority of adolescents. AIDS was almost unknown among adolescents and young adults in their twenties in 1981, but over the years it has become the seventh leading cause of death for people 20 to 24 years of age and the sixth leading cause of death for people 25 to 34 years of age in the United States.¹

According to the Centers for Disease Control and Prevention (CDC),² 21% of the new HIV diagnoses in the United States. African Americans were disproportionately affected by HIV infection, accounting for 51% of all HIV infections reported among persons aged 13–24. Young men who have sex with men, especially those of minority races or ethnicity, are at higher risk for HIV infection than other adolescents. In 2017, 87% of youth who received an HIV diagnosis were young men and 13% were young women. Less than 1% of youth were aged 13-14 and 21% were aged 15-19.

Survey data from a representative sample of Michigan high school students show that:

- 65% of teenagers have had intercourse by the time they graduate from high school.
- 22% have had four or more partners by their senior year in high school.
- 61% of those who recently had sexual intercourse report using a condom, but that percentage goes down over the high school years and is lower for seniors than for freshmen.³

Risk Factors and Prevention of HIV Infection Among Adolescents

According to the CDC,⁴ the following are the risk behaviors and corresponding prevention strategies that impact adolescent HIV infection:

- Sexual Risk Factors
 - Early age at sexual initiation. According to CDC's Youth Risk Behavioral Survey (YRBS), many young people begin having sexual intercourse at early ages: 47% of high school students have had sexual intercourse, and 7.4% of them reported first sexual intercourse before age 13. HIV/AIDS education needs to take place at correspondingly young ages, before young people engage in sexual behaviors that put them at risk for HIV infection.

1 CDC, 2009, http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_08.pdf

2 CDC, 2017 HIV/AIDS among Youth, <http://www.cdc.gov/hiv/resources/factsheets/PDF/youth.pdf>

3 2009 Michigan Youth Risk Behavior Survey, www.michigan.gov/yrbs

4 CDC, 2008, HIV/AIDS among Youth

- 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, inequality in relationships, and having sex with older men who are more likely to be infected with HIV.
 - Men who have sex with men (MSM). 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. According to a CDC study, 55% of young MSM (aged 15–22) did not let other people know they were sexually attracted to men. MSM who do not disclose their sexual orientation are less likely to seek HIV testing and are likely to have one or more female sex partners; therefore, MSM who become infected may transmit the virus to women as well as to men.
 - Sexually transmitted infections (STIs). The presence of an STI greatly increases a person's likelihood of acquiring or transmitting HIV. Some of the highest STI rates in the country are those among young people, especially young people 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, money, or shelter.
 - **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 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, how to use a condom correctly. Information should also include the concept that abstinence is the only 100% effective way to avoid infection.
 - **Poverty and Out-of-School Youth:** Nearly 1 in 4 African Americans and 1 in 5 Hispanics live in poverty. 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. Young people who have dropped out of school are more likely to become sexually active at younger ages and to fail to use contraception.
 - **HIV-Positive Children Coming of Age:** 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.

Clearly, HIV prevention is complex and uses a multifaceted approach to HIV/AIDS prevention, which includes individual, peer, familial, school, church, and community programs, is necessary to reduce the incidence of HIV/AIDS in young people.⁵

⁵ CDC, "Guidelines for Effective School Health Education to Prevent the Spread of AIDS," <http://www.cdc.gov/HealthyYouth/sexualbehaviors/guidelines/guidelines.htm>