

A Focus on Kids Intervention

FOCUS ON YOUTH WITH IMPACT

**An HIV Prevention Program
for African-American Youth
with a Complementary Program for Parents**



An Evidence-Based Curriculum

**Parent/Guardian
Resource Guide**



Focus on Youth with ImPACT

(Informed Parents and Children Together)

A Focus on Kids Intervention

**An HIV Prevention Program
for African-American Youth
with a Complementary Program for Parents**

Parent/Guardian Resource Guide

ETR Associates
Santa Cruz, California

ETR Associates (Education, Training and Research) is a nonprofit organization committed to fostering the health, well-being and cultural diversity of individuals, families, schools and communities. The publishing program of ETR Associates provides books and materials that empower young people and adults with the skills to make positive health choices. We invite health professionals to learn more about our high-quality publishing, training and research programs by contacting us at 1-800-321-4407 or visiting our website at www.etr.org.

We dedicate this manual to the youth and families in communities all over the country and the world who helped make the success of *Focus on Youth with Informed Parents and Children Together (ImPACT)* possible.

This publication was supported by Grant/Cooperative Agreement Number U65/CCU924904 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

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Welcome to *Focus on Youth with ImPACT!*

This Resource Guide was designed for parents and guardians of youth who are participating in the *Focus on Youth with ImPACT* program.

It is a workbook you can use to follow along with the parent/guardian session. It gives you information about the *Focus on Youth with ImPACT* program, and provides tips for opening the lines of communication and talking with your youth, especially around topics related to abstinence and HIV prevention. These topics include what HIV is, how it's transmitted and how it can be prevented. This Resource Guide also reviews steps to effective condom use, and parents and guardians are strongly encouraged to review how to put a condom on and to share this information with their youth.

You'll also find tips on how to monitor your youth in loving and supportive ways during this challenging time of adolescence, roleplays to help you practice communication during the session, and advice on resources and other safety strategies you can use as your youth develops social skills and tests his or her independence.

We hope you find this Resource Guide useful and that it will help you strengthen your relationship with your youth through opening lines of communication.

Focus on Youth with ImPACT

- ❑ *Focus on Youth with ImPACT* is a HIV, STD and pregnancy prevention program for African-American youth between ages 12 and 15. It gives young people the knowledge and the skills they need to protect themselves from getting HIV or another STD.
- ❑ *Focus on Youth with ImPACT* has 8 sessions. These sessions help youth:
 - Build trust among the group
 - Think about their values and the risks they take
 - Know where to get information about HIV and other issues
 - Learn skills for good communication
 - Look at the consequences of their behaviors
 - Take care of their sexual health
 - Express affection without having sex
 - Get involved with the community
- ❑ *Focus on Youth with ImPACT* is adapted from *Focus on Kids*, a program originally developed in Baltimore to reduce the risk of HIV among urban youth. The university researchers worked with community members from recreation centers, housing developments, schools and government agencies in settings throughout the U.S. and the world to reach this goal.
- ❑ Because many things can lead to risk behaviors among youth, it became clear from talking with parents, youth and community leaders that the program would need to cover many topics, including decision making, values, communication, and knowledge about risk behaviors associated with HIV, other STD, teen pregnancy, violence, alcohol and other drug use, and drug selling.
- ❑ Parents, guardians and other caregivers are a very important part of this effort. This Resource Guide is a tool to assist parents and guardians in talking to their youth around difficult topics such as abstinence, sex, condom use, HIV and other STDs. It gives you information about HIV and other STD, including the impact on the African-American community; tips for good communication with your youth; and information about using condoms.



Talking to Your Youth About HIV/AIDS

“It is time for all of us to take action to protect ourselves and our young people against HIV/AIDS... [W]e must educate our children about HIV prevention. They need to know that it is OK to talk about AIDS, because illness, like injustice and inequality, cannot be eliminated by remaining silent.”

—Coretta Scott King

HIV is affecting the African-American community at an alarming rate. Whether you are male, female, young, old, gay or straight, HIV rates in our community have grown, and continue to grow, in disproportionate numbers across the nation.

According to the Centers for Disease Control and Prevention, African Americans make up approximately 13% of the U.S. population, but in 2005 they accounted for 49% of the estimated number of HIV/AIDS cases diagnosed. Among youth, while only 15% of teens (ages 13–19) are African American, they accounted for 73% of new AIDS cases reported in 2004.

In order to effectively talk with your youth about HIV and its impact on the African-American community, you must first have a good understanding about HIV.

Here are some common questions and answers about HIV.

What Is HIV? What Is AIDS?

HIV stands for Human Immunodeficiency Virus.

AIDS stands for Acquired Immune Deficiency Syndrome.

What’s the difference?

HIV is the virus that can damage the immune system and reduce the body’s level of fighter cells or T-cells.

When a person tests HIV positive and the T-cells are below 200, the doctor will diagnose that person as having AIDS. You can have HIV and not have AIDS, but you cannot have AIDS and not have HIV.

How Do You Get HIV?

HIV lives in blood, semen, vaginal fluids and breast milk. To get HIV, one of these infected fluids has to get inside your body.

There are 3 main ways to get HIV:

- **Sex.** You can get HIV by having unprotected sex (without a condom) with a person who has HIV. This includes vaginal, oral or anal sex.
- **Needles.** You can get HIV by sharing drug needles or equipment with a person who has HIV. You can also get HIV by sharing needles for tattoos, piercing, injecting steroids or vitamins, or any other reason.
- **Being born with it.** Some babies can be born with HIV if the mother has HIV. A baby can also get HIV from breast milk if the mother has HIV.

(continued)

Talking to Your Youth About HIV/AIDS (continued)

How You Don't Get HIV

You don't get HIV from:

- Touching, hugging, kissing on the lips or hanging out with a person who has HIV.
- Drinking glasses or toilet seats. HIV isn't passed through saliva or urine.
- By giving blood.
- From mosquitoes or other insects.

You Can Protect Yourself

Here are things you can do to help keep from getting HIV:

- **Don't have sex.** This is called *abstinence*. It means no vaginal, anal or oral sex. It doesn't mean you can't be close, but it does mean keeping somebody else's blood, semen or vaginal fluids out of your body.
- **Use condoms.** For those who choose to have sex, latex condoms can help prevent HIV.
- **Practice monogamy.** This means having sex with only one person. It means being with only one person who doesn't have HIV. Neither of you should ever have sex or share needles with anyone else.
- **Talk with your partner.** Talking may seem hard to do. But if two people decide together to not have sex, to use condoms and/or to only have sex with each other, the plan is more likely to work.
- **Don't share needles** for injecting drugs, body piercing or tattooing.
- **Avoid alcohol and other drugs.** Being drunk or high makes it hard to make safe choices about sex.

How will what you've just read be useful to you?

How Can You Tell If Someone Has HIV?

You can't tell if people have HIV by looking at them. Most people with HIV look healthy, act healthy and feel healthy. Many people who have HIV don't even know they have the virus.

A simple test can tell if a person has HIV. In many states, teens can get the test without parents' permission. You can get more information about the HIV test from your state or local health department or AIDS agency.

Where Can People Get Tested?

Many places provide HIV testing. Common testing locations include local health departments, community-based organizations, private doctor's offices, hospitals and sites specifically set up to provide HIV testing. *It's important to get tested at a place that also provides counseling about HIV and AIDS.* Counselors can answer any questions you might have about risky behaviors and how you can protect yourself and others in the future. The CDC-INFO hotline can provide you with information regarding testing in your area. The number is 1-800-232-4636.

What Is the Rapid HIV Test?

A rapid test for detecting HIV antibodies is a screening test that produces very quick results, usually in about 20 minutes. Results from the standard HIV antibody screening test are not available for up to 2 weeks.

Tips for Talking with Your Youth

“Communication works for those who work at it.”

— John Powell

It has been said that communities, nations and empires have been both built and conquered by the ability to communicate with others. Communication isn't always easy. It requires a constant give and take between those communicating.

Here are some tips and strategies to help you communicate more effectively with your youth:

Get ready. It's critical to create an environment that will provide opportunities for you and your youth to talk openly.

- **Identify a time** when you and your youth may be able to spend quality time together. Make sure the time won't have to compete with other people or activities. Try to talk when you and your daughter are grocery shopping together, or when you're riding in the car with your son on the way to school.
- **Have the discussion in a physically non-threatening environment.** Don't talk if you or your youth is angry, sad or depressed.
- **Think about the messages you want to convey** and how you'll deliver them. Think about what body and verbal language will help your youth open up. Identify any triggers that might make your youth shut down. *Messages might include:*
 - ❖ *You want to keep communication open.*
 - ❖ *You'd like your youth to come to you if he or she has questions about intimacy or sex.*
 - ❖ *Abstinence is important and you'd like your youth to remain abstinent until he/she is prepared for the responsibilities of a sexual relationship.*
 - ❖ *If young people choose to have sex, proper condom use is essential.*
- **Make sure that your youth is aware** that getting ready is a reciprocal process. Let your youth know how to best set the stage for communicating with you.

Create a safe space. Not only is it important to create the physical environment for youth to feel comfortable to talk about HIV/AIDS, pregnancy and other difficult topics, you must also create an emotionally safe environment. Here are some ways to do this:

- **Be non-judgmental.** Try not to pass negative judgments on choices your youth has made and may share with you. You may still express your expectations, while keeping in mind that a judgmental response could set a lasting tone and limit how much your youth communicates with you in the future.
- **Ensure confidentiality.** Your youth wants to know that secrets are safe with you and won't be shared with family, friends or others unless it is to protect him or her from danger.

(continued)

Tips for Talking with Your Youth *(continued)*

- **Grant amnesty.** Demonstrate a willingness to forgive your youth for mistakes he or she has made and shares with you.
- **Be present.** Show that you will be there no matter what. This includes during your discussions (present and future) and throughout your youth's decision making process.
- **Be attentive/intuitive.** Watch for signs that your youth is engaged in the conversation. Notice any changes in body language and mood that your youth may exhibit. Pay special attention when your youth asks specific questions or makes statements seeking approval. Don't hesitate to ask questions to get clarification.
- **Be honest.** Remember that your youth will do as you do. If you are honest, even during conversations that may make you uncomfortable, it sets the tone for your youth in similar situations.
- **Disclose (when appropriate).** Although it may not always be appropriate to share the deeply intimate details of your life experience, disclosing can provide invaluable lessons and help your youth in his or her own decision making.

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The Importance of Monitoring Your Youth

Monitoring your youth can be challenging as he or she moves into the independent phase of adolescence. But there are non-intrusive ways you can monitor your youth to help keep him or her safe. Building an open and trusting relationship can help your youth recognize that when you ask questions and get to know his or her world, you're doing this out of love and to keep him or her safe.

There are many dimensions of a young person's life. School and extracurricular activities alone account for many times when your youth is not under your direct care or supervision. The age of technology also has opened up a vast dimension of many young people's lives that also requires limits and safety measures.

As your youth continues to develop socially, communication with peers in many forms becomes an important part of his or her life. Many young people, including your youth, may communicate in a very different fashion than adults. It's important to not only know how your youth communicates to others, but also be aware of what is being communicated to your youth. Be careful not to pass judgment as you learn more about the messages that are communicated. Chances are that your generation expressed itself in ways that were foreign to older generations too.

Here are some ways to learn more about your youth's communication:

- **Listen to your youth's favorite songs**, watch his or her favorite T.V. shows and read favorite magazines. You can also do these activities *with* your youth and use them as "teachable moments." For example, ask about lyrics to the songs or characters in TV shows. Find out who is doing what and what the reasoning might be behind it.
- **Turn off the radio and don't accept cell phone calls** while your youth is in the car to make yourself available during these important askable moments.
- **Keep the dialogue going.** Make it as positive as possible and acknowledge your youth whenever you can, so that when you have concerns to discuss, these talks are balanced by the positive conversations.
- **Pay attention to conversations** your youth has in your presence—with peers while hanging out at your house, riding in the car or talking on the phone. If you have concerns about these overheard conversations, choose the right moment to matter-of-factly discuss the concern.
- **Ask your youth** about the definition of certain words/phrases (slang) that you've heard him or her use or that you hear in songs or TV shows.

(continued)

The Importance of Monitoring Your Youth *(continued)*

Here are some ways to monitor your youth in supportive ways:

- **Genuinely get to know the individuals your youth connects with** (peers and adults) without being overly intrusive. Talk to your youth's friends. Inquire about their families, things at school, *their* friends, etc. Get to know the parents of your youth's friends too. Be a trusted adult in your youth's life and/or the lives of his or her friends.
- **Monitor your youth's Internet usage** (websites visited, MySpace page, etc.). The Internet allows youth access to the world right at their fingertips. Monitor the links your youth frequents as well as his or her own web pages—is he or she providing identifying information to the world, such as city, school name, last name, etc? Many websites such as MySpace have security features built in that limit who may view a person's web page. Make sure your youth is utilizing those security features. If needed, set up parental controls to monitor time spent and websites visited.
- **Know where your youth spends his or her time** between after school and when he or she is expected to be home.
- **Develop good relationships with neighbors** who can look out for your youth during times he or she has to arrive or be at home alone.
- **Provide activities** for your youth to minimize idle time.
- **Be aware of the places your youth likes to hang out** and the people he or she hangs out with. If feasible, drop off and pick up your youth from his or her hang-outs, and arrive a little early for pick up from movies and parties to casually observe interactions. If this isn't feasible, know whom your youth will be with and who is responsible for getting him or her home.
- **Volunteer to help your youth on "work projects."** Offer to drive him or her on a paper route, or to go along when he or she walks the neighbor's dogs. This is important not only for the friendship but also because idle chit-chat during such times often provides the opportunity for "teachable moments."

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How to Use a Condom

It's true that talking to your youth about condom use can be difficult. Choosing to have sex may not be the choice you want your youth to make. But if young people choose to have sex, proper condom use may be the only thing that will protect them from HIV, other STD and unintended pregnancy. Here are the steps to share with your youth for how to put on a condom—the RIGHT way.

1. **Talk to your partner.** Tell him/her you will not have sex unless you use a condom.
2. Buy or get latex condoms.
3. Check the expiration date and package.
 - Do not use past expiration date.
 - Do not use if package is torn or damaged.
4. Open package carefully. Handle the condom with care.
5. Determine which way the condom unrolls. (Do not unroll the condom before putting it on.)
6. Pinch the top of the condom to squeeze air out.
7. Leave about 1/2 inch of room at the top to catch the semen.
8. Continuing to hold the tip of the condom, place it against the head of the erect penis.
9. Use your other hand to carefully unroll the condom over the penis, all the way down to the base.
10. After ejaculation, hold the rim of the condom around the base of the penis.
11. Take the penis out while it is still erect (hard).
12. Make sure the penis is away from the partner's body. Remove the condom.
13. Throw the used condom away in the trash—NOT in the toilet! *Never* use a condom more than once.

Roleplays: Talking with Your Youth

Here's an opportunity for you to think about how you might apply some of the tips for talking with your youth, along with your own personal experience. You'll be asked to roleplay the following situations and address some key issues you may identify.

Story 1

Your son/daughter has been a bit distant with you lately. You've notice that he/she has been spending more time on the phone in his/her room with the door shut, has been listening to love songs on the radio or has been speaking about one or more of his/her peers a lot. You ask what's going on and he/she says, "Nothing." In the next week or two, you see more of the same behavior and notice that he/she seems to be having emotional swings.

Stop!

Is this a reason to be concerned?

When would be a good time to have this discussion?

What would you want to discuss?

(continued)

Roleplays: Talking with Your Youth *(continued)*

Story 2

Your son/daughter tells you that he/she feels grown up and has found real love. He/she has come very close to having sex with his/her partner and has recently been thinking about going all the way.

Stop!

Where would you go from here?

What messages would you want to convey?

What information would you want to share?

(continued)

Roleplays: Talking with Your Youth *(continued)*

Questions to Ask

If you're struggling with how to have these or other conversations with your youth, here are some questions which might help get the discussion going.

1. What do you know about HIV/AIDS?
2. Have any of your friends told you they've started having sex? Are abstinent?
3. How many of your friends do you think are abstinent? Having sex?
4. What goals have you set for your future?
5. Do you feel pressured by your friends to start having sex?
6. How do you feel you can best protect yourself from STDs/HIV or getting pregnant?
7. How do you think your decision to have/not have sex will impact the goals you have for your future?
8. How can I support you in your decision to be abstinent/protect yourself?
9. Do you know what our family values are?
10. How important to you are the values we've set as a family?

Where Do I Go From Here?

Know where to find resources.

- **Schedule a check-up** for your youth with his or her doctor to promote preventative maintenance and healthy behavior. Partner with your physician to address concerns your youth may have.
- **Identify local youth-serving agencies** that can provide information, support and referrals for services as needed. These agencies are youth-friendly and can often bridge the communication gap that sometimes exists between young people and parents.
- **Help create a supportive network of trusted adults and youth** who share similar values and who can be there if your youth needs outside support. Spend regular time socializing with this network so that if and when your youth needs support, he or she will naturally seek it from the network.

Develop other safety strategies with your youth.

- **Emergency contact list.** Jointly develop a list of trusted individuals that you and/or your youth can call in an emergency. Make a credit card-sized list of these emergency numbers and make sure your youth keeps that card in his or her wallet or backpack.
- **Code word.** Sometimes young people find themselves in situations that are unsafe, unwise, or that they would simply rather not be in. It can be helpful ahead of time to identify a word your youth can use when among friends to indicate he or she desires help. This allows a youth to stay safe while not losing face with friends.
- **Pick-up locations.** Identify routes or locations where your youth would know to go in an emergency in the event he or she could not get home. This can be a relative's house, library, grocery store, etc.

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CDC HIV/AIDS FACT SHEET

HIV/AIDS among African Americans



1-800-CDC-INFO (232-4636)
 In English, en Español
 24 Hours/Day
 cdcinfo@cdc.gov
 http://www.cdc.gov/hiv

Revised June 2007

In the United States, the HIV/AIDS epidemic is a health crisis for African Americans. At all stages of HIV/AIDS—from infection with HIV to death with AIDS—blacks (including African Americans) are disproportionately affected compared with members of other races and ethnicities [1, 2].

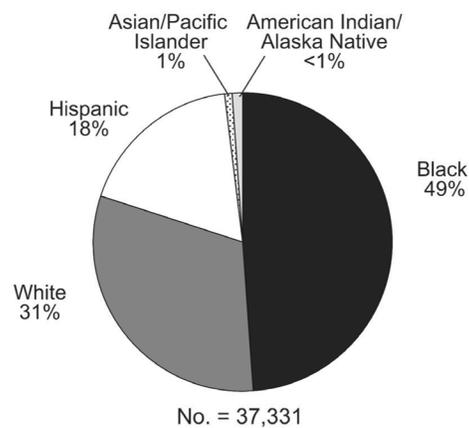
STATISTICS

HIV/AIDS in 2005

- According to the 2000 census, blacks make up approximately 13% of the US population. However, in 2005, blacks accounted for 18,121 (49%) of the estimated 37,331 new HIV/AIDS diagnoses in the 33 states with long-term, confidential name-based HIV reporting [2].*
- Of all black men living with HIV/AIDS, the primary transmission category was sexual contact with other men, followed by injection drug use and high-risk heterosexual contact [2].
- Of all black women living with HIV/AIDS, the primary transmission category was high-risk heterosexual contact, followed by injection drug use [2].
- Of the estimated 141 infants perinatally infected with HIV, 91 (65%) were black (CDC, HIV/AIDS Reporting System, unpublished data, December 2006).
- Of the estimated 18,849 people under the age of 25 whose diagnosis of HIV/AIDS was made during 2001–2004 in the 33 states with HIV reporting, 11,554 (61%) were black [3].

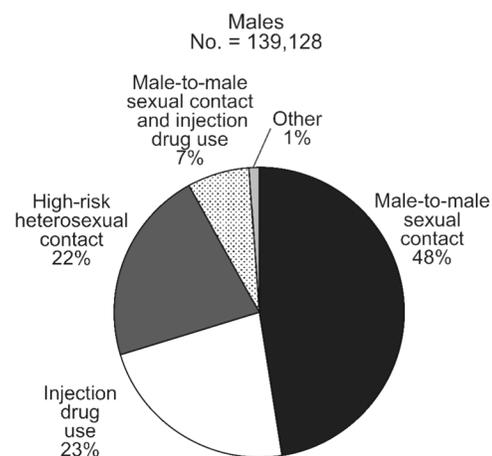
*See the box (before the References section) labeled Understanding HIV and AIDS Data for a list of the 33 states.

Race/ethnicity of persons (including children) with HIV/AIDS diagnosed during 2005



Note. Based on data from 33 states with long-term, confidential name-based HIV reporting.

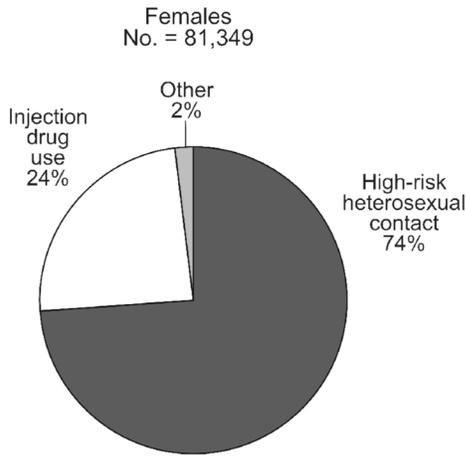
Transmission categories for black adults and adolescents living with HIV/AIDS at the end of 2005



Note. Based on data from 33 states with long-term, confidential name-based HIV reporting.

HIV/AIDS AMONG AFRICAN AMERICANS

Transmission categories for black adults and adolescents living with HIV/AIDS at the end of 2005 (cont.)



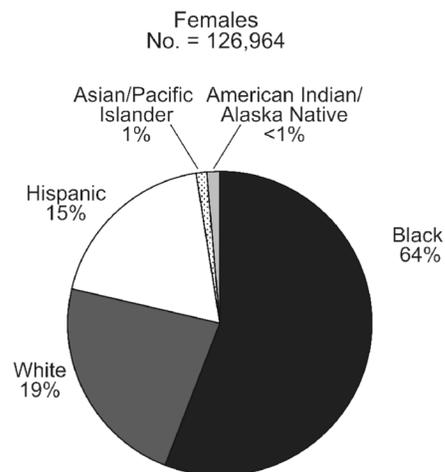
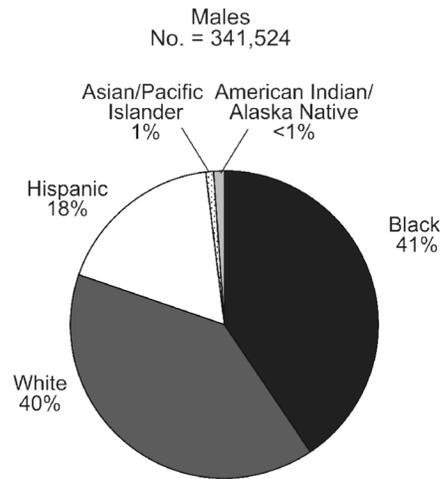
Note. Based on data from 33 states with long-term, confidential name-based HIV reporting.

AIDS in 2005

- Blacks accounted for 20,187 (50%) of the estimated 40,608 AIDS cases diagnosed in the 50 states and the District of Columbia [2].
- The rate of AIDS diagnoses for black adults and adolescents was 10 times the rate for whites and nearly 3 times the rate for Hispanics. The rate of AIDS diagnoses for black women was nearly 23 times the rate for white women. The rate of AIDS diagnoses for black men was 8 times the rate for white men [2].
- The 185,988 blacks living with AIDS in the 50 states and the District of Columbia accounted for 44% of the 421,873 people in those areas living with AIDS [2].
- Of the 68 US children (younger than 13 years of age) who had a new AIDS diagnosis, 46 were black [2].
- Since the beginning of the epidemic, blacks have accounted for 397,548 (42%) of the estimated 952,629 AIDS cases diagnosed in the 50 states and the District of Columbia [2].
- From the beginning of the epidemic through December 2005, an estimated 211,559 blacks with AIDS died [2].

- Of persons whose diagnosis of AIDS had been made during 1997–2004, a smaller proportion of blacks (66%) were alive after 9 years compared with American Indians and Alaska Natives (67%), Hispanics (74%), whites (75%), and Asians and Pacific Islanders (81%) [2].

Race/ethnicity of adults and adolescents living with HIV/AIDS, 2005



Note. Based on data from 33 states with long-term, confidential name-based HIV reporting.

HIV/AIDS AMONG AFRICAN AMERICANS

RISK FACTORS AND BARRIERS TO PREVENTION

Race and ethnicity, by themselves, are not risk factors for HIV infection. Even though HIV testing rates are higher for blacks than for members of other races and ethnicities [4], rates of undetected or late diagnosis of HIV infection are high for black men who have sex with men (MSM) [5].

Blacks are also more likely to face challenges associated with risk factors for HIV infection, including the following.

Sexual Risk Factors

Black women are most likely to be infected with HIV as a result of sex with men who are infected with HIV [2]. They may not be aware of their male partners' possible risk factors for HIV infection, such as unprotected sex with multiple partners, bisexuality, or injection drug use [6, 7]. Sexual contact is also the main risk factor for black men. Male-to-male sexual contact was the primary risk factor for 48% of black men with HIV/AIDS at the end of 2005, and high-risk heterosexual contact was the primary risk factor for 22% [2].

Substance Use

Injection drug use is the second leading cause of HIV infection both for black men and women [2]. In addition to being at risk from sharing needles, 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 [8]. Drug use can also affect treatment success. A recent study of HIV-infected women found that women who used drugs, compared with women who did not, were less likely to take their antiretroviral medicines exactly as prescribed [9].

Lack of Awareness of HIV Serostatus

Not knowing one's HIV serostatus is risky for black men and women. In a recent study of MSM in 5 cities participating in CDC's National

HIV Behavioral Surveillance System, 46% of the black MSM were HIV-positive, compared with 21% of the white MSM and 17% of the Hispanic MSM. The study also showed that of participating black MSM who tested positive for HIV, 67% were unaware of their infection; of participating Hispanic MSM who tested positive for HIV, 48% were unaware of their infection; of participating white MSM who tested positive for HIV, 18% were unaware of their infection; and of participating multiracial/other MSM who tested positive for HIV, 50% were unaware of their infection [10]. Persons who are infected with HIV but don't know it cannot benefit from life-saving therapies or protect their partners from becoming infected with HIV.

Sexually Transmitted Diseases

The highest rates of sexually transmitted diseases (STDs) are those for blacks. In 2005, blacks were about 18 times as likely as whites to have gonorrhea and about 5 times as likely to have syphilis [11]. Partly because of physical changes caused by STDs, including genital lesions that can serve as an entry point for HIV, the presence of certain STDs can increase one's chances of contracting HIV infection 3- to 5-fold. Similarly, a person who has both HIV infection and certain STDs has a greater chance of spreading HIV to others [12]. A recent CDC literature review showed that high rates of HIV infection for black MSM may be partly attributable to a high prevalence of STDs that facilitate HIV transmission [5].

Homophobia and Concealment of Homosexual Behavior

Homophobia and stigma can cause some black MSM to identify themselves as heterosexual or not to disclose their sexual orientation [13, 14]. Indeed, black MSM are more likely than other MSM not to identify themselves as gay [5]. The absence of self-identification or the absence of disclosure presents challenges to prevention programs. However, data suggest that these men

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are not at greater risk for HIV infection than are black MSM who identify themselves as gay [14, 15]. The findings of these studies do not mean that black MSM who do not identify themselves as gay or who do not disclose their sexual orientation do not engage in risky behaviors, but the findings do suggest that these men are not engaging in higher levels of risky behavior than are other black MSM.

Socioeconomic Issues

Socioeconomic issues and other social and structural influences affect the rates of HIV infection among blacks [16]. In 1999, nearly 1 in 4 blacks were living in poverty [17]. Studies have found an association between higher AIDS incidence and lower income [18]. The socioeconomic problems associated with poverty, including limited access to high-quality health care, housing, and HIV prevention education, may directly or indirectly increase the risk factors for HIV infection.

PREVENTION

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

CDC has also established the African American HIV/AIDS Work Group to focus on the urgent issue of HIV/AIDS in African Americans. The work group developed a comprehensive response

to guide CDC's efforts to increase and strengthen HIV/AIDS prevention and intervention activities directed toward African Americans. Already, CDC is engaged in a wide range of activities to involve community leaders in the African American community and to decrease the incidence of HIV/AIDS in blacks.

For example, CDC

- Funds demonstration projects evaluating rapid HIV testing in historically black colleges and universities as well as projects to improve the effectiveness of HIV testing among black women and MSM.
- Conducts epidemiologic research focused on blacks, including
 - Brothers y Hermanos, a study of black and Latino MSM conducted in Los Angeles, New York, and Philadelphia that aims to identify and understand risk-promoting and risk-reducing sexual behaviors
 - Women's Study, a study of black and Hispanic women in the southeastern United States that examines relationship dynamics and the cultural, psychosocial, and behavioral factors associated with HIV infection.
- Addresses, through the Minority AIDS Initiative (<http://www.cdc.gov/programs/hiv08.htm>), the health disparities experienced in the communities of minority races and ethnicities at high risk for HIV infection. Funds are used to address the high-priority HIV prevention needs in such communities, including funding community-based organizations (CBOs) to provide services to African Americans. Examples of the programs that CBOs carry out are
 - A program in Washington, DC, that provides information to, and conducts HIV prevention activities for, MSM who do not identify themselves as homosexual. The activities include a telephone help line; Internet resources; and a program in

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- barbershops that includes risk-reduction workshops, condom distribution, and training barbers to be peer educators.
- A program in Chicago that provides social support to help difficult-to-reach African American men reduce high-risk behaviors. This program also provides women at high risk for HIV infection with culturally appropriate, gender-specific prevention and risk-reduction messages.
 - A program in South Carolina that is focused on changing the behaviors of adolescents to reduce their risk of contracting HIV infection and other STDs.
- Creates social marketing campaigns, including those focused on HIV testing, perinatal HIV transmission, and the reduction of HIV transmission to partners.
 - Disseminates scientifically based interventions, including
 - SISTA (Sisters Informing Sisters About Topics on AIDS), a social-skills training intervention in which peer facilitators help African American women at highest risk reduce their risky sexual behaviors.
 - Many Men, Many Voices (3MV), an STD/HIV prevention intervention for gay men of color that addresses cultural and social norms, sexual relationship dynamics, and the social influences of racism and homophobia.
 - POL (Popular Opinion Leader), which identifies, enlists, and trains key opinion leaders to encourage safer sexual norms and behaviors within their social networks. POL has been adapted for African American MSM and shown to be effective in that population.
 - Healthy Relationships, a small-group intervention for men and women living with HIV/AIDS.
 - WILLOW (Women Involved in Life Learning from Other Women), to be disseminated in 2007, is a small-group, skills-training intervention for women living with HIV. WILLOW enhances awareness of the risky behaviors associated with HIV transmission, discredits myths regarding HIV prevention for people living with HIV, teaches communication skills in negotiating safer sex, and reinforces the benefits of consistent condom use. WILLOW also teaches women how to recognize healthy and unhealthy relationships, discusses the effect of abusive partners on safer sex, and provides information about local shelters for women in abusive relationships.
- CDC also supports research to create new interventions for African Americans and to test interventions that have proven successful with other populations for use with African Americans. Additionally, CDC funds agencies through ADAPT (Adopting and Demonstrating the Adaptation of Prevention Techniques) to adapt and evaluate effective interventions for use in communities of color.
- In addition, CDC
- Provides intramural training for researchers of minority races and ethnicities through a program called Research Fellowships on HIV Prevention in Communities of Color.
 - Established the extramural Minority HIV/AIDS Research Initiative (MARI) in 2002 to create partnerships between CDC epidemiologists and researchers who are members of minority races and ethnicities and who work in communities of color. MARI funds epidemiologic and preventive studies of HIV in communities of color and encourages the career development of young investigators. CDC invests \$2 million per year in the program and since 2003 has funded 13 junior investigators at 12 sites across the country [19].

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Understanding HIV and AIDS Data

AIDS surveillance: Through a uniform system, CDC receives reports of AIDS cases from all US states and dependent areas. Since the beginning of the epidemic, these data have been used to monitor trends because they are representative of all areas. The data are statistically adjusted for reporting delays and for the redistribution of cases initially reported without risk factors. As treatment has become more available, trends in new AIDS diagnoses no longer accurately represent trends in new HIV infections; these data now represent persons who are tested late in the course of HIV infection, who have limited access to care, or in whom treatment has failed.

HIV surveillance: Monitoring trends in the HIV epidemic today requires the collection of information on HIV cases that have not progressed to AIDS. Areas with requirements for confidential name-based HIV infection reporting use the same uniform system for data collection on HIV cases as for AIDS cases. A total of 33 states (Alabama, Alaska, Arizona, Arkansas, Colorado, Florida, Idaho, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New York, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming) have collected these data for at least 5 years, providing sufficient data to monitor HIV trends.

HIV/AIDS: This term is used to refer to 3 categories of diagnoses collectively: (1) a diagnosis of HIV infection (not AIDS), (2) a diagnosis of HIV infection and a later diagnosis of AIDS, (3) concurrent diagnoses of HIV infection and AIDS.

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For more information . . .

CDC HIV/AIDS
<http://www.cdc.gov/hiv>
CDC HIV/AIDS resources

CDC-INFO
 1-800-232-4636
Information about personal risk and where to get an HIV test

CDC National HIV Testing Resources
<http://www.hivtest.org>
Location of HIV testing sites

CDC National Prevention Information Network (NPIN)
 1-800-458-5231
<http://www.cdcpin.org>
CDC resources, technical assistance, and publications

AIDSinfo
 1-800-448-0440
<http://www.aidsinfo.nih.gov>
Resources on HIV/AIDS treatment and clinical trials



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



HIV-Related Risk Behaviors Among African-American Youth

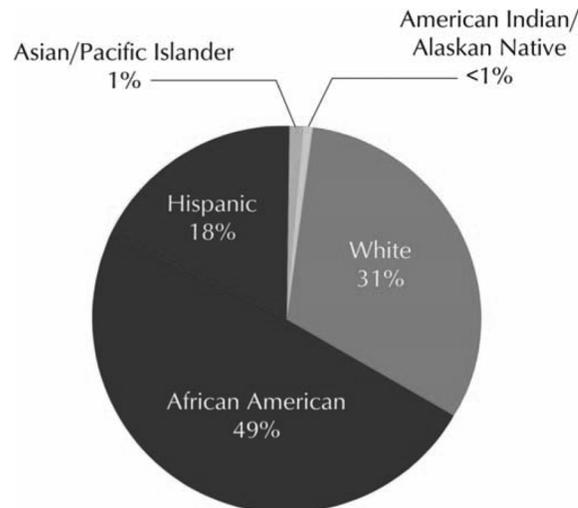
“It is time for all of us to take action to protect ourselves and our young people against HIV/AIDS. . . [W]e must educate our children about HIV prevention. They need to know that it is OK to talk about AIDS, because illness, like injustice and inequality, cannot be eliminated by remaining silent.”

Coretta Scott King

HIV/AIDS Among African Americans

- At the end of 2003, an estimated 1,039,000 to 1,185,000 persons in the United States were living with HIV/AIDS.¹ In 2005, more than 38,000 cases of HIV/AIDS were diagnosed in the 33 states with confidential, name-based reporting of HIV and AIDS cases.²
- African Americans make up approximately 13% of the U.S. population, but in 2005 they accounted for 49% of the estimated number of HIV/AIDS cases diagnosed.² Among youth, while only 15% of teens (ages 13–19) are African American, they accounted for 73% of new AIDS cases reported in 2004.³
- In 2005, the rate of AIDS cases for African-American adults and adolescents was 10 times the rate for whites and almost 3 times the rate for Hispanics. The rate of AIDS diagnoses for African-American females was 24 times the rate for white females; for African-American men it was 8 times the rate for white males.²
- During 2001–2004, among women, 68% of the HIV/AIDS diagnoses were among African Americans and, among men, 44% of the HIV/AIDS diagnoses were among African Americans.⁴
- During 2001–2004, of the estimated 18,849 people aged 25 years or younger diagnosed with HIV/AIDS in the 33 states with confidential, name-based reporting of HIV and AIDS cases, 61% were African American.⁴

Race/ethnicity of persons (including children) with HIV/AIDS diagnosed during 2005*



* Based on data from 33 states with confidential name-based HIV infection reporting.

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HIV-Related Risk Behaviors Among African American Youth

- In 2002, HIV/AIDS was the number one cause of death for African-American women aged 25–34 years and the number two cause of death for all African Americans aged 35–44.⁵ Of the more than half a million people with AIDS who have died in the United States, 38% were African American.²
- African Americans have the highest rates of sexually transmitted diseases (STDs). In 2005, rates of gonorrhea were 18 times higher among African Americans compared to whites and rates of syphilis were five times higher among African Americans compared to whites.⁶ The presence of certain STDs can increase one's chances of contracting HIV two to five-fold.⁷

Go to www.cdc.gov/hiv/topics/aa/index.htm for more information on HIV/AIDS among African Americans.

HIV-Related Risk Behaviors

- HIV transmission occurs among adults and adolescents primarily through unprotected sexual contact and injected drug use. HIV-related risk behaviors are often established during adolescence and extend into adulthood.
- The primary modes of HIV transmission among African-American adult or adolescent males are male-to-male sexual contact (48%), followed by injection drug use (23%) and high-risk heterosexual contact (22%). The primary modes of HIV transmission among African-American adult or adolescent females are high-risk heterosexual contact (74%), followed by injection drug use (24%).²

HIV-Related Risk Behaviors Among African-American Students, 2005

The following data are from the CDC's 2005 National Youth Risk Behavior Survey (YRBS), which has been conducted every other year since 1991 and provides data representative of 9th through 12th grade students in public and private schools throughout the United States.⁸ National YRBS data apply only to youth who attend school and so are not representative of

all youth. In 2004, approximately 4% of youth aged 16–17 years were not enrolled in high school and did not have a high school credential.⁹

Black students have higher rates of some HIV-related risk behaviors than white students and Hispanic/Latino students.

- 67.6% of black students had ever had sexual intercourse, compared with 43.0% of white students and 51.0% of Hispanic/Latino students.
- 47.4% of black students were currently sexually active (i.e., had sexual intercourse with 1 or more persons during the 3 months preceding the survey), compared with 32.0% of white students and 35.0% of Hispanic/Latino students.
- 16.5% of black students had had sexual intercourse before age 13 years, compared with 4.0% of white students and 7.3% of Hispanic/Latino students.
- 28.2% of black students had had sexual intercourse with 4 or more persons during their life, compared with 11.4% of white students and 15.9% of Hispanic/Latino students.

Black students have lower rates of some HIV-related risk behaviors than white students and Hispanic/Latino students and black students are more likely to have been tested for HIV.

- Among students who were currently sexually active, 31.1% of black students did not use a condom during last intercourse, compared with 37.4% of white students and 42.3% of Hispanic/Latino students.
- Among students who were currently sexually active, 14.1% of black students reported drinking alcohol or using drugs before last sexual intercourse, compared with 25.0% of white students and 25.6% of Hispanic/Latino students.
- 0.3% of black female students reported illegal injection drug use, compared with 1.3% of white female students and 1.4% of Hispanic/Latino female students.
- 21.0% of black students had been tested for HIV, compared with 10.2% of white students and 12.0% of Hispanic/Latino students.

HIV-Related Risk Behaviors Among African American Youth

Black male students have higher rates of some HIV-related risk behaviors than black female students. Black female students are more likely to have been tested for HIV.

- 74.6% of black male students had ever had sexual intercourse, compared with 61.2% of black female students.
- 51.3% of black male students were currently sexually active, compared with 43.8% of black female students.
- 26.8% of black male students had had sexual intercourse before age 13 years, compared with 7.1% of black female students.
- 38.7% of black male students had had sexual intercourse with 4 or more persons during their life, compared with 18.6% of black female students.
- 3.1% of black male students reported illegal injection drug use, compared with 0.3% of black female students.
- 24.1% of black female students had been tested for HIV, compared with 17.9% of black male students.

See Table 1 for more information on HIV-related risk behaviors by race/ethnicity and sex among high school students.

12th grade black students have higher rates of some HIV-related risk behaviors than 9th grade black students.

- 80.0% of 12th grade black students had ever had sexual intercourse, compared with 55.4% of 9th grade black students.
- 62.9% of 12th grade black students were currently sexually active, compared with 33.7% of 9th grade black students.
- 43.8% of 12th grade black students had had sexual intercourse with 4 or more persons during their life, compared with 18.4% of 9th grade black students.
- 46.7% of 12th grade black students who were currently sexually active did not use a condom during last intercourse, compared with 18.2% of 9th grade black students who were currently sexually active.

Between 1991-2005, rates of some HIV-related risk behaviors among black students varied. Some behaviors declined while others declined and then leveled off. The percentage of black students reporting illegal injection drug use increased since 1991, but remains small.

- The percentage of black students who were currently sexually active declined from 59.3% in 1991 to 47.4% in 2005; the percentage who had had sexual intercourse before age 13 years declined from 28.2% in 1991 to 16.5% in 2005; and the percentage who had had sexual intercourse with 4 or more persons during their life declined from 43.1% in 1991 to 28.2% in 2005.
- The percentage of black students who had ever had sexual intercourse declined from 81.5% in 1991 to 60.8% in 2001; since 2001, however, it has leveled off. In 2005, 67.6% of black students had ever had sexual intercourse.
- The percentage of black students who did not use a condom during last sexual intercourse (among those who were currently sexually active) declined from 52.0% in 1991 to 30.0% in 1999; since 1999, however, it has leveled off. In 2005, 31.1% of currently sexually active black students did not use a condom during last intercourse.
- The percentage of black students reporting illegal injection drug use increased from 1.1% in 1995 to 1.7% in 2005.

See Table 2 for more information on trends in HIV-related risk behaviors among high school students.

HIV-Related Risk Behaviors Among African American Youth

Table 1. HIV-Related Risk Behaviors Among U.S. Students in Grades 9–12, by Race/Ethnicity* and Sex, Youth Risk Behavior Survey, 2005

| | Black Students | | | Hispanic Students | | | White Students | | |
|---|----------------|--------------|--------------|-------------------|--------------|--------------|----------------|--------------|--------------|
| | Total | Male | Female | Total | Male | Female | Total | Male | Female |
| Ever had sexual intercourse | 67.6 ±3.1** | 74.6 ±3.7 | 61.2 ±4.6 | 51.0 ±4.3 | 57.6 ±4.4 | 44.4 ±5.0 | 43.0 ±4.1 | 42.2 ±4.4 | 43.7 ±4.6 |
| Were currently sexually active (Had sexual intercourse with ≥1 person during the 3 months preceding the survey.) | 47.4 ±2.6 | 51.3 ±4.5 | 43.8 ±3.1 | 35.0 ±3.9 | 36.3 ±4.0 | 33.7 ±4.2 | 32.0 ±3.3 | 30.6 ±3.4 | 33.5 ±4.2 |
| Had sexual intercourse before age 13 years | 16.5 ±2.4 | 26.8 ±3.5 | 7.1 ±2.0 | 7.3 ±1.9 | 11.1 ±3.2 | 3.6 ±1.2 | 4.0 ±0.8 | 5.0 ±1.0 | 2.9 ±0.8 |
| Had sexual intercourse with 4 or more persons during their life | 28.2 ±2.6 | 38.7 ±4.2 | 18.6 ±3.3 | 15.9 ±2.4 | 21.7 ±3.5 | 10.4 ±2.1 | 11.4 ±1.8 | 11.6 ±2.1 | 11.1 ±2.2 |
| Did <u>not</u> use a condom during last sexual intercourse (among currently sexually active students) | 31.1 ±3.6 | 24.5 ±4.4 | 37.9 ±6.1 | 42.3 ±4.1 | 34.7 ±7.3 | 50.2 ±4.3 | 37.4 ±2.5 | 29.9 ±3.7 | 44.4 ±3.2 |
| Had drunk alcohol or used drugs before last sexual intercourse (among currently sexually active students) | 14.1 ±3.1 | 15.4 ±3.7 | 12.8 ±3.8 | 25.6 ±4.7 | 32.2 ±7.3 | 18.7 ±3.8 | 25.0 ±2.8 | 29.9 ±4.3 | 20.5 ±2.6 |
| Lifetime illegal injection drug use | 1.7 ±0.9 | 3.1 ±1.8 | 0.3 ±0.3 | 3.0 ±1.0 | 4.6 ±1.6 | 1.4 ±0.7 | 1.9 ±0.4 | 2.5 ±0.7 | 1.3 ±0.6 |
| Had been tested for HIV | 21.0 ±2.4 | 17.9 ±3.2 | 24.1 ±3.6 | 12.0 ±1.4 | 12.7 ±1.8 | 11.2 ±2.0 | 10.2 ±1.1 | 8.8 ±1.2 | 11.6 ±1.8 |

Table 2. Trends in HIV-Related Risk Behaviors Among U.S. Students in Grades 9–12, by Race/Ethnicity,* Youth Risk Behavior Survey, 1991-2005

| | 1991 | 1993 | 1995 | 1997 | 1999 | 2001 | 2003 | 2005 | Changes from 1991–2005 |
|---|----------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--|
| Ever had sexual intercourse | | | | | | | | | |
| All Students | 54.1 ±3.5** | 53.0 ±2.7 | 53.1 ±4.5 | 48.4 ±3.1 | 49.9 ±3.7 | 45.6 ±2.3 | 46.7 ±2.6 | 46.8 ±3.3 | Decreased, 1991–2005 |
| Black Students | 81.5 ±3.2 | 79.7 ±3.2 | 73.4 ±4.5 | 72.7 ±2.8 | 71.2 ±8.1 | 60.8 ±6.6 | 67.3 ±3.3 | 67.6 ±3.1 | Decreased, 1991–2001 No change, 2001–2005 |
| Hispanic Students | 53.1 ±3.5 | 56.0 ±4.1 | 57.6 ±8.6 | 52.2 ±3.6 | 54.1 ±4.8 | 48.4 ±4.5 | 51.4 ±3.2 | 51.0 ±4.3 | No change, 1991–2005 |
| White Students | 50.0 ±3.2 | 48.4 ±2.8 | 48.9 ±5.0 | 43.6 ±4.2 | 45.1 ±3.9 | 43.2 ±2.5 | 41.8 ±2.7 | 43.0 ±4.1 | Decreased, 1991–2005 |
| Were currently sexually active (Had sexual intercourse with ≥1 person during the 3 months preceding the survey.) | | | | | | | | | |
| All Students | 37.5 ±3.1 | 37.5 ±2.1 | 37.9 ±3.5 | 34.8 ±2.2 | 36.3 ±3.5 | 33.4 ±2.0 | 34.3 ±2.1 | 33.9 ±2.5 | Decreased, 1991–2005 |
| Black Students | 59.3 ±3.8 | 59.1 ±4.4 | 54.2 ±4.7 | 53.6 ±3.2 | 53.0 ±8.9 | 45.6 ±5.4 | 49.0 ±2.9 | 47.4 ±2.6 | Decreased, 1991–2005 |
| Hispanic Students | 37.0 ±3.6 | 39.4 ±3.7 | 39.3 ±7.1 | 35.4 ±3.9 | 36.3 ±4.0 | 35.9 ±3.2 | 37.1 ±2.8 | 35.0 ±3.9 | No change, 1991–2005 |
| White Students | 33.9 ±2.8 | 34.0 ±2.1 | 34.8 ±3.9 | 32.0 ±3.1 | 33.0 ±3.3 | 31.3 ±2.2 | 30.8 ±2.0 | 32.0 ±3.3 | No change, 1991–2005 |
| Had sexual intercourse before age 13 years | | | | | | | | | |
| All Students | 10.2 ±1.6 | 9.2 ±1.3 | 8.9 ±1.4 | 7.2 ±0.9 | 8.3 ±1.2 | 6.6 ±0.9 | 7.4 ±1.2 | 6.2 ±0.8 | Decreased, 1991–2005 |
| Black Students | 28.2 ±2.8 | 28.0 ±2.8 | 24.2 ±3.4 | 21.7 ±2.3 | 20.5 ±4.8 | 16.3 ±2.6 | 19.0 ±2.4 | 16.5 ±2.4 | Decreased, 1991–2005 |
| Hispanic Students | 8.9 ±1.7 | 9.7 ±2.0 | 8.8 ±2.9 | 7.7 ±1.4 | 9.2 ±1.3 | 7.6 ±2.0 | 8.3 ±1.4 | 7.3 ±1.9 | Decreased, 1991–2005 |
| White Students | 6.7 ±1.1 | 5.6 ±1.0 | 5.7 ±1.1 | 4.0 ±0.8 | 5.5 ±0.7 | 4.7 ±1.1 | 4.2 ±0.9 | 4.0 ±0.8 | Decreased, 1991–2005 |

HIV-Related Risk Behaviors Among African American Youth

| | 1991 | 1993 | 1995 | 1997 | 1999 | 2001 | 2003 | 2005 | Changes from 1991–2005 |
|--|--------------|--------------|---------------|--------------|---------------|--------------|--------------|--------------|--|
| Had sexual intercourse with 4 or more persons during their life | | | | | | | | | |
| All Students | 18.7 ±2.1 | 18.7 ±2.0 | 17.8 ±2.7 | 16.0 ±1.4 | 16.2 ±2.6 | 14.2 ±1.2 | 14.4 ±1.6 | 14.3 ±1.5 | Decreased, 1991–2005 |
| Black Students | 43.1 ±3.5 | 42.7 ±3.9 | 35.6 ±4.4 | 38.5 ±3.6 | 34.4 ±10.3 | 26.6 ±3.7 | 28.8 ±2.5 | 28.2 ±2.6 | Decreased, 1991–2005 |
| Hispanic Students | 16.8 ±2.6 | 18.6 ±3.1 | 17.6 ±3.7 | 15.5 ±2.4 | 16.6 ±3.6 | 14.9 ±1.7 | 15.7 ±2.2 | 15.9 ±2.4 | No change, 1991–2005 |
| White Students | 14.7 ±1.8 | 14.3 ±2.1 | 14.2 ±2.4 | 11.6 ±1.5 | 12.4 ±2.1 | 12.0 ±1.4 | 10.8 ±1.5 | 11.4 ±1.8 | Decreased, 1991–2005 |
| Did not use a condom during last sexual intercourse (Among currently sexually active students.) | | | | | | | | | |
| All Students | 53.8 ±3.3 | 47.2 ±2.7 | 45.6 ±3.5 | 43.2 ±1.6 | 42.0 ±4.2 | 42.1 ±2.2 | 37.0 ±2.5 | 37.2 ±2.1 | Decreased, 1991–2005 |
| Black Students | 52.0 ±3.8 | 43.5 ±3.8 | 33.9 ±4.8 | 36.0 ±2.8 | 30.0 ±5.4 | 32.9 ±3.5 | 27.2 ±3.7 | 31.1 ±3.6 | Decreased, 1991–1999 No change, 1999–2005 |
| Hispanic Students | 62.6 ±6.2 | 53.9 ±4.4 | 55.6 ±11.1 | 51.7 ±5.6 | 44.8 ±6.8 | 46.5 ±5.1 | 42.6 ±5.3 | 42.3 ±4.1 | Decreased, 1991–2005 |
| White Students | 53.5 ±4.6 | 47.7 ±3.9 | 47.5 ±4.0 | 44.2 ±2.0 | 45.0 ±5.1 | 43.2 ±3.0 | 37.5 ±3.1 | 37.4 ±2.5 | Decreased, 1991–2005 |
| Lifetime illegal injection drug use | | | | | | | | | |
| All Students | NA*** | NA | 2.1 ±0.4 | 2.1 ±0.5 | 1.8 ±0.4 | 2.3 ±0.4 | 3.2 ±1.2 | 2.1 ±0.3 | No change, 1995–2005 |
| Black Students | NA | NA | 1.1 ±0.6 | 1.0 ±0.7 | 0.9 ±0.5 | 1.6 ±0.7 | 2.4 ±1.1 | 1.7 ±0.9 | Increased, 1995–2005 |
| Hispanic Students | NA | NA | 2.2 ±0.9 | 2.2 ±0.6 | 1.8 ±0.8 | 2.5 ±0.7 | 3.9 ±2.1 | 3.0 ±1.0 | No change, 1995–2005 |
| White Students | NA | NA | 2.0 ±0.6 | 1.8 ±0.5 | 1.6 ±0.4 | 2.4 ±0.5 | 2.5 ±1.3 | 1.9 ±0.4 | No change, 1995–2005 |

*Data are presented only for non-Hispanic black, non-Hispanic white, and Hispanic students because the numbers of students from other racial/ethnic populations were too small for meaningful analysis.

**The 95% confidence interval provides the range of values within which the "true" percentage lies. A 95% confidence interval means that if the survey were repeated many times, the "true" value would fall within the interval 95% of the time. When the confidence interval is relatively narrow, the estimate is more precise. Wider confidence intervals diminish the ability to report results with precision. For example, if the confidence interval ranges from a low of 82% to a high of 98%, the "true" estimate of the behavior 95% of the time could be as low as 82% or as high as 98%.

***NA = Not available.

For more information on the YRBS, go to www.cdc.gov/yrbs.

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Fact Sheet

Chlamydia

What is it?

Chlamydia is a common sexually transmitted disease caused by the bacteria *Chlamydia trachomatis*. This is the most common sexually transmitted disease among youth.

How is it transmitted?

Through unprotected sex.

What are the symptoms in young men?

- May have no symptoms at all
- Sores, bumps or blisters near genitals, anus (butt) or mouth
- Burning or pain when you urinate (pee)
- Drip or discharge from the penis

What are the symptoms in young women?

- May have no symptoms at all
- Sores, bumps or blisters near genitals, anus (butt) or mouth
- Burning or pain when you urinate (pee)
- Itching
- Bad smell or unusual discharge from the vagina or anus
- Belly ache—normally in the lower abdominal area
- Bleeding from the vagina between menstrual periods

What are the health consequences?

- In young women, it can lead to scarring of the fallopian tubes, which can lead to infertility (the inability to have a baby).
- Complications in young men are rare, but sometimes infection can spread to the epididymis (a tube that carries sperm from the testes), testicles and prostate, causing pain, fever and, rarely, sterility.
- Increases susceptibility to HIV infection.

How is it treated?

Chlamydia can be treated easily and cured with antibiotics.

Fact Sheet

Nongonococcal Urethritis (NGU)

What is it?

NGU is a treatable bacterial infection of the urethra (the tube within the penis), often associated with chlamydia. NGU refers to symptoms young men may have when they have an STD.

How is it transmitted?

Through unprotected sex.

What are the symptoms in young men?

- Pain when you urinate (pee)
- Painful discharge from the penis

What are the symptoms in young women?

While men are primarily infected by NGU, women can easily be infected with the main cause of NGU—chlamydia. Symptoms can include:

- Painful urination
- Unusual vaginal discharge

What are the health consequences?

- In young women, it can lead to scarring of the fallopian tubes, which can lead to infertility (the inability to have a baby).
- Complications in young men are rare, but sometimes infection can spread to the epididymis (a tube that carries sperm from the testes), testicles and prostate causing pain, fever and, rarely, sterility.
- Increases susceptibility to HIV infection.

How is it treated?

NGU can be treated easily and cured with antibiotics.

Fact Sheet

Gonorrhea (The Clap)

What is it?

Gonorrhea is a bacterial infection of the penis, vagina or anus (butt) that causes pain or a burning feeling, as well as a pus-like discharge.

How is it transmitted? Through unprotected sex.

What are the symptoms in young men?

- A yellowish discharge from the urethra (the tube within the penis)
- Burning or pain when you urinate (pee)
- Sore throat (with oral gonorrhea)
- Symptoms may vary in severity, including sometimes having no symptoms at all

What are the symptoms in young women?

- Women often have no symptoms, or mild symptoms
- Burning or pain when you urinate (pee)
- An unusual, sometimes smelly discharge
- Increased vaginal discharge
- Vaginal bleeding between periods
- Sore throat (with oral gonorrhea)

What are the symptoms of an infection in the anus?

- Discharge
- Anal itching
- Soreness
- Bleeding
- Painful bowel movements

What are the health consequences?

- Gonorrhea is a common cause of PID (Pelvic Inflammatory Disease) in young women, and can sometimes lead to sterility.
- Because of PID, it can cause internal abscesses (pus-like pockets that are hard to cure), infertility, and ectopic pregnancy (a pregnancy that occurs outside of the uterus—primarily in the fallopian tubes—which can be fatal if untreated).
- If a woman is pregnant, gonorrhea may affect the baby at birth and cause blindness.
- Severe abdominal pain.
- Fever.
- Epididymitis (a painful condition of the testicles that can lead to infertility).
- Increases susceptibility to HIV infection.
- Gonorrhea can spread to the blood or joints. If this happens, it can be life threatening.

How is it treated?

Gonorrhea can be treated easily and cured with antibiotics.

Fact Sheet

Herpes

What is it?

Herpes is a sexually transmitted disease caused by herpes simplex viruses Type 1 (HSV-1) and Type 2 (HSV-2). Most genital herpes is caused by HSV-2.

How is it transmitted?

Through direct skin to skin contact (not just sex), as well as by anal, vaginal and oral sex, even when using a condom. It can be transmitted even if there are no sores present.

What are the symptoms?

The symptoms are the same in young men and young women. Most people who have herpes don't even know it because they don't have signs or symptoms that they notice. When signs occur (usually 2-10 days after infection) they appear as one or more blisters on or around the genitals or rectum (butt). The blisters break, leaving tender ulcers (sores) that may take 2-4 weeks to heal. The sores are usually quite painful. The person may also have discharge, fever and body aches.

Herpes sometimes starts out as bumps or blisters in and around the genital area, which then scab over. It also can look like an irritated red area or bumps that many people mistake for something else, such as an ingrown hair, pimple, bug bite or rash.

Many men mistake herpes for jock itch, zipper burn or abrasions from rough sex. Many women mistake it for a yeast infection, razor burn or an irritation from rough sex.

What are the health consequences?

- Genital herpes frequently causes psychological distress in people who know they are infected.
- Can cause potentially fatal infections in babies.
- Increases susceptibility to HIV infection.

How is it treated?

There is no cure for herpes; a person remains infected for life. However, outbreaks can be controlled and the severity lessened with medicine.

Fact Sheet**Trichomoniasis (“Trich”)****What is it?**

Trich is a sexually transmitted disease that affects both young men and young women, although symptoms are more common in women.

How is it transmitted?

Through unprotected sex.

What are the symptoms in young men?

- Most young men have no signs or symptoms.
- An irritation inside the penis
- Slight burning after urination or ejaculation
- Mild discharge
- A rash or itching

What are the symptoms in young women?

- A frothy or cheesy yellowish-green discharge with a strong odor
- May cause discomfort during intercourse (sex) or urination
- Irritation in the genital area, with itching, burning or redness
- In rare cases, lower stomach pain may occur

What are the health consequences?

- Increases susceptibility to HIV infection.
- Skin infections from scratching.

How is it treated?

Trich can be treated easily and cured with antibiotics.

Fact Sheet

Syphilis

What is it?

Syphilis is an STD caused by a bacterium.

How is it transmitted?

Passed from person to person through direct contact with a syphilis sore. Sores occur mainly on the external genitals (vagina and anus) or in the rectum (butt). Sores can also occur on the lips and in the mouth and throat. It may affect a baby before birth, if the mother has it.

What are the symptoms?

These symptoms apply to both young men and young women. They occur in three stages:

Primary Stage

This is usually marked by the appearance of a single sore (called a chancre) but there may be multiple sores. The sore is usually firm, round, small and painless. It appears at the spot where syphilis entered the body. The sore lasts 3 to 6 weeks and heals without treatment. However, without adequate treatment, it will progress to the secondary stage.

Secondary Stage

This is usually marked by a non-itchy skin rash that may appear as rough red or reddish brown spots on the palms of hands or the bottoms of the feet. However, rashes may occur on other parts of the body and sometimes look like rashes caused by other diseases. Sometimes the rash associated with secondary syphilis is so faint that it's not even noticed.

In addition to rashes, symptoms of secondary syphilis may include fever, swollen lymph glands (under the ear and under the arms), sore throat, patchy hair loss, headaches, weight loss, muscle ache and fatigue (tiredness).

Latent or Hidden Stage

This stage begins as secondary symptoms disappear. Without treatment, the infected person will continue to have syphilis even if there are no signs or symptoms; the infection remains in the body. In latent stages, syphilis may damage the internal organs, including the brain, nerves, eyes, heart, blood vessels, liver, bones and joints. This internal damage may show up many years later. Signs and symptoms of the late stage of syphilis include difficulty coordinating muscle movement, paralysis, numbness, gradual blindness, and dementia (severe brain damage).

How is it treated?

Syphilis is easy to cure in its early stage with antibiotics. In the secondary and latent stages, additional doses of antibiotics may be required.

Fact Sheet

Hepatitis B

What is it?

Hepatitis B is a serious disease caused by a virus that attacks and causes inflammation of the liver.

How is it transmitted?

Spread most commonly through the exchange of blood, semen and vaginal secretions. It's also spread through sharing needles for injecting drugs or steroids.

What are the symptoms?

The symptoms are the same in young men and young women. Symptoms include:

- Jaundice (yellowing of the skin)
- Tiredness
- Stomach pain
- Muscle aches
- Loss of appetite
- Nausea and vomiting
- Joint pain
- Dark urine

What are the health consequences?

Many cases of hepatitis are not a serious threat to health. But the disease can lead to chronic liver problems, cancer, liver failure and death.

How is it treated?

Hepatitis B can be treated with medicines, but treatment isn't always successful.

How is it prevented?

Vaccinations against Hepatitis A and B are routinely provided to youth ages 0-18.

Fact Sheet

Human Papilloma Virus (HPV or Genital Warts)

What is it?

HPV is the name of a group of viruses—there are over 100 types of HPV. About 30 of these are sexually transmitted and cause genital HPV.

How is it transmitted?

Genital HPV is spread through skin-to-skin contact, not through an exchange of body fluids. It cannot be entirely prevented with condom use. Nearly three out of four Americans between the ages of 15 and 49 have been infected with genital HPV in their lifetimes.

What are the symptoms?

- Sometimes the virus lives in the skin and causes no symptoms at all. (This is called hidden or latent HPV infection.)
- Visible growths in the genital area.
- Tiny changes on the skin, usually only recognizable by a doctor or nurse.
- Warts can be smooth on the skin or raised like a bump. The bumps can appear alone, or in a group. They can be small or large. Sometimes they itch.
- Some women with HPV may have abnormal cell changes on the cervix which can only be found by a Pap smear.

What are the health consequences?

- HPV can cause cervical cancer in women.
- Warts can block vaginal, penile or rectal openings.

How is it treated?

There is no cure for HPV, although in most people the infection goes away on its own. Warts or other cell changes caused by the virus can be treated.

How is it prevented?

There is a vaccine for women that protects against most types of HPV that cause cervical cancer and genital warts. The vaccine is given in 3 shots over a 6-month period.

Fact Sheet

HIV and STD Testing

People can get tested to find out whether they have HIV or another STD.

Why Get Tested?

If you get tested and find out you have HIV or another STD, you can get treated. The earlier you are treated, the better the outcome is likely to be.

- Most STDs can be cured.
- You can learn how to protect your partner so he or she doesn't get it.
- You can tell past partners if they are at risk and should be tested.
- You can make better choices about your future.
- You can take care of your health.
- If you are a woman and you are pregnant, you can take steps to protect your baby.

Remember, many STDs don't have any symptoms, and some STDs threaten your life. Untreated STD can interfere with your ability to have a baby in the future. It's important to get tested and treated if you have an STD.

Who Should Get Tested?

You are at risk for HIV or other STD if:

- You've had sex (vaginal, anal or oral) without using a condom.

The risk is higher if:

- You've had more than one partner.
- Your partner has had more than one partner.
- Your partner has used injection drugs.
- You've ever shared needles to inject drugs, vitamins or steroids.
- You've ever shared needles for body piercing, tattooing or any other reason.
- You've had other STDs in the past.
- You are a young male having sex with multiple male partners.
- You've engaged in unprotected anal intercourse.

You are at risk for HIV and hepatitis B if:

- You've ever shared needles to inject drugs, vitamins, hormones or steroids.
- You've ever shared needles for body piercing, tattooing or any other reason.

(continued)

Fact Sheet

HIV and STD Testing *(continued)*

Where Can You Get Tested?

You can get tested at clinics, doctor's offices, or health departments.

Before you go, call first to find out:

- How much do the tests cost?
- Do you need your parents' permission to get tested? *(Many states do not require permission for teens to be seen and treated.)*
- Does the testing center offer counseling after testing?
- What are the clinic/office hours?

Your local testing sites:

1 Name

Address

Phone

2 Name

Address

Phone

3 Name

Address

Phone

Fact Sheet

Abstinence

Abstinence means not having sex. For some people, abstinence means no sexual touching at all. For others it can mean doing everything except having intercourse. It's important for couples to communicate about what abstinence means to each of them so that their efforts to remain abstinent succeed.

Effectiveness: When adhered to, abstinence is 100% effective in preventing pregnancy. Different definitions of abstinence can have an impact on its effectiveness. A couple who practices abstinence as meaning “no sexual touching at all,” definitely will not get pregnant or contract an STD. If they practice abstinence as meaning “everything except intercourse,” there is a chance they can be exposed to HIV or other STD.

Advantages:

- You don't have to worry about HIV, STD or unplanned pregnancy.
- You can have lots of fun without sex. It's easier to relax when you're not worried about HIV or other STD.
- Choosing to be abstinent may fit with your moral or religious beliefs.
- You get time to learn more about yourself and your partner without the pressures sex can bring.
- Abstinence is about more than not getting pregnant or getting an STD. It's about making up your own mind and choosing what's right for you.
- It's empowering. The skills that help you make a choice to be abstinent help you in other areas of your life too. You learn how to resist pressure, set goals and make smart decisions.
- It's free! You don't have to go to a store, clinic or doctor to get it.

Disadvantages:

- Friends may talk about sex or tease you about not having it.
- It may be difficult to maintain under pressure.
- A partner may pressure you or push you to go beyond your limits. You might feel like you have to have sex or you'll lose the relationship.
- The media can influence ideas about sex. Media messages suggest that sex has no consequences or that everyone is doing it.
- Your own feelings can put pressure on you. You might be curious, feel left out, think that having sex would help you get or keep a partner, or start having sexual desires.

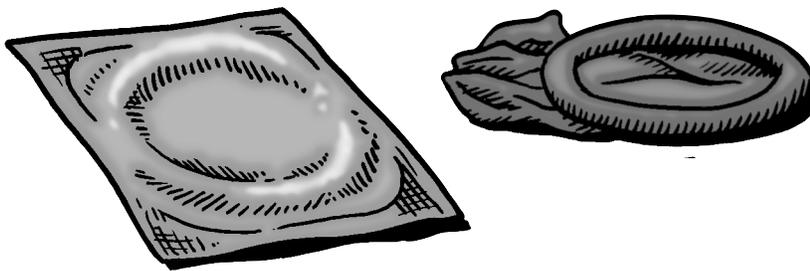
Tips for Staying Abstinent:

- Be clear about your reasons for not having sex.
- Have a vision of what you want for your life and your future.
- Find friends who've also chosen to wait. You can support each other.
- Remember the benefits of abstinence. This can help you resist pressure.
- Avoid situations where it might be hard to wait or where sexual feelings might make things confusing.
- Plan how you'll deal with pressure. Practice ways to say no ahead of time and ways to explain your choice.
- Speak up. Take a stand if you feel pressure from friends. Explain that you've decided to wait and that their teasing bothers you.
- Decide what your limits are. Then communicate them to your partner.
- Share your decision to be abstinent with your parents so they can support you.

Fact Sheet

Male Condom

A male condom is a latex or plastic barrier that fits over an erect penis to catch the semen when the man ejaculates. It keeps the sperm from entering the woman's body. Condoms are also used for safe oral sex and will help protect people from oral STDs such as herpes. Flavored condoms are designed for oral sex and may cause irritation with vaginal or anal sex.



Effectiveness:

- If condoms are used correctly every time a person has sex, they are 98% effective in preventing pregnancy.
- If they are not used correctly, the effectiveness drops to 85%.

Advantages:

- Condoms can be bought in drugstores.
- Condoms are easy to use and carry, so they can be readily available when needed.
- Latex condoms help protect people from HIV and other STD.

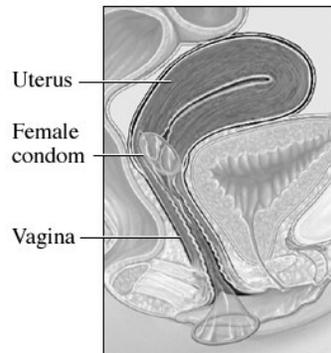
Disadvantages:

- There are generally no side effects or risks from using condoms.
- Occasionally, people are allergic to chemicals in the spermicide in lubricated condoms. If this happens, switch brands.
- Condoms may decrease spontaneity and sometimes some people are uncomfortable using them. Talking about condoms before sex and practicing can help!

Fact Sheet

Female Condom

The female condom is a lubricated polyurethane sheath with a flexible polyurethane ring on each end. One ring is inserted into the vagina to cover the cervix, while the other remains outside, partially covering the labia.



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Effectiveness:

- When used correctly, the female condom is highly effective for protection against pregnancy, HIV and other STD.
- The estimated failure rate ranges from 21 to 26%.

Advantages:

- Female condoms can be bought in drugstores.
- Female condoms are easy to use and carry, so they can be readily available when needed.
- Female condoms help protect people from HIV and other STD.

Disadvantages:

- There are generally no side effects or risks from using female condoms.
- Female condoms are more expensive than male condoms and are more difficult to find free in clinics.
- Female condoms may decrease spontaneity and sometimes some people are uncomfortable using them. Talking about condoms before sex and practicing can help!

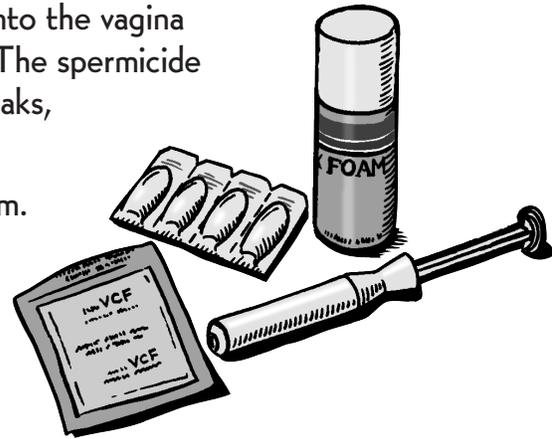
Fact Sheet

Spermicides: Foam, Suppositories & Film

Since condoms are not 100% effective, there are some things people can do to make it even less likely a pregnancy will occur. One of these things is to use spermicidal foam, suppositories or film with the condom.

Foam, suppositories or film should be inserted into the vagina 20 minutes before sex each time you have sex. The spermicide acts as an extra security. In case the condom breaks, spermicides will kill the sperm.

Spermicides should always be used with a condom. Spermicides are not very effective on their own.



Effectiveness:

- If spermicides are used correctly every time, they are 82% effective in preventing pregnancy.
- If they are not used correctly every time, they are only 71% effective.

Advantages:

- Like condoms, foam, suppositories and film can be bought in drugstores and are easy to use and carry.
- Spermicides provide extra protection from pregnancy when used with condoms.

Disadvantages:

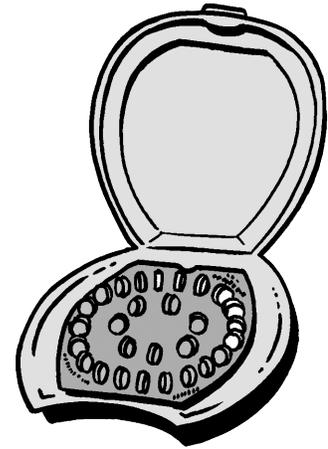
- There are generally no side effects or risks from using foam, suppositories or film.
- Occasionally, people are allergic to chemicals in spermicides. If either partner becomes allergic, try switching to a different brand.
- Spermicides do not protect people from HIV and STD.

Note: Spermicides do not protect people from HIV or other STD. You must use a condom with this birth control method to be protected from STD.

Fact Sheet

The Pill

Birth control pills are small tablets made of artificial hormones. They prevent pregnancy by stopping the ovaries from releasing an egg each month, and/or thickening the mucus in the cervix (the opening to the womb) so it is hard for sperm to enter the woman's uterus. They must be prescribed by a health care provider.



Effectiveness:

- Birth control pills are more than 99% effective in preventing pregnancy when they are used correctly. This means the woman has to remember to take a pill regularly and not miss any days.
- If the pills are forgotten or not used correctly, the effectiveness drops to 92% or lower.

Advantages:

- Birth control pills are simple and easy to use, as long as the woman remembers to take them.
- Birth control pills don't interrupt sex.
- Birth control pills can lessen the bleeding and cramping of heavy or painful menstrual periods.

Disadvantages:

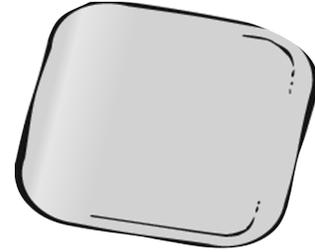
- Most birth control pills must be taken every day whether the woman is having sex or not.
- The pill causes few serious problems in young women, but its use is associated with a small chance of high blood pressure, blood clots, heart attack, and stroke, especially for women who smoke.
- In some women, use of the pill can lead to weight gain, depression, nausea and spotting between periods.
- Some medications make the pill less effective. Always let your doctor know if you are taking birth control pills.
- The pill doesn't protect people from HIV or other STD.

Note: The pill does not protect people from HIV or other STD. You must use a condom with this birth control method to be protected from STD.

Fact Sheet

The Patch

The birth control patch is a thin plastic square that slowly releases artificial hormones into the body. The patch can be worn on the skin of the buttocks, stomach, upper outer arm or upper torso (but not on the breasts). A new patch is applied each week. It prevents pregnancy in the same ways as the pill. It must be prescribed by a health care provider.



Effectiveness:

- The patch is more than 99% effective in preventing pregnancy when it is used correctly. This means the woman has to remember to wear the patch and to change it each week.
- If the patch is forgotten or not used correctly, the effectiveness drops to 92%.

Advantages:

- The patch is simple and easy to use, as long as the woman remembers to wear it and change it weekly.
- The patch doesn't interfere with sex.
- It can lessen the bleeding and cramping of heavy or painful menstrual periods.

Disadvantages:

- The patch must be worn every day, whether the woman is having sex or not.
- Like the pill, the patch causes few serious health risks for young women, but its use may be associated with a small chance of high blood pressure, blood clots, heart attack and stroke, especially for women who smoke. In some women, use of the patch can lead to weight changes, moodiness and spotting between periods.
- The patch doesn't protect people from HIV or other STD.

Note: The patch does not protect people from HIV or other STD. You must use a condom with this birth control method to be protected from STD.

Fact Sheet

The Ring

The vaginal ring is a soft, flexible ring inserted into the vagina that slowly releases artificial hormones into the body. The ring is changed once a month. It prevents pregnancy in the same ways as the pill and the patch. It must be prescribed by a health care provider.



Effectiveness:

- The ring is more than 99% effective in preventing pregnancy when it is used correctly. This means the woman has to remember to insert the ring and to change it each month.
- If the ring is forgotten or not used correctly, the effectiveness drops to 92% or lower.

Advantages:

- The ring is simple and easy to use, as long as the woman remembers to insert it and change it monthly.
- The ring doesn't interfere with sex.
- It can lessen the bleeding and cramping of heavy or painful menstrual periods.

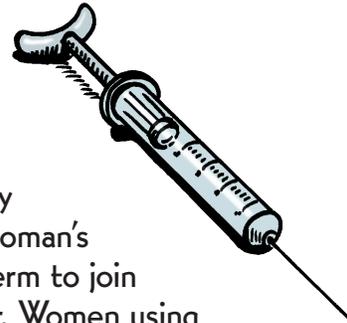
Disadvantages:

- The ring must remain in the vagina all the time, whether the woman is having sex or not.
- Like the pill and the patch, the ring causes few serious health risks for young women, but its use may be associated with a small chance of high blood pressure, blood clots, heart attack and stroke, especially for women who smoke. In some women, use of the ring can lead to weight changes, moodiness and spotting between periods.
- The ring doesn't protect people from HIV or other STD.

Note: The ring does not protect people from HIV or other STD. You must use a condom with this birth control method to be protected from STD.

Fact Sheet

The Shot



“The shot” is an injectable form of birth control that uses an artificial hormone to prevent pregnancy. The common brand name for the shot is Depo-Provera®. The shot usually works by keeping the ovaries from releasing an egg. It also can help a woman’s body develop thick cervical mucus that makes it harder for sperm to join an egg. The shot must be prescribed by a health care provider. Women using this method must get a shot every 3 months.

Effectiveness:

- The shot is more than 99% effective in preventing pregnancy when it is used correctly. This means the woman has to remember to go to her health care provider every 3 months to get an injection.
- Protection is immediate if a woman gets the shot during her first days of her period. Otherwise, she needs to use a back up method of birth control for the first week.

Advantages:

- The shot is easy to use, as long as the woman remembers to return for her shot every 3 months.
- A woman can use the shot without the knowledge of her partner.
- The shot doesn’t interfere with sex.
- The shot is effective for 12 weeks.

Disadvantages:

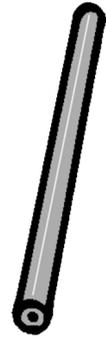
- Women must get a shot every 3 months as long as they want to prevent pregnancy.
- Potential side effects include irregular menstrual bleeding (lighter or heavier). Other less common side effects include change in sex drive, weight gain, headache, nausea, nervousness, dizziness, skin rash and sore breasts.
- The shot is associated with temporary bone thinning. Women using this method should talk with their health care provider about this issue.
- The shot doesn’t protect people from HIV or other STD.
- It can take an average of 9 to 10 months, or sometimes more than 1 year, to get pregnant after taking the last shot.

Note: The shot does not protect people from HIV or other STD. You must use a condom with this birth control method to be protected from STD.

Fact Sheet

The Implant

The implant is a thin rod of flexible plastic that is put under the skin of the upper arm by a health care provider. It releases an artificial hormone into the bloodstream. The common brand name for the implant is Implanon®. It works by keeping the ovaries from releasing an egg. It also can help a woman's body develop thick cervical mucus that makes it harder for sperm to join an egg. The implant works for 3 years.



Effectiveness:

- The implant is more than 99% effective in preventing pregnancy. It provides protection for 3 years.
- Certain medicines or substances (such as St. John's Wort or HIV medicines) may reduce the effectiveness of the implant.

Advantages:

- The implant is easy to use. Once it is implanted there are no other steps to be taken for its use.
- The implant doesn't interfere with sex.
- The ability to get pregnant returns quickly after the implant is removed.

Disadvantages:

- The use of the implant may cause side effects such as irregular menstrual bleeding (lighter or heavier).
- There are a number of other possible side effects. These include acne, change in appetite, headache and nervousness, among others.
- The implant must be inserted and removed by a health care provider.
- The implant doesn't protect people from HIV or other STD.

Note: The implant does not protect people from HIV or other STD. You must use a condom with this birth control method to be protected from STD.

Fact Sheet

Emergency Contraception

Emergency contraception (EC) methods can be used to help prevent a pregnancy after having unprotected sex. EC works best when it is used right away and no later than 3 to 5 days after sex.

EC prevents pregnancy by stopping the egg from being released and/or by changing the lining of the uterus so the egg can't implant and grow. There are 2 types of emergency contraception available in the United States: emergency contraceptive pills, which contain artificial hormones, and the copper-T IUD, a device inserted into the uterus by a health care provider.

Emergency contraception is **NOT** a regular method of birth control. It should be used only in an emergency, when a regular method of birth control has failed, or in cases of rape.

Effectiveness:

- When taken correctly and used no later than 3 to 5 days after sex, emergency contraceptive pills reduce the chances of pregnancy by 75 to 89%.
- The copper-T IUD reduces the chances of pregnancy by 99%.

Advantages:

- EC can lessen the chances of pregnancy if it is used within 5 days after having unprotected sex.
- Women who can't use birth control pills on a regular basis may be able to use EC pills safely on a one-time, emergency basis.

Disadvantages:

- Some women have nausea and vomiting when they take EC pills.
- The IUD EC may cause increased menstrual bleeding, pain and/or cramps at first, and spotting between periods.

Note: Neither form of EC protects women from HIV or other STD. EC cannot be used as a regular method of birth control.

A Focus on Kids Intervention

FOCUS ON YOUTH WITH IMPACT



Protect High-Risk Youth

This community-based program gives youth the skills and knowledge they need to protect themselves from HIV and other STD.

- Written specifically for African-American youth
- Stories and discussion topics for and about African-American youth
- Gives youth real skills to deal with real, high-risk situations

Focus on Youth with IMPACT:

- Builds skills in decision making, communication, assertive refusal, advocacy and accessing resources.
- Empowers youth to resist pressures, clarify personal values, communicate and negotiate around risk behaviors, and learn to use a condom correctly.
- Includes a variety of interactive activities—games, roleplays, discussions and community projects.
- Makes use of naturally occurring “friendship groups” to strengthen peer support of alternatives to risky behaviors.
- Addresses HIV and other STD, abstinence and condom use.
- Offers a parent session to strengthen parental involvement and family support for avoiding risky behaviors.

Research Proves It Works!

Focus on Youth with IMPACT:

- Increased condom use and intention to use condoms among sexually active youth.
- Lowered rates of sex, sex without a condom, and alcohol and tobacco use among youth in the parental monitoring group.
- Has been successful in both school and community settings across cultures, throughout the United States and internationally.



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