

# what are young women's HIV prevention needs?

## are young women at risk for HIV?

Yes. One in five people living with HIV in the US is under the age of 25. Forty percent of these young people are female, with a total of 10,111 young women in the US living with HIV.<sup>1</sup>

*Patterns of HIV infection among young women and men differ considerably. Young women bear the weight of most infections, representing 57% of all HIV cases among 13-19 year-olds, in contrast to 35% of cases among 20-24 year-olds.<sup>1</sup>*

Young African American women are significantly over-represented among HIV+ youth, comprising almost three-fourths (69%) of young women living with HIV. White young women comprise 23% of young women living with HIV, Latinas 6% and Asian/Pacific Islanders and American Indian/Alaska Natives each 1%.<sup>1</sup>

*The reasons why young African American women in particular have such high rates of HIV and other sexually transmitted diseases (STDs) have not been adequately addressed in research. Economic and social inequalities increase young African American women's vulnerability to HIV infection. Structural racism through discrimination in employment, housing, earning power and educational opportunity can affect their risk for HIV.<sup>2</sup>*

## what puts them at risk?

While many women face structural barriers that make them vulnerable to HIV, young women face specific barriers. Social and economic inequalities, gender violence, and social position as youth—combined with young women's particular biological vulnerability—place young women at considerable risk for HIV infection.

*Over half of all HIV cases among young women do not have an identified risk (they report no or unknown transmission risk), indicating that young women are not aware that they are being exposed to HIV. Of the reported HIV cases with identified risk among young women, 37% are due to heterosexual contact and 7% to injection drug use.<sup>1</sup>*

Twenty-two percent of American children live in families below the poverty level, almost twice the rate in any other industrialized country. Poverty contributes to an environment of high risk for young women, such as being homeless and/or trading sex for money or shelter.<sup>3</sup>

*Sexual transmission of HIV and other STDs from men to young women is easier than to older women due to young women's developing genital tract. A young woman's genital tract has a thin single layer of cells that does not transition to a thick multi-layer wall until women are in their early 20s.<sup>4</sup>*

Young women have high rates of STDs, and active STDs can facilitate transmission of HIV. In the US, 15-19 year-old women have the highest rates of gonorrhea and chlamydia. African American women aged 15-19 have gonorrhea rates 24 times higher than young white women.<sup>5</sup>

*Sharing needles and drug preparation equipment is greater among young female IDUs, despite injecting no more than young males. Also, overlapping sexual and injection partnerships have been found to be a key factor in increased injection risk in females.<sup>6</sup>*

One quarter (26%) of lesbian, gay, bisexual, and transgender youth are forced out of their homes upon disclosure of their sexuality. Living on the streets places young women at risk of HIV infection due to exposure through rape, survival sex and injecting drug use.<sup>7</sup>

*Personal histories of physical and sexual abuse and trauma increase vulnerability to high-risk drug use and sexual behavior. A study of young IDUs in Vancouver, Canada, found that those who were HIV+ were more likely to be female, have a history of sexual abuse, engage in survival sex, inject heroin daily and have numerous lifetime sexual partners.<sup>8</sup>*

HIV+ young women (age 13-19) are more likely than their HIV- counterparts to have older sex partners and to use condoms less frequently with them.<sup>9</sup> Partnering with older men has perceived and actual benefits for young women, such as financial and emotional security, escape from their current living situation and high status among peers. Older male partners may also present risks, as they are more likely to have had multiple sex partners and be HIV/STD infected, and less likely to use condoms.<sup>10</sup>

## Says who?

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## what are facilitators to prevention?

HIV prevention with young women is about so much more than HIV, and must consider the social and economic context of these youths' lives. Supporting young women as agents of well-being and change in their own lives and in their communities is the foundation of thoughtful HIV prevention.

*Family and community are important support systems that can protect young women from HIV risk. For example, one study found that young African American women who are involved in community-based Black social organizations are less likely to engage in risky sexual behaviors and more likely to talk to their parents about sexuality and HIV.<sup>11</sup>*

## what's being done?

The Center for Young Women's Development is a peer-run organization in San Francisco, CA that promotes self-sufficiency, community safety, and youth advocacy among young women aged 14-18 who are involved in the juvenile justice and foster care systems and/or have lived on the streets. The Center provides employment, leadership and training for them to educate others in their community. Equipped with the knowledge and opportunity to train others, these young women are more likely to incorporate these skills into their own lives.<sup>12</sup>

*Sisters for Life, in Washington, DC, is a mentoring program for African American girls aged 9-14 serving three public housing communities in Alexandria, VA. The program builds the life skills of girls, supporting their efforts to develop into healthy, responsible adults who avoid HIV infection, substance abuse and STDs. Sisters for Life promotes academic accomplishments as well as self-worth and self-esteem. It addresses risks surrounding HIV/AIDS indirectly, concentrating on supporting the girls as maturing youth and addressing high-risk behaviors in the larger context of the girls' lives.<sup>13</sup>*

*De Madre a Hija: Protegiendo Nuestra Salud (From Mother to Daughter: Protecting Our Health) is an intergenerational HIV prevention initiative for Latina women. This pilot intervention targets Spanish-speaking Latina mothers of adolescents. It focuses on improving mother-daughter communication across generational and cultural barriers, improving sexual knowledge and comfort, understanding risk, examining gender/sex role attitudes, and building risk reduction skills for both mother and daughter.<sup>14</sup>*

## what more needs to be done?

"I want to be able to speak my own language but still be understood."  
(Nelly Valesco, 10/16/76 – 10/06/96)

Young women must be involved in the planning, design and implementation of HIV prevention programs. In order to be effective, HIV prevention with young women must be conducted within the social and economic context in which they are becoming infected. Because they often experience economic and social disadvantages, education and job training/opportunities are important components of prevention programs. HIV prevention programs that promote community building and involvement can be effective. Programs should incorporate communication and negotiation skills (especially with older men), general sexual and reproductive health information and mental health issues such as healing histories of trauma and abuse.

*HIV prevention for young women should include access or referrals to STD prevention and treatment, pregnancy prevention and needle exchange services. Programs for hard-to-reach young women who can be most at risk for HIV should be implemented in venues outside of schools, such as youth shelters, shopping malls, detention facilities and recreation/community centers. HIV and other STDs are less of a problem for young women when they are given the skills and opportunities to support themselves.*

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