

Young Women of Color and the HIV Epidemic

The Facts

Rates of HIV infection are disproportionately high among young women of color*, especially those who are members of the working poor and, therefore, lack health insurance and easy access to health care. These young women need gender-specific and culturally appropriate HIV prevention programs.¹

Young Women of Color Suffer High Rates of HIV Infection.

- Black women and Latinas account for 79 percent of all reported HIV infections among 13- to 19-year-old women and 75 percent of HIV infections among 20- to 24-year-old women in the United States although, together, they represent only about 26 percent of U.S. women these ages.²
- Black women account for 60 percent of cumulative AIDS cases among women ages 13 to 24, although they are only about 14 percent of women this age. Latinas represent 19 percent of cumulative AIDS cases among young women, although Latinas comprise only about 12 percent of the female population this age.^{2,3}
- Asian and Pacific Islanders (API) and American Indians and Alaska natives account for about one percent of reported HIV infections among women ages 13 to 24.²

Sexual Intercourse Puts Many Young Women of Color at Risk for HIV Infection.

- Fifty-three percent of all black female high school students reported ever having had sex, compared to 44 percent of Latinas and 41 percent of whites; eight percent of black females reported having sexual intercourse before age 13, compared to four percent of Latinas and three percent of whites.⁴
- Between 1991 and 2001, the percentage of black high school students reporting sexual experience decreased significantly (82 to 61 percent). White (50 to 43 percent) and Latino (53 to 48 percent) students' reports showed less change.^{4,5}
- In 2001 among female high school students, 16 percent of black women and 10 percent of Latinas reported four or more lifetime sexual partners, as did 11 percent of whites.⁴
- Among sexually experienced high school students, 39 percent of black females and 52 percent of Latinas did not use a condom at most recent sexual intercourse.⁴ In other studies of sexually experienced youth, 87 percent of female API college students and 58 percent of female native American high school students reported not always using a condom.^{6,7}
- Older male partners represent a greater HIV transmission risk than do adolescent males because older males are less likely to favor protective behaviors and are more likely to have had multiple partners and varied sexual and drug use experiences, and to be HIV-infected.⁸ In a nationally representative study, a disproportionately high percentage of adult men with minor partners were black or Latino.⁹
- Many sexually transmitted infections (STIs), such as syphilis, herpes, chlamydia, and gonorrhea, increase the risk of HIV transmission. Among U.S. women in 2001, 15- to 19-year old females had the highest rates of gonorrhea and chlamydia, and 15- to 19-year-old African American females had a gonorrhea rate 18 times higher than that among white women the same age.¹⁰

Young Women of Color Face Barriers to HIV Prevention.

- Latina women face cultural barriers to consistent condom use, such as *machismo* and Catholicism's opposition to birth control. For example, Puerto Rican women's greatest obstacle to negotiating safer sex, including condom use, is the cultural expectation to respect males and to be submissive.¹¹

* This fact sheet focuses on heterosexual young women of color—African American, Latina, Asian Pacific Islander, and Native American women between the ages of 13 and 24. Here, black and African American are not used interchangeably. Black may include African American as well as other ethnicities.

- In a study of African American women ages 13 to 19, 26 percent felt little control over whether or not a condom was used during intercourse; 75 percent agreed that, if a male knew a female was taking oral contraceptives, he would not want to use a condom. Sixty-six percent felt that a male sex partner would be hurt, insulted, angry, or suspicious if questioned about his HIV risk factors.¹²
- For many women, negotiating condom use also seems to question trust and fidelity. In one study, African American teenage women felt that not using a condom with a steady partner was a symbol of trust in their partner and relationship.¹² Moreover, considering asking a partner to wear a condom sometimes brought up fear of rejection or violence.^{3,12}
- According to one study, Native American women who did not consistently use condoms also felt little vulnerability to HIV and were unprepared to change their risky sexual behaviors as compared to their peers who used condoms regularly.¹³
- Persistent inequality and painful memories of medical abuses and the consequent anger and mistrust of the U.S. government contribute to conspiracy theories, such as HIV as an agent of genocide, that hamper HIV education efforts in some ethnic communities.¹⁴
- One study found that many African Americans and Latinos held misperceptions about HIV transmission, trusted the accuracy of partners' reported histories, and, particularly among women, misunderstood the meaning of *safer sex*.¹⁵
- Urban minority female adolescents reported high levels of worry about AIDS, but they reported equal or greater concerns about having enough money to live on, general health, doing well in school, getting pregnant, and getting hurt in a street fight.¹² For these women, HIV risk reduction could be secondary to basic needs, such as housing, food, transportation, and child care.³
- Women of color experience higher rates of medical indigence than do white women, and they often confront a series of financial, cultural, and institutional barriers in obtaining health care.¹ For many young women of color, publicly funded health insurance provides limited access to comprehensive, adolescent-appropriate health services.¹

Young Women of Color Need Effective, Culturally Specific Programs.

- Young women of color need HIV/AIDS information framed within their specific cultural context¹¹; gender-specific information and services that address their situation and pay attention to their less than equal power status in many relationships^{11,16}; interventions that enhance self-esteem, address depression and substance use, and give youth hope for the future.¹⁷
- Young women of color need confidential access to contraceptive services, including condoms and HIV testing and treatment.¹⁸
- Young women need programs that build their skills in communication, negotiation, and assertiveness.^{11,16,17,19}
- Experts have found that HIV prevention is also contingent on women's sexual history, their understanding of the effects of physical and sexual trauma, and their willingness to learn communication skills.^{3,11,12,14,16}
- Effective HIV/AIDS prevention programs include youth and other community members in program planning, design, and implementation and draw staff—including youth—from the local community.²⁰

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