

Youth of Color—At Disproportionate Risk of Negative Sexual Health Outcomes

In the United States, rates of HIV and other sexually transmitted infections (STIs) as well as of unintended pregnancy are disproportionately high among youth of color, especially among black and Hispanic youth. Social, economic, and cultural barriers limit the ability of many youth of color to receive accurate and adequate information on preventing HIV, STIs, and unwanted pregnancy. Youth of color need 1) comprehensive, accurate information and 2) culturally competent, confidential, and affordable services.

Youth of Color Suffer Relatively High Rates of HIV and STIs.

- Through 2001, African Americans and Latinas accounted for 84 percent of cumulative AIDS cases among women ages 13 to 19 and 78 percent of cases among women ages 20 to 24. Through 2001, African Americans and Latinos accounted for 62 percent of cumulative AIDS cases among men ages 13 to 19 and 60 percent of cases among men ages 20 to 24.¹
- In 2001, the chlamydia rate among women ages 15 to 19 was nearly seven times higher among African Americans than among whites (8,483 and 1,276 per 100,000, respectively). Among males ages 15 to 19, chlamydia rates were 12 times higher among African Americans than among whites (1,550 and 128 per 100,000, respectively).²
- In the same year, 75 percent of all reported cases of gonorrhea occurred among African Americans for whom the gonorrhea rate was 782 per 100,000 population, compared to 114 among Native Americans, 74 among Latinos, and 29 among non-Hispanic whites.²

Birth Rates Fell among Teens in All Ethnic/Racial Groups, But Remained Higher than the Overall Rate among Some Groups.

- Preliminary data for 2002 indicate an historically low birth rate—42.9 births per 1,000 women, ages 15 to 19.³
- Between 1991 and 2001, U.S. birth rates among 15- to 19-year-old women declined in all ethnic/racial groups, although rates for black and Hispanic teens remain higher than rates for other groups.^{3,4}
- Hispanic teens have higher birth rates than any other group—86.4 per 1,000 women ages 15 to 19 compared to 71.8 among black teens; 56.3 among Native Americans; 30.3 among white, non-Hispanics; and 19.8 among Asian and Pacific Islander (A&PI) teens.³
- Black women ages 15 to 19 experienced the steepest decline (37 percent) in birth rates, down from 116 per 1,000 women in 1991. At the same time, birth rates among Native American teens declined 23 percent; those among A&PI teens declined 22 percent; and among Hispanic teens, 13 percent.⁴

Sexual Risk Behaviors among Youth of Color Put Them at Risk.

- Among high school students in 2001, 61 percent of black, 48 percent of Hispanic, and 43 percent of white youth reported ever having had sexual intercourse.⁵
- At the same time, 27 percent of black youth and 15 percent of Hispanic youth reported four or more lifetime sexual partners, as did 12 percent of white youth.⁵
- Among sexually experienced high school students in 2001, black youth were significantly more likely than their white or Hispanic peers to report condom use at most recent sex (67, 57, and 54 percent respectively).⁵

Youth of Color Face Significant Barriers to HIV/STI and Pregnancy Prevention Services.

- 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.⁶
- 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; 66 percent felt that a male partner would be hurt, insulted, or suspicious if asked about his HIV risk factors.⁷

- 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 the relationship.⁷ Moreover, considering asking a partner to wear a condom sometimes brought up fear of rejection or violence.^{7,8}
- Persistent inequality and painful memories of medical abuses and the consequent 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.⁹
- 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*.¹⁰
- Urban minority 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.⁷ For these women, HIV risk reduction could be secondary to basic needs, such as housing, food, transportation, and child care.⁸
- Youth of color experience higher rates of medical indigence than do white youth, and they more often confront financial, cultural, and institutional barriers in obtaining health care.¹¹ For many youth of color, publicly funded health insurance provides limited access to comprehensive, adolescent-appropriate health services.¹¹

Programs Can Be Effective in Serving Youth of Color

No single strategy will work for all youth, even within a single community. Programs are most likely to be effective when they—

- Incorporate comprehensive sexuality education, including information on *both* contraception and abstinence^{12,13}
- Provide access to contraceptive services and methods^{14,15, 16,17,18}
- Offer opportunities—such as community service—that develop life skills so young people can prepare for their futures.¹⁹

HIV/STI and teen pregnancy prevention programs targeting youth of color are also most likely to be effective when they—

- Are culturally competent and in the language of the target population^{19,20}
- Involve community members and youth in planning and implementation²¹
- Focus on the assets of teenage participants and on the needs of the whole young person²²
- Consider the social and cultural factors that influence behavior¹⁶
- Provide peer support to change peer norms²³
- Offer gender-specific opportunities and activities²⁴
- Aim at building skills^{25,26}
- Use multiple pathways to reach and empower youth in the community.²⁴

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