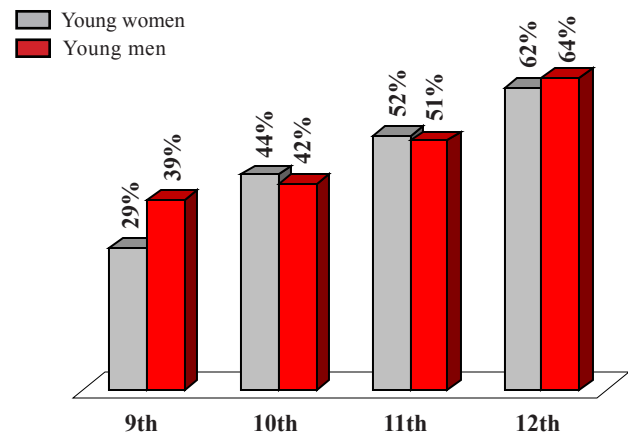


## Girls and HIV, AIDS, and STDs

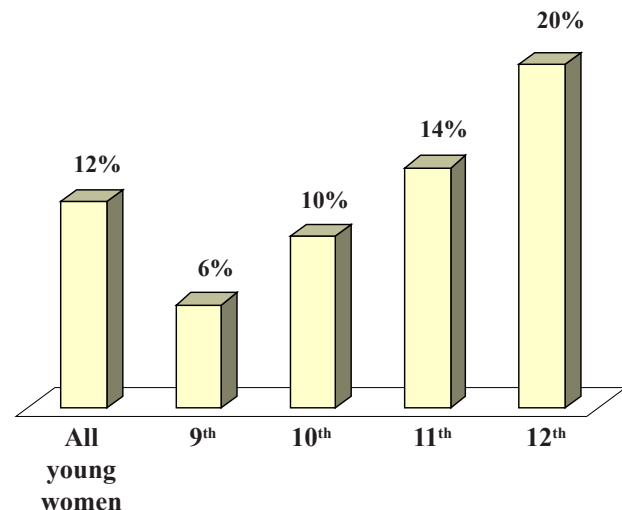
### Many young women are at risk for HIV and other sexually transmitted diseases (STDs).

- ◆ Overall, half of high school young women (46%) have ever had sexual intercourse. Young women in grades 9 and 10 are significantly less likely than young women in grades 11 and 12 to have had sexual intercourse.<sup>10</sup> (See Figure 1.)
- ◆ Until a young woman is 25, her cervix is more vulnerable to sexually transmitted diseases (STDs) because it has not fully developed.<sup>3</sup> In 2005, many young women in high school reported engaging in sexual activity that directly or indirectly increased their risk for HIV and other STDs. Among all young women, 12% reported having four or more partners during their lifetime.<sup>10</sup> (See also Figure 2.)
- ◆ One in five young women in grades 9-12 (19%) drank alcohol or used drugs before her last sexual intercourse. White and Latina\* sexually active young women were more likely than their Black peers to report using alcohol or drugs before their last sexual intercourse (21%, 19%, and 13%, respectively). Sexually active young women in 9th grade (23%) were more likely than sexually active 12th grade young women (19%) to have used alcohol or drugs before their last sexual intercourse.<sup>10</sup>
- ◆ White young women (90%) in high school were more likely than Latinas (86%) and Black young women (87%) to have been taught about AIDS or HIV in school.<sup>10</sup> However, in another study 39% of girls and young women ages 12-17 stated they had learned “some,” “only a little,” or “nothing at all” about HIV and AIDS from their teachers, school nurses, or classes at school.<sup>13</sup>
- ◆ Condom use during last sexual intercourse is significantly higher for 9th grade young women (72%) than 12th grade young women (46%).<sup>10</sup> Among 15-17 year old young women, 71% agreed that condoms are “very effective” or “somewhat effective” in preventing HIV/AIDS and 69% agreed that condoms are effective in preventing other STDs.<sup>14</sup>

**Figure 1:** High school students, by grade, who report ever having sexual intercourse, 2005.<sup>10</sup>



**Figure 2:** Percent of young women, by grade, who report having had four or more sex partners.<sup>10</sup>

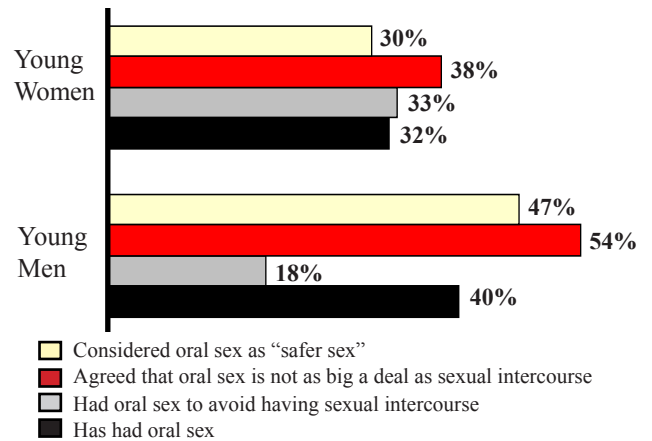


- ◆ Over one in three (38%) young women ages 15-17 “strongly” or “somewhat” agreed that oral sex is not as big of a deal as sexual intercourse, 30% considered oral sex as “safer sex,” and 33% had oral sex to avoid having sexual intercourse.<sup>14</sup> (See also Figure 3.)
- ◆ Of 15-24 year old young women, 29% “strongly” or “somewhat” agreed that it is hard to bring up the topic of condoms with their sexual partners, 48% wanted to know more about how to talk to a partner about what they feel comfortable doing sexually, and 47% wanted to know more about how to bring up sexual health issues such as STDs and birth control with a partner.<sup>14</sup>

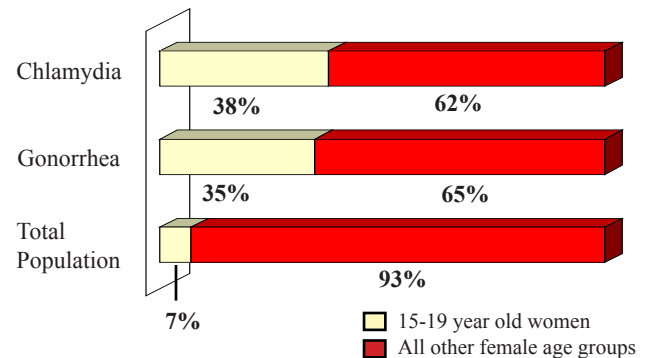
**Many young women have contracted STDs, including HPV, chlamydia, gonorrhea, and syphilis.**

- ◆ Black young women ages 15-19 had a cervical cancer rate of 0.34 per 100,000, higher than the cervical cancer rate for White young women (0.25 per 100,000) and Latina young women (0.16 per 100,000).<sup>15</sup> The primary cause of cervical cancer is the Human Papillomavirus (HPV).<sup>15</sup>
- ◆ The prevalence of HPV among sexually active young women aged 20-24 was higher than the prevalence for sexually active girls aged 14-19 in 2004, 50% and 40% respectively.<sup>6</sup>
- ◆ In 2006, the Advisory Committee on Immunization Practices of the CDC recommended that a newly licensed vaccine to protect against the human papillomavirus (HPV) be administered routinely to 11 to 12 year old girls. This vaccine protects against four HPV types, which are responsible for 70% of cervical cancers and 90% of genital warts. The vaccine has been approved for use with 9-26 year old girls and women, with the highest benefit for those who have not been sexually active or who have not acquired the strains of HPV the vaccine protects against.<sup>8</sup>

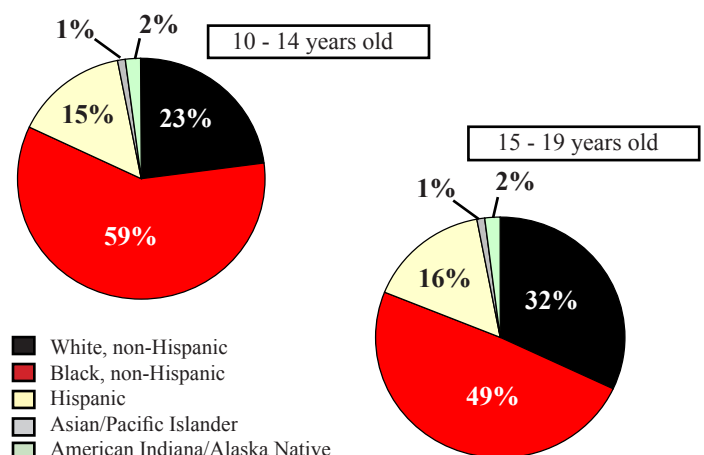
**Figure 3:** Oral sex behaviors and beliefs about oral sex among young women and young men ages 15-17.<sup>14</sup>



**Figure 4:** Percent of population and of reported STD cases in the U.S. among women, by age, 2004.<sup>19, 7</sup>



**Figure 5:** Percent of chlamydia cases among girls and young women, by race/ethnicity and age, 2004.<sup>7</sup>



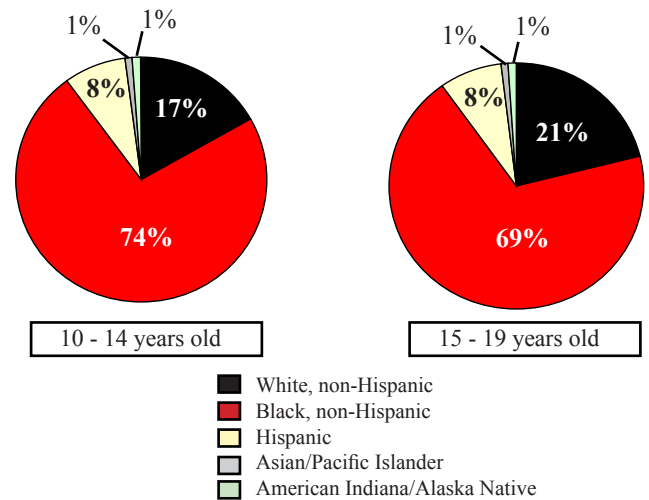
- ◆ In 2004, young women between the ages of 15 and 19 represented the highest percent of chlamydia (38%) and gonorrhea (35%) cases among all female age groups. Girls ages 10-14 accounted for only 2% of chlamydia cases and 2% of gonorrhea cases among all female age groups. Black and Latina girls and young women ages 10-14 and 15-19 were more likely to be infected by both chlamydia and gonorrhea than White girls and young women.<sup>7</sup> (See also Figures 4-6.)

- ◆ Young women ages 15-19 had a higher syphilis rate (1.5 per 100,000) than girls ages 10-14 (0.1 per 100,000).<sup>7</sup>

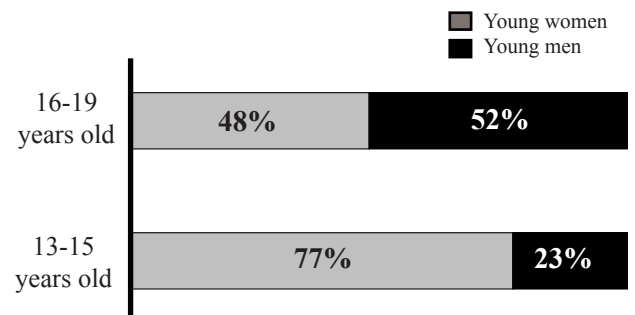
### HIV continues to affect young women, particularly young women of color.

- ◆ Black young women in grades 9-12 (24%) were more likely than Latinas (11%) and White young women (12%) to have been tested for HIV.<sup>10</sup> Of young women ages 15-17, 25% had no idea where to go to get tested for HIV, compared to 44% who had some idea where to go and 30% who knew for sure where to go.<sup>11</sup>
- ◆ In 2003, 484 girls and young women ages 13-19 were diagnosed with HIV, and 1,298 were living with AIDS.<sup>16</sup> Young women ages 13-19 represented 5% of all female HIV cases, while young men in the same age group accounted for 2% of all male HIV cases.<sup>2, 17\*\*</sup> (See also Figure 7.)
- ◆ Between 2001 and 2004, girls and young women accounted for 37% of the 17,826 diagnoses of HIV infection or AIDS among 15-24 year olds. Black girls and young women ages 15-24 accounted for 70% of HIV/AIDS diagnoses among young women, significantly higher than White (15%) and Latina (13%) girls and young women.<sup>9\*\*</sup> (See also Figure 8.)

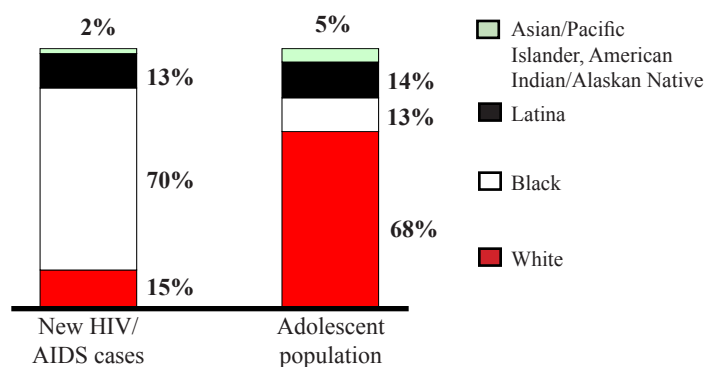
**Figure 6:** Percent of gonorrhea cases among girls and young women, by race/ethnicity and age, 2004.<sup>7</sup>



**Figure 7:** Percent of reported HIV cases in adolescents and young adults, by sex and age at diagnosis, 2003\*\*.<sup>17</sup>

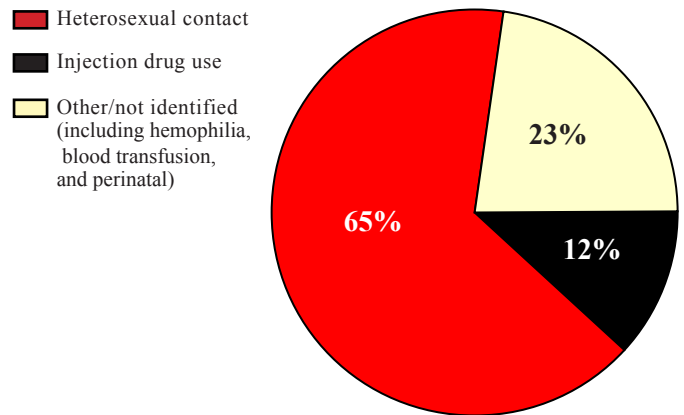


**Figure 8:** HIV/AIDS cases in young women ages 15-24 and total adolescent population, 2001-2004, by race/ethnicity\*\*.<sup>8, 19</sup>



- ◆ As of 2004, 67,543 women, including girls over the age of 13, were diagnosed with HIV, and 171,603 were diagnosed with AIDS.<sup>4\*\*</sup>
- ◆ Among girls and young women ages 13-19 diagnosed with AIDS through 2004, most reported that their mode of exposure was either heterosexual contact (66%) or injection drug use (12%).<sup>5</sup> (See also Figure 9.)

**Figure 9:** AIDS cases in girls and young women ages 13-19, through 2004.<sup>5</sup>



### HIV/AIDS and STDs have social and economic consequences.

- ◆ In a study of sexually active young women in grades 9-12, 52% of those diagnosed with an STD or HIV and 39% of those who have been tested for an STD or HIV also reported experiencing dating violence.<sup>12</sup>
- ◆ The estimated lifetime medical costs of STD infected youth ages 15-24 was \$6.5 billion in 2000. Two STDs accounted for 90% of the lifetime medical costs for STD infections among youth: HIV/AIDS at \$3 billion and HPV at \$2.9 billion.<sup>11</sup>
- ◆ A reduction of 10% in the number of STD cases among youth could save \$650 million in medical costs.<sup>1</sup>

\*Girls Incorporated® has chosen to adopt the U.S. Federal Government’s definition of Latino. They define a “Hispanic or Latino as a person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin regardless of race. Thus, Hispanics [or Latinos] may be any race.”<sup>17</sup> Since the government equates Hispanic and Latino for all government documents, we have chosen to use Latino/a consistently throughout the Girls Inc. publications.

\*\*After 2001, the Centers for Disease Control and Prevention did not report HIV/AIDS case rates by sex, race/ethnicity, and age groups 5-12 and 13-19. The most current HIV/AIDS case rates available for this fact sheet are from 2003 and 2004, in which they are not reported by sex, race/ethnicity, and age groups 5-12 and 13-19.

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**For more information on girls and health issues, see these Girls Incorporated® Fact Sheets:**

- ◆ **Girls and Their Bodies**
- ◆ **Girls and Sexual Activity**
- ◆ **Girls and Sexual Health**
- ◆ **Girls and Substance Use**

**Girls Inc.** Preventing Adolescent Pregnancy® bolsters girls' communication and skills as well as their motivation and resources for being in charge of their sexual health and avoiding teen pregnancy.

**Girls Inc.** Friendly PEERsuasion® builds girls' skills for resisting pressure to use harmful substances such as alcohol, tobacco, household chemicals, and other drugs.

**Girls Inc.** is a nonprofit organization in the United States and Canada that inspires all girls to be strong, smart, and bold<sup>SM</sup>. With local roots dating to 1864 and national status in the US since 1945, Girls Inc. has responded to the changing needs of girls and their communities through research-based programs and advocacy that empower girls to reach their full potential and to understand, value, and assert their rights.

**Girls Inc.** programs focus on science, math, and technology, health and sexuality, economic and financial literacy, sports skills, leadership and advocacy, and media literacy for girls ages 6 to 18 throughout the United States and in Canada. While our goal is to reach all girls, we recognize that girls in at-risk communities have an even greater need for our programs. Of those we serve, 70% are girls of color and 66% come from families earning \$25,000 or less; 49% are from single-parent households, most of which are headed by women.

**Girls Inc.** in 2006 reached nearly 800,000 girls through Girls Inc. affiliates, our website, and educational products. Guided by our vision of empowered girls and an equitable society, Girls Inc. is committed to reaching millions more girls through its programs and public education efforts.

**The National Resource Center (NRC)** is the organization's research, program development, national services, and training site. Research and evaluation conducted by the NRC provide the foundation for Girls Inc. programs. The NRC also responds to requests for information on girls' issues and distributes Girls Inc. publications.

**Girls Inc.** informs policy makers about girls' needs locally and nationally. The organization educates the media about critical issues facing girls. In addition, the organization teaches girls how to advocate for themselves and their communities, using their voices to promote positive change.

**Girls Inc.** leadership focuses on developing innovative ways to leverage our most valuable asset – acknowledged expertise as the nation's premiere program provider and advocate for girls. Our leaders include Janice L. Warne, Chair of the National Board; Joyce M. Roché, President and CEO; and Donna Brace Ogilvie, Distinguished Chair.

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