


SCIENCE Says:

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HIV Testing Among Sexually Experienced Teens, 1995-2002

 Approximately one in four of all new HIV infections occur in people under the age of 21¹ and the Centers for Disease Control and Prevention (CDC) estimates that 13,752 young people aged 13-24 were living with HIV/AIDS in 2003. Through 2003, more than 10,000 of those aged 13-25 had died as a result of AIDS infection.²

Despite the fact that most teens say AIDS is a serious problem for people their age, many sexually experienced young people have not been tested for HIV and do not know if they are infected.³ Because sexually experienced teens are at risk of HIV infection, it is important to know which teens get tested for HIV, where teens go for an HIV test, and why they decide to get tested. This Science Says issue brief uses data from the National Survey of Family Growth (NSFG) to explore HIV testing among sexually experienced teens. A second Science Says issue brief (#19) explores the extent to which sexually experienced teens receive counseling following an HIV test.

Some may wonder why an organization whose mission is to prevent teen pregnancy is examining data on HIV/AIDS and STDs. First and foremost, the more that is known about the sexual attitudes and behavior of teens, the better the nation can help young people avoid risky sexual behavior. It is also true that a growing proportion of newly diagnosed HIV cases can be attributed to heterosexual transmission through vaginal intercourse⁴, and teens who have unprotected sex are at risk for both STD/HIV infection and pregnancy. When teens have an HIV test—one that they have requested or for which they have been referred—health care providers have an opportunity and an obligation to discuss the risks of unprotected sex including both pregnancy and the spread of HIV/STDs. And, of course, HIV testing and education are also important for those teens who do become pregnant.

All of the data in this Science Says are from the 2002 NSFG unless otherwise indicated. For this survey, sexually experienced teens who received an HIV test were asked why they had the HIV test. They selected all of the answer choices that applied from the following list: "For hospitalization or surgical procedure", "To apply for health or life insurance", "Just to find out if you were infected", "Because of a referral by a doctor", "To apply for a marriage license", "Because you were pregnant or because it was part of prenatal care", and "Some other reason". Although this list helps us understand more about reasons for testing, we recognize that some ambiguities remain.

Highlights:

- Only about one in three sexually experienced⁵ teens (aged 15-19*) have ever been tested for HIV.
- Sexually experienced teen girls are more likely than teen boys to have ever been tested.
- Among sexually experienced teens, non-Hispanic Blacks are more likely to have been tested for HIV than Hispanics and non-Hispanic Whites.
- The majority of sexually experienced teens that have been tested had their most recent HIV test at a doctor's office/HMO or clinic.⁶
- The primary reason that sexually experienced teens get tested for HIV is to find out if they are infected, although more than one in four girls who have been tested for HIV reported that they were tested because they were pregnant or such testing was offered as part of prenatal care.

* Readers should note that throughout this research brief, the word teen(s) refers to those aged 15-19 unless otherwise noted.

Sexually experienced teen girls are more likely to have been tested for HIV than sexually experienced teen boys.

- Among sexually experienced teens, girls are significantly⁷ more likely to have had an HIV test (41%) than boys (24%) (Figure 1).
- This pattern is also true for younger (aged 15-17) and older (aged 18-19) teens. Almost four in ten (38%) sexually experienced girls aged 15-17 have had an HIV test, while only one in four (25%) sexually experienced younger teen boys have had an HIV test. Among older sexually experienced teens (aged 18-19), girls (43%) are almost twice as likely as boys (24%) to have had an HIV test.

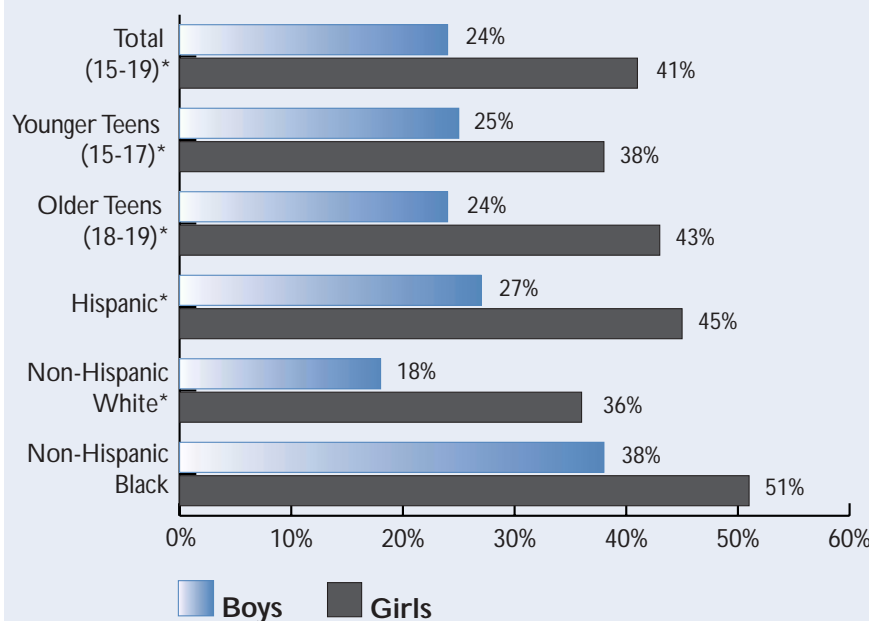
Among sexually experienced teens, non-Hispanic Blacks are more likely to have been tested for HIV than Hispanics and non-Hispanic Whites.

- More than half of sexually experienced non-Hispanic Black females (51%) and more than a third of sexually experienced non-Hispanic Black males (38%) have been tested for HIV (Figure 1).
- Among sexually experienced Hispanic teens, almost half of girls (45%) have been tested compared to just over a quarter of boys (27%).
- Among sexually experienced non-Hispanic White teens, more than twice as many girls (36%) as boys (18%) have had an HIV test.

Most sexually experienced teens who have had an HIV test got the test at a private doctor's office/HMO or clinic⁶.

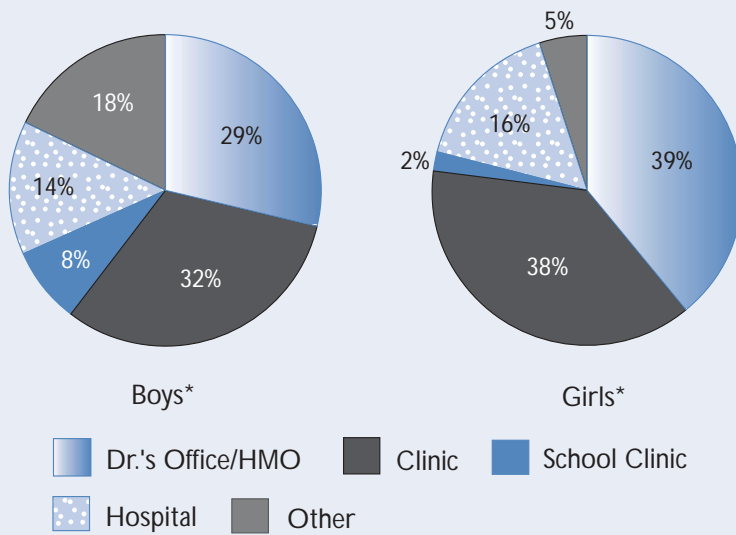
- About one third of sexually experienced teens who have been tested for HIV received their most recent test at a private doctor's office/HMO, and approximately another one third had the test at a clinic. The remaining third obtained their test at a school, hospital or "other place" (Figure 2).
- Approximately two in 10 sexually experienced girls have had an HIV test at a school, hospital, or "some other place,"⁸ while approximately four in 10 sexually experienced boys have had an HIV test at a school, hospital, or "some other place." These girl-boy differences are statistically significant.
- The place where sexually experienced teens have had an HIV test also varies significantly according to race/ethnicity. Hispanic girls (49%) are more likely than non-Hispanic White (35%) and non-Hispanic Black girls (41%) to have had an HIV test at a doctor's office or HMO while non-Hispanic White girls (22%) are more likely than Hispanic (14%) and non-Hispanic Black girls (6%) to have had an HIV test at the hospital.
- Among sexually experienced teen boys, non-Hispanic Black males (40%) are more likely than Hispanic (26%) and non-Hispanic White males (24%) to have had an HIV test at a doctor's office or HMO, and non-Hispanic Black males (22%) are

FIGURE 1: Percent Sexually Experienced Teens Aged 15-19 Who Have Ever Had an HIV Test by Age Group and Race/Ethnicity, 2002



* - difference between boys and girls statistically significant (p≤.05).

FIGURE 2: Location of HIV Blood Test for Sexually Experienced Teens Aged 15-19 That Have Been Tested for HIV, 2002



* - difference between boys and girls statistically significant ($p \leq .05$). Please note that due to rounding, the numbers do not equal 100%

less likely than Hispanic (39%) and non-Hispanic White boys (36%) to have had an HIV test at a clinic. Non-Hispanic White boys (18%) are more likely than Hispanic (9%) and non-Hispanic Black males (10%) to have had an HIV test at the hospital.

The primary reason sexually experienced teens give for having an HIV test is to find out if they are infected.

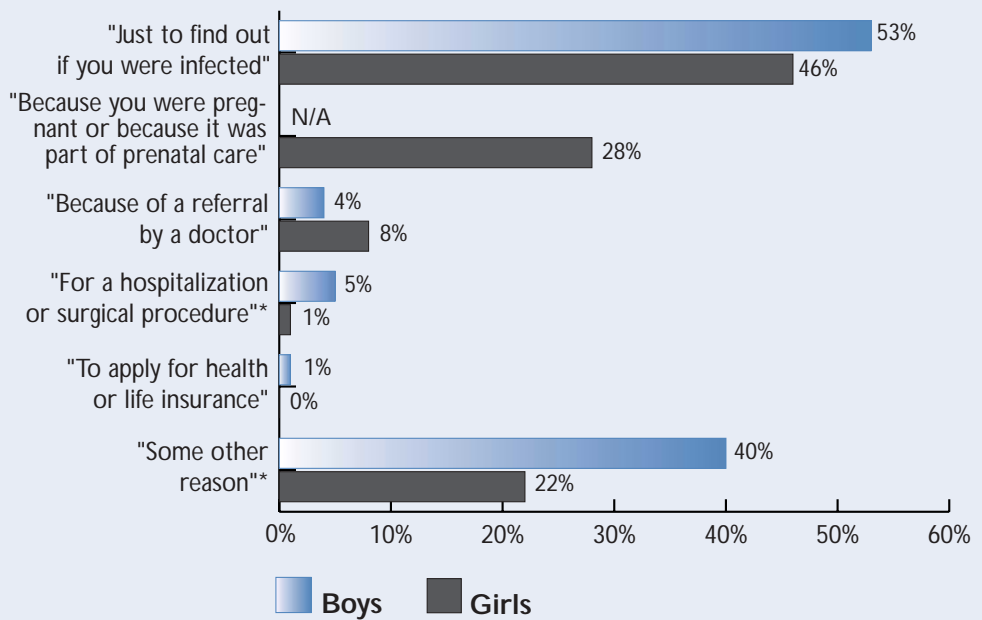
■ About half of sexually-experienced teens (46% of girls and 53% of boys) who were tested for HIV report that their reason for getting tested was "just to find out if [they] were infected" (Figure 3).

■ Teen boys (40%) are significantly more likely than girls (22%) to

cite "some other reason" for having been tested.⁸

- Teen girls are twice as likely as boys to obtain an HIV test because of a doctor's referral.
- Sexually experienced teens aged 15-17 (59% of boys and 56% of girls) are more likely than sexually experienced teens aged 18-19 (49% of boys and 41% of girls) to say the reason they had an HIV test was to determine their HIV status.
- Reasons why sexually experienced teens get tested for HIV vary by race/ethnicity. Here we highlight some of the more pronounced differences. Hispanic boys (76%) are more likely than non-Hispanic Black (47%) and non-Hispanic White boys (46%) to report the reason they had an HIV test was to determine if

FIGURE 3: Reasons for Having an HIV Test Among Sexually Experienced Teens Aged 15-19 That Have Been Tested for HIV, 2002



* - difference between boys and girls statistically significant ($p \leq .05$).

they were infected. Among girls, non-Hispanic Black girls (52%) are more likely than Hispanic (38%) and non-Hispanic White (47%) girls to report this as a reason for getting an HIV test.

- Among sexually experienced Hispanic teens, boys (76%) are significantly more likely than girls (38%) to report that they had an HIV test to find out if they were infected.
- Between 1995 and 2002, there was a marked decrease in the proportion of sexually experienced Hispanic girls who had an HIV test to determine their HIV status (from 62% to 38%). Over this same period, there was an increase in the proportion of Hispanic girls who had an HIV test because they were pregnant or receiving prenatal care (see the second bullet below).

More than one in four sexually experienced teen girls who have been tested for HIV report that they were tested because they were pregnant or receiving prenatal care.

- Between 1995 and 2002, there was a slight increase in the percentage of sexually experienced teen girls who reported that they had an HIV test "because [they] were pregnant or because it was part of prenatal care" (from 27% to 28%).
- The proportion of sexually experienced Hispanic girls who reported that they had an HIV test because they were pregnant or receiving prenatal care increased significantly from 23% in 1995 to 45% in 2002.

- The proportion of non-Hispanic Black and non-Hispanic White sexually experienced girls who reported pregnancy or prenatal care as the reason for having an HIV test decreased slightly from 1995 to 2002 (from 27% to 19% for non-Hispanic Black girls and from 30% to 27% for non-Hispanic White girls).
- The proportion of younger sexually experienced teens (aged 15-17) who reported that they had an HIV test because they were pregnant or receiving prenatal care increased from 19% to 28% between 1995 and 2002, while the proportion of older teens (aged 18-19) who gave these reasons for having an HIV test decreased from 33% to 29% during these years.

What it all means

Almost one in five (19%) new AIDS cases are among young adults.⁹ And given the interval between HIV infection and the development of AIDS, it is now believed that a majority of the young adults infected with AIDS contracted HIV during their teen years.¹⁰ All sexually experienced teens are at significant risk of contracting HIV, but the risk is greater for young women and for racial and ethnic minorities. For example, data from a study of disadvantaged youth in the mid-1990s showed young women aged 16-21 had a 50% higher prevalence rate of HIV infection than young men of the same age.¹¹

This analysis shows that a substantial majority— two-thirds— of sexually experienced teens have never

been tested for HIV. These teens may not seek testing services because they do not understand the risk of contracting and spreading HIV. Some studies suggest, for example, that many teens are unaware of the risks of unprotected oral sex or the increased risk of contracting HIV if one has another STD.¹² But there are other reasons for the low testing status as well. According to one survey of teens aged 12-17, most young people do not even know where to go for an HIV test.¹³ Others may be afraid or worry about confidentiality.

Among teens who do get tested, the reasons vary. The most commonly cited is simply wanting to know if an infection is present. But the fact that 40% of the boys who had been tested said it was due to "some other reason," a reason not on the list of possible choices, suggests we know less about motivation for testing than we should.

The small proportion of sexually active teens who have been tested for HIV runs counter to professional advice. For example, in 2003, CDC announced its new "Advancing HIV Prevention Initiative," which calls for making HIV testing a routine part of medical care and stresses the importance of early detection and treatment of HIV. The low testing rate suggests that health care providers be better educated about the importance of promoting awareness of the risks of HIV/AIDS among teens and potential prevention strategies. It is critical that sexually experienced teens be tested for HIV, receive counseling about modifying behavior, and, when needed, receive medical treatment and advice.

About the Putting What Works to Work Project

Putting What Works to Work (PWWTW) is a project of the National Campaign to Prevent Teen Pregnancy funded, in part, by the Centers for Disease Control and Prevention. Through PWWTW, the National Campaign is translating research on teen pregnancy prevention and related issues into user-friendly materials for practitioners, policymakers, and advocates. As part of this initiative, the *Science Says* series summarizes recent research in short, easy-to-understand briefs.

Author Information

This research brief was written by National Campaign staff members Katherine Suellentrop, Renee Huffman, and Christine Flanigan.

About the National Campaign to Prevent Teen Pregnancy

The National Campaign to Prevent Teen Pregnancy is a nonprofit, nonpartisan organization supported largely by private donations. The National Campaign's mission is to improve the well-being of children, youth, and families by reducing teen pregnancy. The National Campaign celebrates its 10th anniversary in 2005. When we began in 1996, we set a goal of a one-third reduction in the teen pregnancy rate in ten years. Ten years later, it seems almost certain that the nation will reach this goal. Building on this great success, the National Campaign's new challenge to the nation for the next decade will be to reduce the teen pregnancy rate by *another* one-third.

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Data Sources

All statistics for 2002 were generated with data from the National Survey of Family Growth (NSFG) Cycle 6, a periodic national survey on fertility-related issues conducted by the National Center for Health Statistics, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services (HHS). NSFG data sets on CD-ROM are available free of charge from NCHS: visit www.cdc.gov/nchs/nsfg.htm, call (301) 458-4222, or e-mail nsfg@cdc.gov for more information.

All statistics for 1995 were generated with data from the National Survey of Family Growth (NSFG), Cycle 5.

Notes

- 1 Office of National AIDS Policy. (2000). *Youth and HIV/AIDS 2000: A New American Agenda*. Washington, DC: Author.
- 2 Centers for Disease Control and Prevention (CDC) (2004). *HIV/AIDS Surveillance Report, 2003*. Vol. 15, Atlanta: Department of Health and Human Services, CDC: 1-40. Retrieved August 24, 2005, from <http://www.cdc.gov/hiv/stats/2003SurveillanceReport.pdf>
- 3 Health Resources and Services Administration (HRSA) HIV/AIDS Bureau. (January, 2005). *Youth and HIV/AIDS*. Retrieved August 8, 2005, from http://hab.hrsa.gov/history/fact2005/youth_and_hiv aids.htm
- 4 Kaiser Family Foundation. (2005). *The HIV/AIDS Epidemic in the United States, HIV/AIDS Policy Fact Sheet*. Retrieved September 20, 2005, from <http://www.kff.org/hiv aids/upload/Fact-Sheet-The-HIV-AIDS-Epidemic-in-the-United-States-2005-Update.pdf>
- 5 For boys, being "sexually experienced" is defined as having been married, having cohabited with a female, or having answered yes to the following question: "have you ever had sexual intercourse with a female (sometimes this is called making love, having sex, or going all the way)?" For girls, being "sexually experienced" is defined as having been married, having cohabited with a male, or having answered yes to the following question: "at any time in your life, have you ever had sexual intercourse with a man, that is, made love, had sex, or gone all the way?" For both boys and girls, "virgins" are those who have never married, never cohabited, and answered no to the question regarding having had sexual intercourse.
- 6 For location of an HIV blood test, respondents were grouped based on the answer to the question "Where did you have that last blood test for HIV?" They were grouped as having received the test at a doctor's office/HMO if they chose the survey response "Private doctor's office" or "HMO facility". Respondents were grouped as having received the HIV test at a clinic if they chose the response, "community health clinic, community clinic, public health clinic" or "family planning or Planned Parenthood clinic". Respondents were grouped as having received the HIV test at school if they chose the response "school or school-based clinic". Respondents were grouped as having received the HIV test at a hospital if they chose the response "Hospital outpatient clinic", "Hospital emergency room" or "Hospital regular room". Respondents were grouped as having received the most recent HIV test at some other place if they chose the response "employer or company clinic", "urgent care center, urgi-care or walk-in facility", "your worksite" (girls only) or "some other place".
- 7 The term "statistical significance," refers to the results of statistical testing to measure whether observed differences between groups (boys versus girls, older versus younger teens, etc.) are true difference in attitudes/behavior, or are due to the particular teens included in the survey, which is meant to be representative of the U.S. teen population. For the purposes of these analyses, the threshold for statistical significance is 0.05. That is, results are considered significant if the "p value" (or probability of the difference being just a random occurrence) is equal to or less than 5%.
- 8 Unfortunately, we do not know what those "other reasons" were.
- 9 Futterman D (March, 2003). *Youth and HIV: the epidemic continues. PRN Notebook, 8(1), 21-24.*
- 10 Ibid.
- 11 U.S. Department of Health and Human Services, CDC. (2005). *HIV/AIDS among Youth, May 2005*. Retrieved August 8, 2005 from <http://www.cdc.gov/hiv/pubs/facts/youth.pdf>.
- 12 Kaiser Family Foundation. (2000). *National Survey of Teens on HIV/AIDS*. Retrieved August 9, 2005 from www.kff.org/youthhivstds/3092-index.cfm. Ibid.
- 13 Ibid.