


# SCIENCE Says:

Number 19 October 2005

## HIV Counseling among Sexually Experienced Teens, 2002

 *HIV/AIDS continues to be a major concern for teenagers in the United States—almost one in four new HIV infections occur in people under the age of 21.<sup>1</sup> HIV testing and counseling provide an opportunity for young men and women to determine their HIV status and learn about ways to modify risky behavior.*

*A companion Science Says issue brief, Science Says #18: HIV Testing among Sexually Experienced Teens, reports that only about one in three sexually experienced teens has ever been tested for HIV; that teen girls are more likely to have been tested than teen boys; and that non-Hispanic Blacks are more likely to have been tested than other ethnic groups.<sup>2</sup> The majority of sexually experienced teens that have been tested get their HIV test in a doctor's office/HMO or clinic.*

*This Science Says issue brief explores the extent to which sexually experienced teens receive counseling following an HIV test. HIV counseling conducted with HIV testing helps provide individuals with information about HIV transmission and prevention and underscores the importance and meaning of HIV test results. In addition, HIV counseling at the time of HIV testing allows patients the opportunity to identify behavior that increases the risk of HIV infection and ways they can reduce their risk of infection. The Centers for Disease Control and Prevention (CDC) guidelines for HIV Counseling, Testing, and Referral encourage providers to offer face-to-face prevention counseling and, at a minimum, offer information about HIV transmission, prevention and test results to all patients that request or are referred for an HIV test.<sup>3</sup> That is, given the seriousness of HIV/AIDS, opportunities to talk directly with teens about this issue are important to pursue.*

*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 intercourse<sup>4</sup>, 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 among teens who do become pregnant.*

*The data presented in this Science Says issue brief are from the most recent National Survey of Family Growth (NSFG), collected in 2002, and are for teens aged 15-19 (unless otherwise noted). One data limitation to note is the inability to determine if the respondent requested the HIV test or if it was offered as a part of routine medical care.*

### Highlights:

- Only about one third of sexually experienced<sup>5</sup> teens who are tested for HIV talk to a doctor or other health professional about AIDS after the test.
- Among sexually experienced teens who receive counseling after an HIV test, the most common topics of discussion are how HIV/AIDS is transmitted and how to prevent the spread of HIV/AIDS.
- More than half of the sexually experienced teens who receive counseling following an HIV test discuss STD's, abstinence, birth control methods and correct use of condoms.

**FIGURE 1: Percent Sexually Experienced Teens Aged 15-19 That Receive Counseling from a Doctor or Other Health Professional Following an HIV Test, 2002**



Only about one in three sexually experienced teens who are tested for HIV talk to a doctor or other health professional about AIDS after the test.<sup>A</sup>

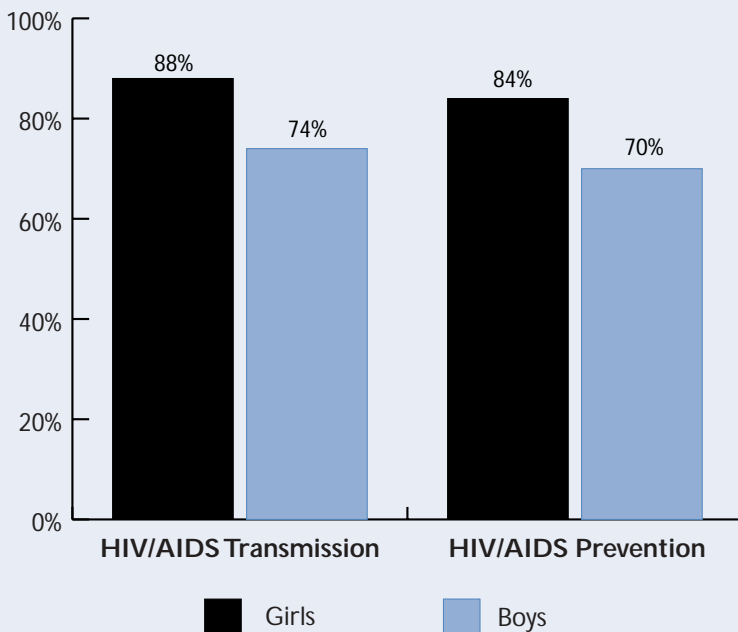
- Almost four in ten (39%) of the sexually experienced girls who have ever had an HIV test talk with a doctor or other health professional about AIDS following the test (Figure 1).
- A smaller percentage of sexually experienced boys (34%) who have been tested for HIV talk with a doctor or other health professional about AIDS following the test.

Among sexually experienced teens who receive counseling after an HIV test, the most common topics of discussion are how HIV/AIDS is transmitted and how to prevent the spread of HIV/AIDS.

- More than eight in ten sexually experienced teen girls who receive counseling following an HIV test discuss HIV/AIDS transmission (88%) and prevention (84%) with a doctor or health professional (Figure 2).
- Almost three in four sexually experienced teen boys who receive counseling following an HIV test talk with a doctor or medical professional about HIV/AIDS transmission (74%) and prevention (70%).

More than half of sexually experienced teens who receive counseling following an HIV test discuss STD's,

**FIGURE 2: Percent Sexually Experienced Teens Aged 15-19 that Receive Counseling and Discuss HIV/AIDS Transmission and Prevention with a Doctor or other Health Professional, 2002**



<sup>A</sup> Please note that while there are differences by both age and race/ethnicity in receipt of HIV counseling and the topics discussed during counseling for sexually experienced teens, due to small sample sizes the numbers are not reliable to report.

**abstinence, birth control methods, and correct use of condoms.**

- Among sexually experienced teens who receive counseling following an HIV test, 74% of girls and 63% of boys discuss other STD's with a health care provider (Figure 3).
- More than half of sexually experienced teens who are counseled following an HIV test discuss abstinence, birth control methods, and correct use of condoms.
- Smaller proportions of these teens discuss the dangers of needle sharing and the importance of needle cleaning.

**What it all means**

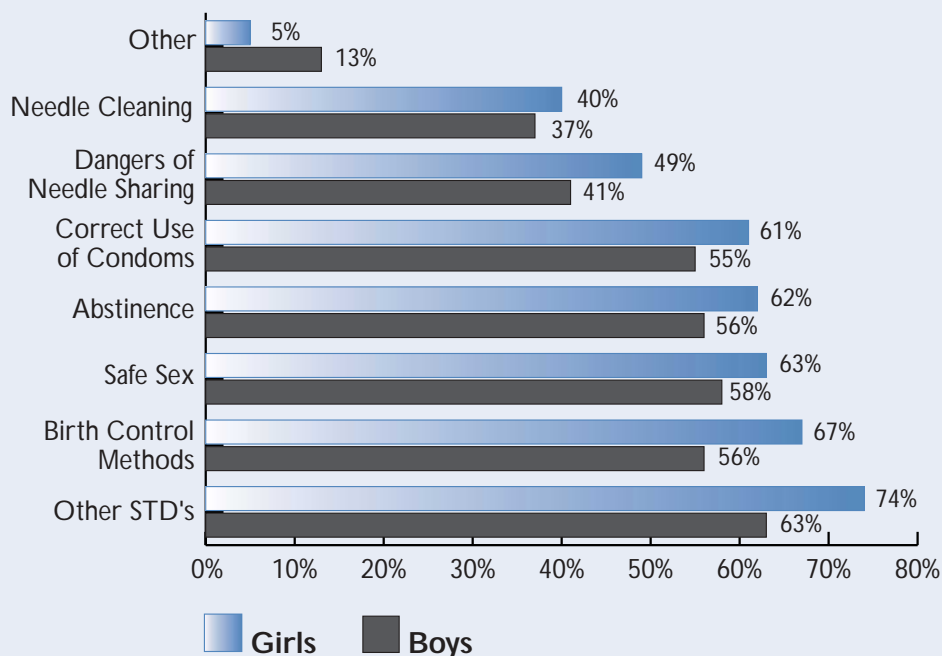
The CDC recommends that information about the risk for HIV transmission, how to prevent HIV, and the benefits and consequences of the HIV test be provided to all clients who either request a test or are referred for testing. It is also recommended that counseling, testing and referral be offered together in the same setting in order to maximize opportunities for talking directly with individuals, including teens, about HIV/AIDS.<sup>6</sup>

Studies show that teenagers want more information about HIV transmission and protection, as well as information about using condoms correctly and where to get tested.<sup>7</sup> It is therefore striking that less than

half of sexually experienced teens who are tested for HIV talk with a doctor or other health professional after the test.

Given that many young adults with HIV/AIDS become infected during their teen years,<sup>8</sup> it is critical that teens of all ages receive information about how to prevent the transmission of HIV and how to properly protect themselves. The relatively small proportion of sexually experienced adolescents who talk with a doctor or other health professional after an HIV test suggests that more work is needed to ensure that adolescents receive the information they need about HIV and other STDs. Providers need to take advantage of this important educational opportunity.

**FIGURE 3: Percent Sexually Experienced Teens Aged 15-19 that Receive Counseling and Discuss Other Topics With a Doctor or other Health Professional, 2002**



## 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.

## Funding Information

This research brief was supported by Grant Number U88/CCU322139-03 from the Centers for Disease Control and

Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.

## 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](http://www.cdc.gov/nchs/nsfg.htm), call (301) 458-4222, or e-mail [nsfg@cdc.gov](mailto:nsfg@cdc.gov) for more information.

## Notes

- 1 Office of National AIDS Policy. *Youth and HIV/AIDS 2000: A New American Agenda*. Washington, DC: Author.
- 2 Suellentrop, K., Huffman, R., & Flanigan, C. (2005). HIV Testing Among Sexually Experienced Teens, 1995-2002. *Science Says*, 18. Washington, DC: The National Campaign to Prevent Teen Pregnancy.
- 3 Centers for Disease Control and Prevention. (2001). Revised Guidelines for HIV Counseling, Testing, and Referral and Revised Recommendations for HIV Screening of Pregnant Women. *MMWR*, 50 (No. RR-19):1-58.
- 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 Centers for Disease Control and Prevention. (2001). Revised Guidelines for HIV Testing, Counseling and Referral. *MMWR Reports and Recommendation*, 50(No. RR-19): 1-58. Retrieved August 12, 2005, from <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5019a1.htm>
- 7 Kaiser Family Foundation (2000). *National Survey of Teens on HIV/AIDS*. Washington, DC: Kaiser Family Foundation. Retrieved August 9, 2005, from [www.kff.org/youth/hivstds/3092-index.cfm](http://www.kff.org/youth/hivstds/3092-index.cfm)
- 8 Health Resources and Services Administration (HRSA). HIV/AIDS Bureau (2004, May). *HRSA CARE ACTION: HIV/AIDS and Adolescents: From Prevention to Care*. Retrieved August 8, 2005, from <http://hab.hrsa.gov/publications/news.htm>