Integrating HIV, STI, and Teen Pregnancy Prevention Education and Services

An integrated approach means that youth receive information on a full range of sexual health issues and protective behaviors, including abstinence and the use of condoms and contraception. The integration of HIV, sexually transmitted infections (STI), and teen pregnancy prevention offers many advantages for both youth and youth-serving organizations.

**FAST FACTS**

- In 2007, 48% of high school students had ever had sexual intercourse, and 15% of high school students had had 4 or more sex partners during their life.¹
  - In 2007, 39% of currently sexually active high school students did not use a condom during last sexual intercourse.²
- Despite the downward trend in teen birth rates over the last decade, preliminary data between 2005 and 2007 indicate that U.S. teen birth rates have risen approximately 5%.³ ⁴
- In 2006, an estimated 5,259 young people aged 13-24 (in the 33 states reporting to CDC) were diagnosed with HIV/AIDS, representing about 14% of the persons diagnosed that year.⁵
  - Although African American teens (aged 13–19) represent only 16% of U.S. teens, they account for 69% of new AIDS cases reported among teens in 2006.⁶
  - Latino teens, aged 13–19, account for 19% of AIDS cases among teens, slightly greater than their share of the U.S. teen population in 2006 (17%).⁷
  - Adolescent young women comprised 28% of HIV/AIDS cases among 13- to 24-year-olds.⁸
- More new HIV infections occurred among adolescents and young adults 13–29 years old (34%) than any other age group. Most young people with HIV/AIDS were infected by sexual transmission.⁹
- Each year, approximately 19 million new STIs occur, and almost half of them are among youth aged 15 to 24.¹⁰
- A study presented in 2008 revealed that around 26% of young American women aged 14-19 are infected with at least 1 of the 4 most common STIs. This amounts to around 3.2 million female teenagers.¹¹
- The most widespread infection is HPV (human papilloma virus, which can cause genital warts and cervical cancer), found in 18% of young women. In second place is Chlamydia, with a 4% infection rate.
- CDC reports that African American teens are most severely affected; around 48% of young African American women have an STI, compared to 20% of young white women.¹²
- CDC estimates that more than 700,000 persons in the U.S. get new gonorrhea infections each year. Only about half of these infections are reported to CDC. The highest reported rates of infection are among sexually active teenagers, young adults, and African Americans.¹³

**An integrated approach means that youth receive information on a full range of sexual health issues and protective behaviors, including abstinence and the use of condoms and contraception.**

- Youths and young adults need accurate, culturally relevant, and age-appropriate information about HIV and sexually transmitted infections (STI) transmission and infection.
- It is important to let adolescents know how to talk and communicate with parents or other trusted adults about how to reduce or eliminate risk factors, talk with potential partners about risk factors, testing and treatment options, and use a condom correctly and consistently.
- Comprehensive sexuality education programs are needed to prevent youth from being at risk for misinformation and gaps in their knowledge and understanding of HIV, STI, and pregnancy prevention.
• **Advantages to Integration**
  - Youth receive a holistic approach to sexual and reproductive health.
  - Youth generally view pregnancy and HIV/STI prevention as two sides of the same coin.
  - Risk and protective factors that influence sexual risk-taking behaviors are similar for both HIV/STIs and pregnancy.
  - Activities that influence these risk and protective factors are similar.
  - Young people can receive HIV/STI testing and treatment services without fear of stigma.
  - Youth are treated respectfully and as a whole person, receiving guidance on a range of sexual health issues.
  - Increases organizational staff skills and knowledge.
  - Limits duplication of organizational efforts.
  - Opens doors to new funding streams for organizations.
  - Provides organizations with the opportunity to holistically address the sexual and reproductive health needs of youth.

6. Include both pregnancy prevention and HIV/STI prevention information in products, programs, and services.

7. Disseminate information that addresses the full range of sexual health issues facing teens.

8. Provide resources and Web links on a full range of sexual health, prevention, and treatment issues.

• **Summary of Integrated Science-Based Programs**

  - ¡Cuídate!
    - ¡Cuídate! was originally designed for Puerto Rican Latinos, boys and girls, ages 13-18 in an urban Northeast, after-school setting (can be adapted).
    - The curriculum consists of 6, 1-hour sessions, with a recommended group size of 6-10 youth, facilitated by two adult facilitators (can be adapted) who have a comprehensive understanding of Latino culture, with an emphasis on sexual relationship dynamics.
    - Core content components address knowledge, attitudes, behavioral and normative beliefs, skills and self-efficacy, cultural values, and influence of cultural values on sexual behavior.
    - The top five teaching methods include brainstorming, small and large group discussion, role play, student skill practice, and games and interactive activities
    - Behavioral outcomes include increased condom use, decreased sexual risk behaviors, reduced frequency of sex, and reduced number of sex partners.

  - Making a Difference!
    - Making a Difference! was originally designed for African American boys and girls, ages 11-13 in an urban Northeast, after-school setting (can be adapted).
    - The curriculum consists of 8, 1-hour sessions, with a recommended group size of 6-12 youth, facilitated by two adult facilitators (can be adapted).
    - Core content components address knowledge, attitudes, behavioral beliefs, perception of risk, and skills and self-efficacy.
    - The top five teaching methods include video and large group discussion, games, brainstorming, role play, and student skill practice.
    - Behavioral outcomes include reduced onset of intercourse and reduced frequency of sex.

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**Getting Started**

1. Involve youth at all stages of message and program development, implementation, and evaluation.

2. Cross train staff on risk and protective factors related to HIV, STIs, and unintended pregnancy.

3. Develop and promote consistent messages about the risk factors common to HIV, STIs, and teen pregnancy.

4. Incorporate sexual health information into youth development programs.

5. Utilize integrated science-based (evidence-based) programs proven to be effective in changing sexual risk-taking behaviors that lead to HIV, STIs, and pregnancy.
   - ¡Cuídate!
   - Making a Difference!
   - Making Proud Choices!
   - Reducing the Risk
   - Safer Choices
**Making Proud Choices!**

- **Making Proud Choices!** was originally designed for African American boys and girls, ages 11-13 in an urban Northeast, after-school setting (can be adapted).
- The curriculum consists of 8, 1-hour sessions, with a recommended group size of 6-12 youth, facilitated by two adult facilitators (can be adapted).
- Core content components address knowledge, attitudes, behavioral beliefs, perception of risk, and skills and self-efficacy.
- The top five teaching methods include video and large group discussion, games, brainstorming, role play, and student skill practice.
- Behavioral outcomes include increased condom use and reduced frequency of sex.

**Reducing the Risk**

- **Reducing the Risk** was originally designed for a mixed youth population of male and female high school students, in California school settings (can be adapted).
- The curriculum consists of 16 sessions, totaling 12 hours, facilitated by one teacher (can be adapted).
- Core content components address knowledge, attitudes, perception of risk, social/peer norms, connectedness to culture, values, intentions to avoid HIV risk behaviors, and communication with parents or other adults.
- The top five teaching methods include role play, lecture and large group discussions, homework, small group work, and worksheets.
- Behavioral outcomes include reduced onset of intercourse, increased use of contraceptives (especially among females and low risk youth), and reduced unprotected sex.

**Safer Choices**

- **Safer Choices** was originally designed for a mixed youth population of male and female high school students, in Northern California and Southeast Texas school settings (can be adapted).
- The curriculum consists of 10 sessions for ninth grade youth and 10 sessions for 10th grade youth, totaling 15 hours, with a recommended group size of 25-40 youth, facilitated by one teacher and 5-8 peer leaders who make up about 20% of the class (can be adapted).
- Core content components address knowledge, attitudes, perception of risk, social/peer norms, values, intentions, and communication with parents or other adults.
- The top five teaching methods include large group discussions, lectures, homework assignments, role play, and small group work.
- Behavioral outcomes include reduced unprotected intercourse and increased use of effective STI/pregnancy prevention methods at last intercourse (among sexually experienced students) at 7- and 31-month follow-up.

**RESOURCES**

**Healthy Teen Network:** [www.healthyteennetwork.org](http://www.healthyteennetwork.org)

**Advocates for Youth:** [www.advocatesforyouth.org](http://www.advocatesforyouth.org)

- [Science and Success, 2nd ed. Programs that Work to Prevent Teen Pregnancy, HIV, and STIs in the U.S.](http://www.advocatesforyouth.org/index.php?option=com_content&view=article&id=367&Itemid=177)

**CDC:**

- [www.cdc.gov/HealthyYouth/az/index.htm](http://www.cdc.gov/HealthyYouth/az/index.htm),
- [www.cdc.gov/hiv/resources/factsheets/youth.htm](http://www.cdc.gov/hiv/resources/factsheets/youth.htm),
- [www.cdc.gov/reproductivehealth/AdolescentReproductiveHealth/index.htm](http://www.cdc.gov/reproductivehealth/AdolescentReproductiveHealth/index.htm),
- ¡Cuideate! Program Information:
  - [www.cdc.gov/hiv/topics/research/prs/resources/factsheets/cuidate.htm](http://www.cdc.gov/hiv/topics/research/prs/resources/factsheets/cuidate.htm)

**ETR Associates, Resource Center for Adolescent Pregnancy Prevention (ReCAPP)**

- Evidence-Based Programs Information:
  - [www.etr.org/recapp/index.cfm?fuseaction=page.s.ebphome](http://www.etr.org/recapp/index.cfm?fuseaction=page.s.ebphome)

**Guttmacher Institute:** [www.guttmacher.org](http://www.guttmacher.org)

**National Campaign to Prevent Teen and Unplanned Pregnancy:** [www.thenationalcampaign.org](http://www.thenationalcampaign.org)

- What Works: Curriculum-Based Programs that Prevent Teen Pregnancy:

**SIECUS:** [www.siecus.org](http://www.siecus.org)
REFERENCES

2 Centers for Disease Control and Prevention, op.cit., see note 1.
5 Centers for Disease Control and Prevention, op.cit., see note 1.
9 The Henry J. Kaiser Family Foundation, op.cit., see note 8.
10 Centers for Disease Control and Prevention, op.cit., see note 1.