

Integrating Efforts to Prevent HIV, Other Sexually Transmitted Infections, and Pregnancy among Teens

In the United States, many youth-serving professionals and activists focus on preventing some particular negative health outcome among teens, such as unintended pregnancy or sexually transmitted infections (STIs). In other words, youth-serving professionals often focus on one facet or another of the lives of youth, instead of serving youth more holistically. Integrating their efforts may provide a number of benefits, both for the young client and for youth-serving organizations. This document discusses the what, why, and how, the benefits, and the challenges of approaching youth holistically and of integrating the sexual health information and services they receive.

What is an integrated approach to promoting sexual health among youth?

An integrated approach to promoting young people's sexual health means:

- Adding STI and HIV prevention to pregnancy prevention information and services;
- Adding pregnancy prevention to HIV/STI prevention information and services;
- Incorporating sexual health information into youth development programs;
- Encouraging health care providers to make their services youth-friendly;
- Offering health and social services under one roof or taking steps to link youth to needed health and social services.

In a practical sense, integrating HIV/STI and pregnancy prevention may involve organizations in a wide range of activities, including developing integrated messages and programs, networking with other service providers, approaching sexual health issues holistically, and shifting the organization's overall approach regarding the delivery of programs and services.

Is the situation of youth in the United States really serious enough to justify integrating these efforts?

Research shows that U.S. youth suffer significant negative sexual health outcomes:

- Pregnancy, HIV, and STIs disproportionately affect young people, especially youth of color.¹
- Although the U.S. teen pregnancy rate has declined over the past 10 years, about 820,000 women under age 20 became pregnant in 2000, and up to 85 percent of these pregnancies were unintended.²
- The Centers for Disease Control & Prevention (CDC) estimates that 48 percent of new STIs in the United States during 2000 occurred among those ages 15 to 24, even though these youth amount to only about 25 percent of the sexually experienced population.³
- About 50 percent (20,000 cases) of new HIV infections occur each year in people under age 25.^{3,4}
- Data from 2002 indicate an increased trend in the United States toward heterosexually acquired HIV infection in young women, especially young women of color.^{3,4}
- Studies indicate that being infected with an STI that causes open sores—such as genital herpes or syphilis—increases one's risk of HIV infection by two to 23 times.⁵ Experts estimate that about 640,000 youth are infected with genital herpes each year and that about 4.2 million youth ages 15 to 24 have this incurable STI.³
- Human papillomavirus (HPV), trichomoniasis, and chlamydia account for 88 percent of new STIs among youth.³
- Experts estimate the direct medical costs of the nine million new cases of STI among youth each year at \$6.5 billion.⁶

What are the benefits of integrating pregnancy, HIV, and STI prevention efforts?

Integrating information and services benefits both youth and organizations: youth, because it can lower the barriers they face—economic, social, and cultural—to obtaining sexual health information and services;³ and organizations, because they can expand their reach and impact.

Benefits to youth—

- Teens generally view pregnancy and HIV/STI as two sides of the same coin; integrating information and services aligns with teens' perspectives.
- Teens can receive respectful treatment as whole people (who may also have various sexual health issues), rather than as sexually active youth (facing unwanted sexual health outcomes).
- Underserved youth at higher risk of unintended pregnancy and STIs, including HIV, can receive culturally appropriate, affordable services.
- Teens can learn about a range of protective sexual health behaviors, including abstinence *and* the use of contraception and condoms.
- Young people can seek HIV/STI testing and treatment services without fear of the stigma sometimes associated with visiting an STI or HIV clinic.
- Youth can receive “one-stop shopping” for sexual health information and services as well as for other health care and social services or receive referral to a wide array of supportive services.

Benefits to organizations—

- Organizations can reap the benefits of building economy of scale. Programs can reach more youth more effectively and address more sexual health issues than do single issue programs.
- Organizations can tap into new funding streams—ones that were previously unknown or unavailable to them, such as those for HIV and AIDS, pregnancy prevention, and/or youth development.
- Staff can increase his/her expertise and has more opportunities for professional development, more colleagues with whom to work, and new opportunities for interagency collaboration and synergy.
- Organizations have the opportunity to learn strategies that other fields have found effective in improving youth's sexual health-related skills, attitudes, and behaviors.
- Organizations can limit duplication of efforts and re-direct scarce resources.
- Organizations have the opportunity to heighten youth-serving colleagues' awareness of the sexuality-related vulnerability and needs of youth.

Is it easy to integrate teen pregnancy prevention with HIV/STI prevention and treatment?

Youth-serving professionals, including educators and health care providers, face barriers to integrating HIV, STI and teen pregnancy prevention. Planners can face separate funding streams, complex administrative arrangements, lack of understanding by staff and the public, and an historical separation of the fields. Specific challenges can include the following:

- Educational policies and/or school board mandates may impose restrictions regarding the topics of pregnancy, HIV, and STIs.
- Separate funding streams can complicate grant-seeking and/or grant reporting, and some funding sources may limit or prohibit the use of comprehensive approaches to preventing pregnancy, HIV and/or STIs.
- Organizations may lack financial resources to adequately address all three issues (pregnancy, HIV, and STIs).
- Staff may feel discomfort about and/or lack skills to deal with behaviors and topics outside their primary field. Staff may also fear that integration is a euphemism for downsizing.
- Organizations may encounter unexpected rivalries for funding, contracts, space, or media attention.
- Integration may require a shift or expansion in the target population of the organization.

How does an organization integrate its work to prevent pregnancy, HIV, and other STIs?

Integration is about fostering an environment in which sexual health organizations—from family planning and HIV/STI clinics to teen pregnancy and HIV and AIDS service organizations—work together with youth, parents, communities, and government

agencies to promote the sexual health of youth. Developing an integrated approach to preventing pregnancy, HIV, and STIs among teens is not a simple task. However, it *can* be accomplished, one step at a time. Consider these tips:

Focus on youth—

- Focus holistically on youth. Shift the focus of your organization from the problems that happen to young people to the youth themselves.
- Involve youth in all aspects of program and message design, implementation, and evaluation.

Articulate a unified mission, vision, and strategic plan—

- Articulate a clear mission statement, reflecting vision of healthy young people *and* a commitment to preventing HIV, STIs *and* unintended pregnancy among youth.
- Address HIV, STI, and teen pregnancy prevention in the organization's strategic and operational plans.

Work together—

- Develop collaborative relationships with prevention and treatment organizations across the sexual health spectrum, at national, state, and local levels.
- Establish community partnerships, coalitions, or working groups to support the integration of pregnancy and HIV/STI prevention.
- Build the capacity of state and local organizations to provide comprehensive technical assistance and resources on HIV, STI, and teen pregnancy prevention issues.
- Become a member of the boards of directors of organizations involved in sexual health issues.
- Include on your board of directors experts who represent a range of sexual health issues faced by teens.
- Invite staff of sexual health organizations to meetings and conferences and to lead workshops, give speeches, and/or exhibit materials.
- Attend national and state conferences addressing sexual health issues, such as HIV, STIs, unintended pregnancy, and sexual orientation. Lead workshops, give speeches, and/or exhibit materials on integration at these conferences.
- Subscribe to Listservs and journals focused on various sexual health issues.

Develop integrated messages and resources—

- Promote the integration of teen pregnancy, HIV, and STI prevention in state and local health education guidelines.
- Offer workshops on integrating sexual health information and services for young people.
- Cross-train staff in the prevention of teen pregnancy, HIV, and STIs.
- Develop consistent public education messages that address the risk factors common to teen pregnancy, HIV, and STIs. Includes these in all publications.
- Distribute information that addresses the range of sexual health issues facing teens.
- Include resources on the range of sexual health prevention and treatment issues in the organization's resource lists.
- Link the organization's Web site to a range of sexual health organizations.
- Add colleagues in prevention and treatment organizations to your mailing lists.

Take integration to the next level—

One of the most important ways to promote integration of sexual health information and services is to ensure that programs address adolescent sexual health holistically and provide teens with access to information *and* services to prevent pregnancy, HIV, and STIs. Several effective, evaluated programs address the risk behaviors common to pregnancy, HIV, and other STIs while others also offer access to services. Such programs include:

- **Reducing the Risk**—A sex education curriculum that includes information on abstinence and contraception, it offers experiential activities to build skills in refusal, negotiation, and communication, including that between parents and their children. Designed for use with high school students, especially those in grades nine and 10, it is recommended for use with sexually inexperienced, urban, suburban, and rural youth—white, Latino, Asian, and black. **Evaluation** showed that it was more effective with lower risk than with higher risk youth. *Evaluations—of the original program and of a replication of the program—each found delayed initiation of sexual intercourse and reduced incidence of unprotected sex / increased use of contraception among participants as well as increased parent-child communication about abstinence and contraception.*^{7,8}

For more information or to order, contact ETR Associates: Phone 1.800.321.4407; Web, www.etr.org or Sociometrics, Program Archive on Sexuality, Health & Adolescence: Phone 1.800.846.3475; Web, www.socio.com.

- **Safer Choices**—This sex education curriculum, given in 20 sessions, is evenly divided over two years and designed for use with grades nine through 12. The program includes experiential activities to build skills in communication, delay the initiation of sex, and promote condom use by sexually active participants. Other elements include a school health protection council, a peer team or club to host school-wide activities, educational activities for parents, and HIV-positive speakers. The program is recommended for use with white, Hispanic, African American, and Asian, urban and suburban high school students. *Evaluation showed that Safer Choices effectively assisted sexually experienced youth to increase condom and contraceptive use. Hearing an HIV-positive speaker was also associated with participants' greater likelihood of receiving HIV testing, relative to control youth. The program neither hastened nor delayed the onset of sexual intercourse.*^{9,10,11}

For more information or to order, contact ETR Associates: Phone 1.800.321.4407; Web, www.etr.org.

- **Be Proud! Be Responsible!**—This sex education curriculum comprises six sessions, each lasting 50 minutes, and includes experiential activities to build skills in negotiation, refusal, and condom use. It is recommended for use with urban, black, male youth, ages 13 through 18. *Evaluation found that it assisted young men to reduce their frequency of sex, reduce the number of their sexual partners (especially female partners who were also involved with other men), increase condom use, and reduce the incidence of heterosexual anal intercourse.*¹²

For more information or to order, contact Select Media Phone 1.800.707.6334; Web, www.selectmedia.org; for educator training, contact ETR Associates: Phone 1.800.321.4407; Web, www.etr.org.

- **Making Proud Choices**—This sex education curriculum emphasizes HIV prevention through safer sex and includes information about both abstinence and condoms. It comprises eight, culturally appropriate sessions, each lasting 60 minutes and includes experiential activities to build skills in delaying the initiation of sex, communicating with partners, and among sexually active youth, using condoms. It is recommended for use with urban, African American youth, ages 11 through 13. *Evaluation found the program assisted participants to delay initiation of sex and assisted sexually active participants to reduce the frequency of sex, reduce the incidence of unprotected sex, and increase condom use.*¹³

For more information or to order, contact Select Media Phone 1.800.707.6334; Web, www.selectmedia.org; for educator training, contact ETR Associates: Phone 1.800.321.4407; Web, www.etr.org.

For more information on effective programs, please see:

- *Science & Success: Sex Education and Other Programs that Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections*, Washington, DC: Advocates for Youth, 2003. <http://www.advocatesforyouth.org/programsthatwork/index.htm>
- *Science-Based Practices in Teen Pregnancy and HIV/STI Prevention: Selected Annotated Bibliography*. [From Research to Practice] Washington, DC: Advocates for Youth, 2004. <http://www.advocatesforyouth.org/publications/frtp/bibliography.htm>

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- ⁴ Centers for Disease Control & Prevention. *HIV/AIDS Surveillance Report* 2002; 14. <http://www.cdc.gov/hiv/stats/hasrlink.htm>.
- ⁵ National Alliance of State and Territorial AIDS Directors and National Coalition of STD Directions. *STD/HIV Prevention Integration*. Washington, DC: Authors, 2002.
- ⁶ Chesson H *et al.* The estimated direct medical cost of sexually transmitted diseases among American youth, 2000. *Perspectives on Reproductive & Sexual Health* 2004; 36:11-19.
- ⁷ Kirby D *et al.* Reducing the Risk: impact of a new curriculum on sexual risk-taking. *Family Planning Perspectives* 1991; 23:253-263.
- ⁸ Hubbard BM *et al.* A replication study of Reducing the Risk, a theory-based sexuality curriculum for adolescents. *Journal of School Health* 1998; 68:243-247.
- ⁹ Coyle K *et al.* Short-term impact of Safer Choices, a multicomponent, school-based HIV, other STD, and pregnancy prevention program. *Journal of School Health* 1999; 69:181-188.
- ¹⁰ Coyle K *et al.* Safer Choices: reducing teen pregnancy, HIV and STDs. *Public Health Reports* 2001; 116(Supplement 1):82-93.
- ¹¹ Markham C *et al.* Impact of HIV-positive speakers in a multicomponent, school-based HIV/STD prevention program for inner-city adolescents. *AIDS Education & Prevention* 2000; 12:442-454.
- ¹² Jemmott JB *et al.* Reductions in HIV risk-associated sexual behaviors among black male adolescents: effects of an AIDS prevention intervention. *American Journal of Public Health* 1992; 82:372-377.
- ¹³ Jemmott JB *et al.* Abstinence and safer sex HIV risk-reduction interventions for African American adolescents: a randomized controlled trial. *JAMA* 1998; 279:1529-1536.

Written by Jennifer Rogers, MPH, Association of Schools of Public Health Research Fellow; Jennifer Augustine, MPH, Director of HIV/STI Prevention, Advocates for Youth; and Sue Alford, MLS, Director of Public Information Services, Advocates for Youth, January 2005.



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