

Integrating Efforts to Prevent HIV, Other STIs, and Pregnancy among Teens in Minnesota

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.

What is the situation of teens in Minnesota compared to the United States overall?

Pregnancy:

- In Minnesota, 50 of every 1,000 women ages 15 to 19 experienced pregnancy in 2000. By comparison, the overall U.S. rate was 84 per 1,000 women ages 15 to 19.¹
- In Minnesota, three of every 1,000 very young women ages 13 to 14 experienced a pregnancy in 1997, compared to six per 1,000 across the United States.¹
- In Minnesota, 26 of every 1,000 women ages 15 to 17 experienced pregnancy in 2000, compared to 48 per 1,000 across the United States.¹
- In Minnesota, 85 of every 1,000 women ages 18 to 19 experienced pregnancy in 2000, compared to 136 per 1,000 across the United States.¹
- Between 1992 and 2000, the United States experienced a 24 percent decline in pregnancies among women ages 15 to 19. Minnesota saw a 22 percent decrease in its teen pregnancy rate.¹

Births:

- In Minnesota in 2002, the birth rate was 28 per 1,000 women ages 15 to 19. The U.S. birth rate among women the same age was 43 per 1,000.²
- In Minnesota in 2002, the birth rate among women ages 15 to 17 was 14 per 1,000, compared to a U.S. rate of 23.²
- Minnesota's birth rate among women ages 18 to 19 was 47 per 1,000, compared to a U.S. rate of 73.²

HIV, AIDS and STIs:

- In Minnesota, the AIDS case rate was three per 100,000 people in 2001. By contrast, across the United States, the case rate was 15 per 100,000 people.³

- In Minnesota, the reported case rate of chlamydia was 169 per 100,000 people, compared to a U.S. rate of 278 per 100,000.⁴
- In Minnesota, the case rate of gonorrhea was 55 per 100,000 people, compared to a U.S. rate of 129 per 100,000.⁴

What do these data mean?

- Where first place means the best rate achieved by any state, Minnesota’s teen birth rate ranks it eighth among the states.²
- Its AIDS case rate places Minnesota seventh among the states.³
- Its chlamydia rate places Minnesota ninth among the states.⁴
- Its gonorrhea rates places Minnesota 16th among the states.⁴

Moreover,

- While Minnesota’s rates of teen pregnancy went down by less than the United States’, the state’s teen pregnancy rates remained significantly lower (half the U.S. rate among teens ages 13 to 14; nearly half the rate among those ages 15 to 17; and less than one-third the rate among those ages 18 to 19).
 - Minnesota’s teen birth rates are at least one-third less than the United States’ among all teens as well as among age-specific groups.
 - Minnesota’s chlamydia rate is less than two-thirds and its gonorrhea rate is less than half of that of the United States as a whole.
- Still, Minnesota’s rates remain higher than those in many developed nations.

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;⁵ 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 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/or STIs.
- Separate funding streams can complicate grant-seeking and/or grant reporting, and some funding sources may restrict 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 a 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 the range of sexual health issues.
- 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. For information about evaluated, effective programs, consult *Science & Success: Sex Education and Other Programs that Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections* at <http://www.advocatesforyouth/programsthatwork/>

References

- ¹ Alan Guttmacher Institute, U.S. Teenage Pregnancy Statistics: Overall Trends by Race and Ethnicity and State by State Information. New York: Alan Guttmacher Institute, 2004; http://www.guttmacher.org/pubs/state_pregnancy_trends.pdf.
- ² Martin JA *et al.* Births: final data for 2002. *National Vital Statistics Reports* 2003; 52(10).
- ³ Centers for Disease Control & Prevention. *HIV/AIDS Surveillance Report* 2001; 13(2):1-47.
- ⁴ Centers for Disease Control & Prevention. *Sexually Transmitted Disease Surveillance, 2001*. Atlanta, GA: U.S. Dept. of Health & Human Services, CDC, 2001.
- ⁵ Weinstock H *et al.* Sexually transmitted diseases among American youth: incidence and prevalence estimates. *Perspectives on Reproductive & Sexual Health* 2004; 36:6-10.

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

©2005, *Advocates for Youth*



This publication is made possible through a Cooperative Agreement (No. U88/CCU322137-02) with the Centers for Disease Control and Prevention (CDC). This publication may be copied, reproduced, distributed, or adapted, without permission of the authors or publisher, provided that the materials are not copied, distributed, or adapted for commercial gain and provided that the authors and Advocates for Youth are credited as the source on all copies, reproductions, distributions, and adaptations of the material.