We Speak

Young Women and HIV: Who's at Risk in New York City?

A Needs Assessment Conducted by the Young Women of Color and HIV/AIDS Coalition

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Contents

The Young Women of Color HIV/AIDS Coalition embarked on a needs assessment to learn how to better serve its population, young women of color in New York City between the ages of 13 and 24. The findings from that survey are outlined in this report. The survey highlights how much violence is a part of young women's lives in New York City.

New York City has long led the nation in the number of HIV cases among young people, and the numbers are increasing, especially among young minority women. The purpose of this needs assessment is to find out who the young women are in New York City who are at highest risk for contracting HIV and other sexually transmitted infections (STIs) by asking the following questions:

- What do they look like?
- How old are they?
- Where do they live?
- What attitudes do they have around condom use?
- What do they think about school and their future?
- What behaviors are they engaging in or not, that put them at risk for HIV and STIs?

This needs assessment was developed because women working with the New York City-based Young Women of Color HIV/AIDS Coalition (YWCHAC) saw that efforts to reach young minority women and prevent them from contracting HIV and other STIs had proven largely ineffective. The assessment survey was designed to explore the factors related to high risk and point out areas for potential intervention. Youth workers collected data at the schools where they worked, at community based organizations (CBOs) where there were established groups of young women, through community advisory boards in youth CBOs, in support groups for young women, and in three speak-out sessions held in the neighborhoods of Bed-Stuy in Brooklyn, Chinatown in Manhattan, and Harlem in Manhattan. Data was also collected at youth conferences including the BATES Conference and the first annual Health Summit coordinated by the Coalition. Additional data was gathered through the Red Hook Community Justice Center's TEACH Program, the Red Hook Initiative, the HEAT Program at SUNY Downstate, APICHA, and Love Heals' LEAP for Girls Program.

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Background on Risk Factors

Who is at high risk for contracting HIV and other STIs?

- Intravenous drug users and their sexual partners
- Men who have sex with men

What racial and other characteristics of identity are associated with increased risk for women in the United States?[5]

- Being Latina; Latinas comprise about 13% of the population but account for 18% of new HIV and AIDS cases each year[6]
- Latina young women who speak only Spanish tend to use condoms less often than other women
  - Latina young women are less likely to report feeling at risk for contracting HIV than other women[7]
- Being Black; Black women account for 69% of new HIV cases among women each year[8]
  - In New York, 42% of all AIDS patients identify themselves as Black[9,10]
- Identifying as non-straight
  - Lesbian, transgendered, and bisexual young women are at greater risk than young women who identify as straight[11]

What behaviors are associated with high risk?

- Having sex at a young age[12,13]
- Being heavily involved in dating and relationships[14]
- Not using birth control consistently or correctly[15,16,17]
- Having many sexual partners[18]
- Using alcohol or other drugs (AOD)[19,20,21]
  - Young people who use AOD are also more likely to have sex at an early age, having multiple sexual partners, and use condoms less frequently
  - Young people who use AOD are also at increased risk because of sharing drug paraphernalia, including needles

What family and community factors are associated with increased risk?

- Lack of parental control and monitoring[22]
- Poor parent-child relationships, especially in regards to talking about sex[23]
- Poverty and domestic violence[24]
- Homelessness
  - Young people who are homeless are much more likely to have sex in order to meet their basic needs[25,26,27,28,29]

What other factors may put a young woman at increased risk for contracting HIV or an STI?

- A history of having been sexually abused and/or raped[30,31,32,33]
- Having an untreated STI[34]
- Being behind in school, performing poorly, or dropping out completely[35,36,37,38,39]

What kinds of young women are at low risk for contracting HIV and other STIs?

- Wealthier young women
- Young women who have two parents at home
- Young women who are close to their parents and are able to talk openly about sex with their parents[40,41,42,43]
- Young women who attend good schools
- Young women who feel hopeful about the future, including finding good jobs
- Young women who are involved in extracurricular activities
- Young women who have high self-esteem[44,45,46]

Attitudes and Beliefs Related to Risk

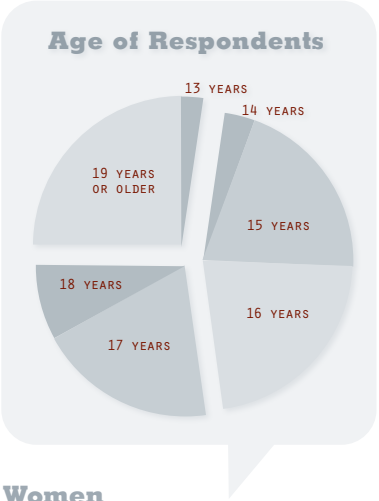
How can we predict which young women will engage in high-risk behavior and what kinds will not? Studies have shown that a young person's attitude toward risky behaviors is the best predictor of future behavior.[47]

So, what attitudes and beliefs are associated with an increased risk for contracting HIV and other STIs?

- Believing that peers are having sex
- Lack of fear around sex to the point that the person does not recognize the risks of sex, especially sex without protection[48]
- Lack of self-esteem
  - Lack of self-esteem can compel a young woman to value her sexual partner's approval over her need to protect herself[49,50,51]
  - Depression and suicidal thoughts can also lead young women to engage in risky behaviors[52]

- Homophobia[53]
- Homophobia is related to higher risk when the person believes that only homosexuals get HIV
- Homophobia is also related to higher risk when this attitude prevents an open discussion about sex and its potential consequences

Young people who engage in risky behavior are usually concerned about the consequences of their behaviors but are often not mature enough to refuse or live in an environment that encourages risky behavior.[54] It is important to understand that a feeling of invulnerability is not usually the real reason for why a teenager behaves in a way that put her at risk for contracting HIV or other STIs.[55]



How Were The Women Chosen and What Questions Were They Asked in This Needs Assessment?

This needs assessment was developed because women working with the New York City-based Young Women of Color HIV/AIDS Coalition (YWCHAC) saw that efforts to reach young minority women and prevent them from contracting HIV and other STIs had proven largely ineffective. The needs assessment was designed to explore the factors related to high risk and point out areas for potential intervention. Youth workers collected data at the schools where they worked, at community based organizations (CBOs) where there were established groups of young women, through community advisory boards in youth CBOs, in support groups for young women, and in three speak-out sessions held in the neighborhoods of Bed-Stuy in Brooklyn, Chinatown in Manhattan, and Harlem in Manhattan. Data was also collected at youth conferences including the BATES Conference and the first annual Health Summit coordinated by the Coalition. Additional data was gathered through the Red Hook Community Justice Center's TEACH Program, the Red Hook Initiative, the HEAT Program at SUNY Downstate, APICHA, and Love Heals' LEAP for Girls Program.

A Glimpse at the Young Women as a Whole Group

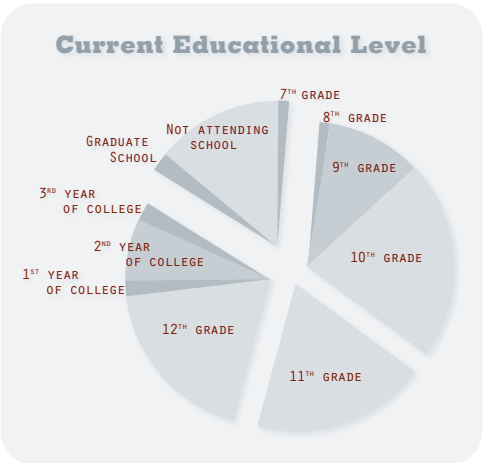
Of the surveys returned, 180 women and one man responded. For the purposes of this report,

the male response was excluded. The majority of respondents reported living at home with their parents and identified as straight/heterosexual. Black/African-American young women made up about 70% of the sample and were slightly over-represented, followed by 13% Latina, 6% Asian-Pacific-Islander, and less than 1% white/non-Latina. Ethnically, about 11% identified as multi-racial.

One quarter were 19 years old or older, half were 16-18 years old, and one quarter were 13-15 years old. The average respondent's age was about 17 years.

In regards to education, over three-quarters (82%) of the respondents identified themselves as attending school at the time of the survey, with the large majority of students attending grades 9-12. Of the respondents not attending school, the vast majority (90%) had completed high school or some college. When asked about the highest level of education completed by their parents or guardians, those who knew reported about 9% completed only elementary or middle school, 33% completed high school, 30% completed some college, and 28% completed a Bachelor's or higher degree.

The young women surveyed expressed an overall sense of preparedness for and anticipation of attending college. When asked how well they thought their education had prepared them for college, about 40% felt well prepared for college and 50% felt somewhat prepared. About 10% felt that they were not well prepared for college. When asked how likely they were to attend college, about 80% of the young women thought that they were very likely to attend, in addition to the 1.3% already attending college. For the approximately 20% of young women not certain that they would attend

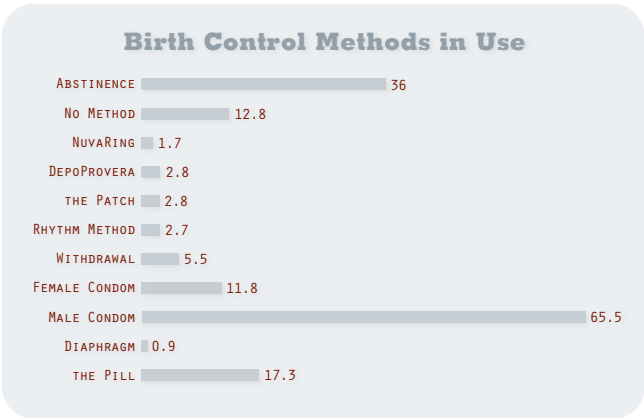


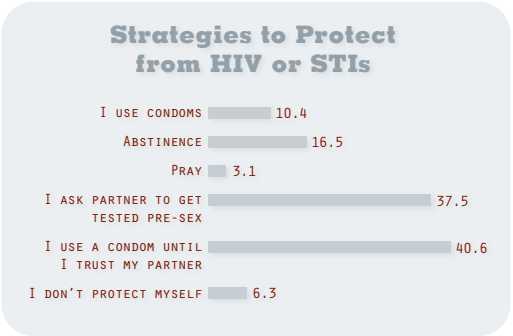
college, the most common reasons for uncertainty were financial and the belief that they were not prepared enough to succeed. Other significant reasons listed were a preference for entering the workforce, feeling uncertain about the future, and believing that college is not important for success in life. One person responded that taking care of a baby would prevent her from attending college.

In regards to drug use, slightly over half of the respondents indicated that they had at least one experience using drugs, including alcohol, marijuana, and cocaine. Of those who indicated ever having used drugs, about 60% reported using alcohol, 30% reported using marijuana, and one person reported using cocaine in the past six months. There were no reports of other drug use. Drug usage varied among the different drugs with about 75% of those who used alcohol reported using it only on special occasions or a few times per year, 10% reported using it several times a month, 5% reported using it once a week, and another 5% reported using alcohol once a day. Marijuana users tended to use slightly less frequently than alcohol users, with about 68% using the drug only on special occasions, about 15% using it once a week, and 7% using marijuana once a month. Of those who used cocaine, 100% used it only on special occasions.

When asked if they knew someone who has HIV/AIDS, slightly under half of respondents reporting knowing someone with HIV/AIDS. The older a respondent was, the more likely it was that she knew someone who had HIV/AIDS. When asked if they expected to know at least one person in their peer group infected with HIV/AIDS in the next five years, about 45% strongly agreed, one third somewhat agreed, 13% neither agreed nor disagreed, and about 5% did not know if they would or not.

About 65% of the young women reported having ever been sexually active. The older a respondent was, the more likely she was to report being sexually active. Conversely, the younger the respondent, the more likely that she was to be practicing abstinence as a form of birth control. Of those who reported ever having been sexually active,



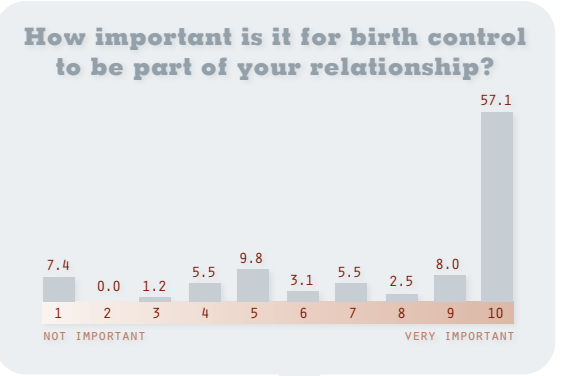


about 70% reported that they were currently sexually active. Nearly 80% reported only one current sexual partner, although 10% reported currently having three or more sexual partners. Of respondents who had ever been sexually active, about 38% reported having a total of one sexual partner, 30% reported a total of two or three sexual partners, 19% reported a total of four to five sexual partners, and 12% reported having a total of more than five sexual partners.

A number of different birth control methods, including abstinence as a birth control choice, were used by the survey respondents. The male condom was by far the most popular birth control choice, with about 65% of the young women reporting use. Abstinence was the second most popular choice, followed by the pill, no method, and the female condom. Respondents chose their birth control methods for a variety of reasons, most important of which was ease of use for the respondent. Other important reasons included ease of use for one's partner, accessibility, belief that it is the safest method of birth control, a belief that it is the most popular method, affordability, least amount of time to use, and comfort.

For the group as a whole, strategies to protect themselves from acquiring HIV or STIs included using a condom until they trust their partner, asking their partner to get tested, abstinence, using condoms all of the time, and praying. About 6% reported not using any strategy for protection.

For the young women who did not use condoms, about half responded that they were not concerned about acquiring HIV or other STIs. Reasons for this lack of concern included testing both partner and oneself, only have sex with one partner, trusting their partner, and not being sexually promiscuous. For the group as a whole, reasons for lack of concern included only having sex with one partner, having oneself



and partners tested, trusting their partner, not being sexually promiscuous, already infected with HIV, not believing in STIs, and rarely having sex. Not one survey respondent indicated a belief that people their age do not get HIV or STIs or that acquiring HIV or STIs cannot happen to them.

Respondents were asked how important it was to have birth control as a part of their intimate relationships. On a scale from 1 (not important at all) to 10 (very important) nearly 60% reported that it was very important (10) for birth control to be a part of their relationship. The average response was 8. Respondents were also asked if their partner might think that they did not trust him/her if the respondent asked her partner to use a condom. About 9% of respondents did not know what their partner would think, but of those who knew, about 65% strongly or somewhat disagreed. About 23% strongly or somewhat agreed. Lastly, respondents were asked if they felt their partner might think they had a disease if they asked him/her to use a condom. About 72% strongly or somewhat disagreed, about 9% did not know what to think, and about 12% strongly or somewhat agreed.

About one in five of our survey respondents reported having been sexually abused or touched sexually in a way they did not like. The average age of reported sexual abuse was 11 and the most common age of sexual abuse reported was 14. The most common perpetrators of sex abuse included family members, followed by friends, strangers, the respondent's boyfriend, and her mother's boyfriend or husband. About three-quarters of those who reported sexual abuse within the survey reported that they had told someone about the abuse, and when they had told someone about the abuse, nearly 40% reported being supported, 25% reported that she or her family pressed charges against the perpetrator, 25% were not believed, and 7% were punished or blamed. Nearly 10% of survey respondents reported that they had been raped. The average age of rape was 13 and the most common age for rape was 14 years old. Of those who had been raped, the most common perpetrators were the respondent's boyfriend, followed by a family member, a stranger, a friend, and her mother's boyfriend or husband. There was a significant

relationship those who had been sexually abused and those who had been raped.

A series of questions about depression were asked within the survey. In response to these questions, nearly one-third reported that they felt so "sad or hopeless almost every day for more than two weeks in a row, that [they] stopped usual activities." Over the past year, 14% reported having seriously considered suicide, nearly 10% made a plan about how they would attempt suicide, about 8% made one suicide attempt, and slightly fewer than 2% had made two to three attempts at suicide over the past year.

Characteristics of High Risk

The sociodemographic variables used in this needs assessment were:

- Age
- Sexual orientation
- Enrollment in school and school year
- Ethnicity
- Parental education
- Household income

Experience in foster care

The characteristics of high risk used were:

- Alcohol and other drug use
- A history of sexual abuse and/or rape
- Irregular or lack of condom use
- Multiple sexual partners
- Low income
- Poor performance in school
- Troubled parent-child relationship

The needs assessment looked for relationships between these sociodemographic and high risk variables to see if any of the sociodemographic variables could be used to predict a higher risk of contracting HIV or other STIs. The needs assessment found the following associations:

- Age and race predicted AOD use
  - The older the respondent, the more likely she was to have used AOD
  - Black young women were the least likely to report using AODs
  - Multiracial young women were the most likely to report using AODs in the last six months
- Sexual orientation predicted drug use
  - Young women who identified as bisexual, transgendered, lesbian, or questioning were much more likely than straight young women to have used any kind of drugs
- Sexual orientation and race predicted sexual abuse and rape
  - Young women who identified as bisexual, transgendered, lesbian, or questioning were much more likely than straight young women to report being sexually abused and/or raped
  - Latinas were the least likely to report sexual abuse

- Black young women were the most likely to report sexual abuse

- Sexual orientation predicted multiple sexual partners
  - Young women who identified as bisexual, transgendered, lesbian, or questioning were much more likely than straight young women to report more sexual partners
- Sexual orientation and race predicted depression and suicidal behavior
  - Young women who identified as bisexual, transgendered, lesbian, or questioning were much more likely than straight young women to report having attempted suicide
  - Latinas were the most likely to report feeling depressed and seriously thinking about committing suicide
  - Asian/Pacific Islanders were the least likely to experience depression
- Parental education predicted future plans to attend college
  - The higher the level of parental education of the respondent's parents, the more likely she was to indicate that she was highly likely to attend college
- Race predicted income
  - Black young women were the most likely to come from wealthier families
  - Latinas reported the lowest family income

"Effective interventions may include helping young people stay in school and away from drugs while promoting consistent use of condoms and the idea that condoms are a smart choice for keeping healthy."

Lastly, 11 respondents indicated that they had been in foster care at one point in their lives. Although there were not enough respondents to establish any significant relationships with high risk behaviors, there were a few trends worth noting. Those who identified as having lived in foster care were much more likely to live in their own apartment, with a family member, a friend or in foster care than those who identified as never having lived in foster care. Respondents who had been in foster care and also reported being sexually active were less likely to use male condoms than those who had not been in foster care.

Uniquely High Risk Attitudes

Do young women who engage in risky behavior have different attitudes and beliefs than those who do not? The results of this needs assessment indicate that for some behaviors, there were significant differences in the attitudes of the respondents.

- Young women who used AOD did not feel as prepared for college as those who did not and were less likely to believe they would attend college in the future
- Also, the lower the reported income, the less prepared the respondent felt to get a good job in the future
- Young women who used male condoms reported that birth control was much more important in their relationship than those who did not use condoms and disagreed more strongly with the statement "if I asked my partner to use a condom he/she would think that I didn't trust him/her"
- Although not surprising, those who reported depression or suicidal thoughts felt less prepared for and less hopeful about attending college and securing a good job.

The Choice of Abstinence

Since about one-sixth of respondents reported using abstinence as their usual form of birth control, it is useful to know if there were any personal characteristics, behavioral factors, or attitudes that corresponded with this choice. A few factors were significant:

- Age
  - Respondents who used abstinence were much younger than sexually active respondents
- Home environment
  - Abstinent respondents were much more likely to be living at home with their parents than respondents who were sexually active
- Sexual orientation
  - Young women who used abstinence were much more likely to identify as straight than as lesbian, bisexual, transgendered, or questioning
- Education
  - Young women who used abstinence were significantly more likely to be enrolled in school than those who were sexually active
- Alcohol and other drug use
  - Young women who used abstinence were significantly less likely to report ever having used drugs than those who were sexually active

Additionally, it is interesting to note that nearly all respondents who indicated using abstinence as a form of birth control said that they used it as a means to protect themselves from HIV and STIs.

What Did We Learn?

The aim of this needs assessment was to identify characteristics of young women in New York City at high risk for contracting HIV and other STIs. At first glance, the participants' population appeared to be doing pretty well. There were positive feelings toward the future, even if they were vaguely positive and were complicated by questions about how to pay for college and prepare for future jobs,

and respondents reported being aware of HIV/AIDS and making decisions with that in mind. However, some respondents were more concerned about HIV/AIDS than others, and not all made choices to protect themselves.

Education can change attitudes and behaviors, and it is clear that education about sex and HIV/AIDS can make a positive difference in young people's use of condoms when having sex.[56] Given the fact that many risky behaviors are linked to a young person's life within a community, interventions must take into account the perceptions that young people have of their peers and give young people strategies for looking out for each other. Effective interventions may include helping young people stay in school and away from drugs while promoting consistent use of condoms and the idea that condoms are a smart choice for keeping healthy.

Populations that should be studied more closely to help guide prevention programs include:

- Homeless youth
- Young adults who have been in foster care
- Victims of sexual abuse and/or rape
- Latinas
- LGBT youth

All of these groups are among the most at risk for contracting HIV and other STIs. Additionally, all of these groups reported higher levels of depression and suicidal thoughts and were more likely to have been sexually abused and/or raped than other young women.

Young people make choices in context of their larger environment. Understanding why a teenager makes a particular choice regarding drinking or going to college or having sex and what factors influence that choice are essential to understanding how to best work with young people. In addition, taking a closer look at young people who are making positive health decisions would help in designing programs to promote healthy decisions among young women most at risk for contracting HIV and other STIs.

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