

HIV and Young Men Who Have Sex with Men



Many young people in the United States remain at risk for HIV infection. An estimated 47,500 Americans were newly infected with HIV¹ in 2010. Of these, 26%—about 12,200—were adolescents or young adults aged 13–24 years.¹ Young men who have sex with men (YMSM),^a especially black/African American^b YMSM, are at highest risk. The ongoing risk for HIV infection among YMSM underscores the need to reach each new generation with effective HIV prevention messages and services. Schools and education agencies are important partners in this effort.

Fast Facts

HIV disproportionately affects young men who have sex with men (YMSM).

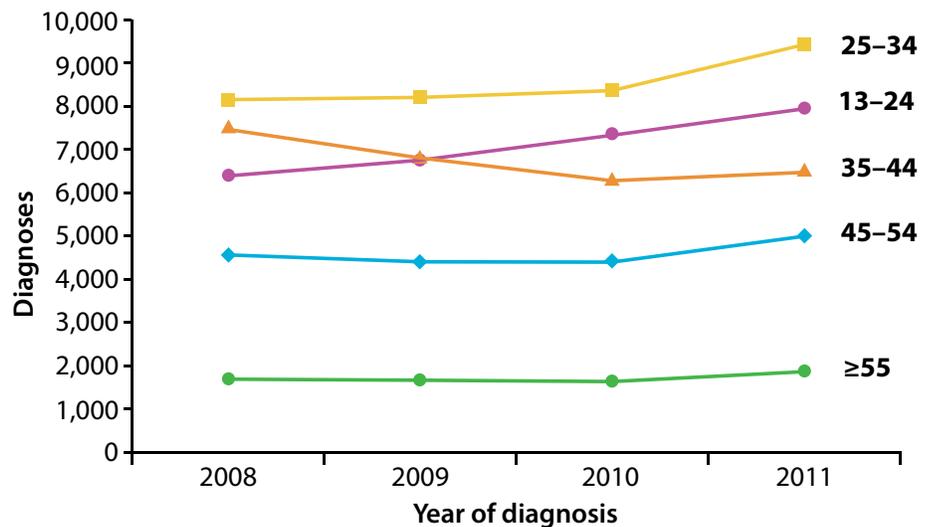
YMSM:

- In 2011, among adolescent males aged 13–19 years, approximately 93% of all diagnosed HIV infections were from male-to-male sexual contact.²
- From 2008–2011, YMSM aged 13–24 years had the greatest percentage increase (26%) in diagnosed HIV infections.³ (Figure 1)

Black and Hispanic/Latino^c YMSM:

- In 2011, among all YMSM aged 13–24 years with HIV infection, an estimated 58% were black; 20% were Hispanic/Latino.³
- Black YMSM also experienced the largest increase of all racial/ethnic groups in diagnosed HIV infections—from 3,762 diagnoses in 2008 to 4,619 diagnoses in 2011.³ (Figure 2)

Figure 1. Diagnoses of HIV Infection among Men Who Have Sex with Men, by Age Group, 2008–2011—United States and 6 Dependent Areas

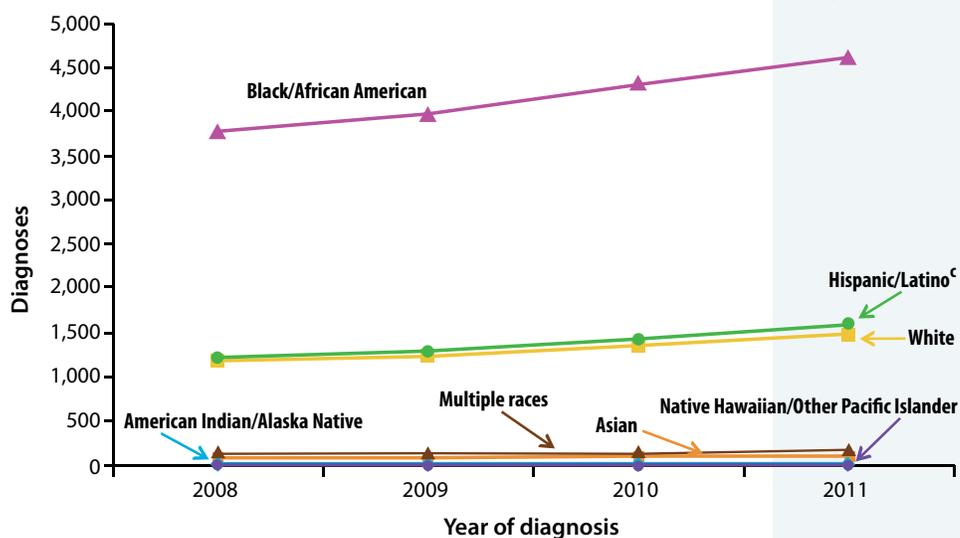


^a CDC uses the term men who have sex with men (MSM) in its surveillance systems. MSM indicates the behaviors that transmit HIV infection, rather than how individuals self-identify in terms of their sexuality.

^b Black/African American: Referred to as black in this fact sheet.

^c Hispanics/Latinos can be of any race.

Figure 2. Diagnoses of HIV Infection Among Men Who Have Sex with Men Aged 13–24 Years, by Race/Ethnicity, 2008–2011—United States and 6 Dependent Areas



^c Hispanics/Latinos can be of any race.

HIV Prevention Challenges

The reasons for disparities in HIV infection are varied and not well understood. These disparities do not appear to reflect individual racial or ethnic differences in risk behaviors.⁴ Possible factors to explain these disparities may include the following:

- **Inadequate HIV prevention education and interventions.** Sex education programs that are not sensitive and appropriate to the needs of YMSM might not be effective in reducing sexual risk behaviors among those students.⁵
- **Limited awareness of infection.** Some HIV-infected men who have sex with men (MSM) may not know they are infected, especially MSM of color and YMSM.⁶ Those who do not know they are infected might be less likely to take measures to keep from spreading the virus to others. Getting tested for HIV is an important part of prevention.
- **Low perception of risk.** Improved treatment for HIV has helped many people with HIV infection live longer and healthier lives. YMSM, who did not witness the toll of AIDS in the early years of the epidemic, might view HIV as less dangerous and disregard risks and important prevention practices.⁷
- **Alcohol and illegal drug use.** Alcohol, methamphetamine (commonly known as “meth” or “crystal meth”), and other “party drug” use is common among some YMSM. Alcohol and drug use can lead to risky sexual behavior.⁷
- **Feelings of rejection and isolation.** Bullying, harassment, family disapproval, social isolation, and sexual violence are experienced frequently by YMSM and other sexual minority youth.⁴ These experiences can cause poor self-esteem and feelings of shame and can lead to more emotional distress, suicide attempts, substance use, and risky sexual behavior.⁸⁻¹⁰



^dThose who identify as gay, lesbian, or bisexual or who have sexual contact with persons of the same or both sexes.



School-Based Strategies for Addressing HIV Among YMSM

CDC funds state and local education and health agencies to help schools implement policies and practices to reduce health risks among sexual minority youth, including YMSM. Because black and Hispanic/Latino YMSM are at especially high risk of HIV infection, CDC collaborates with local education agencies and national nongovernmental organizations to reduce HIV and other sexually transmitted diseases (STDs) among this population. These partners are collaborating with local community-based organizations, health departments, and other health care organizations to collect data, promote safe and supportive environments, increase HIV/STD testing and treatment in schools and school-based health centers, refer students to youth-friendly health services, and implement evidence-based HIV/STD education and prevention activities.

Collect and use health risk behavior data.

Many states and large urban school districts use CDC's Youth Risk Behavior Survey (YRBS) data to monitor health risk behaviors and selected health outcomes among sexual minority students. In addition, starting in 2015, the national YRBS questionnaire and the state/local standard questionnaire will include questions about sexual identity and sex of sexual contacts. By documenting that some youth do engage in same-sex sexual activity and various health risk behaviors, YRBS data can help confirm the value of addressing the health needs of sexual minority youth in schools, adjust intervention priorities, and monitor health outcomes.

More information is available at www.cdc.gov/yrbs.

Establish safe and supportive school environments.

HIV prevention activities are more likely to have an impact if they address the challenges YMSM face at school, especially verbal harassment related to their sexual orientation.¹¹ For lesbian, gay, bisexual, or transgender students, having a safe and supportive school environment has been associated with decreases in depression, suicidal feelings, substance use, and unexcused school absences.^{12,13} To help establish supportive school environments for YMSM, schools can address bullying and sexual harassment, help students feel cared for and valued, and foster parent engagement.

Provide key sexual health services.

Linking YMSM to HIV testing and treatment is key to preventing the spread of HIV and AIDS. Confidential clinical services can help prevent new cases of HIV by increasing testing and treating HIV and other STDs. Schools can help youth access key preventive sexual health services such as HIV and STD testing, counseling, and referral, either by providing these services at schools or connecting students with community providers.¹⁴

Implement exemplary sexual health education.^e

Because sexual health education programs that ignore issues in the lives of YMSM might not work effectively, schools and education agencies should ensure that health education curricula include evidence-based prevention information relevant to this population. Professional development training can help school staff understand the health needs of YMSM and shape health messages accordingly.

^e Sexual health education programs that are medically accurate, consistent with scientific evidence, and tailored to students' contexts; and that use effective classroom instructional methods.

HIV and YMSM Resources

- Evidence-based HIV prevention interventions:
www.cdc.gov/healthyouth/adolescenthealth/registries.htm
- Specific CDC-funded YMSM program activities:
www.cdc.gov/healthyouth/disparities/ymsm/
- CDC resources on school connectedness and parent engagement in school health:
www.cdc.gov/healthyouth/adolescenthealth/protective.htm
- Parental influence on sexual minority youth:
www.cdc.gov/healthyouth/protective/positiveparenting/parents_influence.htm



Getting tested for HIV is a critical part of prevention.

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