

HIV AND YOUNG ADULTS

Some key points about young adults and the HIV epidemic

- Young adults aged 20 to 24 are at the center of the HIV epidemic in terms of rates of infection, vulnerability, impact, and potential for change¹
 - Young adults aged 20 to 24 are diagnosed with HIV more than any other age group²
 - The main way that HIV is transmitted among young adult men is male-to-male sexual contact, while the main way it is transmitted among young adult women is heterosexual contact with a person known to have, or to be at high risk for, HIV infection³
- Compared with older adults, young adults:
 - Are disproportionately affected by HIV¹
 - Are more vulnerable to HIV because their physical, emotional, financial, and psychological dependence means that they have less control over their bodies⁴
 - Have higher rates of HIV infection²
- Even though black people comprise only 14% of young adults, 58% of all HIV diagnoses in young adults are black³
- Many young adults are not concerned about the dangers of HIV²
- Most young adults with HIV:
 - Are unaware that they are infected with the virus⁵
 - Are slow to be tested and engage in care^{2,6}
 - Have trouble keeping their medical appointments and adhering to treatment^{2,6}
- However, young adults have the greatest potential for change and can help turn the tide of the HIV epidemic¹
- Guiding young adults with HIV to youth-friendly medical practices and support organizations can help make it more likely that they will engage and stay in care^{7,8}
 - Engaging and staying in care can help increase the chances of treatment success⁹
- Learning more about HIV among young adults and the special issues that they face may help you better understand how to approach and deal with your young adult clients and guide them into care

Why are young adults slow to engage in care?

There are many obstacles that may prevent young adults from getting tested and engaging in care for HIV:

- Lack of concern about becoming infected with HIV²
- Lack of awareness that they have HIV⁵
- HIV stigma and the fear of discrimination and harassment if others find out that they have HIV⁶
- Reluctance to visit a healthcare provider, both before and after diagnosis⁶
- A belief that it's okay to delay starting HIV medicines⁶

TALKING WITH YOUR YOUNG ADULT CLIENTS ABOUT HIV

Features of a youth-friendly medical practice

It is important to guide young adults with HIV to medical practices that provide a welcoming, youth-friendly environment. A youth-friendly medical practice^{7,8}:

- Fosters open and honest communication, nonjudgmental interactions, and clear commitment to the well-being of young adults
- Meets young adults “where they are” and patiently works to bring them where they should be
- Keeps things simple—regimens with fewer pills, simple instructions, simple guidance
- Includes young adults in developing their care plans
- Is compassionate and patient
- Welcomes all young adults—heterosexual, homosexual, and transgender
- Discusses treatment adherence, sex, and drugs
- Addresses the stigma around HIV, homophobia, racism, sexism, and other obstacles facing young adults
- Uses social media to engage and retain young adults in care (appointment and medicine reminders, test results)
- Addresses mental health and social issues and provides psychosocial support and encouragement

When counseling your young adult clients

Keep in mind that young adults with or without HIV need^{1,5}:

- Information about HIV, its prevention, and its treatment
- Skills to prevent HIV and its transmission as well as skills to care for themselves if they are HIV positive
- Comprehensive, youth-friendly healthcare, counseling, and support services that include:
 - Screening for HIV and other sexually transmitted infections (STIs)
 - HIV treatment and prevention services
 - Adjunct services, such as mental health, drug, and alcohol treatment
 - Housing assistance
- A safe and supportive environment in which they feel comfortable

References: **1.** Young people: the greatest hope for turning the tide. United Nations Population Fund (UNFPA) website. <http://www.unfpa.org/hiv/people.htm>. Accessed January 3, 2013. **2.** HIV among youth. Centers for Disease Control and Prevention Fact Sheet. http://www.cdc.gov/hiv/pdf/risk/youth_fact_sheet_final.pdf. Published March 2014. Accessed November 6, 2014. **3.** HIV surveillance in adolescents and young adults. Centers for Disease Control and Prevention website. http://www.cdc.gov/hiv/pdf/statistics_surveillance_Adolescents.pdf. Accessed November 6, 2014. **4.** Youth in crisis: coming of age in the 21st century. IRIN website. <http://www.irinnews.org/InDepthMain.aspx?InDepthID=28&ReportID=69981>. Published February 7, 2007. Accessed November 6, 2014. **5.** Vital signs: HIV infection, testing, and risk behaviors among youths—United States. *MMWR*. 2012;61(47):971-976. http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6147a5.htm?s_cid=mm6147a5_w. Published November 30, 2012. Accessed November 6, 2014. **6.** HIV treatment alerts. Center for AIDS Information & Advocacy website. <http://www.centerforaids.org/pdfs/tafinal0311.pdf>. Published March 2011. Accessed November 6, 2014. **7.** Mascolini M. Finding solutions for HIV's lost generation: adolescents and young adults. Center for AIDS Information & Advocacy website. <http://www.centerforaids.org/pdfs/dec2010rita.pdf>. Published Fall 2010. Accessed January 3, 2013. **8.** Improving engagement and retention in adult care settings for lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth living with HIV: a guide for adult HIV healthcare providers. National Alliance of State & Territorial AIDS Directors website. http://nastad.org/Docs/110902_Youth%20engagement%20in%20adult%20care%20issue%20brief%20final.pdf. Published May 2012. Accessed November 6, 2014. **9.** US Department of Health and Human Services. HIV and its treatment: what you should know. http://aidsinfo.nih.gov/contentfiles/HIVandItsTreatment_cbrochure_en.pdf. Reviewed August 2012. Accessed November 6, 2014.



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