

EDITORIAL INTRODUCTION TO THE SPECIAL THEME ISSUE

HIV/AIDS and Ethnic and Racial Minority Youth: Current Issues

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Keywords: HIV/AIDS, STDs, ethnic/racial minority, youth, disparities, risk behaviors

Editorial

The World Health Organization (WHO) has established early life experience as a key social determinant of health, stating that in order to eliminate health inequalities it is imperative to “[i]mprove the conditions of daily life – the circumstances in which people are born, grow, live, work, and age” (WHO, 2008). Unfortunately, the conditions of daily life for many youth living in America are less than optimal, and a variety of socio-economic changes and technological advances may be taking a toll on children’s health and well-being (Hernandez, 1993; McLanahan & Percheski, 2008; Palmer, 2007). In the past decade, strong evidence has begun to emerge suggesting that many American children, particularly poor and racial/ethnic minorities, are facing significant challenges that may compromise their ability to succeed later in life. Children’s lives have been shaped by increased rates of childhood poverty (Children’s Defense Fund, 2008; Wadsworth & Butterworth, 2006), changing family structures (Cherlin, 1999, 2005; Gorman & Braverman, 2008; Haskins et al., 2005; McLanahan & Carlson, 2002; National Center for Education Statistics, 1998), and less time spent under the watchful eyes of caretakers, as multiple family members work

more frequently outside the home (Hernandez, 1993; McLanahan & Percheski, 2008; Palmer, 2007).

Children and youth should be targeted for intense public health infectious disease prevention efforts because they represent the future of the world, and with respect for the discussion above, may be considered a vulnerable population. Consider the following statistics demonstrating the need for intensive public health focus.

Recent studies show that people are having sex at younger ages (Centers for Disease Control and Prevention, 2008a), leading to increases in sexually transmitted diseases (STDs) and pregnancy. The rates for Chlamydia and gonorrhea for youth ages 15-24 are five and four times the rate of the general population, respectively (Centers for

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Disease Control and Prevention, 2009a). Although teen pregnancy rates declined from 1991-2005, they have been on the rise again since 2006 (Centers for Disease Control and Prevention, 2009b). The disproportionate number of racial/ethnic minority youth affected by HIV/AIDS and other sexually transmitted diseases is especially troubling. Among the estimated 9,209 children under the age of 13 diagnosed with AIDS from 2003 to 2007, 5,699 or 62% were Black and 1,757 or 19% were Hispanic (Centers for Disease Control and Prevention, 2009c). In 2006, Blacks represented 17% of the United States adolescents in the age group 13-19, but accounted for 70% of the HIV/AIDS diagnoses (Centers for Disease Control and Prevention, 2009d).

To continue the scientific and programmatic discourse on sexual risk disparities among youth, we offer a special issue to cover four broad categories: (1) disparities in HIV/AIDS and STD diagnoses among ethnic/racial minority youth, (2) risk behaviors among ethnic/racial minority youth, (3) effective behavioral interventions and evaluation of effective programs, and (4) social determinants of risk behaviors.

In this special issue, Satcher Johnson, Hu, Sharpe, and Dean (2009), using current national HIV/AIDS surveillance data, demonstrate that minority youth are disproportionately affected by HIV/AIDS, with notable disparities among African American youth. Miller, Fasula, et al. (2009) summarize data on HIV, STDs and unplanned pregnancies among African American youth, explore sexual risk behaviors seen in this population, and offer strategies for early prevention of negative sexual health outcomes. Sharpe, Rammohan, and Elia (2009) present data showing disparities in HIV/AIDS and STDs among minority youth, explore social determinants of risk behaviors; and describe group and individual evidence-based interventions used nationally for HIV-positive and HIV-negative youth. Miller, Clark, and colleagues (2009) introduce a parenting program, the *Parents Matter! Program*, and a youth development program, *Project AIM:*

Adult Identity Mentoring, to address sexual health disparities among African American youth. Clark, Desai, et al. (2009) present evidence from a survey of homeless and runaway youth regarding the relationship between race/ethnicity and HIV testing, sexual risk behaviors, and service utilization. Finally, Sanders, Lankenau, and Jackson-Bloom (2009) present quantitative and qualitative data on sexual behaviors among a sample of predominately heterosexual, male gang youth aged 16 to 25 years.

Although many questions remain unanswered, the guest editors hope this volume will help advance a clearer understanding of how today's youth are affected by HIV/AIDS and STDs and how we might intervene to protect their health today, in hopes of a healthier tomorrow.

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