HIV-Related Risk Behaviors
of American Indian High School Students 1993-2011: U.S.

For 20 years, the Centers for Disease Control and Prevention (CDC) has collected data on HIV-related risk behavior among high school students. The CDC published this data examining trends in behavior by race. However, American Indians (AI) were not included in the analysis of trends. This fact sheet presents national data of trends in HIV-related risk behavior among American Indian students nation-wide as well as trends in risk behavior among the general U.S. student population from 1993-2011. The data comes from CDC’s National Youth Risk Behavior Survey (YRBS), a nationally representative biennial survey of public and private school students grades 9-12. Since 1991, YRBS has monitored a wide range of health risk behaviors among high school students on the national, state, and local levels, including behaviors that put young people at risk for HIV and other STDs.

The CDC has reported that young people under the age of 30 represent approximately four out of every 10 new HIV infections, and those under 25 account for approximately half of the 19 million STDs that occur each year. Overall, there is not large disparity between AI and the general student population in HIV-related risk behavior. Nonetheless, most risk behaviors are shown to be slightly higher among AI students but with a typical downward trend, most noticeable in the decline in binge drinking and an increase in condom use.


Overall, sexual risk behaviors have declined among American Indian high school students from 1993-2011. However, progress has largely stalled over the past several years.

- The proportion of AI high school students taught about HIV/AIDS in school has been consistently reported at a stable high percentage from 1993-2011.
- The proportion of AI high school students who had multiple (four or more) sex partners has fluctuated through the years, but has decreased from 40% in 1993 to 33% in 2011.
- The proportion of AI sexually active students who used a condom at last intercourse increased from 50% in 1993 to 63% in 2011.
- The proportion of AI students who used drugs or alcohol during last intercourse decreased between 1993 (29%) and 2011 (23%), with the lowest use reported in 1999 (16%) and highest in 2001 (38%).

A question concerning HIV testing was added to the YRBS in 2005. Self-reported receipt of an HIV test was low among all student populations between 2005 and 2011. However, a slight increase in the number of AI students tested is visible from 2005 (15%) to 2011 (19%).

Percentage of High School Students Who Had Sexual Intercourse During the Past Three Months, by American Indian/U.S. 1993-2011

From 1993 to 2011, AI students reported slightly higher sexual activity than all students combined. 41% of AI high school students reported sexual intercourse in the past three months in 2011, compared with 36% of the national student population.

Prevalence of binge drinking is typically higher among AI students than the national student population. However, AI student binge drinking has decreased from 38% in 1993 to 25% in 2011. Binge drinking among youth is defined as having 4 or more alcoholic beverages on one occasion.


AI high school students reported higher use of marijuana compared to the national student population. The 2011 estimate was 32% for AI students in comparison with the national student population at 23%.
Limitations/Conclusions

One limitation of this analysis is low AI student participation, especially in the early years of surveillance (prior to 2005) where AI student participation in the National YRBS ranged from n=75-170 students per survey cycle. Since 2005, a much larger sample of AI students (n>500) participated in the national YRBS.

Protecting the health of young people and accelerating progress in HIV prevention in this population will require building upon prevention efforts in homes, schools, and communities across the nation. In order to effectively combat disparities, it will be critical to address not only individual risk factors, but also the socio-economic factors that influence risk behaviors. Only by intensifying our collective efforts will we be able to achieve our shared goal of an AIDS-free generation.

Sources
