

Research

HIV Infection in Parents of Youths With Behaviorally Acquired HIV

The Montefiore Medical Center's Adolescent AIDS Program in the Bronx, NY, was the first program in the United States to provide comprehensive HIV treatment and prevention services to HIV-positive youths aged 13 to 21 years^{1,2} and remains one of the largest. In response to the clinical observation that many nonperinatally infected HIV-positive youths receiving care through the program mentioned HIV infection in a parent, we conducted a study to determine (1) the number of youths with

known sexually and injection acquired HIV infection reporting HIV infection in a parent and (2) whether parental HIV infection is associated with increased risk behaviors and exposure to abuse among HIV-positive youths.

We reviewed the charts of 159 HIV-positive adolescents sequentially enrolled in the Adolescent AIDS Program between September 1991 and December 1998. Data analysis was restricted to 138 HIV-positive youths with sexual contact (n=134) or injection drug use (n=4) as their primary exposure category. Through χ^2 analyses using SPSS for Windows (version 6.0) (SPSS Inc, Chicago, Ill), we examined the associations among youths with behaviorally acquired HIV who reported an HIV-positive parent and those who did not report an HIV-positive parent or whose parent's HIV status was unknown.

A relatively high percentage (19%) of young people in treatment with sexually acquired HIV reported at least one parent with HIV infection (Table 1). These youths were more likely to initiate sexual intercourse at a younger age and were more likely to report risky sexual experiences such as survival sex (sex in exchange for money, drugs, or a place to live), 10 or more sexual partners, and sexual abuse. Although the children of HIV-positive parents are likely to have varied experiences,³⁻⁶ this study is the first to suggest that youths with HIV-positive parents are an extremely vulnerable population at increased risk for sexually acquired HIV infection as a result of their own sexual and substance abuse-related behaviors and experiences.

Interpretations of the data should account for the possibility that chart review involves un-

TABLE 1—Characteristics and Risk Behaviors of Youth with Behaviorally Acquired HIV Infection

HIV-Positive Youth Characteristics	Males n (%)	Females n (%)	HIV+ Parent n (%)	Parent HIV- or unknown n (%)	Total n (%)
HIV-positive parent	9/60 (15)	17/78 (22)	26/138 (19)
Race/ethnicity					
Hispanic	27/60 (45)	37/78 (47)	13/26 (50)	51/112 (45)	64/138 (46)
Black	27/60 (45)	40/78 (51)	12/26 (46)	55/112 (49)	67/138 (48)
White	6/60 (10)	1/78 (1)	1/26 (4)	6/112 (5)	7/138 (5)
Age at intake, y					
15–18	26/60 (43)	47/78 (60)	18/26 (70)	53/110 (48)	71/138 (51)
19–21	34/60 (56)	31/78 (40)	8/26 (30)	57/110 (52)	65/138 (47)
CD4 < 500/mm ³ at intake	35/60 (58)	40/77 (29)	16/26 (61)	59/111 (53)	75/137 (54)
HIV exposure					
Male/female sex	13/60 (22)	77/78 (99)	17/26 (65)	73/112 (65)	90/138 (65)
Male/male sex	44/60 (73)	...	9/26 (35)	35/112 (31)	44/138 (32)
Injecting drug use	3/60 (5)	1/78 (1)	0/26 (0)	4/112 (4)	4/138 (3)
Drug use					
Heroin/cocaine	21/59 (35)	15/76 (20)	11/26 (42)	25/109 (23)	36/135 (27)
Alcohol/marijuana	21/59 (35)	23/76 (30)	7/26 (27)	37/109 (34)	44/135 (32)
None	17/59 (29)	38/76 (50)	8/26 (31)	47/109 (43)	55/135 (41)
≥ 10 Sexual partners	46/58 (79)	27/75 (36)	19/26 (73)**	54/107 (50)*	73/133 (55)
Coitarche < 14 years	27/58 (46)	27/72 (37)	17/26 (65*)	37/104 (35)*	54/130 (41)
Sexual abuse	23/50 (46)	21/70 (30)	14/26 (56)**	30/95 (31)**	44/120 (37)
Survival sex	25/58 (43)	19/74 (26)	16/26 (61)*	28/106 (26)*	44/132 (33)

Note. Sample sizes varied owing to missing data.
*P < .00, ** P < .05

derreporting of the true prevalence of parental HIV infection, especially if young people are unaware of their parent's HIV status or they are not asked about the parent's status in the clinical interview. In addition, although the youths described here presented with less advanced HIV disease than youths known to have been infected perinatally, it is impossible to rule out that perinatal infection may have occurred in some cases.

The results of this study indicate the need for (1) further research to specify the significant psychosocial factors (e.g., stigma, disclosure, parental distress, loss of social support) that mediate risk behaviors and consequent HIV infection of youths whose parents have HIV/AIDS; (2) the development of targeted prevention interventions to assist youths who are coping with multiple traumas (e.g., sexual abuse, parental illness, substance use); and (3) linkages with adult HIV treatment and substance abuse treatment programs to identify high-risk youths with an HIV-positive parent for referral to appropriate services. □

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Contributors

B. Chabon was responsible for the initial research idea, conducted the study, analyzed the data, and wrote the manuscript. D. Futterman helped with the study design and interpretation of the data and edited numerous drafts. N.D. Hoffman provided consultation on every stage of the research and also edited the manuscript.

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