**This is technical writing Assignment, no emotions go straight to the point.**

**Section 1: Introduction**

The rise in the numbers of Human Immunodeficiency Virus (HIV) diagnoses is notable especially for racial and ethnic minority youth and adolescents aged 13 to 19 years (National Institute of Health, 2013). Approximately one half of all new HIV infections in the United States occur among person(s) younger than 25 years. Nearly 4 million new sexually transmitted infection (STI) cases each year occur among youth and adolescents (NIH, 2013). Reconciling data of 2015, 54.2% of high school students reported having sexual intercourse; of students reported sex during the previous months, 39% stated they didn’t use a condom during their last sexual encounter (United States Census Bureau, 2014). The number of sexually active among youth and adolescents, from 2001 to 2014, there’s been a significant increase in the percentage of youth and adolescents who were never taught about HIV/AIDS. Unified national HIV/AIDS surveillance system has enhanced the ability to monitor and characterize racial and ethnic minority youth populations affected by the HIV epidemic and provide information on the entire population of HIV infected persons who have been tested confidentially (NIH, 2014). Approximately 1.2 million people were living with HIV in the United States in 2014, 49% and 51% undiagnosed infections. Almost 50,000 people become newly infected each year, and in 2014, the estimated rate of diagnoses of HIV infection was 13.8 per 100,000 population (National Institute of Health, 2014). Social trust is associated with lowering the of course mortality rates and that associated HIV infection varied within racial and ethnic minority youth and adolescents. The risk factors that will be addressed in this paper are unprotected vaginal or anal sex, improving access to prevention and care services, inadequate sex education and drug use

**Unprotected vaginal and anal sex**

Participating in unprotected vaginal and anal sex, or sex without latex or polyurethane condoms is a major contributing factor of HIV rate in racial and ethnic minority youth and adolescents. In an infected youth or adolescents, the semen and blood contains high amount of HIV. During unprotected vaginal and anal sex HIV can easily pass from one person to another. Several studies link alcohol and drug use to higher rates of unprotected anal intercourse, higher numbers of sex partners, and inconsistent condom use (NIH, 2014). With these trends among racial and ethnic minority National HIV Behavioral Surveillance (2015) reported 21% minority youth and adolescent are infected with HIV while 79% youth and adolescent don’t know their status (National HIV Behavioral Surveillance, 2015).

**Improving access to prevention and care services**

 Access to HIV prevention and treatment is an important step in helping achieve an HIV free generation, especially among racial and ethnic minority youth and adolescent. If someone is diagnosed with HIV, adherence to treatment is key because it not only can keep the patient healthier. Proper and continuous treatment can also reduce the rate of HIV transmission. One way is to track the person’s viral load, which measures how much of the virus is contained in one drop of blood. If more racial and ethnic minority youth and adolescents are under continuous and appropriate treatment, there’s a higher chance of being able to keep the virus at undetectable levels decreasing harm to the person’s body and systems and reducing the rates of transmission

**Sex Education**

As results of inadequate sex education within school and communities of the racial and ethnic minority youth and adolescence increases the chance of HIV infection with the population. Minority youth and adolescents who attend alternative high school are at increased risk for engaging in risky sexual behaviors compare with students who attend regular high schools. Students are admitted to alternative high schools for variety of reasons, like poor academic performance or school attendance and disruptive behavior (Lightfoot, Taboada, Taggart, Tran, & Burtaine, 2015). Approximately 280,000 students nationwide attend alternative high schools, 88% of students have ever had sexual intercourse, compare with 46% of students in regular high schools. Many HIV prevention and risk reduction programs have focused on HIV knowledge, sex education, and the promotion of condom use. However, such programs have effectively decreased sexual risk behaviors (National HIV Behavioral Surveillance, 2015). Alternatively, cultural beliefs often stands as a barriers to programs such as condom education and distribution in some of these communities and population.

**The use drugs**

The use drugs like methamphetamine or cocaine can alter the judgment, lower the inhibitions, and impair one decisions about sex or other drug use. You may more likely to have unplanned and unprotected sex, it’s will not occur to you at the time using condom to protect yourself like one use to. In addition, have more sexual partners, or use other drugs, including injection drugs or meth. Those behaviors increase the risk of exposure to HIV. On one hand, substance abuse also increases the risk of contracting HIV**.** HIV infection is substantially associated with the use of contaminated or used needles to inject heroin. Likewise, already HIV infected person(s), can also increase the risk of spreading HIV to others. Being drunk or high affects your ability to make safe choices (Mitsch, Hall, & Babu, 2016).

**Summary**

It is evident that HIV is prevalent among racial and ethnic minority youth and adolescent. In United States new cases HIV infection occur among person(s) younger than 25 years. Nearly 4 million new sexually transmitted infection (STI) cases each year occur among youth and adolescents; which shows the increase rate among racial and ethnic minority population. Approximately 1.2 million people were living with HIV in the United States in 2014, 49% and 51% undiagnosed infections. Almost 50,000 people become newly infected each year, and in 2014, the estimated rate of diagnoses of HIV infection was 13.8 per 100,000 population (National Institute of Health, 2014).