

Sexual Health of Adolescents and Young Adults in the United States

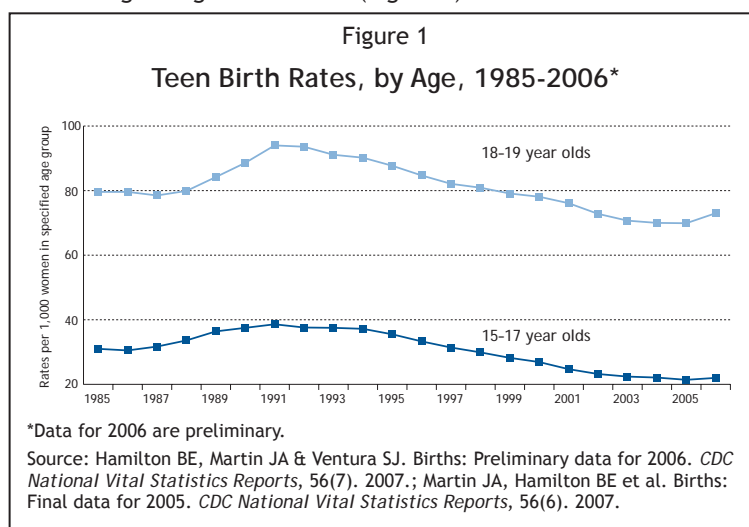
Following a decade of decline, the share of adolescents engaging in sexual activity has leveled off in recent years. Recent data indicate that sexually transmitted infection rates are very high for young adults and that teen birth rates may be trending upwards after years of steady decline. This fact sheet provides key data on teen and young adult sexual activity rates, pregnancy and birth rates, contraceptive use, and prevalence of sexually transmitted infections. It also discusses some of the central policies that affect access to reproductive health care services for youth.

Sexual Activity

- Nearly half (48%) of all high school students in 2007 reported ever having had sexual intercourse, a decline from 54% in 1991. Males (50%) are slightly more likely than females (46%) to report having had sex.¹ The median age at first intercourse is 16.9 years for boys and 17.4 years for girls.²
- There are racial/ethnic differences in sexual activity rates. African-American high school students are more likely to have had intercourse (67%) compared to White (44%) and Hispanic students (52%). 16% of African-American high school students and 8% of Latino students initiated sex before age 13 compared to 4% of White students.¹
- Many young adults consider oral sex to be less risky in terms of health, social, and emotional consequences than vaginal sex.³ Over half of males (55%) and females (54%) ages 15 to 19 report having had oral sex with someone of the opposite sex. About 24% of males and 22% of females ages 15-19 had oral sex but not vaginal intercourse.⁴
- Approximately one in 10 males and females ages 15 to 19 have engaged in anal sex with someone of the opposite sex;⁴ and about 5% of males ages 15 to 19 have had oral or anal sex with a male.⁵
- The percentage of high school students who report having had four or more sexual partners declined from 18% in 1995 to 15% in 2007. Males (18%) are more likely than females (12%) to report having had four or more sexual partners.¹
- Among those ages 20 to 24, males have a higher average number of partners (3.8) than females (2.8). Men in this age group are also more likely (30%) than women (21%) to report having had seven or more sexual partners.⁵
- Almost one-quarter (23%) of currently sexually active high school students reported using alcohol or drugs during their most recent sexual encounter, with males having a higher percentage (28%) compared to females (18%).¹
- One in 10 high school students reported having experienced dating violence. Nine percent of students have been physically forced to have sexual intercourse, with females (11%) more likely than males (5%) to report this experience.¹
- The average age of first marriage continues to rise, reaching 25.6 for women and 27.5 for men in 2007.⁶

Pregnancy

- Despite the decline in teen pregnancy rates over the past decade, the U.S. continues to have one of the highest teen pregnancy, birth, and abortion rates in the developed world.⁷
- The teen pregnancy rate fell from 77 pregnancies per 1,000 girls ages 15 to 17 in 1990 to 42 in 2004. The rate also dropped for girls ages 18 to 19 from 168 pregnancies per 1,000 girls in 1990 to 119 in 2004.⁸
- However, the teen birth rate increased 3% between 2005 and 2006 to 42 births per 1,000 girls (15-19 years old), the first increase following a long-term decline (Figure 1).⁹



- By age 20, 32% of Latinas, 24% of African-American women and 21% of Native Americans have had a birth, compared to 11% of White and 7% of Asian-American women.¹⁰
- Of the approximately 729,000 pregnancies of girls 15 to 19 years old in 2004, 57% ended in live births, 27% in induced abortions and 16% in fetal losses.⁸
- The teen abortion rate has been falling.¹¹ The abortion rate for teens ages 15 to 19 and young adults ages 20 to 24 years old was 19.8 and 39.9 per 1,000 women, respectively, in 2004. About 17% of women having abortions in the U.S. are teens and 33% are between the ages of 20 and 24.¹²
- 35 states require parental involvement in a minor's decision to have an abortion, up from 18 states in 1991. Twenty-two of these states require parental consent, 11 require parental notification, and two require both.¹³
- In contrast, 35 states and DC allow a minor to obtain confidential prenatal care that includes regular medical visits and routine services for labor and delivery without parental consent or notification.¹⁴ In 12 of these states, however, physicians can inform parents that their minor daughters are seeking or receiving prenatal care, if deemed in the best interest of the minor.

Contraceptive Use and Services

- In 2007, among the 35% of currently sexually active high school students, 62% reported using a condom the last time they had sexual intercourse, up from 57% in 1997.¹ African-American students (67%) were more likely to report using condoms compared to White (60%) and Hispanic (61%) students. Males (69%) were more like to report condom use than females (55%).¹
- Oral contraceptive use was much lower, with 16% of currently sexually active high school students reporting they or their partner had used birth control pills. White students (21%) were more likely to use birth control pills compared to African-American (9%) and Hispanic (9%) students.¹
- Using a dual method of a condom and hormonal contraceptive is becoming more prevalent for teenage females. The percentage of currently sexually active never-married females 15-19 years of age reporting use of dual methods rose from 8% in 1995 to 20% in 2002.¹⁵
- About one-quarter of teen females and 18% of teen males used no method of contraception at first intercourse.¹⁵ Research has shown that those who reported condom use at their sexual debut were more likely than those who did not use condoms to engage in subsequent protective behaviors.¹⁶
- Emergency contraception can prevent pregnancy when taken shortly after unprotected intercourse. This drug, sold as Plan B, remains a prescription-only drug for minors, but is available as an over-the-counter medication for those aged 18 and older.
- Health insurance coverage and the ability to pay directly for services influence teen access to contraceptive services. Older adolescents and young adults have the highest uninsured rate of any age group.¹⁷ Approximately 29% of young adults 18-24 years old were uninsured and 13% were covered by Medicaid in 2006. One-third (32%) of young adults lived below the poverty level and an additional 23% were near-poor (100-199% federal poverty level).¹⁸
- The Federal Title X program funds confidential contraceptive services and STD screening and treatment for low-income teens and young adults by providing funding to approximately 4,600 clinics, public health departments and hospitals.
- Currently, Medicaid provides over six in 10 public dollars for family planning services in the U.S.¹⁹ Twenty-six states operate special Medicaid family planning waiver programs that offer contraceptive services to individuals (mostly women) who otherwise would not qualify for Medicaid. Of those, 20 states provide these benefits to individuals based on income, with most states setting the income eligibility ceiling at or near 200% of poverty. Seventeen states extend their services to all teens.²⁰
- Confidentiality is important for youth access to health care services. Twenty-one states and DC have enacted policies that explicitly allow all minors to consent to contraceptive services.²¹
- Currently, there are 1,700 school-based health centers in the country that provide on-site services including pregnancy testing, STD diagnosis and treatment, and HIV testing and counseling. Contraception is often provided only by referral.²²

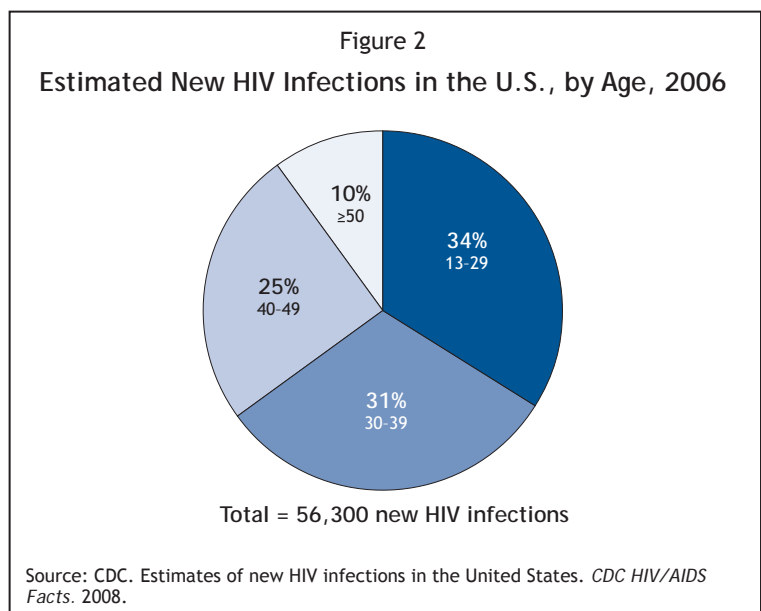
Sexually Transmitted Infections (STIs)

- Compared to older adults, sexually active adolescents and young adults are at higher risk for acquiring STIs, which is attributable to a combination of behavioral, biological and cultural factors.²³

- An estimated 9.1 million adolescents and young adults ages 15-24 were newly infected with a STI in 2000 (the most recent year for which data is available), which represented almost one-half of all new STI cases. The Human Papilloma Virus (HPV) was the most common STI (51% of new infections), followed by trichomoniasis (21%) and chlamydia (16%).²⁴
- An unpublished 2008 CDC study finds that among female adolescents ages 14 to 19, one in four (26%) either has HPV, chlamydia, HSV-2 infection or trichomoniasis, with HPV accounting for the vast majority of infections. African-American girls had a higher STI prevalence (48%) than Whites (20%) and Latinas (20%).²⁵
- Despite the higher risk for acquiring STIs among youth, only one-third (31%) of sexually active teens ages 15 to 17, and half (53%) of sexually active young adults ages 18 to 24 say they have been tested for STDs.²⁶
- In 2006, the Food and Drug Administration approved a new vaccine that protects against infection for certain strains of HPV associated with cervical cancer and genital warts. A CDC advisory committee has recommended that all girls be vaccinated at age 11 or 12, and that girls and women ages 13 to 26 be given a "catch-up" vaccination.²⁷ A recent CDC survey found that only 10% of women ages 18 to 26 had received the HPV vaccine as of summer 2007.²⁸

HIV/AIDS

- The CDC estimates that almost 46,000 young people, ages 13 to 24, were living with HIV in the U.S (in the 45 states and 5 dependent areas with confidential name-based HIV reporting) in 2006.²⁹ Women comprised 28% of these HIV/AIDS cases among 13- to 24-year-olds.³⁰
- African-American young adults are disproportionately affected by HIV infection, accounting for 60% of HIV/AIDS diagnoses in 13- to 24-year-olds in 2006.³⁰
- More HIV infections occurred among adolescents and young adults 13-29 years old (34%) of new HIV infections than any other age group (Figure 2). Most young people with HIV/AIDS were infected by sexual transmission.³¹
- In 2006, 16% of young adults ages 18 to 24 reported that they had been tested for HIV in the past 12 months.³²



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