Advocates For Youth
Rights. Respect. Responsibility.®

Adolescent Pregnancy and Childbearing in the United States

The Facts

Since 1991, U.S. teenage pregnancy, abortion, and birth rates have declined steadily in every age and racial/ethnic group.[1,2,3] Teenage birth rates declined in every state as well as in the District of Columbia and the Virgin Islands.[4] Research indicates that sexually active teens are becoming more effective users of contraception and that more teens are choosing to remain abstinent during early and middle adolescence.[5] Nevertheless, the United States continues to have higher rates of teen pregnancy, birth, and abortion than other industrialized nations.[6,7] Teens ages 18 and 19 account for as much as 66 percent of U.S. teen births.[8] Most teenage mothers come from socially and/or economically disadvantaged backgrounds and adolescent motherhood often compounds this disadvantage.[9,10]

Teen Pregnancy Rates Decreased among Sexually Active Teens.

- Each year, approximately 750,000 to 850,000 teenage women in the United States experience pregnancy.[10,11] Seventy-four to 95 percent of teen pregnancies are unintended.[12,13]
- In 1997, the estimated U.S. teen pregnancy rate was 94 pregnancies per 1,000 females ages 15 to 19—a drop of 20 percent from the 1991 rate of 117.[1] [Note: 1997 is the most recent year for which published pregnancy data is available.]
- Some researchers attribute 75 percent of the decline in U.S. teen pregnancy rates to better contraceptive use among sexually experienced teens and 25 percent of the decrease to increased abstinence; others credit the two factors about equally.[5,14]

Teen Birth Rates Fell among Teens in All Age Groups.

- Among all teens ages 15 to 19, the U.S. birth rate declined by 26 percent over a ten year period, from 62 per 1,000 women in 1991 to a record low of 46 in 2001.[15]
- By comparison, the birth rate in France was 10 per 1,000 women ages 15 to 19; in Canada, it was 25; and in Britain, 28.[6] [Data are the most recent available.]
- Among youth under age 15, the U.S. birth rate declined by 43 percent, from 1.4 per 1,000 women in 1991 to 0.8 in 2001.[2,15]
- Among teens ages 15 to 17, the U.S. birth rate declined 35 percent from 39 per 1,000 in 1991 to 25 in 2001.[15]
- Among teens ages 18 to 19, the U.S. birth rate declined 20 percent from 94 per 1,000 in 1991 to 76 in 2001.[15]
- The number of children born to U.S. teens also decreased between 1991 and 2001. Women under age 20 had 532,000 births in 1991[2] compared to 454,000 births in 2001,[15] a 15 percent decline.

Teen Birth Rates Fell among Teens in All Racial/Ethnic Groups.

- Between 1991 and 2001, U.S. birth rates among 15- to 19-year-old women declined in all racial/ethnic groups, although rates for African American and Hispanic teens continued to be higher than the rates for other groups.[2,15]
- African Americans ages 15 to 19 experienced the steepest decline in birth rates—37 percent—from 116 per 1,000 women in 1991 to 73 in 2001.[15]
- Among non-Hispanic white women ages 15 to 19, the birth rate declined 30 percent from 43 per 1,000 women in 1991 to 30 in 2001.[15]
- The birth rate for Asian or Pacific Islander teens ages 15 to 19 dropped 22 percent from 27 per 1,000 women in 1991 to 21 in 2001.[2,15]

Transitions
Volume 15 No.2

- The birth rate for native American teens ages 15 to 19 dropped 23 percent from 85 per 1,000 women in 1991 to 66 in 2001.[2,15]
- The birth rate for Hispanic teens ages 15 to 19 declined 13 percent from 107 per 1,000 women in 1991 to 92 in 2001.[15]

The Teen Abortion Rate also Fell.

- Each year between 1992 and 1999, teens accounted for 20 percent or less of all abortions in the United States.[3]
- Since the late 1980s, the proportion of teen pregnancies ending in abortion has steadily declined. In 1995, 35 percent of pregnancies among 15- to 19-year-olds ended in abortion, down from 38 percent in 1990.[9]
- Among 15- to 19-year-old females, the abortion rate declined by 53 percent between 1991 and 1998, from 38 per 1,000 women to 18.[1,3]
- The decline in U.S. teenage abortion rates partly reflects declining pregnancy rates. It may also reflect restrictive abortion laws, limited availability and accessibility of abortion providers, and decreased public funding.[16]
- Between 1989 and 1995, less than one percent of babies born to never-married U.S. women were relinquished for adoption.[17]

Many Births Occurred to Teens Living in Poverty and to Unmarried Teens.

- Compared to teens from higher income families, poor and low-income teens are somewhat more likely to be sexually active and somewhat less likely to use contraceptives or to use contraception successfully. Poor and low-income adolescents make up 38 percent of all women ages 15 to 19; yet, they account for 73 percent of all pregnancies in that age group.[18]
- Nearly 60 percent of teens who become mothers are living in poverty at the time of the birth.[9]
- Teenage mothers are much less likely than older women to receive timely prenatal care and are more likely to smoke during pregnancy. As a result of these and other factors, babies born to teenagers are more likely to be preterm and of low birth weight and are at greater risk of serious and long-term illness, of developmental delays, and of dying in the first year of life compared to infants of older mothers.[2]
- Adolescent mothers are less likely to complete their education and are more likely to face limited career and economic opportunities compared to women whose first children are born after age 20.[13]
- Both adult and teen women today are less likely to marry in response to a pregnancy than were earlier generations and are also less likely to choose abortion.[2] In 2001, about one-fourth of all non-marital births occurred among teenagers.[8] Non-marital birth rates were highest among women ages 20 to 24 and 25 to 29, followed by 18- to 19-year-old and 30- to 34-year-old women (74, 64, 60, and 42 per 1,000 women in the given age group, respectively). Teens ages 15 to 19 and 15 to 17 had lower non-marital birth rates (37 and 23, respectively).[8]

References

1. Ventura SJ *et al*. Trends in pregnancy rates for the United States, 1976-97: an update. *National Vital Statistics Reports* 2001; 49(4):1-9.
2. Ventura SJ *et al*. Births to teenagers in the United States, 1940-2000. *National Vital Statistics Reports* 2001; 49(10):1-19.
3. Elam-Evans LD *et al*. Abortion surveillance, United States, 1999. *Morbidity & Mortality Weekly Report Surveillance Summaries* 2002; 51(SS-9):1-28.
4. Ventura SJ *et al.* Variations in teenage birth rates, 1991-98: national and state trends. *National Vital Statistics Reports* 2000; 48(6):1-11.
5. Darroch JE, Singh S. *Why Is Teenage Pregnancy Declining? The Roles of Abstinence, Sexual Activity, and Contraceptive Use*. [*Occasional Report*, no. 1] New York: Alan Guttmacher Institute,1999.
6. Darroch JE *et al*. Differences in teenage pregnancy rates among five developed countries: the roles of sexual activity and contraceptive use. *Fam Plann Perspect* 2001; 33:244-50+.
7. UNICEF Innocenti Research Centre. *A League Table of Teenage Births in Rich Nations*. Florence, Italy: The Center, 2001.
8. Martin JA *et al*. Births: final data for 2001. *National Vital Statistics Reports* 2002; 51(2):1-102.
9. Alan Guttmacher Institute. *Sex and America's Teenagers*. New York: The Institute, 1994.
10. Kaufmann RB *et al.* The decline in US teen pregnancy rates, 1990-1995. *Pediatrics* 1998; 102:1141-47.
11. Centers for Disease Control & Prevention. National and state-specific pregnancy rates among adolescents, United States, 1995-1997. *Morbidity & Mortality Weekly Report* 2000; 49:605-11.
12. Abma JA *et al. Fertility, Family Planning, and Women's Health: New Data from the 1995 National Survey of Family Growth*. [*Vital & Health Statistics*, series 23; no. 19] Hyattsville, MD: National Center for Health Statistics, 1997.
13. Spitz AM *et al*. Pregnancy, abortion and birth rates among US adolescents, 1980, 1985, and 1990. *JAMA* 1996; 275:989-94.
14. National Campaign to Prevent Teen Pregnancy. *Halfway There: A Prescription for Continued Progress in Preventing Teen Pregnancy*. Washington, DC: The Campaign, 2001,
15. Martin JA *et al*. Births: preliminary data for 2001. *National Vital Statistics Reports* 2002; 50(10):1-19.
16. Moore KA *et al. Adolescent Sex, Contraception, and Childbearing: A Review of Recent Research*. Washington, DC: Child Trends, 1995.
17. Chandra A *et al*. Adoption, adoption seeking, and relinquishment for adoption in the United States. *Advance Data* 1999; No. 306:1-14.
18. Alan Guttmacher Institute. *Teenage Pregnancy and the Welfare Reform Debate*. [*Issues in Brief*]. New York: The Institute, 1998.

Written by Tamarah Moss

Advocates For Youth
Rights. Respect. Responsibility.®

2000 M Street, NW, Suite 750 • Washington, DC 20036 USA • Phone: 202.419.3420 • Fax: 202.419.1448 • www.advocatesforyouth.org

Advocates For Youth
Rights. Respect. Responsibility.®

The Sexual and Reproductive Health of Youth: A Global Snapshot

The Facts

At the beginning of the new millennium, about 1.7 billion people —more than a quarter of the world's population—were between the ages of 10 and 24, 86 percent living in less developed countries.[1] Worldwide, many youth have had sexual intercourse and are at risk of sexually transmitted infections (STIs), including HIV, or of involvement in unintended pregnancy. Research based reproductive health programs can provide youth with the information, support, and services they need to make responsible decisions about their sexual health.

Sexual Activity among Teens Varies by Region.

- Premarital sexual intercourse is common and appears to be on the rise in all regions of the world.[1] Young people everywhere reach puberty earlier and marry later than in the past. As a result, youth are sexually mature for a longer period of time prior to marriage.[2]
- Youth's degree of sexual experience varies across regions, but is generally consistent within regions. Studies of female youth suggest that two to 11 percent of Asian women have had sexual intercourse by age 18; 12 to 44 percent of Latin American women by age 16; and 45 to 52 percent of sub-Saharan African women by age 19.[3] In developed countries, most young women have had sex prior to age 20—67 percent in France, 79 percent in Great Britain, and 71 percent in the United States.[4]
- Among male youth, studies suggest that 24 to 75 percent of Asian men have had sex by age 18; 44 to 66 percent of Latin American men by age 16; and 45 to 73 percent of sub-Saharan African men by age 17.[3] In developed countries, most young men have had sex prior to age 20—83 percent in France, 85 percent in Great Britain, and 81 percent in the United States.[4]
- Studies indicate same-sex sexual behavior among males throughout the world—among 13 percent of literate males in Lambayeque, Peru; 10 percent of males attending night school in Lima, Peru; six percent of university males in Dumaguete City, the Philippines; and 10 percent of STI clinic attendees in New Dehli, India.[3] In the United States, between 10 and 14 percent of males report having had sex with another male.[5] Forty percent of these men report the same-sex sexual behavior as occurring before age 18, and not since.[6]
- Youth's sexual activity is not always consensual. Some countries—such as Bangladesh, Brazil, and Thailand—report that many children are forced into prostitution.[1] In the United States, studies suggest that about one in three young girls and one in six young boys may have experienced at least one sexually abusive episode before adulthood.[7]

Adolescent Pregnancy and Childbearing Is a Major Concern.

- Adolescent pregnancy and childbearing are associated with a range of outcomes detrimental to teens' health, including complications of pregnancy, illegal or unsafe abortion, and death, especially in less developed nations.[8] When compared to women in their mid-twenties, women under age 15 are at 25 times greater risk of dying from complications related to pregnancy or childbirth; 15- to 19-year-old women are at twice the risk.[9]
- Although rates of adolescent childbearing are declining in many countries, 15 million women ages 15 to 19 give birth every year, 13 million in less developed countries.[1,2] Overall, 33 percent of women from less developed countries give birth before the age of 20—varying from eight percent in East Asia to 55 percent in West Africa.[1]
- In developed countries, up to 10 percent of women give birth by age 20, except in the United States, where up to 19 percent give birth by age 20.[1]
- Worldwide, mostly as a result of unintended pregnancy, nearly four and a half million adolescents undergo abortion each year; 40 percent occur under unsafe conditions.[9]

Contraceptive Knowledge and Use Vary by Region.

- While over 90 percent of teenage women in most countries in Asia, North Africa and the Near East, and Latin American and the Caribbean knew at least one contraceptive method, in sub-Saharan Africa knowledge levels were generally lower. Teens who had not yet had sex were the least knowledgeable about contraception in every country except Nigeria.[8]
- While knowledge of contraception may be widespread, relatively few teenage women in most countries use contraceptives. Two percent of sexually active young women in Niger, Rwanda, and Senegal reported using contraception; 23 percent in Cameroon; one percent in the Philippines; 34 percent in Indonesia; and less than 11 percent throughout Latin America and the Caribbean.[8] In some developed countries, most sexually experienced teenage women use hormonal contraception and/or condoms: 88 percent in France; 92 percent in Great Britain; and 75 percent in the United States.[4]

Barriers to Adolescent Sexual and Reproductive Health Remain.

- In most countries, adolescents face significant barriers to using contraception. Service-related barriers include incorrect or inadequate information, difficulty in traveling to and obtaining services, cost, and fear that their confidentiality will be violated.[1,2,8,10]
- Personal barriers that especially deter young women from accessing and using contraception include fear that their parents will find out, difficulty negotiating condom use with male partners, fear of violence from their partner, and concerns about side effects.[1,10,11]
- Social, cultural, and economic factors also greatly influence young people's ability to protect themselves from unwanted pregnancy and STIs, including HIV. Mass media, materialism, migration and/or urbanization may increase both the desire and opportunity for sexual activity, and many youth feel strong peer group pressure to engage in sexual intercourse.[1] Some cultures may promote early sexual intercourse by expecting women to marry and begin childbearing at an early age.[11]

Effective Programs Include Important Components.

Around the world, effective programs improve sexual health and promote healthy sexual decisions among young people. The following components are often included in effective programs:

- Accurate information and age-appropriate services that focus on behaviors [2,10,12]
- Youth-friendly, confidential contraceptive services[2]
- Culturally appropriate information and services[2]
- Gender-specific information and services that address young women's needs and pay attention to their less than equal power status in many relationships[13]
- Services geared specifically to the sexual health needs of young men[2]
- Peer education and outreach[2]
- Activities to build skills in communication and negotiation [2,10,12]
- Meaningful involvement by youth in programs' design and operation[14]
- Involvement of parents and other community members.[14]

Many effective programs also provide integrated services to create an empowering environment for young people and to address their multiple needs.

References

1 Boyd A. *The World's Youth 2000*. Washington, DC: Population Reference Bureau, 2000.
2 James-Traore T *et al. Advancing Young Adult Reproductive Health: Actions for the Next Decade: End of Program Report.* Washington, DC: FOCUS on Young Adults, 2001.
3 Brown AD *et al. Sexual Relations among Young People in Developing Countries: Evidence from WHO Case Studies*. Geneva: World Health Organization, 2001.
4 Darroch JE *et al*. Differences in teenage pregnancy rates among five developed countries: the role of sexual activity and contraceptive use. *Fam Plann Perspectives* 2001; 33:244-50+.
5 American Association for World Health. *AIDS: All Men Make a Difference!* Washington, DC: The Association, 2000.
6 Michael RT *et al. Sex in America: A Definitive Survey*. Boston: Little, Brown & Co, 1994.
7 Eng TR, Butler WT, ed. *The Hidden Epidemic: Confronting Sexually Transmitted Diseases*. Washington, DC: National Academy Press, 1997.
8 Blanc AK, Way, AA. Sexual behavior and contraceptive knowledge and use among adolescents in developing countries. *Studies in Family Planning* 1998; 29:106-16.
9 United Nations Population Fund. *Fast Facts: Young People and Demographic Trends*. New York: UNFPA, 2000. [http://www.unpfa.org/adolescents/facts.htm]
10 Senderowitz J. *Reproductive Health Programs for Young Adults: Health Facility P*rograms. Washington, DC: FOCUS on Young Adults, 1998.
11 Alan Guttmacher Institute. *Into a New World: Young Women's Sexual and Reproductive Lives*. New York: The Institute, 1998.
12 Centers for Disease Control & Prevention. *HIV Prevention Saves Lives*. Atlanta, GA: The Centers, 2002.
13 Centers for Disease Control & Prevention. *HIV/AIDS among US Women: Minority and Young Women at Continuing Risk*. Atlanta, GA: The Centers, 2002.
14 James-Traore TA. *Developmentally Based Interventions and Strategies: Promoting Reproductive Health and Reducing Risk among Adolescents* [*FOCUS Tool Series*, 4] Washington, DC: FOCUS on Young Adults, 2001.

Written by Andrés Meléndez Salgado and Nicole Cheetham

Advocates For Youth
Rights. Respect. Responsibility.®
2000 M Street, NW, Suite 750 • Washington, DC 20036 USA • Phone: 202.419.3420 • Fax: 202.419.1448 • www.advocatesforyouth.org

Advocates For Youth
Rights. Respect. Responsibility.®

Adolescents and HIV/AIDS

The Facts

In the United States, half of all new HIV infections occur in people under age 25; one-fourth in people under the age of 21.[1] Each year U.S. youth under age 20 experience nearly four million sexually transmitted infections (STIs)—including herpes, human papillomavirus (HPV), chlamydia, gonorrhea, and HIV.[2] Although declining rates of vaginal intercourse and increased condom use among sexually experienced youth sound hopeful notes, the increasing HIV epidemic among youth of color—especially young women—and among young men who have sex with men (YMSM) underscores the need for more focused, gender sensitive, and culturally appropriate prevention programs that will build youth's skills, enhance self-esteem, and promote positive behavior change.

HIV/AIDS among Youth Ages 13 to 24 in the United States

- Because many sexually experienced teens have not been tested for HIV, the actual number of teens living with HIV infection is estimated to be much higher than the *reported* number (6,587).[3,4]
- Among youth age 13 to 19, 57 percent of reported HIV infections occurred among young women and 43 percent among young men; 66 percent among non-Hispanic, black youth; 24 percent among non-Hispanic white teens; and eight percent among Latino teens. Asian and native American teens together accounted for less than .009 percent of reported cases in this age group.[3]
- Among youth ages 20 to 24, 64 percent of reported HIV infections occurred among young men and 36 percent among young women; 53 percent among non-Hispanic black youth; 35 percent among non-Hispanic whites; and 10 percent among Latino young adults. Asian and native American youth together accounted for just over one percent of reported HIV infections in this age group.[3]
- Of HIV infection cases reported in 2001 among men ages 13 to 19, 46 percent occurred in YMSM. Five percent of infected young men acquired HIV through heterosexual contact. Of HIV infection cases reported among women ages 13 to 19, 37 percent were acquired heterosexually. Risk factors were not identified for 44 percent of infected male teens and 57 percent of infected female teens.[3]
- Of HIV infection cases reported in 2001 among men ages 20 to 24, 49 percent occurred in YMSM. Six percent of infected young men acquired HIV through heterosexual contract. Among young women the same age, 32 percent acquired HIV infection through heterosexual contact. Risk factors were not identified for 38 percent of cases among males and 62 percent among females this age.[3]
- Through 2001, African Americans and Latinas accounted for 84 percent of cumulative AIDS cases among women ages 13 to 19 and 78 percent of cases among women ages 20 to 24.[3]
- Through 2001, African Americans and Latinos accounted for 62 percent of cumulative AIDS cases among men ages 13 to 19 and 60 percent of cases among men ages 20 to 24.[3]

Risk Behaviors Decline Unequally among U.S. Youth.

- The percentage of U.S. high school students reporting that they ever had sexual intercourse decreased significantly between 1991 (54 percent) and 2001 (46 percent). The decline was most marked among African American youth (82 to 61 percent) and was also greater among white students (50 to 43 percent) than among Latino youth (53 to 48 percent).[5,6]
- Among currently sexually active students in 2001, 58 percent overall reported using a condom at most recent sex, up from 46 percent in 1991. Male students were significantly more likely to report condom use than female students (65 versus 51 percent, respectively). Black students (67 percent) were significantly more likely than white or Latino students (57 and 54 percent, respectively) to report condom use. This significant racial/ethnic difference held for both male and female students.[5]
- In a new study, 93 percent of HIV-infected black YMSM were unaware of their infection. Seventy-one percent of those with unrecognized HIV infection said it was very unlikely that they were infected; 42 percent believed there was little chance they would ever be infected; and 37 percent had unprotected anal intercourse in the previous six months.[7]

- In another study, only 18 percent of HIV-infected YMSM were aware of their HIV status,[8] a finding more common among the black (91 percent) than among the white (60 percent) HIV-infected YMSM.[7,8]
- Research suggests that adolescents rarely use condoms or other barriers during oral sex since many consider it to be either "safer sex" or abstinence.[9] Many Americans, including youth, may not understand that HIV, HPV, herpes simplex, hepatitis B and C, gonorrhea, syphilis, and chlamydia can be transmitted during unprotected oral intercourse.[9]
- While racial-ethnic identity and socio-economic status do not determine HIV infection, structural racism within the United States that leads to greater likelihood of poverty and drug use in minority, urban communities creates an environment of high risk for many African American and Latino women.[10]
- Consistent condom use among Latinos may be hampered by cultural attitudes about gender roles, including *machismo*, which demands that women be submissive and that men be sexually experienced.[10,11]

Effective Strategies May Prevent HIV and Other STIs.

- According to the Centers for Disease Control and Prevention, "For people who are having sexual intercourse, condoms have been the surest way to prevent transmission of HIV and other sexually transmitted diseases. When used correctly and consistently, condoms provide an effective barrier, blocking the pathway of the HIV virus during sexual activities."[12] Analysis of studies conducted by the National Institutes of Health found an 85 percent decrease in risk of HIV transmission among consistent users of condoms.[13]
- Other important factors associated with reducing sexual risk behaviors include:
  - Gender-specific information and services that address young women's needs and pay attention to their less than equal power status in many relationships[10,13]
  - Culturally appropriate interventions[10,14]
  - Interventions that enhance self-esteem, address depression and substance use, and give youth hope for their own future[15]
  - Teens' access to condoms and other contraceptive services[16]
  - School-based programs that focus on abstinence *and* provide information on protection[17]
  - High levels of connection between parents and youth[18]
  - Teens' receiving warmth, love, and caring from their parents[18]
  - Parents' clearly expressed disapproval of teen sex[18]
  - Parent-child discussions about using condoms[19]
  - Interventions that are interesting, fun, interactive, and involve youth in both their planning and their operation.[15]

References

1 Office of National AIDS Policy. *Youth and HIV/AIDS 2000: A New American Agenda*. Washington, DC: White House, 2000.
2 American Social Health Association. *Sexually Transmitted Diseases in America: How Many Cases and at What Cost?* Menlo Park, CA: Kaiser Family Foundation, 1998.
3 Centers for Disease Control & Prevention (CDC). *HIV/AIDS Surveillance Report* 2002; 13(2):1-44.
4 National Institute of Allergy & Infectious Diseases. *HIV Infection in Adolescents: Fact Sheet*. Rockville, MD: National Institutes of Health, 2002.
5 Grunbaum JA *et al*. Youth risk behavior surveillance, United States 2001. *Morbidity & Mortality Weekly Report Surveillance Summaries* 2002; 51(SS-4):1-78.
6 Kann L *et al*. Results from the national school-based 1991 youth risk behavior survey and progress toward achieving related health objectives for the nation. *Public Health Reports* 1993; 108(Supp #1):47-55.
7 CDC. Unrecognized HIV infection, risk behaviors, and perceptions of risk among young black men who have sex with men, six U.S. cities, 1994-1998. *Morbidity & Mortality Weekly Report* 2002; 51:733-36.
8 Valleroy LA *et al*. HIV prevalence and associated risks in young men who have sex with men. *JAMA* 2000; 284:198-204.
9 Remez L. Oral sex among adolescents: is it sex or is it abstinence? *Fam Plann Perspect* 2000; 32:298-304.
10 Weeks RM *et al*. AIDS prevention for African American and Latina women: building culturally and gender-appropriate interventions. *AIDS Educ Prev* 1995; 7:251-63.
11 Villaruel AM. Cultural influences on the sexual attitudes, beliefs and norms of young Latina adolescents. *J Society Pediatric Nurses* 1998; 3:69-81.
12 CDC. *HIV Prevention Saves Lives*. Atlanta, GA: The Centers, 2002.
13 CDC. HIV/AIDS among US Women: Minority and Young Women at Continuing Risk. Atlanta, GA: The Centers, 2002.
14 National Institutes of Health. *Interventions to Prevent HIV Risk Behaviors*. [Consensus Development Conference Statement] Bethesda, MD: The Institutes, 1997.
15 University of California at San Francisco Center for AIDS Prevention Studies. *What Are Adolescents' HIV Prevention Needs?* San Francisco, CA: The Center, 1999.
16 Eng TR, Butler WT, ed. *The Hidden Epidemic: Confronting Sexually Transmitted Diseases*. Washington, DC: National Academy Press, 1997.
17 CDC. *Young People at Risk: HIV/AIDS among America's Youth*. Atlanta, GA: The Centers, 2002.
18 Resnick MD *et al*. Protecting adolescents from harm: findings from the national longitudinal study on adolescent health. *JAMA* 1997; 278:823-32.
19 Miller KS *et al*. Patterns of condom use among adolescents: the impact of mother-adolescent communication. *Am J Public Health* 1998; 88:1542-44.

Written by Nahnahsha Deas

Advocates For Youth
Rights. Respect. Responsibility.®

Young Women of Color and the HIV Epidemic

The Facts

Rates of HIV infection are disproportionately high among young women of color* , especially those who are members of the working poor and, therefore, lack health insurance and easy access to health care. These young women need gender-specific and culturally appropriate HIV prevention programs.[1]

Young Women of Color Suffer High Rates of HIV Infection.

- Black women and Latinas account for 79 percent of all reported HIV infections among 13- to 19-year-old women and 75 percent of HIV infections among 20- to 24-year-old women in the United States although, together, they represent only about 26 percent of U.S. women these ages.[2]
- Black women account for 60 percent of cumulative AIDS cases among women ages 13 to 24, although they are only about 14 percent of women this age. Latinas represent 19 percent of cumulative AIDS cases among young women, although Latinas comprise only about 12 percent of the female population this age.[2,3]
- Asian and Pacific Islanders (API) and American Indians and Alaska natives account for about one percent of reported HIV infections among women ages 13 to 24.[2]

Sexual Intercourse Puts Many Young Women of Color at Risk for HIV Infection.

- Fifty-three percent of all black female high school students reported ever having had sex, compared to 44 percent of Latinas and 41 percent of whites; eight percent of black females reported having sexual intercourse before age 13, compared to four percent of Latinas and three percent of whites.[4]
- Between 1991 and 2001, the percentage of black high school students reporting sexual experience decreased significantly (82 to 61 percent). White (50 to 43 percent) and Latino (53 to 48 percent) students' reports showed less change.[4,5]
- In 2001 among female high school students, 16 percent of black women and 10 percent of Latinas reported four or more lifetime sexual partners, as did 11 percent of whites.[4]
- Among sexually experienced high school students, 39 percent of black females and 52 percent of Latinas did not use a condom at most recent sexual intercourse.[4] In other studies of sexually experienced youth, 87 percent of female API college students and 58 percent of female native American high school students reported not always using a condom.[6,7]
- Older male partners represent a greater HIV transmission risk than do adolescent males because older males are less likely to favor protective behaviors and are more likely to have had multiple partners and varied sexual and drug use experiences, and to be HIV-infected.[8] In a nationally representative study, a disproportionately high percentage of adult men with minor partners were black or Latino.[9]
- Many sexually transmitted infections (STIs), such as syphilis, herpes, chlamydia, and gonorrhea, increase the risk of HIV transmission. Among U.S. women in 2001, 15- to 19-year old females had the highest rates of gonorrhea and chlamydia, and 15- to 19-year-old African American females had a gonorrhea rate 18 times higher than that among white women the same age.[10]

Young Women of Color Face Barriers to HIV Prevention.

- Latina women face cultural barriers to consistent condom use, such as *machismo* and Catholicism's opposition to birth control. For example, Puerto Rican women's greatest obstacle to negotiating safer sex, including condom use, is the cultural expectation to respect males and to be submissive.[11]

---

* This fact sheet focuses on heterosexual young women of color—African American, Latina, Asian Pacific Islander, and Native American women between the ages of 13 and 24. Here, black and African American are not used interchangeably. Black may include African American as well as other ethnicities.

- In a study of African American women ages 13 to 19, 26 percent felt little control over whether or not a condom was used during intercourse; 75 percent agreed that, if a male knew a female was taking oral contraceptives, he would not want to use a condom. Sixty-six percent felt that a male sex partner would be hurt, insulted, angry, or suspicious if questioned about his HIV risk factors.[12]
- For many women, negotiating condom use also seems to question trust and fidelity. In one study, African American teenage women felt that not using a condom with a steady partner was a symbol of trust in their partner and relationship.[12] Moreover, considering asking a partner to wear a condom sometimes brought up fear of rejection or violence.[3,12]
- According to one study, Native American women who did not consistently use condoms also felt little vulnerability to HIV and were unprepared to change their risky sexual behaviors as compared to their peers who used condoms regularly.[13]
- Persistent inequality and painful memories of medical abuses and the consequent anger and mistrust of the U.S. government contribute to conspiracy theories, such as HIV as an agent of genocide, that hamper HIV education efforts in some ethnic communities.[14]
- One study found that many African Americans and Latinos held misperceptions about HIV transmission, trusted the accuracy of partners' reported histories, and, particularly among women, misunderstood the meaning of *safer sex*.[15]
- Urban minority female adolescents reported high levels of worry about AIDS, but they reported equal or greater concerns about having enough money to live on, general health, doing well in school, getting pregnant, and getting hurt in a street fight.[12] For these women, HIV risk reduction could be secondary to basic needs, such as housing, food, transportation, and child care.[3]
- Women of color experience higher rates of medical indigence than do white women, and they often confront a series of financial, cultural, and institutional barriers in obtaining health care.[1] For many young women of color, publicly funded health insurance provides limited access to comprehensive, adolescent-appropriate health services.[1]

Young Women of Color Need Effective, Culturally Specific Programs.

- Young women of color need HIV/AIDS information framed within their specific cultural context[11]; gender-specific information and services that address their situation and pay attention to their less than equal power status in many relationships [11,16]; interventions that enhance self-esteem, address depression and substance use, and give youth hope for the future[17]
- Young women of color need confidential access to contraceptive services, including condoms and HIV testing and treatment.[18]
- Young women need programs that build their skills in communication, negotiation, and assertiveness.[11,16,17,19]
- Experts have found that HIV prevention is also contingent on women's sexual history, their understanding of the effects of physical and sexual trauma, and their willingness to learn communication skills.[3,11,12,14,16]
- Effective HIV/AIDS prevention programs include youth and other community members in program planning, design, and implementation and draw staff—including youth—from the local community.[20]

References

1 Office of Research on Women's Health. *Women of Color Health Data Book*: *Adolescents to Seniors*. Bethesda, MD: National Institutes of Health, 1998.
2 Centers for Disease Control & Prevention. *HIV/AIDS Surveillance Repor*t 2002; 13(2):1-44.
3 AIDS Action. *What Works in Prevention for Women of Color*. Washington, DC: Author, 2001.
4 Grunbaum JA *et al*. Youth risk behavior surveillance, United States 2001. *Morbidity & Mortality Weekly Report, CDC Surveillance Summaries* 2002; 51(SS-4):1-62.
5 Kann L *et al*. Results from the national school-based 1991 youth risk behavior survey and progress toward achieving related health objectives for the nation. *Public Health Reports* 1993; 108(Supp 1):47-55.
6 Soet JE *et al*. HIV prevention knowledge, attitudes, and sexual practices of Asian college students. *J Health Educ* 1997; 28(Supp 6):S22-S28.
7 Bureau of Indian Affairs. 1997 *Youth Risk Behavior Survey of High School Students Attending Bureau-Funded Schools.* Washington, DC: The Bureau, 1998.
8 Miller KS *et al.* Sexual initiation with older male partners and subsequent HIV risk behavior among female adolescents. *Fam Plann Perspect* 1997; 29:212-14.
9 Duberstein Lindberg L *et al*. Age differences between minors who give birth and their adult partners. *Fam Plann Perspect* 1997; 29:61-66.
10 Division of STD Prevention. *Sexually Transmitted Disease Surveillance 2001*. Atlanta, GA: Centers for Disease Control & Prevention, 2002.
11 Weeks MR *et al*. AIDS prevention for African American and Latina women: building culturally and gender-appropriate intervention. *AIDS Educ Prev* 1995; 7:251-63.
12 Overby KJ, Kegeles SM. The impact of AIDS on an urban population of high-risk female minority adolescents: implications for intervention. *J Adolesc Health* 1994; 15:216-27.
13 Morrison-Beedy D *et al*. HIV risk behavior and psychological correlates among native American women: an exploratory investigation. *J Womens Health Gender Based Med* 2001; 10:487-94.
14 Pittman KJ *et al*. Making sexuality education and prevention programs relevant for African American youth. *J Sch Health* 1992; 62:339-44.
15 Essien EJ *et al*. Misperceptions about HIV transmission among heterosexual African American and Latino men and women. *J Natl Med Assoc* 2002; 94:302-12.
16 CDC. *HIV/AIDS among US Women: Minority and Young Women at Continuing Risk*. Atlanta, GA: The Centers, 2002.
17 University of California at San Francisco Center for AIDS Prevention Studies. *What Are Adolescents' HIV Prevention Needs?* San Francisco, CA: The Center, 1999.
18 Eng TR, Butler WT, ed. *The Hidden Epidemic: Confronting Sexually Transmitted Diseases*. Washington, DC: National Academy Press, 1997.
19 Wyatt GE *et al*. Adapting a comprehensive approach to African American women's sexual risk taking. *J Health Educ* 1997; 28(6 Supp):S52-S59.
20 United Nations Development Programme. *Empowering People: A Guide to Participation*. New York: UNDP, 1998.

Written by Jennifer Augustine

Advocates For Youth
Rights. Respect. Responsibility.®

Youth and the Global HIV/AIDS Pandemic

The Facts

As the HIV/AIDS pandemic enters its third decade, HIV continues to spread rapidly. At least 95 percent of all new infections occur in less developed countries, and sub-Saharan Africa is the hardest hit region, followed by the Caribbean.[1] Eastern Europe and central Asia experience the fastest growing HIV prevalence rates, while in eastern and southern Asia, the absolute numbers of infected people are staggering.[1] Finally, experts fear that rising rates of sexually transmitted infections (STIs) in developed nations may signal a rise in unsafe sex, especially among youth.[2] Throughout the world, almost 6,000 youth ages 15 to 24 are infected with HIV each day, accounting for more than half of all *new* HIV infections.[3] As a result, almost 12 million youth are living with HIV or AIDS; 62 percent of infected youth are female.[2,3]

Across the World's Regions, Youth Face Significant Rates of HIV Infection.

- In sub-Saharan Africa, most new HIV infections occur among people ages 15 to 24 and are sexually acquired. Nearly nine million youth are infected with HIV, and 67 percent of infections occur in young women.[3] Prevalence rates exceed 20 percent in several countries in southern Africa, and experts fear rates will rise in West Africa.[1,2]
- In Latin America and the Caribbean, about 560,000 young people are HIV-infected.[3] In Latin America (especially in Mexico, Brazil, and Peru), marginalized populations—such as young men who have sex with men—are most affected.[1] In the Caribbean, infection rates are the second highest in the world, and most new infections occur among women ages 15 to 24.[3]
- In southern and southeastern Asia, over one million youth are HIV-infected.[3] Initially fueled in Thailand and Cambodia by the sex trade and injection drug use, the epidemic has been successfully slowed in both countries. Now, India shows alarming increases in HIV/AIDS throughout its diverse population.[1,3]
- In eastern Asia and the South Pacific, nearly three-quarters of a million youth are HIV-infected.[3] Most new cases are in China, home to one-fifth of humanity, where UNAIDS warns of an "unfolding epidemic of proportions beyond belief."[1]
- Eastern Europe and central Asia have nearly half a million HIV-infected youth, mostly as a result of injection drug use. Rates are rising rapidly in Belarus, Kazakhstan, Latvia, and Russia, as well as in the Ukraine, where one percent of young women and two percent of young men are now HIV-infected.[1,3]
- Rates remain low, though increasing, in North Africa and the Middle East. Over 160,000 youth in this region are infected.[3] Sexual intercourse and injection drug use are the major routes of transmission; and Djibouti and Sudan have large, widespread epidemics.[1,2]
- In developed nations, nearly a quarter of a million youth are HIV-infected.[3] Higher rates of sexually transmitted infections (STIs) signal a rise in unsafe sex and highlight the need for renewed prevention efforts, especially among youth.[2] Leading factors behind the epidemic vary—from injection drug use in Spain, France, and Portugal, to heterosexual transmission in the United Kingdom, heterosexual transmission among disadvantaged women in the United States, and sex between males in Japan, Canada, Australia, and the United States.[1,2] Nevertheless, each of these factors—heterosexual transmission, injection drug use, and sex between males—plays a part in the HIV epidemic in every industrialized nation.

Young Women and Girls Are Especially Vulnerable in Sub-Saharan Africa and South Asia, but Young Men Are Also at High Risk in Many Regions.

- Of the 11.8 million HIV-infected youth worldwide, over seven million are female.[3] The risk of infection for young women is heightened by their immature vaginal tract and easily torn tissues. Young women are also at heightened risk due to their lower status in society, which decreases their ability to negotiate condom use, and to cultural practices that encourage unions between younger women and older men, who are more likely to be HIV-infected.[1,3]
- In sub-Saharan Africa, female children and young women are especially vulnerable due to cultural practices, such as the "sugar daddy," and to a myth that an infected man can "cure" himself by having sex with a virgin. In Ethiopia, Malawi, Tanzania, Zambia, and Zimbabwe, for every infected male, ages 15 to 19, there are five to six infected females the same age.[3]
- In some cities in India, there has been a worrisome increase in HIV infection among pregnant women.[1]
- HIV infection remains more common among young men than young women in industrialized nations, Latin America, Eastern Europe and central Asia, and the Middle East and North Africa. In industrialized nations and in parts of Latin America and Asia, cases occur mostly among young men who have sex with men; in the other regions, cases occur mostly among young men who use injection drugs.[3]

Youth's Lack of Information, Skills, and Access to Services Fuel the Epidemic.

- Around the world, the vast majority of youth have little understanding of HIV transmission or how to protect against it.[3] For example, in 2001 only 10 percent of 15- to 19-year-old females in Tajikistan, and less than 60 percent in Azerbaijan and Uzbekistan, had ever heard of HIV/AIDS while as many as 98 percent harbored misconceptions about it.[2] In studies, 95 percent of female Nigerian teens and 93 percent of Haitian adolescents perceived their risk of HIV infection to be minimal or non-existent.[3]
- Some teens are unable to protect themselves because they lack the skills and power to negotiate abstinence or condom use. In some countries, young brides of older husbands may be even more vulnerable to HIV than are unmarried women. For example, in a study in India, 14 percent of young married women at one clinic were HIV-positive; 91 percent of them had sex only with their husband.[3]
- Finally, young people face serious obstacles to accessing medical care, including fear their privacy will not be respected, embarrassment, distance to services, and health providers who are reluctant to serve adolescents.[3] In Dakar, Senegal, for example, young people visiting family planning clinics were told they were "too young" to receive contraception.[4]

Programs and Policies Can Help Young People Protect Themselves.

- In Brazil, concentrated campaigns led to increased condom use among young men having sex for the first time (up from less than five percent in 1986 to 50 percent in 1999).[3]
- In Kampala, Uganda, HIV prevalence among pregnant teens fell from 22 percent in 1990 to seven percent in 2000, mostly due to delayed first sex, fewer partners, and increased condom use.[3]
- In Thailand, HIV incidence among young military recruits declined by 90 percent between 1991 and 1995, after the government adopted a comprehensive HIV/AIDS prevention campaign.[5]

References

1. Lamptey P *et al*. Facing the HIV/AIDS pandemic. *Population Bulletin* 2002; 57(3):1-39.
2. UNAIDS. *Report on the Global HIV/AIDS Epidemic*. Geneva: UNAIDS, 2002.
3. UNAIDS *et al. Young People and HIV/AIDS: Opportunity in Crisis*. Geneva: UNAIDS, 2002.
4. Family Health International. Better services can reduce abortion risks. *Network* 2000; 20 (3):1-7.
5. Kiragu K. Youth and HIV/AIDS: can we avoid catastrophe? *Population Reports* 2001; 29 (Series L, no. 12):1-39.

Written by Nicole Cheetham

Advocates For Youth
Rights. Respect. Responsibility.®
2000 M Street, NW, Suite 750 • Washington, DC 20036 USA • Phone: 202.419.3420 • Fax: 202.419.1448 • www.advocatesforyouth.org

Advocates For Youth
Rights. Respect. Responsibility.®

Adolescents—At Risk for Sexually Transmitted Infections

The Facts

In the United States, sexually active teens experience high rates of sexually transmitted infections (STIs), and some populations of youth face excessive risk—African American youth, young women, abused youth, homeless youth, young men who have sex with men (YMSM), and gay, lesbian, bisexual, and transgender (GLBT) youth. The STI epidemic is a global phenomenon, and wherever they live, youth in high risk situations also face a heightened risk of STIs.

Rates in the United States Are High among Teens and Young Adults.

- From 1987 through 2001, chlamydia rates rose from 51 to 278 per 100,000 population in the United States, an increase attributed, at least partly, to improved screening and reporting.[1]
- The highest age-specific chlamydia rates occurred among women ages 15 to 19 and 20 to 24 (2,536 and 2,447 per 100,000 women, respectively).[1]
- Chlamydia rates among U.S. males, while considerably lower than among young women, were also highest in 15- to 19-year-old and 20- to 24-year-old men (376 and 605 per 100,000 men, respectively).[1]
- Gonorrhea rates were higher among women ages 15 to 19 and men ages 20 to 24 than among other age groups. The overall U.S. rate was 129 per 100,000 population; among 15- to 19-year-old women, the rate was 703; among 20- to 24-year-old men, it was 564.[1]
- Experts estimate that one million new cases of genital herpes simplex virus type 2 (HSV-2) occur each year in the United States.[2] Although case report data for this incurable STI are not available, data from a national survey indicated that 22 percent of U.S. residents over age 11 are infected with HSV-2.[1]
- Genital human papillomavirus (HPV), commonly known as genital warts, is the most common STI in the United States and, perhaps, the most common STI among sexually active youth. In a recent study, HPV seroprevalence was five percent among youth ages 12 to 19, and 15 percent among those ages 20 to 29.[3]

Rates of Curable STIs in the United States Are Higher than in Other Developed Nations.

- Experts estimate that more than 15 million sexually transmitted infections occur annually in the United States, nearly four million among teens and over six million among youth ages 20 to 24.[2,4] Moreover, rates of curable STIs in the United States are the highest in the developed world.[5]
- The gonorrhea rate among U.S. teens is 74 times higher than the rate among teens in either the Netherlands or France, 10 times higher than in Canada, and seven times higher than in England and Wales.[6] The chlamydia rate among U.S. teens is 20 times higher than among teens in France, five times higher than in England and Wales, and twice as high as in Canada.[6]
- Prevalence of gonorrhea and syphilis is increasing among some populations in Europe, heightening fears that people are being less careful about risky sexual behaviors.[7]

In the United States, Some Populations Are at Disproportionate Risk of STIs.

- In 2001, the chlamydia rate among African American women ages 15 to 19 was nearly seven times higher than among white females (8,483 and 1,276 per 100,000 females, respectively); among African American males ages 15 to 19, the chlamydia rate was 12 times higher than among white males (1,550 and 128 per 100,000, respectively).[1]
- In 2001, 75 percent of all reported cases of gonorrhea occurred among African Americans. Their gonorrhea rate was 782 per 100,000 population compared to 114 among Native Americans, 74 among Latinos, and 29 among non-Hispanic whites.[1]

- HPV type 16, which accounts for about half of all cervical cancers worldwide, was over twice as prevalent in U.S. women as in men (18 and eight percent, respectively). Prevalence was highest among African American women (27 percent) compared to 17 percent among white women and 12 percent among Latinas.[3]
- In studies, chlamydia occurred among 18 percent of street youth and 15 percent of young women in juvenile detention facilities.[1] Fifty percent of 18- to 21-year-old youth living in an urban neighborhood known as a major area for drug sales and drug injection had HSV-2 (37 percent of young men and 64 percent of young women).[8]
- Recent data document rising rates of syphilis, gonorrhea, and chlamydia among YMSM.[9]
- In a nationwide survey of lesbians, 17 percent reported a history of STI.[10]

Factors beyond the Control of Youth May Place Them at Excess Risk for STI.

- Young women and female adolescents are more susceptible to STI, compared to their male counterparts, due to their anatomy. During adolescence and young adulthood, women's columnar epithelial cells—which are especially sensitive to invasion by sexually transmitted organisms, such as chlamydia and gonococcus—extend out over the vaginal surface of the cervix, where they are unprotected by cervical mucous, but recede to a more protected location as women age.[5]
- STIs are more likely to remain undetected in women than in men, resulting in delayed diagnosis and treatment, and untreated STIs are more likely to lead to complications in women, such as pelvic inflammatory disease and cervical cancer.[5]
- Lack of health care coverage directly affects people's ability to obtain professional assistance to prevent STIs, avoid transmitting infections, and receive treatment. One-fourth of adolescents and young adults lack health coverage.[5]
- Poverty and other socioeconomic facts contribute to STI risk. Youth living in poverty may not perceive the risk of STIs or may not practice preventive behaviors if other risks—such as hunger or homelessness—appear more imminent and threatening.[5]
- Cultural traditions that value women's passivity and subordination also diminish the ability of many women to adequately protect themselves, to refuse unwanted sex, and to negotiate condom use.[5]
- Sexual violence against women and sexual abuse of children put many women and young people at extreme risk. Up to 500,000 U.S. women suffer sexual violence each year, and one in three young girls and one in six young boys may experience sexual abuse or coercion at least once before reaching adulthood.[5]
- Estimates of the number of runaway and homeless adolescents in the United States vary from hundreds of thousands to millions. Adolescents living on the street—many of them lesbian, gay, bisexual, and transgender—are at risk for STIs, as they often engage in survival sex (trading sex for food, shelter, or money), use substances, and frequently suffer sexual and physical assault.[5]

References

1 CDC. *Sexually Transmitted Disease Surveillance, 2001*. Atlanta, GA: Author, 2002.
2 Cates W. Estimates of the incidence and prevalence of sexually transmitted diseases in the United States. *Sex Transm Dis* 1999; 26 (4 Suppl):S2-S7.
3 Stone KM *et al*. Seroprevalence of human papillomavirus type 16 infection in the United States. *J Infectious Dis* 2002; 186:1396-402.
4 Kaiser Family Foundation, American Social Health Association. *Sexually Transmitted Diseases in America: How Many Cases and at What Cost?* Menlo Park, CA: The Foundation, 1998.
5 Eng TR, Butler WT, ed. *The Hidden Epidemic: Confronting Sexually Transmitted Diseases*. Washington, DC: National Academy Press, 1997.
6 Panchaud C *et al*. Sexually transmitted diseases among adolescents in developed countries. *Fam Plann Perspect* 2000; 32:24-32+.
7 Nicoll A, Hamers FF. Are trends in HIV, gonorrhoea, and syphilis worsening in Western Europe? *British Med J* 2002; 324:1324-1327.
8 Friedman SR *et al*. Sex, drugs, and infections among youth: parenterally and sexually transmitted diseases in a high-risk neighborhood. *Sex Transm Dis* 1997; 24:322-26.
9 CDC. *Taking Action to Combat Increases in STDs and HIV Risk among Men Who Have Sex with Men*. Atlanta, GA: CDC, [2001].
10 Diamant AL *et al*. Lesbians' sexual history with men: implications for taking a sexual history. *Arch Internal Med* 1999; 159:2730-36.

Written by Sue Alford

Advocates For Youth
Rights. Respect. Responsibility.®

Adolescent Sexual Health in Europe and the U.S. — What's the Difference?

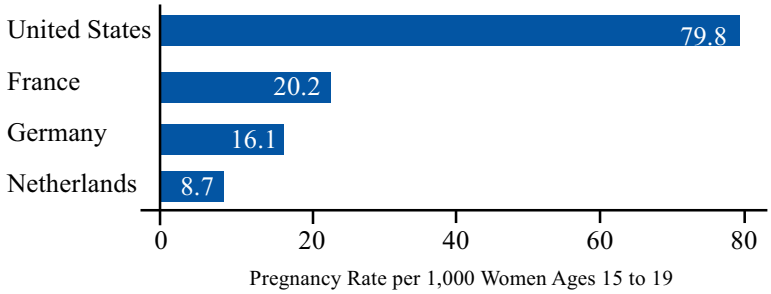
The Facts

Studies show that the United States has the highest rates of teen pregnancy, birth, and abortion and higher rates of many sexually transmitted infections, including HIV, than other industrialized nations. On average, U.S. teens initiate sex at the same age or earlier than youth in Europe and have more sexual partners than their European peers.

Adolescent Pregnancy, Birth, and Abortion Rates in Europe Far Outshine Those in the U.S.*

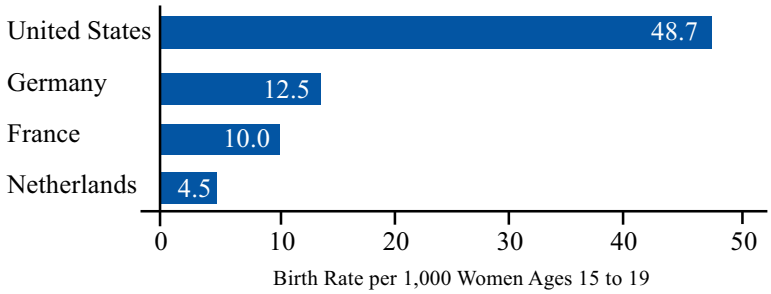
Pregnancy

In the United States, the **teen pregnancy rate** is more than nine times higher than that in the Netherlands, nearly four times higher than the rate in France, and nearly five times higher than that in Germany.[1,2,3]



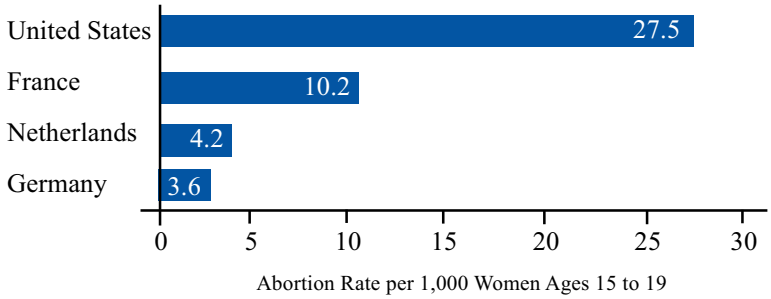
Birth

In the United States, the **teen birth rate** is nearly 11 times higher than that of the Netherlands, nearly five times higher than the rate in France, and nearly four times higher than that in Germany.[2,3,4]



Abortion

In the United States, the **teen abortion rate** is nearly eight times higher than the rate in Germany, nearly seven times higher than that in the Netherlands, and nearly three times higher than the rate in France.[1,2,3]

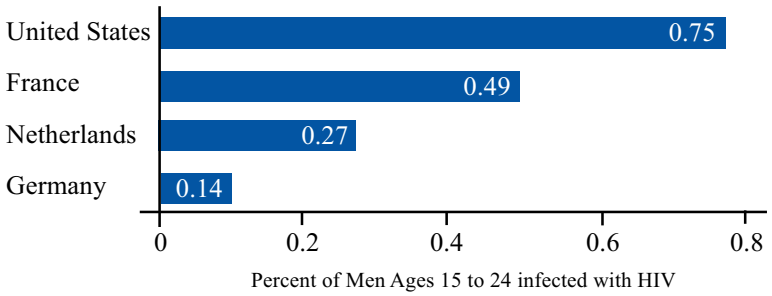


*Throughout this fact sheet, data are the most recent available for each county, ranging from years 1995 to 2000. Pregnancy data do not include fetal losses. U.S. birth data are for 1999 while U.S. pregnancy and abortion data are for 1997.

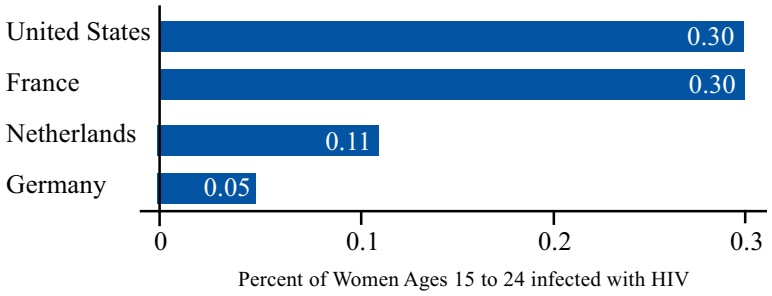
U.S. HIV/STI Rates Also Compare Poorly.

HIV in Young Men and Women

In the United States, the estimated **HIV prevalence rate in young men** ages 15 to 24 is over five times higher than the rate in Germany, nearly three times higher than the rate in the Netherlands, and about 1-1/2 times higher than that in France.[5]

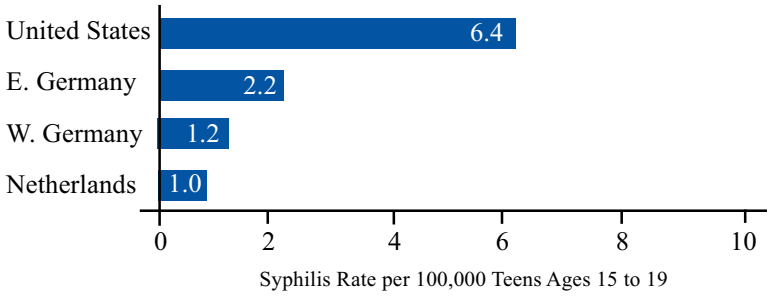


In the United States, the estimated **HIV prevalence rate in young women** ages 15 to 24 is six times higher than the rate in Germany, nearly three times higher than the rate in the Netherlands, and is the same as in France.[5]



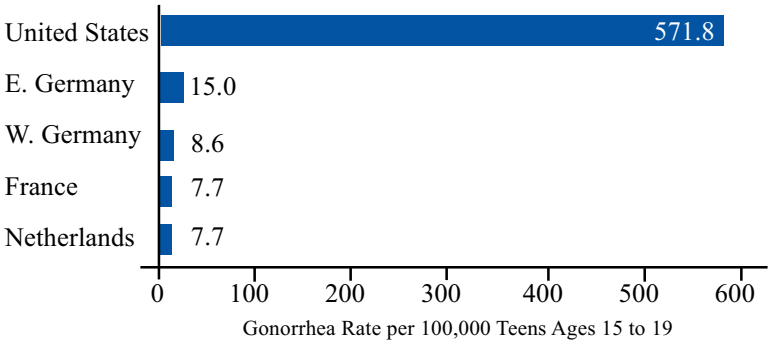
Syphilis

In the United States, the **teen syphilis rate** is over six times higher than that of the Netherlands, over five times higher than the rate in former West Germany, and nearly three times higher than that in former East Germany. Data are not available for France.[6]



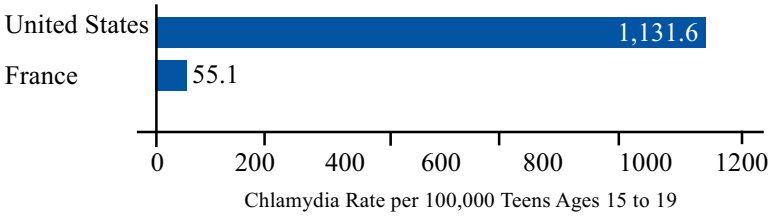
Gonorrhea

In the United States, the **teen gonorrhea rate** is over 74 times higher than that in the Netherlands and France, over 66 times higher than the rate in former West Germany, and over 38 times higher than that in former East Germany.[6]



Chlamydia

In the United States, the **teen chlamydia rate** is over 20 times higher than that in France. Data are not available for Germany or the Netherlands.[6]



American Youth Have Sex at the Same Age or Even Earlier than Youth in Europe. Young People in the U.S. Have More Sexual Partners.

In the United States, young people typically initiate sexual intercourse at the same age or even earlier compared to young people in the Netherlands and France.[3,7] Data are not available for Germany.

Finally, the proportion of sexually active teenage men and women ages 18 to 19 that had two or more sexual partners within the past year is substantially higher in the United States than in France. Data on number of sexual partners are not available for Germany or the Netherlands. Having two or more sexual partners increases youth's potential risk of becoming infected with HIV and other STIs.[7]

	% With Two or More Sexual Partners in Part Year[7]		Typical Age at First Sexual Inercourse [3,7]
	Women Ages 18 to 19	Men Ages 18 to 19	
United States	48.6%	48.8%	17.4 years
Netherlands	---	---	17.7 years
France	12.8%	28.8%	18.0 years
Germany	---	---	---

References

1 Ventura SJ *et al*. Trends in pregnancy rates for the United States, 1976-97: an update. *National Vital Statistics Reports* 2001;49(4):1-10.
2 Singh S, Darroch JE. Adolescent pregnancy and childbearing: levels and trends in developed countries. *Family Planning Perspectives* 2000;32(1):14-23.
3 Rademakers J. *Sex Education in the Netherlands*. Paper presented to the European Study Tour. Utrecht, Netherlands: NISSO, 2001.
4 Martin JA *et al*. Births: preliminary data for 2000. *National Vital Statistics Reports* 2001;49(5):1-20.
5 UNAIDS. *Report on the Global HIV/AIDS Epidemic*. Geneva, Switzerland: UNAIDS, 2000.
6 Panchaud C *et al*. Sexually transmitted diseases among adolescents in developed countries. *Family Planning Perspectives* 2000;32(1):24-32 & 45.
7 Darroch JE *et al*. Differences in teenage pregnancy rates among five developed countries: the role of sexual activity and contraceptive use. *Family Planning Perspectives* 2001;33:244-50+.

Written by Ammie N. Feijoo

Advocates For Youth
Rights. Respect. Responsibility.®
2000 M Street, NW, Suite 750 • Washington, DC 20036 USA • Phone: 202.419.3420 • Fax: 202.419.1448 • www.advocatesforyouth.org

State-by-State Sexual Health Rates and Rankings

	Teen Births, 2000 (per 1,000 females ages 15-19)		AIDS, 2001 (per 100,000 population)		Chlamydia, 2001 (per 100,000 population)		Gonorrhea, 2001 (per 100,000 population)	
	Rate	Rank	Rate	Rank	Rate	Rank	Rate	Rank
U.S. TOTAL	48.5	*	14.7	*	278.3	*	128.5	*
Alabama	62.9	44	9.8	29	326.6	39	251.4	47
Alaska	42.4	23	2.8	5	437.7	50	72.9	20
Arizona	69.1	48	10.2	31	279.6	32	76.4	23
Arkansas	68.5	47	7.4	22	272.3	28	172.2	38
California	48.5	30	12.5	37	301.0	34	68.8	18
Colorado	49.2	32	6.5	20	307.8	37	74.2	21
Connecticut	31.9	8	17.1	42	226.6	18	74.8	22
Delaware	51.6	35	31.1	47	356.4	45	221.2	45
Florida	52.6	36	31.3	48	235.4	21	134.7	33
Georgia	64.2	45	20.8	46	413.4	48	231.1	46
Hawaii	45.1	26	10.1	30	332.7	41	49.9	13
Idaho	43.1	24	1.4	3	156.3	6	5.9	1
Illinois	49.5	33	10.6	33	352.0	44	193.4	43
Indiana	50.3	34	6.2	19	250.9	26	114.7	30
Iowa	34.7	10	3.1	6	194.7	13	48.5	12
Kansas	45.3	27	3.6	10	225.0	17	99.3	27
Kentucky	55.3	37	8.2	26	219.7	16	88.8	26
Louisiana	62.1	42	19.3	44	399.2	47	274.2	50
Maine	28.7	5	3.7	12	104.9	2	11.1	4
Maryland	41.6	22	34.6	49	295.3	33	178.0	40
Massachusetts	27.1	3	12.0	35	163.8	7	50.6	14
Michigan	39.2	18	5.5	16	312.8	38	172.3	39
Minnesota	29.6	6	3.2	7	169.2	9	54.9	16
Mississippi	72.0	50	14.6	40	414.6	49	272.8	49
Missouri	48.8	31	7.9	25	249.3	25	155.9	36
Montana	35.8	13	1.7	4	212.7	14	11.5	5
Nebraska	37.2	14	4.3	14	187.3	11	69.5	19
Nevada	62.2	43	12.0	36	241.8	23	87.9	25
New Hampshire	23.4	1	3.2	8	111.9	3	14.2	7
New Jersey	31.7	7	20.7	45	193.9	12	106.0	28
New Mexico	66.2	46	7.8	24	343.8	43	57.2	17
New York	35.6	12	39.3	50	244.5	24	117.5	32
North Carolina	59.9	38	11.5	34	274.6	30	206.0	44
North Dakota	28.2	4	0.5	1	165.4	8	8.7	2
Ohio	45.6	28	5.1	15	331.7	40	186.4	42
Oklahoma	60.1	39	7.0	21	303.7	36	138.6	34
Oregon	43.2	25	7.5	23	217.9	15	33.4	9
Pennsylvania	35.2	11	15.0	41	231.0	19	116.0	31
Rhode Island	38.4	17	9.7	28	277.8	31	79.2	24
South Carolina	60.6	40	17.9	43	382.1	46	269.3	48
South Dakota	37.2	15	3.3	9	241.2	22	38.3	10
Tennessee	61.5	41	10.5	32	273.5	29	178.3	41
Texas	69.2	49	13.6	39	334.5	42	144.0	35
Utah	40.0	19	5.5	17	134.5	5	9.8	3
Vermont	24.1	2	4.1	13	104.8	1	12.5	6
Virginia	40.8	20	13.2	38	259.1	27	156.7	37
Washington	38.2	16	8.9	27	231.3	20	50.7	15
West Virginia	46.4	29	5.5	18	129.7	4	40.5	11
Wisconsin	34.5	9	3.6	11	303.6	35	112.1	29
Wyoming	40.8	21	1.0	2	169.9	10	15.6	8

Sources:

Teen Birth Rate, 2000 — Ranked from 1 (best) to 50 (worst):

Ventura SJ *et al*. Teenage births in the United States: state trends, 1991-2000, an update. *National Vital Statistics Reports* 2002;50(9):1-4.

AIDS Rate, 2001 — Ranked from 1 (best) to 50 (worst):

CDC. *HIV/AIDS Surveillance Report* 2001;13(2):1-47.

Chlamydia and Gonorrhea Rates, 2001 — Ranked from 1 (best) to 50 (worst):

CDC. *Sexually Transmitted Disease Surveillance, 2001*. Atlanta, GA: U.S. Department of Health and Human Services, 2002.

Advocates For Youth
Rights. Respect. Responsibility.®

Adolescent Protective Behaviors: Abstinence and Contraceptive Use

The Facts

One recent study attributed 75 percent of the decline in U.S. teen pregnancy rates to teens' better use of contraception and 25 percent to teens' increased abstinence[1] while another study credited the two factors about equally.[2] Although U.S. teens are increasingly adopting protective sexual behaviors, they face barriers to consistency in these behaviors.

U.S. Teens Remain Abstinent Longer than in the Past.

- In 2001, 54 percent of U.S. high school students reported never having had sexual intercourse, up from 46 percent in 1991.[3,4]
- Across the decade, the percentage of U.S. youth that said they never had sex increased in all high school grades. For example, 33 percent of high school seniors in 1991 said they never had sex, compared to nearly 40 percent in 2001.[3,4]
- Abstinence rates also increased between 1991 and 2001 by gender and by race/ethnicity. In 1991, 49 percent of high school teenage women said they had never had sex, compared to 57 percent in 2001; among males, the numbers were 43 and 52 percent, respectively.[3,4]
- Fifty percent of white students said they never had sex in 1991, compared to 57 percent in 2001; among Latino students, the numbers were 47 and 52 percent, respectively; among African American students, 19 and 39 percent, respectively.[3,4]
- In one study, only 14 percent of gay, lesbian, and bisexual high school students had never had sex, compared to 52 percent of their heterosexual peers.[5]

In Many Industrialized Nations, the Typical Age of Sexual Initiation is Around 17.5.

- In the United States, the typical age at first sexual intercourse is 17.2.[6]
- In Canada, the typical age at first sex is 17.3; in Great Britain, it is 17.5.[6]
- In the Netherlands, the typical age at first sex is 17.7; in France, it is 18.0.[6,7]

Sexually Active Adolescents' Use of Condoms Is Up but Leveling Off.

- In U.S. studies, 70 percent of women and 69 percent of men ages 15 to 19 reported condom use at first sex.[8]
- Among sexually active U.S. high school youth in 2001, 58 percent reported using a condom during most recent sex—a leveling off between 1999 and 2001, but a significant increase over 1991's 46 percent.[3,4]
- In 1995, fewer gay, lesbian, and bisexual high school students reported condom use at most recent sex, compared to their heterosexual peers (51 and 58 percent, respectively).[5]
- In 2001, sexually active African American high school students were significantly more likely than their white or Latino peers to report condom use (67, 57, and 54 percent, respectively). Students in grades nine, 10, and 11 were significantly more likely to use condoms than were students in grade 12 (68, 60, 59, and 49 percent, respectively).[3]
- Among sexually active youth, only about eight percent of female teens and 17 percent of male teens reported using both condoms and hormonal contraception at most recent sex.[8]

Some Sexually Active Adolescents Use Other Contraceptive Methods.

- Overall, 18 percent of sexually active high school youth in the United States reported use of birth control pills before most recent sex. Rates varied significantly among sexually active students by race/ethnicity and grade level: 23 percent of whites; 10 percent of Latinos; and eight percent of African Americans; as well as eight percent of 9th and 26 percent of 12th graders.[3]

- In one study, bisexual and lesbian teenage women, although about equally likely to have had sex as their heterosexual peers, reported more than twice as great a prevalence of pregnancy (12 percent versus five percent, respectively).[9]
- Among sexually experienced U.S. teens, more women reported use of birth control pills before most recent sex than reported using no method (33 and 20 percent, respectively) compared to 59 percent and 12 percent of French adolescents, respectively.[6] In a German study, 73 percent of 14- to 17-year-old women used birth control pills before most recent intercourse while one percent used no protection.[10]

Youth's Attitudes & Behaviors Reflect Society's Confusion around Sexuality.

- **Pressure from partners and friends—**In one study, eight percent of sexually experienced young women cited pressure from their partner as a factor in having sex for the first time; seven percent cited pressure from their friends; among young men, the percentages were one and 13 percent, respectively.[11]
- **Confusion in defining abstinence—**In a study of youth ages 12 to 17 who had abstinence education, young people's definitions of abstinence included many sexual behaviors while consistently avoiding only (vaginal) intercourse. In a study of college freshmen and sophomores, 37 percent described oral sex and 24 percent described anal sex as abstinent behaviors.[12]
- **Virginity pledges**—In a recent study on the effect of virginity pledges, researchers found that, in early and middle adolescence, pledging delayed the transition to first sex by as much as 18 months. Pledging only worked where some, but not more than about one-third, of students pledged. However, when they broke the pledge, these teens were one-third less likely to use contraception at first sex than were their non-pledging peers.[13] According to the lead researcher, "If we consider the enhanced risk of failure to contracept against the benefit of delay, it turns out that with respect to pregnancy, pledgers are at the same risk as non-pledgers. There is no long-term benefit to pledging in terms of pregnancy reduction, unless pledgers use contraception at first intercourse."[14]
- **Lack of knowledge about effective contraception**—In a recent poll, 32 percent of U.S. teens did not believe condoms were effective in preventing HIV and 22 percent did not believe that birth control pills were effective in preventing pregnancy.[15]
- **Negative attitudes about using protection**—In the same poll, 66 percent of teens said they would feel suspicious or worried about their partner's past, if the partner suggested using a condom; 49 percent would worry that the partner was suspicious of *them*; 20 percent would feel insulted.[15]
- **Lack of confidentiality**—In a recent study among sexually active women under age 18, 47 percent indicated that mandatory parental notification would cause them to stop using family planning services.[16]
- **Homophobia and violence**—Significant barriers to protective behaviors among lesbian, gay, bisexual, and transgender youth, as well as among young men who have sex with men, include homophobia and violence that damage their self-esteem, lack of access to health care, homelessness, and substance use.[17]

References

1 Darroch JE, Singh S. *Why Is Teenage Pregnancy Declining? The Roles of Abstinence, Sexual Activity, and Contraceptive Use*. [*Occasional Report*, no. 1] New York: Alan Guttmacher Institute, 1999.
2 National Campaign to Prevent Teen Pregnancy. *Halfway There: A Prescription for Continued Progress in Preventing Teen Pregnancy*. Washington, DC: The Campaign, 2001.
3 Grunbaum JA *et al*. Youth risk behavior surveillance, United States, 2001. *Morbidity & Mortality Weekly Report Surveillance Summaries* 2002; 51(SS-4):1-62.
4 Kann L *et al*. Results from the national school-based 1991 youth risk behavior survey and progress toward achieving related health objectives for the nation. *Public Health Reports* 1993; 108 (Supp. 1):47-55.
5 Blake SM *et al*. Preventing sexual risk behaviors among gay, lesbian, and bisexual adolescents: the benefits of gay-sensitive HIV instruction in schools. *Am J Public Health* 2001; 91:940-46.
6 Darroch JE *et al*. Differences in teenage pregnancy rates among five developed countries: the roles of sexual activity and contraceptive use. *Fam Plann Perspect* 2001; 33:244-50+.
7 Rademakers J. *Sex Education Research in the Netherlands*. Paper presented to the European Study Tour. Utrecht, Netherlands: NISSO, 2001.
8 Abma JC, Sonenstein FL. *Sexual Activity and Contraceptive Practices among Teenagers in the United States, 1988 and 1995*. [*Vital & Health Statistics*, series 23, no. 21] Hyattsville, MD: NCHS, 2001.
9 Saewyc EM *et al*. Sexual intercourse, abuse and pregnancy among adolescent women: does sexual orientation make a difference? *Fam Plann Perspect* 1999; 31:127-31.
10 Federal Centre for Health Education. *Youth Sexuality 1998: Results of the Current Representative Survey*. Cologne: The Centre, 1998.
11 Kaiser Family Foundation & YM Magazine. *National Survey of Teens: Teens Talk about Dating, Intimacy, and Their Sexual Experiences.* Menlo Park, CA: The Foundation, 1998.
12 Remez L. Oral sex among adolescents: is it sex or is it abstinence? *Fam Plann Perspect* 2000; 32:298-304.
13 Bearman PS, Brückner H. *Promising the Future: Virginity Pledges as They Affect Transition t to First Intercourse*. New York: Columbia University, 2000.
14 Bearman P. [Letter]. New York: Columbia University, 2002.
15 Henry J. Kaiser Family Foundation. *Safer Sex, Condoms, and "The Pill": A Series of National Surveys of Teens about Sex*. Menlo Park, CA: The Foundation, 2000.
16 Reddy DM *et al*. Effect of mandatory parental notification on adolescent girls' use of sexual health care services. *JAMA* 2002; 288:710-14.
17 Savin-Williams RC. Verbal and physical abuse as stressors in the lives of lesbian, gay male, and bisexual youths: associations with school problems, running away, prostitution, and suicide. *J Consult Clin Psychol* 1994; 62:261-69.

Written by Sue Alford

Advocates For Youth
Rights. Respect. Responsibility.®
2000 M Street, NW, Suite 750 • Washington, DC 20036 USA • Phone: 202.419.3420 • Fax: 202.419.1448 • www.advocatesforyouth.org

Advocates For Youth
Rights. Respect. Responsibility.®

Adolescents and Abortion

The Facts

Each year, 750,000 to 850,000 teenage women in the United States experience pregnancy.[1,2] Moreover, 74 to 95 percent of these pregnancies are unintended.[3,4] In 1999, the most recent year for which data are available, over 148,000 teenage pregnancies ended in abortion.[5] Around the world, women of reproductive age have some 50 million abortions, 20 million under unsafe conditions that result in high rates of injury and death.[6] In the United States, legal abortion is a very safe procedure.[5] Yet, U.S. adolescents' access to legal abortion is increasingly restricted.

Abortion Occurs More Frequently among Adult Women than among Adolescent Women.

- In 1995, 61 percent of U.S. women reported that their pregnancies were intended; 38 percent as unintended. Among 15- to 19-year-old women, 26 percent reported their pregnancies as intended; 74 percent as unintended.[4] [Mistimed and unwanted pregnancies are counted here as unintended.]
- In 1999, women in the United States obtained nearly 862,000 abortions. Women under age 20 accounted for 19 percent of U.S. abortions while women ages 20 and older accounted for 81 percent.[5]
- The teenage abortion ratio is 375 abortions per 1,000 births to women ages 15 to 19. The teenage abortion rate is 18 per 1,000 women ages 15 to 19.[5]
- Eighty-eight percent of all U.S. abortions for which gestational age was known occurred in the first 12 weeks of pregnancy; 58 percent in the first eight weeks. Eighty-three percent of abortions in teenage women occurred during the first 12 weeks of pregnancy; 48 percent in the first eight weeks.[5]
- Researchers in the United States identified several associations between socioeconomic disadvantage and adolescent reproductive behavior. Whether measured at the individual, the family, or the community level, being disadvantaged was associated with teens' earlier age at first intercourse, less reliance on or poorer use of contraception, less motivation to avoid having a child, less likelihood of having an abortion, and greater likelihood of bearing a child premaritally.[7]
- In general, teens from families that are better off financially and who have higher expectations for the future have been more likely to choose to end a pregnancy with abortion than teens from poor homes or who have low hopes for the future.[8]

In the United States, State Laws Restrict Adolescents' Access to Abortion.

- In the United States, 43 states have requirements that a woman under age 18 must notify or get consent from one or both parents before she can obtain an abortion. Of these, 32 states' requirements were in effect as of August 2002: *consent* in Alabama, Idaho, Indiana, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Mississippi, Missouri, North Carolina, North Dakota, Pennsylvania, Rhode Island, South Carolina, Tennessee, Wisconsin, and Wyoming and *notification* in Arkansas, Delaware, Georgia, Iowa, Kansas, Maryland, Minnesota, Nebraska, Ohio, South Dakota, Texas, Utah, Virginia, and West Virginia. Courts have enjoined the laws from taking effect in Alaska, Arizona, California, New Mexico, Oklahoma, Colorado, Florida, Illinois, Montana, Nevada, and New Jersey.[9]
- In one study, parental notification laws had almost no effect on an adolescent's decision to talk with her parent or guardian about her decision prior to an abortion. The chief factor determining whether a teen consulted her parent was, not legislation, but the quality of the teen's relationship with her parent.[10,11]
- In states with parental consent or notification laws, many adolescents who did not consult their parents said it was because they feared emotional and/or physical abuse, including eviction from their homes.[10]

- The Supreme Court requires states with parental consent or notification laws to allow teens to obtain an abortion by appealing to another adult, such as a judge, doctor, or minister (bypass procedures). Although bypass procedures are an important safeguard for teens who reside in states with parental consent or notification laws, studies have shown that forcing pregnant teens to apply to a court, physician, or other authority figure may have significant, adverse physical and emotional effects on these young women.[10]

Globally, Safe, Legal Abortion Is Very Different from Unsafe or Clandestine Abortion.

- The World Health Organization characterizes unsafe abortion by the lack of skilled providers, safe techniques, and/or sanitary facilities.[12] Although legality does not ensure safety, where abortion is illegal, it is too often also unsafe—performed by unskilled providers in hidden, often hazardous circumstances.[13]
- The World Health Organization estimated that 30 million legal abortions and 20 million clandestine (illegal) abortions occurred throughout the world each year in 1995 through 2000.[6]
- In a recent tabulation, deaths in the developing world from unsafe, usually clandestine, abortion accounted for 64 percent of the 687,000 women who died as a result of *unintended* pregnancy between January 1995 and December 2000.[12] The mortality rate due to unsafe abortion in less developed nations was 330 per 100,000 abortions: in Africa, 680; in southern and southeastern Asia, 283; and in Latin America, 119 per 100,000.[13]
- Most recent data on mortality due to legal induced abortion in the United States indicated less than one death (0.6) per 100,000 legal abortions.[5,13] In other developed nations, where abortion is also legal, the rates were similarly low— Canada, 0.1; Netherlands, 0.2; England and Wales, 0.4; Denmark, 0.5; Finland, 0.7; and Scotland, 1.0 per 100,000 legal abortions.[13]
- Although abortion is a very safe procedure in the United States, the probability of complications and death increases with the length of gestation. For example, abortion at eight weeks or less of gestation has a fatality rate of 0.4 per 100,000 abortions. At 16 to 20 weeks, the fatality rate is nearly seven deaths per 100,000 abortions.[13]
- In some countries, complications of unsafe abortion are the leading cause of death among teenage women. For example, in Nigeria, a study found that 72 percent of all deaths among women under age 19 are due to consequences of unsafe abortion. Moreover, young women who survive unsafe abortion may suffer complications leading to infertility.[14]
- When women resort to unsafe abortion, the methods most likely to result in their death include penetration with sharp objects—such as knives and coat hangers which can perforate the uterus—and insertion into the cervix of contaminated materials and/or unclean instruments.[13]

References

1. Kaufmann RB *et al*. The decline in US teen pregnancy rates, 1990-1995. *Pediatrics* 1998; 102:1141-47.
2. Centers for Disease Control & Prevention. National and state-specific pregnancy rates among adolescents, United States, 1995-1997. *Morbidity & Mortality Weekly Report* 2000; 49:605-11.
3. Centers for Disease Control & Prevention. State-specific pregnancy and birth rates among teenagers, United States, 1991-92. *Morbidity & Mortality Weekly Report* 1995; 44:677-84.
4. Abma JC *et al. Fertility, Family Planning, and Women's Health: New Data from the 1995 National Survey of Family Growth*. [*Vital & Health Statistics*; series 23, no. 19] Hyattsville, MD: National Center for Health Statistics, 1997.
5. Elam-Evans LD *et al*. Abortion surveillance, United States, 1999. *Morbidity & Mortality Weekly Report, Surveillance Summaries* 2002; 51(SS-9):1-28.
6. World Health Organization. *Unsafe Abortion: Global and Regional Estimates of Incidence of and Mortality Due to Unsafe Abortion*. Geneva: The Organization, 1998.
7. Singh S *et al*. Socioeconomic disadvantage and adolescent women's sexual and reproductive behavior: the case of five developed countries. *Fam Plann Perspect* 2001; 33:251-258+.
8. Alan Guttmacher Institute. *Sex and America's Teenager*s. New York: The Institute, 1994.
9. Henry J. Kaiser Family Foundation. *Abortion Policy and Politics*. [*Issue Update*]. Menlo Park, CA: The Foundation, 2002.
10. American Academy of Pediatrics et al v Lunngren et al; 1996 Cal. LEXIS 1387, testimony of Robert Blum, MD.
11. Blum RW *et al*. The impact of a parental notification law on adolescent abortion decision-making. *Amer J Public Health* 1987; 77:619-620.
12. Daulaire N *et al. Promises to Keep: The Toll of Unintended Pregnancy on Women's Lives in the Developing World*. Washington, DC : Global Health Council, 2002.
13. Alan Guttmacher Institute. *Sharing Responsibility: Women, Society & Abortion Worldwide*. New York: The Institute, 1999.
14. Shane B. *Family Planning Saves Lives*. 3rd ed. Washington, DC: Population Reference Bureau, 1997.

Written by Sue Alford

Advocates For Youth
Rights. Respect. Responsibility.®

2000 M Street, NW, Suite 750 • Washington, DC 20036 USA • Phone: 202.419.3420 • Fax: 202.419.1448 • www.advocatesforyouth.org

Advocates For Youth
Rights. Respect. Responsibility.®

GLBTQ Youth: At Risk and Underserved

The Facts

Gay, lesbian, bisexual, transgender* and questioning (GLBTQ) youth face tremendous difficulties in a society where heterosexuality often seems the only acceptable orientation, and homosexuality is regarded as deviant. Research shows that homophobia and heterosexism greatly contribute to GLBTQ youth's high rates of attempted and completed suicide, violence victimization, substance abuse, teenage pregnancy, and HIV-associated risky behaviors. In recent years, some programs offer GLBTQ youth the skills and support they need to develop into healthy adults.

Awareness of Sexual Orientation Comes Early.

- Research suggests that sexual orientation is likely determined during early childhood.[2]
- Prospective studies indicate that many gay and lesbian youth self-identify at about age 16, and that their first awareness of homosexual attraction occurred at about age nine for males and 10 for females.[2]
- Same-sex sexual behavior is more common among adolescents than among adults although few adolescents are likely to label themselves as lesbian or gay. They are fearful of rejection and discrimination and also may be uncertain or unaware of their sexual orientation. In a representative sample of 1,067 teens, for example, only one youth self-identified as gay although five percent had engaged in same-sex sexual behavior.[2] Because many youth do not self-identify as gay, experts say it is important to talk about specific same-sex sexual behaviors rather than sexual orientation when discussing sexual risk taking.[3]

Open GLBT Identity Can Mean Family Rejection and Can Make School Dangerous.

- After coming out to their family, or being discovered, many GLBT youth are thrown out of their home or mistreated or made the focus of the family's dysfunction.[4]
- Service providers estimate that 25 to 40 percent of homeless youth may be GLBT.[2] These rates may be conservative since many GLBT youth hide their orientation out of fear.[2]
- In one nationwide survey, over 83 percent of GLBT students reported verbal harassment at school. Seventy-four percent of transgender students reported sexual harassment. Over 21 percent of all GLBT youth reported being punched, kicked, or injured with a weapon at school because of their sexual orientation.[5]
- The consequences of physical and verbal abuse directed at GLBT students include truancy, dropping out of school, poor grades, and having to repeat a grade. In one study, 28 percent of gay and bisexual youth dropped out of school due to peer harassment.[4]

GLBT Youth of Color Face Additional Challenges.

- Unlike racial stereotypes that family and ethnic community can positively reframe, many ethnic minority communities reinforce negative cultural perceptions of homosexuality.[2]
- Up to 46 percent of GLBT youth of color experience physical violence related to sexual orientation.[4] Over 48 percent of youth in one survey were verbally harassed in school regarding sexual orientation and race/ethnicity.[5]
- Even though past traditions often affirmed homosexuality, many GLBT youth in modern Native American communities face humiliation and violence because of their sexual orientation.[2,6,7]
- In many Latino communities, *machismo* and Catholicism contribute to homophobic attitudes that hamper efforts to reach Latino gay and bisexual youth with HIV prevention information.[8]
- Asian American and Pacific Islander GLBT youth often feel that they have shamed their families when they diverge from cultural expectations to marry and have children.[7]
- African American GLBT youth often face discrimination from white gay communities and rejection from homophobic black communities.[9]

GLBT Youth Lack Positive Role Models, Use Substances to Help Cope.

- Positive community support and role models for GLBT adolescents are minimal, and many adults fear discrimination, job loss, and abuse if they openly support GLBT youth.[10]
- Many GLBTQ youth report relying on television to learn what it means to be lesbian or gay. In one study, 80 percent of GLBT youth ages 14 to 17 believed common media stereotypes depicting gay men as effeminate and lesbians as masculine. Half believed that all homosexual people were unhappy.[2]
- GLBT youth often internalize negative societal messages regarding sexual orientation and suffer from self-hatred as well as social and emotional isolation. They may resort to substance use in attempts to manage stigma and shame, to deny same-sex sexual feelings, or as a defense against ridicule and violence.[2]
- A study of public high school students found that GLB students were significantly more likely to use crack cocaine, cocaine, anabolic steroids, and inhalants than were their heterosexual peers.[11]

GLBT Youth Are in Danger of Attempting Suicide and Taking Sexual Risks.

- Studies establish links between attempting suicide and gender nonconformity, early awareness of sexual orientation, stress, violence, lack of support, school dropout, family problems, homelessness, and substance use.[12]
- In a recent survey, 33 percent of GLB high school students reported attempting suicide in the previous year, compared to eight percent of their heterosexual peers;[13] in another study, gay and bisexual males were nearly four times more likely to attempt suicide.[14]
- In one study of 15- to 22-year-old men who have sex with men, 90 percent reported sex with at least one man, and 23 percent, with at least five men, in the previous six months. Overall, 41 percent reported unprotected anal sex; 17 percent of men of mixed race/ethnicity who reported black background were HIV-infected. HIV prevalence was also higher among African Americans (14 percent), men of mixed or other race/ethnicity (13 percent), and Hispanics (seven percent) than among whites or Asian Americans (three percent each).[15]
- In one study, nearly 17 percent of bisexual women reported unprotected vaginal or anal sex with a man during the last two months.[16]

But Some Positive Trends Exist.

- In a recent poll, more than half of adults supported protecting the civil rights of GLBT people.[17] In another survey, 95 percent of youth supported expanding current hate crimes laws to cover gender and sexual orientation.[18]
- A recent study of GLBT youth who received gay-sensitive HIV prevention education in school showed they engaged in less risky sexual behavior than similar youth who did not receive such instruction.[19]

* Transgender individuals manifest characteristics, behaviors, or self-expression which, in their own or others' perceptions, are commonly associated with persons of a different gender.[1]

References

1 Stuart S, Heitz T. *About Our Transgendered Children and Their Families*. Washington, DC: PFLAG, 1997.
2 Ryan C, Futterman D. *Lesbian and Gay Youth: Care and Counseling*. [Adolescent Medicine State-of-the-Art Reviews; v.8, no. 2] Philadelphia: Hanley & Belfus, 1997.
3 National Community AIDS Partnership. *A Generation at Risk*. Washington, DC: The Partnership, 1993.
4 Savin-Williams RC. Verbal and physical abuse as stressors in the lives of lesbian, gay male, and bisexual youths: associations with school problems, running away, substance abuse, prostitution, and suicide. *J Consult Clin Psychol* 1994; 62:261-69.
5 Kosciw JG, Cullen MK. *The School-Related Experiences of Our Nation's Lesbian, Gay, Bisexual, and Transgender Youth: The GLSEN 2001 National School Climate Survey*. New York: GLSEN, 2001.
6 Day SM. American Indians: reclaiming cultural and sexual identity. *SIECUS Report* 1995; 23(3):6-7.
7 Wade S *et al.* Cultural expectations and experiences: three views. *Open Hands* 1991 (Winter):9-10.
8 United States Conference of Mayors. *HIV Prevention Programs Targeting Gay/Bisexual Men of Color*. [HIV Education Case Studies] Washington, DC: The Conference, 1996.
9 Pittman KJ *et al*. Making sexuality education and prevention programs relevant for African American youth. *J Sch Health* 1992; 62:339-44.
10 Morrow DF. Social work with gay and lesbian adolescents. *Social Work* 1993; 38:655-60.
11 Garofalo R *et al*. The association between health risk behaviors and sexual orientation among a school-based sample of adolescents. *Pediatrics* 1998; 101:895-902.
12 Remafedi G. Sexual orientation and youth suicide. *JAMA* 1999; 282:1291.
13 Massachusetts Dept. of Education. *Massachusetts High School Students and Sexual Orientation: Results of the 1999 Youth Risk Behavior Survey*. Boston, MA: The Dept. 1999.
14 Garofalo R *et al*. Sexual orientation and risk of suicide attempts among a representative sample of youth. *Arch Pediatr Adolesc Med* 1999;153:487-93.
15 Valleroy LA *et al*. HIV prevalence and associated risks in young men who have sex with men. *JAMA* 2000; 284:198-204.
16 Norman AD *et al*. Lesbian and bisexual women in small cities: at risk for HIV? *Public Health Reports* 1996; 111:347-52.
17 Human Rights Campaign. *Greenberg Poll Finds Americans Increasingly Support Equal Rights for Gays and Lesbians*. Washington, DC: The Campaign, 1996.
18 MTV. *Fight for Your Rights, Take a Stand Against Violence: MTV Nationwide Poll*. New York: MTV, 1999.
19 Blake SM *et al*. Preventing sexual risk behaviors among gay, lesbian, and bisexual adolescents: the benefits of gay-sensitive HIV instruction in schools. *Amer J Public Health* 2001; 91:940-46.

Written by Meg Earls

Advocates For Youth
Rights. Respect. Responsibility.®
2000 M Street, NW, Suite 750 • Washington, DC 20036 USA • Phone: 202.419.3420 • Fax: 202.419.1448 • www.advocatesforyouth.org

Advocates For Youth
Rights. Respect. Responsibility.®

Adolescent Sexual Behavior. I: Demographics

The Facts

In the United States, 45.6 percent of high school students[1] and 79.5 percent of college students ages 18-24[2] have had sex, and the median age at first marriage is 28.6 for men and 26.6 for women.[3] Thus, it is critically important for adults to address adolescent sexuality realistically and to recognize that a young person's decision whether to have sexual intercourse may be influenced by many factors, including socioeconomic status, ethnicity, family structure, educational aspirations, age, and life experiences.

Sexual Behavior Differs by Race/Ethnicity, Gender, Partner Preference, and Urban/Rural Residence.

- In the most recent Youth Risk Behavior Survey, female students in ninth and 10th grades were significantly less likely to report having had sexual intercourse than those in 11th and 12th grades (34.4, 40.8, 56.9, and 60.5 percent, respectively). Male students in 12th grade (61.0 percent) were significantly more likely than those in ninth, 10th, and 11th grades (40.5, 42.2, and 54.0 percent, respectively) to report having had sexual intercourse.[1]
- Among male high school students, 68.8 percent of African Americans, 53.0 percent of Latinos, and 45.1 percent of whites reported having had sexual intercourse. Among female high school students, 53.4 percent of African Americans, 44.0 percent of Latinos, and 41.3 percent of whites reported having had sexual intercourse. Overall, African American students were significantly more likely than Latino or white students to have had sex (60.8, 48.4, and 43.2 percent respectively).[1]
- Data analysis of four youth risk behavior surveys showed that Asian American and Pacific Islander students were significantly less likely than members of other ethnic groups to have had sexual intercourse or to report four or more sexual partners.[4]
- Nationwide, 6.6 percent of students reported initiating sexual intercourse before age 13. In every ethnic subgroup, males were significantly more likely than females to initiate sexual intercourse before age 13.[1]
- In a study of teenage women, those who identified as bisexual or lesbian were about as likely to have had sexual intercourse as were their heterosexual peers.[5]
- In a nationally representative survey of American adults, about nine percent of men said they had had sex with another man since puberty. Forty percent of these men said they had that experience before age 18 and not since.[6]
- Rural and urban youth differed significantly in sexual experience. For example, nearly 33 percent of high school students in mostly rural Illinois reported ever having sexual intercourse compared to 58.1 percent of students in Chicago.[1]

Adolescent Sexual Relationships Vary.

- Among males ages 15 to 19 in 1995, 55 percent reported ever engaging in vaginal intercourse; 53 percent, being masturbated by a female; 49 percent, receiving oral sex; 39 percent, giving oral sex; and 11 percent, ever engaging in anal sex.[7]
- In a survey of California women ages 18 to 29, 21.7 percent reported having had anal intercourse.[8]
- Among sexually experienced high school youth, 14.2 percent reported four or more lifetime sexual partners.[1] In another nationally representative survey, 11 percent of sexually experienced youth ages 17 to 18 reported seven or more lifetime sexual partners.[9] In a third study of young people, 31.1 percent of sexually experienced females and 45.0 percent of sexually experienced males reported six or more sexual partners by age 21.[10]

- African American males and males living in urban areas were somewhat more likely than were those of other racial/ethnic groups or residents of non-urban areas to have had two or more sexual partners. When controlling for race/ethnicity, urban males were significantly more likely than suburban males to have had multiple sexual partners.[10]
- In a study of gay, lesbian, and bisexual youth ages 14 to 21 in New York City, 23 percent of males reported ever having at least one high-risk sexual encounter. Among females, 21 percent reported at least one high-risk sexual encounter. (High-risk was identified as having sex with someone who had a sexually transmitted infection, was HIV-infected, or used injection drugs.)[11]
- In one study, 19 percent of urban, middle school students who reported having a boyfriend or girlfriend two years or more older also reported having initiated sexual intercourse, compared with one percent who never had a boyfriend or girlfriend and six percent whose boyfriend or girlfriend was their same age. Eight percent of sixth graders reported having a boyfriend or girlfriend who was two years or more older, and two-thirds of them reported having had sex in the relationship.[12]
- In one study of college undergraduates, researchers found that 36.9 percent of students felt that abstinence included oral contact with another person's genitals, and 24.3 percent felt it included anal intercourse.[13]

Teen Sex Is Sporadic and Sometimes Unwanted.

- Middle school students who had boyfriends or girlfriends two years or more older also reported more unwanted sexual advances than those without a boyfriend or girlfriend or those with a same age boyfriend or girlfriend.[12]
- In a study of young women ages 12 to 18, those who were younger than 15 at first sex were likely to say their reason for initiating intercourse was a partner pressuring them, friends' having sexual intercourse, curiosity, or wanting to feel grown up. Women who were 17 or older at first sexual intercourse were more likely to say their reason was being in love or physically attracted to their partner.[14]
- In a study of students ages 12 through 16, seven percent had been forced against their will to do something sexual with an adult; 17 percent, with a teenager. Nineteen percent felt pressure from their friends to have sexual intercourse. Six percent said that they had sexually coerced someone else with words or actions. Males were significantly more likely to report sexually coercing someone than females (10 versus two percent, respectively). African Americans were more likely to have been sexually coerced than whites (26 versus seven percent, respectively).[15]
- In another study, lesbian and bisexual adolescent women were significantly more likely than their heterosexual and questioning peers to have been sexually abused (22 versus 15 and 13 percent, respectively).[5]
- When asked why they had sexual intercourse for the first time, 13 percent of young men ages 13 to 18 cited pressure from their friends and eight percent of women the same age cited pressure from a partner. At the same time, 47 percent of teens who had experienced sexual intimacy said they had done something sexual or felt pressure to do something they weren't ready to do. Teenage women were more likely than teenage men to have had these experiences (55 versus 40 percent).[9]

References

1 Grunbaum JA *et al*. Youth risk behavior surveillance, United States, 2001. *MMWR, CDC Surveillance Summaries* 2002;51(SS-4):1-64.
2 Division of Adolescent & School Health, CDC. Youth risk behavior surveillance, national college health risk behavior survey, United States, 1995. *MMWR CDC Surveillance Summaries* 1997;46(SS-6):1-56.
3 Schoen R, Standish N. The retrenchment of marriage: results from marital status life tables for the United States, 1995. *Popul Develop Review* 2001;27:553-63.
4 Grunbaum JA *et al*. Prevalence of health risk behaviors among Asian American/Pacific Islander high school students. *J Adolesc Health* 2000;27:322-30.
5 Saewyc EM *et al*. Sexual intercourse, abuse and pregnancy among adolescent women: does sexual orientation make a difference? *Fam Plann Perspect* 1999;31:127-31.
6 Michael RT *et al. Sex in America: A Definitive Survey*. Boston: Little, Brown, 1994.
7 Gates GJ, Sonenstein FL. Heterosexual genital sexual activity among adolescent males, 1988 and 1995. *Fam Plann Perspect* 2000;32:295-7, 304.
8 Misegades L *et al*. Anal intercourse among young low-income women in California: an overlooked risk factor for HIV? *AIDS* 2001;15:534-5.
9 Kaiser Family Foundation & *YM Magazine*. *National Survey of Teens: Teens Talk about Dating, Intimacy, and Their Sexual Experiences*. Menlo Park, CA: The Foundation, 1998.
10 Santelli JS *et al*. Multiple sexual partners among U.S. adolescents and young adults. *Fam Plann Perspect* 1998;30:271-5.
11 Rosario M *et al*. Sexual risk behaviors of gay, lesbian, and bisexual youths in New York City: prevalence and correlates. *AIDS Educ Prev* 1999;11:476-96.
12 Marin BV *et al*. Older boyfriends and girlfriends increase risk of sexual initiation in young adolescents. *J Adolesc Health* 2000;27:409-18.
13 Horan PF *et al*. The meaning of abstinence for college students. *J HIV/AIDS Prev Educ Adolesc Child* 1998; 2(2):51-66.
14 Rosenthal SL *et al*. Sexual initiation: predictors and developmental trends. *Sex Transm Dis* 2001;28:527-32.
15 Jordan TR *et al*. Junior high school students' perceptions regarding nonconsensual sexual behavior. *J Sch Health* 1998;68:289-96.

Written by Katie Dillard

Advocates For Youth
Rights. Respect. Responsibility.®

Adolescent Sexual Behavior. II: Socio-Psychological Factors

The Facts

In a world radically changed by the HIV/AIDS epidemic, many teens nevertheless choose to initiate sexual intercourse. Teens' decisions whether to have sex and whether to protect themselves from pregnancy and sexually transmitted infections (STIs) are influenced by many factors. For example, a study of students ages 13 to 18 found that not initiating sex was associated with having a two-parent family and higher socioeconomic status, residing in a rural area, performing better in school, feeling greater religiosity, not having suicidal thoughts, and believing parents care and hold high expectations for their children. Youth have little control over most of these factors.[1]

Studies Link Risk Behaviors, such as Alcohol or Substance Use, to Sexual Risk-Taking.

- In one study, smoking was the best predictor of sixth graders' engaging in sexual intercourse, regardless of ethnicity or gender.[2]
- Another study of high school youth found links between the number of sexual partners and other risk behaviors, such as carrying a weapon, physical fighting, and using alcohol, marijuana, and/or cigarettes. Across ethnicity and gender, alcohol use was the only risk behavior that was significantly and consistently associated with an increase in the number of sexual partners.[3]
- A study of incarcerated youth found that unprotected sexual intercourse was most apt to occur in connection with marijuana use rather than alcohol use.[4]
- Seventeen percent of teens ages 13 to 18 who have had an intimate encounter say they have done something sexual while under the influence of drugs or alcohol that otherwise they might not have done.[5]

Physical and Sexual Abuse Can Lead to Increased High Risk Activity.

- In a study of over four thousand high school students, 30.2 percent of females and 9.3 percent of males reported a history of sexual abuse. Abused males were four to five times as likely as non-abused males to report multiple partners, substance use at last sex, and involvement in a pregnancy. Abused females were twice as likely as non-abused females to report early coitus, multiple partners, and a past pregnancy.[6]
- One study of high school students found a significant relationship for both black and white females between having been a victim of dating violence and/or date rape and the number of sex partners. For males, a significant association existed between multiple sexual partners and being victims of rape (whites) or being a perpetrator or victim of dating violence (blacks).[3]

Religious Involvement Influences Sexual Behavior.

- In a study of youth ages 11 to 25, respondents who were not sexually active scored significantly higher than sexually active youth on the importance of religion in their lives and reported more connections to friends whom they considered to be religious or spiritual.[7]
- One study of youth ages 12 to 17 found that 26 percent of teens who said they attended religious services only " a few times a year" or "almost never" still identified "morals, values and/or religious beliefs" as the factor that most affected their decisions about whether to have sex.[8]
- A study of first-year college students found that sexually active youth with high levels of religious identification were less likely to use a condom than those with less religious involvement.[9]

Peer Relations Influence Adolescent Sexual Activity.

- In the Adolescent Health (Add Health) Survey of students in grades seven through 12, when factors of family structure, wealth, education and popularity were controlled, a female's close group of friends

had the most influence on the timing of sexual debut. Adolescents whose friendship network included mostly low-risk friends were half as likely to experience first intercourse as were adolescents whose close friend network was composed mostly of high-risk friends.[10]

- When asked why they had sex for the first time, 13 percent of young men ages 13 to 18 cited pressure from their friends compared to seven percent of young women. Eight percent of young women and one percent of young men cited pressure from a partner as a factor.[5]
- In one study, about 48 percent of 13- to 15-year-old male and female respondents said they talk to their friends about sexuality issues. Females were most likely to discuss many sexuality issues with their mothers, while less than 20 percent talked with their fathers about any sexuality issue. Fewer males than females reported talking with friends or parents about sex-based topics. However, male teens were about as likely to talk with mothers as with friends and only slightly less likely to talk with their fathers.[11]

Good Parent-Child Relations, Academic Aspirations and Sports Participation Can Promote Sexually Healthy Decisions by Teens.

- According to one study, teens who reported being highly satisfied with their relationship with parents were 2.7 times less likely to engage in sex than teens who had little satisfaction with their parental relationships. Relationship satisfaction was associated with a lower probability of engaging in sex, higher probability of using birth control if sex occurred, and lower probability of pregnancy during the ensuing 12 months.[12]
- Another study found that, when parental responsiveness was high, sexual discussions between parents and teens were significantly associated with increased condom use during most recent intercourse.[13]
- Teens' perception of maternal opposition toward engaging in sex was associated with a lower probability of engaging in sex and a lower probability of pregnancy during the ensuing 12 months.[12]
- Among teens who did not feel close to their mother and/or father, 70.6 percent had sex by the age of 17 to 19 compared to 57.9 percent who felt close to mother and/or father.[14]
- In a study among seventh grade African American and Latino males, good grades and living with both parents were associated with delay of sexual intercourse.[15]
- In a study of women in grades nine through 12, 41 percent of non-athletes reported never having had sex compared to 54 percent of athletes. Among those who reported having had sex, 15 percent of non-athletes experience first coitus before age 15 compared to eight percent of athletes.[16]

References

1. Lammers C *et al*. Influences on adolescents' decision to postpone onset of sexual intercourse: a survival analysis of virginity among youths aged 13 to 18 years. *J Adolesc Health* 2000;26:41-6.
2. Robinson KL *et al*. Predictors of sixth graders engaging in sexual intercourse. *J Sch Health* 1999;69:369-75.
3. Valois RF *et al*. Relationship between number of sexual intercourse partners and selected health risk behaviors among public high school adolescents. *J Adolesc Health* 1999;25:328-35.
4. Kingree JB *et al*. Unprotected sex as a function of alcohol and marijuana use among adolescent detainees. *J Adolesc Health* 2000;27:179-85.
5. Kaiser Family Foundation, *YM Magazine*. *National Survey of Teens: Teens Talk about Dating, Intimacy, and Their Sexual Experiences*. Menlo Park, CA: The Foundation, 1998.
6. Raj A *et al*. The relationship between sexual abuse and sexual risk among high school students: findings from the 1997 Massachusetts youth risk behavior survey. *Maternal & Child Health J* 2000;4:125-34.
7. Holder DW *et al*. The association between adolescent sexual spirituality and voluntary sexual activity. *J Adolesc Health* 2000;26:295-302.
8. National Campaign to Prevent Teen Pregnancy. *Faithful Nation: What American Adults and Teens Think about Faith, Morals, Religion, and Teen Pregnancy: A National Survey*. Washington, DC: The Campaign, 2001.
9. Zaleski EH, Schiaffino KM. Religiosity and sexual risk-taking behavior during the transition to college. *J Adolescence* 2000;23:223-7.
10. Bearman P, Brückner H. *Power in Numbers: Peer Effects on Adolescent Girls' Sexual Debut and Pregnancy*. Washington, DC: National Campaign to Prevent Teen Pregnancy, 1999.
11. Dilorio C *et al*. Communication about sexual issues: mothers, fathers and friends. *J Adolesc Health* 1999;24:181-9.
12. Dittus PJ, Jaccard J. Adolescents' perceptions of maternal disapproval of sex: relationship to sexual outcomes. *J Adolesc Health* 2000;26:268-78.
13. Whitaker DJ *et al*. Teenage partners' communication about sexual risk and condom use: the importance of parent-teenager discussions. *Fam Plann Perspect* 1999;31:117-21.
14. Council of Economic Advisors. *Teens and Their Parents in the 21st Century: An Examination of Trends in Teen Behavior and the Role of Parental Involvement*. Washington, DC: The White House, 2000.
15. Raine TR *et al*. Sociodemographic correlates of virginity in seventh-grade black and Latino students. *J Adolesc Health* 1999;24:304-12.
16. _____. *The Women's Sports Foundation Report: Sport and Teen Pregnancy*. East Meadow, NY: The Foundation, 1998.

Written by Katie Dillard

Advocates For Youth
Rights. Respect. Responsibility.®

Condom Effectiveness

The Facts

Latex condoms, when used consistently and correctly during vaginal, oral, or anal intercourse, are highly effective in preventing the sexual transmission of HIV.[1,2] Latex and polyurethane condoms are also effective in preventing pregnancy and sexually transmitted infections (STIs).[1] Condom use is also associated with lower rates of cervical cancer, a disease associated with human papillomavirus (HPV).[2]

Condoms Are Highly Effective in Preventing HIV Infection.

- A number of carefully conducted studies, employing rigorous methods and measures, have demonstrated that consistent condom use is *highly effective* in preventing HIV transmission.[2]
- In a two-year study of sero-discordant couples (in which one partner was HIV-positive and one was HIV-negative), no uninfected partner became infected among couples using condoms correctly and consistently at every act of sexual intercourse (vaginal or anal).[1] In another study, two percent of such partners became infected after using condoms consistently over two years. Among couples who used condoms inconsistently, 10 and 12 percent of uninfected partners, respectively, became infected.[1,3]
- HIV is transmitted when infected semen or other body fluids contact mucosal surfaces, such as the male urethra, the vagina, cervix, or anus. Laboratory studies show that latex condoms provide an essentially impermeable barrier to particles the size of HIV pathogens.[2] Studies show that polyurethane condoms, including the female condom, are also effective barriers against sperm, bacteria, and viruses such as HIV.[1]
- The condom—latex or polyurethane, male or female—is the only technology currently available to prevent HIV transmission during sexual intercourse with an infected partner.[1,4]

Condoms Are Effective in Preventing Most STIs.

- Gonorrhea, chlamydia, and trichomoniasis are transmitted when infected semen or vaginal or other body fluids contact mucosal surfaces. Condoms provide a great level of protection against these STIs because they protect both partners against exposure to the other's body fluids.[2]
- Condoms also provide protection against STIs—such as genital herpes, syphilis, chancroid, and human papillomavirus (HPV)—which are transmitted primarily through contact with infected skin or with mucosal surfaces. Because these STIs may be transmitted by contact with surfaces not covered or protected by the condom, condoms provide a lesser degree of protection against them.[2]
- While the effectiveness of condoms in preventing HPV infection is unknown, condom use is associated with lower rates of cervical cancer—an HPV-associated disease.[2]
- Experts assert that most epidemiological studies of condoms' effectiveness to prevent STIs other than HIV are characterized by methodological limitations that cause results to vary widely. Experts say that this indicates that more research is needed and *not* that latex condoms do not work.[2]

Condoms Are Effective in Preventing Unintended or Unwanted Pregnancy.

- With typical use, 14 percent of women relying only on the male condom, and 21 percent relying only on the female condom, will experience unintended pregnancy within one year. With perfect use (meaning couples make no errors in the way they use the condoms and also use condoms consistently at every act of sexual intercourse), only five percent of women relying on the male condom, and three percent on the female condom, will experience unintended pregnancy within one year.[5]
- By comparison, 85 percent of women relying on no method of contraception will experience pregnancy within one year.[5]

References

1 Centers for Disease Control & Prevention. *Condoms and Their Use in Preventing HIV Infection and Other STDs*. Atlanta, GA: Author, 1999.
2 Centers for Disease Control & Prevention. *Male Latex Condoms and Sexually Transmitted Diseases*. Atlanta, GA: Author, 2002. [www.cdc.gov/hiv/pubs/facts/condoms.htm]
3 de Vincenzi I *et al*. A longitudinal study of human immunodeficiency virus transmission by heterosexual partners. *New Engl J Med* 1994; 331:341-46.
4 Chaya N, Amen KA. *Condoms Count*. Washington, DC: Population Action International, 2002.
5 Hatcher RA *et al*, ed. *Contraceptive Technology*, 17th rev. ed. New York: Ardent Media, 1998.

TRANSITIONS

Transitions (ISSN 1097-1254) © 2003, is a quarterly publication of Advocates for Youth — Helping young people make safe and responsible decisions about sex.

Advocates for Youth
Suite 750
2000 M Street NW
Washington, DC 20036
202.419.3420
www.advocatesforyouth.org

Media Project
A Program of Advocates for Youth

10999 Riverside Drive, #300
North Hollywood, CA 91602
818.762.9668
www.themediaproject.com

Editor: Sue Alford
Design: Katharine Jewler

Advocates for Youth is a national, nonprofit organization dedicated to creating programs and advocating for policies that help young people make informed and responsible decisions about their reproductive and sexual health.

Like most nonprofits, we rely on contributions from individuals to help sustain our work. If you have found this copy of *Transitions* to be useful and are interested in supporting the work of Advocates for Youth, please consider making a contribution today (a reply envelope is enclosed). Your gift of $25, $70, $100, or more will help give young people the information and tools they need to make informed and responsible decisions. You may also make a contribution or learn more about Advocates by visiting www.advocatesforyouth.org.

Contents

Advocates For Youth
Rights. Respect. Responsibility.®

Advocates for Youth
Suite 750
2000 M Street NW
Washington, DC 20036

Address Service Requested