

Adolescent Sexual Health and Behavior in the United States

Positive Trends and Areas in Need of Improvement

Many adults are uncomfortable with the idea of teen sexuality, and prefer to remain in ignorance or denial. But in the United States, 46 percent of all high school age students, and 62 percent of high school seniors, have had sexual intercourse; almost nine million teens have already had sex.^{3,2} It is critically important for adults to address adolescent sexuality realistically and to recognize that many factors, including socioeconomic status, race or ethnicity, family structure, educational aspirations, and life experiences, affect young people's behavior.

Young people begin to have sex at about the same age in most industrialized countries.³ Adolescent sexual development is important for the process of identity formation and the establishment of romantic and social relationships among peers.^{4,5,6}

DATA ON ADOLESCENTS COME FROM MANY SOURCES, AND MAY DEFINE ADOLESCENCE DIFFERENTLY

- The term “adolescence” is a concept first popularized in the early 20th century by researchers such as psychologist G. Stanley Hall. Generally it refers to the period of transition from childhood to young adulthood, but its exact meaning is imprecise. Researchers often use the terms “adolescents”, “teens”, and “youth” interchangeably.⁷ “Minors” is also sometimes used specifically for those youth who by law are considered unable to give consent (typically under age 18).
- In some studies, “youth” may include children as young as age 10 through young adults as old as age 25.⁷
- No single primary data source exists to capture all dimensions of adolescent sexual behavior. Key data sources include the National Vital Statistics System, the Youth Risk Behavior Surveillance System (YRBSS), the National Survey of Family Growth (NSFG), the National Longitudinal Study of Adolescent Health (known as Add Health), the Youth Internet Safety Survey, the National Longitudinal Study of Youth, the National

Health and Nutrition Examination Survey (NHANES), and the National Survey of Sexual Health and Behavior (NSSHB).^{5,6,8,9,10}

- For several sub-populations of adolescents, comparatively little data is available. Existing evidence indicates that these youth exhibit behaviors or live in environments which place them at higher than average risk for HIV, other sexually transmitted infections (STIs), unintended pregnancy, sexual abuse, and other preventable sexual health problems. These populations include lesbian, gay, bisexual, and questioning youth; transgender youth; rural youth; youth with disabilities; certain immigrant youth; run-away, homeless, and “street” youth in unstable living situations; youth living with HIV; and youth in the custody of the foster care or juvenile justice systems. Until there is more nationally-representative data about such youth, policy makers and program planners will face challenges when seeking to promote the sexual health and well-being of these young people.^{5,7,11,12,13,14}

ADOLESCENTS IN THE U.S.: A DIVERSE AND GROWING POPULATION

- Adolescents aged 10-19 make up approximately 15 percent (nearly 45 million) of the U.S. population. The racial and ethnic diversity of adolescents is growing rapidly, outpacing that of most other age groups in the U.S.⁷
- The racial/ethnic mix of U.S. adolescents aged 10-19 includes White (76 percent), Black/African American (16 percent), Asian/Pacific Islander (5 percent), and American Indian/Native American (1 percent). Roughly 1 in 5 White, Black, or multi-racial adolescents also identifies as Hispanic/Latino.⁷
- Approximately 7 percent of adolescents aged 10-19 are foreign-born, and 85 percent of those are not U.S. citizens.⁷
- Roughly 250,000 adolescents are living in foster care in the U.S.¹³

THE FACTS

The last two decades have seen declines in teen pregnancy, teen birth, and many types of sexual risk behavior among teens.

- Nearly 1 in 5 U.S. adolescents lives in poverty.⁶
- Because poverty and lack of access to health services is correlated to minority racial/ethnic status, as the U.S. adolescent population becomes more diverse, youth are at increasing risk of being unable to access education, health care, and other social services that help to influence adolescent health and well-being.⁷

U.S. YOUTH HAVE EXPERIENCED IMPROVEMENT IN SEXUAL HEALTH OUTCOMES IN RECENT YEARS

- Since 1991, there have been declines among high schoolers in the percentages of students who ever had sexual intercourse, who had sexual intercourse for the first time before age 13, who have had sexual intercourse with four or more persons in their lifetime, and who report being currently sexually active.¹⁵
- In 2008 (the most recent year for which national data are available), the pregnancy rate for U.S. teens aged 15-19 reached 67.8 pregnancies per 1000 young women: its lowest point in more than 30 years, down 42 percent from its 1990 peak of 116.9 per thousand.¹⁶
- The birth rate for U.S. teens aged 15-19 reached its lowest point in 2009 (39.1 births per thousand young women) in nearly seven decades; the 2009 rate was 37 percent below its most recent peak in 1991 (61.8 per 1000).¹⁷
- Widespread concerns about adolescents' exposure to sexually explicit images sent by smartphone or internet – commonly known as “sexting” – appear to be based on exaggerated reports. A national survey of 1,560 minors aged 10-17 revealed that roughly 7 percent had received “nude or nearly nude” pictures or videos, and only about 2 percent had appeared in or created such images. Females were more likely to create or appear in such images, and over half of such images were generated between senders and recipients as part of a

romantic relationship. Few minors reported distributing these images widely.⁸

MANY YOUNG PEOPLE ARE AT RISK FOR HIV, STIS, AND UNINTENDED PREGNANCY

- According to the National Research Council and Institute of Medicine, in the U.S. today, “Most adolescents are thriving, but many engage in risky behavior, develop unhealthful habits, and experience physical and mental health conditions that can jeopardize their immediate health and contribute to poor health in adulthood.”⁷
- Thirty-nine percent of all sexually active U.S. high school students did not use a condom at last intercourse.¹
- Six percent of all U.S. high school students had sexual intercourse before age 13.¹
- Almost 14 percent of all U.S. high school students have had sexual intercourse with 4 or more partners over their lifetimes.¹
- Data are limited on sexual behaviors of middle school students. Based on an average of reports from 10 states and 6 large local school districts, 19.8 percent of middle schoolers have ever had sexual intercourse.¹
- Despite recent declines, birth rates to teens in the U.S. remain as much as eight times higher than in other developed countries.¹⁸ In 2009 approximately four percent (410,000) of females aged 15-19 gave birth.¹⁷
- The abortion rate for U.S. teen females aged 15-19 in 2008 (the most recent year for which national data are available) was 14.3 per thousand females of that age, and this age group accounted for 16.2 percent of all abortions.¹⁹
- New HIV infections increased by 21 percent among U.S. adolescents and young adults aged 13-29, from 15,600 in 2006 to 18,800 in 2009 (the most recent time period for which data is available); within this age group, new HIV infections increased 48 percent among Black/African American males who have sex with other males, from 4,400 to 6,500.²⁰

CONTRIBUTING FACTORS TO HEALTH

- Adolescents who can envision positive futures for themselves are more likely to maintain healthier sexual behaviors and to avoid or reduce sexual risk-taking, but there are racial and ethnic disparities that delineate young people's ability to per-

Sexual Health Factors Differ by Socioeconomic Status, Aspirations, Race/Ethnicity, Gender, and Sexual Orientation/Identity.

ceive positive futures. One analysis used data from Add Health to study the “future certainty” of 5,900 teens (mean age 16) and to identify disparities among White, African American, and Hispanic youth. Findings showed that White youth held the most positive perceptions of life certainty (defined as living beyond age 21 and surviving to at least age 35), college certainty, and marriage certainty. Furthermore, youth with the most positive life, college, and marriage certainty also had the highest levels of sexual knowledge.²¹

- For youth with expectations of attending college full-time, and among youth who actually do, sexual risk behaviors (as well as use of alcohol/other drugs) often increase in late adolescence and early adulthood. In contrast, for youth who marry or become parents early, sexual and substance-use risk behaviors often decrease in late adolescence as they assume more adult responsibilities.⁵
- Black youth aged 15-21 report first sexual intercourse at ages earlier than their White, Hispanic/Latino, or Asian counterparts.¹¹
- White youth aged 15-21 report heterosexual oral sex at higher rates than their Black, Hispanic/Latino, or Asian counterparts.¹¹
- For high school students reporting in 2009 that they had ever had sexual intercourse, percentages were highest among Black males (72 percent) and females (58 percent), followed by Hispanic males (53 percent) and females (45 percent), and White females (45 percent) and males (40 percent).¹
- In 2009, 60 percent of sexually active male high schoolers reported using condoms at last intercourse, as did 44 percent of sexually active female high schoolers.¹
- Adolescent females are more likely than their male peers to report a same-gender sexual partner. A recent analysis of national data estimated that roughly 10 percent of females and 5 percent of males had engaged in same-gender sexual activity, with percentages increasing as youth entered into young adulthood.⁶
- Youth who report same-gender sexual contact, or who identify as lesbian, gay, bisexual, or questioning, are more likely to engage in a variety of sexual health risk behaviors. In a review of Youth Risk Behavior Surveillance data gathered from eight sites across the U.S. from 2001 to 2009, researchers concluded that students who identified as lesbian or gay were more likely (median

67 percent) than students who identified as heterosexual (median 44 percent) to ever have engaged in sexual intercourse. Students who identified as bisexual were most likely to ever have engaged in sexual intercourse (median 69 percent) and students who identified as “unsure” were least likely (median 43 percent).²²

- Condom use among sexually active high school students is significantly higher among those who identify as heterosexual (median 66 percent) than among those who identify as gay or lesbian (median 36 percent), bisexual (median 54 percent) or “unsure” (median 53 percent).²²

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REFERENCES

1. Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance: United States, 2009. Surveillance Summaries, June 4, 2010. MMWR 2010;59(No. SS-5).
2. Martinez G, Copen CE, Abma JC. Teenagers in the United States: Sexual activity, contraceptive use, and childbearing, 2006–2010 National Survey of Family Growth. National Center for Health Statistics. Vital Health Stat 23(31). 2011.
3. 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+.
4. Guilamo-Ramos V, Bouris A. Working with parents to promote healthy adolescent sexual development. *Prevention Researcher*. 2009;16:7-11.
5. Moilanen KL, Crockett LJ, Raffaelli M, et al. Trajectories of sexual risk from middle adolescence to early adulthood. *J Res on Adol*. 2010;20:114-139.
6. Mulye TP, Park MJ, Nelson CD, et al. Trends in adolescent and young adult health in the United States. *J Adol Health*. 2009;45:8-24.
7. National Research Council and Institute of Medicine. Adolescent Health Services: Missing Opportunities. Washington, D.C.: The National Academies Press; 2009.
8. Mitchell KJ, Finkelhor D, Jones LM, et al. Prevalence and characteristics of youth sexting: A national study. *Pediatrics*. DOI: 10.1542/peds.2011-1730. Originally published online December 5, 2011. Available at: <http://pediatrics.aapublications.org/content/early/2011/11/30/peds.2011-1730>. Accessed December 13, 2011.

It is critically important for adults to address adolescent sexuality and the factors which realistically affect their behavior.

9. Scott ME, Wildsmith E, Welti K, et al. Risky adolescent sexual behaviors and reproductive health in young adulthood. *Perspect Sex Reprod Health*. 2011;43:110-118.
10. Vital signs: teen pregnancy – United States, 1991-2009. *Morbidity and Mortality Weekly Report*. 2011;60:13.
11. McCabe J, Brewster KL, Harker Tillman K. Patterns and correlates of same-sex sexual activity among U.S. teenagers and young adults. *Perspect Sex Reprod Health*. 2011;43:142-150.
12. Outlaw A, Naar-King S, Janisse H, et al. Predictors of condom use in a multisite study of high-risk youth living with HIV. *AIDS Educ Prev*. 2010;22:1-14.
13. Thompson RG, Auslander WF. Substance use and mental health problems as predictors of HIV sexual risk behaviors among adolescents in foster care. *Health & Soc Work*. 2011;36:33-43.
14. Wilson EC, Garofalo R, Harris DR, et al. Sexual risk taking among transgender male-to-female youths with different partner types. *Am J Public Health*. 2010;100:1500-1505.
15. Gavin L, McKay AP, Brown K, et al. Sexual and reproductive health of persons aged 10-24 years – United States, 2002-2007. *Morbidity and Mortality Weekly Report*. 2009;58:ss-6.
16. Kost K and Henshaw S, *U.S. Teenage Pregnancies, Births and Abortions, 2008: National Trends by Age, Race and Ethnicity*, 2012
17. Martin JA, Hamilton BE, Ventura SJ, et al. Births: Final Data for 2009. *National Vital Statistics Reports*. U.S. Department of Health and Human Services, National Vital Statistics System. 2011;60:1.
18. Alford, S. and Hauser, D. *The Facts: Adolescent Sexual Health in Europe and the United States*. Advocates for Youth, Washington, DC: 2011.
19. Pazol K, Zane SB, Parker WY, et al. Abortion surveillance – United States, 2008. *Morbidity and Mortality Weekly Report*. 2011;60:15.
20. Prejean J, Song R, Hernandez A, et al. Estimated HIV incidence in the United States, 2006–2009. *PLoS ONE*. 2011;6:e17502. doi:10.1371/journal.pone.0017502
21. Davis MJ, Niebes-Davis AJ. Ethnic differences and influence of perceived future certainty on adolescent and young adult sexual knowledge and attitudes. *Health, Risk & Soc*. 2010;12:149-167.
22. Kann L, O'Malley Olsen E, McManus T, et al. Sexual identity, sex of sexual contacts, and health risk behaviors among students in grades 9-12 – youth risk behavior surveillance, selected sites, United States, 2001-2009. *Morbidity and Mortality Weekly Report*. 2011;60:7.