

AN EPIDEMIOLOGY PUBLICATION OF THE PUBLIC HEALTH DIVISION
OREGON DEPARTMENT OF HUMAN SERVICES

RISKY BUSINESS: TEEN SEXUAL BEHAVIORS AND CONSEQUENCES

Teens today are bombarded with sexual images on the TV, in movies, and in the check-out line at the grocery store. Clearly, premature and unplanned sexual encounters put teens at risk for a variety of adverse outcomes, from pregnancy to sexually transmitted diseases. But what really are the current sexual behaviors of teens in Oregon? In this *CD Summary*, we provide data on the prevalence of teen sex and related behaviors, STD incidence and pregnancy rates, and compare Oregon to national data.

SEXUAL ACTIVITY

The Oregon Healthy Teens (OHT) survey, conducted in a random sample of schools throughout the state, asks youth about a variety of health risk behaviors, including: whether they had ever had intercourse, number of partners, and condom use. We analyzed responses from Oregon 11th graders in 2006, and compared sexual activity to a number of risk behaviors including: tobacco, drug, and alcohol use, and suicidal ideation.

In 2006, 41% of 11th graders

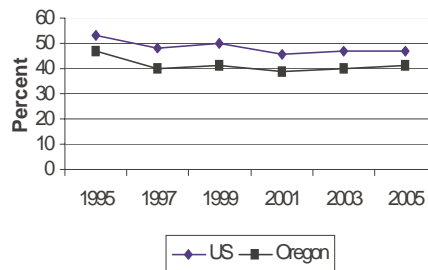
Table 1. Sexual Activity Among Oregon 11th Graders: 2006

Percent who ever had sex	
Total	41%
Girls	43%
Boys	39%
Race	
White	41%
Hispanic	43%
African American	71%
Asian	24%
Among those who ever had sex	
First Sexual Encounter ≤ 14	27%
Multiple lifetime partners	54%
≥ 4 lifetime partners	22%
Condom Use last time	68%

reported having ever had sex, corresponding to roughly 21,000 kids statewide (table). Sexual activity was similar for girls and boys; African Americans were more likely to have had sex than other racial/ethnic groups; 2/3 of those having sex used a condom.

The proportion of Oregon 11th graders ever having had sex is lower than nationally, and has been relatively stable over the past decade (figure 1). National

Figure 1. Sexual intercourse ever, 11th graders, Oregon and US



data from the Youth Behavior Risk Survey (similar to the Oregon Healthy Teens survey) indicate some improvement in sexual risk behaviors in teens. From 1991 through 2005, high school students who had ever had sex decreased from 54.1% to 46.8%; those reporting ≥ 4 lifetime partners decreased from 18.7% to 14.3%; and those who reporting using a condom during last intercourse increased from 46.2% to 62.8%¹.

OTHER RISK BEHAVIORS

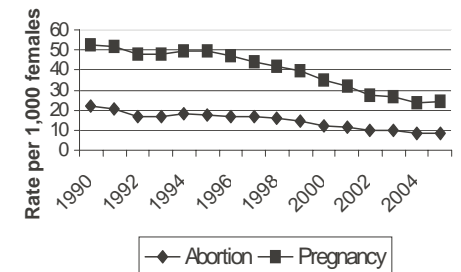
Teen sex is associated with other health risk behaviors. Oregon teens who smoke were more than twice as likely to report having had sex than those who didn't smoke (76% versus 33%). Similarly, those who used drugs

or alcohol, or had suicidal thoughts were more than twice as likely to report having sex than those who didn't. In addition, these risk behaviors were associated with having riskier sex, such as multiple lifetime partners, and less frequent condom use.

PREGNANCY RATES

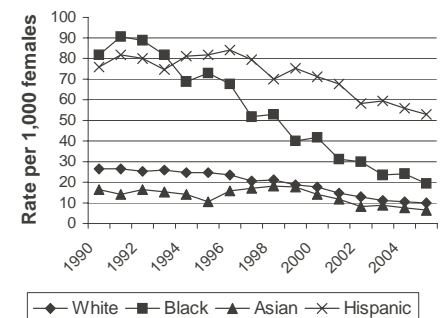
Good news! Annual teen pregnancy, abortion and live birth rates have been steadily falling since 1990 (figure 2). The pregnancy rate for 15-17 year-old

Figure 2. Annual Pregnancy and Abortion rates, 15-17 Year-Old Oregon Girls



Oregon girls decreased from 52.2 per 1,000 females in 1990 to 24.2 in 2006; abortion rate declined from 21.7 to 8.4, and the live birth rate declined from 30.5 to 15.8. Live birth rates vary markedly by race/ethnicity (figure 3).

Figure 3. Live Birth Rates, 15-17 Year-Olds by Race





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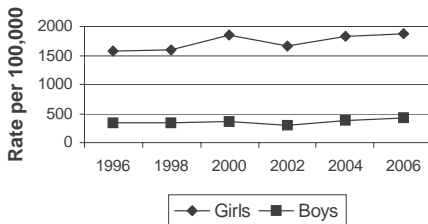
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Overall, the highest rates are among African American and Hispanic girls, but these are also the groups that have seen the sharpest declines.

SEXUALLY TRANSMITTED DISEASES

Most sexually transmitted diseases (STDs) in Oregon occur in people ≤ 24 years; gonorrhea rates are highest among females aged of 15-19 years (122 per 100,000 in 2006) and males 20-24 years (57 per 100,000 in 2006); chlamydia cases are highest in females 15-19 years (1,864 per 100,000 in 2006). Unfortunately, rates of most STDs are either flat or rising (figure 4); however, this may be due

Figure 4. Chlamydia Rates, 15-19 Year-Olds



to improved screening rates rather than more teens having unprotected sex.

MAKING SENSE OF THE NUMBERS

The good news is that the majority of Oregon's teens are not having sex, and Oregon's teen pregnancy, abortion and birth rates have been steadily declining

since the mid-1990's. Oregon's numbers mirror what has been seen nationally. A recent study published by CDC attributed national declines in teen pregnancy rates during the 1990's to both decreased sexual activity, as well as improved contraceptive use². A follow-up study concluded that the majority (77%) of the decline in pregnancy risk was attributable to improved contraceptive use, which is similar to what has been seen in other developed countries³.

However, the challenge is that those teens who are having sex, particularly those who initiate having sex at a young age and have more sexual partners, are more likely to be at risk in a number of other ways. In addition, STD rates in teens have not seen declines similar to pregnancy rates.

RESOURCES FOR CLINICIANS

The American Medical Association has developed a number of tools for clinicians in addressing teen sexuality and overall health (see Adolescent Health <http://www.ama-assn.org/ama/pub/category/1947.html>).

- Guidelines for Adolescent Preventive Services (www.ama-assn.org/ama/upload/mm/39/gapsmono.pdf). These guidelines recommend that all adolescents (starting at age 11) should receive annual health guidance about responsible sexual behav-

iors, including abstinence, appropriate birth control and STD prevention measures. Clinicians should ask teens about their sexual activity, and other risk behaviors, such as alcohol or drug use. Sexually active adolescents should be screened annually for STDs. In addition, physicians should encourage parents and teens to talk about responsible sex, since teens with better adult support are more likely to postpone sex, and to use birth control when they do start.

- Adolescent and Parent Questionnaires for screening health risk behaviors (<http://www.ama-assn.org/ama/pub/category/1981.html>).
- Parent Package: Points for doctors to share with parents about 15 adolescent health topics. (<http://www.ama-assn.org/ama/upload/mm/39/parentinfo.pdf>).

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2. Santelli JS, Abma J, Ventura S, et al. Can changes in sexual behaviors among high school students explain the decline in teen pregnancy rates in the 1990s? *J Adolesc Health* 2004; 35: 80-90.
3. Santelli JS, Lindberg LD, Finer LB, Singh S. Explaining recent declines in adolescent pregnancy in the United States: the contribution of abstinence and improved contraceptive use. *Am J Public Health* 2007; 97: 150-6.