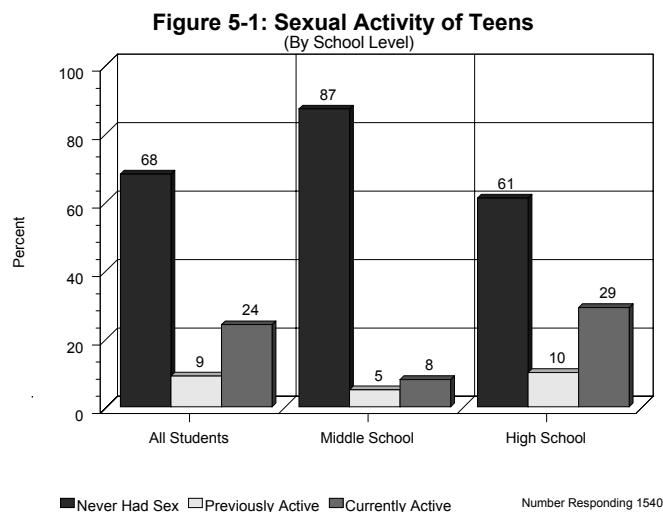

CHAPTER 5

Sexuality

One of the biggest fears for many parents is that their children will become sexually active before they are ready. This fear includes concern about an unplanned pregnancy, sexually transmitted diseases (STDs), emotional harm, and sexual abuse. Most parents feel that early sexual experience will, in some way, harm their children. Early sexual experiences have been found to lead to greater risk for multiple partners, STDs, and pregnancy (Valois, Oeltmann, Waller, & Hussey, 1999).

Sexual Activity

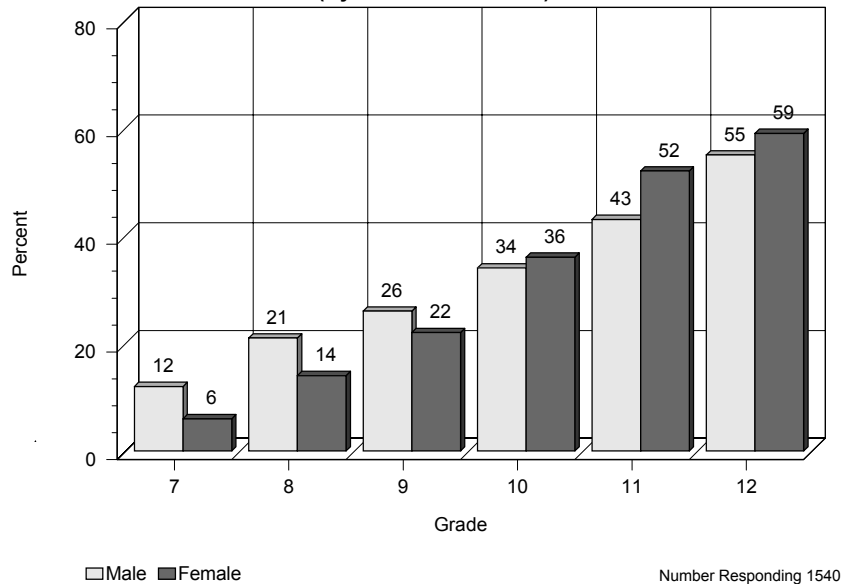
The United States has the highest teen childbirth rates of any industrialized Western nation, despite the fact that teenage pregnancy, childbirth, and abortion rates have all declined in the 1990's (CDC, 1995; Ventura, Mosher, Curtin, Abma, & Henshaw, 2000). About one out of four (25%) of U.S. women have had a pregnancy by age 18 (Alan Guttmacher Institute, 1994). Figure 5-1 shows 33% of teens surveyed have had sexual intercourse (middle school, 13% and high school, 39%).



The Youth Risk Behavior Surveillance Survey conducted by the CDC (1998) reports that nationally, 48.4% (N.H., 47.8%) of high school students (*grades 9-12*) have had sexual intercourse at some time in their lives. New Hampshire ranks 14th out of 28 states surveyed.

Teens are having sex at a young age. By the 9th grade, 26% of males and 22% of females reported they have had sexual intercourse. Figure 5-2 shows that more teens become sexually active as they get older. Fifty-seven percent (57%) of local teens in the 12th grade (males, 55% and females, 59%) reported having had sexual intercourse.

Figure 5-2: Teens Who Have Ever Had Sexual Intercourse (By Grade and Gender)



The average age that students first had sex is 14 years old. Thirty-one percent (31%) of local teens reported they first had sex by the age of 16 or earlier. The age teens were when they first had sexual intercourse is shown in Figure 5-3.

Figure 5-3: Age Teens First Had Sex (By Gender)

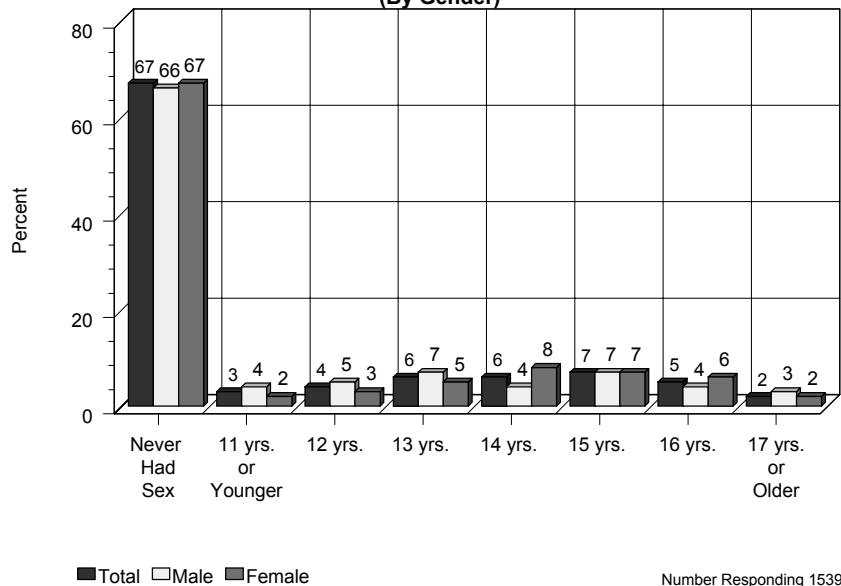


Figure 5-4 shows how often teens are having sex, based on the school level of the student. Figure 5-5 shows how often teens are having sex on the basis of gender.

Figure 5-4: Frequency of Sexual Activity (By School Level)

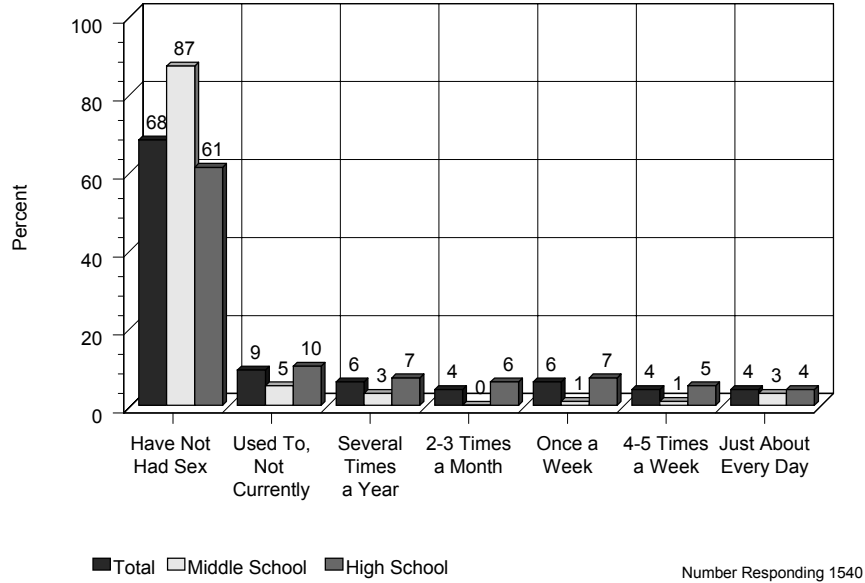
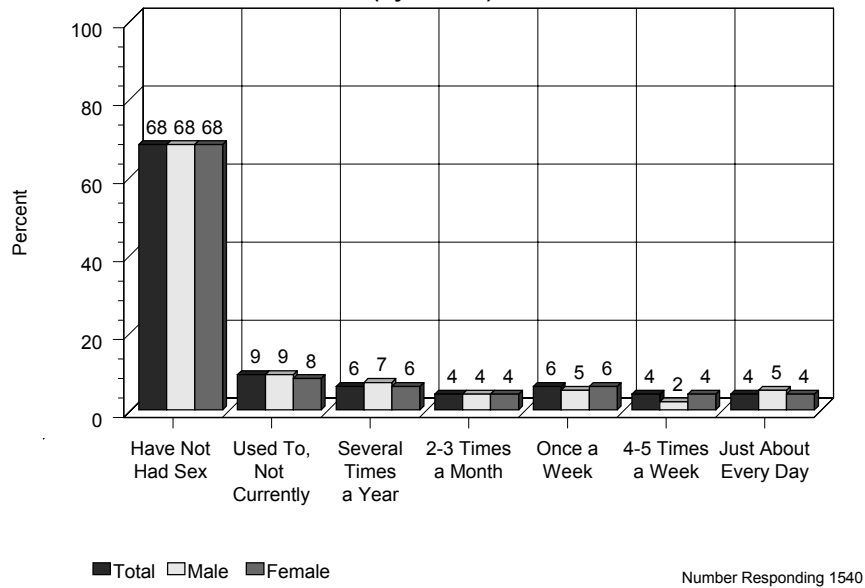


Figure 5-5: Frequency of Sexual Activity (By Gender)



Youth were asked how many sexual partners they have had in the past year. Six percent (6%) of teens surveyed responded they have had sex with 4 or more partners in the past year (middle school, 3%; high school, 7%). Figure 5-6 shows all responses broken down by school level. Figure 5-7 shows 6% of males and 5% of females reported they had 4 or more partners in the past year.

Figure 5-6: Number of Partners Teens Have Had (In the Past Year, by School Level)

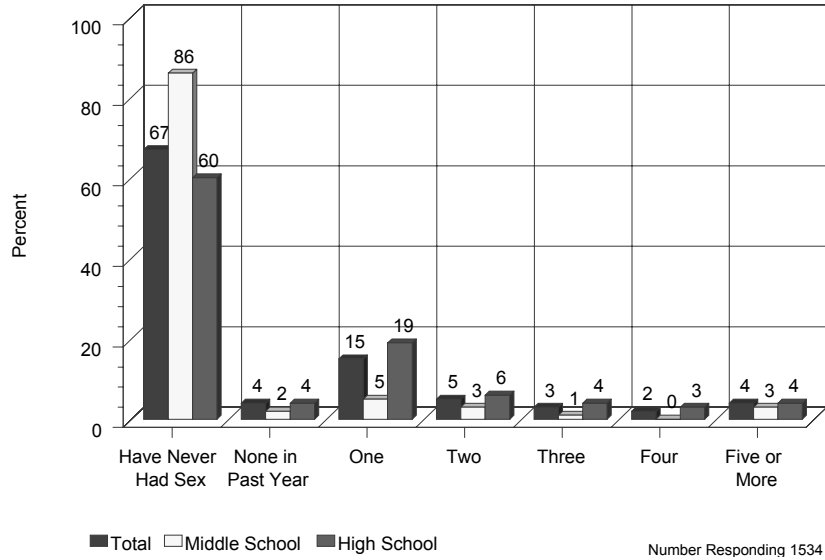


Figure 5-7: Number of Partners Teens Have Had (In the Past Year, by Gender)

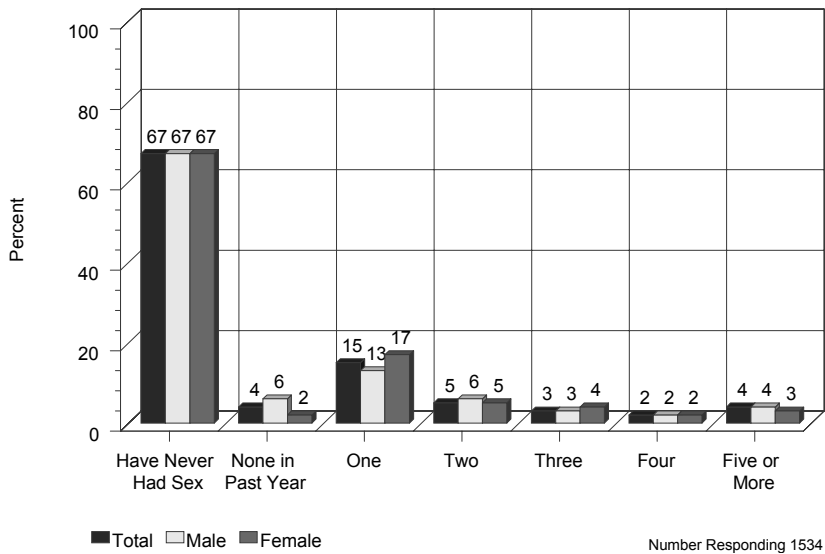
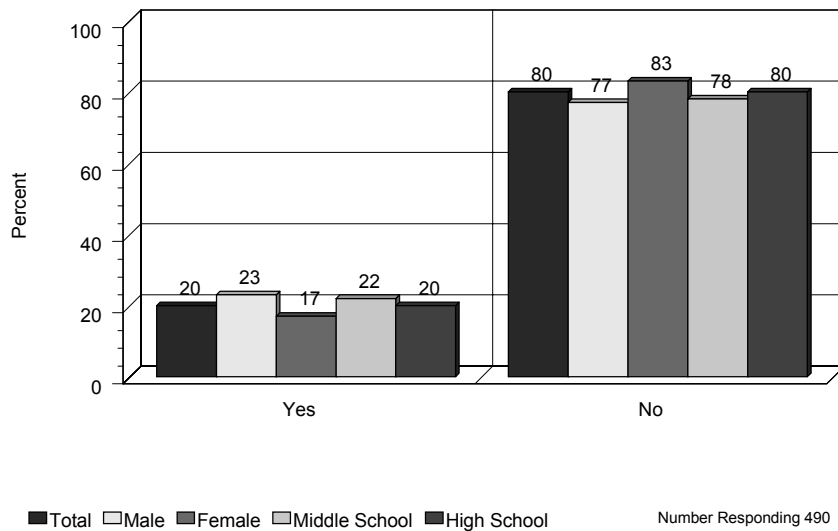


Figure 5-8 shows 20% of sexually active teens said they used alcohol or other drugs before the last time they had sex (middle school, 22% and high school, 20%). Nationally, 24.7% (N.H. – 23.1%) of sexually active high school youth used alcohol or drugs before the last time they had sex (Centers for Disease Control & Prevention, 1998). New Hampshire ranks 23rd out of 29 states surveyed by the CDC. The influence of alcohol or other drugs also can easily lead to failure to use any birth control methods at all, or at the very least, to not use them correctly.

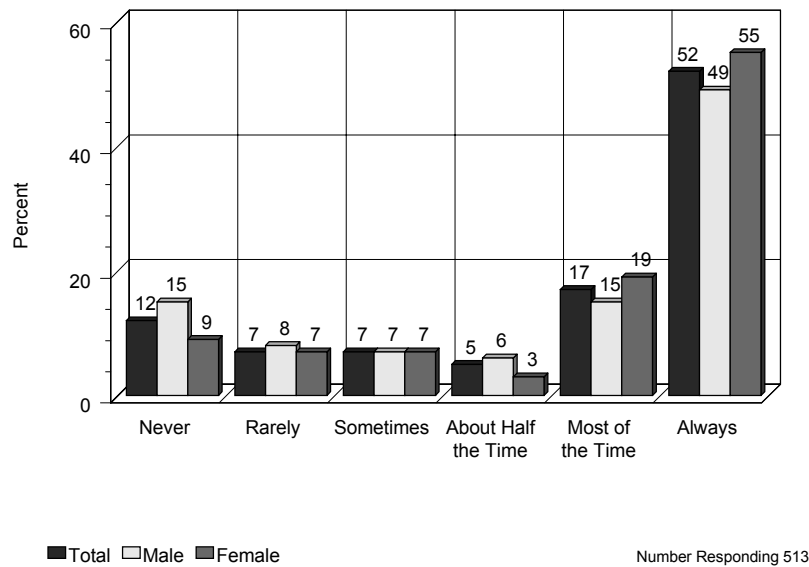
Figure 5-8: Teens Who Used Alcohol Or Drugs Before The Last Time They Had Sexual Intercourse
(Of Those Who Have Ever Had Sex)



Contraception

Of those students who report current or past sexual activity, 52% said they "always" use some form of birth control (males, 49% and females, 55%), while 12% of students who report being sexually active "never" use some form of birth control (males, 15% and females, 9%). Figure 5-9 shows the frequency of birth control use between sexually active male and female students.

Figure 5-9: Birth Control Use by Sexually Active Teens
(By Gender)



According to Healthier People in Wisconsin (Wisconsin Department of Health and Social Services, 1990), after teens become sexually active, they usually wait on average twelve months before they begin to use contraception. Recent national statistics indicate teen contraceptive use does not vary by age (Adams, Schoenborn, Moss, Warren & Kann, 1995). This is troubling since the health risks associated with a pregnancy are much greater for younger teens. Figure 5-10 shows the breakdown by grade and gender for sexually active teens (currently and previously) who "always" use birth control. Figure 5-11 gives a similar breakdown by school level.

Figure 5-10: Sexually Active Teens Who Always Use Birth Control (By Grade and Gender)

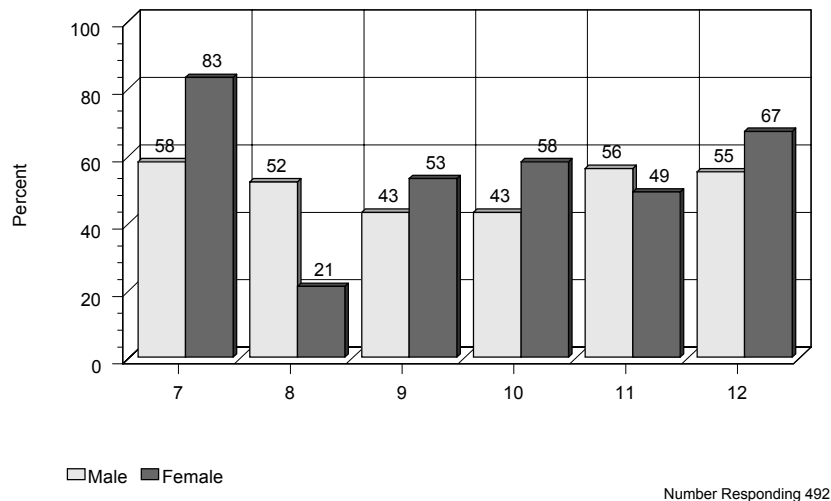
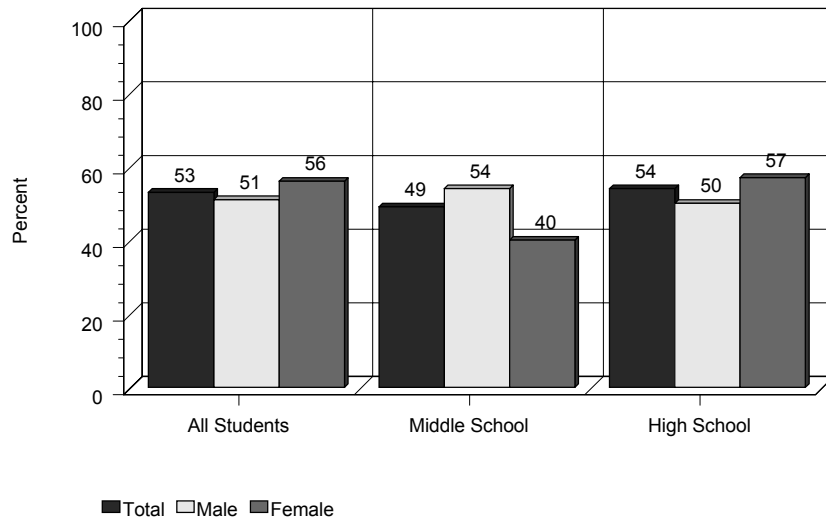
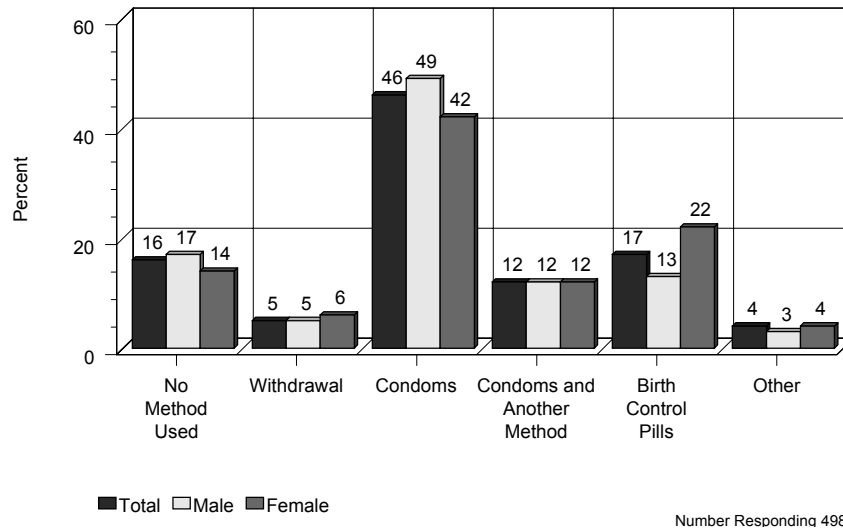


Figure 5-11: Sexually Active Teens Who Always Use Birth Control (By Gender and School Level)



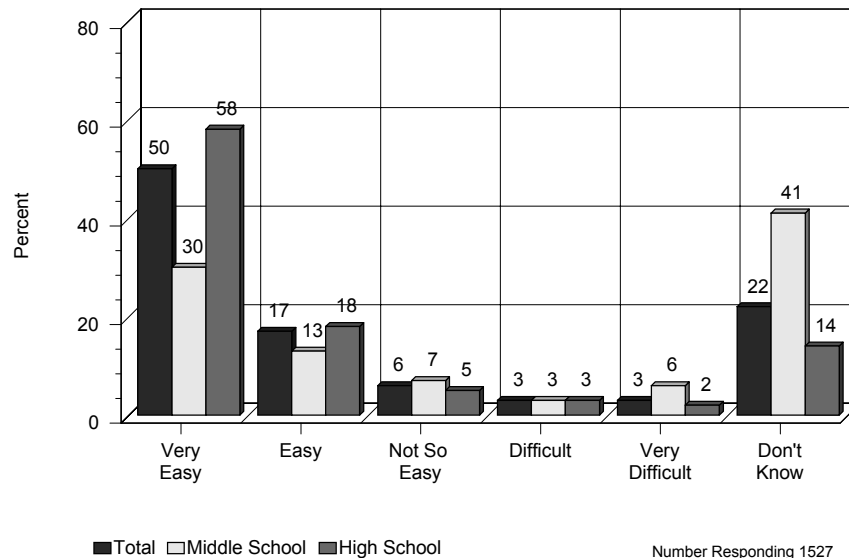
The most common method of birth control among sexually active teens is the use of condoms, either alone or in conjunction with another method. Figure 5-12 shows 21% of teens who have had sex are either using no birth control or withdrawal, both of which are likely to result in health risks or pregnancy.

Figure 5-12: Method of Birth Control Used by Teens the Last Time They Had Sex (Of Those Who Have Had Sex, by Gender)



As Figure 5-13 below shows, 67% of all students believe that it is easy or very easy to obtain condoms or other contraception. At the other end of the scale, only 6% believe it is difficult or very difficult to obtain these items, and 22% say they don't know how hard it is.

Figure 5-13: Obtainability of Condoms or Other Birth Control (By School Level)



We asked local youth “If you have had sexual intercourse and there have been times you have not used contraceptives or birth control (like condoms, the pill, foam, jelly), what was the one main reason why you did not?” Figure 5-14 shows 55% reported they always use contraceptives (middle school, 35%; high school, 57%; males, 48%; females, 61%). Figure 5-15 shows the same data by gender.

Figure 5-14: One Main Reason Why Teens Did Not Use Birth Control
(Of Teens Who Have Had Sex, by School Level)

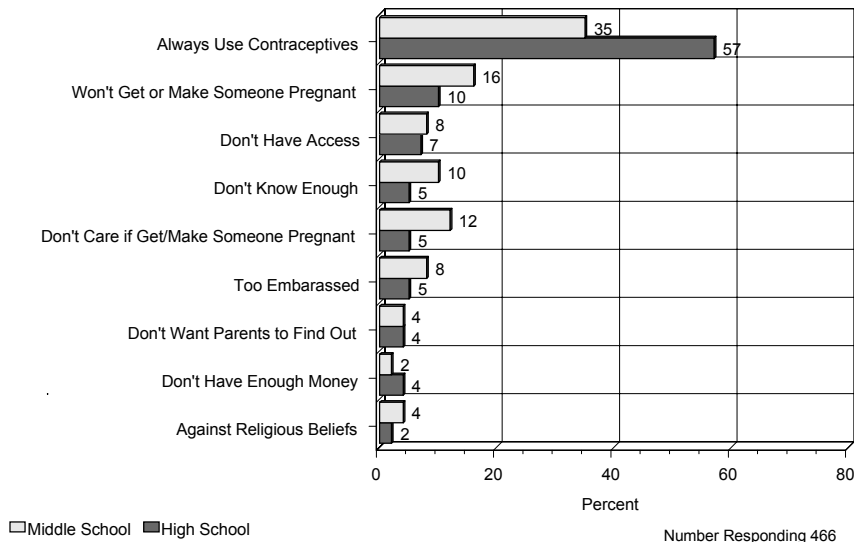
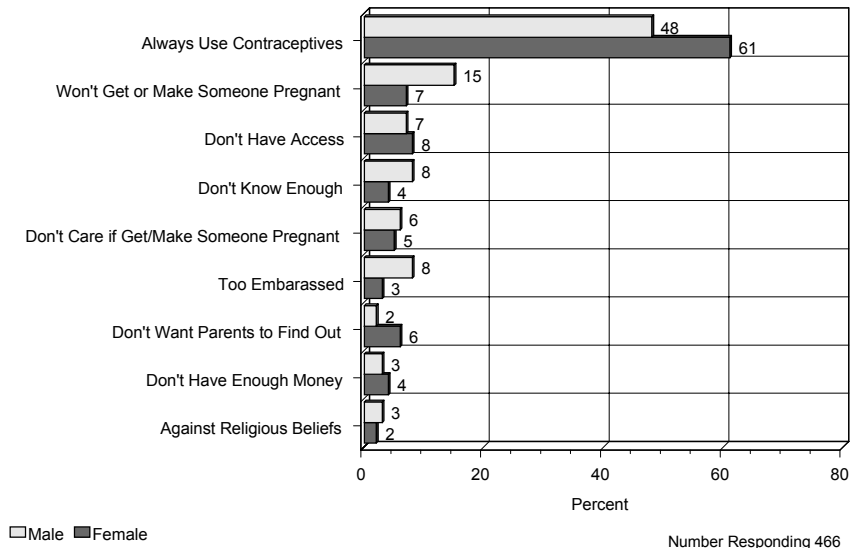


Figure 5-15: One Main Reason Why Teens Did Not Use Birth Control
(Of Teens Who Have Had Sex, by Gender)



Sexually Transmitted Diseases

Teens who are sexually active run certain risks that can affect their health and their future. In 1998 in New Hampshire, an estimated 29 teens age 15-19 were infected with gonorrhea, and 428 were infected with chlamydia (Adamski, C., 1999). AIDS has become the 6th leading cause of death in the 15-24 age group in the United States (U.S. Bureau of the Census, 1995). The Centers for Disease Control and Prevention (1999) estimates youth in the 13-24 age group in the U.S. account for 15% of the reported cases from June 1998 to June 1999. In New Hampshire, from 1981 to 1999 there were 852 cases of full-blown AIDS reported; of these, 41 were reported in 1999 alone. In Strafford County, 22 cases have been reported since 1995 (Adamski, C., 1999).

Local teens were asked *"If you have had sexual intercourse, how often do you or your partner use a condom?"* Only 39% of sexually active teens said they always did. Fifty-four percent (54%) of sexually active middle school students reported they always use a condom (males, 63% and females, 40%) and 37% of all high school students do so (males, 41% and females, 34%). Figure 5-16 shows the frequency of condom use of sexually active teens on the basis of gender.

Figure 5-16: Condom Use by Teens
(Of Those Who Have Ever Had Sex, by Gender)

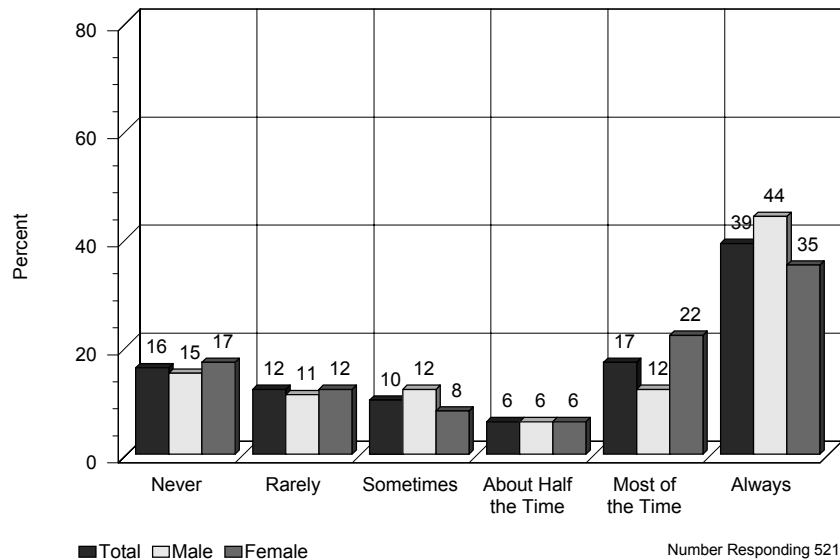
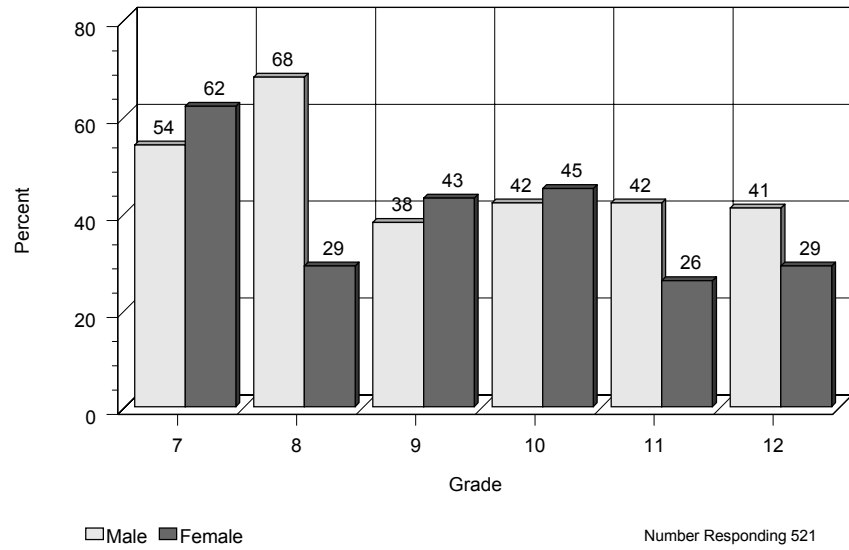


Figure 5-17 shows how often teens "always" use condoms by grade and gender (of those teens who have ever had sex).

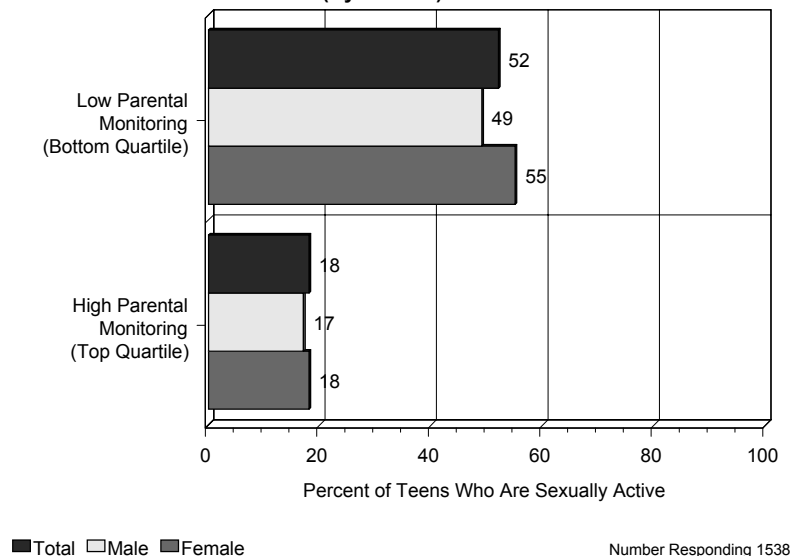
Figure 5-17: Teens Who Always Use Condoms
(Of Those Who Have Ever Had Sex, by Grade and Gender)



Parents' Role in Level of Teen Sexual Activity

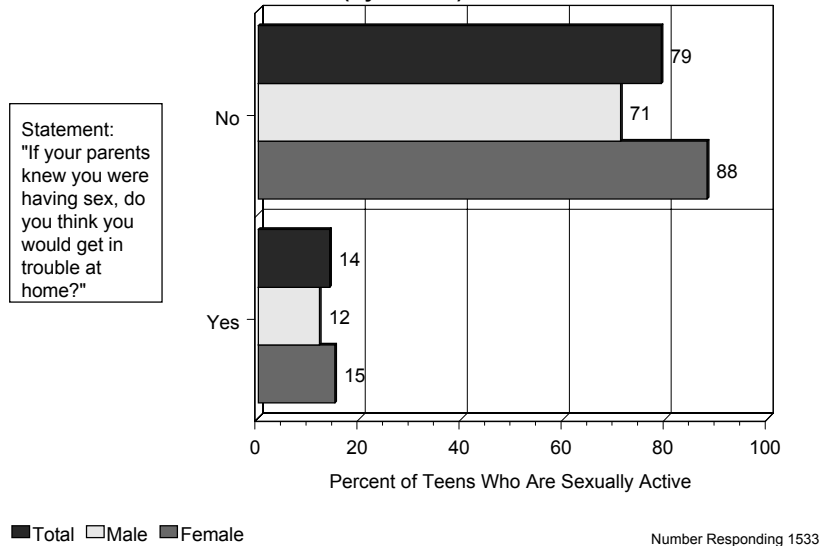
Parental monitoring is an important factor in preventing adolescent sexual activity. Parental monitoring means parents supervise their children or know where they are and what they are doing. Higher levels of parental monitoring are related to lower levels of sexual activity. The level of sexual activity of teens is greater when parents do not supervise them closely. Figure 5-18 shows out of all teens surveyed, teens with low parental monitoring are more likely to have sex (low monitoring, 52%; high monitoring, 18%).

Figure 5-18: Relationship Between Parental Monitoring and Level of Teen Sexual Activity (By Gender)



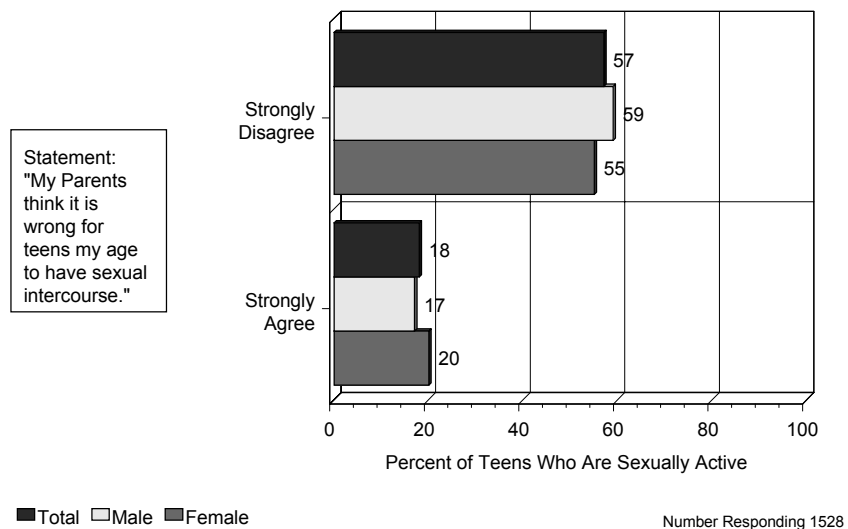
Another strong parental influence on levels of teen sexual activity is whether or not teens think they will get in trouble if their parents knew they were sexually active. Figure 5-19 shows teens who do not feel they will get in trouble at home are more likely to be sexually active (not get in trouble, 79% and get in trouble, 14%). Thinking they will get in trouble is strongly related to low levels of teen sexual activity for both males and females.

Figure 5-19: Relationship Between Level of Sexual Activity and Thinking They'll Get in Trouble at Home (By Gender)



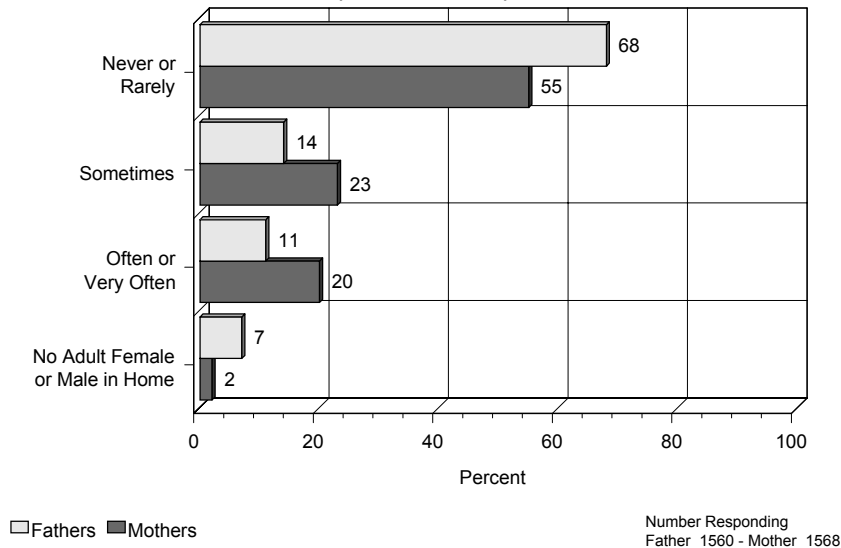
There is evidence suggesting children who talk with their parents about sexuality and their values regarding it are less likely to be sexually active, if the values parents convey discourage early sexual activity. In Figure 5-20, the relationship is shown between teens' perceptions of their parents' values about teen sexual activity and the level of sexual activity on the teens' part. Students who don't believe their parents think it is wrong for them to have sex are three times as likely to engage in sex as are students who believe their parents do think it is wrong for them to have sex (57% vs. 18%).

Figure 5-20: Relationship Between Teens' Perceptions of Parental Values and Level of Teen Sexual Activity (By Gender)



A high percentage of local teens do not have good talks with their parents about sexuality issues. Figure 5-21 presents how often in the past year teens have had good talks with their mothers or fathers about "whether or not it's okay for teenagers to have sex." Overall, 55% of teens have "rarely" or "never" talked with their mothers and 68% "rarely" or "never" talked with their fathers in the past year about this issue.

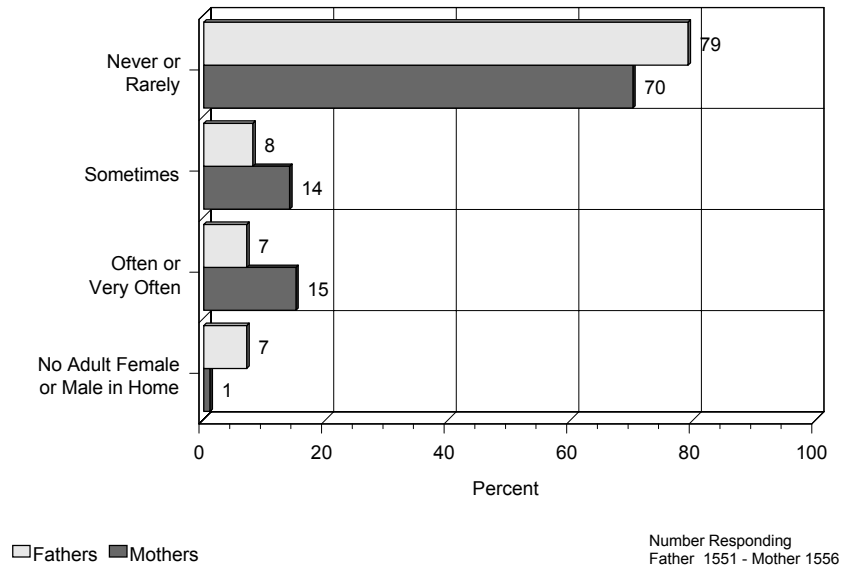
Figure 5-21: Talks With Father or Mother About Whether Or Not It's Okay To Have Sex (In the Past Year)



Some people believe if you talk to teens about sex, you will encourage it by planting ideas in their heads. Contrary to this belief, a study based on TAP data found teens who are sexually active are more likely to be so because they perceive fewer costs, not because they perceive more benefits (Small et al., 1993). In other words, sexually active teens may not be perceiving the consequences realistically. This would suggest that teens need help (information) in seeing the responsibilities and costs that come with sexual intercourse and in making sensible decisions about sexuality.

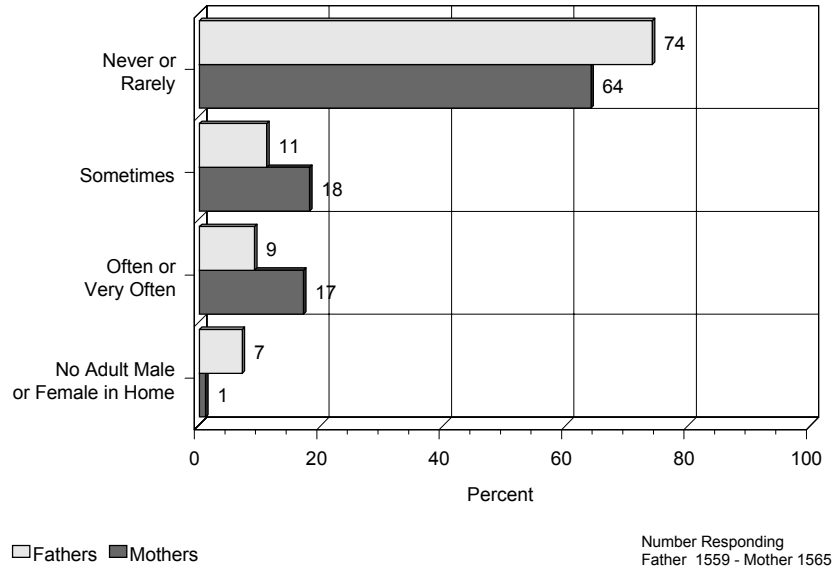
Seventy percent (70%) of local teens reported "rarely" or "never" having a good talk with their mother about birth control in the past year, while 79% reported "rarely" or "never" having a good talk with their father. Figure 5-22 shows how often in the past year parents have had a good talk about birth control with their children. These findings indicate the majority of local parents and teens simply do not talk with one another about sexuality issues.

**Figure 5-22: Talks With Father or Mother About Birth Control
(In the Past Year)**



We also asked local teens about the frequency of discussion about AIDS and STDs with their parents. More than 60% of students said they “never” or “rarely” spoke with either of their parents about AIDS or other sexually transmitted diseases.

**Figure 5-23: Talks With Father or Mother About AIDS or STDs
(In the Past Year)**



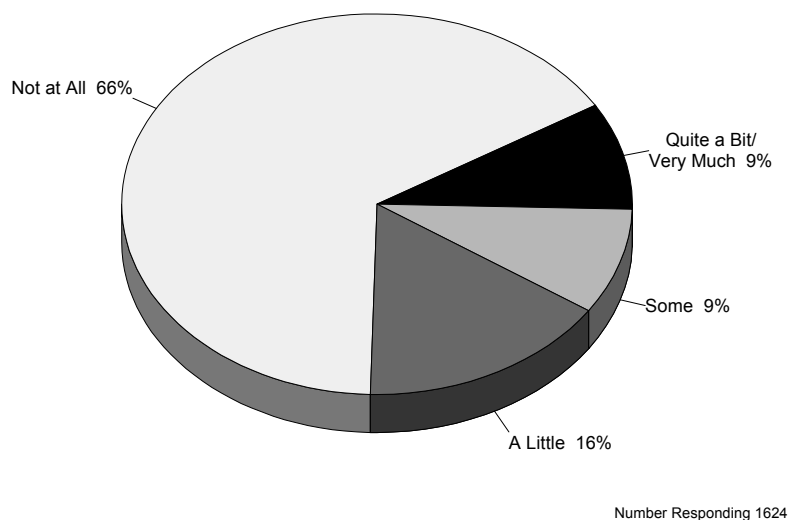
Teenage Pregnancy

Early unplanned pregnancy or parenthood not only affects the future life prospects of the young mother or father, but it also puts the baby at higher risk for both short and long-term health and social problems. How teens perceive the costs of their actions can give us insight into understanding why some teens are sexually active while others are not. If we wish to design programs that prevent or delay the occurrence of sexual intercourse or help teens make responsible decisions about sex, it is critical to understand the consequences teens associate with it.

In 1997 there were 44 live births to mothers 17 years and younger and 96 to mothers 18-19 years of age in Strafford County (out of a total of 1,327 live births) (K. Roos, Bureau of Health Statistics and Data Management, personal communication, March 3, 2000). This is troubling due to increased health risks related to teenage pregnancy and the emotional, social and economic costs of early parenthood. Because "live birth" data does not include the number of miscarriages or induced abortions in the teen population, or births to local teens occurring outside the county, the number of teen pregnancies can be assumed to be higher than the number of live births to teens. Nationally, approximately 47% of all teen pregnancies resulted in live births (Hayes, 1987).

We asked teens how much they worried about getting pregnant or getting someone else pregnant. Figure 5-24 shows 34% of teens worried to some degree about pregnancy (middle school, 18%; high school, 40%; males, 32%; females, 37%).

Figure 5-24: Pregnancy as a Teen Worry



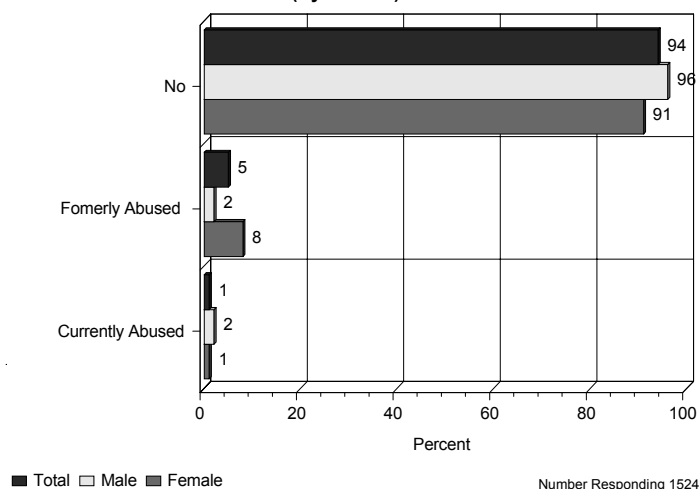
Sexual Abuse

Sexual abuse is defined as when someone in a youth's family or another person does sexual things to the youth or makes the youth do sexual things to them the youth does not want. According to researchers in the field, child sexual abuse is a problem which occurs across all racial, ethnic, and socioeconomic groups (Anderson, Martin, Mullen, Romans & Herbison, 1993; Berenson, San Miguel & Wilkinson, 1992; Cosentino, 1989; Priest, 1992; Roosa & Tein, 1997). The actual prevalence of sexual abuse nationwide is unknown. Nonetheless, it is generally assumed the problem is far greater than one would expect and far greater than statistics presently reveal. There were 1,319 allegations of child sexual abuse in New Hampshire in 1997 (B. Bloom, Department of Children, Youth and Families, personal communication, January 5, 2000).

Youth who are victims of prolonged sexual abuse usually develop low self-esteem, feelings of worthlessness, and an unhealthy perspective on sexuality. They may become withdrawn and potentially suicidal (Facts for Families: Child Sexual Abuse, 1997). Studies show a link between sexual abuse and early onset of voluntary intercourse among females (Butler & Burton, 1990; Roosa & Tein, 1997). However, high levels of parental monitoring and support from at least one parent decreases the risk sexually abused adolescents will develop problem behaviors (Luster & Small, 1997).

Local youth were asked whether they have ever been sexually abused by an adult. Figure 5-25 shows 6% of students reported forced sexual activity by an adult (males, 4% and females, 9%). Five percent (5%) of these cases were reported as past occurrences and 1% of local teens reported being abused at the time of the survey.

Figure 5-25: Teens Who Have Been Sexually Abused By An Adult (By Gender)



Thirty-two percent (32%) of students surveyed reported worrying to some degree about "being pressured into having sex." Figure 5-26 shows there is little difference between middle school youth and high school youth being worried about this issue (31% vs. 32%). In both middle school and high school, more females than males worry to some degree about this issue (middle school females, 34%; middle school males, 29%; high school females, 43% and high school males, 22%). Figure 5-27 shows the total breakdown by gender.

Figure 5-26: Teen Worries About Being Pressured Into Having Sex (By School Level)

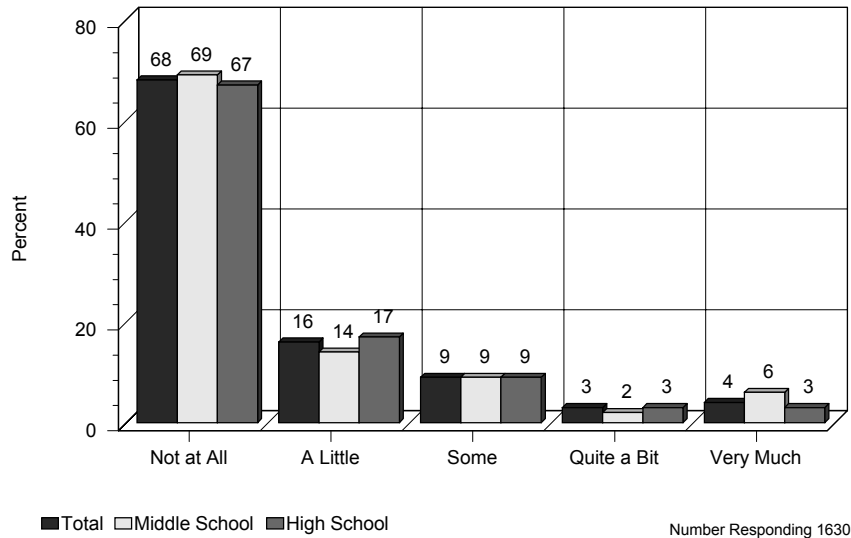
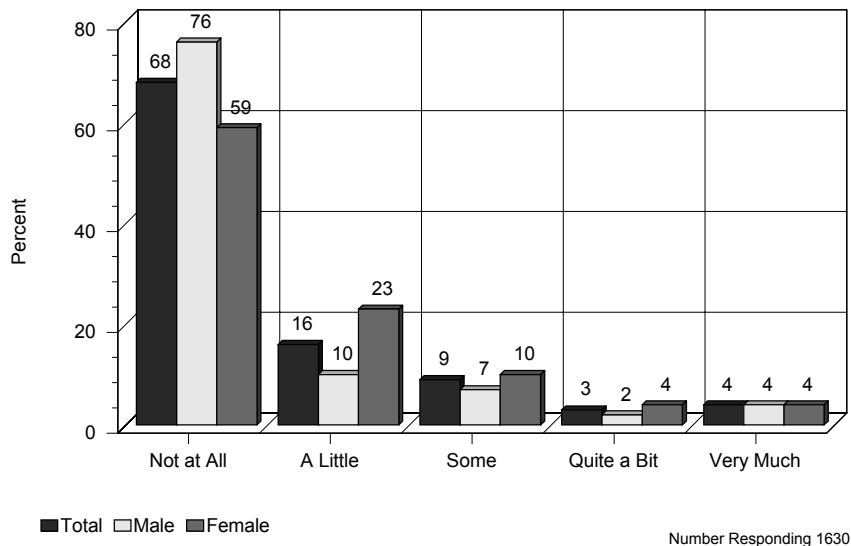


Figure 5-27: Teen Worries About Being Pressured Into Having Sex (By Gender)



Sexual Harassment in School

Local youth were asked if anyone at school (students, teachers, or other school employees) had touched, grabbed, or pinched them in a sexual way or if any of these individuals had made sexual comments, jokes, gestures or looks in the past year. Figure 5-28 shows for both kinds of harassment, females reported a higher rate than males and high school youth reported a higher rate than middle school youth

Figure 5-28: Incidents of Sexual Harassment in School
(Occasionally or Often, by Gender and School Level)

