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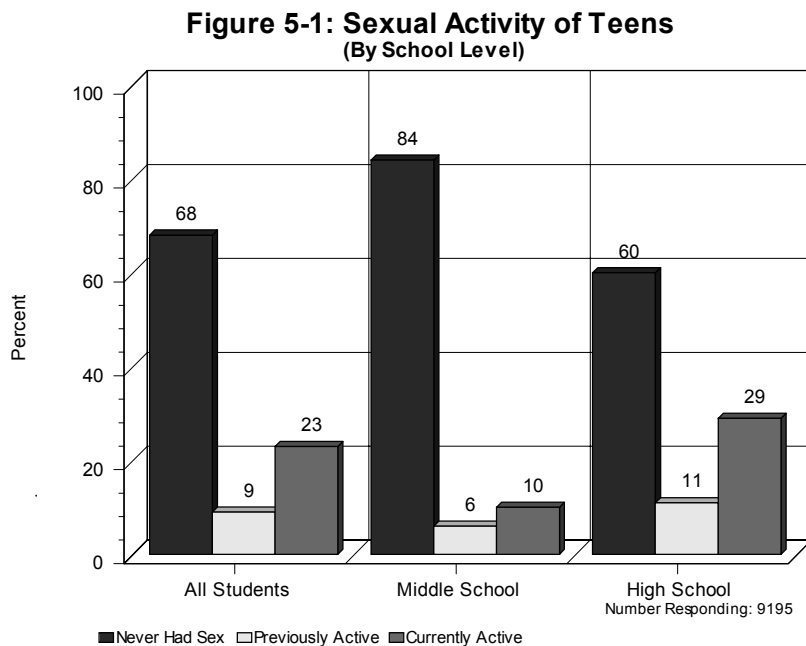
## CHAPTER 5 Sexuality

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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). One out of four (25%) U.S. women have had a pregnancy by age 18 (Alan Guttmacher Institute, 1994). Sixty-eight percent (68%) of teens surveyed have not had sexual intercourse. Figure 5-1 shows that 32% of teens surveyed have had sexual intercourse (middle school, 16%; high school, 40%).



*Note: Due to rounding, some graphs may not total 100%.*

Figure 5-2 shows that teens become more sexually active as they get older. Forty percent (40%) of high school students reported having had sexual intercourse (males, 40%; females, 39%). Fifty-nine percent (59%) of teens in the 12<sup>th</sup> grade reported having had sexual intercourse (males, 56%; females, 62%) .

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

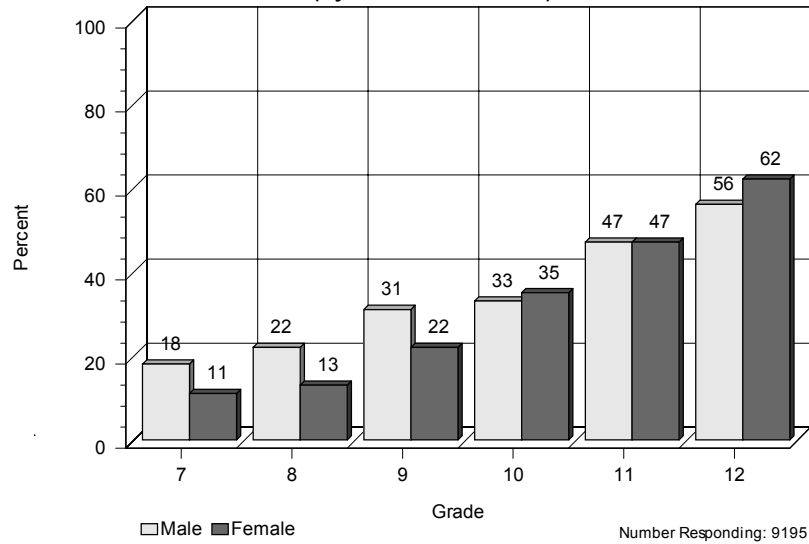


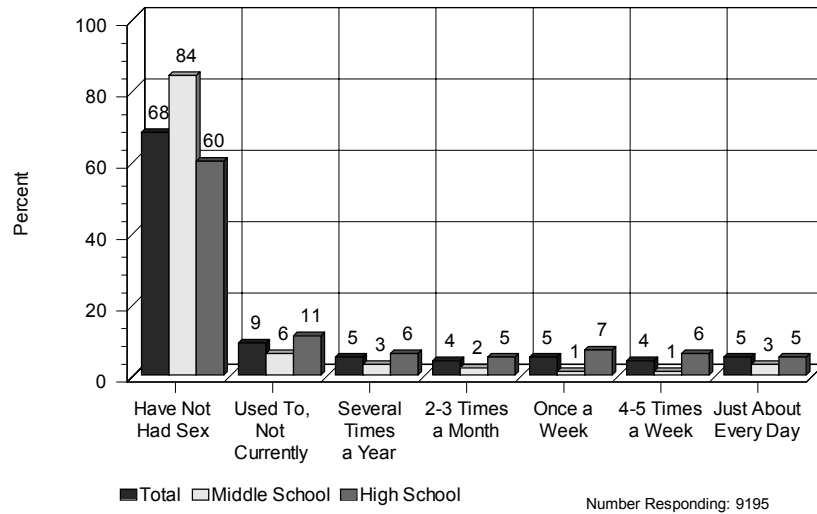
Table 5-1 shows data from the Youth Risk Behavior Surveillance Survey (YRBS) published by the Centers for Disease Control and Prevention (CDC, 2002).

**Table 5-1: 2001 YRBS Data: Ever Had Sexual Intercourse  
(Grades 9-12 only)**

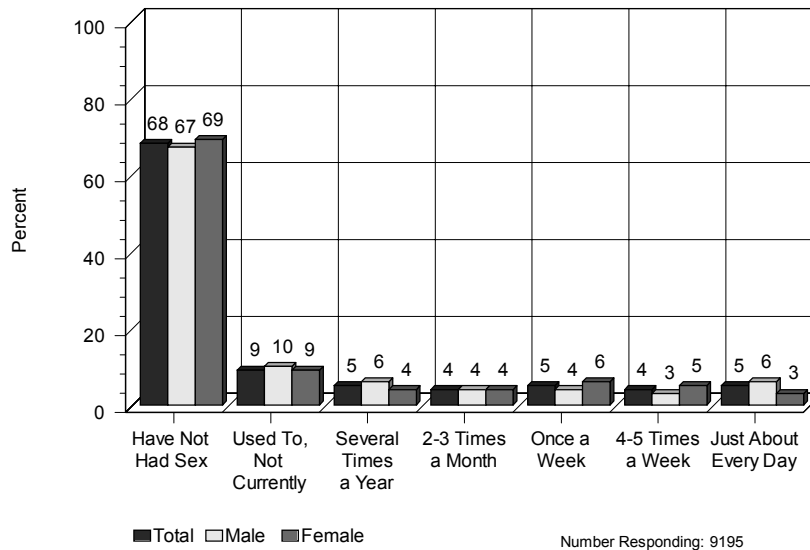
Behavior	YRBS National 2001 %			YRBS N.H. 2001 %		
	Total	Male	Female	Total	Male	Female
Have had sexual intercourse at some time in their lives	45.6	48.5	42.9	38.8	39.3	38.1

Teens were asked, “Have you ever *voluntarily* had sexual intercourse (for example, “gone all the way”, “made love”, “had sex”)? Figures 5-3 and 5-4 show teen responses by school level and gender.

**Figure 5-3: Frequency of Sexual Activity  
(By School Level)**



**Figure 5-4: Frequency of Sexual Activity  
(By Gender)**



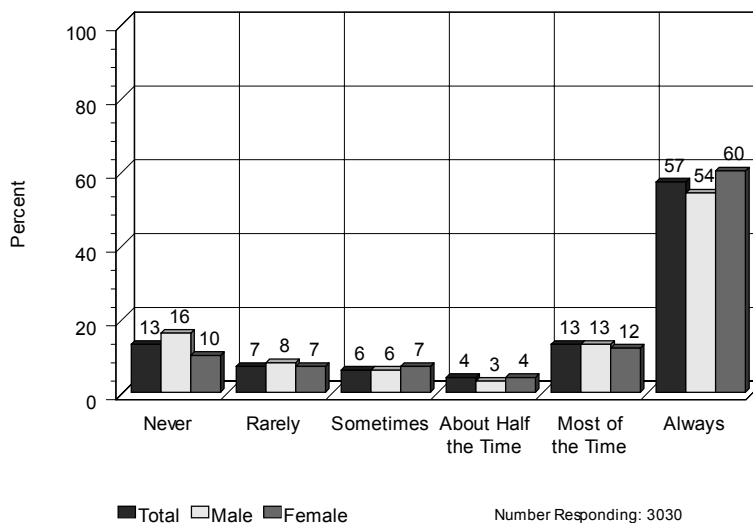
## Teenage Pregnancy

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 sexual activity.

In 2000 there were 262 live births to mothers 17 years and younger and 736 live births to mothers 18-19 years of age in New Hampshire (out of a total of 14,590 live births) (A. Bennett, personal communication, August 16, 2002). 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.

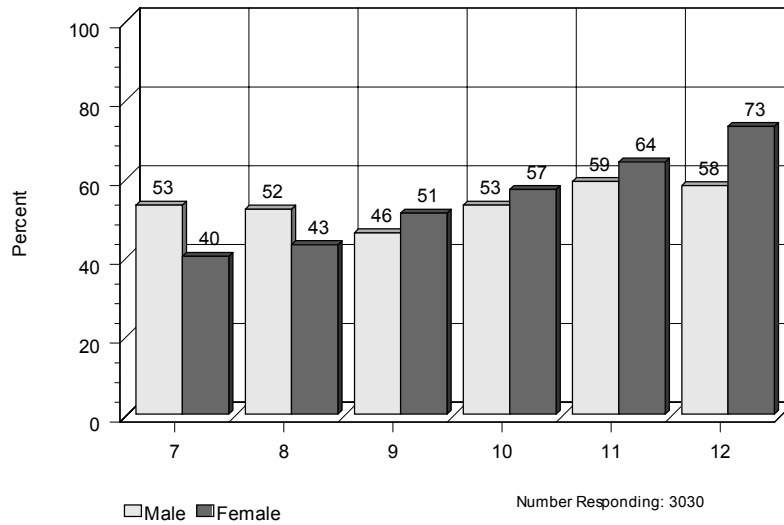
Of those students who report current or past sexual activity, 57% said they “always” use some form of birth control (males, 54%; females, 60%). Thirteen percent (13%) of students who report being sexually active “never” use any form of birth control (males, 16%; females, 10%). Figure 5-5 shows the frequency of birth control use of sexually active male and female students.

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

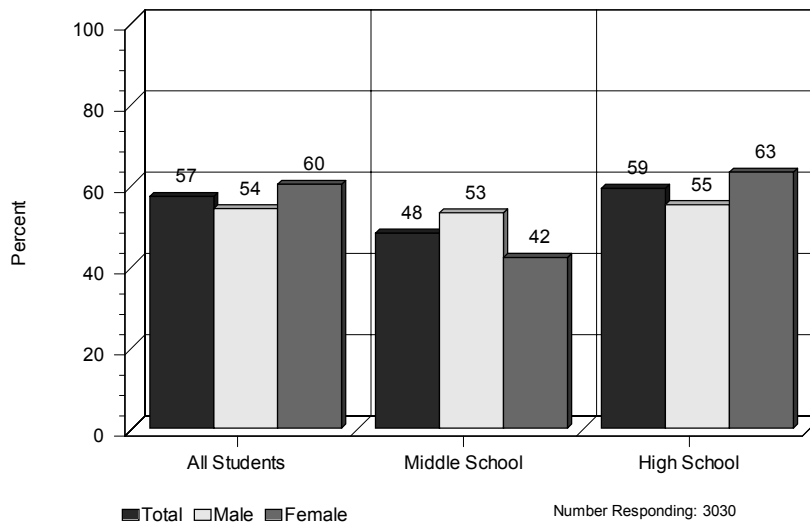


According to Healthier People in Wisconsin, after teens become sexually active, they usually wait on average twelve months before they begin to use contraception (Wisconsin Department of Health and Social Services, 1990). Younger teens are less likely to use contraceptives (Hutchins, 2000). This is troubling since the health risks associated with a pregnancy are much greater for younger teens. Figure 5-6 shows the breakdown by grade and gender for sexually active teens (currently and previously) who “always” use birth control. Figure 5-7 gives a similar breakdown by school level and gender.

**Figure 5-6: Sexually Active Teens Who Always Use Birth Control (By Grade and Gender)**



**Figure 5-7: Sexually Active Teens Who Always Use Birth Control (By School Level and Gender)**

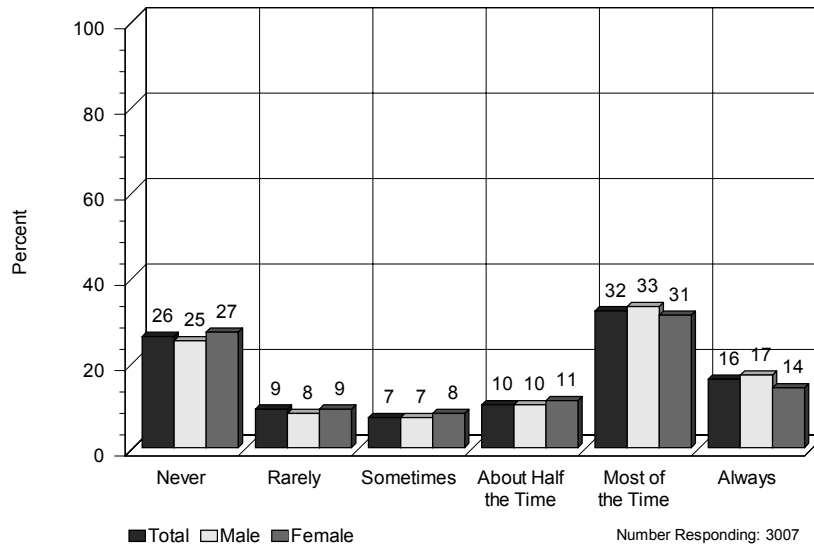


## Contraception and Sexually Transmitted Diseases

Teens who are sexually active run certain risks that can affect their health and their future. In a single act of unprotected sex with an infected partner, a teenage woman has a 1% risk of acquiring HIV, a 30% risk of getting genital herpes and a 50% risk of getting gonorrhea (Alan Guttmacher Institute, 1994). In 2000, an estimated 19 New Hampshire teens ages 15-19 were infected with gonorrhea, and 454 teens were infected with chlamydia (NH Department of Health and Human Services, 2000). AIDS has become the 10th leading cause of death in the 15-24 age group in the United States (Mimimo & Smith, 2001). In New Hampshire in 2000, there was 1 case of AIDS and 1 HIV case reported for youth between the ages of 13 and 19 (NH Department of Health and Human Services, 2001).

Local teens were asked “*If you have had sexual intercourse, how often do you or your partner use a condom?*”. Only 16% of sexually active teens said they “*always*” did; one out of four (26%) said they “*never*” use a condom. Fifteen percent (15%) of sexually active high school students reported they “*always*” use a condom (males, 16%; females, 14%). Figure 5-8 shows the frequency of condom use by sexually active teens.

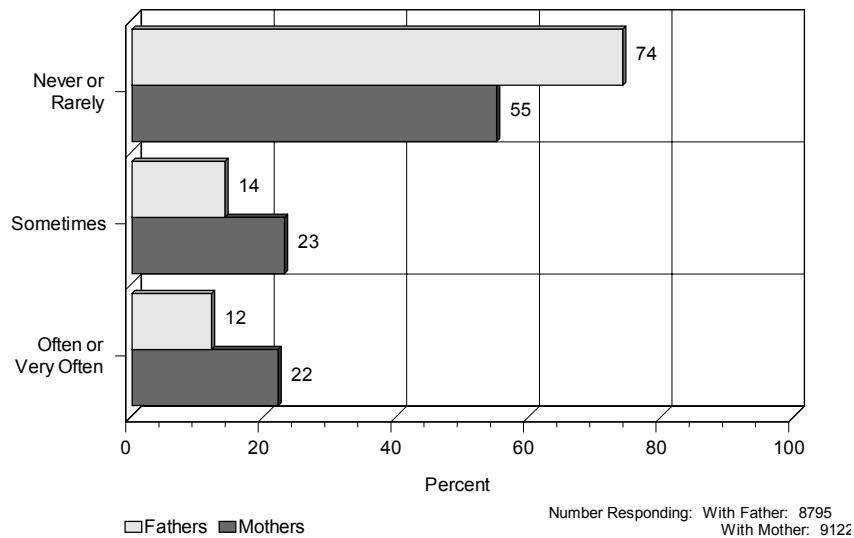
**Figure 5-8: Condom Use by Teens**  
(Of Those Who Have Ever Had Sex, by Gender)



## Communication About Sexuality Issues

A high percentage of local teens report that they do not have good talks with their parents about sexuality issues. Figure 5-9 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 74% “*rarely*” or “*never*” talked with their fathers in the past year about sexuality.

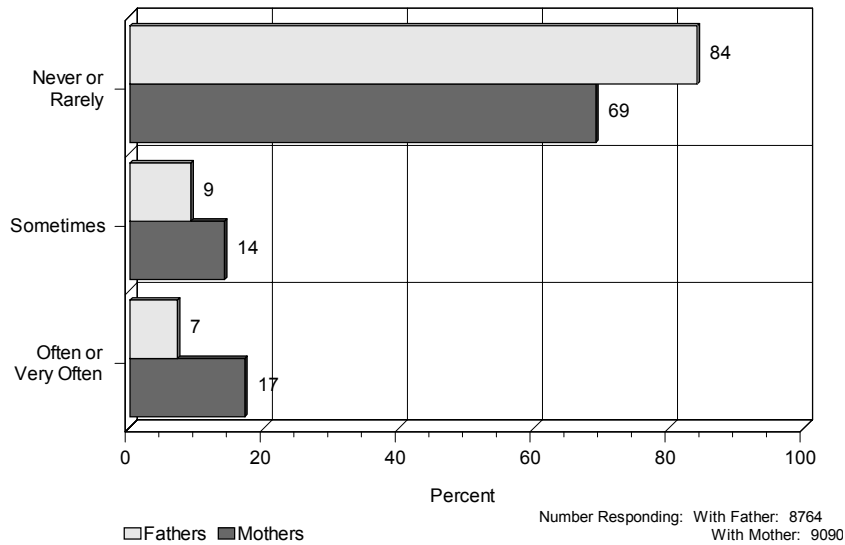
**Figure 5-9: Talks with Father or Mother About Whether or Not It's Okay to Have Sex (In the Past Year)**



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). Costs included parental disapproval, peer disapproval, risk of acquiring an STD, risk of pregnancy, risk to future plans and emotional considerations (not old enough to cope, feelings of guilt, etc.) The results of this study suggest that prevention efforts should focus on emphasizing the costs of sexual intercourse to the adolescent. Critical is the need to understand the costs from the adolescent’s perspective.

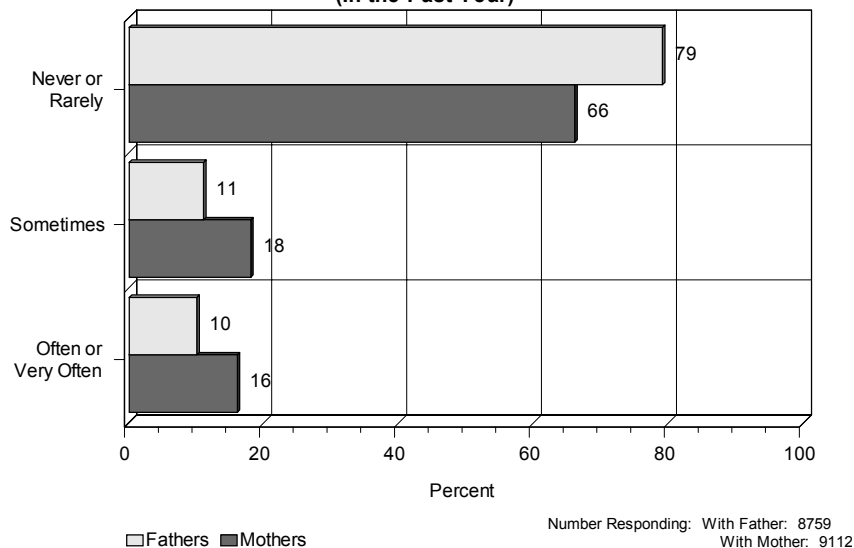
Sixty-nine percent (69%) of teens reported “rarely” or “never” having a good talk with their mother about birth control in the past year, while 84% reported “rarely” or “never” having a good talk with their father. Figure 5-10 shows how often in the past year teens have had a good talk about birth control with their parents. These findings indicate the majority of teens and parents “never” or “rarely” talk with one another about sexuality issues.

**Figure 5-10: Talks with Father or Mother About Birth Control (In the Past Year)**



We also asked teens about the frequency of discussions about AIDS (Acquired Immune Deficiency Syndrome) and STDs (sexually transmitted diseases) with their parents. More than three out of four (79%) students said they “never” or “rarely” spoke with their fathers about AIDS or other STDs, and 66% said the same for their mothers. Figure 5-11 shows the breakdown of responses.

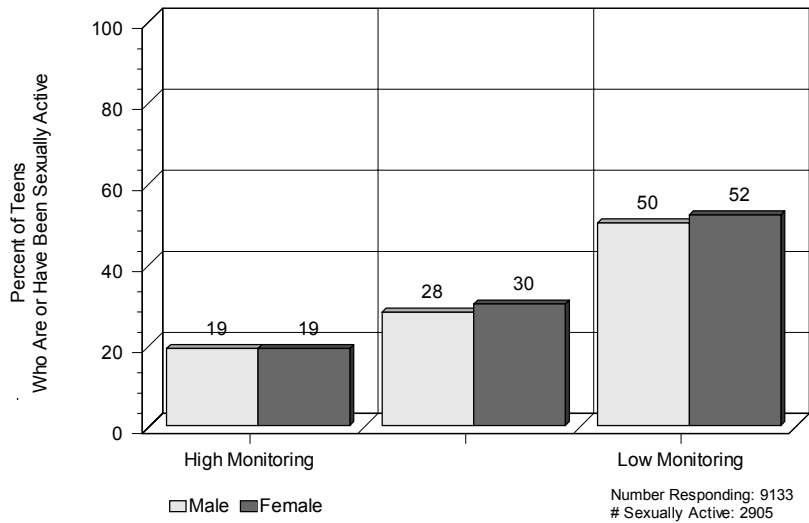
**Figure 5-11: Talks with Father or Mother About AIDS or STDs (In the Past Year)**



## Parents' Influence on Teen Sexual Activity

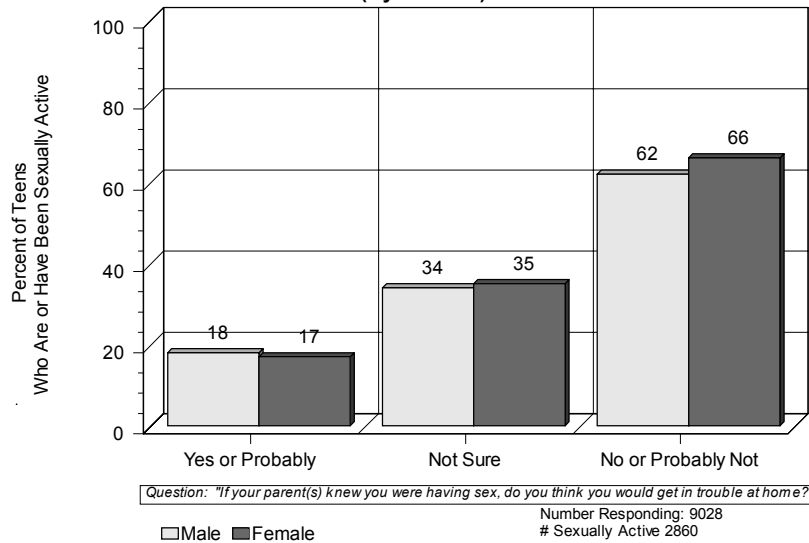
Parental monitoring is an important factor in preventing adolescent sexual activity. Parental monitoring refers to parents' supervision and awareness of their child's activities. In this survey the students were asked to respond to a series of eight questions concerning the amount of information parents have about the students' whereabouts, activities, plans and companions (see Chapter 8, pp. 106-107). The responses to these eight questions were averaged for each student to create a parental monitoring scale. The scale was then divided into tertiles for the graph below. Figure 5-12 shows that out of all teens surveyed, teens with low parental monitoring are more likely to have sex (low monitoring, 51%; high monitoring, 19%). Higher levels of parental monitoring are related to lower levels of sexual activity.

**Figure 5-12: Relationship Between Levels of Parental Monitoring and Teen Sexual Activity (By Gender)**



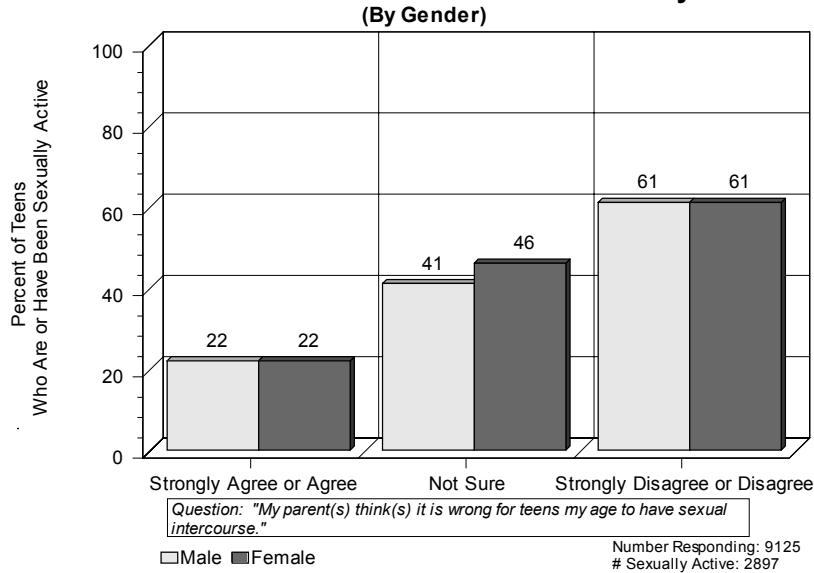
Another strong parental influence on teen sexual activity is whether or not teens think they will get in trouble if their parents knew they were sexually active. Figure 5-13 shows that teens who do not feel they will get in trouble at home are more likely to be sexually active (not get in trouble, 64%; get in trouble, 13%). The belief that they will get in trouble is strongly related to teen sexual activity for both males and females.

**Figure 5-13: Relationship Between Teens' Perceptions of Parental Consequences and Teen Sexual Activity (By Gender)**



There is evidence suggesting children who talk with their parents about sexuality and their values are less likely to be sexually active, if the values parents convey discourage early sexual activity. In Figure 5-14, the relationship is shown between teens' perceptions of their parents' values about teen sexual activity and sexual activity on the teens' part. Students who don't believe their parents think it is wrong for them to have sex are almost 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 (61% vs. 22%).

**Figure 5-14: Relationship Between Teens' Perceptions of Parental Values and Teen Sexual Activity**



## Presentation Of Comparable Data

In this section, multi-community data are compared with other data. The two surveys used for comparison are the *2001 Youth Risk Behavior Surveillance Survey (YRBS)*, published by the Centers for Disease Control and Prevention (CDC) and *Tapping Into Teen Concerns, Perceptions and Behavior: 1998/99 Multi-Community Report* published by the Teen Assessment Project (TAP).

The *Youth Risk Behavior Surveillance Survey* monitors six categories of priority health-risk behaviors among youth and adults — behaviors that contribute to unintentional and intentional injuries; tobacco use; alcohol and other drug use; sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases (STDs); unhealthy dietary behaviors; and physical inactivity (Centers for Disease Control and Prevention, 2002). It is administered every other year and includes a national school-based survey conducted by the CDC as well as state, territorial, and local school-based surveys conducted by education and health agencies. Although the goal is to obtain a representative sample, the overall response rate in New Hampshire was less than the minimum criterion of 60%. Thus, the YRBS data could not be weighted for nonresponse and selection probability. Unweighted data represent those 1,303 students who participated in the survey and are not generalizable to all New Hampshire students.

The *Tapping Into Teen Concerns, Perceptions and Behavior: 1998/99 Multi-Community Report* is based on five school districts surveyed from April 1998 through December 1999 (Teen Assessment Project, 2000). These data represent 9,105 teens from five different counties around the state--Merrimack, Hillsborough, Rockingham, Strafford and Grafton. Due to the nature of TAP, the survey process is not random. Therefore, the results cannot be generalized to the population of New Hampshire teens.

**Table 5-2: Sexuality Comparison  
(Grades 9-12 only)**

Question	YRBS <sup>1</sup> National 2001 %	YRBS <sup>2</sup> N.H. 2001 %	TAP <sup>3</sup> Multi- Community 1998-1999 %	TAP <sup>4</sup> Multi- Community 2000-2001 %
<b>Ever had sexual intercourse</b> YRBS: Have you ever had sexual intercourse?	45.6	38.8	-	-
TAP: Have you ever voluntarily had sexual intercourse?	-	-	39	40

<sup>1</sup> Youth Risk Behavior Surveillance Survey: National--CDC, 2002.

<sup>2</sup> Youth Risk Behavior Surveillance Survey: NH--CDC, 2002.

<sup>3</sup> Teen Assessment Project, 2000.

<sup>4</sup> Teen Assessment Project, 2002.

Note: Because of wording differences in the questions, the results of YRBS and TAP are not directly comparable.