

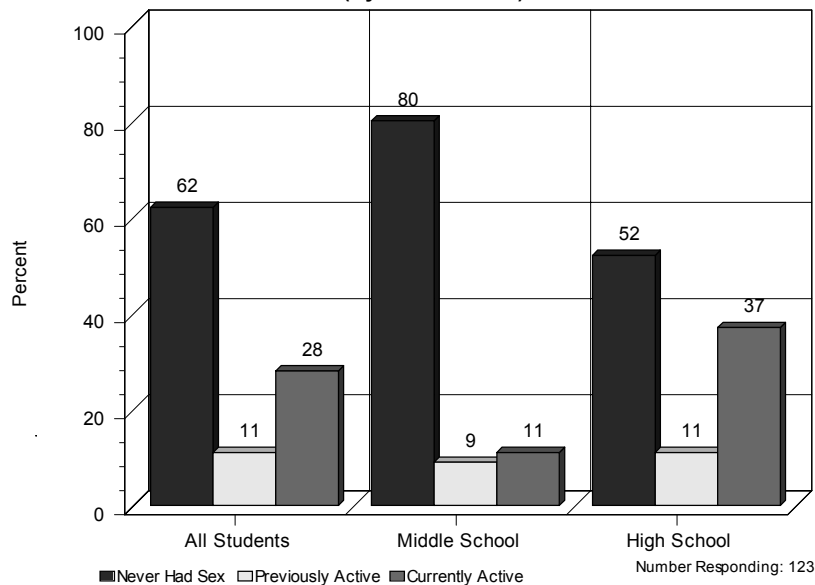
## CHAPTER 5 Sexuality

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). One out of four (25%) U.S. women has had a pregnancy by age 18 (Alan Guttmacher Institute, 1994). Teens were asked, "Have you ever **voluntarily** had sexual intercourse (for example, "gone all the way", "made love", "had sex")?" Sixty-two percent (62%) of teens surveyed have not had sexual intercourse. Figure 5-1 shows that 38% of teens surveyed have had sexual intercourse (middle school, 20%; high school, 48%).

**Figure 5-1: Sexual Activity of Teens  
(By School Level)**



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

Figure 5-2 shows that teens become more sexually active as they get older. Thirty-eight percent (38%) of students reported having had sexual intercourse (males, 32%; females, 44%).

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

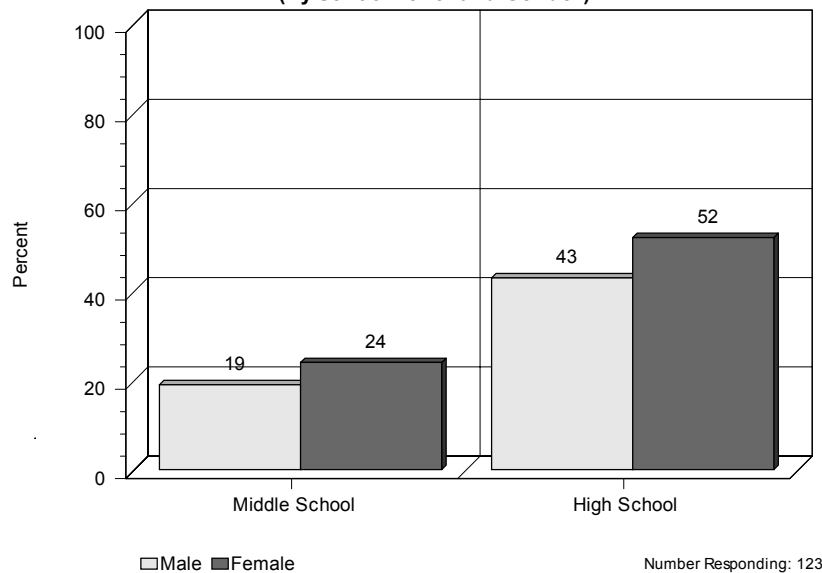


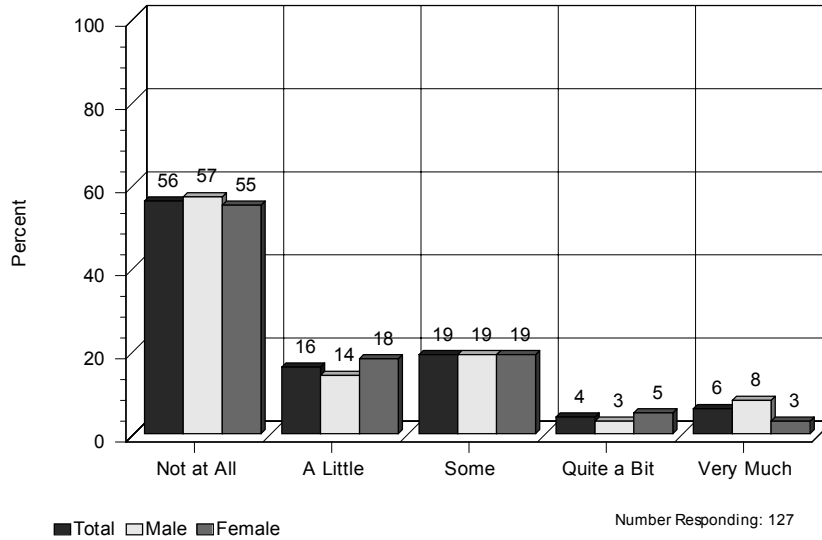
Table 5-1 shows data from the Youth Risk Behavior Surveillance Survey (YRBS) published by the Centers for Disease Control and Prevention (CDC, 2002).

**Table 5-1: 2001 YRBS Data: 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

Forty-four percent (44%) of students surveyed reported worrying to some degree about “being pressured into having sex” (males, 43%; females, 45%). Figure 5-3 shows the total break-down by gender. Figure 5-4 shows the responses by school level.

**Figure 5-3: Teen Worries About Being Pressured Into Having Sex (By Gender)**



**Figure 5-4: Teen Worries About Being Pressured Into Having Sex (By School Level)**

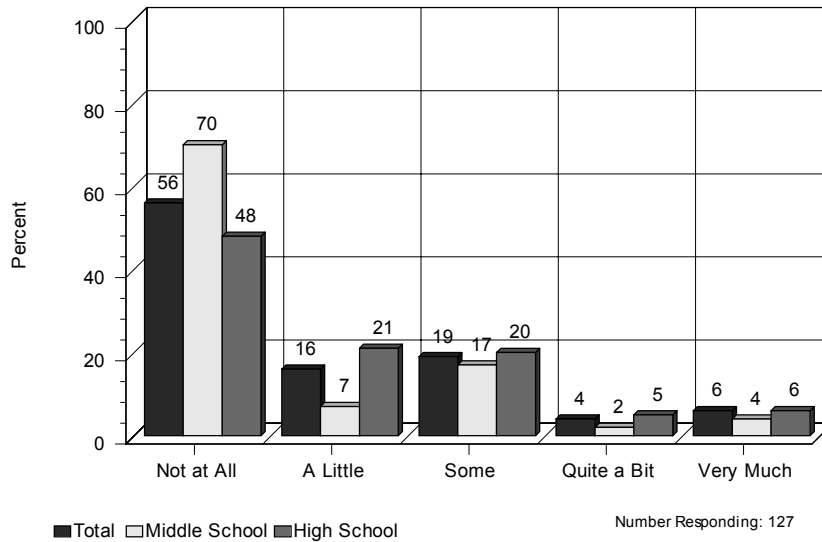


Figure 5-5 shows the answers to the question “If you have had sexual intercourse, how old were you the **first time** you had sexual intercourse?” Ten percent (10%) of students surveyed reported they first had sexual intercourse before the age of 13 (males, 9%; females, 10%). Thirty percent (30%) of youth indicated that they had first had sexual intercourse by the age of 16 (males, 24%; females, 35%). Of those who reported having had sexual intercourse, the average age teen first had sexual intercourse was 14 years old.

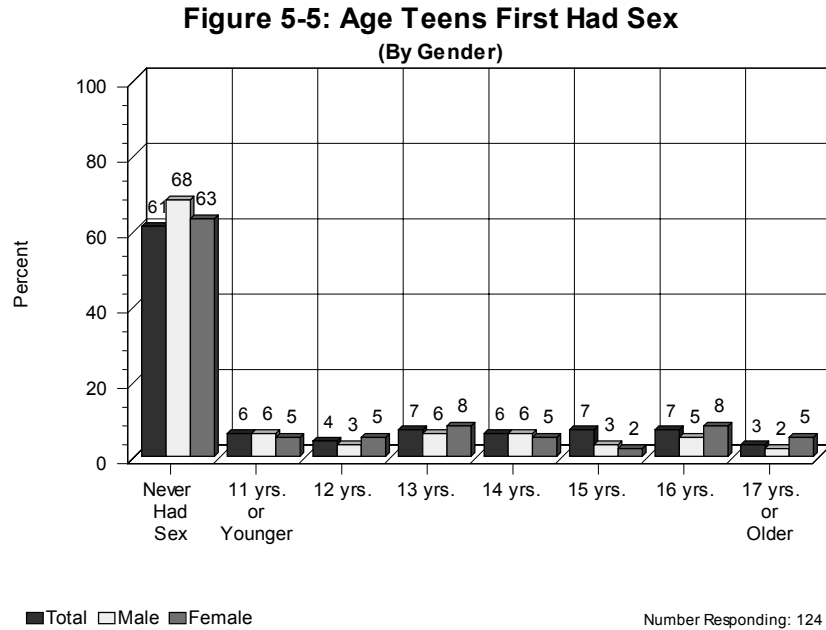


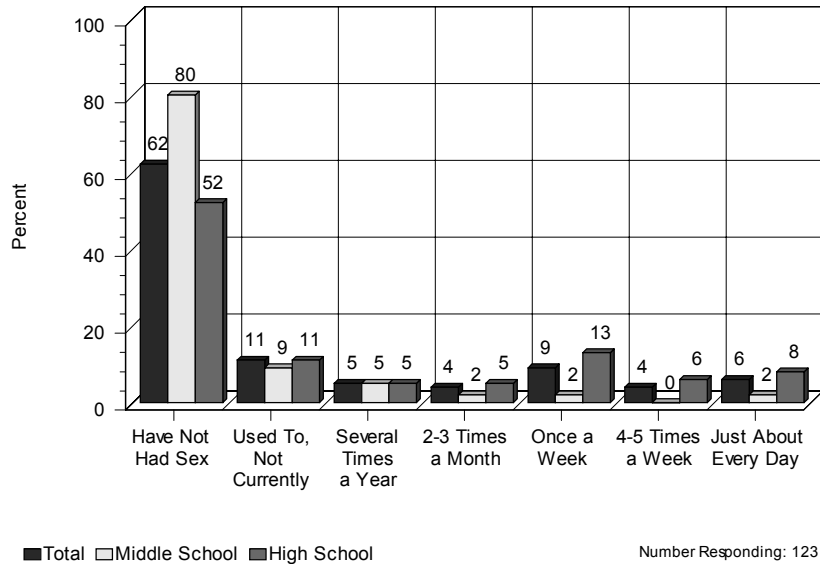
Table 5-2 shows data from the Youth Risk Behavior Surveillance Survey (YRBS) published by the Centers for Disease Control and Prevention (CDC, 2002).

**Table 5-2: 2001 YRBS Data: Sexual Intercourse**  
(Grades 9-12 only)

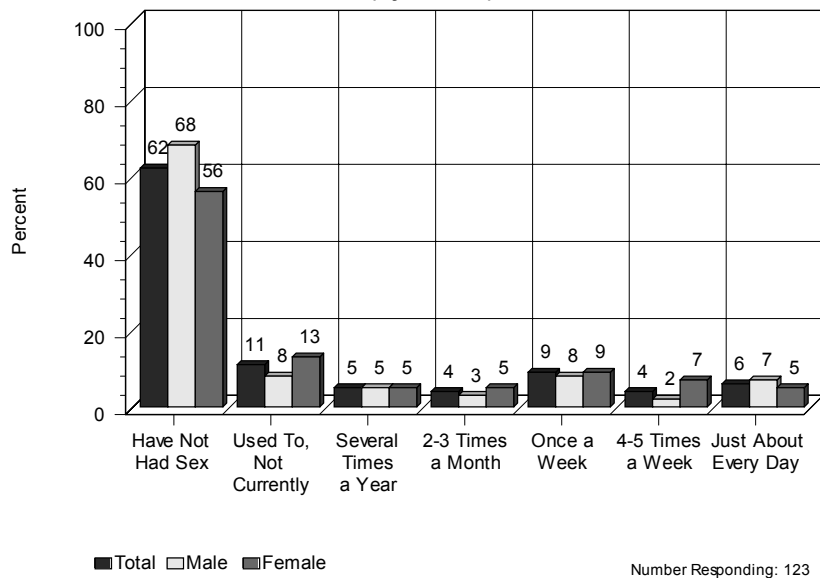
Behavior	YRBS National 2001 %			YRBS N.H. 2001 %		
	Total	Male	Female	Total	Male	Female
First sexual intercourse before age 13 years	6.6	9.3	4.0	4.7	6.7	2.5

Figure 5-6 and Figure 5-7 show how often teens reported having voluntary sexual intercourse, based on school level and gender.

**Figure 5-6: Frequency of Sexual Activity (By School Level)**



**Figure 5-7: Frequency of Sexual Activity (By Gender)**



Teens were asked, “If you have had sexual intercourse, how many different people have you had sexual intercourse with in your lifetime?” Figure 5-8 shows that 10% of youth responded that they have had sexual intercourse with 4 or more partners in their lifetime (males, 9%; females, 11%).

**Figure 5-8: Number of Partners Teens Have Had (By Gender)**

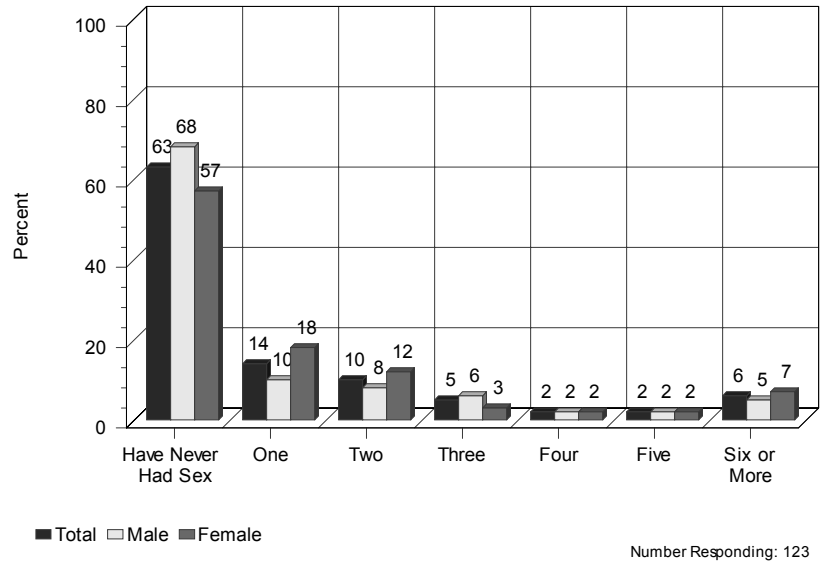


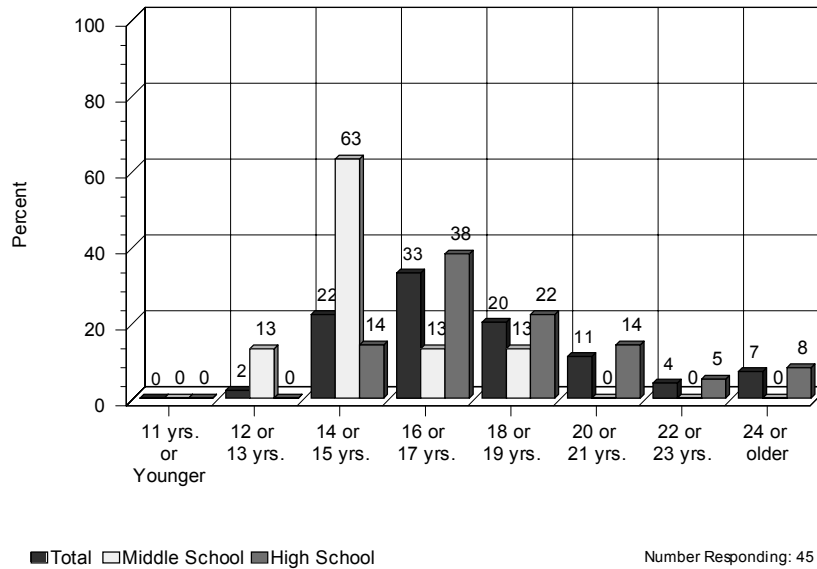
Table 5-3 shows data from the Youth Risk Behavior Surveillance Survey (YRBS) published by the Centers for Disease Control and Prevention (CDC, 2002).

**Table 5-3: 2001 YRBS Data: Partners During Lifetime (Grades 9-12 only)**

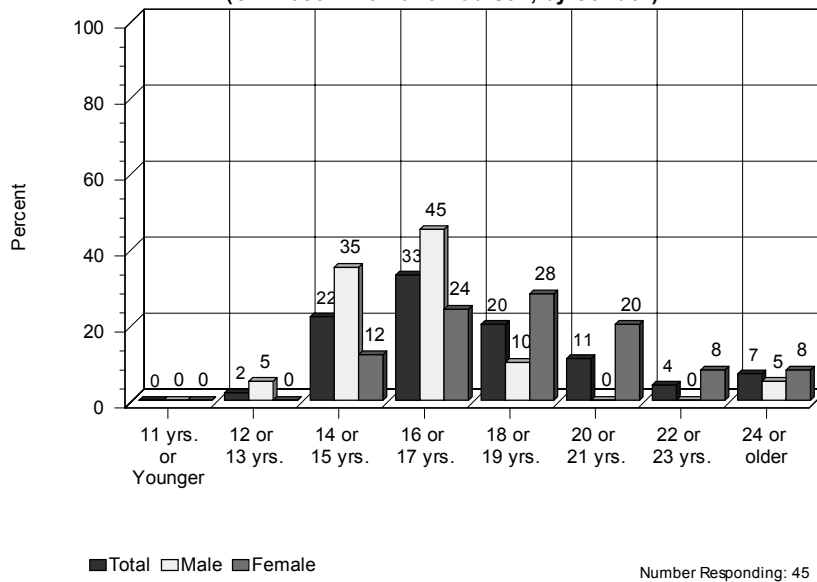
Behavior	YRBS National 2001 %			YRBS N.H. 2001 %		
	Total	Male	Female	Total	Male	Female
≥ 4 people with whom have had sexual intercourse in lifetime	14.2	17.2	11.4	9.8	10.8	8.6

Teens were asked, “What is the age of your most recent sexual partner?” Figures 5-9 and 5-10 shows responses by school level and by gender. Twenty-two percent (22%) of teens who have had sexual intercourse reported the age of their most recent partner to be age 20 or older (males, 5%; females, 36%).

**Figure 5-9: Age of Teens' Most Recent Sexual Partner**  
(Of Those Who Have Had Sex, by School Level)

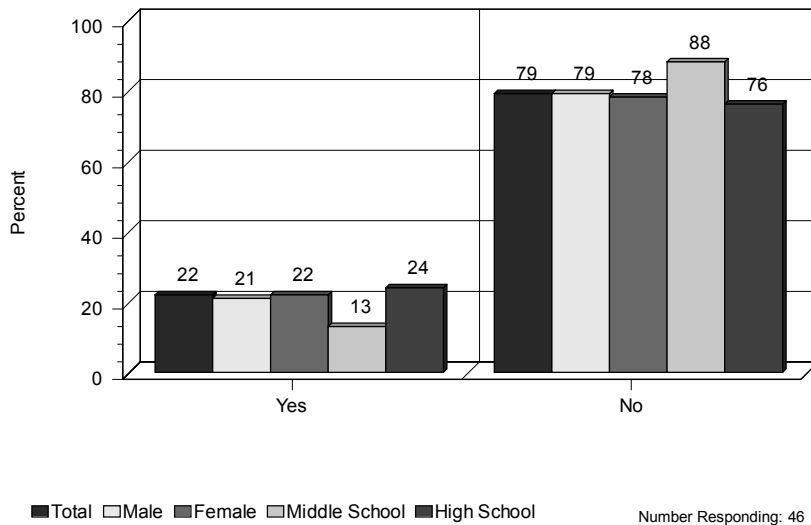


**Figure 5-10: Age of Teens' Most Recent Sexual Partner**  
(Of Those Who Have Had Sex, by Gender)



Teens were asked, “If you have had sexual intercourse, did you or your partner drink alcohol or use drugs before you had sex the **last time**?” Figure 5-11 shows that twenty-one percent (21%) of sexually active teens said they or their partner did use drugs or alcohol before the last time they had sex the last time (males, 21%; females, 22%; middle school, 13%; high school, 24%). The use of alcohol or other drugs can lead to failure to use any birth control methods at all, or at the very least, to not use them correctly.

**Figure 5-11: Teens Who Used Alcohol or Drugs Before the Last Time They Had Sexual Intercourse (Of Those Who Have Ever Had Sex)**



**Table 5-4: 2001 YRBS Data: Partners During Lifetime (Grades 9-12 only)**

Behavior	YRBS National 2001 %			YRBS N.H. 2001 %		
	Total	Male	Female	Total	Male	Female
Alcohol or drug use at last sexual intercourse	25.6	30.9	20.7	21.1	24.7	17.9

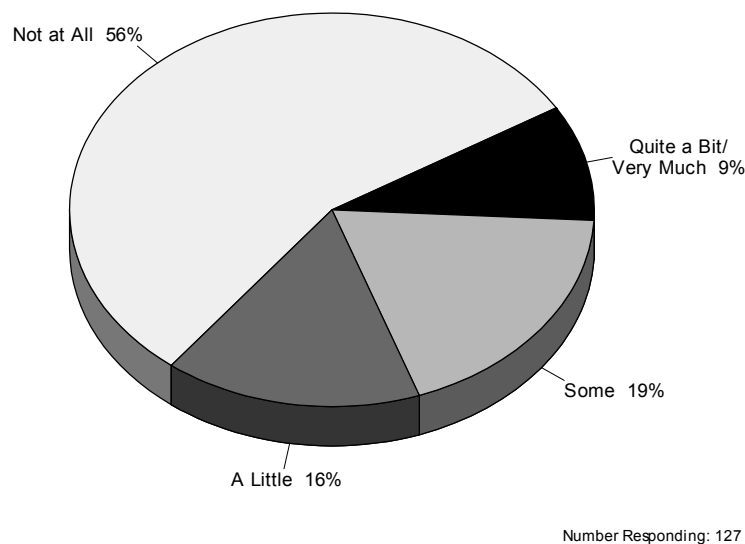
## Teenage Pregnancy

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 cost 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 2001 there were 19 live births to mothers 17 years and younger and 39 live births to mothers 18-19 years of age in Grafton County (out of a total of 770 live births) (New Hampshire Department of Health and Human Services, 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.

We asked teens, “Have you ever been pregnant or made someone pregnant?”. Six percent (6%) of teens responded affirmatively to this question (males, 5%; females, 8%). Figure 5-12 shows the responses to the question “How much do you worry...that I might get pregnant or get someone else pregnant?” Forty-four percent (44%) of youth reported worry about this issue to some degree (males, 43%; females, 45%; middle school, 30%; high school, 52%).

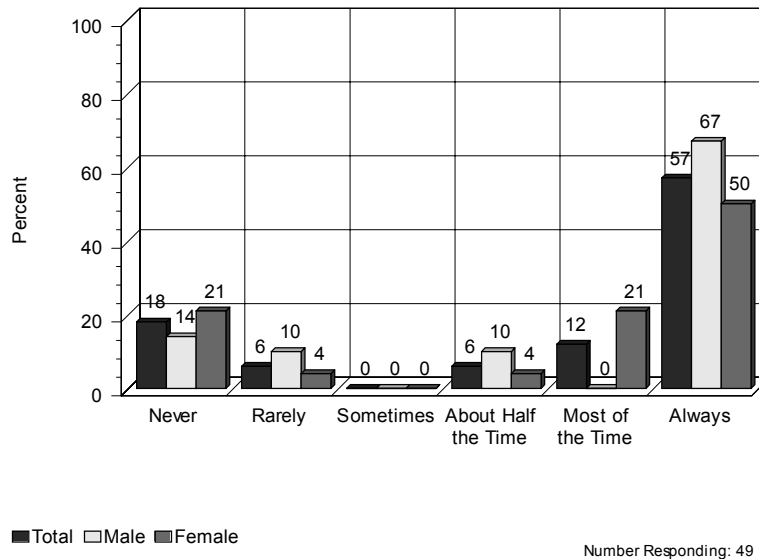
**Figure 5-12: Pregnancy as a Teen Worry**



## Contraception

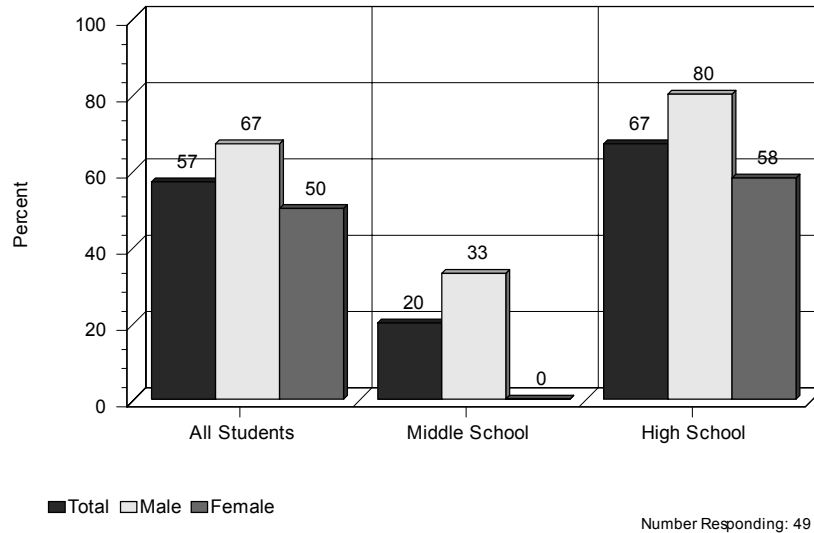
Figure 5-13 shows student responses to the question, “If you have had sexual intercourse, how often do you and/or your partner use some form of birth control (“the pill”, condoms, foam, jelly)?” Of those students who report current or past sexual activity, 57% said they “always” use some form of birth control (males, 67%; females, 50%). Eighteen percent (18%) of students who report being sexually active “never” use any form of birth control (males, 14%; females, 21%). Figure 5-13 shows the frequency of birth control use of sexually active male and female students.

**Figure 5-13: Birth Control Use by Sexually Active Teens**  
(By Gender)



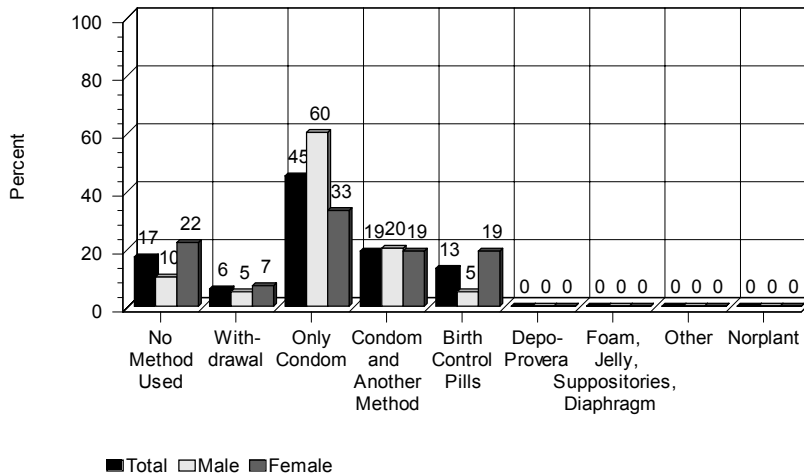
According to Healthier People in Wisconsin, after teens become sexually active, they usually wait on average twelve months before they begin to use contraception (Wisconsin Department of Health and Social Services, 1990). Younger teens are less likely to use contraceptives (Hutchins, 2000). This is troubling since the health risks associated with a pregnancy are much greater for younger teens. Figure 5-14 shows the percentages of students who “always” use birth control.

**Figure 5-14: Sexually Active Teens Who Always Use Birth Control (By School Level and Gender)**



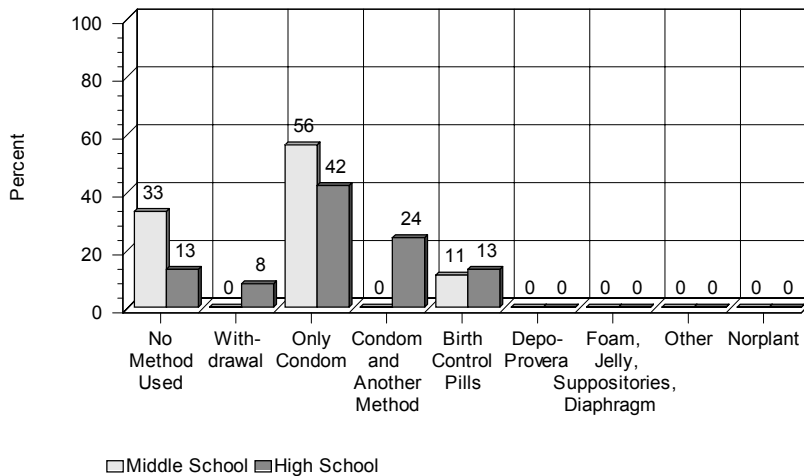
Teens were asked, “The last time you had sexual intercourse, what did you or your partner use to prevent pregnancy?” Figure 5-15 shows the responses by gender. The most common method of birth control among sexually active teens is the use of condoms, either alone or in conjunction with another method. Twenty-three percent (23%) of teens who have had sexual intercourse are either using no birth control (17%) or withdrawal (6%), both of which are likely to result in health risks and/or pregnancy. Figure 5-16 shows responses by school level.

**Figure 5-15: Method of Birth Control Used by Teens the Last Time They Had Sex (Of Those Who Have Had Sex, by Gender)**



Number Responding: 47

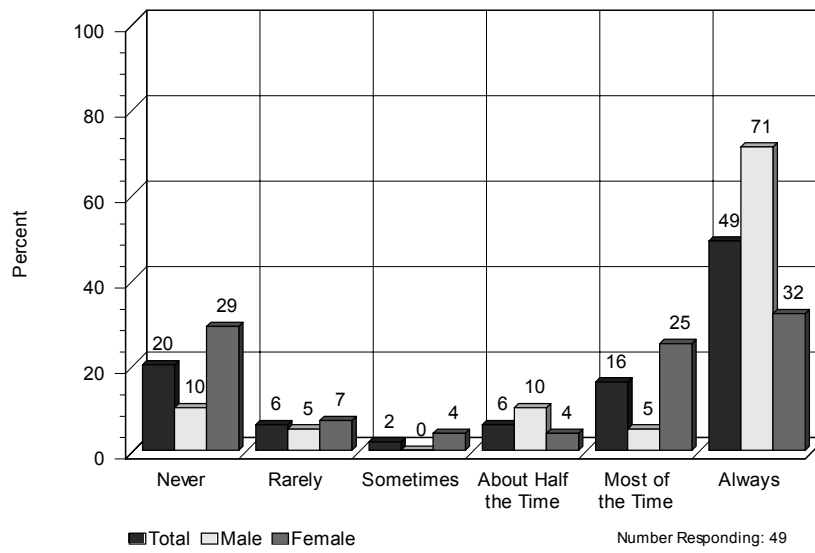
**Figure 5-16: Method of Birth Control Used by Teens the Last Time They Had Sex (Of Those Who Have Had Sex, by School Level)**



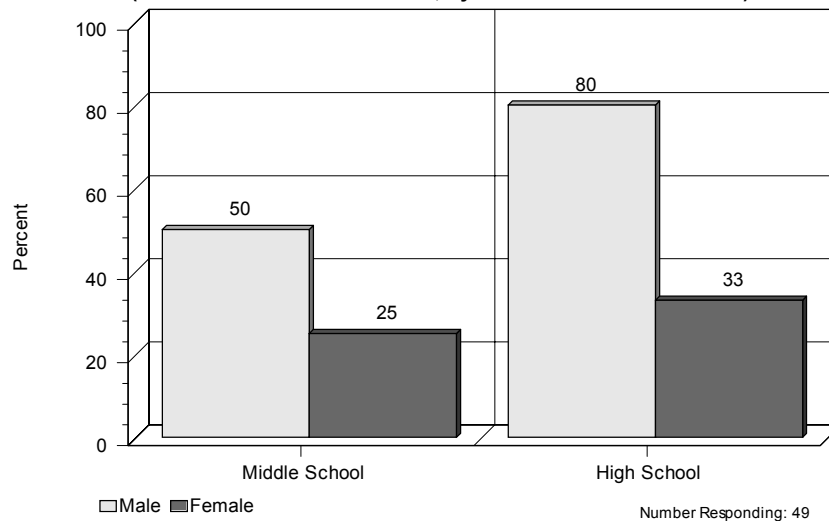
Number Responding: 47

Local teens were asked “If you have had sexual intercourse, how often do you or your partner use a condom?” Forty-nine percent (49%) of sexually active teens said they “always” did. Approximately one of five (20%) said they “never” use a condom. Figure 5-17 shows the frequency of condom use by sexually active teens by gender. Figure 5-18 shows the responses by school level and gender.

**Figure 5-17: Condom Use by Teens**  
(Of Those Who Have Ever Had Sex, by Gender)

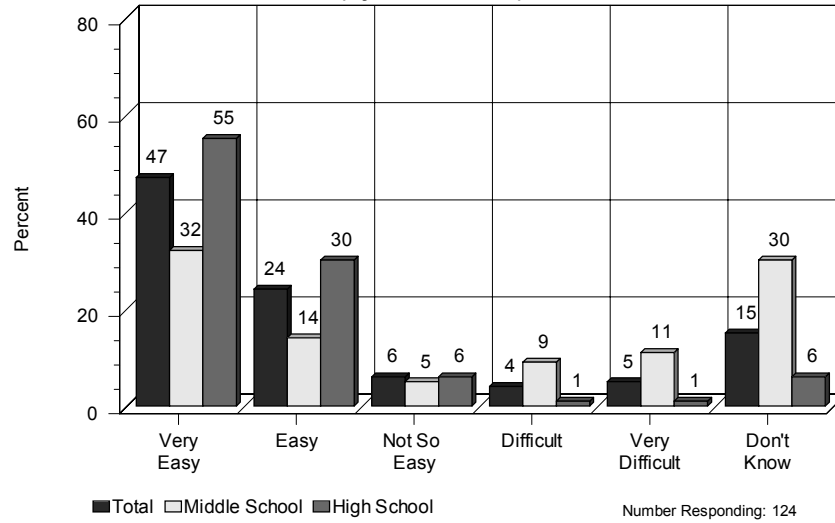


**Figure 5-18: Teens Who Always Use Condoms**  
(Of Those Who Have Had Sex, by School Level and Gender)



Obtainability of Birth Control As Figure 5-19 below shows, 71% of all students believe it is “easy” or “very easy” to obtain condoms or other contraception. Only 9% believe it is “difficult” or “very difficult” to obtain contraception. Fifteen percent (15%) reported that they did not know how easy it is to obtain contraception.

**Figure 5-19: Obtainability of Condoms or Other Birth Control (By School Level)**

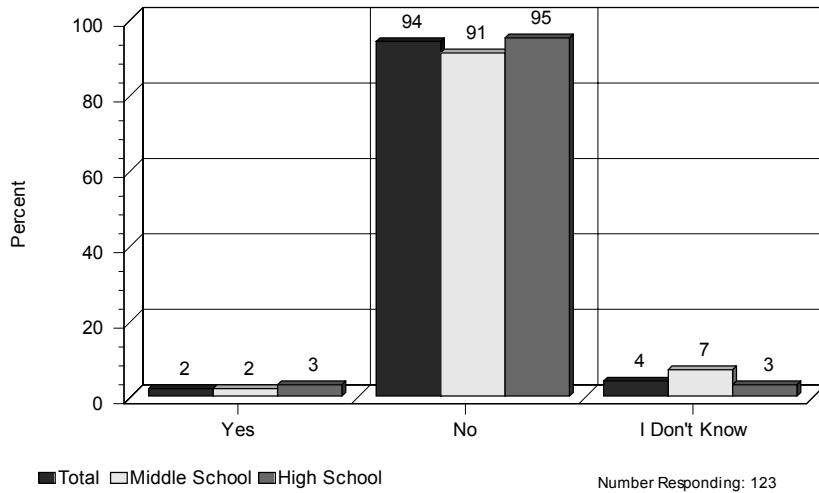


## Sexually Transmitted Diseases

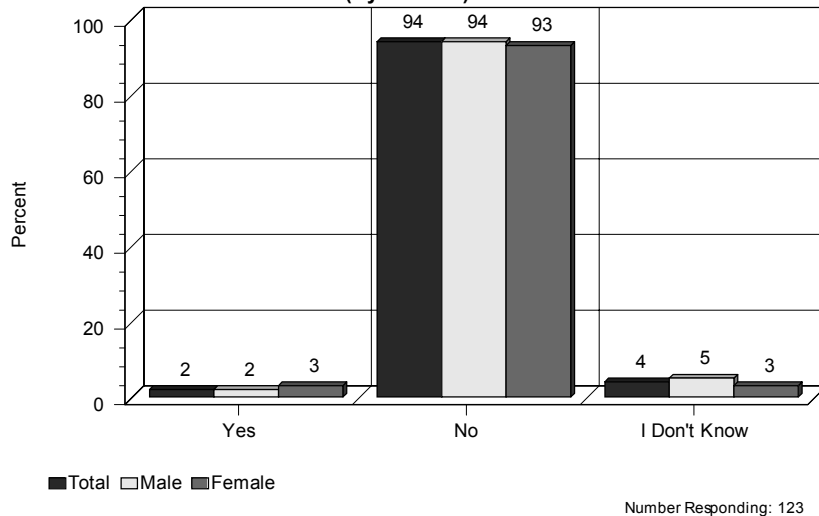
Teens who are sexually active run certain risks that can affect their health and their future. In a single act of unprotected sex with an infected partner, a teenage woman has a 1% risk of acquiring HIV, a 30% risk of getting genital herpes and a 50% risk of getting gonorrhea (Alan Guttmacher Institute, 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 (Minino & 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 “*Have you ever had a sexually transmitted disease (STD)?*”. Ninety-four percent (94%) of teens said they have never had an STD (males, 94%; females, 93%). Four percent (4%) of youth answered that they did not know (males, 5%; females, 3%). Figure 5-20 shows the responses by school level; Figure 5-21 shows them by gender.

**Figure 5-20: Teens Who Have Had an STD  
(By School Level)**



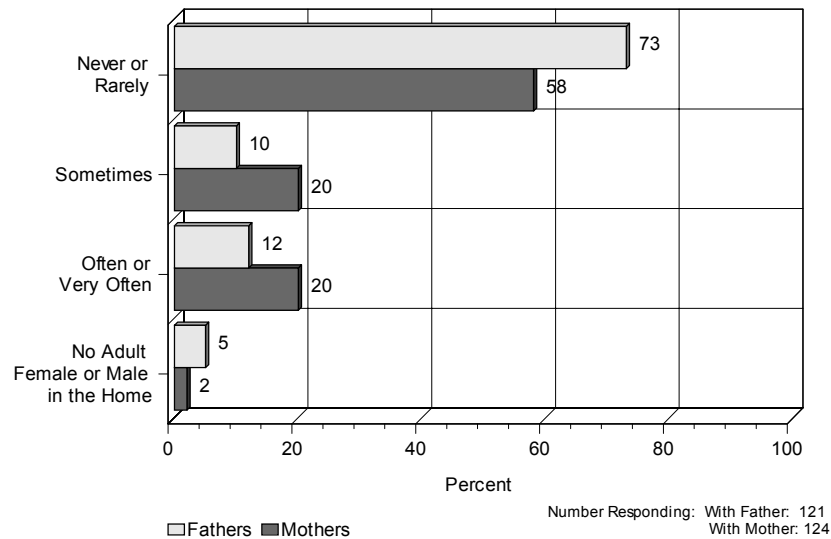
**Figure 5-21: Teens Who Have Had an STD  
(By Gender)**



## 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 5-22 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, 58% of teens have “*rarely*” or “*never*” talked with their mothers and 73% “*rarely*” or “*never*” talked with their fathers in the past year about sexuality issues.

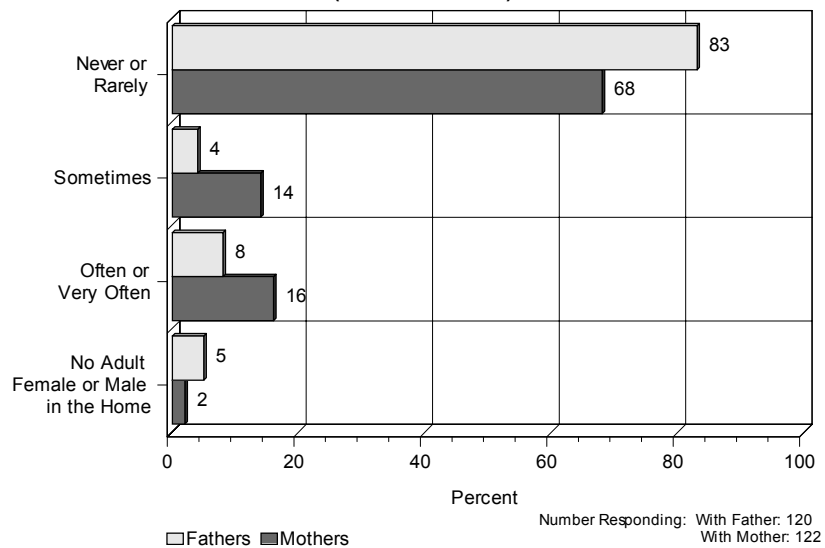
**Figure 5-22: Talks with Father or Mother About Whether or Not It’s Okay to Have Sex (In the Past Year)**



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.

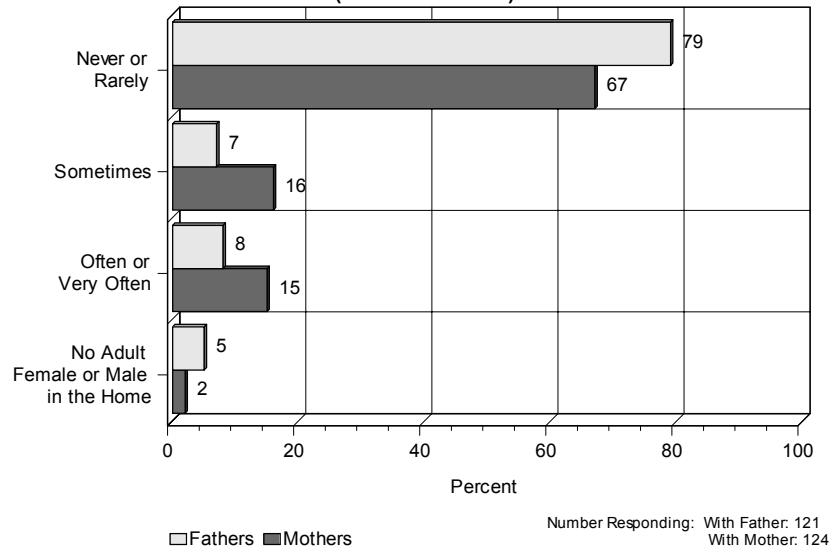
Sixty-eight percent (68%) of teens reported “rarely” or “never” having a good talk with their mother about birth control in the past year, while 83% reported “rarely” or “never” having a good talk with their father. Figure 5-23 shows how often in the past year teens have had a good talk about birth control with their parents. These findings indicate the majority of teens and parents “never” or “rarely” talk with one another about sexuality issues.

**Figure 5-23: 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. Approximately three out of four (79%) students said they “never” or “rarely” spoke with their fathers about AIDS or other STDs, and 67% said the same for their mothers. Figure 5-24 shows the breakdown of responses.

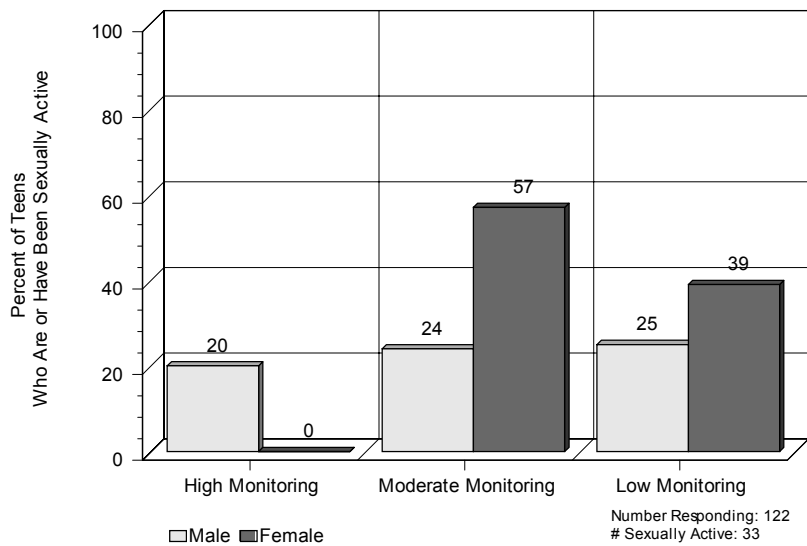
**Figure 5-24: Talks with Father or Mother About AIDS or STDs (In the Past Year)**



## Parents' Influence on Teen Sexual Activity

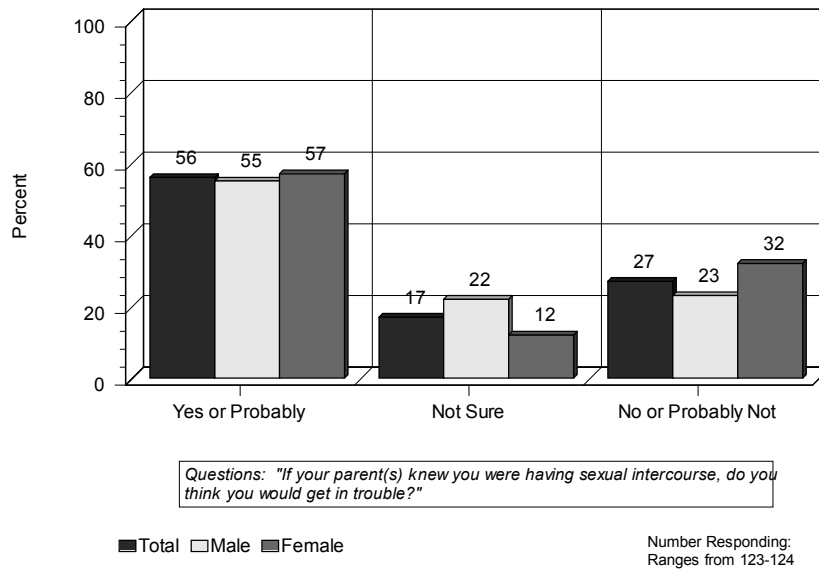
Parental monitoring is an important factor in preventing adolescent sexual activity. Parental monitoring refers to parents' supervision and awareness of their child's activities. In this survey the students were asked to respond to a series of eight questions concerning the amount of information parents have about the students' whereabouts, activities, plans and companions (see Chapter 8). 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 5-25 shows that out of all teens surveyed, teens with low parental monitoring are more likely to have sex (low monitoring, 34%; high monitoring, 10%). Higher levels of parental monitoring are related to lower levels of sexual activity. Because the results of the TAP survey provide descriptive information, no cause and effect relationship can be inferred. We cannot say that one behavior *caused* another, only that there is a relationship between the two.

**Figure 5-25: Relationship Between Levels of Parental Monitoring and Teen Sexual Activity (By Gender)**



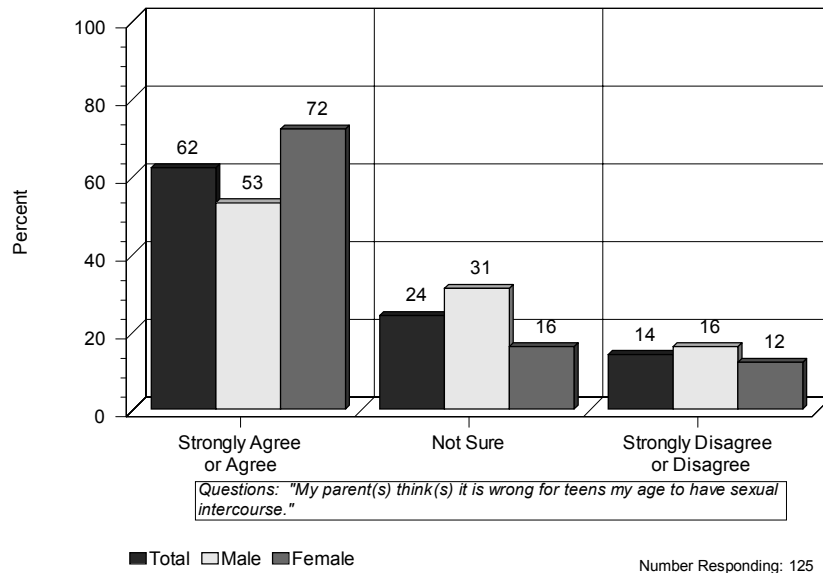
Another strong parental influence on teen sexual activity is whether or not teens think they will get in trouble if their parents knew they were sexually active. Figure 5-26 shows responses to the question “*If your parents knew you were having sex, do you think you would get in trouble at home?*” Due to the small number of students, a comparison of teen sexual behavior based on question responses was not recommended. Prior Teen Assessment Project research (2002) has shown a relationship between teen perception of parental consequences and teen sexual behavior such that those teens who report that there would be parental consequences to such behavior are less likely to engage in it.

**Figure 5-26: Teens' Perceptions of Parental Consequences For Health Risk Behavior**



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 (McNeely et al., 2002). Figure 5-27 shows responses to the question “My parents think it is wrong for teens my age to have sexual intercourse.” Due to the small number of students, a comparison of teen sexual behavior based on question responses was not recommended. Prior Teen Assessment Project research (2002) has shown a relationship between teen perception of parental values and teen sexual behavior such that those teens who report that negative parental values around teen sexual intercourse are less likely to engage in that behavior.

**Figure 5-27: Teens' Perceptions of Parental Values About Health Risk Behaviors**



## Presentation Of Comparable Data

In this section, Lin-Wood Cooperative School District 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 *2000-2001 TAP 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 *2000-2001 TAP Multi-Community Report* is based on ten NH SAUs surveyed from January 2000 through December 2001 (Teen Assessment Project, 2002). These data represent 9,458 teens. 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 5-5: 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 2000-2001 %	TAP <sup>4</sup> Lin-Wood 2003 %
<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?	-	-	40	48

<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, 2002.

<sup>4</sup> Teen Assessment Project, 2003.

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