

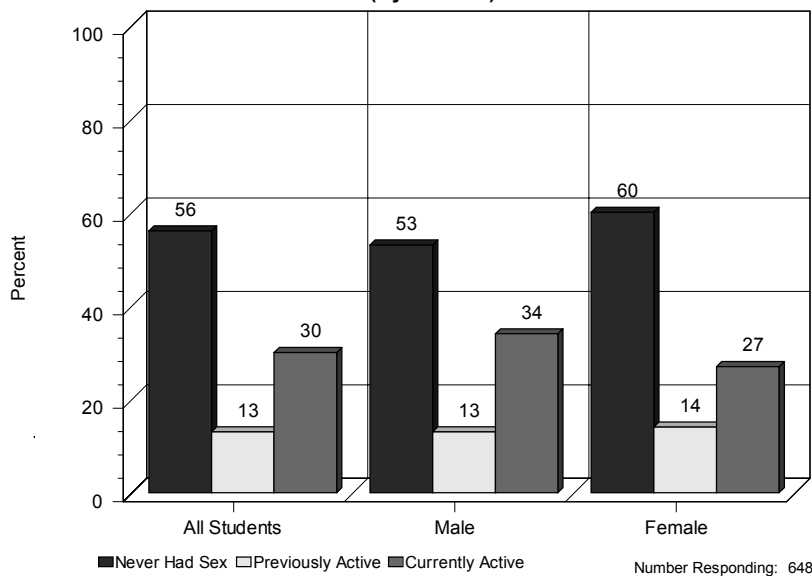
CHAPTER 5 Sexuality

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 have 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")?" Fifty-six percent (56%) of teens surveyed have not had sexual intercourse. Figure 5-1 shows that 44% of teens surveyed have had sexual intercourse (males, 47%; females, 41%).

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



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-four percent (44%) of high school students reported having had sexual intercourse (males, 47%; females, 41%). Sixty-four percent (64%) of teens in the 12th grade reported having had sexual intercourse (males, 65%; females, 62%) .

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

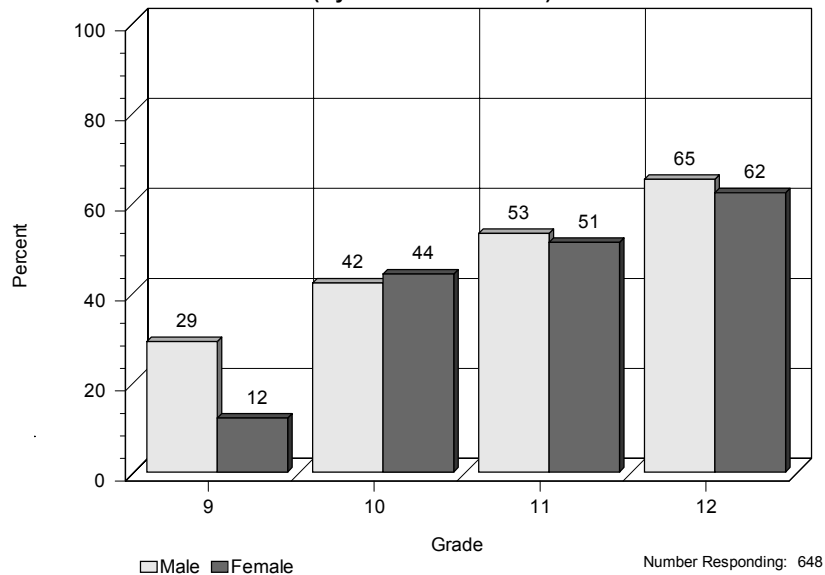


Table 5-1 shows data from the Youth Risk Behavior Surveillance Survey (YRBS) published by the Centers for Disease Control and Prevention (CDC, 2002).

**Table 5-1: 2001 YRBS Data: 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
First sexual intercourse before age 13 years	6.6	9.3	4.0	4.7	6.7	2.5

Teen responses to the question “*Have you ever voluntarily had sexual intercourse (for example, “gone all the way”, “made love”, “had sex”)?* are shown in Figure 5-3 by gender.

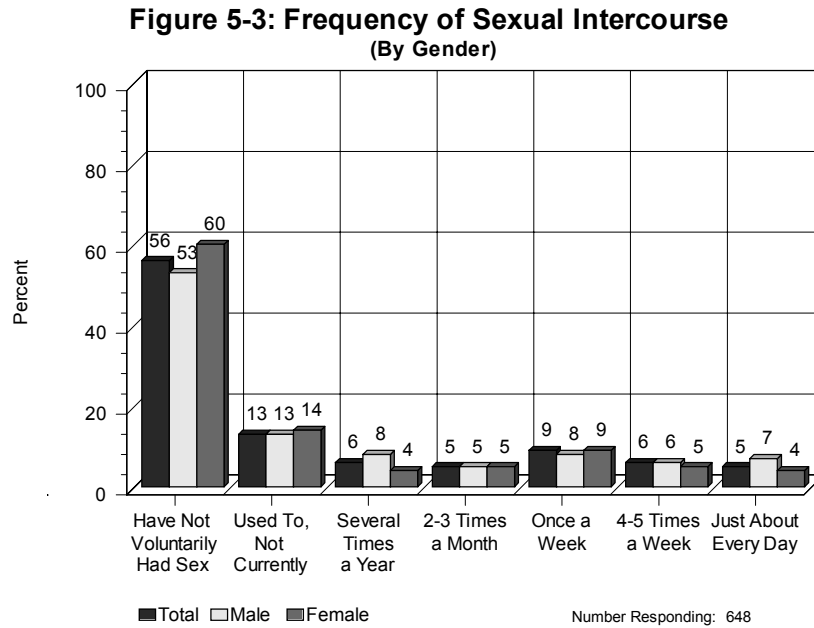
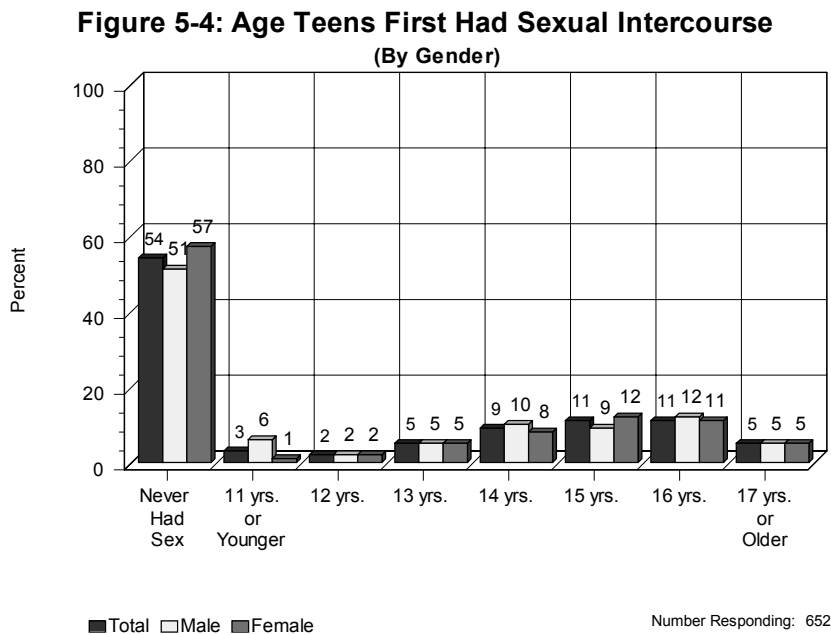


Figure 5-4 shows the responses by gender to the question: “*If you have had sexual intercourse, how old were you the first time you had sexual intercourse?*” The average age that teens first had sexual intercourse was 15 years old.



Teens were asked, “If you have had sexual intercourse, how many different people have you had sexual intercourse with in your lifetime?” Figure 5-5 shows that 12% of youth responded that they have had sexual intercourse with 4 or more partners in their lifetime (males, 14%; females, 8%).

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

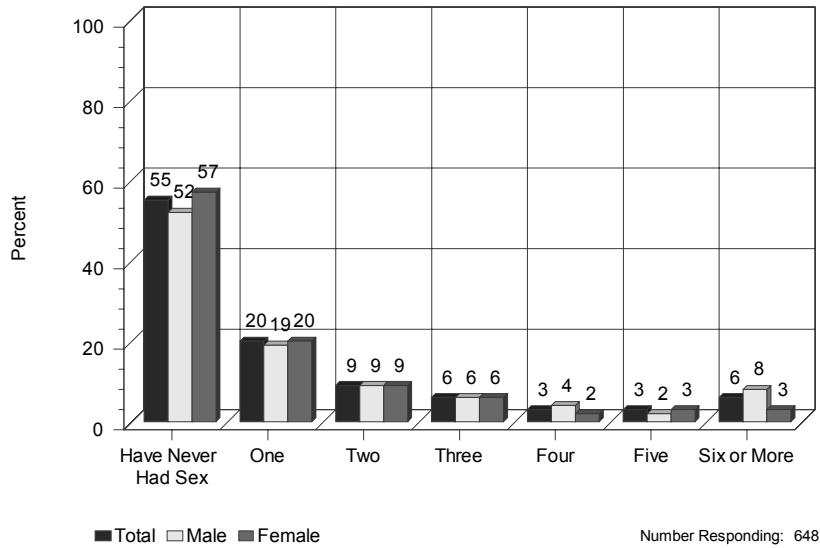


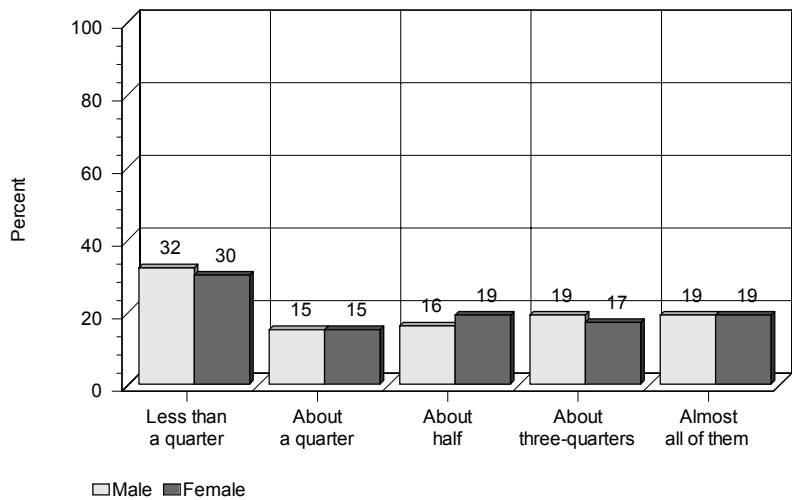
Table 5-2 shows data from the Youth Risk Behavior Surveillance Survey (YRBS) published by the Centers for Disease Control and Prevention (CDC, 2002).

Table 5-2: 2001 YRBS Data: 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

Figure 5-6 shows responses to the question: “What percentage of your friends do you think have had sexual intercourse?”.

Figure 5-6: Number of Friends Who Have Had Sexual Intercourse (By Gender)

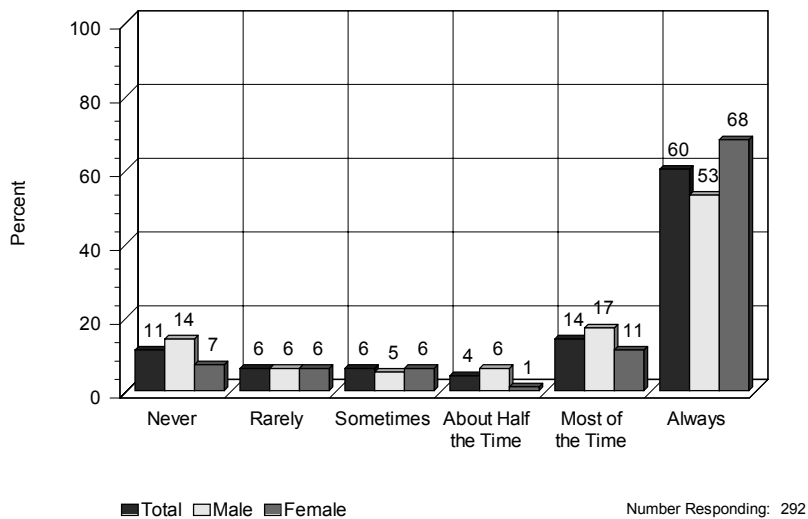


Number Responding: 650

Contraception

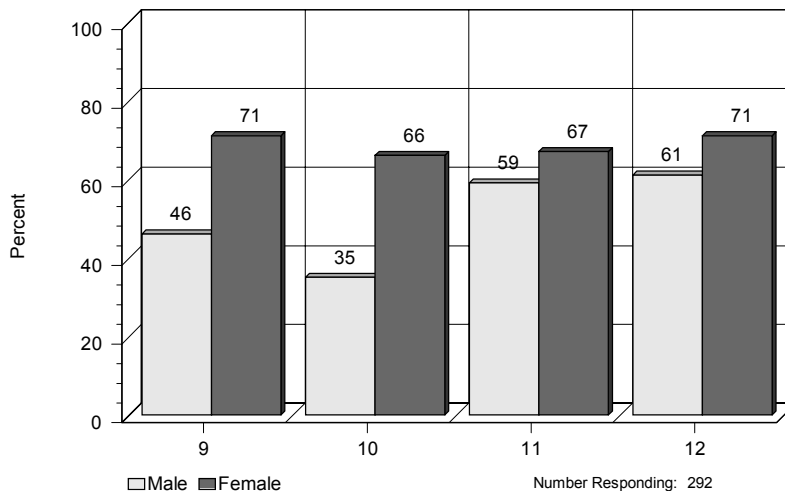
Of those students who report current or past sexual activity, 60% said they “always” use some form of birth control (males, 53%; females, 68%). Eleven percent (11%) of students who report being sexually active “never” use any form of birth control (males, 14%; females, 7%). Figure 5-7 shows the frequency of birth control use of sexually active male and female students.

Figure 5-7: Birth Control Use by Sexually Active Teens (By Gender)



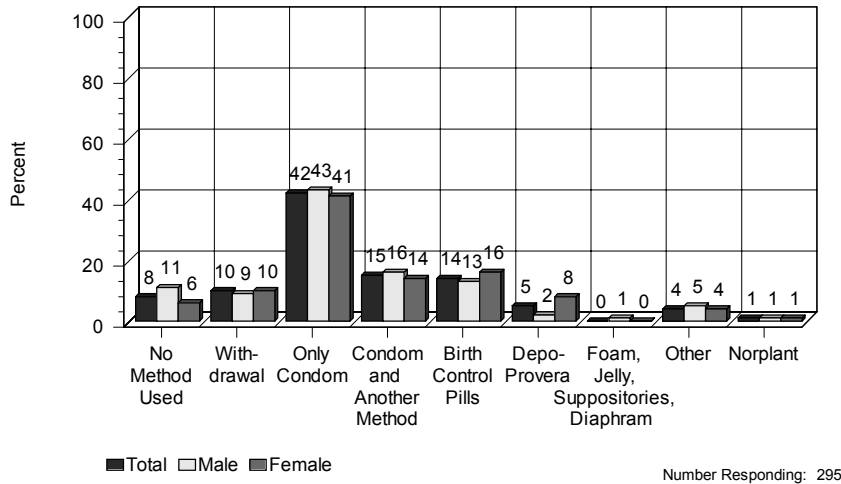
According to Healthier People in Wisconsin, after teens become sexually active, they usually wait on average twelve months before they begin to use contraception (Wisconsin Department of Health and Social Services, 1990). Younger teens are less likely to use contraceptives (Hutchins, 2000). This is troubling since the health risks associated with a pregnancy are much greater for younger teens. Figure 5-8 shows the breakdown by grade and gender for sexually active teens (currently and previously) who “always” use birth control.

Figure 5-8: Sexually Active Teens Who Always Use Birth Control (By Grade and Gender)



Teens were asked, “The last time you had sexual intercourse, what did you or your partner use to prevent pregnancy?”. Figure 5-9 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. Eighteen percent (18%) of teens who have had sexual intercourse are either using no birth control (8%) or withdrawal (10%), both of which are likely to result in health risks and/or pregnancy.

Figure 5-9: Method of Birth Control Used by Teens the Last Time They Had Sex (Of Those 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 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?*”. Forty-nine percent (49%) of sexually active teens said they “*always*” did; approximately one out of seven (13%) said they “*never*” use a condom. Figure 5-10 shows the frequency of condom use by sexually active teens. Figure 5-11 shows “*always*” use by grade and gender.

Figure 5-10: Condom Use by Teens
(Of Those Who Have Ever Had Sex, by Gender)

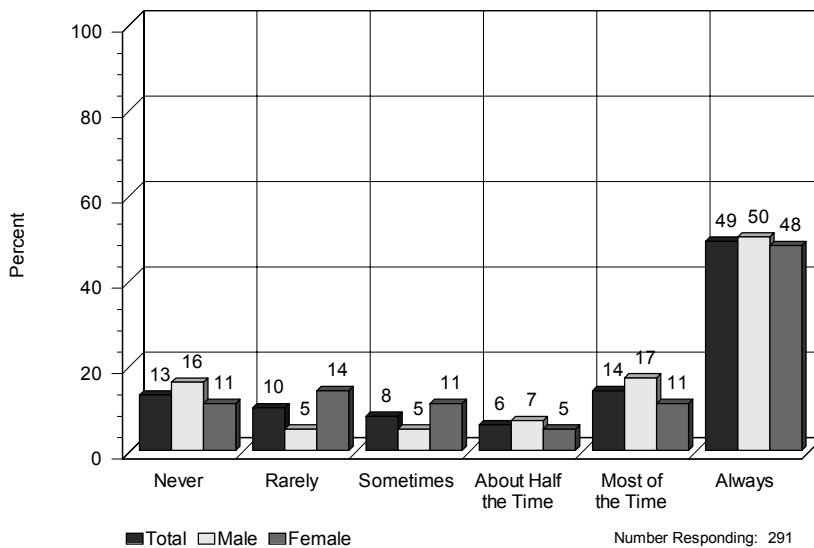
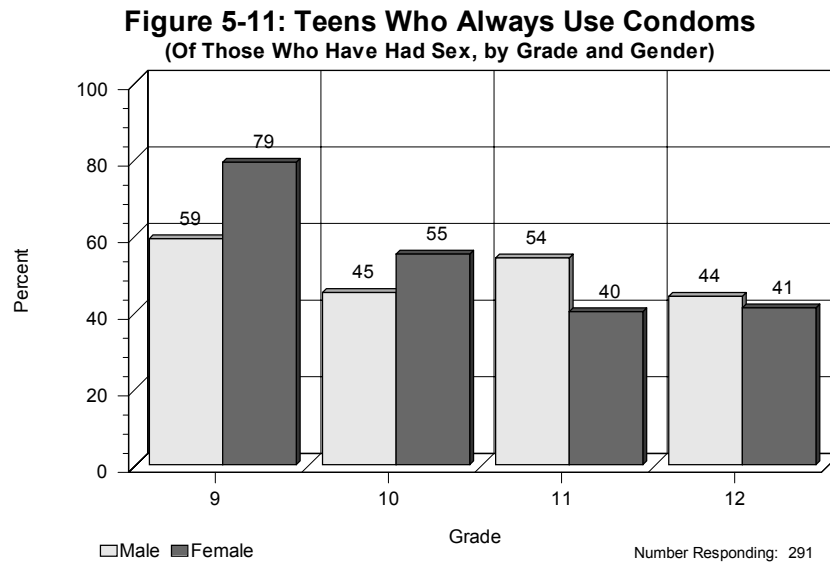


Figure 5-11 shows how often teens “always” use condoms by grade and gender (of those teens who report ever having had sexual intercourse).



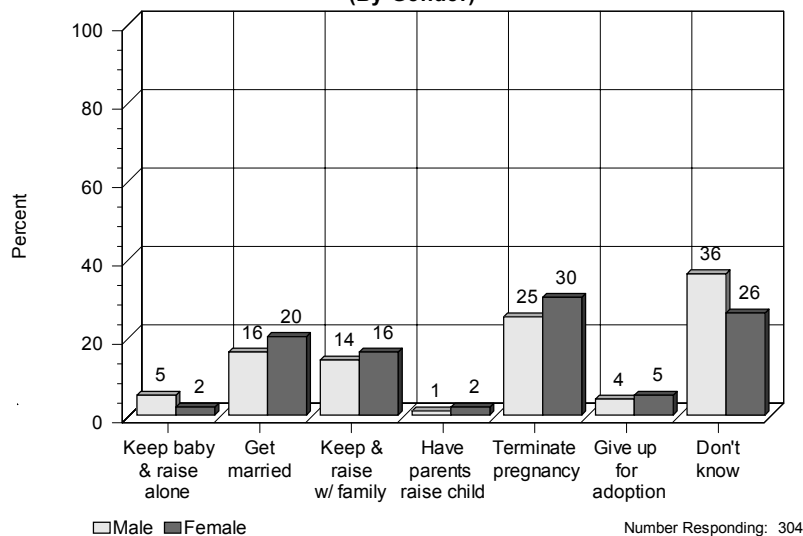
Teenage Pregnancy

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 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.

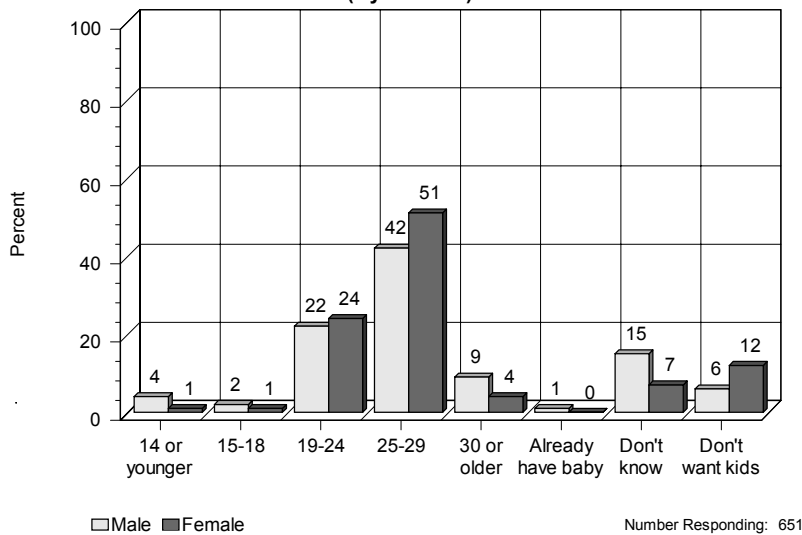
We asked teens, “If you or your partner were to get pregnant at this time, what do you think you would most likely do?”. Figure 5-12 shows that 31% of sexually active teens did not know what they would do. Males and females responded to this question in similar ways.

Figure 5-12: What Sexually Active Teens Would Do If They Became Pregnant (By Gender)



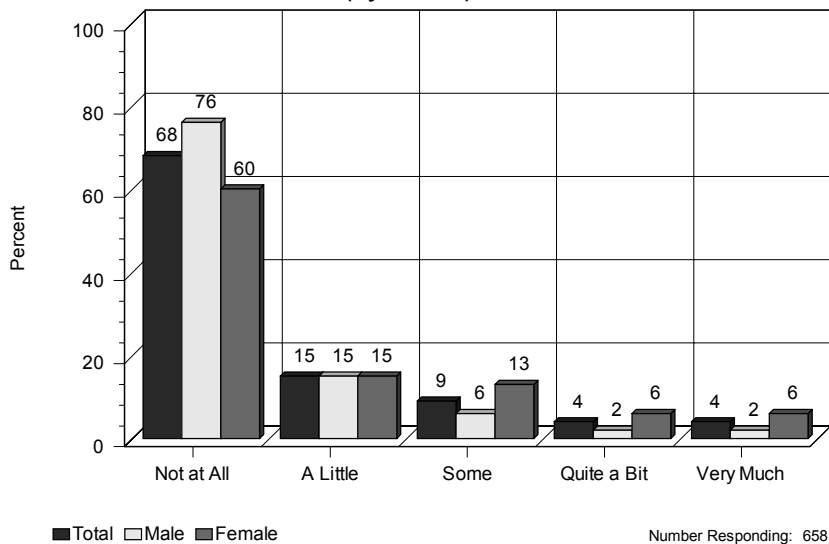
When asked, “How old do you want to be when you have your first child?”, most students responded that they wanted to be between the ages of 25-29. A greater percentage of males than females reported they they did not know when they wanted children. A greater percentage of females than males reported that they did not think they ever wanted children. Figure 5-13 shows the responses by gender.

Figure 5-13: How Old Teens Want To Be When They Have Their First Child (By Gender)



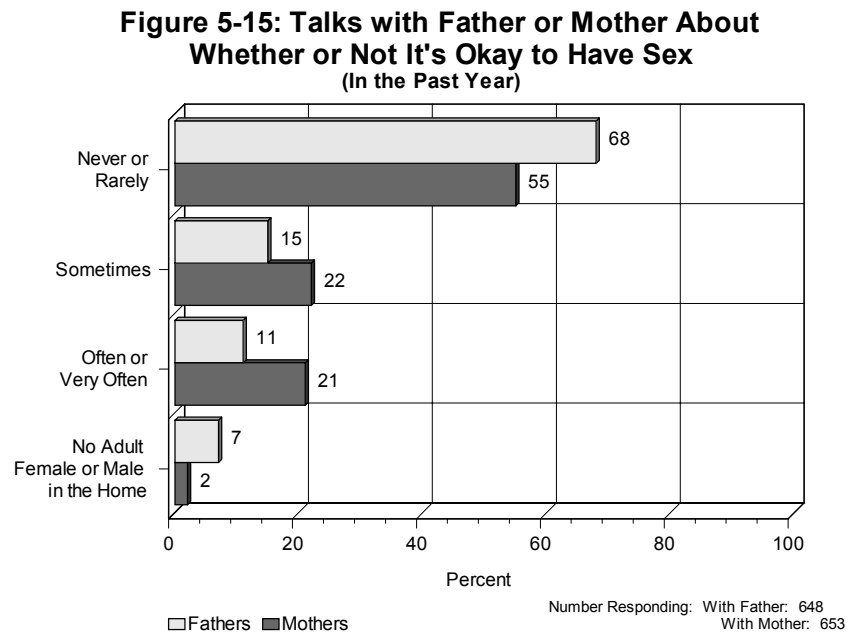
Thirty-two percent (32%) of students surveyed reported worrying to some degree about “being pressured into having sex”. Females are more likely to worry about being pressured into having sex than males (males, 24%; females, 40%). Figure 5-14 shows the total breakdown by gender.

Figure 5-14: Teen Worries About Being Pressured Into Having 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 5-15 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 sexuality issues.

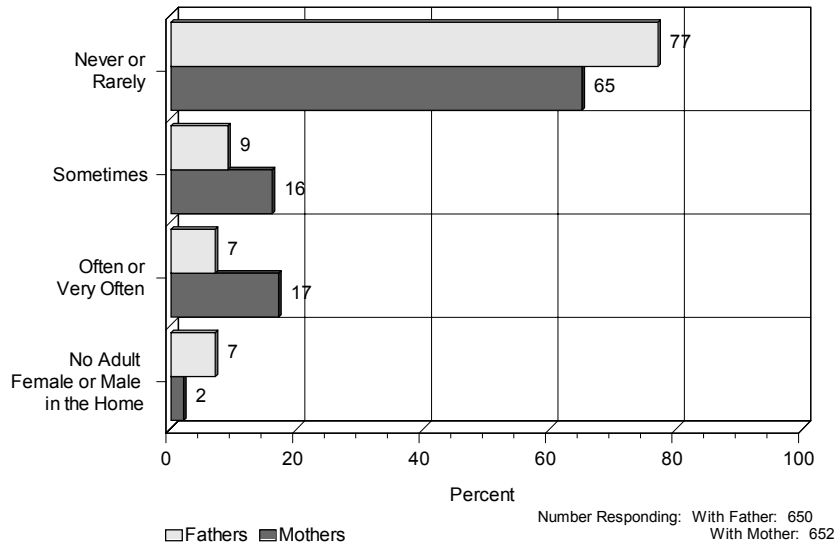


Some people believe if you talk to teens about sex, you will encourage it by planting ideas in their heads. Contrary to this belief, a study based on TAP data found teens who are sexually active are more likely to be so because they perceive fewer costs, not because they perceive more benefits (Small 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-five percent (65%) of teens reported “rarely” or “never” having a good talk with their mother about birth control in the past year, while 77% 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.

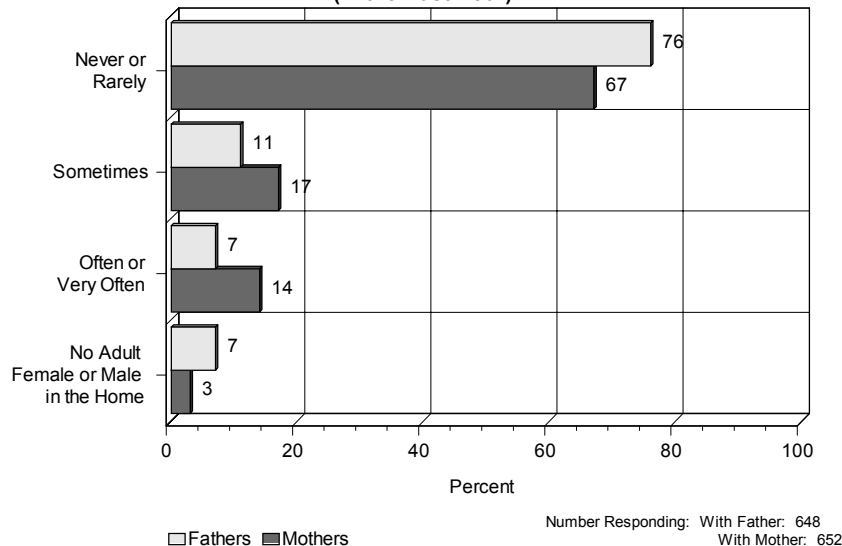
Figure 5-16: Talks with Father or Mother About Birth Control (In the Past Year)

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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 (76%) students said they “never” or “rarely” spoke with their fathers about AIDS or other STDs, and 67% said the same for their mothers. Figure 5-17 shows the breakdown of responses.

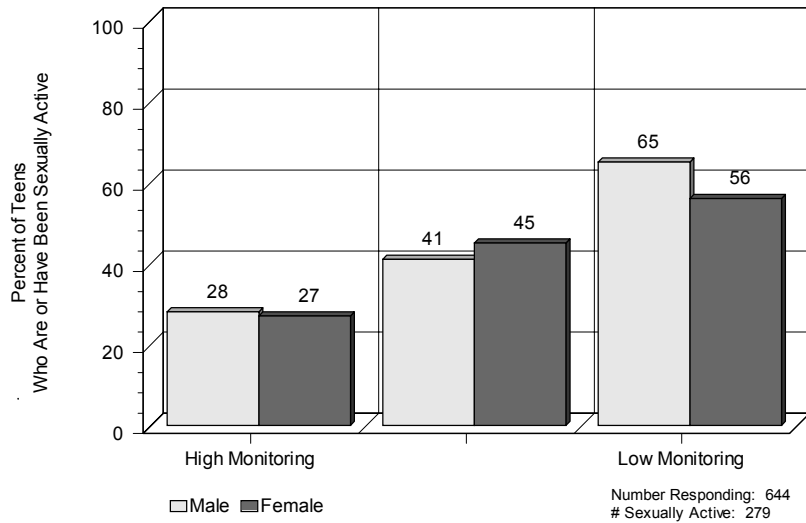
Figure 5-17: Talks with Father or Mother About AIDS or STDs (In the Past Year)



Parents' Influence on Teen Sexual Activity

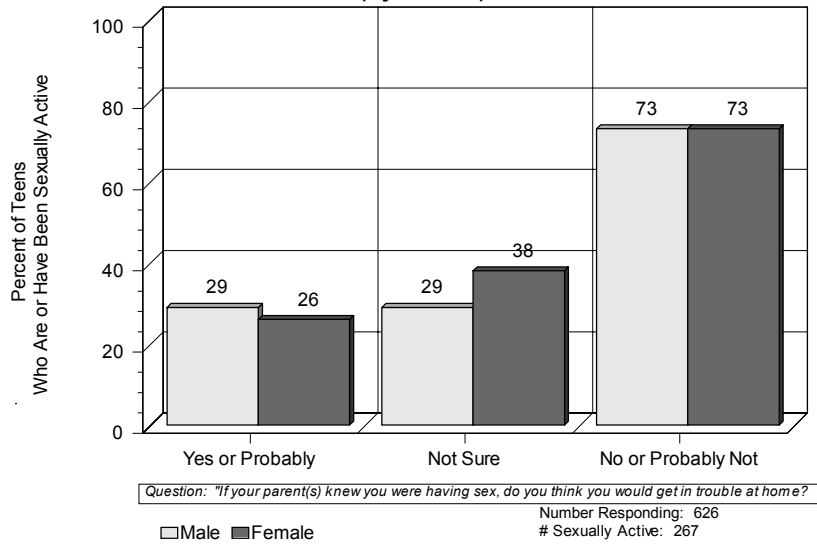
Parental monitoring is an important factor in preventing adolescent sexual activity. Parental monitoring refers to parents' supervision and awareness of their child's activities. In this survey the students were asked to respond to a series of eight questions concerning the amount of information parents have about the students' whereabouts, activities, plans and companions (see Chapter 8, pp. 116-118). 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 5-18 shows that out of all teens surveyed, teens with low parental monitoring are more likely to have sex (low monitoring, 61%; high monitoring, 27%). 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 5-18: Relationship Between Levels of Parental Monitoring and Teen Sexual Activity (By Gender)



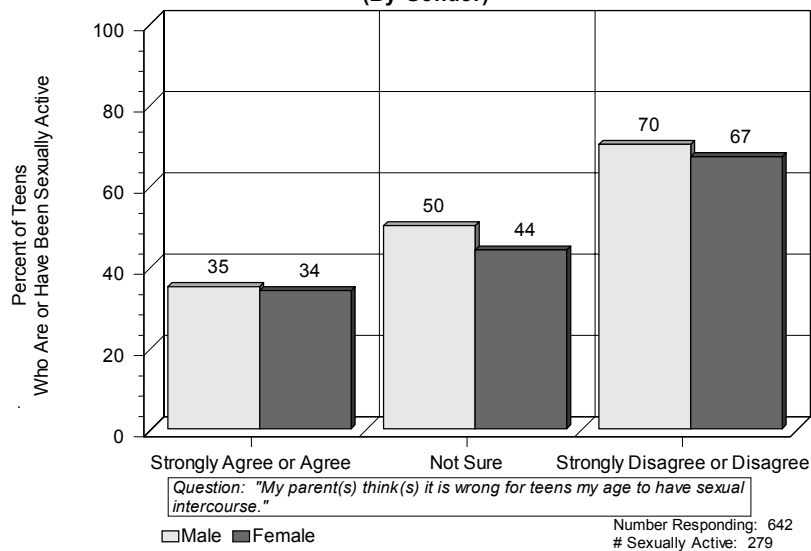
Another strong parental influence on teen sexual activity is whether or not teens think they will get in trouble if their parents knew they were sexually active. Figure 5-19 shows that teens who do not feel they will get in trouble at home are more likely to be sexually active (not get in trouble, 73%; get in trouble, 27%). The belief that they will get in trouble is strongly related to teen sexual activity for both males and females. 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 5-19: 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 (McNeely et al., 2002). In Figure 5-20, 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 twice as likely to engage in sex as are students who believe their parents do think it is wrong for them to have sex (69% vs. 34%). 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 5-20: Relationship Between Teens' Perceptions of Parental Values and Teen Sexual Activity (By Gender)



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 *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 5-3: Sexuality Comparison
(Grades 9-12 only)**

Question	YRBS ¹ National 2001 %	YRBS ² N.H. 2001 %	TAP ³ Multi- Community 2000-2001 %	TAP Pemi- Baker 2002 %
Ever had sexual intercourse YRBS: Have you ever had sexual intercourse?	45.6	38.8	-	-
TAP: Have you ever voluntarily had sexual intercourse?	-	-	40	44

¹ Youth Risk Behavior Surveillance Survey: National--CDC, 2002.

² Youth Risk Behavior Surveillance Survey: NH--CDC, 2002.

³ Teen Assessment Project, 2002.

⁴ Teen Assessment Project, 2002.

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