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## CHAPTER 5

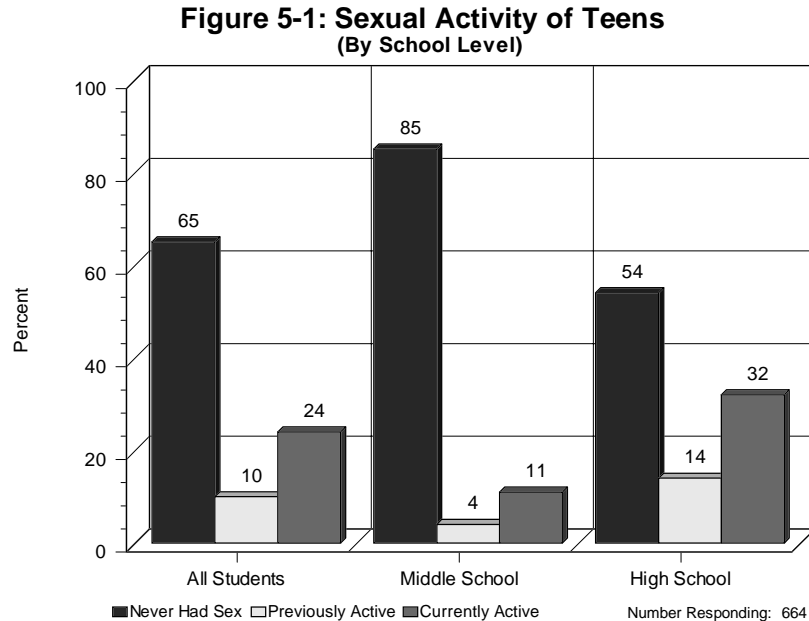
### Sexuality

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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-five percent (65%) of teens in the Raymond School District have not had sexual intercourse. Figure 5-1 shows 35% of teens surveyed have had sexual intercourse (middle school, 15%; high school, 46%).



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

Figure 5-2 shows that teens become more sexually active as they get older. Sixty-five percent (65%) of local teens in the 12<sup>th</sup> grade reported having had sexual intercourse (males, 63%; females, 67%) .

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

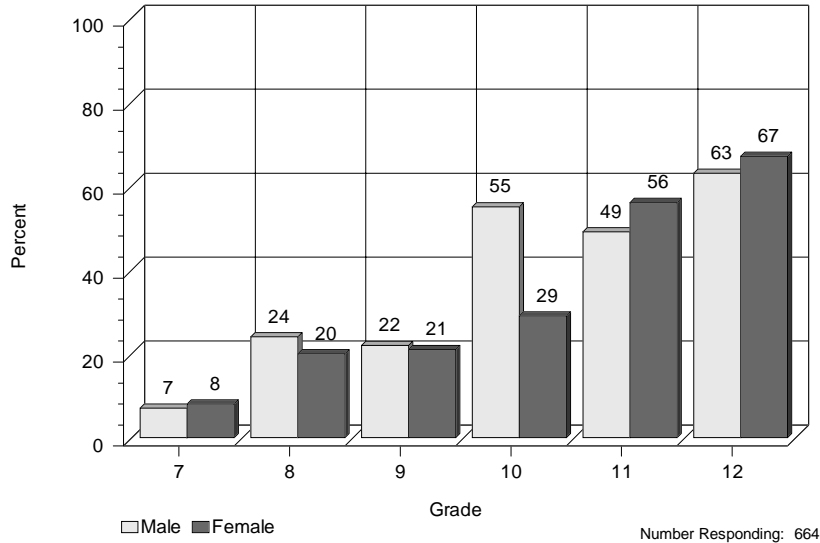


Table 5-1 shows data from the Youth Risk Behavior Surveillance Survey (YRBS) published by the Centers for Disease Control and Prevention (CDC, 2002).

**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
<b>YRBS: Have had sexual intercourse at some time in their lives</b>	45.6	48.5	42.9	38.8	39.3	38.1

Thirty-two percent (32%) of local teens reported they first had sex by the age of 16 or earlier. The average age for first teen sexual intercourse is 14 years old. Figure 5-3 shows the range of teen age for first sexual intercourse.

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

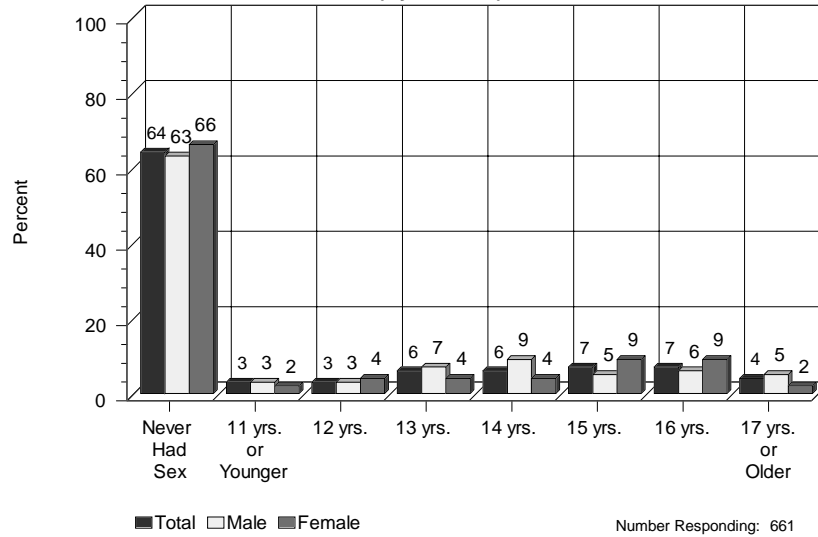


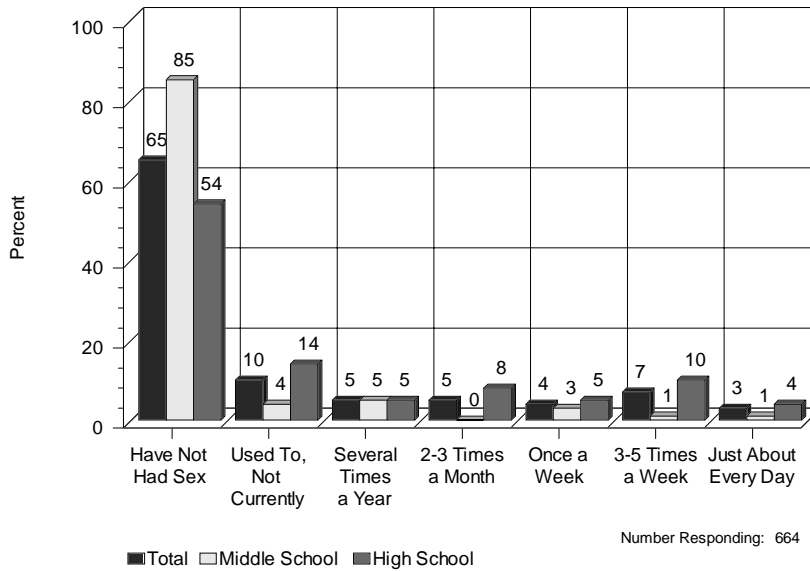
Table 5-2 shows data from the Youth Risk Behavior Surveillance Survey (YRBS) published by the Centers for Disease Control and Prevention (CDC, 2002).

**Table 5-2: 2001 YRBS Data: First Sexual Intercourse Before Age 13 (Grades 9-12 only)**

Behavior	YRBS National 2001 %			YRBS N.H. 2001 %		
	Total	Male	Female	Total	Male	Female
YRBS: Have had sexual intercourse at before the age of 13	6.6	9.3	4.0	4.7	6.7	2.5

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

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



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

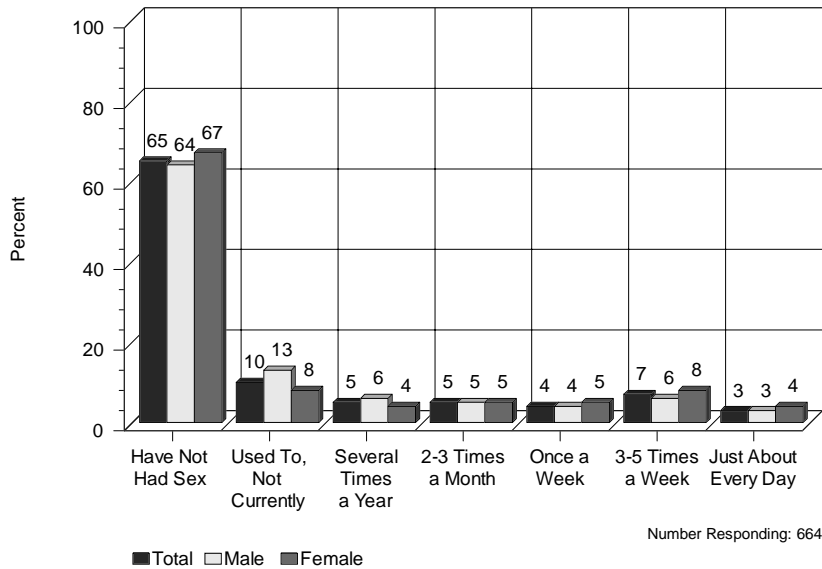


Figure 5-6 shows that 19% of sexually active teens said they used alcohol or other drugs before they had sexual intercourse the first time. There is a link between the use of alcohol/drugs and early initiation of sexual activity (Rosenbaum & Kandel, 1990).

**Figure 5-6: Teens Who Used Alcohol or Drugs Before They Had Sexual Intercourse the First Time**  
(Of Those Who Have Ever Had Sex)

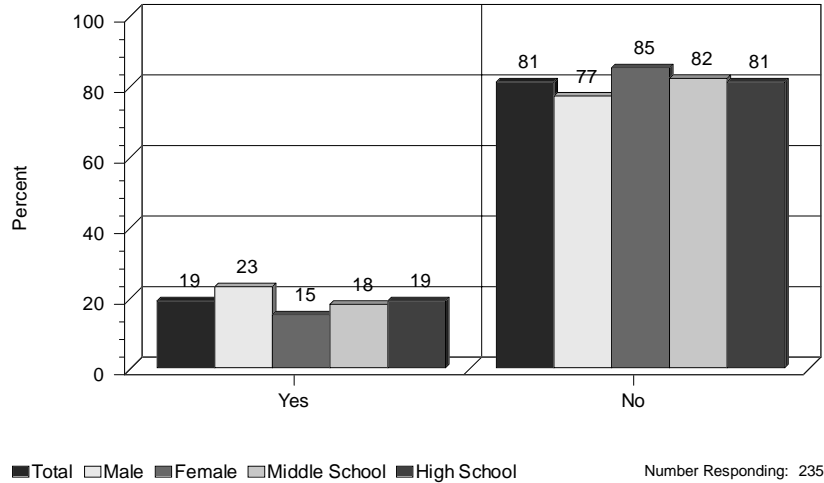


Table 5-3 shows data from the Youth Risk Behavior Surveillance Survey (YRBS) published by the Centers for Disease Control and Prevention (CDC, 2002).

**Table 5-3: 2000 YRBS Data: Alcohol or Drug Use at Last Sexual Intercourse (Grades 9-12 only)**

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

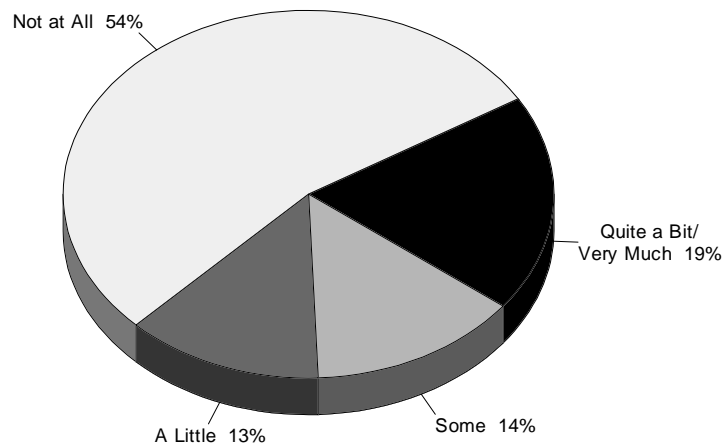
## Teenage Pregnancy

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 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 sexuality activity.

In 1999 there were 45 live births to mothers 17 years and younger and 111 to mothers 18-19 years of age in Rockingham County (out of a total of 3,257 live births) (A. Bennett, personal communication, March 12, 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. 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 5-7 shows that 46% of teens worried to some degree about pregnancy (middle school, 34%; high school, 53%; males, 46%; females, 45%).

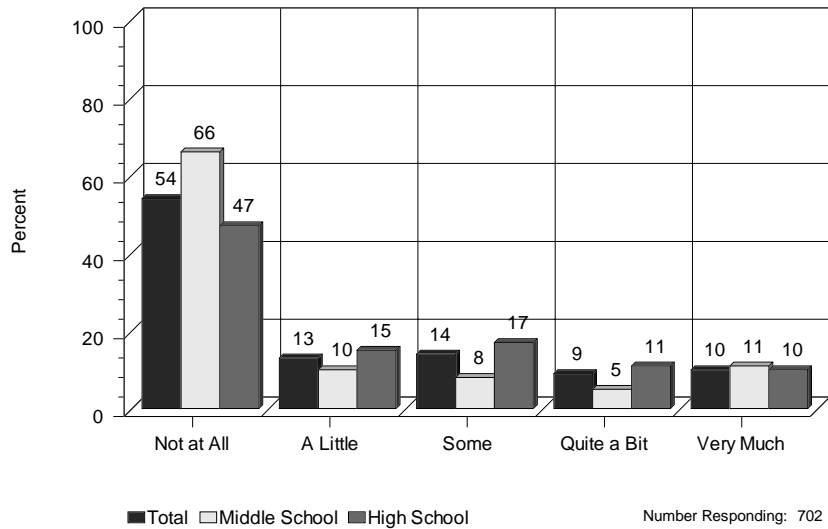
**Figure 5-7: Pregnancy as a Teen Worry**



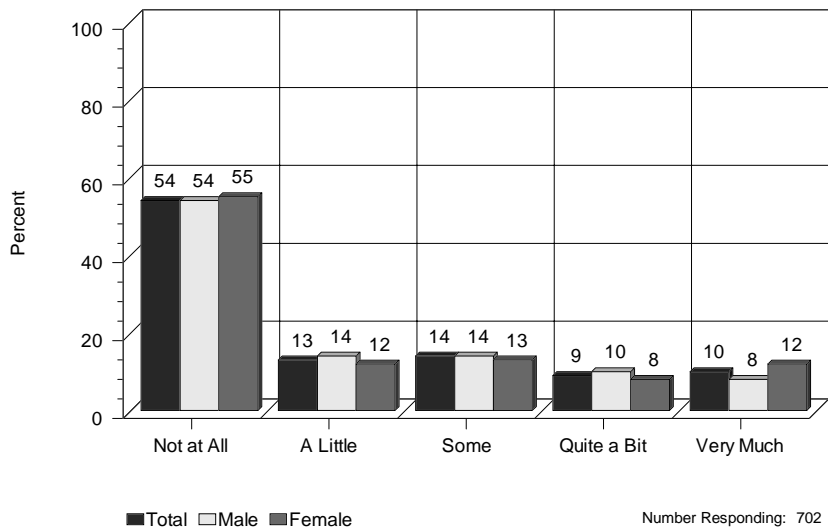
Number Responding: 702

Forty-six percent (46%) of students surveyed reported worrying to some degree that they “might get pregnant or get someone else pregnant”. Figure 5-8 shows that high school students worried about this more than middle school students (middle school, 34%; high school, 53%). Figure 5-9 shows the responses by gender.

**Figure 5-8: Teen Worries That They Might Get Pregnant or Get Someone Pregnant (By School Level)**

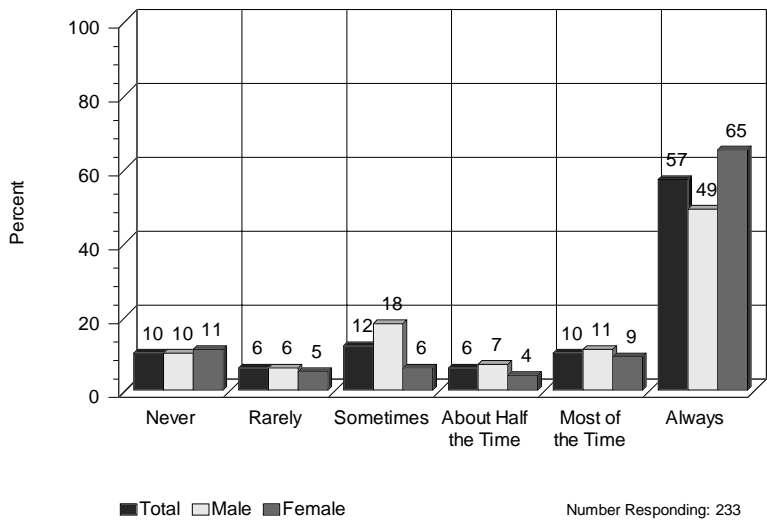


**Figure 5-9: Teen Worries That They Might Get Pregnant or Get Someone Pregnant (By Gender)**



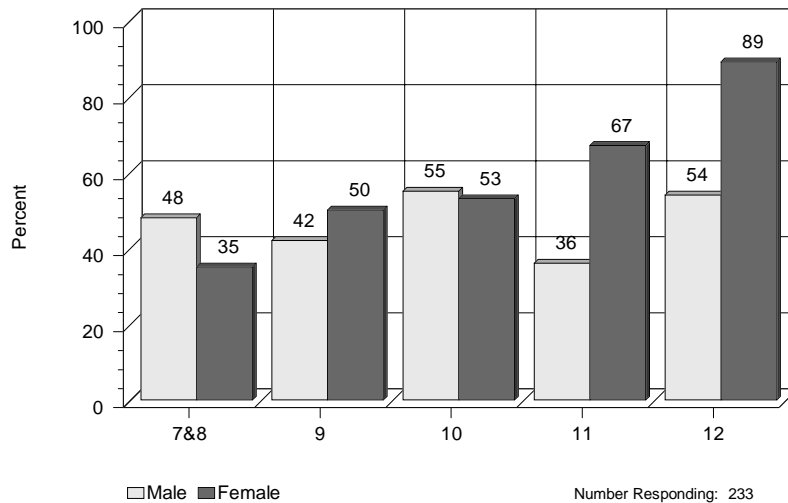
Of those students who report current or past sexual activity, 57% said they “always” use some form of birth control (males, 49%; females, 65%), while 10% of students who report being sexually active “never” use any form of birth control (males, 10%; females, 11%). Figure 5-10 shows the frequency of birth control use of sexually active male and female students.

**Figure 5-10: Birth Control Use by Sexually Active Teens (By Gender)**

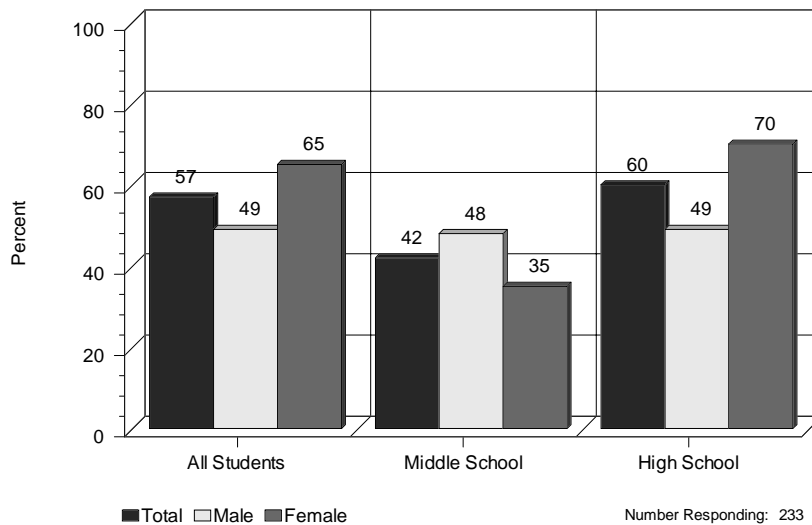


According to Healthier People in Wisconsin, after teens become sexually active, they usually wait on average twelve months before they begin to use contraception (Wisconsin Department of Health and Social Services, 1990). Recent national statistics indicate teen contraceptive use does not vary by age (Adams, Schoenborn, Moss, Warren & Kann, 1995). This is troubling since the health risks associated with a pregnancy are much greater for younger teens. Figure 5-9 shows the breakdown by grade and gender for sexually active teens (currently and previously) who “always” use birth control. Due to the small percentage of sexually active teens in the 7th and 8th grades, responses for those two grades were combined for Figure 5-11. Figure 5-12 gives a similar breakdown by school level and gender.

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



**Figure 5-12: Sexually Active Teens Who Always Use Birth Control (By School Level and Gender)**

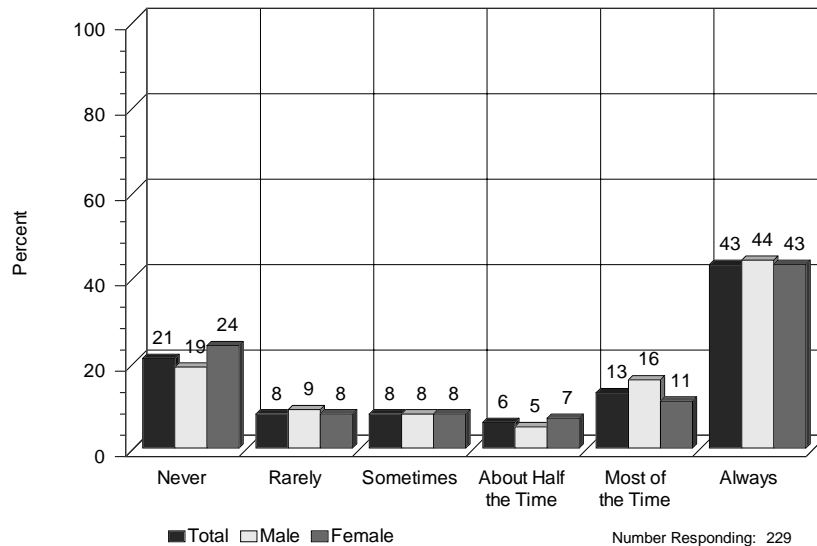


## Contraception and Sexually Transmitted Diseases

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). 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 July 2001 there were 899 cases of AIDS and 452 HIV cases reported. In Rockingham County, there were 8 AIDS cases reported and 7 HIV cases reported in 2000. (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 43% of sexually active teens said they “*always*” did; almost one out of five (21%) said they “*never*” use a condom. Forty-two percent (42%) of sexually active high school students reported they always use a condom (males, 44%; females, 42%). Figure 5-13 shows the frequency of condom use by sexually active teens.

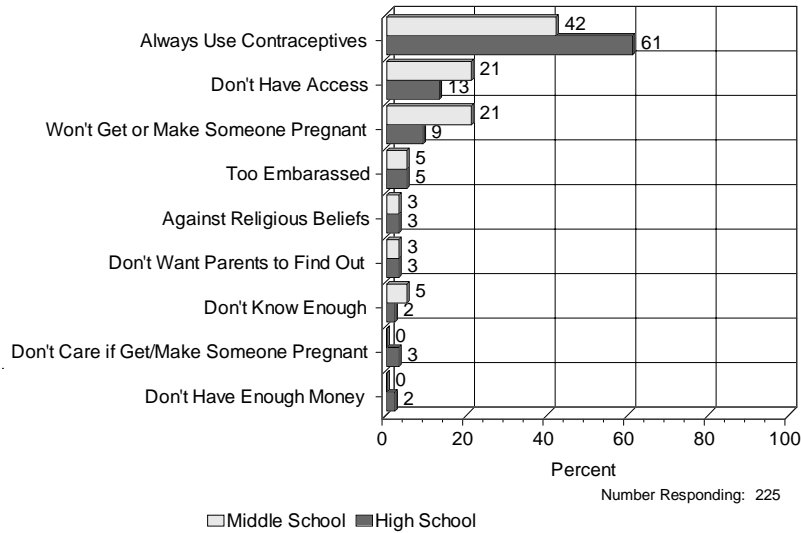
**Figure 5-13: Condom Use by Teens**  
(Of Those Who Have Ever Had Sex, by Gender)



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 that 58% reported they “always” use contraceptives (middle school, 42%; high school, 61%; males, 55%; females, 60%). Figure 5-15 shows the data by gender.

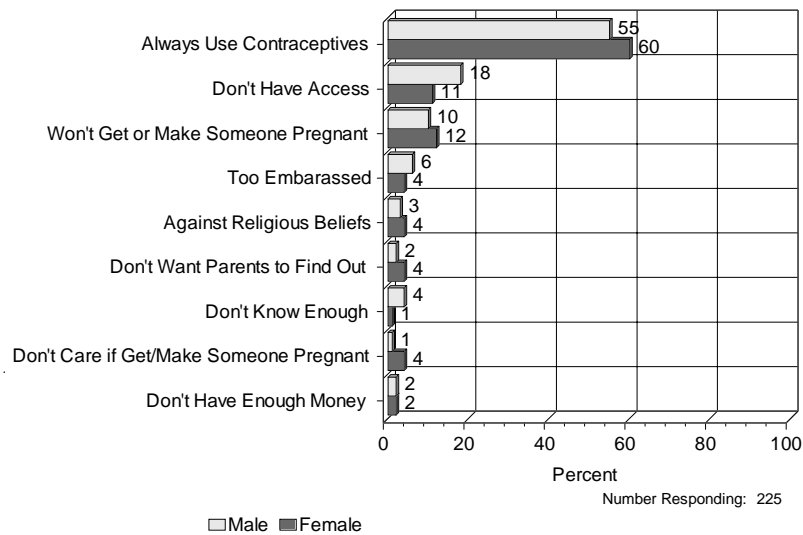
**Figure 5-14: One Main Reason Why Teens Did Not Use Birth Control**

(Of Teens Who Have Had Sex, by School Level)



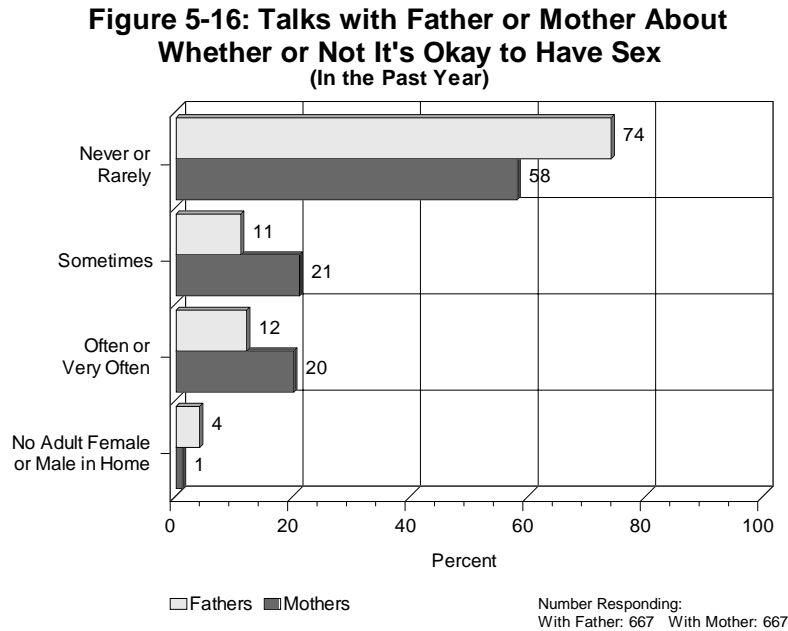
**Figure 5-15: One Main Reason Why Teens Did Not Use Birth Control**

(Of Teens Who Have Had Sex, by Gender)



## Communication About Sexuality Issues

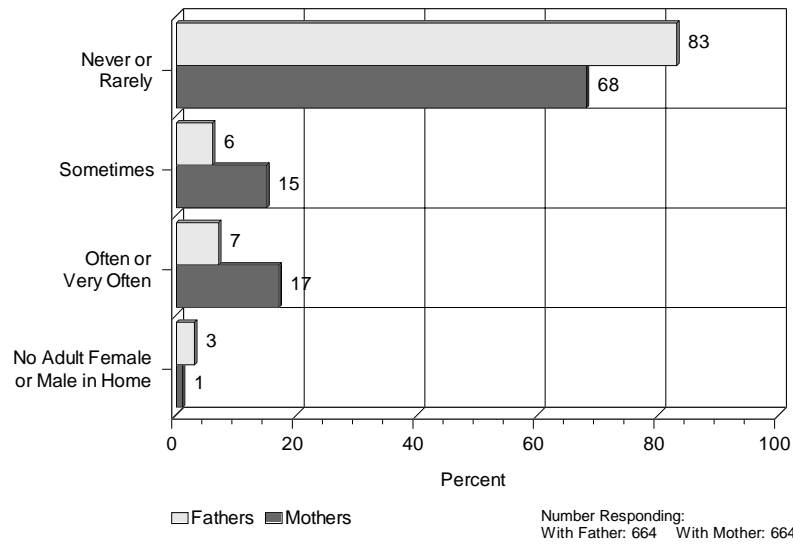
A high percentage of local teens do not have good talks with their parents about sexuality issues. Figure 5-16 presents how often in the past year teens have had good talks with their mothers or fathers about “*whether or not it’s okay for teenagers to have sex.*” Overall, 58% of teens have “rarely” or “never” talked with their mothers and 74% “rarely” or “never” talked with their fathers in the past year about sexuality.



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.

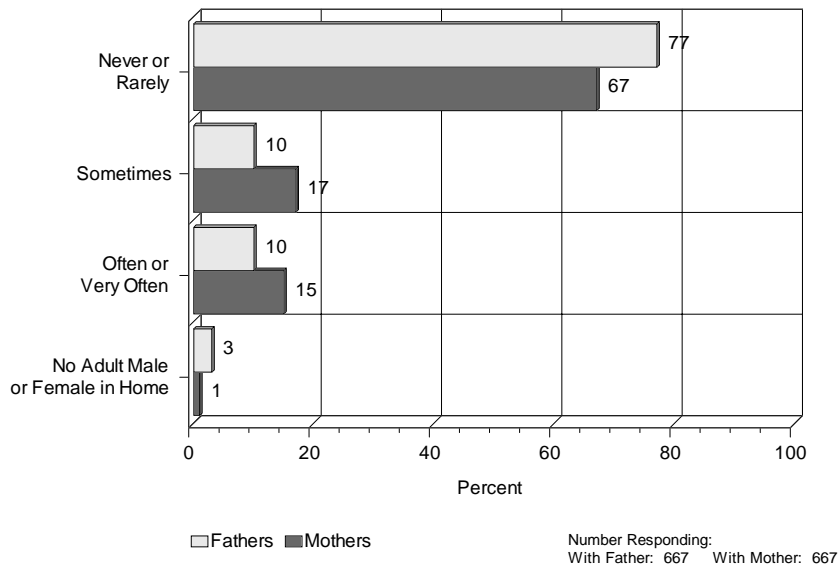
Sixty-eight percent (68%) of local teens reported “rarely” or “never” having a good talk with their mother about birth control in the past year, while 83% reported “rarely” or “never” having a good talk with their father. Figure 5-17 shows how often in the past year teens have had a good talk about birth control with their parents. These findings indicate the majority of local teens and parents simply do not talk with one another about sexuality issues.

**Figure 5-17: Talks with Father or Mother About Birth Control  
(In the Past Year)**



We also asked local teens about the frequency of discussions about AIDS (Acquired Immune Deficiency Syndrome) and STDs (sexually transmitted diseases) with their parents. Three out of four ( 77%) students said they “never” or “rarely” spoke with their fathers about AIDS or other STDs, and 67% said the same for their mothers. Figure 5-18 shows the breakdown of responses.

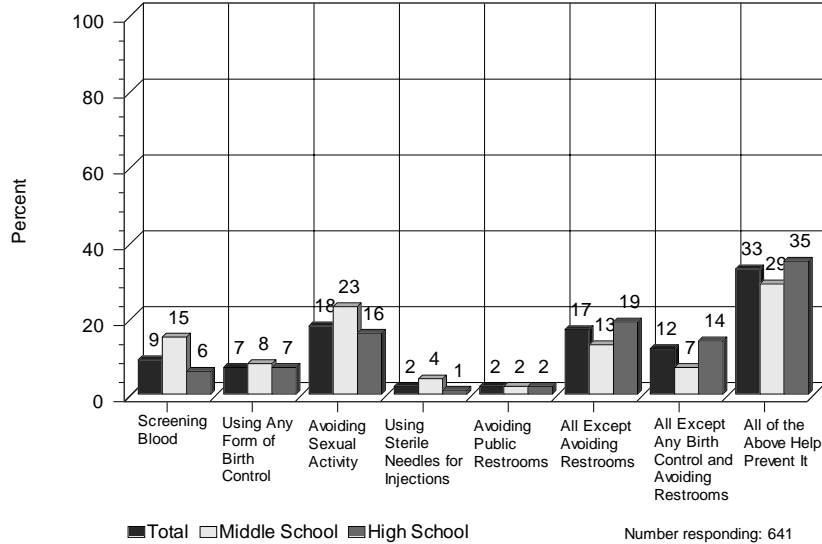
**Figure 5-18: Talks with Father or Mother About AIDS or STDs  
(In the Past Year)**



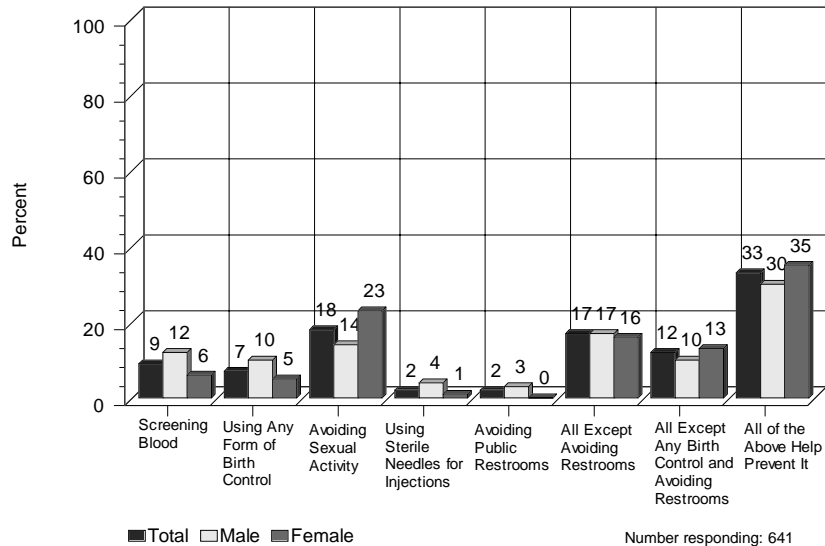
Knowledge About AIDS and Other Sexually Transmitted Diseases

Teens were given 8 statements about AIDS prevention and asked to choose only one that identified what would help prevent AIDS. Only 12% chose the correct response “All of the above except using any form of birth control and avoiding public restrooms”. Nine percent (9%) were totally incorrect by choosing either “Using any form of birth control” (7%) or “Avoiding public restrooms” (2%). The results are displayed in Figure 5-19 by school level and in Figure 5-20 by gender.

**Figure 5-19: What Teens Think May Prevent AIDS**  
(By School Level)

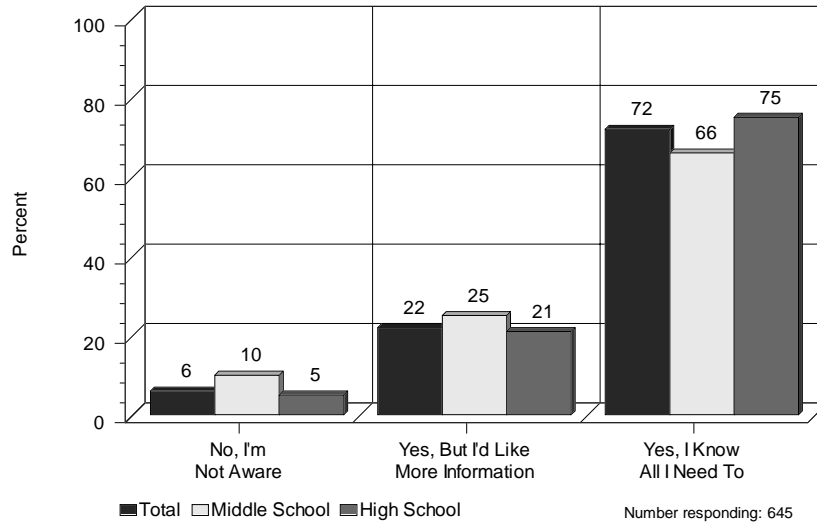


**Figure 5-20: What Teens Think May Prevent AIDS**  
(By Gender)



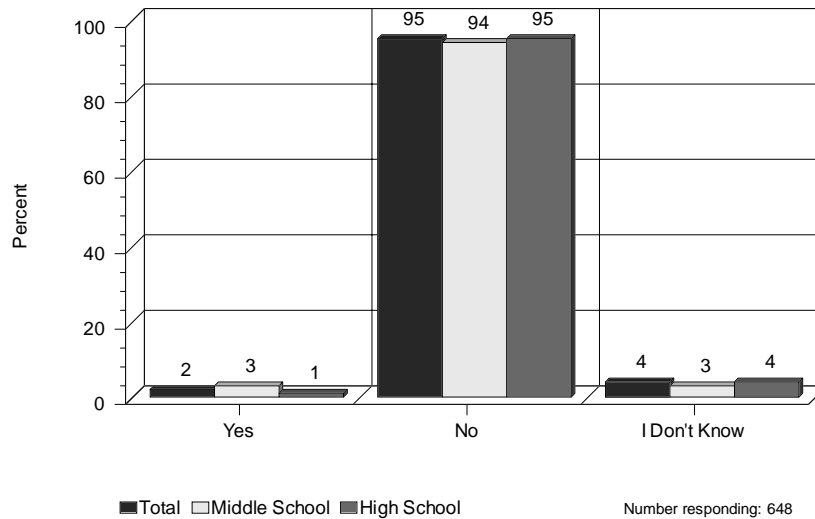
Teens were asked about their awareness of sexually transmitted diseases such as herpes, syphilis, gonorrhea, chlamydia, and AIDS. Although 72% of local youth reported that they knew about STDs and had all the information they needed, fewer middle school than high school youth reported this (middle school, 66%; high school, 75%). Figure 5-21 shows the responses by school level. There were no differences in responses to this question by gender.

**Figure 5-21: Teen Awareness of Sexually Transmitted Diseases**  
(By School Level)

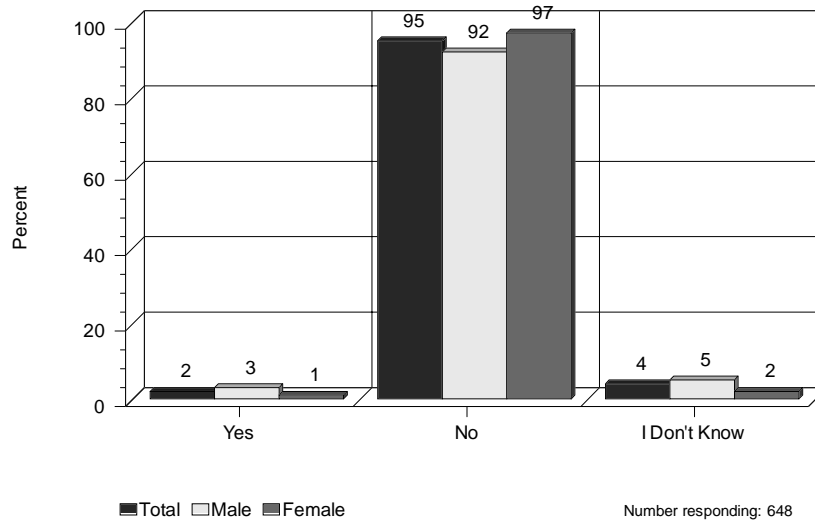


We asked local teens if they have ever had a sexually transmitted disease. Two percent (2%) of teens reported that they had; 4% indicated that they did not know. A greater percentage of males than females did not know if they had ever had a sexually transmitted disease (males, 5%; females, 2%). Figure 5-22 shows the results by school level; Figure 5-23 shows the responses by gender.

**Figure 5-22: Teens Who Have Had an STD  
(By School Level)**



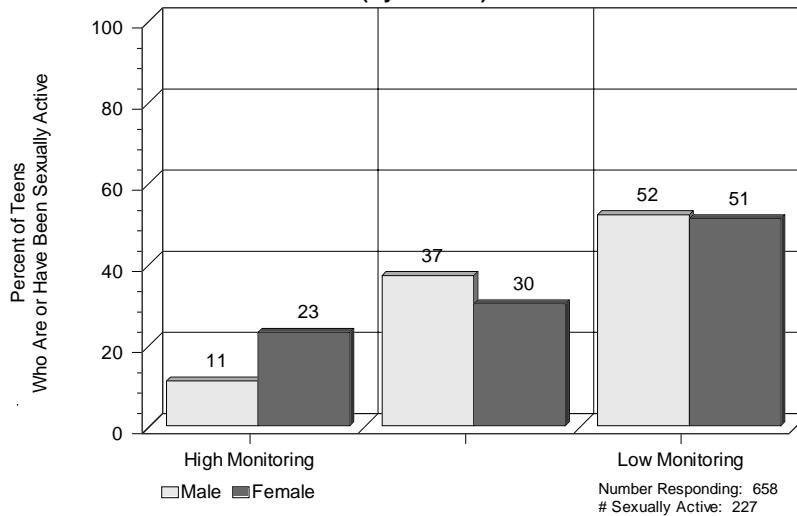
**Figure 5-23: Teens Who Have Had an STD  
(By Gender)**



## Parental Influence and Teen Sexual Activity

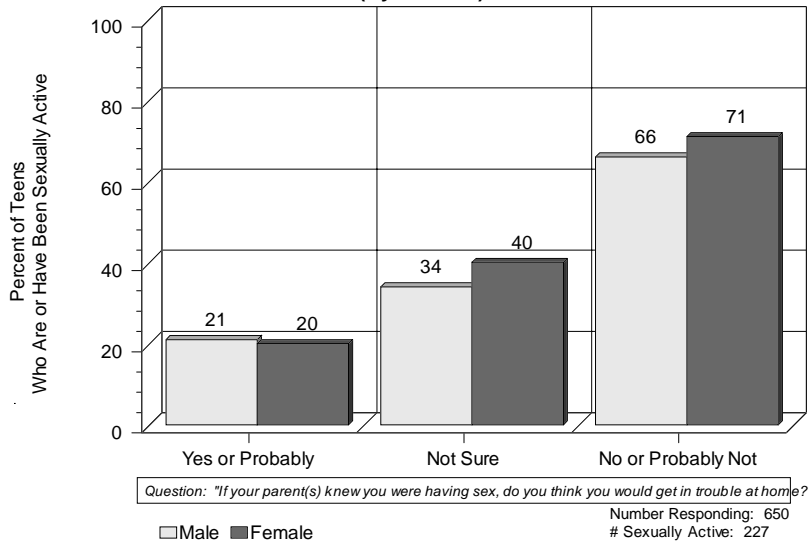
Parental monitoring is an important factor in preventing adolescent sexual activity. Parental monitoring refers to parents' supervision and awareness of their child's activities. In this survey the students were asked to respond to a series of eight questions concerning the amount of information parents have about the students' whereabouts, activities, plans and companions (see Chapter 8 pp. 135-136). The responses to these eight questions were averaged for each student to create a parental monitoring scale. The scale was then divided into textiles for the graph below. Figure 5-22 shows out of all teens surveyed, teens with low parental monitoring are more likely to have sex (low monitoring, 52%; high monitoring, 18%). 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 5-24: Relationship Between Levels of Parental Monitoring and Teen Sexual Activity (By Gender)**



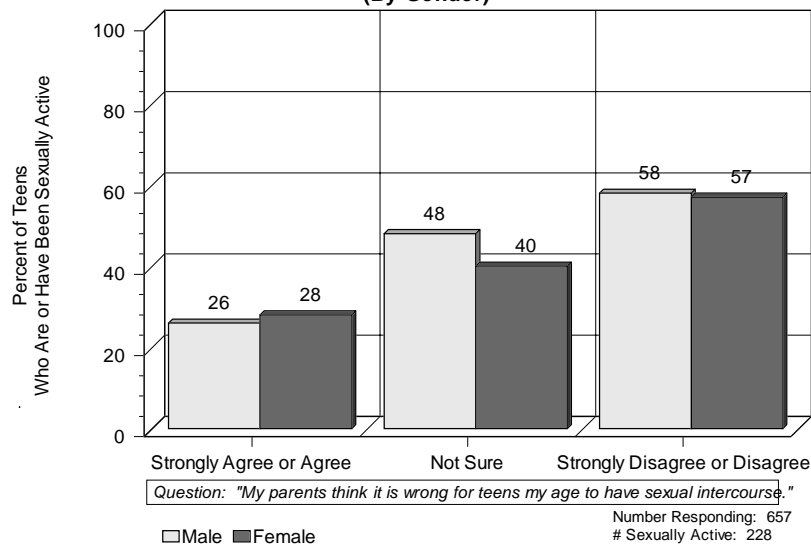
Another strong parental influence on teen sexual activity is whether or not teens think they will get in trouble if their parents knew they were sexually active. Figure 5-25 shows that teens who do not feel they will get in trouble at home are more likely to be sexually active (not get in trouble, 68%; get in trouble, 21%). 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 5-25: 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 5-26, 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 (58% vs. 27%). 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 5-26: Relationship Between Teens' Perceptions of Parental Values and Teen Sexual Activity (By Gender)**



### **Presentation Of Comparable Data**

In this section, data from the students of Raymond School District 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: 2000-2001 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 data could not be weighted for nonresponse and selection probability. Unweighted data only 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: 2000-2001 Multi-Community Report* is a multi-community report based on ten school districts surveyed from January 2000-October 2001 (Teen Assessment Project, in press). These data represent 9458 teens from five different counties around the state – Carroll, Cheshire, Coos, Grafton, and Hillsborough. Due to the nature of this project, however, the survey process is not random. Therefore, results cannot be generalized to the population of New Hampshire teens.

**Table 5-4: Sexuality Comparison  
(Grades 9-12 only)**

<b>Question</b>	<b>YRBS<sup>1</sup> National 2001 %</b>	<b>YRBS<sup>2</sup> N.H. 2001 %</b>	<b>TAP<sup>3</sup> Multi- Community 2000-2001 %</b>	<b>TAP Raymond 2002 %</b>
<b>Ever had sexual intercourse</b> <b>YRBS:</b> Have you ever had sexual intercourse?	45.6	38.8	-	-
<b>TAP:</b> Have you ever <b>voluntarily</b> had sexual intercourse?	-	-	40	46
<b>First sexual intercourse before age 13</b> <b>YRBS:</b> How old were you when you had sexual intercourse for the first time?	6.6	4.7	-	-
<b>TAP:</b> If you have had sexual intercourse, how old were you the first time you had sexual intercourse?	-	-	Not Available	8.3

<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, in press.

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