





Promoting Teenage Sexual Health





What's Going On: The Stats

- 45% of high school girls and 48% of high school boys have had sexual intercourse¹
- Average age of 1st intercourse is 17 years for girls and 16 years for boys¹
- 25% of youth report having intercourse by age 15¹



What's Going On: The Stats



- The number of 9-12th graders having sex has decreased in recent years, while among those sexually active, contraceptive use, including condoms, has increased²





Predictors of Intercourse During the Early Adolescent Years¹

- Early pubertal development
- Hx of sexual abuse
- Poverty
- Lack of attentive and nurturing parents
- Cultural and family patterns of early sexual experience
- Lack of school or career goals
- Substance abuse
- Poor school performance



Among 9-12th Graders Who Have Never Had Sex³

- 94% waited because of concerns about pregnancy
- 92% because of concerns about HIV/AIDS or other STIs
- 91% because they felt “too young”



Teenage Sex and Substance Abuse⁴

- 23% of 9-12th graders report using drugs or alcohol in their most recent sexual encounter
- Among 15-17 year olds, 51% are personally concerned they might “do more” sexually than planned due to drinking or using drugs



Stats on Contraceptive Use⁵

- In 2002, 75% of girls and 82% of boys age 15-19 used some method of contraception the first time they had sex
- 17% of sexually active girls age 15-19 years and 9% of boys used no contraception the last time they had sex



What Teens Look for in Choosing Contraception⁶

- 92% How well it protects against pregnancy
- 88% How well it prevents HIV/AIDS/STIs
- 83% Partner's preference
- 75% Convenience
- 65% Confidentiality
- 49% Cost



Pregnancy Statistics¹

- 900,000 teenage girls become pregnant each year
- U.S. has the highest teen pregnancy rate among industrialized countries
- Prior pregnancy increases the risk of a subsequent pregnancy (25% of pregnant teens have been pregnant before)
- Over 90% of pregnancies in teens age 15-19 years are unintended



STI Statistics

- Teens and adolescents are at increased risk of STIs due to limited access to care and physiological susceptibility⁷,
 - Physiological susceptibility hypothesized due to the cervical immaturity/ectopy
- Half of all STIs occur in people age 15-24 years, for a cost of \$6.5 billion in 2000⁸



Oral Sex Among Teens⁸

- Among teens 15-19 years of age, 12% of boys and 10% of girls have had oral but not vaginal intercourse
- Nearly 25% of teens who have not had vaginal sex have had oral sex



What Do Teens Believe About Oral Sex?⁹

- Oral sex seen as less risky than vaginal sex in terms of health, social, and emotional consequences
- Oral sex is seen as more acceptable for their age in dating and non-dating situations and less of a threat to values and beliefs



Beliefs About Oral Sex (cont.)⁹

- 96% of teen participants acknowledged risk of HIV transmission from vaginal sex, but only 68% for oral sex
- Teens also perceived oral sex as less likely to cause a bad reputation, less likely to get them into trouble, less likely to cause them to feel bad about themselves or feel guilty, and less likely to be a threat to the relationship



Teens Say Safe Sex Is...⁶



- 86% Abstinence



- 72% Using a Condom



- 46% Using Birth Control Pills

- 21% Oral Sex





School Sex Education

- Approaches
 - Abstinence Only
 - Teaching about abstinence and not contraceptives
 - Comprehensive or “Abstinence-Plus”
 - Teaching abstinence as well as access and use of contraceptives



1996 Personal Responsibility and Work Opportunity Reconciliation Act¹⁰

- **Provides federal funding for abstinence only education that teach:**
 - Abstinence has social, psychological, and health benefits
 - Unmarried, school-age children are expected to abstain from sex
 - Abstinence is the only certain way to prevent out-of-wedlock pregnancy and sexually transmitted diseases
 - A mutually faithful and monogamous married relationship is the standard for sexual activity
 - Sexual activity outside marriage is likely to have harmful psychological and physical effects
 - Out-of-wedlock childbearing is likely to harm a child, the parents, and society
 - How to reject sexual advances and how alcohol and drug use increases vulnerability to them
 - The importance of attaining self-sufficiency before engaging in sex





H-170.968

Sexuality Education, Abstinence, and Distribution of Condoms in Schools

- Our AMA
 7. Supports federal funding of comprehensive sex education programs that stress the importance of abstinence in preventing unwanted teenage pregnancy and sexually transmitted infections, and also teach about contraceptive choices and safer sex, and opposes federal funding of community-based programs that do not show evidence-based benefits



What Works?

- The National Campaign to Prevent Teenage Pregnancy concluded there is insufficient evidence to support abstinence-only education¹¹
- ACLU has launched a campaign to prevent abstinence only education on the grounds that such education¹²
 - Contains false/misleading information
 - Discriminates against homosexuals
 - Promotes religion



- A longitudinal study found that a group of teens who consistently took “virginity pledges” had fewer partners, fewer risky partners, delayed first intercourse longer, and contained more virgins at the end of the study than controls
- BUT, teens who took pledges were also less likely to use condoms when they did become sexually active, less likely to seek and receive care when they contracted an STI, and were more likely to engage in unprotected oral sex ¹³



Condoms in Schools Don't Increase Sexual Behavior¹⁴

- A Massachusetts study found that adolescents in schools where condoms were available were more likely to receive condom instruction and less likely to report lifetime or recent sexual intercourse



AMA Policy H-440.994 Sexual Disease Prevention

- Our AMA endorses the use of the condom as an effective method of the prevention of sexually transmitted disease and urges state and county medical societies to endorse the display and sale of condoms of assured quality by the usual retail outlets for the prevention of sexually transmitted disease...





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Education on Condom Use

Our AMA

1. Supports joining with appropriate medical and public health organizations and federal agencies in endorsing the use of condoms in reducing the risk of HIV/AIDS and other STDs among the population
2. Encourages the production of condom education materials that meet standards of accuracy, completeness, social appropriateness, clarity, and simplicity
3. Supports cooperating with other medical societies, the public health community, government agencies, and the media to develop standards for public service announcements regarding condom use in prevention of HIV/AIDS and other STDs



Americans Believe Sex Education Should Be...¹⁵

- 15% Abstinence only
- 46% Abstinence-plus
- 36% Focus should be on safe sex, not abstinence



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Sexuality Education, Abstinence, and Distribution of Condoms in Schools

- Our AMA urges schools to implement comprehensive, developmentally appropriate sexuality education programs that: (a) are based on rigorous, peer reviewed science; (b) show promise for delaying the onset of sexual activity and a reduction in sexual behavior that puts adolescents at risk for contracting HIV and other sexually transmitted diseases and for becoming pregnant; (c) include an integrated strategy for making condoms available to students and for providing both factual information and skill-building related to reproductive biology, sexual abstinence, sexual responsibility, contraceptives including condoms, alternatives in birth control, and other issues aimed at prevention of pregnancy and STDs



Role of Internet Education¹⁶

- 90% of all 15-24 year olds have gone online
- Of those online
 - 75% have used the internet to find health information
 - 4 in 10 have looked for information regarding pregnancy, birth control, HIV/AIDs, or other STIs



- Effects of finding health information online

- 4 in 10 changed their personal behavior
- 1 in 7 visited their physician
- 1 in 2 talked with a parent



The Role of Physicians

- 48% of teens age 12-17 want more sexual health information from providers¹⁷
- Only 1 in 4 teens have discussed their sexual history with a doctor or health care provider (including whether they are currently sexually active)¹⁷



AMA Policy¹⁸

- Recommendation 9 of the AMA Guidelines for Adolescent Preventive Services states
 - “All adolescents should receive health guidance annually regarding responsible sexual behaviors, including abstinence. Latex condoms to prevent STIs (including HIV) and appropriate methods of birth control should be made available with instructions on ways to use them effectively.”



- Some research suggests that, since adolescents are likely to interpret sexual messages as vaginal sex, it is important to specifically discuss oral sex and noncoital behaviors, including risks and barrier protection (i.e. condoms, dental dams)⁹



Factors that Affect Teen Access to Sexual Health Care²



- Health insurance coverage
- Ability to pay
- Fear of lack of confidentiality
- Lack of information regarding available services





What is the AMA Doing to Help?

- **The National Initiative to Improve Adolescent Health by the Year 2010, supported by the AMA, centers upon attaining 21 critical objectives among 10-24 year olds. Among those objectives related to reproductive health:**
 - 09-07 Reduce pregnancies among adolescent females
 - 25-11 Increase the proportion of adolescents who abstain from sexual intercourse or use condoms if currently sexually active
 - 13-05 Reduce the number of cases of HIV infection among adolescents and adults
 - 25-01 Reduce the proportion of adolescents and young adults with Chlamydia trachomatis infections





AMA Effort (Cont.)

The Parent Package

- Informative packets designed to help physicians share important information about adolescent health with parents, including such topics as:
 - Teens and Sex
 - Teens and HIV/AIDS
 - Helping Your Teen Make Responsible Choices
 - Packet can be accessed by going to <http://www.ama-assn.org/ama/pub/category/7833.html> and clicking on Parent Package on the right





Laws Regarding Consent of Adolescent Sexual Health Care





Abortion²⁰

- U.S Supreme Court has twice denied parents an absolute veto on teenage abortions
 - 34 states require some form of parental involvement
 - 20 require parental consent, 2 require both parents to consent
 - 14 require parental notification, 1 requires notification of both parents



- Of the 34 States Requiring Parental Involvement

- 33 allow for judicial bypass of parents (exception - Utah)
- 6 allow an adult relative to stand in for a parent
- 29 allow parental bypass in cases of emergency
- 12 allow parental bypass in cases of abuse, assault, incest, or neglect



STI Treatment²¹

- All 50 states and the District of Columbia require the minors to consent to testing and treatment of STIs
 - 11 states specify that minors must be a certain age to consent (most say 12 or 14)
 - 18 allow doctors to inform parents about STI treatment (not required that doctor informs parents, except for 1 state that mandates doctors inform parents if minor HIV +)



Contraception²²

- 21 states allow all minors to consent to contraception
- 25 states allow consent in one or more circumstances
 - 3 states if doctor says the minor would face health hazards if the contraception were not provided
 - 21 states if the minor is married
 - 6 if the minor is a parent
 - 10 if the minor meets other requirement (i.e. high school graduate, certain age, referral from a clergy member)



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Teenage Pregnancy

- Our AMA believes that (1) the teenage girl whose sexual behavior exposes her to possible conception should have access to medical consultation and the most effective contraceptive advice and methods consistent with her physical and emotional needs; and (2) the physician so consulted should be free to prescribe or withhold contraceptive advice in accordance with their best medical judgment



What is the Law in Your State?

- Abortion

http://www.guttmacher.org/statecenter/spibs/spib_PIMA.pdf

- STD Treatment

http://www.guttmacher.org/statecenter/spibs/spib_MASS.pdf

- Contraception

http://www.guttmacher.org/statecenter/spibs/spib_MACS.pdf





What Can Your Chapter Do?

- Create a group to gather data on teen sexual health trends and behaviors in your community, as well as available resources
- Conduct continuing education talks/workshops for physicians at your institution
- Work with schools to educate teens about health care and their rights to confidential service, perhaps by forming a group who goes into schools and gives presentations
- Conduct role-playing workshops that allow members to practice how they would talk about sexual health with a teen
- Volunteer at a sexual abuse/rape hotline
- Offer available counseling to teens considering becoming sexual active, and aid them in setting up an appointment with a medical professional





For More Information

- The Kaiser Family Foundation at <http://www.kff.org>
- The CDC at <http://www.cdc.gov/HealthyYouth/sexualbehaviors/index.htm>
- The Guttmacher Institute at <http://www.guttmacher.org>
- AMA Guidelines for Adolescent Preventive Services (GAPS) – Free copies available <http://www.ama-assn.org/ama/pub/category/7833.html>



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