American Teens’ Sexual and Reproductive Health

SEXUAL ACTIVITY
• Fewer than 2% of adolescents have had sex by the time they reach their 12th birthday. But adolescence is a time of rapid change. Only 16% of teens have had sex by age 15, compared with one-third of those aged 16, nearly half (48%) of those aged 17, 61% of 18-year-olds and 71% of 19-year-olds. There is little difference by gender in the timing of first sex.

• On average, young people have sex for the first time at about age 17, but they do not marry until their mid-20s. This means that young adults may be at increased risk for unintended pregnancy and STIs for nearly a decade or longer.

• Teens are waiting longer to have sex than they did in the recent past. In 2006–2008, some 11% of never-married females aged 15–19 and 14% of never-married males in that age-group had had sex before age 15, compared with 19% and 21%, respectively, in 1995.

• In 2006–2010, the most common reason that sexually inexperienced teens gave for not having had sex was that it was “against religion or morals” (38% among females and 31% among males). The second and third most common reasons for females were “don’t want to get pregnant” and “haven’t found the right person yet.”

• Among sexually experienced teens, 70% of females and 56% of males report that their first sexual experience was with a steady partner, while 16% of females and 28% of males report first having sex with someone they had just met or who was just a friend.

• Teen sex is increasingly likely to be described as voluntary. In 2006–2010, first sex was described as “unwanted” by 11% of young women aged 18–24 who had had sex before age 20, compared with 13% in 2002. For young men in the same age-group, the share reporting first sex as unwanted decreased from 10% to 5%.

• Teens in the United States and Europe have similar levels of sexual activity. However, European teens are more likely than U.S. teens to use contraceptives generally and to use the most effective methods; they therefore have substantially lower pregnancy rates.

• Three percent of males and 8% of females aged 18–19 in 2006–2008 reported their sexual orientation as homosexual or bisexual. During the same period, 12% of females aged 18–19 reported same-sex behaviors (any sexual experience, including oral sex), compared with 4% of males in the same age-group (includes any oral or anal sex).

CONTRACEPTIVE USE
• The majority of sexually experienced teens (78% of females and 85% of males) used contraceptives the first time they had sex.
The use of contraceptives during first sex by females aged 15–19 has increased, from 48% in 1982 to 78% in 2006–2010.

Adolescents who have sex at age 14 or younger are less likely than older teens to have used a method at first sex and take longer to begin using contraceptives.

The condom is the most common contraceptive method used at first intercourse; 68% of females and 80% of males use it the first time they have sex.

Contraceptive use at first sex has increased over time. Particularly large increases in condom use at first sex occurred partially in response to the AIDS epidemic.

In 2006–2010, some 96% of sexually experienced female teens had used a condom at least once, 57% had ever used withdrawal and 56% had used the pill. Smaller proportions had used other methods.

Dual method use offers protection against both pregnancy and STIs. In 2006–2010, one in five sexually active female teens (20%) and one-third of sexually active male teens (34%) reported having used both the condom and a hormonal method the last time they had sex.

In 2006–2010, 86% of female teens and 93% of male teens reported using contraceptives at last sex. These proportions represent a marked improvement since 1995, when only 71% of female teens and 82% of male teens had reported using a method at last sex. However, the proportions were generally unchanged between 2002 and 2006–2010.

In 2009, 4.5% of female teen contraceptive users relied on long-acting reversible contraceptives, including IUDs and implants. This is an increase from 1.5% in 2007 and just 0.3% in 2002.

In 2006–2008, eight percent of females aged 15–17 and 18% of females aged 18–24 had ever used emergency contraception.

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STIs
• Although 15–24-year-olds represent only one-quarter of the sexually active population, they account for nearly half (9.1 million) of the 18.9 million new cases of STIs each year.
• Human papillomavirus (HPV) infections account for about half of STIs diagnosed among 15–24-year-olds each year. HPV is extremely common, often asymptomatic and generally harmless. However, certain types, if left undetected and untreated, can lead to cervical cancer.
• Two HPV vaccines—Gardasil and Cervarix—are currently available, and both prevent the types of infections most likely to lead to cervical cancer. The Centers for Disease Control now recommends HPV vaccinations for both girls and boys, starting at age 11.
• In 2011, 53% of females aged 13–17 had received one or more doses of the vaccine against HPV; 35% had completed the recommended three doses. Only 8% of boys had received one or more doses.
• Trichomoniasis and chlamydia are the next most common STI diagnoses among 15–24-year-olds; combined, they account for slightly more than one-third of diagnoses each year. Genital herpes and gonorrhea together account for about 12% of diagnoses. HIV, syphilis and hepatitis B account for less than 1% of diagnoses.
• Young people aged 13–24 accounted for about 21% of all new HIV diagnoses in the United States in 2011.
• All 50 states and the District of Columbia explicitly allow minors to consent to STI services without parental involvement, although 11 states require that a minor be of a certain age (generally 12 or 14) to do so. Thirty-one states explicitly include HIV testing and treatment in the package of STI services to which minors may consent.
• Forty-three percent of sexually active teen females aged 15–19 reported having used emergency contraception.
• Forty-three percent of sexually active teen females aged 15–19 received counseling or testing for STIs or HIV in the last year.

U.S Teen Contraceptive Use

Contraceptive use at first sex is increasing.

% using contraceptives at 1st sex

<table>
<thead>
<tr>
<th>Year</th>
<th>Other methods alone</th>
<th>Condom (alone or with other methods)</th>
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<tbody>
<tr>
<td>1982</td>
<td>20</td>
<td>80</td>
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<tr>
<td>1988</td>
<td>30</td>
<td>70</td>
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<td>2002</td>
<td>40</td>
<td>60</td>
</tr>
<tr>
<td>2006–2010</td>
<td>50</td>
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ACCESS TO AND USE OF CONTRACEPTIVE SERVICES
• No state explicitly requires parental consent or notification for contraceptive services. However, two states (Texas and Utah) require parental consent for contraceptive services paid for with state funds.

• Twenty-one states and the District of Columbia explicitly allow minors to obtain contraceptive services without a parent’s involvement. Another 25 states have affirmed that right for certain classes of minors, while four states have no law. In the absence of a specific law, courts have determined that minors’ privacy rights include the right to obtain contraceptive services.

• Among sexually active teen females, 66% received contraceptive services in the last year; about one-third received this care from publicly funded clinics, the rest from private health care providers.

• Nearly two million women younger than 20 were served by publicly supported family planning centers in 2006; these teens represented one-quarter of the centers’ contraceptive clients.

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In 2011, there were 334,000 births among girls aged 19 or younger, representing 8% of all U.S. births. Most births among teen mothers are first births. Eighteen percent are second or higher-order births.

Despite having declined, the U.S. teen pregnancy rate continues to be one of the highest in the developed world. It is more than twice as high as rates in Canada (28 per 1,000 women aged 15–19 in 2006) and Sweden (31 per 1,000).

In 2010, New Mexico had the highest teenage pregnancy rate (80 per 1,000); rates in Mississippi, Texas, Arkansas, Louisiana and Oklahoma followed. The lowest rates were in New Hampshire (28 per 1,000), followed by Vermont, Minnesota, Massachusetts and Maine.

Eighty-two percent of teen pregnancies are unplanned; teens account for about one-fifth of all unintended pregnancies annually.

Sixty percent of pregnancies among 15–19-year-olds in 2010 ended in birth, and 26% in abortion; the rest end in miscarriage.

Black and Hispanic women have the highest teen pregnancy rates (100 and 84 per 1,000 women aged 15–19, respectively); whites have the lowest rate (38 per 1,000).

The pregnancy rate among black teens decreased 56% between 1990 and 2010, more than the overall U.S. teen pregnancy rate declined during the same period (51%).

Most female teens report that they would be very upset (58%) or a little upset (29%) if they got pregnant, while the remaining 13% report that they would be a little or very pleased.

The majority of teen pregnancies end in birth.

- Birth: 60%
- Abortion: 26%
- Miscarriage: 15%
• Nearly all teen births are nonmarital—89% in 2011, up from 79% in 2000. Yet, over the last several decades, the share of all nonmarital births that are among teenagers has been declining, from 52% in 1975 to 18% in 2011.

• In 2011, there were 31 births per 1,000 women aged 15–19; this rate marked a 50% decline from the peak rate of 62 reached in 1991.

FATHERHOOD
• Most teen males report that they would be very upset (47%) or a little upset (34%) if they got someone pregnant, while the remaining 18% report that they would be pleased or a little pleased.

• Teen fatherhood rates vary considerably by race. In 2010, the rate among black males aged 15–19 who became fathers (29 per 1,000) was more than twice that among whites (14 per 1,000)

• The rate of teen fatherhood declined 36% between 1991 and 2010, from 25 to 16 per 1,000 males aged 15–19. This decline was far more substantial among blacks than among whites (50% vs. 26%) and about half of the rate among teen girls.

ABORTION
• Women aged 15–19 had 157,450 abortions in 2010. About 5% of all abortions are obtained by minors.

• The reasons teens most frequently give for having an abortion are that they are concerned about how having a baby would change their lives, cannot afford a baby now, and do not feel mature enough to raise a child.

• As of May 2014, laws in 38 states required that a minor seeking an abortion involve her parents in the decision.