National Adolescent Health Information Center

NAHIC

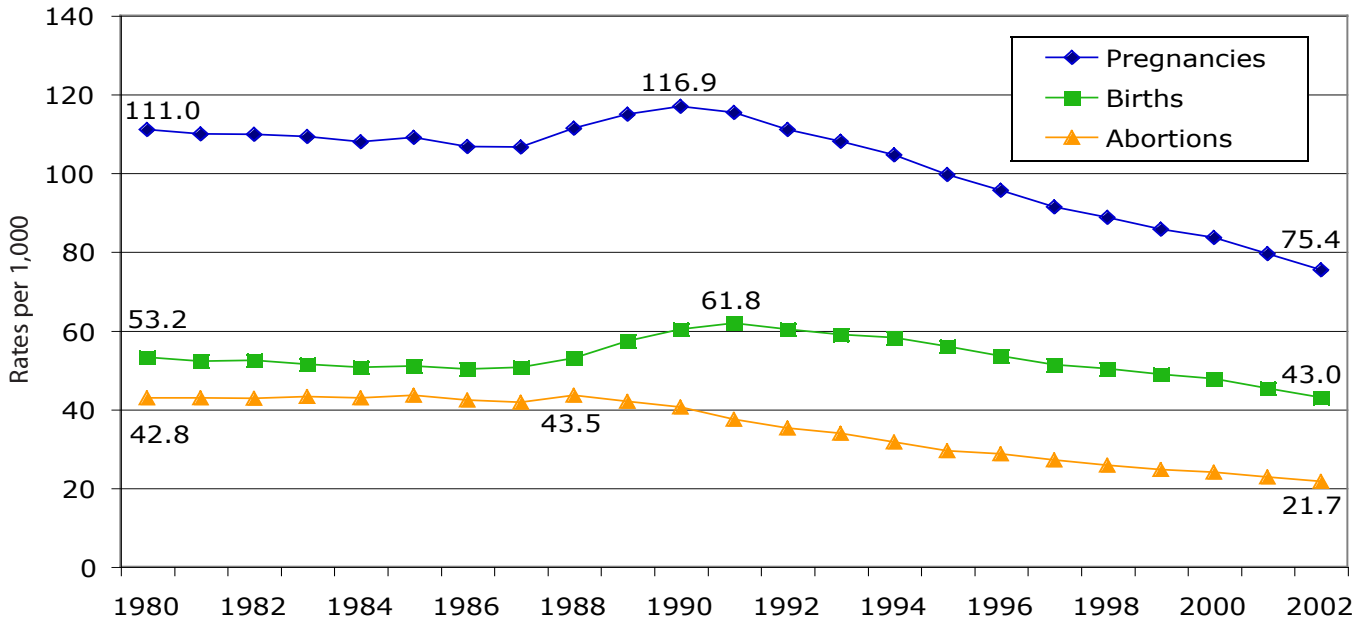
2007 Fact Sheet on Reproductive Health: Adolescents & Young Adults

Highlights:

- Fewer adolescents report being sexually experienced than a decade ago.
- Female adolescents are less likely to engage in risky sexual behaviors than male peers.
- The decline in pregnancy rates is highest among Black adolescent females.
- Hispanic adolescents and young adults have the highest birth rates among their peers.
- Chlamydia and gonorrhea rates peak in young adulthood.
- Black adolescents have the highest number of HIV/AIDS cases among their peers.

- **Adolescent pregnancy rates continue to decrease to record lows.**

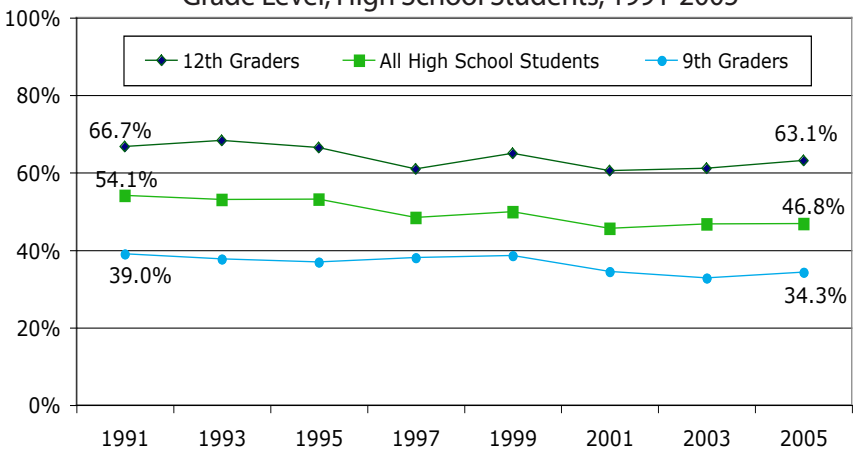
Trends in Pregnancy, Birth & Abortion Rates Among Females Ages 15-19, 1980-2002[1]



The rate of pregnancy among adolescent females decreased substantially in the past decade: after peaking in 1990, the rate fell to a record low in 2002. Birth rates for adolescents also decreased since the early 1990s, and abortion rates declined considerably (see figure).[1] Over four fifths of adolescent pregnancies were unintended in 2001, a slight increase from 77% in 1994.[2] Pregnancy rates (per 1,000) for young adult females (ages 20-24) declined from 202.0 in 1990 to 172.4 in 2002.[1]

Fewer adolescents report being sexually experienced than a decade ago.

Trends in Sexual Intercourse Experience by Grade Level, High School Students, 1991-2005[3]

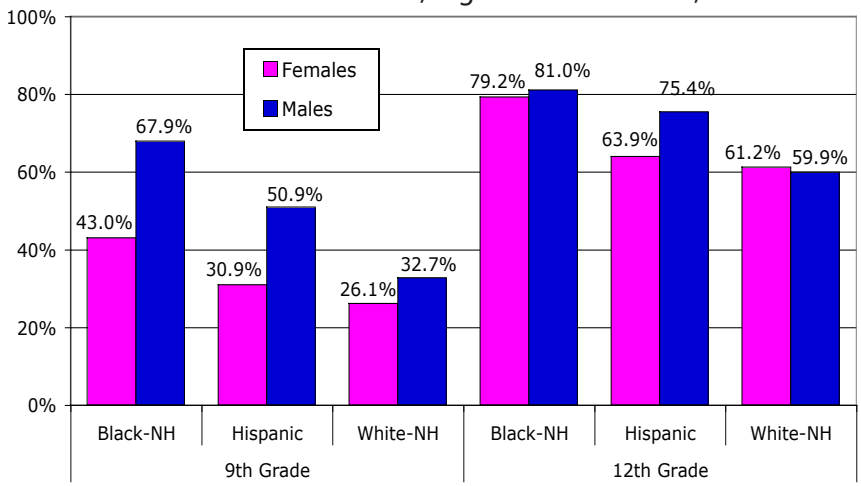


Less than half of all high school students reported having sexual intercourse in 2005, a decrease from 1991 (see figure). There were large differences in sexual experience between racial/ethnic groups: non-Hispanic Black students had the highest rate (67.6%) and White-NHs* the lowest (43.0%). Rates declined for all racial/ethnic groups between 1991 and 2005.[3]

Male adolescents engage in sexual activity earlier than their female peers.

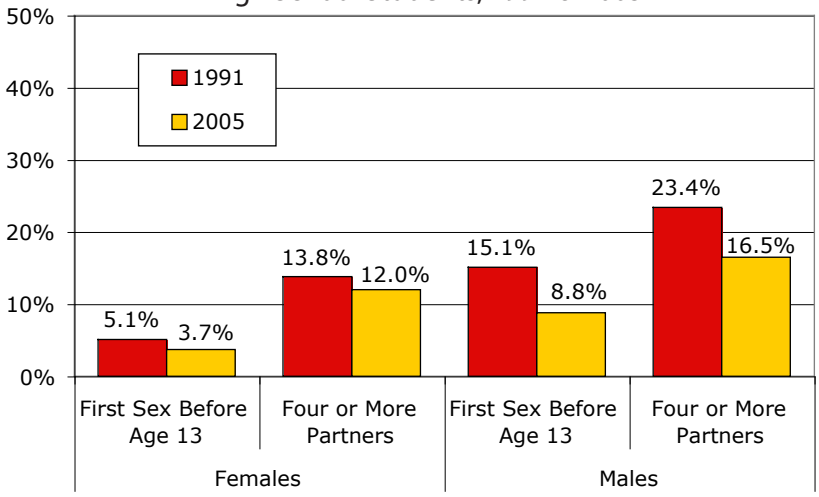
Male high school students initiate sexual intercourse earlier than females, especially Black-NHs. Among 9th graders in 2005, two thirds of Black-NH males were sexually experienced, compared to half of Hispanic and one third of White-NH males. The rates of sexual experience among 9th grade females are much lower than same-age males. By 12th grade, the gender gap decreases greatly and reverses slightly among White-NHs (see figure).[3]

Sexual Intercourse Experience by Race/Ethnicity*, Grade Level & Gender, High School Students, 2005[3]



Female adolescents are less likely to engage in risky sexual behaviors than male peers.

Risky Sexual Behaviors by Type & Gender, High School Students, 1991 & 2005[3]

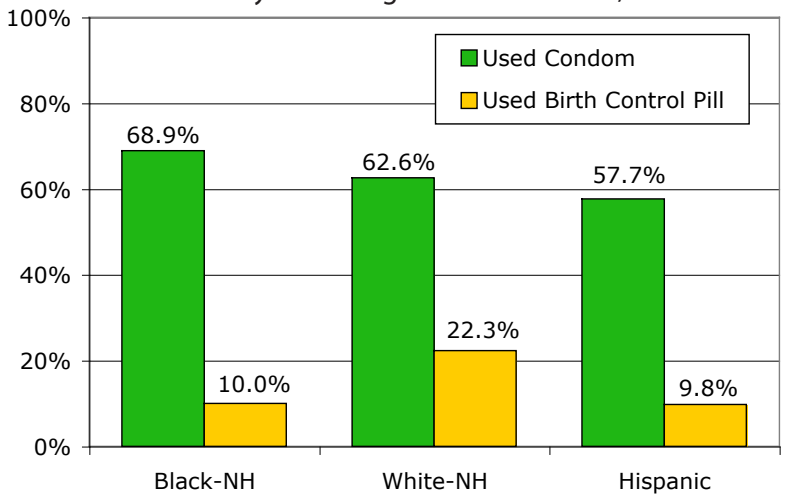


In 2005, one in eight female high school students reported having four or more sex partners during their lifetime compared to one in six male peers. Male students were 2.4 times more likely than female students to report having sex for the first time before age 13. Both behaviors decreased for females and males between 1991 and 2005 (see figure).[3] Among young adults ages 20-24 in 2002, about one third of both males (33.1%) and females (32.2%) reported having had 3-6 partners during their lifetime.[4]

* These abbreviations apply to all graphs and text throughout the fact sheet:
NH(s)=non Hispanic(s) AI/AN=American Indian/Alaskan Native A/PI=Asian/Pacific Islander

About two thirds of sexually active adolescents use condoms.

Use of Condoms & Birth Control Pills by Race/Ethnicity, Sexually Active High School Students, 2005[3]

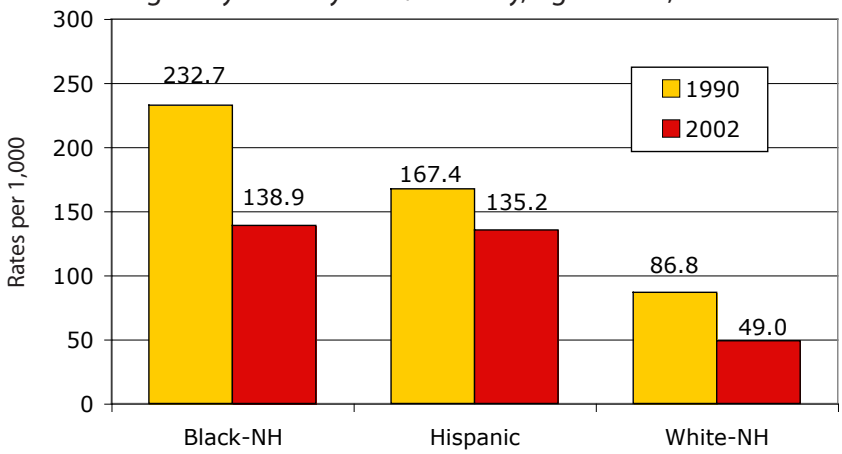


About two thirds of sexually active+ students reported using a condom during last sexual intercourse in 2005. Condom and birth control pill use varied by race/ethnicity (see figure) and gender. Condom use was highest for Black-NH males (75.5%) and use of birth control pills was highest among White-NH females (27.1%). Overall, use of birth control pills decreased slightly (from 20.8% in 1991 to 17.6% in 2005), but condom use increased markedly (from 46.2% to 62.8%).[3] Sexually active, unmarried young adult males (ages 20-24) reported using a condom over half of the time in 2002.[5]

The decline in pregnancy rates is highest among Black adolescent females.

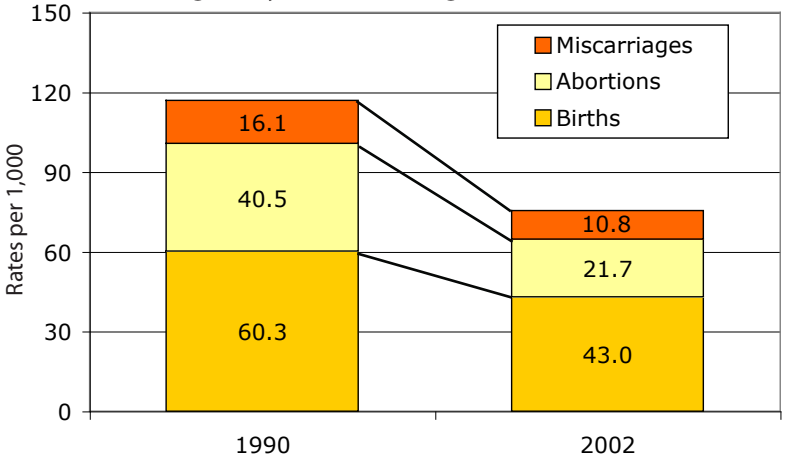
Pregnancy rates for all racial/ethnic groups of females ages 15-19 decreased between 1990 and 2002. There was a considerable decline in rates for Black-NH and White-NH adolescents, compared to a more modest decline for Hispanic adolescents (see figure).[6] The percentage of male high school students who reported they got someone pregnant decreased from 5.3% in 1991 to 3.5% in 2003.[3] Among males ages 15-24, 9.8% fathered 1 or more pregnancies in 2002.[5]

Pregnancy Rates by Race/Ethnicity, Ages 15-19, 1990 & 2002[6]



The rates of births and abortions among adolescents have declined in the past decade.

Pregnancy Outcomes, Ages 15-19, 1990 & 2002[1]



Among adolescents ages 15-19, the rates of all three outcomes of pregnancy—miscarriages, abortions and births—declined from 1990 to 2002 (see figure). The adolescent abortion rate decreased the most during this period (46%), followed by the miscarriage rate (36%) and birth rate (29%). Abortion rates (per 1,000) decreased the most for White-NH adolescents (from 32.9 to 13.0), followed by Black (80.3 to 49.4) and Hispanic (38.9 to 28.5) adolescents. The racial/ethnic trend was similar for all three outcomes among young adults ages 20-24 in the same time period.[1]

* These abbreviations apply to all graphs and text throughout the fact sheet:
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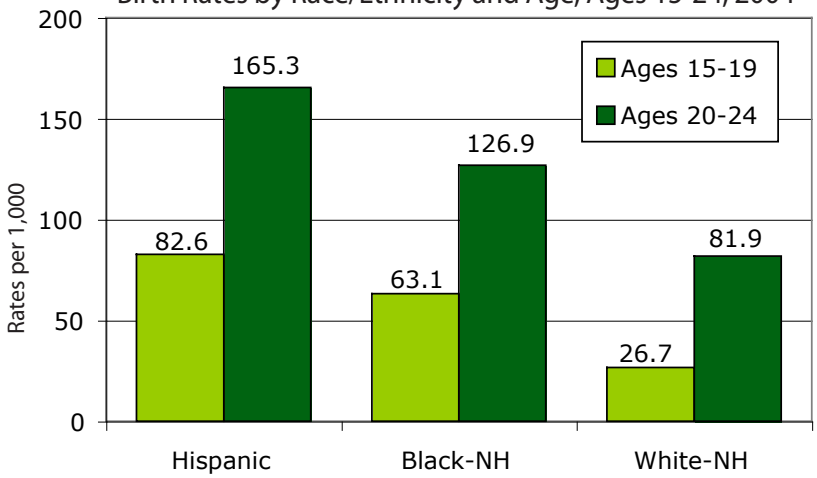
Hispanic adolescents and young adults have the highest birth rates among their peers.

Birth Rates by Race/Ethnicity and Age, Ages 15-24, 2004[7]

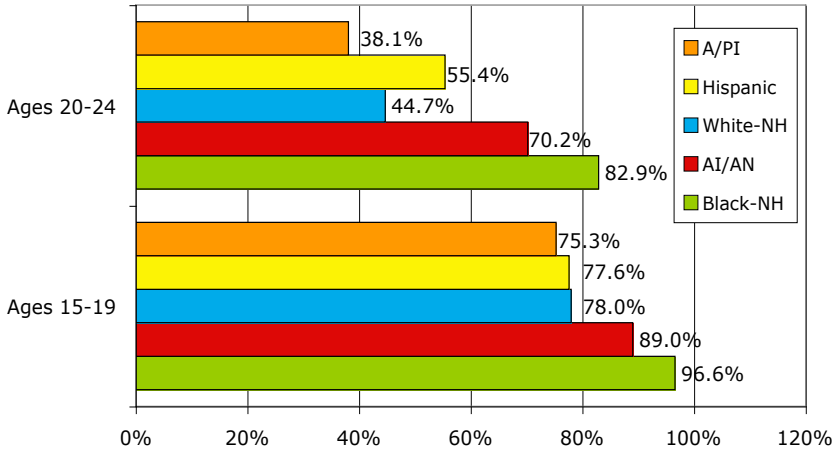


Hispanic young adults ages 20-24 had the highest birth rate among same-age peers. This is also true for adolescents ages 15-19 (see figure). Among all age groups, birth rates were second highest for young adults in 2004. For young adults, birth rates declined the most for Black-NHs (from 165.1 in 1990 to 126.9 in 2004). Similarly, among adolescents, Black-NHs experienced the largest decrease in birth rates (from 116.2 to 63.1), while Hispanics experienced the lowest decrease (from 100.3 to 82.6) during the same time period.[7]

Most childbearing among young females is non-marital.

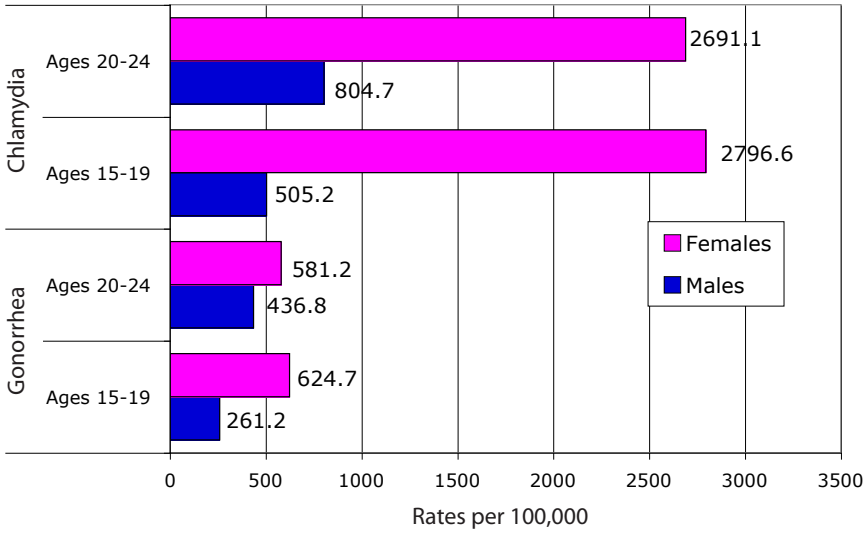
Non-marital births account for over four fifths of all births to adolescents ages 15-19 and over half of all births to young adults ages 20-24. These figures vary by race/ethnicity, with Asian/Pacific Islanders at the lowest end and Black-NHs at the highest end (see figure). While the percentage of births that are non-marital decreases in young adulthood, the absolute number increases: in 2004, there were 342,188 non-marital births to females ages 15-19 compared to 566,381 to females ages 20-24.[7]

Proportion of Births to Unmarried Females by Age & Race/Ethnicity, Ages 15-24, 2004[7]



Chlamydia and gonorrhea rates peak in young adulthood.

Chlamydia & Gonorrhea Rates by Age & Gender, Ages 15-24, 2005[8]



Young adults ages 20-24 had the highest overall rates of chlamydia and gonorrhea among all age groups in 2005. As shown in the figure, there is a large gender gap in these sexually transmitted infections (STIs), with females ages 15-24 much more likely to have these two STIs than their male peers.[8] Trend data show that the chlamydia rate (per 100,000) for young adults increased from 908.6 in 1996 to 1719.4 in 2005 and the gonorrhea rate decreased from 537.6 to 506.8 in the same time period.[8,9]

NOTE: Increased STI screening may affect the trend of increased STI rates; the gender disparity may reflect greater screening among females.[10]

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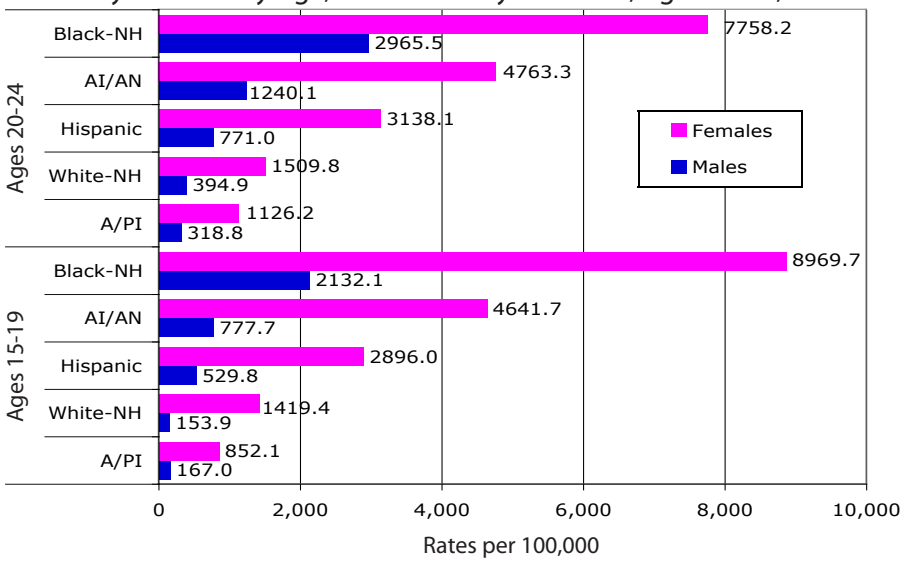
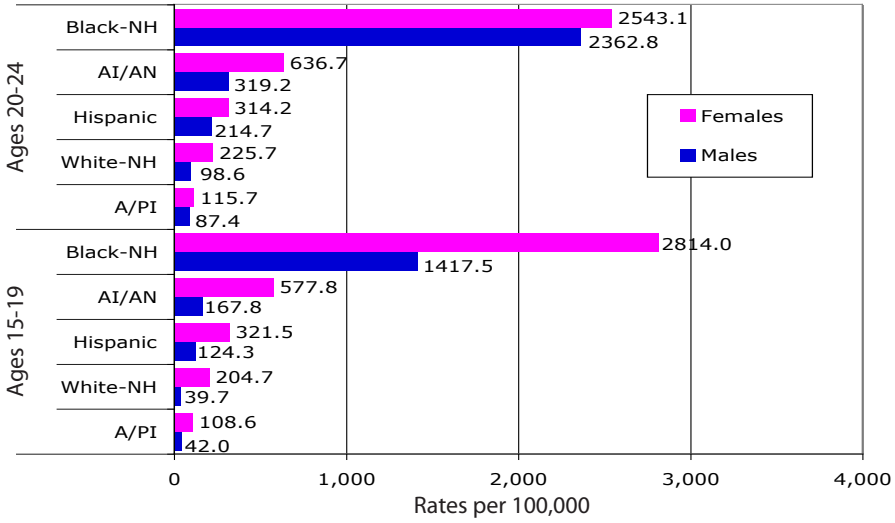
▸ Black adolescent females have the highest prevalence of chlamydia and gonorrhea.

Chlamydia Rates by Age, Race/Ethnicity & Gender, Ages 15-24, 2005[8]



Young Black-NH females had the highest rates of chlamydia and gonorrhea in 2005. This was true for both adolescents ages 15-19 and young adults ages 20-24. The rate of chlamydia for Black-NH female adolescents was 1.9 to 10.5 times that of same-age females in other racial/ethnic groups (see figure, left).[8]

Gonorrhea Rates by Age, Race/Ethnicity & Gender, Ages 15-24, 2005[8]

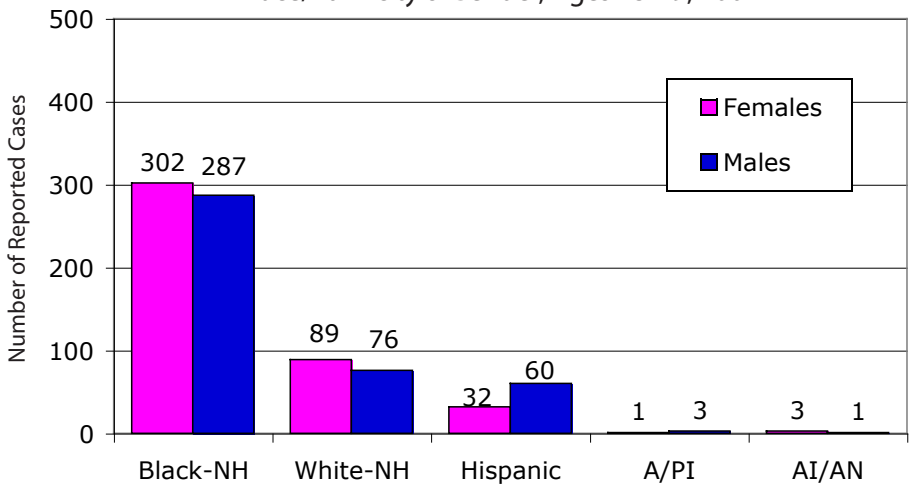


For gonorrhea, Black-NH female adolescents had rates 4.9 to 26 times that of females in other racial/ethnic groups and 2 times that of Black-NH males. Among all males, Black-NHs had the highest rates of chlamydia and gonorrhea (see figures). Syphilis, a less common STI, was higher among young adults, especially Black-NH males.[8]

▸ Black adolescents have the highest number of HIV/AIDS cases among their peers.

Overall, the number of HIV/AIDS cases among male and female adolescents was similar in 2002. Race/ethnicity data show that Black-NH adolescents had the highest number of cases (see figure). The number of HIV/AIDS cases is higher in young adulthood (ages 20-24): Black-NH males had the highest number of cases (793), followed by Black-NH females (620), White-NH males (567), and Hispanic males (203).[11]

Reported Cases of HIV/AIDS by Race/Ethnicity & Gender, Ages 13-19, 2002[11]



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Data and Figure Sources & Other Notes:

1. Guttmacher Institute. (2006). U.S. Teenage Pregnancy Statistics. National and State Trends and Trends by Race and Ethnicity. [Available online at URL (6/07): http://www.guttmacher.org/pubs/2006/09/12/USTPstats.pdf]

2. Finer L. B., & Henshaw, S. K. (2006). Disparities in rates of unintended pregnancy in the United States, 1994 and 2001. *Perspectives on Sexual and Reproductive Health*, *38*(2):90–96.

3. Youth Risk Behavior Surveillance System [YRBSS], Division of Adolescent and School Health, Centers for Disease Control and Prevention. (2007). Youth Online [Online Database]. [Available online at URL (6/07): http://apps.nccd.cdc.gov/yrbss/]

4. Mosher, W. D., Chandra, A., & Jones, J. (2005). Sexual Behavior and Selected Health Measures: Men and Women 15-44 Years of Age, United States, 2002. [Available online at URL (6/07): http://www.cdc.gov/nchs/data/ad/ad362.pdf]

5. Martinez, G. M., Chandra, A., Abma, J. C., Jones, J., & Mosher, W. D. (2006). Fertility, Contraception, and Fatherhood: Data on Men and Women from Cycle 6 (2002) of the National Survey of Family Growth. [Available online at URL (6/07): http://www.cdc.gov/nchs/data/series/sr_23/sr23_026.pdf]

6. Ventura, S. J., Abma, J. C., Mosher, W. D., & Henshaw, S. K. (2006). Recent Trends in Teenage Pregnancy in the United States, 1990-2002. [Available online at URL (6/07): http://www.cdc.gov/nchs/products/pubs/pubd/hestats/teenpreg1990-2002/teenpreg1990-2002.htm]

7. Martin, J. A., Hamilton, B. E., Sutton, P. D., Ventura, S. J., Menacker, F., & Kirmeyer, S. (2006). Births: Final Data for 2004. [Available online at URL (6/07): http://www.cdc.gov/nchs/data/nvsr/nvsr55/nvsr55_01.pdf]

8. Centers for Disease Control and Prevention, Division of Sexually Transmitted Diseases. (2006). Sexually Transmitted Disease Surveillance Report, 2005. [Available online at URL (6/07): http://www.cdc.gov/std/stats/toc2005.htm]

9. Centers for Disease Control and Prevention, Division of Sexually Transmitted Diseases. (2001). Sexually Transmitted Disease Surveillance Report, 2000. [Available online at URL (6/07): http://www.cdc.gov/std/stats00/toc2000.htm]

10. Centers for Disease Control and Prevention, Division of Sexually Transmitted Diseases. (2006). Trends in Reportable Sexually Transmitted Diseases in the United States, 2005. [Available online at URL (6/07): http://www.cdc.gov/std/stats/trends2005.htm]

11. Centers for Disease Control and Prevention, Division of HIV/AIDS Prevention. (2004). Cases of HIV infection and AIDS in the United States, by Race/Ethnicity, 1998-2002. [Available online at URL (6/07): http://www.cdc.gov/HIV/topics/surveillance/resources/reports/2004supp_vol10no1/pdf/hasrsuppVol10No1.pdf]

[+] Sexually active = had sexual intercourse during the past three months.

In all cases, the most recent available data were used. Some data are released 1-3 years after collection. In some cases, trend data with demographic breakdowns (e.g., race/ethnicity) are relatively limited. The category names presented are those of the data sources used (e.g., racial/ethnic data). Every attempt was made to standardize age ranges; when this was not possible, age ranges are those of the data sources used. For any questions regarding data presented, please contact NAHIC.

NAHIC Briefs & Fact Sheets

A Health Profile of Adolescent & Young Adult Males

A Mental Health Profile of Adolescents

Fact Sheet on Demographics: Adolescents & Young Adults

Fact Sheet on Mortality: Adolescents & Young Adults

Fact Sheet on Reproductive Health: Adolescents & Young Adults

Fact Sheet on Substance Use: Adolescents & Young Adults

Fact Sheet on Suicide: Adolescents & Young Adults

Fact Sheet on Unintentional Injury: Adolescents & Young Adults

Fact Sheet on Violence: Adolescents & Young Adults

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Background on NAHIC

The National Adolescent Health Information Center (NAHIC) was established with funding from the Maternal and Child Health Bureau in 1993 (U45MC 00002) to serve as a national resource for adolescent health research and information and to assure the integration, synthesis, coordination and dissemination of adolescent health-related information.

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All listed Briefs & Fact Sheets can be downloaded at http://nahic.ucsf.edu/

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