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RISKY BUSINESS: TEEN SEX

WHILE MOST parents and physicians know that talking with children about risky behavior is important in helping young people make responsible choices, even professional counselors admit that The Talk About Sex with their own children is one of the toughest topics to broach. Kids today are bombarded with information about sex, but that doesn't mean they are getting the information they need. During the 2001–2002 television season, two-thirds (64%) of all programming—and 83% of the top 20 shows most watched by teens—included sexual content. However, only about 15% of the sex messages include any reference or discussion of possible risks or responsibilities of sexual activity.¹ In this *CD Summary*, we provide data on the prevalence of teen sex and related behaviors, and discuss steps that health care providers can take to address the issue.

DATA ON OREGON TEENS

The good news is that the majority of Oregon's teens are not having sex; if they do, they're starting later and most are using condoms. Oregon's teen pregnancy rate has been steadily decreasing since the mid-1990s. In the 2002 Oregon Healthy Teens (OHT) survey,^{*} 39% of 11th graders reported having ever had sexual intercourse, and over two-thirds of those (69%) are currently sexually active. Although the proportion who have sex at all has remained relatively unchanged since 1997, the proportion of 11th graders who had sex before age 15 has decreased from 14% in 1997 to 11% in 2002. About 15% of 8th graders (aged 13–14, mostly) reported having had sex. The lower percentage of 11th graders reporting early initiation is likely because those who *are* having sex, particularly at a young age, are more likely to drop out of school. They are also at higher risk of depression, juvenile justice system involvement, and other risky behaviors.²

MULTIPLE RISKS

Oregon data show that teens who had sex before age 15 were significantly more likely to exhibit risky behaviors and to report a variety of violence-related encounters and mental distress (see Table). Those who had sex before age 15 were almost four times more likely than those who had sex after age 15 to have been raped, twice as likely to have been hit by a boyfriend or girlfriend, and twice as likely to have had drugs or alcohol at the time they last had sex. Teens who had sex early were also four times more likely have used drugs or alcohol at all, four times more likely to report having attempted suicide, and seven times more

likely to report forced sexual touching, than those who had never had sex.

Girls are more at risk than boys for some of these factors. Among those who ever had sex, 11th grade girls were roughly 3 times more likely than boys to have experienced forced sex (16 vs. 5%) and unwanted sexual attention (34 vs. 12%). In addition, Oregon birth data show that fathers are often 4 or more years older than teen mothers (48% of births to teens age 15 or younger and 40% of births to teens aged 16–18). Thus, many sexually active 11th grade girls in our survey are likely having sex with older men, and 11th grade boys may well be having sex with younger girls.

Oregon Healthy Teens Survey 2002, 11th graders	%First sex age <15	% First sex age 15+	%Never Had Sex
Characteristic or behavior			
Currently abstinent	31.0	30.6	n/a
1–2 partners in past 3 months	58.0	66.5	
3 or more partners, past 3 months	11.0	2.9	
Ever pregnant or caused pregnancy	14.2	5.3	
Didn't use condom, last sex	38.2	34.1	
No effective birth control, last sex	21.7	16.5	
Co-occurring Multiple Risk Factors			
Substance Use			
Alcohol or drugs used last time had sex	27.5	13.0	
Binge drank, past 30 days	50.0	43.2	13.2
Smoked marijuana, past 30 days	46.9	39.8	12.0
Violence or Intimidation			
Missed school because afraid	10.3	4.1	1.0
Carried weapon on school property	15.4	6.1	2.2
Hit by boy/girlfriend past year	20.1	9.6	1.3
Ever forced to have sex	21.5	5.8	
Other forced sexual touching	34.8	20.1	6.8
Unwanted sexual attention	28.9	20.7	10.0
Harassed due to perceived sexual orientation	16.3	8.5	4.4
Markers for Mental Health			
Ever diagnosed with depression or eating disorder	24.5	16.7	9.0
Depressed more than 2 weeks in past year	40.9	30.3	14.5
Attempted suicide past year	12.3	10.0	3.0
Family Factors—Opportunities for Positive Influence			
Parent knows where teen is	62.8	70.8	85.3
Rules of family are clear	71.8	80.1	87.7
Could talk to parent about personal problem	70.9	65.6	77.5
Ate with family 5+ times, past 7 days	33.0	41.9	53.1

^{*} This survey is conducted in schools, and therefore doesn't necessarily reflect patterns for teens who are homeless or incarcerated, or home-schooled, for that matter.



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WHAT YOU DON'T KNOW CAN HURT YOU

Teens underestimate their own risk of sexually transmitted diseases (STDs). The majority of new cases of STDs in Oregon (as well as the US) occur among people age 24 and younger; gonorrhea rates continue to be highest among females from the ages of 15–19 (153.3 per 100,000 in 2001) and males from 20–24 (161.9 per 100,000), and chlamydia cases are highest in females 15–19 (1,868.7 per 100,000). Unfortunately, sexually experienced teens are no better informed about STDs than teens who haven't had sex. However, teens who had talked with a doctor about STDs were nearly twice as likely as those who hadn't to have discussed STDs with their partners (59% vs. 34%).³ In Oregon, 55% of sexually active 8th and 11th graders reported that they see a clinician annually, providing an ideal opportunity for education.

KEEP ASKING (AND ANSWERING) THE HARD QUESTIONS

The Guidelines for Adolescent Preventive Services⁴ call for health care providers to establish clear office policies regarding confidential care for adolescents and how parents will be involved in that care. All adolescents (starting at age 11) should receive annual health guidance about responsible sexual behaviors, including abstinence, appropriate birth control and STD prevention measures, and instruction on how to use these effectively. Clinicians should ask teens at least annually about their sexual activity, and about risk behaviors that might affect their judgment, such as alcohol or drug use. Sexually active adolescents should be screened annually for STDs. Clini-

cians should also look for other indications of multiple risks; referrals to additional services may be a critical part of addressing the overall health issues.

Teens want to know they can trust their health provider to maintain confidentiality, listen, and give them accurate information. They'd rather have their doctor ask them directly about risky behaviors—don't wait for the teen to bring it up. If the clinician doesn't ask about smoking, drinking, or sex without condoms, it may be easy for the teen to convince him/herself that the behavior is "not so bad."⁵

ENCOURAGE PARENTS TO TALK ABOUT SEXUALITY

In a poll of 15–17 year olds, most (80%) felt that a key reason why teens don't discuss sexual issues with their parents is that they worry their parents will assume they are already having sex.⁶ Yet ideally, the time to talk to teens is *before* they start having sex—and parents need to start the discussion. The AMA notes that teens who talked with their parents about sex are more likely to postpone sex, and to use birth control when they do start (see Parent Package resource).

Parent monitoring of teen behavior, and family problem-solving skills have been associated with decreased high-risk behaviors.⁷ Oregon's data show that 11th graders who reported that their parents monitored their whereabouts or felt their family rules were clear were less likely to have had sex, or had delayed having sex until at least age 15 (see Table). Even regularly having meals together as a family seems to correlate with less likelihood of teen sex—and at least you'll know where your kids are! Clinicians provide both youth and their

risks and responsibility and can encourage parents to use their opportunities for discussion and influence. In addition, clinicians should be looking out for multiple risk behaviors, especially among teens who start having sex at a young age, working to identify and address underlying problems.

RESOURCES FOR HEALTH CARE PROVIDERS

- Adolescent and Parent Questionnaires for screening health risk behaviors: <http://www.ama-assn.org/ama/pub/category/1981.html>
- Parent Package: Points for doctors to share with parents about 15 adolescent health topics: <http://www.ama-assn.org/ama/upload/mm/39/parentinfo.pdf>
- Henry J. Kaiser Family Foundation Teen Sexual Activity Fact Sheet: http://www.kff.org/content/2000/3040/Sex_Act7web.pdf

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