

Adolescent Sexual and Reproductive Health in the United States



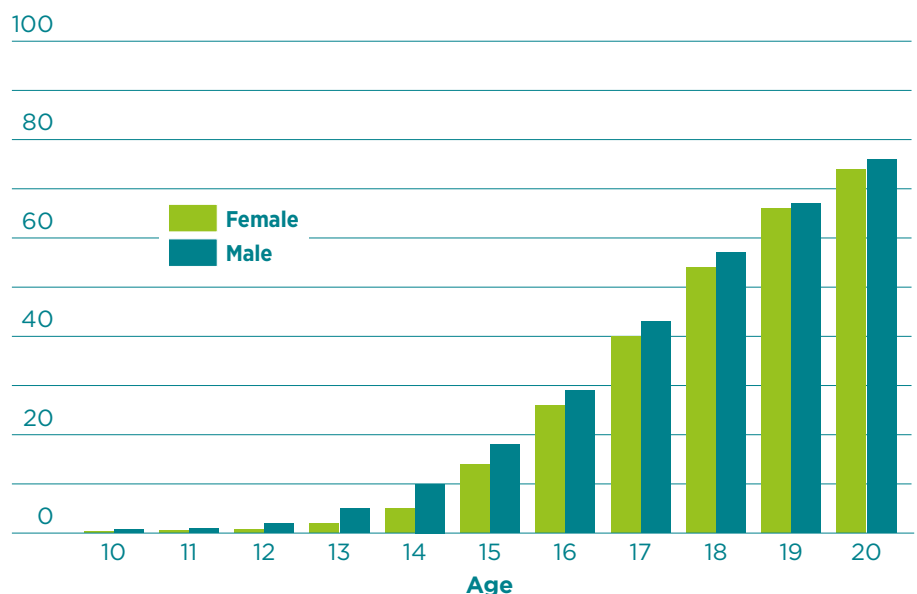
Sexual activity

- Sexual activity is a part of human development for many young people in the United States. As they develop, adolescents and young adults need access to comprehensive and non-stigmatizing information about sexual and reproductive health, support networks to have the pregnancies they want, and high-quality, affordable and confidential contraceptive services and abortion services to avoid the pregnancies they do not want.
- On average, young people in the United States have sex for the first time at about age 17, but do not marry until their mid-20s. During the interim period of nearly a decade or longer, they may be at heightened risk for unintended pregnancy and sexually transmitted infections (STIs).
- In 2011–2013, among unmarried 15–19-year-olds, 44% of females and 49% of males had had sexual intercourse. These levels have remained steady since 2002.
- The proportion of young people having sexual intercourse before age 15 has declined in recent years. In 2011–2013, about 13% of never-married females aged 15–19 and 18% 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 adolescents aged 15–19 gave for not having had sex was that it was “against religion or morals” (41% of females and 31% of males). The second and third most common reasons were not having found the right person and wanting to avoid pregnancy.
- Among sexually experienced adolescents aged 15–19, 73% of females and 58% of males reported in 2006–2010 that their first sexual experience was with a steady partner, cohabitor, fiancé or spouse. Sixteen percent of females and 28% of males reported having first had sex with someone they had just met or who was just a friend.
- Adolescent sexual intercourse is increasingly likely to be described as wanted. First sex was described as wanted by 34% of women aged 18–24 in 2002 who had had sex before age 20 and by 41% in 2006–2010. Among men in the same age-group, the share reporting first sex before age 20 as wanted increased from 43% to 62%.
- Three percent of males and 8% of females aged 18–19 in 2006–2008 reported their sexual orientation as lesbian, gay or bisexual. During the same period, 12% of females and 4% of males aged 18–19 reported same-sex sexual behaviors.
- Adolescent sexual activity may include behaviors other than vaginal intercourse. In 2007–2010, about half of adolescents aged 15–19 reported ever having oral sex with an opposite-sex partner and about one in 10 reported ever having anal sex with an opposite-sex partner.

SEXUAL INTERCOURSE AMONG YOUNG PEOPLE IN THE U.S.

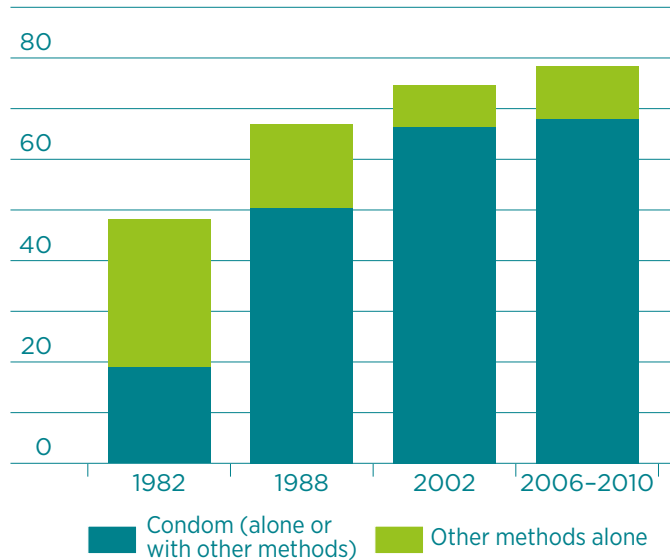
The proportion of young people who have had sexual intercourse increases rapidly with age.

% of adolescents who have had sex



Contraceptive use at first sexual intercourse among 15–19-year-olds has risen steadily.

% using contraceptives at first sexual intercourse
100



Contraceptive use

- The proportion of U.S. females aged 15–19 who used contraceptives the first time they had sex has increased, from 48% in 1982 to 79% in 2011–2013.
- Adolescents who report having had sex at age 14 or younger are less likely than those who initiated sex later to have used a contraceptive method at first sex.
- The condom is the contraceptive method most commonly used at first intercourse. In 2006–2010, 68% of females and 80% of males aged 15–19 reported having used a condom the first time they had sex.
- In 2006–2010, 86% of females and 93% of males aged 15–19 reported having used contraceptives the last time they had sex. These proportions represent a marked increase since 1995, when 71% of females and 82% of males in that age-group reported use of a contraceptive method at last sex. However, the proportions were generally unchanged between 2002 and 2006–2010.
- In 2012, 4% of female contraceptive users aged 15–19 used a long-acting reversible contraceptive method (IUD or implant) in the last month.
- Dual method use (i.e., use of a condom in combination with a short- or long-term reversible contraceptive method) can offer protection against both pregnancy and STIs. In 2006–2010, one in five sexually active females aged 15–19 and one-third of sexually active males in this age-group said that they used both

a condom and a hormonal method the last time they had sex.

- In 2006–2010, 14% of sexually experienced females aged 15–19 had ever used emergency contraception.
- Adolescents in the United States and Europe have similar levels of sexual activity. However, European adolescents are more likely than U.S. adolescents to use contraceptives and to use the most effective methods; they also have substantially lower pregnancy rates.

Access to and use of contraceptive services

- Current federal law requires health insurance plans to cover the full range of female contraceptive methods, including counseling and related services, without out-of-pocket costs. However, some minors may not use insurance to access contraceptive services because they are not aware that these services are covered or because of confidentiality concerns.
- No state explicitly requires parental consent or notification for minors to obtain 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 do not have a statute or policy on the subject. The U.S. Supreme Court has ruled that minors’ privacy rights include the right to obtain contraceptive services.
- Even when parental consent is not required for contraceptive services, concerns about confidentiality may limit adolescents’ access to or use of contraceptive or other reproductive health services. In 2013–2015, 18% of 15–17-year-olds and 7% of 18–19-year-olds reported that they would not seek sexual or reproductive health care because of concerns that their parents might find out.
- In 2006–2010, 66% of sexually active females aged 15–19 reported having received contraceptive services in the last year; about one-third had received this care from publicly funded clinics and the rest from private health care providers.
- In 2014, an estimated 4.7 million women younger than 20 were in need of publicly funded contraceptive care because they were sexually active and neither pregnant nor trying to become pregnant.
- Nearly one million 15–19-year-old women in need of publicly funded contraceptive services received them from publicly supported family planning centers in 2014. These services helped adolescents to avert 232,000 unintended pregnancies, 118,000 unplanned births and 76,000 abortions.
- While school-based health centers are an important source of sexual and reproductive health services for students across the United States, only 37% of these centers dispensed

contraceptives in 2010–2011. Many are prohibited from doing so by state or local policies.

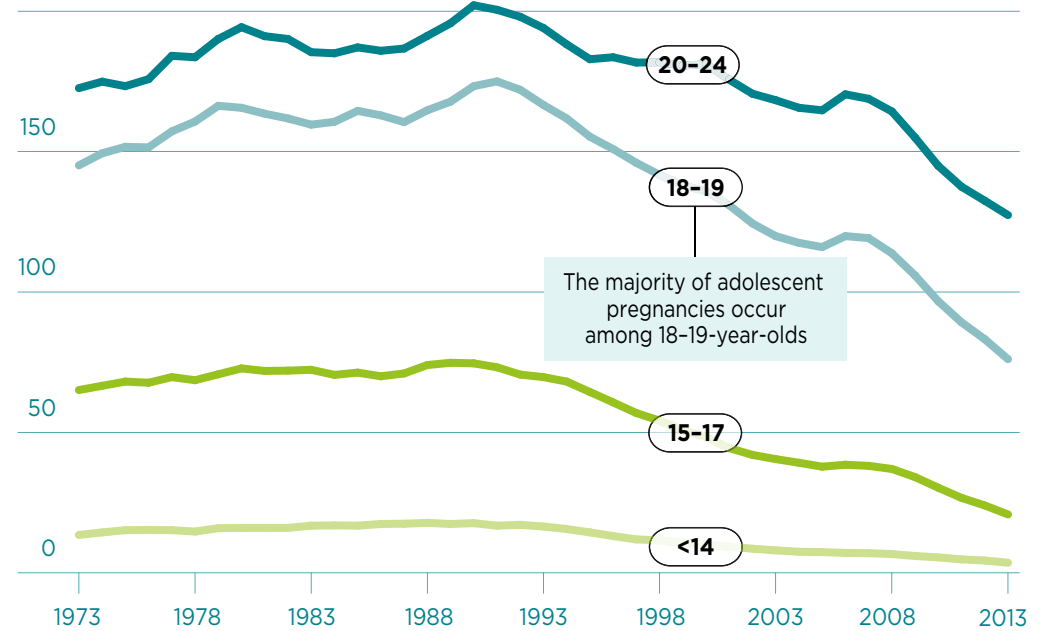
HIV and other STIs and related services

- Adolescents and young adults aged 15–24 accounted for nearly half (9.7 million) of the 19.7 million new cases of STIs in the United States in 2008. This disproportionate share likely reflects larger age-based disparities in access to preventive services and care.
- Human papillomavirus (HPV) infections account for more than two-thirds 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.
- Three HPV vaccines—Gardasil, Gardasil 9 and Cervarix—are currently available, and all of them prevent the types of infections most likely to lead to cervical cancer. The Centers for Disease Control and Prevention now recommends HPV vaccinations for male and female adolescents, starting at age 11. Numerous research studies have confirmed that increases in HPV vaccinations have resulted in significant declines in HPV infections and related negative health outcomes.
- In 2015, 63% of females and 50% of males aged 13–17 had received one or more doses of the vaccine against HPV, and 42% of females and 28% of males had completed the recommended regimen of three doses.
- Chlamydia is the next most

PREGNANCIES AMONG U.S. ADOLESCENTS AND YOUNG ADULTS

Rates of pregnancy among U.S. adolescents and young women reached historic lows in 2013.

Rate per 1,000 women
200



common STI diagnosed among 15–24-year-olds, accounting for nearly 20% of diagnoses each year. Genital herpes, gonorrhea and trichomoniasis together account for about 11% of diagnoses. HIV, syphilis and hepatitis B are estimated to account for less than 1% of diagnoses.

- Paralleling broader health disparities, rates of diagnosed STIs among 15–19-year-olds differ widely by race: Among non-Hispanic black adolescents, rates of diagnosed chlamydia are more than five times those among non-Hispanic white adolescents, and rates of gonorrhea are more than fourteen times those among non-Hispanic white adolescents.
- Young people aged 13–24 accounted for about 22% of all new HIV diagnoses in the United States in 2015. Most of these diagnoses occurred

among gay or bisexual men (81%), with young black/African American and Hispanic/Latino gay and bisexual men disproportionately affected.

- 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-two states explicitly allow minors to consent to HIV testing and treatment.
- In 2006–2010, 43% of sexually active females aged 15–19 reported having received counseling or testing for STIs or HIV in the last year.

Pregnancy

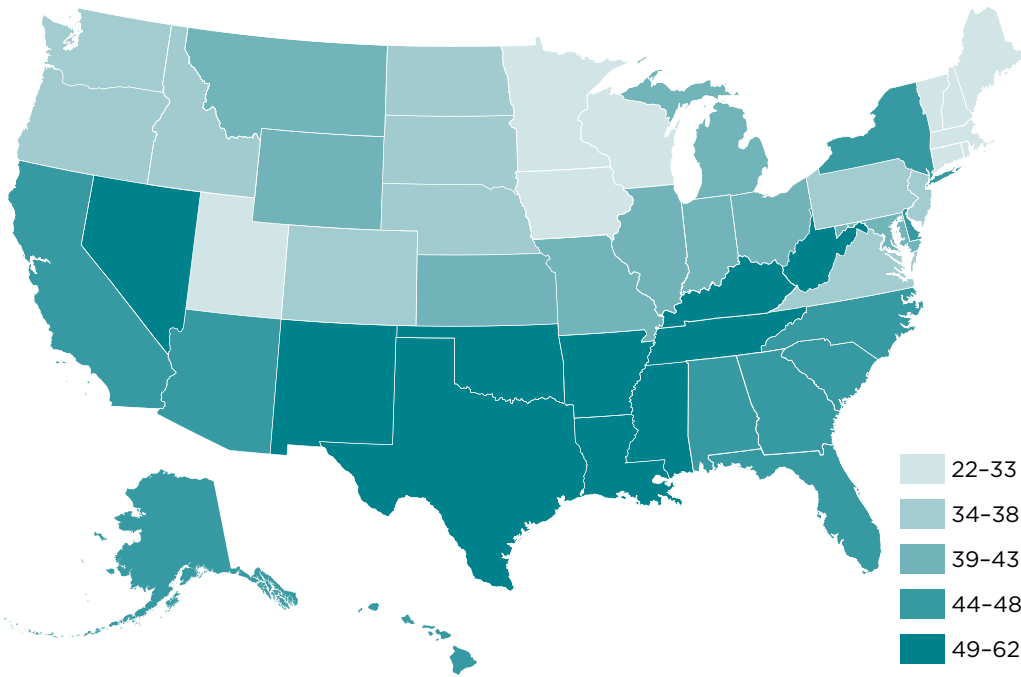
- In 2013, the adolescent pregnancy rate reached a record low of 43 pregnancies per 1,000 women aged

15–19, indicating that less than 5% of females in this age-group became pregnant. This rate represented a decline to just over one-third of the peak rate of 118 per 1,000, which occurred in 1990.

- In 2013, about 448,000 U.S. women aged 15–19 became pregnant. Seventy-two percent of adolescent pregnancies occurred among the oldest age-group (18–19-year-olds).
- Pregnancies are much less common among females younger than 15. In 2013, four pregnancies occurred per 1,000 females aged 14 or younger. In other words, about 0.4% of adolescents younger than 15 became pregnant that year.
- In 2013, non-Hispanic black and Hispanic adolescents had pregnancy rates of 75 and 61 per 1,000 women aged 15–19, respectively;

Pregnancy rates among U.S. adolescents varied widely by state.

No. of pregnancies per 1,000 women aged 15–19



non-Hispanic white adolescents had a pregnancy rate of 30 per 1,000.

■ There are substantial differences in adolescent pregnancy rates at the state level. In 2013, New Mexico had the highest adolescent pregnancy rate (62 per 1,000 women aged 15–19), followed by Arkansas, Mississippi, Oklahoma, Texas and Louisiana. The lowest rate was in New Hampshire (22 per 1,000), followed by Massachusetts, Minnesota, Utah, Vermont and Wisconsin.

■ Despite recent declines, the U.S. adolescent pregnancy rate continues to be one of the highest among developed countries. At 43 per 1,000 women aged 15–19 in 2013, it is significantly higher than recent rates found in other developed countries, including France (25 per 1,000) and Sweden (29 per 1,000).

■ Nationally, seventy-five percent of pregnancies among 15–19-year-olds were unintended (meaning either mistimed or unwanted) in 2008–2011, and adolescents account for about 15% of all unintended pregnancies annually. Services are needed to support pregnant or parenting young people, regardless of the planned or unintended nature of the pregnancy.

■ Sixty-one percent of pregnancies among 15–19-year-olds in 2013 ended in births, while 24% ended in abortions and the rest in miscarriages.

■ Unintended pregnancy rates among women younger than 20 were available for 31 states in 2013. The highest unintended pregnancy rates among these states were found in Arkansas (41 per 1,000 women younger than 20), Oklahoma and Tennessee. The states

with the lowest unintended pregnancy rates were New Hampshire (16 per 1,000 women younger than 20), Minnesota, Massachusetts, Utah and Vermont.

■ The proportion of pregnancies that were unintended among women younger than 20 also varied by state, ranging from 56% in New Mexico to 79% in Maryland and New Jersey.

Abortion

■ Although federal funds are not permitted to cover abortion services in most cases, some states and private insurance plans do allow insurance coverage of abortions. However, some minors with coverage may not use insurance to access abortion services because they are not aware that these services are covered or because of confidentiality concerns.

■ Women aged 15–19 had just under 110,000

abortions in 2013. About 11% of all abortions that year were obtained by adolescents.

■ In 2013, there were 11 abortions for every 1,000 women aged 15–19. This is the lowest rate observed since abortion was legalized nationwide in 1973, and just one-fourth of the peak rate in 1988 (44).

■ Between 1985 and 2007, the proportion of pregnancies among 15–19-year-old women (excluding miscarriages) that ended in abortion declined by one-third, from 46% to 31%. This proportion has remained relatively stable since 2007.

■ The reasons women younger than 20 most frequently give for having an abortion are concerns about how having a baby would change their lives, inability to afford a baby now and not feeling mature enough to raise a child.

■ As of July 2017, laws in 37 states required that a minor seeking an abortion involve one or both parents in the decision.

Childbearing

■ In 2013, women aged 19 or younger had 276,000 births, representing 7% of all U.S. births.

■ In 2013, there were 26 births per 1,000 women aged 15–19; this rate marked a more than 50% decline from the peak rate of 62 births per 1,000, reached in 1991. Evidence suggests that this decline is primarily attributable to increases in adolescents’ contraceptive use; declines in sexual activity played a smaller role.

- Most births to adolescent mothers are first births. In 2013, 17% of births to women aged 15–19 were second or higher-order births.
- Nearly all births among women aged 15–19 occur outside of marriage—89% in 2013, up from 79% in 2000. Yet, over the last several decades, adolescents' share of nonmarital births among all age-groups has declined, from 52% in 1975 to 15% in 2013.
- Between 1991 and 2014, childbearing among young men declined 54%, from 25 births per 1,000 males aged 15–19 to 11 births per 1,000. Among men in this age-group in 2014, 27% reported that the pregnancy was intended.
- The rates of childbearing among young men vary considerably by race. In 2014, the rate among black males aged 15–19 (19 per 1,000) was almost twice that among their white counterparts (10 per 1,000).

SOURCE

These data are the most current available. References are available in the HTML version: <https://www.guttmacher.org/fact-sheet/adolescents-sexual-and-reproductive-health-in-united-states>



Good reproductive health policy starts with credible research

125 Maiden Lane
New York, NY 10038
212.248.1111
info@guttmacher.org

www.guttmacher.org