



Adolescent Girls and Reproductive Health: STDs and Teen Pregnancy

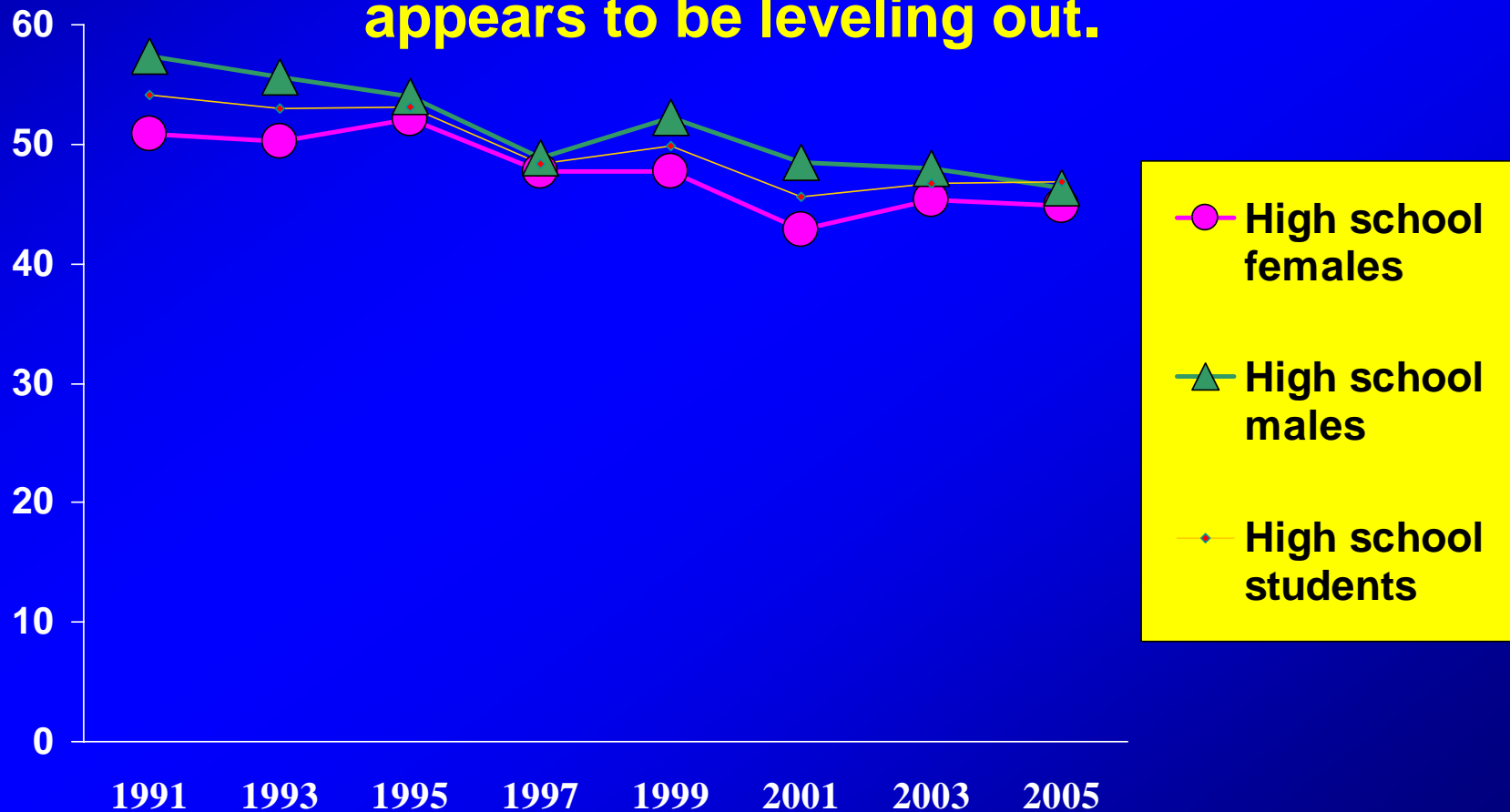
Sarah L. Guerry, MD
Medical Director, Los Angeles County Department of Public Health
Sexually Transmitted Disease Program

“The young are in character prone to desire and ready to carry any desire they may have found to action. Of bodily desires, it is the sexual to which they are most disposed to give way, and in regard to sexual desire they exercise no self restraint”.

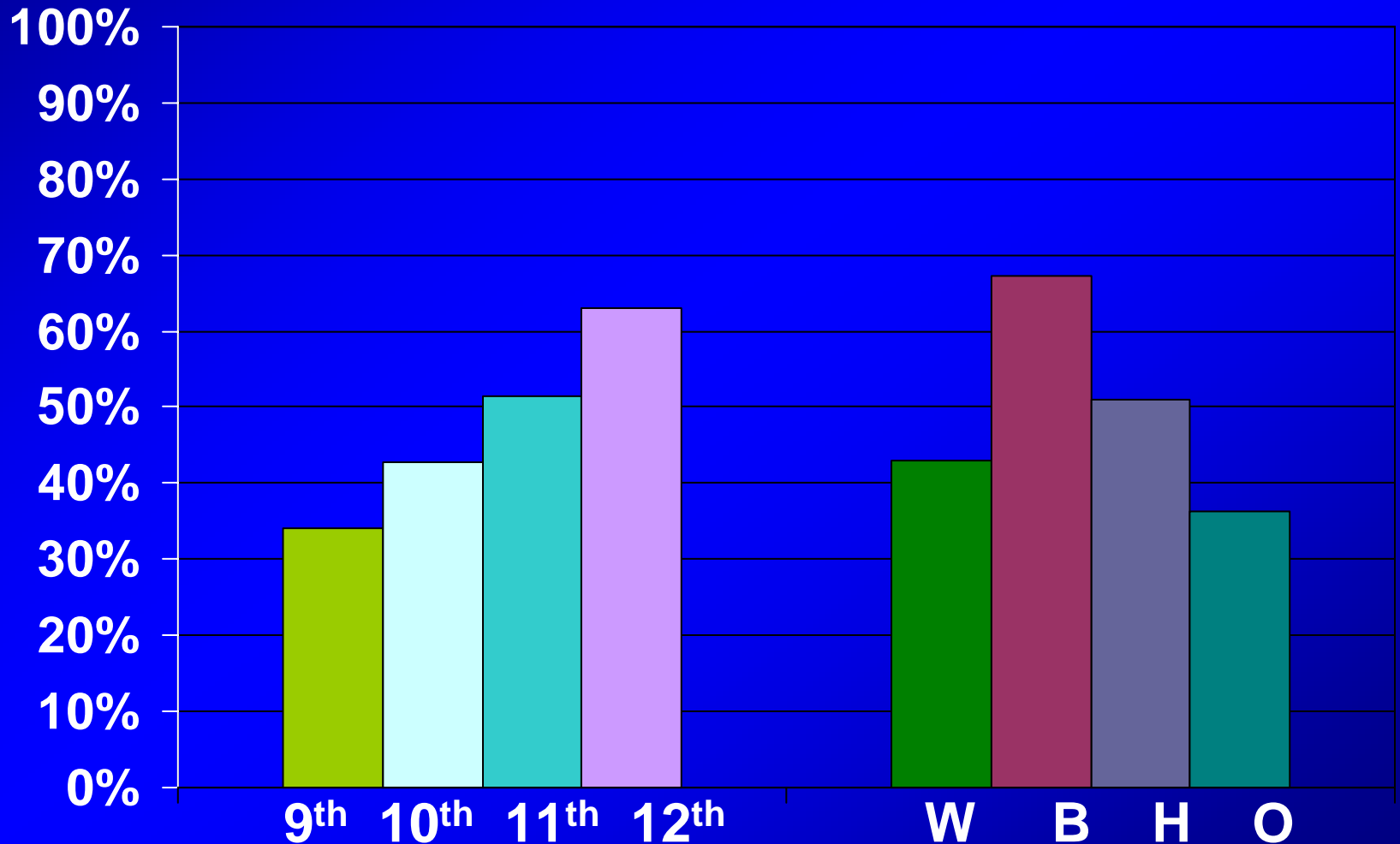
Aristotle, 384-322 BC

Percent of High School Students Who Have Ever Had Sexual Intercourse, 2005 YRBS

After declining in the 1990s, sexual experience appears to be leveling out.



Percentage of HS Students Who Have Had Sexual Intercourse By Race and Grade, 2005 YRBS



Adolescent Risk Behavior and STD and Pregnancy Data

Adolescents and Young Adults at Higher Risk for STDs

In Los Angeles County

- 62% of all Chlamydia cases were among 15-24 year olds
- 50% of all gonorrhea cases were among 15-24 year olds

Nationally

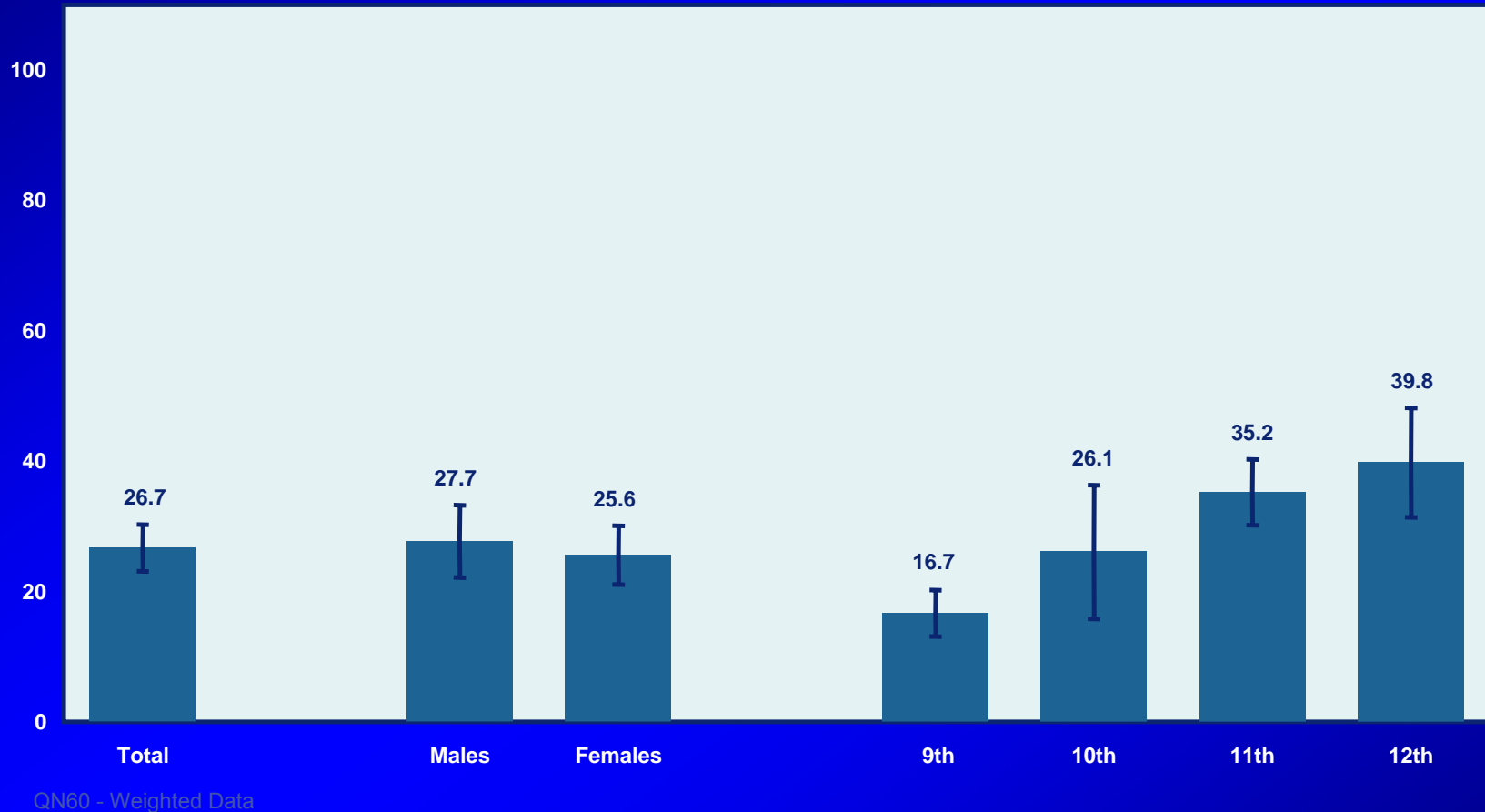
- Highest prevalence of HPV infections among women under 25
- Greatest increase in HSV seroprevalence is among adolescents
- 1/2 of new HIV infections are in those <25 yo

Estimated that 25% of all sexually active teens are infected yearly

Why are adolescents a high risk group for STDs?

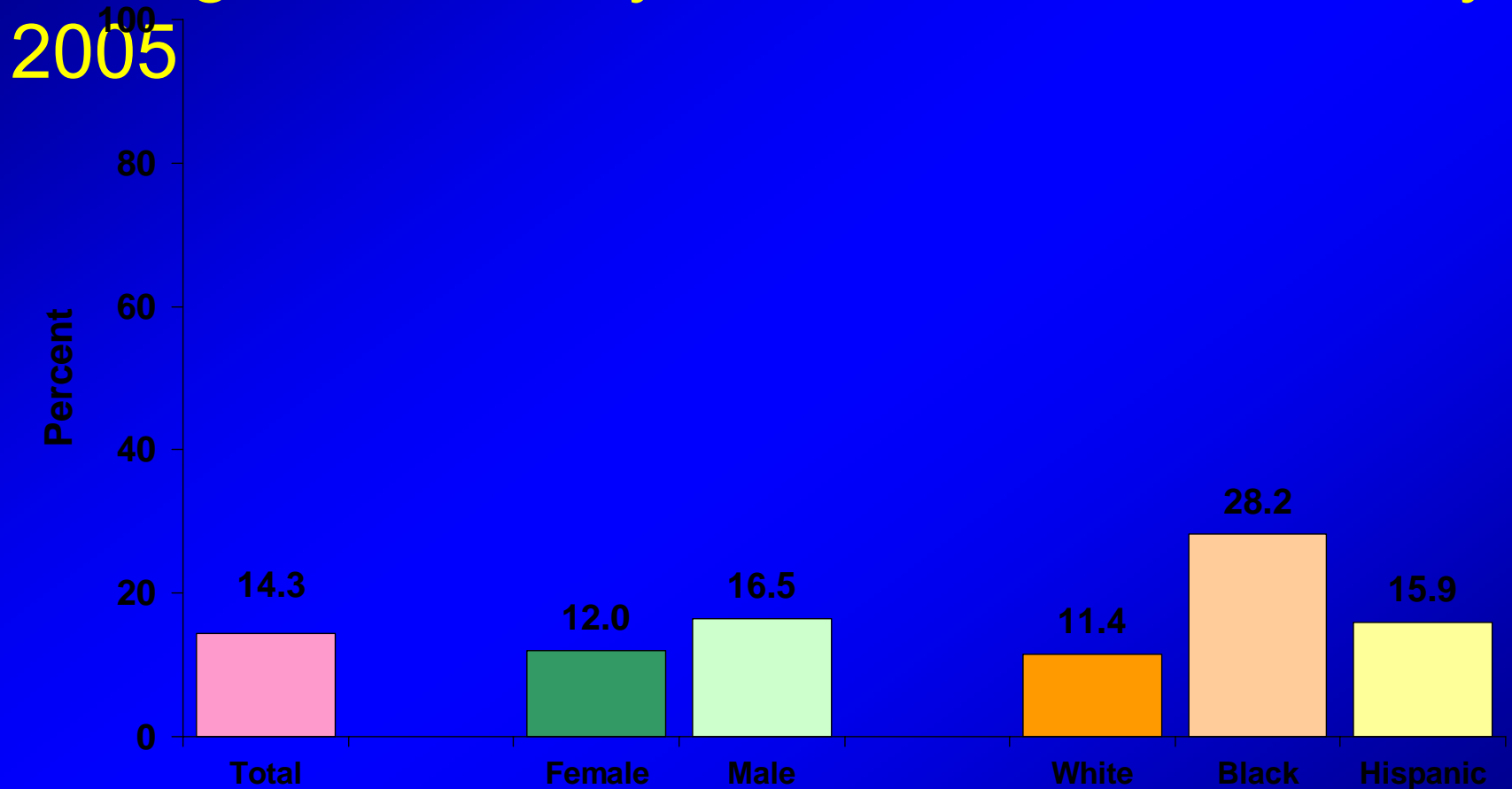
- Multiple (sequential or concurrent) relationships
- Unprotected intercourse
- Select partners at higher risk
- Physiologically increased susceptibility
- Less likely to seek clinical care

Current Sexual Activity: LAUSD



Percentage of students who had sexual intercourse with ≥ 1 person during the past 3 months,
LAUSD 2005

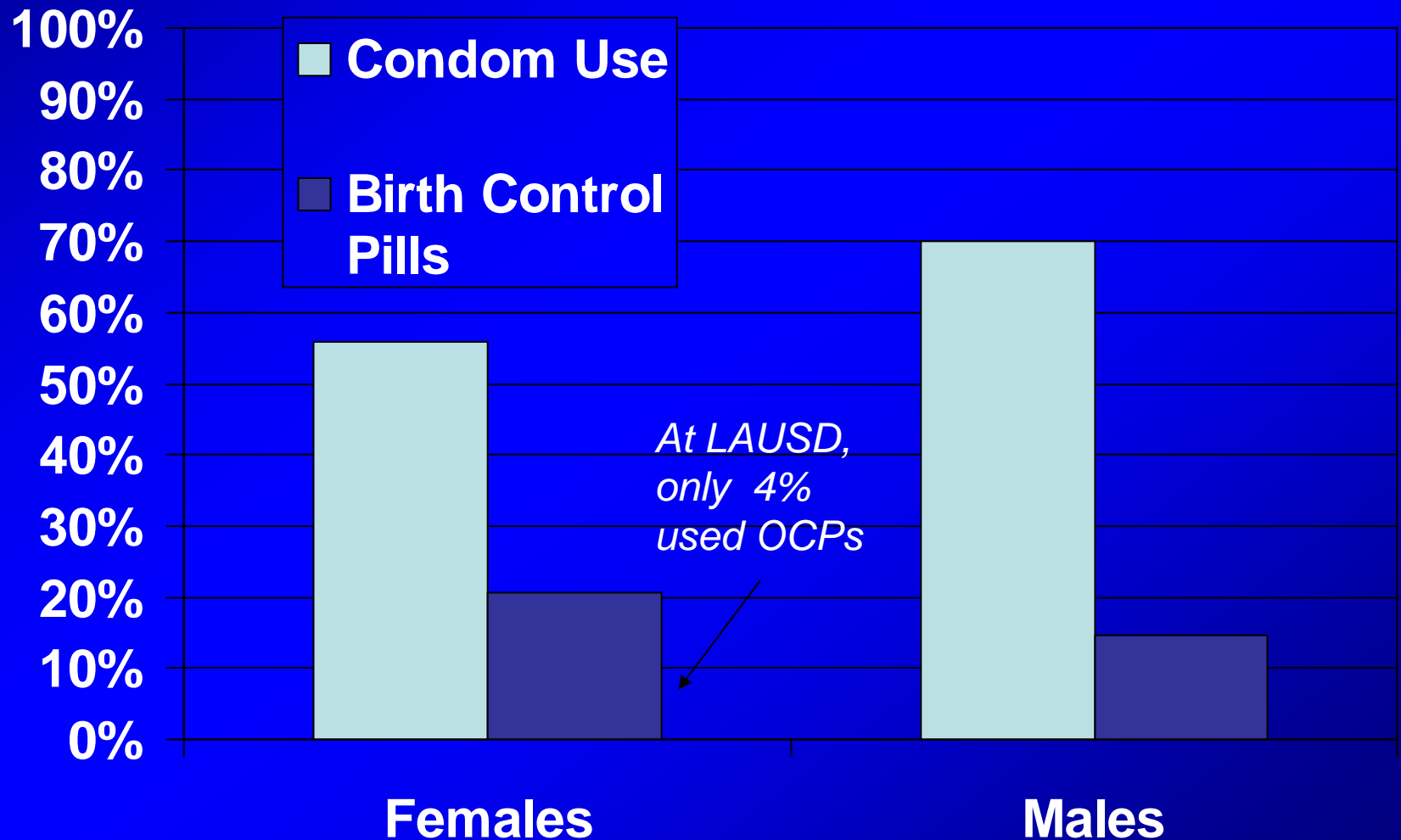
Percentage of High School Students Who Had Sexual Intercourse with Four or More Persons During their Life, by Sex* and Race/Ethnicity,** 2005



* M > F

** B > H > W

Contraceptive Use at Last Intercourse, High School YRBS 2005



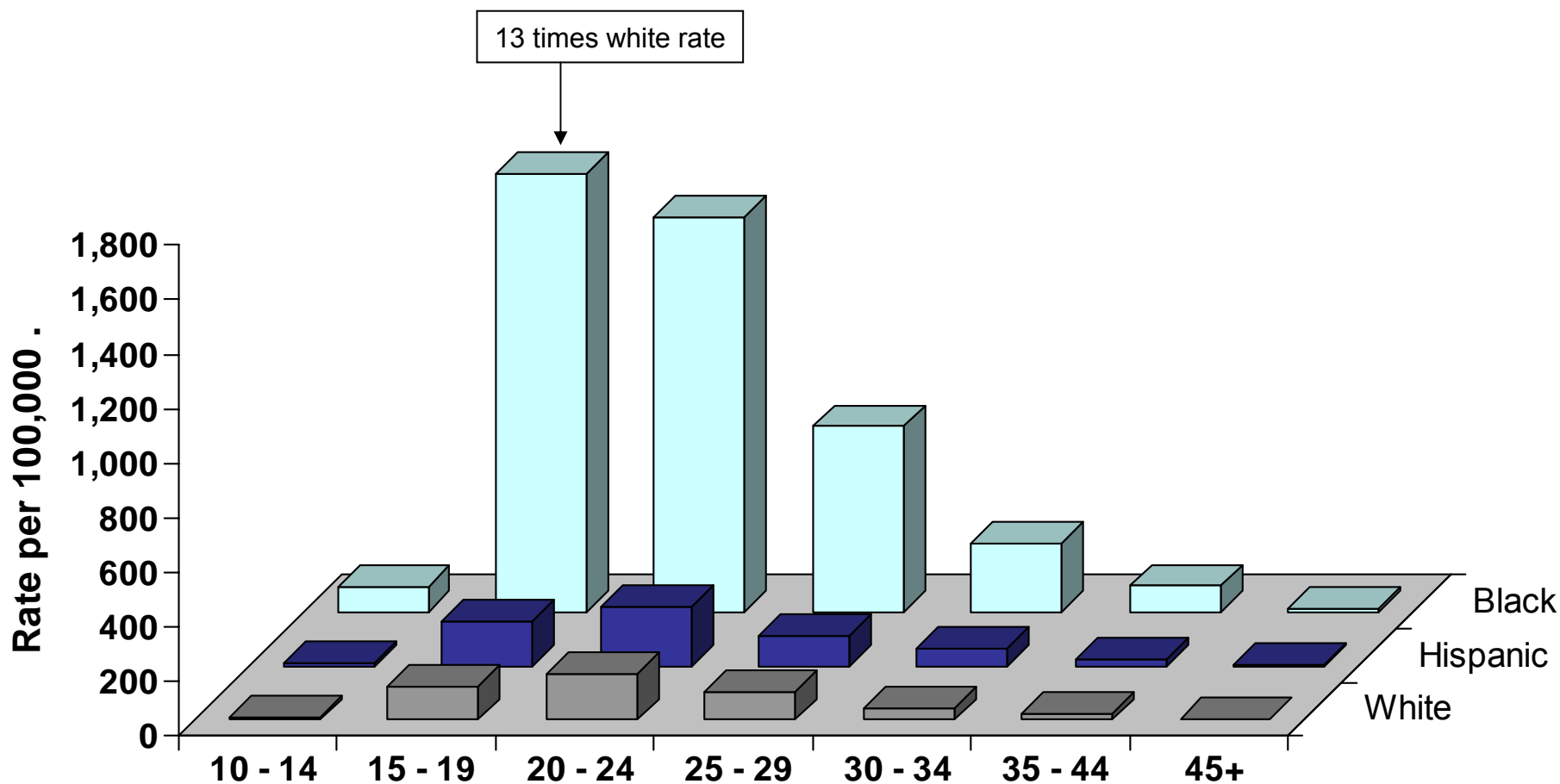
Adolescent Women in Corrections in LAC At High Risk for Chlamydia and Gonorrhea

Prevalence of chlamydia and gonorrhea in
adolescent girls in corrections, 2005:

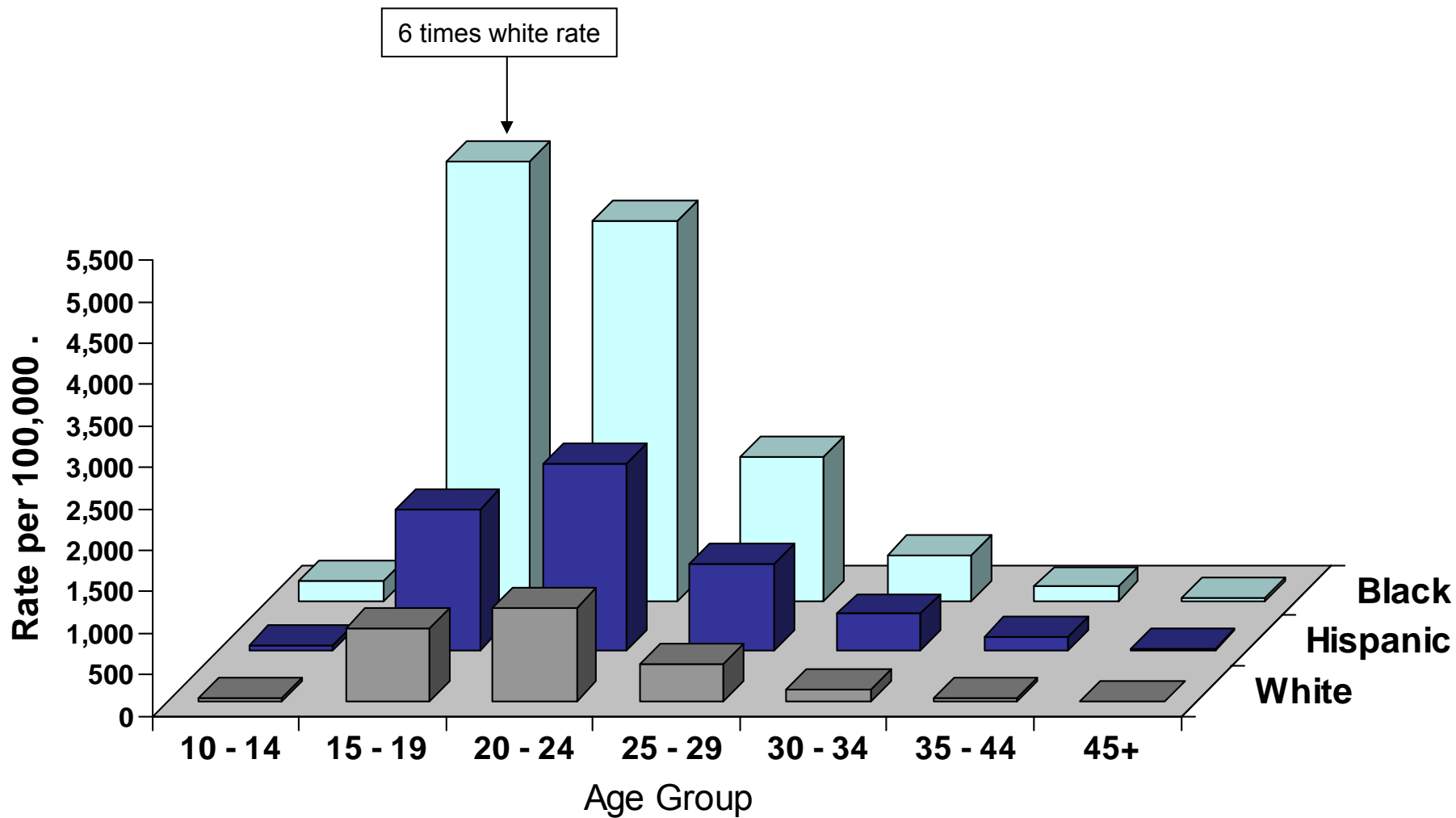
	<u>CT</u>	<u>GC</u>
Juvenile Hall: 18-19 years	16%	5%
in Adult Corrections:	23%	8%

Racial Disparities and STDs in California

Gonorrhea Rates, Females, by Race/Ethnicity and Age Group, California, 2005



Chlamydia Rates, Females, by Race/Ethnicity and Age California, 2005



Teen Pregnancy

- US has highest teen birth rate among all industrialized nations and higher teen birth rate than over 50 developing nations
- 74-95% of teen pregnancies are unintended.
- Poor and low-income adolescents make up 38% of all women ages 15-19 but account for 73% of pregnancies in that age group

Costs of Unintended Pregnancy

Educational, social, medical, and economic difficulties are *consequences* of teenage childbearing

But are also *causes* of teenage childbearing

Fiscal Costs of Unintended Pregnancy

- Cost LAC taxpayers \$440,000,000/year due to negative health outcomes, lost income and tax revenue, and increased need for public assistance.
- Estimated that every dollar spent on publicly subsidized family planning services saves \$4.40 of costs on medical care and social services provided to women who become pregnant.

Some Evidence-based Solutions To Decrease Sexual Risk Behavior in Adolescents

Solution: Implement effective educational programs to reduce sexual risk taking

Problem: Youth lack STD knowledge and prevention skills.

Evidence: Review of components of proven effective programs.

What are characteristics of effective programs?

- Focused on small # of specific goals
- Gave clear message about sexual activity/prevention and reinforced that message continually
- Provided basic accurate information about risks of sex and how to avoid intercourse or protect against STDs
- Included activities that addressed social pressures, including refusal of unwanted sex
- Provided modeling of and practice with communication, negotiation, and refusal skills
- Extended 14 hours minimum
- Were appropriate for age, sexual experience, and culture.
- Used educators who believed in the program

Solution: Implement prevention programs that directly address race, culture and gender

Problem: Prevention programs not always relevant to those at greatest risk

Evidence:

- SISTA
- SiHLE

1. DiClemente RJ, Randomized Controlled Trial of an HIV Sexual Risk-Reduction Intervention for Young African-American Women, JAMA, 1995. 2. DiClemente RJ, Efficacy of an HIV prevention Intervention for African American Adolescent Girls, JAMA 2004,

Solution: Implement Effective Community-Based Sex Education Programs

Problem: High risk youth need more than just effective sex education.

Evidence:

- Children's Aid Society-Carrera Program
 - Multicomponent year-round youth development program that provides daily after-school activities-including job club and career exploration, academic tutoring, sex ed, arts workshops, individual sports activities.
 - Involves youth's families (sex ed, resume writing, ESL)
 - Results: delay in sexual intercourse among girls. Sexually experienced girls increased dual methods of contraception. Reduced rates of teen pregnancy.

Philiber S, et al. Preventing pregnancy and improving health care access among teenagers...Perspectives on Sexual and Reproductive Health 2002.

Solution: Provide structured activities outside of schools

Problem: Substantial numbers of youths spend long periods of time without adult supervision and have limited opportunities to participate in after-school activities.

- Girls more likely to be sexually active if not in after school programs

Evidence:

- In LAC, teen birth rates and juvenile arrest rates were lower in areas where schools offered more extracurriculars.

Cohen D, et al. When and Where Do Youths Have Sex?...Pediatrics, 2002.

Cohen D, et al. Availability of High School Extracurricular Sports Programs and High-Risk Behaviors, Journal of School Health. 2007.

Guiding Principles

- Teen pregnancy and STDs are an adult problem.
- There IS such a thing as healthy adolescent sexuality.
- Young people can make responsible and healthy decisions about their sexuality.

Life Behaviors of a Sexually Healthy Adult (SEICUS 2004)

A sexually healthy adult will:

- Appreciate one's own body.
- Affirm that human development includes sexual development, which may or may not include reproduction or sexual experience.
- Interact with all genders in respectful and appropriate ways.
- Affirm one's own sexual orientation and respect the sexual orientations of others.
- Affirm one's own gender identities and respect the gender identities of others.
- Express love and intimacy in appropriate ways.
- Develop and maintain meaningful relationships.
- Avoid exploitative or manipulative relationships.
- Make informed choices about family options and relationships.
- Take responsibility for one's own behavior.
- Communicate effectively with family, peers, and romantic partners.

