

Fact Sheet

Healthy Sexual Development

As youth enter puberty, defining their sexual identity and learning to live responsibly with it is at the forefront of normal developmental challenges.

Tennessee Data

Over the past decade, teen sexual activity and teen birth rates have declined, nationally as well as in Tennessee. The statistics below are from the CDC's YRBSS Online Comprehensive Results unless otherwise noted.

- U.S. birth rates among young people declined from 17.8% in 1990 to 11.2% in 2006 per 1,000 females aged 10-17. Rates dropped from 72.6% to 53% per 1,000 females aged 15-19 in the same years. However it is important to note that teen birth rates, both nationally and in Tennessee, are substantially higher in the United States compared to other developed countries.
- In 2007, 54.4% of all Tennessee high school students reported having had sexual intercourse at least once in their lives compared to 62.3% in 1993.
- In 2007, 7.5% of high school students reported having engaged in sexual intercourse before age 13 compared to 8.5% in 2005. In 2007, African-American males (24.3%) were three times as likely to have engaged in sexual intercourse before age 13 than white males (8.0%).
- Of those currently sexually active students, 60.9% had used a condom during last sexual intercourse closely reflecting the 61.5% national rate. African-American males were more likely to use condoms (76.1%) than white males (60.8%). Likewise, African-American females were more likely to use condoms (69.0%) than white males (50.7%).
- Also in 2007, 16.6% of Tennessee's youth had used oral contraceptives whereas nationally 16.0% of high school students reported using oral contraceptives before their last intercourse. This represents a decrease in Tennessee compared to 1993 data which show oral contraceptive usage at 17.7%. African-American males less likely to use oral contraceptives (11.9%) than white males (16.9%). Likewise, African-American females were less likely to use condoms (14.0%) than white males (21.5%).
- In 2007, 16.8% of the sexually active students in Tennessee reported having sexual intercourse with four or more partners compared to 14.9% nationally. This represents a significant decline from 1993 (24.5% students). African-American males (41.0%) were significantly more likely to have had sex with four or more partners than white males (17.0%).

Prevention Pays

Nationally, teen childbearing in the United States costs taxpayers (federal, state, and local) at least \$9.1 billion in 2004, according to Saul Hoffman, Ph.D. (2006, October). Most of the costs of teen childbearing are associated with negative consequences for the children of teen mothers, including increased costs for health care, foster care, and incarceration.

Best Practices

- **Parents** – Parents can have a large role in determining their children’s sexual behavior by being clear about their own personal sexual values and attitudes, talking with children early and often about sex, supervising and monitoring children and teens and encouraging success in education.
- **Schools** – Certain well-researched comprehensive sexuality programs have been found to be effective in preventing teen pregnancy. Strong abstinence-centered education programs use approaches tested in successful comprehensive sexuality education and positive youth development programs.
- **Communities** – Pregnancy and sexually transmitted infection prevention programs can include health services, youth development and parent involvement. Health services and other services addressing teen sexual activity must be confidential and accessible.

2010 Objectives

Reduce Sexual Risk-Taking Behavior

- By 2010, decrease the proportion of high school students who report having had sexual intercourse at least once in their lives from the 2005 baseline of 55% to 40%.

Reduce Teen Pregnancies

- By 2010, reduce teen pregnancies among females ages 15 to 19 years old from the 2003 baseline of 63.8 per 1,000 females to 43 per 1,000 females.

Reduce Racial/Ethnic Disparities in Teen Pregnancy Rates

- By 2010, reduce teen pregnancy rates among African-American females ages 10-17 from the 2003 baseline of 25.4 per 1,000 females to 13.9 per 1,000 females. (13.9 per 1,000 females is the 2003 rate for all pregnancies.)
- By 2010, reduce teen pregnancies among Hispanic females ages 15-17 from a 2003 baseline rate of 110 per 1,000 females to 43 per 1,000 females (Healthy People 2010 Goal for all 15-17 year olds).

Reduce Chlamydia Infections

- By 2010, reduce chlamydia trachomatis infections among girls 15 to 24 years old attending public family planning clinics from the 2003 baseline of 6.8% to 3%.

Websites and Reference

CDC YRBSS Youth Online: Comprehensive Results, 2007

<http://apps.nccd.cdc.gov/yrbss/>

Federal Government – Abstinence Programs

<http://www.acf.hhs.gov/programs/fysb/content/abstinence/index.htm>

Health Information Tennessee

<http://hit.state.tn.us/Home.aspx>

Hoffman, S. (2006, October). *By the numbers: The public costs of teen childbearing*. Washington, DC: National

Campaign to Prevent Teen Pregnancy Tennessee Department of Health - Abstinence Education Program

Kaiser Family Foundation

www.kff.org

National Campaign to Prevent Teen Pregnancy

www.teenpregnancy.org

Sexuality Information and Education Council of the United States

www.siecus.org

Tennessee Department of Health – Teen Pregnancy Prevention Programs

http://www.tennessee.gov/health/itsabouttime/pregnancy_fact_sheet.pdf