The Sexual Health of Youth in the United States

AN AUDIENCE PROFILE

NATIONAL COALITION FOR SEXUAL HEALTH

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SEXUAL HEALTH

About the National Coalition for Sexual Health

The National Coalition for Sexual Health aims to improve sexual health and well-being by encouraging productive and sustained conversations about sexual health and promoting high quality sexual health information and health services.

The National Coalition for Sexual Health will help start the conversation about sexual health and prompt action in our lives, health care settings, and communities. It will bring together organizations and individuals who have a stake in not just advancing sexual health, but in advancing the overall health of America. Health care providers, consumer and advocacy groups, health organizations, businesses, media, faith-based organizations, educators, and the public health community are invited to participate.

For more information, please contact ncsh@prevent.org or visit us online at nationalcoalitionforsexualhealth.org

Purpose and Contents

Being sexually healthy means being able to enjoy a healthy body, satisfying sexual life, positive relationships, and peace of mind. This audience profile provides a broad overview of the sexual health of youth in the United States, including a brief demographic profile, trends in relationships and communication, and a summary of sexual health knowledge and behaviors, physical health, and use of sexual health care services.

Previously published reports on the sexual health of youth have focused more narrowly on topics such as contraceptive use, sexual behaviors, or sex education. This comprehensive profile compiles the most reliable and current research on a breadth of sexual health topics, and draws primarily from nationally representative surveys. See the Appendix for an overview of the national sexual health data sources cited. Please note however, that this report is not intended to be a complete literature review of all qualitative and small-scale quantitative studies.

Where available, significant differences based on gender, race, ethnicity, socioeconomic status, and sexual orientation are noted. Data presented relates to youth ages 15-19 unless otherwise specified.

This factual backdrop will help program planners, health communicators, the media, and members of the National Coalition for Sexual Health (NCSH) understand and address the key factors influencing the sexual health of youth today.

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Executive Summary

As we lay the foundation for good health and well-being across the lifespan, understanding and promoting the sexual health of youth is of critical importance. Patterns in relationships, communication, sexual behaviors, and use of health care services are often established during adolescence. Equipping youth to decide what is right for them, choose partners who treat them well, respect their partners, build positive relationships, communicate openly, understand and practice safe sexual behaviors, and access sexual health services will help set them on the right course.

Adolescence is a stage of development characterized by many changes, including sexual development. During this life phase, most youth complete puberty, explore their independence, autonomy, and sexual identities, develop cognitively and emotionally, and experiment with romantic and sexual expression.[1,2] Adolescence is a positive experience for many youth, and relationships and sexuality are often central elements.[3] The majority of youth have experienced a romantic relationship, which may or may not be sexual in nature, and some report having been in love. Some youth have serious and committed relationships, others have casual sexual partners, and some have both.

There are many positive and encouraging trends in youths' sexual behavior over the past several decades– youth are waiting longer to initiate sex, rates of condom usage have increased, the number of youths' sexual partners has decreased, and the teen pregnancy and birth rates have declined significantly. Many youth today engage in conversations about sex and sexual health with their partners and parents, and most access sexual and reproductive health care services.

However, the trends are not all positive. Many youth continue to be affected by sexually transmitted infections (STIs), HIV, unplanned pregnancies, sexual violence, and drug and alcohol use during sex. Among developed nations, the U.S. continues to rank poorly on many indicators of sexual health among youth. For example, one in four youth has at least one STI and there are 750,000 teen pregnancies and 368,000 teen births in the U.S. each year.[4, 5, 6]

Why is this the case? Many youth lack comprehensive information about sexual health, sexuality, and building relationships. As a result, many have misperceptions and lack knowledge about personal risk, safer sex, contraceptives, and available sexual health care services. Their conversations about sexual health with partners are often incomplete or mistimed, frequently occurring after they have engaged in sexual activity. In addition, many youth do not use contraceptives consistently. In fact, 19% of sexually active female youth did not use any contraceptive method during last intercourse, and 40% of sexually active youth did not use condoms—the only method that can prevent STIs, HIV, and pregnancy.[7,8]

A majority of youth, particularly those who are sexually active, access sexual or reproductive health care.[9] However, most do not receive many of the recommended sexual health care services, including HIV and STI screenings, counseling services, or the human papillomavirus (HPV) vaccine.[9-12] And, most youth say they have never had a conversation with a health care provider about HIV and STIs, condoms, or birth control.[13]

There is clearly room for improvement, and many youth want additional information about how to protect their sexual health, including contraceptive options and how to build good relationships, prevent STIs and HIV, and talk with partners and parents openly about sex and sexual health. By describing the current knowledge, attitudes, and behaviors of youth, this document will help us pinpoint the factors influencing sexual health and focus our efforts in the right direction. NCSH has started this effort by creating a set of sexual health action steps for the public, including youth (see *Appendix 2*).

The Importance of Context

When considering trends and statistics, it is important to recognize that sexual health behavior and physical health are influenced by a large range of factors. The conditions in which we are born, live, grow, work, play, and age are called "social determinants of health." This context can be positive, by building safe communities, fostering healthy relationships, and ensuring access to information and resources. For example, there is evidence that youth who feel connected and emotionally invested in family, school, and their communities may have better sexual health.[14] Too often however, the circumstances in which people live make them vulnerable to poor health. Inequalities such as poverty, racism, sexism, ageism, homophobia, and stigma are linked to health disparities. Where they overlap, these obstacles are magnified.

A single indicator of poor health is not necessarily representative of a person or group of people if separated from the context and communities in which people live. For example, even though young African American women are less likely to engage in some risky sexual behaviors than their white counterparts, they have disproportionately high rates of STI infection due to higher STI prevalence in their social networks.[15,16] The reasons for this inconsistency are complex, and therefore cannot be easily and simply explained by the presentation of nationally representative data alone.

This brief is designed to provide an overview of current knowledge, skills, behaviors, and outcomes rather than an in-depth analysis of the factors driving these behaviors and health outcomes.

Youth Sexual Development

Adolescence is a developmental stage occurring in the second decade of life. It is characterized by many changes, including sexual development.[3] Some developmental changes associated with adolescence may begin as early as age eight and extend until age 24.[3] Within adolescence, most research discusses discrete developmental stages: early adolescence occurs between ages 11-13, middle adolescence occurs between ages 14 -16, and late adolescence is generally defined as ages 17-19.[3] Unless otherwise specified, this report provides information pertaining to youth between the ages of 15 and 19, and refers to young people ages 20-29 as young adults.

By ages 15-19, female youth have typically reached full physical development, and male youth have nearly done so.[3] Both genders experience intense emotional development, becoming more introspective and independent.[3] Youths' relationships with their parents often change as they establish their own identities.[17] In this developmental stage, youth begin thinking about the future and place more emphasis on goal-setting and self-esteem.[3] However, youth may begin to exhibit more risk-taking behaviors during these ages.[3] Most youth become more interested in romantic relationships, and youth are more likely to act on sexual feelings.[18] Development, like health, is also affected by the domains in which youth live, learn, and play.[19]

Appendix 3 further outlines the physical, emotional, cognitive, sexual, and moral developmental changes that youth undergo during these years.

Youth Today: A Sociodemographic Profile

Today's youth are diverse. They constitute roughly 8% of the total U.S. population, numbering over 22 million.[20] The majority of youth identify as white non-Hispanic (61%), but the percentage of youth who identify as Hispanic or Latino (17%), or as black or African American (15%) continues to grow.[21, 22] Among older female youth (ages 18-19), most identify as straight (90%), 2% identify as lesbian, and 6% identify as bisexual.[23] Among males of the same age, 97% identify as heterosexual, 2% identify as gay, and 1% identify as bisexual.[23]

The majority of youth go to school (86%) and/or work (45%).[21] Only 5% don't go to school or work.[21]

Over half (54%) of youth ages 12-17 live in suburbs, 27% live in rural areas, and 19% live in central cities.[22]
Forty-four percent of adolescents ages 12-17 live in low-income[i] families, including 21% who live in poor[ii] families.[ii,24] Between 2005 and 2010, the number of youth living in low-income families increased by 11%.[24]

Most youth say they have had a boyfriend or girlfriend, and over half say they have been in love.

[i] Low-income is defined as less than 200% of the Federal Poverty Level

[ii] Poor is defined as less than 100% of the Federal Poverty Level

[iii] In 2011, the Federal Poverty Level was equivalent to an annual income of $22,350 for a family of four[10]

Relationships and Communicating about Sexual Health

Many youth experience their first romantic and sexual relationships during adolescence. In these relationships, and in those with parents and health care providers, open and honest communication is essential to achieving good sexual health. While most youth do communicate with sex or relationship partners, especially about contraception and sexual boundaries, these conversations are often mistimed or incomplete. A large proportion of youth say they also want better communication with partners and health care providers about sexual health.[13]

Youth Romantic Relationships

Youth romantic relationships are characterized by mutually acknowledged expressions of affection, and may or may not include sexual experience.[25] Although once viewed as trivial and fleeting, youth romantic relationships have been identified in research as a significant developmental milestone that influences personal identity formation, relationships with family and peers, academic achievement, and sexuality.[25] Youth romantic relationships may also set the stage for future romantic and sexual relationships.

Approximately 53% of 15 year old youth and 73% of 18 year old youth report having a romantic relationship in the previous 18 months.[26] In another study of youth ages 15-17, an even higher percentage (88%) of youth reported ever having a boyfriend or girlfriend.[27] Black, Asian, and low-income youth are less likely to have romantic relationship experience during youth.[28]

Many youth consider their romantic experiences to be emotionally significant. In a survey of female youth in their senior year of high school, 88% report having a crush, 71% report going on a date, and 58% report being in love.[29]

Youths' sexual experiences may occur in the context of a casual relationship or a serious romantic relationship. Youth report that oral sex and intercourse are just as likely to be part of a casual "hook-up" as part of a romantic relationship.[27] Kissing and touching are more likely to be perceived as characteristic of a romantic relationship.[27] Research shows that steady, long-term youth relationships are more sexually and emotionally intimate than casual relationships.[28]

Communicating with Partners

Most youth (78%) are comfortable talking about sex and relationships with a relationship partner.[30] The majority of sexually active youth (ages 15-17) report ever talking with their most recent sexual partner about contraception (89%), HIV/AIDS (49%), STIs (54%), or their personal level of comfort around sexual activity (74%).[31] Over half of youth and young adults ages 15-24 say that it would not be embarrassing to discuss condom use with a new partner.[32]

Most youth (73%) agree that communicating with partners about sexual health is easier in the context of a relationship, and in fact, youth in relationships are more likely to do so.[27,33] Despite relationship status however, many youth report waiting until after they and their partner have had sex to talk about sexual health.[33] Forty-three percent of youth would like to know more about how to talk with a relationship partner about STIs and birth control.[30]

Most youth are comfortable talking about sex with relationship partners, but many wait to talk about sexual health until after they've had sex.

Setting Boundaries around Sex

Though a substantial majority of youth (87% of females and 81% of males) have received formal instruction on how to say no to sex, data indicates that some youth may have trouble setting boundaries around sex.[34] About one in four sexually active youth report doing something sexual they didn't want to and one in three report ever being in a situation where things were moving too fast sexually.[31] Women are more likely to report having had these experiences than men.[31]

In a survey of 15-17 year old youth, 69% say that women are usually the partners in a relationship who say "no" to sex and 67% say that men usually make the first move sexually.[35] About a third of youth said they would like to know more about how to talk to a romantic partner about setting sexual boundaries.[30]

To set boundaries, youth need to think about their own needs, desires, and personal comfort level. Then, he/she needs to communicate these boundaries to his/her partner, and in turn, listen to the boundaries expressed by his/her partner. Through open dialogue, they should hopefully gain an understanding of each other's boundaries.

A sense of autonomy helps youth set boundaries and negotiate sexual choices.[36] Missing from the available data is measurement of the extent to which youth understand, give, and receive consent when engaging in sex.

One-third of youth want more information about how to set sexual boundaries with partners.

Communicating with Parents

Most youth say their sexual health and sexual decision making is influenced by their parents, and a large majority believe that increased parental communication would help them make healthy choices.[30,37]

Research underscores the need for open, honest, and individualized parent–youth communication about sexual health. Parent-youth sexual health communication is associated with delayed sexual initiation, increased contraceptive use, and fewer sex partners among sexually experienced youth[34,38,39]

However, about half of 15-17 year olds report that they have never talked with their parents about sexual decision making and one in three 12-17 year olds report that they want more information about sexual health from their parents.[13,40]

Parents are likely to take an abstinence-based approach to communicating with youth about sex, often without discussing other important topics such as contraception and HIV and STI prevention.[34] Seventy percent of male youth and 79% of female youth report having conversations with a parent about at least one of the following six sex education topics:[34]

- How to say no to sex (42% of men and 63% of women)
- STIs (50% of men and 55% of women)
- Methods of birth control (31% of men and 51% of women)
- How to prevent HIV infection (39% of men and 41% of women)
- How to use a condom (38% of men and 29% of women)
- Where to obtain birth control (20% of men and 38% of women)

Many youth may hesitate to communicate openly and honestly with their parents; in a survey of female 12th grade students, 33% reported lying to their parents about their sex life.[29]

Communicating with Health Care Providers

The majority of youth say they have never talked with a health care provider about sexual health topics including HIV/AIDS (67%), STIs (68%), condoms (75%), birth control (72%), and sexual decision-making (84%).[13]

Even among youth who received family planning or health services[iv] in the last 12 months, only 24% of men and 45% of women received counseling or advice from a health care provider about methods of birth control.[10,11]

About half of 12–17 year olds say they want more information about sexual health from their doctor.[40]

About half of youth have never talked with their parents about sexual decision-making.

Knowledge of Sexual Health

Today's youth learn about sex and sexual health from a variety of sources. They cite school, friends, family, health professionals, and the internet as their top five sources for sexual health information.[41] Yet, some youth still maintain misperceptions about sex, STIs, pregnancy, contraception, and personal risk. Surveys reveal that many are misinformed about the risks of unprotected sex, the availability, usage, and effectiveness of various contraceptive methods, and where to access sexual health services. However, youth say they want more information about these topics.

Sources of Information about Sexual Health

Youth learn about sexual health from formal sex education in schools, parents and other adult role models, health care providers, peers, the internet, and digital and traditional media.[42] There is great variety in the content and quality of sexual health information across these sources; even formal sex education curricula varies by state.[43] In a 2001 survey of 12-17 year olds, the three most popular sources of information about sexual health were school health class (75%), parents (70%), and healthcare providers (62%).[40] However, information-seeking behaviors have changed drastically in the past decade, especially among youth.[42,44] In a 2011 study of youth and young adults ages 13-24, the internet was reported as the top source of sexual health information among 89% of respondents.[41]

In contrast, when asked about the most effective way to learn about sexual health, about 20% of youth cited formal education in schools, 18% of women and 11% of men mentioned family as a resource, and approximately 12% cited an internet search.[41]

[iv] For males, family-planning or health services may include: a physical or routine exam, testicular exam, counseling about methods of birth control including condoms, advice or counseling about STIs, HIV, or AIDS. For females, services may include: sterilization, birth control acquisition, checkup related to birth control, counseling about birth control, counseling about getting sterilized, emergency contraception, or counseling about emergency contraception. Medical services include Pap smear, pelvic examinations, prenatal care, counseling, STI testing or treatment, abortion, or pregnancy test.

Nearly half of youth report knowing little or nothing about condoms.

There is a lack of nationally representative data that measures in detail which sources youth consult for sexual health information. We know that youth receive valuable information from parents, teachers, and other adult mentors, but as technology usage becomes more common, it is likely that the number of youth who use internet, mobile, and social media to seek sexual health information will increase.[45]

Contraception

In a study of required school health curricula topics, only 58% of high schools were required to teach students about contraceptive methods.[46] This is consistent with youths' reports; about a third of youth reported that they have not received formal instruction about contraception.[34] Fewer men reported receiving this education than women (62% vs. 70%).[34]

Even so, most youth believe that they are sufficiently informed to prevent an unwanted pregnancy, although many (ages 12-19) state that they know "little or nothing" about condoms (47%) and birth control pills (72%).[37] Furthermore, 30% of youth ages 15-17 incorrectly believe that birth control pills are effective at preventing HIV/AIDS and 26% believe that birth control pills effectively prevent other STIs.[31]

Nearly all youth (97% of women and 94% of men) believe it is important for them to avoid pregnancy at this time in their lives, yet four in 10 youth (42%) say it doesn't matter whether you use birth control or not— when it is your time to get pregnant, it will happen.[37]

STIs and Risk

The overwhelming majority of youth report receiving formal instruction about STIs and HIV, but in recent years there has been a decline in the number of high school students who report being taught about HIV/AIDS.[8,34] Many have significant misperceptions that could jeopardize their health.

One-third of 12-17 year olds believe that they would be able to tell if a partner had an STI.[47] A slightly smaller percentage of youth (30%) believe that "If you had an STI, you would know—even if you have not been tested."[47]

Just under half (47%) of youth ages 12-17 report knowing "for sure" where to get information on HIV and STIs.[40] Despite feeling like they know where to get information, youth ages 12-17 report wanting more information on the following topics:[47]

- How to know if you have an STI (58%)
- How to protect yourself from getting an STI (57%)
- STI treatment (54%)
- What is involved in getting an STI test (51%)
- Where to go to get tested for STIs (50%)
- Confidentiality of STI testing (48%)
- How to talk with a boyfriend or girlfriend about STIs (47%)
- How to talk with parents about STIs (45%)
- Cost of an STI test (45%)
- STI transmission (44%)

Knowledge of Sexual Health Care Services

Limited nationally representative data is available on youths' knowledge of recommended sexual health care services, such as screenings for STIs and HIV, the HPV vaccine, contraceptives, and counseling. A 2001 study by Kaiser Family Foundation and Seventeen Magazine found that a significant percentage of youth are uncertain where to obtain various sexual health services and products:[40]

- Only 49% of 12–17 year olds report knowing "for sure" where to go to get condoms

- Only 29% of 12–17 year olds report knowing "for sure" where to go to get types of birth control other than condoms
- 67% of 15–17 year old women report knowing "for sure" where to go to get a gynecological exam

In the same study, over one-third (35%) of youth reported that lack of knowledge about sexual health care providers was a "major reason" that youth may not utilize services.[40] Forty-six percent report the same issue as a "minor reason."[40]

A significant proportion of youth want more information on STI prevention, testing, and treatment, as well as how to talk to parents and partners about STIs.

Sexual Behavior and Actions to Protect Sexual Health

There are numerous positive trends in youths' sexual activity and contraceptive use, which suggests that many youth are listening to sexual health messages and taking steps to protect themselves and their partners. However, there is still significant room for improvement. Many youth continue to engage in behaviors that put themselves and their partners at risk for unplanned pregnancy, STIs, and HIV. However, even if youth take all the right steps to protect themselves, a coercive partner can still put them at risk. Some youth are subject to reproductive coercion (in which a partner practices behaviors that interfere with contraception or pregnancy) or sexual coercion (in which a partner pressures or coerces a person to have sex without using physical force). These forms of coercion by a partner can increase the risk of unplanned pregnancy, abortion, and STIs/HIV, along with emotional trauma.

Sexual Behavior

Nearly half of high school students report ever having sex and this proportion has steadily decreased since the early 1990's.[8] Of sexually active high school students, most report having only one partner.[8] However, rates of alcohol and drug use before having sex continue to remain high.[10] Preliminary data on prevalence of sexually explicit text messaging suggests that this is a common behavior among youth, and one that may evoke regret for some youth.[8]

Abstinence and Postponement

Today more youth are delaying their first sexual encounter than in the recent past.[48] Research suggests that about one in five youth have not engaged in any sexual activity[v] by age 18,[49] and 26% of youth have not engaged in vaginal sex by their 20th birthday.[48]

More youth are delaying having sex than in the past.

[v]Includes oral, anal, and vaginal sex

Among sexually inexperienced youth, the most common reasons given for not having sex were that it was "against religion or morals," they "don't want to get pregnant," or they "haven't found the right person yet."[50] Female youth who postponed sex were more likely to have ambivalent attitudes about sex and closer relationships with their parents, peers, and school environments.[51]

Nearly half of all youth have not had any sexual partners, and over one-fifth have had only one partner.

Sexual Initiation

In 2011, 47% of high school students reported ever having had sexual intercourse, a marked decline from 54% in 1991.[8] Among all youth, most initiate sex in their later teen years; 27% of youth ages 15-17 report ever having sex, but 63% of 18-19 year old youth report having sex.[50]

Among those who have had sex by age 18, youths' average age at first vaginal intercourse was slightly younger (15.5 years) than average age at first oral sex (15.8 years).[49] The average age at first anal intercourse was almost a year older than the average age of vaginal sex (16.4 years).[49]

Sexually experienced youth ages 15-17 report that the following factors influenced their decision to have sex:[52]

- Curiosity (85%)
- Partner wanted to (84%)
- Felt like it was the right time (82%)
- Ready to have sex (80%)
- Met the right person (76%)
- Perception that sex would strengthen the relationship (70%)

Seventy percent of women and 56% of men report that their first sexual experience was with a steady partner.[50] About half of female youth who were 14 or younger when they first had sex had a male partner who was three or more years older and were more likely to say that their first sexual experience was unwanted.[53]

The majority (67% of women and 53% of men) of sexually experienced youth report wishing that they had waited longer to have sex, and 91% of 15-17 year old youth agree with the statement, "Most people have sex before they are really ready."[37]

Types of sexual activity

Most national data relating to specific youth sexual behaviors is limited, reporting primarily on vaginal intercourse among heterosexual partners.

Among female youth, 53% have had any sexual experience[vi] with a partner of the opposite sex, including 46% who have had vaginal sex, 45% who have had oral sex, and 11% who have had anal sex.[23] Among male youth, 58% have had any sexual experience with a partner of the opposite sex, including 45% who have had vaginal intercourse, 48% who have had oral sex, and 10% who have had anal sex.[23] Masturbation is much more common than partnered sexual activities during adolescence.[54]

Eleven percent of female youth and 3% of male youth reported any sexual experience with a same-sex partner.[23] In a different study, about 10% of male youth ages 18-19 have given or received oral sex with another male and 4% have had receptive anal sex.[54] Among female youth of the same age, 8% have given or received oral sex with another female.[54]

Nearly half of high school students report having sexual intercourse.

[vi] Data refers to opposite sex partner

Numbers and types of sexual partners

Nearly half of all youth (48% of women and 43% of men) have not had any sexual partners[vii] and over one-fifth (23% of women and 21% of men) have had only one partner.[23] Eight percent of female youth and 9% of male youth report having two sexual partners, and 16% of women and 18% of men report having between 3-6 sexual partners.[23]

Among high school students, numbers of sexual partners differ by race and ethnicity. Non-Hispanic black students (25%) are more likely than their Hispanic (15%) and non-Hispanic white peers (13%) to report that they have had four or more sexual partners.[8]

Sixty percent of sexually active youth have had sex in both romantic and non-romantic contexts.[55]

Sexting

Preliminary findings on the prevalence of youth sexual texting ("sexting") suggest that between 4% and 24% of youth have sent a nude or semi-nude image of themselves via text message, and between 15% and 30% have received such messages.[29,56-60] Yo uth who send sexts are more likely to be female and older youth than their non-sexting counterparts.[61] A small percentage of youth report forwarding a sexually explicit message to another person.[61] Higher prevalence of sexting is estimated when other forms of electronic communication such as email and instant messaging are factored in.[57,58]

Youth report various reasons for engaging in sexting, including: someone asked them to; to respond to a sexually explicit message from someone else; to try to impress someone or make someone like them more; to have fun; and peer pressure.[29,61]

Youth may not have positive feelings about sexting after they do so. Of females in the 12th grade who have shared sexually-explicit media with another person, between 40-60% say they regret it.[29] Youth may not be aware of the potential negative consequences of sharing sexual information or images via technology: 9 in 10 sext senders report having no negative consequences because of a sext, but 3 in 10 friends of sext senders say the sexts were forwarded to another person, possibly unbeknownst to them.[61]

It is not yet clear from research whether youth sexting is associated with risky sexual behaviors or sexual health outcomes such as STIs and unplanned pregnancies

Use of alcohol and other drugs prior to sex

Impairment due to alcohol or drug use affects youths' ability to consent to sex, and may negatively influence youths' sexual decision-making. In fact, 29% of youth ages 15-17 report that alcohol or drugs have influenced their decision to do something sexual, and 12% report having unprotected sex because they were under the influence.[62]

Twenty-two percent of sexually active high school students report using alcohol or drugs before their last sexual encounter.[8] Furthermore, over a third (36%) of sexually active female 12th grade students reported having ever had a sexual experience while "drunk or high."[29] This behavior mirrors youths' perceptions of alcohol and drug use and sex: in 2002, 41% of 15-17-year-olds said that people their age drink or use drugs "a lot" before having sex.[62]

Twenty-two percent of sexually active high school students report using alcohol or drugs before their last sexual experience.

[vii]Data refers to opposite-sex partners

Actions to Protect Sexual Health

While many youth are taking steps to protect their own sexual health and their partners' health, others still may be vulnerable to unplanned pregnancy, STIs, and HIV infection. The majority of sexually experienced youth used condoms or another method of birth control the first time they had sex, and rates of condom use during most recent intercourse have increased. However, nearly one in five female youth are at risk for unintended pregnancy since they are not currently using contraception.[7]

Contraception use during first sex

Research indicates that youth who use contraception the first time they have sex are more likely to continue to do so in the future, thus lowering their risk of unwanted pregnancy and STIs.[48,63] The overwhelming majority of sexually experienced youth (78% of women and 85% of men) used at least one type of hormonal or barrier contraceptive method the first time they had sex, including 68% of women and 80% of men who used a condom.[50]

Contraception use during most recent sex

Youths' reported use of contraception during their most recent sexual experience provides important insight into typical usage. Sexually active high school students reported that they or their partner used the following contraceptive methods at last intercourse[8]:

- 60% used a condom
- 18% used birth control pills
- 5% used the birth control injection, ring, implant or IUD
- 13% did not use any method

In a different study, 86% of women and 93% of men reported using any contraceptive method at last sex.[50]

Specific to condom use, men ages 14-17 reported using a condom during 79% of their past 10 experiences with vaginal intercourse; women of the same age reported condom use 58% of the time.[64] Youth and young adult men who have sex with men (ages 13-24) were significantly less likely than men who had sexual contact only with women to have used a condom during last sexual intercourse (44% compared with 70%).[65]

Condoms, when used consistently and correctly, are highly effective in preventing the sexual transmission of HIV and other STIs, as well as unwanted pregnancy.[66] Condoms and abstinence are the only contraceptive methods that provide protection from both HIV/STIs and pregnancy. Yet, approximately 40% of sexually active high school students did not use condoms during their most recent sexual experience.[8]

The overwhelming majority of sexually experienced youth used at least one type of contraception the first time they had sex.

Types of contraception used

The most recent available data indicate that 28% of all female youth are currently[viii] using some type of contraception.[7] These data provide insight about the specific contraceptive methods youth are currently using on an ongoing basis, and may include youth who are not currently sexually active.[7] Of youth using contraception:

- 54% reported using birth control pills
- 23% reported using condoms
- 9% reported using injectable birth control
- 4% reported using an IUD
- 10% reported using other methods

Many female youth report having ever used a contraceptive method: about 96% of sexually experienced female youth have used a condom at least once, 57% had ever used the withdrawal method, and 56% have ever used the pill.[50] Smaller proportions reported using other methods. These

[viii]Defined as currently using contraception at the date of interview

data could indicate that many youth have tried using contraception, but do not do so consistently.

Eleven percent of female youth report ever using emergency contraception.[67]

Use of dual protection[ix]

About one in five sexually active female youth and one in three sexually active male youth reported using both a condom and a hormonal method the last time they had sex.[50] However, a different data source reveals that over 90% of high school students did not use dual protection at last sex.[8]

Patterns of condom use based on relationship status

Youth are more likely to use condoms in casual relationships than in long-term relationships. Nearly three quarters (71%) of youth agree with the statement, "It is more important to use a condom in a casual sexual relationship than with a boyfriend or girlfriend."[27] Both men and women ages 14-17 use condoms more often with casual sexual partners (84% among men; 89% among women) than with relationship partners (76% among men; 63% among women).[64]

About 40% of sexually active high school students did not use a condom during their most recent sexual experience.

Physical Health and Well-being

Although sexual health encompasses much more than the absence of disease, physical health is one important indicator of sexual health. It is estimated that one in four youth have an STI,[68,69] and rates of some STIs are increasing.[70] Pregnancy and birth rates among youth have declined substantially over the past decade, but youth in the U.S. still have some of the highest rates among developed countries worldwide.

HIV and Sexually Transmitted Infections

Combined, youth and young adults ages 15-24 account for roughly half of the 20 million new STI diagnoses[71] and 26% of all new HIV infections each year.[65] Chlamydia rates have increased consistently since the mid-1990's,[x] while rates of gonorrhea and syphilis have fluctuated.[72] Regardless of race or gender, sexually active youth are at increased risk for STIs, including HIV, compared to adults due to behavioral, biological and cultural factors.[70]

[ix] Defined as using condoms in addition to another contraceptive method.

[x] According to the CDC, trends in chlamydia morbidity are more reflective of changes in diagnostic, screening, and reporting practices than of actual trends in disease incidence.

STIs remain prevalent among youth. Regardless of race or gender, sexually active youth are at increased risk for STIs and HIV compared to adults due to behavioral, biological and cultural factors.

- **HPV** is a viral STI and the most common STI among female youth, with an estimated prevalence of 35%.[70] HPV accounts for over half of all STIs in youth and young adults age 15-25.[71] Most people do not develop health problems from HPV infection, though in some cases HPV infections can cause genital warts, warts in the throat, and some types of cancer, including cervical, anal, oral, and penile cancer.[73]

- Most cases of the bacterial STI **chlamydia** are asymptomatic, but untreated chlamydial infections can lead to serious health problems such as pelvic inflammatory disease (PID) and infertility.[74]

  Reported chlamydia rates are high (3% among women and 0.8% among men) and rising[xi] among youth in the U.S.[70] Between 2010 and 2011, chlamydia rates increased 4% among youth to a total of 459,029 reported cases.[70]

  Chlamydia disproportionately affects youth of color. Among females, blacks had a chlamydia prevalence of 8%, compared with 1% among whites and 2% among Hispanics.[75] The rate among black men (2%) was 13.1 times higher than the rate among white men (0.2%) and approximately five times the rate among Hispanic men (0.4%).[70]

- The common STI **herpes** is caused by the herpes simplex viruses (HSV) types 1 or 2. Genital herpes can cause painful genital sores and may be severe in people with suppressed immune systems.[76]

  Among youth ages 14-19, there is an estimated HSV-2 seroprevalence of 1.4%, a large decrease from rates in the 1990's and early 2000's.[77] It is estimated that there were 1 million fewer infections in this age group alone in 1999-2004 compared with 1988-1994.[78]

- **Gonorrhea** is a common bacterial STI which typically does not present symptoms. Untreated gonorrhea can cause serious health problems, such as PID in women and epididymitis in men.[79]

  In 2011, there were 88,139 reported cases of gonorrhea among youth ages 15-19—the second highest prevalence (0.4%) of all age groups.[70] Estimated prevalence among 14-19 year old youth is just over 1%.[69] Young people ages 15-24 have four times the reported gonorrhea rate of the general population.[75] Gonorrhea rates remained essentially unchanged among youth between 2010 and 2011.[70]

  Though youth-specific data is not available, research suggests that men who have sex with men (MSM) have significantly higher rates of gonorrhea than their heterosexual counterparts.[70,80]

- **Syphilis** is a bacterial STI that can cause long-term complications if not adequately treated.[81]

  Syphilis rates among female youth increased annually between 2004 and 2009, but decreased in both 2010 and 2011 (to 2.4 cases per 100,000).[70] Rates among men ages 15-19 years are much lower than the rates among men in older age groups. In 2011, there were 5.4 cases per 100,000 among men.[70] For men and women combined, there were 864 total reported cases of primary and secondary syphilis in 2011, and a rate of 3.9 cases per 100,000 youth.[70]

- In 2010, an estimated 2,200 youth ages 13-19 were newly diagnosed with **HIV**—about 5% of all estimated diagnoses that year.[82] It is estimated that 60% of youth and young adults ages 13-24 with HIV are unaware of their infection—the highest for any age group.[65] Both the number of cases and the rate of new HIV infections increased from 2007 to 2010.[82]

[xi]According to the CDC, trends in chlamydia morbidity are more reflective of changes in diagnostic, screening, and reporting practices than of actual trends in disease incidence.

Of the HIV diagnoses among youth ages 13-19, 79% were among men and 21% were among women.[82] Black/African American youth are disproportionately affected by HIV. In 2010, an estimated 69% of HIV infections among youth occurred in blacks/African Americans.[82]

HIV is a particularly serious issue for young MSM. Most (91%) males ages 13-19 with HIV are infected through male-to-male sexual contact.[82]

Teen Pregnancies, Teen Births, and Abortions

The teen pregnancy rate is on the decline, at 67.8 pregnancies per 1,000 women in 2008, a significant decline from its peak in 1990.[5] Still, the U.S. has the highest teen pregnancy and birth rates in the developed world.[83] In 2006, the U.S. teen birth rate of 42.5 births per 1,000 youth was over three times higher than Canada, over eight times higher than Japan, and seven times higher than Denmark and Sweden.[83]

Teen pregnancy

Each year, nearly 750,000 female youth become pregnant, and 82% of these pregnancies are unintended.[5,84] Youth account for about one-fifth of all unintended pregnancies annually.[84]

The teen pregnancy rate[xii] has decreased significantly over the past two decades, falling by 42% between 1990 and 2008.[53] The pregnancy rate fell by 50% among non-Hispanic white women, 48% among black women, and 34% among Hispanic women.[53] Research suggests that these declines are largely attributable to increased use of contraception and delayed sexual initiation among youth.[5,85,86]

The majority of teen pregnancies occur in older youth; two-thirds of teen pregnancies occur in youth ages 18 or 19, and nearly one-third occur in youth ages 15 to 17.[53,84] Pregnancy rates are also substantially higher in youth of color than in white youth. Pregnancy rates for Hispanic and non-Hispanic black women ages 15-19 years are much higher (106.6 and 117 per 1,000, respectively) than for their non-Hispanic white peers (43.3 per 1,000).[87]

Teen births

The U.S. teen birth rate is higher than that of most other industrialized nations.[88] In 2011, approximately 330,000 female youth gave birth.[89] This statistic reflects a marked improvement; the teen birth rate dropped nearly 50% from 61.8 births per 1,000 in 1991 to a historic low of 31.3 births per 1,000 in 2011.[53,89]

Of more than 367,000 teen births in 2010, 18% were repeat births, although the repeat teen birth rate decreased by 6% between 2007 and 2010.[90]

Similar to the demographics of pregnant youth, youth who give birth tend to be older and are more likely to be racial or ethnic minorities. Seventy percent of youth who gave birth were age 18 or 19.[53] Birth rates for black and Hispanic youth were 47.4 and 49.4 births per 1,000, respectively, compared with less than half that rate (21.8) among white youth.[89] Although black and Hispanic female youth have higher birth rates, those groups also saw greater declines between 1991 and 2010; during this time period, the teen birth rate among non-Hispanic black youth dropped by 56%, compared to 46% among non-Hispanic white youth and 47% among Hispanic youth.[53]

[xii] Includes births, abortions, and miscarriages

Abortion

In 2009, youth accounted for 16% of all abortions received in the U.S., and had an abortion rate of 13 abortions per 1,000 youth.[91] Over a quarter of teen pregnancies in 2008 ended in abortion, totaling 192,090 abortions.[87]

From 1986 to 2008, the proportion of teenage pregnancies ending in abortion decreased from 46% to 31%.[87]

When considering these statistics, it is important to note that it may be difficult for many youth to access abortion services, if desired, for a multitude of reasons. At last count, 87% of U.S. counties lacked an abortion provider.[92] Beyond issues of availability, youth may also lack the necessary transportation, funds, or parental consent to access abortion services.

Sexual and Dating Violence

Nine percent of high school students report being intentionally physically hurt by a partner in the previous year.[8] Another study of youth and young adults ages 12-21 showed that 28% experienced at least one form of violence victimization[xiii] from a partner.[93] These types of violence were more likely in relationships that were sexual in nature.[93] Among youth and young adults in same-sex romantic relationships, almost a quarter reported partner violence victimization and about 1 in 10 reported physical victimization.[94]

Fourteen percent of 18 and 19 year old women and 4% of men of the same age report ever being forced to have intercourse.[9] In a different study among high school students, 8% reported ever being forced to have sex when they did not want to.[8] Many rape survivors experienced their first rape at a young age: 42% of female survivors experienced their first completed rape before the age of 18, and 28% of male survivors experienced their first rape when they were 10 years of age or younger.[95]

Utilization of Sexual Health Care Services

To achieve good sexual health, youth need access to affordable, youth-friendly, and culturally competent health care providers. Youth, particularly males, are less likely than any other age group to receive primary health care.[10,11,96] Stigma, cost, transportation, perceived lack of confidentiality, and lack of knowledge prevent youth from accessing needed and recommended sexual health services, including STI and HIV screening, behavioral counseling, contraception and contraceptive counseling, and the HPV vaccine.[40,97] At the same time, health care providers are often reluctant to discuss sexual health and the recommended sexual health care services with youth patients.[13]

Use of General Health Care Services

Almost three quarters (73%) of youth ages 12-17 had one or more preventive medical care visits in 2003.[98] Male youth are less likely to receive health care services; almost one-third of all male youth report that they had not received any health services in the past 12 months.[10] Eighty percent of youth report having a regular place for medical care.[99] Although youth may have access to a regular place where they receive health care, they may be reluctant to access sexual health services there.

[xiii]Violent victimization of a partner was defined as: insulting in public, swearing, threatening with violence, pushing or shoving, or throwing an object.

Use of Sexual Health Care Services

The 2010 Affordable Care Act mandates insurance coverage without cost-sharing by the patient (by non-grandfathered private and group health plans) for a set of preventive services recommended by the following recommending bodies: the U.S. Preventive Services Task Force, the Advisory Committee on Immunization Practices (ACIP), and the Health Resources and Services Administration (HRSA). Recommended services relating to youth sexual health include:

- Chlamydia and gonorrhea screening for sexually active female youth ages 25 and younger
- HIV testing at least once for all sexually active youth, and additional HIV and syphilis screening for youth at higher risk
- High-intensity behavioral counseling to reduce STI risk for women at risk
- Contraceptives and contraceptive counseling
- Domestic and interpersonal violence screening and counseling
- Hepatitis B and HPV vaccination for all youth
- Pap smears for female youth within three years of sexual initiation or by age 21, whichever is first
- Prenatal screening for chlamydia, gonorrhea, syphilis, HIV and hepatitis B

This package of benefits is also available to states for inclusion in their Medicaid plans. Outside of these recommendations, many professional medical associations also offer screening, treatment, and counseling recommendations based on the best available scientific evidence. Despite strong recommendations and pathways to coverage by providers, data indicates that most youth are not receiving these recommended services.

Sexual health, reproductive, or family planning services

Forty-three percent of all female youth (and 74% of sexually experienced female youth) accessed reproductive health services[xiv] within the last 12 months.[9,100] During this time period, nearly two-thirds (64%) of sexually active female youth accessed contraceptive services[xv] specifically.[100]

The majority (71%) of female youth who received reproductive health services in the previous 12 months received a Pap test.[60] Non-Hispanic black (80%) and non-Hispanic white (72%) female youth are significantly more likely than Hispanic (55%) female youth to report that they received a Pap test in the past year.[11]

Among all male youth, 72% received at least one general health or family planning service[xvi] during the preceding 12 months.[9]

HIV and STIs: testing, counseling, treatment, and vaccination

HIV and STI screening rates are very low among youth. Only 19% of sexually experienced female youth (ages 18-19) were tested for both HIV and STIs in the previous 12 months, while only 12% of male youth of the same age were tested.[9]

Being tested for HIV is more likely among youth who had ever injected any illegal drug, had ever been physically forced to

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[xiv] Includes the following services: contraception, Pap test, pelvic exam, STD testing or treatment, pregnancy testing, and abortion

[xv] Includes the following services: contraceptive method provision, contraceptive follow-up evaluation and checkup, contraceptive counseling, and emergency contraceptive provision and counseling

[xvi] Includes the following services: physical or routine exam, testicular exam, birth control counseling about methods of birth control including condoms, advice or counseling about STDs, and advice or counseling about HIV/AIDS.

have sexual intercourse, did not use a condom the last time they had sexual intercourse, or had sexual intercourse with four or more persons during their lifetime.[101,102]

Among female youth who received reproductive health services in the past year, only 31% report that they received counseling, testing or treatment for STIs.[11] A much lower percentage (24%) of male youth received advice about STIs in the past year.[10]

Rates of chlamydia screening - while still relatively low - have increased in recent years. Among sexually active women ages 16-24 years who were enrolled in commercial health plans, chlamydia screening increased from 23% in 2001 to 43% in 2010.[70] During the same time period, the screening rate among sexually active women of the same age who were covered by Medicaid increased from 40% to 58%.[70]

The HPV vaccine is recommended for all male and female youth.[103] In 2011, 53% of females and 8% of males ages 13–17 received one or more doses of the HPV vaccine, and of those, 71% and 28% respectively completed the recommended three doses.[12] In a study of 13-17 year old female youth, the most commonly reported barriers for not receiving the vaccine were: sexual inexperience (47%), concerns about vaccine safety (26%), and perceived cost (10%).[97]

Setting of sexual health services

More than half of female youth who received reproductive health services in the past year did so at a private doctor or HMO (55%), and more than half also report that they visited a clinic for services (53%).[11]

Among male youth, 59% who received health services in the past year received them at a private doctor's office or HMO facility, 19% went to a community or public health clinic, and 13% visited a school or school-based clinic.[10]

Youth insurance coverage

About 60% of youth report having private health insurance, 28% report having public insurance[xvii], and 12% report no insurance.[xviii,99] Fifteen percent of youth report having a gap in their health insurance coverage during the past 12 months.[99]

[xvii]Public health insurance includes: Medicaid, CHIP (children's health insurance program), state-sponsored health plan, Medicare, military health care, or other government health care

[xviii]No health insurance includes: only a single-service plan, the Indian Health Service, or not covered by health insurance

Conclusion

While there are many encouraging trends surrounding the sexual health of youth today, a lot more can be done to help ensure that all youth enjoy a healthy body, peace of mind, and positive relationships.

On the positive side, many youth are taking action to keep themselves healthy and safe—they are building positive relationships, delaying the age of first sex, using condoms and other contraceptives, accessing sexual and reproductive health services, and talking openly with their partners about sexual health.

Others, however, continue to engage in behaviors that leave them vulnerable to unplanned pregnancies, and STIs. Some youth aren't using any contraceptives, while others are using them inconsistently or incorrectly. The prevalence of STIs has remained high, and in some cases, is on the rise. The majority of youth are not receiving the recommended sexual health care services they need to stay healthy, including the HPV vaccine and recommended screening for STIs, including HIV. While the rate of teen pregnancies and teen births has declined significantly, the United States still has the highest rates among developed nations. High percentages of youth report experiencing sexual or dating violence.[8,9,93,94]

Although today's youth are better informed about sexual health, there are still significant gaps in their knowledge about safer sex options, contraceptives, risk, and sexual health care services. Many youth also lack the skills to create positive relationships, to treat their partners well and with respect, and to communicate about sexuality and sexual health. Fortunately, youth want additional information from their parents and health care providers about how to stay sexually healthy. In addition, youth also seek advice on how to talk openly with their partners about their relationships, desires, STIs, birth control, and setting sexual boundaries.

Moving Forward

To promote and improve the sexual health of youth, a positive health promotion framework is needed—one that addresses the key factors influencing sexual health and equips youth to talk openly and effectively about sexual health and sexuality, to build positive and respectful relationships, and to access age-appropriate, high quality sexual health care services. To help youth and adults achieve good sexual health, the NCSH has created a set of action steps (see *Appendix 2*). Professionals, including program planners and the media, can play a pivotal role in encouraging and enabling youth to take care of their sexual health.

1. Help youth get smart about their bodies and how to protect them

It is essential that youth have access to accurate, science-based, comprehensive sexual health information—in schools, in communities, in the media, and online. We have a responsibility to provide youth with information about building positive relationships: puberty; sexual anatomy and physiology; abstinence; sexual health care services, including STI and HIV prevention, testing, and treatment; contraception; safer sex; reproductive health; and sexual violence. This information should go beyond the proverbial "birds and the bees" to explore positive body image and acceptance, options for sexual expression, sexual and gender identities, and how to understand and interpret cultural and societal messages around sexuality, such as those in the media.[104] Another important facet of sexual health education is building skills such as condom use, boundary-setting, asking for help or advice when needed, and partner communication and negotiation.[104,105]

2. Encourage youth to value themselves and decide what is right for them

It is important to communicate to youth that sexuality is a natural part of life. At the same time, youth should be encouraged to think about what they want, and to define their own personal values, desires, and boundaries. We should remind youth that it's up to them to decide if and when they choose to have sex. Having a sense of autonomy, confidence, and control helps youth set boundaries, negotiate sexual choices, practice safer sex, and protect themselves and their partners.[36]

3. Teach youth to build healthy relationships

Healthy relationships of all kinds—with family members, friends, and romantic partners—should be based on respect, open and honest communication, and be free of pressure or coercion.

For many youth, romantic relationships are a significant developmental milestone, and patterns established during this time often shape future romantic and sexual relationships.[25] Through relationship education, it is essential that youth learn about the characteristics of positive relationships—not solely to avoid unhealthy relationships, but to build healthy ones that are safe, equal, and enjoyable.[106] Youth should be educated to respect their partners and the boundaries they set. Youth should be encouraged to choose partners who make them happy and make them feel good about themselves. Whether it's a casual dating relationship or a long term, committed relationship, the same positive expectations and standards should apply.

4. Promote positive communication about sexuality and sexual health

Open, honest communication is a cornerstone of establishing good relationships with partners, parents and health care providers. Youth need to know how to talk with sex partners about their relationship, their desires and boundaries, STI and HIV prevention, contraception, consent, and personal comfort level. Youth should be encouraged and equipped to broach these topics before sex happens, in the context of all sexual relationships.

Promoting open, healthy dialogue about sexuality within families and communities is not only important, but desired by youth. When youth feel connected to parents or other adult role models, they are more likely to be sexually healthy. Having conversations about a comprehensive range of sexual health topics such as sexual boundary-setting, STIs and HIV, contraceptive methods, personal values, positive relationships, and how to use a condom ensures that youth are informed about the many aspects of sexual health and how to protect themselves.[34, 107]

5. Encourage use of sexual health care services

Youth need access to affordable, youth-friendly, and culturally competent health care, and providers who respect their privacy and support them in making choices that are right for them. Clinicians should welcome youth as individuals and provide an open environment for discussing sensitive issues—including sexual orientation and gender identity.[108] Health care providers can also encourage youth to get recommended services such as wellness checkups, contraception, STI and HIV screening, vaccines, behavioral counseling, and prenatal care.

Research shows that the majority of youth have not talked with a health care provider about sexual health. This is a missed opportunity for patients to get advice, counseling, and potentially other services. Youth may not start conversations with providers about sexual health concerns because they have difficulty finding the right words to do so. A list of conversation starters for patients (see *Appendix 4*) is included in our new publication "Take Charge of Your Sexual Health: What you need to know about preventive services" .

Finally, the types of conversations between health care providers and youth about sexual health are significant: providers should talk with youth and their parents about recommended services, healthy romantic relationships, and emphasize parent involvement and youth responsibility.[109]

6. Identify gaps in current research about youth and sexual health

To better understand youth and create relevant, effective programs, there is a significant need for expanded, inclusive, and nationally representative sexual health research on youth. We lack in-depth information relating to youths' knowledge of protective actions and recommended sexual health care services. We also know little about sexual behaviors outside of sexual intercourse, or among same-sex partners. There are gaps in data relating to sources of sexual health information and attitudes about sex. Finally, we lack insight on relationship development, consent, and sexual satisfaction among youth.[106]

To be sexually healthy, youth need to be empowered and supported by family members, peers, partners, health care providers, educators, and community members. We must work toward a culture where youth sexuality is embraced as natural, and where youth have the knowledge, skills, tools and confidence to make healthy choices and to build positive, respectful relationships.

Appendix 1

National Sexual Health Data Sources Relating to Youth[xix,110]

Data Source	Coordinating agency	Population studied	Date of most recent data collection	Approximate sample size
National Health and Nutrition Examination Survey	CDC/National Center for Health Statistics (NCHS)	14-59	2009-2010	1,300 (ages 12-19)
National Immunization Survey - Teen	CDC/NCHS	13-17	2011	23,500
National Intimate Partner and Sexual Violence Surveillance System	CDC	18+	2010	2,300 (ages 18-24)
The National Longitudinal Study of Adolescent Health (AddHealth)	Carolina Population Center, University of North Carolina	Grades 7-12	2007-2008	15,000
National Survey of Adolescents and Young Adults: Sexual Health Knowledge, Attitudes, and Experiences	Kaiser Family Foundation	13-24	2000-2001	1,800
National Survey of Reproductive and Contraceptive Knowledge	National Campaign to Prevent Teen and Unplanned Pregnancy	18-29	2008-2009	460 (ages 18-19)
National Survey of Family Growth	CDC	15-44	2006-2010	4,000 (ages 15-19)
National Survey of Sexual Health and Behavior	The Center For Sexual Health Promotion, Indiana University	14-94	2010	950 (ages 14-19)
With One Voice	National Campaign to Prevent Teen and Unplanned Pregnancy	12-19 and 20+	2012	1,000 (ages 12-19)
Youth Risk Behavior Surveillance System	CDC	Grades 9-12	2010-2011	15,400 (grades 9-12)

[xix] Data presented in the profile may not always originate from the most recent data collection.

Appendix 2

Action Steps for Sexual Health

Value who you are and decide what's right for you.

- We are all sexual beings. It's a natural part of being human.
- Value yourself—what's on the inside and the outside, including your body and sexual identity.
- Think about what you want—define your personal values, desires, and boundaries.
- Know what you want before you get involved with someone.
- Know that sex can bring you pleasure, intimacy, and joy.

Get smart about your body and protect it.

- It's up to you— learn about anatomy, sexual expression, sexual pleasure, and safer sex.
- With knowledge, you will make better choices.
- You have the right to choose if and when you want to be sexually active.
- Practice safer sex to prevent STIs and unplanned pregnancies.
- Plan ahead, whenever possible. If sexually active, always be prepared with condoms and/or other contraceptives.
- Protect yourself and your partners.
- Learn more through websites and other sources.

Choose partners who treat you well, and treat them well.

- Choose someone who makes you feel good about yourself, comfortable, and safe.
- Choose someone who respects your boundaries, and doesn't pressure you.
- Choose someone who cares about your health and well-being.
- Choose someone who makes you happy.
- Whether it's short term or long term, the same standards should apply.

Appendix 2

Action Steps for Sexual Health

Build positive relationships.

- Respect each other and make decisions together.
- Have open and honest conversations about your relationship, desires, and sexual health.
- Protect your health and the health of your partners.
- Recognize the signs of an unhealthy relationship and when to take action.
- Value yourself and what's right for you.

Get regular sexual health care.

- Find a health care provider or clinic that's right for you, and makes you feel comfortable.
- Get regular wellness check-ups which could include contraceptive options and counseling, screening for sexually transmitted infections and other conditions, recommended vaccines, and planning for healthy pregnancies, if desired.
- Have open and honest conversations about sexual health with your provider.
- If needed, get treatment for sexual health problems and address any concerns about sexual functioning.

USEFUL LINKS

Advocates for Youth
advocatesforyouth.org

American Sexual Health Association
ashasexualhealth.org

Answer
answer.rutgers.edu

Bedsider Birth Control Support Network
besider.org

GLSEN (The Gay, Lesbian & Straight Education Network)
glsen.org

National Campaign to Prevent Teen and Unplanned Pregnancy
thenationalcampaign.org

National Sexual Violence Resource Center
nsvrc.org

Planned Parenthood Federation of America
plannedparenthood.org

SIECUS (Sexuality Information and Education Council of the United States)
siecus.org

Youth + Tech + Health (YTH)
yth.org

Youth Development: Ages 15-19

PHYSICAL

Girls usually reach full physical development

Boys reach close to full physical development

Voice continues to lower (boys)

Facial hair appears (boys)

Weight and height gain continue (boys)

Eating habits can become sporadic—skipping meals, late-night eating (girls and boys)

COGNITIVE

Interests focus on near-future and future

More importance is placed on goals, ambitions, role in life

Capacity for setting goals and following through increases

Work habits become more defined

Planning capability expands

Ability for foresight grows

Risk-taking behaviors may emerge (experimenting with tobacco, drugs, alcohol, reckless driving)

MORAL

Interest in moral reasoning increases

Interest in social, cultural, and family traditions expands

Emphasis on personal dignity and self-esteem increases

Capacity increases for useful insight

EMOTIONAL

Independent functioning increases

Firmer and more cohesive sense of personal identity develops

Examination of inner experiences becomes more important

Ability for delayed gratification and compromise increases

Ability to think ideas through increases

Engagement with parents declines

Peer relationships remain important

Emotional steadiness increases

Social networks expand and new friendships are formed

Concern for others increases

SEXUAL

Feelings of love and passion intensify

More serious relationships develop

Sharing of tenderness and fears with romantic partner increases

Sense of sexual identity becomes more solid

Capacity for affection and sensual love increases

Adapted from: McNeely C, and Blanchard J. The teen years explained: A guide to health adolescent development. Baltimore, MD: Johns Hopkins School of Public Health; 2009. Available at: **http://www.jhsph.edu/research/centers-and-institutes/center-for-adolescent-health/_includes/Interactive%20Guide.pdf**. Accessed June 5, 2013

Appendix 4

How Can I Talk With My Doctor or Nurse about Sexual Health?

How do I bring up the topic?

Talking about sexual health issues might make you feel uncomfortable or embarrassed. However, if you talk openly and honestly with your provider about your body and concerns, he or she can give you better care and advice. You have the right to get full and accurate information about sexual health. And remember— it is your provider's responsibility to help you take care of your whole body.

Ways you could start the conversation include:

- "I just saw an article today about high rates of sexually transmitted infections. What can I do to protect myself?"
- "I know I'm here to get a check-up, but can we talk about my sexual health for a few minutes? I have some questions."
- "I'm in a new relationship, and I'm not sure about the best ways to protect myself from infections and getting pregnant."

These sample questions might help you prepare for a visit:

Screening and Testing

- What tests are you giving me?
- How are they done?
- When and how will I get my results?

Sexually Transmitted Infections (STI)

- How can I protect myself from getting STIs.
- Based on my history, should I be tested for STIs, including HIV? Which ones?
- How often should I be tested for STIs?
- Should my partner get tested, too?
- Are there any vaccines I should get to protect myself from STIs?
- If I have an STI, can it be treated?

Contraceptives

- What are the most effective forms of birth control? What are the best options for me?
- What are the side effects of different contraceptives?
- How and where can I get affordable contraceptives?

Partner Issues

- I want to make sure that my partner and I get tested for STIs before we have sex for the first time. How should I bring up the topic?

- How do I tell my partner if I test positive for an STI?
- What if my partner doesn't want to use a condom?
- I'm married and assume my spouse is only having sex with me. Should I still be tested for STIs?
- My partner cheated on me and I'm worried I might have a STI. What tests should I get?

Other Sexual Health Issues

- Having sex hurts. What's the problem?
- I'm being treated for another illness/disease, and I'm wondering how that will affect my sexual life?
- I'm having trouble with my erections/reaching climax. What's going on?
- I no longer find sex or masturbation pleasurable. Why?
- My sex drive is lower than normal. What's the deal?
- My prostate is enlarged. Will this affect my sex life?

What might my doctor or nurse ask me?

Your doctor or nurse might ask you questions that seem personal, but don't take it personally. They generally ask all of their patients the same questions. Answering these questions will give your health care provider information to help keep you healthy and safe.

They might ask you the following questions about your sexual history and current behaviors:

- Are you sexually active? If no, have you ever had sex?
- Do you have sex with men only, women only or both?
- How many people have you had sex with ever? In the past six months? In the past 12 months?
- Do you have sex without a condom? How often do you use condoms?
- Do you have anal, oral and/or vaginal sex?
- Have you been tested for STIs, including HIV? Would you like to be tested?
- Have you or your partner ever tested positive for an STI? If so, which one(s), and where was the infection found?
- Were you and/or your partner treated?
- Are you concerned about getting pregnant or getting your partner pregnant?
- Are you using contraception? Do you need any information about types of contraceptives?
- Are you happy with your sex life? Do you have any problems or difficulties with sexual intercourse?
- Has your partner ever threatened you or made you feel afraid? Has your partner ever forced you to do something you did not want to do, like get pregnant, not use birth control, or have sex without a condom?

References

1. Facing Facts: Sexual Health for America's Adolescents. New York, NY: National Commission on Adolescent Sexual Health;1995.
2. Parents' Sex Ed Center: Growth and Development. 2008; http://www.advocatesforyouth.org/growth-and-development-psec. Accessed April 30, 2013.
3. McNeely C, Blanchard J. The Teen Years Explained. Baltimore, MD: Johns Hopkins University;2009.
4. Forhan S, Gottlieb S, Sternberg M, et al. Prevalence of Sexually Transmitted Infections Among Female Adolescents Aged 14 to 19 in the United States. Pediatrics. 2009;124(6):1505-1512.
5. Kost K, Henshaw S, Carlin L. U.S. Teenage Pregnancies, Births and Abortions: National and State Trends and Trends by Race and Ethnicity, 2008. New York, NY: Guttmacher Institute;2012.
6. Martin J, Hamilton B, Ventura S, Osterman M, Wilson E, Mathews T. Births: Final Data for 2010. Hyattsville, MD: National Center for Health Statistics; Aug. 28 2012.
7. Mosher W, Jones J. Use of contraception in the United States: 1982–2008. Vital Health Statistics 2010; http://www.cdc.gov/nchs/data/series/sr_23/sr23_029.pdf. Accessed 29, 23.
8. CDC. Youth Online: Youth Risk Behavior Surveillance System (YRBSS). 2012; http://apps.nccd.cdc.gov/youthonline/App/Default.aspx. Accessed Nov 13, 2012.
9. Gavin L, MacKay A, Brown K, et al. Sexual and reproductive health of persons aged 10-24 years - United States, 2002-2007. MMWR. July 17 2009;58(SS06):1-58.
10. Suellentrop K. Science Says: Adolescent Boys' Use of Health Services. National Campaign to Prevent Teen and Unplanned Pregnancy;2006. 26.
11. Suellentrop K. Science Says: Adolescent Girls' Use of Health Services. Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy;2006. 28.
12. Dorell C, Stokley S, Yankey D, Jeyarajah J, MacNeil J, Markowitz L. National and State Vaccination Coverage Among Adolescents Aged 13–17 Years — United States, 2011. MMWR. August 31 2012;61(34):671-677.
13. SexSmarts: Communication. Kaiser Family Foundation and Seventeen Magazine; July 2002.
14. Markham CM, Lormand D, Gloppen KM, et al. Connectedness as a predictor of sexual and reproductive health outcomes for youth. Journal of Adolescent Health. March 2010;46(3 Suppl):23-41.
15. Aral S, Adimora A, Fenton K. Understanding and responding to disparities in HIV and other sexually transmitted infections in African Americans. Lancet. July 2008;372(9635):337–340.
16. Hallfors DD, Iritani BJ, Miller WC, Bauer DJ. Sexual and Drug Behavior Patterns and HIV and STD Racial Disparities: The Need for New Directions. Am J Public Health. January 2007;97(1):125-132.
17. Mannheim JK, Zieve D. Adolescent development. 2011. http://www.nlm.nih.gov/medlineplus/ency/article/002003.htm.
18. Child Development Guide. http://www.dshs.wa.gov/ca/fosterparents/training/chidev/cd06.htm. Accessed June 5, 2013.
19. Viner RM, Ozer EM, Denny S, et al. Adolescence and the social determinants of health. Lancet. April 28 2012;379 (9826):1641-1652.
20. Howden L, Meyer J. Age and Sex Composition: 2010. Washington D.C: U.S. Census Bureau;2011.
21. Teenagers' Characteristics, 2006 American Community Survey. U.S. Census Bureau. http://factfinder.census.gov/. Accessed Nov 16 2012.

References

22. Fact Sheet on Demographics: Adolescents. San Francisco, CA: National Adolescent Health Information Center;2003.

23. Chandra A, Mosher W, Copen C, Sionean C. Sexual behavior, sexual attraction, and sexual identity in the United States: Data from the 2006–2008 National Survey of Family Growth. Hyattsville, MD: National Center for Health Statistics;2011.

24. Addy S, Wright VR. Basic Facts About Low-Income Children, 2010. New York: National Center for Children in Poverty, Columbia University;2012.

25. Collins WA, Welsh DP, Furman W. Adolescent romantic relationships. Annual review of psychology. 2009;60:631-652.

26. K Carver, Joyner K, Udry J. National estimates of adolescent romantic relationships. In: Florsheim P, ed. Adolescent Romantic Relations and Sexual Behavior: Theory, Research, and Practical Implications. New York: Cambridge Univ. Press; 2003:291–329.

27. SexSmarts: Relationships. Kaiser Family Foundation and Seventeen Magazine;October 2002.

28. Meier A, Allen G. Romantic Relationships From Adolescent to Young Adulthood: Evidence from the National Longitudinal Study of Adolescent Health. Sociological Quarterly. 2009; 50 (2):308–335.

29. Kramer A. Girl Talk: What high school senior girls have to say about sex, love, and relationships. Washington D.C.: National Campaign Teen and Unplanned Pregnancy and Seventeen Magazine;2012

30. SexSmarts: Decision Making. Kaiser Family Foundation and Seventeen Magazine;Sept. 2000.

31. Hoff T, Greene L, Davis J. National Survey of Adolescents and Young Adults: Sexual Health Knowledge, Attitudes and Experiences. Menlo Park, CA: Kaiser Family Foundation; 2003.

32. Leichliter J. Indicators of CDC's Sexual Health Initiative: Assessing the Current Situation in the U.S. Paper presented at: National STD Prevention Conference; March 14, 2012; Minneapolis, MN.

33. Ryan S, Franzetta K, Manlove J. Characteristics of Teens' First Sexual Partner. Washington D.C.: National Campaign to Prevent Teen and Unplanned Pregnancy and Child Trends;September 2003.

34. Martinez G, Abma J, Copen C. Educating Teenagers About Sex in the United States. Hyattsville, MD: National Center for Health Statistics;2010. 44.

35. SexSmarts: Gender Roles. Kaiser Family Foundation and Seventeen Magazine; December 2002.

36. Pearson J. Personal Control, Self-Efficacy in Sexual Negotiation, and Contraceptive Risk among Adolescents: The Role of Gender. Sex Roles. 2006;54:615–625.

37. Albert B. With One Voice 2012: America's Adults and Teens Sound Off About Teen Pregnancy. Washington, D.C.: The National Campaign to Prevent Teen and Unplanned Pregnancy; 2012.

38. Khurana A, Cooksey EC. Examining the Effect of Maternal Sexual Communication and Adolescents' Perceptions of Maternal Disapproval on Adolescent Risky Sexual Involvement. Journal of Adolescent Health. 2012;51(6):557–565.

39. Deptula DP, Henry DB, Schoeny ME. How Can Parents Make a Difference? Longitudinal Associations With Adolescent Sexual Behavior. Journal of Family Psychology 2010;24(6):731-739.

40. SexSmarts: Sexual Health Care and Counsel. Kaiser Family Foundation and Seventeen Magazine;May 2001.

41. Boyar R, Levine D, Zensius N. TECHsex USA: Youth Sexuality and Reproductive Health in the Digital Age. Oakland, CA: ISIS, Inc.;2011.

42. Brown J. Managing the Media Monster: The Influence of Media (From Television to Text Messages) on Teen Sexual Behavior and Attitudes. Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy;2008.

References

43. State Policies in Breif: Sex and HIV Education. New York, NY: Guttmacher Institute;2013.

44. Rideout VJ, Foehr UG, Roberts DF. Generation M2: Media in the Lives of 8 to 18 Year Olds. Menlo Park, CA: Kaiser Family Foundation; Jan 2010.

45. Collins RL, Martino S, Shaw R. Influence of New Media on Adolescent Sexual Health: Evidence and Opportunities. RAND Corporation; September 2010.

46. CDC. Adolescent and School Health: SHPPS Fact Sheets & Results. 2011. http://www.cdc.gov/healthyyouth/shpps/2006/factsheets/pdf/FS_PregnancyPrevention_SHPPS2006.pdf. Accessed Nov 29.

47. SexSmarts: Sexually Transmitted Disease. Kaiser Family Foundation and Seventeen Magazine;Aug. 2001.

48. Finer LB, Philbin JM. Sexual Initiation, Contraceptive Use, and Pregnancy Among Young Adolescents. Pediatrics. 2013;131(5).

49. Halpern CT, Haydon AA. Sexual Timetables for Oral-Genital, Vaginal, and Anal Intercourse: Sociodemographic Comparisons in a Nationally Representative Sample of Adolescents. American Journal of Public Health. 2012;102(6):1221-1228.

50. Martinez G, Copen C, Abma J. Teenagers in the United States: sexual activity, contraceptive use, and childbearing, 2006-2010 National Survey of Family Growth. Hyattsville, MD: National Center for Health Statistics;2011.

51. Rink E, Tricker R, Harvey SM. Onset of Sexual Intercourse among Female Adolescents: The Influence of Perceptions, Depression, and Ecological Factors. Journal of Adolescent Health. 2007;41:398-406.

52. SexSmarts: Virginity and the First Time. Kaiser Family Foundation and Seventeen Magazine; October 2003.

53. Stewart A, Kaye K. Freeze Frame 2012: A Snapshot of America's Teens. Washington D.C.: National Campaign to Prevent Teen and Unplanned Pregnancy;2012.

54. Herbenick D, Reece M, Schick V, Sanders S, Dodge B, Fortenberry J. Sexual behavior in the United States: Results from a national probability sample of men and women ages 14–94. J Sex Med. Oct 2010;7(Supp 5):255-265.

55. Manning WD, Longmore MA, Giordano PC. Adolescents' involvement in non-romantic sexual activity. Social Science Research. 2005;34(2):384-407.

56. Lenhart A. Teens and Sexting: How and why minor teens are sending sexually suggestive nude or nearly nude images via text messaging. Washington, D.C.: Pew Internet & American Life Project;2009.

57. Sex and Tech: Results from a Survey of Teens and Young Adults. Washington, D.C.: National Campaign to Prevent Teen and Unplanned Pregnancy;2008.

58. Mitchell KJ, Finkelhor D, Jones LM, Wolak J. Prevalence and Characteristics of Youth Sexting: A National Study. Pediatrics. January 2012;129(1).

59. A Thin Line: 2009 AP-MTV Digital Abuse Study. MTV and Associated Press;2009.

60. AP-MTV Digital Abuse Study. Associated Press and MTV;2011.

61. Teen Online & Wireless Safety Survey: Cyberbullying, Sexting, and Parental Controls. Cox Communications; May 2009.

62. Substance Use and Risky Sexual Behavior: Attitudes and Practices Among Adolescents and Young Adults. Kaiser Family Foundation;February 2002.

63. Manlove J, Ryan S, Franzetta K. Contraceptive use and consistency in teens' most recent sexual relationships. Perspectives on Sexual and Reproductive Health. 2004;36(6):265-275.

References

64. Reece M, Herbenick D, Schick V, Sanders S, Dodge B, Fortenberry J. Condom use rates in a national probability sample of males and females ages 14 to 94 in the United States. J Sex Med. 2010;7(Supp 5):266-276.

65. Whitmore S, Kann L, Prejean J, et al. Vital Signs: HIV Infection, Testing, and Risk Behaviors Among Youths — United States. MMWR. Nov 27 2012;61(Early release).

66. CDC. Condoms and STDs: Fact Sheet for Public Health Personnel. Centers for Disease Control and Prevention. 2012. http://www.cdc.gov/condomeffectiveness/latex.htm. Accessed Dec 4.

67. Welti K, Wildsmith E, Manlove J. Trends and recent estimates: Contraceptive use among U.S. teens and young adults. Washington, D.C.: Child Trends;2011.

68. Forhan SE, Gottlieb SL, Sternberg MR, et al. Prevalence of Sexually Transmitted Infections and Bacterial Vaginosis among Female Adolescents in the United States: Data from the National Health and Nutrition Examination Survey (NHANES) 2003–2004. National STD Prevention Conference; March 13, 2008; Chicago, IL.

69. Forhan S, Gottlieb S, Sternberg M, et al. Prevalence of Sexually Transmitted Infections Among Female Adolescents Aged 14 to 19 in the United States. Pediatrics. Dec 2009;124(6):1505-1512.

70. CDC. 2011 Sexually Transmitted Diseases Surveillance. Atlanta, GA: Department of Health and Human Services;2012.

71. Satterwhite CL, Torrone E, Meites E, et al. Sexually Transmitted Infections Among US Women and Men: Prevalence and Incidence Estimates, 2008. Sexually Transmitted Diseases. March 2013;40(3):187-193.

72. Sexually Transmitted Disease Morbidity for selected STDs by age, race/ethnicity and gender 1996-2009. [CDC WONDER On-line Database]. 2011.

73. CDC. Genital HPV Infection - Fact Sheet. 2012. http://www.cdc.gov/std/HPV/STDFact-HPV.htm. Accessed January 28, 2013.

74. CDC. Chlamydia - CDC Fact Sheet. STD Prevention. 2012. http://www.cdc.gov/std/chlamydia/STDFact-Chlamydia.htm. Accessed Dec 21.

75. CDC. 2010 Sexually Transmitted Disease Surveillance. Atlanta, GA: U.S. Department of Health and Human Services;2011.

76. CDC. Genital Herpes - CDC Fact Sheet. 2012.

77. Taylor L, Sternberg M, Gottlieb S, Xu F, Berman S, Markowitz L. Seroprevalence of Herpes Simplex Virus Type 2 Among Persons Aged 14--49 Years --- United States, 2005--2008. MMWR. April 23 2010;59(15):456-459.

78. Xu F, Sternberg M, Kottiri B, et al. Trends in Herpes Simplex Virus Type 1 and Type 2 Seroprevalence in the United States. JAMA. August 23/30 2006;296(8):964-973.

79. CDC. Gonorrhea - CDC Fact Sheet. 2012. http://www.cdc.gov/std/gonorrhea/STDFact-gonorrhea.htm.

80. Fox KK, Rio Cd, Holmes KK, et al. Gonorrhea in the HIV Era: A Reversal in Trends Among Men Who Have Sex With Men. Am J Public Health. June 2001;91(6).

81. CDC. Syphilis - CDC Fact Sheet. STD Prevention. 2012. http://www.cdc.gov/std/syphilis/STDFact-Syphilis.htm. Accessed Dec 13.

82. CDC. HIV Surveillance Report, 2010. Atlanta, GA March 2012.

83. Demographic Yearbook 2006. New York: United Nations;2006.

84. Finer L, Zolna M. Unintended pregnancy in the United States: incidence and disparities, 2006. Contraception. Nov 2011;84(5):478-485.

References

85. Santelli J, Lindberg L, Finer L, Singh S. Explaining recent declines in adolescent pregnancy in the United States: the contribution of abstinence and improved contraceptive use. American Journal of Public Health. 2007;97(1):150-156.

86. Santelli J, Abma J, Ventura S, et al. Can changes in sexual behaviors among high school students explain the decline in teen pregnancy rates in the 1990s? J Adolesc Health. Aug 2004;35(2):80-90.

87. Kost K, Henshaw S. U.S. Teenage Pregnancies, Births and Abortions, 2008: National Trends by Age, Race and Ethnicity. New York: Guttmacher Institute;2012.

88. McKay A, Barrett M. Trends in teen pregnancy rates from 1996–2006: a comparison of Canada, Sweden, USA and England/Wales. Canadian Journal of Human Sexuality. March 2010;19(1-2):43-52.

89. Hamilton B, Ventura S. Birth Rates for U.S. Teenagers Reach Historic Lows for All Age and Ethnic Groups. Hyattsville, MD: National Center for Health Statistics;2012.

90. Gavin L, Warner L, O'Neil ME, et al. Vital Signs: Repeat Births Among Teens — United States, 2007–2010. MMWR. April 2 2013;62:1-7.

91. Pazol K, Creanga A, Zane S, Burley K, Jamieson D. Abortion Surveillance - United States, 2009. MMWR. Nov 23 2012;61(SS08):1-44.

92. Jones RK, Kooistra K. Abortion Incidence and Access to Services In the United States, 2008. Perspectives on Sexual and Reproductive Health. March 2011;43(1):41-50.

93. Kaestle CE, Halpern CT. Sexual intercourse precedes partner violence in adolescent romantic relationships. Journal of Adolescent Health. 2005;36:386-392.

94. Halpern CT, Young ML, Waller MW, Martin SL, Kupper LL. Prevalence of Partner Violence in Same-Sex Romantic and Sexual Relationships in a National Sample of Adolescents. Journal of Adolescent Health. 2004;35(2):124-131.

95. Black M, Basile K, Breiding M, et al. The National Intimate Partner and Sexual Violence Survey: 2010 Summary Report. Atlanta, GA: Centers for Disease Control and Prevention;2011.

96. Ma J, Wang Y, Stafford R. U.S. adolescents receive suboptimal preventive counseling during ambulatory care. Journal of Adolescent Health. May 2005;36(5):441.

97. Caskey R, Lindau ST, Alexander GC. Knowledge and Early Adoption of the HPV Vaccine Among Girls and Young Women: Results of a National Survey. Journal of Adolescent Health. 2009;45(5):453–462.

98. 2008 Fact Sheet on Health Care Access & Utilization: Adolescents & Young Adults. San Francisco, CA: National Adolescent and Young Adult Health Information Center;2008.

99. CDC. Unpublished data from the 2006-2010 National Survey of Family Growth.

100. Hall K, Moreau C, Trussell J. Determinants of and disparities in reproductive health service use among adolescent and young adult women in the United States, 2002–2008. American Journal of Public Health. Feb 2012;102(2):359-367.

101. D'Angelo L. When will routine testing for Human Immunodeficiency Virus infection be the routine for adolescents? Arch Pediatr Adolesc Med. April 2012;166(4):385-386.

102. Balaji A, Eaton D, Voetsch A, Wiegand R, Miller K, Doshi S. Association between HIV-related risk behaviors and HIV testing among high school students in the United States, 2009. Arch Pediatr Adolesc Med. April 2012;166(4):331-336.

103. CDC. Adult Immunization Schedules. 2013; http://www.cdc.gov/vaccines/schedules/hcp/adult.html.

104. Guidelines for Comprehensive Sexuality Education. Washington, D.C. : SIECUS;2004.

105. National Sexuality Education Standards. Future of Sex Education http://www.futureofsexed.org/fosestandards.html.

106. Schalet AT. Beyond Abstinence and Risk: A New Paradigm for Adolescent Sexual Health. Women's Health Issues 2011;21 (3S):S5-S7.

107. How to Talk to Your Kids About Sexual Health. http://www.ashasexualhealth.org/parents/how-to-talk-to-your-kids.html. Accessed May 8, 2013.

108. Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents. 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2008:169-176.

109. Schalet A, Chulani V, Chafee T, Santelli J, Gibson E. Beyond Abstinence & Risk: Exploring A New Paradigm of Adolescent Sexual Health. Adolescent Reproductive and Sexual Health Education Program, Physicians for Reproductive Health 2012.

110. Ivankovich MB, Leichliter JS, Douglas JM. Measurement of Sexual Health in the U.S.: An Inventory of Nationally Representative Surveys and Surveillance Systems. Public Health Reports. 2013;128(Supplement 1):62-72.