Risky Sexual Behavior

The clearest risks of adolescents' sexual behavior are pregnancy and sexually transmitted diseases (STDs). Less obvious risks include: exploitation by one person of another; preoccupation with physical relations at the expense of other aspects of relationships; and strains on relations with peers and parents. The surest way to avoid the risks of sexual behavior is not to engage in it. Short of abstinence, condoms and other forms of protection can reduce the risks.

When used properly, condoms reduce the risk of pregnancy and of contracting STDs, including HIV (Human Immunodeficiency Virus, the cause of AIDS – Acquired Immune Deficiency Syndrome). The threat of HIV/AIDS appears to be responsible for adolescents' increased use of condoms. However, many sexually active teens use contraception inconsistently or not at all. Recent data indicate that approximately one-third of teen girls were completely unprotected the last time they had sex, and an additional one-third of sexually active teens who do use contraception use it inconsistently (National Campaign to Prevent Teen Pregnancy, 2000).

Factors related to adolescent contraceptive use

There are many individual factors that play a role in teens' decision-making about contraception use. Based on available research, the following factors were identified:

- **Socioeconomic status:** Being from a low income family has been found to predict lower rates of contraceptive use compared to the overall population.
- **Age:** Younger adolescents, especially those 15 and under, are less likely than older adolescents to use contraceptives (Hofferth, 1990; National Campaign to Prevent Teen Pregnancy, 2000).
- **Peers:** Adolescents whose friends are actively engaged in risky sexual practices are less likely to protect themselves during sex.
- **Sexual partner's attitudes about condoms:** Decisions about contraception are influenced by sexual partners. More than one-half of teens surveyed in a 2000 study said that one of the main reasons why they did not use contraception was because their partner did not want them to.

"In general, the findings suggest that adults—and teens, in particular—express more cautious attitudes toward early and casual sex than perhaps is generally believed. The survey results also indicate that large majorities of both adults and teens support a strong abstinence message for teens coupled with information about the benefits and limitations of contraception.”

With One Voice 2002: America’s Adults and Teens Sound Off About Teen Pregnancy.

National Campaign to Prevent Teen Pregnancy
that teens do not use birth control was because their partners did not want to (National Campaign to Prevent Teen Pregnancy, 2000).

- **Use of drugs and alcohol prior to sexual relations:** In a 2000 study, more than one-half of teens reported the main reason they did not use contraception is because of the influence of alcohol or drugs (National Campaign to Prevent Teen Pregnancy, 2000).

- **Perceptions of using a condom:** Youth are less likely to protect themselves when they have negative feelings about using condoms, such as perceptions that putting on a condom is a barrier to intimacy and romance or will decrease physical pleasure.

The risks of adolescent pregnancy The rate of teen pregnancy has declined relative to previous generations. Currently, the majority of nonmarital childbearing occurs among women who are 20 and older, and the 2001 birth rate is the lowest ever reported among teens (ChildTrends, 2002). Nevertheless, there are a number of reasons to remain concerned about teen childbearing. Childbearing rates vary by region in the United States. They also vary by race and ethnicity, with rates much higher among Hispanic and African-American teens than among non-Hispanic White teens (See table 1.)

Although the rate of teen births is declining, because of the growing number of teens in the population, the actual number of births has not declined as dramatically as the birth rate. In other words, there are more teens today, but their birth rate is lower than in previous decades. (This may be one of the factors that contributes to the perception that the teen birth rate has not declined from a generation ago.) (ChildTrends, 2002; U.S. Department of Health and Human Services, 1999).

Risks to the baby A recent study of the consequences of teen childbearing suggests that babies born to teen mothers are twice as likely as babies of older mothers to have lower birth weights, a prominent factor in infant mortality. The babies are also more likely to be born prematurely. Unfortunately, the risks continue past childbirth and infancy. Babies born to adolescent mothers are more likely to have neurological problems, poorer overall health, and negative behavioral outcomes in childhood as compared to other children. Children born to teenage mothers generally have less stimulating home environments, and demonstrate poorer academic performance than children born to older mothers. Also, once these children become adolescents, they are more likely than other teens to initiate sex at an early age and to give birth or father children as teens. In general, teenage parents are unprepared for the financial, emotional, and psychological challenges of childbearing (ChildTrends 2002; Dryfoos, 1990).

Risks to the mother Pregnancy during the teenage years can also create health risks for the mother. For example, during pregnancy adolescent mothers are more likely to have anemia, as compared to mothers who are not adolescents. Also, teen mothers generally demonstrate less healthy child rearing practices, and more unrealistic expectations for their children's development than do older mothers. Adolescent mothers are more likely to drop out of school, be unemployed, and have low-paying, low-status jobs. These difficulties then require resources from local, state, and national governmental agencies, that are paid for by taxes (ChildTrends 2002; Dryfoos, 1990).

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Birth Rate per 1,000 females</th>
</tr>
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<tbody>
<tr>
<td>Hispanic</td>
<td>92</td>
</tr>
<tr>
<td>African-American</td>
<td>82</td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>30</td>
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</tbody>
</table>

Table 1: Teen Birth Rates by Ethnicity, 2001
**Sexually transmitted diseases** Many if not most adolescents do not have completely accurate information about sexually transmitted diseases. The American Medical Association estimates that each year two-and-a-half million adolescents in the U.S. contract a sexually transmitted disease. Some of the most common STDs among youth are gonorrhea, chlamydia, and herpes. Although some research has been conducted on these STDs, the AIDS epidemic has spurred new research regarding risk factors associated with adolescents contracting HIV. For example, one study found that between one-third and one-half of urban Hispanic adolescents were at high or moderate risk for contracting HIV, based on the sexual behavior they reported. In 1997, HIV infection was the seventh leading cause of death among youth aged 15-24 years in the United States (Centers for Disease Control, 1999; Child Trends, 2002).

**What can we do?** Education about abstinence, condom use, and other aspects of safe sex is important, but it appears that the initial progress made in promoting practices among adolescents during the 1980s that decreased the risk of HIV slowed markedly in the 1990s. Abstinence-only education programs, although prevalent in public schools, have not proven effective in reducing risky sexual behavior. Research also indicates that access to condoms is a necessary but not sufficient condition for reducing risky sexual behavior (National Campaign to Prevent Teen Pregnancy, 2000). Furthermore, many researchers have concluded that dissemination of information alone is not likely to further deter the spread of HIV/AIDS among adolescents. Sex education programs that combine HIV/AIDS and pregnancy information with the distribution of condoms may have the greatest potential to make a difference (UCSF, 2002). Another promising approach is educating parents and other adults who come in contact with adolescents to make them more effective informal sex educators.

**References**


UCSF Center for AIDS Prevention Studies (accessed October, 2002). http://www.caps.ucsf.edu

The Upstate Center of Excellence invites you to visit the ACT for Youth web site at:

http://www.human.cornell.edu/actforyouth

Additional copies of this newsletter and many other resources in the youth development field are available in pdf format on the ACT website.

The Upstate Center of Excellence also hosts a moderated listserve. You may join the listserve by sending an email to listproc@cornell.edu. Leave the subject field blank and type the following command in the body of the message: subscribe ACT-L yourfirstname yourlastname.