

Girls and Sexual Activity

- ◆ In 2002, about 757,000 young women aged 15-19 years became pregnant.¹⁶
- ◆ The pregnancy rate among 15-19 year old young women in the United States has steadily declined between 1990 and 2002.¹⁶ (See Figure 1.)
- ◆ The birth rate among young women ages 15-19 reached a peak of 97.3 births per 1,000 women in 1957, and in 2005 was at an all time low of 40.4 births per 1,000 young women.^{8, 15}
- ◆ In 2005, about 421,123 births in the United States —10% of all births — were to mothers under the age of 20.⁸
- ◆ Between 1991 and 2005 birth rates among young women declined significantly—50% among 10-14 year old girls, 45% among 15-17 year old young women, and 26% among 18-19 year old young women.⁸
- ◆ Birth rates among girls and young women ages 10-14 and 15-19 have been declining between 1991 and 2005 in each major racial and ethnic group. Among girls ages 10-14, birth rates declined 65% among Black girls, 60% among White girls, and 46% among Latina girls. Among young women ages 15-19, birth rates declined 48% among Black young women, 40% among White young women, and 22% among Latina young women.⁸
- ◆ The decline in the teenage birth rate is *not* due to an increase in abortion. The total number of abortions among women aged 15-19 declined by almost 23% between 1990 and 2002.¹⁶ (See also Figure 1.)

Figure 1: Trends in pregnancy, birth and abortion rates per 1,000 young women ages 15-19.¹⁶

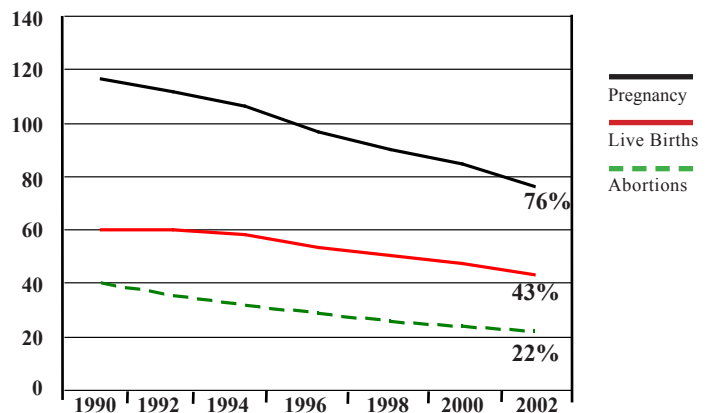


Figure 2: Percentage of high school students who report they have ever had sexual intercourse, by gender and grade.⁶

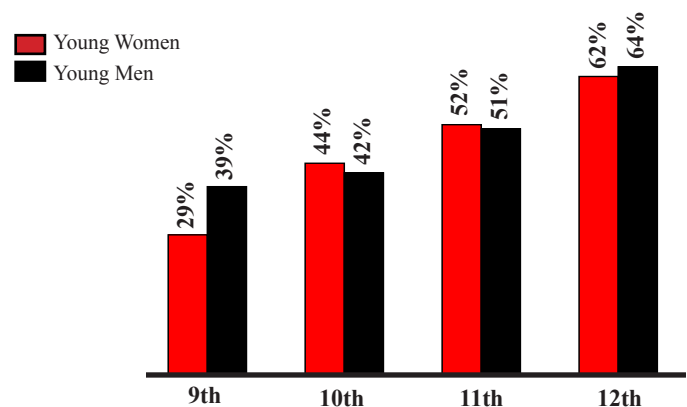
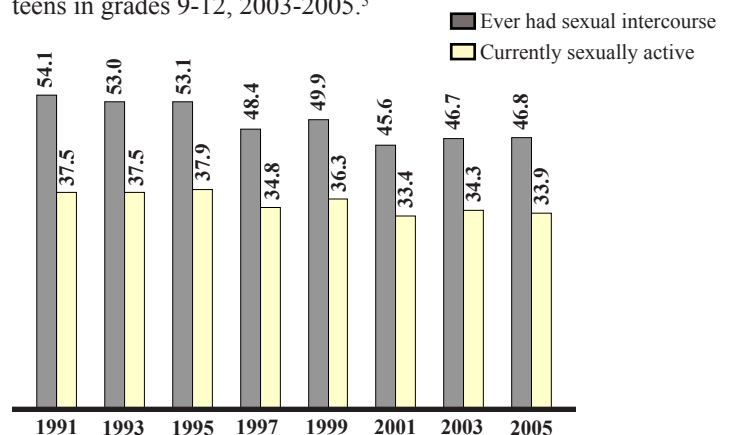


Figure 3: Trends in prevalence of sexual intercourse among teens in grades 9-12, 2003-2005.⁵



Encouraging News - but we still have a long way to go.

- ◆ In 2005, nearly half (47%) of all high school students had had sexual intercourse, a decline from 54% in 1991. Despite this decrease from 1991-2005, there has been no statistically significant change between 2001 and 2005.⁵ (See also Figure 2 and 3.)



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Encouraging news - continued...

- ◆ Young women in the 12th grade were nearly four times as likely as young women in 9th grade to have had four or more sexual partners in their lifetime.⁶ (See also Figure 4.)
- ◆ One expert estimated that for 15- to 17 year-olds, 77% of the decline in pregnancy from 1991-2002 was attributable to improved contraceptive use among sexually experienced teenagers and 23% was due to delay in first sexual intercourse. For 18- and 19-year olds, the reduction in pregnancies was 100% attributable to increased contraceptive use.¹⁴
- ◆ In 2003, 5% of young women in grades 9–12 reported they had ever been pregnant. One in ten Black young women (10%), 1 in 14 Latina young women (7%), and 1 in 36 White young women (3%) throughout the U.S. had ever been pregnant.³
- ◆ In a 2000 international study, the U.S. teenage pregnancy rate was shown to be at least four times the rate in France, Germany, and Japan. The U.S. rate was similar to that in the Russian Federation and several other eastern European countries, including Romania.¹⁵
- ◆ Among sexually active young women in grades 9–12 in 2005, 19% reported using alcohol or drugs before last sexual intercourse. White (21%) and Latina (19%) young women were more likely than Black young women (13%) to have used these substances before their last sexual intercourse.⁶ (See also Figure 5.)
- ◆ In 2002 among young women ages 15–17, 9 out of 10 (89%) reported feeling “some” or “a lot” of pressure about sex.¹⁰
- ◆ A regional study determined that girls’ athletic participation was directly related to reduced frequency of sexual behavior and, indirectly, to reduced pregnancy risk. The same study also indicated that family cohesion was associated with lower sexual activity for both sexes.¹³

Figure 4: Percentage of young women in grades 9-12 who have had sexual intercourse before age 13 or who have had 4 or more sexual partners, by grade.⁶

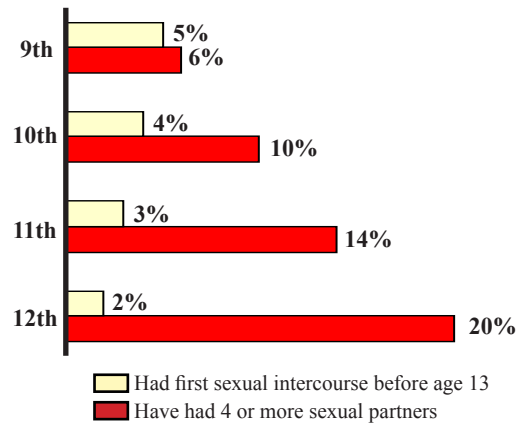


Figure 5: Percentage of sexually active high school students who used alcohol or drugs before their last sexual intercourse, by gender and race/ethnicity.⁶

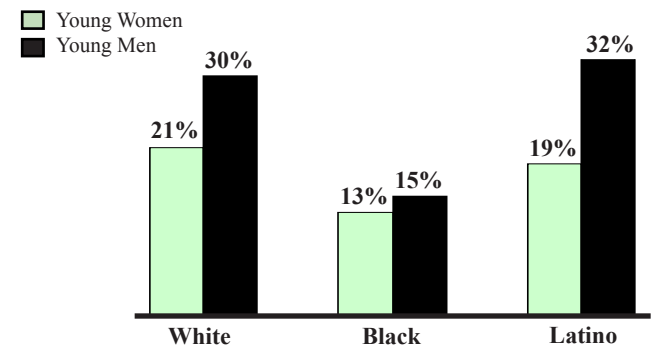
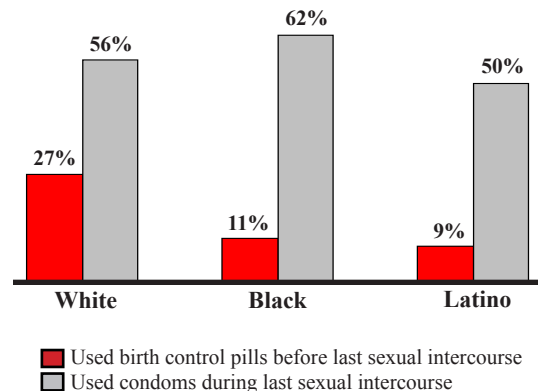


Figure 6: Percentage of sexually active young women in grades 9-12 who reported birth control pill use before last sexual intercourse or condom use during last intercourse, by race/ethnicity.⁶



Even though contraceptive use is up among sexually experienced teens, young people receive mixed messages about how to protect themselves.

- ◆ In 2006 a national study found that among adults ages 18-83, 82% supported sexual health education programs that teach students both abstinence and how to prevent pregnancy and sexually transmitted diseases. Also, 69% supported the teaching of proper condom use.¹

Mixed messages - continued

- ◆ Of currently sexually active high school students, 56% of young women and 70% of young men reported using a condom during their last sexual intercourse. Black young women (62%) were more likely to use a condom than White young women (56%) and Latina young women (50%).⁶ (See also Figures 6 and 7.)
- ◆ In 2005, approximately 21% of currently sexually active young women in grades 9-12 reported using birth control pills prior to their last sexual intercourse. White young women were more likely than Black or Latina young women to use birth control pills prior to their last sexual intercourse.⁶ (See also Figures 6 and 7.)
- ◆ In a nationally representative survey, 57% of young women ages 12–17 said it was “embarrassing to go to a store to buy condoms.” Among the same group, 39% agreed that it was “unhealthy for girls to use birth control pills.”⁹
- ◆ Until a young woman is 25, her cervix is more vulnerable to sexually transmitted diseases (STDs), including HIV infection, because it is not fully developed.² Among all chlamydia, gonorrhea, and syphilis cases in 2004, 70% occurred in people ages 10–24.⁴
- ◆ Most teens do not consider oral sex to be a sexual activity that places them at an increased risk for STDs, including HIV infection. In a nationally representative survey, 54% of young people believed that teens who have oral sex are still virgins.¹² (See Figure 8.)

Figure 7: Percentage of sexually active high school young women who reported birth control pill use before last sexual intercourse or condom use during last intercourse, by grade.⁶

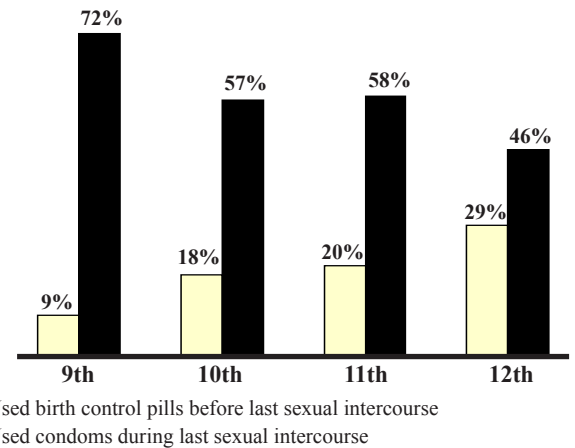


Figure 8: Percentage of young people who believe that if a teenager has had oral sex, he or she is still a virgin.¹²

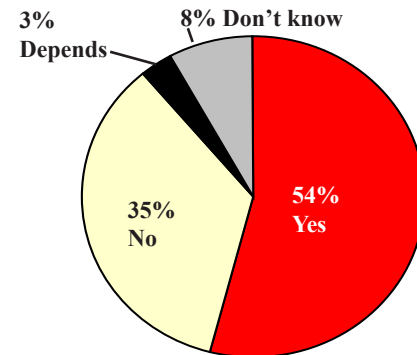
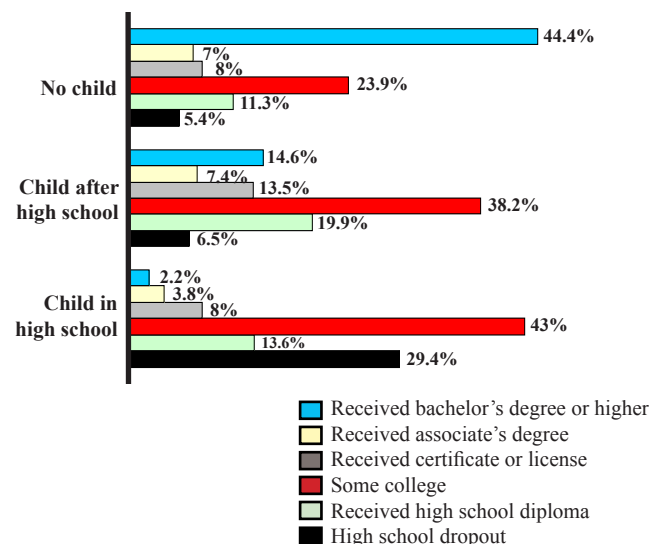


Figure 9: Percent of 1988 eighth-graders bearing children by 2000 by timing of child birth and highest educational attainment.⁷



Young mothers and their children face increased challenges.

- ◆ Early parenting limits a young mother’s likelihood of completing the education necessary to qualify for a well-paying job. In a study of women who were 8th graders in 1988, 29% of those had a child prior to 2000 had not completed high school by age 25, whereas 44% of those who had no child by age 25 had received a bachelor’s degree or higher.⁷ (See also Figure 9.)
- ◆ Adolescent childbearing contributes to high economic costs. According to the National Campaign to Prevent Teenage Pregnancy, teen childbearing costs taxpayers over \$9 billion each year. This includes \$1.9 billion for increased health care costs, \$2.3 billion for increased child welfare costs, \$2.1 billion for increased state prison system costs, and \$2.9 billion for lost tax revenues from the adult children of teen mothers.¹¹

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For more information on girls and health issues, see these Girls Incorporated® Fact Sheets:

- ◆ **Girls and Their Bodies**
- ◆ **Girls and Tobacco**
- ◆ **Girls and HIV, AIDS, and STDs**
- ◆ **Girls and Substance Use**

Girls Inc. Preventing Adolescent Pregnancy® bolsters girls' communication and skills as well as their motivation and resources for being in charge of their sexual health and avoiding teen pregnancy.

Girls Inc. Friendly PEERsuasion® builds girls' skills for resisting pressure to use harmful substances such as alcohol, tobacco, household chemicals, and other drugs.

Girls Inc. is a nonprofit organization in the United States and Canada that inspires all girls to be strong, smart, and boldSM. With local roots dating to 1864 and national status in the U.S. since 1945, Girls Inc. has responded to the changing needs of girls and their communities through research-based programs and advocacy that empower girls to reach their full potential and to understand, value, and assert their rights.

Girls Inc. programs focus on science, math, and technology, health and sexuality, economic and financial literacy, sports skills, leadership and advocacy, and media literacy for girls ages 6 to 18 throughout the United States and in Canada. While our goal is to reach all girls, we recognize that girls in at-risk communities have an even greater need for our programs. Of those we serve, 70% are girls of color and 66% come from families earning \$25,000 or less; 49% are from single-parent households, most of which are headed by women.

Girls Inc. in 2006 reached nearly 800,000 girls through Girls Inc. affiliates, our website, and educational products. Guided by our vision of empowered girls and an equitable society, Girls Inc. is committed to reaching millions more girls through its programs and public education efforts.

The National Resource Center (NRC) is the organization's research, program development, national services, and training site. Research and evaluation conducted by the NRC provide the foundation for Girls Inc. programs. The NRC also responds to requests for information on girls' issues and distributes Girls Inc. publications.

Girls Inc. informs policy makers about girls' needs locally and nationally. The organization educates the media about critical issues facing girls. In addition, the organization teaches girls how to advocate for themselves and their communities, using their voices to promote positive change.

Girls Inc. leadership focuses on developing innovative ways to leverage our most valuable asset – acknowledged expertise as the nation's premiere program provider and advocate for girls. Our leaders include Janice L. Warne, Chair of the National Board; Joyce M. Roché, President and CEO; and Donna Brace Ogilvie, Distinguished Chair.

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