AMCHP Youth Document Series
Adolescent Reproductive and Sexual Health

Introduction
The Association of Maternal & Child Health Programs (AMCHP) is a national resource, partner and advocate for state public health leaders and others working to improve the health of women, children, youth and families, including those with special health care needs. AMCHP helps our members build successful initiatives through a variety of strategies, including advocating on their behalf in Washington, providing technical assistance, disseminating best practices, convening leaders to share experiences and ideas, and advising states about involving partners to reach our common goal of healthy children, healthy families and healthy communities.

AMCHP and Adolescent Health

The term adolescence is frequently used to describe the transition between childhood and adulthood. Although many researchers and developmental specialists define adolescents as those being between the ages of 10-24 years, adolescence can be further broken down into the following stages: Early Adolescence (approximately 11-13 years of age), Middle Adolescence (approximately 14-18 years of age) and Late Adolescence (approximately 19-24 years of age). According to the life course health development framework, the behavioral patterns that are established during this time not only influence a young person’s current health but also determine his or her future health as an adult.

As a resource for state maternal and child health (MCH) programs, and as part of our efforts to build MCH capacity in adolescent health, AMCHP has created a Youth Document Series to highlight the particular needs of adolescents along with some state efforts to address these needs. The topics highlighted in the Youth Document Series are critical issues impacting the health of adolescents in the United States. AMCHP hopes that the information included in the Series will help expand states’ capacity to address the unique opportunities and challenges facing adolescents and help states enhance their efforts to support young people’s growth, development, safety and well-being. The second document in this six document series is focused on adolescent reproductive and sexual health.

Adolescent Reproductive and Sexual Health

The reproductive and sexual health needs of adolescents differ from those of adults. Measures of adolescent reproductive and sexual health include pregnancy status, sexual activity, use of contraceptives and diagnosis of a sexually transmitted infection (STI).

Adolescent pregnancy and diagnosis of STIs are associated with many negative outcomes. For instance, teen mothers are more likely to drop out of school and face unemployment, poverty, welfare dependency and other negative outcomes than women who delay childbearing. Furthermore, infants of adolescent mothers are at an increased risk for low birth weight and prematurity, poverty or becoming an adolescent mother.

The Centers for Disease Control and Prevention estimates that approximately 19 million new STIs occur each year—almost half of them among young people 15 to 24 years of age. In 2007, almost 1.5 million Americans reported cases of either chlamydia or gonorrhea, making these two the most commonly reported infectious diseases in the United States. Diagnosis of these diseases, as well as other STIs, is associated with significant health risks, including chronic pelvic pain, ectopic pregnancy and infertility.

Although the use of contraception can help prevent both unintended pregnancy and STIs, according to the Youth Risk Behavior Survey (YRBS), 38.9 percent of currently sexually active students reported that they did not use a condom during their last sexual intercourse.

In 2009, the YRBS indicated that among U.S. high school students, 46 percent had sexual intercourse and 5.9 percent had sexual intercourse before the age of 13 years. The prevalence of ever having had sexual intercourse was higher among Black male (72.1 percent) and Hispanic male (52.8 percent) than Black female (58.3 percent) and Hispanic female (45.4 percent) students. Overall, the prevalence of having ever had sexual intercourse was higher among Black (65.4 percent) and Hispanic (49.1 percent) than White (42.0 percent).
percent) students. This data not only emphasizes the importance of implementing male involvement programs within adolescent reproductive and sexual health programs but also highlights the need for culturally sensitive programs. Additional factors that are associated with teen fertility and risky sexual behavior include socioeconomic status, parental education, community and peer influences, self-esteem, access to education, and school success. More information pertaining to the sexual behaviors of adolescents can be seen below in Table 1.

**Table 1.** National statistics related to sexual behavior indicators for adolescents from the 2009 Youth Risk Behavior Survey

<table>
<thead>
<tr>
<th>Sexual Behaviors</th>
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<tr>
<td>• 46.0 percent of students have had sexual intercourse</td>
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<td>• 5.9 percent of students had sexual intercourse for the first time before age 13 years</td>
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<td>• 13.8 percent of students had sexual intercourse with four or more persons</td>
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<td>• 34.2 percent of students had sexual intercourse with at least one person</td>
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<td>• 38.9 percent of students did not use a condom during last sexual intercourse</td>
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<td>• 80.2 percent of students did not use birth control during last sexual intercourse</td>
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<td>• 91.1 percent of students did not use both a condom during last sexual intercourse and birth control pills or Depo-Provera before last sexual intercourse</td>
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**State Maternal and Child Health Programs Addressing Adolescent Reproductive and Sexual Health**

Adolescent reproductive and sexual health is a priority for state Title V programs, over 17 states and territories have developed state negotiated performance measures to address a specific adolescent reproductive health concern. While some state-negotiated performance measures are unique in their scope, others are being addressed in different ways. Table 2 below indicates the focus areas of state-negotiated adolescent reproductive health performance measures. Two of these efforts are highlighted below.
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<td>Percent of high school students who report having experienced physical violence by their dating partner</td>
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<td>Percent of sexually active high school students using an effective method of birth control to prevent pregnancy</td>
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<td>Incidence of subsequent births among teen girls</td>
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<td>Rate of Chlamydia, syphilis and/or gonorrhea cases among adolescents age 15-24</td>
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<td>Percent of 9th-12th grade students that report having engaged in sexual intercourse</td>
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<td>The rate of sexually transmitted diseases among women of childbearing age</td>
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<td>Percentage of School Based Health Center clients for whom an assessment for intimate partner/teen dating/sexual violence was done</td>
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<td>The percentage of pregnancies among women age 18 and over that are intended</td>
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<td>The ratio of the Hispanic teen (ages 15-17) pregnancy rate to the non-Hispanic White teen (ages 15-17) pregnancy rate</td>
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### Spotlight on States

**Colorado**

**State Performance Measure 8: The percent of sexually active high school students using an effective method of birth control to prevent pregnancy.**

The Youth Sexual Health Team, convened by the Colorado Department of Public Health and Environment and comprised of state and local partners, is contracting with Colorado Youth Matter and the Healthy Colorado Youth Alliance to develop the Colorado Statewide Youth Sexual Health Plan.

This plan will effectively guide state and local communities (including local public health programs, schools, community-based organizations, etc.) in the improvement of the sexual health of Colorado youth, including such areas as the decrease of Sexually Transmitted Infection/Human Immunodeficiency Virus (STI/HIV), teen pregnancy and sexual assault prevention. The plan will contain objectives for state and local community action to improve youth sexual health, including action plans for communities at varying stages of readiness to take action to improve youth sexual health.

The Children and Youth branch in the Prevention Services Division partnered with the Sexually Transmitted Infection/HIV Section in the Disease Control and Environmental Epidemiology Division to develop a web-automated human interaction website for youth about their sexual health. The goal is to provide facts and explain risks of sexually transmitted infections to help youth make healthy choices in their relationships.

The Colorado Department of Education approved new standards for comprehensive health and physical education for preschool through grade 12, which include two graduate competencies specific to sexual health: 1) apply knowledge and skills necessary to make personal decisions that promote healthy relationships and sexual and reproductive health; and 2) apply knowledge and...
skills that promote healthy, violence-free relationships. To ensure mastery of the competencies, the standards include a learning progression from preschool through 12th grade.

**Florida**

**State Performance Measure 2: Percent of subsequent births to teens age 15-19.**

Florida’s plan to reduce subsequent births to teens age 15 to 19 includes the provision of family planning services in all 67 counties, including pregnancy prevention counseling and contraceptive services, comprehensive reproductive health education, Healthy Start services, abstinence education, and school health services. County health departments were awarded $459,905 for two Title X family planning special initiatives and five male projects in 2009.

These projects will address unique local challenges in the areas of teen pregnancy prevention and male involvement. County health departments, Healthy Start coalitions, and agencies and programs involved in welfare reform will continue to educate and collaborate with other community agencies in reducing subsequent teen births. One requirement of participating in the program is that counties with repeat birth rates higher than the state average create an action plan to address the problem. The family planning program office has plans to purchase educational materials about teen pregnancy prevention for all of the county health departments’ 178 family planning clinics. The educational materials include informational postcards for parents of Latino youth, brochures for teens, booklets for local African-American and Latino faith communities, and booklets about positive youth development.

Another initiative that Florida is executing is the Comprehensive School Health Services Projects that provide services targeting pregnancy prevention, case management, and care coordination to prevent subsequent births to parenting students. The services are coordinated closely with all programs and agencies. Collaboration will also continue among department programs working with teens through the sharing of information and resources. Strategic planning efforts regarding teen pregnancy prevention and intervention will continue to be a top priority.

County health departments, local contract providers, Healthy Start programs, Healthy Families Florida programs, and other agencies that provide maternal and infant care services will inform postpartum teens about extended family planning services available through the Medicaid family planning waiver services. These providers will have access to client informational brochures to distribute to youth to increase awareness and use of family planning services with the special family planning Medicaid waiver program. Education and reduction in the number of subsequent births for teens are two goals of the programs. Increased numbers of teens accessing services is highly desired. If the youth is not eligible to participate in the family planning Medicaid waiver program, family planning services can be provided using the department's Title X family planning program.

**Conclusion and Implications**

Any state that is trying to reduce the percent of subsequent teen births or to increase the percent of high students using effective methods of birth control should follow in the footsteps of Colorado and Florida. States should do their utmost to make family planning services accessible to all adolescents in need because, as mentioned above, such a service can go a long way in educating adolescents about their reproductive and sexual health.

States should also make an effort to provide the proper comprehensive health and physical education curriculum in schools. Therefore, students of all ages can acquire the necessary knowledge and skills so that one day they can make smart decisions regarding their health.

As one can see, with the proper education and access to the right services, it is possible for any state to appropriately address adolescent reproductive and sexual health needs. AMCHP will continue to share innovative programs with its members in the hopes of continuing to promote adolescent reproductive and sexual health.

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  State Adolescent Health Coordinator
  Florida Department of Health


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To learn more about the Youth Document Series, please contact Sharron Corle, Associate Director, Adolescent Health at scorle@amchp.org or (202) 775-0436.

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