

EMPOWER YOUNG PEOPLE TO MAKE HEALTHY DECISIONS





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Reproductive and sexual health for young peopleⁱ is critical to the healthy development of the next generation. Despite the importance of accessible, high-quality health care, many young people in the United States are without the services and support necessary to ensure their health and prosperity during adolescence and adulthood. Young people are often isolated from education and service provision due to social and familial discomfort surrounding sexuality, policies limiting adolescent access to information and services, structuralized and institutional racism, gender stereotypes, and lack of cultural competency among health providers, school faculty, and other adults who interact with adolescents. The combination of these factors leaves young people ill-informed and isolated from reproductive health services.¹ These barriers put young people at higher risk for sexually transmitted infections (STIs), unintended pregnancy and birth, non-consensual sexual interactions, early sexual debut, and multiple sexual partners at a young age, with widespread ramifications for adolescents, their families, and their communities. Given these challenges, local advocacy groups and elected and public health officials in urban areas must expand efforts to improve the health of young people in their communities.

URBAN YOUNG PEOPLE

Urban young people bear a disproportionate reproductive and sexual health burden. In comparison to national averages, urban teens are more likely to have ever had sex, to have had sex before age 13, to have had four or more sexual partners, to have experienced dating violence, and to have experienced forced sex.² Furthermore, a closer look at city demographics reveals widespread adolescent reproductive health disparities

between urban neighborhoods in the same metropolitan area.³ Low-income communities of color are the hardest hit by the aforementioned burdens and often have the fewest resources to address adolescent health due to many barriers such as poverty, isolation, unstable housing, lack of health insurance and underinsurance, and exposure to violence.⁴

SEXUAL ONSET

Nationwide, approximately 46% of adolescents ages 15–19 and 20% of adolescents ages 12–14 have had sex.⁵ Sexual onset before 14 years of age correlates to an increased likelihood of high-risk behaviors, including having multiple sexual partners, having low levels of condom use, having or having caused a pregnancy, contracting an STI, and drug and alcohol abuse.⁶ African American, Latino, and Native American youth are more likely to have sexual debut at a younger age than White youth. This is particularly true among non-Hispanic Black teenage boys, nearly one-third of whom report having had sex before the age of 13 versus 11% of Hispanic and 5% of White youth. Additionally,

non-Hispanic Black young people are more than twice as likely to have had multiple sexual partners.⁷ These racial disparities in age of sexual onset can be attributed to systemic factors such as racial profiling in school, health care, and other settings; lack of opportunity; discrimination; lack of cultural competence among health practitioners; limited access to reproductive and sexual health services; and persistent levels of racial segregation among both schools and cities, which create urban areas with high levels of neighborhood-concentrated poverty and lower levels of collective efficacy for African American young people.⁸

ⁱ *Young people* refers to those between the ages of 12 and 24. Adolescent studies tend to focus primarily on teens ages 15–19, neglecting the equally important early adolescent (ages 12–14) and young adult (ages 19–24) years. In order to accurately represent the state of adolescent reproductive health and ensure young people have a healthy future, the Agenda will focus on the full spectrum of adolescence through young adulthood.

CONTRACEPTIVE USE AND STI PREVALENCE

While many young people do use contraceptives to protect against unintended pregnancy and STIs, there is significant room for improvement. Among heterosexually active young people, condoms are the most popular form of contraception, with 61.5% nationwide reporting condom use at last intercourse. However, markedly fewer young people use condoms consistently. Only 50% of sexually active males ages 15–19 report using condoms consistently and, overall, teenage girls are less likely to report using condoms than teenage boys.⁹ Given that male condoms require partner negotiation, adolescent girls are put in a particularly vulnerable position. Many young women lack the agency required to ensure safe sexual practices through partner negotiation and are thus less likely to protect

themselves against pregnancy and STIs, including human immunodeficiency virus (HIV). Over nine million new STI cases are diagnosed in young people each year, accounting for almost half of all new STIs, yet young people account for only one-quarter of the overall population.¹⁰ Teenage girls ages 14–19 bear a large share of this burden. One in four (26%) has an STI, and teenage girls in urban environments are faring even worse.¹¹ For instance, the New York City Department of Health and Mental Hygiene reports one in three (34.1%) teenage girls ages 15–19 has an STI; rates are even higher in low-income neighborhoods such as the Bronx borough.¹² Additionally, there has been a notable decline in the use of hormonal contraceptives among teens, particularly non-Hispanic Black and Hispanic teens.¹³

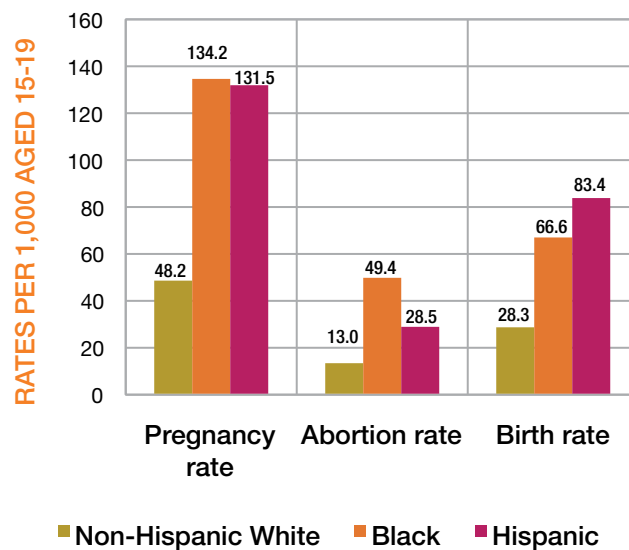
TEEN PREGNANCY

The United States has the highest teen pregnancy rate in the industrialized world.¹⁴ One out of every three girls becomes pregnant at least once before the age of 20.¹⁵ Teens and young adults have unplanned pregnancy rates much higher than other age groups (67 and 104 per 1000 women, respectively) and, in 2006, the national U.S. teen birth rate increased for the first time in fifteen years by 3%.¹⁶ These high rates of pregnancy and birth can be attributed to a combination of factors, including inadequate sexuality education, societal discomfort with sexuality, limited economic mobility and educational opportunity, and difficulty obtaining contraception. These barriers are particularly problematic in urban environments and among communities of color, where pregnancy and birth rates for young people can be significantly higher than national averages.¹⁷

Hispanic and non-Hispanic Black young people ages 15–19 have teen pregnancy rates nearly three times higher than non-Hispanic White young people in the same age group (134.2 and 131.5 per 1,000 versus 48.2 per 1,000, respectively).¹⁸ Low-income urban neighborhoods with large communities of color, such as the South Bronx in New York City, have even higher rates of teen pregnancy (153 pregnancies per 1,000).¹⁹ Birth rates for non-Hispanic Black and Hispanic teens are two to three times higher than for their non-Hispanic White teen counterparts, yet despite similar overall pregnancy rates, Hispanic teens have a 25% higher birth rate than non-Hispanic Black teens.²⁰ Studies show the children of teen parents are more likely to become teen parents themselves, engage in risky behaviors, and be incarcerated.²¹ These outcomes for some teen parents

demonstrate that pregnant and parenting teens need more support in order to succeed. Oftentimes, teen pregnancy is the result of limited access to educational and occupational opportunities as well as reduced access to health information and services. Efforts to prevent unintended teen pregnancy must not stigmatize teens who are pregnant or parenting.

TEENAGE RATES OF PREGNANCY, ABORTION AND BIRTH BY RACE AND ETHNICITY



Source: The Guttmacher Institute

ROLE OF SOCIAL AND PARENTAL INFLUENCES

Adolescent reproductive health is deeply affected by social influences, ranging from a young person's school environment to the activities and behaviors of his or her peer group. Recent studies show that peer influence can either motivate or inhibit healthy sexual behavior. The majority of teens (58.9% of those ages 12–17) report that peer influence plays a positive role in making healthy decisions about sex.²² Regardless of whether peer influence results in positive or negative outcomes, it is clear that the sexual activity and habits of a peer group remain a primary indicator for individual teen sexual behavior. Teens with sexually active friends are more likely to have had intercourse themselves, and teens with peers who practice safer sex, such as the consistent use of condoms, are more likely to practice safe sex themselves.²³

ACCESS TO INFORMATION AND SERVICES

Many young people lack health insurance, limiting their access to reproductive and sexual health care. More than one-quarter (27.5%) of young adults ages 18–24 in the United States currently are uninsured.²⁶ On top of this, many young people are underinsured, with overwhelming out-of-pocket liabilities and coverage gaps and limitations. Even when young people have insurance, obtaining services can jeopardize confidentiality if insurance providers mail communications such as Explanations of Benefits to the home.

In addition to insurance coverage barriers, many young people find it difficult to access culturally competent practitioners with whom they feel comfortable discussing their sexuality and health. A 2004 study of urban African

While the key role of social influence cannot be undervalued, teens rank parents as the most influential factor in their decisions about sex. For teenage girls, an open mother-daughter relationship is especially important due to the gatekeeper role many mothers play for female adolescents initiating reproductive health care services.²⁴ Sexual debut is the recommended time to initiate gynecological care, but many mothers are not aware when sexual debut takes place. Delays between sexual onset and first pelvic exam are substantial, particularly for low-income, urban teenage girls. One New York City study, consisting of primarily low-income adolescent girls from the Bronx, found the mean interval between sexual onset and initial pelvic exam was 13.3 months. Often, gynecological care was initiated due to symptoms of STI or pregnancy.²⁵

American teens found that their experiences with the health care system were among the most demoralizing and upsetting experiences they encountered within the human services system.²⁷ Additionally, much concern exists among teens regarding the confidentiality of reproductive and sexual health care. Teens report having more positive experiences with the health system in clinics that are targeted toward teens, such as school-based health clinics, highlighting the importance of culturally competent and easily accessible care.²⁸ Overall, young people are more vulnerable to poor reproductive and sexual health outcomes than other populations, yet they often face significant barriers to accessing the education and health care services necessary to overcome these disparities.

YOUNG PEOPLE EXPERIENCING THE HIGHEST RISK

Given the importance of a stable home life and close parent-child relationships, young people from lower socioeconomic, urban neighborhoods with higher prevalence of crime and residential turnover often face reproductive and sexual health deficits.²⁹ This is particularly true for marginalized adolescents, such as LGBTQ (lesbian, gay, bisexual, transgender, queer and questioning) young people and teens in foster care, who often suffer from social isolation and familial castigation and bear a disproportionate reproductive health burden. Teens in the foster care system, as well as former participants who have aged out, have fewer health care resources, tend to be less familiar with the health care system than other youth, and have decreased or no

familial support.³⁰ Young people who have ever lived in foster care are more likely to be female, more likely to have had sex, and report higher rates of adverse reproductive and sexual health outcomes, including STIs, unintended births, and forced sex.³¹ LGBTQ young people are more likely to have ever had sex, have multiple partners, experience unplanned pregnancy, contract an STI, and experience non-consensual intercourse.³² Yet, despite these increased risks, LGBTQ young people are less likely to access care due to barriers such as lack of familial support, lack of safe and culturally competent health care environments, and negative past experiences with health care providers.³³



RECOMMENDATIONS TO EMPOWER YOUNG PEOPLE TO MAKE HEALTHY DECISIONS:

Young people need strong, unwavering support from local policy and public health leaders to ensure access to critical reproductive, sexual, and maternal health information and services. Communities must collectively address the primary reproductive, sexual, and maternal health issues facing young people in urban areas. Many local public health departments and policymakers are working to address these issues. These efforts must be expanded and strengthened with renewed support.

WE CALL ON LOCAL LEADERS TO EMPOWER YOUNG PEOPLE TO MAKE HEALTHY DECISIONS BY:

Creating local programs where young people can support and educate each other about reproductive and sexual health. As this brief highlights, in addition to the role played by parents, young people's sexual behavior can be strongly influenced by their peers. Furthermore, culturally competent reproductive and sexual health care is lacking, creating significant barriers for young people when accessing information and services. Peer-to-peer education opportunities can positively impact young people's use of condoms and engagement in safe sex and improve the reproductive and sexual health decision-making among youth participating as educators.³⁴ In addition, these programs can also foster positive youth development and self-esteem, which are essential to healthy decision-making.

- We urge local leaders to support peer-to-peer education programs to reduce stigma, communicate reproductive and sexual health information in a safe and comfortable environment, and create vital leadership opportunities for urban youth.

Utilizing education and service provision strategies that can be easily accessed by young people in urban areas. While many urban public health departments have education campaigns aimed at youth, innovative strategies, such as utilizing new technology, should be explored. In addition, outreach should be targeted at youth with the least access or at the highest risk, who often experience increased barriers and greater disparities.

- We urge local health departments to adopt or expand education strategies that employ social marketing and social media technologies currently popular among young people to disseminate reproductive and sexual health information and advertisements.
- We urge local advocates and public health officials to implement new strategies targeting their communities' underserved youth, including youth of color, young males, youth in the foster care system, LGBTQ youth, and parenting teens.

Expanding students' access to comprehensive reproductive and sexual health services in school-based settings and community-based health centers. Health care services provided in schools, or in coordination with school clinics, can be an effective way to provide culturally competent reproductive and sexual health counseling and, in some cases, services to young people in a safe and youth-oriented environment.³⁵ School-based clinics tackle many obstacles that otherwise force adolescents to delay or forego necessary care, such as cost, lack of transportation, inflexible clinic hours, and fears about privacy and confidentiality.³⁶

- We urge local public health officials to work with school board administrators to ensure that school-based or school-linked health centers are either providing counseling and reproductive and sexual health services or offering timely referrals for such services.

Enhancing young people's access to, and utilization of, contraceptives and condoms to prevent pregnancy and STIs. In order for young people to successfully protect themselves against unintended pregnancy and STIs, services and supplies must be easily accessible, including offering the full range of contraceptive methods.

- We urge local public health officials to facilitate the use of clinic protocols that make the range of effective contraceptives available on site to young people, including long-acting, reversible contraceptives and contraceptive initiation at any time without requiring a pelvic exam.

Supporting young mothers by fostering environments where mothers and their children are healthy and encouraged to reach their potential. For pregnant and parenting young people living in urban areas, education and services must be provided to address the challenges associated with young parenthood. This vital support—not only for the children of young mothers but for the mothers themselves—will help to ensure stronger and healthier communities.

- We urge local leaders to develop and continue to support programs targeting young mothers and their children.
- We urge local leaders to support parenting teens' right to access education by ensuring they are accommodated in schools with water and space to breastfeed or pump.

Protecting young people's right to confidential reproductive health services and information and educating young people and health care providers about rights to this care. As this brief highlights, concerns about the confidentiality of reproductive and sexual health care services are common among young people. Educating providers and young people about minors' rights to reproductive and sexual health care is a critical part of breaking down this education and service access barrier.

- We urge local elected leaders to introduce local legislation that affirms and protects minors' right to confidential reproductive and sexual health care.
- We urge local advocates and city and county health clinics to protect confidentiality and educate teens and their health care providers about minors' rights to access reproductive health services.

LOCAL EXAMPLES:

- In **New York City**, as part of the Healthy Teens Initiative, the Department of Health and Mental Hygiene supports access to teen-friendly sexual and reproductive health services.
- The School-Based Health Center Reproductive Health Project is a joint project of two **New York City** government offices that provides contraception in the city's school-based health centers.

- **San Francisco's Department of Public Health** uses text messaging technology to provide information on reproductive and sexual health to local young people.
- In **Philadelphia, the Department of Public Health**, with the support of the School District of Philadelphia, has implemented a voluntary, school-based screening program to educate, screen, and treat city high school students for Chlamydia and gonorrhea.

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The National Institute is an innovation institute for state and local organizations working on reproductive health issues. We offer strategic guidance, hands-on support and funding to help state and local leaders remove barriers to health care, win public battles and change public policies. Together, we are helping women in communities across the country gain access to the full range of quality reproductive health care options, the freedom to exercise their reproductive rights and the opportunity to have healthy pregnancies.

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