

SEXUAL BEHAVIOR MODULE F

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PREFACE

This report provides the detailed results from the district's administration of the California Healthy Kids Survey (CHKS) supplementary Sexual Behavior Module F. It was designed to provide data on sexual behavior and practices that lead to HIV/AIDS, sexually transmitted diseases, and pregnancy that are not provided on the Core Module. The report is divided into two sections: (a) a discussion of the items by topic; and (b) the results for each item presented by grade in tables. In both sections, users are provided references to questionnaire items by number, as well as the actual item wording. An index at the beginning of the tables refers users to survey item numbers and variables, and to the table number in which the results are provided.

ACKNOWLEDGEMENTS

The CHKS was developed under contract from the California Department of Education (CDE) by WestEd in collaboration with Duerr Evaluation Resources. Assisting in its development were an Advisory Committee consisting of researchers; education practitioners from county offices of education, school districts, and schools across the state; and representatives from federal and state agencies involved in assessing youth health-related behaviors. Professor Rod Skager served as a special consultant. For more information about the survey, call the toll-free helpline at 888.841.7536, or visit the CHKS website at www.wested.org/hks.

At WestEd, Dr. Jeannie Huh-Kim was the lead writer of this section.

Gregory Austin, Ph.D.
CHKS Director
WestEd
Los Alamitos, CA

Tom Herman, Administrator
Safe and Healthy Kids Program Office
California Department of Education
Sacramento, CA

SEXUAL BEHAVIOR

PREVALENCE OF SEXUAL INTERCOURSE

PREVALENCE OF SEXUAL INTERCOURSE

HS/MS Question F11: Have you ever had sexual intercourse?

Table F1 presents the proportion of respondents who report ever having sexual intercourse. Nationally, half (50%) of all high school students have had sex during their lifetime, with males (52%) reporting slightly higher rates than females (48%).¹ At every age, a higher percentage of males than females are sexually experienced. While most teens have not had sexual intercourse by the age of 15 (8 in 10 girls and 7 in 10 boys), the likelihood of having intercourse increases steadily throughout the teen years, with only about one in five individuals remaining virgins by the time they reach age 20.²

Trend data indicate that, nationally, the percentage of U.S. high school students who ever had sexual intercourse decreased 16% between 1991 and 2001.³

AGE AT FIRST INTERCOURSE

HS/MS Question F12: How old were you when you had sexual intercourse for the first time?

Table F2 provides the age of first sexual intercourse. While teens who do have sex are having sex earlier, particularly for those under the age of 15⁴, most young people don't begin having sex until their mid-to-late teens. Nationwide, 8.3% of students had initiated sexual intercourse before age 13. Overall, male students (12.2%) were significantly more likely than female students (4.4%) to have initiated sexual intercourse before age 13.⁵

Early sexual activity is associated with unwanted pregnancy and sexually transmitted diseases (STD), including HIV infection, and can have negative effects on social and psychological development. The younger a girl is when she has sex for the first time, the more likely she is to have had unwanted or non-voluntary sex.

NUMBER OF SEXUAL PARTNERS

*HS Question F13: During your life, with how many people have you had sexual intercourse? *⁶*

*HS Question F14: During the past three months, with how many people did you have sexual intercourse? **

Tables F3 and **F4** provide respondents' estimates of the number of sexual partners in their lifetime and in the past three months. Comparing these results with those of Table F1 may provide an indication of the proportion of students who are currently sexually active (had sex in the past three months).

Among sexually experienced teens in 1995, 8 to 10 percent of respondents reported that they had no partners in the previous year, indicating that they were not currently sexually active. The majority of sexually experienced teens had either 0 or 1 partner in the past year (54% of males and 70% of females). However, 20% of teen males and 13% of teen females had 3 or more partners in the past year.⁷

More recently, 16.2% of all students nationwide reported having sexual intercourse during their lifetime with four or more sex partners. Overall, male students (19.3%) were significantly more likely than female students (13.1%) to have had four or more sex partners.⁸ The percentage of high school students who had multiple sex partners decreased 24% between 1991 and 2001 (CDC, 2002).

ALCOHOL AND DRUG USE

*HS Question F15: Did you drink alcohol or use drugs before you had sexual intercourse the last time?**

In addition to the various drug and alcohol use questions in the CHKS Core and in Module C, the CHKS asks one question in the sexual behavior module that relates the use of drugs or alcohol to sexual activity (**Table F5**). Among currently sexually active students nationwide, 24.8% had used alcohol or drugs at last sexual intercourse. Overall, male students (31.2%) were significantly more likely than female students (18.5%) to have used alcohol or drugs at last sexual intercourse.⁹ The percentage of students in grades 9-12 who used alcohol or drugs before the last sexual intercourse increased 18% between 1991 and 2001.¹⁰

Alcohol and other drug use are linked to risky sexual behavior and pose significant threats to the health of adolescents. Substance abuse may impair adolescents' ability to make judgments about sex and contraception, placing them at increased risk for unplanned pregnancies, sexual assault, or becoming infected with a sexually transmitted disease, including HIV/AIDS.¹¹ Studies show that adolescents are less likely to use condoms when having sex after drinking alcohol than when sober.¹²

CONTRACEPTIVE USE

HS Question F16/MS Question F13: The last time you had sexual intercourse, did you or your partner use a condom?

*HS Question F17: The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy?**

Table F6 reports the use of condoms. Among currently sexually active students nationwide, 58% reported that either they or their partner had used a condom during last sexual intercourse. Overall, male students (65.5%) were significantly more likely than female students (50.7%) to report condom use.¹³ Among students who are currently sexually active, the prevalence of condom use increased during 1991-1999 and then leveled off by 2001.¹⁴

Use of latex condoms by males, when used consistently and correctly, are 98% effective in preventing pregnancy and up to 99.9% effective in reducing the risk of STD transmission.¹⁵ Every year, 3 million teens—about 1 in 4 sexually experienced teens—acquire an STD.¹⁶ In a single act of unprotected sex with an infected partner, a teenage woman has a 1% risk of acquiring HIV, a 30% risk of getting genital herpes, and a 50% chance of contracting gonorrhea.¹⁷

There has been a dramatic increase in condom use at first sex. Condom use at first sex among teen females nearly tripled, from only 23% in 1982 to 70% in 1995.¹⁸ Results from the National Survey of Adolescent Males have also shown a dramatic increase in condom use at first sex. In 1988, 55% of sexually experienced males reported using either a condom alone or a condom in conjunction with another method. By 1995, this percentage increased to 69% of sexually experienced males.¹⁹ Condom use at most recent sex remained fairly stable between 1988 (26%) and 1995 (28%).²⁰

Table F7 reports the use of contraceptives to prevent pregnancy. Successful use of contraception requires motivation, consistency, and efficacy; otherwise teens face the likelihood of an unintended pregnancy or contraction of sexually transmitted diseases. A sexually active teenager who does not use contraceptives has a 90% chance of becoming pregnant within one year.²¹

Teenage women's contraceptive use at first intercourse rose from 48% to 65% during the 1980s, almost entirely because of a doubling in condom use. By 1995, contraceptive use at first intercourse reached 78%, with 2/3 of it condom use.²² About 1 in 6 teenage women practicing contraception combine two methods, primarily the condom and another method.²³ The method teenage women most frequently use is the pill (44%), followed by the condom (38%). About 10% rely on the injectable, 4% on withdrawal, and 3% on the implant.²⁴ Teenagers are less likely than older women to practice contraception without interruption over the course of a year, and more likely to practice contraception sporadically or not at all.²⁵ According to the results of the most recent YRBS, among currently sexually active students nationwide, 18.2% reported that either they or their partner had used birth control pills before the last sexual intercourse.²⁶

Findings on contraceptive use among teens is mixed. While the percentage of teens using contraception the first time they have sex has been steadily increasing since 1982, the percentage of teens using contraception the last time they had sex is declining.²⁷ National Survey of Family Growth (NSFG) data indicate that the proportion of sexually active female teens who used contraception at most recent sex declined from 77% in 1988 to 69% in 1995.²⁸ In other words, almost one-third (31%) of adolescent females reported no contraceptive use at their most recent sexual intercourse. Between 1988 and 1995, use of oral contraceptives at most recent sex declined dramatically from 42% to 23%. This decline was offset, in part, by use of Norplant and Depo Provera (8% in 1995), which have only been available since the early 1990s.

The overwhelming majority of teens say that it is important for teens to use contraception each and every time they have sex, but research shows that three out of 10 teen girls were completely unprotected the last time they had sex, and between 30 and 38 percent of teens who use contraception use it inconsistently. Pressure from partners not to use contraception is not uncommon. More than half of teens recently surveyed (51.7%) said one of the main reasons that teens do not use contraception is because their partner doesn't want to. Teen boys (49.3%) and girls (54.2%) agree that pressure from their partners is one of the main reasons that teens fail to use birth control.²⁹

PREGNANCY

*HS Question F18: How many times have you been pregnant or gotten someone pregnant?**

Table F8 reports the number of pregnancies. Nationwide, 6.3% of students reported that they had been pregnant or had gotten someone else pregnant.³⁰ Teen pregnancy and teen births have been steadily declining since the early 1990s - a 17% decline between 1990 and 1996 - from 117 pregnancies per 1,000 women aged 15-19 to 97 per 1,000.³¹ Steep decreases in the pregnancy rate among sexually experienced teenagers accounted for most of the drop in the overall teenage pregnancy rate in the early-to-mid 1990s. While 20% of the decline is because of decreased sexual activity, 80% is due to more effective contraceptive practice.³² However, despite these declines, about 40% of American women become pregnant before the age of 20.³³ The result is nearly 1 million pregnancies each year among teenage women—10% of all women aged 15 to 19 and 19% of those who have had sexual intercourse.³⁴ In 1996, more than half (56%) of the 905,000 teenage pregnancies ended in births (2/3 of which were unplanned), one third (30%) in abortion, and one sixth (14%) in miscarriage.³⁵

The United States has higher teen pregnancy rates than many other developed countries—twice as high as in England and Wales or Canada, and nine times as high as in the Netherlands or Japan.³⁶

The research clearly shows that many antecedents of teenage childbearing are related to some form of social disadvantage (e.g., poverty, low education, family and residential instability, unemployment and limited career opportunities, membership in a minority group, and sexual or physical abuse).³⁷ Less clear is an understanding of the mechanisms through which these factors result in teenage childbearing. One hypothesis is that social disadvantage and its behavioral sequelae (early sexual initiation, less effective contraceptive use and less reliance on abortion to end unplanned pregnancies) make it difficult for youth to avoid the risks and negative consequences of becoming pregnant and bearing a child.³⁸ An alternative hypothesis is that social disadvantage contributes to attitudes or norms that favor nonmarital teenage childbearing as a rational adaptive strategy.³⁹

Studies of the psychological determinants of teenage pregnancy and childbearing indicate that some adolescents may have even more ambivalence⁴⁰ or preconscious motivation⁴¹ toward childbearing than is detected by national surveys that use a single retrospective question to determine women's pregnancy intentions.⁴²

There are many consequences to teen pregnancy, some of which are quite negative. Numerous studies have shown that compared with sexually active young women who avoid pregnancy or who become pregnant and choose abortion, those who become pregnant and choose to bear a child are more likely to come from economically disadvantaged families (83%) than are teens who have abortions (61%) or teens in general (38%). Seven in ten teen mothers complete high school, but they are less likely than women who delay childbearing to go on to college. In part because most teen mothers come from disadvantaged backgrounds, 28% of them are poor while in their 20s and early 30s. One-third of pregnant teens receive inadequate prenatal care; babies born to young mothers are more likely to be low birth-weight, to have childhood health problems, and to be hospitalized more often than those born to older mothers.⁴³ They also tend to live with only one or neither biological parent, and have been sexually abused or raped. Typically, they also have lower educational and career aspirations and older partners.⁴⁴

FORCED INTERCOURSE

HS Question F19/MS Question F14: Have you ever been forced to have sexual intercourse when you did not want to?

The CHKS asks about experiencing forced sexual intercourse (**Table F10**). This question is needed to better understand related behaviors such as age of onset of sexual activity, number of sexual partners, use of contraception, and related risk behaviors such as eating disorders, drug and alcohol use, suicidal thoughts, and sexual aggression or sexual victimization.

Estimates vary as to the rate of involuntary sex among teen girls based on age and source. The younger the women are when they first have intercourse, the more likely they are to have had unwanted or involuntary first sex. According to the YRBS, nationwide, 7.7% of high school students report having ever been forced to have sexual intercourse when they did not want to. Female students (10.3%) were significantly more likely than male students (5.1%) to have been forced to have sexual intercourse.⁴⁵

The National Campaign to Prevent Teen Pregnancy estimates that close to four in ten girls who had first intercourse at 13 or 14 had non-voluntary or unwanted sex.⁴⁶ However, the Alan Guttmacher Institute (1994) reports even higher rates. The statistics on sexual abuse, rape, incest, and male predators show that 74% of the women who had intercourse before age 14, and 60% of those who had sex before age 15, report having had sex involuntarily.

BELIEFS ABOUT THE PREVALENCE OF SEXUAL INTERCOURSE

HS/MS Question F1: About what percent of students in your school grade do you think ever had sexual intercourse?

Table F11 provides respondents' estimates of the percentage of their peers who ever had sexual intercourse. This provides an indication of the percentage of youth they believe to have had sex, which can be compared to actual lifetime rates. Documenting these estimates gives insight to perceived norms that shape students' own behavior choices.

INTENTIONS AND ATTITUDES ABOUT SEXUAL INTERCOURSE

HS/MS Question F10: How likely do you think it is that you will choose to have sexual intercourse one or more times in the next year?

HS/MS Questions F2 and F3: Please indicate whether you agree or not with the following statements.

For teens your age, abstinence (not having sexual intercourse) is a better choice than having sexual intercourse.

For some teens under 18 years old, it is a good decision to have a baby.

An important measure of students' integration of behaviors, experiences, beliefs, and attitudes related to sexual activity is their intention to engage in or abstain from sexual intercourse. To gain insight to projected behavior choices, the CHKS measures student intentions to have intercourse one or more times during the next year (**Table F9**). Intent to have sexual intercourse is important to ask about because intent is predictive of future behavior. Also, this question is often used when it is not feasible to measure actual behavior.

The CHKS assesses attitudes about abstaining from sexual intercourse and about teen parenting (**Tables F12** and **F13**). Attitudes about abstaining from sexual intercourse and about teenage parenting measure the value placed on delaying sexual activity and parenting.

Close to six in ten teens (58%) say sexual activity for high school-age teens is not acceptable even if precautions are taken against pregnancy and STDs; 93% say it is important that they be given a strong message from society that they should abstain from sex until they are at least out of high school.⁴⁷

COMMUNICATION WITH PARENTS AND OTHER ADULTS IN THE FAMILY ABOUT SEXUALITY

HS/MS Question F4-F9: In the past 6 months, have you talked with your parents or other adults in your family about...

- What your parents think about teenagers having sex?
- Your questions about sex?
- Reasons why you shouldn't have sex at your age?
- How your life would change if you became a father or mother while you're a teenager?
- Birth control?
- AIDS/HIV and other sexually transmitted diseases?

The CHKS measures the extent to which youth have opportunities to discuss sexuality issues with their parents or other adults in their family (**Table F14**). These questions reveal how youth view and use their parents or other adult family members as resources for factual information and moral guidance. Parents rate high among many teens as trustworthy and preferred information sources on birth control. One in two teens say they "trust" their parents most for reliable and complete information about birth control.⁴⁸ Seven of ten teens interviewed said that they were ready to listen to things parents thought they were not ready to hear.⁴⁹ Over two decades of research shows that kids who feel connected to their parents are much more likely to delay sexual initiation, less likely to

become pregnant or cause a pregnancy, and more likely to use contraception if they are sexually active. Teenagers who have strong emotional attachments to their parents are much less likely to become sexually active at an early age.⁵⁰

Endnotes

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- ³ CDC. (2002).
- ⁴ DHHS. (1995).
- ⁵ CDC. (2002).
- ⁶ * indicates that this question was not asked in the Middle School survey.
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- ⁸ CDC. (2000).
- ⁹ CDC. (2000).
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- ¹⁹ Sonenstein, F. L., Ku, L., Lindberg, L. D., Turner, C. F., & Pleck, J. H. (1998).
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- ²¹ Harlap, S., Kost, K., & Forrest, J. D. (1991).
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- ²⁹ The National Campaign to Prevent Teen Pregnancy. (2000).
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- ³⁷ Kirby, D. (1997).
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- ⁴² Frost, J. J., & Oslak, S. (1999).
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TABLES

SEXUAL BEHAVIOR MODULE F

INDEX OF ITEM AND TABLE NUMBERS—MODULE F

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