

Facts on American Teens' Sources of Information About Sex

SEX, PREGNANCY AND ABORTION

- Although only 13% of U.S. teens have had sex by age 15, most initiate sex in their late teen years. By their 19th birthday, seven in 10 teen men and teen women have had intercourse.

- Between 1988 and 2006–2010, the proportion of never-married teens aged 15–17 who had ever engaged in sexual intercourse declined from 37% to 27% among females, and from 50% to 28% among males. During the same period, among teens aged 18–19, that proportion declined from 73% to 63% among females, and 77% to 64% among males.

- The pregnancy rate among young women has declined steadily, from 117 pregnancies per 1,000 women aged 15–19 in 1990 to 68 per 1,000 in 2008.

- The majority (86%) of the decline in the teen pregnancy rate between 1995 and 2002 was the result of dramatic improvements in contraceptive use, including an increase in the proportion of teens using a single method of contraception, an increase in the proportion using multiple methods simultaneously and a substantial decline in nonuse. Just 14% of the decline is attributable to decreased sexual activity.

- Of the approximately 750,000 teen pregnancies that occur each year, 82% are unintended. Fifty-nine percent end in birth and more than one-quarter end in abortion.

- In 2009, there were 39.1 births per 1000 women aged 15–19, marking a historic low in the birthrate. This rate represents a 37% decline from the peak rate of 61.8 in 1991.

- The 2008 teenage abortion rate was 17.8 abortions per 1,000 women. This figure was 59% lower than its peak in 1988.

- Compared with their Canadian, English, French and Swedish peers, U.S. teens have a similar level of sexual activity, but they are more likely to have shorter and less consistent sexual relationships, and are less likely to use contraceptives, especially the pill or dual methods.

- The United States continues to have one of the highest teen pregnancy rates in the

developed world (68 per 1,000 women aged 15–19 in 2008)—more than twice that of Canada (27.9 per 1,000) or Sweden (31.4 per 1,000).

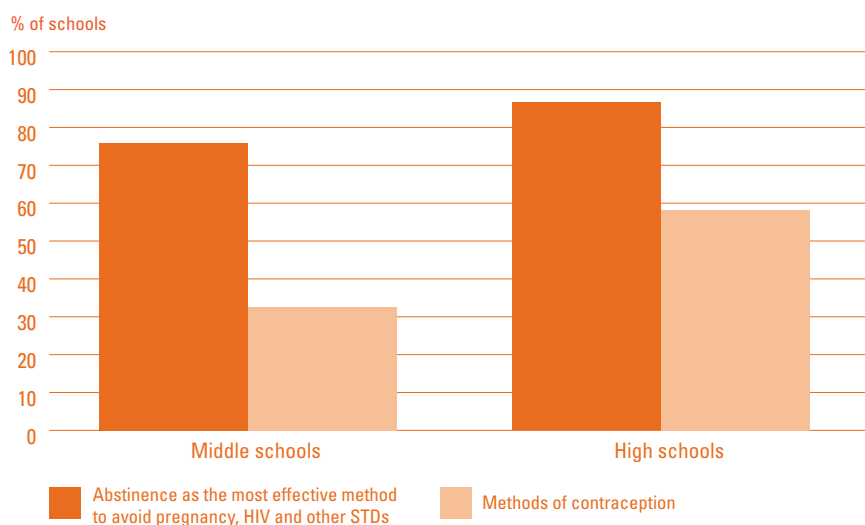
- Every year, roughly nine million new STIs occur among teens and young adults in the United States. Compared with rates among teens in Canada and Western Europe, rates of gonorrhea and chlamydia among U.S. teens are extremely high.

TEENS' REPORTS OF FORMAL SEX EDUCATION

- In 2006–2008, most teens aged 15–19 had received formal instruction about STIs (93%), HIV (89%) or abstinence (84%). However, about one-third of teens had not received any formal instruction about contraception; fewer males received this

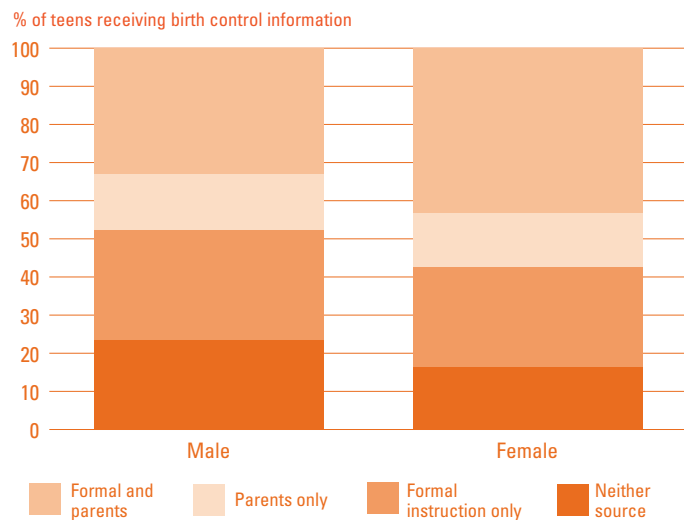
Sex Education in Schools

Schools teach about methods of contraception less frequently than abstinence, which is the most commonly taught subject.



Sources of Information

Nearly one-quarter of teens do not get information about birth control either from a parent or in school.



instruction than females (62% vs. 70%).

- Many sexually experienced teens (46% of males and 33% of females) do not receive formal instruction about contraception before they first have sex.
- About one in four adolescents aged 15–19 (23% of females and 28% of males) received abstinence education without receiving any instruction about birth control in 2006–2008, compared with 8–9% in 1995.
- Among teens aged 18–19, 41% report that they know little or nothing about condoms and 75% say they know little or nothing about the contraceptive pill.

SCHOOL HEALTH POLICIES AND PROGRAMS

- In 2006, 87% of U.S. public and private high schools taught abstinence as the most effective method to avoid pregnancy, HIV and other STDs in a required health education course.

- Sixty-five percent of high schools taught about condom efficacy and 39% taught students how to correctly use a condom in a required health education course.
- Seventy-six percent of high schools taught about the risks associated with teen pregnancy as part of required instruction, and 81% taught about the risks associated with having multiple sexual partners.
- In 2006, public school districts were more likely to require pregnancy prevention to be taught in high schools than in elementary or middle schools (86% vs. 27% and 70%, respectively).

- Similarly, public school districts were more likely to require instruction on STI prevention in high schools (87%) than at the elementary and middle school levels (33% and 77%, respectively).

ALTERNATIVE SOURCES OF SEX INFORMATION

- Adolescents consider parents, peers and the media to be important sources of sexual health information.
- Seventy percent of male teens and 79% of female teens report talking with a parent about at least one of six sex education topics: how to say no to sex, methods of birth control, STIs, where to get birth control, how to prevent HIV infection and how to use a condom.
- Girls are more likely than boys to talk with their parents about birth control or “how to say no to sex.”
- Even when parents provide information, their knowledge about contraception or other sexual health topics may often be inaccurate or incomplete.
- More than half (55%) of 7th–12th graders say they have looked up health information online in order to learn more about an issue affecting themselves or someone they know.
- The Web sites teens turn to for sexual health information often have inaccurate information. For example, of 177 sexual health Web sites examined in a recent study, 46% of those addressing contraception and 35% of those addressing abortion contained inaccurate information.
- Exposure to high levels of sexual content on television is associated with an increased risk of initiating sexual activity, as well as a greater likelihood of involvement in teen pregnancy.

SEX EDUCATION POLICY

- Currently, 20 states and the District of Columbia mandate both sex and HIV education; one state mandates sex education alone, and another 13 states mandate HIV education.
- A total of 37 states require that sex education include abstinence: Twenty-six require that abstinence be stressed, while eleven simply require that it be included as part of the instruction.
- Eighteen states and the District of Columbia require that sex education programs include information on contraception; no state requires that it be stressed.
- Thirteen states require that the information presented in sex education classes be medically accurate and factual. However, a recent review of 13 commonly used abstinence-only curricula found that 11 had incorrect, misleading or distorted information.
- Twenty-seven states and the District of Columbia require that sex education be age-appropriate.
- In December 2009, Congress replaced the rigid Community-Based Abstinence Education Program with a new \$114.5 million teen pregnancy prevention program to support evidence-based interventions, as well as other programs that have demonstrated promise.
- In March 2010, Congress created through health care reform a five-year Personal Responsibility Education Program (PREP). Its stated

Three Federal Programs For Teens, FY2010

Teen Pregnancy Prevention Program

run by the Office of Adolescent Health

\$114.5 million

- \$75 million to public and private entities for proven programs
- \$25 million to public and private entities for innovative strategies
- \$14.5 million for program support and evaluation

Personal Responsibility Education Program

run by the Administration on Children, Youth and Families

\$75 million

- \$55.25 million to states for proven programs.
- \$10 million to public and private entities for innovative strategies
- \$9.75 million for program support, evaluation and Indian tribes

Title V Abstinence-Only Program

run by the Administration on Children, Youth and Families

\$50 million

- \$50 million to states for abstinence-only-until-marriage programs

purpose is to educate adolescents on both abstinence and contraception and to prepare them for adulthood by teaching such subjects as healthy relationships, financial literacy, parent-child communication and decision-making.

- Through another provision in the health care reform legislation, Congress also renewed the Title V abstinence-only program for five years. This funding stream makes available \$50 million annually for grants to the states to promote sexual abstinence outside of marriage.

EFFECTIVENESS OF SEX EDUCATION PROGRAMS

- Strong evidence suggests that comprehensive approaches to sex education help young people both to withstand the pressures to have sex too soon and to have healthy, responsible and mutually protective relationships when they do become sexually active.
- A November 2007 report found that “two-thirds of the 48 comprehensive programs that

supported both abstinence and the use of condoms and contraceptives for sexually active teens had positive behavioral effects.” Many either delayed or reduced sexual activity, reduced the number of sexual partners, or increased the use of condoms or other contraceptives.

- There is no evidence to date that abstinence-only-until-marriage education delays teen sexual activity. Moreover, research shows that abstinence-only strategies may deter contraceptive use among sexually active teens, increasing their risk of unintended pregnancy and STIs.
- A 2007 congressionally mandated study found that federally-funded abstinence-only programs have no beneficial impact on young people’s sexual behavior.
- Leading public health and medical professional organizations, including the American Medical Association, the American Nurses Association, the American Academy of

Pediatrics, the American College of Obstetricians and Gynecologists, the American Public Health Association, the Institute of Medicine and the Society for Adolescent Health and Medicine, support a comprehensive approach to educating young people about sex.

- Although there is no evidence indicating that federally-funded abstinence-only-until-marriage education is effective, a recent randomized controlled trial found that in specific cases, abstinence-only education programs that are specifically tailored to the local community and do not criticize contraceptives nor advocate abstinence until marriage can be effective in delaying sexual debut among younger teens.

The data in this fact sheet are the most current available. Most are from research conducted by the Guttmacher Institute and/or published in its peer-reviewed journals. An additional source is the Centers for Disease Control and Prevention. References are available in the HTML version of this factsheet at <http://www.guttmacher.org/pubs/FB-Teen-Sex-Ed.html>.



**Advancing sexual and reproductive health worldwide
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New York

125 Maiden Lane, New York, NY 10038
Tel: 212.248.1111
Fax: 212.248.1951
info@guttmacher.org

Washington D.C.

1301 Connecticut Avenue, N.W., Suite 700
Washington, DC 20036
Tel: 202.296.4012, Fax: 202.223.5756
policyinfo@guttmacher.org

www.guttmacher.org

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