

*Truth
and
Consequences*

TEEN

**FIRST
OF A
TWO-PART
SERIES**

Ten million teenagers will engage in about 126 million acts of sexual intercourse this year. As a result, there will be about one million pregnancies, resulting in 406,000 abortions, 134,000 miscarriages, and 490,000 live births. Of the births, about 313,000, or 64 percent, will be out of wedlock. And about three million teenagers will suffer from a sexually transmitted disease such as chlamydia, syphilis, gonorrhea, pelvic inflammatory disease, and even AIDS. ✕ This epidemic of teen pregnancy and infection has set off firestorms of debate in school systems from Boston to San Francisco. Last May, Washington, D.C. Mayor Sharon Pratt Kelly announced that health officials would distribute condoms to high school and junior high school students. Parents immediately protested, taking to the streets with placards and angry shouts. And the New York City Board of Education was virtually paralyzed for weeks by the controversy surrounding its plans for condom distribution. ✕ Both sides have rallied around the issue of condom distribution as if it were a referendum on teen sexuality. Proponents argue that teenagers will have sex whether contraceptives are available or not, so public policy should aim to reduce the risk of pregnancy and the spread of sexually transmitted diseases by making condoms easily available. Opponents claim that such policies implicitly endorse teen sex and will only worsen the problem. ✕ The causes of teen pregnancy and sexually transmitted diseases, however, run much deeper than the public rhetoric that either side suggests. Achieving real change in the sexual behavior of teenagers will require action on a broader front.

SEX

BY DOUGLAS J. BESHAROV
WITH KAREN N. GARDINER

The trend of increased sexual activity that started in the 1960s continued well into the late 1980s....Today, over half of all unmarried teen-age girls report that they have engaged in sexual intercourse at least once.

Thirty Years into the Sexual Revolution

Some things are not debatable: every year, more teenagers are having more sex, they are having it with increasing frequency, and they are starting at younger ages.

There are four principal sources of information about the sexual practices of teenagers: the National Survey of Family Growth (NSFG), a national in-person survey of women ages 15-44 conducted in 1982 and again in 1988; the National Survey of Adolescent Males (NSAM), a longitudinal survey of males ages 15-19 conducted in 1988 and 1991; the National Survey of Young Men (NSYM), a 1979 survey of 17- to 19-year-olds; and the Youth Risk Behavior Survey (YRBS), a

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1990 questionnaire-based survey of 11,631 males and females in grades 9-12 conducted by the Centers for Disease Control (CDC). In addition, the Abortion Provider Survey, performed by the Alan Guttmacher Institute (AGI), collects information about abortions and those who provide them.

With minor variations caused by differences in methodology, each survey documents a sharp increase in the sexual activity of American teenagers. All these surveys, however, are based on the self-reports of young people and must be interpreted with care. For example, one should always take young males' reports about their sexual exploits with a grain of salt. In addition, the social acceptability of being a virgin may have decreased so much that this, more than any change in behavior, has led to the higher reported rates of sexual experience. The following statistics should therefore be viewed as indicative of trends rather than as precise and accurate measures of current behavior.

A cursory glance at Figure 1 shows that there was indeed a sexual revolution. The 1982 NSFG asked women ages 15-44 to recall their first premarital sexual experience. As the figure shows, teenagers in the early 1970s (that is, those born between 1953 and 1955) were twice as likely to have had sex as were teenagers in the early 1960s (that is those born 1944 to 1946).

The trend of increased sexual activity that started in the 1960s continued well into the late 1980s. According to the 1988 NSFG, rates of sexual experience increased about 45 percent between 1970 and 1980 and increased another 20 percent in just three years, from 1985-1988, but rates have now apparently plateaued. Today, over half of all unmarried teenage girls report that they have engaged in sexual intercourse at least once.

These aggregate statistics for all teenagers obscure the second remarkable aspect of this 30-year trend: sexual activity is starting at ever-younger ages.

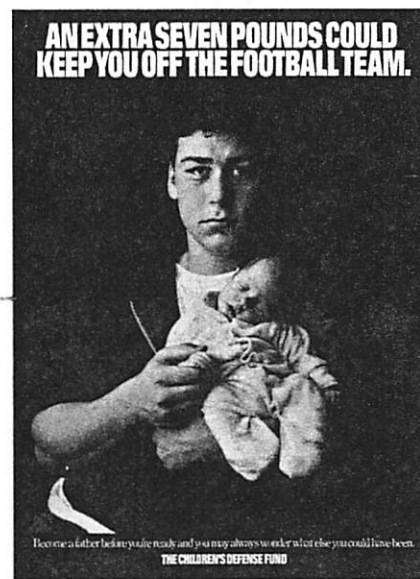
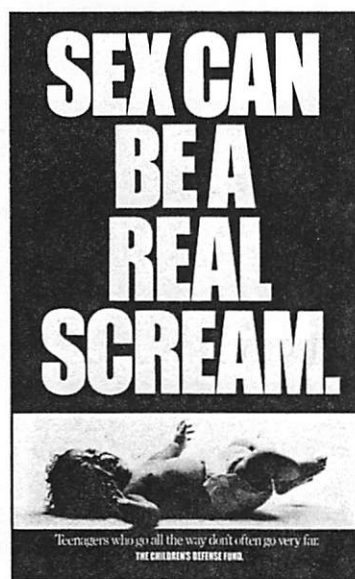
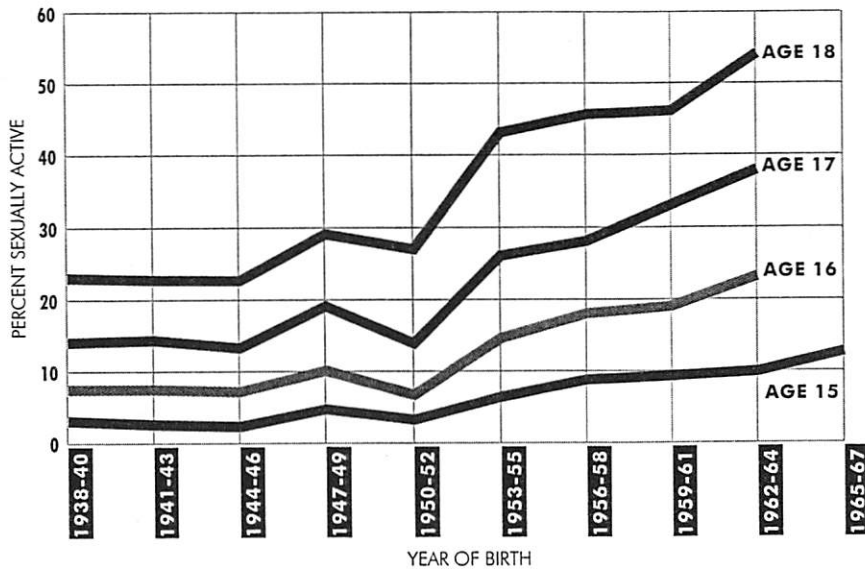


FIGURE ONE: TRENDS IN PREMARITAL SEXUAL ACTIVITY FOR ALL FEMALE TEENAGERS



SOURCE: S. Hofferth, J. Kahn, and W. Baldwin, "Premarital Sexual Activity Among U.S. Women Over the Past Three Decades," *Family Planning Perspectives*, Vol. 19, No. 2, March/April 1987.

The 1988 NSFG found that the percentage of 18-year-olds who reported being sexually active increased about 75 percent between 1970 and 1988, from about 40 percent to about 70 percent. Even more startling is that the percentage of sexually experienced 15-year-old females multiplied more than fivefold in the same period, from less than 5 percent to almost 27 percent.

Moreover, the increase in sexual

activity among young teens continued beyond 1988. In 1990, 32 percent of ninth-grade females (girls ages 14 and 15) reported ever having had sex, as did 49 percent of the males in the same grade. At the same time, the proportion of twelfth-grade females (ages 17 and 18) who reported ever engaging in sex remained at 1988 levels.

Teenagers are not only having sex earlier, they are also having sex with

more partners. According to the NSAM, the average number of partners reported by males in the 12 months preceding the survey increased from 2.0 in 1988 to 2.6 in 1991. Almost 7 percent of ninth-grade females told the YRBS that they had had intercourse with four or more different partners, while 19 percent of males the same age reported having done so. By the twelfth grade, 17 percent of girls and 38 percent of boys reported having four or more sexual partners.

A major component of these increases has been the rise in sexual activity among middle-class teenagers. Between 1982 and 1988, the proportion of sexually active females in families with incomes equal to or greater than 200 percent of the poverty line increased from 39 percent to 50 percent. At the same time, the proportion of females from poorer families who had ever had sex remained stable at 56 percent.

Until recently, black teenagers had substantially higher rates of sexual activity than whites. Now, the differences be-

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The Children's Defense Fund.

According to the 1988 NSAM, while 26 percent of white 15-year-old males reported engaging in sex compared to 67 percent of blacks, by age 18 the gap narrowed to 71 percent of whites and 83 percent of blacks.

tween older teens of both races have narrowed. But once more, these aggregate figures obscure underlying age differentials. According to the 1988 NSAM, while 26 percent of white 15-year-old males reported engaging in sex compared to 67 percent of blacks, by age 18 the gap narrowed to 71 percent of whites and 83 percent of blacks. A similar trend appears among females. Twenty-four percent of white 15-year-old females have engaged in sex, compared to 33 percent of their black counterparts, reports the 1988 NSFG. By age 16, the proportions increase to 39 percent and 54 percent, respectively. Even by age 17, fewer white females have started having sex (56 percent) than have blacks (67 percent). On the other hand, white teen males reported having had almost twice as many acts of intercourse in the 12 months preceding the 1988 NSAM than did black teen males (27 versus 15). The white males, however, had fewer partners in the same period (2 versus 2.5).

The Social Costs

Among the consequences of this steady rise in teen sexuality are mounting rates of abortion, out-of-wedlock births, wel-

fare, and sexually transmitted diseases.

Abortion. About 40 percent of all teenage pregnancies now end in abortion. (Unmarried teens account for about 97 percent.) This means that of the 1.6 million abortions in 1988, over 400,000—or a quarter of the total—were performed on teenagers. In the 11 years between 1973 and 1984, the teenage abortion rate almost doubled, from about 24 to about 44 per 1,000 females ages 15–19. (Between 1984 and 1988, the rate stabilized.)

A study by AGI's Stanley Henshaw found that between 1973 and 1988, the abortion rate for girls ages 14 and under increased 56 percent (from 5.6 to 8.6 per 1,000), 62 percent for those ages 15–17 (from 18.7 to 30.3), and among older teens, almost 120 percent (from 29 to 63.5). In absolute numbers, the youngest group had about 13,000 abortions, the middle group had 158,000, and the oldest group had 234,000.

Out-of-Wedlock Births. Over 300,000 babies were born to unwed teenagers in 1988. That's three-fifths of all births to teenagers. Although the total number of births to teenagers declined between 1970 and 1988, the percentage born out of wedlock more than doubled (from 29 percent to 65 percent), and the

teenage out-of-wedlock birth rate increased from about 22 per 1,000 to 37 per 1,000. Over 11,000 babies were born to children under 15 years old in 1988.

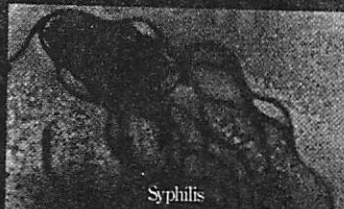
Welfare. Few teen mothers place their children up for adoption as was often done in the past. And yet most are not able to support themselves, let alone their children. Consequently, about 50 percent of all teen mothers are on welfare within one year of the birth of their first child; 77 percent are on within five years, according to the Congressional Budget Office. Nick Zill of Child Trends, Inc., calculates that 43 percent of long-term welfare recipients (on the rolls for ten years or more) started their families as unwed teens.

As Table 1 shows, welfare dependency is more a function of a mother's age and marital status than of her race. White and black unmarried adolescent mothers have about the same welfare rate one year after the birth of their first child. After five years, black unmarried mothers have a somewhat higher rate of welfare dependency than whites (84 percent versus 72 percent), but various demographic factors such as family income, educational attainment, and family structure account for this relatively small difference.

SLEEP AROUND AND YOU COULD WIND UP HAVING MORE THAN A GOOD TIME.



Gonorrhea



Syphilis



AIDS



Herpes

When you're a teenager, the consequences of sex can stay with you a lot longer than the memories. **THE CHILDREN'S DEFENSE FUND**

TABLE ONE: PERCENT OF ADOLESCENT MOTHERS ON AFDC

	BY FIRST BIRTH	WITHIN ONE YEAR OF BIRTH	WITHIN FIVE YEARS OF BIRTH
All	7%	28%	49%
Married	2	7	24
Unmarried	13	50	77
White	7	22	39
Black	9	44	76
White, Unmarried	17	53	72
Black, Unmarried	10	49	84

SOURCE: Congressional Budget Office, Sources of Support for Adolescent Mothers, Government Printing Office: Washington, D.C., 1990

Disease. Over three million teenagers, or one out of six sexually experienced teens, become infected with sexually transmitted diseases each year, reports the Centers for Disease Control (CDC). One Philadelphia clinic administrator laments that she used to spend \$3 on contraceptives for every \$1 on disease screening and related health issues. Today, the ratio is reversed. Susan Davis, a contraception counselor at a Washington, D.C. area Planned Parenthood clinic, explains, "The risk of infection is greater than the risk of pregnancy for teens." These diseases can cause serious problems if left untreated. The CDC estimates that between 100,000 and 150,000 women become infertile every year because of sexually transmitted disease-related pelvic infections.

The recent explosion of these diseases is in large measure caused by the sexual activity of teenagers; sexually transmitted disease rates decline sharply with age. Take gonorrhea, for example. According to AGI, there were 24 cases per 1,000 sexually experienced females ages 15-19 in 1988. Among women ages 20-24, the rate declined to 15 and fell rapidly with age. For women ages 25-29, 30-34, and 35-39, the rates are 5, 2, and 1 per 1,000, respectively. Except for AIDS, most sexually transmitted diseases follow a similar pattern.

AIDS has not reached epidemic proportions in the teen population—yet. According to the Centers for Disease Control, fewer than 1,000 cases of AIDS are among teenagers. However, there are 9,200 cases among 20-24 year-olds and 37,200 cases among 25-29 year-olds. Given the long incubation period for the AIDS virus (8-12 years), many of these infections were probably contracted during adolescence.

According to Lawrence D'Angelo and his colleagues at the Children's National Medical Center in Washington, D.C., the rate of HIV (the virus that causes AIDS) infection among teenagers using the hospital increased rapidly between 1987 and 1991. For males, the rate increased almost sevenfold, from 2.47 per 1,000 in 1987 to 18.35 per 1,000 in 1991. The female rate more than doubled in the same period, from 4.9 to 11.05. These statistics only reflect the experience of one hospital serving a largely inner-city population, but they illuminate what is happening in many communities.

Use, Not Availability

Many people believe that there would be less teen pregnancy and sexually transmitted diseases if contraceptives were simply more available to teenagers, hence the call for sex education at younger ages,

condoms in the schools, and expanded family planning programs in general. But an objective look at the data reveals that availability is not the prime factor determining contraceptive use.

Almost all young people have access to at least one form of contraception. In a national survey conducted in 1979 by Melvin Zelnik and Young Kim of the Johns Hopkins School of Hygiene and Public Health, over three-quarters of 15- to 19-year-olds reported having had a sex education course, and 75 percent of those who did remembered being told how to obtain contraception.

Condoms are freely distributed by family planning clinics and other public health services. They are often sitting in a basket in the waiting room. Edwin DeLattre, acting dean of Boston University's School of Education and an opponent of condom distribution in public schools, found that free condoms were available at eight different locations within a 14-block radius of one urban high school.

And, of course, any boy or girl can walk into a drug store and purchase a condom, sponge, or spermicide. Price is not an inhibiting factor: condoms cost as little as 50¢. Although it might be a little embarrassing to purchase a condom—mumbling one's request to a pharmacist who invariably asks you to speak up used to be a rite of passage to adulthood—young people do not suffer the same stigma, scrutiny, or self-consciousness teenagers did 30 years ago.

Teenagers can also obtain contraceptives such as pills and diaphragms from family planning clinics free of charge or on a sliding fee scale. In 1992, over 4,000 federally funded clinics served 4.2 million women, some as young as 13. According to AGI, 60 percent of sexually active female teens use clinics to obtain contraceptive services, while only 20 percent of women over 30 do. In all states

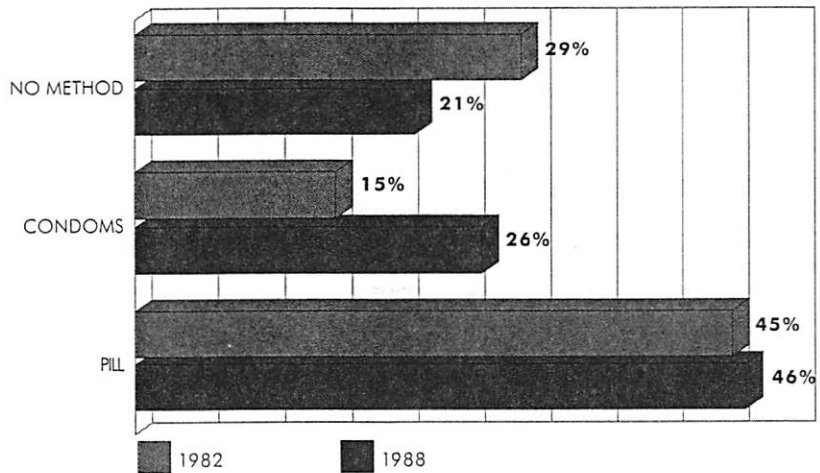
except Utah, teenagers can use clinic services without parental consent. To receive free services under the Medicaid program, however, a teenager must present the family's Medicaid card to prove eligibility.

In 1990, total public expenditures for family planning clinics amounted to \$504 million. Adjusted for inflation, however, combined federal and state funding for clinics has declined by about one-third since 1980. But the impact of these cuts is unclear. On the one hand, the U.S. Department of Health and Human Services reports that the number of women using publicly funded clinics actually rose between 1980 and 1990, from 4.0 million to 4.2 million. When William Mosher of the National Center for Health Statistics analyzed the NSFG data, however, he found a slight decline between 1982 and 1988 in the proportion of respondents who had visited a clinic in the 12 months preceding the survey (37 percent versus 35 percent).

Whatever the effect of these cuts, the evidence suggests that as with condoms, teens know how to find a clinic when they want to. When they are younger, they do not feel the need to go to a clinic since condoms tend to be their initial form of contraception.

Susan Davis of Planned Parenthood explains, "The most common reason teenagers come is because they think they are pregnant. They get worried. Or they get vaginal infections. I had a whole slew of girls coming for their first pelvic exam and they all had chlamydia." The median time between a female teenager's first sexual experience and her first visit to a clinic is one year, according to a 1981 survey of 1,200 teenagers using 31 clinics in eight cities conducted by Laurie Zabin of the School of Hygiene and Public Health at the Johns Hopkins University in Baltimore.

FIGURE TWO: TRENDS IN CONTRACEPTIVE USE AMONG SEXUALLY ACTIVE WOMEN AGES 15-19



SOURCES: W. Mosher, "Contraceptive Practices in the United States, 1982-1988," *Family Planning Perspectives*, Vol. 22, No. 5, September/October 1990; and, S. Harlap, K.Kost, and J.D. Forrest, *Preventing Pregnancy, Protecting Health: A New Look at Birth Control Choices in the United States*, Alan Guttmacher Institute: Washington, D.C., 1991.

The Conception Index

Two pieces of evidence further dispel the notion that lack of availability of contraception is the prime problem. First, reported contraceptive use has increased even more than rates of sexual activity. By 1988, the majority of sexually experienced female teens who were at risk to have an unintended pregnancy were using contraception: 79 percent. (This represents an increase from 71 percent in 1982.) When asked what method they use, 46 percent reported using the pill, 26 percent reported using condoms, and 2 percent reported using foam (see figure 2). In addition, the proportion of teen females who reported using a method of contraception at first intercourse increased from 48 percent in 1982 to 65 percent in 1988.

The second piece of evidence is that as they grow older, teenagers shift the forms of contraception they use. Younger teens tend to rely on condoms, whereas older teens use female-oriented methods, such as a sponge, spermicide, diaphragm, or the pill, reflecting the greater likelihood that an older female will be sexually active.

A major reason for this increase in contraceptive use is the growing number of middle-class youths who are sexually active. But it's more than this. Levels of unprotected first sex have decreased among all socioeconomic groups. Among

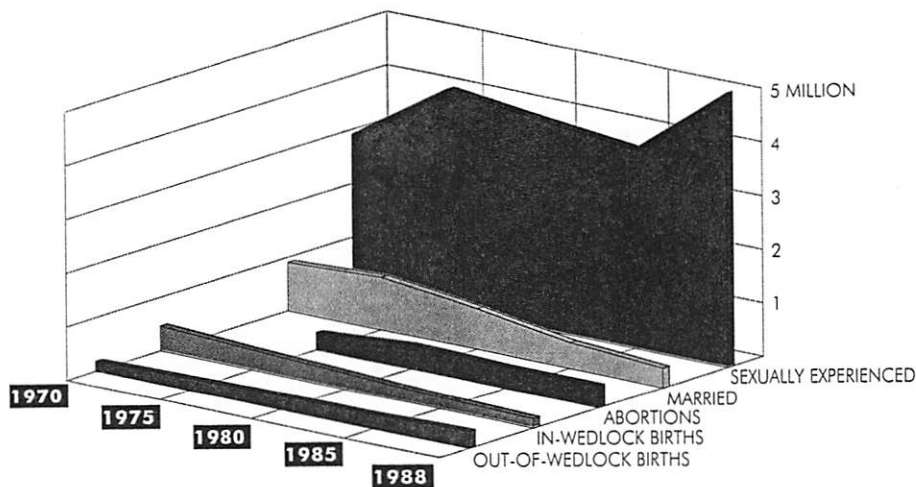
teens from wealthier families, the proportion who reported using no method at first sex decreased between 1982 and 1988 from 43 percent to 27 percent. During the same period, non-use among teens from poorer families also declined, from 60 percent to 42 percent.

Unprotected first sex also decreased among racial groups. Between 1982 and 1988, the proportion of white females who reported using a method of contraception at first intercourse increased from 55 percent to 69 percent. Among blacks, the increase was from 36 percent to 54 percent.

It's not just that teens are telling interviewers what they want to hear about contraception. Despite large increases in sexual activity, there has not been a corresponding increase in the number of conceptions. Between 1975 and 1988, when about 1.3 million more teen females reported engaging in sex (a 39 percent increase), the absolute number of pregnancies increased by less than 21 percent (see figure 3).

In fact, one could create a crude "teen conception index" to measure the changing rate of conception (composed of abortions, miscarriages, and births) among sexually active but unmarried teenagers. If we did so, the 1988 index would stand at .87, representing a decline of 13 percent from 1975 (down from 210 to 182 per 1,000 sexually active, unmarried teens). Most of this decline

FIGURE THREE: BEHIND THE CONCEPTION INDEX
15-19 YEAR OLD FEMALES



SOURCES: Census Bureau; National Center for Health Statistics; Alan Guttmacher Institute

occurred between 1985 and 1988 as more middle-class teenagers had sex.

The Challenge

Although the conception index among teens is declining, the enormous increase in sexual activity has created a much larger base against which the rate is multiplied. Thus, as we have seen, there have been sharp increases in the rates of abortion, out-of-wedlock births, welfare dependency, and sexually transmitted diseases as measured within the whole teen population.

Teenage sexuality does not have to translate into pregnancy, abortion, out-of-wedlock births, or sexually transmitted diseases. Western Europe, with roughly equivalent rates of teen sexuality, has dramatically lower rates of unwanted pregnancy. According to a 1987 AGI study, the pregnancy rate among American teens (96 per 1,000 women) was twice as high as that in Canada (44), England and Wales (45), and France (43). It was almost three times higher than Sweden's (35) and more than six times higher than in the Netherlands (14). The answer, of course, is effective contraception.

The magnitude of the problem is illustrated by data about reported condom use. Between 1979 and 1988, the reported use of a condom at last inter-

course for males ages 17-19 almost tripled, from 21 percent to 58 percent. A decade of heightened concern about AIDS and other sexually transmitted diseases probably explains this tripling. According to Freya Sonenstein and her colleagues at the Urban Institute, over 90 percent of males in their sample knew how AIDS could be transmitted. Eighty-two percent disagreed "a lot" with the statement, "Even though AIDS is a fatal disease, it is so uncommon that it's not a big worry."

As impressive as this progress was, 40 percent did not use a condom at last intercourse. In fact, the 1991 NASM found that there has been no increase in condom use since 1988—even as the threat of AIDS has escalated.

The roots of too-early and too-often unprotected teen sex reach deeply into our society. Robin Williams reportedly asked a girlfriend, "You don't have anything I can take home to my wife, do you?" She said no, so he didn't use a condom. Now both Williams and the girlfriend have herpes, and she's suing him for infecting her. (She claims that he contracted herpes in high school.) When fabulously successful personalities behave this way, should we be surprised to hear about an inner-city youth who refuses his social worker's entreaties to wear a condom when having sex with his AIDS-infected girlfriend?

This is the challenge before us: How to change the behavior of these young men as well as the one in five sexually active female teens who report using no method of contraception. First, all the programs in the world cannot deal with one vital aspect of the problem: many teenagers are simply not ready for sexual relationships. They do not have the requisite emotional and cognitive maturity. Adolescents who cannot remember to hang up their bath towels may be just as unlikely to remember to use contraceptives. Current policies and programs do not sufficiently recognize this fundamental truth.

At the same time, the clock cannot be turned all the way back to the innocent 1950s. Sexual mores have probably been permanently changed, especially for older teens—those who are out of high school, living on their own or off at college. For them, and ultimately all of us, the question is: How to limit the harm being done?

The challenge for public policy is to pursue two simultaneous goals: to lower the rate of sexual activity, especially among young teens, and to raise the level of contraceptive use. Other than abstinence, the best way to prevent pregnancy is to use a contraceptive, and the best way to prevent sexually transmitted diseases is to use a barrier form of contraception. Meeting this challenge will take moral clarity, social honesty, and political courage—three commodities in short supply these days.

