

ADOLESCENTS

In 2002, individuals ages 13-19 accounted for roughly 10 percent of the U.S. population. (Adolescence may be defined differently by different health programs or for different health issues.) Generally, adolescents are a healthy population. Adolescence is a period during which many lifelong health habits are formed, such as diet, exercise, and the use of health care services. National data related to physical activity and overweight are presented in this section.

Adolescence is also a time of physical and emotional growth and exploration. As a result, many adolescents engage in risk-taking behaviors that may result in acute illnesses and infections, poor long-term health outcomes, and even disability and death. For example, adolescents may experiment with cigarettes and drugs, engage in sex, or be involved in motor vehicle crashes. This section features many health status indicators related to cigarette smoking, use of illicit drugs, adolescent mortality, injury, sexual intercourse, sexually transmitted diseases, and pregnancy. Many of these data are presented by age, gender, race and ethnicity.



**ADOLESCENT
CHILDBEARING**

Between 2001 and 2002, the birth rate among adolescents ages 15-19 dropped 5 percent to 43.0 per 1,000 teenagers. This represents a historic low and a decrease of 30 percent since 1991. The birth rate among adolescents ages 10-14 also fell, to 0.7 per 1,000 teenagers. Birth rates were highest among the oldest adolescents,

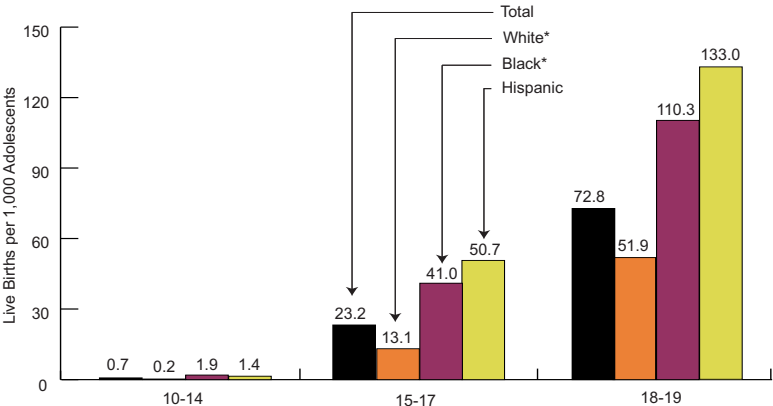
those ages 18-19, at 72.8 births per 1,000.

Birth rates among adolescents varied considerably by race and ethnicity. In 2002, birth rates for adolescents 15-19 were 18.3 per 1,000 Asian/Pacific Islanders, 28.5 per 1,000 non-Hispanic Whites, 53.8 per 1,000 American Indians, 68.3 per 1,000 non-Hispanic Blacks, and highest at 83.4 per 1,000 Hispanics. Although all racial and ethnic groups saw a

decline in adolescent births in the past decade, the steepest declines have occurred among non-Hispanic Black adolescents. Between 1991 and 2002, the birth rate among Black adolescents ages 15-19 decreased by 42 percent. In the same time period, the birth rate among Hispanic adolescents fell the least, by just 20 percent, leaving Hispanic teens with the highest birth rate among the five racial and ethnic groups.

Birth Rates Among Adolescents Ages 10-19, by Age and Race/Ethnicity of Mother: 2002

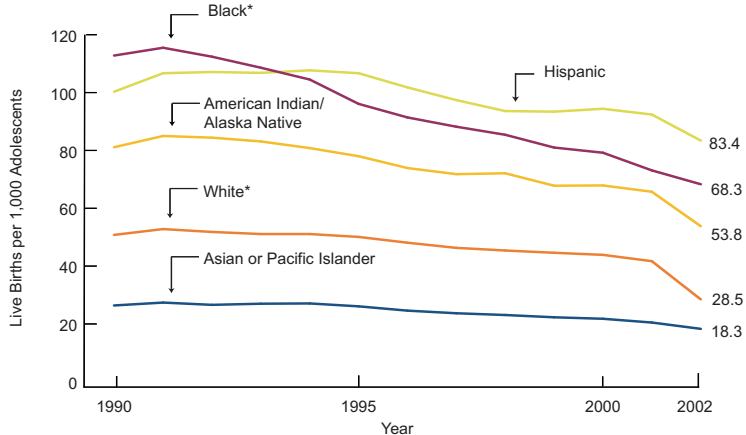
Source (I.8): Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System



* Non-Hispanic

Birth Rates Among Adolescents Ages 15-19, by Race/Ethnicity of Mother: 1990-2002

Source (I.8): Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System



* Non-Hispanic

SEXUAL ACTIVITY

In 2003, 46.7 percent of high school students reported ever having sexual intercourse, representing a slight increase since 2001. Although non-Hispanic Black students were most likely to report ever having sexual intercourse (67.3 percent), they were also most likely to report condom use during their last sexual encounter (72.8 percent of sexually active students). Hispanic students were second most likely to report ever having intercourse (51.4 percent), followed by non-Hispanic White students (41.8 percent).

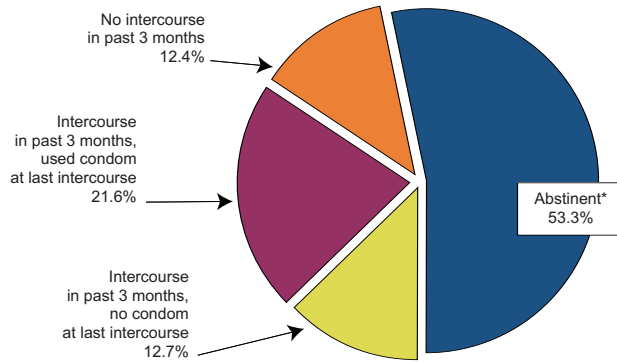
Almost half of all 12th grade students reported having sexual intercourse in the three months preceding the survey. Among 9th grade students, more males were currently sexually active (24 percent) than females (18.3 percent). By 12th grade, however, females were more likely to be currently sexually active (51 percent) than males (46.5 percent). More than half of all high school students reported that they have never had sexual intercourse. The Maternal and Child Health Bureau's Abstinence Education Program provides funding for education, mentoring,

counseling, and adult supervision to promote abstinence from sexual activity.

In 2003, 63 percent of sexually active students reported using a condom during their last sexual intercourse. Condom use by male students is reportedly higher than condom use by females in every grade, and younger students reported more condom use during their last sexual intercourse (69 percent of 9th and 10th graders) than older students (57.4 percent of 12th graders).

Sexual Activity Among High School Students: 2003

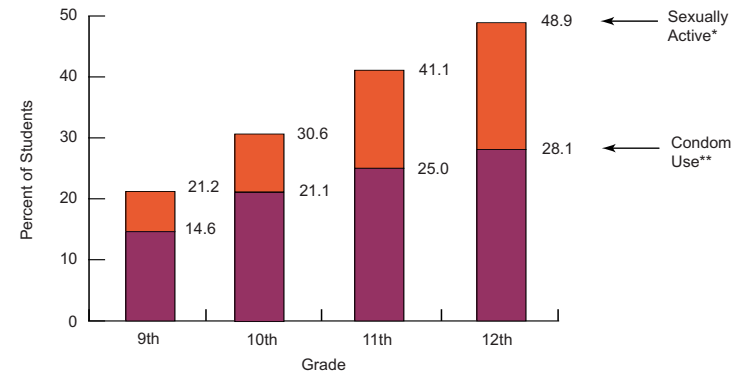
Source (III.1): Centers for Disease Control and Prevention, Youth Risk Behavior Survey



* Have never had intercourse

Sexual Activity and Condom Use Among High School Students by Grade: 2003

Source (III.1): Centers for Disease Control and Prevention, Youth Risk Behavior Survey



* Sexual intercourse during the 3 months preceding the survey

** Percent of students who are sexually active and used a condom at last sexual intercourse

SEXUALLY TRANSMITTED DISEASES

Adolescents (ages 15-19) and young adults (ages 20-24) are at much higher risk of contracting sexually transmitted diseases (STDs) than are older adults. Within these age groups, reported rates of chlamydia, gonorrhea, and syphilis are significantly higher among non-Hispanic Black youth than youth of all other reported racial/ethnic categories. Rates of STDs

among Hispanic adolescents and young adults are about twice those of non-Hispanic Whites.

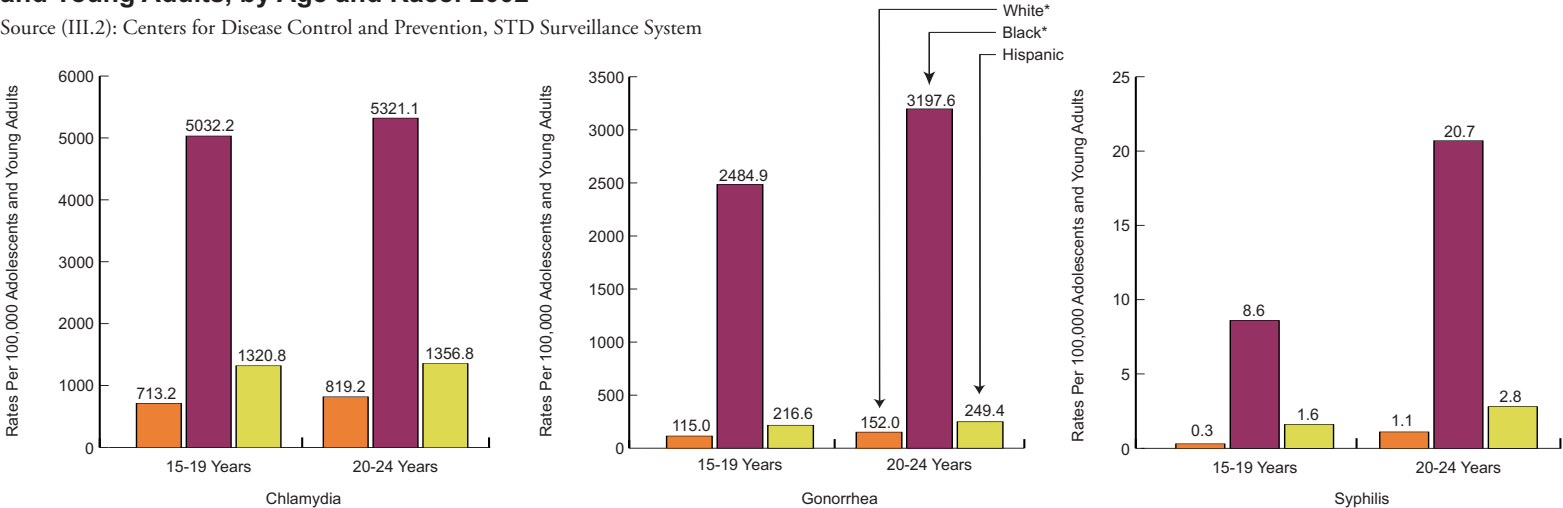
Chlamydia continues to be the most common STD in adolescents and young adults, with a rate of 1,488 cases per 100,000 adolescents and 1,619 per 100,000 young adults. Gonorrhea followed in prevalence with an overall rate of 476 cases per 100,000 adolescents and 593 cases per 100,000 young adults. Syphilis is less common among young people, with only 1.7

cases per 100,000 adolescents and 4.4 cases per 100,000 young adults in 2002. For each of these diseases, rates are slightly higher among 20- to 24-year-olds than among adolescents.

Although these conditions are treatable with antibiotics, STDs can have serious health consequences. Active infections can increase the likelihood of contracting HIV and untreated STDs can lead to pelvic inflammatory disease and infertility in women.

Sexually Transmitted Diseases Among Adolescents and Young Adults, by Age and Race: 2002

Source (III.2): Centers for Disease Control and Prevention, STD Surveillance System



* Non-Hispanic

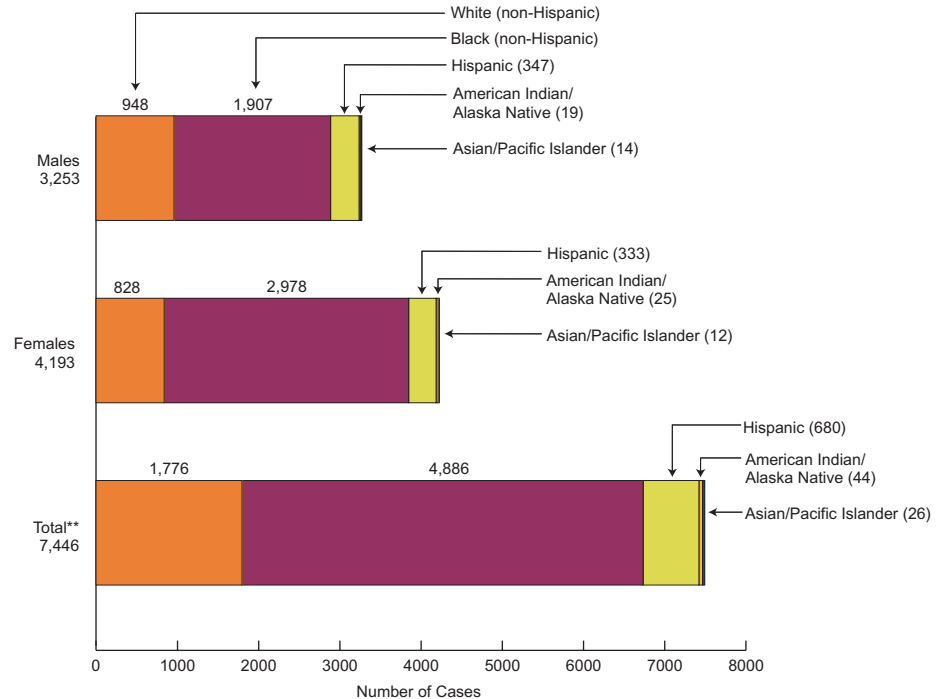
ADOLESCENT HIV INFECTION

Of the 7,446 cases of HIV infection ever reported among adolescents (ages 13-19), males made up close to 44 percent and represented the same proportion of the new HIV infection cases reported in 2002 among adolescents. Over half of these new cases were transmitted by men having sex with men. In 33 percent of new adolescent male cases, the risk category was not reported. From 1981 through 2002, Black males were more likely to report HIV infection and comprised almost 60 percent of the infected male adolescent population.

More than half of adolescent HIV infection cases ever reported, 56 percent, were among females. The percentage of new HIV infection cases in adolescent females has been decreasing in recent years. Of the new cases in 2002, about 40 percent acquired HIV infection through heterosexual contact and 5.2 percent were injecting drug users. The risk category was not reported for 54 percent of new adolescent female cases in 2002. Similar to the trend among adolescent males, Black females are significantly more likely to contract HIV and comprised 60 percent of female adolescents living with HIV infection.

HIV Infection Among Adolescents Ages 13-19, by Sex and Race/Ethnicity: 1981-2002*

Source (II.6): Centers for Disease Control and Prevention, HIV/AIDS Surveillance System



* Includes persons reported with HIV infection who have not developed AIDS in the 39 areas with confidential HIV infection reporting.

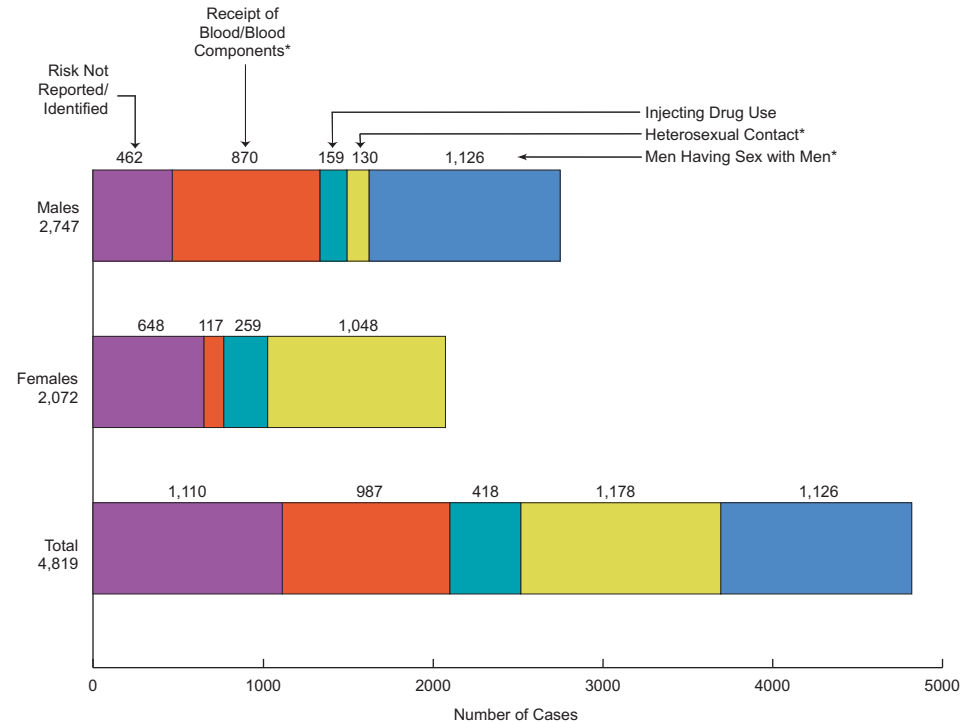
** Total includes 35 persons of unknown race/ethnicity.

ADOLESCENT AIDS

An adult or adolescent with HIV is defined as having AIDS if he or she has a CD4 count of less than 200 cells/uL or a CD4 percentage of less than 14 or if he or she is diagnosed with pulmonary tuberculosis, recurrent pneumonia, or invasive cervical cancer. Males comprised about 57 percent of the 4,819 AIDS cases ever reported among adolescents ages 13-19 years old, and represented 50 percent of the new AIDS cases reported among adolescents in 2002. Of the 204 new cases reported in 2002 among adolescent males, the largest exposure category (47 percent) was identified as men who have sex with men. In 38.7 percent of new cases, a risk category was not reported or identified. Approximately 43 percent of adolescent AIDS cases ever reported were among females. Females comprised of 50% percent of new AIDS cases reported in 2002 among adolescents, which is a 4 percent decrease from 54 percent in 2000. Among adolescent females, there were 704 new AIDS cases. In 34.8 percent of these new cases, heterosexual contact was reported as the risk category, but in most cases (59.3 percent), a risk category was not reported or identified.

AIDS Cases Among Adolescents Ages 13-19, by Sex and Exposure Category, 1981-2002

Source (II.6): Centers for Disease Control and Prevention, HIV/AIDS Surveillance System



* Receipt of blood/blood components includes: receipt of clotting factor for hemophilia coagulation disorder or receipt of blood transfusions, blood components, or tissue. Heterosexual contact includes sex with: an injecting drug user; a person with hemophilia; a transfusion recipient infected with HIV; an HIV-infected person, risk not specific; a bisexual male (females only). The category "Men Having Sex with Men" also includes men who have sex with men and inject drugs.

MENTAL HEALTH TREATMENT

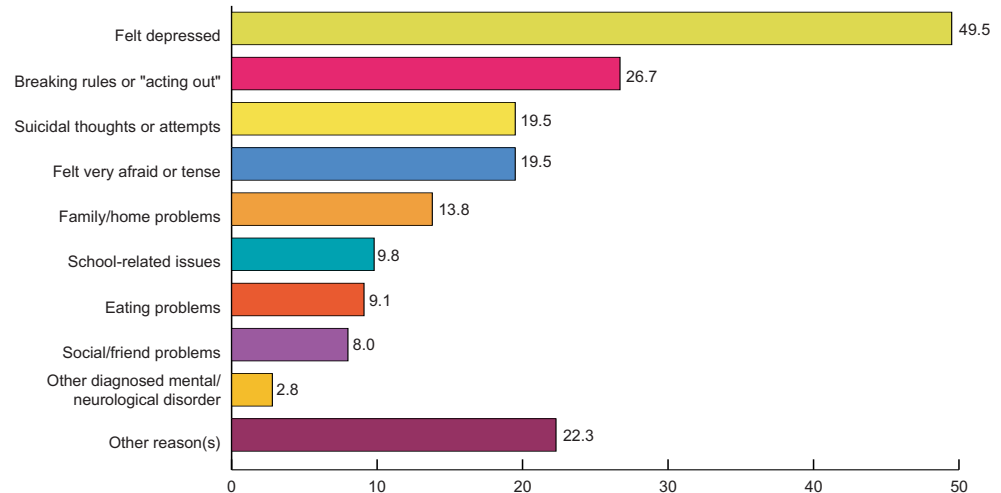
In 2002, 19.3 percent of youth 12 to 17 years of age received mental health treatment or counseling. Non-Hispanic White and non-Hispanic Black youths were most likely to receive treatment, at 20.1 and 19.3 percent, respectively. Among Hispanic youth, 17.5 percent received treatment, followed by 13.4 percent of Asian youth. The most commonly reported reasons for seeking counseling were feeling depressed (49.5 percent), breaking rules or “acting out” (26.7 percent), suicidal thoughts or attempts (19.5 percent), and feeling very afraid or tense (19.5 percent).

Among youth receiving mental health treatment/counseling, 47.6 percent went to a private therapist, psychologist, psychiatrist, social worker, or counselor. The second most common source of treatment was school counselors, school psychologists, or regular meetings with teachers, at 44.6 percent. Only 4.7 percent of youths received treatment through an overnight or longer stay in a residential treatment center. In some instances, source of treatment varied greatly by age group. For example, 40.8 percent of 12- to 13- year-olds who received treatment used private therapists, compared to 50.6 percent of 16- to 17-year-olds. The percentage of youth using school counselors or regular teacher

meetings as a source of counseling drops from 48.5 percent among 12- to 13-year-olds to only 37.9 percent of 16- to 17-year-olds. A number of other options were also reported, and respondents could choose more than one source of treatment.

Reasons for Mental Health Treatment/Counseling* Among Persons Aged 12-17 Who Received Treatment: 2002

Source (III.3): Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health



* Mental health treatment/counseling for youths is defined as having received treatment or counseling from any of 10 specific sources for emotional or behavioral problems not caused by alcohol or drug use.

** Respondents could indicate multiple reasons; therefore, response categories total more than 100%.

