

REPRODUCTIVE HEALTH

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REPRODUCTIVE HEALTH

◆ *Sexually Transmitted Infections* ◆ *Gonorrhea*

◆ *Syphilis* ◆ *Chlamydia* ◆ *Teenage Pregnancy*

SEXUALLY TRANSMITTED INFECTIONS

Size

San Diego County

In 1997 there were 6,398 reported cases of chlamydia, 1,508 reported cases of gonorrhea, and 23 reported cases of syphilis in San Diego County. Even more sexually transmitted infections (STIs) are treated but not reported by physicians.¹

A recent survey of San Diego high school students found that 45% had sexual intercourse during their lifetime; 15% had four or more sexual partners during their lifetime; and 31.2% had sexual intercourse during the three months preceding the survey.²

National

The US has the highest rates of STIs in the industrialized world.³

In 1996, sexually transmitted diseases (STDs) were the most common reportable disease in the United States.⁴

Each year an estimated 15 million Americans, including three million teenagers, are infected with a sexually transmitted disease.⁴

From 1991 to 1997, teenage sexual activity declined and teenagers were more likely to use contraceptives, especially condoms, during first intercourse.⁵

Seriousness

Direct and indirect costs of sexually transmitted diseases and their complications, including sexually transmitted HIV infection, are an estimated \$17 billion annually.⁴

Sexually transmitted disease complications in women include pelvic inflammatory disease, ectopic pregnancy, infertility, and chronic pelvic pain.⁴

Sexually transmitted diseases in pregnant women can cause serious health problems or death in the fetus or newborn.⁴

People who have STIs are at higher risk for developing HIV.³

Sexually transmitted infections can cause:³

- ◀ Infertility
- ◀ Adverse outcomes of pregnancy
- ◀ Chronic infection
- ◀ Cervical cancer (from Human Papilloma Virus)

Having an STI and being pregnant can be life threatening to the mother and child. Harmful effects to the baby include:⁶

- ◀ Stillbirths
- ◀ Low birth weight babies
- ◀ Brain and organ damage
- ◀ Blindness
- ◀ Pneumonia

Community Concerns

Focus Group Discussion Points:

Sexually transmitted diseases are of major concern for the Adolescent group.

Risk Factors

Sexually transmitted diseases are behavior-linked diseases that result from unprotected sex.⁴

Gender and age are associated with increased risk for sexually transmitted diseases – women are more susceptible than men; younger women are more susceptible than older women.⁴

Other contributing factors include:⁴

- ◀ Substance abuse
- ◀ Sex work
- ◀ Intercourse at an early age

Sixty percent of college women diagnosed with a sexually transmitted disease were drunk at the time they were infected.⁷

Among sexually active high school students in San Diego, 11% reported alcohol or other drug use at their last sexual intercourse. Males (15%) were significantly more likely than females (8%) to report alcohol and other drug use at their last sexual intercourse.²

High Risk Populations

Age(s): 15 – 24

Ethnicity(s): Persons of color

County Areas: Central and Southeast San Diego

Other high risk populations include:⁴

- ◀ Adolescents
- ◀ Sex workers
- ◀ Migrant workers
- ◀ People in detention
- ◀ People in social networks where high risk sexual behavior is common
- ◀ People with poor access to health care
- ◀ Victims of sexual violence
- ◀ People who have intercourse at an early age

Among San Diego high school students, Black students (62%) were significantly more likely than Asian (34%), Filipino (45%), Hispanic (49%), and white students (37%) to report ever having sexual intercourse in their lifetime.²

Black students (35%) were also significantly more likely than Asian (9%), Filipino (11%), Hispanic (14%), and white students (10%) to report having four or more sexual partners in their lifetime.²

Community Health Improvement Partners

Black students (46%) were also significantly more likely than Asian (22%), Filipino (31%), Hispanic (32%), and white students (26%) to report having sexual intercourse during the three months preceding the survey.²

Prevention

The best way to prevent sexually transmitted diseases (STDs) is to avoid sexual contact with others and practice abstinence. For people who are sexually active, the National Institute of Health makes the following recommendations to reduce the risk of developing an STD.⁸

- ◀ Have a mutually monogamous sexual relationship with an uninfected partner.
- ◀ Correctly and consistently use a male condom.
- ◀ Prevent and control other STDs to decrease susceptibility to HIV infection and to reduce your infectiousness if you are HIV-infected.
- ◀ Delay having sexual relations as long as possible. The younger people are when having sex for the first time, the more susceptible they become to developing an STD. The risk of acquiring an STD also increases with the number of partners over a lifetime.

According to Healthy People 2010, behavioral interventions to prevent sexually transmitted diseases include:⁴

- ◀ Abstinence
- ◀ Delaying initiation of intercourse
- ◀ Reducing the number of sexual partners
- ◀ Increasing the use of effective physical barriers such as condoms

Additional STD prevention efforts include assisting parents to become better sexually transmitted disease educators for their children, school based health education, and school based health services.⁴

Enhancing the connection between teenagers and their family, home, school, and community is essential for protecting teenagers from the variety of risky behaviors, including sexual activity.⁵

Among currently sexually active high school students in San Diego, 50% reported that they or their partner used a condom during their last sexual intercourse.²

Resources

Local

Sexually Transmitted Diseases (STD) Control, Community Disease Control, Health and Human Services Agency, County of San Diego, (619) 692-8550

Planned Parenthood of San Diego and Imperial Counties, (619) 683-7526, www.ppfa.org

March of Dimes, (619) 576-1211

National

National Center for HIV, STD, & TB Prevention, Centers for Disease Control and Prevention, www.cdc.gov/nchstp

Division of STD Prevention, Centers for Disease Control and Prevention, www.cdc.gov/nchstp/dstd/dstdp.html

Division of Reproductive Health, Centers for Disease Control and Prevention, www.cdc.gov/nccdphp/mathlth.htm

National Institutes of Health, www.nih.gov

National Institute of Allergy and Infectious Diseases, National Institutes of Health, www.niaid.nih.gov

National Prevention Information Network, Centers for Disease Control and Prevention, www.cdcnpin.org

References

1. Unless otherwise noted, all San Diego STI statistics were provided by the San Diego County Health and Human Services Agency Sexually Transmitted Disease Control Division.
2. San Diego City Schools. (1997). 1997 Youth Risk Behavior Survey, San Diego City Schools, Grades 9-12. San Diego, CA.
3. Centers for Disease Control and Prevention, Division of STD Prevention. Retrieved from the World Wide Web: <http://www.cdc.gov/nchstp/dstd/dstdp.html>
4. United States Department of Health and Human Services. (1998). Healthy People 2010, Draft Report for Public Comment. Washington, DC: US Government Printing Office.
5. Ventura, S. J., Mathews, T. J., Curtin, S. C. (1998). Decline in Teenage Birth Rates, 1991-1997: National and State Patterns. National Vital Statistics Reports, 47 (12). National Vital Statistics System, National Center for Health Statistics, Centers for Disease Control and Prevention.
6. Institute of Medicine. (1997). The Hidden Epidemic: Confronting Sexually Transmitted Diseases. Eng T.R. & Butler, W.T., Editors. Washington: National Academy Press.
7. American Academy of Pediatrics. (1998). Child Health Month Fact Sheet. Retrieved from the World Wide Web: <http://www.aap.org>
8. National Institute of Allergy and Infectious Diseases. Retrieved from the World Wide Web: <http://www.niaid.nih.gov>

GONORRHEA

Size

*San Diego County*¹

In 1997, 1,508 cases of gonorrhea were reported in San Diego County. **(Fig. 1)**

San Diego County reports of gonorrhea cases

◀ **1997 Rate:** 55.4 cases per 100,000 population (unadjusted).

◀ **1993-1997 Trend:** Decreased 135.2 – 55.4 per 100,000 (unadjusted).

National

In 1997, the gonorrhea rate was 122.7 per 100,000 population – the lowest rate ever reported in the US and a 56% decrease from the 1990 case rate.²

Approximately 400,000 cases of gonorrhea are reported to the Centers for Disease Control and Prevention (CDC) each year in the US.³

In 1995, there were 392,848 reported cases of gonorrhea in the US—149.50 cases per 100,000 population.⁴

Seriousness

Healthy People 2000 Objective: The San Diego County rate (55.4) is lower than the Healthy People 2000 Objective rate (100). **(Table 1)**

75% of females and 10% of males with gonorrhea do not have symptoms.

Gonorrhea can be passed from mother to infant resulting in eye infections for the child.

Gonorrhea can spread to and infect the uterus (womb) and fallopian tubes, resulting in pelvic inflammatory disease (PID). This can cause infertility and ectopic (tubal) pregnancy.³

The US annual cost of gonorrhea and its complications is estimated at close to \$1.1 billion.³

Risk Factors

Risk factors include:²

- ◀ Age
- ◀ Race/Ethnicity
- ◀ Substance abuse
- ◀ Sex work
- ◀ Intercourse at an early age

Figure 1
Reported Gonorrhea Rates,* San Diego County, 1993 and 1997¹

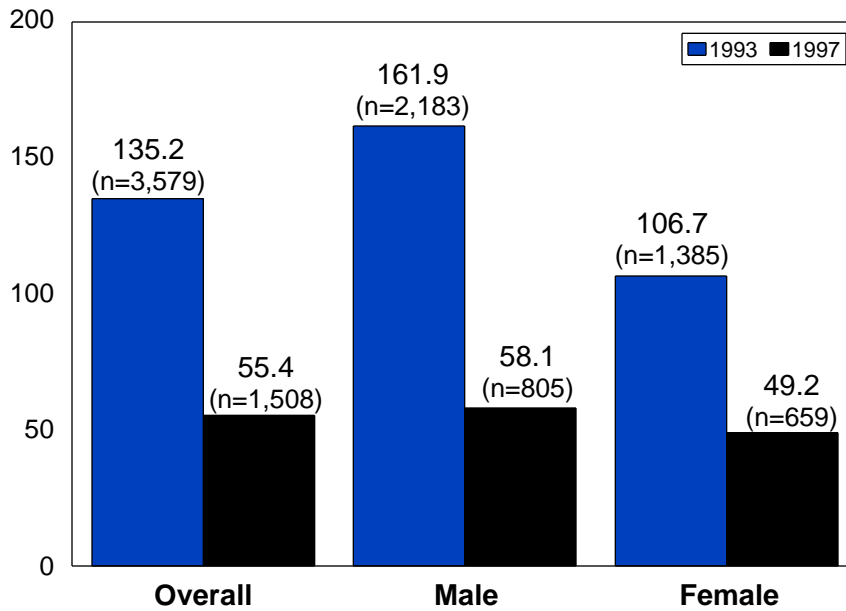


Table 1
San Diego vs. the Nation—Reported Gonorrhea Rates*¹

San Diego County 1997	County Trends 1993-1997	California 1996	National 1996	HP2000 Objective
55.4	Decreased 135.2-55.4	59.0	124.0	100.0

* Rates per 100,000 population

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High Risk Populations

Age(s): 15 – 24 age group (**Fig. 2**)

Gender: In 1997, males had a higher rate of infection (58.1) than females (49.2) in San Diego County. (**Fig. 1**)

Ethnicity(s): African Americans (**Fig. 3**)

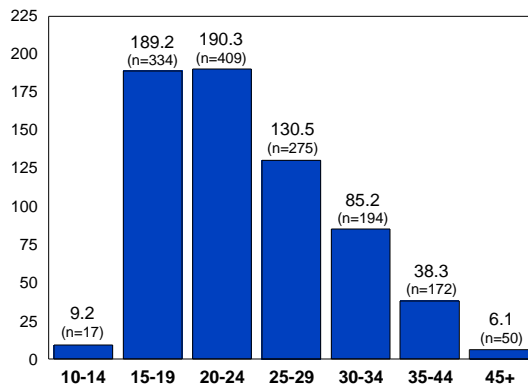
County Areas: Not Available

Rates are highest among adolescents and young adults in the US – 15 to 19 year olds have the highest rates among women and 20 to 24 year olds have the highest rates among men.²

Rates are also higher for young African Americans, 15 to 24 years old, (300 per 100,000 population) than for young whites, 15 to 24 years old (130 per 100,000 population).²

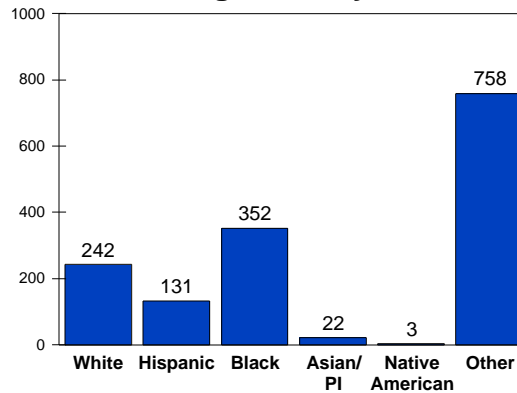
In 1996, teenagers 15 to 19 years old had the highest reported rates of both chlamydia and gonorrhea in the US.²

Figure 2
**Reported Gonorrhea Rates*
by Age
San Diego County 1997¹**



* Rates per 100,000 population

Figure 3
**Reported Gonorrhea Cases
by Race/Ethnicity
San Diego County 1997¹**



Prevention

Behavioral interventions to prevent sexually transmitted diseases, including gonorrhea include:²

- ◀ Abstinence
- ◀ Delaying initiation of intercourse
- ◀ Reducing the number of sexual partners
- ◀ Increasing the use of effective physical barriers such as condoms

By using male condoms correctly and consistently during sexual activity, sexually active people can reduce their risk of gonorrhea and its complications.³

Resources

Division of STD Prevention, Centers for Disease Control and Prevention,
www.cdc.gov/nchstp/std/dstdp.html

National Institute of Allergy and Infectious Diseases, National Institutes of Health, www.niaid.nih.gov

References

1. Unless otherwise noted, all San Diego STI statistics were provided by the San Diego County Health and Human Services Agency Sexually Transmitted Disease Control Division.
2. United States Department of Health and Human Services. (1998). Healthy People 2010, Draft Report for Public Comment. Washington, DC: US Government Printing Office
3. National Institute of Allergy and Infectious Diseases. Retrieved from the World Wide Web: <http://www.niaid.nih.gov>
4. Centers for Disease Control and Prevention. National Center for Health Statistics FASTATS. Retrieved from the World Wide Web: <http://www.cdc.gov/nchswww/fastats/fastats.htm>

SYPHILIS

Background

Syphilis is a sexually transmitted infection (STI) caused by bacterium characterized by open sores. Syphilis is spread through intimate contact with a person who has an open sore.¹

Size

*San Diego County*²

In 1997, 23 cases of infectious syphilis were reported in San Diego County. **(Fig. 1)**

San Diego County reports of syphilis cases

- ◀ **1997 Rate:** 0.8 cases per 100,000 population (unadjusted).
- ◀ **1993-1997 Trend:** Decreased 4.0-0.8 per 100,000 (unadjusted). **(Table 1)**

National

In 1997, the syphilis case rate was 3.2 per 100,000 (8,550 cases) - the lowest rate ever reported in the US.¹

The incidence of syphilis has decreased dramatically in recent years, with more than 11,000 cases reported in the US in 1996.³

In 1995, there were 68,953 reported cases of syphilis in the US – 26.2 cases per 100,000 population.⁴

Seriousness

Healthy People 2000 Objective: The San Diego County rate of syphilis (0.8) is less than the Healthy People 2000 Objective of (4.0).

In its late stages, untreated syphilis, although not contagious, can cause serious heart abnormalities, mental disorders, blindness, other neurologic problems, and death.³

It is likely that an untreated pregnant woman with active syphilis will pass the infection to her unborn child. About 25 percent of these pregnancies result in stillbirth or neonatal death. Between 40 to 70 percent of such pregnancies will yield a syphilis-infected infant.³

Costs associated with syphilis in the United States totaled an estimated \$106 million in 1994³.

Risk Factors

Risk factors include:²

- ◀ Age
- ◀ Race/Ethnicity
- ◀ Substance abuse
- ◀ Sex work
- ◀ Intercourse at an early age

Figure 1
Reported Syphilis Rates,* San Diego County, 1993 and 1997²

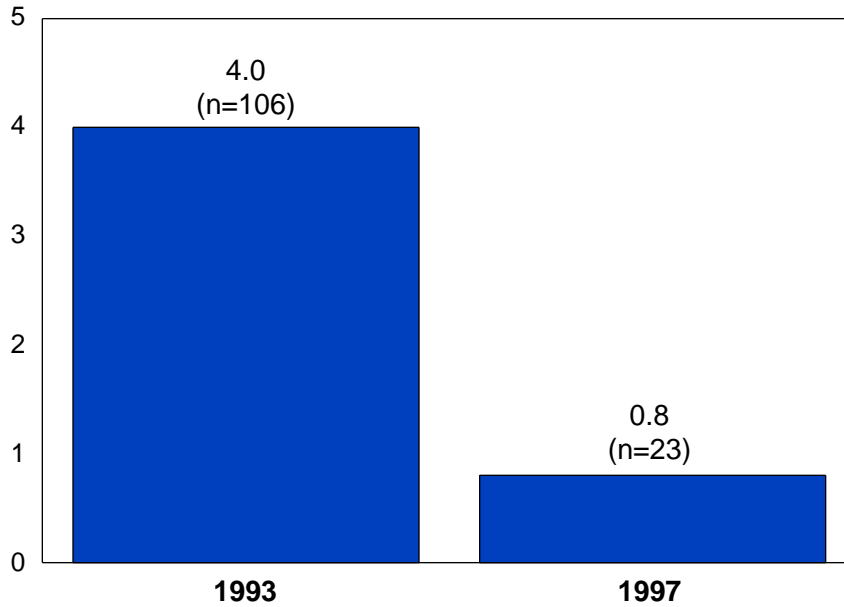


Table 1
San Diego vs. the Nation—Reported Syphilis Rates*²

San Diego County 1997	County Trends 1993-1997	California 1996	National 1996	HP2000 Objective
0.8	Decreased 4.0 - 0.8	1.6	4.3	4.0

* Rates per 100,000 population

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High Risk Populations

Age(s): The 30-34 age group has a slightly higher rate (2.2) than other age groups. **(Fig. 2)**

Ethnicity(s): Blacks **(Fig. 3)**

County Areas: Not Available

Prevention

Behavioral interventions to prevent sexually transmitted diseases, including syphilis include:²

- < Abstinence
- < Delaying initiation of intercourse
- < Reducing the number of sexual partners
- < Increasing the use of effective physical barriers such as condoms

The open sores of syphilis may be visible and infectious during the active stages of infection. Any contact with these infectious sores and other infected tissues and body fluids must be avoided to prevent spread of the disease.³

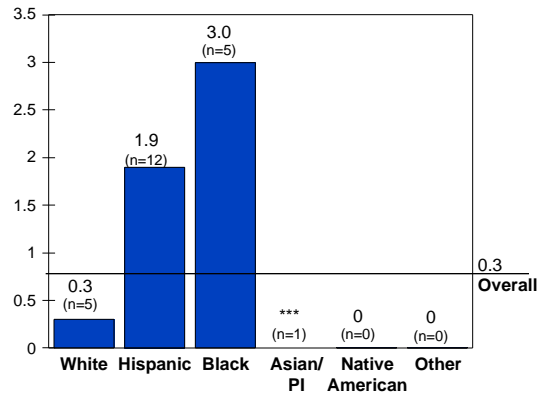
Screening and treatment of infected individuals, or secondary prevention, is one of the few options for preventing the advanced stages of the disease.³

Testing and treatment early in pregnancy is the best way to prevent syphilis in infants and should be a routine part of prenatal care.³

Figure 2
Reported Syphilis Rates* by Age
San Diego County 1997²



Figure 3
Reported Syphilis Rates* by Race/Ethnicity
San Diego County 1997²



* Rates per 100,000 population

***Rate not calculated for less than 5 cases

Resources

Division of STD Prevention, Centers for Disease Control and Prevention,
www.cdc.gov/nchstp/std/dstdp.html

National Institute of Allergy and Infectious Diseases, National Institutes of Health, www.niaid.nih.gov

References

1. United States Department of Health and Human Services. (1998). Healthy People 2010, Draft Report for Public Comment. Washington, DC: US Government Printing Office
2. Unless otherwise noted, all San Diego STI statistics were provided by the San Diego County Health and Human Services Agency Sexually Transmitted Disease Control Division.
3. National Institute of Allergy and Infectious Diseases. Retrieved from the World Wide Web: <http://www.niaid.nih.gov>
4. Centers for Disease Control and Prevention. National Center for Health Statistics FASTATS. Retrieved from the World Wide Web: <http://www.cdc.gov/nchswww/fastats/fastats.htm>

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CHLAMYDIA

Size

*San Diego County*¹

In 1997, 6,398 cases of chlamydia were reported in San Diego County.

San Diego County reports of chlamydia cases

◀ **1997 Rate:** 234.8 cases per 100,000 population (not age adjusted). **(Fig. 1)**

◀ **1993-1997 Trend:** Decreased 291.7 – 234.8 per 100,000 (not age adjusted). **(Table 1)**

National

In 1997, chlamydia was the most frequently reported communicable disease in the United States, with 527,268 cases reported.²

An estimated 4 million new chlamydial infections occur in the US every year, 2.6 million of which are in women.²

In 1995, there were 477,638 cases of chlamydia – 182.2 per 100,000 population.³

Seriousness

Pelvic inflammatory disease (PID), a serious complication of chlamydial infection, has emerged as a major cause of infertility among women of childbearing age.⁴

A pregnant woman may pass the infection to her newborn during delivery with subsequent neonatal eye infection or pneumonia.⁴

The annual cost of chlamydial infection is estimated to exceed \$2 billion.⁴

For every \$1 spent for screening, \$12 is saved for treatment of complications.⁴

75% of women and 50% of men with the infection don't know they are infected.⁴

Risk Factors

Risk factors include:²

- ◀ Age
- ◀ Race/Ethnicity
- ◀ Substance abuse
- ◀ Sex work
- ◀ Intercourse at an early age

Figure 1
Reported Chlamydia Rates* by Gender, San Diego County 1997¹

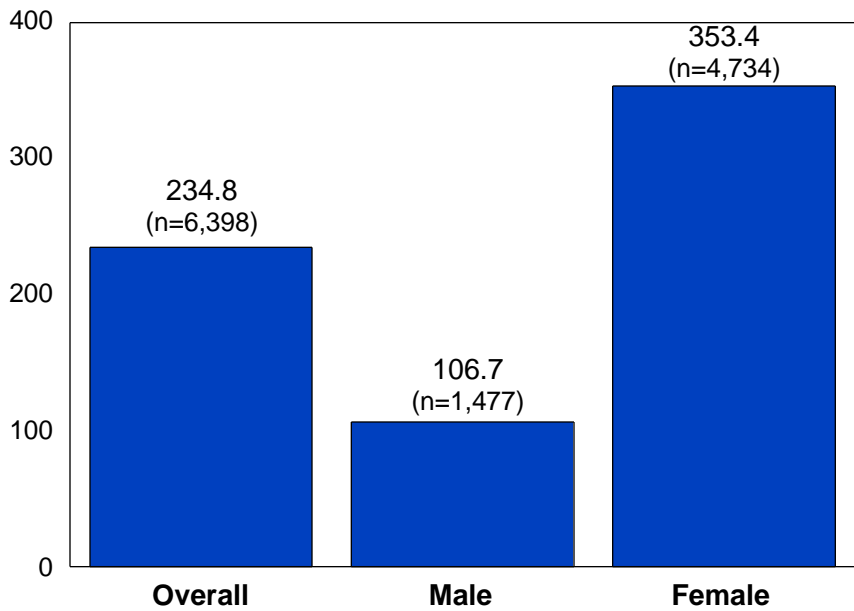


Table 1
San Diego vs. the Nation—Reported Chlamydia Rates*¹

San Diego County 1997	County Trends 1993-1997	California 1996	National 1996	HP2000 Objective
234.8	Decreased 291.7-234.8	194.9	194.5	Not available

* Rates per 100,000 population

High Risk Populations

Age(s): Ages 15 – 24 (Fig. 2)

Ethnicity(s): Not Available due to high number of unknown (Fig. 3)

County Areas: Not Available

Chlamydia is common in sexually active adolescents and young adults. The highest annual rates in the US are reported among 15 to 19 year old females.²

In 1996, teenagers 15 to 19 years old had the highest reported rates of both chlamydia and gonorrhea in the US.²

Prevention

Behavioral interventions to prevent sexually transmitted diseases, including chlamydia include:²

- ◀ Abstinence
- ◀ Delaying initiation of intercourse
- ◀ Reducing the number of sexual partners
- ◀ Increasing the use of effective physical barriers such as condoms

Because chlamydial infection often occurs without symptoms, people who are infected may unknowingly infect their sex partners. Many doctors recommend that all persons who have more than one sex partner, especially women under 25 years of age, be tested for chlamydial infection regularly, even in the absence of symptoms.⁴

Figure 2
**Reported Chlamydia Rates*
by Age Category
San Diego County 1997¹**

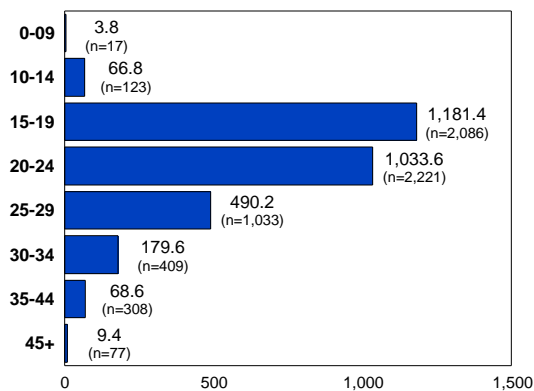
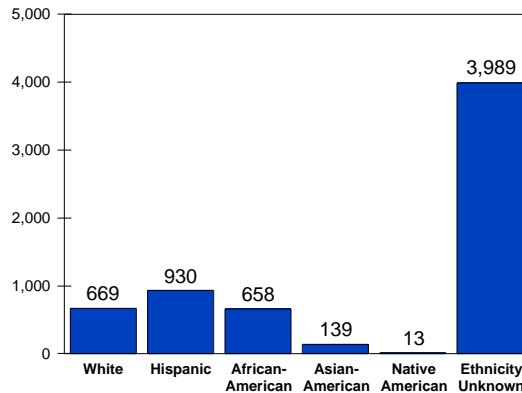


Figure 3
**Reported Chlamydia Cases
by Race/Ethnicity
San Diego County 1997¹**



* Rates per 100,000 population

Resources

Division of STD Prevention, Centers for Disease Control and Prevention,
www.cdc.gov/nchstp/std/dstdp.html

National Institute of Allergy and Infectious Diseases, National Institutes of Health, www.niaid.nih.gov

References

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2. United States Department of Health and Human Services. (1998). Healthy People 2010, Draft Report for Public Comment. Washington, DC: US Government Printing Office
3. Centers for Disease Control and Prevention. National Center for Health Statistics FASTATS. Retrieved from the World Wide Web: <http://www.cdc.gov/nchswww/fastats/fastats.htm>
4. National Institute of Allergy and Infectious Diseases. Retrieved from the World Wide Web: <http://www.niaid.nih.gov>

TEENAGE PREGNANCY

Size

*San Diego County*¹

- ◀ In 1996, there were 1,844 births to girls between the ages of 12 – 17 in San Diego County.
- ◀ 1,752 of the births were to girls between ages 15 – 17.
- ◀ 92 of the births were to girls between ages 12 – 14.

San Diego County Teen Births to girls age 15-17

- ◀ **1996 Rate:** 36.9 per 1,000 girls age 15-17.
- ◀ **1993-1996 Trend:** Decreased from 43.7 – 36.9 per 1,000 girls age 15-17.

National

In 1997, the birth rate for United States teenagers was 52.9 live births per 1,000 women aged 15 to 19 years of age.²

From 1991 to 1997, teenage birth rates declined 16% for teenagers 15-17 years of age and 11% for 18-19 years of age. The rate of second births to teens declined 21% for the same time period.²

In 1996, there were 505,514 live births to teen mothers 15-19 years of age – a birth rate of 54.7 live births per 1,000 population.³

In 1991, the teen pregnancy rate (15-19 years of age) was 115.0 pregnancies per 1,000 women.³

Approximately 1 million teenagers in the United States become pregnant each year – 95% of the pregnancies are unintended and nearly 1/3 end in abortion.⁴

In a 1993 survey in the US, 32% of 9th grade girls, 44% of 9th grade boys, and over two thirds of all high school seniors reported having had sexual intercourse; over half of seniors were sexually active within the previous three months.⁵

Approximately 20% of sexually active teenage girls (age 15-19) become pregnant each year in the US. Teenagers account for over 1 million pregnancies and over 500,000 births a year in the US.

Seriousness

Healthy People 2000 Objective: The San Diego County rate of teenage births (36.9) is lower than the Healthy People 2000 Objective rate (50.0).

Public costs from teenage births were \$120 billion from 1985 to 1990.⁴

Teenage mothers and their babies are at greater risk of adverse health consequences compared with other mothers.²

Table 1
San Diego vs. the Nation—Teen Birth Rates,* Ages 15-17¹

San Diego County 1996	County Trends 1993-1996	California 1994	National 1994	HP2000 Objective
36.9	Decreased 43.7 - 36.9	45.5	37.6	50 (for pregnancy)

* Rates per 1,000 teen girls age 15-17

Teenagers who become pregnant are:²

- ◀ Less likely to receive timely prenatal care
- ◀ More likely to begin prenatal care in the third trimester or have no care at all
- ◀ More likely to smoke during pregnancy

Infants born to young teenagers are more likely to be born preterm, more likely to be low birthweight, and are at greater risk of serious and long-term illness, developmental delays, and of dying in the first year of life.²

Teenage mothers are less likely to get or stay married, less likely to complete high school or college, and more likely to require public assistance and live in poverty. Infants born to teenage mothers, especially mothers under age 15, are more likely to suffer from low birth weight, neonatal mortality, and sudden infant death syndrome (SIDS), and they may be at greater risk of child abuse, neglect, and behavioral and educational problems at later ages.⁵

Community Concerns

Focus Group Discussion Points:

- ◀ The adolescent group, Latino group, African American group as well as the North Central and Central group rated teen pregnancy as a priority concern. Teen friendly, community-based clinics are needed so that teens have a safe place to go to seek care and get birth control. According to the Central and North Central groups, if birth control is not available, the teen will go without. Participants also indicated that teen clinics must be accommodate teens that work, thus the hours of operation must meet the needs of the population they are serving, which currently they do not.
- ◀ There is a great concern that pregnant teens don't have access to, or at least know the importance of accessing prenatal care. There is a belief that more efforts need to go into reaching out to pregnant teens to ensure they are getting appropriate prenatal care. Support groups, parent education and in-home assistance was also recommended as ways to help teens become better parents. Currently there are limited programs available.
- ◀ Other focus groups raised other issues. The Adolescent group mentioned that most parents don't want to talk about sex with children and vice versa. The Latino and North Coastal groups stated that more attention needs to be addressed to teen pregnancy in their community especially among Latino youths. The North Inland group cited that it was difficult for pregnant teens with undocumented immigration status to obtain prenatal care due to their immigration status.

Risk Factors

Factors associated with early sexual activity include:⁵

- ◀ Lower socioeconomic status
- ◀ Use of tobacco, alcohol, or other drugs
- ◀ Single-parent households

High Risk Populations

Age(s): 15-17 year olds.

Ethnicity: The birth rate for Hispanic teen girls (80.9) is much higher than for Blacks (49.5), the next highest group. **(Fig. 1)**

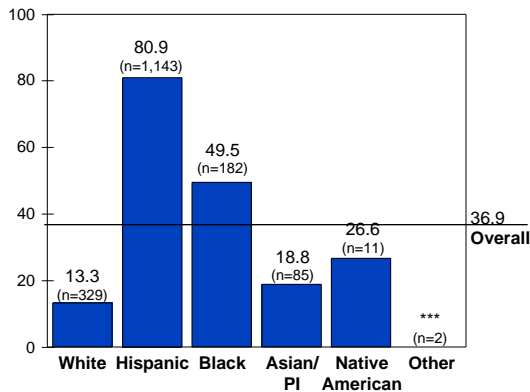
Hispanic high school students surveyed in San Diego schools were least likely to use condoms compared to other racial/ethnic groups. **(Fig. 2)**

County Areas (1996): Vista, Central, Chula Vista **(Table 2)**

Although all racial/ethnic groups experienced declines from 1991 to 1997, birth rates for black and Hispanic teenagers were still substantially higher than other racial/ethnic groups.²

In 1995, 66.3% of teen mothers ages 15-19 received first trimester care and 7.6% received late or no care.³

Figure 1
Teen Birth Rates,* Ages 15-17,
by Race/Ethnicity,
San Diego County, 1996¹



* Rates per 1,000 teen girls age 15-17

Figure 2
Percentage of High School
Students Surveyed who had
Sexual Intercourse during Past 3
Months who used a Condom
during Last Intercourse, by
Race/Ethnicity, San Diego, 1997⁶

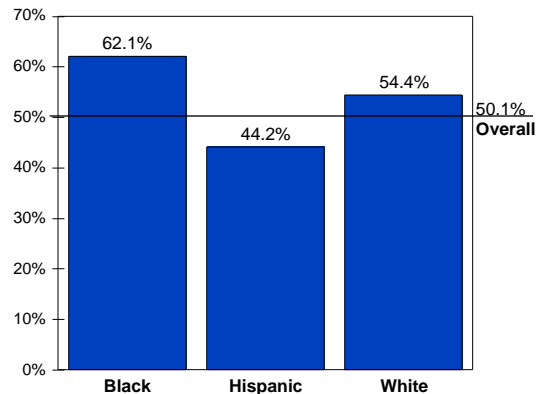


Figure 3
Percentage of High School Students Surveyed who ever had Sexual Intercourse, by Race/Ethnicity, San Diego, 1997⁶

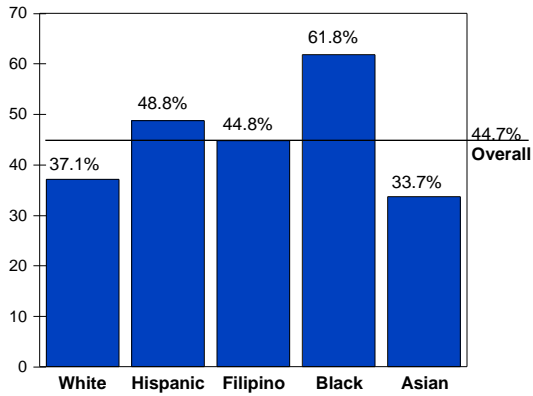


Figure 4
Percentage of High School Students Surveyed who had Sexual Intercourse during Past 3 Months and Used a Condom during Last Intercourse, by Age, San Diego, 1997⁶

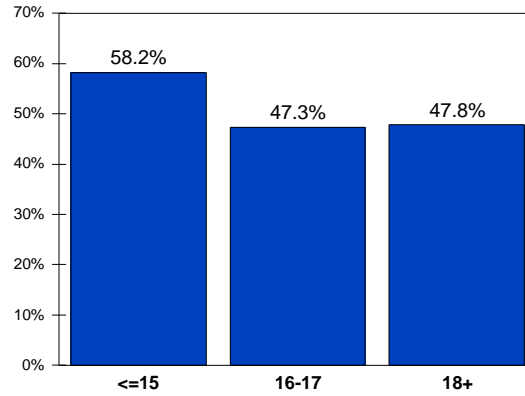


Table 2
San Diego County SRAs with the Highest Teen Birth Rates,* Age 15-17, 1996¹

San Diego County	Vista	Central	Chula Vista
36.9	76.1	68.8	68.1

* Rates per 1,000 teen girls age 15-17

Prevention

Enhancing the connection between teenagers and their family, home, school, and community is essential for protecting teenagers from the variety of risky behaviors, including sexual activity.²

A recent survey of California adults found that nearly 90% of those surveyed believe that teens need help in making more informed personal decisions about sexuality.⁷

Two-thirds of the surveyed adults believe that contraceptives should be more readily available to teens and 50% believe that sex education in the school should be limited to abstinence only curriculum.⁷

According to the California Health Care Foundation, teen pregnancy prevention efforts should focus on:⁸

- < Increasing access to family planning services for low-income populations
- < Male responsibility programs
- < Media campaigns
- < Education in community colleges

Community Health Improvement Partners

Many adolescents could potentially benefit from counseling about how to prevent unintended pregnancy. In a 1990 survey, 22% of sexually active teens reported not practicing any form of contraception. Contraception use at first premarital intercourse remains lower than at any other stage in life: 29% of all teens reported using no contraception at first intercourse.⁵

The US Preventive Services Task Force stated that the most effective teen pregnancy prevention programs combined a school curriculum with free contraceptive services through a school-linked clinic.⁵

Access to family planning clinics appears to help prevent unintended adolescent pregnancy. Teenagers who attend family planning clinics were more likely to use oral contraceptives and less likely to engage in unprotected sexual intercourse; adolescents living in communities with subsidized family planning services were less likely to become pregnant.⁵

According to the Prevention Researcher, recommendations for preventing adolescent pregnancy include:⁹

- ◀ More extensive education about sexuality and contraception
- ◀ Easy access to contraception including family planning clinics, school-based clinics, and condom distribution
- ◀ Increase in programs designed to enhance life options including role modeling, mentoring, programs to improve school performance, and youth employment programs

Model Programs

*California Partnership for Responsible Parenthood Initiative*⁷

- ◀ Focuses on the role of adolescent and young adult males in preventing adolescent pregnancy and being responsible and actively engaged with the children they do father
- ◀ Mentoring program is currently recruiting adult volunteer mentors
- ◀ Statewide media campaign includes messages on preventing teen and unwed pregnancies and promoting abstinence and male responsibility
- ◀ Community-driven prevention efforts are taking place in 112 communities throughout the state and partnering with local schools, community agencies, and health departments
- ◀ Prosecuting adult males who have sexual relations with underage teenagers

Figure 5
Percentage of High School Students Surveyed who ever had Sexual Intercourse, by Age, San Diego, 1997⁶

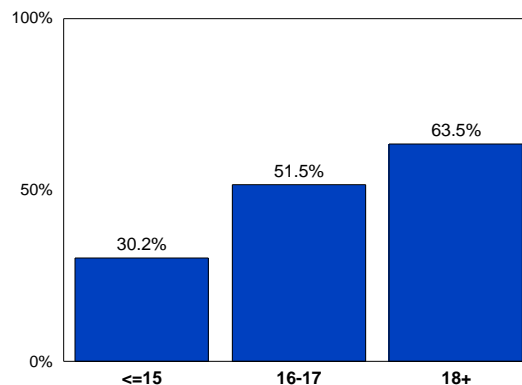


Figure 6
Percentage of High School Students Surveyed who ever had Sexual Intercourse, by Gender, San Diego, 1997⁶

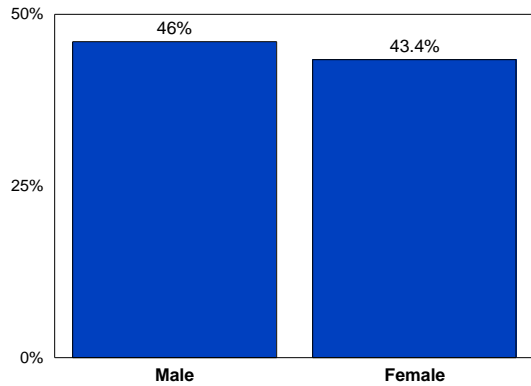
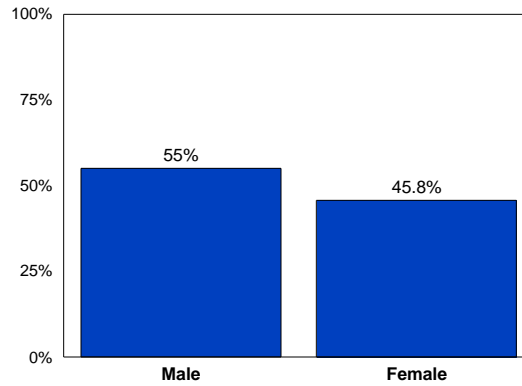


Figure 7
Percentage of High School Students Surveyed who had Sexual Intercourse during Past 3 Months who Used a Condom during Last Intercourse, by Gender, San Diego, 1997⁶



Resources

San Diego Adolescent Pregnant and Parenting Program, San Diego Unified School District, (619) 525-7474

STOP Students Thinking Over Parenthood, (619) 265-2803

National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, www.cdc.gov/nccdphp

California Wellness Foundation, www.tcwf.org

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