

The State of Adolescent Sexual Health in Colorado 2017

A Report By Colorado Youth Matter





Introduction

As a statewide organization dedicated to improving the sexual health of young people, Colorado Youth Matter engages with and builds community capacity for systems-level change and seeks to strengthen leadership and advance the movement for youth sexual health. This report provides a summary of relevant, up-to-date statistics on the sexual health of young people and a snapshot of how Colorado has progressed and measured up to national trends over time.

These data are intended to inform programs and policies that support the health and well being of all Colorado youth. The recommendations at the end of this report provide a framework that communities can tailor to support youth sexual health.

Contents

- 4** Adolescent Sexual Behavior
- 8** Teen Birth Rates
- 10** Sexually Transmitted Infections (STIs) and HIV
- 13** Health Care Coverage and Services
- 14** Recommendations
- 15** Citations

Adolescent Sexual Behavior

2015 Healthy Kids Colorado Survey⁶



35% OF YOUNG PEOPLE
will have had sex before they graduate from high school

less than the national rate of 41.2%

50% decrease from 2013

Only 4% of high school students reported having had sex for the first time prior to the age of 13.⁶

2015 data show a correlation between a young person's perceived importance of school and sexual activity. Of sexually active youth who reported it was "very important" to finish high school, only 9.7% had not used birth control the last time they had sex. By comparison, 55.8% of sexually active youth who reported that finishing school was "not at all important" had not used birth control the last time they had sex.⁶

Sexual behavior varied between demographic groups⁶

38%
Males are more likely to have sex

33%
Females are less likely to have sex

50%
Lesbian/Gay/Bisexuals are more likely to have sex

34%
Heterosexual people are less likely to have sex

58%
Transgender people are more likely to have sex

58%
Cisgender people are less likely to have sex



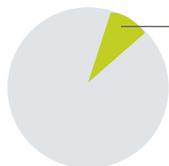
Contraception

Condom use among Colorado youth in 2015 has declined about 3.2% since 2013. However, 61.7% of sexually active youth do report using a condom during the last sexual intercourse in the past 3 months.

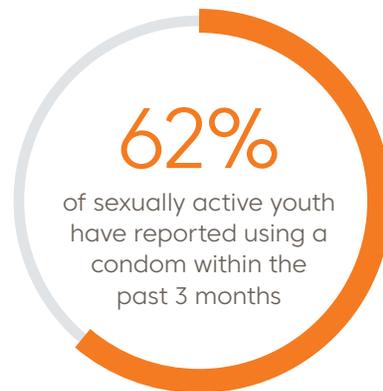
Condoms, the only kind of birth control that protects against STIs, remain the most commonly used form of contraception. Birth control pills are the next most commonly used form of contraception, with approximately 18.8% reporting that they or their partner used the birth control pills during last sexual encounter.⁶

Use of birth control dramatically increased in 2015

Younger students who are sexually active are **less likely to use contraception** during last sexual intercourse.⁶



12% of youth reported no method being used
OF THESE, 16% WERE AGED 15 AND UNDER



Trusted Adults

The presence of a Trusted Adult is important when it comes to a young person's sexual activity and safety. A "Trusted Adult" is an adult that a young person feels comfortable speaking with about sensitive questions.

Trusted Adults increase the likelihood of condom use by 11%.



Students who reported having an adult they could go to for help with a serious problem were also approximately 7% less likely to have used marijuana or alcohol in the past 30 days.⁶

Teens who do NOT have a trusted adult to go to for help⁶



Colorado's LGBTQ youth are a significantly higher risk for both bullying and sexual assault.



Healthy Relationships and Bullying

In Colorado high schools, approximately 10.9% of young women reported being forced to have sex against their wishes, compared to 3.5% of young men.

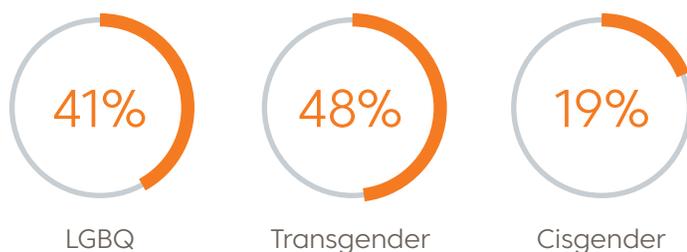
Additionally, of students who reported dating or going out with someone during the past 12 months, 11.7% of females and 6.9% of males report being physically hurt on purpose by the same person they were dating.⁶

An alarming

62%

of students who did report an incident of bullying said that school staff did nothing in response.¹⁷

Teens who are more likely to be bullied at school due to sexual orientation⁶



Teen Birth Rates

In 2015, teen birth rate reached another historic low¹⁶



22.3

BIRTHS PER 1,000 TEENS NATIONWIDE AGES 15-19

64% decline since 1991¹⁶

46% decline since 2007¹⁶

8% decline from 2014¹⁵



17 births in Colorado per 1,000 teens ages 15-19 dramatic ↓ from 51 in 2000

Births among 10-14 year-old females have remained extremely low and relatively unchanged in the past three years (0.1 births per 1,000 females ages 10-14).

In 2015, the birth rate for females ages 10-19 in Colorado was at an all-time low of 0.1 per 1,000 women. This rate has been consistently decreasing since reaching 0.8 in the year 2000.³

A drop in teen births is happening throughout Colorado. Among the 49 counties with sufficient data, 46 saw reduced rates between 2000 and 2015. Only Baca (10.3% increase), Broomfield (10.1% increase) and Crowley (13.2%) counties saw rate increases.³

Abortions among teens ages 15-19 have decreased²

35%

linked to the Colorado Family Planning Initiative

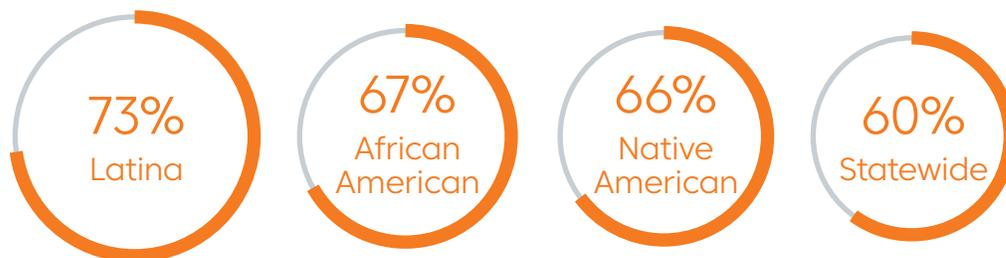
2009

2014

Disparities in Teen Birth Rates

Data shows that while racial disparities in teen birth rates remain, the gaps are closing as all groups are consistently experiencing significant declines over time, both in Colorado and nationally.

Significant declines in teen births since 2000 for teens aged 15-19³



In past years, the rural and urban areas of the state have had disparities in teen birth rates. In the 2003-2005 average, the top ten counties with highest teen birth rates were mostly rural counties but included the urban areas of Denver and Adams counties. Despite the disparities in birth rates, these counties have birth rates much lower than the top counties a decade ago.³



Sexually Transmitted Infections (STIs) and HIV

HIV/AIDS

Between 2014 and 2015, the HIV rate for young people ages 10-19 decreased in Colorado from 1.9 to 1.6 (cases per 100,000).⁴

10



Rates of HIV transmission among Black/African American youth have tripled between 2011 and 2014. No recorded transmission among youth identified as Asian/Pacific Islander and American Island/Alaska Native. A one year dip is not strong enough evidence to indicate a trend. More analysis must be completed as this information develops.⁴

The 2015 transmission rates among teens



Chlamydia

Chlamydia is the most prevalent notifiable disease in the country, and has been the most common sexually transmitted infection (STI) since 1994.⁵

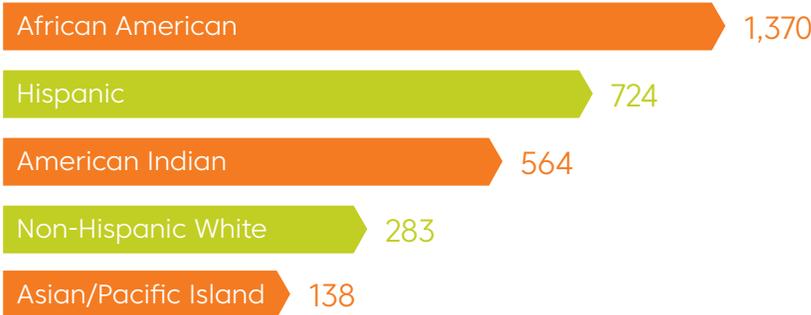
A notifiable disease or infection is defined by the CDC as being required by law to be reported to government authorities. In 2015, Colorado ranked 26th among 50 states in chlamydial infections (445.4 per 100,000 persons).⁷

In 2015, higher rates of chlamydia were in Colorado⁴



The rate was continually decreasing between 2011 and 2014, but in 2015 there were 310 more diagnoses than the previous year. It is too early to determine if this represents an anomaly or the beginnings of an upward trend.⁴

Racial/ethnic youth groups varied in Colorado



The dramatic variation among these groups may indicate a need for improved healthcare access among Colorado communities.⁴

Gonorrhea

In 2015, Colorado ranked 36th among 50 states in gonorrhea infections (81.9 per 100,000 persons).⁷

Nationally, gonorrhea cases are the highest among adolescents and young adults.⁴



In 2015, the Colorado gonorrhea rate increased by almost 38%.⁴

In 2017, the Centers for Disease Control and Prevention noted the emergence of drug-resistant gonorrhea. Although it can usually be cured with antibiotics, drug resistance is making the infection harder to treat. They recommend increased screening, expediting the notification and treatment of sexual partners, and staying up-to-date with any changes to CDC's treatment guidelines.⁸



Human Papillomavirus (HPV)

Human papillomavirus (HPV) is the most common STI, CDC estimates that nearly all sexually active people will get HPV at least once in their lifetime, but since it is not a notifiable disease, national and statewide data are not available.

Several vaccines for HPV exist which can prevent certain types of cancer, including cervical cancer. It is recommended that all 11 to 12 year olds get two doses of HPV vaccine. However, data shows that 40% of adolescent girls, and 50% of adolescent boys have not started the vaccine series.⁹

Health Care Coverage and Services

As the state of healthcare and sexual health education in the United States remains uncertain, it is important to reflect upon the success that have been achieved in recent years.

The Affordable Care Act and the expansion of Medicaid to low-income families across the United States reduced many barriers to care. Since implementation, its coverage has included critical sexual health services and has reduced prohibitive out of pocket costs for birth control. The numbers of uninsured women of reproductive age have declined 36% between 2013 and 2015.¹⁰ It also halved the number of insured women who would have to pay out of pocket for a hormonal IUD.¹¹

Colorado's 2013 Medicaid expansion (resulting from the 2010 passage of the Affordable Care Act), led to the creation of the Colorado Department of Public Health and Environment's Colorado Family Planning Initiative. This initiative provided training, operational support, and low- or no-cost Long-acting Reversible Contraceptives (LARC) to low-income women statewide. Between 2008 and 2015, the initiative provided LARCs to more than 36,000 women, nearly quadrupling LARC usage. Between 2009 and 2014, unintended pregnancy rates for teens aged 15-19 dropped 40% and abortion rates nearly halved.¹²

Colorado Youth Matter has also made important contributions to increasing healthcare access by promoting school to clinic linkages via its Maximizing Success project. This federally funded project has aimed to reduce teen pregnancy rates in Adams, Arapahoe, and Denver counties by implementing evidence-based sexual health education programs in high schools and clinics. High school curricula were accompanied by information about healthcare resources available to teens, fostering healthcare linkages between schools and clinics. 695 youth were served in the 2016-2017 school year. Student tests revealed that they became more confident about condom usage and their ability to access reproductive resources as needed. They also gained critical knowledge about birth control methods, healthy relationships, and consent.¹²

Recommendations

Increase linkages between schools and clinics.

Through its Maximizing Success project, Colorado Youth Matter has found that pairing sexual health education with information about accessible clinic-based healthcare resources is one way to empower young people to pursue sexual health.

Sexual health education should be comprehensive.

Sexual health education should occur in conjunction with comprehensive health education so that youth understand all aspects of health including safe relationships, STI prevention, family planning, decision-making and goal-setting.

Include media literacy within sexual health education.

Today's youth are growing up in a digital world and it is important to help them navigate the subjects of pornography and sexting even when the landscape looks unfamiliar to us. Colorado Youth Matter does not believe that these represent deviant or unnatural behavior, but treating it as such can cause harm and confusion to young people. Sexting and using pornography are normal and natural part of young people's sexual development. Sexual health education should address these topics in an honest, shame-free manner while also informing youth about any pertinent laws that may criminalize this behavior.

Teach affirmative consent.

Instead of telling youth that "no means no," it is more important to understand that only a sober and excited "yes" is consent. This reframing acknowledges that all discussions of consent should be rooted in an acknowledgment of sexual pleasure. Youth cannot learn how to engage in consensual sex without also learning that consent is about both or all parties feeling good, feeling pleasure, and recognizing and respecting mutual desire.

Break down binaries and barriers.

The most effective sexual health education is that which is inclusive of all bodies, orientations, and identities that may be present in a classroom. Educators should strive to use inclusive language, acknowledge different types of bodies and relationships, and to avoid gendering sexual organs (saying 'person with a penis' instead of 'male,' for example). Young people should be able to identify themselves instead of having assumptions imposed upon them. It is also important for educators to understand that there is a diversity of sexual experience within your their environment.



Citations

- 1 CDPHE (2015). Healthy Kids Colorado Survey data provided to Colorado Youth Matter from the Health Surveys and Analysis Program.
- 2 CDPHE (2015). Colorado's teen birth rate continues to plummet. Accessed November 2017 from: <https://www.colorado.gov/pacific/cdphe/news/teenbirthrate>
- 3 CDPHE (2015). Teen birth data provided to Colorado Youth Matter, November 2015, from the Health Statistics Section.
- 4 CDPHE (2015). All data from NETSS Data Transfer and CDPHE PRISM Reports provided to Colorado Youth Matter, STI/HIV Surveillance Section.
- 5 "2015 Sexually Transmitted Diseases Surveillance." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 18 Oct. 2016, www.cdc.gov/std/stats15/chlamydia.htm.
- 6 Colorado Department of Public Health and Environment (CDPHE) (2015). Adolescent Health Data: Healthy Kids Colorado Survey.
- 7 "Colorado - State Health Profile." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 2016, https://www.cdc.gov/nchhstp/stateprofiles/pdf/colorado_profile.pdf.
- 8 Bolan, Gail. "Emerging Drug-Resistant Gonorrhea: What's New and What Now?" Medscape Log In, Centers for Disease Control and Prevention, 6 Mar. 2017, www.medscape.com/viewarticle/876378?src=par_cdc_stm_mscpedt.
- 9 "Questions and Answers." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 28 Nov. 2016, www.cdc.gov/hpv/parents/questions-answers.html.
- 10 "Uninsured Rate Among Women of Reproductive Age Has Fallen More Than One-Third Under the Affordable Care Act." Guttmacher Institute, 19 November 2016, www.guttmacher.org/article/2016/11/uninsured-rate-among-women-reproductive-age-has-fallen-more-one-third-under.
- 11 "The Affordable Care Act Is Working." Guttmacher Institute, 2 Mar. 2017, www.guttmacher.org/infographic/2015/affordable-care-act-working.
- 12 Taking the Unintended out of Pregnancy - Colorado's Success with Long-Acting Reversible Contraception. Colorado Department of Public Health and Environment, 2017, Taking the Unintended out of Pregnancy - Colorado's Success with Long-Acting Reversible Contraception, www.colorado.gov/pacific/sites/default/files/PSD_TitleX3_CFPI-Report.pdf.
- 13 "HIV/AIDS." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 7 Apr. 2017, www.cdc.gov/hiv/group/age/youth/index.html.
- 14 "Colorado Youth Matter- Maximizing Success Project Data." Denver, 2017.
- 15 "Reproductive Health: Teen Pregnancy." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 9 May 2017, www.cdc.gov/teenpregnancy/about/index.htm.
- 16 Martin, Joyce, et al. "Births: Final Data for 2015." *National Vital Statistics Reports*, vol. 66, no. 1, 5 Jan. 2017, www.cdc.gov/nchs/data/nvsr/nvsr66/nvsr66_01.pdf.
- 17 Gay, Lesbian, and Straight Education Network (GLSEN) (2013). National School Climate Survey. Accessed December 2016 from: http://www.glsen.org/sites/default/files/2013%20National%20School%20Climate%20Survey%20Full%20Report_0.pdf

Colorado Youth Matter

P.O. Box 6699

Denver, CO 80206

