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Youth Risk Behavior Survey 2011



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A total of 3,492 Hamilton County high school students from 19 public and six private schools completed the survey between October 2010 and January 2011.

Classroom teachers administered surveys using a protocol to enhance the confidentiality of student responses. Participation was voluntary, and either parents or students could choose not to participate. Overall student response rate was 69.6%, with non-response based on student absenteeism and student or parent refusal.

Previous YRBS studies were conducted in 1998 (2,990 surveys completed) and 2002 (2,752 surveys completed).

2011 YRBS funding was provided by:
Community Foundation of Greater Chattanooga
Chattanooga-Hamilton County Health Department
First Things First
Medical Foundation of Chattanooga On Point
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and in partnership with:
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Teen Sexual Activity in Hamilton County

Nearly half (46%) of high school students in Hamilton County have had sexual intercourse, with eight percent reporting that they had sex for the first time before they were thirteen years old. Forty-three percent of students had engaged in oral sex, with eight percent of all students reporting they had engaged in oral sex before age thirteen. Fifty-five percent of students were sexually experienced, having engaged in either sexual intercourse or oral sex or in both behaviors.

One-third of students indicated they were currently sexually active (have had sexual intercourse in the past three months). Fifteen percent of all students reported having four or more sexual partners in their lifetime. While findings regarding sexual intercourse reflect substantive declines over findings from the first YRBS in 1998, they are similar to 2002 YRBS findings.

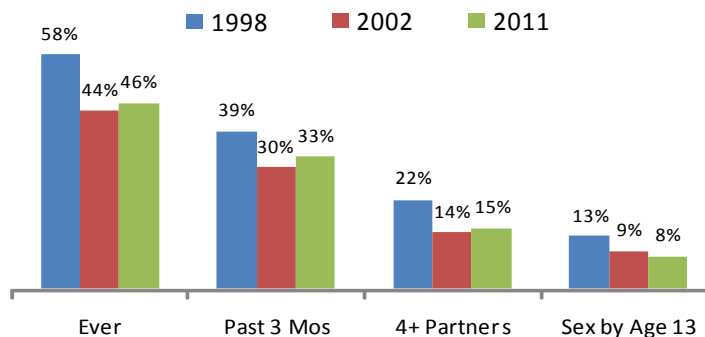
Nearly half (47%) of all students who had sexual intercourse in the past three months used condoms as their primary form of birth control the last time they had sex. An additional 22% used either birth control pills or Depo-Provera to prevent pregnancy. Almost one in five (18%) of sexually active students, however, either did not use birth control last time they had sex or could not remember the method, while 10% relied on withdrawal.

Risk behaviors tend to cluster. Sexually active students were 2.5 times more likely to also smoke, drink or use marijuana than students who were not sexually active (65% versus 26%) and 5.3 times more likely to engage in all three other risk behaviors (16% versus 3%). In addition, 21% of sexually active students reported using alcohol or drugs before having sex most recently.

Sexual risk behaviors place adolescents at risk for sexually transmitted diseases. Over one-third (36%) of new chlamydia and gonorrhea diagnoses in Hamilton County in 2009 were to young people age 10 to 19. Among residents in this age group, there were 698 chlamydia diagnoses and 200 gonorrhea diagnoses. Condoms, if used correctly, can greatly reduce, though not eliminate, the risk of STDs. Forty percent of sexually active students indicated they did not use a condom the last time they had sexual intercourse.

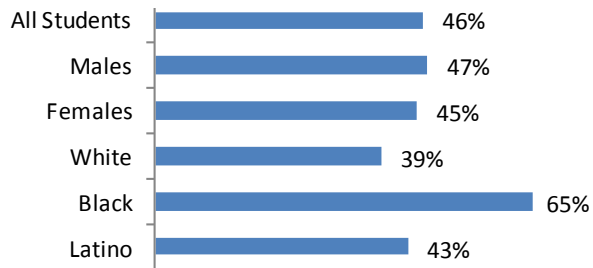
HEALTHY TRENDS

Sexual Intercourse



SEXUAL ACTIVITY TRENDS

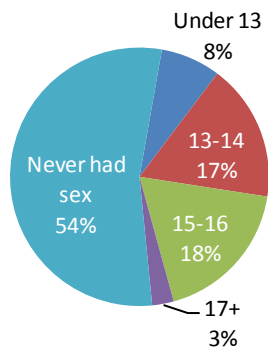
Ever Had Sexual Intercourse



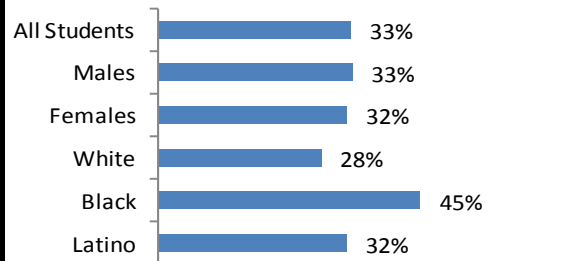
Sexually Experienced (Ever Had Intercourse/Oral Sex)



Age at First Sexual Intercourse

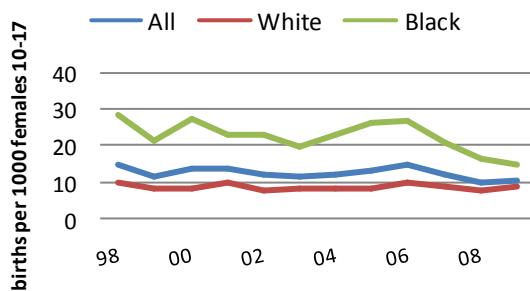


Sexual Intercourse Past 3 Months



TEEN BIRTHS IN HAMILTON COUNTY

Teen Birth Rates (Ages 10-17) Hamilton County 1998-2009

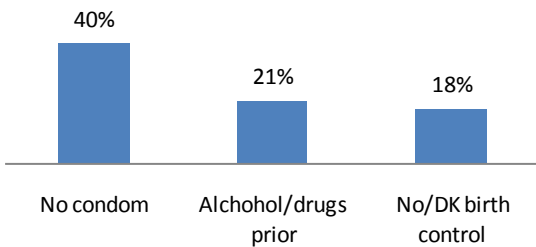


Since 1998, teen birth rates have declined by 29.3%. Among African Americans, the teen birth rate dropped 47.4%. Among whites, the teen birth rate dropped 10.9%

In Hamilton County in 2009, 150 babies were born to mothers between the ages of 10 and 17, or 10.6 births for every 1,000 females aged 10 to 17.

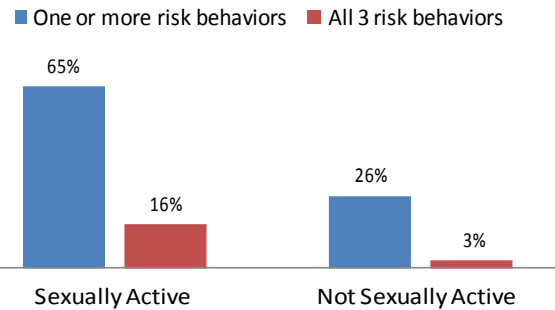
MULTIPLE RISKS

Behaviors at Last Sexual Intercourse



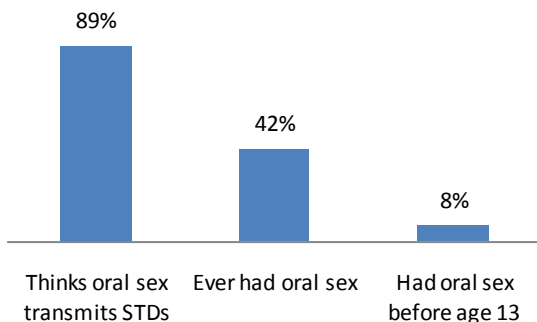
*Among students having intercourse in past 3 months

Participation in 3 Other Key Risk Behaviors*

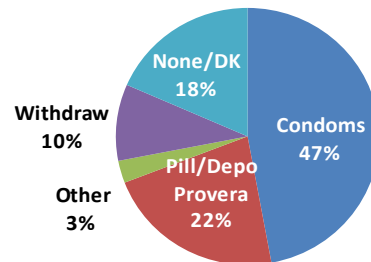


* Other key risk behaviors: current smoking, drinking, and marijuana use

Oral Sex



Primary Birth Control Used Last Time



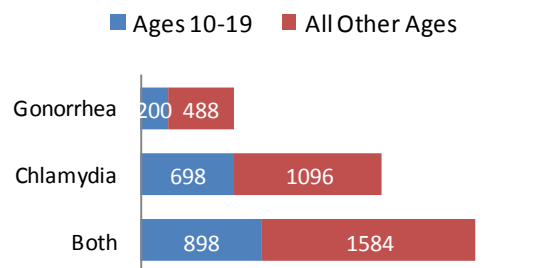
*Among students having intercourse in past 3 months

STDs AMONG TEENS IN HAMILTON COUNTY

Over one-third (36%) of the 2,482 of the new chlamydia and gonorrhea diagnoses in Hamilton County in 2009 were to young people ages 10 to 19. Among residents in this age group there were 698 chlamydia diagnoses and 200 gonorrhea diagnoses.

Of the 898 teen diagnoses for Chlamydia and gonorrhea in 2009, 76% were to African American teens, 22% to white teens, and 2% to Latino teens.

2009 Hamilton County STDs: Number of Diagnoses



THE IMPACTS OF TEENAGE SEXUAL BEHAVIOR

Financial Burden of Teen Childbearing in Hamilton County

Teen childbearing in Hamilton County cost taxpayers an estimated \$12.9 million in 2008. An analysis from The National Campaign to Prevent Teen and Unplanned Pregnancy (NCPTUP) shows that teen childbearing (mothers under age 20) in Tennessee cost taxpayers at least \$272 million in 2008, or \$24,073 per birth. If we assume that this figure applies at the county level, this translates to \$12.9 million for the 539 births to mothers under age 20. Of the total teen childbearing costs in Tennessee in 2008, 40% were federal costs and 60% were state and local costs. The estimates include costs associated with child welfare, criminal justice, public assistance, and lost tax revenue associated with reduced educational attainment and associated income. (NCPTUP)

Of the 150 babies born to mothers ages 10 to 17 in Hamilton County in 2009, 15.3% had low birthweight (compared to 10.6% countywide); 4% of these mothers had a previous birth. (Tennessee Department of Health - TDOH)

Implications of Teen Childbearing for Education

Parenthood is the leading cause of school dropout among teen girls – 30% of teen girls cited pregnancy or parenthood as a reason for dropping out of high school. Other data find that fewer than 2% of young teen mothers (those who have a baby before age 18) attain a college degree by age 30. (NCPTUP)

Children of teen mothers are more likely than mothers who gave birth at age 20-21 to drop out of high school. In fact, only two-thirds of children born to teen mothers earned a high school diploma compared to 81% of children born to older moms. (NCPTUP)

Teens who are more involved in their school are less likely to get pregnant than teens not as involved in their school. Important aspects of school engagement include grades, test scores, class participation, homework completion, and a perception of support and connectedness with teachers and administrators. Planning to attend college after high school is also associated with a lower risk of teen pregnancy. (NCPTUP)

Sexually Transmitted Diseases

Young women are biologically more susceptible to certain STDs, including chlamydia, gonorrhea, and HIV, compared to other age groups of women. (CDC)

At least 25 diseases are shared through sexual contact. At least eight new pathogens have been identified since 1980. Many of these diseases may begin with vague or mild symptoms. Unless tested, most people do not know they are infected until the infection may have caused permanent, lifelong damage. They may have also unknowingly given the infection to past or present partners. (CDC)

Many of these diseases can be transmitted in a variety of ways. According to the National Physicians Center, an STD is one that is passed from one person to another during sexual contact. The contact does not necessarily have to be intercourse, and oral sex presents health risks as well.

Association with Other Risky Behaviors

Research has shown that early sexual debut and subsequent sexual behavior is generally not an isolated behavior, but is most likely to be associated with other risky or problematic behaviors such as substance use, academic difficulties, and delinquent behaviors. These behaviors may occur either before, soon after, or in the adolescent years that follow early sexual debut. (*Journal of Youth and Adolescence*, 2007)

Other research found a relationship between depression and early initiation of sexual behaviors, particularly during the early to middle adolescent years. (*Journal of Adolescence*, 2003)

The Urban Institute notes that “it is perhaps more important to remember that there are many causal factors for early sexual debut which include, but are not limited to: abuse, negative or lacking parental involvement and behavior, negative peer influence, and the onset of other risky behaviors.” The Institute further states that protective assets, such as constructive use of time, boundaries and expectations, positive values, and positive adult support, are associated with a “sizable reduction in ALL risky behaviors.” (Urban Institute)