

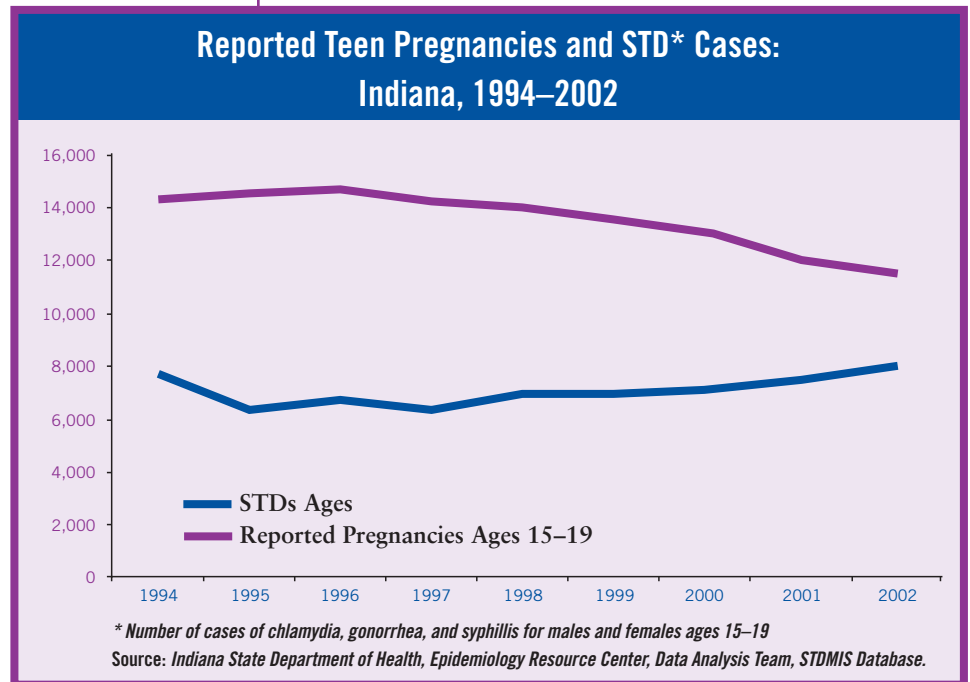
## Sexually Transmitted Diseases: Confronting the Hidden Epidemic

### What we know

Teen pregnancy rates in Indiana and the U.S. are at record lows, but the incidence of sexually transmitted diseases (STDs) among youth is rising. Since 1994, the number of reported pregnancies in Indiana for teens ages 15–19 has fallen by 20.3 percent while the number of Chlamydia, Gonorrhea, and Syphilis infections in teens ages 15–19 has risen by 1.6 percent<sup>1</sup>. Of the 15 million Americans who contract STDs each year,<sup>2</sup> nearly half are between ages 15 and 24, even though this age group makes up only a quarter of the sexually active population. Researchers predict that by age 25 half of all sexually active adults will have acquired an STD.<sup>3</sup>

While statistics specific to Indiana are not available, researchers have estimated that

nationally, one in five sexually active adults have genital herpes and at least one in two will acquire a human papillomavirus (HPV) infection, the virus that causes genital warts and cervical cancer.<sup>4</sup>



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<sup>1</sup> Indiana State Department of Health, Epidemiology Resource Center, Data Analysis Team. National and state teen birthrates have followed the same trend as teen pregnancy rates.

<sup>2</sup> Centers for Disease Control and Prevention. "Tracking the Hidden Epidemics: Trends in STDs in the United States, 2000."

<sup>3</sup> School of Journalism and Mass Communication, University of North Carolina at Chapel Hill. "Our Voices, Our Lives, Our Futures: Youth and Sexually Transmitted Diseases." February 2004.

<sup>4</sup> Centers for Disease Control and Prevention, National Center for HIV, STD and TB Prevention, Division of Sexually Transmitted Diseases Prevention. 2004. Genital Herpes Fact Sheet. <http://www.cdc.gov/std/Herpes/STDFact-Herpes.htm>; Genital HPV Infection Fact Sheet, <http://www.cdc.gov/std/HPV/STDFact-HPV.htm#common>.

Disease prevention always is preferable to disease treatment. However, prompt treatment can cure or manage most STD infections. Left untreated, STDs can lead to infertility, chronic pain, cervical cancer or even death.

Risks aren't limited to adults. Mothers can pass infections to their babies with devastating consequences. STDs that cause illness in adults can be life threatening to infants with developing immune systems.<sup>5</sup>

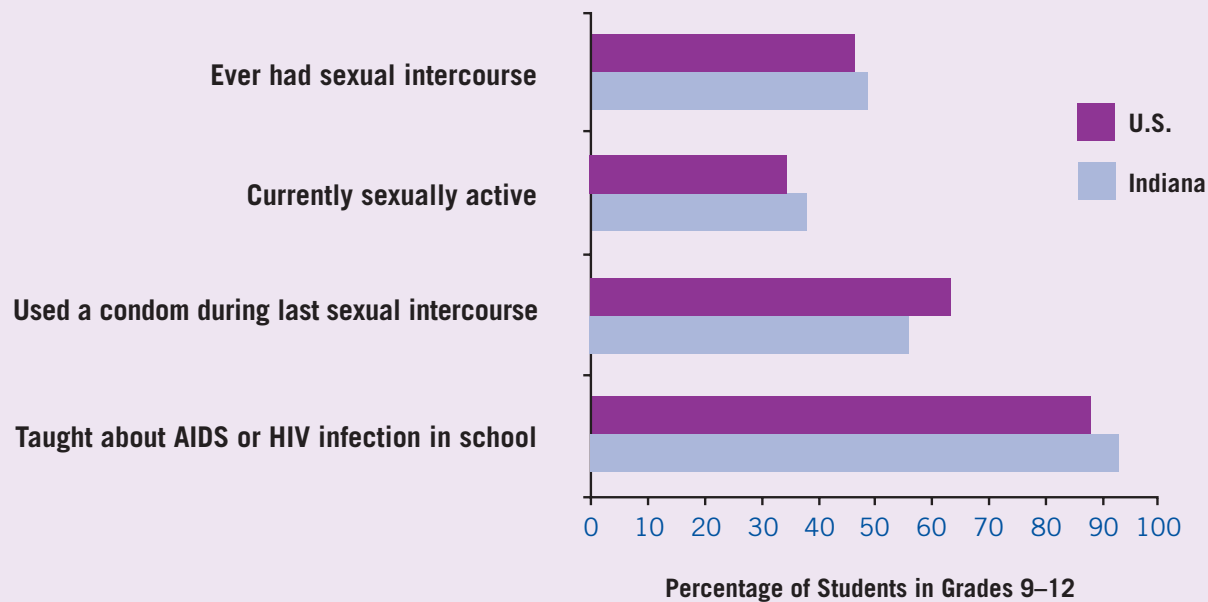
Most frightening: Sores that sometimes accompany STD outbreaks can increase a victim's vulnerability to HIV. Other STDs cause changes in the immune system that heighten susceptibility to HIV. In 2003, doctors diagnosed 458 new cases of AIDS in the

U.S. among youth ages 13–19. This was the highest number ever recorded in a single year for this age group.<sup>6</sup>

The issue of teens and sex is contentious and controversial. In fact, one researcher referred to the topic as “the Middle East of the culture wars.”<sup>7</sup> Public debate and disagreement—between “abstinence” proponents on one side and “safe sex” advocates on the other—also lack consensus on which data and statistics, if any, are useful or reliable.

**The purpose of this Issue Alert is twofold: First, to alert Indiana with a statistical update on STDs; and second, to offer recommendations that move public discussion toward common ground solutions.**

## Teen Sexual Behaviors: U.S. and Indiana, 2003



Source: *Indiana State Department of Health, 2003 Youth Risk Behavior Survey.*

<sup>5</sup> School of Journalism and Mass Communication, University of North Carolina at Chapel Hill. “Our Voices, Our Lives, Our Futures: Youth and Sexually Transmitted Diseases.” February 2004.

<sup>6</sup> News from Child Trends: Jan. 5, 2005.

<sup>7</sup> Hymowitz, K. S. “What to Tell the Kids about Sex.” *The Public Interest*. Fall 2003.

## Wanted: More facts

Studies have yielded much information about teen sexual activity as it relates to pregnancy and pregnancy prevention.

Missing from the data are facts about behaviors that avoid conception but risk STDs. Mounting anecdotal evidence shows that many youth categorize oral sex as “safe” or “safer sex” or even as “abstinence” because it doesn’t involve intercourse. They are unaware that the practice does not prevent disease transmission.

To what extent do teens engage in behavior that risks infection? We can only surmise an answer from youth survey data:<sup>8</sup>

- About half of 9<sup>th</sup>–12<sup>th</sup> graders report having had sexual intercourse.
- More than two-thirds of high school youth say they have touched another person’s genitals in a sexual way.
- Among adolescents who have *not* had sexual intercourse, 30 percent say they have been “intimate” with a partner; 13 percent have had oral sex.
- 39 percent of youth, ages 15–17, consider oral sex to be “safer” sex;<sup>9</sup> half of this age group says oral sex is not sex at all.<sup>10</sup>

# Estimated Direct Medical Costs\* of STDs Acquired by Youth Ages 15–24: U.S., 2000

STD	New cases among youth in 2000	Average lifetime cost per case among youth	Total cost of STDs acquired by youth in 2000
Chlamydia	1,500,000	\$244 (women); \$20 (men)	\$248,400,000
Genital herpes	640,000	\$417 (women); \$511 (men)	\$292,700,000
Gonorrhea	431,000	\$266 (women); \$53 (men)	\$77,000,000
Hepatitis B	7,500	\$779	\$5,800,000
HIV/AIDS	15,000	\$199,800	\$3,000,000,000
HPV	4,600,000	\$1,228 (women); \$27 (men)	\$2,900,000,000
Syphilis	8,200	\$444	\$3,600,000
Trichomoniasis	1,900,000	\$18	\$34,200,000
<b>Total</b>	<b>Greater than 9,000,000</b>		<b>\$6,500,000,000</b>

\*Direct medical costs include clinician visits, hospitalization, diagnostic testing and drug treatments for acute care plus the lifetime costs of complications. Costs are in 2000 dollars.

Source: Chesson, H.W. et al. (2004). The estimated direct medical cost of sexually transmitted diseases among American youth, 2000. *Perspectives on Sexual and Reproductive Health*, 36(1):11-19 as quoted in School of Journalism and Mass Communication, University of North Carolina at Chapel Hill. “Our Voices, Our Lives, Our Futures.” February 2004.

For an explanation of the STDs listed above, visit the Centers for Disease Control Web site at [www.cdc.gov/std/](http://www.cdc.gov/std/)

<sup>8</sup> Manhattan Institute for Policy Research. “Sex, Drugs, and Delinquency in Urban and Suburban Public Schools.” January 2004.  
<sup>9</sup> Kaiser Family Foundation. National Survey of Adolescents and Young Adults: “Sexual Health Knowledge, Attitudes and Experiences.” 2003.  
<sup>10</sup> Kaiser Family Foundation. National Survey of Teens: “Virginity and the First Time.” October 2003.

## STDs in Indiana

In spite of efforts to educate Hoosier youth to the dangers of STDs, teens here are as vulnerable as their peers across the country. The 2003 Indiana Youth Risk Behavior Survey, conducted in the spring of 2003 among 48 Indiana high schools as part of a national effort led by the Centers for Disease Control and Prevention shows a slightly elevated level of sexual activity among the state's adolescents when compared with national statistics.<sup>11</sup> While greater numbers of Indiana teens report having had intercourse or currently being sexually active compared with their peers nationally, fewer Indiana teens report using a condom during their last sexual intercourse.

## High costs of STDs

In addition to physical and emotional consequences, treating and managing STDs are expensive for individuals and for the public health system. For a variety of reasons—lack of health insurance, embarrassment, fear—teens are less likely to obtain medical care and thus risk long-term consequences of STDs. The lifetime medical costs of addressing STDs acquired by youth have been projected at about \$6.5 billion.<sup>12</sup>

## Searching for solutions

Intervention programs that measure success at reducing teen pregnancy rarely track progress toward curbing the spread of STDs. In the absence of definitive data, researchers point to several “protective factors” that discourage or delay sexual activity among adolescents. These factors include:

- Strong bonds between teens and parents.<sup>13</sup>
- Feelings of connectedness between teens and school.<sup>14</sup>
- Commitments to religion and prayer.<sup>15</sup>
- Formal pledges to delay sex until marriage.<sup>16</sup>
- Friendships with peers who are high achievers.<sup>17</sup>
- Opportunities for ongoing conversations with teachers, healthcare providers, policymakers and other adults.<sup>18</sup>
- Availability of service-learning programs that involve teens in worthwhile community initiatives.<sup>19</sup>

Positive behaviors tend to multiply and crowd out negative behaviors. Here's how it works: Youth who are closely connected to their families spend time in shared activities, engage in candid communication, and are open to messages their parents send regarding the importance of delaying sexual activities. By the same token, a student who feels comfortable at school is likely to have regular attendance, which leads to good grades, which lead to scholarship possibilities, which lead to post-secondary opportunities, which lead to the achievement of career goals.

<sup>11</sup> Indiana State Department of Health. 2003 Indiana Youth Risk Behavior Survey, [www.in.gov/isdh/dataandstats/yrbs/sex.pdf](http://www.in.gov/isdh/dataandstats/yrbs/sex.pdf).

<sup>12</sup> School of Journalism and Mass Communication, University of North Carolina at Chapel Hill. “Our Voices, Our Lives, Our Futures.” February 2004.

<sup>13</sup> Resnick, M.D., Bearman, P.S., Blum, R.W. et al. “Protecting Adolescents from Harm. Findings from the National Longitudinal Study of Adolescent Health.” *Journal of the American Medical Association*. 278: 823-832.

<sup>14</sup> Ibid.

<sup>15</sup> Blum, R.W. & Mann Rinehart, P. “Reducing the Risk: Connections that Make a Difference in the Lives of Youth.” Division of General Pediatrics and Adolescent Health, University of Minnesota, Minneapolis, MN. 1998. [http://allaboutkids.umn.edu/fahad/Reducing\\_the\\_risk.pdf](http://allaboutkids.umn.edu/fahad/Reducing_the_risk.pdf)

<sup>16</sup> Ibid.

<sup>17</sup> Bearman, P. & Bruckner, H. “Power in numbers: Peer Effects on Adolescent Girls’ Sexual Debut and Pregnancy.” Washington DC. The National Campaign to Prevent Teen Pregnancy. 1999.

<sup>18</sup> School of Journalism and Mass Communication, University of North Carolina at Chapel Hill. “Our Voices, Our Lives, Our Futures.” February 2004.

<sup>19</sup> The National Campaign to Prevent Teen Pregnancy. “Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy.” May 2001.

## After the fact

Youth who are already sexually active or are likely to become active, need to know the responsibilities that accompany adult physical relationships. For example:

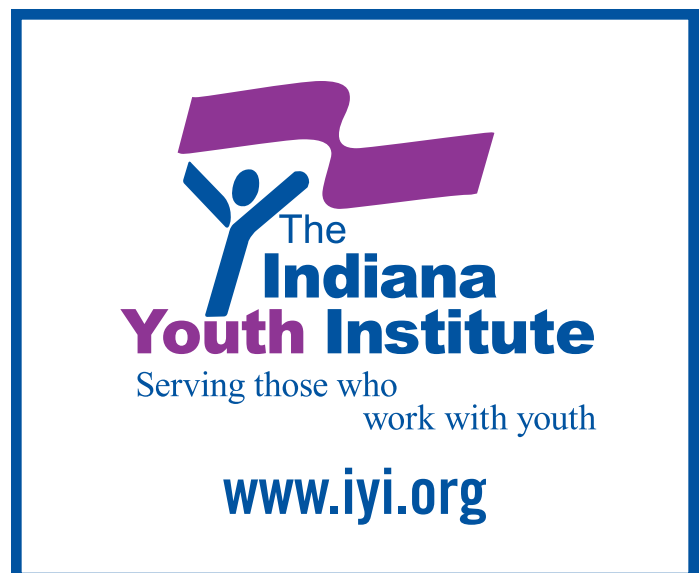
- Taking precautions to prevent the transmission of disease is a responsibility shared by both partners.
- Submitting to regular medical screenings for STDs is an obligation for sexually active females and males.
- Alcohol and sex are a dangerous combination; alcohol tends to reduce inhibitions and promote risky behavior.<sup>20</sup>

## Recommendations

Keys to confronting the STD epidemic include:

1. Conduct more research specific to STDs. Efforts to reduce teen pregnancy are succeeding. National and statewide surveys have amassed a wealth of data on adolescent sexual activity as it relates to childbirth. Now it's time to build on that data. Health professionals and policymakers have very little empirical information about behaviors that risk STDs but not conception.
2. Gather more research specific to solutions. As an example, service-learning programs show strong evidence of discouraging sexual activity among youth who participate in the programs. Why? No one knows. The answer could be as simple as after-school activities reduce opportunities for teens to engage in risky behavior. Or, the answer could relate to participants gaining self-assurance in dealing with peers and adults, feeling empowered by helping others, or being positively influenced by program facilitators.<sup>21</sup> Duplicating successful programs is difficult without identifying the components that caused success.

3. Vigorously promote accurate and easy-to-understand health information. Teens need to know that the adolescent body—particularly the female anatomy—is especially vulnerable to STDs. They need to understand that certain factors increase the likelihood of infection and that efforts to avoid pregnancy may not safeguard them against the transmission of disease.
4. Strengthen youth-development initiatives. The same youth-development programs that favorably affect academic performance and character formation have a positive influence on teens' decisions to delay sexual activities. The same programs that set out to reduce the use of alcohol and drugs among teens also reduce the tendency to engage in sexual activities.
5. Speak up. Since open communication between adults and teens is considered a “protective factor” in discouraging adolescent sexual activity, adults shouldn't shy away from conversations that emphasize the risks and consequences of STDs.



<sup>20</sup> Child Trends. *Preventing Teenage Pregnancy, Childbearing, and Sexually Transmitted Diseases*. Child Trends Research Brief. May 2002.

<sup>21</sup> The National Campaign to Prevent Teen Pregnancy. “Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy.” May 2001.

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## **Indiana Youth Institute Resources**

- IYI's Web Site, [www.iyi.org](http://www.iyi.org), a growing source of reliable information to youth workers, policymakers and the media, contains new reports and studies on children, Indiana county data that can be downloaded and manipulated into reports and graphs, and information on IYI's services.
- Virginia Beall Ball Library, an outstanding collection of materials on healthy youth development, youth service delivery, nonprofit management and fund raising. All materials can be borrowed easily by youth workers throughout the state, either online, on-site, or through our toll-free main number.
- Custom data Research is provided by qualified IYI staff at no charge to youth workers, policymakers, funders, program planners and the media. They can also help you with Data related questions.
- On-the-Road Trainings, at substantial discounts, taught by outstanding instructors on topics most requested by youth workers, including fund raising, working with children, and parent involvement.
- Professional Development Grants, mini-grants of up to \$750 for qualified youth workers to attend their choice of courses, seminars, workshops, and conferences.
- Youth Service Help Line, 877-IYI-TIPS, a free telephone assistance service that provides quick answers from professional mentors about fund development, legal questions, and working with children and parents.
- IYI Consulting Services provide low cost professional consultation on fund raising, evaluation, nonprofit management, technology, board development, strategic planning, marketing, volunteer recruitment and more.
- IYI Evaluation Associates, for organizations requiring comprehensive, long-term professional evaluation, billed at low contract rates.

**For more services, visit [www.iyi.org](http://www.iyi.org)  
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