

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,

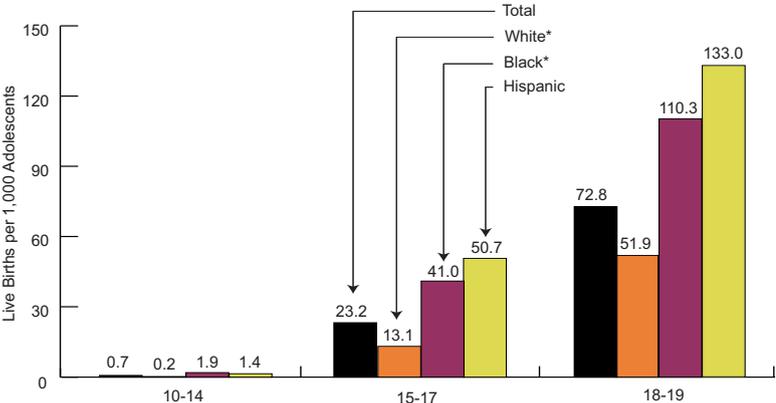
those ages 18-19, at 72.8 births per 1,000.

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

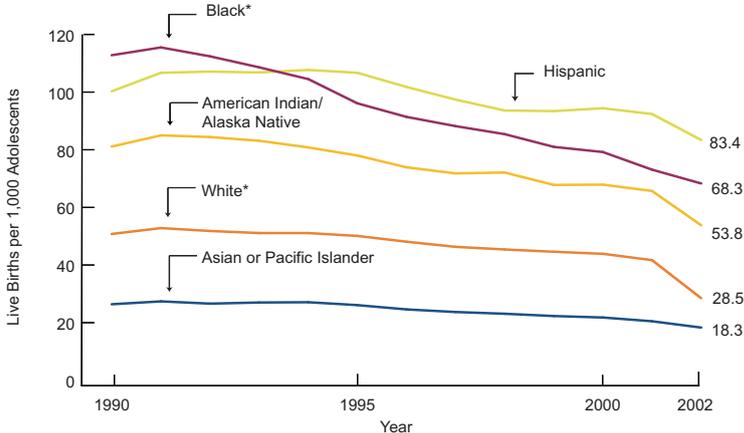
Source (I.8): Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System



* 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).

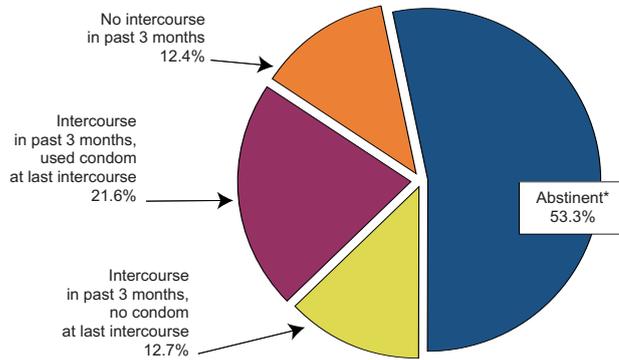
Almost half of all 12th grade students reported having sexual intercourse in the three months preceding the survey. Among 9th grade students, more males were currently sexually active (24 percent) than females (18.3 percent). By 12th grade, however, females were more likely to be currently sexually active (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

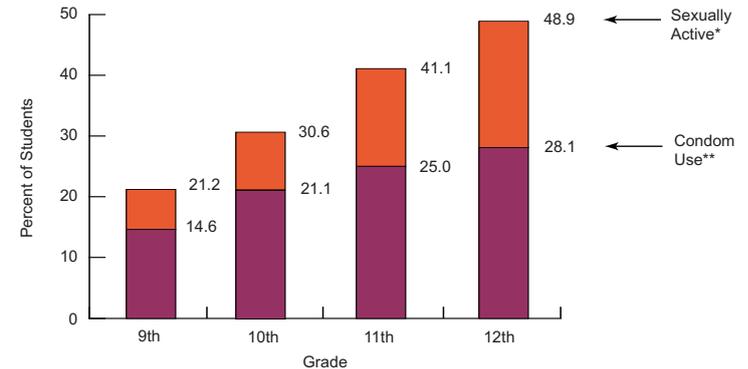
Source (III.1): Centers for Disease Control and Prevention, Youth Risk Behavior Survey



* 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.

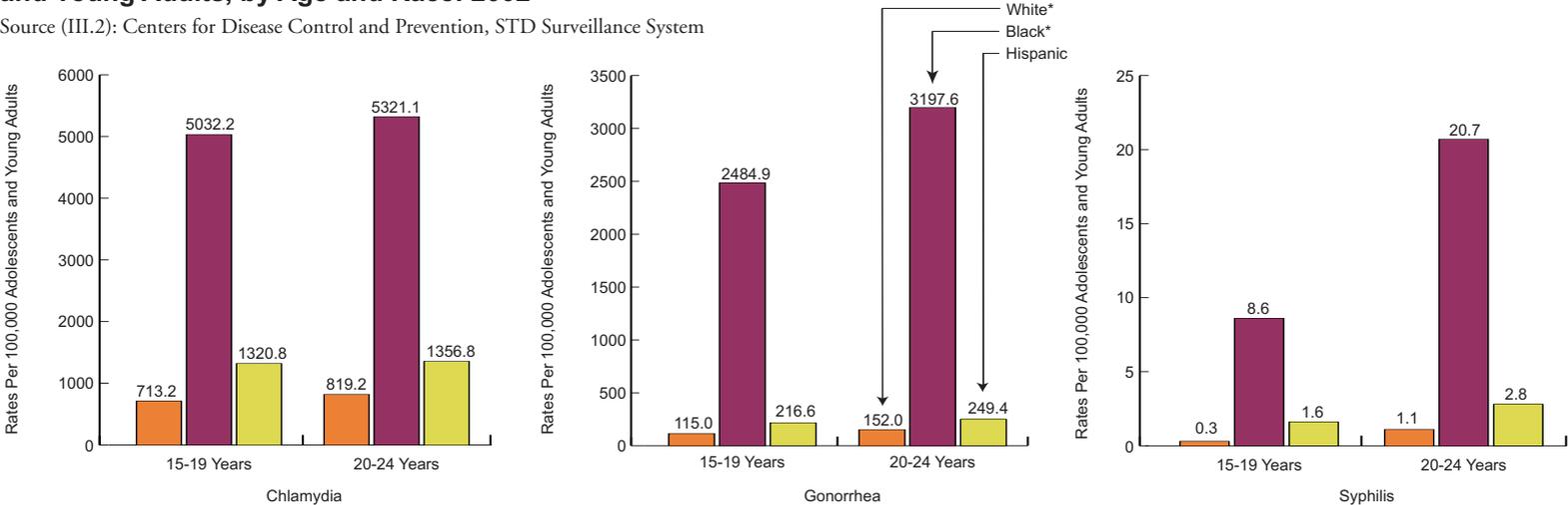
Chlamydia continues to be the most common STD in adolescents and young adults, with a rate of 1,488 cases per 100,000 adolescents and 1,619 per 100,000 young adults. Gonorrhea followed in prevalence with an overall rate of 476 cases per 100,000 adolescents and 593 cases per 100,000 young adults. Syphilis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

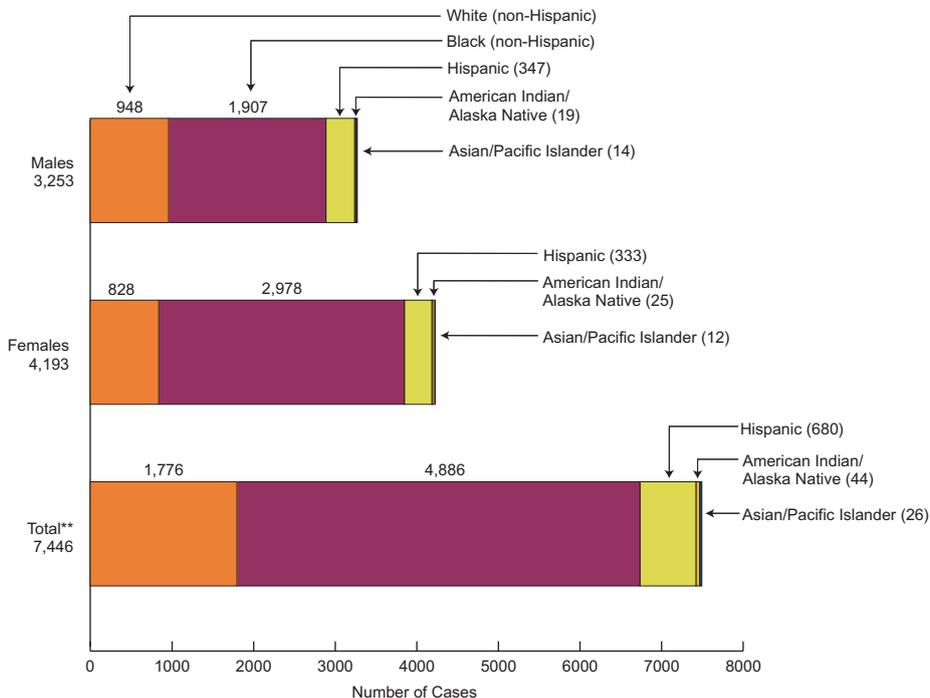
ADOLESCENT HIV INFECTION

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.

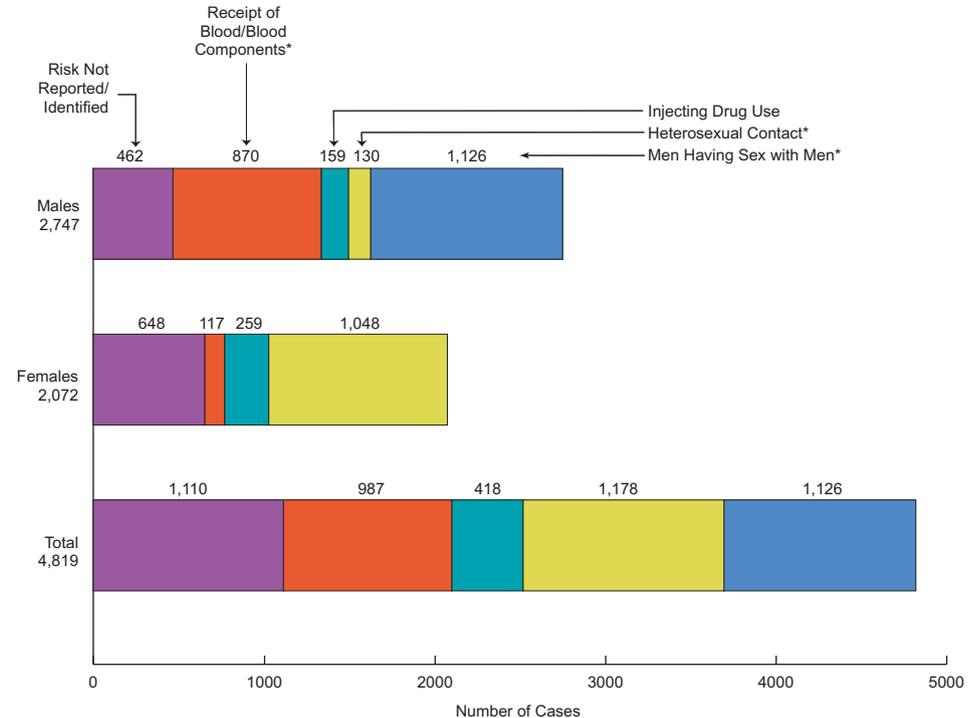
** Total includes 35 persons of unknown race/ethnicity.

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

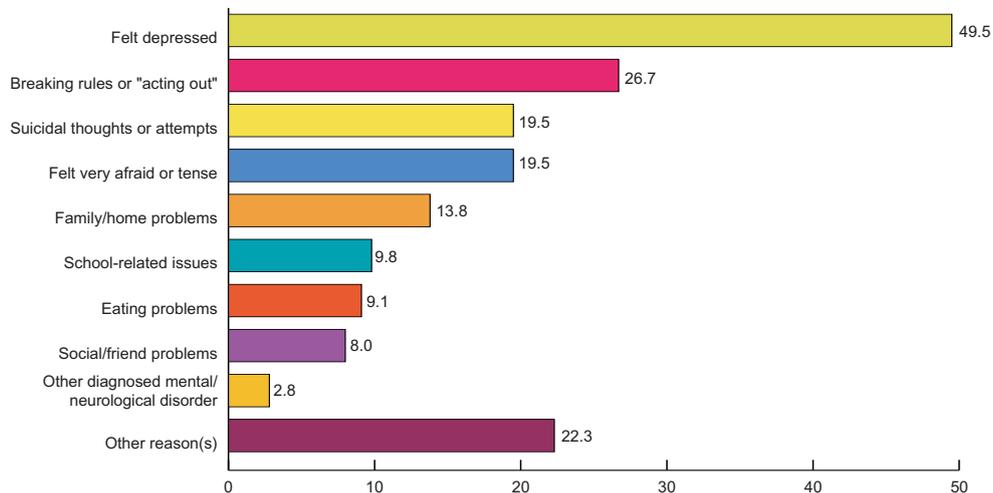
In 2002, 19.3 percent of youth 12 to 17 years of age received mental health treatment or counseling. Non-Hispanic White and non-Hispanic Black youths were most likely to receive treatment, at 20.1 and 19.3 percent, respectively. Among Hispanic youth, 17.5 percent received treatment, followed by 13.4 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%.

VIOLENCE

Violence among adolescents is a critical public health issue in the United States: homicide was the second leading cause of death among persons ages 15-24 in 2002.

Results from the 2003 Youth Risk Behavior Surveillance reveal that 17.1 percent of students had carried a weapon, such as a gun, knife, or club, on at least one of the preceding 30 days; just over 6 percent had carried a gun. Males

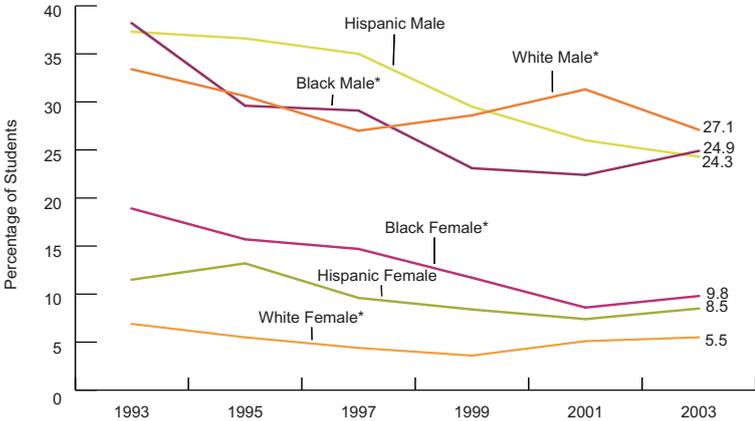
were significantly more likely to carry a weapon (26.9 percent) than females (6.7 percent). The percentage of students that carry weapons steadily decreased from 1991 to 1999, then began to level off at around 17 percent.

Some high school students also reported carrying weapons to school. In 2003, 6.1 percent of students reported carrying a weapon on school property in the past 30 days—nearly a 50 percent decrease since 1993. Despite this decline, more

than 9 percent of students were threatened or injured with a weapon on school property at some point during the 12 months before the survey. In addition, over 5 percent of students did not go to school in the preceding 30 days because they felt unsafe at school or while traveling before or after school. Younger students and non-Hispanic Black and Hispanic students expressed the most concern for their safety.

High School Students Who Carried a Weapon in the Past 30 Days, by Sex and Race: 1993-2003

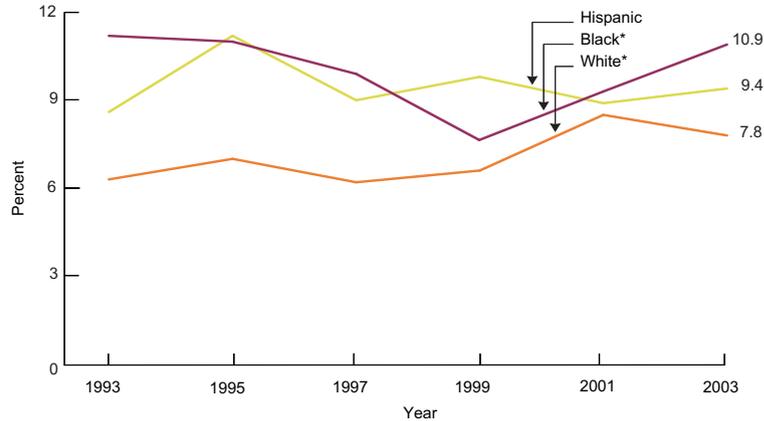
Source (III.1): Centers for Disease Control and Prevention, Youth Risk Behavior Survey



* Non-Hispanic

High School Students Who Were Threatened or Injured with a Weapon on School Property in Past 12 Months, by Race: 1993-2003

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



* Non-Hispanic

PHYSICAL ACTIVITY AND OVERWEIGHT

Results from the 2003 National Youth Risk Behavior Survey show that almost two-thirds (62.6 percent) of high school students regularly participated in sufficient vigorous physical activity, and almost one-quarter (24.7 percent) participated in sufficient moderate physical activity. Just over half (51.9 percent) performed regular strengthening exercises, while 57.6 percent played on one or more sports teams. Nationwide, 55.7 percent of students were enrolled in a physical education class, although the percentage is far higher in the younger grades (71 percent of 9th graders) than in the older grades (39.5 percent of 12th graders). The percentage of students attending daily physical education classes has dropped from 42 percent in 1991 to 28.4 percent in 2003.

While 29.6 percent of high school students described themselves as overweight in 2003, 43.8 percent of students were trying to lose weight. Among all racial and ethnic groups, males were more likely to be overweight, while females were more likely to perceive themselves as such. Among high-school males, 17.4 percent were overweight compared to 9.4 percent of females, while 36.1 percent of females described themselves as overweight compared to 23.5 percent of males.

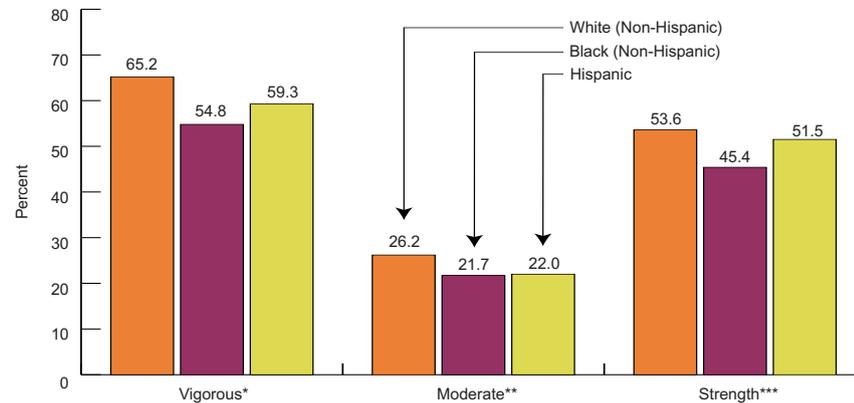
In an attempt to lose weight or to prevent themselves from gaining weight, 42.2 percent of students engaged in healthy behaviors such as eating less food, fewer calories, or foods lower in fat. In addition, 57.1 percent of students exercised for the same purpose. Females were more likely to engage in such weight control behaviors than males; 56.2 percent of females used food as a way to control weight compared to 28.9 percent of males, and 65.7 percent used exercise compared to 49 percent of males. In contrast to these healthy behaviors, 13.3 percent

of students went without eating for more than 24 hours in an attempt to lose weight, 9.2 percent took diet pills, powders, or liquids without the advice of a doctor, and 6.0 percent vomited or took laxatives. Again, such behaviors are more common among female students than males.

The HealthierUS Initiative (www.healthierus.gov) provides credible, accurate information about physical fitness, nutrition, and prevention to help Americans of all ages to make healthy choices.

Physical Activity Among High School Students, by Race/Ethnicity: 2003

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



* Activities that caused sweating and hard breathing for at least 20 minutes on 3 of the 7 preceding days.

** Activities that did not cause sweating or hard breathing for at least 30 minutes on 5 of the 7 preceding days.

*** Activities such as push-ups, sit-ups, or weight-lifting on 3 of the 7 preceding days.



CIGARETTE SMOKING

Cigarette smoking declined significantly among 8th, 10th, 12th graders in 2003 from 2002, as reported by the University of Michigan's Monitoring the Future Study. In 2003, 10.2 percent, 16.7 percent, and 24.4 percent of 8th, 10th, and 12th graders, respectively, reported smoking in the 30 days preceding the survey, compared to 10.7, 17.7, and 26.7 percent in 2002. These figures represent a 51.4 percent, 45 percent, and 33 percent decline in smoking for 8th, 10th, and 12th graders, respectively, since these levels peaked in 1996 and 1997. The younger age groups have shown the largest improvement over this time period. Researchers speculate that these declines resulted from an increase in the perceived risk and disapproval of smoking, an increase in cigarette price, and a decline in access to cigarettes.

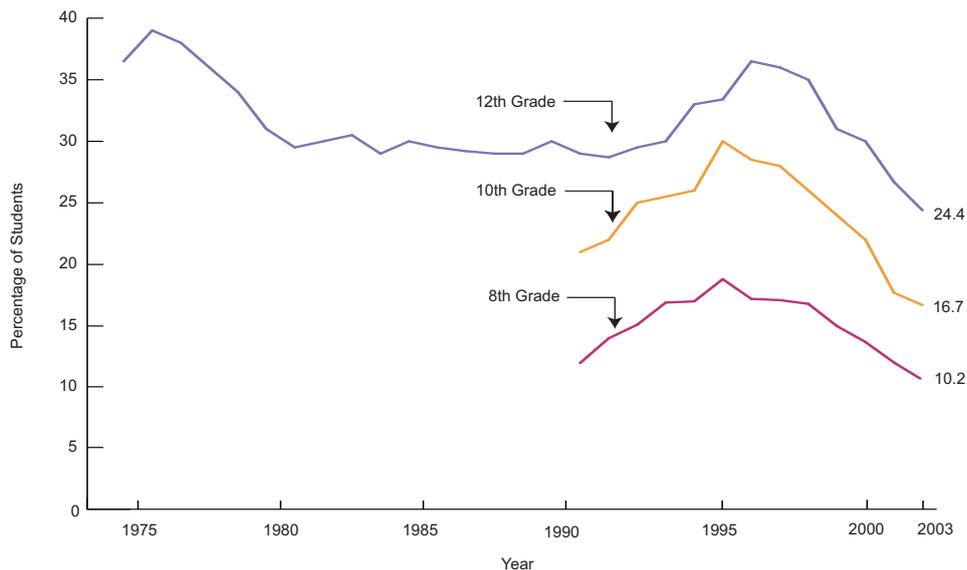
The prevalence of smoking among teens increased substantially between 1991 and 1996. These increases occurred in virtually every socio-demographic group: both sexes, those planning on attending college and not, those living in all four regions of the country, those living in rural or urban areas, and among Whites, Blacks, and Hispanics. Since 1996, rates have consistently declined across all demographic groups. Although absolute rates of smoking have declined among adolescents,

certain subgroups are less likely to smoke than others. Students who are not college-bound are more likely to smoke than college-bound high school students and Black adolescents are less

likely to smoke cigarettes than White adolescents. The decline in rates of cigarette smoking since 1996 is likely to have important long-term health consequences for this generation of adolescents.

Cigarette Use Among High School Students in the Past 30 Days, by Grade: 1975-2003

Source (III.4): The Monitoring the Future Study, University of Michigan



SUBSTANCE ABUSE

Prevalence and Incidence

In 2002, 11.6 percent of adolescents ages 12-17 reported using illicit drugs in the previous month. The use of illicit drugs within the past month increased with age: 4.2 percent of 12- to 13-year-olds reported drug use, compared to 11.2 percent of 14- to 15-year-olds and 19.8 percent of 16- to 17-year-olds.

Alcohol, used by 17.6 percent of teens aged 12 to 17, is the most commonly used drug among adolescents, and marijuana is the most commonly used illicit drug. The next most common is nonmedical use of prescription drugs, such as pain relievers, tranquilizers, or stimulants; this was reported by 4 percent of adolescents. Marijuana use is more common among males, with 9.1 percent reporting use in the past month compared to 7.2 percent of females, while prescription drug abuse is more likely to be reported by females (4.3 percent, compared to 3.6 percent of males).

Data also indicate that other habits, such as cigarette smoking, influence adolescents' use of illicit drugs. In 2002, 48.1 percent of youths who smoked cigarettes currently used illicit drugs, while only 6.2 percent of nonsmokers used illicit drugs.

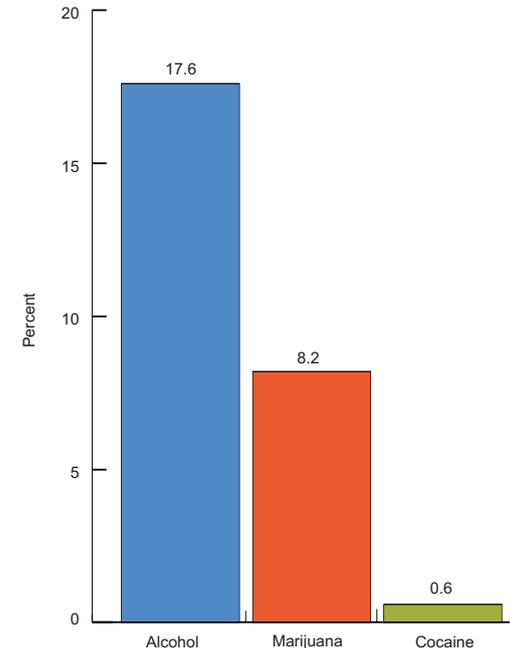
Perception of Risk and Access to Drugs

The National Survey on Drug Use and Health (NSDUH) included questions about perceived risk and access to illicit drugs among youths aged 12-17. According to the 2002 survey results, 32.4 percent of youths perceive smoking marijuana as a great risk while 50.5 percent believed that using cocaine once a month was a great risk. In the same year, 63.1 percent of youths believed that smoking at least one pack of cigarettes a day was a great risk. Among those youths that believed smoking marijuana was a great risk, 1.9 percent admitted to using the drug within the past month. But for youths that perceived smoking marijuana as a moderate, slight, or nonexistent risk, 11.3 percent reported using marijuana in the past 30 days.

In 2002, 55 percent of youths aged 12-17 reported that marijuana would be fairly or very easy to obtain, 25 percent reported the same for cocaine, 19.4 percent for LSD and 15.8 percent for heroin. Little variation existed between youths from large metropolitan areas, small metropolitan areas, and non-metropolitan areas in the proportion that reported that marijuana was fairly or easily obtainable.

Drug Use Among Adolescents, Ages 12-17, in the Past 30 Days: 2002

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



ADOLESCENT MORTALITY

In 2002, 13,812 deaths were reported of adolescents aged 15-19 years. After a moderate increase in death rates for this age group in the early 1980's, there has been a gradual decrease since that time. Unintentional injury remains the leading cause of death and accounted for approximately 52 percent of all deaths among adolescents 15-19 years of age in 2002. Homicide and suicide were the next leading causes of death, accounting for 14 and 11 percent, respectively, of all deaths within this age group.

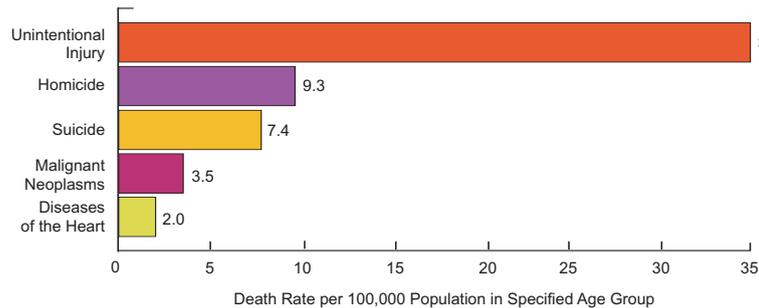
Deaths Due to Injury

Within the classification of deaths due to injury or other external causes, motor vehicle crashes were the leading cause of mortality among 15- to 19-year-olds in 2002, and accounted for 52 percent of injury-related deaths among adolescents. Alcohol is a significant contributor to these deaths; nearly one-third of adolescent drivers killed in crashes had been drinking. Firearms were the next leading cause of injury death, accounting for 23 percent of

injury-related deaths in this age group. Adolescent death rates due to motor vehicle injuries and firearms were similar in the early 1990's until 1994, when they began to diverge. The rate of adolescent firearm deaths decreased much faster and was recorded at a rate of 12.2 per 100,000 population in 2002, less than half the rate of motor vehicle injury deaths, which was 27.1 per 100,000.

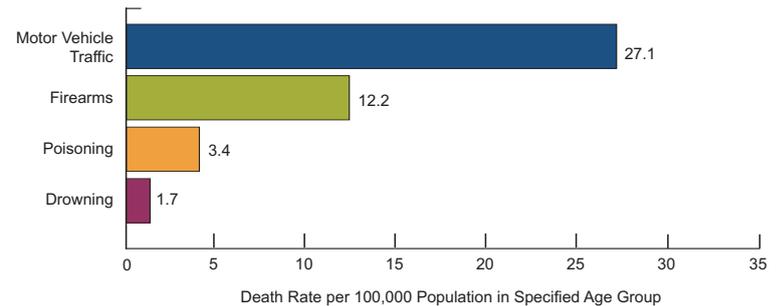
Leading Causes of Death Among Adolescents Ages 15-19: 2002

Source (II.3): Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System



Deaths Due to Injury Among Adolescents Ages 15-19: 2002

Source (II.3): Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System



ADOLESCENT DEATHS DUE TO INJURY

The two leading causes of death due to injuries among adolescents are motor vehicle crashes and firearms. In 2002, motor vehicle traffic caused the deaths of 5,522 adolescents 15-19 years of age. The vast majority of those killed were in motor vehicle accidents either as a passenger or driver. Deaths of pedestrians, motorcyclists, and others accounted for the remainder of motor vehicle mortality among adolescents.

Results of the 2003 Youth Risk Behavior Survey revealed that 18.2 percent of high school students had rarely or never worn seat belts when riding in a car driven by someone else. Additionally, 30.2 percent of students had ridden on one or more occasions with a driver who had been drinking alcohol in the 30 days preceding the survey.

In 2002, 2,474 adolescents ages 15-19 were killed by firearms. Of these, homicide accounted for 63 percent of firearm deaths, suicide accounted for 30 percent, and 4 percent were considered to be unintentional.

Traffic and Firearm Mortality Among Adolescents Ages 15-19: 2002

Source (II.3): Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System

