

SEXUALLY TRANSMITTED DISEASES

U.S. HEALTHY PEOPLE YEAR 2000 OBJECTIVES

- 19.1b Reduce gonorrhea among adolescents aged 15-19 to an incidence of no more than 375 cases per 100,000 adolescents
- 19.2 Reduce the prevalence of *Chlamydia tracomatis* infections among young women under 25 to no more than five percent
- 19.10a Increase the proportion of sexually active, unmarried young women aged 15-19 whose partner used a condom at last sexual intercourse to 60 percent or more
- 19.10b Increase the proportion of sexually active, unmarried young men aged 15-19 who used a condom at last sexual intercourse to 75 percent or more
- 19.12 Increase to at least 95 percent the proportion of schools that have appropriate HIV and other STD education curricula for students in 4th-12th grade, preferably as part of comprehensive school health education based upon scientific information that includes the way HIV and other STDs are prevented and transmitted

OREGON BENCHMARKS YEAR 2000 GOALS

- 47 Reduce annual percentage of new HIV cases with an early diagnosis (before symptoms occur) to 85 percent or less

The next five questions measure knowledge of the sexually transmitted diseases (STDs) and attitudes among Oregon high school students.

AIDS is the seventh leading cause of death for youth aged 15-24 nationally⁹ and it is the twentieth leading cause of death in Oregon.¹⁰ In 1997, 5 percent of new HIV cases in Oregon were diagnosed among those aged 18 or younger.¹¹

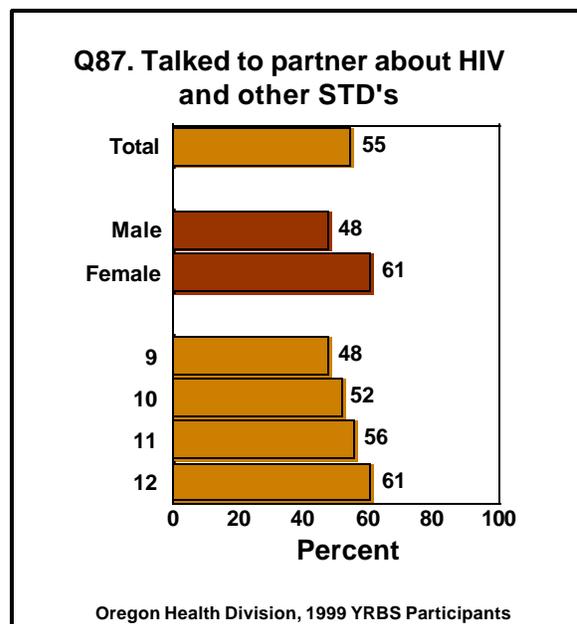
STDs are the most frequently reported communicable diseases in the state of Oregon. In 1998, 2,327 15-19 year olds were diagnosed with chlamydia (40 percent of chlamydia cases) and 215 were diagnosed with gonorrhea (24 percent of gonorrhea cases).¹² The proper use of latex condoms by males during every sexual encounter is extremely effective at reducing the risk of STDs, including HIV infection.¹³

WHAT OREGON STUDENTS REPORTED

Q87. If you have had sexual intercourse, did you talk with your partner about HIV and other STDs? [Of YRBS participants who have ever had sexual intercourse]

Over half (55 percent) of the Oregon 1999 YRBS participants who had ever had sexual intercourse had talked with their partner about HIV and STDs. Another six percent had talked to at least one of their partners, but not all, about HIV and STDs.

More females than males (61 vs. 48 percent) had talked with their partner. As grade level increased, the percent of sexually active teenagers who talked with their partner about STDs increased by 27 percent.

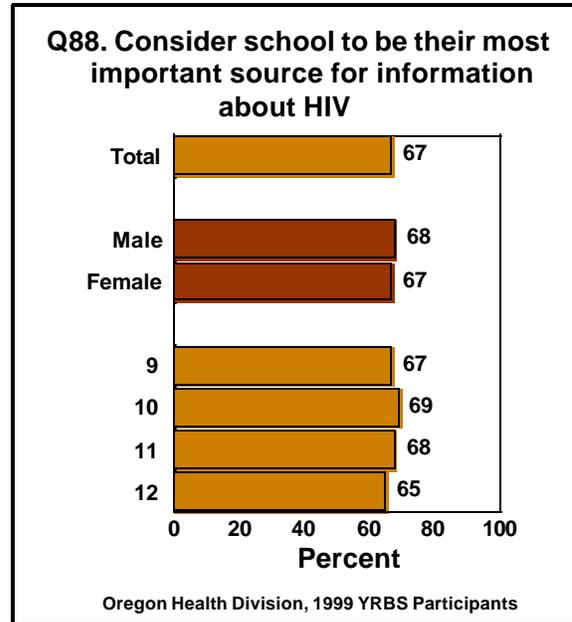


Q88. What do you consider to be the one most reliable or accurate source from where you have gotten your information about AIDS/HIV infection? (Choose one)

Overall, 67 percent of Oregon 1999 YRBS participants considered school to be their most important source for information about HIV infection and AIDS. Listed school-related sources of information included classroom instruction, teachers or school counselors, and brochures available at school or the school health center.

Males and females did not differ much in their responses to this question, although females were more likely to have listed brochures as their most reliable or accurate source.

In 1997, 68 percent of the Oregon participants felt school was their most important source for information on HIV/AIDS.



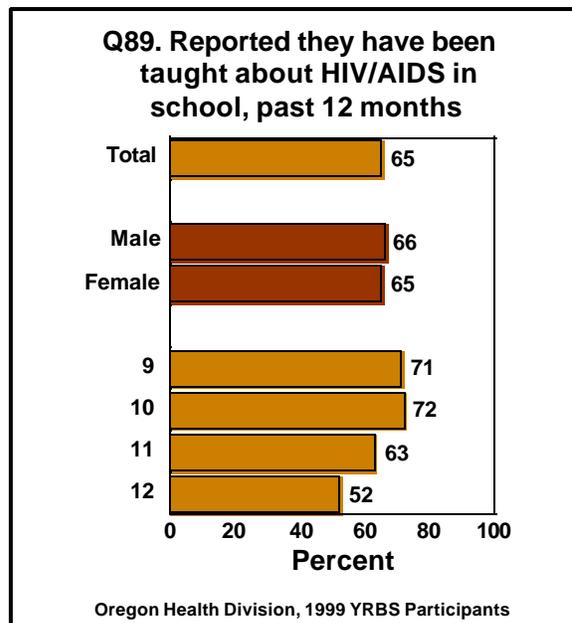
Q89. During the last 12 months, have you ever been taught about AIDS or HIV infection in school?

Sixty-five percent of Oregon 1999 YRBS participants reported having been taught about HIV/AIDS infection in school in the past year.

There were practically no differences between male and female responses to this question. Students in 11th and 12th grade, however, were less likely to have received HIV/AIDS education in the past year.

This question changed in 1999, when the qualification “during the last 12 months” was added to the question.

In the 1997 survey, 95 percent of the students reported ever being taught about HIV/AIDS in school.

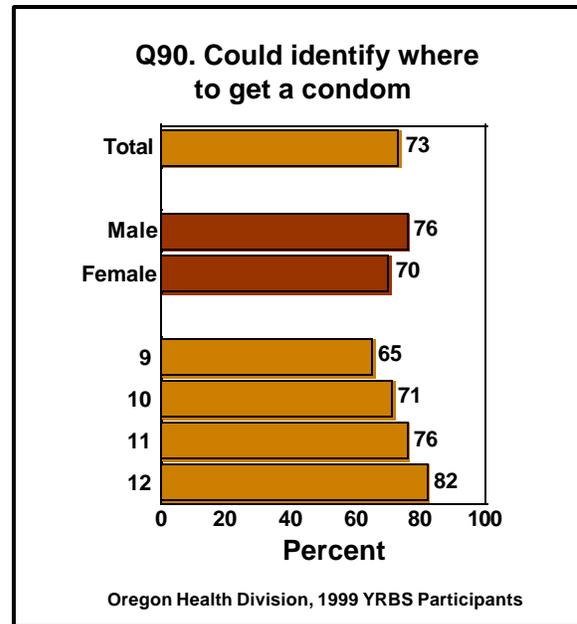


Q90. If you wanted them, where would you go to get condoms? (Select only one response)

Seventy-three percent of Oregon 1999 YRBS participants could identify a place to get a condom.

More males than females (76 vs. 70 percent) could identify a source. Stores and pharmacies were the most frequently named source (44 percent). Twelfth graders were 26 percent more likely to know where to get condoms than were ninth graders.

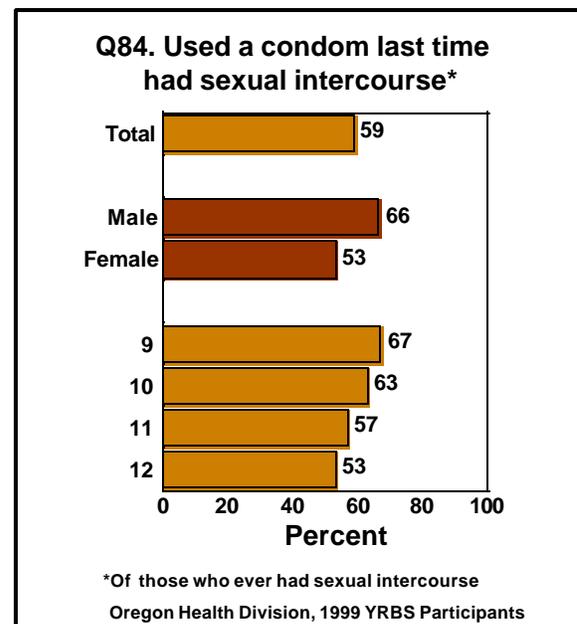
In 1997, 78 percent of the Oregon YRBS participants could identify where to get a condom.



Q84. The last time you had sexual intercourse, did you or your partner use a condom? [Of YRBS participants who ever had sexual intercourse]

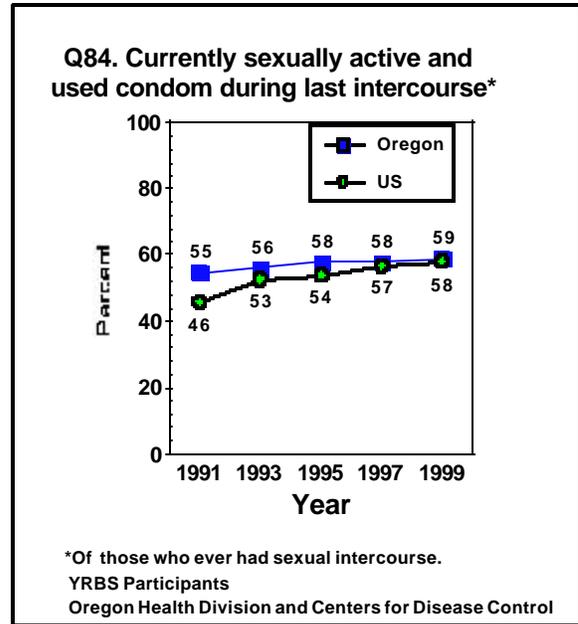
Among 1999 YRBS participants who had ever had sex, 59 percent used a condom, or their partner used a condom, during their last sexual intercourse.

More males than females (66 vs. 53 percent) reported condom use during their last sexual intercourse. As grade level increased, use of a condom before last intercourse decreased by 21 percent.



Q84. DATA TRENDS

In Oregon, the proportion of sexually active YRBS participants who report using a condom at last intercourse has not changed significantly since 1991. Nationally, this proportion increased by 21 percent from 1991 to 1999.



Condom use at last intercourse is consistently lower among currently sexually active students than among those who reported that they were abstinent in the past three months.

Sexual Activity Status	Condom Used at Last Intercourse				
	1991	1993	1995	1997	1999
Currently abstinent	58%	61%	66%	64%	67%
Currently sexually active	53%	54%	54%	55%	55%

WHAT OREGON STUDENTS WROTE

"I think there needs to be someone who knows all about AIDS, etc. to come and talk to the school. People still don't know about it."

"I think that teens these days need to be more informed on STDs or HIV inside the community of our school. At least that would help with all the rumors or worries."

"I'm not dumb. If I plan on having sex with a girl, I'm gonna talk about HIV and STD's 'cause I don't want to get a disease and I don't want her to."

"I think that there should be more sexual education. Last year, I lived in an area where it was forbidden to talk about anything related to sex in the classroom, including sexually transmitted diseases and AIDS. The school actually took away our health books and cut out the portion of the books dealing with those issues. This is totally wrong. Adults know that kids don't just follow what they're told to do, so what makes them think that the students will abstain from sex just because they're told to and no other info is given?"

"Schools should make it easier to get condoms. Maybe in the bathrooms or somewhere private where no one can find out, not even an adult."

"You need to teach more about safe sex instead of abstinence 'cause kids are gonna do it, anyways, you might as well teach them how to protect themselves."

"Start prevention classes at a much younger age and focus on kids having good self-esteem. Also condoms need to be offered more because whether students are responsible or not they will still have sex. Protect them!"

REFERENCES

1. Morris L, Warren CW, Aral SO. Measuring adolescent sexual behaviors and related health outcomes. *Public Health Reports* 108:31-36, 1993.
2. Oregon Department of Human Resources, Health Division, Center for Health Statistics. Sexual Activity Decreasing Among Oregon Teens Age 15-17: Survey Results, 1999. *Oregon Health Trends* No. 58, 2001.
3. Hofferth SL, Hayes CD (eds). Risking the Future: Adolescent Sexuality, Pregnancy, and Childbearing. Panel on Adolescent Pregnancy and Childbearing, Committee on Child Development Research and Public Policy, Commission on Behavioral and Social Sciences and Education, National Research Council, Washington, DC: National Academy Press, 1987.
4. Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance—United States, 1999. *CDC Surveillance Summaries*, June 9, 2000. Morbidity and Mortality Weekly Report 2000;49 (No. SS-5).
5. Centers for Disease Control and Prevention. Health risk behaviors among adolescents who do and do not attend school—United States, 1992. Morbidity and Mortality Weekly Report 1994;43 (8):129-132.
6. National Center for Health Statistics. Fertility, family planning, and women's health: New data from the 1995 National Survey of Family Growth. *Vital and Health Statistics Series 23: No. 19*, 1997.
7. Morris L, Warren CW, Aral SO. Measuring adolescent sexual behaviors and related health outcomes. *Public Health Reports* 108:31-36, 1993.
8. Oregon Department of Human Services, Health Division, Center for Health Statistics. *Oregon Vital Statistics Annual Report 1998, Volume 1*. 2000.
9. Hoyert DL, Kochanek KD, Murphy SL. Deaths: Final Data for 1997. *National Vital Statistics Reports* 47(19). Hyattsville, Maryland: National Center for Health Statistics, 1999.
10. Oregon Department of Human Services, Health Division, Center for Health Statistics. *Oregon Vital Statistics Annual Report 1997, Volume 2*. Portland OR, 2000.
11. Oregon Department of Human Services, Health Division, HIV/STD/TB Program. *1999 Oregon HIV Prevention Comprehensive Plan*, 1999.
12. Oregon Department of Human Resources, Health Division, STD Program, *Sexually Transmitted Disease Annual Report*, 1998.
13. Centers for Disease Control and Prevention. Contraceptive practices before and after an intervention promoting condom use to prevent HIV infection and other sexually transmitted disease among women – selected U.S. sites, 1993-1995. *Morbidity and Mortality Weekly Report* 46:373-377, 1997.