Current Trends in Adolescent Sexual and Reproductive Health

Sexual and reproductive health (SRH) behaviors established during adolescence can set the stage for health practices during adulthood, yet many adolescents experience barriers in accessing SRH services and often only receive formalized sexual health education via the school system. While adolescent pregnancy and birth rates in the United States have declined, the country continues to have higher adolescent pregnancy and birth rates when compared to peer nations, which suggests they may not be receiving the tools or education needed to promote good SRH.

Sexual Activity and Contraception Use

Compared with data from 2011, the 2021 Youth Risk Behavior Survey shows that 17% fewer adolescents were having sex. In 2021, among sexually active adolescents, about a third reported using effective hormonal contraception before last sexual intercourse—effective hormonal contraception meaning pills, an IUD, implant, shot, patch, or ring. However, 8% fewer adolescents reported using a condom during last sexual intercourse in 2021, compared with 2011. The decline in condom use among adolescents may be influenced by the increase in use of other methods of contraception. One study found that long-acting reversible contraception (LARC) use among adolescents increased from 3% to 15% from the early 2000s to 2017–2019. However, the decline in condom use among adolescents is concerning as condoms are the only method of contraception that prevents sexually transmitted infections (STIs).

STIs and HIV

The CDC estimates that 46% of new STIs occur in youth ages 15–24 and 21% of new HIV diagnoses were among people ages 13–24, despite people ages 15–24 only comprising 13% of the U.S. population in 2021. Similarly, in 2021, 6% of all adolescents surveyed reported having ever been tested for HIV and only 5% reported that they were tested for STIs during the past year. This data, in tandem with the decreasing condom use and limited PrEP use among adolescents, illustrates that young adults are at increased risk for HIV and other STIs, which corresponds to the increasing STI and HIV cases among this age group.

Inequities in SRH Trends

Between 5–12% fewer Black, Hispanic, and multiracial young adults report using a condom during the last time they had sex when compared with White young adults. Four to twelve percent more Black, Hispanic, and multiracial young adults report not using any method to prevent pregnancy during the last time they had sex with an opposite-sex partner when compared with White adolescents. Likewise, STI inequities exist among adolescents, with Black, Hispanic, and American Indian/Alaska Native (AI/AN) adolescents experiencing STIs at higher rates than their White peers. Additionally, Black young people have a significantly higher HIV diagnosis rate than their peers.

Inequities in contraception use, STI, and HIV rates do not reflect individual failings but rather systemic issues that impact Black, Hispanic, and AI/AN communities' ability and likelihood to access healthcare services. A long history of reproductive coercion perpetrated against these communities has led to historical trauma, especially surrounding reproductive healthcare. Inequities in contraception use, STI, and HIV rates have been connected to inequitable access to healthcare and health education, a distrust of the medical system, as well as lack of culturally responsive care.

Promising State Based Practices

Research shows that school-based SRH care and education can improve adolescent SRH through prevention education and increasing access to services. AccessMatters has exemplified this for the past 30 years through their health resource center (HRC) program. Using funding through Title X and the Pennsylvania Department of Health, AccessMatters partnered with the School District of Philadelphia to bring their HRC program to schools and community-based locations without school-based health centers. HRCs have staff on hand to provide convenient and confidential SRH counseling, education, and services. AccessMatters evaluation suggests that the program has resulted in decreased rates of adolescent births and STI rates in zip codes that have HRCs.

In 2010, nearly 20% of births to adolescents ages 15–19 were repeat births, suggesting that adolescent parents may need specialized support to promote good SRH. To address this, the Georgia Campaign for Adolescent Power and Potential (GCAPP) partners with young people and organizations across the state to empower young adults. From 2000 to 2020, GCAPP partnered with the Division of Family & Children Services (DFCS) to provide housing and wrap-around services for young people who were pregnant or parenting, until the program ended due to budget cuts. Now, GCAPP is pursuing a repeat pregnancy prevention pilot with DFCS to assess and improve the quality of services administered to pregnant and parenting adolescents across the state. The program uses a scorecard method to inform and provide targeted quality improvement, training, and technical assistance to organizations across the state.

Young people with intellectual/developmental disabilities (I/DD) often experience inequities in sexual health outcomes. Seven years ago, the Multnomah County Health Department partnered with Oregon Health & Science University Center for Excellence in Developmental Disabilities and other organizations and community members to utilize funding from a federal Innovative Teen Pregnancy Prevention grant to create the Sexual Health Equity for Individuals with Intellectual/Developmental Disabilities (SHEIDD) project. The SHEIDD project partnered with youth with developmental disabilities and their families and caregivers to create a Community Advisory Group (CAG) and develop resources and guidelines for supporting the SRH of young people with I/DD.

Looking Ahead

Young adults face specific barriers to accessing SRH care and education, including lack of transportation or insurance, confidentiality or cost concerns, and stigma surrounding seeking and receiving care. Organizations have adapted successful strategies to diminish those barriers, often through centering youths' voices and offering services at locations youths frequent, which encourages them to access these critical services. These models can serve as a template for future national, state, and local work focused on improving SRH outcomes for adolescents.