

Young People and Sexually Transmitted Infections

Underlying Risk Factors Leave Some More Vulnerable

In the United States, sexually active young people experience high rates of sexually transmitted infections (STIs), which can endanger their long-term health; some STIs are incurable, while others damage the reproductive system if left untreated. Some populations of youth face higher risk of STIs - African American/Black youth, young women, homeless youth, and young men who have sex with men (YMSM). While young people can take steps to reduce their risk of STIs, factors beyond their control put many at heightened risk.

RATES IN THE UNITED STATES ARE HIGH AMONG TEENS AND YOUNG ADULTS.

- From 2007-2011, reported chlamydia rates rose from 367.5 to 457.6 cases per 100,000 population in the United States. Gonorrhea rates fell from 118 cases per 100,000 to 104.2. Rates for all stages of syphilis rose from 13.6 cases per 100,000 to 14.9.¹
- Most Chlamydia and gonorrhea cases occur among young people ages 15-24.¹
- The highest age-specific chlamydia rates occurred among women ages 15 to 19 and 20 to 24 (3416.5 and 3722.5 per 100,000 women, respectively).¹
- Chlamydia rates among U.S. males, while considerably lower than among young women, were also highest in 15- to 19-year-old and 20- to 24-year-old men (803 and 1,343.3 per 100,000 men, respectively).¹
- Among women, gonorrhea rates were highest among those ages 15 to 19 and 20 to 24 (556.6 and 584.2 per 100,000 women, respectively); and among men gonorrhea rates were highest among those ages 20 to 24 (450 per 100,000 men) than other age groups.¹
- Results of a nationally representative study show that genital herpes simplex virus type 2 (HSV-2) is common in the United States. Although case report data for this incurable STI are not available, data indicated that 18.9 percent of people 20 to 49 years of age are infected with HSV-2.¹

- Annually, an estimated 3.7 million people of all ages contract trichomoniasis; it is the most common curable sexually transmitted infection. Yet it is also the STI of which women are least likely to be aware.²

- Genital human papillomavirus (HPV) is the most common STI in the United States and, perhaps, the most common STI among sexually active youth. However, the vaccine for certain types of HPV, introduced in 2006, has contributed to a decrease in HPV rates. Among females aged 14-19 years, the prevalence of the types of HPV the vaccine prevents decreased from 11.5 percent in 2003-2006 to 5.1 percent in 2007-2010, a decline of 56 percent.³ The vaccine did not impact rates among older women. In 2003-2005 (the most recent information available) among females aged 20 to 29, the overall prevalence of HPV was 29 percent.¹

IN THE UNITED STATES, SOME POPULATIONS ARE AT DISPROPORTIONATE RISK OF STIS.

- In 2011, the chlamydia rate among African American/Black women ages 15 to 19 was nearly six times higher than among white females (7507.1 and 1,301.5 per 100,000 females, respectively). In the same year, the chlamydia rate among American Indian/Alaskan Native and Latina/Hispanic women ages 15 to 19 were also higher than among white females (3624.4 and 2114.6 per 100,000 females, respectively). Among African American/Black males ages 15-19, the chlamydia rate was nearly nine times that of white males (2301.6 and 207.1 per 100,000 males, respectively). Also, in 2008, the chlamydia rates among American Indian/Alaskan Native and Latino/Hispanic males ages 15-19 were higher compared to their white male peers (781.4 and 447.6 per 100,000 males, respectively).¹
- In 2008, 67 percent of all reported cases of gonorrhea occurred among African Americans/Blacks. The gonorrhea rate for African Americans was 427.3 per 100,000 population compared to 115.7 among American Indians/Alaskan Natives, 53.8

THE FACTS

“Even with the same or fewer risk behaviors, African American youth are at higher risk of STIs than white youth due to factors beyond their control.”

among Latinos/Hispanics, and 25.2 among whites. The gonorrhea rate among African American/Black women ages 15 to 19 was 16 times higher than among white females (1929.6 and 121.2 per 100,000 females, respectively); among Black males ages 15 to 19, the gonorrhea rate was nearly 30 times higher than among white males (959.9 and 31.7 per 100,000 males, respectively). Among women and men aged 20 to 24, the gonorrhea rate among African Americans/Blacks was 15 times greater than among whites (1966.3 and 130.2 cases per 100,000 populations, respectively).¹

- In a nationally representative study, the seroprevalence of four types of HPV was higher among non-Hispanic Blacks (47 percent) compared with non-Hispanic whites (32 percent) and Mexican Americans (23 percent).⁴
- In one study, 21 percent of homeless youth reported an STI.⁵ More recent studies have continued to find heightened risk for STIs among homeless young people.⁶
- Recent data document rising rates of syphilis, gonorrhea, and chlamydia among YMSM. MSM of all ages account for 72 percent of primary and secondary syphilis cases.^{1,7,8}

FACTORS BEYOND THE CONTROL OF YOUTH MAY PLACE THEM AT EXCESS RISK FOR STI.

- Young women and female adolescents are more susceptible to STI, compared to their male counterparts, due to their anatomy. During adolescence and young adulthood, women’s columnar epithelial cells—which are especially sensitive to invasion by sexually transmitted organisms, such as chlamydia and gonococcus—extend out over the vaginal surface of the cervix, where they are unprotected by cervical mucus, but recede to a more protected location as women age.^{1,9,10}

- Young people’s social-sexual networks are a major factor in their risk for STIs. Social-sexual network refers to the people sexually active youth are most likely to have sexual contact with. When the rate of disease is higher in the young person’s social-sexual network, they are more likely to acquire STIs regardless of risk behavior. For instance, a study of over 14,000 young people ages 18-26 found that even when young African Americans and young whites had the same risk behaviors, African Americans were more likely to acquire HIV or STIs.¹¹

- STIs are more likely to remain undetected in women than in men, resulting in delayed diagnosis and treatment, and untreated STIs are more likely to lead to complications in women, such as pelvic inflammatory disease and cervical cancer.^{1,10}

- Lack of health care coverage directly affects people’s ability to obtain professional assistance to prevent STIs, avoid transmitting infections, and receive treatment. In the U.S., thirty-nine percent of those under 25 (10 percent under 18 and 29 percent 18 to 24) lack health coverage.^{1,12}

- Poverty and other socioeconomic factors contribute to STI risk. Youth living in poverty may not perceive the risk of STIs or may not practice preventive behaviors if other risks—such as hunger or homelessness—appear more imminent and threatening.⁴

- Social norms that value women’s passivity and subordination also diminish the ability of many women to adequately protect themselves, to refuse unwanted sex, and to negotiate condom use.¹³

- Dating violence and sexual assault play a role in STI transmission. Twenty percent of U.S. youth report experiencing dating violence. Women who experience dating violence are less likely to use condoms and feel more uncomfortable negotiating condom use. In one study, half of girls who reported HIV or STIs had been physically or sexually abused. More recent studies have found that youth who experience violence are at higher risk for acquiring STIs later in life than youth who have not.^{14,15,16,17,18,19}

- Estimates of the number of runaway and homeless adolescents and young adults in the United States vary from hundreds of thousands to millions. Youth living on the street—many of them lesbian, gay, bisexual, and transgender—are at risk for

STIs, as they often engage in survival sex (trading sex for food, shelter, or money), use substances, and frequently suffer sexual and physical assault.²⁰

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MISSION

Established in 1980 as the Center for Population Options, Advocates for Youth champions efforts to help young people make informed and responsible decisions about their reproductive and sexual health. Advocates believes it can best serve the field by boldly advocating for a more positive and realistic approach to adolescent sexual health.

OUR VISION: THE 3RS

Advocates for Youth envisions a society that views sexuality as normal and healthy and treats young people as a valuable resource.

The core values of Rights. Respect. Responsibility.® (3Rs) animate this vision:

RIGHTS Youth have the right to accurate and complete sexual health information, confidential reproductive and sexual health services, and a secure stake in the future.

RESPECT Youth deserve respect. Valuing young people means involving them in the design, implementation and evaluation of programs and policies that affect their health and well-being.

RESPONSIBILITY Society has the responsibility to provide young people with the tools they need to safeguard their sexual health, and young people have the responsibility to protect themselves from too-early childbearing and sexually transmitted infections (STIs), including HIV.

SOME RELATED PUBLICATIONS FROM ADVOCATES FOR YOUTH

The Facts: Young People and HIV in the United States

Adolescent Sexual Health in Europe and the US: The Case For A Rights. Respect. Responsibility.® Approach

The Facts: Adolescent Pregnancy and Protective Behaviors

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