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### Sexual and Reproductive Health of Persons Aged 10–24 Years — United States, 2002–2007



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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### CONTENTS

Background .....	2
Methods .....	2
Results .....	7
Conclusion .....	13
References .....	14
Appendix .....	59

# Sexual and Reproductive Health of Persons Aged 10–24 Years – United States, 2002–2007

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## Summary

*This report presents data for 2002–2007 concerning the sexual and reproductive health of persons aged 10–24 years in the United States. Data were compiled from the National Vital Statistics System and multiple surveys and surveillance systems that monitor sexual and reproductive health outcomes into a single reference report that makes this information more easily accessible to policy makers, researchers, and program providers who are working to improve the reproductive health of young persons in the United States. The report addresses three primary topics: 1) current levels of risk behavior and health outcomes; 2) disparities by sex, age, race/ethnicity, and geographic residence; and 3) trends over time.*

*The data presented in this report indicate that many young persons in the United States engage in sexual risk behavior and experience negative reproductive health outcomes. In 2004, approximately 745,000 pregnancies occurred among U.S. females aged <20 years. In 2006, approximately 22,000 adolescents and young adults aged 10–24 years in 33 states were living with human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS), and approximately 1 million adolescents and young adults aged 10–24 years were reported to have chlamydia, gonorrhea, or syphilis. One-quarter of females aged 15–19 years and 45% of those aged 20–24 years had evidence of infection with human papillomavirus during 2003–2004, and approximately 105,000 females aged 10–24 years visited a hospital emergency department (ED) for a nonfatal sexual assault injury during 2004–2006. Although risks tend to increase with age, persons in the youngest age group (youths aged 10–14 years) also are affected. For example, among persons aged 10–14 years, 16,000 females became pregnant in 2004, nearly 18,000 males and females were reported to have sexually transmitted diseases (STDs) in 2006, and 27,500 females visited a hospital ED because of a nonfatal sexual assault injury during 2004–2006.*

*Noticeable disparities exist in the sexual and reproductive health of young persons in the United States. For example, pregnancy rates for female Hispanic and non-Hispanic black adolescents aged 15–19 years are much higher (132.8 and 128.0 per 1,000 population) than their non-Hispanic white peers (45.2 per 1,000 population). Non-Hispanic black young persons are more likely to be affected by AIDS: for example, black female adolescents aged 15–19 years were more likely to be living with AIDS (49.6 per*

*100,000 population) than Hispanic (12.2 per 100,000 population), American Indian/Alaska Native (2.6 per 100,000 population), non-Hispanic white (2.5 per 100,000 population) and Asian/Pacific Islander (1.3 per 100,000 population) adolescents. In 2006, among young persons aged 10–24 years,*

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rates for chlamydia, gonorrhea, and syphilis were highest among non-Hispanic blacks for all age groups. The southern states tend to have the highest rates of negative sexual and reproductive health outcomes, including early pregnancy and STDs.

Although the majority of negative outcomes have been declining for the past decade, the most recent data suggest that progress might be slowing, and certain negative sexual health outcomes are increasing. For example, birth rates among adolescents aged 15–19 years decreased annually during 1991–2005 but increased during 2005–2007, from 40.5 live births per 1,000 females in 2005 to 42.5 in 2007 (preliminary data). The annual rate of AIDS diagnoses reported among males aged 15–19 years has nearly doubled in the past 10 years, from 1.3 cases per 100,000 population in 1997 to 2.5 cases in 2006. Similarly, after decreasing for >20 years, gonorrhea infection rates among adolescents and young adults have leveled off or had modest fluctuations (e.g., rates among males aged 15–19 years ranged from 285.7 cases per 100,000 population in 2002 to 250.2 cases per 100,000 population in 2004 and then increased to 275.4 cases per 100,000 population in 2006), and rates for syphilis have been increasing (e.g., rates among females aged 15–19 years increased from 1.5 cases per 100,000 population in 2004 to 2.2 cases per 100,000 population in 2006) after a significant decrease during 1997–2005.

## Background

Early, unprotected sex among young persons can have negative consequences. Pregnancy and sexually transmitted diseases (STDs), including human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS), result in high social, economic, and health costs for affected persons, their children, and society.

CDC operates multiple nationally representative surveys and surveillance systems that track patterns of sexual risk behavior and reproductive health outcomes in the U.S. population. In addition, CDC's National Vital Statistics System (NVSS) provides information from vital records in the United States. These surveys, surveillance, and vital records systems collect information that includes age at initiation of sexual intercourse, frequency of sexual intercourse, number of sexual partners, contraceptive use and use of prevention services, pregnancies, births, abortions, cases of HIV/AIDS and other STDs, and reports of sexual violence.

Each source of information reports data separately and in different formats, which can make interpreting the data difficult. This report combines available data from multiple sources for the first time into a single report concerning the sexual and reproductive health of persons in the United States aged 10–24 years. The report addresses three main questions:

- How many young persons currently engage in sexual risk behaviors and experience related health outcomes?
- What are the greatest disparities in terms of age, sex, race/ethnicity, and geographic location?
- How do recent data compare with previously reported data, i.e., what are the historical trends?

This report includes the most recent data that were available when the report was produced. The findings can be used to guide the work of policy makers, researchers, and program providers.

## Methods

This report was developed by CDC's Workgroup on Adolescent Sexual and Reproductive Health (the Workgroup), a voluntary effort formed in 2004 with participation of staff from five CDC divisions that address the sexual and reproductive health concerns of young persons. The workgroup meets approximately every 2 weeks and collaborates on projects that are of relevance to each of the divisions. For example, the Workgroup conducted an inventory of the adolescent sexual and reproductive health activities supported by CDC, convened an external expert panel to provide guidance on ways to strengthen those activities, and jointly maintains a website. To develop this report, Workgroup members selected the adolescent sexual and reproductive health indicators to be included; indicators were selected from among those already available in existing reports and on the basis of the collective judgment of Workgroup members regarding which were most helpful to assessing the magnitude of the problem, identifying high-risk groups, and monitoring trends. Published surveillance, survey, and statistical reports were reviewed, and relevant data were extracted. When data were not available from existing reports, Workgroup members collaborated with epidemiologists and analysts from the various surveillance and data systems to obtain the needed data.

Every effort was made to present the data in a consistent manner with regard to age groups, race/ethnicity, sex, and geographic location. Age categories ranged from 10 to 24 years, spanning preadolescence through young adulthood. For consistency, the term "youths" is used in this report for the youngest age group (aged 10–14 years), "adolescents" is used for those aged 15–19 years, and "young adults" is used for those aged 20–24 years. With a few exceptions, data for 5-year age groups are reported. The age group of adolescents aged 15–17 years sometimes was included to reflect the fact

that consequences of poor reproductive health are likely to be more severe in this group than among persons aged 18–19 years because early pregnancy and poor health are likely to interrupt their schooling and to have greater social and economic impact. In addition, because limited data are available on the sexual behavior of persons aged 10–14 years, this age group is not represented in all data tables.

Whenever possible, five racial/ethnic categories (non-Hispanic white, non-Hispanic black, Hispanic, Asian/Pacific Islander [API], and American Indian/Alaska Native [AI/AN]) were included. Residence was mapped at the level of the state, territory, or region of the United States for selected outcomes. Trends over time are depicted by the most recent available data and the 10-year period preceding that year; however, certain trend lines cover a period of >10 years. In addition, data on cases of HIV/AIDS are presented by the mode of HIV transmission.

Data from the following surveys, surveillance systems, and vital records system were used: the HIV/AIDS Reporting System, the National Electronic Injury Surveillance System–All Injury Program (NEISS-AIP), the National Health and Nutrition Examination Survey (NHANES), the National Survey of Family Growth (NSFG), NVSS, the Nationally Notifiable Disease Surveillance System (NNDSS), the national Youth Risk Behavior Survey (YRBS), and the National Vital Statistics System. Two data sources are used to report sexual behavior. NSFG collects data on a more extensive range of behavior variables and is used to describe current levels of sexual behavior and racial/ethnic disparities. YRBS data have been collected more frequently than NSFG (i.e., every 2 years) and are used to indicate trends over time. A description of each system follows (see Appendix for technical notes).

## Descriptions of Data Systems

### HIV/AIDS Reporting System

All 50 states, the District of Columbia, and U.S. territories conduct AIDS surveillance using a standardized, confidential name-based reporting system. Because successful treatment delays the progression of HIV infection to AIDS, surveillance data regarding only AIDS are insufficient to monitor trends in HIV incidence or to meet federal, state, or local data needs for planning and allocating resources for HIV prevention and care programs. For this reason, since 1985, an increasing number of states and U.S. territories also have implemented HIV case reporting as part of their comprehensive HIV/AIDS surveillance programs.

This report presents estimated numbers of reported cases of AIDS and AIDS prevalence (i.e., the number of persons living with AIDS) from the 50 states and the District of Columbia

at the end of 2006. It also summarizes the estimated numbers of reported cases of HIV/AIDS (i.e., cases of HIV infection, regardless of whether they have progressed to AIDS) and estimated HIV/AIDS prevalence (i.e., the number of persons living with HIV/AIDS) at the end of 2006 from 38 areas that have had confidential name-based HIV infection reporting long enough (i.e., since at least 2003) to allow for stabilization of data collection and for adjustment of the data to monitor trends. These 38 areas include 33 states (Alabama, Alaska, Arizona, Arkansas, Colorado, Florida, Idaho, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming) and five U.S. territories (American Samoa, the Commonwealth of the Northern Mariana Islands, the Commonwealth of Puerto Rico, Guam, and the U.S. Virgin Islands). The 33 states represent approximately 63% of the epidemic in the 50 states and the District of Columbia.

The numbers of cases presented in this report are not reported case counts but rather point estimates, which are the result of adjusting reported case counts for reporting delays and for redistribution of cases in persons initially reported without an identified risk factor. CDC routinely adjusts data for the presentation of trends in the epidemic. To assess trends in cases, deaths, or prevalence, CDC uses adjusted data, presented by year of diagnosis instead of year of report, to eliminate artifacts of reporting in the surveillance system. Additional information about the HIV/AIDS surveillance system has been published previously (1–3) and is available at <http://www.cdc.gov/hiv>.

### National Electronic Injury Surveillance System–All Injury Program

NEISS-AIP is a collaborative effort by CDC's National Center for Injury Prevention and Control and the U.S. Consumer Product Safety Commission that collects data regarding nonfatal injuries (including sexual assault) in the United States. NEISS-AIP data provide information about what types of nonfatal injuries are observed in U.S. hospital emergency departments, how commonly they occur, whom they affect, and what causes them.

NEISS-AIP data are collected annually and represent all types and external causes of nonfatal injuries and poisonings treated in U.S. hospital emergency departments (EDs). NEISS-AIP data are collected from a nationally representative subsample (e.g., 63 in 2004, 62 in 2005, and 63 in 2006) of the 100 NEISS hospitals. The NEISS hospitals are a stratified probability sample of all U.S. hospitals (including U.S. territories) that have at least six beds and provide 24-hour emergency services

and include very large inner-city hospitals with trauma centers and large urban, suburban, rural, and children's hospitals. Data from this ongoing surveillance system can be used to calculate weighted national estimates of nonfatal injuries. NEISS-AIP data are accessible through the interactive Web-based Injury Statistics Query and Reporting System (WISQARS) (available at <http://www.cdc.gov/ncipc/wisqars>). For all analyses described in this report using NEISS-AIP data, SUDAAN was used to account for the stratified clustered and weighted nature of the data, and a *t*-statistic was computed. A *p* value of <0.05 was used to determine statistical significance.

NEISS-AIP defines sexual assault as the use of physical force to compel another person to engage in a sexual act unwillingly, regardless of whether the act was completed. Sexual assault might involve an attempted or completed sexual act involving a person who is unable to 1) understand the nature of the act, 2) decline participation, or 3) communicate unwillingness to participate for whatever reason. It also includes abusive sexual contact, including intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of any person against his or her will or of a person who is unable to consent (e.g., because of age, illness, disability, or the influence of alcohol or other drugs) or to refuse (e.g., because of the use of guns or other nonbodily weapons or because of physical violence, threats of physical violence, real or perceived coercion, intimidation or pressure, or misuse of authority). This category includes rape, completed or attempted; sodomy, completed or attempted; and other sexual assaults with bodily force, completed or attempted.

NEISS-AIP data are used by a broad audience, including the general public, media, public health practitioners and researchers, and public health officials. Additional information about NEISS-AIP and WISQARS has been published previously (4).

## National Health and Nutrition Examination Survey

CDC's National Center for Health Statistics (NCHS) has conducted a series of health and nutrition examination surveys since the early 1960s. The major objectives of the current NHANES are to estimate the number and percentage of persons in the U.S. population and designated subpopulations with selected diseases and risk factors; monitor trends in the prevalence, awareness, treatment, and control of selected diseases; monitor trends in risk behaviors and environmental exposures; analyze risk factors for selected diseases; study the relationship between diet, nutrition, and health; explore emerging public health issues and new technologies; establish a national probability sample of genetic material for future genetic research; and establish and maintain a national prob-

ability sample of baseline information on health and nutritional status.

During 1971–1994, NHANES was conducted on a periodic basis. In 1999, NHANES was redesigned to become a continuous survey without a break between cycles. The procedures used to select the sample and conduct the interviews and examinations are similar to those of previous NHANES surveys. NHANES is composed of a series of cross-sectional, nationally representative health and nutrition examination surveys of the U.S. civilian noninstitutionalized population. Samples are selected through a complex, multistage probability design. Certain populations (e.g., adolescents, non-Hispanic black, and Mexican-Americans) are oversampled by design to obtain more precise estimates for risk factors and health outcomes that might be unique to these subpopulations. Approximately 6,000 randomly selected persons of all ages across the United States are eligible to participate in NHANES each year; of these, approximately 80% participate in the survey and are interviewed in their homes. Approximately 75% participated in the health examination component of the survey conducted in mobile examination centers. STD evaluations that have been performed using specimens obtained at such examinations include seroprevalence of herpes simplex virus type 2 (HSV-2) (using sera, among males and females), prevalence of chlamydia and gonorrhea (using urine, among males and females), and prevalence of human papillomavirus (HPV) DNA (using self-collected vaginal swabs, among females).

This report summarizes data on seroprevalence of HSV-2 and HPV DNA prevalence that have been published previously (5–7). Additional information about NHANES is available at <http://www.cdc.gov/nchs.nhanes.htm>.

## National Survey of Family Growth

NSFG was conducted periodically through 2002 to collect data on factors that influence family formation and reproductive health in the United States, including marriage, divorce, cohabitation, contraception, infertility, pregnancy outcomes, and births. Cycles 1–6 of the survey were conducted in 1973, 1976, 1982, 1988, 1995, and 2002. Since 2006 (Cycle 7), NSFG has been conducted as a continuous survey, with interviews conducted 48 weeks every year. The survey results are used by the U.S. Department of Health and Human Services and other agencies to plan health services and health education programs and to perform statistical studies of families, fertility, and health. NSFG data for 2002 are based on a nationally representative multistage area probability sample drawn from 120 areas across the country. The estimates are weighted to represent national estimates. The weights account for the different sampling rates and for nonresponse and are adjusted to agree with control totals provided by the U.S. Census Bureau (8).

NSFG data are derived from interviews that are conducted in person in the selected person's home. Data are collected from a nationally representative sample of women (since 1982) and men (since 2002) aged 15–44 years. Data are collected by Computer-Assisted Person Interviewing. The questionnaires are programmed into laptop computers and administered by a female interviewer. Some of the more sensitive questions, such as whether first intercourse was voluntary, are collected in a self-administered format using Audio Computer-Assisted Self-Interview.

This report used NSFG data from 2002, including some that have been published previously and some that have been tabulated for this report, to describe current levels of sexual risk behavior among adolescents and young adults and to identify disparities in these behaviors among racial/ethnic subpopulations. Because NSFG does not collect data concerning youths aged 10–14 years, information about the prevalence of sexual risk behavior and racial/ethnic disparities within this age group is not included in this report. Although NSFG collects data on race and ethnicity for all racial/ethnic populations, data are not presented separately for APIs and AI/ANs because of limited sample sizes for these two subpopulations. Unless indicated otherwise, data provided are for both married and unmarried respondents.

Detailed findings from the 2002 NSFG have been published previously (9–13). Additional information about NSFG methodology also has been published previously (8) and is available at <http://www.cdc.gov/nchs/nsfg.htm>.

## National Vital Statistics System

NVSS is the oldest example in the United States of intergovernment data sharing in public health, and the shared relationships, standards, and procedures form the mechanism by which official vital statistics for the United States are collected and disseminated. These data are provided through contracts between NCHS and vital registration systems operated in the various jurisdictions legally responsible for the registration of vital events (i.e., births, deaths, marriages, divorces, and fetal deaths) (14). In the United States, legal authority for the registration of these events resides individually with the 50 states, the District of Columbia, New York City, and five U.S. territories (American Samoa, the Commonwealth of the Northern Mariana Islands, the Commonwealth of Puerto Rico, Guam, and the U.S. Virgin Islands). These jurisdictions are responsible for maintaining registries of vital events and for issuing copies of birth, marriage, divorce, and death certificates. Detailed information about the national vital statistics system has been published previously (15).

Birth data presented in this report are based on 100% of the birth certificates registered in all 50 states and the District of

Columbia. Tables displaying data by state also provide separate information for five U.S. territories (American Samoa, the Commonwealth of the Northern Mariana Islands, the Commonwealth of Puerto Rico, Guam, and the U.S. Virgin Islands). Race and Hispanic origin are reported separately on the birth certificate. In tabulations of birth data by race and ethnicity, data for Hispanics are not further classified by race because the majority of Hispanic women are self-identified as white. Tables that present data by race/ethnicity include for five categories: non-Hispanic white, non-Hispanic black, Hispanic, AI/AN, and API. Data for AI/AN and API births are not presented separately by Hispanic origin because the majority of these populations are non-Hispanic. Although data regarding prenatal care and mother's tobacco use during pregnancy were collected on both the 1989 and the 2003 revisions of the U.S. Standard Certificates of Live Birth, these data are not considered comparable between revisions and are presented in this report only for states that used the 1989 revision. Information on births by age, race, or marital status of the mother is imputed if it is not reported on the birth certificate. Births for which a particular characteristic is unknown (e.g., birth order or birth weight) are subtracted from the figures for total births that are used as denominators before percentages and percentage distributions are computed. Additional information about birth data has been published previously (16,17) and is available at <http://www.cdc.gov/nchs/births.htm>.

Pregnancy estimates are sums of live births, and estimates of fetal losses and induced abortions, and pregnancy rates are calculated based on several sources. Statistics for live births are based on complete counts of births provided by every state to NCHS through the Vital Statistics Cooperative Program of NVSS. Estimates of fetal losses are derived from pregnancy history data collected by NSFG (8). NSFG data used for these estimates are derived from surveys conducted during 1995 and 2002. Fetal loss estimates for persons aged <20 years are based on NSFG Cycles 3–6, which were conducted in 1982, 1988, 1995, and 2002. Data from the four most recent NSFG cycles have been combined in this way to increase statistical reliability because of the limited number of pregnancies to persons aged <20 years in the NSFG samples. Fetal loss estimates for adults aged 20–24 years are based on the proportions of pregnancies (live births plus fetal losses) that ended in fetal loss during the previous 5 years from the 1995 NSFG and during the previous 8 years from the 2002 NSFG (18,19). These proportions are applied to the actual numbers of live births in each population subgroup (by age and race) for each year to yield estimates of fetal losses that are summed to a national total. Estimates for induced abortions are obtained as described below. Rates are presented as the number of pregnancies per 1,000 women. The population denominators used for rates in this report are

consistent with the 2000 census (20). Additional information about pregnancy estimates has been published previously (18,19).

### Abortion Surveillance

Estimates of induced abortions are derived from abortion surveillance data reported to CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) (21). NCCDPHP collects information on the characteristics of women who obtain abortions based on information reported by age by central health agencies, such as state health departments and the health departments for 46 states, New York City, and the District of Columbia (reporting areas for 2004). Data by age were not available for California, Florida, New Hampshire, and West Virginia. National totals are derived from periodic surveys of abortion providers by the Guttmacher Institute, a nonprofit organization focused on sexual and reproductive health research, policy analysis, and public education (22). The estimated number of abortions published by NCCDPHP tends to be lower than the number published by the Guttmacher Institute; much of the difference reflects the absence of data for California, Florida, New Hampshire, and West Virginia. Although the Guttmacher Institute's abortion-provider surveys supply a more complete estimate of the number of abortions occurring, CDC's data surveillance system is able to obtain important information on the characteristics of women who obtain abortions, including age, marital status, race/ethnicity, number of prior births and abortions, and gestational age at abortion. The Guttmacher Institute's national totals are distributed by characteristics including age, race, Hispanic origin, and marital status according to CDC's tabulations, adjusted for year-to-year changes in the states that report comparable data (18). Abortion rates (number of abortions per 1,000 women in a given age group) are provided in this report and are based on revised population estimates consistent with the 2000 census (20).

### Nationally Notifiable Disease Surveillance System

Surveillance data regarding nationally notifiable STDs are collected and compiled from reports sent by the STD control programs and health departments in the 50 states, the District of Columbia, and selected territories to CDC's National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. An annual surveillance summary is published, which is intended as a reference document for policy makers, program managers, health planners, researchers, and others who are concerned with the public health implications of these diseases (23,24). Nationally notifiable disease surveillance incorporates data concerning three STDs for which federally funded control pro-

grams exist: chlamydia, gonorrhea, and syphilis (see Appendix B for case definitions). These systems are an integral part of program management at all levels of STD prevention and control in the United States. Because many cases go undetected or unreported, the number of STD cases reported to CDC is less than the actual number of cases occurring in the United States population. The extent to which the magnitude and implications of incomplete reporting varies by disease has been reported elsewhere (25). Additional information about STD surveillance data is available at <http://www.cdc.gov/std>.

### National Youth Risk Behavior Survey

The national Youth Risk Behavior Survey (YRBS) was developed in 1990 to monitor priority health risk behaviors that contribute to the leading causes of death, disability, and social problems among youth and adults in the United States. These behaviors, often established during childhood and early adolescence, include tobacco use; unhealthy dietary behaviors; inadequate physical activity; alcohol and other drug use; sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection; and behaviors that contribute to unintentional injuries and violence.

The biennial national YRBS used independent, three-stage cluster samples for the 1991–2007 surveys to obtain cross-sectional data representative of public and private school students in 9th–12th grades in all 50 states and the District of Columbia. Sample sizes ranged from 10,904 to 16,296. School response rates ranged from 70% to 81%, and student response rates ranged from 83% to 90%; overall response rates for the surveys ranged from 60% to 70%. For each cross-sectional survey, students completed anonymous, self-administered questionnaires that included identically worded questions on sexual risk behaviors and violence.

In this report, YRBS data are used to indicate trends in sexual risk behaviors over time. Temporal changes were analyzed using logistic regression analyses, which controlled for sex, race/ethnicity and grade and simultaneously assessed significant ( $p < 0.05$ ) linear and quadratic time effects.\*

National YRBS data usually are reported by the respondent's grade in school, rather than by age. To facilitate comparison with other data in this report that are reported by the respondent's age, the demographic characteristics of 2007 national YRBS respondents have been summarized (Table 1).

Additional information about YRBS has been published previously (26–28) and is available at <http://www.cdc.gov/yrbs>.

\* A quadratic trend indicates a statistically significant but nonlinear trend in the data over time; whereas a linear trend is depicted with a straight line, a quadratic trend is depicted with a curve with one bend. Trends that include significant quadratic and linear components demonstrate nonlinear variation in addition to an overall increase or decrease over time.

## Results

### Current Levels of Sexual Risk Behavior and Health Outcomes

#### Sexual Behaviors

NSFG data for 2002 were used to present the percentage of adolescents and young adults who engaged in a range of sexual risk behaviors (Tables 2 and 3). Among female adolescents aged 15–17 years, 30.0% reported ever having had sex, compared with 70.6% of those aged 18–19 years (Table 2). Among adolescent males aged 15–17 years, 31.6% reported ever having had sex, compared with 64.7% of those aged 18–19 years (Table 3). Among females aged 18–24 years, 9.6% who had sex by age 20 years reported having had nonvoluntary first intercourse. Having ever been forced to have intercourse was reported by 14.3% of females aged 18–19 years and 19.1% of females aged 20–24 years (Table 2). Among teenagers aged 15–19 years, 13.1% of females and 14.8% of males reported having had sex at age <15 years (Tables 2 and 3). The majority (58.7%) of females aged 15–19 years reported that their first sex partners were 1–3 years older than they were, and 22.4% reported that their first partners were  $\geq 4$  years older than they were (Table 2). Approximately three in 10 female and male adolescents aged 15–19 years reported having had two or more sexual partners (Tables 2 and 3).

Among never-married adolescents aged 15–19 years who were sexually active, 75.2% of females and 82.3% of males reported using a method of contraception at first intercourse. Condom use at first intercourse was reported by 67.5% of females and 70.7% of males (Tables 2 and 3). Adolescents also were likely to have used contraception at their most recent intercourse (83.2% of never-married females and 90.7% of never-married males). Never-married females aged 20–24 years were somewhat more likely than adolescent females to have used contraception at last sex (87.3%) (Table 2); never-married males aged 20–24 years were somewhat less likely than adolescent males to have done so (84.8%) (Table 3).

A substantial majority of adolescents aged 15–19 years (85.5% of females and 82.6% of males) reported having received formal instruction before reaching age 18 years on how to say no to sex, and 69.9% of adolescent females and 66.2% of adolescent males reported receiving instruction on methods of birth control (Tables 2 and 3). Among adolescents aged 18–19 years, 49.8% of females and 35.1% of males had talked with a parent before reaching age 18 years about methods of birth control. Approximately three fourths of adolescents aged 15–17 years (74.6% of females and 71.5% of males) reported having talked to their parents about at least one of five sex education topics included in the survey (Tables 2 and 3).

Use of reproductive and medical services varied by age. For example, 37.6% of females aged 15–17 years and 80.5% of females aged 20–24 years had received at least one family planning or medical service during the preceding 12 months (Table 2). Among males aged 15–19 years, 72.3% received at least one health or family planning service during the preceding 12 months, but that percentage decreased to 51.9% among young adult males aged 20–24 years (Table 3).

Pregnancies among adolescents are very likely to be unintended (unwanted or mistimed) at conception. Among females aged 15–17 years, 88.0% of births during the preceding 5 years were the result of unintended pregnancies (Table 2).

#### Pregnancy, Births, Birth Characteristics, and Abortions

In 2004, an estimated 2.4 million pregnancies occurred among U.S. females aged <25 years, with 30% of those pregnancies occurring among adolescent females aged 15–19 years and <1% among females aged <15 years (Table 4). The total number of pregnancies reported for U.S. females aged <25 years for 2004 included 1.5 million live births, 613,000 induced abortions, and 341,000 fetal losses (e.g., stillbirths and miscarriages; data not presented in table) (18). Among adolescents aged 15–19 years, 57% of pregnancies ended in a live birth, 27% ended in induced abortion, and 16% were fetal losses (18).

In 2006, a total of 435,436 births occurred to adolescent mothers aged 15–19 years (Table 4), with almost one third occurring among adolescents aged 15–17 years (preliminary data indicate that this number increased to 445,045 in 2007) (29). Initiation of prenatal care in the first trimester typically increases with age. In 2006, according to data for 32 states, the District of Columbia, and New York City, less than half of pregnant youths aged 10–14 years initiated prenatal care in the first trimester (Table 4). This proportion increased to 64.9% for those aged 15–17 years and 72.3% of those 18–19 years. A total of 92% of births among females aged 15–17 years and 81% among those aged 18–19 years were to unmarried mothers (data not presented in table). Mothers aged <15 years were more likely than adolescent females aged 15–19 years or young women aged 20–24 years to receive late or no prenatal care, to have a preterm or very preterm infant, and to have a low or very low birthweight infant. Smoking during pregnancy also typically increases with age through age 18–19 years. In 2006, on the basis of data for 33 states, the District of Columbia, and New York City, adolescents aged 15–17 years were three times more likely to smoke during pregnancy as youths aged 10–14 years (10.3 compared with 3.3%).

In 2004, an estimated 199,000 abortions were reported for female adolescents aged 15–19 years, with more than one third

occurring among adolescents aged 15–17 years and nearly two thirds among those aged 18–19 years (Table 4). Among young women aged 20–24 years, the estimated number of abortions was approximately twice that for adolescents aged 15–19 years. The abortion rates in 2004 varied substantially by age, with the rate for women aged 20–24 years (39.9 per 1,000 population) double the rate for adolescents aged 15–19 years (19.8 per 1,000) (18).

## HIV/AIDS

In 2006, a total of 2,194 persons (668 females and 1,526 males) in the United States aged 10–24 years received a diagnosis of AIDS, and a cumulative total of 9,530 persons (3,914 females and 5,616 males) were living with AIDS. The majority of persons aged 10–24 years who received an AIDS diagnosis in 2006 were young adults aged 20–24 years (71% of females and 80% of males), and 72% of total diagnoses were received by males (1,526 of 2,194 total diagnoses). However, among persons aged 10–14 years, the majority of AIDS diagnoses (61%) were received by females.

The number of young persons living with HIV/AIDS<sup>†</sup> in the 38 areas with stable (i.e., confidential name-based) HIV reporting also is presented (Tables 4 and 5). In 2006, a total of 5,396 young persons (1,540 females and 3,856 males) received a diagnosis of HIV/AIDS, and a cumulative total of 21,890 young persons were living with HIV/AIDS in these 38 areas (9,024 females and 12,866 males). As with AIDS diagnoses, the majority of HIV/AIDS diagnoses occurred among young adults aged 20–24 years (1,049 [68%] of 1,540 females and 2,922 [76%] of 3,856 males) and were male (3,856 [71%] of 5,396 total diagnoses). Among youths aged 10–14 years, more diagnoses were received by females than by males (44 [70%] and 19 [30%], respectively).

## Sexually Transmitted Diseases

Adolescents and young adults aged 15–24 years have high rates for the most common STDs. Persons in this age group have been estimated to acquire nearly half of all incident STDs although they represent only 25% of the sexually active population (25). Reasons for the increased rates include biologic susceptibility, risky sexual behavior, and limited access to health care (23).

Cases of chlamydia, gonorrhea, and syphilis diagnosed in the United States are reported to CDC via NNDSS. Of these three STDs, for which federally funded control programs exist, chlamydia is the most frequently reported among all age groups of young persons. In 2006, among youths aged 10–14 years, 12,364 cases of chlamydia were reported in females and

1,238 in males; among adolescents aged 15–17 years, 130,569 cases were reported in females and 23,665 in males; among adolescents aged 18–19 years, 162,823 cases were reported in females and 35,155 in males; and among young adults aged 20–24 years, 284,763 cases were reported in females and 93,035 in males (Tables 4 and 5). Chlamydia screening is not recommended for males, so the consistently higher reported rates of chlamydia among females probably reflects compliance with recommendations for chlamydia screening for all sexually active females aged <26 years (30) and thus underestimates the disease burden among males. Population-based NHANES data demonstrate that prevalence of chlamydia among adolescents aged 14–19 years is somewhat greater among females (4.6%; 95% confidence interval [CI] = 3.7–5.8) than among males (2.3% [CI = 1.5–3.5]) (4). However, the trend is the opposite among young adults aged 20–29 years, for whom chlamydia prevalence is greater among males (3.2%; CI = 2.4–4.3) than among females (1.9%; CI = 1.0–3.4) (4).

Gonorrhea was the second most commonly reported STD in 2006. Among youths aged 10–14 years, 3,574 cases were reported in females and 675 cases in males; among younger adolescents aged 15–17 years, 30,703 cases were reported in females and 11,242 in males; among older adolescents aged 18–19 years, 35,701 cases were reported in females and 18,877 in males; among young adults aged 20–24 years, 61,665 cases were reported in females and 49,304 in males (Tables 4 and 5).

Of the three STDs for which federally funded control programs exist, primary and secondary syphilis is the least frequently reported STD. In 2006, among youths aged 10–14 years, 11 cases were reported in females and two in males; among younger adolescents aged 15–17 years, 96 cases were reported in females and 94 in males; among older adolescents aged 18–19 years, 137 cases were reported in females and 238 in males; and among young adults aged 20–24 years, 299 cases were reported in females and 1,083 in males.

NHANES data for 2003–2004 indicate that the prevalence of HPV DNA was 24.5% (CI = 19.6–30.5) among females aged 14–19 years and 44.8% (CI = 36.3–55.3) among females aged 20–24 years (Table 4). The overall prevalence of HPV DNA among females aged 14–24 years was 33.8%, representing approximately 7.5 million females with HPV infection in the United States (7). NHANES data for 1999–2004 indicated that prevalence of HSV-2 among persons aged 14–19 years was 2.3% (CI = 1.7–3.2) among females and 0.9% (CI = 0.5–1.5) among males (Table 5) (7).

## Sexual Violence

During 2004–2006, an estimated 105,187 females and 6,526 males aged 10–24 years received medical care in U.S. EDs as a result of nonfatal injuries sustained from a sexual

<sup>†</sup> HIV/AIDS refers to all cases of HIV infection, regardless of whether they have progressed to AIDS.

assault (data not presented). The rate was significantly higher ( $t = 5.75$ ;  $p < 0.001$ ) among females aged 10–24 years than among males (114.8 and 6.8 ED visits per 100,000 population, respectively). Among females, rates were 90.0 per 100,000 females aged 10–14 years, 152.6 per 100,000 females aged 15–17 years, 163.7 per 100,000 females aged 18–19 years, and 97.1 per 100,000 females aged 20–24 years (Table 4). Nonfatal injury rates sustained from sexual assaults were significantly higher among females aged 15–17 years ( $t = 2.0$ ;  $p < 0.05$ ) and 18–19 years ( $t = 2.44$ ;  $p < 0.05$ ) than among females aged 20–24 years. Other differences between age groups for females were not statistically significant. Among males aged 10–14 years, the rate for nonfatal sexual assault–related injury was 11.1 ED visits per 100,000 population (Table 5). Estimates for other age groups of males (ages 15–17, 18–19, and 20–24 years) are not reported because of the limited sample size.

## Disparities in Race/Ethnicity, Mode of Transmission for HIV/AIDS, and Geographic Residence

### Sexual Behavior

Sexual risk behavior varied among non-Hispanic black, Hispanic, and non-Hispanic white females and males (Tables 6–9). Among female adolescents aged 15–19 years, 40.4% of Hispanic females reported ever having had sex, compared with 46.4% of non-Hispanic white females and 57.0% of non-Hispanic black females (Table 6). Having first sex at age <15 years was reported by 22.9% of non-Hispanic black adolescent females aged 15–19 years, compared with 11.6% of non-Hispanic white females in the same age group. This estimate does not meet the NSFG standard of reliability for Hispanic females (see Appendix). Among adolescent females aged 15–19 years, Hispanics were more likely (35.2%) than non-Hispanic whites (19.6%) and non-Hispanic blacks (19.0%) to report having had sex for the first time with a partner who was substantially older ( $\geq 4$  years). Among adolescent females aged 15–19 years, 40.8% of Hispanics reported using no method of contraception at last intercourse, compared with 25.2% of non-Hispanic blacks and 10.3% of non-Hispanic whites.

The majority (56.5%) of non-Hispanic black females aged 15–19 years reported having used at least one family planning or medical service during the preceding 12 months, compared with 41.2% of Hispanic females and 49.4% of non-Hispanic white females (Table 6). Among adolescent males aged 15–19 years, 29.6% of non-Hispanic blacks reported having had four or more lifetime partners, compared with 25.4% of Hispanic males and 12.1% of non-Hispanic white males (Table 7). Reported use of condoms at first and most recent intercourse

was higher among non-Hispanic black males aged 15–19 years (85.3% and 86.1%, respectively) than non-Hispanic white males (68.6% and 69.2%, respectively) and Hispanic males (66.5% and 59.9%, respectively) in the same age group. Non-Hispanic blacks males aged 15–19 years were also more likely to report always using condoms during the previous 4 weeks than their non-Hispanic white and Hispanic counterparts (86.8% compared with 68.0% and 53.1%, respectively) (Table 7).

Among adolescents and young adults who reported being sexually active, non-Hispanic black females aged 20–24 years were more likely to have ever been tested for HIV, STDs, or both (62.4%, compared with 47.9% of Hispanic females and 45.4% of non-Hispanic white females) (Table 8). Among males aged 20–24 years, use of condoms at most recent intercourse also was higher among non-Hispanic black males (62.3%) than non-Hispanic white males and Hispanic males (46.5% and 47.3%, respectively) (Table 9).

Data from multiple studies for selected measures of pregnancies, births, birth characteristics, induced abortions, cases of HIV/AIDS, STDs, and sexual violence among persons aged 10–24 years are reported (Tables 10–15).

### Pregnancy, Births, Birth Characteristics, and Abortions

Pregnancy rates varied by race and ethnicity (Tables 10, 12, and 14). In 2004, the highest pregnancy rates for adolescents aged 15–19 years were reported among Hispanic and non-Hispanic black adolescents (132.8 and 128.0, respectively), compared with 45.2 among non-Hispanic white adolescents (Table 12). Among young women aged 20–24 years, rates per 1,000 population were 259.0 among non-Hispanic black women and 244.8 among Hispanic women, compared with 122.8 among non-Hispanic white women (Table 14).

Birth rates also varied by race and ethnicity. Among females aged 10–24 years, birth rates were lowest among APIs and non-Hispanic whites in every age group and highest among non-Hispanic blacks and Hispanics (Tables 10, 12 and 14). The majority of births to adolescent mothers are nonmarital; in 2006, the proportion of births among unmarried adolescents aged 15–19 years ranged from 77.3% among APIs to 96.9% among non-Hispanic blacks (Table 12).

The risk for having a low and very low birthweight baby was highest among mothers in the youngest age group (age 10–14 years) and decreased linearly with age (Tables 10, 12, and 14). Non-Hispanic black mothers aged 15–19 years were more likely to have a low or very low birthweight infant than mothers in all other racial and ethnic populations. Similarly, the proportion of preterm and very preterm births was higher among non-Hispanic black mothers than among other groups (Table 12).

## HIV/AIDS

Rates for AIDS and HIV/AIDS diagnoses and for living with AIDS and HIV/AIDS have been tabulated by age group, sex, and race/ethnicity (Tables 10–15). In 2006, non-Hispanic blacks experienced the highest rates of AIDS and HIV/AIDS diagnoses and the highest rate for living with AIDS and HIV/AIDS across all age groups. Rates among non-Hispanic blacks were three to five times higher than those among Hispanics, the population that had the second highest rates. For example, 141.7 per 100,000 non-Hispanic black males aged 15–19 years were living with HIV/AIDS compared with 39.8 per 100,000 Hispanic males that same age. Further, 129.5 per 100,000 non-Hispanic black females aged 15–19 years were living with HIV/AIDS compared with 40.2 per 100,000 Hispanic females aged 15–19 years. AI/ANs and non-Hispanic whites experienced the next highest rates, whereas API experienced the lowest rates of HIV/AIDS. For example, among males aged 15–19 years, the rates were 6.7 per 100,000 population for non-Hispanic whites, 7.3 per 100,000 population for AI/AN, and 4.7 per 100,000 population among APIs.

The frequency of HIV/AIDS diagnoses in 2006 by age, transmission category, sex and race/ethnicity has been calculated (Tables 16 and 17). Among females of all ages and racial/ethnic populations, the primary transmission category was heterosexual contact, followed by injection-drug use (IDU). Among males of all age groups and racial/ethnic populations, the primary transmission category was men who have sex with men (MSM). For non-Hispanic black males and for Hispanic males, the second most important transmission category was heterosexual contact; for non-Hispanic white males, it was IDU.

The frequency of persons aged 10–24 years who were living with HIV/AIDS in 2006 has been calculated by transmission category, age group, and sex (Table 18). The primary transmission category for persons aged 10–17 years was perinatal (92.5% among males aged 10–14 years and 90.1% among females aged 10–14 years). Among persons aged 20–24 years, the primary transmission category was MSM for males (74.9%) and heterosexual sex for females (78.7%). The frequency of persons aged 10–24 years who were living with AIDS in 2006 also has been calculated by transmission category, age group, and sex (Table 19). The patterns were similar to those for persons living with HIV/AIDS (i.e., the primary transmission category for youths and adolescents was perinatal transmission). Among males aged 20–24 years, the primary transmission category was MSM; among females, it was heterosexual.

## Sexually Transmitted Diseases

Substantial disparities in STD rates exist among racial and ethnic populations (Tables 10–15). In 2006, rates for

chlamydia, gonorrhea, and syphilis were highest among non-Hispanic blacks for all age groups. Among adolescents aged 15–19 years, the highest rates of chlamydia occurred among non-Hispanic black females (8,858.1 cases per 100,000 population), compared with non-Hispanic black males (2,195.4 cases per 100,000 population) and non-Hispanic white females (1,374.9 cases per 100,000 population) (Tables 12 and 13). A similar pattern among adolescents aged 15–19 years was recorded for gonorrhea, with the highest rates occurring among non-Hispanic black females (2,829.6 cases per 100,000 population), compared with non-Hispanic black males (1,467.6 cases per 100,000 population) and non-Hispanic white females (208.3 cases per 100,000 population) (Tables 12 and 13). The pattern varied slightly for syphilis, with non-Hispanic black males aged 20–24 years experiencing the highest rates (41.0 cases per 100,000 population), compared with non-Hispanic black females (14.8 cases per 100,000 population) and non-Hispanic white males (3.7 cases per 100,000 population) of the same age (Tables 14 and 15).

AI/AN and Hispanic young persons also experienced high rates of sexually transmitted diseases. For example, among females aged 20–24 years, rates for chlamydia were 5,008.5 cases per 100,000 population among AI/AN females and 3,301.5 cases per 100,000 population among Hispanic females, and gonorrhea rates were 634.8 cases per 100,000 population among AI/AN females and 326.7 cases per 100,000 population among Hispanic females (Table 14). Among males aged 20–24 years, syphilis rates were 6.3 cases per 100,000 population among AI/AN males and 9.2 cases per 100,000 population among Hispanic males (Table 15). Chlamydia, gonorrhea, and syphilis rates also are provided for youths aged 10–14 years (Tables 10 and 11), but the rates are substantially lower compared with older age groups. In this age group, the highest rates occurred among non-Hispanic black females: 462.2 cases per 100,000 population for chlamydia, 168.6 cases per 100,000 population for gonorrhea, and 0.6 cases per 100,000 population for syphilis.

## Sexual Violence

During 2004–2006, among adolescents and young adults aged 10–24 years, an estimated 45,485 non-Hispanic white females, 24,121 black females (i.e., inclusive of Hispanic black and non-Hispanic black), and 10,733 Hispanic females (i.e., excluding Hispanic black) were treated in EDs of U.S. hospitals as a result of nonfatal injuries sustained from a sexual assault (Tables 10, 12, and 14). Among males aged 10–24 years, an estimated 2,361 non-Hispanic white, 1,663 black (including black Hispanic and non-Hispanic black), and 907 Hispanic (i.e., excluding Hispanic black) male adolescents and young adults were treated in EDs as a result of nonfatal injuries sus-

tained from sexual assaults. Because of the low numbers and the high frequency of missing data concerning race/ethnicity, all estimates for males by age and race/ethnicity are unstable and not reported. For both females and males, 21% of the sexual assault injury cases are missing data on race/ethnicity, so rates by race/ethnicity were not calculated, and caution should be used when interpreting counts by race/ethnicity.

### **Geographic Distribution of Births, HIV/AIDS, and STD Cases**

Birth rates for adolescents varied considerably by state (Table 20). Birth rates for adolescents were lower among states in the North and Northeast and higher among states in the South and Southwest. These geographic patterns largely reflect the composition (e.g., race/ethnicity and socioeconomic factors such as educational attainment) of each state's population (31). The number and rates of young persons living with HIV/AIDS in each of the 38 areas (i.e., 33 states and five U.S. territories) that had stable (i.e., confidential name-based) HIV reporting in 2006 has been calculated (Table 21), as has the number and rates of young persons living with AIDS in each of the 50 states, the District of Columbia, and U.S. territories in 2006 (Table 22). The highest rates of young persons living with AIDS were clustered in the eastern and southern regions of the United States (Figure 1). National rates have been calculated for chlamydia, gonorrhea, and syphilis (primary and secondary) by age group and region (Tables 23–25). Across all regions, overall rates for chlamydia and gonorrhea were higher among persons aged 18–19 years than among those aged 10–14, 15–17, and 20–24 years. Among persons aged 15–24 years, rates for syphilis increased with age group in all regions. Rates were higher for chlamydia, gonorrhea, and syphilis in the South for all age groups, compared with other regions and with the U.S. total. However, variation in racial composition account for much of the difference by region (32).

## **Trends Over Time**

### **Sexual Risk Behavior and Violence**

YRBS data for 1991–2007 were used to describe trends in sexual risk behaviors and violence among high school students (9th–12th grades) (Table 26). During 1991–2007, the percentage of high school students who ever had sexual intercourse (i.e., sexual experience) decreased from 54.1% in 1991 to 47.8% in 2007. Logistic regression analyses also indicated a significant linear decrease during 1991–2007 among female students in 9th and 11th grade and among male students in 9th–12th grades. A significant quadratic trend also was detected among male students in 11th grade; the prevalence

of sexual experience decreased during 1991–1997 and then leveled off during 1997–2007 (Table 26).

During 1991–2007, the percentage of high school students who had sexual intercourse for the first time before age 13 years decreased from 10.2% in 1991 to 7.1% in 2007. Logistic regression analyses also indicated a significant linear decrease during 1991–2007 among female students in 9th grade, and among male students in 9th–12th grades. Statistically significant quadratic trends also were detected for high school students overall and for male students in 11th and 12th grades. Overall, the prevalence of having had sexual intercourse for the first time at age <13 years decreased during 1991–2005 and then leveled off during 2005–2007. Among male students in 11th grade, prevalence decreased during 1991–2001 and then increased during 2001–2007. Among male students in 12th grade, prevalence decreased during 1991–2001 and then leveled off during 2001–2007 (Table 26).

The percentage of high school students who had sexual intercourse with four or more persons during their life decreased from 18.7% in 1991 to 14.9% in 2007. Logistic regression analyses also indicated a significant linear decrease during 1991–2007 among female students in 9th–11th grade, and among male students in 9th–12th grades. Significant quadratic trends also were detected among male students in 11th–12th grade. Among both these groups, the prevalence of having had sexual intercourse with four or more persons decreased during 1991–1997 and then leveled off during 1997–2007 (Table 26).

The percentage of high school students who were currently sexually active (i.e., had sexual intercourse with at least one person during the 3 months before the survey) decreased from 37.5% in 1991 to 35.0% in 2007. Logistic regression analyses also indicated a significant linear decrease during 1991–2007 among female students in 9th grade. Significant quadratic trends were detected among male students in 9th and 11th grade. Among male students in 9th grade, prevalence was stable during 1991–1999 and then decreased during 1999–2007. Among male students in 11th grade, prevalence was stable during 1991–1997 and then increased during 1997–2007 (Table 26).

The percentage of currently sexually active high school students who reported that either they or their partner had used a condom during last sexual intercourse increased from 46.2% in 1991 to 61.5% in 2007. Logistic regression analyses also indicated a significant linear increase among female and male students in 9th–12th grades. Significant quadratic trends also were detected among high school students overall and female students in 10th grade; prevalence of condom use increased during 1991–2003 and then leveled off during 2003–2007.

During 1991–2007, the percentage of currently sexually active high school students who reported that either they or their partner had used birth control pills to prevent pregnancy before last sexual intercourse was stable overall and among female and male students in 9th–12th grades (Table 26).

During 1991–2007, the percentage of currently sexually active high school students who reported drinking alcohol or using drugs before last sexual intercourse was stable overall. Logistic regression analyses also indicated a significant linear increase among male and female students in 12th grade. Significant quadratic trends were detected among high school students overall and among male students in 9th and 10th grade. Overall, the prevalence of drinking alcohol or using drugs before the most recent sexual intercourse increased during 1991–2001 and then decreased during 2001–2007. Among male students in 9th and 10th grade, the prevalence increased during 1991–1995 and then decreased during 1995–2007 (Table 26).

During 1999–2007, the prevalence of dating violence (i.e., having been hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend during the 12 months before the survey) was stable overall and among male and female students in 9th–12th grades (Table 27).

During 2001–2007, the prevalence of ever having been physically forced to have sexual intercourse when they did not want to was stable overall and among female students in 9th–12th grades and male students in 9th, 11th and 12th grade. Among male students in 10th grade, logistic regression analyses also indicated a significant linear decrease during 2001–2007 and a significant quadratic trend; the prevalence was stable during 2001–2003 and then decreased during 2003–2007 (Table 27).

Trends in selected sexual risk behaviors were not consistent across racial/ethnic sub-groups (Table 28). During 1991–2007, logistic regression analyses indicated a significant linear decrease in the prevalence of sexual experience among non-Hispanic black (from 81.5% in 1991 to 66.5% in 2007) and non-Hispanic white students (from 50.0% in 1991 to 43.7% in 2007). Among Hispanic students, no significant change was detected. Among non-Hispanic black students, a significant quadratic trend also was detected; the prevalence of sexual experience decreased during 1991–2001 and then leveled off during 2001–2007 (Figure 2).

During 1991–2007, a significant linear decrease was detected in the prevalence of having had sexual intercourse with four or more persons during their life among non-Hispanic black (from 43.1% in 1991 to 27.6% in 2007) and non-Hispanic white students (from 14.7% in 1991 to 11.5% in 2007). Among Hispanic students, no significant change was detected.

During 1991–2007, a significant linear decrease in the prevalence of current sexual activity was detected among non-Hispanic black students (from 59.3% in 1991 to 46.0% in 2007). Among Hispanic and non-Hispanic white students, no significant change was detected.

During 1991–2007, a significant linear increase in condom use was detected among currently sexually active non-Hispanic black (from 48.0% in 1991 to 67.3% in 2007), Hispanic (from 37.4% in 1991 to 61.4% in 2007), and non-Hispanic white (from 46.5% in 1991 to 59.7% in 2007) students (Figure 3). A significant quadratic trend also was detected among non-Hispanic black students; the prevalence of condom use increased during 1991–1999 and then leveled off during 1999–2007.

### Pregnancy, Births, and Abortions

During 1990–2004, pregnancy rates for U.S. females aged 10–24 years declined among all age groups (Table 29). The rate for adolescents aged 15–17 years dropped 46%, from 77.1 per 1,000 population in 1990 to 41.5 in 2004, the most recent year for which national pregnancy rates are available. The rate for older adolescents aged 18–19 years decreased 31%, from a peak of 172.1 in 1991 to 118.6 in 2004. The 2004 rates for each of these age groups were lower than for any year during 1976–2004 for which a consistent series of estimates is available (19,20). During 1990–2004, pregnancy rates among women aged 20–24 years declined 18%, from 198.5 per 1,000 population in 1990 to 163.7 in 2004. Women aged 20–24 years continued to have the second highest pregnancy rates among all women of reproductive age (ages 10–49 years).

The declines in teenage pregnancy rates are reflected in reductions in both births and abortions (Figure 4; Tables 30 and 31). During 1991–2005, birth rates among females aged 15–19 years decreased 34% from a peak of 61.8 per 1,000 population in 1991 to 40.5 per 1,000 population in 2005. For adolescents aged 15–19 years and women aged 20–24 years, abortion rates have declined more steeply than birth rates. During 1990–2004, abortion rates for adolescents aged 15–19 years declined 51%, from 40.3 per 1,000 population in 1990 to 19.8 per 1,000 population in 2004. Among women aged 20–24 years, the rate declined 30% during the same period. Birth and abortion rates declined for non-Hispanic white, non-Hispanic black, and Hispanic adolescents through 2004. During 1990–2004, both birth and abortion rates declined for non-Hispanic white adolescents (37% and 65%, respectively), for non-Hispanic black adolescents (46% and 43%, respectively), and for Hispanic adolescents (18% and 31%, respectively) (18,19).

Birth rates for persons aged 10–19 years declined during 1991–2005 (Table 30). The rate of decline during 1991–2005

was steeper for adolescents aged 10–14 years and for those aged 15–17 years than for adolescents aged 18–19 years. During 1991–2005, the annual decline in the rates for persons aged 15–17 years and 18–19 years averaged approximately 4% and 2%, respectively, but the decline has slowed in recent years. The long-term decline in birth rates for adolescents was interrupted in 2006, with a 3% overall increase compared with 2005. During 2005–2006, the birth rate for adolescents aged 15–17 years increased 3%, to 22.0 per 1,000 population; in 2007, the rate increased another 1% to 22.2 per 1,000 population (29). In 2006, the number of births to adolescents aged 15–17 years increased 4% to 138,943, approximately the same number as reported in 2002 (17). The birth rate for older adolescents aged 18–19 years (73.0 per 1,000 population) was 4% higher in 2006 than in 2005. The number of births to older adolescents (296,493) was 5% more in 2006 than in 2005 (16). The steepest declines in teenage birth rates during 1991–2005 were among non-Hispanic black adolescents (16). Overall, their rate declined 48% during this period, and for young black adolescents aged 15–17 years, the rate declined three fifths, from 86.1 per 1,000 population in 1991 to 34.9 per 1,000 population in 2005. However, the birth rate for non-Hispanic black adolescents increased 5% in 2006, the largest increase of any population group (17). Overall, the increase was broad-based geographically, with increases in birth rates in more than half of the states during 2005–2006 (Figure 5).

## HIV/AIDS

Trends for annual rates of AIDS diagnoses during 1997–2006 have been analyzed (Table 32). Among several groups (i.e., all youths aged 10–14 years, female adolescents aged 15–19 years, and women aged 20–24 years), rates either are relatively stable or decreased during this period. However, rates increased during the preceding 10 years among males aged 15–24 years. For example, during 1997–2006, the rate of AIDS diagnoses reported among males aged 15–19 years nearly doubled, from 1.3 cases per 100,000 population in 1997 to 2.5 cases per 100,000 population in 2006 (Figure 6).

## Sexually Transmitted Diseases

The number of cases of chlamydia that are reported have generally been increasing for all groups, with the exception of females aged 10–14 years since 2004 (Figure 7; Table 33). Greater implementation of chlamydia screening is believed to account for much of the increase, especially for cases among females. Furthermore, only since 2000 has chlamydia been reportable in all 50 states, contributing to earlier increases in national case rates (23).

Gonorrhea rates decreased for >20 years until 1997; since 1997, rates have been stable, with some modest fluctuation

among adolescents and young adults (Figure 8; Table 34). Gonorrhea infection rates among males aged 15–19 years ranged from 285.7 cases per 100,000 population in 2002 to 250.2 cases per 100,000 population in 2004 and then increased to 275.4 cases per 100,000 population in 2006. Rates of syphilis typically are lower among adolescents than among young adults aged 20–24 years. However, the rates for syphilis among adolescents and young adults have been increasing in recent years, (e.g., rates among females aged 15–19 years increased from 1.5 cases per 100,000 population in 2004 to 2.2 cases per 100,000 population in 2006), perhaps mirroring the national trend in syphilis rates that has been observed across the entire population (Figure 9; Table 35).

## Sexual Violence

Rates of ED visits for nonfatal sexual assault related injuries for females aged 10–24 years were 99.2 per 100,000 population in 2001, 124.2 per 100,000 population in 2004, and 108 per 100,000 population in 2006 (Figure 8). A *t*-statistic indicated that the rates of sexual assault injuries for females aged 10–24 years did not differ significantly ( $t = 0.55$ ;  $p = 0.58$ ) during 2001–2006. Rates of nonfatal sexual assault injuries for females by smaller age categories have been calculated (Table 36). Analyses of rates of sexual assault injuries for females aged 10–14 years ( $t = 0.95$ ;  $p = 0.34$ ), 15–17 years ( $t = 0.07$ ;  $p = 0.94$ ), 15–19 years ( $t = 0.72$ ;  $p = 0.47$ ), and 20–24 years ( $t = 1.57$ ;  $p = 0.12$ ) during 2001–2006 indicated that rates have been relatively stable, and tests for trends were not statistically significant. In contrast, the rate for females aged 18–19 years increased significantly ( $t = 1.95$ ;  $p < 0.05$ ) during 2001–2006 (from 103.9 per 100,000 population in 2001 to 169.9 per 100,000 population in 2006).

Among males aged 10–24 years, the rates for nonfatal sexual assault related injuries also have been relatively stable during 2001–2006 (6.7 per 100,000 population in 2002 and 5.3 per 100,000 population in 2006) (Figure 10). Consistent with females, the rates of nonfatal sexual assault injuries among males were not significantly different across the study period.

## Conclusion

The data presented in this report indicate that the sexual and reproductive health of America's young persons remains an important public health concern: a substantial number of youths are affected, disparities exist, and earlier progress appears to be slowing and perhaps reversing. These patterns exist for a range of health outcomes (i.e., sexual risk behavior, pregnancy and births, STDs, HIV/AIDS, and sexual violence), highlighting the magnitude of the threat to young persons' sexual and reproductive health.

These findings underscore the importance of sustaining efforts to promote adolescent reproductive health. Effective screening, treatment, and referral services exist, and a growing number of evidence-based sexuality education, parent-child communication, and youth development programs are available to promote adolescent sexual and reproductive health. A key challenge is to ensure that these services are delivered so all youths can benefit. Continued support also is needed to monitor trends in sexual risk behavior and to promote research on new ways to help young persons achieve reproductive health.

The data presented in this report are subject to several limitations. First, self-reported data are subject to social desirability and response bias. Second, cases of disease often remain undetected and are unreported. Third, estimating pregnancy rates is challenging because of the difficulty in measuring the number of abortions and fetal losses. Finally, the data summarized in this report describe risk behaviors and negative reproductive health outcomes among young persons, but the data do not explain the causes of sexual risk behavior nor what interventions are most effective. Research is needed that identifies both the key determinants of sexual risk behavior and those interventions that are effective in reducing risk behavior.

Despite these limitations, understanding temporal trends and which subpopulations are at greatest risk is a critical first step that guides other public health action. Practitioners can use the information provided in this report when making decisions about how to allocate resources and identify those subpopulations that are in greatest need. Researchers can use the information provided in this report to guide future study on youths at highest risk to better understand the causes of sexual risk behavior and ways to reduce it. Finally, policy makers can use the information provided in this report to justify expanded funding of effective programs, new research on innovative intervention strategies, and continued monitoring of sexual risk behavior and reproductive health outcomes.

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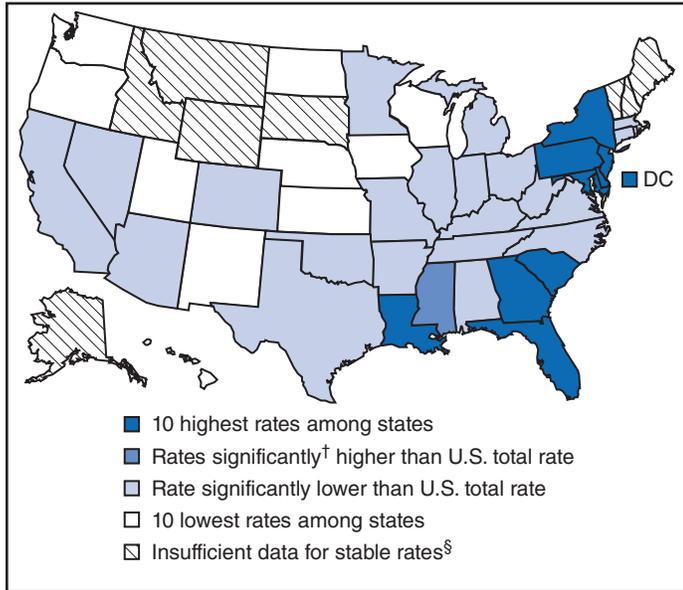
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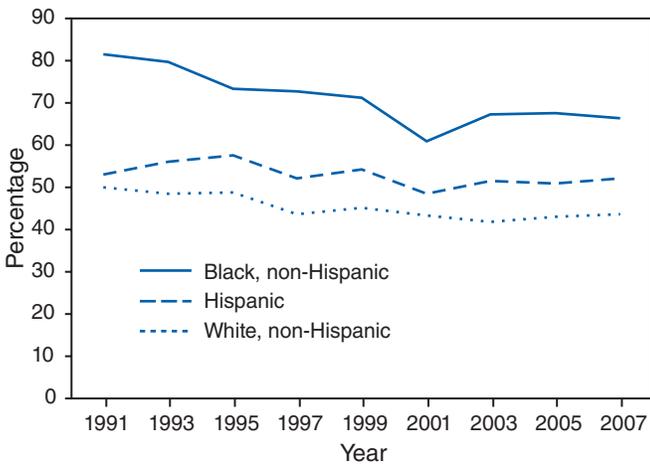
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**FIGURE 1. Rates\* of persons aged 10–24 years living with AIDS, by state of residence — HIV/AIDS Reporting System, United States, 2006**

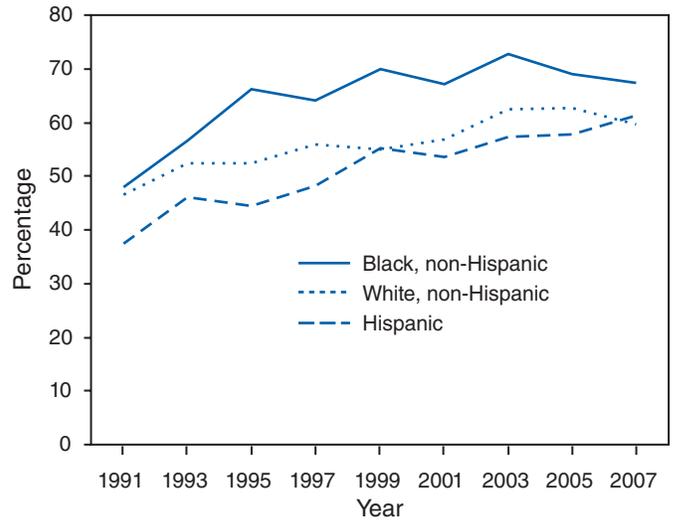


\* Per 100,000 population.  
 † Difference is statistically significant if the difference is >1.96 times the standard error for the difference between the two rates.  
 § 14.63 cases per 100,000 population.

**FIGURE 2. Percentage of high school students who ever had sexual intercourse, by race/ethnicity and year — Youth Risk Behavior Survey, United States, 1991–2007**

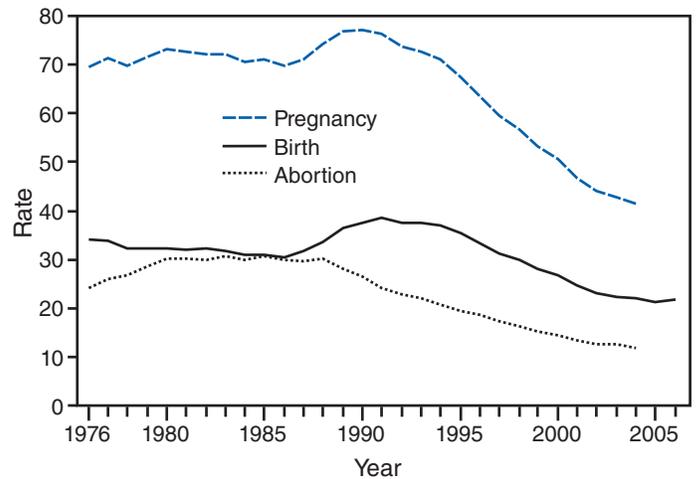


**FIGURE 3. Percentage of currently sexually active\* high school students who used a condom during last sexual intercourse, by race/ethnicity and year — Youth Risk Behavior Survey, United States, 1991–2007**



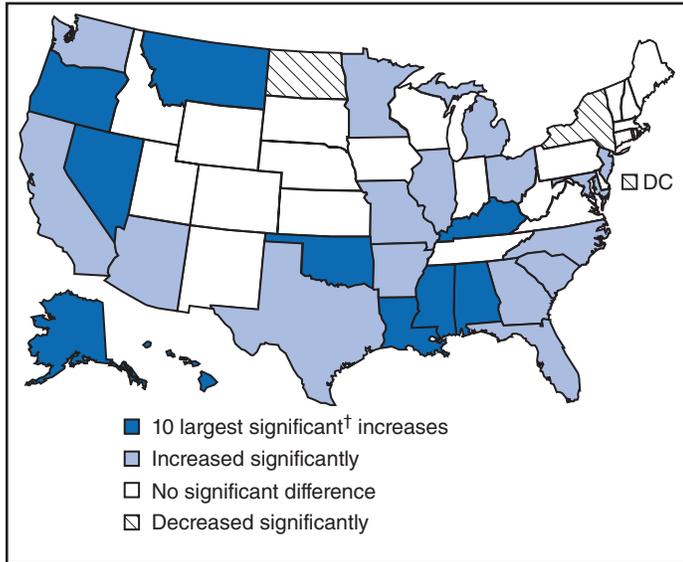
\* Had sexual intercourse with at least one person during the 3 months before the survey.

**FIGURE 4. Pregnancy, birth, and abortion rates\* among females aged 15–17 years — United States, 1976–2006**



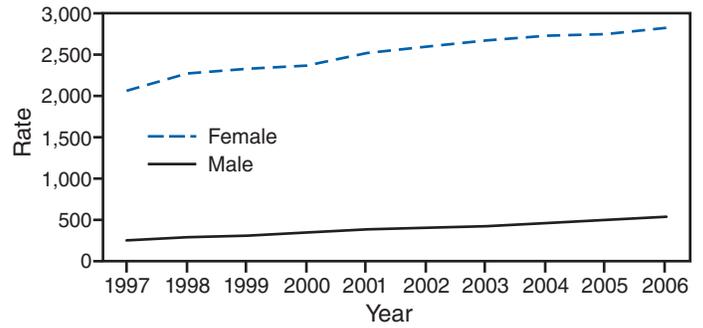
**SOURCE:** Ventura SJ, Abma JC, Mosher WD, Henshaw SK. Estimated pregnancy rates by outcome for the United States, 1990–2004. Natl Vital Stat Rep 56(15). Hyattsville, MD: CDC, National Center for Health Statistics; 2008.  
 \* Per 1,000 persons.

**FIGURE 5. Increase in birth rate\* among female adolescents aged 15–19 years, by state of residence — National Vital Statistics System, United States, 2006**



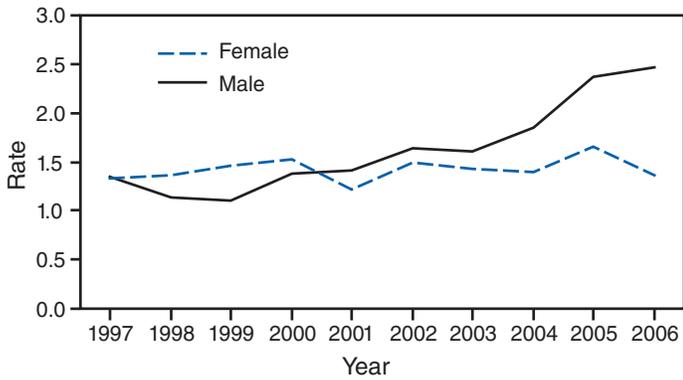
\* Per 1,000 estimated female population aged 15–19 years.  
<sup>†</sup> Difference is statistically significant if the difference is >1.96 times the standard error for the difference between the two rates.

**FIGURE 7. Rates\* of *Chlamydia trachomatis* among adolescents aged 15–19 years, by sex and year — Nationally Notifiable Disease Surveillance System, United States, 1997–2006**



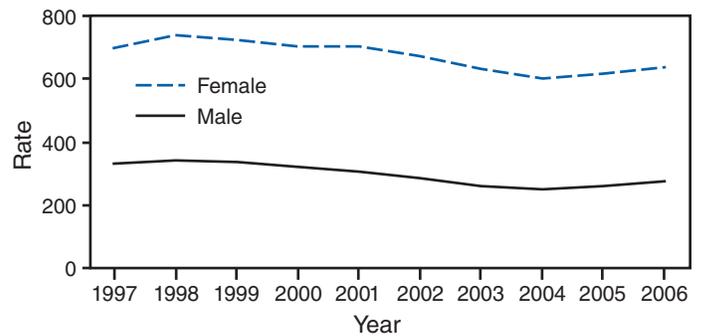
\* Per 100,000 population.

**FIGURE 6. Rates\* of AIDS diagnoses among adolescents aged 15–19 years, by sex — HIV/AIDS Reporting System, United States, 1997–2006**



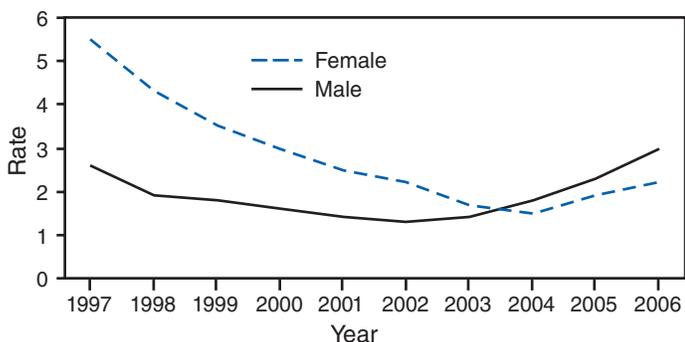
\* Per 100,000 population.

**FIGURE 8. Rates\* of gonorrhea among adolescents aged 15–19 years, by sex and year — Nationally Notifiable Disease Surveillance System, United States, 1997–2006**



\* Per 100,000 population.

**FIGURE 9. Rates\* of primary and secondary syphilis among adolescents aged 15–19 years, by sex and year — Nationally Notifiable Disease Surveillance System, United States, 1997–2006**

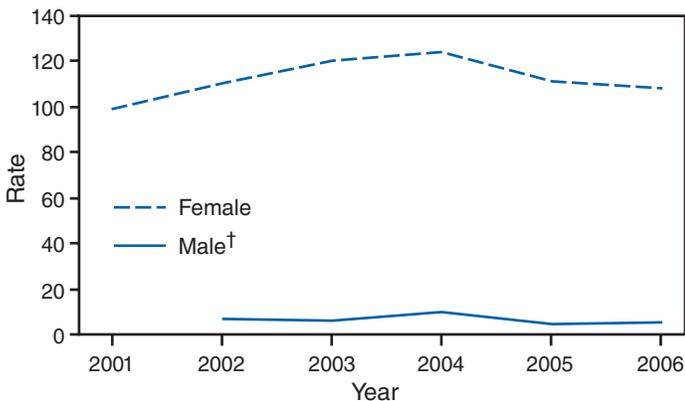


\* Per 100,000 population.

**TABLE 1. Demographic characteristics of students in 9th–12th grades — Youth Risk Behavior Survey, United States, 2007**

Characteristic	Grade				Total
	9th	10th	11th	12th	
<b>Age (yrs)</b>					
Mean	14.7	15.7	16.6	17.5	16.0
<b>Sex (%)</b>					
Female	48.5	49.4	50.2	50.4	49.5
Male	51.5	50.6	49.8	49.6	50.5
<b>Race/Ethnicity (%)</b>					
White, non-Hispanic	56.3	59.7	62.5	64.6	60.3
Black, non-Hispanic	17.2	15.2	14.0	13.2	15.1
Hispanic	19.0	17.2	15.5	14.6	16.9

**FIGURE 10. Rates\* of emergency department visits for nonfatal sexual assault injuries among persons aged 10–24 years, by sex — National Electronic Injury Surveillance System–All Injury Program, United States, 2001–2006**



\* Per 100,000 population.

† Rate for males not reported for 2001 because data estimates did not meet standards of reliability.

**TABLE 2. Proportion of sexual behaviors, exposure to prevention activities, and pregnancy wantedness among females aged 15–24 years,\* by age group — National Survey of Family Growth, United States, 2002**

Characteristic	Age group (yrs)			
	15–17	18–19	15–19	20–24
<b>Sexual behavior</b>				
Ever had sexual intercourse	30.0	70.6		86.6
Had sexual intercourse during previous 12 mos			42.5	80.9
Had sexual intercourse during the previous 3 mos			35.7	73.3
Had sexual intercourse only once in their lives			4.1	1.2
If had sex by age 20 yrs, first intercourse was not voluntary <sup>§</sup> (asked of females aged 18–24 yrs)				9.6
Ever forced <sup>†</sup> to have sexual intercourse	¶	14.3		19.1
Ever had sexual intercourse before reaching selected age (cumulative)**				
14 yrs			5.7	6.5
15 yrs			13.1	13.8
16 yrs			27.9	26.3
17 yrs			44.4	42.9
18 yrs			59.6	56.3
19 yrs			70.7	67.7
20 yrs			††	75.2
21 yrs			††	81.0
If ever had sex, age difference between female and first male partner				
Male partner was younger			4.1	5.3
Male partner was same age			14.9	18.3
Male partner was 1–3 yrs older			58.7	53.3
Male partner was 4–5 yrs older			14.7	13.2
Male partner was ≥6 yrs older			7.7	9.9
No. of lifetime partners, vaginal sex only				
0 (never had vaginal intercourse)			53.2	13.3
1			18.2	23.3
2			6.9	13.4
3			7.4	11.0
4			4.1	7.3
5			2.4	7.5
6–9			5.2	13.1
≥10			2.6	11.0
If never-married female who ever had sex, contraceptive used at first intercourse <sup>§§</sup>				
No method			24.8	24.1
Condom			67.5	64.3
Pill			16.6	22.7
Other hormonal			2.3	2.0
Withdrawal			7.9	7.0
All other methods			4.4	3.9
Dual methods (hormonal and condom)			13.8	17.5
If never-married female who had sex during previous 3 mos, contraceptive used at most recent intercourse <sup>§§</sup>				
No method			16.8	12.7
Condom			54.3	39.7
Pill			34.2	43.7
Other hormonal			9.1	7.8
Withdrawal			13.0	13.1
All other methods			5.1	8.7
Dual methods (hormonal and condom)			19.5	12.4
If never-married female who had sex during the previous 4 wks, consistency of condom use				
Never			42.5	55.6
Sometimes			15.6	12.9
Always			41.9	31.4
Ever had oral sex with opposite-sex partner	42.0	72.3		83.1
Ever had anal sex with opposite-sex partner	5.6	18.7		29.6
Ever had sexual experience with same-sex partner <sup>¶¶</sup>	8.4	13.8		14.2
<b>Exposure to prevention activities</b>				
Grade when first received formal instruction before age 18 yrs on how to say no to sex <sup>***</sup>				
Did not receive instruction before age 18 yrs			14.5	¶
Elementary school (grades 1–5)			17.6	¶
Middle school (grades 6–9)			61.9	¶

**TABLE 2. (Continued) Proportion of sexual behaviors, exposure to prevention activities, and pregnancy wantedness among females aged 15–24 years,\* by age group — National Survey of Family Growth, United States, 2002**

Characteristic	Age group (yrs)			
	15–17	18–19	15–19	20–24
High school (grades 10–12)			5.8	¶
Grade when first received formal instruction before age 18 yrs on methods of birth control***				
Did not receive instruction before age 18 yrs (only asked of age 15–19 yrs)			30.1	¶
Elementary school (grades 1–5)			5.9	¶
Middle school (grades 6–9)			53.6	¶
High school (grades 10–12)			10.0	¶
Talked with parent about selected sex-education topics before age 18 yrs				
How to say no to sex	61.6	51.4		¶
Methods of birth control	51.7	49.8		¶
Where to get birth control	39.3	36.2		¶
Sexually transmitted diseases (STDs)	56.5	43.8		¶
How to use a condom	29.5	29.0		¶
Did not talk about any of these with a parent before age 18 yrs	25.4	34.3		¶
If ever had sex, tested for HIV,††† STDs, both, or neither during the previous 12 mos§§§				
Not tested	50.1	48.5		50.6
HIV only	4.7	5.6		6.4
STDs only	26.5	26.9		23.5
Both HIV and STDs	18.7	19.0		19.6
Received at least one family-planning or medical service during the previous 12 mos§§§	37.6	65.1		80.5
Received Pap smear during the previous 12 mos	23.2	51.2		69.7
Received pelvic examination during the previous 12 mos	17.9	40.2		60.6
Received counseling, test, or treatment for STD during the previous 12 mos	11.1	21.1		22.3
<b>Pregnancy wantedness</b>				
If gave birth during the previous 5 years, wantedness at conception¶¶¶				
Intended	12.0	28.6		55.1
Unwanted	25.6	18.8		17.3
Mistimed	62.4	52.6		27.4

**SOURCES:** Special tabulations for this report and published data from Abma JC, Martinez GM, Mosher WD, Dawson BS. Teenagers in the United States: sexual activity, contraceptive use, and childbearing, 2002. *Vital Health Stat* 2004;23(24). Chandra A, Martinez GM, Mosher WD, Abma JC, Jones J. Fertility, family planning, and reproductive health of U.S. women: data from the 2002 National Survey of Family Growth. *Vital Health Stat* 2005;23(25). Mosher WD, Chandra A, Jones J. Sexual behavior and selected health measures: men and women 15–44 years of age, United States, 2002. *Advance Data from Vital and Health Stat* 2005;362.

\* Unless otherwise noted, denominator includes all females, regardless of race/ethnicity, marital status, and sexual activity. Unless noted, percentages reflect heterosexual vaginal sexual intercourse only, not other types of sexual activity. Data not calculated for all age groups for all questions.

† “Ever forced” means that the woman either 1) responded “yes” to the question asking if she had ever been forced to have intercourse or 2) reported that her first intercourse was “not voluntary.”

§ Does not distinguish between child sexual abuse and forced intercourse that is perpetuated by a peer during adolescence.

¶ Question not asked of persons in this age group.

\*\* The denominator for each percentage includes only those having reached the specified age to which the percentage pertains.

†† Data not available/applicable.

§§ Statistics for condom, pill, other hormonal, withdrawal, and all other methods reflect use of that method regardless of whether it was used alone or in combination with another method.

¶¶ Same-sex sexual contact was measured using substantially different questions for males and females. Females read a question on a computer screen that asked, “The next question asks about sexual experience you may have had with another female. Have you ever had any sexual experience of any kind with another female?”

\*\*\* Teenagers who had not yet reached a specific grade are not represented in the percentage corresponding to that grade. Thus, the figures underestimate the percentage of persons who ultimately will receive instruction at each grade.

††† Human immunodeficiency virus.

§§§ Family-planning services include sterilizing operation, birth-control method, checkup or medical test related to birth control, counseling about birth control, counseling about getting sterilized, emergency contraception, or counseling about emergency contraception. Medical services include Pap smear, pelvic examinations, prenatal care, counseling, testing or treatment for sexually transmitted infections, abortion, or pregnancy test.

¶¶¶ Data are based on responses of females aged 15–29 years. Estimates are limited to women who gave a birth during the previous 5 years, by mother’s age at the time of their child’s birth.

**TABLE 3. Proportion of sexual behaviors, exposure to prevention activities, and pregnancy wantedness among males aged 15–24 years,\* by age group — National Survey of Family Growth, United States, 2002**

Characteristic	Age group (yrs)			
	15–17	18–19	15–19	20–24
<b>Sexual behavior</b>				
Ever had sexual intercourse	31.6	64.7		87.4
Had sexual intercourse during previous 12 mos			39.8	80.3
Had sexual intercourse during the previous 3 mos			31.7	69.1
Had sexual intercourse only once in their lives			4.1	1.2
Ever forced† to have sexual intercourse	§	4.2		9.0
Ever had sexual intercourse before reaching selected age (cumulative)¶				
14 yrs			8.0	8.8
15 yrs			14.8	15.6
16 yrs			25.7	27.8
17 yrs			40.0	43.4
18 yrs			54.8	59.7
19 yrs			65.6	70.7
20 yrs			**	76.0
21 yrs			**	79.9
If ever had sex, age difference between male and first female partner				
Female partner was >1 yr younger		8.7		
Female partner was 1 yr younger		13.2		
Female partner was same age		36.4		
Female partner was 1–2 yrs older		29.9		
Female partner was >2 yrs older		11.8		
No. of lifetime partners, vaginal sex only				
0 (never had vaginal intercourse)			54.0	12.6
1			15.5	14.8
2			6.7	11.5
3			6.9	10.4
4			3.9	8.4
5			3.5	8.5
6–9			5.3	14.8
10–19			3.1	10.1
≥20			1.1	8.9
If never-married male who ever had sex, contraceptive used at first intercourse††				
No method			17.7	20.0
Condom			71.1	69.6
Pill			15.1	11.8
Other hormonal			2.1	1.6
Withdrawal			9.9	8.1
All other methods			3.2	1.9
Dual methods (hormonal and condom)			10.6	8.3
If never-married male who had sex during previous 3 mos, contraceptive used at most recent intercourse††				
No method			9.3	15.2
Condom			70.7	49.2
Pill			31.0	47.3
Other hormonal			6.3	4.7
Withdrawal			16.4	12.0
All other methods			2.0	1.9
Dual methods (hormonal and condom)			23.9	20.6
If never-married male who had sex during the previous 4 wks, consistency of condom use				
Never			26.5	44.2
Sometimes			5.3	10.1
Always			68.2	45.7
Ever had oral sex with same-sex partner§§	3.8	4.5		5.0
Ever had oral sex with opposite-sex partner	44.0	69.5		82.3
Ever had anal sex with same-sex partner	2.8	3.7		3.4
Ever had anal sex with opposite-sex partner	8.1	15.2		32.6
Ever had sexual experience with same-sex partner	3.9	5.1		5.5

**TABLE 3. (Continued) Proportion of sexual behaviors, exposure to prevention activities, and pregnancy wantedness among males aged 15–24 years,\* by age group — National Survey of Family Growth, United States, 2002**

Characteristic	Age group (yrs)			
	15–17	18–19	15–19	20–24
<b>Exposure to prevention activities</b>				
Grade when first received formal instruction before age 18 yrs on how to say no to sex <sup>¶¶</sup>				
Did not receive instruction before age 18 yrs (only asked of age 15–19 yrs)			17.4	**
Elementary school (grades 1–5)			22.7	**
Middle school (grades 6–9)			56.1	**
High school (grades 10–12)			3.6	**
Grade when first received formal instruction before age 18 yrs on methods of birth control <sup>¶¶</sup>				
Did not receive instruction before age 18 yrs			33.8	**
Elementary school (grades 1–5)			8.3	**
Middle school (grades 6–9)			50.6	**
High school (grades 10–12)			6.8	**
Talked with parent about selected sex-education topics before age 18 yrs				
How to say no to sex	48.7	40.7		**
Methods of birth control	31.7	35.1		**
Where to get birth control	24.2	21.4		**
Sexually transmitted diseases (STDs)	54.9	47.9		**
How to use a condom	34.7	32.8		**
Did not talk about any of these with a parent before age 18 yrs	28.5	34.3		**
If ever had sex, tested for HIV, <sup>***</sup> STDs, both, or neither during the previous 12 mos				
Not tested	72.1	72.8		71.0
HIV only	5.6	4.8		4.8
STDs only	13.2	10.5		9.7
Both HIV and STDs	9.2	11.9		14.6
Received at least one family-planning or medical service during the previous 12 mos <sup>†††</sup>			72.3	51.9
Received advice about STD during the previous 12 mos			17.2	16.3
Received advice about HIV during the previous 12 mos			19.2	17.2
<b>Pregnancy wantedness</b>				
If fathered a child during the previous 5 yrs, wantedness at conception <sup>§§§</sup>				
Unwanted	¶¶¶		11.2	7.1
Mistimed	¶¶¶		38.4	41.4
Wanted	¶¶¶		39.5	48.2

**SOURCES:** Special tabulations for this report and published data from Abma JC, Martinez GM, Mosher WD, Dawson BS. Teenagers in the United States: sexual activity, contraceptive use, and childbearing, 2002. *Vital Health Stat* 2004;23(24). Martinez GM, Chandra A, Abma JC, Jones J, Mosher WD. Fertility, contraception, and fatherhood: data on men and women from Cycle 6 (2002) of the National Survey of Family Growth. *Vital Health Stat* 2006;23(26). Mosher WD, Chandra A, Jones J. Sexual behavior and selected health measures: men and women 15–44 years of age, United States, 2002. *Advance Data from Vital and Health Stat* 2005;362.

\* Unless otherwise noted, denominator includes all males, regardless of race/ethnicity, marital status, and sexual activity. Data not calculated for all age groups for all questions.

† "Ever forced" means that the man either 1) responded "yes" to the question asking if he had ever been forced to have vaginal intercourse (by a female) or oral or anal sex (by a male).

§ Data not available/applicable.

¶ The denominator for each percentage includes only those having reached the specified age to which the percentage pertains.

\*\* Question not asked of this age group.

†† Statistics for condom, pill, other hormonal, withdrawal, and all other methods reflect use of that method regardless of whether it was used alone or in combination with another method.

§§ Same-sex sexual contact was measured using substantially different questions for males and females. Males read a question on the computer screen that asked, "The next questions ask about sexual experience you may have had with another male. Have you ever done any of the following with another male? Put his penis in your mouth (oral sex)? Put your penis in his mouth (oral sex)? Put his penis in your rectum or butt (anal sex)? Put your penis in his rectum or butt (anal sex)?"

¶¶ Teenagers who had not yet reached a specific grade are not represented in the percentage corresponding to that grade. Thus, the figures underestimate the percentage of teenagers who ultimately will receive instruction at each grade.

\*\*\* Human immunodeficiency virus.

††† Family-planning or health services include a physical or routine exam, testicular exam, birth control counseling about methods of birth control including condoms, advice or counseling about sexually transmitted infections, and advice or counseling about HIV or acquired immune deficiency syndrome.

§§§ Data are based on responses of males aged 15–29 years. Estimates are limited to men who fathered a child during the previous 5 years, by father's age at the time of their child's birth.

¶¶¶ Estimate does not meet standards of precision or reliability.

**TABLE 4. Selected measures of pregnancies, births, birth characteristics, induced abortions, cases of human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS), sexually transmitted diseases (STDs), and sexual violence among females aged 10–24 years,\* by age group — National Vital Statistics System and multiple surveillance studies, United States, 2004–2006**

Characteristic	Age group (yrs)			
	10–14	15–17	18–19	20–24
<b>Pregnancy†</b>				
Estimated no. of pregnancies,§ 2004	16,000	252,000	477,000	1,665,000
<b>Births and birth-related risk factors¶</b>				
No. of births	6,396	138,943	296,493	1,080,437
Rate of live birth order per 1,000 live births				
First	0.6	19.8	55.4	51.1
Second	0	2.0	14.8	35.4
Third	**	0.2	2.5	14.1
No. of births to unmarried women	6,288	127,749	238,839	625,780
Proportion of prenatal care and timing†† (%)				
First trimester	45.9	64.9	72.3	78.1
Second trimester	38.5	27.5	21.9	17.2
Third trimester	11.7	5.6	4.3	3.4
No prenatal care	3.8	2.0	1.5	1.3
Third trimester or no prenatal care	15.6	7.6	5.8	4.7
Proportion of gestational age (%)				
Very preterm (<32 completed wks' gestation)	5.2		2.8	2.0
Preterm (<37 completed wks' gestation)	22.2		14.7	12.7
Proportion of birthweight (%)				
Very low birthweight (<1,500 g [<3 lb 4 oz])	3.1	2.0	1.7	1.4
Low birthweight (<2,500 g [<5 lb 8 oz])	13.4	10.5	9.7	8.3
≥4,000 g (≥8 lb 14 oz)	2.2	3.8	4.7	6.2
Proportion of smoking during pregnancy§§ (%)	3.3	10.3	15.1	15.0
<b>Abortion¶¶</b>				
No. (rounded) and rate (per 1,000 population) of induced abortions	7,000 (0.7)	71,000 (11.8)	128,000 (31.9)	406,000 (39.9)
<b>HIV/AIDS diagnoses***</b>				
No. of AIDS diagnoses (50 states)	52	55	86	475
No. of persons living with AIDS (50 states)	715	740	524	1,935
No. of HIV/AIDS diagnoses (38 areas†††)	44	185	262	1,049
No. of persons living with HIV/AIDS (38 areas)	1,319	1,219	1,048	5,438
<b>STDs§§§</b>				
No. of cases of chlamydia	12,364	130,569	162,823	284,763
No. of cases of gonorrhea	3,574	30,703	35,701	61,665
No. of cases of syphilis (primary and secondary)	11	96	137	299
<b>STDs¶¶¶</b>				
Prelvalence of human papilloma virus (HPV), 2003–2004 (%) (CI****)	††††	24.5**§§§§ (19.6–30.5)		44.8†††† (36.3–55.3)
Prelvalence of herpes simplex virus type 2 (HSV-2), 1999–2004 (%) (CI)	††††	2.3**§§§§ (1.7–3.2)		
Prelvalence of chlamydia, 1999–2002 (%) (CI)	††††	4.6**§§§§ (3.7–5.8)		1.9†††† (1.0–3.4)
<b>Sexual violence*****</b>				
No. of emergency department (ED) visits attributed to nonfatal sexual assault injuries (CI)	27,469 (18,109–36,830)	28,388 (17,266–39,511)	19,777 (12,293–27,260)	29,553 (18,238–40,867)
Rate per 100,000 population of ED visits for nonfatal sexual assault injuries (CI)	90.0 (59.3–120.7)	152.6 (92.8–212.4)	163.7 (101.7–225.6)	97.1 (59.9–134.26)

**TABLE 4. (Continued) Selected measures of pregnancies, births, birth characteristics, induced abortions, cases of human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS), sexually transmitted diseases (STDs), and sexual violence among females aged 10–24 years,\* by age group — National Vital Statistics System and multiple surveillance studies, United States, 2004–2006**

**SOURCES:** Special tabulations for this report and published data from Ventura SJ, Abma JC, Mosher WD, Henshaw SK. Estimated pregnancy rates by outcome for the United States, 1990–2004. *Natl Vital Stat Rep* 2008;56(15). Martin JA, Hamilton BE, Sutton PD, et al. Births: Final data for 2006. *Natl Vital Stat Rep* 2009;57(7). CDC's HIV/AIDS Reporting System. CDC. Sexually transmitted disease surveillance, 2006. Atlanta, GA: U.S. Department of Health and Human Services, CDC; 2007. Datta SD, Sternberg M; Johnson RE, et al. Gonorrhea and chlamydia in the United States among persons 14 to 39 years of age, 1999 to 2002. *Ann Intern Med* 2007;147:89–96. Dunne, EF, Unger ER, Sternberg M, et al. Prevalence of HPV infection among females in the United States. *JAMA* 2007;297: 813–9. Xu F, Sternberg MR, Kottiri BJ, et al. Trends in herpes simplex virus type 1 and type 2 seroprevalence in the United States. *JAMA* 2006;296: 964–73. National Electronic Injury Surveillance System—All Injury Program (special tabulations).

\* Unless otherwise noted, denominator includes all females, regardless of race/ethnicity, marital status, and sexual activity. Data not calculated for all age groups for all questions.

† **SOURCES:** CDC's National Vital Statistics System, CDC's Abortion Surveillance System, the Guttmacher Institute's Abortion Provider Survey, and National Survey of Family Growth.

§ Pregnancy estimates are sums of live births, induced abortions, and fetal losses.

¶ **SOURCE:** National Vital Statistics System, 2006.

\*\* Estimate does not meet standards of precision or reliability.

†† Data on prenatal care are for 34 reporting areas. As of January 2006, a total of 33 reporting areas had not implemented the 2003 Revision of the U.S. Standard Certificate of Live Birth. Data also are included for California, which implemented a partial revision of the 2003 Revision of the U.S. Standard Certificate of Live Birth in 2006 but collected data on prenatal care using the format from the 1989 Revision of the U.S. Standard Certificate of Live Birth. Prenatal care data are based on the 1989 Revision of the U.S. Standard Certificate of Live Birth and are not comparable with those based on the 2003 Revision of the U.S. Standard Certificate of Live Birth.

§§ Data on smoking are for the 33 reporting areas that had not implemented the 2003 Revision of the U.S. Standard Certificate of Live Birth as of January 2006. Data are based on the 1989 Revision of the U.S. Standard Certificate of Live Birth and are not comparable with those based on the 2003 Revision of the U.S. Standard Certificate of Live Birth.

¶¶ **SOURCES:** CDC's Abortion Surveillance System and the Guttmacher Institute, 2004.

\*\*\* **SOURCE:** CDC's HIV/AIDS Reporting System, 2006.

††† These 38 areas include 33 states (Alabama, Alaska, Arizona, Arkansas, Colorado, Florida, Idaho, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming) and five U.S. territories (American Samoa, the Commonwealth of the Northern Mariana Islands, the Commonwealth of Puerto Rico, Guam, and the U.S. Virgin Islands) with confidential, name-based HIV infection reporting.

§§§ **SOURCE:** STD data, Nationally Notifiable Disease Surveillance System, 2006.

¶¶¶ **SOURCE:** National Health and Nutrition Examination Survey, 1999–2004.

\*\*\*\* 95% confidence interval.

†††† Data not available/applicable.

§§§§ Estimate is for females aged 14–19 years.

¶¶¶¶ Estimate is for females aged 20–29 years.

\*\*\*\*\* **SOURCE:** National Electronic Injury Surveillance System—All Injury Program, 2004–2006.

**TABLE 5. Selected measures of cases of human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS), sexually transmitted diseases (STDs), and sexual violence among males aged 10–24 years,\* by age group — United States, 2004–2006**

Characteristic	Age group (yrs)				
	10–14	15–17	18–19	14–19	20–24
<b>HIV/AIDS diagnoses†</b>					
No. of AIDS diagnoses (50 states)	33	93	178		1,222
No. of persons living with AIDS (50 states)	707	694	622		3,593
No. of HIV/AIDS diagnoses (38 areas§)	19	229	686		2,922
No. of persons living with HIV/AIDS (38 areas)	1,161	1,062	1,374		9,269
<b>STDs¶</b>					
No. of cases of chlamydia	1,238	23,665	35,155		93,035
No. of cases of gonorrhea	675	11,242	18,877		49,304
No. of cases of syphilis (primary and secondary)	2	94	238		1,083
<b>STDs**</b>					
Prevalence of herpes simplex virus type 2 (HSV-2), 1999–2004 (%) (CI††)	§§	§§	§§	0.9¶¶ (0.5–1.5)	§§
Prevalence of chlamydia, 1999–2002 (%) (CI)	§§	§§	§§	2.3¶¶ (1.5–3.5)	3.2*** (2.4–4.3)
<b>Sexual violence†††</b>					
Emergency department (ED) visits for nonfatal sexual assault injuries (CI)	3,570 (1,893–5,246)	§§§	§§§		§§§
Rate per 100,000 population of ED visits for nonfatal sexual assault injuries (CI)	11.1 (5.9–16.4)	§§§	§§§		§§§

**SOURCES:** Special tabulations for this report and published data from CDC's HIV/AIDS reporting system (special tabulations) and CDC. Sexually transmitted disease Surveillance, 2006. Atlanta, GA: U.S. Department of Health and Human Services, CDC; 2007. Datta SD, Sternberg M, Johnson RE, et al. Gonorrhea and chlamydia in the United States among persons 14 to 39 years of age, 1999 to 2002. *Ann Intern Med* 2007;147:89–96. Xu F, Sternberg MR, Kottiri BJ, et al. Trends in herpes simplex virus type 1 and type 2 seroprevalence in the United States. *JAMA* 2006;296: 964–73. National Electronic Injury Surveillance System—All Injury Program (special tabulations).

\* Unless otherwise noted, denominator includes all males, regardless of race/ethnicity, marital status, and sexual activity.

† **SOURCE:** HIV/AIDS Reporting System, 2006.

§ These 38 areas include 33 states (Alabama, Alaska, Arizona, Arkansas, Colorado, Florida, Idaho, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming) and five U.S. territories (American Samoa, the Commonwealth of the Northern Mariana Islands, the Commonwealth of Puerto Rico, Guam, and the U.S. Virgin Islands) with confidential, name-based HIV infection reporting.

¶ **SOURCE:** STD data, Nationally Notifiable Disease Surveillance System, 2006.

\*\* **SOURCE:** National Health and Nutrition Examination Survey, 1999–2004.

†† 95% confidence interval.

§§ Data not available/applicable.

¶¶ Estimate is for males aged 14–19 years.

\*\*\* Estimate is for males aged 20–29 years.

††† **SOURCE:** National Electronic Injury Surveillance System—All Injury Program, 2004–2006.

§§§ Estimate does not meet standard for precision or reliability.

**TABLE 6. Proportion of sexual behaviors, exposure to prevention activities, and pregnancy wantedness among females aged 15–19 years,\* by race/ethnicity — National Survey of Family Growth, United States, 2002**

Characteristic	White, non-Hispanic	Black, non-Hispanic	Hispanic
<b>Sexual behavior</b>			
Ever had sexual intercourse	46.4	57.0	40.4
Had sexual intercourse during the previous 12 mos	42.6	46.2	33.0
Had sexual intercourse during the previous 3 mos	36.2	34.8	28.7
Had sexual intercourse only once in their lives	6.4	3.7	3.4
If had sex by age 20 yrs, first intercourse was not voluntary†	8.8	10.3	10.5
If aged 18–19 yrs, ever forced§ to have sexual intercourse	14.1	15.0	12.2
If never-married female, ever had sexual intercourse before reaching selected age (cumulative)¶			
14 yrs	4.2	13.5	**
15 yrs	11.6	22.9	**
16 yrs	26.0	37.5	**
17 yrs	40.9	59.8	**
18 yrs	55.7	69.6	**
19 yrs	69.8	**	**
If ever had sex, age difference between female and first male partner			
Male partner was younger	4.7	2.9	4.1
Male partner was same age	13.4	18.3	22.1
Male partner was 1–3 yrs older	62.4	59.8	38.6
Male partner was 4–5 yrs older	13.6	11.9	24.2
Male partner was ≥6 yrs older	6.0	7.1	11.0
No. of lifetime partners, vaginal sex only			
0 (never had vaginal intercourse)	53.6	43.0	59.6
1	17.4	20.6	19.9
2–3	13.0	20.9	13.8
4–6	8.2	10.8	5.1
≥7	7.8	4.7	1.6
If never-married female who ever had sex, contraceptive used at first intercourse††			
No method	22.0	28.8	28.6
Condom	72.5	61.4	59.8
Pill	18.3	13.3	9.7
Other hormonal	**	**	5.6
Withdrawal	8.6	5.6	8.8
All other methods	2.1	**	**
Dual methods (hormonal and condom)	16.2	8.7	10.2
If never-married female who had sex during the previous 3 mos, contraceptive used at last intercourse††			
No method	10.3	25.2	40.8
Condom	60.8	49.9	28.3
Pill	40.7	27.8	20.0
Other hormonal	8.0	18.6	**
Withdrawal	14.3	**	11.4
All other methods	3.2	**	**
Dual methods (hormonal and condom)	22.5	23.3	**
If never-married female who had sex during the previous 4 wks, consistency of condom use			
Never	38.1	43.7	71.8
Sometimes	16.1	16.9	8.3
Always	45.9	39.4	19.9
Ever had oral sex with opposite-sex partner	58.3	53.2	46.9
Ever had anal sex with opposite-sex partner	11.7	10.3	9.5
Ever had sexual experience with same-sex partner§§	12.7	9.9	5.5
<b>Exposure to prevention activities</b>			
Grade when first received formal instruction before age 18 yrs on how to say no to sex¶¶			
Did not receive instruction	13.2	15.6	18.6
Elementary school (grades 1–5)	19.7	14.0	15.6
Middle school (grades 6–9)	60.7	66.1	58.3
High school (grades 10–12)	6.3	4.4	7.1
Grade when first received formal instruction before age 18 yrs on methods of birth control¶¶¶			
Did not receive instruction	27.8	35.8	35.4
Elementary school (grades 1–5)	6.5	6.4	2.8
Middle school (grades 6–9)	55.8	44.9	50.9
High school (grades 10–12)	9.5	13.0	10.2

**TABLE 6. (Continued) Proportion of sexual behaviors, exposure to prevention activities, and pregnancy wantedness among females aged 15–19 years,\* by race/ethnicity — National Survey of Family Growth, United States, 2002**

Characteristic	White, non-Hispanic	Black, non-Hispanic	Hispanic
Talked with parent about selected sex education topics before age 18 yrs			
How to say no to sex	57.9	61.4	53.8
Methods of birth control	55.7	48.8	41.6
Where to get birth control	42.0	34.7	27.5
Sexually transmitted diseases (STDs)	52.0	59.5	43.0
How to use a condom	28.2	39.1	25.6
Did not talk about any of these with a parent before age 18 yrs	27.6	25.9	34.6
If ever had sex, tested for HIV,** STDs, both, or neither during the previous 12 mos			
Not tested	50.4	38.2	55.3
HIV only	5.0	5.8	4.5
STDs only	28.2	29.7	15.4
Both HIV and STDs	16.3	26.3	24.8
Received at least one family-planning or medical service during the previous 12 mos†††	49.4	56.5	41.2
Received pap smear during the previous 12 mos	35.6	45.2	22.7
Received pelvic examination during the previous 12 mos	29.8	29.5	16.7
Received counseling, test, or treatment for STD during the previous 12 mos	16.1	17.5	11.3
<b>Pregnancy wantedness</b>			
If gave birth during the previous 5 yrs, wantedness at conception§§§			
Intended	18.5	19.6	23.7
Unwanted	22.2	26.8	18.0
Mistimed	59.3	53.6	58.3

**SOURCES:** Special tabulations for this report and published data from Abma JC, Martinez GM, Mosher WD, Dawson BS. Teenagers in the United States: sexual activity, contraceptive use, and childbearing, 2002. *Vital Health Stat* 2004;23(24). Mosher WD, Chandra A, Jones J. Sexual behavior and selected health measures: men and women 15–44 years of age, United States, 2002. *Advance Data from Vital Health Stat* 2005;362.

\* Unless otherwise noted, denominator includes all females, regardless of race/ethnicity, marital status, and sexual activity. Unless noted, percentages reflect heterosexual vaginal intercourse only, not other types of sexual activity.

† Does not distinguish between child sexual abuse and forced intercourse that is perpetrated by a peer during adolescence. (Reported for ages 18–24 years.)

§ “Ever forced” means that the woman either 1) responded “yes” to the question asking if she had ever been forced to have intercourse or 2) reported that her first intercourse was “not voluntary.”

¶ The denominator for each percentage includes only those having reached the specified age to which the percentage pertains.

\*\* Estimate does not meet standards of precision or reliability.

†† Statistics for condom, pill, other hormonal, withdrawal, and all other methods reflect use of that method regardless of whether it was used alone or in combination with another method.

§§ Same-sex sexual contact was measured using substantially different questions for males and females. Females read a question on a computer screen that asked, “The next question asks about sexual experience you may have had with another female. Have you ever had any sexual experience of any kind with another female?”

¶¶ Teenagers who had not yet reached a specific grade are not represented in the percentage corresponding to that grade. Thus, the figures underestimate the percentage of teenagers who ultimately will receive instruction at each grade.

\*\*\* Human immunodeficiency virus.

††† Family-planning services include sterilizing operation, birth-control method, checkup or medical test related to birth control, counseling about birth control, counseling about getting sterilized, emergency contraception, or counseling about emergency contraception. Medical services include Pap smear, pelvic examinations, prenatal care, counseling, testing or treatment for sexually transmitted infections, abortion, or pregnancy test.

§§§ Data are based on responses of females aged 15–24 years. Estimates are limited to women who gave birth during the previous 5 years who were age <20 years at the time of their child’s birth.

**TABLE 7. Proportion of sexual behaviors, exposure to prevention activities, and pregnancy wantedness among males aged 15–19 years,\* by race/ethnicity — National Survey of Family Growth, United States, 2002**

Characteristic	White, non-Hispanic	Black, non-Hispanic	Hispanic
<b>Sexual behavior</b>			
Ever had sexual intercourse	41.1	63.4	55.5
Had sexual intercourse during the previous 12 mos	36.4	51.6	47.0
Had sexual intercourse during the previous 3 mos	28.9	40.4	38.1
Had sexual intercourse only once in their lives	2.6	6.2	4.9
If never-married male, ever had sexual intercourse before reaching selected age (cumulative) <sup>†</sup>			
14 yrs	4.2	17.6	\$
15 yrs	9.0	28.7	\$
16 yrs	17.0	48.0	\$
17 yrs	31.0	69.4	\$
18 yrs	50.5	72.7	\$
19 yrs	62.6	\$	\$
If ever had sex, age difference between male and first female partner			
Female partner was >1 yr younger	6.9	\$	10.1
Female partner was 1 yr younger	11.4	7.1	8.0
Female partner was same age	38.8	32.3	34.4
Female partner was 1–2 yrs older	36.3	48.6	35.1
Female partner was >2 yrs older	6.7	10.6	12.4
No. of lifetime partners, vaginal sex only			
0	58.9	36.6	44.6
1	15.2	18.9	17.6
2–3	13.9	15.0	12.5
4–6	7.0	16.8	15.3
≥7	5.1	12.8	10.1
If never-married male who ever had sex, contraceptive used at first intercourse <sup>¶</sup>			
No method	14.6	13.9	27.3
Condom	68.6	85.3	66.5
Pill	19.6	11.5	5.9
Other hormonal	1.7	\$	\$
All other methods	4.8	\$	\$
Withdrawal	13.6	\$	4.1
Dual methods (hormonal and condom)	11.6	11.6	5.7
If never-married male who had sex during the previous 3 mos, contraceptive used at last intercourse <sup>¶</sup>			
No method	8.0	11.2	12.4
Condom	69.2	86.1	59.9
Pill	39.8	19.3	17.1
Other hormonal	6.6	\$	6.0
Withdrawal	19.4	\$	21.1
All other methods	3.2	0	\$
Dual methods (hormonal and condom)	30.2	19.0	10.1
If never-married male who had sex during the previous 4 wks, consistency of condom use			
Never	27.3	9.2	39.9
Sometimes	4.8	\$	7.0
Always	68.0	86.8	53.1
Ever had oral sex with same-sex partner**	3.3	5.9	6.4
Ever had oral sex with opposite-sex partner	57.0	58.6	52.7
Ever had anal sex with same-sex partner	2.4	6.1	4.5
Ever had anal sex with opposite-sex partner	10.1	11.2	16.1
Ever had sexual experience with same-sex partner	3.5	5.2	7.0
<b>Exposure to prevention activities</b>			
Grade when first received formal instruction before age 18 yrs on how to say no to sex <sup>††</sup>			
Did not receive instruction	15.9	20.7	22.2
Elementary school (grades 1–5)	26.0	17.3	17.6
Middle school (grades 6–9)	54.9	58.8	54.7
High school (grades 10–12)	3.1	3.4	5.3
Grade when first received formal instruction before age 18 yrs on methods of birth control <sup>††</sup>			
Did not receive instruction	27.8	35.8	35.4
Elementary school (grades 1–5)	6.5	6.4	2.8
Middle school (grades 6–9)	51.7	42.5	49.4
High school (grades 10–12)	9.5	13.0	10.2

**TABLE 7. (Continued) Proportion of sexual behaviors, exposure to prevention activities, and pregnancy wantedness among males aged 15–19 years,\* by race/ethnicity — National Survey of Family Growth, United States, 2002**

Characteristic	White, non-Hispanic	Black, non-Hispanic	Hispanic
Talked with parent about selected sex education topics before age 18 yrs			
How to say no to sex	48.6	41.6	37.4
Methods of birth control	36.5	24.3	33.8
Where to get birth control	25.6	15.2	24.0
Sexually transmitted diseases (STDs)	51.9	55.9	53.1
How to use a condom	31.3	46.9	36.0
Did not talk about any of these with a parent before age 18 yrs	29.4	24.9	37.7
If ever had sex, tested for HIV, <sup>§§</sup> STDs, both, or neither during the previous 12 mos			
Not tested	77.5	55.0	76.0
HIV only	4.2	6.5	6.0
STDs only	10.1	19.4	9.8
Both HIV and STDs	8.2	19.2	8.2
Received at least one health or family-planning service during the previous 12 mos <sup>¶¶</sup>	27.4	20.5	32.6
Received advice about STD during the previous 12 mos	14.2	30.6	20.1
Received advice about HIV during the previous 12 mos	15.2	34.5	23.3
<b>Pregnancy wantedness</b>			
If fathered a child during the previous 5 yrs, wantedness at conception <sup>***</sup>			
Unwanted	§	§	6.6
Mistimed	38.9	51.6	46.6
Wanted	57.6	26.4	41.2

**SOURCES:** Special tabulations for this report and published data from Abma JC, Martinez GM, Mosher WD, Dawson BS. Teenagers in the United States: sexual activity, contraceptive use, and childbearing, 2002. *Vital Health Stat* 2004;23(24). Mosher WD, Chandra A, Jones J. Sexual behavior and selected health measures: men and women 15–44 years of age, United States, 2002. *Advance Data from Vital Health Stat* 2005;362.

\* Unless otherwise noted, denominator includes all males, regardless of race/ethnicity, marital status, and sexual activity.

† The denominator for each percentage includes only those having reached the specified age to which the percentage pertains.

§ Estimate does not meet standards of precision or reliability.

¶ Statistics for condom, pill, other hormonal, withdrawal, and all other methods reflect use of that method regardless of whether it was used alone or in combination with another method.

\*\* Same-sex sexual contact was measured using substantially different questions for males and females. Males read a question on a computer screen that asked, "The next questions ask about sexual experience you may have had with another male. Have you ever done any of the following with another male? Put his penis in your mouth (oral sex)? Put your penis in his mouth (oral sex)? Put his penis in your rectum or butt (anal sex)? Put your penis in his rectum or butt (anal sex)?"

†† Teenagers who had not yet reached a specific grade are not represented in the percentage corresponding to that grade. Thus the figures underestimate the percentage who will ultimately receive instruction at each grade.

§§ Human immunodeficiency virus.

¶¶ Family-planning or health services include a physical or routine exam, testicular exam, birth control counseling about methods of birth control including condoms, advice or counseling about sexually transmitted infections, and advice or counseling about HIV or AIDS.

\*\*\* Data are based on responses of males aged 15–24 years. Estimates are limited to men who fathered a child during the previous 5 years who were aged <20 years at the time of their child's birth.

**TABLE 8. Proportion of sexual behaviors, exposure to prevention activities, and pregnancy wantedness among females aged 20–24 years,\* by race/ethnicity — National Survey of Family Growth, United States, 2002**

Characteristic	White, non-Hispanic	Black, non-Hispanic	Hispanic
<b>Sexual behavior</b>			
Ever had sexual intercourse	86.6	88.7	89.5
Had sexual intercourse during the previous 12 mos	82.2	82.3	80.8
Had sexual intercourse during the previous 3 mos	74.9	75.3	70.8
Had sexual intercourse only once in their lives	†	†	0.1
If had sex by age 20 yrs, first intercourse was not voluntary <sup>§</sup>	8.8	10.3	10.5
Ever forced <sup>¶</sup> to have sexual intercourse	19.0	23.8	18.3
Ever had sexual intercourse before reaching selected age (cumulative)**			
14 yrs	5.3	13.8	4.9
15 yrs	12.0	22.2	14.2
16 yrs	23.3	35.4	32.9
17 yrs	40.4	53.1	47.7
18 yrs	54.8	69.3	57.0
19 yrs	66.3	78.1	70.2
20 yrs	74.5	81.3	79.3
21 yrs	82.5	85.0	79.2
If ever had sex, age difference between female and first male partner			
Male partner was younger	5.9	2.9	6.1
Male partner was same age	21.6	12.5	11.2
Male partner was 1–3 yrs older	54.4	61.2	42.9
Male partner was 4–5 yrs older	11.3	13.3	20.8
Male partner was ≥6 yrs older	6.9	10.2	19.0
No. of lifetime partners, vaginal sex only			
0 (never had vaginal intercourse)	13.4	11.3	10.5
1	22.4	10.1	34.1
2–3	25.2	19.6	28.1
4–6	18.2	34.6	15.4
≥7	20.8	24.4	12.0
If ever had premarital sex, contraceptive used at first intercourse <sup>††</sup>			
No method	19.1	28.6	53.0
Condom	68.5	63.5	36.6
Pill	22.9	23.7	8.0
Other hormonal	1.4	†	3.9
Withdrawal	7.6	†	5.2
All other methods	1.7	†	1.8
Dual methods (hormonal and condom)	16.6	20.3	5.2
If never-married female who had sex during the previous 3 mos, contraceptive used at last intercourse <sup>††</sup>			
No method	8.6	22.3	18.1
Condom	40.2	36.6	38.6
Pill	54.7	22.8	31.0
Other hormonal	6.0	13.2	11.1
Withdrawal	14.0	6.9	9.7
All other methods	4.7	6.1	5.0
Dual methods (hormonal and condom)	15.7	6.4	6.8
If never-married female who had sex during the previous 4 wks, consistency of condom use			
Never	60.5	57.8	66.4
Sometimes	12.5	11.1	7.0
Always	27.0	31.1	26.6
Ever had oral sex with opposite-sex partner	88.7	82.6	72.1
Ever had anal sex with opposite-sex partner	35.5	19.2	24.0
Ever had sexual experience with same-sex partner <sup>§§</sup>	15.8	10.5	12.5
<b>Exposure to prevention activities</b>			
If ever had sex, tested for HIV, <sup>¶¶</sup> STDs, <sup>***</sup> both, or neither during the previous 12 mos			
Not tested	54.6	37.7	52.1
HIV only	4.4	8.1	10.5
STDs only	24.9	22.5	19.6
Both HIV and STDs	16.1	31.8	17.8

**TABLE 8. (Continued) Proportion of sexual behaviors, exposure to prevention activities, and pregnancy wantedness among females aged 20–24 years,\* by race/ethnicity — National Survey of Family Growth, United States, 2002**

Characteristic	White, non-Hispanic	Black, non-Hispanic	Hispanic
Received at least one family-planning or medical service during the previous 12 mos <sup>†††</sup>	82.3	80.8	76.1
Received pap smear during the previous 12 mos	73.0	73.0	60.1
Received pelvic examination during the previous 12 mos	66.3	59.7	44.5
Received counseling, test, or treatment for STD during the previous 12 mos	23.6	28.4	14.1
<b>Pregnancy wantedness</b>			
If gave birth during the previous 5 yrs, wantedness at conception <sup>§§§</sup>			
Intended	58.5	47.1	53.5
Unwanted	12.2	28.2	20.5
Mistimed	28.8	24.7	26.0

**SOURCES:** Special tabulations for this report and published data from Abma JC, Martinez GM, Mosher WD, Dawson BS. Teenagers in the United States: sexual activity, contraceptive use, and childbearing, 2002. *Vital Health Stat* 2004;23(24).

\* Unless otherwise noted, denominator includes all females, regardless of race/ethnicity, marital status, and sexual activity.

† Estimate does not meet standards of precision or reliability.

§ Does not distinguish between child sexual abuse and forced intercourse that is perpetrated by a peer during adolescence. Data are for women aged 18–24 yrs.

¶ “Ever forced” means that the woman either 1) responded “yes” to the question asking if she had ever been forced to have intercourse or 2) reported that her first intercourse was “not voluntary.”

\*\* The denominator for each percentage includes only those having reached the specified age to which the percentage pertains.

†† Statistics for condom, pill, other hormonal, withdrawal, and all other methods reflect use of that method regardless of whether it was used alone or in combination with another method.

§§ Same-sex sexual contact was measured using substantially different questions for males and females. Females read a question on a computer screen that asked, “The next question asks about sexual experience you may have had with another female. Have you ever had any sexual experience of any kind with another female?”

¶¶ Human immunodeficiency syndrome.

\*\*\* Sexually transmitted disease.

††† Family-planning services include sterilizing operation, birth-control method, checkup or medical test related to birth control, counseling about birth control, counseling about getting sterilized, emergency contraception, or counseling about emergency contraception. Medical services include Pap smear, pelvic examinations, prenatal care, counseling, testing or treatment for sexually transmitted infections, abortion, or pregnancy test.

§§§ Data are based on responses of females aged 20–29 years. Estimates are limited to women who gave a birth during the previous 5 years who were aged 20–24 years at the time of their child’s birth.

**TABLE 9. Proportion of sexual behaviors, exposure to prevention activities, and pregnancy wantedness among males aged 20–24 years,\* by race/ethnicity — National Survey of Family Growth, United States, 2002**

Characteristic	White, non-Hispanic	Black, non-Hispanic	Hispanic
<b>Sexual behavior</b>			
Ever had sexual intercourse	85.8	91.7	94.9
Had sexual intercourse during the previous 12 mos	79.4	87.3	84.4
Had sexual intercourse during the previous 3 mos	67.8	80.0	70.7
Had sexual intercourse only once in their lives	1.4	†	†
Ever forced <sup>§</sup> to have sexual intercourse	5.8	18.0	13.1
Ever had sexual intercourse before reaching selected age (cumulative) <sup>¶</sup>			
14 yrs	4.3	24.2	14.8
15 yrs	9.9	35.9	23.3
16 yrs	21.3	44.8	37.8
17 yrs	36.0	65.2	55.2
18 yrs	52.7	75.1	76.7
19 yrs	66.7	80.1	82.9
20 yrs	72.1	82.9	89.3
21 yrs	76.4	88.6	91.9
If ever had sex, age difference between male and first female partner			
Female partner was >1 yr younger	11.6	6.8	7.9
Female partner was 1 yr younger	16.4	13.0	11.7
Female partner was same age	36.5	41.8	31.0
Female partner was 1–2 yrs older	27.1	20.3	23.3
Female partner was >2 yrs older	8.4	18.2	26.1
No. of lifetime partners, vaginal sex only			
0 (never had vaginal intercourse)	14.2	8.4	5.1
1	18.2	2.9	8.8
2–3	21.1	22.4	26.8
4–6	23.0	24.9	20.7
≥7	23.6	41.5	38.7
If ever had premarital sex, contraceptive used at first intercourse**			
No method	15.9	19.8	34.9
Condom	67.0	77.1	56.8
Pill	18.5	7.4	11.3
Other hormonal	3.1	†	†
Withdrawal	9.4	†	5.7
All other methods	1.4	†	†
Dual methods (hormonal and condom)	10.2	5.6	5.3
If never-married male who had sex during the previous 3 mos, contraceptive used at last intercourse**			
No method	11.5	19.8	20.0
Condom	46.5	62.3	47.3
Pill	57.7	30.9	30.7
Other hormonal	4.0	3.6	8.7
Withdrawal	12.4	4.8	14.6
All other methods	2.1	†	†
Dual methods (hormonal and condom)	22.3	22.2	14.0
If never-married male who had sex during the previous 4 wks, consistency of condom use			
Never	53.5	38.5	48.2
Sometimes	12.1	5.8	13.1
Always	34.4	55.7	38.7
Ever had oral sex with same-sex partner <sup>††</sup>	4.9	6.5	3.9
Ever had oral sex with opposite-sex partner	85.1	79.7	77.9
Ever had anal sex with same-sex partner	3.1	4.1	3.1
Ever had anal sex with opposite-sex partner	29.6	39.5	38.7
Ever had sexual experience with same-sex partner	5.8	6.3	4.1
<b>Exposure to prevention activities</b>			
If ever had sex, tested for HIV, <sup>§§</sup> STDs, <sup>¶¶</sup> both, or neither during the previous 12 mos			
Not tested	75.2	56.3	65.2
HIV only	4.8	6.5	4.1
STDs only	7.5	19.1	10.2
Both HIV and STDs	12.5	18.1	20.5
Received at least one health or family-planning service during the previous 12 mos <sup>***</sup>	50.9	36.5	47.7
Received advice about STD during the previous 12 mos	13.8	18.9	22.4
Received advice about HIV during the previous 12 mos	14.1	24.6	22.2

**TABLE 9. (Continued) Proportion of sexual behaviors, exposure to prevention activities, and pregnancy wantedness among males aged 20–24 years,\* by race/ethnicity — National Survey of Family Growth, United States, 2002**

Characteristic	White, non-Hispanic	Black, non-Hispanic	Hispanic
<b>Pregnancy wantedness</b>			
If fathered a child during the previous 5 yrs, wantedness at conception <sup>†††</sup>			
Unwanted	†	10.1	10.4
Mistimed	56.8	37.2	30.8
Wanted	35.0	52.7	52.1

**SOURCES:** Special tabulations from this report and published data from Mosher WD, Chandra A, Jones J. Sexual behavior and selected health measures: men and women 15–44 years of age, United States, 2002. Advance Data from Vital Health Stat 2005;362.

\* Unless otherwise noted, denominator includes all males, regardless of race/ethnicity, marital status, and sexual activity.

† Estimate does not meet standards of precision or reliability.

§ “Ever forced” means that the man either 1) responded “yes” to the question asking if he had ever-been forced to have vaginal intercourse (by a female) or oral or anal sex (by a male).

¶ The denominator for each percentage includes only those having reached the specified age to which the percentage pertains.

\*\* Statistics for condom, pill, other hormonal, withdrawal, and all other methods, reflect use of that method regardless of whether it was used alone or in combination with another method.

†† Same-sex sexual contact was measured using substantially different questions for males and females. Males read a question on a computer screen that asked, “The next questions ask about sexual experience you may have had with another male. Have you ever done any of the following with another male? Put his penis in your mouth (oral sex)? Put your penis in his mouth (oral sex)? Put his penis in your rectum or butt (anal sex)? Put your penis in his rectum or butt (anal sex)?”

§§ Human immunodeficiency virus.

¶¶ Sexually transmitted diseases.

\*\*\* Family-planning or health services include a physical or routine exam, testicular exam, birth control counseling about methods of birth control including condoms, advice or counseling about sexually transmitted infections, and advice or counseling about HIV or AIDS.

††† Data are based on responses of males aged 20–29 years. Estimates are limited to men who fathered a child during the previous 5 years who were aged 20–24 years at the time of their child’s birth.

**TABLE 10. Selected measures of pregnancies, births, birth characteristics, induced abortions, cases of human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS), sexually transmitted diseases (STDs), and sexual violence among females aged 10–14 years,\* by race/ethnicity — National Vital Statistics System and multiple surveillance systems, United States, 2004–2006**

Characteristic	White, non-Hispanic	Black, non-Hispanic	AI/AN†	API§	Hispanic
<b>Pregnancy¶</b>					
Rate per 1,000 population of pregnancies,** 2004	0.6	4.4	††	††	2.5
<b>Births, and birth-related risk factors§§</b>					
Rate per 1,000 population of births¶¶	0.2	1.6	0.9	0.2	1.3
Rate per 1,000 live births of birth order					
First	0.2	1.5	0.9	0.2	1.3
Second	***	0	***	***	0
Third	***	***	***	***	***
Proportion of births to unmarried women (%)	98.2	99.9	97.6	93.2	96.9
Proportion of prenatal care and timing††† (%)					
First trimester	50.1	42.0	31.8	42.6	48.9
Second trimester	35.9	43.2	51.1	***	34.2
Third trimester	11.3	11.0	***	***	12.4
No prenatal care	§§	3.8	***	***	4.4
Third trimester or no prenatal care	14.1	14.8	***	***	16.8
Proportion of gestational age (%)					
Very preterm (<32 completed wks' gestation)	6.0	6.1	***	***	3.7
Preterm (<37 completed wks' gestation)	22.3	25.3	17.9	***	19.1
Proportion of birthweight (%)					
Very low birthweight (<1,500 g [<3 lb 4 oz]) (aged <15 yrs)	3.6	3.6	***	***	2.2
Low birthweight (<2,500 g [<5 lb 8 oz]) (aged <15 yrs)	12.3	16.7	***	***	10.9
Birthweight ≥4,000 g (≥8 lb 14 oz) (aged 15 yrs)	2.8	1.7	***	***	2.2
Proportion of smoking during pregnancy§§§ (%)	9.0	2.0	***	***	***
<b>Abortion¶¶¶</b>					
Rate per 1,000 population of induced abortion	0.3	2.2	***	***	0.8
<b>HIV/AIDS diagnoses****</b>					
Rate per 100,000 population of AIDS diagnoses (50 states)	0.1	2.3	0	0.3	0.5
Rate per 100,000 population of persons living with AIDS (50 states)	1.3	30.6	1.9	0.9	5.6
Rate per 100,000 population of HIV/AIDS diagnoses (38 areas††††)	0.1	2.8	0	0.6	0.7
Rate per 100,000 population of persons living with HIV/AIDS (38 areas)	4.1	80.7	4.9	3.2	21.4
<b>STDs§§§§</b>					
Rate per 100,000 population of chlamydia¶¶¶¶	44.9	462.2	284.7	23.2	98.6
Rate per 100,000 population of gonorrhea	9.0	168.6	33.2	4.9	15.4
Rate per 100,000 population of syphilis (primary and secondary)	0	0.6	1.0	0	0
<b>Sexual violence*****†††††</b>					
No. of emergency department visits for nonfatal sexual assault injuries (CI)§§§§§	9,712 (4,359–15,066)	8,008 (3,217–12,799)	††	††	4,521*** (607–8,436)

**TABLE 10. (Continued) Selected measures of pregnancies, births, birth characteristics, induced abortions, cases of human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS), sexually transmitted diseases (STDs), and sexual violence among females aged 10–14 years,\* by race/ethnicity — National Vital Statistics System and multiple surveillance systems, United States, 2004–2006**

**SOURCES:** Special tabulations for this report and published data from Ventura SJ, Abma JC, Mosher WD, Henshaw SK. Estimated pregnancy rates by outcome for the United States, 1990–2004. *Natl Vital Stat Rep* 2008;56(15). Martin JA, Hamilton BE, Sutton PD, et al Births: final data for 2006. *Natl Vital Stat Rep* 2009;57(7). CDC's HIV/AIDS reporting system (special tabulations). CDC. Sexually transmitted disease surveillance, 2007. Atlanta, GA: US Department of Health and Human Services, CDC; 2008. National Electronic Injury Surveillance System—All Injury Program (special tabulations).

\* Unless otherwise noted, denominator includes all females, regardless of race/ethnicity, marital status, and sexual activity.

† American Indian/Alaska Native.

§ Asian/Pacific Islander.

¶ **SOURCE:** National Vital Statistics System, CDC's Abortion Surveillance System, the Guttmacher Institute's Abortion Provider Survey, and National Survey of Family Growth.

\*\* Pregnancy estimates are sums of live births, induced abortions, and fetal losses.

†† Data not available/applicable.

§§ **SOURCE:** National Vital Statistics System, 2006.

¶¶ Includes births to married and unmarried women.

\*\*\* Estimate does not meet standards of precision or reliability.

††† Data on prenatal care are for 34 reporting areas. As of January 2006, a total of 33 reporting areas had not implemented the 2003 Revision of the U.S. Standard Certificate of Live Birth. Data also are included for California, which implemented a partial revision of the 2003 Revision of the U.S. Standard Certificate of Live Birth in 2006 but collected data on prenatal care using the format from the 1989 Revision of the U.S. Standard Certificate of Live Birth. Prenatal care data are based on the 1989 Revision of the U.S. Standard Certificate of Live Birth and are not comparable with those based on the 2003 Revision of the U.S. Standard Certificate of Live Birth.

§§§ Data on smoking are for the 33 reporting areas that had not implemented the 2003 Revision of the U.S. Standard Certificate of Live Birth as of January 2006. Data are based on the 1989 Revision of the U.S. Standard Certificate of Live Birth and are not comparable with those based on the 2003 Revision of the U.S. Standard Certificate of Live Birth.

¶¶¶ **SOURCES:** CDC's Abortion Surveillance System and the Guttmacher Institute, 2004.

\*\*\*\* **SOURCE:** CDC's HIV/AIDS Reporting System, 2006.

†††† These 38 areas include 33 states (Alabama, Alaska, Arizona, Arkansas, Colorado, Florida, Idaho, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming) and five U.S. territories (American Samoa, the Commonwealth of the Northern Mariana Islands, the Commonwealth of Puerto Rico, Guam, and the U.S. Virgin Islands) with confidential, name-based HIV infection reporting.

§§§§ **SOURCE:** STD data, Nationally Notifiable Disease Surveillance System, 2006.

¶¶¶¶ Colorado and Hawaii were excluded from the calculation of 2006 chlamydia cases and rates because race/ethnicity data were reported for fewer than half of the cases.

\*\*\*\*\* **SOURCE:** National Electronic Injury Surveillance System—All Injury Program, 2004–2006.

††††† Black includes both Hispanic and non-Hispanic; Hispanic excludes black Hispanic. Numbers are presented instead of rates; rates could not be calculated because substantial amounts of data on respondents' race/ethnicity are missing.

§§§§§ 95% confidence interval.

**TABLE 11. Rate\* of cases of human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) and sexually transmitted diseases (STDs), among males aged 10–14 years,† by race/ethnicity — HIV/AIDS Reporting System and Nationally Notifiable Disease Surveillance System, United States, 2006**

Characteristic	White, non-Hispanic	Black, non-Hispanic	AI/AN§	API¶	Hispanic
<b>HIV/AIDS diagnoses**</b>					
AIDS diagnoses (50 states)	0	1.3	0	0	0.3
Persons living with AIDS (50 states)	1.4	29.1	0.9	0.9	5.6
HIV/AIDS diagnoses (38 areas††)	0.1	1.1	0	0	0.1
Persons living with HIV/AIDS (38 areas)	3.1	69.5	3.6	1.5	18.3
<b>STDs§§</b>					
Chlamydia¶¶	1.4	54.7	17.6	0.7	11.8
Gonorrhea	0.8	33.5	1.4	0.3	3.5
Syphilis (primary and secondary)	0	0.1	0	0	0

**SOURCES:** Special tabulations for this report and published data from CDC's HIV/AIDS Reporting System (special tabulations). CDC. Sexually transmitted disease surveillance, 2007. Atlanta, GA: US Department of Health and Human Services, CDC; 2008. National Electronic Injury Surveillance System—All Injury Program (special tabulations).

\* Per 100,000 population.

† Unless otherwise noted, denominator includes all males, regardless of race/ethnicity, marital status, and sexual activity.

§ American Indian/Alaska Native.

¶ Asian/Pacific Islander.

\*\* **SOURCE:** HIV/AIDS Reporting System, 2006.

†† These 38 areas include 33 states (Alabama, Alaska, Arizona, Arkansas, Colorado, Florida, Idaho, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming) and five U.S. territories (American Samoa, the Commonwealth of the Northern Mariana Islands, the Commonwealth of Puerto Rico, Guam, and the U.S. Virgin Islands) with confidential, name-based HIV infection reporting.

§§ **SOURCE:** STD data, Nationally Notifiable Disease Surveillance System, 2006.

¶¶ Colorado and Hawaii were excluded from the calculation of 2006 chlamydia cases and rates because race/ethnicity data were reported for fewer than half of the cases.

**TABLE 12. Selected measures of pregnancy, birth, birth characteristics, induced abortion, cases of human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS), sexually transmitted diseases (STDs), and sexual violence among females aged 15–19 years,\* by race/ethnicity — National Vital Statistics System and multiple surveillance systems, United States, 2004–2006**

Characteristic	White, non-Hispanic	Black, non-Hispanic	AI/AN†	API§	Hispanic
<b>Pregnancy¶</b>					
Rate per 1,000 population of pregnancies,** 2004	45.2	128.0	††	††	132.8
<b>Births, and birth-related risk factors§§</b>					
Rate per 1,000 population of births¶¶	26.6	63.7	55.0	17.0	83.0
Rate per 1,000 live births of birth order					
First	22.3	50.1	42.2	13.9	64.5
Second	3.8	11.3	10.7	2.6	15.8
Third	0.5	2.0	1.9	0.4	2.4
Proportion of births to unmarried women (%)	79.4	96.9	89.8	77.3	80.8
Proportion of prenatal care and timing*** (%)					
First trimester	75.3	65.9	61.3	59.7	68.3
Second trimester	19.9	26.9	28.5	31.7	24.6
Third trimester	3.7	5.0	7.9	6.6	5.2
No prenatal care	1.1	2.1	2.3	2.0	1.9
Third trimester or no prenatal care	4.8	7.2	10.2	8.6	7.1
Proportion of gestational age (%)					
Very preterm (<32 completed wks' gestation)	2.4	4.2	2.5	2.7	2.2
Preterm (<37 completed wks' gestation)	13.1	18.9	15.3	14.7	13.6
Proportion of birthweight (%)					
Very low birthweight (<1,500 g [ $<3$ lb 4 oz])	1.6	3.0	1.2	1.6	1.3
Low birthweight (<2,500 g [ $<5$ lb 8 oz])	8.9	14.5	7.3	10.0	8.1
Birthweight $\geq 4,000$ g ( $\geq 8$ lb 14 oz)	5.6	2.4	7.4	3.4	4.2
Proportion of smoking during pregnancy††† (%)	25.4	5.5	16.3	7.3	2.9
<b>Abortion§§§</b>					
Rate per 1,000 women of induced abortion	11.4	47.3	††	††	27.1
<b>HIV/AIDS diagnoses¶¶¶¶</b>					
Rate per 100,000 population of AIDS diagnoses (50 states)	0.2	5.3	0	0.6	1.5
Rate per 100,000 population of persons living with AIDS (50 states)	2.5	49.6	2.6	1.3	12.2
Rate per 100,000 population of HIV/AIDS diagnoses (38 areas****)	1.6	26.3	1.2	0.9	7.2
Rate per 100,000 population of persons living with HIV/AIDS (38 areas)	7.5	129.5	8.0	5.0	40.2
<b>STDs††††</b>					
Rate per 100,000 population of cases of chlamydia§§§§	1,374.9	8,858.1	4,672.9	729.3	2,845.8
Rate per 100,000 population of cases of gonorrhea	208.3	2,829.6	548.9	98.7	319.2
Rate per 100,000 population of cases of syphilis (primary and secondary)	0.5	10.6	0	0	1.6
<b>Sexual violence¶¶¶¶¶¶</b>					
Emergency department visits for nonfatal sexual assault injuries (CI)†††††	21,153 (10,331–31,974)	10,774 (5,249–16,299)	§§	§§	4,616§§§§§ (588–9,821)

**TABLE 12. (Continued) Selected measures of pregnancy, birth, birth characteristics, induced abortion, cases of human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS), sexually transmitted diseases (STDs), and sexual violence among females aged 15–19 years,\* by race/ethnicity — National Vital Statistics System and multiple surveillance systems, United States, 2004–2006**

**SOURCES:** Special tabulations for this report and published data from Ventura SJ, Abma JC, Mosher WD, Henshaw SK. Estimated pregnancy rates by outcome for the United States, 1990–2004. *Natl Vital Stat Rep* 2008;56(15). Martin JA, Hamilton BE, Sutton PD, et al. Births: final data for 2006. *Natl Vital Stat Rep* 2009;57(7). CDC's HIV/AIDS reporting system (special tabulations). CDC. Sexually transmitted disease surveillance, 2007. Atlanta, GA: US Department of Health and Human Services, CDC; 2008. National Electronic Injury Surveillance System—All Injury Program (special tabulations).

\* Unless otherwise noted, denominator includes all females, regardless of race/ethnicity, marital status, and sexual activity.

† American Indian/Alaska Native.

§ Asian/Pacific Islander.

¶ **SOURCES:** National Vital Statistics System, CDC's Abortion Surveillance System, the Guttmacher Institute's Abortion Provider Survey, and the National Survey of Family Growth.

\*\* Pregnancy estimates are sums of live births, induced abortions, and fetal losses.

†† Data not available/applicable.

§§ **SOURCE:** National Vital Statistics System, 2006.

¶¶ Includes births to married and unmarried women.

\*\*\* Data on prenatal care are for 34 reporting areas. As of January 2006, a total of 33 reporting areas had not implemented the 2003 Revision of the U.S. Standard Certificate of Live Birth. Data also are included for California, which implemented a partial revision of the 2003 Revision of the U.S. Standard Certificate of Live Birth in 2006 but collected data on prenatal care using the format from the 1989 Revision of the U.S. Standard Certificate of Live Birth. Prenatal care data are based on the 1989 Revision of the U.S. Standard Certificate of Live Birth and are not comparable with those based on the 2003 Revision of the U.S. Standard Certificate of Live Birth.

††† Data on smoking are for the 33 reporting areas that had not implemented the 2003 Revision of the U.S. Standard Certificate of Live Birth as of January 2006. Data are based on the 1989 Revision of the U.S. Standard Certificate of Live Birth and are not comparable with those based on the 2003 Revision of the U.S. Standard Certificate of Live Birth.

§§§ **SOURCES:** Abortion Surveillance System and the Guttmacher Institute, 2004.

¶¶¶ **SOURCE:** HIV/AIDS Reporting System, 2006.

\*\*\*\* These 38 areas include 33 states (Alabama, Alaska, Arizona, Arkansas, Colorado, Florida, Idaho, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming) and five U.S. territories (American Samoa, the Commonwealth of the Northern Mariana Islands, the Commonwealth of Puerto Rico, Guam, and the U.S. Virgin Islands) with confidential, name-based HIV infection reporting.

†††† **SOURCE:** STD data, Nationally Notifiable Disease Surveillance System, 2006.

§§§§ Colorado and Hawaii were excluded from 2006 chlamydia cases and rates because race/ethnicity data were reported for fewer than half of the cases.

¶¶¶¶ Black includes Hispanic and non-Hispanic; Hispanic excludes black Hispanic. Numbers are presented instead of rates; rates could not be calculated because substantial amounts of data on the race/ethnicity of respondents are missing.

\*\*\*\*\* **SOURCE:** National Electronic Injury Surveillance System—All Injury Program, 2004–2006.

††††† 95% confidence interval.

§§§§§ Estimate does not meet standards of precision or reliability.

**TABLE 13. Rates\* of human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) diagnoses and sexually transmitted diseases (STDs) among males aged 15–19 years,† by race/ethnicity — HIV/AIDS Reporting System and Nationally Notifiable Disease Surveillance System, United States, 2006**

Characteristic	White, non-Hispanic	Black, non-Hispanic	AI/AN§	API¶	Hispanic
<b>HIV/AIDS diagnoses**</b>					
AIDS diagnoses (50 states)	0.4	12.1	0	0.4	1.9
Persons living with AIDS (50 states)	2.4	52.9	3.5	1.2	11.0
HIV/AIDS diagnoses (38 areas††)	2.8	56.0	5.0	1.9	11.9
Persons living with HIV/AIDS (38 areas)	6.7	141.7	7.3	4.7	39.8
<b>STDs§§</b>					
Chlamydia¶¶	155.4	2,195.4	879.6	95.2	519.5
Gonorrhea	38.4	1,467.6	214.1	27.0	131.3
Syphilis (primary and secondary)	0.6	14.7	0	0.2	2.5

**SOURCES:** Special tabulations for this report and published data from CDC's HIV/AIDS Reporting System (special tabulations). CDC. Sexually transmitted disease surveillance, 2007. Atlanta, GA: US Department of Health and Human Services, CDC; 2008. National Electronic Injury Surveillance System-All Injury Program (special tabulations).

\* Per 100,000 population.

† Unless otherwise noted, denominator includes all males, regardless of race/ethnicity, marital status, and sexual activity.

§ American Indian/Alaska Native.

¶ Asian/Pacific Islander.

\*\* **SOURCE:** HIV/AIDS Reporting System, 2006.

†† These 38 areas include 33 states (Alabama, Alaska, Arizona, Arkansas, Colorado, Florida, Idaho, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming) and five U.S. territories (American Samoa, the Commonwealth of the Northern Mariana Islands, the Commonwealth of Puerto Rico, Guam, and the U.S. Virgin Islands) with confidential, name-based HIV infection reporting.

§§ **SOURCE:** STD data, Nationally Notifiable Disease Surveillance System, 2006.

¶¶ Colorado and Hawaii were excluded from the calculation of 2006 chlamydia cases and rates because race/ethnicity data were reported for fewer than half of the cases.

**TABLE 14. Selected measures of pregnancies, births, birth characteristics, induced abortions, cases of human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS), sexually transmitted diseases (STDs), and sexual violence among females aged 20–24 years,\* by race/ethnicity — National Vital Statistics System and multiple surveillance systems, United States, 2004–2006**

Characteristic	White, non-Hispanic	Black, non-Hispanic	AI/AN†	API§	Hispanic
<b>Pregnancy¶</b>					
Rate per 1,000 population of pregnancies,** 2004	122.8	259.0	††	††	244.8
<b>Births, and birth-related risk factors§§</b>					
Rate per 1,000 population of births¶¶	83.4	133.2	115.4	63.2	177.0
Rate per 1,000 live births of birth order					
First	43.8	57.0	44.7	38.2	77.1
Second	27.3	43.7	39.9	17.2	63.4
Third	9.5	21.6	21.3	5.6	26.8
Proportion of births to unmarried women (%)	47.7	84.1	72.8	41.1	59.6
Proportion of prenatal care and timing*** (%)					
First trimester	82.3	74.3	68.5	73.8	74.9
Second trimester	14.3	19.9	23.5	20.5	19.4
Third trimester	2.6	3.9	6.2	4.5	4.1
No prenatal care	0.8	1.9	1.8	1.2	1.6
Third trimester or no prenatal care	3.4	5.8	8.0	5.7	5.7
Proportion of gestational age (%)					
Very preterm (<32 completed wks' gestation)	1.7	3.6	1.9	1.5	1.7
Preterm (<37 completed wks' gestation)	11.5	17.6	13.1	11.4	11.7
Proportion of birthweight (%)					
Very low birthweight (<1,500 g [ $<3$ lb 4 oz])	1.2	2.8	1.1	0.9	1.1
Low birthweight (<2,500 g [ $<5$ lb 8 oz])	7.4	13.6	7.0	8.0	6.7
Birthweight $\geq 4,000$ g ( $\geq 8$ lb 14 oz)	7.4	3.3	8.7	4.3	6.1
Proportion of smoking during pregnancy††† (%)	22.6	9.0	18.5	4.5	3.3
<b>Abortion§§§</b>					
Rate per 1,000 population of induced abortion rates	22.1	99.9	††	††	54.8
<b>HIV/AIDS diagnoses¶¶¶</b>					
Rate per 100,000 population of AIDS diagnoses (50 states)	0.8	20.2	2.3	1.3	5.2
Rate per 100,000 population of persons living with AIDS (50 states)	3.5	83.6	11.8	2.7	19.1
Rate per 100,000 population of HIV/AIDS diagnoses (38 areas****)	4.6	63.2	9.1	4.8	15.9
Rate per 100,000 population of persons living with HIV/AIDS (38 areas)	20.3	347.8	37.3	11.4	73.0
<b>STDs††††</b>					
Rate per 100,000 population of cases of chlamydia§§§§	1,508.7	7,942.5	5,008.5	1,032.1	3,301.5
Rate per 100,000 population of cases of gonorrhea	233.2	2,663.3	634.8	97.9	326.7
Rate per 100,000 population of cases of syphilis (primary and secondary)	0.7	14.8	1.1	0.2	1.8
<b>Sexual violence¶¶¶¶¶</b>					
Emergency department visits for nonfatal sexual assault injuries (C)†††††	14,620 (6,844–22,396)	5,339 (2,163–8,514)	††	††	1,596§§§§§ (203–2,990)

**TABLE 14. (Continued) Selected measures of pregnancies, births, birth characteristics, induced abortions, cases of human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS), sexually transmitted diseases (STDs), and sexual violence among females aged 20–24 years,\* by race/ethnicity — National Vital Statistics System and multiple surveillance systems, United States, 2004–2006**

**SOURCES:** Special tabulations for this report and published data from Ventura SJ, Abma JC, Mosher WD, Henshaw SK. Estimated pregnancy rates by outcome for the United States, 1990–2004. *Natl Vital Stat Rep* 2008;56(15). Martin JA, Hamilton BE, Sutton PD, et al. Births: final data for 2006. *Natl Vital Stat Rep* 2009;57(7). CDC's HIV/AIDS reporting system (special tabulations). CDC. Sexually transmitted disease surveillance, 2007. Atlanta, GA: US Department of Health and Human Services, CDC; 2008. National Electronic Injury Surveillance System—All Injury Program (special tabulations).

\* Unless otherwise noted, denominator includes all females, regardless of race/ethnicity, marital status, and sexual activity.

† American Indian/Alaska Native.

§ Asian/Pacific Islander.

¶ **SOURCES:** National Vital Statistics System, CDC's Abortion Surveillance System, the Guttmacher Institute's Abortion Provider Survey, and National Survey of Family Growth.

\*\* Pregnancy estimates are sums of live births, induced abortions, and fetal losses.

†† Data not available/applicable.

§§ **SOURCE:** National Vital Statistics System, 2006.

¶¶ Includes births to married and unmarried women.

\*\*\* Data on prenatal care are for 34 reporting areas. As of January 2006, a total of 33 reporting areas had not implemented the 2003 Revision of the U.S. Standard Certificate of Live Birth. Data also are included for California, which implemented a partial revision of the 2003 Revision of the U.S. Standard Certificate of Live Birth in 2006 but collected data on prenatal care using the format from the 1989 Revision of the U.S. Standard Certificate of Live Birth. Prenatal care data are based on the 1989 Revision of the U.S. Standard Certificate of Live Birth and are not comparable with those based on the 2003 Revision of the U.S. Standard Certificate of Live Birth.

††† Data on smoking are for the 33 reporting areas that had not implemented the 2003 Revision of the U.S. Standard Certificate of Live Birth as of January 2006. Data are based on the 1989 Revision of the U.S. Standard Certificate of Live Birth and are not comparable with those based on the 2003 Revision of the U.S. Standard Certificate of Live Birth.

§§§ **SOURCES:** Abortion Surveillance System and the Guttmacher Institute, 2004.

¶¶¶ **SOURCE:** HIV/AIDS Reporting System, 2006

\*\*\*\* These 38 areas include 33 states (Alabama, Alaska, Arizona, Arkansas, Colorado, Florida, Idaho, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming) and five U.S. territories (American Samoa, the Commonwealth of the Northern Mariana Islands, the Commonwealth of Puerto Rico, Guam, and the U.S. Virgin Islands) with confidential, name-based HIV infection reporting.

†††† **SOURCE:** STD data, Nationally Notifiable Disease Surveillance System, 2006.

§§§§ Colorado and Hawaii were excluded from the calculation of 2006 chlamydia cases and rates because race/ethnicity data were reported for fewer than half of the cases.

¶¶¶¶ **SOURCE:** National Electronic Injury Surveillance System—All Injury Program.

\*\*\*\*\* Black includes Hispanic and non-Hispanic; Hispanic excludes black Hispanic. Numbers are presented instead of rates; rates could not be calculated because substantial amounts of data on the race/ethnicity of respondents are missing.

††††† 95% confidence interval.

§§§§§ Estimate does not meet standards of precision or reliability.

**TABLE 15. Rates\* of human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) and sexually transmitted diseases (STDs) among males aged 20–24 years,† by race/ethnicity — HIV/AIDS Reporting System and Nationally Notifiable Disease Surveillance System, United States, 2006**

Characteristic	White,	Black,	AI/AN <sup>§</sup>	API <sup>¶</sup>	Hispanic
	non-Hispanic	non-Hispanic			
<b>HIV/AIDS diagnoses**</b>					
AIDS diagnoses (50 states)	3.2	43.4	7.3	3.9	13.8
Persons living with AIDS (50 states)	8.3	131.5	10.9	9.2	40.8
HIV/AIDS diagnoses (38 areas <sup>††</sup> )	15.9	149.9	19.5	17.4	44.7
Persons living with HIV/AIDS (38 areas)	42.1	509.9	42.0	36.8	140.3
<b>Sexually transmitted diseases<sup>§§</sup></b>					
Chlamydia <sup>¶¶</sup>	398.9	2,979.9	1,187.9	238.5	838.3
Gonorrhea	99.4	2,421.0	317.3	66.8	232.6
Syphilis (primary and secondary)	3.7	41.0	6.3	2.3	9.2

**SOURCES:** Special tabulations for this report from CDC's HIV/AIDS reporting system. CDC Sexually transmitted disease surveillance, 2007. Atlanta, GA: US Department of Health and Human Services, CDC; 2008. National Electronic Injury Surveillance System—All Injury Program (special tabulations).

\* Per 100,000 population.

† Unless otherwise noted, denominator includes all males, regardless of race/ethnicity, marital status, and sexual activity.

§ American Indian/Alaska Native.

¶ Asian/Pacific Islander.

\*\* **SOURCE:** HIV/AIDS Reporting System, 2006.

†† These 38 areas include 33 states (Alabama, Alaska, Arizona, Arkansas, Colorado, Florida, Idaho, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming) and five U.S. territories (American Samoa, the Commonwealth of the Northern Mariana Islands, the Commonwealth of Puerto Rico, Guam, and the U.S. Virgin Islands) with confidential, name-based HIV infection reporting

§§ **SOURCE:** STD data, Nationally Notifiable Disease Surveillance System, 2006.

¶¶ Colorado and Hawaii were excluded from the calculation of 2006 chlamydia cases and rates because race/ethnicity data were reported for fewer than half of the cases.

**TABLE 16. Number and percentage of diagnoses of human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) among persons aged 15–19 years, by transmission category, sex, and race/ethnicity — HIV/AIDS Reporting System, 33 states and five U.S. territories with confidential name-based HIV-infection reporting, 2006\***

Category	White, non-Hispanic		Black, non Hispanic		AI/AN <sup>†</sup>		API <sup>§</sup>		Hispanic	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
<b>Female</b>										
IDU <sup>¶</sup>	14	(20.8)	31	(10.7)	0	(0)	0	(0)	15	(18.7)
Heterosexual	52	(78.7)	260	(88.8)	**	**	**	**	65	(78.1)
Other	0	(0)	**	**	0	(0)	0	(0)	**	**
<b>Total</b>	<b>66</b>	<b>(100.0)</b>	<b>293</b>	<b>(100.0)</b>	<b>**</b>	<b>**</b>	<b>**</b>	<b>**</b>	<b>83</b>	<b>(100.0)</b>
<b>Male</b>										
MSM <sup>††</sup>	105	(84.0)	530	(82.7)	**	**	**	**	107	(77.6)
IDU	9	(6.9)	29	(4.5)	**	**	0	(0)	8	(5.7)
IDU and MSM	8	(6.5)	12	(1.9)	0	(0)	0	(0)	5	(3.8)
Heterosexual	**	**	68	(10.6)	**	**	0	(0)	18	(12.9)
Other	0	(0)	**	**	0	(0)	0	(0)	0	(0)
<b>Total</b>	<b>125</b>	<b>(100.0)</b>	<b>641</b>	<b>(100.0)</b>	<b>5</b>	<b>(100.0)</b>	<b>**</b>	<b>**</b>	<b>138</b>	<b>(100.0)</b>

**SOURCE:** Special tabulations for this report from CDC's HIV/AIDS reporting system.

\* CDC surveillance data collected from 33 states (Alabama, Alaska, Arizona, Arkansas, Colorado, Florida, Iowa, Idaho, Indiana, Kansas, Louisiana, Michigan, Minnesota, Missouri, Mississippi, North Carolina, North Dakota, Nebraska, New Jersey, New Mexico, Nevada, New York, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Wisconsin, West Virginia, and Wyoming) and five U.S. territories (American Samoa, Guam, the Mariana Islands, Puerto Rico, and the U.S. Virgin Islands) as of June 2007. Data were adjusted for reporting delays and risk redistribution.

† American Indian/Alaska Native.

§ Asian/Pacific Islander.

¶ Injection-drug user.

\*\* Estimate does not meet standards of precision or reliability.

†† Men who have sex with men.

**TABLE 17. Number and percentage of diagnoses of human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) among persons aged 20–24 years, by transmission category, sex, and race/ethnicity — HIV/AIDS Reporting System, 33 states and five U.S. territories with confidential name-based HIV-infection reporting, 2006\***

Category	White, non-Hispanic		Black, non Hispanic		AI/AN <sup>†</sup>		API <sup>§</sup>		Hispanic	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
<b>Female</b>										
IDU <sup>¶</sup>	52	(27.1)	77	(11.8)	**	**	**	**	36	(19.6)
Heterosexual	138	(71.9)	572	(87.5)	**	**	8	(88.9)	147	(79.9)
Other	**	**	5	(0.8)	0	(0)	0	(0)	**	**
<b>Total</b>	<b>192</b>	<b>(100.0)</b>	<b>654</b>	<b>(100.0)</b>	<b>7</b>	<b>(100.0)</b>	<b>9</b>	<b>(100.0)</b>	<b>184</b>	<b>(100.0)</b>
<b>Male</b>										
MSM <sup>††</sup>	597	(84.9)	1,280	(81.0)	15	(93.8)	29	(76.3)	403	(71.0)
IDU	34	(4.8)	92	(6.0)	**	**	**	**	60	(10.6)
IDU and MSM	41	(5.8)	35	(2.0)	0	(0)	**	**	23	(4.0)
Heterosexual	31	(4.4)	171	(11.0)	0	(0)	**	**	81	(14.3)
Other	**	**	**	**	0	(0)	0	(0)	**	**
<b>Total</b>	<b>704</b>	<b>(100.0)</b>	<b>1,580</b>	<b>(100.0)</b>	<b>16</b>	<b>(100.0)</b>	<b>38</b>	<b>(100.0)</b>	<b>568</b>	<b>(100.0)</b>

**SOURCE:** Special tabulations for this report from CDC's HIV/AIDS reporting system.

\* CDC surveillance data collected from 33 states (Alaska, Alabama, Arkansas, Arizona, Colorado, Florida, Iowa, Idaho, Indiana, Kansas, Louisiana, Michigan, Minnesota, Missouri, Mississippi, North Carolina, North Dakota, Nebraska, New Jersey, New Mexico, Nevada, New York, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Wisconsin, West Virginia, and Wyoming) and five U.S. territories (American Samoa, Guam, the Mariana Islands, Puerto Rico, and the U.S. Virgin Islands) as of June 2007. Data were adjusted for reporting delays and risk redistribution.

<sup>†</sup> American Indian/Alaska Native.

<sup>§</sup> Asian/Pacific Islander.

<sup>¶</sup> Injection-drug user.

\*\* Estimate does not meet standards of precision or reliability.

<sup>††</sup> Men who have sex with men.

**TABLE 18. Number and percentage of persons aged 10–24 years living with human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS), by transmission category, sex, and age group — HIV/AIDS Reporting System, 33 states and five U.S. territories with confidential name-based HIV-infection reporting, 2006\***

Category	Age group (yrs)							
	10–14		15–17		18–19		20–24	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)
<b>Female</b>								
IDU <sup>†</sup>	§	§	47	(3.9)	85	(8.1)	686	(12.6)
Heterosexual	22	(1.6)	249	(20.5)	571	(54.5)	4,279	(78.7)
Perinatal	1,189	(90.1)	768	(63.0)	286	(27.3)	276	(5.1)
Other	105	(8.0)	154	(12.6)	105	(10.1)	197	(3.6)
<b>Total</b>	<b>1,319</b>	<b>(100.0)</b>	<b>1,219</b>	<b>(100.0)</b>	<b>1,048</b>	<b>(100.0)</b>	<b>5,438</b>	<b>(100.0)</b>
<b>Male</b>								
MSM <sup>¶</sup>	5	(0.5)	188	(17.7)	798	(58.1)	6,946	(74.9)
IDU	§	§	24	(2.3)	65	(4.7)	602	(6.5)
MSM and IDU	0	(0)	7	(0.7)	33	(2.4)	345	(3.7)
Heterosexual	§	§	32	(3.0)	104	(7.6)	935	(10.1)
Perinatal	1,075	(92.5)	670	(63.1)	296	(21.5)	252	(2.7)
Other	75	(6.5)	140	(13.2)	79	(5.7)	191	(2.1)
<b>Total</b>	<b>1,161</b>	<b>(100.0)</b>	<b>1,062</b>	<b>(100.0)</b>	<b>1,374</b>	<b>(100.0)</b>	<b>9,269</b>	<b>(100.0)</b>

**SOURCE:** Special tabulations for this report from CDC's HIV/AIDS reporting system.

\* CDC surveillance data collected from 33 states (Alaska, Alabama, Arkansas, Arizona, Colorado, Florida, Iowa, Idaho, Indiana, Kansas, Louisiana, Michigan, Minnesota, Missouri, Mississippi, North Carolina, North Dakota, Nebraska, New Jersey, New Mexico, Nevada, New York, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Wisconsin, West Virginia, and Wyoming) and five U.S. territories (American Samoa, Guam, the Mariana Islands, Puerto Rico, and the U.S. Virgin Islands) as of June 2007. Data were adjusted for reporting delays and risk redistribution.

<sup>†</sup> Injection-drug user.

<sup>§</sup> Estimate does not meet standards of precision or reliability.

<sup>¶</sup> Men who have sex with men.

**TABLE 19. Number and percentage of persons aged 10–24 years living with acquired immune deficiency syndrome (AIDS), by transmission category, sex, and age group — HIV/AIDS Reporting System, United States, 2006\***

Category	Age group (yrs)							
	10–14		15–17		18–19		20–24	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)
<b>Female</b>								
IDU†	§	§	17	(2.3)	29	(5.6)	224	(11.6)
Heterosexual	8	(1.1)	59	(8.0)	156	(29.8)	1,285	(66.4)
Perinatal	667	(93.2)	542	(73.2)	238	(45.3)	242	(12.5)
Other	36	(5.0)	121	(16.4)	99	(18.9)	170	(8.8)
Missing	§	§	§	§	§	§	14	(0.7)
<b>Total</b>	<b>715</b>	<b>(100.0)</b>	<b>740</b>	<b>(100.0)</b>	<b>524</b>	<b>(100.0)</b>	<b>1,935</b>	<b>(100.0)</b>
<b>Male</b>								
MSM¶	§	§	65	(9.4)	208	(33.5)	2,356	(65.5)
IDU	§	§	18	(2.6)	27	(4.3)	248	(6.9)
MSM and IDU	0	(0)	5	(0.7)	12	(1.9)	157	(4.4)
Heterosexual	§	§	18	(2.7)	39	(6.3)	381	(10.6)
Perinatal	669	(94.6)	477	(68.8)	261	(42.0)	225	(6.3)
Other	29	(4.1)	103	(14.9)	74	(11.8)	181	(5.0)
Missing	§	§	7	(1.0)	§	(0.2)	46	(1.3)
<b>Total</b>	<b>707</b>	<b>(100.0)</b>	<b>694</b>	<b>(100.0)</b>	<b>622</b>	<b>(100.0)</b>	<b>3,593</b>	<b>(100.0)</b>

**SOURCE:** Special tabulations for this report from CDC's HIV/AIDS reporting system.

\* CDC surveillance data collected from 33 states (Alaska, Alabama, Arkansas, Arizona, Colorado, Florida, Iowa, Idaho, Indiana, Kansas, Louisiana, Michigan, Minnesota, Missouri, Mississippi, North Carolina, North Dakota, Nebraska, New Jersey, New Mexico, Nevada, New York, Ohio, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Wisconsin, West Virginia, and Wyoming) and five U.S. territories (American Samoa, Guam, the Mariana Islands, Puerto Rico, and the U.S. Virgin Islands) as of June 2007. Data were adjusted for reporting delays and risk redistribution

§ Estimate does not meet standards of precision or reliability.

† Injection-drug user.

¶ Men who have sex with men.

**TABLE 20. Number of births and rate\* of births among females aged 10–24 years, by age of mother and area of residence — National Vital Statistics System, United States,† 2006**

Area of residence	Age group (yrs)							
	10–14		15–17		18–19		20–24	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate
<b>State/Territory</b>								
Alabama	163	1.1	2,690	27.7	5,847	93.8	19,766	124.7
Alaska	8	§	314	19.2	787	92.7	3,258	139.4
Arizona	172	0.8	4,466	34.4	8,358	108.7	28,379	140.4
Arkansas	97	1.0	1,794	30.5	4,152	113.5	13,967	150.9
California	682	0.5	17,218	21.5	35,582	68.2	129,202	100.4
Colorado	112	0.7	2,313	24.2	4,406	76.2	16,733	104.6
Connecticut	34	0.3	913	12.3	1,962	40.9	7,289	67.5
Delaware	25	0.9	390	22.5	873	68.4	3,079	107.1
District of Columbia	24	1.5	376	39.1	623	56.5	1,893	67.5
Florida	345	0.6	8,079	23.0	17,305	82.3	62,132	111.0
Georgia	326	1.0	5,792	28.3	11,901	97.3	40,910	129.8
Hawaii	15	§	523	21.0	1,096	72.8	4,668	112.8
Idaho	18	§	594	17.9	1,546	72.3	7,510	150.8
Illinois	275	0.6	6,114	22.5	11,638	65.5	40,564	91.3
Indiana	115	0.5	2,789	20.7	6,760	79.8	25,652	120.1
Iowa	30	0.3	1,000	16.0	2,495	57.2	10,668	99.0
Kansas	57	0.6	1,153	19.5	2,956	76.4	11,588	113.7
Kentucky	80	0.6	2,187	25.8	5,225	102.5	17,582	129.1
Louisiana	188	1.3	2,651	28.2	5,977	90.8	21,072	131.3
Maine	8	§	271	9.9	862	51.7	3,591	90.4
Maryland	111	0.6	2,130	17.6	4,575	58.6	16,365	88.6
Massachusetts	56	0.3	1,378	10.7	3,346	35.9	12,424	55.2
Michigan	170	0.5	3,802	17.0	8,520	60.4	30,961	91.4
Minnesota	58	0.3	1,534	13.8	3,556	49.5	15,770	86.0
Mississippi	173	1.7	2,596	39.6	4,808	112.6	15,954	151.4
Missouri	107	0.6	2,831	22.7	6,352	83.1	23,535	117.1
Montana	8	§	359	17.7	924	76.2	3,530	107.5
Nebraska	32	0.5	617	16.3	1,495	58.8	6,818	102.6
Nevada	68	0.8	1,430	28.0	2,857	111.0	10,558	139.3
New Hampshire	9	§	217	7.6	648	36.2	2,874	70.2
New Jersey	102	0.3	2,201	12.1	4,958	46.7	19,711	75.1
New Mexico	61	0.9	1,592	36.0	3,036	108.5	9,280	130.3
New York	220	0.4	5,220	13.1	12,222	43.7	51,261	75.5
North Carolina	256	0.9	4,616	25.6	10,085	87.2	34,380	121.6
North Dakota	6	§	165	12.6	468	43.4	2,316	83.4
Ohio	239	0.6	4,840	19.8	11,032	72.4	40,259	104.7
Oklahoma	96	0.8	2,282	30.3	4,945	107.3	18,002	138.3
Oregon	45	0.4	1,310	17.5	2,975	65.8	12,182	101.7
Pennsylvania	208	0.5	4,319	16.7	9,280	51.6	33,428	82.1
Rhode Island	8	§	387	18.1	740	38.8	2,564	65.9
South Carolina	144	1.0	2,673	29.0	5,502	88.5	18,299	127.0
South Dakota	11	§	319	19.0	804	72.2	3,289	113.9
Tennessee	160	0.8	3,394	27.4	7,390	100.6	25,451	130.2
Texas	915	1.1	18,548	35.8	34,545	106.9	112,894	133.4
Utah	26	0.3	983	16.4	2,515	58.5	14,993	133.5
Vermont	2	§	106	8.1	362	38.7	1,443	69.3
Virginia	129	0.5	2,624	17.0	6,481	62.4	25,591	100.7
Washington	82	0.4	2,062	15.4	5,048	64.0	20,697	97.9
West Virginia	19	§	742	21.4	1,847	80.4	6,392	114.2
Wisconsin	92	0.5	1,840	15.5	4,175	54.8	17,170	87.4
Wyoming	9	§	199	18.3	651	91.8	2,543	137.5
<b>Region<sup>¶</sup></b>								
Northeast	647	0.4	15,012	13.3	34,380	44.7	134,585	73.9
Midwest	1,192	0.5	27,004	19.0	60,251	66.2	228,590	99.6
South	3,251	0.9	63,564	27.8	132,081	91.7	453,729	123.4
West	1,306	0.5	33,363	22.3	69,781	74.1	263,533	109.5
<b>U.S. total</b>	<b>6,396</b>	<b>0.6</b>	<b>138,943</b>	<b>22.0</b>	<b>296,493</b>	<b>73.0</b>	<b>1,080,437</b>	<b>105.9</b>

**TABLE 20. (Continued) Number of births and rate\* of births among females aged 10–24 years, by age of mother and area of residence — National Vital Statistics System, United States,† 2006**

Area of residence	Age group (yrs)							
	10–14		15–17		18–19		20–24	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate
<b>U.S. territories</b>								
American Samoa	1	§	32	16.9	78	73.0	342	164.3
Guam	10	§	143	31.8	283	102.4	952	150.4
Mariana Islands	5	§	33	19.2	69	45.7	309	53.2
Puerto Rico	173	1.3	3,460	39.3	5,302	91.7	15,409	106.6
Virgin Islands	2	§	59	20.0	154	114.4	511	180.4

**SOURCES:** Special tabulations for this report and published data from Martin JA, Hamilton BE, Sutton PD, et al. Births: final data for 2006. Natl Vital Stat Rep 2009;57(7).

\* Per 1,000 population.

† Data for U.S. territories are reported but not included in U.S. total.

§ Estimate does not meet standards of precision or reliability.

¶ *Northeast:* Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont; *South:* Alabama, Arkansas, Delaware, DC, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia; *Midwest:* Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin; *West:* Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.

**TABLE 21. Estimated number of cases and cumulative rates\* of persons aged 10–24 years living with human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS), by age group and area of residence — HIV/AIDS Reporting System, 33 states and five U.S. territories with confidential name-based HIV-infection reporting, 2006**

Area of residence	Age group (yrs)					
	10–14		15–19		20–24	
	No.	Rate	No.	Rate	No.	Rate
<b>State/Territory</b>						
Alaska	0	0	5	9.6	12	23.3
Alabama	26	8.3	81	24.9	375	116.9
Arkansas	13	6.8	42	21.3	114	59.3
Arizona	22	4.9	56	13.1	254	59.4
Colorado	12	3.8	27	8.4	174	51.7
Florida	374	33.4	766	66.3	2,415	208.3
Iowa	†	†	8	3.7	46	20.5
Idaho	†	†	†	†	15	13.7
Indiana	25	5.7	51	11.4	253	57.4
Kansas	5	2.6	18	8.7	67	31.4
Louisiana	71	23.6	139	43.2	705	216.8
Michigan	51	7.2	147	19.7	476	68.4
Minnesota	23	6.6	34	9.1	185	49.5
Missouri	25	6.4	69	16.8	302	73.6
Mississippi	32	15.1	73	32.9	310	143.3
North Carolina	67	11.4	171	28.0	725	122.0
North Dakota	†	†	†	†	†	†
Nebraska	†	†	7	5.7	47	34.4
New Jersey	210	35.2	311	52.4	678	124.9
New Mexico	†	†	16	11.1	52	35.5
Nevada	14	8.0	28	17.9	145	91.0
New York	951	74.0	1,539	111.1	2,622	191.4
Ohio	54	6.8	143	17.6	541	69.0
Oklahoma	9	3.7	23	9.1	124	45.5
South Carolina	55	18.9	102	32.3	434	146.0
South Dakota	†	†	†	†	12	20.2
Tennessee	37	9.2	85	20.9	524	131.8
Texas	221	12.6	412	23.7	1,905	107.4
Utah	†	†	6	3.0	60	25.1
Virginia	65	13.1	134	25.4	527	98.5
Wisconsin	15	4.0	29	7.3	139	34.5
West Virginia	†	†	11	9.6	50	43.1
Wyoming	†	†	0	0	5	12.9
<b>Total 33 states</b>	<b>2,400</b>	<b>18.4</b>	<b>4,539</b>	<b>33.7</b>	<b>14,300</b>	<b>106.5</b>
<b>Region<sup>¶</sup></b>						
Northeast	1,161	61.7	1,850	93.5	3,301	172.6
Midwest	211	5.7	510	13.2	2,073	54.5
South	974	16.2	2,038	33.0	8,209	132.4
West	54	3.7	142	9.7	717	47.6
<b>U.S. territory</b>						
American Samoa	0	§	0	§	0	§
Guam	0	§	0	§	†	§
Mariana Islands	0	§	0	§	0	§
Puerto Rico	77	§	158	§	393	§
Virgin Islands	†	§	5	§	12	§

**SOURCE:** Special tabulations for this report from CDC's HIV/AIDS reporting system.

\* Per 100,000 population.

† Estimate does not meet standards of precision or reliability

§ Data not available/not applicable.

¶ *Northeast:* Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont; *South:* Alabama, Arkansas, Delaware, DC, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia; *Midwest:* Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin; *West:* Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.

**TABLE 22. Estimated number of cases and cumulative rates\* of persons aged 10–24 years living with acquired immune deficiency syndrome (HIV/AIDS), by age group and area of residence — HIV/AIDS Reporting System, United States, 2006**

Area of residence	Age group (yrs)					
	10–14		15–19		20–24	
	No.	Rate	No.	Rate	No.	Rate
<b>State/Territory</b>						
Alaska	0	0	†	†	†	†
Alabama	7	2.2	22	6.9	76	23.7
Arkansas	8	4.2	13	6.7	25	13.0
Arizona	†	†	7	1.7	52	12.2
California	93	3.5	142	5.2	532	19.7
Colorado	†	†	5	1.6	37	11.0
Connecticut	23	9.6	55	22.1	49	21.9
Delaware	7	12.3	10	16.7	20	33.8
District of Columbia	34	107.8	55	141.2	119	230.7
Florida	243	21.7	404	35.0	571	49.3
Georgia	39	5.9	73	10.9	245	37.3
Hawaii	†	†	†	†	5	5.8
Iowa	†	†	†	†	15	6.9
Idaho	0	0	0	0	†	†
Illinois	51	5.7	95	10.3	213	23.4
Indiana	12	2.7	15	3.4	52	11.8
Kansas	†	†	5	2.5	10	4.8
Kentucky	8	2.9	7	2.5	30	10.7
Louisiana	25	8.3	47	14.5	180	55.3
Massachusetts	27	6.6	52	11.6	80	17.9
Maryland	54	14.1	122	30.1	223	59.5
Maine	†	†	†	†	†	†
Michigan	16	2.3	26	3.5	122	17.5
Minnesota	8	2.3	7	1.9	37	9.9
Missouri	9	2.3	14	3.4	55	13.5
Mississippi	16	7.6	20	9.2	73	33.9
Montana	0	0	0	0	†	†
North Carolina	14	2.4	42	6.9	118	19.9
North Dakota	0	0	0	0	0	0
Nebraska	†	†	†	†	10	7.1
New Hampshire	†	†	†	†	8	9.7
New Jersey	90	15.1	139	23.5	170	31.4
New Mexico	†	†	5	3.4	6	4.2
Nevada	†	†	11	7.0	41	25.7
New York	302	23.5	647	46.7	886	64.7
Ohio	18	2.3	26	3.3	100	12.8
Oklahoma	†	†	†	†	32	11.7
Oregon	†	†	†	†	23	9.3
Pennsylvania	76	9.4	126	14.1	261	31.3
Rhode Island	6	8.7	†	†	12	15.5
South Carolina	18	6.2	47	14.8	132	44.6
South Dakota	†	†	†	†	5	8.6
Tennessee	10	2.5	18	4.5	93	23.4
Texas	73	4.2	122	7.0	451	25.4
Utah	0	0	†	†	15	6.5
Virginia	37	7.5	43	8.1	83	15.6
Vermont	†	†	0	0	†	†
Washington	5	1.2	14	3.3	39	8.8
Wisconsin	6	1.6	9	2.3	33	8.1
West Virginia	†	†	6	5.2	12	10.6
Wyoming	†	†	0	0	0	0
<b>U.S. total</b>	<b>1,374</b>	<b>6.7</b>	<b>2,487</b>	<b>11.7</b>	<b>5,368</b>	<b>25.4</b>

**TABLE 22. (Continued)** Estimated number of cases and cumulative rates\* of persons aged 10–24 years living with acquired immune deficiency syndrome, by age group and area of residence — HIV/AIDS Reporting System, United States, 2006

Area of residence	Age group (yrs)					
	10–14		15–19		20–24	
	No.	Rate	No.	Rate	No.	Rate
<b>Region<sup>¶</sup></b>						
Northeast	531	14.6	1,025	26.4	1,473	39.7
Midwest	129	2.8	205	4.3	653	13.9
South	600	8.1	1,057	13.8	2,482	32.6
West	114	2.3	199	4.0	760	15.0
Unknown	5	§	12	§	14	§
<b>U.S. territory</b>						
American Samoa	0	§	0	§	0	§
Guam	0	§	0	§	†	§
Mariana Islands	0	§	0	§	0	§
Puerto Rico	42	§	79	§	145	§
Virgin Islands	†	§	†	§	†	§

**SOURCE:** Special tabulations for this report from CDC's HIV/AIDS reporting system.

\* Per 100,000 population. Rates exclude data for U.S. territories.

† Estimate does not meet standards of precision or reliability.

§ Data not available/not applicable.

<sup>¶</sup> *Northeast:* Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont; *South:* Alabama, Arkansas, Delaware, DC, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia; *Midwest:* Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin; *West:* Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.

**TABLE 23. Number of reported cases and annual rates\* of chlamydia among persons aged 10–24 years, by age group and region of residence — Nationally Notifiable Disease Surveillance System, United States, 2006**

Region†	Age group (yrs)							
	10–14		15–17		18–19		20–24	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Northeast	2,229	61.4	25,525	1,099.8	30,197	1,933.2	57,924	1,562.5
Midwest	3,260	71.1	36,389	1,251.1	46,166	2,470.3	85,554	1,814.1
South	5,690	76.5	61,718	1,319.0	80,100	2,697.9	145,157	1,904.8
West	2,418	48.6	30,655	997.9	41,545	2,137.4	89,138	1,759.0
<b>Total</b>	<b>13,597</b>	<b>65.9</b>	<b>154,287</b>	<b>1,188.6</b>	<b>198,008</b>	<b>2,373.2</b>	<b>377,773</b>	<b>1,789.4</b>

**SOURCE:** Special tabulations from sexually transmitted disease data, Nationally Notifiable Disease Surveillance System.

\* Per 100,000 population.

† *Northeast:* Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont; *South:* Alabama, Arkansas, Delaware, DC, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia; *Midwest:* Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin; *West:* Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.

**TABLE 24. Number of reported cases and annual rates\* of gonorrhea among persons aged 10–24 years, by age group and region of residence — Nationally Notifiable Disease Surveillance System, United States, 2006**

Region†	Age group (yrs)							
	10–14		15–17		18–19		20–24	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Northeast	416	11.5	4,677	201.5	5,438	348.1	11,761	317.3
Midwest	1,136	24.8	11,712	402.7	14,749	789.2	27,997	593.7
South	2,191	29.4	20,608	440.4	27,348	921.1	55,073	722.7
West	499	10.0	4,959	161.4	7,045	362.4	16,103	317.8
<b>Total</b>	<b>4,242</b>	<b>20.6</b>	<b>41,956</b>	<b>323.2</b>	<b>54,580</b>	<b>654.2</b>	<b>110,934</b>	<b>525.5</b>

**SOURCE:** Special tabulations from sexually transmitted disease data, Nationally Notifiable Disease Surveillance System.

\* Per 100,000 population.

† *Northeast:* Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont; *South:* Alabama, Arkansas, Delaware, DC, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia; *Midwest:* Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin; *West:* Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.

**TABLE 25. Number of reported cases and annual rates\* of primary and secondary syphilis among persons aged 10–24 years, by age group and region of residence — Nationally Notifiable Disease Surveillance System, United States, 2006†**

Region†	Age group (yrs)							
	10–14		15–17		18–19		20–24	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Northeast	0	0	15	0.6	41	2.6	159	4.3
Midwest	0	0	24	0.8	49	2.6	166	3.5
South	12	0.2	117	2.5	228	7.7	794	10.4
West	1	0	34	1.1	57	2.9	262	5.2
<b>Total</b>	<b>13</b>	<b>0.1</b>	<b>190</b>	<b>1.5</b>	<b>375</b>	<b>4.5</b>	<b>1,381</b>	<b>6.5</b>

**SOURCE:** Special tabulations from sexually transmitted disease data, Nationally Notifiable Disease Surveillance System.

\* Per 100,000 population.

† *Northeast:* Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont; *South:* Alabama, Arkansas, Delaware, DC, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia; *Midwest:* Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin; *West:* Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.

**TABLE 26. Percentage of high school students who reported sexual risk behaviors, by sex, grade, and year — Youth Risk Behavior Survey, United States, 1991–2007**

Characteristic/ year	9th grade		10th grade		11th grade		12th grade		Total % (CI)
	Male	Female	Male	Female	Male	Female	Male	Female	
	% (95% CI)*	% (CI)	% (CI)	% (CI)	% (CI)	% (CI)	% (CI)	% (CI)	
<b>Ever had sexual intercourse</b>									
1991	45.6 (39.4–52.0)	32.2 (26.7–38.3)	50.9 (44.0–57.8)	45.3 (38.6–52.1)	64.5 (60.4–68.5)	60.2 (55.3–64.9)	68.3 (63.1–73.0)	65.1 (59.5–70.4)	54.1 (50.5–57.8)
1993	43.5 (38.5–48.7)	31.6 (27.1–36.5)	47.4 (42.7–52.1)	44.9 (40.2–49.7)	59.5 (54.1–64.6)	55.1 (51.3–58.8)	70.2 (64.9–75.0)	66.3 (60.4–71.7)	53.0 (50.2–55.8)
1995	40.6 (33.6–48.1)	32.1 (26.5–38.2)	50.0 (43.1–56.8)	46.0 (40.3–51.8)	57.1 (51.3–62.7)	60.2 (53.7–66.4)	67.1 (62.4–71.5)	66.0 (60.7–70.9)	53.1 (48.4–57.7)
1997	41.8 (35.7–48.1)	34.0 (30.0–38.2)	41.7 (37.1–46.4)	43.5 (38.3–48.8)	49.3 (43.6–54.9)	50.3 (44.4–56.2)	60.1 (52.9–66.9)	61.9 (54.1–69.1)	48.4 (45.2–51.6)
1999	44.5 (38.7–50.5)	32.5 (25.2–40.8)	51.1 (43.6–58.6)	42.6 (37.7–47.6)	51.4 (46.3–56.3)	53.8 (49.2–58.3)	63.9 (57.3–70.0)	65.8 (57.6–73.2)	49.9 (46.1–53.7)
2001	40.5 (35.8–45.2)	29.1 (25.2–33.4)	42.2 (38.0–46.5)	39.3 (36.1–42.5)	54.0 (50.2–57.7)	49.7 (45.7–53.7)	61.0 (56.5–65.3)	60.1 (54.4–65.5)	45.6 (43.2–48.1)
2003	37.3 (32.3–42.4)	27.9 (23.9–32.3)	45.1 (40.7–49.6)	43.1 (40.3–45.9)	53.4 (48.1–58.6)	53.1 (48.9–57.2)	60.7 (55.3–65.9)	62.3 (58.0–66.4)	46.7 (44.0–49.4)
2005	39.3 (34.7–44.2)	29.3 (25.7–33.0)	41.5 (37.1–46.1)	44.0 (39.4–48.7)	50.6 (45.6–55.5)	52.1 (45.4–58.7)	63.8 (58.5–68.8)	62.4 (57.5–67.1)	46.8 (43.4–50.2)
2007	38.1 (33.8–42.6)†	27.4 (24.2–30.9)†	45.6 (41.1–50.2)†	41.9 (37.4–46.6)	57.3 (53.2–61.3)†§	53.6 (47.7–59.4)†	62.8 (57.4–68.0)†	66.2 (62.7–69.6)	47.8 (45.1–50.6)¶
<b>Had first sexual intercourse before age 13 years</b>									
1991	19.8 (15.8–24.6)	6.7 (5.2–8.7)	15.0 (11.5–19.4)	5.5 (3.6–8.3)	13.6 (10.5–17.4)	5.2 (3.7–7.4)	11.9 (9.8–14.4)	3.2 (2.0–4.9)	10.2 (8.7–11.9)
1993	17.4 (14.1–21.3)	7.0 (4.8–10.3)	14.9 (12.6–17.4)	4.6 (3.4–6.1)	12.6 (10.3–15.3)	3.2 (2.0–5.3)	11.4 (9.7–13.3)	2.3 (1.5–3.4)	9.2 (8.0–10.6)
1995	14.2 (10.1–19.5)	7.7 (5.2–11.1)	15.2 (11.8–19.3)	5.6 (4.2–7.5)	10.8 (8.4–13.9)	3.6 (2.5–5.4)	10.7 (9.0–12.7)	3.2 (2.0–5.0)	8.9 (7.6–10.4)
1997	14.7 (11.7–18.3)	6.5 (4.7–8.9)	9.7 (7.0–13.3)	5.1 (4.0–6.4)	8.2 (6.1–10.9)	3.5 (2.4–5.1)	6.0 (4.2–8.5)	2.9 (1.9–4.6)	7.2 (6.3–8.2)
1999	17.7 (15.0–20.9)	5.5 (4.0–7.5)	13.9 (10.4–18.4)	5.1 (3.1–8.4)	7.8 (6.0–10.2)	4.5 (2.6–7.6)	7.6 (5.6–10.3)	2.1 (1.0–4.6)	8.3 (7.2–9.6)
2001	13.7 (11.1–16.9)	5.4 (4.2–7.0)	10.6 (9.0–12.4)	4.7 (3.2–6.7)	6.4 (5.1–8.1)	2.9 (1.8–4.4)	5.0 (4.0–6.3)	2.2 (1.5–3.2)	6.6 (5.7–7.6)
2003	13.2 (10.5–16.3)	5.3 (3.7–7.6)	11.2 (8.6–14.5)	5.7 (4.3–7.5)	7.5 (5.4–10.3)	3.2 (2.2–4.8)	8.8 (7.1–10.9)	1.9 (1.1–3.4)	7.4 (6.2–8.8)
2005	12.0 (10.0–14.4)	5.4 (4.0–7.2)	7.7 (5.9–9.8)	4.1 (3.1–5.3)	8.0 (6.3–10.0)	2.6 (1.5–4.3)	6.2 (4.7–8.1)	2.0 (1.2–3.4)	6.2 (5.5–7.1)
2007	13.5 (11.1–16.3)†	4.9 (3.8–6.1)†	9.1 (7.5–11.0)†	4.7 (3.3–6.8)	9.9 (7.4–13.1)†§	3.4 (2.5–4.7)	6.7 (5.2–8.5)†§	2.4 (1.6–3.6)	7.1 (6.2–8.1)**¶
<b>Had sexual intercourse with four or more persons during their life</b>									
1991	18.7 (14.4–24.0)	6.1 (4.1–9.1)	18.5 (14.7–23.0)	11.4 (8.8–14.6)	26.9 (23.0–31.2)	17.0 (13.5–21.3)	29.5 (24.7–34.9)	20.5 (16.7–24.9)	18.7 (16.6–21.0)
1993	15.4 (12.8–18.4)	6.2 (4.4–8.8)	18.9 (16.1–22.1)	12.8 (10.1–16.1)	23.1 (19.0–27.8)	16.3 (13.7–19.4)	30.7 (26.6–35.1)	23.2 (19.4–27.5)	18.7 (16.8–20.9)
1995	17.5 (13.4–22.6)	6.8 (4.8–9.5)	19.8 (16.3–23.8)	11.3 (8.7–14.4)	20.8 (17.3–24.8)	17.2 (12.5–23.2)	25.2 (22.6–28.0)	20.8 (15.0–27.9)	17.8 (15.2–20.7)
1997	16.2 (13.2–19.7)	7.9 (5.8–10.7)	15.5 (12.8–18.6)	11.7 (8.8–15.4)	17.4 (14.1–21.1)	15.8 (12.2–20.3)	20.6 (17.0–24.8)	20.6 (16.4–25.5)	16.0 (14.6–17.5)
1999	15.6 (12.6–19.2)	7.9 (5.8–10.7)	21.4 (14.2–31.0)	10.1 (7.7–13.1)	19.4 (14.5–25.5)	15.1 (10.9–20.5)	20.6 (17.0–24.8)	20.6 (15.7–26.6)	16.2 (13.7–19.0)
2001	13.9 (11.7–16.5)	5.8 (4.3–7.8)	15.0 (12.7–17.6)	10.4 (8.5–12.6)	17.8 (15.4–20.4)	12.6 (10.4–15.3)	23.6 (20.1–27.5)	19.5 (16.4–23.0)	14.2 (13.0–15.6)
2003	14.2 (11.3–17.6)	6.4 (4.9–8.2)	16.4 (12.5–21.2)	8.8 (7.2–10.7)	18.6 (14.9–23.0)	13.4 (10.9–16.4)	22.2 (19.2–25.6)	17.9 (15.2–21.0)	14.4 (12.9–16.1)
2005	13.2 (10.6–16.3)	5.7 (4.0–8.0)	13.2 (11.0–15.8)	9.7 (7.5–12.5)	18.1 (15.7–20.8)	14.2 (11.3–17.7)	22.6 (19.5–26.2)	20.2 (17.1–23.7)	14.3 (12.8–15.8)
2007	11.9 (9.5–14.7)†	5.5 (4.2–7.0)†	16.7 (14.1–19.7)†	10.2 (8.4–12.4)†	20.6 (17.5–24.1)†§	13.1 (11.2–15.4)†	24.7 (21.4–28.3)†§	20.1 (17.3–23.2)	14.9 (13.4–16.5)¶

**TABLE 26. (Continued) Percentage of high school students who reported sexual risk behaviors, by sex, grade, and year — Youth Risk Behavior Survey, United States, 1991–2007**

Characteristic/ year	9th grade		10th grade		11th grade		12th grade		Total % (CI)
	Male	Female	Male	Female	Male	Female	Male	Female	
	% (95% CI)*	% (CI)	% (CI)	% (CI)	% (CI)	% (CI)	% (CI)	% (CI)	
<b>Currently sexually active††</b>									
1991	24.3 (19.1–30.5)	20.4 (16.7–24.6)	31.2 (26.3–36.4)	35.3 (30.0–41.0)	41.9 (36.6–47.4)	44.7 (40.0–49.5)	49.2 (44.4–54.0)	52.1 (45.8–58.3)	37.5 (34.3–40.7)
1993	26.8 (23.0–31.1)	22.5 (18.6–26.9)	29.6 (25.6–33.9)	30.7 (27.2–34.4)	39.1 (34.2–44.2)	40.9 (37.0–44.9)	52.7 (47.6–57.7)	53.2 (49.0–57.4)	37.5 (35.4–39.7)
1995	24.2 (19.3–30.0)	22.3 (18.5–26.7)	32.1 (27.9–36.6)	35.4 (31.7–39.2)	36.8 (33.0–40.8)	48.1 (41.4–54.9)	47.9 (42.3–53.5)	51.9 (46.5–57.3)	37.9 (34.4–41.5)
1997	25.9 (21.3–31.1)	22.4 (19.0–26.1)	27.6 (24.6–30.7)	31.2 (26.1–36.7)	34.8 (30.0–40.0)	41.5 (35.8–47.4)	43.1 (37.7–48.7)	49.5 (43.5–55.5)	34.8 (32.6–37.2)
1999	29.1 (24.2–34.6)	24.0 (17.3–32.1)	33.9 (26.2–42.5)	32.0 (27.4–37.1)	35.4 (30.7–40.6)	39.5 (35.8–43.3)	48.1 (42.4–53.8)	53.0 (44.0–61.8)	36.3 (32.7–40.0)
2001	25.9 (21.9–30.3)	19.9 (16.6–23.6)	28.6 (24.6–33.0)	30.7 (27.8–33.7)	37.8 (34.9–40.8)	38.1 (34.5–41.9)	44.6 (40.2–49.0)	51.0 (45.5–56.5)	33.4 (31.3–35.5)
2003	24.0 (21.1–27.0)	18.3 (15.1–22.0)	30.0 (25.9–34.5)	31.2 (28.4–34.3)	39.2 (34.3–44.3)	42.9 (39.0–46.8)	46.5 (41.6–51.4)	51.0 (46.8–55.3)	34.3 (32.1–36.5)
2005	24.5 (21.1–28.1)	19.5 (16.7–22.5)	27.2 (23.7–31.0)	31.1 (27.8–34.6)	37.9 (33.5–42.6)	40.8 (35.4–46.5)	47.0 (42.9–51.2)	51.7 (46.4–57.0)	33.9 (31.4–36.6)
2007	22.2 (19.4–25.2)§	18.0 (15.5–20.8)†	29.4 (25.9–33.0)	31.8 (27.5–36.3)	42.0 (38.0–46.1)§	41.5 (36.6–46.4)	48.3 (43.4–53.2)	56.7 (53.0–60.3)	35.0 (32.8–37.2)¶
<b>Condom use during last sexual intercourse§§</b>									
1991	55.9 (46.9–64.6)	50.3 (40.5–60.1)	56.9 (48.5–64.9)	36.4 (29.5–43.8)	56.8 (49.7–63.7)	40.7 (33.6–48.3)	50.7 (45.8–55.5)	32.6 (27.4–38.2)	46.2 (42.8–49.6)
1993	63.1 (54.6–70.8)	59.2 (50.5–67.3)	63.3 (55.7–70.4)	45.8 (40.2–51.5)	64.8 (59.5–69.7)	46.1 (41.8–50.4)	51.5 (46.1–56.8)	41.2 (36.7–45.9)	52.8 (50.0–55.6)
1995	65.5 (56.2–73.8)	58.5 (49.5–66.9)	68.2 (60.8–74.7)	51.5 (45.7–57.2)	56.6 (48.6–64.3)	49.0 (40.1–58.0)	56.5 (49.8–62.9)	43.1 (37.0–49.4)	54.4 (50.7–58.0)
1997	59.2 (50.3–67.6)	58.3 (49.4–66.7)	64.6 (56.4–72.0)	52.8 (45.0–60.5)	64.8 (57.3–71.6)	55.4 (49.7–61.0)	61.2 (55.2–66.8)	43.0 (37.6–48.6)	56.8 (55.2–58.4)
1999	69.5 (58.5–78.6)	63.1 (53.3–71.9)	70.0 (62.7–76.4)	55.3 (44.8–65.3)	69.3 (62.8–75.2)	50.0 (44.1–55.9)	55.9 (47.1–64.4)	41.1 (35.0–47.5)	58.0 (53.6–62.3)
2001	68.9 (64.2–73.2)	66.6 (61.2–71.7)	69.3 (63.9–74.2)	52.2 (45.4–59.0)	65.3 (59.8–70.4)	52.7 (46.6–58.8)	59.2 (54.0–64.1)	41.2 (35.8–46.8)	57.9 (55.6–60.1)
2003	71.2 (62.5–78.7)	66.1 (56.0–74.9)	71.8 (65.9–77.0)	66.4 (59.4–72.7)	66.7 (59.5–73.2)	55.5 (49.7–61.1)	67.0 (61.7–71.9)	48.5 (43.4–53.6)	63.0 (60.5–65.5)
2005	77.1 (69.7–83.0)	71.5 (65.2–77.0)	74.4 (67.7–80.1)	57.1 (51.8–62.3)	66.0 (59.9–71.6)	57.8 (52.0–63.4)	65.8 (60.1–71.1)	46.1 (42.1–50.0)	62.8 (60.6–64.9)
2007	75.8 (68.8–81.6)†	61.0 (54.1–67.4)†	73.2 (67.6–78.2)†	59.5 (52.6–66.1)†§	69.3 (62.9–75.0)†	55.1 (50.1–60.1)†	59.6 (55.2–63.9)†	49.9 (44.9–54.9)†	61.5 (59.4–63.6)¶**
<b>Birth control pill use to prevent pregnancy before last sexual intercourse§§¶¶</b>									
1991	9.7 (4.7–18.8)	8.3 (5.1–13.3)	12.8 (9.0–17.8)	23.5 (17.3–31.0)	15.0 (10.6–21.0)	27.0 (20.0–35.4)	23.1 (18.6–28.4)	30.6 (26.0–35.8)	20.8 (18.5–23.2)
1993	7.5 (4.4–12.5)	11.1 (8.2–14.7)	10.0 (6.1–15.9)	17.4 (14.4–21.0)	11.7 (8.7–15.5)	22.2 (18.2–26.8)	22.7 (17.3–29.1)	29.0 (24.2–34.4)	18.4 (16.3–20.7)
1995	9.7 (6.8–13.8)	12.6 (8.4–18.4)	8.5 (4.5–15.5)	15.7 (11.1–21.7)	13.3 (9.0–19.2)	17.2 (12.2–23.8)	21.0 (13.6–31.0)	28.6 (25.3–32.1)	17.4 (15.2–19.8)
1997	7.6 (4.8–11.9)	8.0 (4.3–14.7)	7.6 (4.8–11.7)	16.6 (12.1–22.4)	12.4 (9.0–16.9)	18.7 (13.3–25.6)	19.0 (15.0–23.8)	29.7 (24.7–35.2)	16.6 (14.7–18.8)
1999	11.3 (5.8–21.0)	12.8 (7.8–20.3)	5.9 (3.4–10.0)	12.8 (9.5–17.0)	11.6 (7.4–7.7)	18.4 (13.4–24.8)	17.3 (10.4–27.3)	31.4 (27.5–35.5)	16.2 (13.6–19.0)
2001	5.6 (3.3–9.6)	9.2 (5.1–16.3)	12.8 (9.7–16.6)	18.2 (13.9–23.3)	14.8 (12.1–18.0)	22.4 (18.1–27.4)	23.1 (18.0–29.0)	28.9 (24.4–33.9)	18.2 (16.5–20.0)
2003	6.6 (3.7–11.4)	11.6 (6.2–20.6)	11.8 (8.5–16.2)	13.5 (10.5–17.3)	14.8 (10.4–20.5)	24.1 (18.7–30.6)	17.5 (13.0–23.1)	27.2 (22.9–32.0)	17.0 (14.7–19.4)
2005	6.4 (3.5–11.5)	8.8 (4.8–15.6)	10.3 (7.1–14.6)	18.0 (13.6–23.5)	16.6 (12.6–21.5)	20.2 (15.7–25.6)	21.9 (17.6–27.0)	28.9 (22.7–36.0)	17.6 (15.1–20.5)
2007	8.3 (5.4–12.6)	9.2 (6.0–14.0)	9.5 (6.2–14.1)	13.7 (9.5–19.4)	11.0 (7.4–16.0)	18.9 (15.2–23.2)	20.8 (16.7–25.7)	25.6 (21.4–30.3)	16.0 (14.2–17.9)

**TABLE 26. (Continued) Percentage of high school students who reported sexual risk behaviors, by sex, grade, and year — Youth Risk Behavior Survey, United States, 1991–2007**

Characteristic/ year	9th grade		10th grade		11th grade		12th grade		Total % (CI)
	Male	Female	Male	Female	Male	Female	Male	Female	
	% (95% CI)*	% (CI)	% (CI)	% (CI)	% (CI)	% (CI)	% (CI)	% (CI)	
<b>Drank alcohol or used drugs before last sexual intercourse<sup>§§</sup></b>									
1991	21.8 (15.4–30.0)	19.7 (10.4–34.2)	25.9 (20.4–32.3)	18.9 (13.5–25.7)	28.2 (23.8–33.0)	16.2 (11.9–21.7)	27.0 (22.0–32.6)	15.0 (11.5–19.3)	21.6 (18.7–24.8)
1993	28.2 (23.7–33.2)	14.6 (10.2–20.4)	27.2 (21.2–34.2)	21.2 (16.8–26.3)	26.8 (23.4–30.5)	17.2 (13.2–22.2)	23.0 (18.6–28.2)	14.8 (10.5–20.5)	21.3 (19.3–23.5)
1995	38.3 (29.8–47.5)	16.9 (11.6–23.9)	39.3 (28.3–51.5)	18.4 (12.5–26.2)	28.4 (23.7–33.6)	20.7 (15.4–27.3)	29.0 (23.1–35.7)	12.1 (6.8–20.7)	24.8 (22.1–27.8)
1997	37.9 (29.7–46.7)	27.3 (17.9–39.3)	30.5 (25.2–36.3)	14.8 (11.5–18.8)	28.5 (23.5–34.1)	17.7 (13.3–23.1)	28.4 (23.6–33.7)	17.6 (13.7–22.4)	24.7 (22.9–26.7)
1999	30.0 (22.8–38.2)	20.0 (14.9–26.4)	28.7 (22.1–36.3)	17.7 (12.2–24.9)	38.2 (29.4–47.8)	20.0 (15.1–25.9)	27.9 (22.5–34.0)	17.0 (12.0–23.5)	24.8 (21.8–28.0)
2001	23.8 (17.8–31.0)	24.5 (18.7–31.3)	35.7 (28.7–43.4)	20.8 (16.8–25.3)	31.3 (27.4–35.5)	18.4 (14.9–22.6)	32.0 (28.4–35.8)	19.9 (16.0–24.4)	25.6 (23.8–27.4)
2003	24.7 (17.6–33.7)	23.9 (17.9–31.0)	30.5 (23.4–38.7)	23.1 (19.4–27.3)	28.8 (23.8–34.4)	21.0 (16.9–25.9)	33.5 (29.6–37.7)	17.6 (14.4–21.4)	25.4 (23.2–27.8)
2005	29.0 (21.1–38.5)	22.7 (17.4–29.0)	23.6 (18.7–29.4)	18.9 (14.0–25.1)	29.0 (24.7–33.7)	16.8 (13.6–20.6)	27.6 (23.8–31.6)	19.2 (15.9–23.0)	23.3 (21.1–25.6)
2007	22.9 (18.1–28.6) <sup>§</sup>	20.4 (14.4–28.1)	27.4 (21.9–33.8) <sup>§</sup>	20.0 (14.7–26.5)	28.3 (23.5–33.7)	14.8 (11.1–19.5)	29.1 (24.8–33.7) <sup>†</sup>	17.3 (14.1–21.0) <sup>†</sup>	22.5 (20.7–24.5)**

**SOURCES:** Special tabulations for this report and published data from CDC. Youth Risk Behavior Surveillance—United States, 2007. MMWR 2008;57(No. SS-4). CDC. Trends in HIV- and STD-related risk behaviors among high school students—United States, 1991–2007. MMWR 2008;57:817–22.

\* Confidence interval.

<sup>†</sup> Significant linear effect based on a logistic regression model controlling for race/ethnicity and grade ( $p < 0.05$ ).

<sup>§</sup> Significant quadratic effect based on a logistic regression model controlling for race/ethnicity and grade ( $p < 0.05$ ).

<sup>¶</sup> Significant linear effect based on a logistic regression model controlling for sex, race/ethnicity, and grade ( $p < 0.05$ ).

\*\* Significant quadratic effect based on a logistic regression model controlling for sex, race/ethnicity, and grade ( $p < 0.05$ ).

<sup>††</sup> Had sexual intercourse with at least one person during the 3 months before the survey.

<sup>§§</sup> Among students who were currently sexually active.

<sup>¶¶</sup> To prevent pregnancy.

**TABLE 27. Percentage of high school students who experienced dating violence and who were ever physically forced to have sexual intercourse when they did not want to, by sex, grade, and year — Youth Risk Behavior Survey, United States, 1999–2007 and 2001–2007**

Characteristic/ year	9th grade		10th grade		11th grade		12th grade		Total % (CI)
	Male	Female	Male	Female	Male	Female	Male	Female	
	% (95% CI)*	% (CI)	% (CI)	% (CI)	% (CI)	% (CI)	% (CI)	% (CI)	
<b>Dating violence<sup>†</sup> (1999–2007)</b>									
1999	7.7 (5.8–10.3)	8.0 (4.9–12.9)	6.1 (4.0–9.2)	9.6 (7.3–12.5)	7.9 (5.6–11.1)	8.8 (6.9–11.1)	12.2 (8.4–17.3)	10.9 (7.2–16.2)	8.8 (7.4–10.5)
2001	7.7 (6.0–9.9)	9.2 (7.3–11.5)	8.0 (6.4–9.9)	10.6 (8.7–13.0)	9.6 (8.3–11.1)	9.4 (7.8–11.3)	11.7 (9.5–14.4)	9.8 (7.9–12.1)	9.5 (8.8–10.2)
2003	7.8 (6.3–9.5)	8.6 (6.7–10.8)	9.3 (7.3–11.8)	8.2 (6.4–10.3)	7.9 (6.5–9.6)	8.2 (6.7–10.1)	10.1 (7.8–13.0)	10.2 (8.4–12.4)	8.9 (7.9–9.9)
2005	7.0 (5.4–9.2)	7.7 (6.4–9.3)	7.8 (6.2–9.6)	9.7 (8.0–11.6)	10.4 (8.8–12.3)	9.4 (7.6–11.6)	11.4 (9.9–13.2)	10.7 (9.0–12.7)	9.2 (8.5–9.8)
2007	10.5 (8.6–12.7)	6.3 (4.8–8.2)	9.1 (7.5–10.9)	8.8 (6.6–11.5)	10.8 (8.5–13.5)	10.2 (8.7–12.0)	14.1 (11.8–16.7)	10.1 (8.3–12.2)	9.9 (8.9–11.1)
<b>Forced to have sexual intercourse (2001–2007)</b>									
2001	5.9 (3.7–9.4)	8.6 (6.8–10.8)	4.1 (3.2–5.3)	10.7 (8.9–12.9)	4.3 (3.3–5.7)	9.9 (8.1–12.0)	5.8 (4.4–7.4)	12.2 (10.0–14.8)	7.7 (6.9–8.7)
2003	5.0 (3.7–6.7)	11.3 (9.1–14.0)	7.7 (5.4–10.9)	11.0 (8.1–14.8)	4.8 (3.2–7.3)	13.5 (11.1–16.3)	6.6 (4.3–10.0)	11.6 (9.4–14.1)	9.0 (7.5–10.7)
2005	3.5 (2.5–4.9)	8.7 (7.0–10.8)	3.8 (2.6–5.6)	10.7 (9.3–12.4)	4.2 (3.1–5.6)	11.6 (9.1–14.6)	5.3 (4.3–6.5)	12.7 (10.4–15.5)	7.5 (6.7–8.3)
2007	4.1 (3.1–5.4)	9.2 (7.3–11.5)	3.4 (2.5–4.7) <sup>§¶</sup>	13.1 (10.6–16.0)	5.0 (3.9–6.5)	12.0 (9.8–14.5)	5.7 (4.3–7.5)	10.9 (9.2–12.8)	7.8 (7.0–8.8)

**SOURCES:** Special tabulations for this report and published data from CDC. Youth Risk Behavior Surveillance—United States, 2007. MMWR 2008;57(No. SS-4).

\* Confidence interval.

<sup>†</sup> Hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend during the 12 months before the survey.

<sup>§</sup> Significant linear effect based on a logistic regression model controlling for race/ethnicity and grade ( $p < 0.05$ ).

<sup>¶</sup> Significant quadratic effect based on a logistic regression model controlling for race/ethnicity and grade ( $p < 0.05$ ).

**TABLE 28. Percentage of high school students who reported sexual risk behaviors, by race/ethnicity and year — Youth Risk Behavior Survey, United States, 1991–2007**

Characteristic/year	Black, non-Hispanic		Hispanic		White, non-Hispanic	
	%	(95% CI)*	%	(CI)	%	(CI)
<b>Ever had sexual intercourse</b>						
1991	81.5	(78.0–84.5)	53.1	(49.4–56.7)	50.0	(46.7–53.4)
1993	79.7	(76.2–82.7)	56.0	(51.8–60.2)	48.4	(45.6–51.3)
1995	73.4	(68.4–77.8)	57.6	(48.6–66.1)	48.9	(43.8–54.1)
1997	72.7	(69.7–75.4)	52.2	(48.4–55.8)	43.6	(39.4–48.0)
1999	71.2	(62.2–78.8)	54.1	(49.0–59.0)	45.1	(41.1–49.2)
2001	60.8	(53.9–67.4)	48.4	(43.8–53.0)	43.2	(40.7–45.8)
2003	67.3	(63.7–70.6)	51.4	(48.1–54.8)	41.8	(39.0–44.5)
2005	67.6	(64.4–70.7)	51.0	(46.5–55.4)	43.0	(38.8–47.3)
2007	66.5	(63.0–69.9) <sup>†§</sup>	52.0	(48.3–55.6)	43.7	(40.5–47.0) <sup>†</sup>
<b>Had sexual intercourse with four or more persons during their life</b>						
1991	43.1	(39.5–46.7)	16.8	(14.3–19.7)	14.7	(13.0–16.7)
1993	42.7	(38.8–46.7)	18.6	(15.7–22.0)	14.3	(12.3–16.6)
1995	35.6	(31.2–40.3)	17.6	(14.1–21.7)	14.2	(11.8–16.8)
1997	38.5	(34.9–42.3)	15.5	(13.2–18.1)	11.6	(10.2–13.2)
1999	34.4	(24.7–45.7)	16.6	(13.2–20.7)	12.4	(10.4–14.7)
2001	26.6	(22.9–30.6)	14.9	(13.2–16.7)	12.0	(10.6–13.5)
2003	28.8	(26.3–31.5)	15.7	(13.5–18.1)	10.8	(9.4–12.4)
2005	28.2	(25.6–30.9)	15.9	(13.6–18.5)	11.4	(9.7–13.3)
2007	27.6	(24.8–30.6) <sup>†</sup>	17.3	(15.2–19.5)	11.5	(9.6–13.7) <sup>†</sup>
<b>Currently sexually active<sup>¶</sup></b>						
1991	59.3	(55.3–63.1)	37.0	(33.4–40.8)	33.9	(31.1–36.9)
1993	59.1	(54.6–63.5)	39.4	(35.6–43.3)	34.0	(31.9–36.2)
1995	54.2	(49.4–59.0)	39.3	(32.3–46.8)	34.8	(30.8–39.0)
1997	53.6	(50.3–56.9)	35.4	(31.5–39.5)	32.0	(29.0–35.3)
1999	53.0	(43.8–62.0)	36.3	(32.2–40.5)	33.0	(29.6–36.5)
2001	45.6	(40.1–51.2)	35.9	(32.7–39.4)	31.3	(29.0–33.6)
2003	49.0	(46.0–52.0)	37.1	(34.4–40.0)	30.8	(28.7–32.9)
2005	47.4	(44.7–50.1)	35.0	(31.1–39.1)	32.0	(28.7–35.5)
2007	46.0	(42.3–49.7) <sup>†</sup>	37.4	(33.8–41.1)	32.9	(30.3–35.5)
<b>Condom used during last sexual intercourse<sup>**</sup></b>						
1991	48.0	(44.1–51.9)	37.4	(31.3–44.0)	46.5	(41.8–51.2)
1993	56.5	(52.6–60.3)	46.1	(41.6–50.6)	52.3	(48.2–56.3)
1995	66.1	(61.0–70.9)	44.4	(33.4–56.0)	52.5	(48.4–56.6)
1997	64.0	(61.0–66.8)	48.3	(42.6–54.0)	55.8	(53.8–57.8)
1999	70.0	(64.1–75.2)	55.2	(48.1–62.0)	55.0	(49.8–60.2)
2001	67.1	(63.4–70.6)	53.5	(48.2–58.7)	56.8	(53.7–59.9)
2003	72.8	(68.8–76.4)	57.4	(51.9–62.8)	62.5	(59.2–65.6)
2005	68.9	(65.0–72.5)	57.7	(53.4–61.8)	62.6	(60.0–65.2)
2007	67.3	(62.6–71.6) <sup>†§</sup>	61.4	(56.7–65.9) <sup>†</sup>	59.7	(56.8–62.5) <sup>†</sup>

**SOURCE:** CDC Trends in HIV- and STD-related risk behaviors among high school students—United States, 1991–2007. MMWR 2008;57:817–22.

\* Confidence interval.

<sup>†</sup> Significant linear effect based on a logistic regression model controlling for sex and grade ( $p < .05$ ).

<sup>§</sup> Significant quadratic effect based on a logistic regression model controlling for sex and grade ( $p < .05$ ).

<sup>¶</sup> Had sexual intercourse with at least one person during the 3 months before the survey.

\*\* Among students who were currently sexually active.

**TABLE 29. Estimated pregnancy\* rates† among females aged 10–24 years, by year and age group — National Vital Statistics System, CDC Abortion Surveillance System, the Guttmacher Institute, and National Survey of Family Growth, United States, 1990–2004**

Year	Age group (yrs)				
	10–14	15–19	15–17	18–19	20–24
1990	3.4	116.8	77.1	167.7	198.5
1991	3.3	116.4	76.1	172.1	196.8
1992	3.3	112.3	73.5	169.3	194.3
1993	3.2	109.4	72.7	164.1	190.4
1994	3.2	106.1	71.1	159.6	184.8
1995	2.9	101.1	67.4	153.4	179.8
1996	2.7	97.0	63.4	149.0	180.5
1997	2.4	92.7	59.5	144.3	178.7
1998	2.3	90.1	56.7	140.3	178.9
1999	2.1	86.9	53.1	136.6	177.8
2000	2.0	84.8	50.8	134.5	179.9
2001	1.8	80.4	46.7	130.5	174.0
2002	1.7	76.0	44.1	124.4	169.0
2003	1.6	73.7	42.7	120.7	166.4
2004	1.6	72.2	41.5	118.6	163.7

**SOURCE:** Ventura SJ, Abma JC, Mosher WD, Henshaw SK. Estimated pregnancy rates by outcome for the United States, 1990–2004. *Natl Vital Stat Rep* 2008;56(15).

\* Pregnancy estimates are sums of live births, induced abortions, and fetal losses.

† Per 1,000 population.

**TABLE 30. Birth\* rates† among females aged 10–24 years, by year and age group — National Vital Statistics System, United States, 1990–2006**

Year	Age group (yrs)				
	10–14	15–19	15–17	18–19	20–24
1990	1.4	59.9	37.5	88.6	116.5
1991	1.4	61.8	38.6	94.0	115.3
1992	1.4	60.3	37.6	93.6	113.7
1993	1.4	59.0	37.5	91.1	111.3
1994	1.4	58.2	37.2	90.2	109.2
1995	1.3	56.0	35.5	87.7	107.5
1996	1.2	53.5	33.3	84.7	107.8
1997	1.1	51.3	31.4	82.1	107.3
1998	1.0	50.3	29.9	80.9	108.4
1999	0.9	48.8	28.2	79.1	107.9
2000	0.9	47.7	26.9	78.1	109.7
2001	0.8	45.3	24.7	76.1	106.2
2002	0.7	43.0	23.2	72.8	103.6
2003	0.6	41.6	22.4	70.7	102.6
2004	0.7	41.1	22.1	70.0	101.7
2005	0.7	40.5	21.4	69.9	102.2
2006	0.6	41.9	22.0	73.0	105.9

**SOURCE:** Martin JA, Hamilton BE, Sutton PD, et al. Births: final data for 2006. *Natl Vital Stat Rep* 2009;57(7).

\* Includes births to married and unmarried women.

† Per 1,000 population.

**TABLE 31. Induced abortion rate\* among females aged  $\leq 24$  years, by year and age group — CDC's Abortion Surveillance System and the Guttmacher Institute, United States, 1990–2004**

Year	Age group (yrs)		
	<15	15–19	20–24
1990	1.5	40.3	56.7
1991	1.4	37.4	56.4
1992	1.4	35.2	55.9
1993	1.4	33.9	54.9
1994	1.3	31.6	51.9
1995	1.2	29.4	49.1
1996	1.1	28.6	49.3
1997	1.0	27.1	48.1
1998	1.0	25.8	47.0
1999	0.9	24.7	46.4
2000	0.9	24.0	46.3
2001	0.8	22.6	44.7
2002	0.7	21.3	42.9
2003	0.7	20.7	41.5
2004	0.7	19.8	39.9

**SOURCE:** Ventura SJ, Abma JC, Mosher WD, Henshaw SK. Estimated pregnancy rates by outcome for the United States, 1990–2004. Natl Vital Stat Rep 2008;56(15).

\* Per 1,000 population.

**TABLE 32. Rates\* of diagnosed acquired immune deficiency syndrome (AIDS) among persons aged 10–24 years, by age group and sex — HIV/AIDS Reporting System, United States, 1997–2006†**

Year	Age group (yrs)							
	10–14		15–17		18–19		20–24	
	Male	Female	Male	Female	Male	Female	Male	Female
1997	0.3	0.5	0.7	0.7	2.2	2.2	9.4	6.7
1998	0.3	0.4	0.7	0.8	1.7	2.1	8.2	6.3
1999	0.3	0.4	0.6	0.7	1.7	2.5	7.8	5.3
2000	0.3	0.5	0.9	1.0	2.0	2.1	7.9	5.9
2001	0.4	0.5	0.8	0.9	2.2	1.6	7.8	5.4
2002	0.4	0.4	0.9	1.1	2.7	2.1	8.4	5.3
2003	0.4	0.5	0.9	0.9	2.6	2.0	9.9	5.1
2004	0.4	0.4	1.0	0.9	3.0	2.0	10.4	4.9
2005	0.4	0.4	1.3	1.3	3.8	2.1	11.0	4.8
2006	0.3	0.5	1.4	0.8	4.1	2.0	11.0	4.6

**SOURCE:** Special tabulations for this report from CDC's HIV/AIDS reporting system.

\* Per 100,000 population.

† Data as of June 30, 2007. Persons with AIDS cases resided in 50 states and U.S. territories at diagnosis. Data adjusted for reporting delay.

**TABLE 33. Rates\* of *Chlamydia trachomatis* infections among persons aged 10–24 years, by age group and sex — Nationally Notifiable Disease Surveillance System, United States,† 1997–2006§¶**

Year	Age group (yrs)					
	10–14		15–19		20–24	
	Male	Female	Male	Female	Male	Female
1997**	5.8	126.3	241.6	2,066.7	341.2	1,672.6
1998	7.0	137.6	279.9	2,269.4	400.6	1,881.1
1999	7.6	132.8	314.0	2,340.3	454.6	2,047.3
2000	8.8	134.4	341.6	2,360.7	515.8	2,161.2
2001	9.7	137.2	374.8	2,531.3	581.3	2,357.0
2002	9.9	137.9	405.2	2,599.0	647.3	2,417.1
2003	9.8	134.0	421.4	2,672.5	670.3	2,513.3
2004	10.8	132.3	453.3	2,724.6	735.1	2,603.7
2005	11.2	127.0	498.0	2,754.5	800.7	2,687.8
2006	11.7	122.8	537.9	2,824.0	852.7	2,791.5

**SOURCE:** Special tabulations from sexually transmitted disease data, Nationally Notifiable Disease Surveillance System.

\* Per 100,000 population

† Cases reported by U.S. territories were excluded from this analysis.

§ These figures should be used only for age comparisons. If age was not specified, cases were prorated according to the distribution of cases for which age was known.

¶ New York State was excluded from this analysis because genital *C. Trachomatis* infections were not reportable until mid-2000. New York City was included in the analysis.

\*\* Delaware is excluded from 1997 rates because age and sex were not reported for chlamydia mortality data in this year.

**TABLE 34. Rates\* of gonorrhea among persons aged 10–24 years, by age group and sex — Nationally Notifiable Disease Surveillance System, United States,† 1997–2006§**

Year	Age group (yrs)					
	10–14		15–19		20–24	
	Male	Female	Male	Female	Male	Female
1997	7.9	51.7	333.7	700.5	514.9	555.8
1998	8.1	55.0	339.2	740.5	555.8	612.3
1999	8.0	52.4	334.5	721.4	558.2	616.3
2000	7.8	50.6	319.9	704.5	559.3	633.9
2001	8.0	50.8	306.5	701.8	541.7	639.7
2002	7.2	45.2	285.7	670.4	503.7	611.5
2003	6.7	40.7	261.2	631.2	452.2	583.4
2004	5.8	37.0	250.2	602.8	425.0	563.2
2005	6.0	35.7	257.5	615.3	434.6	580.4
2006	6.4	35.5	275.4	639.2	451.9	604.5

**SOURCE:** Special tabulations from sexually transmitted disease data, Nationally Notifiable Disease Surveillance System.

\* Per 100,000 population.

† Cases reported by U.S. territories were excluded from this analysis.

§ These figures should be used only for age comparisons. If age was not specified, cases were prorated according to the distribution of cases for which age was known.

**TABLE 35. Rates\* of primary and secondary syphilis among persons aged 10–24 years, by age group and sex — Nationally Notifiable Disease Surveillance System, United States,† 1997–2006§**

Year	Age group (yrs)					
	10–14		15–19		20–24	
	Male	Female	Male	Female	Male	Female
1997	0	0.4	2.6	5.5	6.8	8.0
1998	0	0.4	1.9	4.3	5.5	5.8
1999	0	0.2	1.8	3.5	5.4	5.0
2000	0	0.2	1.6	3.0	4.3	4.9
2001	0	0.2	1.4	2.5	4.8	3.7
2002	0	0.1	1.3	2.2	5.2	3.1
2003	0	0.1	1.4	1.7	5.8	2.4
2004	0	0.1	1.8	1.5	6.9	2.9
2005	0	0.1	2.3	1.9	8.1	3.0
2006	0	0.1	3.0	2.2	9.9	2.9

**SOURCE:** Special tabulations from sexually transmitted disease data, Nationally Notifiable Disease Surveillance System.

\* Per 100,000 population.

† Cases reported by U.S. territories were excluded from this analysis.

§ These figures should be used only for age comparisons. If age was not specified, cases were prorated according to the distribution of cases for which age was known.

**TABLE 36. Rates\* of emergency department visits for nonfatal sexual assault injuries for females aged 10–24 years, by year and age group — National Electronic Injury Surveillance System—All Injury Program (NEISS-AIP), United States, 2001–2006**

Year	Age group (yrs)			
	10–14	15–17	18–19	20–24
2001	107.9	118.5	103.9	76.1
2002	90.5	167.8	127.4	89.3
2003	103.1	194.8	157.5	79.8
2004	102.7	167.4	151.4	109.3
2005	94.3	142.0	168.4	86.9
2006	72.3	148.2	169.9	93.8

**SOURCE:** Special tabulations for this report from NEISS-AIP.

\* Per 100,000 population.

## Appendix

### Sampling Error, Standards of Precision and Reliability, and Case Definitions

Each survey, surveillance and vital statistics system referenced in this report has slightly different procedures for analyzing, interpreting, and presenting results. These procedures are described in detail by each system in the published references cited in the report. A brief summary is provided below regarding certain key issues related to sampling error, standards of precision and reliability, and case definitions.

#### Sampling Error

The three surveys included in this report (the National Survey of Family Growth [NSFG], the National Health and Nutrition Examination Survey [NHANES], and the Youth Risk Behavior Survey [YRBS]) use slightly different ways to represent sampling error:

- **YRBS and NHANES:** sampling error is represented by displaying the prevalence estimate and the 95% confidence interval.
- **NSFG:** Information and data on sampling error is described in published source documents, which are listed in the references and at the bottom of each table that contains estimates from NSFG.

#### Standards of Precision and Reliability

Each system also has established its own standards for determining if an estimate is sufficiently precise and valid. Below is a brief description of the criteria used by each system included in this report.

- **HIV/AIDS Reporting System:** Estimates within table cells for HIV/AIDS data were considered unstable if case numbers (or numerators) were fewer than five.
- **NHANES:** Data do not meet standards of precision or reliability whenever relative standard errors (RSE) are >30%.
- **NSFG:** Estimates were considered not to meet standards of precision and reliability if the denominator was <75 cases or if the numerator was fewer than five cases.
- **National Vital Statistics System:** Estimates within table cells for births were considered unstable if the number of births in the numerator was <20. A cell in which a "0" appears might represent a quantity more than zero but <0.05.

- **National Electronic Injury Surveillance System—All Injury Program:** National estimates are considered unstable if they are based on <20 cases (unweighted data) or on <1,200 (weighted data), or if the coefficient of variation of the estimate is >30%. Many estimates for males by age and age and race/ethnicity are not reported because of the instability of the numbers. In addition, rates by race/ethnicity for both females and males are not reported because of the high percentage of missing race/ethnicity data (i.e., >20%). Data are weighted by the inverse of the probability of selection to provide national estimates. Available data underestimate the true rate of sexual assault because reported data represents only cases that are clearly documented in the ED record and many victims do not visit an ED.
- **National Youth Risk Behavior Survey:** The national report includes 95% confidence intervals.

#### Case Definitions for Sexually Transmitted Diseases (STDs)

##### *Chlamydia trachomatis*

*Chlamydia trachomatis*, Genital Infections (case definition revised in September 1996).

**Clinical description:** Infection with *C. trachomatis* can result in urethritis, epididymitis, cervicitis, acute salpingitis, or other syndromes when sexually transmitted; however, the infection is often asymptomatic in women. Perinatal infections can result in inclusion conjunctivitis and pneumonia in newborns. Other syndromes caused by *C. trachomatis* include lymphogranuloma venereum (see *Lymphogranuloma Venereum*) and trachoma.

**Laboratory criteria for diagnosis:** Isolation of *C. trachomatis* by culture or demonstration of *C. trachomatis* in a clinical specimen by detection of antigen or nucleic acid.

**Case classification: Confirmed:** a case that is laboratory confirmed.

##### Gonorrhea

**Clinical description:** a sexually transmitted infection commonly manifested by urethritis, cervicitis, or salpingitis. Infection might be asymptomatic.

**Laboratory criteria for diagnosis:** isolation of typical gram-negative, oxidase-positive diplococci (presumptive *Neisseria gonorrhoeae*) from a clinical specimen, or demonstration of *N. gonorrhoeae* in a clinical specimen by detection of antigen or nucleic acid, or observation of gram-negative intracellular diplococci in a urethral smear obtained from a male.

**Case classification: Probable:** 1) demonstration of gram-negative intracellular diplococci in an endocervical smear obtained from a female or 2) a written morbidity report of gonorrhea submitted by a physician. **Confirmed:** a case that is laboratory confirmed

## Syphilis

Syphilis is a complex sexually transmitted disease that has a highly variable clinical course. All case definitions were revised in September 1996. Classification by a clinician with expertise in syphilis might take precedence over the following case definitions developed for surveillance purposes.

### Syphilis, primary

**Clinical description:** a stage of infection with *Treponema pallidum* characterized by one or more chancres (ulcers); chancres might differ considerably in clinical appearance.

**Laboratory criteria for diagnosis:** demonstration of *T. pallidum* in clinical specimens by darkfield microscopy, direct fluorescent antibody (DFA-TP), or equivalent methods.

**Case classification: Probable:** a clinically compatible case with one or more ulcers (chancres) consistent with primary syphilis and a reactive serologic test (nontreponemal: Venereal Disease Research Laboratory [VDRL] or rapid plasma reagin [RPR]; treponemal: fluorescent treponemal antibody absorbed [FTA-ABS] or microhemagglutination assay for antibody to *T. pallidum* [MHA-TP]). **Confirmed:** a clinically compatible case that is laboratory confirmed.

### Syphilis, secondary

**Clinical description:** a stage of infection caused by *T. pallidum* and characterized by localized or diffuse mucocutaneous

lesions, often with generalized lymphadenopathy. The primary chancre may still be present.

**Laboratory criteria for diagnosis:** demonstration of *T. pallidum* in clinical specimens by darkfield microscopy, DFATP, or equivalent methods.

**Case classification: Probable:** a clinically compatible case with a nontreponemal (VDRL or RPR) titer  $\geq 4$ . **Confirmed:** a clinically compatible case that is laboratory confirmed.

## Case Definition for HIV/AIDS

Since the beginning of the human immunodeficiency virus (HIV) epidemic, CDC, in collaboration with the Council of State and Territorial Epidemiologists, has revised case definitions for HIV infection and acquired immunodeficiency syndrome (AIDS) in adults and children (1–5). The case definition that was in place in 2006, when the data reported here was collected, includes revised surveillance criteria for HIV infection and incorporates the surveillance criteria for AIDS (6). For adults and children aged  $\geq 18$  months, the HIV surveillance case definition included laboratory and clinical evidence specifically indicative of HIV infection and severe HIV disease (AIDS). The revised surveillance case definitions for adults and children became effective January 1, 2000.

### References

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5. CDC. 1994 revised classification system for human immunodeficiency virus infection in children less than 13 years of age. MMWR 1994;43(No. RR-12).
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