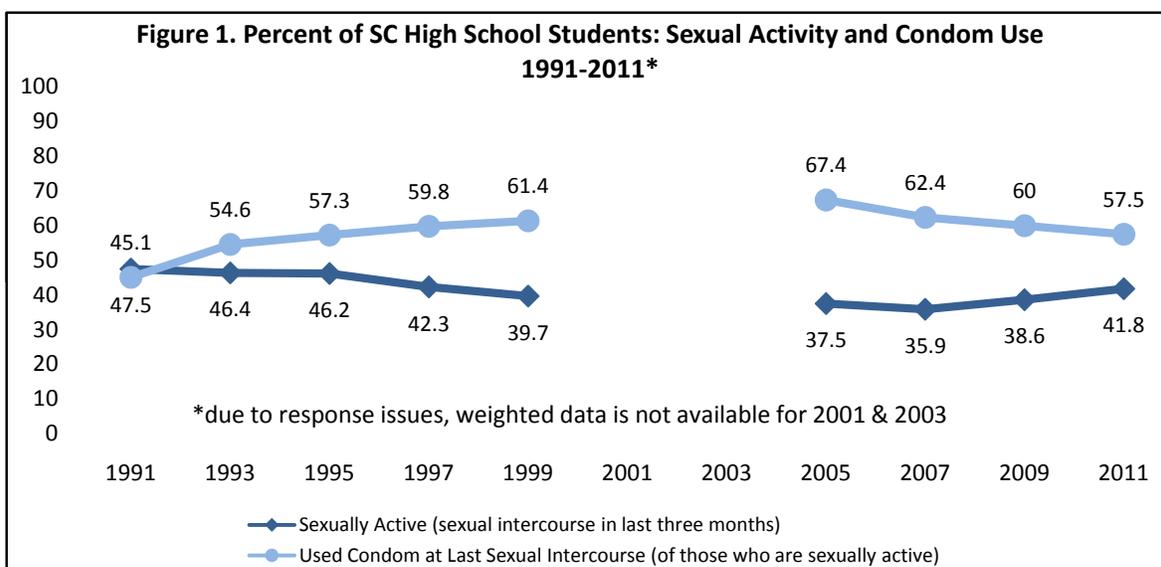


Simply Stated...

Sexual Risk Behaviors in South Carolina

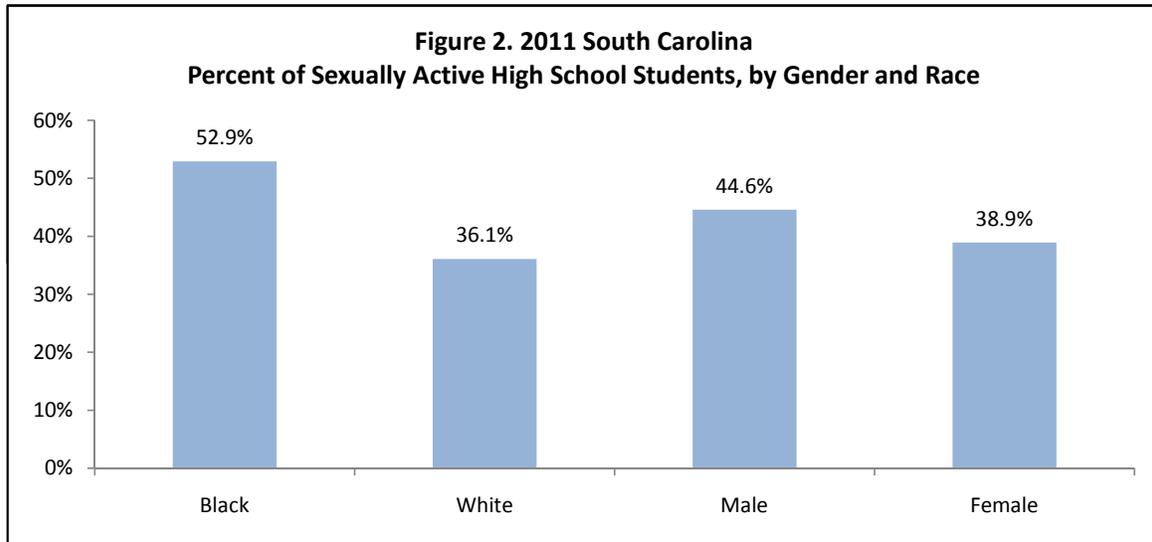
While great strides were made in the 1990s and early 2000s in reducing **risky sexual behavior** among South Carolina high school students, much of this progress has stagnated in recent years. This is reflected in the results of the Youth Risk Behavior Survey (YRBS) released by the Centers for Disease Control and Prevention and the South Carolina Department of Education on sexual risk behaviors of South Carolina students. Furthermore, the percentage of South Carolina students who reported being **taught in school about AIDS or HIV infection** significantly decreased from 2009 to 2011 among both high school (81.1%) and middle school students (61.0%).^{5,6} Compared to national YRBS data from 2009, a significantly higher proportion of South Carolina students report ever having had sexual intercourse, having had sexual intercourse before the age of 13, and having had sexual intercourse with four or more people.⁷ In other measures, such as being sexually active (having had sexual intercourse in the past three months), using alcohol or drugs prior to

sex, and condom use prior to sex, there was not a statistically significant difference between South Carolina high school students and students in the nation as a whole. This brief report examines two indicators from the YRBS in more detail: **sexually active students and condom use**. More than half (56.6%) of high school students and nearly one in five (18.7%) middle school students in South Carolina reported having had sexual intercourse in 2011.^{5,6} Among the sexually experienced high school students, more than two in five (41.8%) were currently sexually active (i.e., had intercourse in the past three months).⁵ Although there was a statistically significant decrease in the percentage of South Carolina high school students who reported currently being sexually active from 47.5% in 1991 to 38.6% in 2009, there was **not a significant change** from 2009 to 2011.^{5,7} Among those who were sexually active in 2011, only 57.5% of high school students and 59.7% of middle school students reported using a condom the last time they had intercourse.^{5,6}



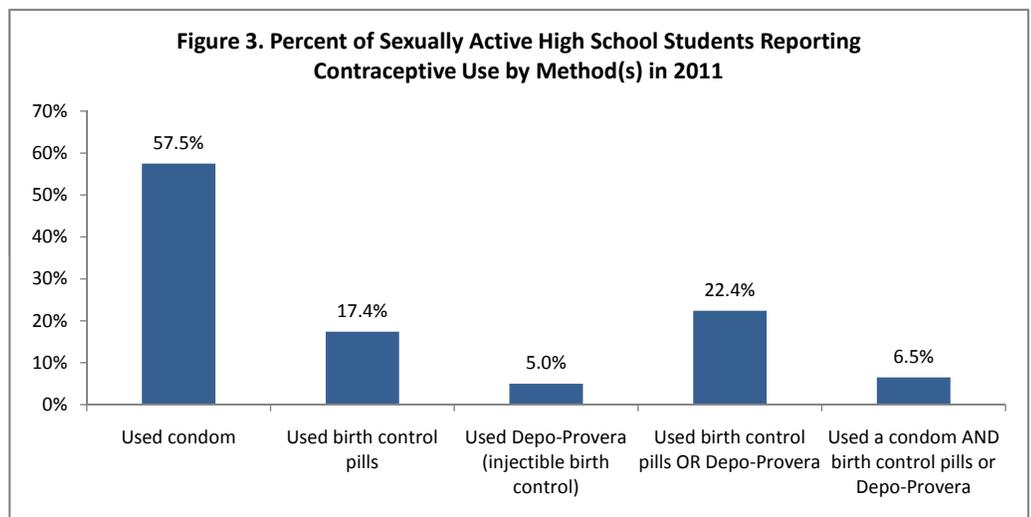
SEXUAL INTERCOURSE: WITHIN LAST THREE MONTHS

Among high school students in South Carolina, more than two in five (41.8%) reported being currently sexually active (have had sexual intercourse within the last three months) in 2011.⁵ In 2009, South Carolina high school students reported being sexually active at similar rates to the nation as a whole – 38.6% (SC) compared to 34.2% (US).⁷ While a higher percentage of South Carolina students reported having sex within the last three months, the difference was not statistically significant. In 2011, there was a statistically significant difference between White and Black students who reported having ever had sexual intercourse and who reported being currently sexually active in South Carolina. While about half of White students (49.2%) reported having ever had sexual intercourse, 70.2% of Black students reported having ever had sexual intercourse.⁵ More than half of Black students (52.9%) are currently sexually active, while only 36.1% of White students are currently sexually active.⁵ Although slightly more males than females report being sexually active, there is no significant difference between the percent of male and female high school students who reported being sexually active in 2011.



CONDOM USE

Less than three out of five (57.5%) sexually active high school students in South Carolina reported using a condom at last intercourse in 2011.⁵ In 2009, there was not a significant difference in the percentage of South Carolina students who reported using a condom the last time they had sex compared (60.0%) to the national as a whole (61.1%).⁷ Between 2005 and 2011, there was a statistically significant decline in condom use among sexually active students from 67.4% in 2005 to 57.5% in 2011. Examining these data by race and gender indicates that only males experienced a significant decline in condom use from 2005 to 2009. The percentage of females, whites, and blacks who reported condom use at last sex was virtually unchanged from 2005 to 2009. Condoms remain the most popular method of contraception among sexually active high school students in South Carolina. In general, there were no significant changes from 2009 to 2011 in the percentage of students who reported using contraception at last intercourse. However, there was a significant increase in the percentage of sexually active White students who reported using Depo-Provera to prevent pregnancy during last intercourse from 2009 to 2011.⁵



DISCUSSION

Following progress made since 1991 in reducing behaviors that can lead to unintended pregnancy and sexually transmitted diseases, recent trends indicate that progress has slowed. Although the birth rate among 15 to 19 year olds in South Carolina increased by 5% from 2005 to 2007, the trend has since reversed; showing a decrease of 21% from 2007 to 2010¹. Overall, the teen birth rate in South Carolina decreased by 40% from 1990 (71.2 per 1,000 population for all births) to 2010 (42.6 per 1,000 population for all births)¹. Increasing abstinence, reducing the frequency of sex, and increasing the correct and consistent use of contraception are important sexual behaviors that can reduce teen pregnancy². However, recent data indicate that a declining proportion of South Carolina students are using condoms when they have sex. For the third time in a row, the percentage of students who reported using a condom has decreased; this is stark reversal of progress made since 1991 in increasing the use of condoms.⁵ In addition, the percentage of sexually active high school students has remained statistically unchanged since 2005. With condom use decreasing and sexual activity holding steady, a greater proportion of young people may be exposed to the risk of unintended pregnancy and sexually transmitted diseases.

Recently, the CDC released a report from the National Survey on Family Growth data, Teenagers in the United States: Sexual Activity, Contraceptive Use, and Childbearing 2006-2010. This nationally representative data gives some context to behaviors in South Carolina. Little changed nationally in teens' sexual behavior and contraceptive use between 2002 and the 2006-2010 report, which is similar to trends in South Carolina. This report assessed attitudes of teens toward pregnancy and marriage; these views appear to be more accepting of pregnancy, out of wedlock childbearing and unmarried cohabitation compared to views expressed in 2002. Twenty-one percent of sexually experienced teen girls and 28% of sexually experienced teen boys would be either a little or very pleased if they or their partner became pregnant³, an increase since 2002. Sixty-five percent of teen girls and 50% of teen boys agree that it is okay for an unmarried female to have a child and 63% of teen girls and 67% of teen boys disagree that a couple should not live together unless they are married⁸.

While the recent data indicate that some trends in South Carolina are starting to move in the wrong direction, overall most indicators of sexual risk behavior show that young people are engaging in safer behaviors now than 10-15 years ago. However, limited progress has been made since 2005. These data indicate the need for more targeted interventions to reduce risky behaviors and promote safer behaviors, such as increased condom use and decreased sexual activity.

RECOMMENDATIONS

HIGH QUALITY TEEN PREGNANCY PREVENTION PROGRAMS AND SERVICES SHOULD BE AVAILABLE TO SOUTH CAROLINA YOUTH

There is a substantial body of evidence that indicates effective programs can reduce important sexual risk behaviors. Several programs have been found to be effective in: 1) delaying initiation of sex and/or reducing the frequency of sex; 2) reducing the number of sexual partners and 3) increasing condom and/or contraceptive use. An investment in evidence-based programming could have a substantial impact on reducing sexual risk behaviors. To learn more about programs that have been found to be effective, please visit www.thenationalcampaign.org/ea2007/.

PUBLIC SCHOOLS SHOULD DELIVER AGE-APPROPRIATE, SCIENCE-BASED TEEN PREGNANCY PREVENTION PROGRAMS

In South Carolina, there is broad public support for teaching students about abstinence and condoms and contraception to prevent teen pregnancy and sexually transmitted diseases. Eighty-one percent of South Carolina registered voters support sex education that includes information on abstinence and the benefits of contraception⁴ and 93% of South Carolinians believe that it is important for health educators to be certified⁵. The Comprehensive Health Education Act (CHEA) requires that high school students receive 750 minutes of reproductive health education and pregnancy

¹SC Department of Health and Environmental Control. (2011). SCAN Birth Certificate Data [Data file]. Retrieved from <http://scangis.dhec.sc.gov/scan/bdp/tables/birthtable.aspx>

²Kirby, D. (2007). *Emerging Answers 2007*. Washington, DC: National Campaign to Prevent Teen Pregnancy.

³Martinez G, Copen CE, Abma JC. *Teenagers in the United States: Sexual activity, contraceptive use, and childbearing, 2006-2010 National Survey of Family Growth*. National Center for Health Statistics. Vital Health Stat 23(31). 2011. (Online location: http://www.cdc.gov/nchs/data/series/sr_23/sr23_031.pdf)

⁴SC Campaign to Prevent Teen Pregnancy. (2004). *South Carolina Speaks 2004*. Retrieved from http://www.teenpregnancysc.org/documents/SC_Speaks.pdf

prevention information and allows schools to educate students about abstinence, self-efficacy skills, and contraception.⁹ The public support and infrastructure exists for comprehensive sexual health education to be taught in schools.

HIGH PRIORITY YOUTH SHOULD HAVE ACCESS TO TEEN PREGNANCY PREVENTION SERVICES TAILORED TO THEIR UNIQUE NEEDS

While all South Carolina youth need to know how to protect themselves and stay healthy, some youth are at a greater risk than others. Schools and community based organizations are well positioned to reach higher risk youth using evidence based interventions. In this difficult economic time, state funding for teen pregnancy prevention has been reduced at a time when it is critically needed. Funding for teen pregnancy prevention should be protected.

PARENTS AND TRUSTED ADULTS SHOULD HAVE OPEN AND HONEST CONVERSATIONS WITH THEIR CHILDREN ABOUT LOVE, SEX AND RELATIONSHIPS.

Parents can talk to their children about love, sex, and relationships. Almost three-fourths (73.8%) of high school students reported that their parents had talked to them about expectations around sexual behaviors. Teens report that parents influence their decisions more than peers, the media, or their siblings and agree that it would be easier to postpone sex and avoid pregnancy if they were able to have more open communication with their parents.¹⁰ Parents can also voice their support for evidence based programs in the schools that educate students about abstinence and contraception.

NOTEWORTHY

This installment of Simply Stated was made possible with assistance from South Carolina Healthy Schools at the South Carolina Department of Education.



ABOUT THE SC CAMPAIGN

The mission of the South Carolina Campaign to Prevent Teen Pregnancy is to prevent adolescent pregnancy in South Carolina through education, technical assistance, public awareness, advocacy and research. To achieve its mission, the SC Campaign works with a variety of programs - public, private, school and community-based - in each of the state's 46 counties.

The SC Campaign promises to:

- **Communicate** with and listen to parents, providers, key leaders and community members throughout South Carolina to gain an increased understanding of local needs and assets;
- **Customize approaches** that combine evidence-based approaches with the unique fabric of every community it serves;
- **Increase the capacity** of community members (parents, youth serving organizations, school staff, faith leaders and youth) to address the complex issue of teen pregnancy; and
- **Commit and fully invest** in prevention for the long term.

⁹SC Department of Education. (2011). 2011 South Carolina High School Youth Risk Behavior Survey. Retrieved from http://ed.sc.gov/agency/os/Health-and-Nutrition/School-Health/documents/2011HS_SexualRisk.pdf

¹⁰SC Department of Education. (2011). 2011 South Carolina Middle School Youth Risk Behavior Survey. Retrieved from http://ed.sc.gov/agency/os/Health-and-Nutrition/School-Health/documents/2011MS_SexualRisk.pdf

⁷SC Department of Education. (2009). 2009 High School Youth Risk Behavior Survey, South Carolina vs. National YRBS. Retrieved from http://ed.sc.gov/agency/os/Health-and-Nutrition/School-Health/documents/2009HS_SCvUS.pdf

⁸Martinez GM, Chandra A, Abma JC, Jones J, Mosher WD. (2006). Fertility, contraception, and fatherhood: Data on men and women from Cycle 6 (2002) of the National Survey of Family Growth. Retrieved from http://www.cdc.gov/nchs/data/series/sr_23/sr23_026.pdf

⁴South Carolina Campaign to Prevent Teen Pregnancy. (2008). Comprehensive Health Education Act Fact Sheet. Retrieved from <http://www.teenpregnancysc.org/documents/CHEA.pdf>