

High-Risk Factors and Adolescent Sexual Health

However, teen pregnancy is a consequence of a teenager's decision to engage in early, high risk behaviors. Often, a teen's decision to have sex is influenced by other behavioral factors, including a history of substance abuse, sexual victimization and involvement in crime and violence.

These types of "high risk" behaviors can be considered "predictors" of early pregnancy. For instance, teens who engage in sexual activity at a young age are more likely to have used chemicals at about the same age. Also, victims of sexual abuse tend to engage in premature sexual activity and have a greater chance of becoming pregnant as a teen. In addition, adolescents who engage in or experience crime and violence in their lives are also at risk for substance abuse and early, unsafe sexual activity.

Connections like these are often overlooked in efforts to predict and prevent adolescent pregnancy. A deeper examination of the external influences on adolescents who become involved in a pregnancy is required in order to fully comprehend and effectively respond to the complexity of teen pregnancy issues.

Substance Use and Abuse

The use of alcohol and illicit drugs has been proposed in some studies as a contributing factor to sexual risk-taking, whereby substance use impairs individual judgement and decision-making and increases a teen's risk for an unintended pregnancy or a sexually transmitted infection (Ozer 1997). Other studies caution that both behaviors could be caused by a possible third factor, including an acceptance of deviant behaviors, a predisposition to risk-taking and sensation-seeking, mental health problems, and developmental factors (Halpern-Felsher 1996).

- Teens who become involved with tobacco and alcohol at a young age are more likely to associate with friends who have sexually permissive attitudes and behaviors (Moore 1995).
- Compared to both males and females with no drug history, the risk for early sex is higher for those reporting prior use of alcohol and cigarettes, and other illicit drugs (Moore 1995).
- Nationally, 28% of students said that they used alcohol or drugs at last sexual intercourse. Male students (33%) are significantly more likely than female students (17%) to report that they used alcohol or drugs at last sexual intercourse (CDC 1995).
- In Minnesota in 1995, 85% of 9th grade females and 77% of males who were sexually active also reported alcohol use in the prior year. In addition, 85% of 12th grade males and 85% of 12th grade females who were sexually active reported alcohol use in the prior year (MDCFL 1995).
- Among sexually active adolescents, substance use has been associated with increased sexual risk taking at the time of first intercourse ever and at first intercourse with a new partner (Cooper 1994).
- Nearly one-third or 30% of students who have used drugs have had sexual intercourse with four or more partners and did not use a condom (Lowry 1994).
- Young men involved in a pregnancy reported more cigarette, alcohol, and cocaine use, and were more likely to drink while driving than young men who had not been involved with a pregnancy (Spingarn 1996).
- In spite of the dangers to both the mother and baby, many pregnant adolescents continue to use tobacco, alcohol, and other substances (Gilchrist 1996).

Sexual Violence

Another key factor in adolescent high-risk sexual behavior and adolescent pregnancy is sexual victimization. Studies suggest that victims of childhood sexual abuse may be at increased risk for a pregnancy during adolescence (Stevens-Simon 1994). Namely, the negative effects of sexual abuse, including premature and exaggerated sexual interest and vulnerability to subsequent sexual exploitation, may further contribute to the risk of a teen pregnancy (Moore 1995).

- Pregnant adolescents who report a history of sexual abuse are more likely to engage in subsequent risk behaviors than those who have not been abused are. Such consequences of sexual abuse include: a

younger age of first voluntary sexual intercourse; lower level of contraception use at first sexual intercourse; higher frequency of sexual activity; lower subsequent use of contraception; greater number of sexual partners; higher use of drugs or alcohol; and the presence of mental health problems (Boyer and Fine 1992; Moore 1995; Stock 1997).

- In Minnesota, teens who reported they had been physically or sexually abused were twice as likely to be sexually active by 9th grade as students with no history of abuse. In 1995, 28% of sexually active 9th grade females and 10% of sexually active 9th grade males reported a history of sexual abuse. Also, 20% of sexually active 12th grade females and 5% of sexually active 12th grade males reported a history of sexual abuse (MDCFL 1995).
- According to a national survey, girls who had been physically or sexually abused report that the abuse occurred typically at home, it took place more than once, and the abuser was a family member or family friend. In addition, one in four high school girls said they had been either sexually abused, physically abused, and/or abused by a date or boyfriend (Commonwealth Fund 1997).
- In Minnesota, 7% of 9th grade females and 13% of 12th grade females reported being a victim of violence while on a date (MDCFL 1995).
- Seventy-four percent of women who had intercourse before age 14 and 60% of those had sex before age 15 report having had sex involuntarily (Alan Guttmacher Institute 1994). In a national survey, 22% of the women who reported having first sexual intercourse at ages under 15 years described their first intercourse as “rape” or “not voluntary” (NCHS 1995).
- Among women, an estimated 32,101 pregnancies result from rape each year. Among 34 cases of rape-related pregnancy, the majority occurred among adolescents and resulted from assault by a known, often related perpetrator (Holmes 1996).

Crime and Violence

Over the last 65 years, crime and violence have become the leading causes of death for adolescents (Ozer 1997). While adolescent crime has increased in recent years, it is equally important to note that adolescents are also the most likely victims of crime (MDH 1996). In addition, children of teen parents have been found to be at increased risk of conducting juvenile offenses as well as experiencing violence and abuse themselves. By examining crime and violence perpetrated by adolescents and in adolescent life, research has also correlated such factors with an adolescent’s involvement in risky sexual behavior or in a pregnancy.

- In a national survey, 12% of girls and 8% of boys said that they did not always or often feel safe at home. Fifty-eight percent of abused girls said they wanted to leave home at some point because of violence, compared with 18% of nonabused girls (Commonwealth Fund 1997).
- In Minnesota in 1995, 10% of sixth graders, 13% of ninth graders, and 9% of 12th graders report being physically abused by an adult in their household (MDCFL 1995).
- Nationally, three-quarters of teenage males with past criminal involvement, including ever being picked up by the police, arrested, or jailed, are also sexually experienced (Moore 1998).
- According to a survey of students in Texas, those who were involved in physical fights and carried a weapon were also likely to have more sexual partners and use alcohol more than other students (Orpinas 1995).
- In a study of students in Massachusetts, young men involved in a pregnancy reported a higher frequency of being injured in a fight during that past year than those who had not gotten someone pregnant (Springarn 1996).
- In Minnesota, in 1995, 40% of 9th graders and 23% of 12th graders reported having been in a fight in the past year (MDCFL 1995).
- In 1995, the rate of sexual activity among Minnesota adolescents in correctional facilities was twice as high as the rate among public school students. Seven out of eight males (87%) and females (88%) said that they had sexual intercourse (MDHS 1995).
- In Minnesota, 86% of sexually active adolescents in correctional facilities said their first sexual experience occurred by age 14, compared with 53% of sexually active adolescents in public schools (MDHS 1995).

- In Minnesota, the pregnancy rate among females and the proportion of males who got a sexual partner pregnant was 8 times higher among teens in correctional facilities than in public schools. One-third (33%) of the females in juvenile corrections had been pregnant, and one-third (32%) of the males had gotten a sexual partner pregnant (MDHS).
- Adolescents are more likely to be subjected to violence during pregnancy than older women; one in five teens experience abuse during pregnancy (Parker 1994).
- Pregnant adolescents who have been exposed to violence are at increased risk for substance abuse, inadequate prenatal care, and poor birth outcomes (Covington 1997).
- Children of teen parents are twice as likely to be victims of child abuse and neglect as children of older parents (Maynard 1996).
- One study of adolescents in Washington State found that both male and female children of teen childbearers had significantly increased risk for any juvenile offending, and for being adjudicated for five or more crimes (i.e., chronic offending). Also, males born to unmarried teen mothers (under 18 years old) had an 11-fold increased risk of chronic offending compared with males born to married mothers who were 20 years old or older (Conseur 1997).

Implications for programs and practitioners

To effectively respond to the complexity of teen pregnancy and serve the needs of sexually active, pregnant or parenting teens, programs and practitioners must also address how substance abuse, sexual violence, and involvement in crime and violence are interrelated with early and unprotected sex. Since an adolescent who engages in one kind of high-risk behavior is likely to be involved in another, pregnancy prevention and parenting programs must be prepared to work with individual teens who may need support for multiple issues.

MOAPPP can help by providing the resources that you need to help Minnesota teens. Contact the MOAPPP InfoExchange at (612) 644-1447 or toll-free in Minnesota at (800) 657-3697.

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