

## North Carolina's Youth Focus on Sexual and Reproductive Health

Across the United States, young people are at risk for unintended pregnancy and sexually transmitted infections (STIs) including HIV. North Carolina's teen pregnancy rate is higher than the national average, and young minority women living in the state have disproportionately high birth rates. Men who have sex with men are at the highest risk for HIV in North Carolina, and African American women suffer from HIV at rates vastly disproportionate to population. Sexually transmitted infections (STIs) are also a growing problem among youth. Because the risk for negative sexual health outcomes is a reality, comprehensive sexuality education and access to contraception are more important than ever to the health of North Carolina's youth.

### North Carolina's Youth Population is Diverse and Growing

- There are over 1.2 million young people ages 15-24 living in North Carolina – about 14 percent of the population.
- About 25 percent of North Carolina's youth are African American; eight percent are Hispanic/Latino; two percent are Asian/Pacific Islander; and about 64 percent are white.
- North Carolina has among the fastest-growing Hispanic/Latino population in the country – it increased by almost 400 percent between the 1990 Census and the 2000 Census.<sup>1</sup>

### North Carolina's Youth Are At Risk for Negative Sexual Health Outcomes

- Fifty-two percent of high school students in North Carolina report having had sex and 38 percent report being currently sexually active.<sup>2</sup>
- Sixty-two percent of high school students in North Carolina report having used a condom at last sex. Only 17 states have lower rates of condom use among students.<sup>2</sup>
- North Carolina's teen pregnancy rate of 95 pregnancies per 1000 young women ages 15-19 is higher than the national rate of 84. Only seven states have higher teen pregnancy rates than North Carolina. Since 1990, North Carolina's teen pregnancy rate has dropped by 21 percent, compared to a 24 percent drop nationwide.<sup>3</sup>
- North Carolina's teen birth rate of 49 births per 1,000 girls ages 15-19 is significantly higher than the national rate of 41. Since 1990, North Carolina's birth rate has dropped by 31 percent, compared to a 34 percent drop nationwide.<sup>3</sup>
- North Carolina's AIDS case rate of 14 cases per 100,000 people is the eighth highest in the nation, worse than 42 states. Among 45 states with HIV reporting, North Carolina has the fifth highest number (14,022) of people living with HIV.<sup>4</sup>
- Young people ages 13-19 comprised five percent of North Carolina's HIV cases in 2007.<sup>5</sup>
- North Carolina's youth, especially young women, are at risk for STIs<sup>5</sup>:
  - Youth ages 13-19 experienced 37 percent of North Carolina's Chlamydia cases in 2007.
  - Youth ages 13-19 experienced 26 percent of the total number of Gonorrhea cases in North Carolina in 2007.
  - Young women ages 13-19 suffered the highest rate in any age range for Chlamydia and the second-highest rate for Gonorrhea.
  - People under 30 accounted for 89 percent of Chlamydia cases and 77 percent of Gonorrhea cases in North Carolina in 2007 – with women suffering from 60 percent of Gonorrhea cases and 84 percent of Chlamydia cases in this age group.

### Social Factors Put North Carolina's Racial and Sexual Minority Youth At Risk

- In the regional south of the United States, cultural factors including poverty, unemployment, and racial inequities put young people of color at particular risk for negative sexual health outcomes, including teen pregnancy, sexually transmitted infections, and HIV.<sup>6,7,8</sup> African Americans, Latinos, and American Indians in North Carolina are more than twice as likely to live below the poverty line as whites.<sup>9</sup>
  - African American, Hispanic/Latino, and American Indian youth in North Carolina are at much higher risk for pregnancy than are their white peers. The birth rate is 32 births per 1000 young women ages 15-19 for whites, compared to 63 for African Americans, 157 for Hispanics/Latinos, and 74 for American Indians.<sup>3</sup>
  - African Americans and Hispanics/Latinos are disproportionately affected by HIV in North Carolina. African Americans are more than ten times as likely to be infected with AIDS as whites, and Hispanics/Latinos are almost 5 times as likely as whites to be infected.<sup>4</sup>

- African American women are especially at risk – they suffer 78 percent of North Carolina’s cumulative HIV cases among women, even though they make up only 22 percent of the female population.<sup>1,5,9</sup>
- GLBTQ youth in North Carolina are marginalized and at risk for HIV.
  - Men who have sex with men are at the highest risk for HIV – they made up 87 percent of men who reported a mode of transmission in 2007.<sup>5</sup>
  - Eighty-four percent of youth in North Carolina have heard homophobic remarks in school, and over 70 percent report that their peers are frequently bullied because of sexual orientation or gender expression.<sup>10</sup>

### North Carolina’s Abstinence-Only Programs Are Ineffective and May Even Harm Youth

- North Carolina received \$1.25 million in funds for abstinence-only programs in 2006. In 2007 North Carolina received an additional \$600,000 in Community-Based Abstinence Education (CBAE) funds.<sup>11,12</sup>
- North Carolina requires that students receive abstinence-only programs with a major emphasis on marriage, and can receive comprehensive sexuality education only under very limited conditions.<sup>11</sup>
- Federally funded abstinence-only programs, including the ones used in North Carolina, cannot include information about the health benefits of contraception and condoms for sexually active youth and must teach that sex outside of marriage is likely to have harmful physical and psychological effects.<sup>11</sup>
- Abstinence-only programs also must emphasize marriage as the only appropriate context for sex.<sup>11</sup> Thus, at their worst they promote homophobia and at their best they totally ignore the needs of GLBTQ youth.<sup>13</sup> The Gay Lesbian Straight Educators Network (GLSEN) gives North Carolina a grade of F in creating policies which protect the safety of GLBTQ youth.<sup>14</sup>
- Recent research on abstinence-only programs has found them ineffective, with no impact on reducing teen pregnancy, delaying sexual initiation, or reducing STIs.<sup>15,16</sup>
- Research on comprehensive sexuality education has consistently shown that young people who receive complete and accurate information about abstinence, condoms, and contraception were not more likely to have sex or acquire an STI.<sup>17,18</sup>
- Recent research on comprehensive sexuality education found that youth who received the latter were significantly more likely to use condoms if sexually active, and were significantly less likely to be involved in pregnancy.<sup>16,18</sup>

### Conclusion

North Carolina’s youth are at risk for pregnancy, HIV, and STIs; youth of color and GLBTQ youth are at disproportionate risk for negative sexual health outcomes. Research shows that comprehensive sexuality education and access to contraceptive services can help young people protect their health and well-being. Further, there are a number of culturally relevant science-based programs than can successfully assist youth of color to reduce sexual risk taking.<sup>17,18</sup>

### References

- 1 U.S. Census Bureau. “2006 American Community Survey. North Carolina: Sex By Age.” Accessed from <http://factfinder.census.gov/> on August 5, 2008.
- 2 Eaton et al. Youth risk behavior surveillance, United States 2005. *Morbidity & Mortality Weekly Report, Surveillance Summaries 2006*; 55(SS-5):1-108.
- 3 National Campaign to End Teen and Unplanned Pregnancy. “State Profile: North Carolina.” Accessed from <http://thenationalcampaign.org/state-data/state-profile.aspx?state=northcarolina> on August 15, 2008.
- 4 “Kaiser State Facts: North Carolina – HIV/AIDS.” Kaiser Family Foundation. Accessed from <http://www.statehealthfacts.org/profilecat.jsp?rgn=35&cat=11> on August 15, 2008.
- 5 North Carolina Division of Public Health, Epidemiology and Special Studies Unit, HIV/STD Prevention and Care Branch. *2007 HIV/STD Surveillance Report*. Accessed from <http://www.epi.state.nc.us/epi/hiv/pdf/std07rpt.pdf> on September 26, 2008.
- 6 Alan Guttmacher Institute. *Teenage Pregnancy and the Welfare Reform Debate. [Issues in Brief]*. New York: The Institute, 1998.
- 7 Adimora, A. “HIV and African Americans in the United States” Sexual Networks and Social Context.” *Sexually Transmitted Diseases*, 33(7): 2006.
- 8 Farley, TA. “Sexually transmitted diseases in the Southeastern United States: Location, Race, and Social Context.” *Sexually Transmitted Diseases 2006*, 33(7 Suppl): s58-s64.
- 9 U.S. Census Bureau Public Information Office. “Census 2000 Data for the State of North Carolina.” Accessed from [http://factfinder.census.gov/servlet/STTable?\\_bm=y&-state=st&-context=st&-qr\\_name=ACS\\_2006\\_EST\\_G00\\_S1701&-ds\\_name=ACS\\_2006\\_EST\\_G00\\_&-tree\\_id=306&-redoLog=false&-caller=geoselect&-geo\\_id=04000US37&-format=&-\\_lang=en](http://factfinder.census.gov/servlet/STTable?_bm=y&-state=st&-context=st&-qr_name=ACS_2006_EST_G00_S1701&-ds_name=ACS_2006_EST_G00_&-tree_id=306&-redoLog=false&-caller=geoselect&-geo_id=04000US37&-format=&-_lang=en) on September 28, 2008.
- 10 Gay Lesbian Straight Education Network. “From Teasing to Torment: Study Reveals Student Perceptions of Bullying and Harassment in North Carolina.” Accessed from <http://www.glsen.org/cgi-bin/iowa/all/library/record/1881.html> on September 26, 2008.
- 11 SIECUS Public Policy Office. “State Profile: North Carolina.” Sexuality Education and Information Council of the United States, 2007. Accessed from <http://www.siecus.org/index.cfm?fuseaction=Page.viewPage&parentID=487&grandparentID=478&pagelD=851> on September 15, 2008.
- 12 Family Youth and Services Bureau. “Discretionary Grant Programs.” Administration for Children and Families, U.S. Department of Health and Human Services, 2008. Accessed from [http://www.acf.hhs.gov/programs/fysb/content/docs/07\\_grantawards.pdf](http://www.acf.hhs.gov/programs/fysb/content/docs/07_grantawards.pdf) on September 1, 2008.
- 13 Society for Adolescent Medicine. Abstinence-only education policies and programs: a position paper of the Society for Adolescent Medicine. *Journal of Adolescent Health 2006*; 38(1):83-87.
- 14 Gay Lesbian Straight Education Network. *State of the States: North Carolina*. Accessed from [http://www.glsen.org/binary-data/GLSEN\\_ATTACHMENTS/file/372-1.pdf](http://www.glsen.org/binary-data/GLSEN_ATTACHMENTS/file/372-1.pdf) on August 15, 2008.
- 15 Trenholm et al. *Impacts of Four Title V, Section 510 Abstinence Education Programs*. Princeton: Mathematica Policy Research, 2007. Accessed from <http://www.mathematica-mpr.com/publications/PDFs/impactabstinence.pdf> on April 15, 2008.
- 16 Kohler et al. “Abstinence-only and Comprehensive Sex Education and the Initiation of Sexual Activity and Teen Pregnancy.” *Journal of Adolescent Health*, 42(4): 344-351.
- 17 Kirby D. *Emerging Answers 2007*. Washington, DC: The National Campaign, 2007 to Prevent Teen and Unplanned Pregnancy. Accessed from [http://www.thenationalcampaign.org/EA2007/EA2007\\_sum.pdf](http://www.thenationalcampaign.org/EA2007/EA2007_sum.pdf) on March 1, 2008.
- 18 Alford S. *Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections*. Washington, DC: Advocates for Youth, 2003.



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