

Young People in Ohio

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. Due to structural barriers and policies that do not support young people's rights to honest, medically accurate information and services, Ohio's youth face high rates of pregnancy, HIV, AIDS, and other STI diagnoses. Comprehensive sexuality education, health equity, and access to contraception are more important than ever to the health of young people in the state.

OHIO'S YOUTH POPULATION: AN OVERVIEW

- According to the 2014 American Communities Survey, Ohio's population is 83 percent white, 12.6 percent African American, 2 percent Asian, 3 percent Hispanic or Latino, .3 percent American Indian, and .1 percent Native Hawaiian or Pacific Islander.¹
- As of 2014, there are 1,576,548 young people ages 15-24 living in Ohio, making up 13.7 percent of the state's population.²

OHIO'S YOUNG PEOPLE: AT RISK OF NEGATIVE SEXUAL HEALTH OUTCOMES

- In 2011, there were 62 pregnancies per 1,000 women age 15-19 – compared to a nationwide rate of 68. There were 14 abortions per 1,000 women age 15-19 – compared to a nationwide rate of 18.³
- There were 5.9 HIV diagnoses for every 100,000 young people aged 13-19 in Ohio young people in 2013, compared to the national rate of 6.5.⁴ The rate of AIDS diagnoses among young people 13-19 was .6 per 100,000 – compared to the national rate of 1.6 per 100,000.⁵ For young people 20-24, the rates of HIV and AIDS diagnoses – at 31.9 per 100,000 and 7.7 per 100,000 – were both below the national rates.⁶
- In 2013, Ohio had the sixth highest rate of gonorrhea among young people age 15-19 in the United States.⁷

- According to the Ohio Youth Risk Behavior Survey, in 2013 30.8 percent of high school students reported being currently sexually active compared with 34 percent nationwide. 42.7 percent of high school students reported ever having sex, with 3.7 percent reporting having sex before age 13 and 11.5 percent reporting having sex with four or more partners during their lifetime. 12 percent of high schoolers in Ohio had used no method to prevent pregnancy during the last time they had sexual intercourse, compared with 13.7 percent nationwide.⁸

SOCIAL AND STRUCTURAL FACTORS PUT YOUTH OF COLOR AND LGBTQ YOUTH IN OHIO AT RISK

- There are significant racial disparities in health outcomes for young people in Ohio: Although African Americans make up 12.6 percent of Ohio's population in 2011 20 percent of births to women under 20 were to black women.⁹ In 2014, 52 percent of new HIV diagnoses in Ohio were among Black/African American young people.¹⁰
- Disparities in barriers to accessing health-care services, poverty, structural exclusion, and disadvantage all contribute to young people's ability and motivation to prevent unintended pregnancy, HIV, and STIs. For example, young people under the age of majority rarely may consent to contraceptives, abortion or their own HIV treatment without parental permission,¹¹ disproportionately burdening youth in the foster care system or who are otherwise not living with their parents.
- Lesbian, gay, bisexual, transgender, and queer (LGBTQ) youth in Ohio are marginalized, increasing their risk of HIV, STIs, and other negative health outcomes: the National Youth Risk Behavior Survey found that 11 percent to 30 percent of gay and lesbian students and 12 percent to 25 percent of bisexual students surveyed did not go to school at least one day during the prior

THE FACTS

An African American or Black young person has a higher risk of being diagnosed with HIV or STIs even when they have the same or fewer risk behaviors than a white young person.¹⁹

Young people who receive complete, accurate, and culturally sensitive information about abstinence, condoms, and contraception are significantly less likely to experience teen pregnancy and significantly more likely to use condoms once sexually active.²⁰

Across the country, there is broad popular support among parents and voters from all walks of life for providing comprehensive sexuality education in schools.²¹

month because of safety concerns. These concerns put LGBTQ youth greater risk for depression, substance use, and sexual behaviors that place them at risk for HIV and STIs.¹² As a result, in Ohio the HIV epidemic in the state is disproportionately concentrated among men who have sex with men, with almost 68 percent of new infections among men in 2014 related to male to male sexual contact.¹³

SEX EDUCATION IN OHIO: INEFFECTIVE ABSTINENCE ONLY UNTIL MARRIAGE PROGRAMS

- Ohio requires that school districts establish a health education curriculum, including “venereal disease” education that emphasizes abstinence and allows parents to opt-out of having their children participate, for all schools under their control.¹⁴
- Recent research on abstinence-only programs found them ineffective, with no impact on reducing teen pregnancy, delaying sexual initiation, or reducing STIs. Recent research on comprehensive sexuality education has shown that young people who receive complete and accurate information about abstinence, condoms, and contraception were not more likely to acquire an STI, but were significantly less likely to be involved in teen pregnancy and were significantly more likely to use condoms once sexually active.¹⁵
- In Fiscal Year 2014 agencies and organizations in Ohio received a total of \$405,575 in Teen Pregnancy Prevention Program grants, \$429,852 in Department of Adolescent & Sexual Health grants, \$1,751,490 Personal Responsibility Education Program grants and \$560,344 in Personal Responsibility Education Innovative Strategies grants, to help implement targeted programs that have more comprehensive approaches to sexual health education for certain groups of young people.¹⁶ That year, agencies and organizations in Ohio also received \$1,699,132 in Title V Abstinence-Only-Until-Marriage funding and \$431,667 in Competitive Abstinence Education funding.¹⁷

CONCLUSION

Young people in Ohio are at serious risk for unintended pregnancy, HIV and STIs. Youth of color and LGBTQ youth are at even higher risk for negative sexual health outcomes. To address these risks, research shows that comprehensive sexuality education and access to contraceptive services can help young people protect their health and well-

being.¹⁸ In addition to helping young people choose healthier behaviors, we must also dismantle barriers to health equity (including poverty, lack of insurance, and disparities in education) and support structural interventions that help allow all young people to build healthy lives.

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