



Illinois' 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. Illinois' 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 Illinois, and African American women suffer at rates vastly disproportionate to population. Sexually transmitted infections (STIs) are also a growing problem. 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 Illinois' youth.

Illinois: A Populous, Diverse State

- There are over 1.7 million young people between the ages of 15 and 24 in Illinois just under 15 percent of the population.
- There are over 296,000 African American youth ages 15-24 and over 300,000 Hispanic/Latino youth living in Illinois. The Latino population of Illinois has increased by over 70 percent since 1990.
- The youth population of Illinois is growing, with 25 percent more youth under the age of 18 represented in the 2000 census than were in the 1990 census.¹

Illinois' Youth Are At Risk for Negative Sexual Health Outcomes

- Fifty percent of high school students in Illinois have had sex and 37 percent report being currently sexually active.²
- There are over 221,000 sexually active teenagers in Illinois.³
- Thirty-five percent of youth in Illinois did not use a condom at last intercourse. (YRBSS)
- Illinois' teen pregnancy rate of 87 pregnancies per 1000 teens ages 15-19 is higher than the national rate of 84. Since 1990, Illinois' teen pregnancy rate has dropped by 22 percent, compared to a 24 percent drop nationwide.
- Illinois' AIDS case rate (11 per 100,000), is worse than 34 states. More people (over 16,000) are living with AIDS in Illinois than in 44 other states.
- Youth comprise eight percent of those living with HIV in Illinois.
- Illinois' youth, especially young women, are at risk for STIs:
 - Youth ages 15-24 experienced 72 percent of the total number of Chlamydia cases in Illinois in 2007.
 - Youth ages 15-24 experienced 64 percent of the total number of Gonorrhea cases in Illinois in 2007.
 - For all youth in this age range, young women were most at risk for STIs, experiencing 75 percent of Chlamydia infections and 74 percent of gonorrhea infections.⁵

Social Factors Put Racial and Sexual Minority Youth At Risk

- Hispanic and African American youth in Illinois are at higher risk for pregnancy than are their white peers.
 Although African American youth ages 15-19 make up only 17 percent of the population, they experienced 35 percent of teen births. And although Hispanic youth ages 15-19 make up only 15 percent of the youth population, they experienced 32 percent of births in 2006.
- African American youth are three times as likely to give birth as whites and Hispanic youth, four times as likely.⁶
- African Americans are disproportionately affected by HIV. Although they make up only 15 percent of the population, African Americans comprise half of those living with HIV in Illinois. African American

^{*}A law unique to Illinois puts HIV positive youth further at risk: Illinois is the only state in which HIV positive high school students must notify their principal, who can then share the information with other school personnel as he or she sees fit. 16 There is no medical reason for principals to be notified of a student's HIV status; and HIV-positive students whose status is made public face stigma and discrimination from students and school personnel alike. An attempt to repeal this law failed in 2008.

women are four times as likely as white women to be living with HIV or AIDS.

- GLBTQ youth in Illinois are marginalized and at risk for HIV.
 - Men who have sex with men are at the highest risk for HIV they made up 72 percent of men who reported a mode of transmission in 2007.⁵
 - Eighty-three percent of youth in Illinois have heard homophobic remarks in school, and over a third report that their peers are frequently bullied because of sexual orientation or gender expression.⁷

Illinois' Abstinence-Only Programs Ignore the Reality of Teenagers' Lives

- Illinois received over 7.6 million on funds for abstinence-only education in 2006. In 2007 Illinois received an additional 1.7 million in Community-Based Abstinence Education (CBAE) funds.^{8,9}
- By law, Illinois schools must teach about the prevention and transmission of HIV in grades 6-12. Sexuality education must "emphasize abstinence until marriage," "teach honor and respect for heterosexual marriage," "stress the emotional and psychological consequences of premarital sex," and provide medically accurate information on the success and failure rates of condoms in preventing HIV.¹⁰
- At their worst, abstinence-only programs like the ones used in Illinois promote homophobia and at their best they totally ignore the needs of GLBTQ youth.¹¹
- Recent research on abstinence-only programs has found them ineffective, with no impact on reducing teen pregnancy, delaying sexual initiation, or reducing STIs. 12,13
- 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. 14,15
- 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.^{13,14}

Conclusion

Illinois' 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. 14,15

References

- U.S. Census Bureau Public Information Office. "Census 2000 Data for the State of Illinois." Accessed from http://www.census.gov/census2000/states/il.html on May 12, 2008.
- 2 Eaton et al. Youth risk behavior surveillance, United States 2007. Morbidity & Mortality Weekly Report, Surveillance Summaries 2008; 57(SS-4):1-136.
- 3 Guttmacher Institute. "Contraception Counts: Illinois." Accessed from http://www.guttmacher.org/pubs/state_data/states/illinois.html on April 08, 2008.
- 4 "Kaiser State Facts: Illinois HIV/AIDS." Kaiser Family Foundation. Accessed from http://www.statehealthfacts.org/profilecat.jsp?rgn=15&cat=11 on May 12, 2008.
- 5 Illinois Department of Public Health. *Illinois HIV/AIDS/STD Monthly Surveillance Report*. Accessed from http://www.idph.state.il.us/aids/Surv_Report_1207.pdf on May 12, 2008.
- 6 National Campaign to End Teen and Unplanned Pregnancy. "State Profile: Illinois." Accessed from http://thenationalcampaign.org/state-data/state-profile.aspx?state=illinois on February 12, 2008.
- Kosciw JG et al. From Teasing to Torment: A Report on School Climate in Illinois. Gay, Lesbian, and Straight Education Network. New York: GLSEN, 2006. Accessed from http://www.glsen.org/binary-data/GLSEN ATTACHMENTS/file/000/000/700-1.pdf on May 12, 2008.
- 8 SIECUS Public Policy Office. "State Profile: Illinois." Sexuality Education and Information Council of the United States, 2007. Accessed from http://www.siecus.org/policy/states/2006/mandates/IL.html on March 1, 2008.
- 9 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 on March 1, 2008.
- 10 Illinois Caucus for Adolescent Health. "Fact Sheet: Illinois Rules and Regulations for Sexual Health Education." Accessed from http://www.idph.state.il.us/aids/Surv_Report_0508.pdf on May 12, 2008.
- 11 U.S. House of Representatives, Committee on Government Reform. The Content of Federally Funded Abstinence-Only Education Programs, prepared for Rep. Henry A. Waxman. Washington, DC: The House, 2004.
- 12 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.
- 13 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.
- 14 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 on March 1, 2008.
- 15 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.
- Illinois General Assembly. Communicable Disease Prevention Act, Sec. 2a. (410 ILCS 315/0.01) (from Ch. 111 1/2, par. 22.10). Accessed from http://www.ilga.gov/legislation/ilcs/ilcs/.asp?ActID=1552&ChapAct=410%20ILCS%20315/&ChapterID=35&ChapterName=PUBLIC+HEALTH&ActName=Communicable+Disease+Prevention+Act on May 12 2008.



Written by Emily Bridges, MLS

Advocates for Youth © 2008