

Adolescent Sexual Health in Oklahoma

2019



Introduction

This report provides a summary of the state of adolescent sexual health in Oklahoma, highlighting improvements as well as how much work the state still has to do. The intention of this report is to create awareness of the sexual health of Oklahoma youth, as well create an understanding of how vital a holistic approach is to improving their health outcomes. Oklahoma is the only state in the nation without a health education mandate for schools and 1 of 26 states without a sexual health education mandate.

Current programming and education is largely dependent upon external funding and students' location. There are a number of coordinated efforts occurring in the state's largest metropolitan areas; however, health outcomes are disproportionately worse for Oklahoma youth in rural areas. The Oklahoma Healthy YOUTH project was carried out in 14 schools and 1 community based organization in rural counties in school year 2017-2018, with the mission to promote healthy development across the life course by providing education and tools to youth, schools, families and communities.

Recommendations are provided at the end of the report that can be used as a guide for improving and supporting adolescent sexual health by facilitating change at many levels (policy, community, organization, and individual).

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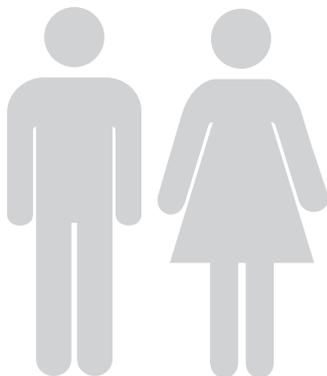
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Adolescent Sexual Behavior

The percentage of adolescents who have ever had sexual intercourse continued to decrease with 43% of students having had sexual intercourse in 2017 compared to 50% in 2003; however, many youth were still engaging in sexual risk behaviors that could result in negative health outcomes.

The 2017 Oklahoma Youth Risk Behavior Survey indicated that among public high school students:



11th and 12th graders were more likely to have ever had sex and to be currently sexually active than 9th and 10th graders

1. Had sexual intercourse with at least one person during the 3 months before the survey
2. Among students who reported sexual intercourse during the 3 months before the survey

Contraceptive Use

When used correctly, contraceptives can be very effective at preventing pregnancy. Studies have shown that nearly 9 out of 10 teen births are unintended, yet many sexually active teens do nothing to prevent a pregnancy, such as using condoms or other forms of birth control.

Data from the 2017 YRBS show that:

50%

of students did not use a condom during last sexual intercourse¹

15%

did not use any method to prevent pregnancy during last sexual intercourse¹

1. Among students who reported sexual intercourse during the 3 months before the survey

- Condoms are the only form of contraception that provides protection from sexually transmitted infections; however, the percentage of students who used a condom at last sexual intercourse decreased significantly from 64.3% in 2003 to 49.8% in 2017.
- The percentage of students who used birth control pills, an IUD or implant, or a shot, patch, or birth control ring before last sexual intercourse increased from 22.3% in 2013 to 33.1% in 2017.
- The percentage of students who used both a condom during last sexual intercourse and birth control pills, an IUD or implant, or a shot, patch, or birth control ring was 11.7% in 2017.



Sexual Identity

As physical, cognitive, and social development occurs during adolescence, youth begin to explore and identify their sexuality (gender identity, sexual orientation). Youth who self-identify as lesbian, gay, bisexual, transgender, or queer/ questioning (LGBTQ) are at a higher risk for behaviors that can result in negative health outcomes.

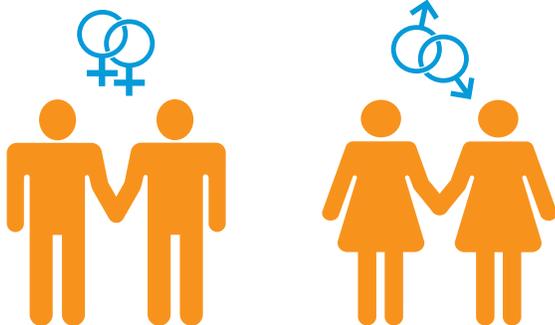
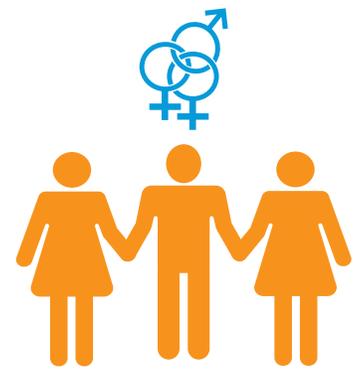
Among public high school students in 2017:



86% self-identified as heterosexual



8% self-identified as bisexual



2% self-identified as gay or lesbian



4% were not sure



Gay/Lesbian/Bisexuals were more likely to be sexually active than heterosexuals at 41.6% and 27.7%, respectively.



Gay/Lesbian/Bisexuals (48.3%) were more likely to be bullied on school property than heterosexuals (18.8%)

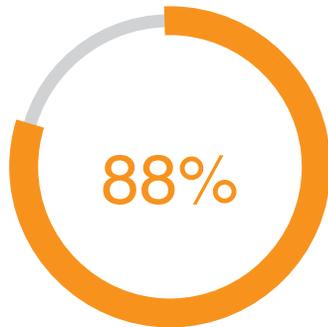


Gay/Lesbian/Bisexuals (40.4%) were more likely to be bullied electronically than heterosexuals (13.9%)

Sexual Contacts

Sexual contact can be defined as any intentional touching of another person's erogenous zones. Youth who engage in sexual touching are at an increased risk for pregnancy and/or sexually transmitted infections (STIs), as well as sexual assault if consent was not given prior to contact.

Among public high school students in 2017 who have had sexual contact:



had sexual contact
with the opposite
sex



had sexual contact
with both sexes



had sexual contact
with the same sex



Sexual Violence

Dating violence and sexual violence can be physical, psychological, or emotional and can take place in person or electronically (online, social media, etc.). Unhealthy behaviors can start early and the abuses of power and control are often normalized and tolerated in peer to peer relationships. Anyone can be a victim, regardless of age, social class, ethnicity, gender, sexual orientation and or disability.

Among public high school students in 2017:

7%

experienced sexual
dating violence^{1,3}
(1 in 14 or
approximately 8,900
students)

9%

have ever been forced
to have sex
(1 in 11 or approximately
16,000 students)

12%

experienced sexual
violence^{1,2}
(1 in 8 or approximately
21,000 students)

13%

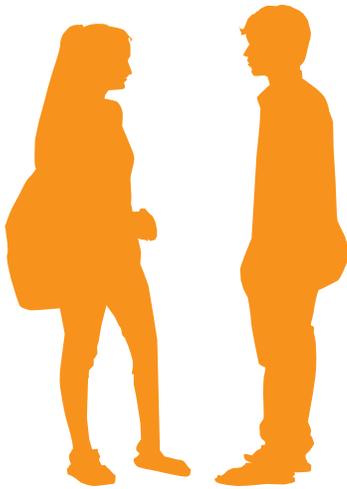
Females were significantly
more likely than males to have
been a victim of sexual dating
violence.
(13% vs 2%)

1. During the 12 months before the survey
2. Forced to do sexual things they did not want to, such as kissing, touching, or being physically forced to have sexual intercourse
3. Includes kissing, touching, or being physically forced to have sexual intercourse when they did not want to by someone they were dating or going out with

Sexually Transmitted Infections (STIs) and HIV

Chlamydia

Sexual risk behaviors can place youth at risk of HIV and other sexually transmitted infections. Chlamydia was the most reported sexually transmitted infection in Oklahoma in 2017 with 21,752 reported cases. The statewide rate for 15-24 year olds was 2,639.0 cases per 100,000 15-24 year olds.



65%

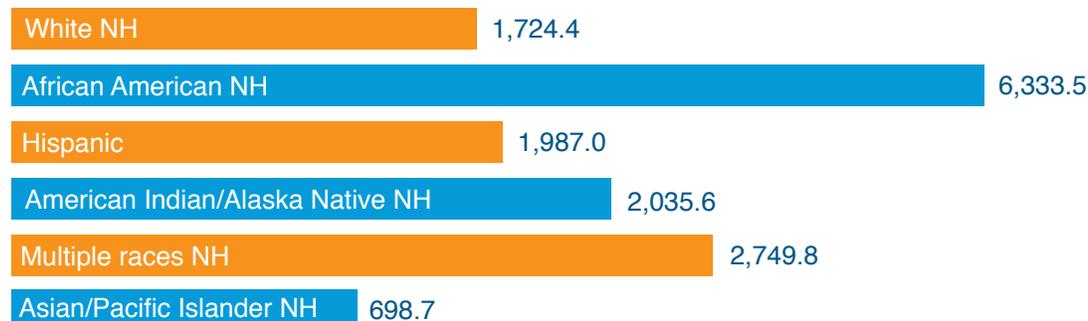
of cases were comprised of 15-24 year olds with a total of 14,212

Females comprised 74% of all cases with 10,554 compared with 3,658 for males, and females had a rate (4,064.9 per 100,000 population) three times that of males (1,311.6).

22%

African American non-Hispanics (NH) had one-fifth of all cases of chlamydia despite comprising only 9% of the population of 15-24 year olds.

Rates by Race/Ethnicity:



Rates could not be calculated for races of other/unknown origin.

Gonorrhea

Gonorrhea is a curable STI caused by bacteria; however, the infection is progressively becoming more resistant to the antibiotics used to treat it.

In 2017, gonorrhea was the second most reported sexually transmitted infection in Oklahoma with 9,081 cases, an increase of 19.9% from 2016. The statewide rate for 15-24 year olds was 744.1 cases per 100,000 15-24 year olds.

44%

15-24 year olds comprised nearly half of all cases in Oklahoma with 4,007 gonorrhea cases in 2017

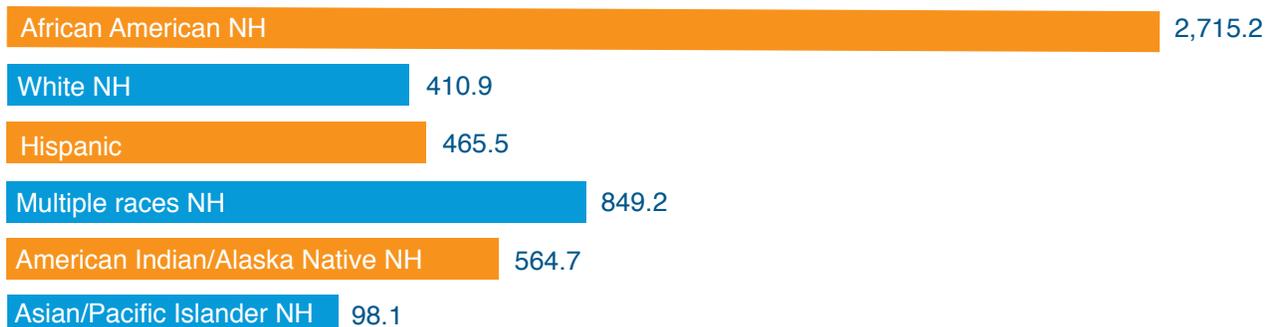
- Females comprised 60% of all cases with 2,396 compared with 1,611 for males.
- The rate for females was 922.8 cases per 100,000 females aged 15-24 compared to 577.6 for males.

33%

Racial disparities existed as African American NH had one-third of all cases of gonorrhea with 1,317 among 15-24 year olds.



Rates by Race/Ethnicity:



Rates could not be calculated for races of other/unknown origin.

Syphilis

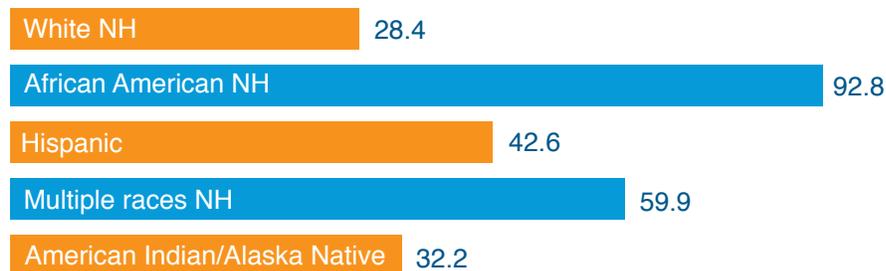
Syphilis is caused by bacteria (*Treponema pallidum*) that enter through your skin, mouth, or anus and can be transmitted when part of your body touches the skin ulcer or rash of someone with syphilis. Although syphilis is curable, if left untreated serious complications can occur. According to the CDC, “up to 40% of babies born to women with untreated syphilis may be stillborn, or die from the infection as a newborn”. Oklahoma ranked 12th among the 50 states in primary and secondary syphilis cases (9.5 cases per 100,000 people).

In 2017, there were 207 cases of syphilis among 15-24 year olds in Oklahoma for a rate of 38.4 cases per 100,000 population aged 15-24.



Males had a higher syphilis rate at 49.8 cases per 100,000 adolescents aged 15-24 compared to 26.2 for females.

Rates by Race/Ethnicity:



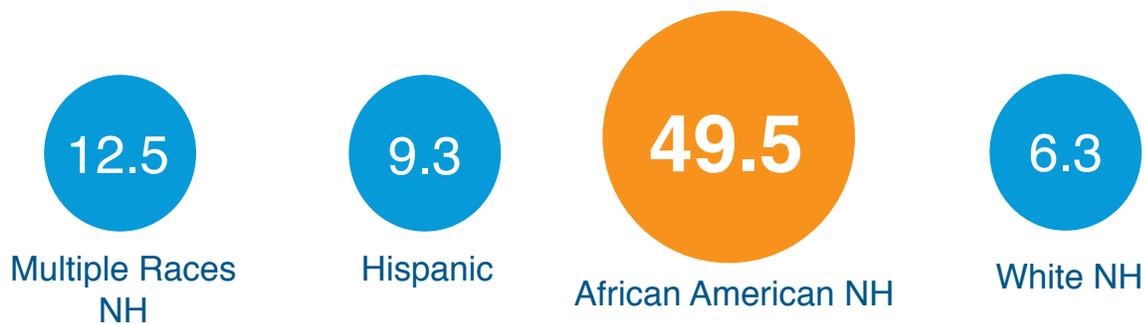
Rates could not be calculated for Asian/Pacific Islanders

Human Immunodeficiency Virus (HIV)

The prevalence of Human Immunodeficiency Virus (HIV) is reported two ways in Oklahoma, those living with HIV and newly diagnosed cases of HIV. The data shown in this report are for newly diagnosed cases of HIV only. While HIV is still incurable, early diagnosis is imperative as early treatment can greatly extend years and quality of life and decrease death due to AIDS.

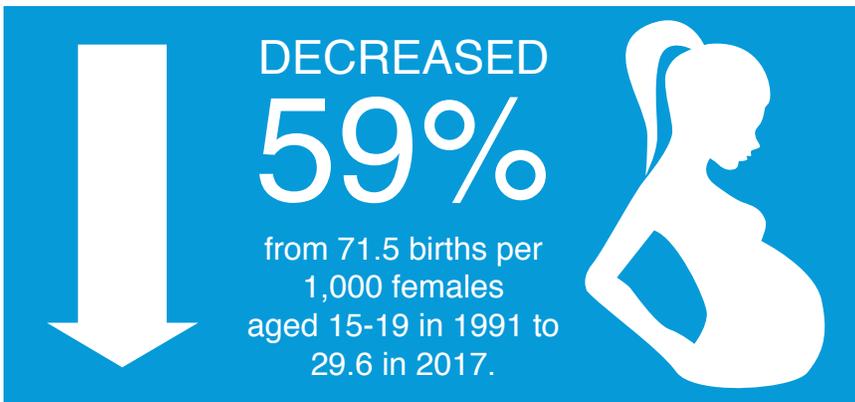
In 2017, there were 55 cases of newly diagnosed HIV among persons aged 15-24 years in Oklahoma for a rate of 10.2 cases per 100,000 population aged 15-24.

Rates of Newly Diagnosed HIV by Race/Ethnicity:



Males had more than **5X** the rate of females at 17.2 cases per 100,000 population compared to 2.7, respectively.

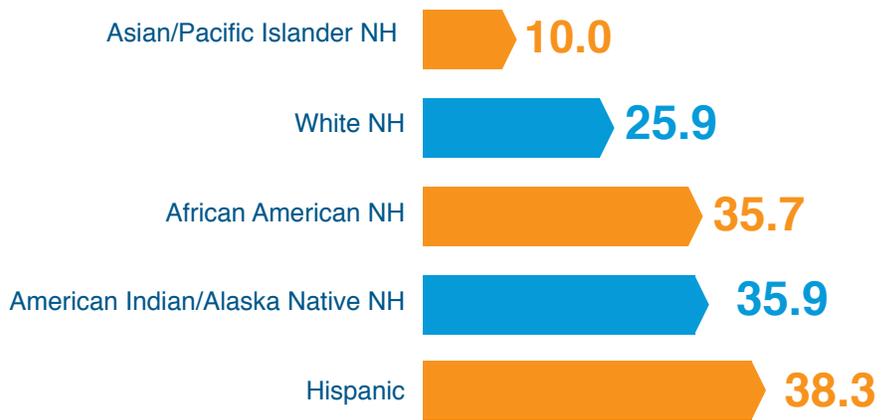
Teen Birth Rates



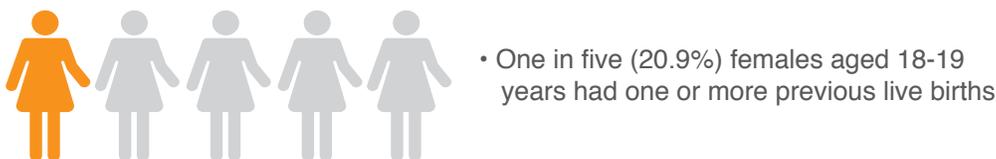
Teen birth rates are at historic lows in Oklahoma. However, Oklahoma's teen birth rate is declining at a slower pace than the national average, which decreased 70% during the same time span.

Compared to other states in the nation, including the District of Columbia, Oklahoma had the 3rd highest teen birth rate for 15-19 year olds. Oklahoma's teen birth rate is significantly higher than the national average; however, it is important to note it is improving.

Despite the declines in teen births rates, repeat teen births continue to be important public health concern. In 2017, nearly one in five births (17.7%) was to teen females with one or more previous live births.



Rate= the number of births per 1,000 females aged 15-19



Health Care Coverage and Services

Oklahoma 2016 BRFSS (Behavioral Risk Factor Surveillance System) data revealed that for females among the younger age groups (aged 18 to 24 years), 22.7% were without health care coverage. Among females aged 25 to 34 years, 23.9% were not covered by health insurance. For females aged 35 to 44 years, 18.7% were without health care coverage for 2016. By comparison, national estimates for these same groups were: females aged 18-24 years (16.7%); females aged 25-34 years (26.2%) and females aged 35-44 years (22.9%). Those females aged 18-44 years without health care coverage were more likely to report their health status as poor, compared to females with health insurance (19.0% vs. 8.4%, respectively). Among Oklahoma females aged 18-64 years, 23.3% reported not having a personal doctor or health care provider while, 76.6% reported having more than one personal doctor or health care provider.

In calendar year 2018, 37,342 clients were seen for Family Planning related services through Oklahoma State Department of Health clinics and contract sites across Oklahoma. Among the 37,342 clients served, 19,195 were ages <15-24 years. Of the 90 sites providing services, 82 were county health departments, three were Oklahoma City-County Health Department clinics, and five were Tulsa Health Department clinics.

Health care transition is the process of moving an adolescent from pediatric care to adult health care to assure appropriate and effective care. Transition is important for all teens but is particularly crucial for those with chronic or special health care conditions. Resources are available to assist parents and clinicians with moving adolescents through transition, which experts recommend begin at age 12 until the youth's early 20's.

- Among adolescents ages 12 through 17 with special health care needs, 83.6% did not receive services for transition to adult health care.
- Among adolescents ages 12 through 17 without special health care needs, 86.5% did not receive services for transition to adult health care.



Recommendations

- Encourage teens to participate in programs and activities that promote positive youth development.
- Provide a safe place where young people are free to discuss their concerns about love, sex, and relationships.
- Provide or allow training for educators to deliver evidence-based health education in school settings.
- Connect teens to organizations or health care professionals for sexual and reproductive health education and services.
- Provide information to parents/guardians about how to talk to their children and adolescents about human anatomy, sexuality and healthy relationships.
- Promote social norms that protect against violence – Ex: Bystander approaches and mobilizing men and boys as allies.
- Teach skills to prevent sexual violence – Ex: Social-emotional learning, teaching healthy, safe dating and intimate relationship skills, promoting healthy sexuality and empowerment-based training for women to reduce risk for victimization.
- Provide opportunities to empower and support girls and women – Ex: Strengthening economic supports for women and families and strengthening leadership and opportunities for adolescent girls.
- Create protective environments – Ex: Improving safety and monitoring in school, establishing and consistently applying workplace policies and addressing community-level risks through environmental approaches.
- Support comprehensive health education for Oklahoma students.
- Encourage youth to identify trusted adults they can talk to about sensitive topics.
- Discuss transition to adult health care beginning at age 12, include providers, parents and youth at all stages of the discussion.

Data Sources

Sexual behavior, sexual identity, sexual contacts, and contraceptive use

The Youth Risk Behavior Survey (YRBS) covers six categories of health-risk behaviors, an assessment of obesity prevalence, and other health-related topics. Health-risk behaviors included behaviors that contribute to unintentional injuries and violence, tobacco use, alcohol and other drug use, sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, unhealthy dietary behaviors, and physical inactivity. Additional information about the Oklahoma YRBS can be found at <http://yrbs.health.ok.gov>

Sexually Transmitted Diseases

Data for sexually transmitted diseases and HIV in Oklahoma were from the HIV/STD Service at the Oklahoma State Department of Health. Additional information can be found at hivstd.health.ok.gov

Teen Birth Rates

Data for teen birth rates in Oklahoma are from the Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics 1991 to 2017, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE). Accessed at <http://www.health.ok.gov/ok2share>.

Health Care Coverages and Services

Data for health care coverage and services were from the Oklahoma Behavioral Risk Factor Surveillance System (BRFSS), a cross-sectional telephone survey of state residents aged 18 and older in households with telephones. Additional information about the Oklahoma BRFSS can be found at the following URL:

https://www.ok.gov/health/Data_and_Statistics/Center_For_Health_Statistics/Health_Care_Information/Behavioral_Risk_Factor_Surveillance_System/index.html

Data for transition to adult care are from the National Survey of Children's Health (NSCH). The NSCH covers topics such as physical and mental health, access to health care, the child's family, neighborhood, school, and social context. The NSCH is a national survey conducted annually and is funded by the Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau (MCHB). Annual survey administration began in 2016 and continued in 2017. Data were used from the combined 2016 and 2017 surveys to increase the sample size. More information can be found at the following URL: <https://www.childhealthdata.org/learn-about-the-nsch/> NSCH





This publication was supported by Cooperative Agreement Number, NU87PS004296, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services. This publication was issued by the Oklahoma State Department of Health (OSDH), an equal opportunity employer and provider. A digital file has been deposited with the Publications Clearinghouse of the Oklahoma Department of Libraries in compliance with section 3-114 of Title 65 of the Oklahoma Statutes and is available for download at documents.ok.gov. | Issued September 2019 | 19233MCHS | ODH No. P |