



GUEST EDITORIAL

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Teens and SEX: \$\$\$\$\$\$\$\$\$\$

Being an optimist (the glass is half full), I'd like to first focus on the many positive trends in teen sexual activity. First, unbeknown to most, the teen pregnancy rate in the United States continues to decline. There has been an impressive 37% reduction in births to teenagers from 1991 to 2009 (from 531,591 to 414,870 annually), with a recent 6% decrease from 2008 to 2009 (Figure 1).¹ Compared to almost 20 years ago, there are approximately 100,000 *fewer* teenage births per year! So why aren't we celebrating?

Well, what about sexually transmitted diseases (STDs)? It's difficult to determine accurate trends in some STDs such as chlamydia and gonorrhea, because newer screening tests such as nucleic acid amplification tests are highly sensitive and specific and don't even require a pelvic exam (a urine sample will suffice). So while we have a slight increase of 2% in rates of chlamydia, the CDC acknowledges that this may be due to better access to screening of sexually active individuals who receive the benefit of highly accurate testing methods.²

But we do have accurate standardized testing data on one STD—herpes simplex virus type 2 (HSV-2). CDC data published in 2006 and 2010 confirm the decline in HSV-2 in teenagers, estimating 1 million fewer teenagers infected now compared to the previous

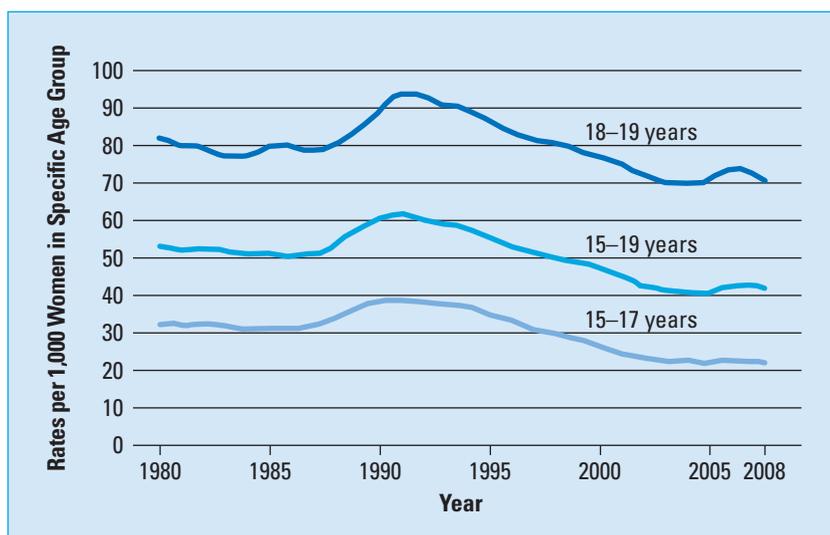


FIGURE 1. Birth rates for US teenagers 1980-2008.¹

decade.^{3,4} This is good news, because multiple studies have shown that HSV-2 infection increases the risk for HIV infection by at least twofold. So why aren't we celebrating?

What is causing the decline in births to teens and in some STDs such as HSV-2? Could it partly be due to sexual activity trends? Again, we can turn to CDC data through their Youth Risk Behavior Surveillance (YRBS) conducted every 2 years from 1991 to 2009 among US high school students. The YRBS revealed a decrease in rates of sexual intercourse over these years, with the majority of high school students now stating that they have never had sexual intercourse (Figure 2).⁵ So why aren't

we celebrating?

I think we all know the answer for the lack of jubilation. Despite significant strides, teen sexual activity remains a costly financial issue.

Who pays for the cost of pregnancy and infant care associated with the majority of teen births? Who pays for the living expenses of the majority of these teen parents? Who pays for the problems associated with the children of many teenage parents, including the preterm births, abuse, likelihood of future imprisonment for boys, greater high school drop-outs, and lifelong poverty status?⁶ Who pays for the cost of diagnosing and treating STDs in this age-group, along with management of

the many sequelae including ectopic pregnancy, pelvic inflammatory disease, and pain? The answer is obvious: “We, the taxpayers.”

But the billions spent each year on all the problems of teen sexual activity are only the tip of the iceberg. The real cost is in the future of these teen parents, now stripped of the opportunities, growth, development, and fulfillment that should have highlighted their adolescent and young adult years.

What messages are we giving teens today—in sex education programs, in our clinics, in the media? Who is protecting our children so they can have the future they desire? Fortunately, some kids are getting the message, as documented by decreasing teenage pregnancies, HSV-2, and rates of sexual intercourse.

We need to ensure that all children are protected from harmful messages and receive safe information so they can fulfill their goals and dreams. They need to experience the joy associated with becoming a contributing member of society rather than a dependent drain on dwindling dollars.

As founder and director of an adolescent sex education program (Scott & White Worth the Wait[®]), I’ve previously focused our curriculum and other materials on the problems of teen sex including STDs and pregnancy, with continued emphasis on encouraging teens to seek health care to reduce risks if contemplating or currently participating in sexual activity. I now realize what’s really important in a sex education program (and the major focus of the new editions of the curricula) is emphasis on helping adolescents discover and pursue their purpose and talents.

Of paramount importance will be their ability to define and seek out healthy relationships among peers and mentors. While provid-

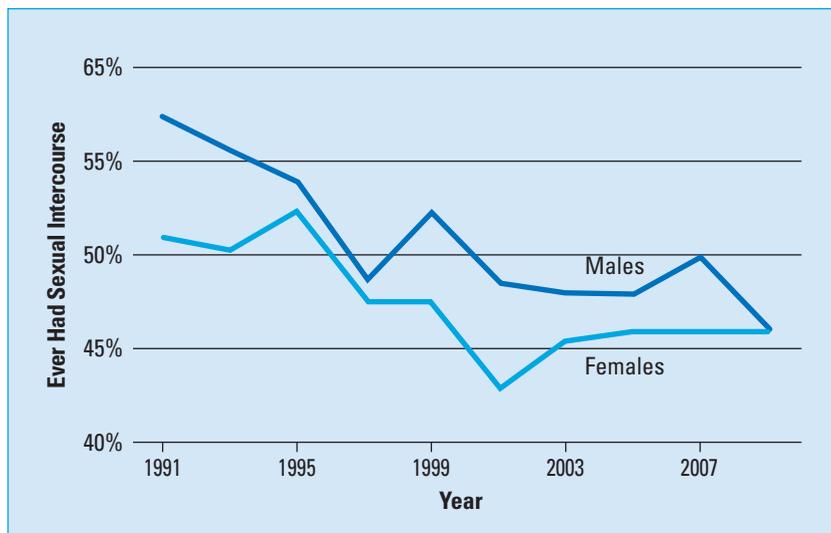


FIGURE 2. High school survey results. Youth Risk Behavior Surveillance, United States, 2009.⁵

ing information on the health hazards of sexual activity and means to reduce risks is still important, teens who are encouraged to pursue their dreams, have goals, be involved in meaningful extracurricular activities, and—critically important—have healthy relationships devoid of risky behaviors and messages are more likely to succeed and not need unhealthy ways to have significance in their life.

Do you remember graduating from medical school and taking the Hippocratic Oath? The modern version of this venerable promise, written by Louis Lasagna, Academic Dean of the School of Medicine at Tufts University, used in many medical schools today, states: “I will prevent disease whenever I can, for prevention is preferable to cure.” We must remember this when we counsel our teen patients, for what better advice can we give them in order to help them realize their dreams and lead happy and healthy lives?

Growing up on a farm, the middle of 7 children, to parents who didn’t make it to high school, I was blessed with numerous mentors

throughout my life who helped me define my talents and accomplish my goals. There are many adolescents today, just like me, who need caring adults in their lives to help them live their dreams. They need to know that they are worth the wait.

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