

The background features abstract, overlapping geometric shapes in various shades of blue, ranging from light sky blue to deep navy blue. The shapes are primarily triangles and polygons, creating a dynamic, layered effect. The text is centered on a white background that is partially framed by these blue shapes.

# Module 1

Introduction to Teen Sexual  
and Reproductive Health

# Topics

- ▶ Teen Sexual and Reproductive Health Statistics
- ▶ The Importance of Sexual Education for Teens
- ▶ The Pharmacist's Role in Teen Sexual and Reproductive Health
- ▶ Fostering a Youth-Friendly Environment

# Topics

- ▶ **Teen Sexual and Reproductive Health Statistics**
- ▶ The Importance of Sexual Education for Teens
- ▶ The Pharmacist's Role in Teen Sexual and Reproductive Health
- ▶ Fostering a Youth-Friendly Environment

# Teen Sexual and Reproductive Health in 2015

- ▶ Public high school students (grades 9 through 12) who self-reported ever having sex:
  - ▶ United States (U.S.): 41%<sup>1</sup>
    - ▶ 4% of these youth reported sexual debut (i.e., first sexual intercourse) before age 13
  - ▶ New York City (NYC): 27.2%<sup>2</sup>
    - ▶ 4.4% of these youth reported sexual debut before age 13
- ▶ Reported condom use at most recent sexual encounter:
  - ▶ U.S.: 57%<sup>1</sup>
  - ▶ NYC: 62.2%<sup>2</sup>
- ▶ Reported birth control use at most recent sexual encounter:
  - ▶ U.S.: 18%<sup>1</sup>
  - ▶ NYC: 12.5%<sup>2</sup>

1. National Youth Risk Behavior Survey (National YRBS), 2015  
2. New York City Youth Risk Behavior Survey (NYC YRBS), 2015

# Teen Pregnancy and Childbearing in the U.S. in 2015

- ▶ U.S. birth rate for females ages 15 to 19 in 2015 was 22.3 per 1,000 females.<sup>1</sup>
- ▶ The majority of teen pregnancies were unintended (8 in 10).<sup>2</sup>
- ▶ Teens ages 19 or younger accounted for 11.7 percent of all abortions had by pregnant women in 2016.<sup>3</sup>
- ▶ Mothers ages 15 to 19 have the highest infant mortality rate of any age group.<sup>4</sup>
- ▶ In 2014, the birth rate for teen mothers was 8.5 per 1,000 births compared to the national average of 5.82 per 1,000 births.
- ▶ Non-Latino Blacks, Latinos, and American Indian/Alaska Native historically have higher birth rates than non-Latino White teens.<sup>5</sup>
  - ▶ In 2014, compared to non-Latino white teens the birth rates were:
    - ▶ Two times higher for non-Latino Black and Latino teens
    - ▶ 1.5 times higher for American Indian/Alaska Native teens

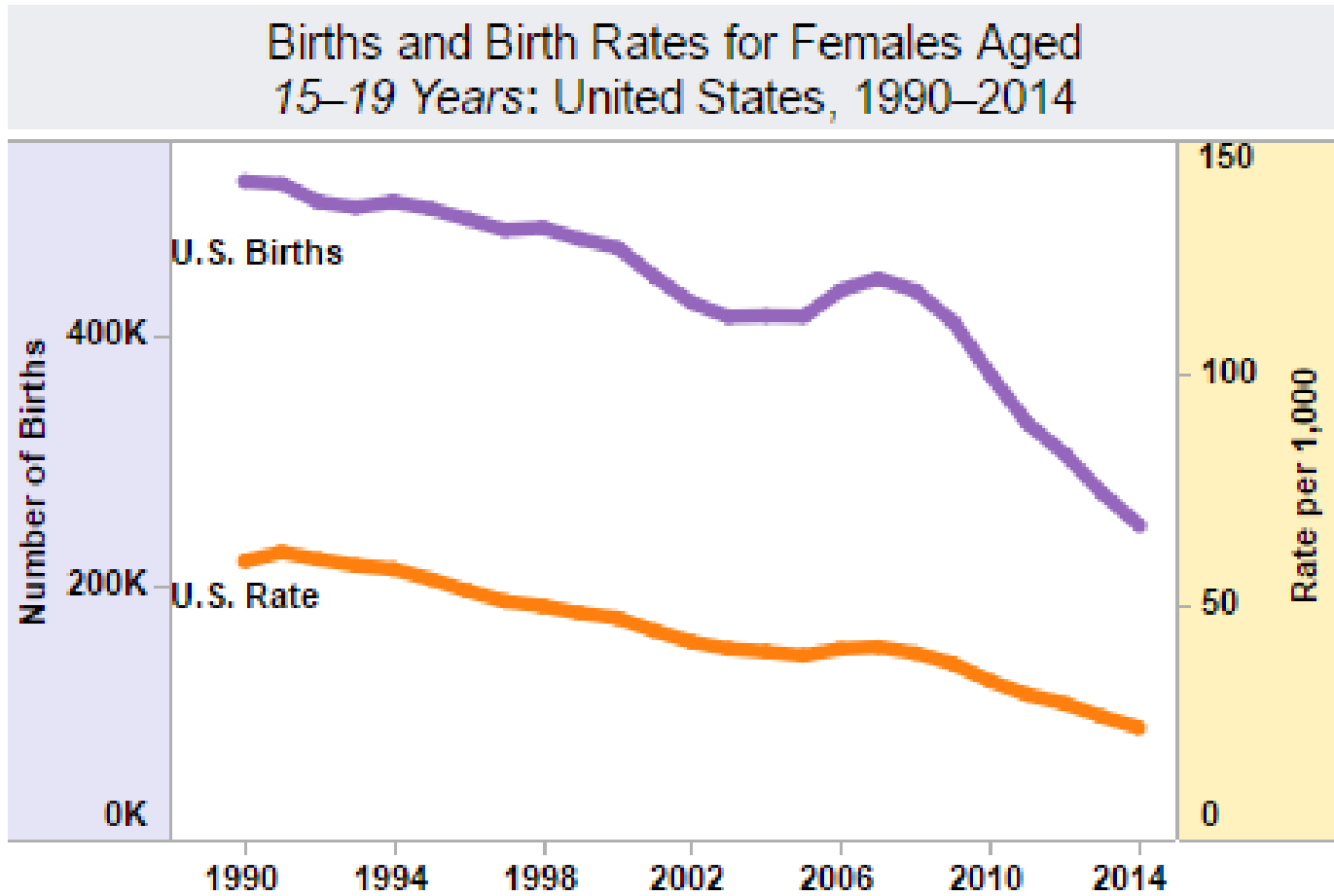
1. National Vital Statistics Report, 2017. [www.cdc.gov/nchs/data/nvsr/nvsr66/nvsr66\\_01.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr66/nvsr66_01.pdf)

2. "Unintended Pregnancy," Centers for Disease Control and Prevention (CDC), 2017. [www.cdc.gov/reproductivehealth/unintendedpregnancy/index.htm](http://www.cdc.gov/reproductivehealth/unintendedpregnancy/index.htm)

3. Morbidity and Mortality Weekly Report, CDC, 2016. [www.cdc.gov/mmwr/volumes/65/ss/ss6512a1.htm](http://www.cdc.gov/mmwr/volumes/65/ss/ss6512a1.htm)

4. U.S. Department of Health and Human Services, CDC Wonder, 2007-2014

5. <https://www.cdc.gov/teenpregnancy/about/social-determinants-disparities-teen-pregnancy.htm>



Hamilton BE, Lu L, Chong Y. U.S. and state trends on teen births, 1990–2014. National Center for Health Statistics. 2015.

## US teen births high comparatively

The birth rate last year for U.S. girls ages 15 to 19 was the lowest since the government began tracking the statistic in 1940. However, it is still high for a developed country.

### Number of U.S. births per 1,000 teenage girls



### World rates, 2007 (most recent figures)



SOURCES: Centers for Disease Control and Prevention; World Bank

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Although the rate of teen births has declined steeply, the U.S. continues to have the highest rate of teen pregnancy compared to other developed countries.

# Teen Pregnancy and Childbearing in NYC in 2014

- ▶ The majority of teen pregnancies were unintended (9 in 10).<sup>1</sup>
- ▶ Pregnancy rate for females ages 15 to 19 in 2014 was 47.4 per 1,000 females.<sup>2</sup>
  - ▶ Non-Latino Blacks and Latinos historically have higher pregnancy rates than non-Latino White teens.<sup>3</sup>
    - ▶ In 2014, compared to non-Latino white teens the pregnancy rates were nearly four times higher for Latino teens and more than four times higher for Black teens
  - ▶ Birth rates also differ between race groups.
    - ▶ In 2014, birth rates were four times higher among Latinos and more than 2 times higher among non-Latino Blacks compared to non-Latino White teens
- ▶ Induced abortion rates for females ages 15 to 19 in 2014 was 27.1 per 1,000 females.<sup>2</sup>
- ▶ Live birth rate for females ages 15 to 19 years in 2014 was 18.7 per 1,000 females.<sup>2</sup>

1. "Teen Sexual and Reproductive Health in NYC," New York City Department of Health and Mental Hygiene (DOHMH), 2013. [www.ccnyork.org/wp-content/uploads/2013/11/DOHMHPresentation.pdf](http://www.ccnyork.org/wp-content/uploads/2013/11/DOHMHPresentation.pdf)

2. National Vital Statistics Report, 2017. [www.cdc.gov/nchs/data/nvsr/nvsr66/nvsr66\\_01.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr66/nvsr66_01.pdf)

3. New York City Department of Health and Mental Hygiene (DOHMH), Bureau of Vital Statistics, 2016



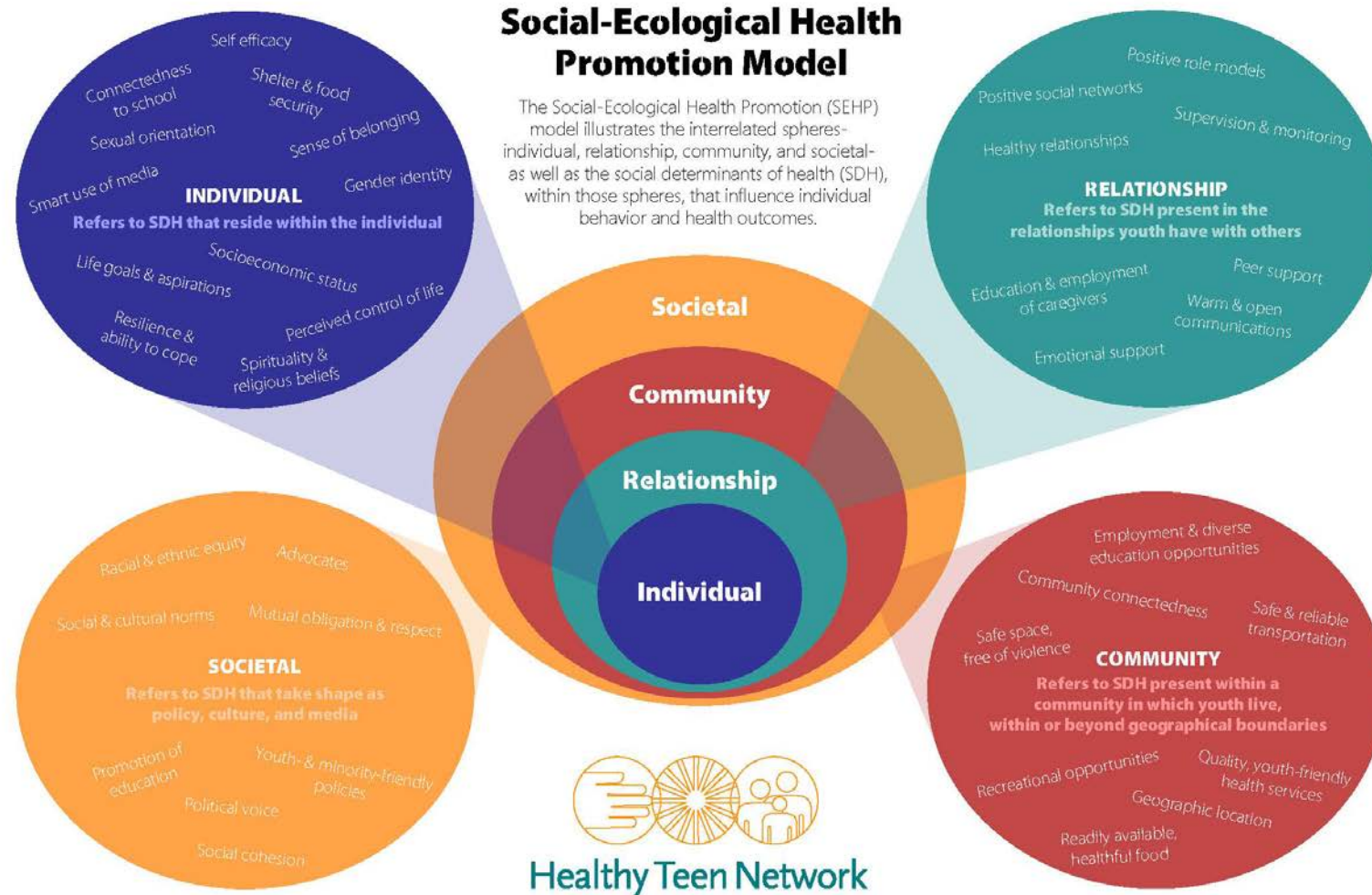
# Risk Factors of Teen Pregnancy

- ▶ The risk for teen pregnancy is influenced by social determinants of health, which are “structural determinants and conditions in which people are born, grow, live, work and age.”<sup>1</sup>
  - ▶ These factors occur on multiple levels:<sup>2</sup>
    - ▶ Within the individual, in their relationship with others, in their community and in their society
    - ▶ Examples include socioeconomic status, class, education, physical environment, employment social support networks and access to health care.

1. Michael Marmot et al., “Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health,” *The Lancet* 372, no. 9650 (Nov. 8, 2008):1661-1669.

2. Healthy Teen Network, 2014. [www.healthyteennetwork.org/youth360/social-determinants-of-health](http://www.healthyteennetwork.org/youth360/social-determinants-of-health)

# Risk Factors of Teen Pregnancy

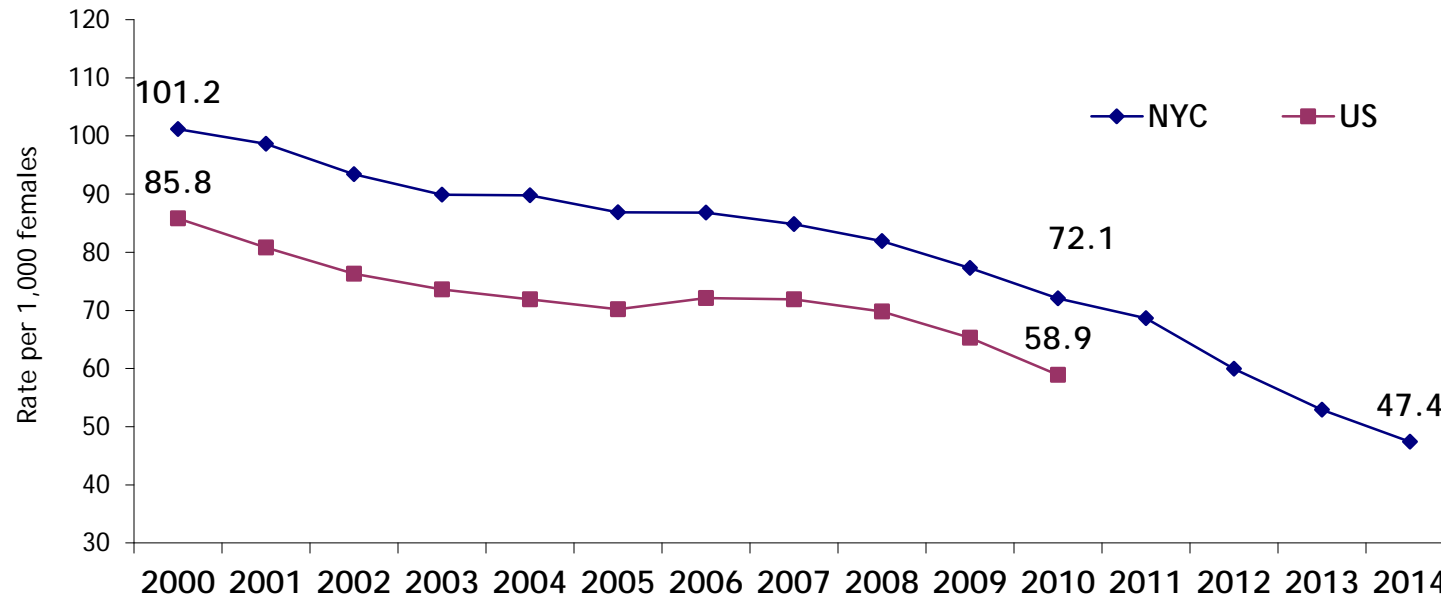


© 2014 Healthy Teen Network

Suggested citation: Healthy Teen Network. (2014). Youth 360°. How & where healthy youth live, learn & play: The social-ecological health promotion model & social determinants of health. Baltimore, Maryland: Banikya-Leaseburg, M., Desiderio, G., Garrido-Fishbein, M., & Martinez-Garcia, G. Graphic design by Kelly Connelly.

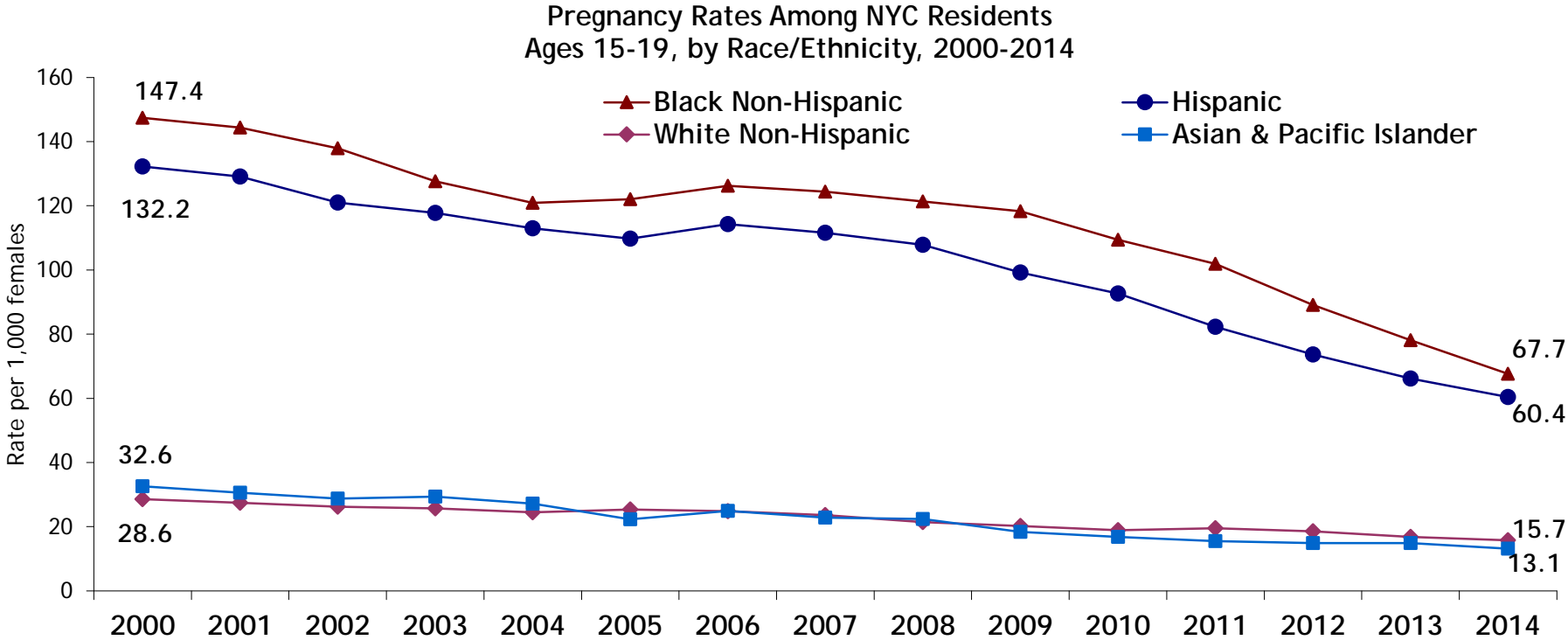
# NYC Teen Pregnancy Rate Remains Consistently Higher than U.S. Rate

Pregnancy Rates Among NYC Residents and US Teens  
Ages 15-19, 2000-2014



Note: Population estimates are updated to reflect the best information available at the time and may result in differences compared with previously published rates.

# Despite Significant Declines, Racial Disparities in Teen Pregnancy Rates Continue



Note: Population estimates are updated to reflect the best information available at the time and may result in differences compared with previously published rates.

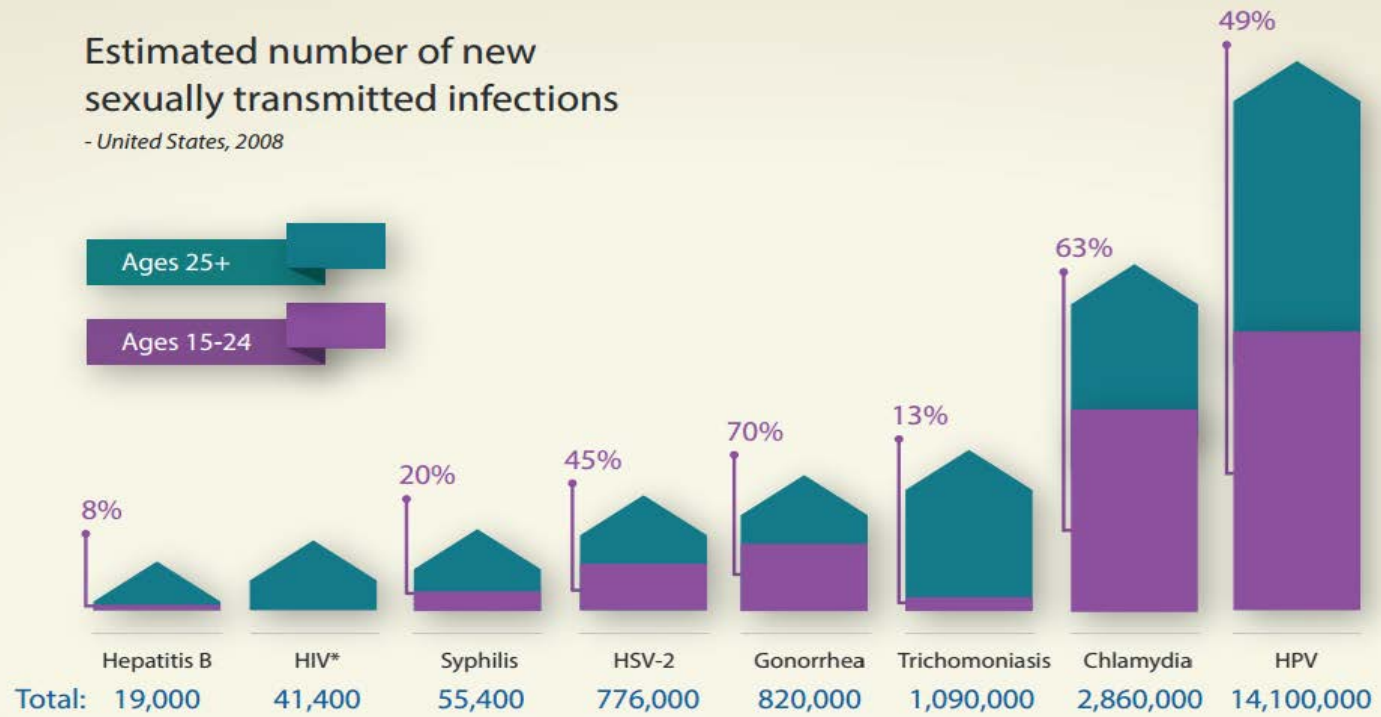
# Prevalence of Sexually Transmitted Infections (STIs) in the U.S.

- ▶ Teens and young adults were disproportionately affected by STIs:<sup>1</sup>
  - ▶ In 2008, 9.8 million new cases of treatable and preventable STIs occurred among young adults ages 15 to 24.
  - ▶ Young adults ages 15 to 24 represented 27% of the sexually active population, but acquired 50% of the nearly 20 million new STIs in 2008.
- ▶ Among teens, rates and diagnosis of STIs vary by gender:<sup>2</sup>
  - ▶ Young females ages 15 to 19 had the second highest rate of gonorrhea and the second highest rate of chlamydia of any age group in the U.S in 2015.
  - ▶ In 2015, the rate of primary and secondary syphilis in young males ages 15 to 19 (8.0 cases per 100,000 males) was the highest reported since 1995.

1. Satterwhite CL, et al. Sexually transmitted infections among U.S. women and men: Prevalence and incidence estimates, 2008. *Sexually Transmitted Diseases*. 2013;40(3):187-193.  
2. "Sexually Transmitted Disease Surveillance," CDC, 2015. Data and Statistics. [www.cdc.gov/std/stats15/STD-Surveillance-2015-print.pdf](http://www.cdc.gov/std/stats15/STD-Surveillance-2015-print.pdf)

## Estimated number of new sexually transmitted infections

- United States, 2008



Young people (15-24) represent 50% of all new STIs

**TOTAL: 19,738,800**

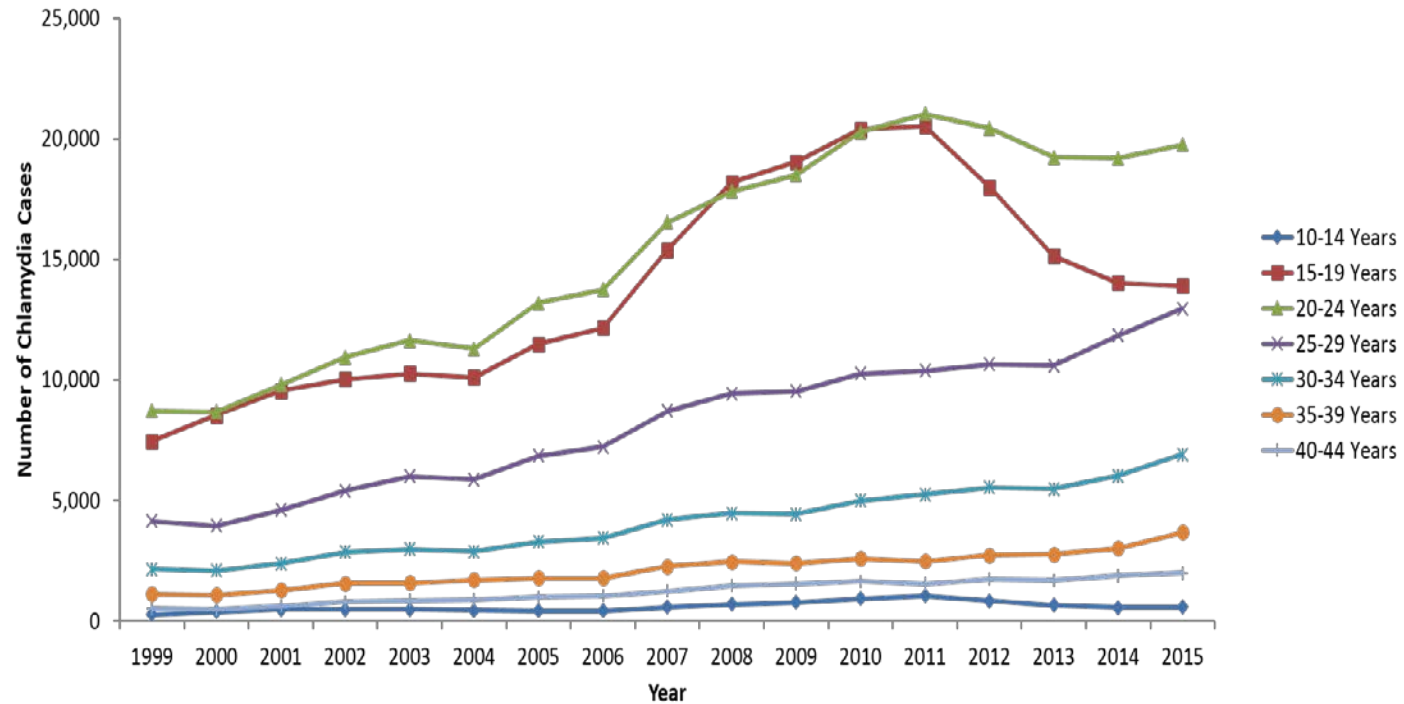
\*HIV incidence not calculated by age in this analysis

Bars are for illustration only; not to scale, due to wide range in numbers of infections

# STIs in New York City

- ▶ In 2015, chlamydia and gonorrhea diagnosed among NYC teens ages 15 to 19 accounted for:
  - ▶ 22.1% of all chlamydia cases in NYC
  - ▶ 13.1% of all gonorrhea cases in NYC
- ▶ In 2015, teen girls ages 15 to 19 had chlamydia and gonorrhea rates higher than any other female age group in NYC.
- ▶ Primary and secondary syphilis cases among teen males ages 15 to 19 increased more than twelvefold between 2000 and 2015.

# Number of Chlamydia Cases Reported to the New York City Health Department, by Age Group, 1999-2015





# Why Sexually Transmitted Infections Spread Among Teens

- ▶ Many teens are unaware of their status and go untreated.
- ▶ STIs in teen males are more likely to go undiagnosed, unreported and untreated because they have fewer symptoms.
- ▶ When left untreated, STIs continue to spread within social networks. They can lead to lifelong health problems, including infertility, chronic pain, ectopic pregnancies, miscarriages and an increased risk of HIV infection.
- ▶ The risk of STIs is influenced by multiple factors (i.e., social determinants of health)

# Unique Factors that Place Youth at a Higher Risk for STIs

- ▶ Insufficient screening by providers for STIs, especially chlamydia
- ▶ Difficulty recognizing symptoms
- ▶ Concerns about confidentiality
- ▶ Biologically more susceptible
- ▶ Limited access to insurance
- ▶ Lack of transportation to preventive or clinical services
- ▶ Multiple sex partners

# Preventing STIs and Unintended Pregnancies

- ▶ **Dual method protection** is the use of internal or external condoms along with a method of birth control to protect against STIs and unintended pregnancies.<sup>1</sup>
- ▶ Consistent dual method protection is the optimal method of protection against both unintended pregnancy and STIs for sexually active people.<sup>1</sup>
- ▶ The CDC, the American Medical Association, the American Academy of Pediatrics and the American College of Obstetrics and Gynecology recommend dual method protection.<sup>2, 3</sup>
- ▶ Although dual method protection has increased over time, only 8.8% of youth in public or private schools in the U.S. (grades 9 through 12) reported using two methods during their last sexual encounter in 2015.<sup>4</sup>

1. Cates W Jr and Steiner MJ. "Dual Protection against unintended pregnancy and sexually transmitted infections: what is the best contraceptive approach?" *Sexually Transmitted Diseases*. 29(3):168-74; 2002.
2. The American College of Obstetricians and Gynecologists, 2017. [www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Adolescent-Health-Care/Adolescent-Pregnancy-Contraception-and-Sexual-Activity](http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Adolescent-Health-Care/Adolescent-Pregnancy-Contraception-and-Sexual-Activity)
3. "Reproductive Health: Teen Pregnancy," CDC, 2017. [www.cdc.gov/teenpregnancy/index.htm](http://www.cdc.gov/teenpregnancy/index.htm)
4. National YRBS, 2015

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# What is Sexual Health Education?

- ▶ **Sexual health education** improves teens' knowledge about human sexuality, human sexual anatomy, reproduction, sexual health, sexual abstinence, safe sex, birth control, reproductive rights and healthy relationships and communication.<sup>1</sup>
- ▶ In 24 states and Washington D.C., comprehensive sexual education is required in public schools.<sup>2</sup>
- ▶ However, sexual health education can vary greatly and may not begin until after sexual debut for some teens.<sup>3</sup>
- ▶ Sexual education can also be restricted by local policy, be outdated or have large gaps in information. Examples include sexual education that only focuses on:<sup>3</sup>
  - ▶ Knowledge instead of healthy skills training
  - ▶ Heterosexual behaviors
  - ▶ Abstinence and sex-shaming

1. "Effective Sex Education," Advocates for Youth, 2014. [www.advocatesforyouth.org/component/content/article/450-effective-sex-education](http://www.advocatesforyouth.org/component/content/article/450-effective-sex-education)  
2. "State Policies on Sex Education in Schools," National Conference of State Legislatures, 2016 [www.ncsl.org/research/health/state-policies-on-sex-education-in-schools.aspx](http://www.ncsl.org/research/health/state-policies-on-sex-education-in-schools.aspx)  
3. "A Call to Action: LGBTQ Youth Need Inclusive Sex Education," GLSEN, 2015. <http://advocatesforyouth.org/storage/advfy/documents/a%20call%20to%20action%20lgbtq%20youth%20need%20inclusive%20sex%20education%20final.pdf>

# Sexual Health Education in Clinical Settings

- ▶ A teen does not have to be sexually active to talk to a health care provider about their sexual and reproductive health.
- ▶ The goal of sexual and reproductive health care is to provide accurate information about sex, which helps the patient make informed decisions about:
  - ▶ Readiness for sexual engagement
  - ▶ Symptoms, testing and treatment for STIs, including chlamydia and HPV
  - ▶ Contraceptive methods, including emergency contraception (EC)
  - ▶ Proper use of contraception, including condoms
  - ▶ Pregnancy testing, prenatal care, adoption and abortion
  - ▶ Treatment and counseling after sexual assault

1. Planned Parenthood, 2016  
2. National Guidelines Task Force (2004) Guidelines for Comprehensive Sexuality Education, 3rd Edition.  
[www.siecus.org/index.cfm?fuseaction=document.viewDocument&documentid=185&documentFormatId=217&vDocLinkOrigin=1&CFID=12267611&CFTOKEN=f7a27757b0388945-63ECB16C-1C23-C8EB-80908A715B8F68F1](http://www.siecus.org/index.cfm?fuseaction=document.viewDocument&documentid=185&documentFormatId=217&vDocLinkOrigin=1&CFID=12267611&CFTOKEN=f7a27757b0388945-63ECB16C-1C23-C8EB-80908A715B8F68F1)

# Importance of Sexual Health Education

- ▶ Teens who receive sexual health education are more likely to develop the skills needed to make healthy, responsible choices than those who do not.
- ▶ Comprehensive, medically accurate sexual education helps to:
  - ▶ Delay sexual debut
  - ▶ Reduce frequency of unprotected sex
  - ▶ Increase condom and contraception use
  - ▶ Decrease number of sexual partners

# Importance of Sexual Health Education

Studies have shown that access to contraceptive information and services does NOT hasten sexual debut, increase the frequency of sex or increase the number of sexual partners.



# Topics

- ▶ Teen Sexual and Reproductive Health Statistics
- ▶ The Importance of Sexual Education for Teens
- ▶ **The Pharmacist's Role in Teen Sexual and Reproductive Health**
- ▶ Fostering a Youth-Friendly Environment

# The Pharmacist's Role in Teen Sexual and Reproductive Health

- ▶ Pharmacists are easily accessible and knowledgeable resources who can counsel teens about sexual and reproductive health without an appointment and/or insurance.
- ▶ Provide free educational materials, condoms and referrals to other services.
- ▶ Be an “askable adult.”
- ▶ Recommend the “Sexual and Reproductive Health Youth-Friendly Pharmacy Curriculum” to other pharmacists.
  - ▶ Request that local pharmacy schools, state pharmacy boards and pharmacy associations offer this curriculum.
- ▶ Support gender and racial justice practices in your pharmacy.

# Serve as an Educational Resource for Teens

- ▶ Pharmacists can educate and counsel teens on:
  - ▶ Anatomy and physiology
    - ▶ Teach teens how to properly use contraception
    - ▶ Explain how and when to use a pregnancy test
  - ▶ Dual method use to prevent STIs and unintended pregnancies
  - ▶ Contraceptive options and the importance of adherence:
    - ▶ Emphasize the need to take birth control pills at the same time each day
    - ▶ Reassure teens that any side effects of birth control (e.g., spotting, upset stomach) usually go away

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# Provide Youth-Friendly Sexual Health Services

- ▶ Pharmacies should be accessible, conveniently located, and offer flexible hours and reasonably priced services.
- ▶ To attract, serve and retain teens as clients, pharmacists should:
  - ▶ Be trained to address teens' unique mental and physical health needs
  - ▶ Learn about minors' health care rights in their state
  - ▶ Respect teens' privacy and confidentiality
  - ▶ Create an environment that is appropriate and comfortable for teens
  - ▶ Support gender and racial justice practices in your pharmacy

# How to Make Your Pharmacy More Youth-Friendly

- ▶ Provide educational materials (e.g., pamphlets, handouts with relevant websites and numbers) in the pharmacy waiting area.
  - ▶ Educational materials and any posters displayed should reflect the diversity of all teens.
  - ▶ Topics could include puberty, sexually transmitted infections, sexuality and contraception.
  - ▶ Materials should be provided in multiple languages when possible.
- ▶ Seek out free resources:
  - ▶ For FREE educational materials from the New York City Health Department, call 311. Materials are available in English, Spanish and many other languages.
  - ▶ For FREE condoms, call the condom distribution coordinator at 347 -396-7743 or call 311.
  - ▶ Download FREE posters and infographics at [cdc.gov/reproductivehealth/contraception/index.htm](https://www.cdc.gov/reproductivehealth/contraception/index.htm)
- ▶ Provide information about **local free sexual health clinic services**:
  - ▶ Example: Family Planning Benefit Program (FPBP) - a public health insurance program for New Yorkers who need family planning services, but may not be able to afford them.  
[health.ny.gov/health\\_care/medicaid/program/longterm/familyplanbenprog.htm](https://health.ny.gov/health_care/medicaid/program/longterm/familyplanbenprog.htm)

# Example of free resources



# Key Points

- ▶ Youth younger than 20 years have greater reproductive health risks.
- ▶ Many teens are unaware of their status and go untreated for STIs.
- ▶ Teens often lack access to affordable and confidential sexual and reproductive health services.
- ▶ The risk of STIs and unintended pregnancies is influenced by multiple factors (i.e., social determinants of health).
- ▶ Dual method use is the best protection against STIs and unintended pregnancies.
- ▶ Pharmacists can attract and retain teens as reproductive health clients by providing youth-friendly services, including free condoms and educational materials.
- ▶ Pharmacists are an important sexual and reproductive health resource for teens.



# Module 1 Quiz

# Module 1 Quiz

1. A pharmacist is a health care professional who can help teens manage their sexual health.
  - ▶ TRUE or FALSE
2. A pharmacist can give teens information about condoms.
  - ▶ TRUE or FALSE
3. Approximately what percentage of teens reported ever being sexually active in the U.S. in 2015?
  - ▶ A. 15% B. 20% C. 30% D. 41%
4. A comprehensive sexual health program is required in all public schools in the U.S.
  - ▶ TRUE or FALSE