This report presents data for 2002–2007 concerning the sexual and reproductive health of persons aged 10–24 years in the United States. Data were compiled from the National Vital Statistics System and multiple surveys and surveillance systems that monitor sexual and reproductive health outcomes into a single reference report that makes this information more easily accessible to policy makers, researchers, and program providers who are working to improve the reproductive health of young persons in the United States. The report addresses three primary topics: 1) current levels of risk behavior and health outcomes; 2) disparities by sex, age, race/ethnicity, and geographic residence; and 3) trends over time.

The data presented in this report indicate that many young persons in the United States engage in sexual risk behavior and experience negative reproductive health outcomes. In 2004, approximately 745,000 pregnancies occurred among U.S. females aged <20 years. In 2006, approximately 22,000 adolescents and young adults aged 10–24 years in 33 states were living with human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS), and approximately 1 million adolescents and young adults aged 10–24 years were reported to have chlamydia, gonorrhea, or syphilis. One-quarter of females aged 15–19 years and 45% of those aged 20–24 years had evidence of infection with human papillomavirus during 2003–2004, and approximately 105,000 females aged 10–24 years visited a hospital emergency department (ED) for a nonfatal sexual assault injury during 2004–2006. Although risks tend to increase with age, persons in the youngest age group (youths aged 10–14 years) also are affected. For example, among persons aged 10–14 years, 16,000 females became pregnant in 2004, nearly 18,000 males and females were reported to have sexually transmitted diseases (STDs) in 2006, and 27,500 females visited a hospital ED because of a nonfatal sexual assault injury during 2004–2006.

Noticeable disparities exist in the sexual and reproductive health of young persons in the United States. For example, pregnancy rates for female Hispanic and non-Hispanic black adolescents aged 15–19 years are much higher (132.8 and 128.0 per 1,000 population) than their non-Hispanic white peers (45.2 per 1,000 population). Non-Hispanic black young persons are more likely to be affected by AIDS: for example, black female adolescents aged 15–19 years were more likely to be living with AIDS (49.6 per 100,000 population) than Hispanic (12.2 per 100,000 population), American Indian/Alaska Native (2.6 per 100,000 population), non-Hispanic white (2.5 per 100,000 population) and Asian/Pacific Islander (1.3 per 100,000 population) adolescents. In 2006, among young persons aged 10–24 years,
rates for chlamydia, gonorrhea, and syphilis were highest among non-Hispanic blacks for all age groups. The southern states tend to have the highest rates of negative sexual and reproductive health outcomes, including early pregnancy and STDs.

Although the majority of negative outcomes have been declining for the past decade, the most recent data suggest that progress might be slowing, and certain negative sexual health outcomes are increasing. For example, birth rates among adolescents aged 15–19 years decreased annually during 1991–2005 but increased during 2005–2007, from 40.5 live births per 1,000 females in 2005 to 42.5 in 2007 (preliminary data). The annual rate of AIDS diagnoses reported among males aged 15–19 years has nearly doubled in the past 10 years, from 1.3 cases per 100,000 population in 1997 to 2.5 cases in 2006. Similarly, after decreasing for >20 years, gonorrhea infection rates among adolescents and young adults have leveled off or had modest fluctuations (e.g., rates among males aged 15–19 years ranged from 285.7 cases per 100,000 population in 2002 to 250.2 cases per 100,000 population in 2004 and then increased to 275.4 cases per 100,000 population in 2006), and rates for syphilis have been increasing (e.g., rates among females aged 15–19 years increased from 1.5 cases per 100,000 population in 2004 to 2.2 cases per 100,000 population in 2006) after a significant decrease during 1997–2005.

**Background**

Early, unprotected sex among young persons can have negative consequences. Pregnancy and sexually transmitted diseases (STDs), including human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS), result in high social, economic, and health costs for affected persons, their children, and society.

CDC operates multiple nationally representative surveys and surveillance systems that track patterns of sexual risk behavior and reproductive health outcomes in the U.S. population. In addition, CDC’s National Vital Statistics System (NVSS) provides information from vital records in the United States. These surveys, surveillance, and vital records systems collect information that includes age at initiation of sexual intercourse, frequency of sexual intercourse, number of sexual partners, contraceptive use and use of prevention services, pregnancies, births, abortions, cases of HIV/AIDS and other STDs, and reports of sexual violence.

Each source of information reports data separately and in different formats, which can make interpreting the data difficult. This report combines available data from multiple sources for the first time into a single report concerning the sexual and reproductive health of persons in the United States aged 10–24 years. The report addresses three main questions:

- How many young persons currently engage in sexual risk behaviors and experience related health outcomes?
- What are the greatest disparities in terms of age, sex, race/ethnicity, and geographic location?
- How do recent data compare with previously reported data, i.e., what are the historical trends?

This report includes the most recent data that were available when the report was produced. The findings can be used to guide the work of policy makers, researchers, and program providers.

**Methods**

This report was developed by CDC’s Workgroup on Adolescent Sexual and Reproductive Health (the Workgroup), a voluntary effort formed in 2004 with participation of staff from five CDC divisions that address the sexual and reproductive health concerns of young persons. The workgroup meets approximately every 2 weeks and collaborates on projects that are of relevance to each of the divisions. For example, the Workgroup conducted an inventory of the adolescent sexual and reproductive health activities supported by CDC, convened an external expert panel to provide guidance on ways to strengthen those activities, and jointly maintains a website. To develop this report, Workgroup members selected the adolescent sexual and reproductive health indicators to be included; indicators were selected from among those already available in existing reports and on the basis of the collective judgment of Workgroup members regarding which were most helpful to assessing the magnitude of the problem, identifying high-risk groups, and monitoring trends. Published surveillance, survey, and statistical reports were reviewed, and relevant data were extracted. When data were not available from existing reports, Workgroup members collaborated with epidemiologists and analysts from the various surveillance and data systems to obtain the needed data.

Every effort was made to present the data in a consistent manner with regard to age groups, race/ethnicity, sex, and geographic location. Age categories ranged from 10 to 24 years, spanning preadolescence through young adulthood. For consistency, the term “youths” is used in this report for the youngest age group (aged 10–14 years), “adolescents” is used for those aged 15–19 years, and “young adults” is used for those aged 20–24 years. With a few exceptions, data for 5-year age groups are reported. The age group of adolescents aged 15–17 years sometimes was included to reflect the fact