Sexually Transmitted Infections

While adolescents represent approximately 25% of the sexually active population, they account for about one-half of all new sexually transmitted infections (STIs). Sexual active adolescents and young adults are more susceptible to STIs for biological, behavioral and cultural reasons.

**FAST FACTS**

- Four out of five adolescents are concerned about sexual health issues, including STI risk.
- In the National Survey of Adolescents and Young Adults: Sexual Health Knowledge, Attitudes and Experiences, between one-fifth and three-fifths of those surveyed did not know the serious complications of certain STIs despite knowing that there can be health problems.

**Half of the 19 million new STI cases each year occur in youth ages 15-24.**

- Although almost all adolescents know some information about STIs, they are still missing knowledge about transmission:
  - About 1 in 10 thinks that oral sex does not pose a risk for receiving an STI.
  - 1 in 5 believe that they would “know” if their partner had an STI.
  - 1 in 6 believe that STIs are spread only when symptoms are present.
- Abstinence-only-until-marriage programs do not teach information about preventing STIs or HIV/AIDS. This leaves youth at risk for misinformation and gaps in knowledge regarding STI transmission and how to protect themselves, including contraception, safer sex practices and where to get tested.
- Comprehensive sexuality education, however, promotes abstinence as the most effective way to prevent teen pregnancy and STIs while also teaching accurate and age appropriate information on healthy relationships, contraception and STIs.
- Outside factors, often beyond the control of youth, can play a role in their rates of STIs, including:
  - Lack of health care coverage
  - Poverty
  - Cultural traditions encouraging passivity and submissiveness of women, which can limit a woman's ability to negotiate condom use and protect herself from unwanted sex.
  - Sexual violence and abuse
- Among STI rates in youth, there are some disproportionate risks among populations:
  - African American women ages 15 to 19 had a Chlamydia rate almost 7 times higher than the rate for white females of the same age.
  - African American men ages 15 to 19 had a Chlamydia rate almost 12 times higher than the rate for white men of the same age.
  - HPV type 16, which can cause cervical cancer, is twice as prevalent in U.S. women than it is in U.S. men.
  - There is a rising rate of Chlamydia, gonorrhea and syphilis in young men who have sex with men.
- In the US, adolescents can legally consent to confidential diagnosis and treatment of STIs. Despite receiving treatment, many adolescents do not get a risk assessment for STIs or an explanation of risk reduction techniques from their health care provider.
- Less than one half of people ages 18-44 have been tested for an STI other than HIV/AIDS.
- Human papillomavirus (HPV) accounts for approximately one half of STIs diagnosed in youth ages 15-24 years old.
- In June 2006, the HPV vaccine Gardasil was approved by the Food and Drug Administration for women ages 9-26. Most effective before the onset of sexual activity, the HPV vaccine prevents infection with specific strains of HPV that are likely to cause cervical cancer.

**RESOURCES:**

Healthy Teen Network: [www.healthyteennetwork.org](http://www.healthyteennetwork.org)

Centers for Disease Control and Prevention: [www.cdc.gov](http://www.cdc.gov)

National Family Planning and Reproductive Health Association: [www.nfprha.org](http://www.nfprha.org)
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| Chlamydia                       | Bacteria                   | Urethra (men and women), vagina, cervix, endometrium, anus, rectum                      | Unprotected vaginal, oral or anal sex with an infected person; mother to child during childbirth | Women: itching, vaginal discharge, burning during urination<sup>2</sup>  
Men: heaviness and discomfort in testicles, watery or milky discharge from the penis, pain or burning during urination<sup>2</sup>  
*About 75% of women and 50% of men do not show symptoms*  
Women: 2,796.6 per 100,000 for ages 15-19<sup>2</sup>  
Men: 2,691.1 per 100,000 for ages 20-24<sup>2</sup> |                                                                                                                                  |
| Human papillomavirus (HPV)      | Virus                      | Cervix, vagina, vulva, penis, scrotum, urethra, anus                                     | Direct skin-to-skin contact including when symptoms are not present<sup>10</sup>         | Genital warts; some strains of the virus can lead to cervical cancer<sup>2</sup>  
*Many people do not show signs*  
Women: 25% ages 14-19 have it<sup>2</sup>  
Men: rates are similar to women<sup>2</sup> |                                                                                                                                  |
| Syphilis                        | Bacteria                   | Sores may appear on the external genitalia, vagina, anus, rectum, lips and mouth         | Direct contact with sores during unprotected anal, oral or vaginal sex with an infected person; mother to child during childbirth<sup>10</sup> | Primary stage: firm, round, small and painless sores develop within 10-90 days near where the bacteria entered the body; lasts about 1-5 weeks<sup>2</sup>  
Secondary stage: can include fever, swollen lymph glands, sore throat, patchy hair loss, headaches, weight loss, muscle aches and tiredness that appear after 17 days-6.5 months; rash may appear on the hands and soles of feet or on entire body<sup>2</sup>  
Latent stage: damage to the internal organs resulting in uncoordinated muscle movements, paralysis, numbness, gradual blindness and dementia<sup>2</sup> | Women: 1.9 per 100,000 of primary and secondary syphilis for ages 15-19<sup>1</sup>  
Men: 2.4 per 100,000 of primary and secondary syphilis for ages 15-19<sup>1</sup> |
| Human immunodeficiency virus (HIV) | Virus                      | Causes immune system to weaken making the person susceptible to other infections and cancers (leads to Acquired Immunodeficiency Syndrome (AIDS))<sup>10</sup> | Unprotected vaginal, anal or oral sex with an infected person; sharing contaminated needles; through childbirth or breast-milk<sup>10</sup> | There are no symptoms for an HIV infection; the body will begin to develop opportunistic infections; AIDS symptoms include fever, chills, chronic fatigue, weight loss, swollen lymph nodes, diarrhea<sup>2</sup> | About 13% of HIV diagnoses in 2004 were to youth ages 13-24  
About 5.1% of the AIDS diagnoses in 2004 were to youth ages 13-24<sup>2</sup> |
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| Gonorrhea           | Bacteria   | Urethra (men and women), cervix, uterus, fallopian tubes, mouth, anus, throat<sup>10</sup> | Unprotected vaginal, oral or anal sex with an infected person; mother to child during childbirth<sup>10</sup> | Women: yellow or bloody discharge from the vagina, pain or burning during urination<sup>2</sup>  
Men: yellowish discharge from the penis, burning or pain during urination, frequent urination, pain or swelling of the testicles<sup>9</sup>  
*Most men and women do not show signs or symptoms<sup>2</sup>* | Women: 624.7 per 100,000 for ages 15-19<sup>1</sup>  
Men: 436.8 per 100,000 for ages 20-24<sup>1</sup> |
| Herpes, HSV-1, HSV-2 | Virus      | Mouth, penis, vulva<sup>10</sup> | Skin-to-skin contact from unprotected vaginal, oral or anal sex with an infected person even if no sores are present; also spread through kissing<sup>10</sup> | Sores, blisters, rash, pimples, bumps, swollen glands, itching or burning in the genital area or mouth<sup>2</sup> | The percent of infected persons increases with age since it is incurable; the prevalence among white youth ages 12-19 in the 1990s has increased five times compared to prevalence of youth in the 1970s in the same population<sup>2</sup> |

**REFERENCES**


