

# MY HEALTH, MY RESPONSIBILITY, OUR COMMUNITY

## *State of Community Health Report*

*on*

## *Risky Sexual Behavior*

This is the seventh in a series of monthly reports from the

**Chattanooga-Hamilton County Regional Health Council**

**Viston Taylor, Chairman**

**William Hicks, Vice Chairman**

**October 2000**

The Regional Health Council is a community-based organization designated by the Tennessee Department of Health to be responsible for community health assessment, regional health planning, and providing input on funding decisions for health and health-related initiatives. Council members are appointed by the County Executive and the Hamilton County Commission.

The Council identified and prioritized the key health issues facing the community and is developing targeted strategies to address each issue. The five key preventable health issues are: obesity, poor diet and lack of exercise; tobacco use; risky sexual behavior; alcohol and drug use; and lack of involvement in health screenings and other preventive measures.

Data in the report comes from the Tennessee Department of Health, the Youth and Adult Behavior Risk Surveys, the Centers for Disease Control, and other identified sources.

**For More Information:**

Viston Taylor, Alexian Brothers Community Services,  
698-0802

William Hicks, Chattanooga-Hamilton County Medical  
Society, 622-2872

Bill Ulmer, Chattanooga-Hamilton County Health  
Department, 209-8088

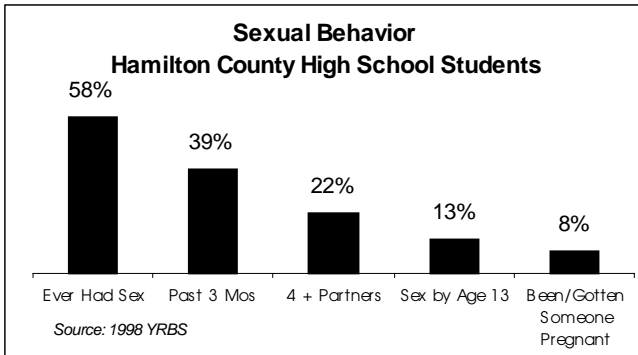
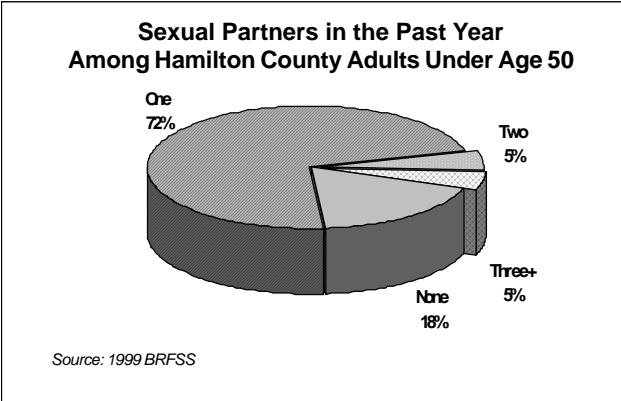
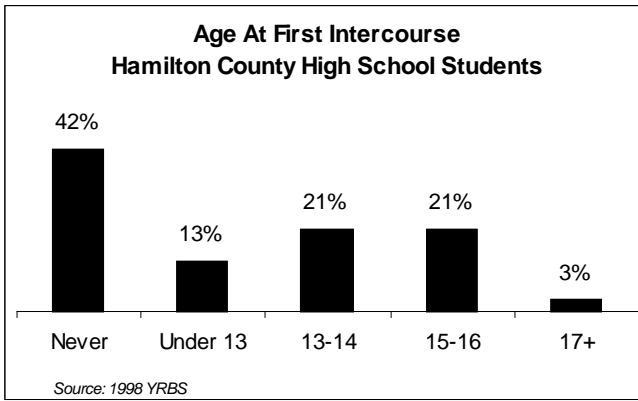
Ione Farrar, Community Research Council, 267-7766

**Media Contacts:**

Judy Frank, Chattanooga-Hamilton County Health  
Department, 209-8238

Rae Young Bond, First Things First, 267-5383

*This report is based on a subset of data from the 1999 Behavioral Risk Factor Surveillance Survey (BRFSS) of 1,037 adults, including 433 under age 50 (who were asked about sexual behavior), as well as data from the 1998 Youth Risk Behavior Survey of 2,990 Hamilton County public high school students. The questionnaires and methodologies used were similar to the Centers for Disease Control's BRFSS and YRBS surveys, which are conducted nationwide (the BRFSS survey annually; the YRBS biannually). While every effort was made to design questionnaires that would not be leading or tend to encourage particular responses, and the methodologies were designed to collect data in as impersonal a manner as possible, it should be remembered that all activities and personal information were self-reported. Due to the personal nature of this study and human nature, certain health-related behaviors may have been over- or under-reported.*



### Sexual Behavior By Number of Partners Past Year (Adults Under Age 50)

| Behavior                              | 3+  | 1   |
|---------------------------------------|-----|-----|
| Used Condom Last Time                 | 45% | 19% |
| STD Past 5 Years                      | 26% | 3%  |
| Risky HIV Behavior*                   | 23% | 5%  |
| Changed Behavior Due to HIV Knowledge | 62% | 11% |

*The survey showed that adults with three or more partners were:*

- 13 times more likely to have had a STD in the past five years
- 4.6 times more likely to have engaged in behaviors\* that increase the risk of HIV
- 2.4 times more likely to use a condom, and
- 5.6 times more likely to have changed sexual behavior due to knowledge about HIV

*...than those adults with only one partner.*

\* Risky HIV Behavior includes IV drug use, treatment for STD, testing positive for HIV, or anal sex without a condom.

Source: 1999 BRFSS

### Age at First Intercourse and Number of Lifetime Partners

| Age at First Intercourse | One Lifetime Partner | 5 Lifetime Partners |
|--------------------------|----------------------|---------------------|
| <16                      | 11%                  | 58%                 |
| 16                       | 19%                  | 45%                 |
| 17                       | 17%                  | 44%                 |
| 18                       | 26%                  | 37%                 |
| 19                       | 38%                  | 27%                 |
| 20 or older              | 52%                  | 15%                 |

Source: MIDH200, Ho et. al 1998, Eng & Butler 1997, NCHS 1997

### Emerging Problems

Two of the most common STDs, Human Papilloma Virus (HPV) and genital herpes, are not required to be reported to the CDC. Five of the top eleven reportable infections are sexually transmitted.

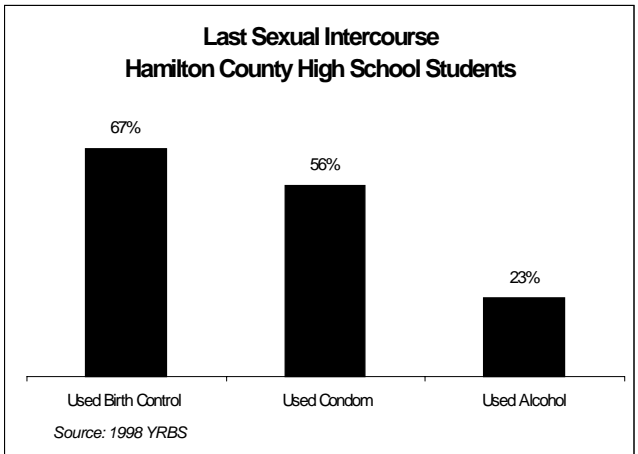
#### Human Papilloma Virus (HPV)

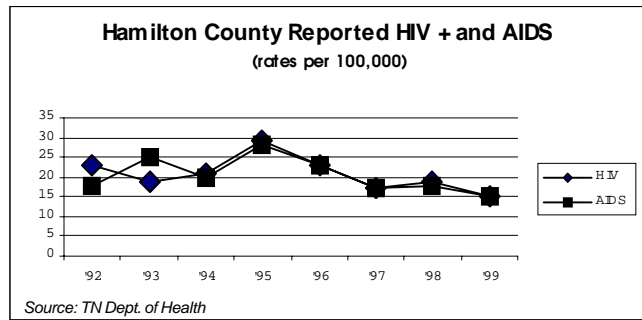
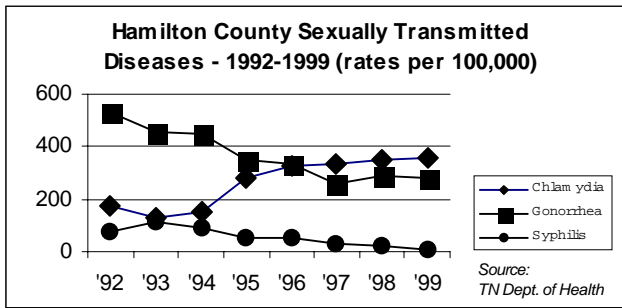
- HPV is the most prevalent sexually transmitted infection and causes more than 90% of cancers and precancers of the cervix. (MISH et. al)
- More than 50% of sexually active women have been infected with one or more types of genital HPV.

#### Genital Herpes (HSV-2)

- In 1991, 45 million Americans had evidence of genital herpes infection -- a 22% increase since 1978.
- Only 9% of people testing positive for genital herpes are aware of the infection.
- Genital herpes infection substantially increases the risk of subsequent HIV infection.

Source: JAMA





### STDs in Hamilton County - 1999

#### Chlamydia

**1,085 cases reported (357 per 100,000)**  
**UP 106% since 1992** (primarily due to better testing)

- women 76%, men 24%
- 15- to 19-year-olds 39%
- 20- to 29-year-olds 47%
- 2.6 times more prevalent among blacks than whites (764 cases per 100,000 vs. 295 per 100,000)

#### Gonorrhea

**862 cases reported (283 per 100,000)**  
**DOWN 47% since 1992**

- Men 62%, women 38%
- 15- to 19-year-olds 20%
- 20- to 29-year-olds 45%
- 30- to 39-year-olds 19%
- 5.5 times more prevalent among blacks than whites (717 cases per 100,000 vs 130 per 100,000)

#### Syphilis

**31 cases reported (10 per 100,000)**  
**DOWN 67% since 1992**

- 50% men, 50% women
- Age 20 or older 94%
- 4 times more prevalent among blacks than whites (25 cases per 100,000 vs. 6 per 100,000)

### HIV and AIDS in Hamilton County - 1999

#### HIV Positive

**64 cases reported in 1999 (19 per 100,000)**  
**DOWN 45% from 1995** (the peak reporting year)

- Men 85%, women 15%
- 20- to 49-year-olds 94% of cases
- No reported cases among patients under age 20 in 1999 (cases among younger patients have reported other years)
- 5.5 times more prevalent among blacks than whites (55 cases per 100,000 vs. 10 per 100,000)
- 1,000 cases reported between 1982 and 2000

#### AIDS

**72 cases reported in 1999 (25 per 100,000)**  
**DOWN 46% from 1995**, the peak reporting year

- Men 90%, women 10%
- 20- to 49-year-olds 89% of cases
- No reported cases among patients under age 20 in 1999 (cases among younger patients have reported other years)
- 2.3 times more prevalent among blacks than whites (45 cases per 100,000 vs. 20 per 100,000)
- 913 cases reported between 1982 and 2000

Source: TN Dept. of Health

### Sexually Transmitted Diseases, 1994

A report by the Institute of Medicine, including estimates of the annual incidence of selected STDs in 1994, was called *The Hidden Epidemic* because of people's reluctance to discuss them, and because many are asymptomatic and, thus, difficult to diagnose or see.

| STD                         | Cases             |
|-----------------------------|-------------------|
| Chlamydia                   | 4 million         |
| Trichomoniasis              | 3 million         |
| Pelvic inflammatory disease | 1 million         |
| Gonorrhea                   | 800,000           |
| Human papilloma virus       | 500,000-1 million |
| Genital herpes              | 200,000-500,000   |
| Syphilis                    | 100,000           |
| AIDS                        | 80,000            |
| Hepatitis B                 | 53,000            |
| Chancroid                   | 3,500             |
| Congenital syphilis         | 3,400             |

### New Pathogens

While some STDs were described centuries ago, others have only recently been identified or recognized as being sexually transmitted.

| STD                   | Year |
|-----------------------|------|
| Human papilloma virus | 1976 |
| HTLV-1                | 1980 |
| Mobiluncus sp         | 1980 |
| Mycoplasma genitalium | 1981 |
| HTLV-II               | 1982 |
| HIV-1                 | 1983 |
| HIV-2                 | 1986 |
| Herpes virus type 8   | 1995 |

Source: *America's Youth: Measuring the Risk*, The Institute for Youth Development, 1998

# OUT-OF-WEDLOCK (NONMARITAL) CHILDBEARING AFFECT US ALL...

## *Counting the Cost -- The Impact on Children, Adults, and Community*

### *In Hamilton County and Tennessee*

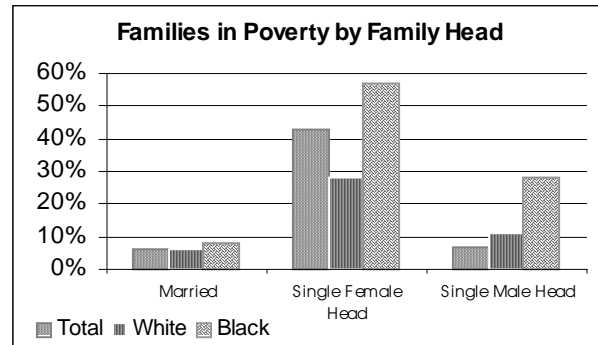
- ❑ In 1998, 35% of children were born to single mothers in Hamilton County (TN: 39% in 1997).
- ❑ In 1998, 89% of school-age girls who gave birth in Hamilton County were unmarried (TN: 86% in 1998).
- ❑ In 1998, Tennessee's teen birth rate was 38.1 births per 1,000 females ages 15-17, compared to 45 per 1,000 in 1990. (US: 37/1990; 32/1997)
- ❑ Almost 60 % of all out-of-wedlock births in Tennessee in 1995 were in the 18-24 age group.
- ❑ The number of out of wedlock births in Tennessee, which ranks 11th in the nation in the number of out of wedlock births, averaged 33% in 1994.
- ❑ In 1997, Tennessee ranked 42<sup>nd</sup> in the nation for the percent of children being raised in single parent families, accounting for 30% of families. Only seven states had higher numbers. Nationally, 27% of children are raised in single parent families.

### *Consequences for the Child...*

- ❑ More likely to die during infancy
- ❑ More likely to be delivered preterm and be low birthweight
- ❑ More likely to be abused
- ❑ More likely to have chronic health problems, emotional, and behavioral problems (such as anxiety and hyperactivity).
- ❑ More likely to be at risk for drug abuse as teenagers.
- ❑ More likely to become teenage parents, unmarried parents, and more likely to divorce if he/she does marry.
- ❑ Less likely to be employed and to maintain a steady job if and when he/she is employed.
- ❑ 66% of children living with never-married mothers were living below the poverty line, compared to 11% of children living in two-parent families.

### *Consequences for the Unwed Mother...*

- ❑ More likely to engage in behavior risks during pregnancy; married mothers use much less tobacco, alcohol, and narcotic drugs during pregnancy than unmarried mothers and are about 30% more likely to smoke.
- ❑ More likely to suffer from depression and have low self-esteem.
- ❑ More likely to have poor health and less likely to obtain prenatal care.
- ❑ Less likely to marry and more likely to divorce if and when she does marry.
- ❑ More likely to rely on public assistance and live below the poverty line. Almost half of unwed teen mothers go on welfare within one year of their baby's birth. By the time their first baby is 5 years old, 72% of white teens and 84% of black teens have received AFDC.



### *Implications on Education...*

- ❑ A teen mother who drops out of school has a 1 in 100 chance to get off welfare; a teen mother who finishes high school has a 1 in 5 chance.
- ❑ The high school dropout rate is 13% for children raised by two biological parents, compared with 29% for children raised by one or neither parent.
- ❑ Compared with children from the demographics who grow up with both biological parents, children raised by only one parent are more likely to drop out of high school, less likely to attend and graduate from college.
- ❑ 15% of children living with a never married mother have been expelled or suspended from school, compared to only 4% of children living with both parents.
- ❑ Teens from single parent homes are more likely to commit school crimes than teens from intact homes.

### *Implications on Crime...*

- ❑ 70% of juveniles in state reform institutions grew up in single- or no-parent situations.
- ❑ A 1988 study found that the proportion of single-parent households in a community predicts its rates of violent crime and burglary, but the community's poverty level does not.
- ❑ The likelihood that a young male will engage in criminal activity doubles if he is raised without a father and triples if he lives in a neighborhood with a high concentration of single parent families.

### *Cost to the Nation...*

- ❑ Adolescent childbearing costs the nation \$6.9 billion a year for welfare, Medicaid, foster care, and related expenses,
- ❑ Adolescent childbearing costs the nation a loss of \$29 billion a year in lost productivity, diversion of resources, etc.
- ❑ Construction and maintenance of prisons to house the increasing number of criminals due to teen pregnancies costs about \$1 billion.