Despite record low teen birth rates, the U.S. continues to have one of the highest teen birth rates among all other industrialized countries. Although reasons for the declines are not totally clear, evidence suggests these declines are due to more teens abstaining from sexual activity and increased use of birth control among teens who are sexually active than in previous years.

Identified as a “Winnable Battle” in 2010, the CDC outlined specific strategies to reduce teen pregnancy by promoting the delay of sexual initiation through evidence-based programs and social norm changes, strengthening clinical services including support for access to contraception improving the quality of family planning services offered, and increasing the use of effective contraceptive methods (LARC).

Over the past 20 years the percent of students who delay sexual activity has significantly increased. Since 1995, fewer students report ever having sexual intercourse or having sex before age 13. However, during the past decade the percent of teens who have ever had sexual intercourse has remained statistically unchanged. Likewise, the percent of students who were currently sexually active has not significantly changed since 2005. In 2015, the percent of students who reported ever having sex, having sex before age 13 and having sex during the previous three months was similar for Vermont and U.S. students.

Ever Had Sexual Intercourse and Sexual Activity Before Age 13. Similar to students across the U.S., in 2015, one in five Vermont high school students reported ever having had sexual intercourse. While lifetime sexual activity has not significantly changed over the past decade, the percent of students who first had sexual intercourse before age 13 has continued to decrease.

Similarly, the percent of students in Vermont who had intercourse before age 13 is similar to the national average. Overall, less than one in 25 students have had sexual intercourse before age 13.

Current Sexual Activity. In 2015, about three in ten high school students in both Vermont (31%) and the U.S. (30%) had sexual intercourse during the previous three months. Changes in sexual activity during the previous three months follow a similar trend to lifetime sexual activity. Likewise, both Vermont and U.S. students were equally likely to report current sexual activity.

Compared to the percent of Vermont students who are currently sexually active, significantly more students were currently sexually active 20 years ago (35% VT). However, there has been no statistical change in the past 10 years (31% VT).

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While sexual activity rates among Vermont students are akin to those nationwide, pregnancy prevention strategies vary greatly among students who are currently sexually active. Overall, Vermont students are more likely to report using methods such as prescription birth control to prevent pregnancy, while, nationally, sexually active students are more likely to report not using any method.

Among sexually active students in Vermont, significantly fewer students reported not using any method to prevent between 1999 and 2005, however, the percent of students not using any protection has not changed over the past decade. The percent of U.S. not using any methods to prevent pregnancy has remained stable over the past 20 years.

While Vermont students are significantly less likely to report having unprotected sex compared to those across the U.S., the difference is likely due to prescription birth control, not condom use.

Throughout the past 20 years, Vermont students were equally as likely as U.S. students to use a condom the last time they had sex. Despite an initial and significant increase in condom use throughout the 1990s and early 2000s, condom use (VT 42%, 1997) has decreased since 2005 (VT 35%), returning to similar levels of the early 1990s.

Though nearly half of Vermont students reported using prescription birth control such as birth control pills, an IUD or implant, or the shot, patch or birth control ring, less than three in ten U.S. students did so. Few students, both in Vermont and the U.S., use the most effective contraceptive methods or Long-Acting Reversible Contraceptives (LARC) such as an IUD or Implant.

Due to changes in how prescription birth control is defined, no long-term trend is available. However, since 2013, use of prescription birth control including birth control pills, a shot, patch, or birth control ring, or an IUD or implant significantly increased among Vermont students (44% vs 47%) but remained significantly lower and unchanged nationwide. Specifically, the use of LARC doubled among Vermont students between 2013 (3%) and 2015 (6%).

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For past data briefs, statewide and local reports: please see the YRBS website at: [http://healthvermont.gov/research/yrbs.aspx](http://healthvermont.gov/research/yrbs.aspx)