In 2007, 45.7% of high school students have ever had sexual intercourse, 31.5% were currently sexually active (had sexual intercourse within the last 3 months), and 7.7% first had sexual intercourse before the age of 13. Among the 31.5% of students who were sexually active, 44.8% did not use a condom at their last sexual intercourse. There were no statistically significant changes in these three behaviors between 2003 and 2007. These rates are similar to the rest of the nation.

### Key Findings

Of New Mexico students in grades 9–12:
- 45.7% have ever had sexual intercourse.
- 31.5% were currently sexually active.
- 7.7% had first sexual intercourse before the age of 13.
- 13.8% had sexual intercourse with four or more people in their life time.

In a classroom of 30 students, this represents:
- 14 who ever had sexual intercourse
- 9 who were currently sexually active
- 2 who first had sexual intercourse before the age of 13
- 4 who had sexual intercourse with four or more people in their life time

Among students who were currently sexually active:
- 23.7% used alcohol or drugs before the last time they had sexual intercourse.
- 44.8% did not use condom the last time they had sexual intercourse.
- 31.8% did not use a reliable birth control method the last time they had sexual intercourse.

In a classroom of 30 students, 9 of whom (31.5%) were sexually active, this represents:
- 2 who used alcohol or drugs before sexual intercourse
- 4 who had sexual intercourse without using a condom
- 3 who had sexual intercourse without using a reliable birth control method

*See Definitions on page 6 for descriptions of indicators.*
Ever Had Sexual Intercourse

Figure 2

Almost half (45.7%) of high school students had sexual intercourse in their lifetime, with no statistically significant difference between girls (43.5%) and boys (47.6%). The percentage of students who had ever had sexual intercourse increased with each grade level from 9th to 12th grades (31.1% for 9th, 44.1% for 10th; 54.7% for 11th; 58.3% for 12th), but the difference between 11th and 12th grades was not statistically significant. American Indian (53.2%) and African-American (58.3%) students had higher rates than White students (37.3%) of ever having sexual intercourse. Differences between Hispanic (48.5%) and other groups were not statistically significant. Students who received mostly C’s, D’s, and F’s were more likely to have had sexual intercourse (59.7%) than students who received mostly As and Bs (38.3%).

Currently Sexually Active

Figure 3

Almost a third (31.5%) of high school students reported being currently sexually active (had sexual intercourse in the past three months). There was no statistically significant difference between girls (32.9%) and boys (29.8%). The percentage of sexually active students increased with grade level (19.6% for 9th, 28.6% for 10th, 38.5% for 11th, and 44.7% for 12th). Students who received mostly C’s, D’s, and F’s were more likely be sexually active (40.9%) than students who received mostly A’s and B’s (26.7%). Differences by race/ethnicity were not statistically significant.
Figure 4

First sexual intercourse before age 13, Grades 9–12, 2007

Of NM high school students, 7.7% first had sexual intercourse before the age of 13, with more boys (11.4%) than girls (4.2%) reporting this behavior. White students (4.1%) were less likely than any other racial/ethnic group to report having sexual intercourse before the age of 13. Students who received mostly A’s and B’s (5.9%) were less likely to have had sexual intercourse before age 13 than students who received mostly C’s, D’s, and F’s (11.5%).

Figure 5

Sexual behaviors by age at first sexual intercourse, * Grades 9–12, 2007

Among 11th and 12th grade students who ever had sexual intercourse, those who first had sexual intercourse before the age of 13 (early initiators) were more likely to exhibit high risk sexual behaviors than those who first had sex at a later age (later initiators). Early initiators were more likely than later initiators to have had four or more lifetime sexual partners (69.0% vs. 29.0%) and to have failed to use a condom at their most recent sexual intercourse (60.3% vs. 40.2%). More early initiators (44.5%) than later initiators (20.3%) reported using alcohol or drugs before their most recent sexual intercourse, although this relationship was not statistically significant. Early initiators (73.3%) and later initiators (73.2%) had similar rates of being currently sexually active.

* Among those who ever had sexual intercourse
Behavior of Sexually Active Students

Figure 6

Alcohol or drug use before sexual intercourse, Grades 9–12, 2007

Of the 31.5% of students who were sexually active, 23.7% used alcohol or drugs before their most recent sexual intercourse. The difference between boys (28.7%) and girls (19.8%) was not statistically significant. There was no statistically significant difference by grade level.

Among the 45.7% of students who ever had sexual intercourse, those who used alcohol or drugs before sexual intercourse were more likely than other students to have had four or more lifetime sex partners (45.6% vs. 25.6%). Those who had alcohol or drugs before sexual intercourse had a similar rate to other students for failing to use a condom (40.6% and 39.4%, respectively).

Figure 7

Did not use a condom, Grades 9–12, 2007

Of the 31.5% of students who were currently sexually active, 44.8% did not use a condom the last time they had sexual intercourse. Sexually active girls (51.4%) were more likely than sexually active boys (36.8%) to report not using a condom.

Figure 8

Birth control method, Grades 9–12, 2007

Among sexually active students, the most common method of birth control at last sexual intercourse was condoms (43.9%), followed by birth control pills (19.0%), no method (17.0%), withdrawal (9.9%), other (3.5%), not sure (3.8%), and Depo-Provera (2.9%). Boys were more likely than girls to report that condoms were used for birth control (50.9% vs. 38.3%, respectively). Excluding students who said “other”, about a third (31.8%) of sexually active students failed to use a reliable birth control method (i.e., reported either withdrawal, not sure, or no method of birth control).
HIV/AIDS EDUCATION

Most high schools students (82.7%) received HIV/AIDS education in school (reported that they had ever been taught about AIDS or HIV education in school). Fewer American Indian students (70.5%) received HIV/AIDS education in school than White students (88.2%). There were no other statistically significant differences in HIV/AIDS education by race/ethnicity (85.1% for Hispanic; 76.2% for African-American). HIV/AIDS education did not vary significantly by gender, grade level, or grades attained.

Figure 10

Among those who ever had sexual intercourse, those who received HIV/AIDS education in school were more likely to have used a condom during their most recent sexual intercourse than those who never received HIV/AIDS education (61.6% vs. 44.2%). Among those who ever had sexual intercourse, a lower percentage of those who received HIV/AIDS education had four or more lifetime sexual partners than those who never had HIV/AIDS education (27.8% vs. 38.4%), although this relationship was not statistically significant. There was not a statistically significant difference in the percentage of students who were currently sexually active by HIV/AIDS education.

* Among those who ever had sexual intercourse
### Table 1. Sexual behaviors among New Mexico high school students (grades 9–12) by demographics and academic performance

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Total</th>
<th>Sex</th>
<th>Grade in School</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All Students % [95% CI]</td>
<td>Female % [95% CI]</td>
<td>Male % [95% CI]</td>
</tr>
<tr>
<td>Ever had sexual intercourse</td>
<td>45.7 [40.5,51.0]</td>
<td>43.5 [37.0,50.3]</td>
<td>47.6 [42.5,52.7]</td>
</tr>
<tr>
<td>Currently sexually active</td>
<td>31.5 [27.3,36.1]</td>
<td>32.9 [26.6,39.8]</td>
<td>29.8 [25.1,35.0]</td>
</tr>
<tr>
<td>Alcohol or drugs before last sexual intercourse*</td>
<td>23.7 [19.6,28.3]</td>
<td>19.8 [13.8,27.5]</td>
<td>28.7 [23.2,35.0]</td>
</tr>
<tr>
<td>Did not use condom at last sexual intercourse*</td>
<td>44.8 [40.8,48.9]</td>
<td>51.4 [46.0,56.9]</td>
<td>36.8 [30.5,43.7]</td>
</tr>
</tbody>
</table>

#### Method of birth control at last sexual intercourse*

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Sex</th>
<th>Grade in School</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All Students % [95% CI]</td>
<td>Female % [95% CI]</td>
<td>Male % [95% CI]</td>
</tr>
<tr>
<td>Condoms</td>
<td>43.9 [39.8, 48.1]</td>
<td>38.3 [33.4, 43.5]</td>
<td>50.9 [44.6, 57.2]</td>
</tr>
<tr>
<td>Depo-Provera [injectable birth control]</td>
<td>2.9 [1.6, 5.2]</td>
<td>3.8 [2.2, 6.5]</td>
<td>1.6 [0.6, 4.1]</td>
</tr>
<tr>
<td>Other method</td>
<td>3.5 [2.0, 6.0]</td>
<td>4.6 [2.7, 7.8]</td>
<td>2.2 [1.0, 5.0]</td>
</tr>
</tbody>
</table>

*Among sexually active students

**DEFINITIONS OF SEXUAL BEHAVIORS**

**EVER HAD SEXUAL INTERCOURSE:** Had sexual intercourse one or more times in lifetime.

**CURRENTLY SEXUALLY ACTIVE:** Has had sexual intercourse in the past 3 months.

**EARLY INITIATORS:** Was less than 13 years old when had sexual intercourse for the first time.

**LATER INITIATORS:** Was 13 years old or older when had sexual intercourse for the first time.

**FOUR OR MORE SEXUAL PARTNERS:** Had sexual intercourse with 4 or more people in lifetime.

**DID NOT USE CONDOM:** Neither the student nor her/his partner used a condom the last time they had sexual intercourse.

**ALCOHOL OR DRUG USE BEFORE SEXUAL INTERCOURSE:** Used alcohol or drugs before having sexual intercourse, the last time he/she had sexual intercourse.
Table 1. Sexual behaviors among New Mexico high school students (grades 9–12) by demographics and academic performance

<table>
<thead>
<tr>
<th>Ethnicty</th>
<th>Black [%95 CI]</th>
<th>White [%95 CI]</th>
<th>American Indian [%95 CI]</th>
<th>Other [%95 CI]</th>
<th>Mostly As &amp; Bs [%95 CI]</th>
<th>Mostly Cs or Lower [%95 CI]</th>
</tr>
</thead>
<tbody>
<tr>
<td>12th Grade</td>
<td>58.3 [48.0,67.9]</td>
<td>48.5 [41.7,55.4]</td>
<td>53.2 [45.4,60.9]</td>
<td>47.0 [35.4,58.8]</td>
<td>38.3 [33.0,44.0]</td>
<td>59.7 [55.7,63.7]</td>
</tr>
<tr>
<td>[36.6,53.0]</td>
<td>34.6 [27.8,42.1]</td>
<td>34.1 [27.7,41.1]</td>
<td>41.1 [29.5,58.3]</td>
<td>36.4 [26.1,48.1]</td>
<td>26.7 [23.1,30.7]</td>
<td>40.9 [34.0,48.2]</td>
</tr>
<tr>
<td>[11th grade]</td>
<td>44.8 [37.9,51.4]</td>
<td>47.1 [40.7,53.6]</td>
<td>57.0 [39.8,72.8]</td>
<td>53.2 [30.8,74.4]</td>
<td>44.0 [39.6,48.5]</td>
<td>44.8 [38.5,51.0]</td>
</tr>
</tbody>
</table>

How does New Mexico compare?

Table 2. NM sexual behavior indicators compared to US and other state rates

<table>
<thead>
<tr>
<th>Sexual activity</th>
<th>NM</th>
<th>US†</th>
<th>Compared to US, NM rate is... *</th>
<th>NM rank compared to other states ... **</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currently sexually active</td>
<td>31.5%</td>
<td>35.0%</td>
<td>- ns -</td>
<td>29</td>
</tr>
<tr>
<td>Had sexual intercourse before age 13</td>
<td>7.7%</td>
<td>7.1%</td>
<td>- ns -</td>
<td>8</td>
</tr>
<tr>
<td>Had 4+ sex partners in lifetime</td>
<td>13.8%</td>
<td>14.9%</td>
<td>- ns -</td>
<td>18</td>
</tr>
<tr>
<td>Did not use condom</td>
<td>44.8%</td>
<td>38.5%</td>
<td>Higher</td>
<td>2</td>
</tr>
<tr>
<td>Used alcohol or drugs before sexual intercourse</td>
<td>23.7%</td>
<td>22.5%</td>
<td>- ns -</td>
<td>13</td>
</tr>
</tbody>
</table>

* Based on 95% confidence intervals (ns = No statistically significant difference) ** Of the 39 states that participated in the 2007 YRBS, CDC; 1 = Highest rate

See Definitions on opposite page for descriptions of indicators

† National Youth Risk Behavior Survey (YRBS), CDC, 2007

2007 NM High School Results • Sexual Behavior
In general, students who had high levels of resiliency/protective factors were less likely to be currently sexually active than other students. Notably, this was true of students who had high levels of behavioral boundaries and high expectations in the home, and students who had high or moderate levels of high expectations in the school. Students with high levels of positive peer influence were less likely to be sexually active than students with low levels. Students with high levels of caring and supportive peer relationships had a higher rate of being sexually active than other students, but this relationship was not statistically significant.

Caring relationship with an adult in the home: A parent or other adult who “is interested in my school work,” “talks with me about my problems,” and “listens to me when I have something to say.”

High expectations in the home: A parent or other adult “expects me to follow the rules” and believes “I will be a success.”

Behavioral boundaries in the home: “My family has clear rules about drug and alcohol use,” “My family has clear rules and standards for my behavior, and when not at home, a parent/guardian “knows where I am and who I am with.”

Caring relationship with an adult at school: A teacher or other adult at school who “really cares about me,” “notices when I am not there,” and “listens to me when I have something to say.”

<table>
<thead>
<tr>
<th>Resiliency/Protective Factors</th>
<th>Percent who were currently sexually active (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caring relationship with an adult in the home</td>
<td></td>
</tr>
<tr>
<td>High expectations in the home</td>
<td></td>
</tr>
<tr>
<td>Behavioral boundaries in the home</td>
<td></td>
</tr>
<tr>
<td>Caring relationship with an adult at school</td>
<td></td>
</tr>
<tr>
<td>High expectations in the school</td>
<td></td>
</tr>
<tr>
<td>Involvement in school activities</td>
<td></td>
</tr>
<tr>
<td>Behavioral boundaries in the school</td>
<td></td>
</tr>
<tr>
<td>Caring relationship with a peer</td>
<td></td>
</tr>
<tr>
<td>Positive peer influence</td>
<td></td>
</tr>
</tbody>
</table>
In general, sexually active students who had high levels of resiliency/protective factors were less likely to fail to use a condom than other sexually active students, although many of these relationships were not statistically significant. Among sexually active students, those with a high levels of behavioral boundaries in the home were less likely than those with low levels to fail to use a condom at last sexual intercourse.

**High expectations in the school:** A teacher or other adult at school who “tells me when I do a good job” and “believes that I will be a success.”

**Involvement in school activities:** Involved in sports, clubs, or other extra-curricular activities at school.

**Behavioral boundaries in the school:** “Clear rules about what students can and cannot do” at school.

**Caring relationship with an adult in the community:** An adult outside the home or community who “really cares about me,” “notices when I am upset about something,” and “whom I trust.”

**Caring relationship with a peer:** A friend my own age who “really cares about me,” “talks with me about my problems,” and “helps me when I’m having a hard time.”

**Positive peer influence:** Friends “do well in school” and do not “get into a lot of trouble.”
Alcohol, tobacco, and other drug use were highly associated with sexual behaviors. Students who engaged in current cigarette smoking, binge drinking, current marijuana use, or use of narcotic pain killers to get high were more likely to be sexually active than other students. Among sexually active students, those who engaged in these behaviors were more likely to engage in higher risk sexual behaviors than other students (i.e., to have 4 or more lifetime sexual partners or to use alcohol or drugs before sexual intercourse). Among sexually active students, there were no statistically significant associations between these behaviors and condom use.

**Figure 13**

**Currently sexually active by substance use, Grades 9–12, 2007**

Current cigarette smokers were more likely to be currently sexually active than other students (56.1% vs. 23.4%), as were binge drinkers (56.1% vs. 21.7%), current marijuana users (50.9% vs. 24.8%), and those who used narcotic pain killers to get high (60.8% vs. 28.0%).

**Figure 14**

**Used alcohol or drugs before sexual intercourse by substance use behaviors, * Grades 9–12, 2007**

Among students who were currently sexually active, cigarette smokers were more likely to have used alcohol or drugs before their most recent sexual intercourse than other students (35.7% vs. 13.9%), as were binge drinkers (38.0% vs. 9.1%), current marijuana users (37.1% vs. 14.4%), and those who used narcotic pain killers to get high (44.3% vs. 18.3%).

* Among currently sexually active students

**Definitions of Substance Use Measures**

**Current Cigarette Smoking:** Smoked cigarettes on one or more of the past 30 days.

**Binge Drinking:** Five or more drinks of alcohol in a row, or within a couple of hours, in the past 30 days.

**Current Marijuana Use:** Used marijuana on one or more of the past 30 days.

**Narcotic Pain Killer to Get High:** Used a pain killer (like Vicodin, OxyContin, or Percocet) to get high on at least one of the past 30 days.
Academic performance and measures of academic aspiration, motivation and other behaviors were negatively associated with some sexual behaviors. Among sexually active students, there were no statistically significant associations between academic measures and either condom use or having four or more lifetime sexual partners.

**Figure 15**

**Academic performance by currently sexually active, Grades 9–12, 2007**

Among students who were currently sexually active, those who used alcohol or drugs before their most recent sexual intercourse were less likely than other sexually active students to have high academic aspirations (55.9% vs. 74.5%). These students also had lower rates of getting good grades (50.7% vs. 64.2%), being highly motivated academically (41.1% vs. 49.3%), and being highly engaged in daily academic activities (7.1% vs. 12.5%), although these relationships were not statistically significant.

**Figure 16**

**Academic performance by alcohol or drug use before sexual intercourse, Grades 9–12, 2007**

Among students who were currently sexually active, those who used alcohol or drugs before their most recent sexual intercourse were less likely than other students to get good grades (50.7% vs. 64.2%), to be highly motivated academically (41.1% vs. 49.3%), or to have high academic aspirations (55.9% vs. 74.5%). There were no statistically significant differences for being highly engaged in daily academic activities.

**Definitions of Academic Measures**

- **GOT GOOD GRADES:** During the past 12 months, grades in school were mostly A’s or mostly B’s.
- **HIGHLY MOTIVATED ACADEMICALLY:** Tried hard to do best work at school.
- **HIGH ACADEMIC ASPIRATIONS:** Has plans to go to college or some other school after high school.
- **HIGHLY ENGAGED IN DAILY ACADEMIC ACTIVITIES:** Never went to class without paper and something to write with or without finishing homework, and skipped school 2 or fewer days in the past four weeks.
Risky sexual behaviors measured by the YRRS include early age at first sexual intercourse, having multiple sexual partners, alcohol and other drug use before sexual intercourse, lack of condom use, and lack of reliable contraceptive use. These behaviors place students at risk of unplanned teen pregnancy and sexually transmitted infections (STIs) including HIV/AIDS. High school students who report risky sexual behavior are less likely to earn a high school diploma and to enroll in postsecondary programs, are more likely to smoke, use drugs and consume alcohol.

The 2006 NM teen birth rate (61.7 per 1,000 girls age 15–19) was 1.5 times the national rate (41 per 1,000). Births to teenage girls carry risk to both the mother and child. Mothers less than 20 years of age are at increased risk for pre-term delivery, low birth weight, and neonatal mortality. Teen mothers are less likely to complete high school, more likely to live in poverty, and less likely to get married or stay married than other teens. Children who are born to teen mothers are more likely to live in poverty than other children, have increased risks of developmental delay, academic difficulties, behavioral disorders, substance abuse, early sexual activity, depression, and becoming adolescent parents themselves. In addition to the individual and social costs, teen births have an economic cost to the mothers, the children, and social services. Total increased expenditure on teenage mothers compared to women who delayed child birth to 20–24 years old in the state is estimated to be $590 million each year. This financial impact on society includes household income impact on mothers, productivity of children as adults, and cost of public assistance programs.

Risky sexual behavior puts youth at high risk for contracting sexually transmitted infections (STIs). Major STIs include HIV/AIDS, syphilis, gonorrhea, chlamydia, genital herpes, hepatitis B virus, and human papillomavirus (HPV). The potential health consequences of STIs include discomfort and pain, infertility, pelvic inflammatory disease (PID) in females, and in some cases even cancer and death. Untreated chlamydia and gonorrhea are the leading known preventable causes for infertility in the country. HPV is the leading cause of cervical cancer in the nation. In the case of HPV-related cancer and untreated HIV/AIDS patients, infection can lead to death.

**SOURCES**