

Fact Sheet

Adolescent Reproductive and Sexual Health Disparities: The Case of Youth in the Bronx

Changing The Odds Advisory Council

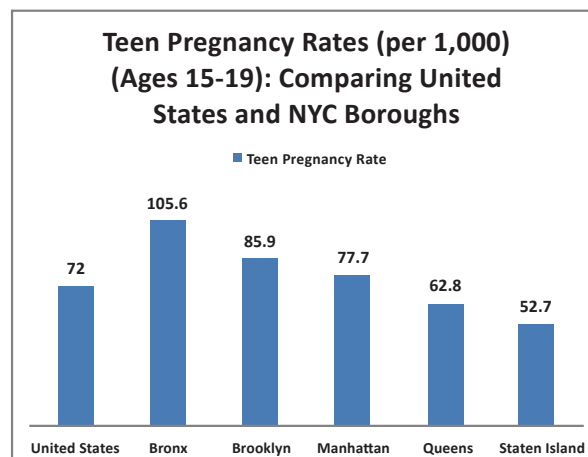
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Main Findings

1. Bronx youth are disproportionately impacted by poor reproductive and sexual health outcomes with the highest rates of teen pregnancy and STIs in New York City's five boroughs, as well as one of the highest rates of teen pregnancy in the nation and a rate of sexually transmitted infections much higher than national averages. [1-4]
2. Existing data from the most recent national school-based Youth Risk Behavior Survey (YRBS) conducted by the Centers for Disease Control and Prevention (CDC) suggest individual behavior does not fully explain the differences in the sexual and reproductive health outcomes between Bronx youth and their peers throughout New York City and across the country. [5]
3. Across social, economic, and health indicators, the Bronx is ecologically disadvantaged. In turn, this ecological disadvantage in which Bronx youth grow-up shapes adolescent sexual and reproductive health outcomes.

Detailed Findings

1. Bronx youth are disproportionately impacted by poor reproductive and sexual health outcomes with the highest rates of teen pregnancy and STIs in New York City's five boroughs, as well as one of the highest rates of teen pregnancy in the nation and a rate of sexually transmitted infections much higher than national averages. [1-4]
 - The Bronx has the highest pregnancy rate of New York City's five boroughs and 30 percent higher than the rate nationwide. [1, 3]





- The percentage of teens giving birth in the Bronx (42.6 per 1,000) is nearly twice as high as teens that live in Manhattan (25.5 per 1,000) or Queens (21.9 per 1,000)—areas that are just minutes away. [1]
- The rates of sexually transmitted infections (STIs) among youth in the Bronx are well above New York City and national averages.[2,4] The incidence of chlamydia among females ages 15-19 years old in the Bronx was nearly 40 percent higher than the rate in New York City. [2] In males of the same age group, the incidence of chlamydia was the triple national figure. [2,4]
- In New York City, HIV positive adolescent females (ages 13-24) are most likely to reside in the Bronx and Brooklyn (31-33 percent) [6]. A significant percent of HIV adolescent males also reside in the Bronx and Brooklyn (21-23 percent). [6]

2. Existing data from the most recent national school-based Youth Risk Behavior Survey (YRBS) conducted by the Centers for Disease Control and Prevention (CDC) suggest individual behavior does not fully explain the differences in the sexual and reproductive health outcomes between Bronx youth and their peers throughout New York City and across the country. [5]

- The percent of high school students in the Bronx that have engaged in sexual intercourse equals the national average of 46 percent. [5]
- Bronx youth are more likely to use a condom and less likely to have consumed drugs or alcohol prior to their most recent sexual experience, compared to their teen counterparts across the United States. [5]

- Yet, Bronx youth are disproportionately burdened by high rates of pregnancy, STIs and HIV/AIDS demonstrating that the negative health outcomes among Bronx youth are not just a matter of individual behaviors. [5]

3. Across social, economic, and health indicators, the Bronx is ecologically disadvantaged. In turn, the environment in which Bronx youth grow-up shapes their future sexual and reproductive health outcomes.

- The Bronx is noticeably disadvantaged economically, made evident by the highest poverty rate of New York City's five boroughs. [7] Over 25 percent of families in the Bronx live below the poverty line and 39.4 percent of all children are living in poverty. Adolescents who live in high poverty neighborhoods have a greater likelihood of dropping out of school and becoming pregnant as a teen. [7,8]
- Low levels of educational attainment are linked with poorer health outcomes. [9] The Bronx has a high school dropout rate (31 percent), more than double the national average (15 percent) creating a pool of young people with less schooling who are at risk for poor health outcomes. [9,10]

Children who have experienced violence, abuse, or neglect are more likely to abuse drugs and alcohol, and are more likely to engage in sexual risk behavior and become pregnant as teens. [11] The Bronx has the highest rate of children placed in foster care (5.7 per 1,000) among New York City's five boroughs. [12]



- The rate of violent crime in the Bronx is four times higher than the national rate. [13] According to the CDC's Youth Risk Behavior Survey, 14.3 percent of Bronx high school students missed at least one day of school because they felt unsafe at school or on their way to or from school compared to five percent nationally. [5]
- Gangs are common in economically distressed communities, such as the Bronx, and often target schools for recruitment. [14] Gang activity is associated with adolescent risk behaviors including drug use and sexual risk behavior. [14-16]
- HIV is the sexually transmitted disease with the highest level of disparity by racial or ethnic group. With the population of the Bronx 90 percent Latino and African American, HIV/AIDS is of pressing concern.[17] Bronx neighborhoods with the highest proportion of white residents, such as Kingsbridge and Riverdale, have the lowest number of HIV diagnoses [18]. Alternatively, neighborhoods with the highest percentage of African American and Latino residents have the highest number of HIV diagnoses in the county. [18]

Recommendations

- **Increase targeted funding and budgetary allocations specifically for programs designed to address the sexual and reproductive health needs of youth residing in the Bronx. This requires acknowledging that the Bronx is a geographic area of sexual and reproductive vulnerability for youth.**
- **Foster the adoption and implementation of evidence-based comprehensive sex education curricula that include information on a wide range of topics, including abstinence, contraceptive methods, relationships, and interpersonal violence.**
- **Ensure accountability of delivery and implementation of evidence-based comprehensive sex education for schools by creating benchmarks and holding schools accountable for meeting these goals.**
- **Increase access to affordable, culturally and linguistically competent, quality health care, particularly for disadvantaged Bronx communities. This includes ongoing financial support for School Based Health Centers.**
- **Provide targeted HIV and STI testing, screening, and treatment. In addition, Bronx youth need free or low-cost contraception, particularly dual methods.**
- **Target risk factors that contribute to delinquency by expanding prevention programs, such as community engagement activities, mentoring programs for youth, employment programs for Bronx families, and evidence-based alternatives to incarceration.**
- **Focus prevention programs on youth most at risk including youths in foster care, LGBT youth, youth using drugs and alcohol, and youth not currently attending school.**



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