Adolescents in the United States: By the Numbers

Over 64 million adolescents ages 10 to 24 live in the United States, representing roughly 21% of Americans. In the past ten years, the adolescent population has grown by more than 7%, with the largest gains seen among young adults ages 20 to 24.

Young people in the United States reflect the increasing diversity of American society, as racial and ethnic minority groups continue to expand. Latinos and African Americans account for 20% and 16% of adolescents aged 10 to 19, compared to 18% and 15% of young adults ages 20 to 24. Conversely, while White youth represent 61% of young adults, they account for 58% of adolescents. This growth of minority communities is expected to continue in the coming decades, with estimates projecting that white youth will account for 48% of adolescents by 2040.

Other trends seen among adolescent populations in the United States include a rising number of young people living in immigrant families (19% in 1990 to 24% in 2008), increasing school enrollment, and declining high school dropout rates. Further, 10.2 million young people lived in poverty in 2006, accounting for 23% of all Americans living in poverty.
Major Causes of Mortality in the Second Decade

Overall, mortality rates have declined among youth in the United States from 76 per 100,000 in 1990 to 60 in 2005. Although males consistently have a higher mortality rate than females, this downward trend has been observed among both sexes, as well as older and younger adolescents (see Figure 1). The largest declines in mortality in the past 20 years were seen among males and African American youth. However, racial and ethnic disparities persist, with American Indian/Alaskan Native and African Americans experiencing the highest teen death rates (see Figure 2).

The leading cause of mortality among youth in the United States is unintentional injuries (48%) with motor vehicle injuries accounting for the majority of these deaths (see Figure 3). Other leading causes include homicide (13%) and suicide (11%). Racial and ethnic disparities are also apparent within these groups, as American Indian/Alaskan Native youth experience the highest rate of motor vehicle deaths and suicides, and African Americans the highest rate of homicides.

Injuries

Nearly 75% of all deaths in the second decade result from unintentional injuries, including vehicular injuries, unintentional poisoning, unintentional drowning, and unintentional discharge of a firearm (see Figure 3). Between the ages of 10 and 18, deaths due to unintentional injuries increase dramatically from 47% to 81%. Consistently, males face a greater risk, as the mortality rate due to unintentional injury for

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**Figure 1: Trends in Adolescent Mortality Rates by Gender and Age, 1980-2003**

![Trends in Adolescent Mortality Rates by Gender and Age, 1980-2003](image)

*Source: National Adolescent Health Information Center, 2006*

**Figure 2: Teen Death Rates by Race/Ethnicity, 2002-2003**

![Teen Death Rates by Race/Ethnicity, 2002-2003](image)

*Source: United States Census Bureau, 2011*
males is 39 deaths per 100,000 compared to 14 deaths per
100,000 for females.5

Vehicular deaths are the primary cause of mortality for youth
in the United States, with contributing factors including lack
of driving experience as well as presence of other teenage pas-
sengers and alcohol use.10 Since 1980s, motor vehicle death
rates have declined significantly from 42 deaths per 100,000
to 23 deaths per 100,000 in 2006.10 Nevertheless, alcohol
consumption continues to significantly influence vehicular
mortality rates among young people. In 2007, alcohol
involvement in fatal crashes was reported for 23% of drivers
aged 16 to 20 and 41% of drivers aged 21 to 24.5

While structural changes, such as improved roads, breakaway
lights, and wider median dividers, as well as the implementa-
tion of new laws, including mandatory seat belt laws, gradu-
ated licenses, and limitations on the number of passengers
riding with new drivers have successfully contributed to
the reducing motor vehicle mortality rates, declines are also
credited largely to behavior change. From 1991 to 2009,
the percent of teens who reported never wearing a seatbelt
dropped from 25.9% to 9.7%.11 Further, while 40% of teens
in 1991 reported riding with a driver who had been drinking,
that figure dropped to 28% in 2009.11 Similarly, 17% of teens
reported that they drove after drinking in 1991, compared to
less than 10% in 2009.11

Violence

Weapon-Related Violence
Homicide is the second leading cause of death for youth ages
10 to 24, and 82% of homicides are firearm-related.5 As a
nation, the United States has a higher firearm mortality rate
among children and youth than the next highest 25 industri-
alized nations of the world combined (see Figure 4).12 Since
1993, homicide rates for teens ages 15 to 19 has declined
significantly, from 20.7 deaths per 100,000 to 10.4 deaths per
100,000 in 2007 (see Figure 5).13

Weapon-carrying among youth has also declined. In 2009,
5.6% of students reported carrying a gun to school in the
preceding 30 days, compared to 11.8% in 1993.14

Suicide
One-third of all firearm deaths among adolescents are the
result of suicide. Between 1994 and 2006, teen suicide rates
have dropped from 11.1 per 100,000 to 6.9 per 100,000.13
Although adolescent females are more likely to attempt
suicide than males, males are four times more likely to die
from suicide.13 As a result, roughly 83% of suicide deaths
were males.15 Disparities also exist between racial and ethnic
groups, as Native American/Alaskan Native and Hispanic
youth experience the highest suicide rates.15

According to the Youth Risk Behavior Survey, 13.8% of youth
contemplated suicide in 2009, and 10.9% of youth reported
having made a plan about how they would attempt suicide.16
These numbers illustrate a downward trend since 1991, when
29% of youth considered attempting suicide, and 19% made
a plan.16 Despite decreases in contemplated suicide, rates of
attempted suicide have not changed significantly, with 6.3% of
young people reporting attempted suicide in 2009 com-
pared to 7.3% in 1991.16

Figure 3: Percent Distribution of all Deaths to Teenagers 12-19 Years by Cause of Death, 1999-2006

Major Causes of Morbidity in the Second Decade

Substance Use

Since the 1980s, adolescent substance use has declined, due in part to decreases in tobacco, alcohol, and drug use. In 2009, past month alcohol use among 12th graders was 42%, compared to 51% in 1991. Nevertheless, alcohol use increases from adolescence to young adulthood, and has a higher prevalence among males compared to females. Similarly, American Indian/Alaskan Native and White youth report the highest rates of alcohol consumption, while Black and Asian youth report the lowest.

Cigarette use has also declined since the early 1990s, with 20% of high schoolers reporting past month cigarette smoking in 2009 compared to 28% in 1991. As seen with alcohol consumption, smoking rates increase between adolescence and young adulthood (see Figure 6). Illicit drug use among adolescents has remained fairly constant since 1991. In 2008, more than one in twelve 12th grade students reported the use of illicit drugs other than marijuana in the past month. Highest rates of past month drug use were seen among American Indian/Alaskan Native and White adolescents.

With respect to substance abuse, rates of dependence did not change from 2000 to 2007 for 12 to 17 year olds (8%), but
increased from 15% to 21% for 18 to 25 year olds. Among young adults, males report higher rates of substance abuse or dependence than females, and American Indian/Alaskan Natives reported the highest rates compared to other racial and ethnic groups.

Sexual and Reproductive Health

While the average age of first sex in the United States is 17, the median age of marriage is in the mid-20s, resulting in adolescents facing an increased risk of unwanted pregnancy and sexually transmitted infections (STIs). By age 15, roughly 13% of American teens have ever had vaginal sex. Among high school students, almost half report ever having sexual intercourse, compared to four fifths of young adults ages 18 to 24.

Teenage Pregnancy

Nearly 750,000 women ages 15 to 19 become pregnant every year. In 2005, adolescent pregnancy rates were at the lowest point since 1969 (70 per 1,000 women aged 15 to 19); however in recent years, rates have slightly increased (72 per 1,000 in 2006). This overall decline in teen pregnancy is attributed in part to increases in consistent contraceptive use (see Figure 7). Over the past 20 years, condom use at last intercourse among adolescents has increased from 46% in 1991, to 61% in 2009. Between 2006 and 2008, about 84% of female teens and 93% of male teens reported using contraceptives at last sex, compared to 71% and 82% in 1995.

Despite increasing contraceptive use, teen pregnancy rates in the United States remain among the highest of industrialized nations: more than twice that of Canada (28 per 1,000 women aged 15 to 19 in 2006) and Sweden (31 per 1,000). In 2005, New Mexico reported the highest teenage pregnancy rate in the country, followed by Nevada, Arizona, Texas, and Mississippi (see Figure 8). Racial and ethnic disparities also persist, with Black and Hispanic women experiencing the highest pregnancy rates (126 and 127 per 1,000 ages 15 to 19).

Sexually Transmitted Infections

Despite representing only a quarter of the sexually active population, nearly half of all STIs (48%) occur in youth 15 to 24 years of age. Human Papillomavirus accounts for half of STI infections among adolescents (see Table 1).

In 2008, 17% of new HIV diagnoses were among adolescents aged 13 to 24. Estimated numbers of new HIV/AIDS cases are highest for Black youth.

Table 1: Incidence of STIs Among Youth in the United States

<table>
<thead>
<tr>
<th>Sexually Transmitted Infection</th>
<th>Number of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Papillomavirus</td>
<td>4.6 million</td>
</tr>
<tr>
<td>Trichomoniasis</td>
<td>1.9 million</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>1.5 million</td>
</tr>
<tr>
<td>Genital Herpes</td>
<td>640,000</td>
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<tr>
<td>Gonorrhea</td>
<td>431,000</td>
</tr>
<tr>
<td>HIV</td>
<td>15,000</td>
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<tr>
<td>Syphilis</td>
<td>8,200</td>
</tr>
</tbody>
</table>

Source: Centers for Disease Control and Prevention, 2010
Obesity

Over the last 20 years, the US has experienced a dramatic increase in obesity. In 1991, only four states reported an obesity prevalence rate between 15 and 19%, and no states reported rates at or above 20%. In 2009, every state except for Colorado reported an obesity prevalence rate at or above 20%, with 9 states exceeding 30%.26

Among adolescents, obesity has increased steadily. Between 1980 and 2008, obesity among adolescents aged 12 to 19 increased from 5% to 18%.27 Obesity rates vary by race and ethnicity, with Black females and Mexican American males reporting the highest rates (29% and 27%), and White males and females reporting the lowest (17% and 15%).28

Obesity trends among adolescents are largely driven by unhealthy behaviors and decreases in physical activity both inside and outside of school. In 2009, 29% of youth reported drinking a sugared beverage at least once daily, and 67% of youth reported not attending physical education classes while in school.27, 29

References


