Published in final edited form as:

Am J Prev Med. 2013 August ; 45(2): e15. doi:10.1016/j.amepre.2013.04.007.

Adolescent Obesity and Risky Sexual Behavior

Earle C. Chambers, PhD and

Department of Family and Social Medicine

Caryn R.R. Rodgers, PhD

Department of Family and Social Medicine, Preventive Intervention Research Center

To the Editor:

The recent supplement to the *American Journal of Preventive Medicine*—Addressing Latino Childhood Obesity Through Research and Policy: Findings from the Salud America! Experience¹—was exciting and interesting to read. It is a constant reminder of the racial and ethnic disparities that exist in health outcomes that can be seen early in life. It has become clear that treating obesity requires a multifactorial approach. It is also becoming more apparent, and suggested by many of the reports in this supplement, that obesity can be difficult to treat and requires an approach with many different points of contact, including medical providers, parents, and community.

We would like to highlight an additional concern in the treatment of obesity not often considered among obese youth but potentially important to treatment. Concomitant unhealthy behaviors can create barriers to treating obesity. Risky sexual behavior and its related health-compromising outcomes—for example, sexually transmitted infections (STIs), unintended pregnancy—greatly affect Latino youth,^{2,3} presumably many of the same youth who are affected by obesity. Risky sexual behavior has been defined most commonly in the literature as unprotected sexual acts that have a high probability of leading to unintended pregnancy; acquisition of an STI, including HIV/AIDS; or other negative outcomes.

In our recent review of the literature on the relationship between risky sexual behavior and obesity among sexually active youth there were only two studies that we found^{4,5} addressing this issue and they suggest that obesity increases the likelihood of engaging in risky sexual behaviors such as using alcohol and drugs and not using a condom. According to the CDC, 47.4% of high school students nationwide have ever had sexual intercourse, and 33.7% report having had sex with at least one person in the 3 months prior to the survey.²

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Albert Einstein College of Medicine, Bronx New York, earle.chambers@einstein.yu.edu.

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No financial disclosures were reported by the authors of this letter.

Adolescents who are obese and participating in risky sexual behavior add another layer of complexity to obesity treatment campaigns since both pregnancy and STIs can add additional complications to successful weight management. Excessive weight gain during pregnancy is common⁶ and weight loss post-partum is difficult for new mothers.⁷ Further, research suggests that HIV infection can make obesity-related complications difficult to treat.⁸

Despite the prevalence of obesity and sexual risk behavior among adolescents, there are few studies that investigate how these conditions may be related. Obese adolescents are a vulnerable population that can benefit from an integrated approach to intervention and treatment. As suggested by many of the studies of this supplement,¹ it is important to pay attention to the whole child in the context of the many environments in which they live—including family, school, and community—when designing interventions that have the potential for sustainable success.

References

1. Ramirez AG, Ayala GX. Addressing Latino Childhood Obesity Through Research and Policy: Findings from the Salud America! Experience. *Am J Prev Med.* 2013; 44(3S3):S173–S296. [PubMed: 23415179]
2. Eaton DK, Kann L, Kinchen S, et al. Youth risk behavior surveillance—United States, 2011. *MMWR.* 2012; 61(SS04):1–162. [PubMed: 22673000]
3. Gavin L, MacKay AP, Brown K, et al. Sexual and reproductive health of persons aged 10–24 years—United States, 2002–2007. *MMWR.* 2009; 58(SS06):1–58. [PubMed: 19609250]
4. Ratcliff MB, Jenkins TM, Reiter-Purtill J, Noll JG, Zeller MH. Risk-taking behaviors of adolescents with extreme obesity: normative or not? *Pediatrics.* 2011; 127(5):827–834. [PubMed: 21518723]
5. Leech TG, Dias JJ. Risky sexual behavior: a race-specific social consequence of obesity. *J Youth Adolesc.* 2012; 41(1):41–52. [PubMed: 21541717]
6. Rasmussen, KM.; Yaktine, AL., editors. *Weight gain during pregnancy: re-examining the guidelines.* Washington DC: The National Academies Press; 2009.
7. Polley BA, Wing RR, Sims CJ. Randomized controlled trial to prevent excessive weight gain in pregnant women. *Int J Obes Relat Metab Disord.* 2002; 26(11):1494–1502. [PubMed: 12439652]
8. Engelson ES, Agin D, Kenya S, et al. Body composition and metabolic effects of a diet and exercise weight loss regimen on obese, HIV-infected women. *Metabolism.* 2006; 55(10):1327–1336. [PubMed: 16979403]