

Trends and Recent Estimates: Contraceptive Use Among U.S. Teens

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O*verview.* Despite improvements, the U.S. still has some of the highest rates of teenage pregnancy and childbearing in the industrialized world.^{4,12} A large percentage of these pregnancies are unintended (82 percent).⁴ Teens in the U.S. also have higher rates of sexually transmitted infections (STIs) than do teens in other industrialized countries.¹⁰

The only completely effective way for teenagers to avoid early and unintended pregnancies and STIs is to abstain from sex. However, almost half of teens are sexually experienced. In 2005, 47 percent of teens reported that they had ever had sexual intercourse.³ Those teens who engage in sex can decrease their risks of pregnancy and STIs by using contraceptives more effectively and consistently and by combining use of a condom with use of a hormonal contraceptive method (e.g., the birth control pill). While hormonal methods are more effective than are condoms in preventing pregnancy, condoms are the most effective contraceptives for preventing STIs.⁶ Unfortunately, teenagers are not perfect users of either condoms or hormonal contraceptives.^{2,11}

This Research Brief draws on recently released nationally representative data to provide information on teenagers' patterns of contraceptive use during heterosexual, vaginal intercourse. (For more detailed information on these data, see the box on page 2.) In this brief, we examine these patterns for males and females, for members of racial and ethnic groups, and for younger and older teenagers. Among the findings from these new analyses are that teen females are using more effective hormonal methods to prevent pregnancy and that most sexually active teens used some form of contraception both the first and most recent time that they had sex. At the same time, we found that Hispanic teens, teens who initiate sex at a younger age, and teens who use condoms inconsistently show lower levels of contraceptive use, putting them at greater risk of unintended pregnancy and childbearing or of contracting an STI.

CONTRACEPTIVE USE PATTERNS AMONG TEENS

This *Research Brief* uses two measures of contraceptive use for different populations of teens:

- Contraceptive use during the first sexual experience, or *at first sex*, among teens who ever had sexual intercourse. (The term that researchers use for these teens is *sexually experienced*.)
- Contraceptive use during the most recent sexual experience, or *at most recent sex*, among teens who had sexual intercourse in the past three months. (The term that researchers use for these teens is *sexually active*.)

In addition, this brief refers to *dual method use*, which is defined here as the combined use of a condom and a hormonal method of contraception, such as birth control pills, implants, or a contraceptive patch.

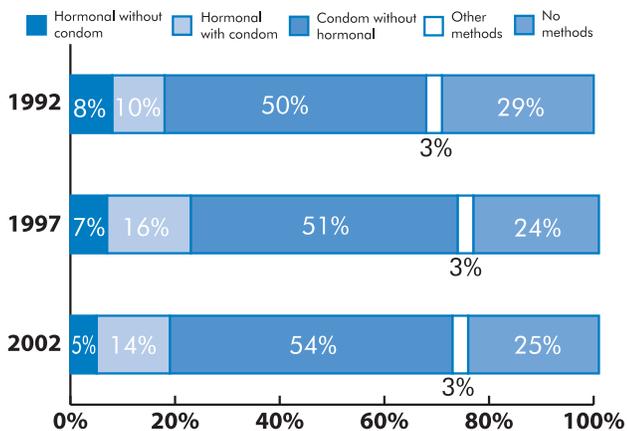
CONTRACEPTIVE USE AT FIRST SEX

Two interrelated reasons help explain the importance of tracking patterns of teens' contraceptive use at first sex. One reason is that contraceptive use in the first sexual relationship is associated with subsequent contraceptive use and consistency.⁹ The other is that consistent contraceptive use is key to preventing unintended pregnancy and sexually transmitted infections.⁵

ABOUT THE RESEARCH SOURCE FOR THIS BRIEF

All 2002 data on adolescent sexual activity and contraceptive use reported in this brief are drawn from the 2002 National Survey of Family Growth (2002 NSFG), conducted by the National Center for Health Statistics (NCHS). The 2002 NSFG is a nationally representative cross-sectional survey (i.e., taken at one point in time) of males and females who were between the ages of 15 and 44 at the time of the survey. Most NSFG data discussed in this brief come from a report published by the NCHS² and are supplemented with original analyses by Child Trends. Trend data for females come from either retrospective reports from the 2002 NSFG data or from comparisons with earlier rounds of these data (1988 and 1995 NSFG). Trend data for males come from either retrospective reports from the 2002 NSFG data or from comparisons with earlier rounds of the National Survey of Adolescent Males (1988 and 1995 NSAM). The NSAM is a nationally representative survey of never-married males between the ages of 15 and 19. Unless otherwise noted, the analyses presented in this brief refer to never-married teens (males and females combined) between the ages of 15 and 19.

Figure 1 Trends in Contraceptive Method Use at First Sex Among Females Aged 15-19



Source: Child Trends (2005). Child Trends' analyses of the 2002 National Survey of Family Growth. *Numbers may not equal 100% due to rounding.

More teen females report that a condom was used at first sex than in the past. Among all sexually experienced female teens who were between the ages of 15 and 19 in 2002, 75 percent used some form of contraception at first sex. This proportion was similar to that found in 1997, when it was 76 percent, and 1992, when it was 71 percent (see Figure 1).ⁱ Among teen females between the ages of 15 and 19, the use of a condom at first sex, either alone or in combination with a hormonal method, increased from 60 percent in 1992 to 68 percent 2002.

- The proportion of teen females who used a dual method of contraception at first sex increased from 10 percent to 16 percent between 1992 and 1997. In 2002, 14 percent of teen females reported using a dual method at first sex.
- In 2002, 19 percent of teen females used a hormonal method, either alone or with a condom, at first sex. Three percent of teen females used other contraceptive methods (including withdrawal, rhythm method, natural

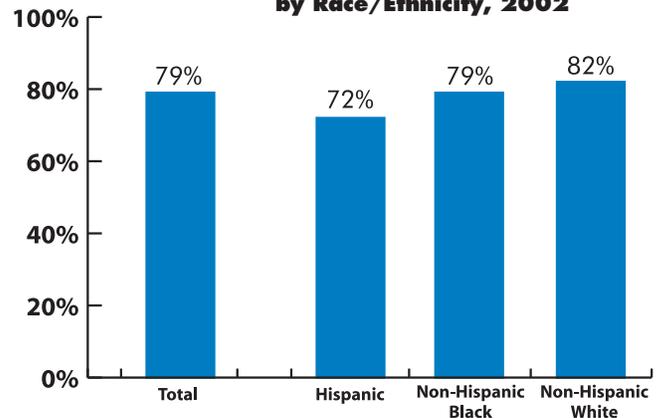
family planning, diaphragm, female condom, foam, jelly, cream, cervical cap, or sponge).

- Among males, the use of any method at first sex increased from 72 percent in 1992 to 82 percent in 2002.

Contraceptive use at first sex differs by race and ethnicity. In 2002, Hispanic teenagers reported lower levels of using *any* contraceptive method at first sex (72 percent) than did white teenagers (82 percent), while 79 percent of black teenagers reported using any method at first sex (see Figure 2). Separate analyses (not shown here) indicate differences in contraceptive method type by race/ethnicity and gender.

- Among all teens, Hispanics were less likely than were blacks to report condom use at first sex (64 percent and 74 percent, respectively).ⁱⁱ The level of condom use for whites (71 percent) was similar to that of blacks.

Figure 2 Contraceptive Use at First Sex Among Sexually Experienced Teens Aged 15-19 by Race/Ethnicity, 2002

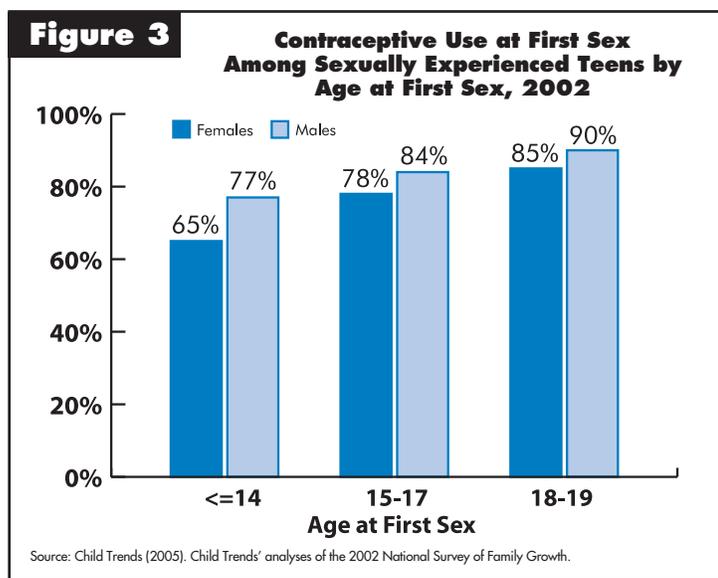


Source: Child Trends (2005). Child Trends' analyses of the 2002 National Survey of Family Growth.

- Among females, whites (73 percent) were more likely to report condom use at first sex than

were blacks (61 percent) or Hispanics (60 percent). In contrast, among males, blacks (85 percent) were more likely to report using condoms at first sex than were whites (69 percent) or Hispanics (67 percent).

Younger teens are less likely to use contraception at first sex. Contraceptive use at first sex increased with age at first sex for both females and males; however, overall, teen males reported higher levels of contraceptive use at first sex than did their female counterparts.



Among females between the ages of 15 and 19 who were 14 and younger when they first had sex, 65 percent reported using any method of contraception at first sex. In comparison, 78 percent of those who were between the ages of 15 and 17 and 85 percent of those who were between the ages of 18 and 19 at first sex reported using any method of contraception at that time. (see Figure 3). Seventy-seven percent of males who were 14 or younger at first sex used contraception at that time, compared with 84 percent of males who were between the ages of 15 and 17 and 90 percent of males who were between the ages of 18 and 19 at first sex.

CONTRACEPTIVE USE AT MOST RECENT SEX

Understanding trends in contraceptive use at most recent sex can help to identify strategies for preventing unwanted pregnancy and STI transmission among sexually active teens.

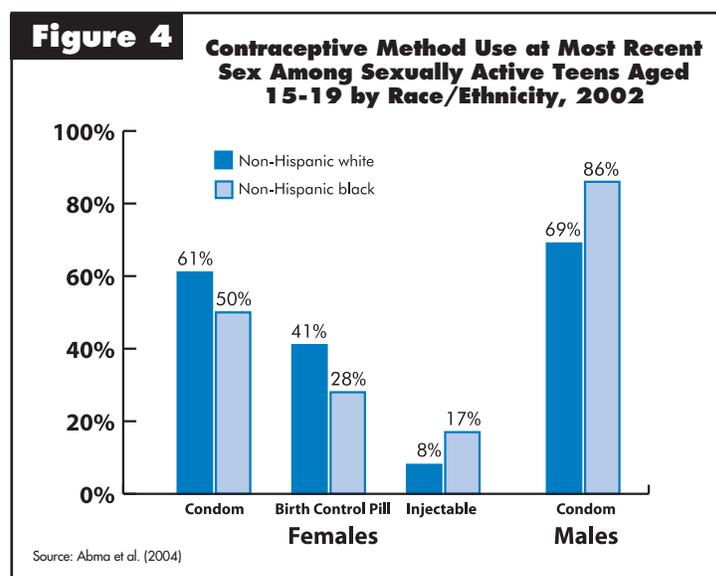
Most sexually active teens used contraception at most recent sex. In 2002, 83 percent of sexually active teen females reported using contraception at most recent sex, compared with 71 percent of females in 1995. Among sexually active teen

males, 91 percent used contraception at most recent sex, compared with 82 percent in 1995.

- Between 1995 and 2002, the proportion of females whose partners used a condom at most recent sex increased from 38 percent to 54 percent, and the proportion of males using a condom at most recent sex increased from 64 percent to 71 percent.
- In 2002, 34 percent of females reported using the pill and 9 percent reported using another hormonal method, compared with 25 percent of females who used the pill and 7 percent who used another hormonal method (e.g., Depo-Provera™, Norplant) in 1995.

The contraceptive method used at most recent sex differs by race and ethnicity among sexually active teens. In 2002, 61 percent of white teen females and 50 percent of black teen females reported condom use at most recent sex. White teen males were less likely than were black teen males to report condom use at most recent sex (69 percent versus 86 percent) (see Figure 4).

Among teen females in 2002, whites were more likely than were blacks to report that they used the birth control pill at most recent sex (41 percent, compared with 28 percent). In contrast, blacks were more likely than were whites to report that they used an injectable hormonal method (such as Depo-Provera™ and Lunelle™) at most recent sex (17 percent and 8 percent, respectively).ⁱⁱⁱ



CONTRACEPTIVE USE AT FIRST VS. MOST RECENT SEX

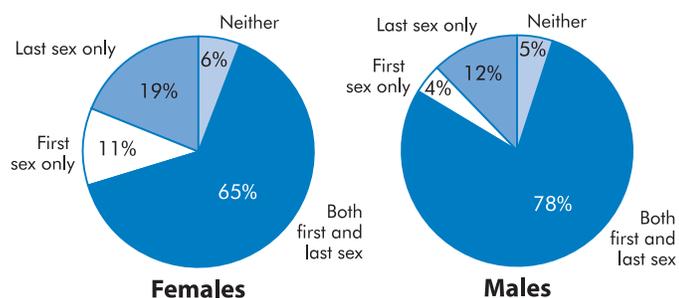
Comparing teen contraceptive use at first and most

recent sex provides insight into their patterns of contraceptive use and consistency.

The majority of sexually active teens used some form of contraception both the first and the most recent time that they had sex. Among sexually active teens in 2002, males (78 percent) were more likely than were females (65 percent) to report that they or their partner used some form of contraception both the first and the most recent time that they had sex (see Figure 5). Among teens who only used contraception on one occasion, greater proportions of teens used contraception at last sex only than at first sex only.

- Among teen females, Hispanics were less likely to use contraception at both first and last sex (36 percent) than were non-Hispanic blacks (57 percent) or non-Hispanic whites (72 percent). Among teen males, Hispanics were less likely than were whites (65 percent versus 84 percent) to use contraception at both first and last sex but reported similar levels of use at both first and last sex as blacks (77 percent).

Figure 5 Contraceptive Use at First and Most Recent Sex Among Sexually Active Teens Aged 15-19, by Gender, 2002



Source: Child Trends (2005). Child Trends' analyses of the National Survey of Family Growth, 2002. *Numbers may not equal 100% due to rounding.

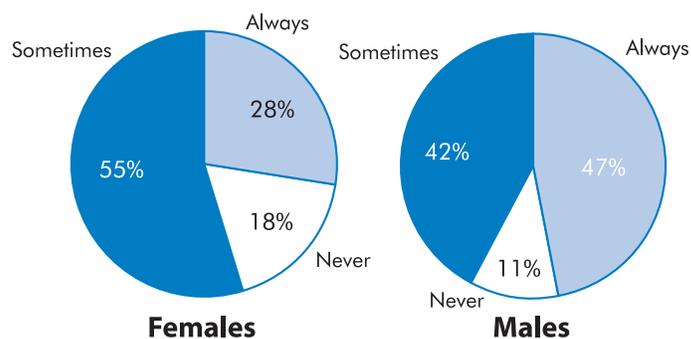
CONSISTENCY OF CONDOM USE

Consistent, correct condom use is associated with decreased risk of STIs and pregnancy,⁶ as noted earlier in this brief.

Teenagers use condoms inconsistently. Among teenagers who reported engaging in sexual intercourse in the previous 12 months, only 28 percent of females and 47 percent of males reported condom use every time that they had vaginal sex (see Figure 6). Eleven percent of male teens and 18 percent of female teens reported that a condom was never used when they had sex in the past year, and an additional 42 percent of males and 55 percent of females reported only occasional condom use during this time period.

Figure 6

Consistency of Condom Use Among 15-19 Year Olds Who Have had Sexual Intercourse in Past 12 Months, by Gender 2002



Source: Abma et al. (2004). *Numbers may not equal 100% due to rounding.

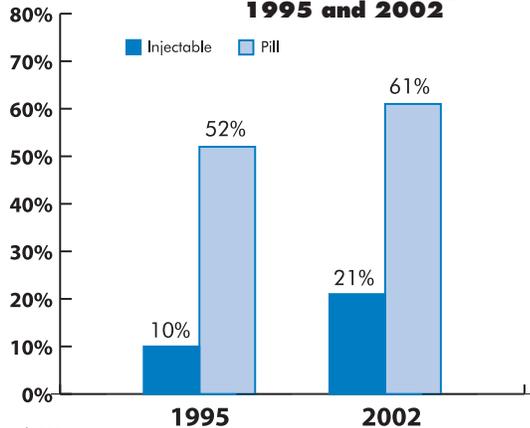
USE OF HORMONAL METHODS

Hormonal methods, especially those that are longer-acting (such as injectables and implants), if used appropriately, have been found to be the most effective contraceptive methods for preventing pregnancy.⁶

Approximately one-fifth of sexually experienced teen females has ever used an injectable hormonal method. The proportion of all sexually experienced teen females, both married and unmarried, who had ever used an injectable hormonal contraceptive method (such as Depo-ProveraTM) more than doubled between 1995 and 2002—from 10 percent to 21 percent. In comparison, 52 percent of all sexually experienced teen females, regardless of marital status, had ever used the pill in 1995, compared with 61 percent in 2002 (see Figure 7).

Hormonal method use varies by race and ethnicity, as well as by whether a teen already had given birth. Among never-married, sexually active females between the ages of 15 and 19 in 2002, Hispanics had the lowest proportion who used the pill (44 percent versus 72 percent of whites and 64 percent of blacks). Sexually active black teen females were more likely than were their white counterparts to report ever using an injectable method (32 percent, compared with 19 percent).^{iv} The proportion of sexually active Hispanic teen females who reported using an injectable method (20 percent) was similar to that of white teen females.

- In 2002, among never-married, sexually active females between the ages of 15 and 19, those who already had given birth were more likely than were those who had not given birth to report that they had used an injectable

Figure 7**Percentage of All Sexually Experienced Females* Aged 15-19 Who Have Ever Used Hormonal Contraceptives, 1995 and 2002**

Source: Abma et al. (2004)
*Includes married and unmarried teens.

contraceptive method at last sex (20 percent and 7 percent, respectively).

DUAL METHOD USE

Hormonal methods have lower failure rates, if used correctly, than do condoms. However, hormonal methods do not protect the user from acquiring an STI. Condoms, on the other hand, have been found to be effective at preventing STIs but to be less effective at preventing pregnancy. Therefore, it is generally important for teens who are sexually active to use a combination of both types of methods.

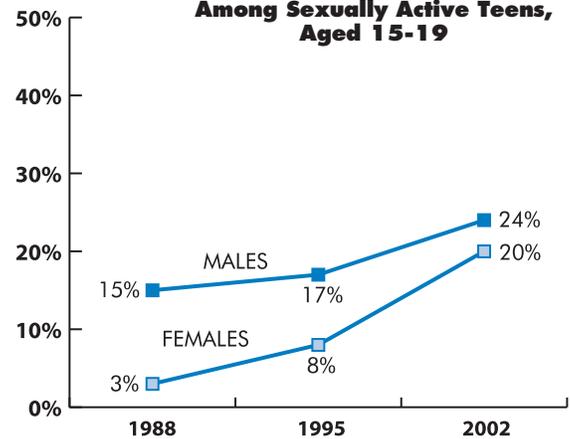
Teens report higher levels of dual method use at most recent sex than at first sex. In 2002, teenagers were more likely to report that they used a dual method at most recent sex than they did at first sex. Fourteen percent of sexually experienced females reported dual method use at first sex, compared with 20 percent of sexually active females who reported dual method use at most recent sex. The comparable proportions for males were 11 percent and 24 percent, respectively.

Approximately one-fifth of males and females used a dual method at most recent sex in 2002. Dual method use at most recent sex among sexually active female teens more than doubled from 3 percent in 1988 to 8 percent in 1995, and it more than doubled again to 20 percent in 2002. Among sexually active male teens, 15 percent reported using a dual method at most recent sex in 1988, compared with 24 percent in 2002 (see Figure 8).

Dual method use varies by race/ethnicity for males, but not for females. In 2002, sexually active white teen males reported higher levels of dual contraceptive use at most recent sex than did their black counterparts (30 percent versus 19 percent).^{iv} However, sexually active white teen females

and black teen females had comparable rates of dual method use at most recent sex (23 percent).^v

Dual method use varies by age for females, but not for males. Among females, dual method use was more common among younger teens than it was among older teens. In 2002, sexually active females between the ages of 15 and 17 were more likely than were those between the ages of 18 and 19 to report that they used dual contraceptive methods during their most recent sexual experience (25 percent and 16 percent, respectively). The proportion of males who used a dual method at most recent sex did not differ by age; approximately one-quarter of teen males in both age groups reported dual method use at most recent sex.

Figure 8**Trends in Dual Contraceptive Method Use* at Most Recent Sex Among Sexually Active Teens, Aged 15-19**

Source: Abma et al. (2004)
*Combined use of condoms with a hormonal method of contraception.

SUMMARY AND DISCUSSION

The majority of pregnancies and births among U.S. teen females are unintended, and the U.S. continues to have the highest rates of teen pregnancy and STI transmission in the industrialized world. Sexually active teens who use contraception correctly and consistently are better able to protect themselves against unintended pregnancies and STIs (although abstinence remains the absolutely “fail-safe” method to do so). This *Research Brief* has highlighted both positive and negative findings about U.S. teenagers’ use of contraception. Positive findings include:

- **The proportion of teen females reporting condom use at first sex has increased.** Three-quarters of teen females used any method of contraception at first sex in 2002. Sixty-eight percent of teen females reported condom use at first sex, either in combination with a hormonal method or on its own, up from 60 percent in 1992.

- **Most sexually active teens used contraception at most recent sex.** Between 83 percent and 91 percent of sexually active teens used contraception at most recent sex. In addition, the majority of teens reported using a contraceptive method both the first and most recent time that they had sex.
- **Teen females are using highly effective hormonal methods to prevent pregnancy.** Use of hormonal contraceptives among females is not limited to oral contraceptives. Between 1995 and 2002, the proportion of teen females who had ever used an injectable method of contraception more than doubled.
- **Teens are using dual methods of contraception.** Approximately one in five sexually active teens (20 percent of females and 24 percent of males) used a dual method at most recent sex. This finding suggests that teens are taking precautions to protect themselves against both unwanted pregnancy and STIs.

Nevertheless, several subpopulations of teens continue to face greater risks of STIs and/or unintended pregnancies, including:

- **Teens who are younger when they initiate sex.** Among both female and male teens, those who were youngest at first sex (age 14 or younger) reported the lowest levels of contraceptive use at first sex.
- **Teens who use condoms inconsistently.** More than one-half of sexually experienced male and female teens reported that they or their partners never or only inconsistently used condoms in the past year, therefore putting them at risk of acquiring an STI.
- **Hispanic teens.** Despite increases in contraceptive use at first sex among teens generally, Hispanic teens still reported low levels of contraceptive use at first sex. Hispanic teens also were the least likely to use contraception at both first and last sex.

POLICY IMPLICATIONS

For the declines in teen pregnancy and childbearing rates to continue and to reverse rising rates of STIs, it is important to continue efforts to increase the proportion of sexually active adolescents who use effective contraceptive methods—and who use them consistently. The following approaches warrant consideration:

- **Encourage teenagers to delay sexual activity.** Teenagers who engage in sexual inter-

course at an early age are less likely to use contraception the first time that they have sex than are teenagers who are older at first sex. Providing teenagers with a clear message to delay their first sexual experience—and then, if sexually active, to use contraception—could help reduce unwanted pregnancies and STIs. For example, one research study found that for every month a teen delayed having sex with his or her first romantic partner, the likelihood that the teen and partner used a contraceptive method consistently throughout the relationship increased by 5 percent.⁸

- **Emphasize the importance of using dual contraceptive methods to prevent unintended pregnancies and STIs.** Hormonal contraceptive methods, if used properly, are associated with lower pregnancy rates than are other contraceptive methods.⁶ Nevertheless, these methods do not protect sexually active teenagers from acquiring an STI, while condoms will. Therefore, sexually active teenagers should be encouraged to use dual contraceptive methods (a hormonal method in conjunction with a condom) to reduce their likelihood of both unintended pregnancy and STIs.
- **Reinforce the message that using effective contraception every time a teenager has sex is critical to avoiding unwanted pregnancy and STI transmission.** Every time teenagers have sex without using an effective contraceptive method, they put themselves at risk of an unintended pregnancy and/or of acquiring an STI. While many sexually active teenagers report using contraception both the first and the most recent time that they had sexual intercourse, almost one-quarter of males (21 percent) and more than one-third of females (36 percent) did not. In addition, roughly one-half of sexually active males (42 percent) and females (55 percent) reported inconsistent use of condoms in the past year.
- **Expand interventions to address the needs of high-risk populations.** Hispanic teenagers, young sexually experienced teenagers, and, in some cases, females (especially young females) are groups that are using contraception at lower rates and, therefore, are at risk of unintended pregnancy, childbearing, and STI transmission. Effective pregnancy prevention programs will address the unique cultural, age, and gender needs of the populations that they are designed to serve.⁷

This *Research Brief* has focused on trends and characteristics of adolescent contraceptive use among teenagers in the U.S., including contraceptive use at first sex and most recent sex and specific method use. Expanding our understanding of teenagers' sexual activity, as well as contraceptive use behaviors, will help us to identify strategies to reduce high rates of teenage pregnancy, childbearing, and STIs in the U.S.

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ENDNOTES

ⁱ These analyses are based on retrospective reports of females from the 2002 NSFG who were between the ages of 15 and 19 in 1992, 1997, and 2002. These birth cohort comparisons may yield findings different from those that examine similar trends based on those who first had sexual intercourse in three different time periods (1990-94, 1995-98, 1999-2002).¹

ⁱⁱ This is a marginally significant association ($p < .10$).

ⁱⁱⁱ Both of these associations are marginally significant ($p < .10$).

^{iv} This is a marginally significant association ($p < .10$).

^v These data are not available for Hispanics.

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