Overview. Even though the rates of teen pregnancy and childbearing in the United States have declined substantially since the early 1990s, these rates remain some of the highest in the industrialized world. Moreover, the vast majority of teen pregnancies are unintended. What is perhaps less well known is that unintended pregnancy and childbearing are also major concerns among young adults. In fact, young adults between the ages of 20 and 24 have the highest rate of unintended pregnancy in the United States. Teens and young adults combined (aged 15-24) also account for roughly one-half of the 19 million new sexually transmitted diseases (STDs) diagnosed in the nation every year. Teens and young adults who choose to be sexually active can lower their risk of unintended pregnancy by using highly effective contraceptive methods and reduce their risk of STDs by using condoms consistently and correctly. This Research Brief draws on recently released 2006-10 data, as well as 2002 data, from the National Survey of Family Growth (NSFG) to provide updated information on contraceptive use among teens (aged 15-19) and young adults (aged 20-24). Child Trends looked at how respondents answered questions about having ever used contraception prior to the survey; using it when they first had sex; using it the most recent time they had sex; and using condoms consistently. We also examined important differences in contraceptive use between teens and young adults and by race/ethnicity. Our findings show that the increase in contraceptive use seen in the late 1980s and 1990s slowed substantially in the 2000s. However, some notable changes occurred between 2002 and 2006-10, including an increase in the percentage of young women who had used newer hormonal methods (such as the patch or the ring) and long-acting methods (such as the IUD or implants) at least once in their life and an increase in the percentage of young men who used a condom combined with a hormonal or long-acting method at most recent sex. Contraceptive use patterns continue to differ by age and by race/ethnicity.

Contraceptive Methods Used at Least Once

Knowing whether female respondents have used a contraceptive method at least once in their life provides important information on how many women try a particular method of birth control, regardless of whether they continue to use this method as their primary method, change methods, or discontinue use altogether.

The vast majority of sexually experienced teen and young adult women have used a birth control method at least once in their life. In 2002 and 2006-10, almost all (98-99 percent) teen and young adult women aged 15-24 who reported ever having sex (i.e. sexually experienced) reported having used some form of contraception at least once in their life (results not shown). Condoms, hormonal/long-acting methods, and withdrawal were the most common methods used (see Figure 1). However, only the use of condoms increased over this time period, from 93% in 2002 to 96% in 2006-10.

![Figure 1](image-url)

**Figure 1**

Percentage of sexually experienced women aged 15-24 who have used select contraceptive methods at least once in their life, 2002 and 2006-2010.

- **Hormonal/long-acting**: 78% (2002), 80% (2006-10)
- **Condom**: 93% (2002), 96% (2006-10)
- **Natural Family Planning**: 11% (2002), 13% (2006-10)
- **Withdrawal**: 58% (2002), 59% (2006-10)

Source: Child Trends’ analyses of NSFG 2002 female data and NSFG 2006-10 female data

*Sexually experienced is defined as having ever had sexual intercourse

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ABOUT THE DATA SOURCE FOR THIS BRIEF

The National Survey of Family Growth (NSFG), conducted by the National Center for Health Statistics (NCHS), is a nationally representative survey designed to gather information on family life, marriage and divorce, pregnancy, infertility, use of contraception, and health of women and, more recently of men, aged 15 to 44. It was conducted in specific years through 2002 (including 1988, 1995, and 2002), and since 2006 has been conducted continuously. Statistics in this brief are based on original analyses by Child Trends of data from the 2002 and 2006-2010 cycles of the NSFG, supplemented in some cases with data published by NCHS.1,4

In these analyses, we examined a variety of measures of contraceptive use for males and females aged 15 to 24, and sample sizes varied depending on the specific measure examined. The question of having ever used contraceptive methods was only asked of women; therefore, the sample was limited to sexually experienced (those who have ever had sexual intercourse) females aged 15-24 (n=2,920 in 2006-10 and n=1,764 in 2002). We assessed the measure of contraceptive use at most recent sex for all males and females aged 15 to 24 who had been sexually active in the past three months (n=3,600 in 2006-10 and 1,914 in 2002). All analyses were weighted and accounted for survey design effects. Statistically significant differences presented in this brief are significant at p<.05.

In 2006-10:

- Eight in 10 (80 percent) of sexually experienced teen and young adult women had used at least one hormonal/long-acting method—including the Pill, an injectable (such as Depo-Provera), an IUD or implant, the ring, or the patch—at some point prior to the survey.

- Thirteen percent used Natural Family Planning Methods (understanding the female’s monthly fertility pattern and using abstinence or another method on her most fertile days).

- Approximately three in five (59 percent) sexually experienced teen and young adult women had used withdrawal.

Sexually experienced teen and young adult women have used a variety of hormonal and long-acting methods of birth control at least once in their life.

- In 2002 and in 2006-10, slightly more than 70 percent of sexually experienced teen and young adult women reported they had used the Pill at some point prior to the survey and slightly more than 20 percent reported they had used an injectable method of contraception (see Figure 2).

- Fewer teen and young adult women reported using newer hormonal contraceptive methods, such as the contraceptive patch and ring, although this proportion is increasing. In 2006-10, 16 percent of sexually experienced teen and young adult women had used the patch at some point in their life, up from 2 percent in 2002. Roughly 8 percent of sexually experienced teen and young adult women in 2006-10 reported having used the recently introduced contraceptive ring at some point (FDA approved in 2001 and therefore not included in the 2002 data).

- The proportion of sexually experienced women who have used long-acting methods—such as an IUD or hormonal implant—at least once in their life increased as well, from 2 percent in 2002 to 5 percent in 2006-10.

Sexually experienced young adult women are more likely than their teen counterparts to have used a hormonal or long-acting method at some point prior to the survey. In 2006-10, 86 percent of sexually experienced young adult women reported having used a hormonal/long-acting method at least once in their life, compared with 67 percent of sexually experienced teen women (see Figure 3).

- In 2006-10, more than one-half (56 percent) of teen women had used the Pill at some point prior to the
survey compared to almost eight in 10 (78 percent) young adult women. Twenty percent of teen and one-quarter (25 percent) of young adult women had used an injectable method.

- In 2006-10, 10 percent of teen and 18 percent of young adult women had used the patch; 5 percent of teen and 10 percent of young adult women had used the ring; and 3 percent of teen and 6 percent of young adult women had used a long-acting method (the IUD or implant) at some point prior to the survey.

- Increases in use of the patch, the ring, and IUD/implant occurred for both teen women and young adult women between 2002 and 2006-10 (not shown).

- Teen and young adult women did not differ in their use of condoms or withdrawal. However, teens were more likely than young adults to have used Natural Family Planning (15 percent versus 12 percent, results not shown).

Sexually experienced white, black, and Hispanic teen and young adult women differ in their use of specific methods of birth control. Although virtually all women in all race/ethnic groups have used a method of contraception at some point in their life (results not shown), the use of some methods varies by racial and ethnic identity (see Figure 4). In 2006-10:

- Eighty-four percent of white women reported they had used a hormonal/long-acting method at some point prior to the survey, more than the 77 percent of black women and 70 percent of Hispanic women who reported the same. In particular, white women were more likely than were minority women to have used the Pill at some point (results not shown).

- Hispanic women were less likely than were black and white women to have used a condom at some point in their life for contraception—90 percent, compared with 97 percent of white women and 98 percent of black women.

- Black women were the most likely to have used Natural Family Planning methods at some point prior the survey. Almost one in five black women (19 percent) had used Natural Family Planning versus 11 percent of white women and 13 percent of Hispanic women.

CONTRACEPTIVE USE AT THE FIRST SEXUAL EXPERIENCE

Trends in contraceptive use at first sex are important to understand because adolescents who use contraception the first time they have sex are more likely to continue to do so.

In 2006-10, almost eight in 10 females (78 percent) and 85 percent of males reported using some form of contraception at first sex. The proportion of teens using contraception at first sex has increased substantially since 1988, when only 67 percent of females and 71 percent of males reported using contraception the first time they had sex. However, al-
though contraceptive use at first sex was higher in 2006-10 than in 2002, this change was not statistically significant for either males or females (See Figure 5).

CONTRACEPTIVE USE AT THE MOST RECENT SEXUAL EXPERIENCE
Monitoring contraceptive use at most recent sex is important because it provides an understanding of the types of methods teens and young adults are using currently.

Male use of dual methods (condom in conjunction with a hormonal/long-acting method) has increased since 2002. In 2006-10, 29 percent of never married sexually active teen and young adult men reported using dual methods, up from the 23 percent of men reporting dual method use in 2002. Additionally, one-third (33 percent) of men reported using a condom alone; this has not changed since 2002 (see Figure 6).

The use of specific birth control methods at last sex by sexually active teen and young adult women has not changed since 2002. In 2006-10, 28 percent of never married sexually active teen and young adult women reported using a hormonal or long-acting method by itself at most recent sex; 29 percent reported that a condom alone was used; and 18 percent reported use of a condom along with a hormonal/long-acting method (dual method) (other methods of contraception not included in figure). Use of specific methods of contraception at most recent sex in 2006-10 changed little since 2002 (see Figure 6).

Teens were more likely than were young adults to have used a condom at most recent sex. In 2006-10, teen women were more likely than were young adult women to report that a condom was used at most recent sex, either alone or in conjunction with a hormonal or long-acting method (52 percent versus 45 percent). Conversely, teen women were less likely than young adult women to report use of a hormonal/long-acting method alone (24 percent versus 30 percent). Teen men were more likely than were young adult men to use a condom, either alone or in conjunction with a hormonal or long-acting method, at most recent sex (75 percent and 55 percent, respectively, results not shown).

Among females, use of contraception at most recent sex differed by race/ethnicity.

Among females, use of contraception at most recent sex differed by race/ethnicity.

In 2006-10, among sexually active never married women aged 15-24, whites were more likely than were blacks and Hispanics to use a hormonal/long-acting method (32 percent versus 17 percent of blacks and 25 percent of Hispanics) or dual methods at most recent sex (23 percent versus 12 percent of blacks and 11 percent of Hispanics). Whites were less likely than minority women to use a condom alone (25 percent of whites versus 38 percent of blacks and 33 percent of Hispanics) or to report not using any method at most recent sex. Only 12 percent of white females aged 15-24 reported not
using contraception at most recent sex, compared with 25 percent of blacks and 22 percent of Hispanics (See Figure 7).

Among never married sexually active men aged 15-24, Hispanic men were less like than white or black men to report using a condom at most recent sex, either alone or in combination with a hormonal method. Approximately half of Hispanic men (54 percent) reported condom use versus approximately two-thirds of white and black men (63 percent and 66 percent, respectively) (results not shown).

**CONSISTENT USE OF CONDOMS AMONG TEENS**

Teens are more likely to report using condoms at most recent sex than using hormonal methods of birth control. Therefore, using condoms consistently—every time they have sex—is vital for effective pregnancy prevention. Additionally, consistency of condom use is an important indicator of how well teens are protecting themselves against STDs.

Sexually active teens often report using a condom for contraception every time they had sex in the past month. Among teens who reported having sex in the past month, two-thirds (67 percent) of males and one-half (49 percent) of females reported a condon was used every time they had sex. Conversely, 23 percent of males and 39 percent of females reported a condom was never used when they had sex in the past month; and an additional 11 percent of males and 12 percent of females reported only occasional condom use (see Figure 8).

**EMERGENCY CONTRACEPTION**

Emergency contraception—also called the “morning after pill”—is not intended to be used as a regular birth control method. However, it can be taken by a woman up to five days after unprotected intercourse to prevent pregnancy, although it is more effective when taken earlier. It is at least 75% effective when taken within 72 hours of unprotected sex. Since April 2009, emergency contraception has been available for purchase over-the-counter by men and women aged 17 and older and available by prescription to those who are younger.

The percentage of teen and young adult women who have used emergency contraception at least once in their life has increased. In 2006-10, 20 percent of teen and young adult women reported having used emergency contraception at some point prior to the survey, up from 9 percent in 2002. Young adult women (23 percent) were more likely to have used emergency contraception than were teen women (14 percent); and white and Hispanic women were more likely to have used emergency contraception (21 percent and 20 percent, respectively) than were black women (14 percent) (analyses not shown).

**SUMMARY AND DISCUSSION**

This *Research Brief* provides up-to-date information on the contraceptive use of teens and young adults in the United States. The findings highlight several notable patterns and trends.

With a few important exceptions, the proportion of teens and young adult women who have used contraception at some point in their life changed little between 2002 and 2006-10. These exceptions include the increased use of condoms and of some newer hormonal methods of birth control (such as the ring and the patch) and of long-acting methods (such as the IUD and implant) over this period. This change suggests that while the Pill remains popular, young women are taking advantage of birth control methods that have lower user-failure rates and last for longer periods of time than does the Pill, which must be taken on a daily basis.

Natural Family Planning methods continue to be used by over 10% of teen and young adult women. The reason behind this choice may be linked to concerns about the side effects associated with hormonal birth control methods; difficulty remembering to take a daily pill; and the perception that barrier methods are more trouble than they are worth. However, Natural Family Planning methods, as typically used, are
among the least effective methods in preventing pregnancy.6

The proportion of teens and young adults using contraception at first and most recent sex has also changed little since 2002. Although 85% of teenage men and 78% of teenage women reported using a contraceptive method at first sex, there was no significant change in this measure between 2002 and 2006-10. It is notable, however, that more teen men than women reported using a contraceptive method at first sex. This pattern could be related to the fact that female teens tend to have older partners when they first have sex and, therefore, may be less able to negotiate contraceptive use, particularly condom use.9

The percentage of teen and young adult women who reported using specific methods of contraception at most recent sex did not change between 2002 and 2006-10. More encouragingly, the proportion of young men who reported using dual methods at most recent sex—a condom in combination with a hormonal or long-acting method of birth control—increased between 2002 and 2006-10 to 29%. This rise represents good news in that combining a hormonal or long-acting method with a condom is the most effective way to prevent both pregnancy and STDs.

Not all teens use condoms consistently. While over half of teens used a condom every time they had sex in the past month, a significant percentage (39 percent of females and 23 percent of males) reported they had not used a condom in the past month, putting them at risk of contracting an STD or experiencing an unintended pregnancy (if no other method is used).

Use of emergency contraception is on the rise. Although it is not intended to be used as a regular method of birth control, emergency contraception is increasingly being used to help avoid unwanted pregnancy. The proportion of teen and young adult women who had used emergency contraception at least once in their life more than doubled from 9 percent in 2002 to 20 percent in 2006-10. The fact that emergency contraception became available over-the-counter in 2006 (for those 18 and older and in 2009 for those 17 and older)6 and that it has been more actively marketed in recent years10 may have contributed to this rise, especially among young adult women.

Teen and young adult patterns of contraceptive use show both similarities and differences. Teens and young adults were equally likely to report having used condoms and withdrawal at some point in their life. However, teen women were less likely than were young adult women to have used a hormonal/long-acting method of birth control (67 percent versus 86 percent). This pattern may reflect the tendency of teen women to have episodic sexual relationships—short-term relationships occurring one after another. Women in short-term relationships are less likely to use hormonal methods than are women in longer term relationships.12 It is also the case that most hormonal and long-acting methods—such as the Pill, the patch, the ring, and injectables—require a prescription, and therefore a visit to a health care provider. Adolescents have more difficulty getting to health care clinics than young adults, may experience more discomfort and embarrassment in health care settings, and are often concerned about the confidentiality of services.13

Conversely, at most recent sex, young adult women and men were less likely than were teens to use condoms. Young adults are more likely than are teens to be in longer-term monogamous relationships,12 where
their risk of contracting an STD may be reduced.\textsuperscript{14} However, to the extent that young adults in more casual relationships or with multiple sex partners are also less likely than their teen counterparts to use condoms, they may be more at risk of contracting STDs.

**Patterns of contraceptive use differ by race/ethnicity.** Sexually experienced white women aged 15-24 were more likely than were black and Hispanic women to have used highly effective hormonal/long-acting birth control methods at least once, and to have used such a method the last time they had sex. White women were also less likely than were minority women to report not using any method at most recent sex. Early childbearing is more common among black and Hispanic youth and may be considered more normative.\textsuperscript{15} However, there are also well-documented disparities in the use of reproductive health care services—white women tend to have greater access to health care services and more trust in health care providers than do other women.\textsuperscript{16,17} Additionally, research has found that minority young adult women are more likely to be concerned about the side effects of hormonal methods and to underestimate the effectiveness of the Pill.\textsuperscript{7}

**CONCLUSION**

While abstinence from all sexual contact is the only completely fail-safe way for teens and young adults to avoid early and unintended pregnancies and STDs, many young people are having sex. These youth can lower their risk of unintended pregnancy by using highly effective contraceptive methods—such as the Pill and other hormonal methods of birth control—and of STDs by using condoms consistently and correctly. However, as our Research Brief shows, teens and young adults do not always choose highly effective methods and are not perfect users of condoms. Our results indicate a continuing need for policies and programs that promote consistent condom use among teens and young adults as well as improve access to hormonal and long-acting methods for this population.

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