Condom Use

Indicators of Child and Youth Well-Being
In 2015, fewer than six in ten high school students who were sexually active reported using condoms at their most recent sexual intercourse. Condom use among this group increased from 46 percent in 1991, to 63 percent in 2003, but has since declined, reaching 57 percent in 2015.

**Importance**

Sexually transmitted infections (STIs, including HIV/AIDS) and unintended pregnancy are major health issues that can be consequences of unprotected sexual activity. In 2011, there were more than 552,000 pregnancies to teenage girls ages 15-19 in the U.S.,¹ three-quarters of which were unintended.² Nearly half a million adolescents were diagnosed with chlamydia, gonorrhea, or syphilis in 2014.³

Condoms, if used correctly, can greatly reduce (though not eliminate) the risk of both STIs and unintended pregnancies. Although the majority of adolescents believe that “sex without a condom is not worth the risk,” many teens are misinformed about the protection that condoms provide against STIs and HIV/AIDS.⁴

Several factors are associated with lower likelihood of condom use among teens, including a large age difference between partners,⁵,⁶ having experienced sexual abuse,⁷,⁸ and substance abuse.⁹,¹⁰ Conversely, factors associated with increased condom use in sexual relationships include higher parental education,¹¹,¹² more parental communication about contraception,¹³ having attended a sexual education course that discusses contraception,¹⁴,¹⁵ and believing that condoms are effective at preventing pregnancy and STIs.¹⁶,¹⁷ In 2011-2013, 97 percent of sexually experienced female teens had used a condom at least once.¹⁸
Trends

Condom use at the most recent sexual intercourse, as reported by sexually active high school students, increased from 46 percent in 1991, to a high of 63 percent in 2003. Since then, there has been a small but steady decrease, to 57 percent in 2015. (Figure 1)

Differences by Gender

Reported condom use differs by gender. In 2015, 62 percent of sexually active male high school students reported that they or their partner used a condom at their most recent sexual intercourse, compared with 52 percent of females. (Figure 1) Gender disparities within race/ethnicity groups differ in magnitude. Black males were 27 percentage points more likely than black females to report condom use at last sexual intercourse, Hispanic males were 14 percentage points, and white males were 2 percentage points more likely than their female counterparts to report using a condom. (Figure 2)
Differences by Race and Hispanic Origin\textsuperscript{19}

Black male students were more likely than white male students to report condom use (74 and 58 percent, respectively) in 2015. No other race/ethnicity differences were statistically significant.\textsuperscript{20} (Figure 2)

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<th>Percent</th>
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*At last sexual intercourse among sexually active students (students who had sex in the three months preceding the survey)

** Estimates reported here include only respondents who selected one race category.


Differences by Grade

In 2015, a slightly smaller percentage of eleventh- and twelfth-graders used condoms than ninth- and tenth-graders. However, there were no statistically significant differences in condom use by grade level.\textsuperscript{21} (Figure 3)
State and Local Estimates

2015 estimates of condom use among high school students (Grades 9-12) are available for select states and cities from the Youth Risk Behavior Survey (YRBS) at http://www.cdc.gov/mmwr/volumes/65/ss/ss6506a1.htm (Tables 73 and 74).

International Estimates

Estimates of the percentage of 15- to 24-year-olds who have had more than one sexual partner and reported using a condom the last time they had sex in the past 12 months are available from UNICEF’s *State of the World’s Children 2016*.

http://www.unicef.org/publications/index_91711.html# (See Table 4)

**National Goals**

With its *Healthy People 2020* initiative, the federal government has set a national goal of increasing the proportion of sexually active adolescents, ages 15 to 19 years, who use contraception that both effectively prevents pregnancy and provides barrier protection against disease. There are specific goals to increase the percentage of males and females who used a condom at first and most recent intercourse. There are additional goals to increase the percentage of adolescents who have received formal instruction and/or talked to a parent or guardian about birth control methods, HIV/AIDS prevention, and sexually transmitted infections.

More information is available at:


(Goals FP 10, 12, 13)

**What Works to Make Progress on This Indicator**

See Child Trends’ LINKS database (“Lifecourse Interventions to Nurture Kids Successfully”), for reviews of many rigorously evaluated programs, including the following which have been shown to be effective:

- For confidence and communication about condom use and condom-use self-efficacy
  - Communication Skills Training Program: www.childtrends.org/?programs=communication-skills-training-program-cst
  - Technical Skills Condom Use Program: www.childtrends.org/?programs=technical-skills-condom-use-program
  - Positive Prevention: www.childtrends.org/?programs=positive-prevention
- For increased use of condoms
Related Indicators

- Sexually Active Teens: [www.childtrends.org/?indicators=sexually-active-teens](http://www.childtrends.org/?indicators=sexually-active-teens)

Definition

Students were asked the following question: "The last time you had sexual intercourse, did you or your partner use a condom?" Estimates here are limited to those who are currently sexually active (i.e., had sexual intercourse within the last three months). Note that students may also use other methods of contraception instead of, or in addition to, condoms.

Data Source

Raw Data Source

Youth Risk Behavior Survey

http://www.cdc.gov/nccdphp/dash/yrbs/index.htm
### Appendix 1 - Percentage of Sexually Active High School Students Who Reported They Used a Condom at Last Sexual Intercourse: Selected Years, 1991-2015

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## Condom Use

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\(^1\)Students who had sexual intercourse in the three months preceding the survey.

\(^2\)Estimates do not include youth who dropped out of school and therefore may not reflect total national values. Additionally, no data were collected from Colorado, Georgia, Iowa, Kansas, Louisiana, Ohio, Texas, Utah, and Wisconsin in 2015. Other states were not included in previous surveys.

\(^3\)Race/ethnicity estimates from 1999 and later are not directly comparable to earlier years, due to federal changes in race definitions. In surveys conducted in 1999 and later, respondents were allowed to select more than one race when selecting their racial category. Estimates presented include only respondents who selected one category when choosing their race.

Endnotes


19 Hispanics may be any race. Estimates for whites and blacks in this report do not include Hispanics.

20 Statistical significance was determined by comparing 95-percent confidence intervals around the respective estimates.

21 Statistical significance was determined by comparing 95-percent confidence intervals around the respective estimates.