

HEALTHY PEOPLE 2020

CRITICAL INDICATORS FOR ADOLESCENTS AND YOUNG ADULTS



Proportion of females at risk of unintended pregnancy or their partners who used contraception at most recent sexual intercourse



Overview

In 2006, more than four out of five pregnancies in the United States among women aged 19 years and younger were unintended. Between 2001 and 2006, unintended pregnancies among U.S. females aged 15 to 17 years declined from 89 percent to 79 percent. However, unintended pregnancy rates among females aged 18 to 19 years and 20 to 24 years increased from 79 percent to 83 percent, and 59 percent to 64 percent, respectively.¹ Using contraceptive method(s) consistently and correctly greatly reduces the risk of unintended or mistimed pregnancies and supports people in timing a planned pregnancy.

Men and women who plan the timing of their pregnancies are more likely to:

- Obtain prenatal care and have healthier pregnancy outcomes;
- Have a positive impact on their education, employment and income;
- Have better outcomes when it comes to family stability, mental health and happiness.^{2,3}

Children born of intended pregnancies are more likely than children of unintended pregnancies to:

- Be breastfed as infants;
- Have higher cognitive test scores; and
- Have families able to support their growth and development.

They are less likely to:

- Become teen parents; and
- Live in poverty (five times less likely).⁴

Oregon activities

Oregon has developed a number of programs and policies that support and promote access to essential reproductive health and contraceptive services among youth. Having access to high-quality health care increases the chance for better health outcomes. Adolescents with high-quality reproductive health care access have lower pregnancy rates.⁵

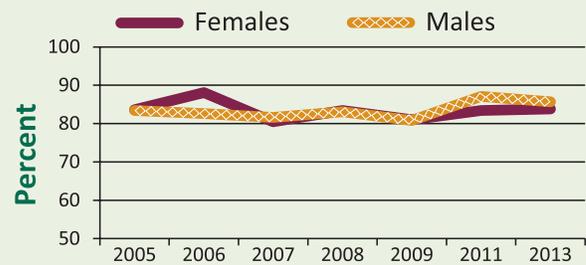
- The Oregon Reproductive Health Program has built a nationally recognized model of service delivery through integrating federal and Medicaid family planning programs (Title X and ContraceptiveCare). Publicly funded health clinics include local health departments, federally qualified health centers (FQHCs), school-based health centers, Planned Parenthood clinics, and university health centers. They provide high-quality, confidential family planning services to all youth regardless of insurance status. These clinics often serve as youths' single point of access to health care.

- School-based health centers (SBHCs) provide physical, mental and preventive health services to students, regardless of their ability to pay. SBHCs' location on school grounds avoids issues of transportation and missed classroom time and gives youth easier access to health care. SBHCs offer reproductive health services and referrals to services that are not offered on-site.
- Oregon policies support access to health care services and education for youth.
 - » In 2009, the Oregon Legislature passed House Bill 2509 requiring comprehensive sexuality education for youth. The law outlines requirements for quality education that helps youth make well-informed healthy choices. The law requires public school districts to provide medically accurate and age-appropriate educational instruction K-12.⁶
 - » Minor consent laws allow youth of any age to access birth control-related information and services from a medical provider without parental consent. This also applies to treatment for sexually transmitted infections (STIs).^{7,8}

Contraceptive use in the United States and Oregon

Most sexually active adolescents and young adults are accessing and using contraceptives to prevent unintended pregnancies. In the United States, 83.5 percent of high school students who did not want themselves or their partners to become pregnant

Contraceptive use at last intercourse among sexually active 11th-grade youth, Oregon, 2005–2013*



Source: Oregon Healthy Teens Survey (2005, 2006, 2007, 2008, 2009, 2011, 2013)

*Note: The Oregon Healthy Teens Survey has been administered every biennium since 2009; 2013 data are preliminary.

Figure 1

used a contraceptive method[†] at their most recent sexual intercourse.⁹ The majority of male and female 11th-graders in Oregon who reported having had sex used a contraceptive method[‡] at last sexual intercourse. As seen in Figure 1, between the years 2005 and 2013, contraceptive use at last intercourse among sexually active Oregon 11th-graders has been between 80 percent and 88 percent, with females and males reporting similar rates of contraceptive use.

Figure 2 displays contraceptive methods dispensed in Oregon reproductive health clinics in 2012. Fifty-six

Contraceptive methods dispensed at reproductive health clinics

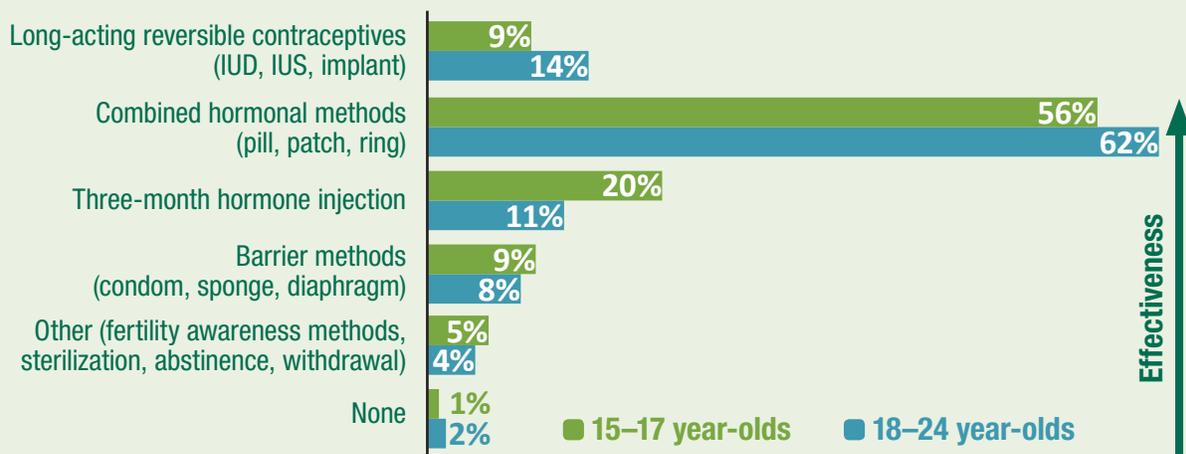


Figure 2

Source: Client encounter data from publicly funded Oregon reproductive health clinics, 2012.

[†] Condom, birth control pill, Depo-Provera, NuvaRing, Implanon and/or IUD.

[‡] Condom, birth control pills, Depo-Provera or other methods.



percent of females aged 15–17 years and 62 percent of females aged 18–24 years received hormonal contraceptive methods (pills, patches or rings). Female 15–17 year-olds were more likely to get the three-month hormone injection, while 18–24 year-olds were more likely to receive long-acting reversible contraceptives (LARCs) and other hormonal methods. Long-acting reversible contraceptives such as implants and intrauterine devices (IUDs) are the most effective at preventing unintended pregnancies.

What you can do

Policymakers

Supporting activities, programs and policies in your communities contributes to youth getting the best possible care for their health and future. When youth have access to high-quality health services, they are supported to:

- Delay initiation of sexual intercourse;
- Increase use of reproductive health care before starting to have sex;
- Reduce incidence of unprotected sex; and
- Increase use of contraception if they are sexually active.¹⁰

Policymakers can support:

- School-based health centers in offering access to reproductive health services and onsite contraceptive supplies;

- Local school districts in providing quality sexuality education curricula that meet legal standards;
- Policies, programs and activities that provide timely and comprehensive reproductive health care services for youth and young adults.

Parents and guardians

When parents and guardians regularly talk to them, youth are more likely to develop positive, healthy attitudes about themselves.¹¹ This is also true when it comes to sexual health. Youth who reported feeling connected to their parents and families were more likely than other youth to delay first sexual intercourse.¹² One of several resources to help parents and guardians discuss healthy sexuality with their youth is:

- There's No Place Like Home . . . for Sex Education. This website for parents and guardians includes age-appropriate ways to discuss sexual health with children and adolescents aged 3–18 years. www.noplacelikehome.org

Youth

It is vital for youth to have access and knowledge about contraception and safer sex practices if and when they become sexually active. This will help prevent unintended pregnancies and sexually transmitted infections (STIs). Specifically, youth should be able to:

- Seek sexual and reproductive health information and services within their communities before deciding to become sexually active;
- Develop communication and negotiation skills about their sexual health;
- Develop goals to support their sexual health and avoid unintended pregnancies and HIV/STI infections.

Youth who are currently or planning to be sexually active need to talk with a medical provider about the right contraceptive method for their sexual and reproductive health. Females who are satisfied with their contraceptive method are more likely to consistently and correctly use it.¹³

Resources

ContraceptiveCare/Title X. Find a nearby clinic that provides free or low-cost reproductive health or contraceptive services. www.ccare.oregon.gov

School-Based Health Centers. Locate a list and maps of SBHCs throughout Oregon. <http://osbhc.org/sbhc/map>

211. This regional toll-free health and social service helpline makes referrals for most health care needs, including reproductive health services. 2-1-1 or <http://211info.org>

Contraceptive information. This website has information on contraceptive options and finding the best option for you. www.plannedparenthood.org/health-topics/birth-control-4211.htm

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