

# Should Teens Be Denied Equal Access to Emergency Contraception?

## HIGHLIGHTS

- Increasing access to EC does *not* influence teenage sexual behavior, including frequency of unprotected sex, use of routine contraception, number of sexual partners, or risk of sexually transmitted infections.
- Sexually active teens are especially in need of EC, given their low levels of knowledge and use of contraception.
- Teens can use EC safely and correctly without medical supervision.
- Programs and policies that limit teens' access to EC and other forms of contraception may contribute to high rates of teen pregnancy in the U.S.
- Other countries have taken proactive approaches to improving teenagers' use of EC.

## How Common Is Sexual Activity among Teens?

Many studies, including those conducted by the National Center for Health Statistics at the Centers for Disease Control and Prevention, use the term “teenager” or “adolescent” to refer to 15–19-year-olds. More specific categorizations include “youngest” teens (aged 10–14), “younger” teens (aged 15–17), and “older” teens (aged 18–19). These age categories are often used in research related to reproductive health, including studies of sexual activity, contraceptive use, and birth rates.<sup>1,2</sup>

Sexual activity is less common among the youngest teens, and pregnancy is relatively rare: 13 percent of females and 15 percent of males have had sex before age 15, while 70 percent of females and 65 percent of males have had sex before age 19 (among never-married teens).<sup>1,3</sup> However, young teens who do become pregnant are more susceptible to negative pregnancy outcomes, including preterm and low birthweight infants, as well as socioeconomic consequences such as failure to complete high school or college and dependence on public assistance.

## Teenagers Are a Population in Particular Need of Emergency Contraception

Teenagers often lack adequate knowledge about pregnancy prevention: one-third of male and female teens report that they did not receive formal education on birth control, and two-thirds of males and one-half of females did not talk to a parent about contraception before age 18.<sup>1</sup> Additionally, many sexually active teens do not use contraception or use less effective methods. Among 15–19-year-olds, 26 percent of females and 18 percent of males did not use any method of contraception the first time they had sex.<sup>1</sup> The most popular method of contraception for teens is the condom, yet less than half (48 percent) of males and only 28 percent of females report using condoms every time they had sex over the course of one year.<sup>1</sup> Despite these high rates of unprotected sex, only eight percent of teens have used emergency contraception (EC).<sup>1</sup> Thus, there is a need for improved knowledge of and access to all methods of contraception.



## EC Is Safe for Teens

Unlike many drugs available in the United States, EC has been studied in teenagers. Recent research examining the mechanisms by which teenagers' (aged 12–16) bodies process Plan B® (levonorgestrel) EC (known as pharmacokinetics) found that the medication is safe and well-tolerated.<sup>4,5</sup> Additionally, side effects, such as nausea, vomiting, and menstrual disturbances are transient and similar to those experienced by adults.<sup>6</sup> Teens are able to follow the EC regimen properly when they receive the pills in advance of need (“advance provision”),<sup>7</sup> indicating that medical supervision is not necessary for teens to use EC safely and correctly.

It should be noted that while children differ biologically from adults, teens who become sexually active are generally biologically mature (i.e., they have gone through puberty). Studies in both the U.S. and abroad have found that female adolescents who begin having sex earlier than their peers are more likely to begin menstruating at a younger age as well.<sup>8,9</sup> Thus, teens who are sexually active – and therefore potential users of EC – are biologically similar to adults.

## Access to EC Does Not Promote Sexual Risk-Taking among Teens

A substantial body of scientific evidence has demonstrated that there is no association between knowledge of and access to EC and sexual behavior of teens.<sup>1</sup> For example, young teens (aged 14–15) who learn about EC in school are no more likely to become sexually active than their peers who do not receive such education.<sup>10</sup> Further, teens and young women (aged 13–21) who have used EC in the past are not at increased risk for future pregnancies or sexually transmitted infections (STIs) compared to nonusers.<sup>11</sup>

Perhaps more significantly, a number of advance provision studies have determined that enhancing access to EC does not increase teens' sexual or contraceptive risk-taking behaviors. Specifically, advance provision does not affect frequency of unprotected sex or use of condoms or birth control pills among teens.<sup>12</sup> These findings have been corroborated by a study of teens and young women (aged 15–24), which also found that advance provision of EC does not increase number of sexual partners or STI risk.<sup>7,13</sup> Furthermore, even though participants in this study received multiple supplies of EC, they did not use it repeatedly in lieu of routine methods of contraception, nor did they report feeling increased pressure to have sex.<sup>7,13</sup> However, teens who received EC in advance of need were more likely to use it when needed, and to take it within 12 hours after unprotected sex when it is most effective.<sup>7,12,13</sup>

## U.S. Teens Face Numerous Barriers to Accessing EC and Other Forms of Contraception

Despite the fact that EC has minimal side effects and no bearing on teenage sexual activity, its availability remains limited. Many doctors are not knowledgeable about EC and do not educate their patients about it: a survey of pediatricians in New York found that the majority (73 percent) could not identify any of the FDA-approved methods of EC, and only 17 percent regularly counseled their adolescent patients about its availability.<sup>14</sup> Additionally, in a nationwide survey of high school-based health centers, 40 percent indicated that they did not offer education or referrals for EC, and only 30 percent provided EC prescriptions.<sup>15</sup>

1 For additional information about EC and sexual risk behavior, see the brief in this series titled: *Does Emergency Contraception Promote Sexual Risk-Taking?*

Moreover, a number of programs and policies – including abstinence-only sexuality education and parental consent laws – intentionally aim to restrict teenagers’ knowledge of and access to all forms of contraception. A study of adolescents and young adults who had taken virginity pledges – promises to abstain from sex until marriage – found that the majority of “pledgers” did ultimately have sex before marriage, but were less likely to use condoms compared to “nonpledgers.”<sup>16</sup> In another study, one in five sexually active adolescents reported that they would use no contraception, or would use withdrawal, if parental notification was required to obtain prescription birth control.<sup>17</sup> Nearly half would rely on a less effective, over-the-counter method such as condoms, which are more effective than withdrawal, but less effective than hormonal contraception. Similarly, a study of adolescents obtaining EC in Washington State – where it is available directly from a pharmacist for women of all ages – found that 22 percent would not use EC, but rather, would wait to see whether they got pregnant, if pharmacy access was not available.<sup>18</sup> Thus, eliminating barriers to both routine and emergency contraception is imperative to preventing teen pregnancy and abortion in the U.S.

### **Many Countries Are Actively Working to Improve EC Access for Teens**

A number of countries have made efforts to improve knowledge and use of EC among teens. France has taken a notably proactive approach, implementing a policy that enables nurses in both public and parochial high schools to distribute EC to students, along with counseling about pregnancy prevention, health risks, and STIs.<sup>19</sup> The French Family Planning Association credits this policy with a recent 20–25 percent decline in teen abortion clients.<sup>20</sup> The policy is part of a larger, national campaign to educate teens and women about pregnancy prevention and has received widespread support throughout the predominantly Catholic country.<sup>19</sup> In addition, French teens are able to obtain EC at pharmacies for free and without prescription or parental approval.<sup>21</sup>

Other countries have taken less comprehensive, yet still significant steps to improving EC access for teens. In the United Kingdom, EC is available without prescription to women older than age 16, and a publicly funded pilot program is providing EC free of charge to teenage girls at supermarkets.<sup>22</sup> In 2004, Colombia’s Ministry of Social Protection began requiring EC provision for low-income, uninsured, displaced, and other at-risk teens.<sup>22</sup> By 2008, 50 countries had made EC available over-the-counter or directly from a pharmacist without a doctor’s prescription to facilitate timely access to EC for women of all ages.<sup>23</sup>

### **EC May Reduce the Unacceptably High Rates of Teen Pregnancy in the U.S.**

Of the 840,000 teen pregnancies in the U.S. each year, more than 80 percent are unintended, and 40 percent of these end in abortion.<sup>24</sup> The U.S. teen birth rate is higher than that of any other developed country, including Canada (two times higher), Germany (four times higher), France (five times higher), and Japan (nearly nine times higher).<sup>1</sup> Teenagers are a vulnerable population that face a host of barriers to accessing family planning services and therefore stand much to gain from improved knowledge of and access to all methods of contraception. EC offers a safe and effective back-up method of birth control and does not adversely affect teens’ sexual behavior. There is no scientifically valid reason to restrict its access.

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