

Discussing Contraception and Abstinence with Young People

August 2022



KEY TIPS

- Remember that **all adolescents** can benefit from learning about contraception and abstinence.
- Incorporate material about contraception and abstinence in **creative, engaging** ways.
- **Center your adolescents' needs** in conversations about contraception and abstinence.
- Be familiar with the **common methods** for preventing pregnancy and sexually transmitted infections (STIs).
- Share reliable, adolescent-centered **resources** on contraception and abstinence.

WHY SHOULD YOU DISCUSS CONTRACEPTION AND ABSTINENCE?

Regardless of their sexual experience, sexual orientation, relationship status, and gender identity, all adolescents benefit from safe, open conversations about contraception and abstinence. Among U.S. high school students, it is very common to be abstinent; [recent Youth Risk Behavior Survey data](#) found that a majority of adolescents (73%) were not sexually active (Szucs et al., 2020).¹ It is important that all youth—both those who are sexually active and those who are not—hear affirming messages and do not feel left out of conversations about pregnancy prevention and STI prevention and sex.

Similarly, all adolescents benefit from learning accurate information about contraceptives and engaging with a potentially uncomfortable topic. An adolescent's contraceptive knowledge and attitudes are related to [consistent and effective](#) contraceptive use as an adult (Guzzo & Hayford, 2018). For students who are abstinent, comfort discussing and awareness of contraception sets them up to choose and use an effective contraceptive method before becoming sexually active or to identify appropriate methods quickly when they do become sexually active.

¹ Being sexually active was defined as having had sexual intercourse with one or more people in the past 3 months.

Moreover, students who are currently sexually active can use such discussions about contraception and abstinence as starting points for important conversations they may have with one of the the following persons:

- medical professional about starting to use an effective contraceptive method,
- sexual partner about introducing contraception, or
- trusted adult for personalized advice.

These potential discussions are important because there is room for improvement in terms of contraceptive use among sexually active high schoolers. Although nine out of 10 sexually active high school students used some method of pregnancy prevention at last intercourse, not all of them used effective methods. In fact, there were more adolescents who used withdrawal or another method ² than adolescents who used the IUD, implant, shot, patch, and ring combined (all defined as effective methods; Szucs et al., 2020).



Each of these effective methods only provides protection against pregnancy—not STIs. Besides abstinence, condom use provides the most protection against STI transmission. Currently, sexually active adolescents tend to be inconsistent in their use of condoms; the YRBS shows that 47% of high school students did not use a condom at last intercourse (Szucs et al., 2020). The health implications of inconsistent condom use for young people are important to consider given that [more than half](#) of new STIs in the country were among adolescents and young adults in 2019 (CDC, 2021).

Although condoms provide protection against pregnancy and STIs, they are considered a less effective method for pregnancy protection. Therefore, “dual method use”—using a condom and another effective contraceptive method at the same time—provides strong protection against both pregnancy and STIs, compared with using only one method. However, the proportion of high school students who report dual method use is low: less than 10 percent of those who were sexually active (Szucs et al., 2020).

Young people have a [right to optimal sexual health](#) (United Nations, 2016), and access to accurate and complete information to support making informed decisions is a critical element for sexual health. If an adolescent chooses to be sexually active and wants to prevent pregnancy and STIs, they must think about and plan for contraception before first having sex. Many hormonal methods require a period of time (typically about 1 week) before becoming effective, and adolescents who use condoms will need to obtain them prior to having sex. Having open, fact-based, and non-judgmental discussions about contraception, pregnancy prevention, STIs, and abstinence can be a way to empower young people to make the choices that are right for them.

² The YRBS asks about “withdrawal or some other method” of pregnancy prevention, so more specificity on the other methods is not available. Other methods likely include those with lower effectiveness rates such as contraceptive sponges, diaphragms, rhythm methods (calendar methods), or potentially more unconventional methods.

WHAT ARE SOME STRATEGIES FOR INCORPORATING INFORMATION ABOUT CONTRACEPTIVES AND ABSTINENCE INTO YOUR PROGRAM?

Your grant-funded program may already include lesson plans, discussion questions, or other guidance for discussing contraceptive methods and abstinence with adolescents. At the same time, there is often room to expand, enhance, or continue these conversations in creative ways. Using more than one approach to discussing contraception and abstinence is particularly important because there is large variation in how adolescents learn and the types of learning activities they benefit from most. Some adolescents prefer having written materials to refer to, while others learn best during more dynamic activities. Similarly, some of the adolescents you work with might find group discussions very helpful, while others engage more with self-reflection or writing. Because of this, incorporating multiple modalities and strategies is ideal. You can find a set of suggested approaches in the sidebar on pages 3 and 4 of this tip sheet.

WHAT ARE SOME BEST PRACTICES WHEN DISCUSSING CONTRACEPTIVES AND ABSTINENCE?

First, it is important to center [adolescents' preferences and priorities](#) (Dehlendorf et al., 2016). Although adolescent-centered approaches are most often discussed in terms of health care settings, the principles behind them resonate in a classroom setting as well. Specifically, taking an adolescent-centered approach means you should:

- **Engage adolescents to understand what aspects of contraceptive methods are most salient for them.** Check in with your adolescents—ask them what kinds of information they are most interested in. Contraceptive methods vary in their effectiveness, duration of use, side effects, visibility, and in other ways, so it is important to know which of these factors might be most important to your adolescents.

Options for Incorporating Information

Provide adolescent-focused print materials. You can distribute written information on specific ways of preventing pregnancy, including hormonal contraceptives, condoms, and abstinence. These materials can serve as jumping-off points for discussions during program sessions, and adolescents can hold on to them for later reference. You can obtain information to create your own print materials or use prewritten materials from reliable sources such as [Bedsider](#) or this [Family and Youth Services Bureau infographic](#), which provides adolescents with basic information about STI prevention.

Apps and websites. Using a large or shared screen, you can facilitate a large-group review of reputable websites that have information on contraceptives and abstinence. You can also provide adolescents with links (e.g., in a group chat or using your program's social media page) and encourage them to follow accounts that share fact-based information. There are a variety of apps and mobile websites (such as [PPDirect](#) and [Twentyeight Health](#)) young people can access on their phones and use to learn about contraceptives. However, it is important to vet any web-based resources you share with adolescents to make sure they are not providing misinformation.

Games. Introducing interactive games can be a great way to break up long information-focused program sessions and refresh adolescents' energy. Some new pregnancy prevention interventions are even specifically testing the effectiveness of using game-based modules to structure the entire intervention (Esquivel et al., 2022). You can develop quizzes or trivia games that engage adolescents in a friendly competition while building their knowledge about contraception, condoms, and abstinence. Consider basing games on familiar ones from popular culture (like *Jeopardy!* or *Family Feud*) to avoid spending too much time creating or explaining them. You can also incorporate technology, such as [Poll Everywhere](#) or [Kahoot!](#), to share results instantly.

- **Ensure the information you share is fact-based, rather than assigning value to any particular method based on your own beliefs.** Adolescents may have different priorities for birth control than what you might expect. They might surprise you! Stay open and allow them to share their own thought processes. At the same time, it is important to address factual inaccuracies in a respectful and non-shaming way if an adolescent brings one up.
- **Use respectful and easily understandable language.** When discussing complicated and sensitive topics like abstinence and contraception, information should be delivered in a clear, straightforward way. In particular, this means providing an appropriate amount of detail and avoiding jargon. For example, you could say that hormonal methods “release pregnancy-preventing chemicals, called hormones” rather than naming the specific hormones that each method uses. Otherwise, adolescents may end up with misconceptions about the topic.
- **Emphasize that there are many ways to stay healthy and prevent pregnancy.** Throughout your discussions on contraceptive and abstinence, remind youth they have many options, and it is up to them to decide the method or combination of methods that will meet their needs and fit their goals and to act upon that choice.
- **Consider topics that may “fly under the radar.”** Many pre-existing materials about contraceptives and abstinence are focused on measurable statistics like effectiveness rates. However, the conversation should not be limited to those topics. Other areas that adolescents may appreciate the opportunity to cover could include these:

- » *Social norms and relationship expectations related to abstinence and contraception.* How do these play into method choice and use?
- » *Relationship dynamics.* Adolescents who are in romantic relationships may want to talk about productive ways to discuss contraception and abstinence with their partners, or they may need encouragement to do so.

Writing and self-reflection prompts or activities.

Reflection is an important part of learning (Denton, 2011), and you can get adolescents to think more deeply about abstinence and contraception by asking them to respond (privately) to prompts. You could use the following:

- "What are my highest priorities when it comes to pregnancy prevention right now?"
- "What are the resources I have when it comes to learning more about contraception and abstinence?"
- "How would my goals change if I had a child now?"

You could also introduce multimedia activities, such as [Photovoice](#). For example, encourage students to take pictures of times that contraception or abstinence are mentioned in pop culture and present them the next time you meet to understand the messages they get about these topics within our cultural context.

Skits and role-plays. Adolescents can learn about contraception and abstinence by acting out scenarios involving topics that would be typical for students to encounter. One way to do this is by breaking them into groups to research and write scenarios and then present them in front of the class. This type of activity is very flexible, and you can tailor the topics of the skits to the focus for the program session. Potential scenarios could include discussing contraception with a medical provider, discussing abstinence with a romantic partner, or talking about the importance of condom use with a close friend.

- » *Side effects.* Although the type and frequency of side effects can vary across methods, it is also important to remind adolescents that everyone may have unique experiences with different methods, and this includes side effects.
- » *Degrees of maintenance and steps for effective use.* Adolescents may be interested in knowing what goes into the proper use of the methods you are discussing to better envision how a method could suit their lifestyle and needs.

Additionally, remember that adolescents are [diverse](#) in their sexuality, gender identity, and gender expression (Jones, 2021). Unfortunately, [many adolescents](#) receive sex education that is heteronormative and excludes LGBTQ+ adolescents (Rabbitte, 2020). The belief that LGBTQ+ adolescents are at lower risk for unintended pregnancy is a common misconception. In fact, there is [evidence](#) that gay, lesbian, and bisexual adolescents are more likely to experience a teen pregnancy than their heterosexual peers (Lindley & Walsemann, 2015). When working with adolescents, it is also important not to make assumptions about their sexual and romantic relationships. At the same time, you must respect adolescents' privacy and avoid situations that would require them to self-identify or label themselves. To ensure the inclusivity of your program, consider working with an expert in sexual health for LGBTQ+ adolescents to perform a review of your program and suggest adaptations more thoroughly. *The Exchange* also has resources related to creating a safe and inclusive environment in your program. These include the following:



- A [webinar](#) that defines LGBTQ+ inclusivity and shares real-life examples of how grantees have addressed inclusion, and
- A [facilitator's guide](#) that enables educators to identify elements of program materials that could marginalize certain groups of adolescents and provides guidance on how to make adaptations that improve equity while maintaining intervention fidelity.

It is important to note that states vary significantly in their laws and regulations about what can, cannot, and should be covered in sex education. Take the time to research your state policies, using a resource such as this [tool](#) provided by the Guttmacher Institute, before delivering your program.

Finally, you should always leave time for questions and answers. Adolescents may have factual questions (where there is a definite, concrete answer) or questions that indicate they are interested in more individual-level contraceptive counseling. For the latter, it is important to make sure you can refer them to the appropriate individuals (e.g., a low-cost health care provider in the community) and follow up to ensure their needs are met. Sometimes, you might get a question you aren't sure how to answer. In these situations, it's always best to say that you don't know (and then research the right answer and provide it in a timely way) rather than making a guess. Many adolescents may appreciate an anonymous forum for asking questions as well. Consider setting up a question box (in real life or virtually) where students can privately submit questions, which you can answer at regular intervals (such as the start of each session).

WHAT ARE COMMON WAYS OF PREVENTING PREGNANCY?

Method	What is it?	How does it work?	Where can teens get it?	How effective is it?	How long does it work for?
Abstinence	Abstinence is not having sex	A pregnancy cannot occur without having sex; in addition to preventing pregnancy, this method also prevents STI transmission	Teens don't need anything for this method	100% effective when used consistently	As long as an individual is abstinent
Condoms³	A latex (or other material) barrier placed over a penis during sex	The condom prevents semen from entering the vagina; condoms also protect against STI transmission	Health clinics, stores, and other locations	87% effective under typical use	A new condom must be used every time you have sex
Copper IUD	A small, T-shaped piece of copper and plastic that is inserted into the uterus	The copper IUD stops sperm from effectively traveling to the egg, preventing fertilization	Inserted by a health professional	99.9% effective	Up to 12 years
Hormonal IUD	A small, T-shaped piece of plastic that is inserted into the uterus	The hormonal IUD releases small amounts of hormones that thicken mucus around the cervix enough to prevent sperm from traveling to the uterus	Inserted by a health professional	99.9% effective	3–7 years
Contraceptive implant	A small plastic rod that is inserted below the skin of the upper arm	The implant slowly releases hormones that prevent eggs from being released and thickens mucus that stops sperm from traveling to the uterus	Inserted by a health professional	99.9% effective	About 4 years

³ This refers to the external condom, which is more commonly used. There are also internal condoms (formerly known as female condoms) that are inserted into the vagina (or anus) before sex. You can learn more about internal condoms [here](#).

Method	What is it?	How does it work?	Where can teens get it?	How effective is it?	How long does it work for?
Birth control ring (or vaginal ring)	A flexible ring that is inserted into the vagina	The hormones in the ring prevent eggs from being released and thicken mucus that stops sperm from traveling to the uterus	Prescribed by a doctor and self-inserted	99% effective with consistent and correct use (91% effective with typical use)	One ring provides 4 weeks of protection (it is inserted for 3 weeks)
Birth control shot	An intramuscular injection (like a vaccine shot) of pregnancy-preventing hormones	The hormones in the shot prevent eggs from being released and thicken mucus that stops sperm from traveling to the uterus	Injection is done by a health professional	99% effective with consistent injections (94% effective with typical use)	Shots must be administered every 3 months for continuous protection
Birth control patch	A plastic, Band-Aid-like patch that releases hormones through your skin	The hormones in the patch prevent eggs from being released and thicken mucus that stops sperm from traveling to the uterus	Prescribed by a doctor and self-applied to the skin	99% effective with consistent use (91% effective with typical use)	A new patch is applied each week for continuous protection
Birth control pills	A once-a-day pill that contains hormones	The pill's hormones prevent eggs from being released and thicken mucus that stops sperm from traveling to the uterus	Prescribed by a doctor	99% effective with perfect use (91% effective with typical use)	The pill must be taken by an individual at the same time each day

WHAT ARE SOME RELIABLE RESOURCES TO REFER TO ABOUT CONTRACEPTION AND ABSTINENCE?

- [Amaze](#): A website, run by [Advocates for Youth](#), that includes many videos that can be incorporated into programming or shared with youth and parents to learn more about topics like abstinence and contraception.
- [APP The Exchange Resources](#): *The Exchange* includes dozens of trainings, tip sheets, guides, and other resources related to implementing your pregnancy prevention program. Below are two relevant examples:
 - » [Creating Inclusive Spaces for Youth \(Facilitator’s Guide\)](#): An interactive guide that enables educators to address existing bias in educational materials and make adaptations that promote equity and inclusion in their program.
 - » [Creating Safe and Inclusive Spaces for LGBTQ+ Youth](#): This PREP webinar offers background on LGBTQ+ inclusivity and its importance and shares examples from APP grantees on how they have addressed the topic.
- [Bedsider](#): An adolescent-friendly website that provides in-depth information on sexual health topics and assistance in identifying local health care providers.
- [Centers for Disease Control and Prevention](#): This resource provides government recommendations for initiatives targeting youth sexual education, including [guidelines for implementing adolescent reproductive and sexual health programs](#).
- [Counseling Adolescents about Contraceptives](#): A recommendation article from the American College of Obstetricians and Gynecologists guiding medical professionals in providing accurate and supportive contraceptive information to youth.
- [State Policies on Sex Education](#): This resource by the Guttmacher Institute provides an overview of state-level policies relevant to sex and HIV education.
- [Power to Decide](#): An organization that supports adolescent sexual education through platforms like [Teen Talk](#), information sheets with frequently asked questions, and informational and evidence-based [Bedsider Tik Tok videos](#).
- [Sex Education Collaborative](#): A group of organizations that promote access to comprehensive, high-quality youth sexual education. Their website includes a training hub with national, regional, and state-based sex education training.
- [Sex Terms](#): An interactive factsheet created by [Sex, Etc.](#) that has explanations for common contraception, sexual health, and relationships terms and frequently asked questions.

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This tip sheet was developed by RTI International and its subcontractor partners under contract #HHSP233201500039I Task 3 with the U.S. Department of Health and Human Services, Administration on Children, Youth and Families, Family and Youth Services Bureau.

Suggested Citation: Beckwith, S., Lantos, H., Suellentrop, K., & Dickinson, D. (2022). *Discussing contraception and abstinence with young people*. Administration on Children, Youth and Families, Family and Youth Services Bureau.