

Characteristics of adolescents requesting emergency contraception

The proportion of pregnancies that are unintended in the United States remains high, particularly among adolescents. Postcoital contraception, using either the copper intrauterine device (IUD) or emergency contraception (EC) pills, is the only option for pregnancy prevention after unprotected sex and thus serves an important role in at-risk populations, such as adolescents, who might be less likely to use regular contraception.

To better understand the population of adolescents who request and use EC pills, data from a previously published over-the-counter simulation study were retrospectively analyzed. The original study demonstrated the ability of adolescent girls to appropriately select and correctly use a single-tablet EC pill (levonorgestrel 1.5 mg) without assistance or guidance from health care providers (Raine et al., *Obstet Gynecol.* 2012). In the current analysis, baseline characteristics of the study participants were examined to draw a clearer picture of adolescent EC users, with the ultimate goal of better serving the contraceptive needs of this population.

In the original study, which was performed between October 22, 2008, and November 26, 2010, all adolescents who enrolled were asked to respond to the open-ended question – “Why did you come to the clinic today to get EC?” – and to complete a questionnaire that collected limited medical history, including years since first intercourse, pregnancy history, previous contraceptive use, and previous EC use.

A total of 343 adolescents were included in the analysis, with a mean age of 15.7 years and a range of 13-17 years. Overall, the most commonly reported methods of previous contraception were condoms, oral contraceptives, and withdrawal, all of which require careful adherence, as well as no method, as shown in Table 1 below. Younger adolescents, age 13-14, were most likely to report having used no method previously, whereas older adolescents, age 15-17, were most likely to report having used condoms. Less than 1% of adolescents overall had previously used a long-acting contraceptive method, such as an IUD or implant.

Previous Contraceptive Methods Ever Used ^a	Age				Total
	13-14 years	15 years	16 years	17 years	
	n=38	n=100	n=140	n=65	N=343
	n (%)	n (%)	n (%)	n (%)	n (%)
Condom	17 (45)	65 (65)	77 (55)	50 (77)	209 (61)
Oral contraceptive	6 (16)	22 (22)	50 (36)	29 (45)	107 (31)
None	20 (53)	31 (31)	40 (29)	10 (15)	101 (29)
Withdrawal	3 (8)	17 (17)	34 (24)	24 (37)	78 (23)
Other short-acting hormonal method ^b	1 (3)	6 (6)	34 (24)	14 (22)	55 (16)
Long-acting method ^c	0	0	2 (1)	1 (2)	3 (<1)

^aRespondents selected all contraceptive methods that applied; i.e., more than 1 response was possible.

^bOther short-acting hormonal methods include the patch, ring, and depot medroxyprogesterone acetate.

^cLong-acting methods include the intrauterine device and implant.

Tab. 1. Previous contraceptive methods ever used, according to age.

Adolescents who were first-time EC users were slightly younger, and they were less likely to report having ever been pregnant or having had an abortion, compared to adolescents who were repeat EC users. Repeat EC users, on the other hand, were more likely to report previous use of contraception – in addition to EC – than first-time EC users. As might be expected, the percentage of participants who had never used contraception decreased as years since first intercourse increased. Among adolescents of any age, the most commonly reported reason for requesting EC was the nonuse of any contraceptive method (i.e., “unprotected sex”) rather than incorrect use (e.g., missed oral contraceptives).

Overall, the study findings indicate that most adolescent EC users, particularly younger adolescents, report either not using contraception or relying on contraceptive methods that require careful adherence such as condoms or daily oral contraceptive pills. These findings suggest the importance of using all settings where adolescents seek health care to increase adolescent awareness of EC and to provide education on the potential benefits of highly effective, long-term contraceptive methods.

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