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THE TH FOG FOG ZONE

How Misperceptions, Magical Thinking,
and Ambivalence Put Young Adults at
Risk for Unplanned Pregnancy

By Kelleen Kaye, Katherine Suellentrop, and Corinna Sloup



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Summary

THE FOG ZONE

How Misperceptions,
Magical Thinking, and Ambivalence
Put Young Adults at Risk for
Unplanned Pregnancy

In a Nutshell

THE PROBLEM. Becoming pregnant—or causing a pregnancy—and having a child are critical, life-changing events with generational effects. Yet at present, half of *all* pregnancies in the United States are reported by women themselves to be unplanned. Among unmarried women in their 20s, fully 7 in 10 pregnancies are unplanned, reflecting the fact that a significant proportion of sexually active, unmarried young adults—who themselves say they do not want to be parents right now—are not fully protecting themselves from pregnancy by the careful, consistent use of contraception.

The question is *why*. Why are so many pregnancies unplanned and, in particular, why is contraceptive use so uneven? Cost and access barriers can make contraception hard to secure—especially the better methods—and some women become pregnant unintentionally due to a contraceptive failure. But there are other barriers and explanations as well such as fear, misinformation and ambivalence that have not been well documented. These factors were explored in a new national survey on contraceptive and fertility knowledge and form the basis of this *Fog Zone* report. *The Fog Zone* survey focused on unmarried young adults—both men and women—and assessed their:

- basic knowledge about and attitudes toward contraception,
- motivation to use contraception carefully and consistently, and
- attitudes and aspirations about relationships and forming families.

MAJOR FINDINGS. The survey revealed a range of factors that put unmarried young adults at risk of unplanned pregnancy:

- Even though most unmarried young adults say it is important for them to avoid pregnancy right now, only about half of those who are sexually active use contraception every time. Some take a pass on birth control altogether, at least part of the time, and while others are more conscientious, they are often not careful or consistent enough. In addition, a significant portion expects to have unprotected sex in the near future.
- Many say they have little knowledge of even common contraceptive methods such as condoms and the pill, and most have not even heard of less common methods such as the implant.
- To the extent they have heard of various methods, many express little confidence in their effectiveness and strong concerns about side effects. Many even claim, “it doesn’t matter whether you use birth control or not; when it is your time to get pregnant it will happen.”
- They see parenthood in their future but are ambivalent about the timing and circumstances under which to start a family; in addition, the proportion that expects to marry and have children with their current partner is unrealistically high.

THE SURVEY. The national survey whose results are presented here is the first of its kind to focus in depth on the attitudes and behavior of unmarried young adults regarding pregnancy planning, contraception, and related issues. Commissioned by The National Campaign and conducted by the Guttmacher Institute, the survey gathered detailed results from a nationally representative, probability sample of 1,800 unmarried men and women age 18–29. It was designed so that the weighted results are statistically representative of this group overall as well as by age, gender, and race/ethnicity. Readers should note that all results presented in *The Fog Zone* are for unmarried young adults age 18–29 and various subgroups as noted.

Major Findings in More Detail

Sex and Contraception

Most unmarried young adults have had sex.

- 86% have ever had sex and 78% have had sex in the past year.

Most have used contraception and think it is important.

- Overall, 82% say they have used some method of contraception. Among them, 92% say they have used condoms and 79% of women report that they have used the pill.
- 85% of men and 86% of women say most of their friends think birth control is important.
- Just 13% view contraception as morally wrong.

86% of men and 88% of women say it is important to avoid pregnancy in their lives right now.

Intentions....

Most unmarried young adults feel strongly that pregnancy should be planned.

- 94% of men and 86% of women believe pregnancy should be planned.
- This includes 74% of men and 64% of women who *strongly* agree that pregnancy should be planned.

Avoiding pregnancy is very important to them, too—at least right now.

- Regardless of gender, age, or racial/ ethnic group, and regardless of whether they are currently in a cohabiting relationship (that is, living together) or not, the overwhelming majority do not want to get pregnant or get someone pregnant at this time in their lives.
- 86% of men and 88% of women say it is important—74% of men and 80% of women describe it as *very* important—to avoid pregnancy in their lives right now.

...Don't Match Behavior

Many unmarried young adults are not using contraception carefully or at all.

Among those unmarried young adults who are currently in a sexual relationship and who are not trying to get pregnant or cause a pregnancy:

- 19% use no contraception at all and 24% use contraception inconsistently (contraceptive use is unknown among 7% of unmarried young adults).

- In other words, only about 50% are well protected against unplanned pregnancy.

In fact, many say it is likely that they will have unprotected sex in the near future.

- 17% of women and 19% of men surveyed freely admit it is either extremely or quite likely that they will have unprotected sex in the next three months. An additional 12% of women and 23% of men say it is *slightly* likely they will have unprotected sex in the near future. Put another way, 29% of women and 42% of men say it is at least slightly likely they will have unprotected sex in the next three months.
- Even among those who say it is very important to avoid pregnancy right now, 34% say it is likely they will have unprotected sex in the near future (12% say it is extremely likely, 5% quite likely, 17% slightly likely).

Not surprisingly, many say they have been pregnant or gotten their partner pregnant unintentionally.

- 31% of the women surveyed say they have had an unplanned pregnancy when they were not intending to.
- 69% of women say many of their friends have had an unplanned pregnancy.

In short, the overwhelming majority of unmarried young adults have had sex and have used contraception, do not want to get pregnant or get their partner pregnant at present, and strongly believe that pregnancy should be planned. Yet many are not taking adequate measures to prevent pregnancy; unplanned pregnancy is common in their lives and among their friends; and a small but important portion believes it is likely they will have unprotected sex soon.

Why the Gap Between Intent and Behavior?

Many unmarried young adults know little or nothing about contraception, even the most commonly-used methods.

- 30% say they know *little or nothing* about condoms.
- 63% say they know *little or nothing* about birth control pills.
- 56% say they have *not heard* of the birth control implant.

Myths and misinformation about pregnancy and contraception are prevalent.

- Among those who have relied on birth control pills, nearly half (44%) incorrectly believe that you should take a break from the pill every few years.

29% of women and 42% of men say it is at least slightly likely they will have unprotected sex in the next three months.

Many unmarried young adults say they know little about even the most commonly-used methods of contraception.

- Among those reporting they had relied on the rhythm method or natural family planning, 40% do not know when a typical woman's most fertile time of the month is (midway between periods).
- Among those who have used condoms, 37% incorrectly believe it is okay to use petroleum jelly as a lubricant for latex condoms.

Many unmarried young women, in particular, fear the side effects of contraception and these fears reduce their likelihood of using the more effective methods.

Despite current clinical evidence suggesting otherwise:

- 27% of unmarried young women believe that it is *extremely or quite likely* that using birth control pills or other hormonal methods of contraception for a long period of time will lead to a serious health problem like cancer.
- Half of unmarried young women believe that cancer or other serious health risks due to pill use are at least *somewhat likely* and report that this concern reduces their likelihood of using birth control pills or other hormonal methods.
- 30% say it is extremely or quite likely that using an IUD will cause an infection.
- 36% say it is likely that the pill will cause them to gain weight and 40% say it will likely cause *severe* mood swings *and* that these concerns reduce the likelihood of their using the pill.

Many unmarried young adults, both men and women, simply don't believe that contraception is very effective.

- For example, 42% of men and 40% of women believe that the chance of getting pregnant within a year while using the birth control pill is 50% or greater (despite research suggesting that the pill is typically 92% effective).

And many unmarried young adults believe they are infertile.

Although available data suggest that about 8.4% of women 15–29 have impaired fecundity (measured as an inability to conceive or carry a baby to term):

- 59% of women and 47% of men say it is at least slightly likely they are infertile (19% of women and 14% of men describe it as quite or extremely likely).

Myths and misinformation about pregnancy and contraception are prevalent.

- Three-quarters of women (76%) who express fertility concerns are not basing their concern about infertility on actual information from a doctor.

Despite the myths, inflated fears, gaps in knowledge and more, nearly all unmarried young adults say they have the knowledge they need to avoid an unplanned pregnancy.

- 90% believe (and 66% *strongly* believe) they have all the knowledge they need to avoid an unplanned pregnancy.

Moreover, many are fatalistic about fertility and pregnancy...

- 38% of men and 44% of women believe “it doesn’t matter whether you use birth control or not; when it is your time to get pregnant it will happen.”
- Hispanics (49%) and non-Hispanic blacks (50%) are more likely than non-Hispanic whites (34%) to believe that birth control doesn’t matter much.

...and many are suspicious of the whole birth control enterprise.

- 31% overall (40% of non-Hispanic blacks and Hispanics) agree with the statement, “the government and public health institutions use poor and minority people as guinea pigs to try out new birth control methods.”
- 32% overall (44% of non-Hispanic blacks and 46% of Hispanics) agree with the statement, “the government is trying to limit blacks and other minority populations by encouraging the use of birth control.”

Many unmarried young adults want to be parents but are ambivalent about the timing and circumstances under which to start a family.

- 53% of men and 52% of women say they would like to be parents now “if things in their life were different.”
- Even among those who say it is important to them to avoid pregnancy right now, 20% of women and 43% of men say they would be at least a little pleased if they found out today that they or their partner were pregnant.

In short, many unmarried young adults say they know little about even the most commonly used methods of contraception, are confused about their own fertility, and hold many myths about contraception as well. They underestimate the effectiveness and overestimate the risks of many methods. Many are afraid that serious side effects from some of the most effective methods are *highly* likely, which in turn reduces the chance of their using them, and many are conflicted about when and under what circumstances to start a family.

38% of men and 44% of women believe “it doesn’t matter whether you use birth control or not; when it is your time to get pregnant it will happen.”

What to Do?

The survey results presented in *The Fog Zone* suggest a number of steps that might help to reduce unplanned pregnancy among unmarried young adults, both men and women:

EDUCATION. One in five unmarried young adults (22%) say they have never had sex education in school and of those who had, more than one-quarter had it before they were 15-years-old. This fact, coupled with the high levels of confusion and misinformation that young adults have about fertility and contraception, suggests the need for organized, direct family life and sex education directed to this age group that:

- Presents clear, balanced information about the basics—anatomy, reproduction, fertility, pregnancy, sexually transmitted infections, sexuality, and related issues.
- Includes full and accurate information about contraception, including the types of methods available, how to use them correctly, and their benefits as well as their risks.
- Counteracts and corrects specific myths and misinformation about contraception.
- Directly addresses healthy and respectful relationships, the common desire of most young adults to have children, and the family structures that research suggests are best for children. In fact, for many unmarried young adults, it might be best to speak less about preventing pregnancy and more about delaying pregnancy—that is, postponing pregnancy until, for example, adequate education has been secured (in order to increase the chances of solid employment and reduce the risk of poverty), until a stable committed relationship is in place, and until some economic security has been attained.

COMMUNICATING WITH YOUNG ADULTS. Information on these topics should be made available in ways and in settings that are well-suited to the lifestyles of unmarried young adults, including:

- Specific educational programs in two- and four-year colleges and in other settings such as job training sites, workplaces, and the military.
- Internet-based services and systems that are tailored to the media habits and culture of young adults.

THE HEALTH CARE SYSTEM. Through both more adequate financing and changes in professional norms, the health care system can do more to help unmarried young adults plan and prevent pregnancy by:

- Ensuring that providers who care for young adults are well trained in family planning, aware of the full range of contraceptive methods now available, and comfortable providing them to young adults.
- Encouraging providers to do more counseling about pregnancy planning and prevention, touching on, for example, the many contraceptive methods now available, the importance of supportive partners, myths and inflated fears about birth control, common problems with their chosen method and how to manage them, and the critical importance of avoiding gaps in protection.

THE SOCIAL ENVIRONMENT. We are all influenced by the larger social environment around us. This truism suggests that:

- Parents and other caring adults should communicate with their teens and young adults about the importance of pregnancy planning—when, with whom, and under what circumstances it might be best to start a family. They should also acknowledge the desire that so many unmarried young adults express for children and family life, and how such feelings relate to longer term goals.
- Parents, other caring adults, and larger social systems should also encourage unmarried young adults to *align* their plans for pregnancy and family with their sexual and contraceptive behavior—for example, using protection “most of the time” is not a reliable way to prevent pregnancy.
- A new social norm should be fostered: unless both partners are seeking pregnancy *and* are committed to each other and to the years it takes to raise children, they should take active, careful, and consistent steps to avoid pregnancy now.



Intro

WHAT WE DID AND WHY

Background

Becoming pregnant—or causing a pregnancy—and having a child is a critical, life-changing event with generational effects, to say nothing of significant economic consequences. At a minimum, common sense suggests that steps of this magnitude should be thought about carefully and intentionally in advance, not stumbled into or approached casually.

*7 in 10 pregnancies to
unmarried women in their
20s are unplanned.*

Yet at present, half of *all* pregnancies in the United States are reported by women themselves to have been unintended at the time they became pregnant—that is, the pregnancies were unplanned and sometimes fully unwanted. This is particularly true for women who are not married. Seven in 10 pregnancies to unmarried women in their 20s are unplanned, and nearly 10% of all unmarried women younger than age 30 get pregnant unexpectedly each year, resulting in 393,000 births, 595,000 abortions, and 142,000 miscarriages.¹

The Centers for Disease Control and Prevention (CDC) lists the development of modern methods of contraception as one of the greatest public health achievements of the past century. The ability to control when pregnancy occurs—typically through family planning—is directly linked to decreased poverty and increased educational and workforce opportunities for women especially, greater opportunities for preconception care and

prenatal care, and more adequate spacing of pregnancies—all of which benefit women, their children, and families as well.² There are also many significant consequences of unplanned pregnancy that cause concern. Children born following an unplanned pregnancy are significantly less likely to be raised in healthy, low conflict, two-parent families and more likely to experience adverse health and developmental consequences as a result.³ In addition, the vast majority of abortions in the United States follow an unplanned pregnancy.

Seven in 10 Americans support the goal of reducing unplanned pregnancy and most cite the wellbeing of children as the primary reason.⁴ Not only is there strong support for family planning, there are also more than 15 family planning methods currently available in this country.⁵ Despite this positive environment, it is apparent that a significant proportion of sexually active, unmarried young adults—who themselves say they do not want to be parents right now—are not fully protecting themselves from pregnancy. Some take a pass on family planning altogether, at least some of the time, and while others are more conscientious, they are often not careful or consistent enough.

The question is *why*. Why are so many pregnancies unplanned? Many point to cost and access as barriers to securing methods of family planning. Experience and research suggest that the cost and availability of contraception affect its use. In addition, of course, some women become pregnant unintentionally due to contraceptive failure. Moreover, family planning services are embedded in the larger U.S. health care system, which can be chaotic, expensive, and poorly coordinated, with insufficient attention paid to health promotion and prevention.

But research suggests that there are other barriers as well.⁶ Individuals also must have sufficient motivation and knowledge to use contraception effectively—factors that, in turn, are influenced by a broader set of attitudes, aspirations, and perceived social norms, such as young adults' views of relationships, family formation, and related issues. To date, however, there have been few national data available to fully assess these issues in detail and how they link to unplanned pregnancy among unmarried young adults. And absent robust data on these issues, discussions about the causes of—and remedies for—unplanned pregnancy have often neglected these influences.

To help fill this gap, The National Campaign to Prevent Teen and Unplanned Pregnancy commissioned a survey of unmarried young adults age 18–29. The results reported here address:

- the knowledge, attitudes, and expectations about contraception among unmarried young adults;
- their perceptions of the relative benefits and risks associated with various methods of contraception;
- how these perceptions influence their contraceptive behavior; and
- whether misperceptions and myths about contraception overall may be a significant barrier to preventing unplanned pregnancy.

Although the topics covered in the survey summarized here are not necessarily *more* important than cost and access barriers, it is surely true that *both* domains are critically important and that they interact with each other in significant, although poorly understood, ways.

We hope researchers, policymakers, health administrators, parents, and, perhaps even more importantly, those who work with young adults will use the new information presented in this report to help young adults plan their pregnancies more successfully than they are doing at present. It is also true that there are many lessons and findings still to be drawn from the rich amount of information collected in this survey. To this end, over the next year The National Campaign will release several additional reports that focus on specific groups of interest (such as men). We also expect to make the data publically available in the near future. We encourage those who want to explore in more depth the findings of this survey to visit our website (www.TheNationalCampaign.org/FogZone) in the coming months for updates on data availability.

The Survey Itself

DESIGN. This national survey of fertility and contraceptive knowledge—the first of its kind to focus in depth on the attitudes and behavior of unmarried young adults regarding pregnancy planning, contraception, and related issues—was commissioned by The National Campaign and conducted by the Guttmacher Institute (www.Guttmacher.org). It gathered detailed results from a nationally representative probability sample of 1,800 unmarried men and women age 18–29, of whom 177 were reached through random digit dialing of landline phone numbers, 903 through a sample of landline numbers with a high probability of containing unmarried twenty-something residents, and 720 by cell phone. (Appendix 1 describes in greater depth the methodology used for this survey and contains a table showing the number of young adults included in the survey by age, gender, and race/ethnicity.)

The method used to select the sample was designed so that the weighted results are statistically representative of the overall population of unmarried young adults 18–29, as well as unmarried young adults by age, gender, and race/ethnicity. African American and Hispanic young adults were over-sampled to allow greater ability to analyze these subgroups. The questionnaire was reviewed by national experts in the field of reproductive health, approved by the Guttmacher Institute’s Institutional Review Board, and field-tested to make sure the questions were clear. The survey was offered in both English and Spanish.

THE QUESTIONS. The questions were developed based on a theoretical model developed by the Guttmacher Institute (see Appendix 1 for full model). Most of the questions asked in the survey focused on such areas as when young adults last had sex education and what was covered; their knowledge about fertility and the risk/probability of pregnancy; and their knowledge of specific contraceptive methods including how to use them, their effectiveness, and possible side effects.

In addition, they were asked about their sexual activity and pregnancy history; what contraceptive methods they had ever used themselves and how carefully they had used them; their personal expectations for marriage and childbearing; the sources of health information they trust most; and a series of more general questions about their overall lives as well. Questions were also included about their basic demographic and socio-economic characteristics as well as their living arrangements and their connections to work, education, the health care system, public assistance, and faith communities.

Whenever possible, the survey used questions asked in other national surveys, such as the National Survey of Family Growth (NSFG) conducted by the CDC’s National Center for Health Statistics. This was done, in part, to assess how the results reported here compare to those of others. The good news is that, as a general matter, the characteristics of the young adults in this survey are similar to those reported in other national surveys, adding confidence to the view that this survey is indeed representative of unmarried young adults in general. (The actual wording of the survey questions appears in many of the charts throughout the report and a full list of survey questions is available at www.TheNationalCampaign.org/FogZone).

IMPORTANT NOTE. Readers should note that the results presented in this report are for *unmarried young adults aged 18–29* and various subgroups as noted.

Outline of the Report

This report has four sections:

- 1** **Section One** presents a brief overview of who was surveyed, along with some of the key characteristics of the survey population—especially those attributes that are most directly related to pregnancy planning and prevention (such as sexual experience) as well as more distal influences (such as living arrangements and religious affiliation).
- 2** **Section Two** details the gap between young adults' intent and both their contraceptive and sexual behavior.
- 3** **Section Three** describes in depth eight core findings that help to explain the gap between intent and behavior among unmarried young adults, which in turn often leads to unplanned pregnancy.
- 4** **Section Four** offers some concluding thoughts and a list of practical things to do that the data suggest would help young men and women be more planful and intentional about pregnancy and parenthood.

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UNMARRIED YOUNG ADULTS

Their Sexual Activity, Relationships, and Social Circumstance

KEY FINDINGS

- Most unmarried young adults have had sex and have used contraception.
- More are living with their parents than either alone or with each other.
- For many, sex education occurred years ago.

Several characteristics of the young unmarried adults we surveyed are worth noting and provide a critical backdrop to the later discussions of why unplanned pregnancy is so common among this group.

The vast majority of unmarried young adults are sexually active.

Overall, nearly nine out of ten of those surveyed have ever had sex and 78% have had sex in the past year (Table 1). In addition, more than half (55%) say they are currently in a sexual relationship, nearly one-quarter (23%) report they have had sex in the past year but are not currently in a sexual relationship, and 7% say they have not had sex in the past year. Fourteen percent say they have never had sex. The average age that unmarried young adults in this survey say they first had sex is 16.4 years.

When it comes to sexual activity, there is not much difference among unmarried young men and women. For example, the age at which women and men begin to have sex is relatively similar. However, men are slightly more likely than women to be in a current sexual relationship and to have had a higher number of sexual partners in the past year—half of men (50%) and nearly one-third (31%) of women report having had more than one sexual partner in the past year (among those who've had sex in the past year).

TABLE 1 Unmarried Young Adults Age 18–29, by Sexual Relationship Status, Age at First Sex, and Number of Partners in the Last Year			
Sexual Relationship Status	Total	Men	Women
Never Had Sex	14%	13%	16%
Had Sex, not this year	7%	9%	6%
Had Sex This Year, not currently in a sexual relationship	23%	27%	19%
Had Sex This Year, currently in a sexual relationship	55%	52%	60%
Percent Total	100%	100%	100%
Age at First Sex (Among Those Who Have Ever Had Sex)			
<15	20%	24%	15%
16–17	34%	34%	33%
18–19	30%	28%	33%
19+	16%	14%	18%
Percent Total	100%	100%	100%
Number of Sexual Partners in Past Year (Among Those Who Have Had Sex in Past Year)			
1	59%	50%	68%
2–4	30%	33%	26%
5+	11%	17%	5%
Percent Total	100%	100%	100%

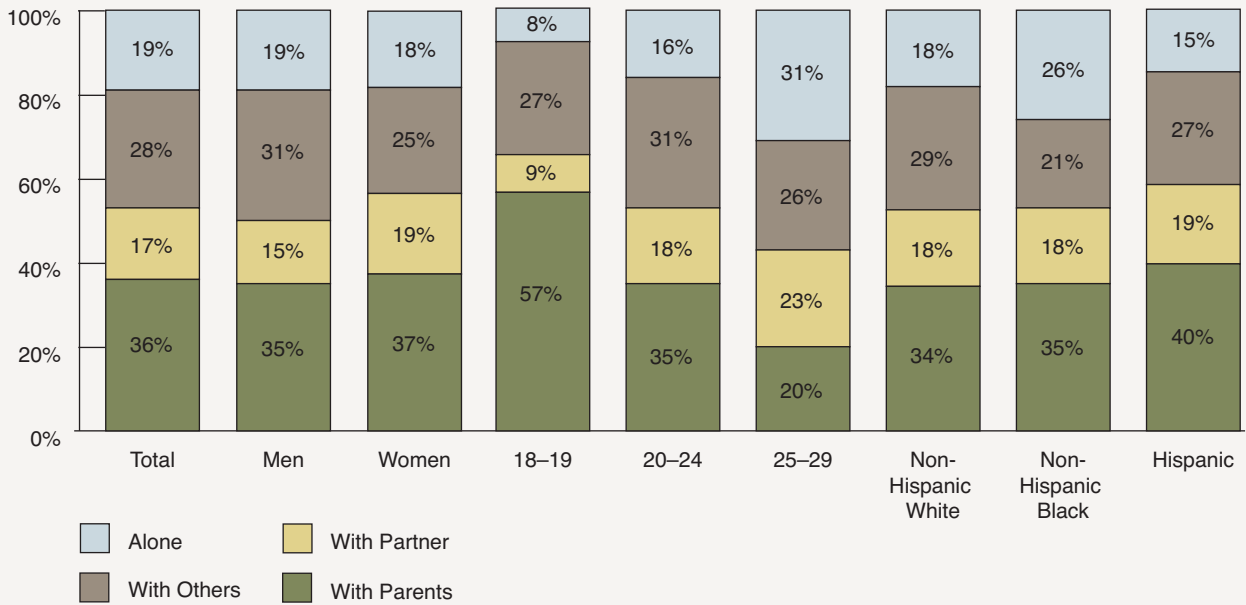
Unmarried young adults report a variety of living situations—more live with their parents than either alone or with each other.

Parents remain front and center in the lives of most unmarried young adults (Chart 1). More than one-third of unmarried young adults in the survey (36%) report living with their parents at the time of the interview. Not surprisingly, the proportion of unmarried young adults living with their parents steadily decreases with age: 57% of those 18–19, 35% of those 20–24, and 20% of those 25–29 say they live with their parents. Overall, 19% of unmarried 18- to 29- year-olds live alone, ranging from 8% among those 18–19 to 31% among those 25–29.

Most young adults are *not* living together. Overall, 17% say they are living with a partner of the opposite sex (9% of those 18–19, 18% of those 20–24, and 23% of those 25–29). Living arrangements differ somewhat by race/ethnicity. Hispanic young adults are more likely than non-Hispanic white and non-Hispanic black young adults to live with their parents, and non-Hispanic black young adults are much more likely to live alone than non-Hispanic white and Hispanic young adults.

Parents remain front and center in the lives of most unmarried young adults.

CHART 1 Unmarried Young Adults Age 18–29, by Living Situation



For many, sex education occurred years ago and sources of current information on contraception vary considerably.

Approximately three-quarters of unmarried young adults in the survey report that they have had a class on sex education (78%), and for many these classes included information about both abstinence and contraception—although the quantity and quality of the information they received is unknown. Nevertheless, 71% of young adults report they were age 16 or younger the last time they had a class on these topics and 27% report they were age 14 or younger.

Regarding current information on contraception, young people say that doctors or other professionals are their most trusted source of information about birth control, yet they more often rely on other sources such as the media. About seven in ten unmarried young adults (73%) say that professionals (doctors, teachers, religious leaders) are their most trusted source of information about contraception (Table 2). Yet, only 32% list a professional source as their most common source of information about contraception. Unmarried young adults are more likely to get information about contraception from the media (35%) or a personal source (34%) than they are from a doctor or other professional source. Moreover, more than half (52%) of unmarried young adults say they would turn to the media

More than half of young adults would turn to the media first if they wanted to learn about a new method of contraception.

first if they wanted to learn about a new method of contraception. Some 42% of young adults say they would first consult a professional source. Women tend to rely on professional sources of information more than men, who lean more toward the media as their source of information.

They report a wide variety of social contexts and circumstances.

Unmarried young adults live in a variety of social contexts, and many aspects of their lives likely influence their world view, their decisions, and both their sexual and contraceptive behavior.

RELIGION. Nearly three-quarters (73%) of unmarried young adults belong to a religious denomination. About one-third (34%) of unmarried young adults overall say they never attend religious services.

TABLE 2 Unmarried Young Adults Age 18–29, by Source of Information									
	Total	Men	Women	Age 18–19	Age 20–24	Age 25–29	Non-Hispanic White	Non-Hispanic Black	Hispanic
Source Most Trusted									
Personal Source	15%	21%	8%	23%	13%	10%	14%	16%	15%
Professional Source	73%	62%	85%	66%	76%	74%	74%	75%	71%
Media Source	13%	18%	7%	11%	11%	16%	13%	9%	15%
% Total	100%	100%	100%	100%	100%	100%	100%	100%	100%
Source go to First for New Method Information									
Personal Source	6%	8%	3%	9%	3%	6%	5%	9%	5%
Professional Source	42%	30%	56%	44%	40%	43%	39%	50%	48%
Media Source	52%	62%	41%	47%	56%	51%	56%	41%	47%
% Total	100%	100%	100%	100%	100%	100%	100%	100%	100%
Source Used Most Often in the Past Year									
Personal Source	34%	41%	25%	41%	35%	25%	35%	37%	27%
Professional Source	32%	16%	50%	29%	29%	37%	32%	35%	32%
Media Source	35%	43%	25%	29%	35%	38%	33%	29%	41%
% Total	100%	100%	100%	100%	100%	100%	100%	100%	100%

WORK. Most unmarried young adults are either working (43%) or going to school (25%), and some are juggling both (18%).

EDUCATION. More than one-third (36%) of unmarried young adults have either completed their associate's degree or attended some college. Education does not vary notably between men and women.

HEALTH INSURANCE. Fully three-quarters of unmarried young adults say they had some type of health insurance in the 12 months before the interview. This includes 51% who relied solely on private health insurance and 22% who relied on Medicaid (either alone or in combination with private insurance). Young adults age 25–29 are slightly more likely to be uninsured compared to other age groups, and Hispanic young adults are much more likely to be uninsured compared to other racial/ethnic groups.

PUBLIC ASSISTANCE. Approximately one in ten unmarried young adults—women more than men—received public assistance in the past 12 months.

EMBARGOED
Midnight/ 12am ET
December 15, 2009



2

PREGNANCY AND CONTRACEPTION

The Gap Between Intent and Behavior

KEY FINDINGS

- Nearly all unmarried young adults feel strongly that pregnancy should be planned.
- Most say avoiding pregnancy is very important—at least right now.
- However, many are not using contraception carefully or at all.
- Many admit that they will likely have unprotected sex in the near future.

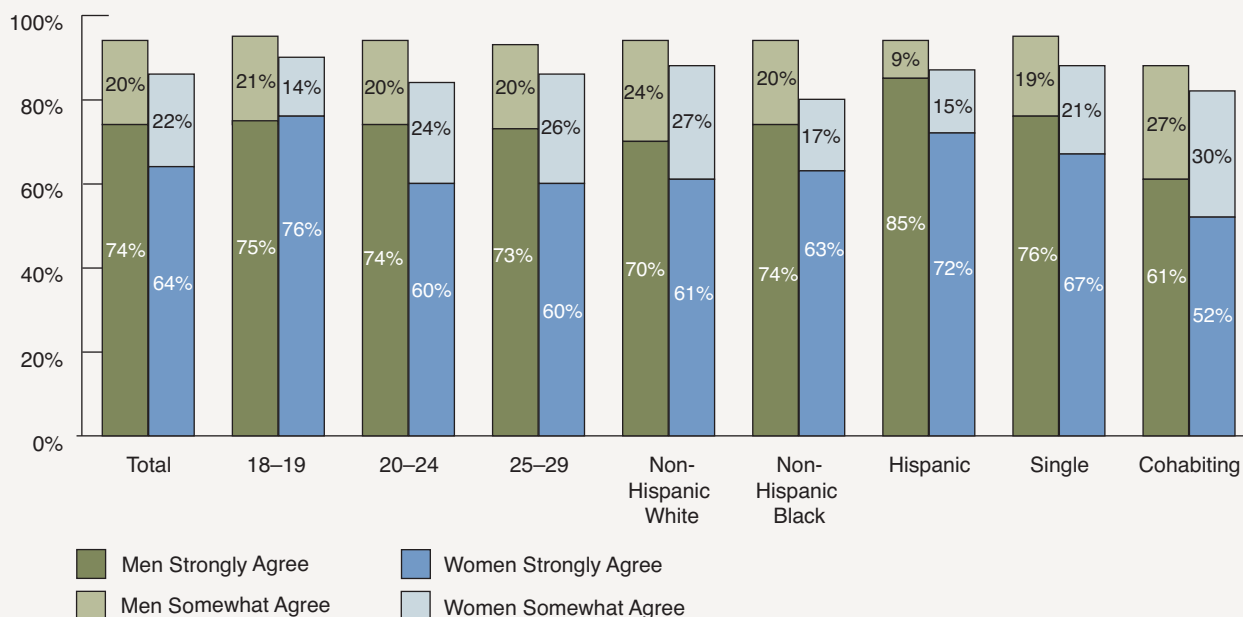
We turn now to the heart of this report—unmarried young adults' beliefs, intentions, and behavior regarding pregnancy planning and prevention. As the title of this report suggests, there is a large gap between what young adults say they want and their actual behavior—a gap that puts them at risk of unplanned pregnancy. Several key findings stand out and are described in this section.

Most unmarried young adults feel strongly that pregnancy should be planned.

Nearly all unmarried young adults (94% of men and 86% of women) believe pregnancy should be planned. This includes roughly three-quarters of men and two-thirds of women who *strongly* agree that pregnancy should be planned (Chart 2).

In fact, more than 80% of unmarried young adults of all ages and ethnicities agree that pregnancies should be planned, although that figure is consistently somewhat lower for women than for men. The proportion who *strongly* agree that pregnancy should be planned is particularly high among men and women in their late teens and among Hispanic men and women. The belief that pregnancies should be planned is also widely shared among couples living together. More than 80% agree (over half of them strongly) on the importance of pregnancy planning.

CHART 2 Unmarried Young Adults Age 18–29 Who Agree that Pregnancy Should be Planned, by Gender



Based on response to the question: "How much do you agree with the following statement: 'Pregnancy is something that should be planned.' Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?"

Most have used contraception and have friends who think contraception is important.

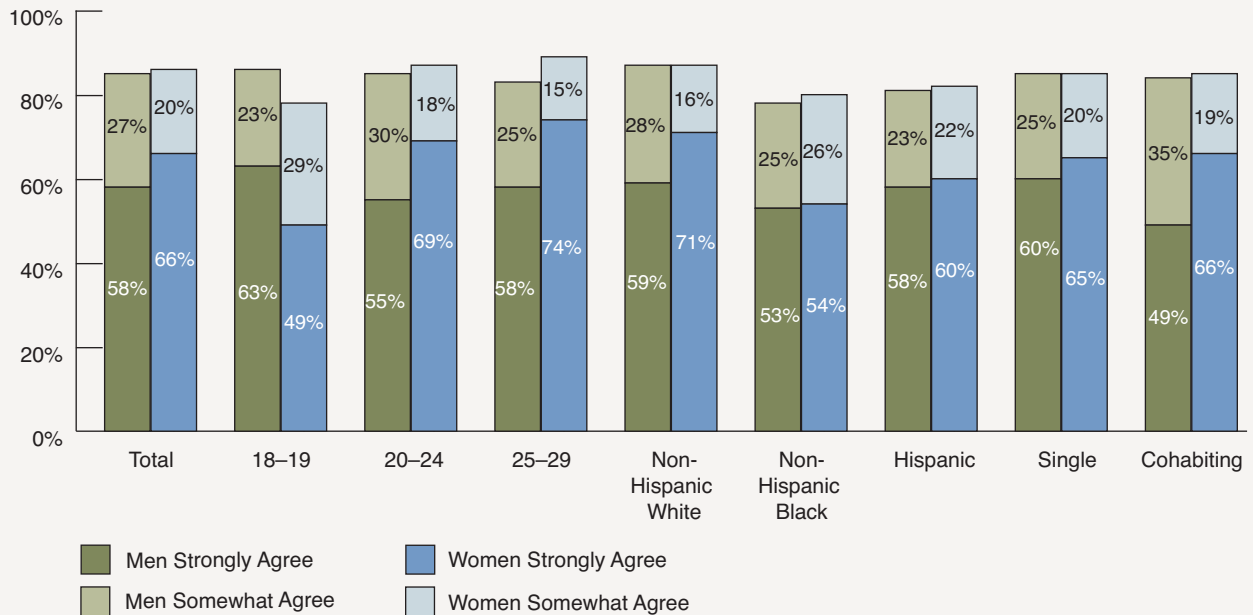
Fully 82% of unmarried young adults say they have used some form of contraception. Among them, 92% of unmarried young adults say they have used condoms and 79% of unmarried women report that they have used the pill. That so many unmarried young adults have used contraception suggests that it is important to them and valued. The apparent value they put on contraception is echoed by their friends. Most men (85%) and women (86%) agree that most of their friends think birth control is important (Chart 3).

The proportion whose friends look favorably on contraception is similar for most age and racial/ethnic subgroups, with some notable exceptions. The proportion of those who strongly agree that most of their friends think contraception is important is lowest among:

- women age 18–19 (fewer than half of this group strongly agree that their friends think contraception is important),

Nearly all young adults believe pregnancy should be planned.

CHART 3 Unmarried Young Adults Age 18–29 Who Agree that Most of Their Friends Think Birth Control is Important, by Gender



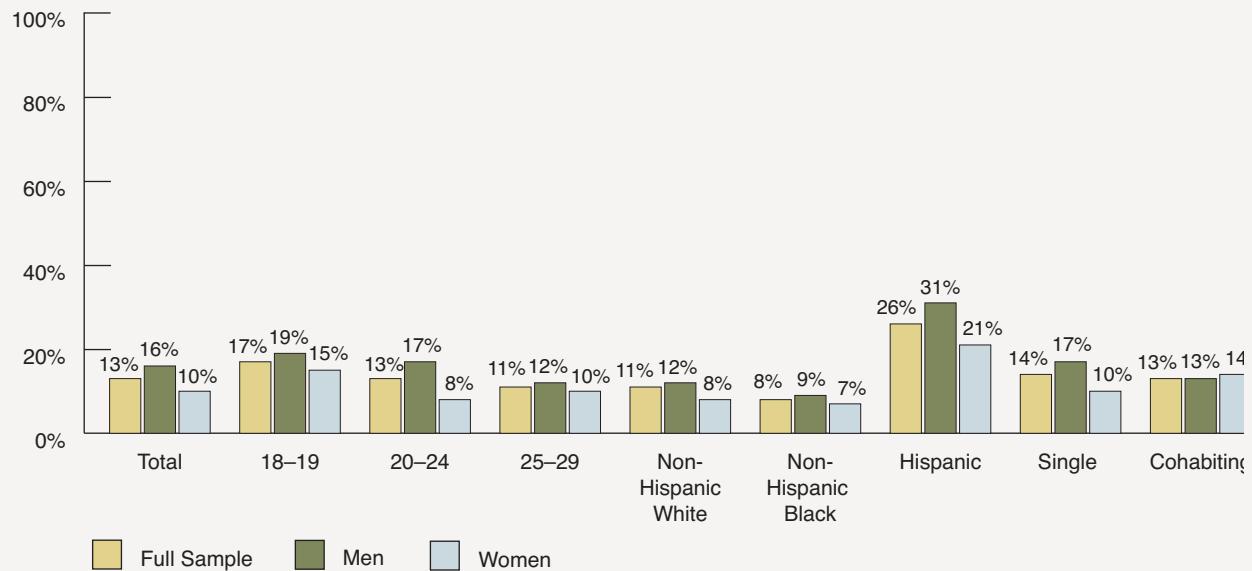
Based on response to question: “Please think about your own life and tell me how much you, personally, agree or disagree with each statement: Most of my friends think using birth control is important. Do you strongly agree, somewhat agree, somewhat disagree or strongly disagree?”

- non-Hispanic black men and women, and
- men who are cohabiting.

What about those who are opposed to contraception? Overall, 13% believe that birth control is morally wrong (Chart 4).^a Across nearly all racial/ethnic groups and regardless of age, less than one in five believe that contraception is morally wrong. Men are more likely than women—across all ages and racial/ethnic groups—to believe that contraception is morally wrong. Unmarried Hispanic young adults (26% overall, 31% of men, and 21% of women) are more likely than those in other racial/ethnic groups to view contraception as morally wrong.

a. Not surprisingly, the proportion who agree that birth control is morally wrong is somewhat lower when looking just among those who have ever had sex—11%, 15%, and 8% for all respondents, men and women respectively (not shown).

CHART 4 Unmarried Young Adults Age 18–29 Who Agree that Birth Control is Morally Wrong, by Gender



Based on respondents who answered “strongly agree” or “somewhat agree” to the question: “Using birth control is morally wrong. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?”

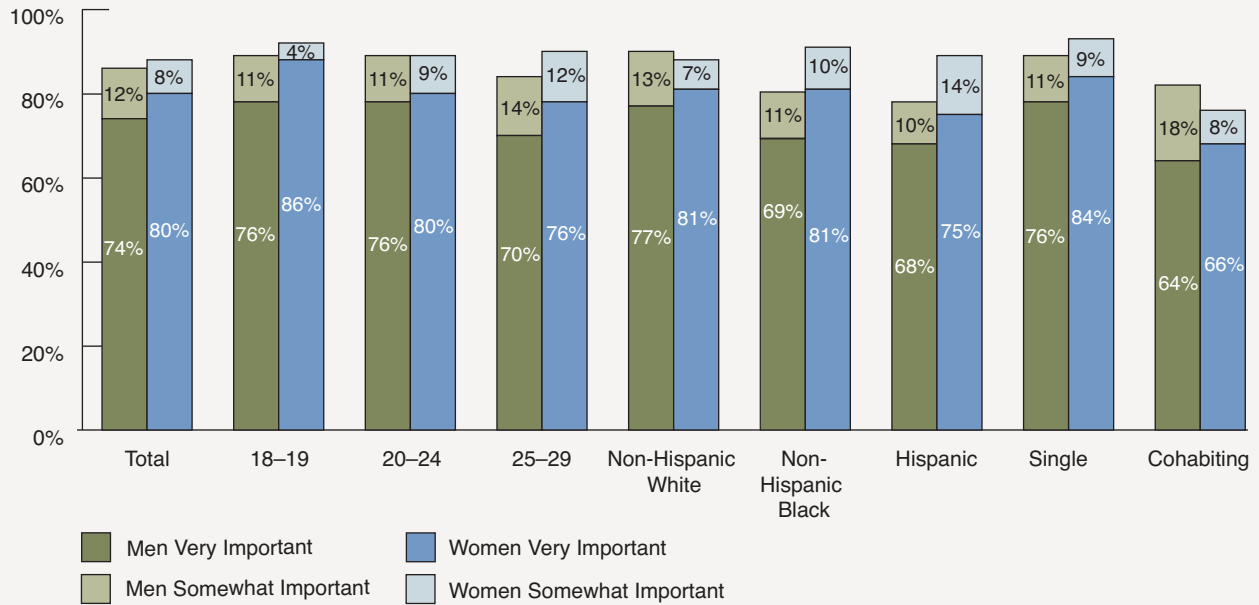
Avoiding pregnancy is very important to young adults, at least right now.

The overwhelming majority of unmarried young adults say they do not want to get pregnant or get someone pregnant at this time in their lives. This is true for both men and women, across every age and racial/ethnic subgroup, regardless of whether they are currently in a cohabiting relationship or not.

Nearly nine in ten unmarried young adults (88% of women and 86% of men) say it is important to avoid pregnancy in their lives right now. This includes eight in 10 women and three-quarters of men who say it is *very important*. Most couples living together agree—roughly three-quarters of those in cohabiting relationships say it is important (two-thirds say it is *very important*) to avoid pregnancy at this time in their lives (Chart 5).

Nine in ten young adults think it is important to avoid pregnancy in their lives right now.

CHART 5 Unmarried Young Adults Age 18–29 Who Say it is Important to Avoid Pregnancy Right Now in Their Lives, by Gender



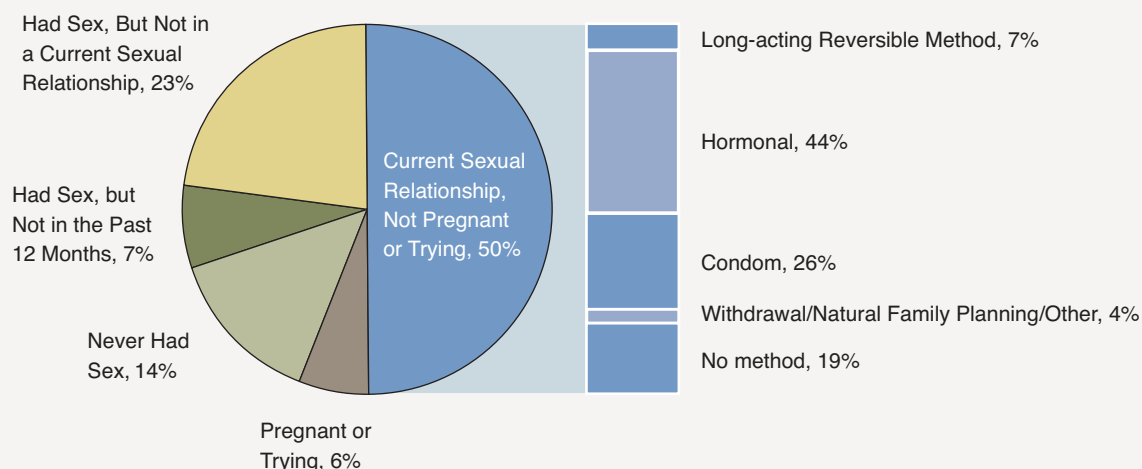
Based on response to the question: “Thinking about your life right now, how important is it to you to avoid (IF FEMALE: becoming pregnant/IF MALE: getting someone pregnant)? Would you say very important, somewhat important, a little important, or not at all important?”

Despite these beliefs, many young adults do not use contraception carefully, and sometimes they don’t use it at all.

Half of young adults are currently in a sexual relationship and are not pregnant, trying to get pregnant, or trying to cause a pregnancy (see left side of Chart 6). The remainder have either had sex but are not in a sexual relationship at present (30%), never had sex (14%), or are currently pregnant or trying to get pregnant (6%).

Among those in a current sexual relationship, about one in five are using *no* contraception at all despite reporting that they are not trying to get pregnant. Specifically, of the 50% of young adults who are in a current sexual relationship and not pregnant or trying, 19% used *no* contraception at all in the past month (see right side of Chart 6).

CHART 6 Unmarried Young Adults' Reports of Current Contraceptive Method



Based on yes/no response to the question: "Have you used (FILL IN METHOD) in the past 1 month?"; grouped by most effective method noted.

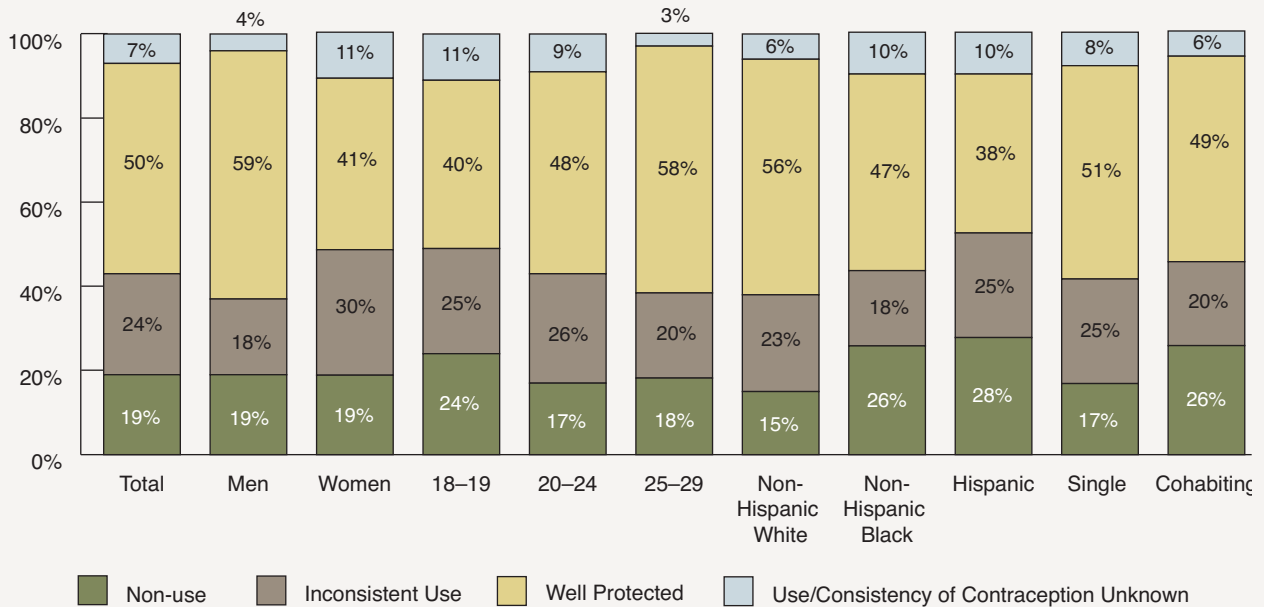
In addition to the 19% who use no contraception at all (noted above), nearly one-quarter (24%) use contraception inconsistently (Chart 7).^b Taken together, this means that of those who are sexually active and who are not pregnant or trying, *only about half are well protected from pregnancy.*

Full protection is particularly low (38%) among Hispanic young adults. In fact, even among unmarried young adults who are sexually active and who believe that pregnancy is almost certain when having sex without contraception, nearly a third still fail to use contraception consistently (not shown).

Perhaps even more notable, the proportion who are well protected is small even among those who say it is "very important" to avoid pregnancy at this point in their lives—a finding consistent with current theory on contraceptive behavior.⁷ Among those in a current sexual relationship

b. Non-use is defined as using no method in the past month. Inconsistent use is defined as skipping birth control pills in the past three months, using condoms but not every time you had sex in the last three months, or getting a Depo-Provera injection late. Well protected is defined as using a long-acting method (IUD or Implanon) or using a hormonal method (the birth control pill or Depo-Provera) or condoms consistently in the past three months. There is also a small residual category for which contraceptive use and consistency is unknown, including those using a method for which consistency is more difficult to assess, such as natural family planning, withdrawal or some other method, or those who did not provide a response to the contraceptive question.

CHART 7 Pregnancy Protection Status Among Unmarried Young Adults Age 18–29
Currently in a Sexual Relationship and Not Pregnant or Trying to Get Pregnant



who say avoiding pregnancy is very important to them, 39% are not fully protected from pregnancy when having sex, including 24% who are using contraception inconsistently and 15% who are not using contraception at all when having sex (Chart 8). Slightly more than half (53%) are well protected. For 8% of unmarried young adults who say avoiding pregnancy is very important, protection status is unclear.

Another striking indication of the disconnect between the intent and behavior of unmarried young adults is the percent who fully admit that they expect to have unprotected sex in the near future. Some 17% of women and 19% of men report it is either extremely or quite likely they will have unprotected sex in the next three months. This proportion is particularly high among older teen girls, men in their late twenties, and non-Hispanic black women (Chart 9). An additional 18% of unmarried young adults say it is slightly likely they will have unprotected sex in the near future (not shown).

The proportion of unmarried young adults who say it is likely they will have unprotected sex in the near future is about the same among those who think it is very important to avoid pregnancy and those who do not

About one in five young adults say it is likely they will have unprotected sex in the next three months.

CHART 8 Pregnancy Protection Status Among Young Adults Age 18–29 in a Current Sexual Relationship and Not Pregnant or Trying to Get Pregnant, by Reported Importance of Avoiding Pregnancy Right Now

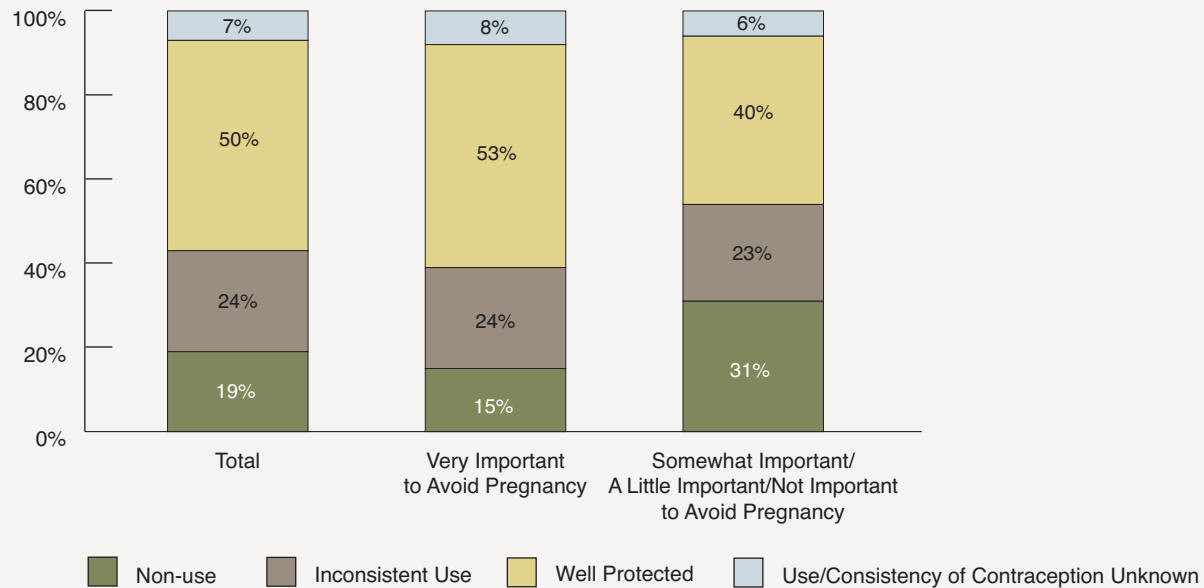


CHART 9 Sexually Experienced Unmarried Young Adults Age 18–29 Who Report it is Quite or Extremely Likely That They Will Have Sex Without Any Birth Control in the Next 3 Months

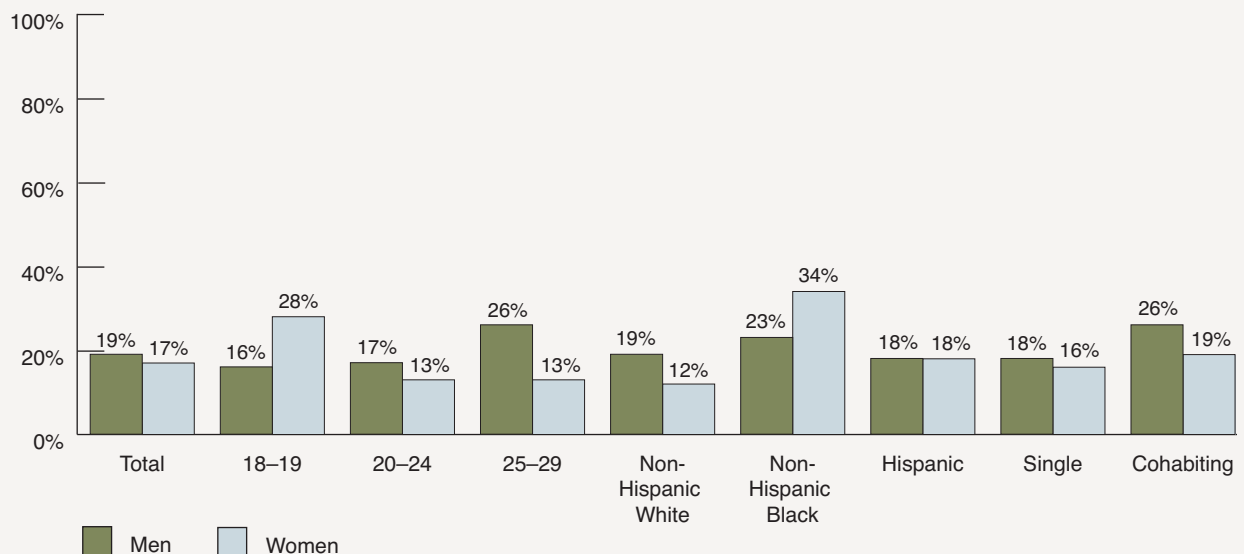
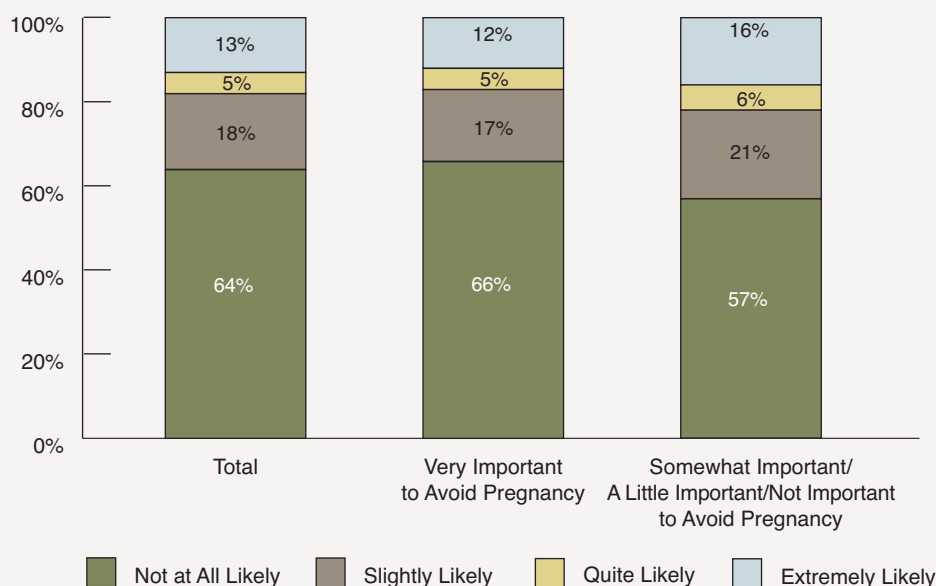


CHART 10 Among Unmarried Young Adults Age 18–19, Report of the Likelihood of Having Sex Without Birth Control in the Next 3 Months by Their Reported Importance of Avoiding Pregnancy Right Now

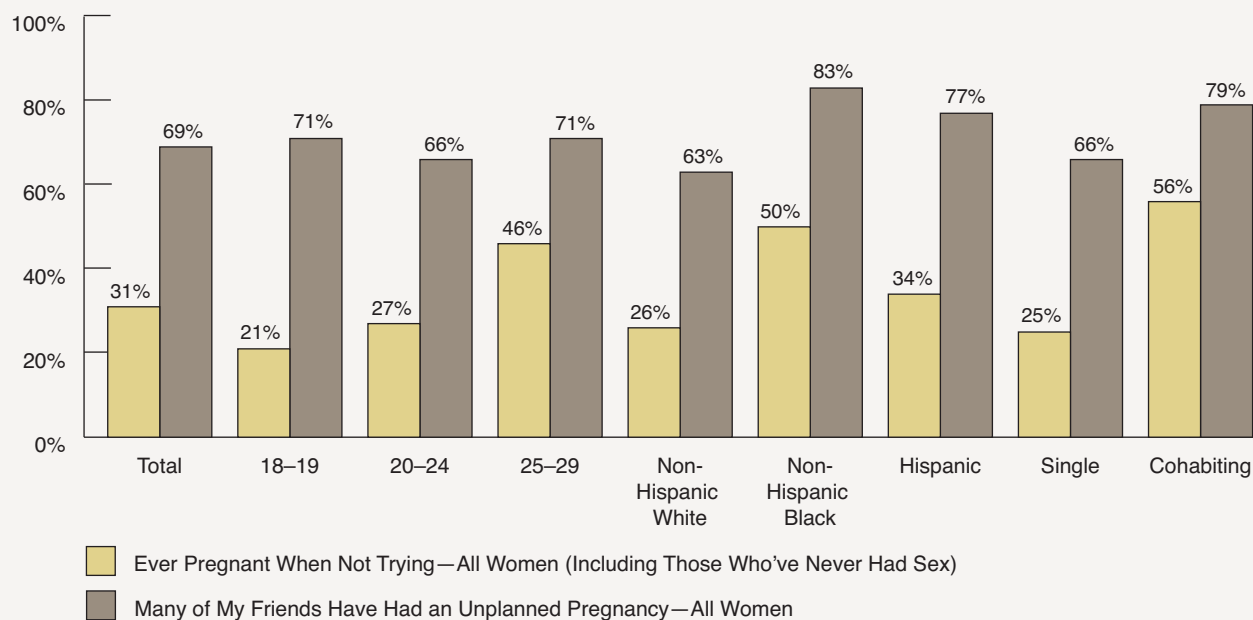


feel as strongly. Of those who say it is very important to avoid pregnancy right now, 17% say it is either quite likely or extremely likely they will have unprotected sex in the next three months. Two-thirds (66%) of those who say avoiding pregnancy is very important say it is not at all likely that they will have unprotected sex in the near future, compared to 57% among those who say avoiding pregnancy right now is somewhat important, a little important, or not important (Chart 10).

The high level of risk among unmarried young adults is mirrored by high levels of unplanned pregnancy.

Given the risky behavior noted previously, it is not surprising that many of the unmarried young adults in this survey report having had an unplanned pregnancy. Nearly one-third of women (31%) report they have ever been pregnant when not trying (Chart 11), and 18% of men report they've gotten someone pregnant when not trying (not shown). When those who are surgically sterile or currently trying to get pregnant are excluded (not shown), more than one-third (36%) say they have gotten pregnant when they were not trying to do so. The proportion of unmarried young women who have had an unplanned pregnancy is particularly high among:

CHART 11 Unmarried Women Age 18–29 Who Report Ever Having an Unplanned Pregnancy and Who Agree That Many Friends Have Had an Unplanned Pregnancy



Based on women answering “yes” to the following questions: (1) “Have you ever become pregnant when you were not expecting or trying to become pregnant” and (2) answering “strongly agree” or “somewhat agree” to the question “Please think about your own life and tell me how much you, personally, agree or disagree with each statement. ‘Most of my friends have had an unplanned pregnancy. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?’”

- Women in their late twenties (46% have had an unplanned pregnancy);
- Women in cohabiting relationships (56%); and
- Non-Hispanic black women (50% have had an unplanned pregnancy compared to 26% of non-Hispanic white women and 34% of Hispanic women).

Moreover, more than two-thirds (69%) of women say many of their friends have had an unplanned pregnancy (Chart 11). The proportion of women who agree that unplanned pregnancy is common among their friends approaches or exceeds two-thirds across every subgroup. These results suggest that unplanned pregnancy is very much part of the unmarried young adult experience and is viewed as quite common—which indeed it is.



3

WHY THE GAP BETWEEN INTENT AND BEHAVIOR?

KEY FINDINGS

- Many know little or nothing about contraception.
- Many fear the side effects of contraception.
- These fears reduce their likelihood of using effective methods.
- Myths and misinformation about pregnancy and contraception are prevalent.
- Many simply don't believe that contraception is very effective.
- Many are ambivalent about the timing and circumstances under which to start a family.

The previous section showed, in essence, that the overwhelming majority of unmarried young adults report that they do not want to get pregnant or get their partner pregnant at this time in their lives—yet they are clearly not taking adequate measures to protect themselves from pregnancy, and a small but important portion admit it is likely they will have unprotected sex in the near future. In this section, we present data on eight sets of survey findings that help to explain this apparent irrationality—this “fog zone” in which so many young adults seem to live—that undoubtedly increases their risk of unplanned pregnancy. The overlapping factors identified here likely limit the range and variety of contraceptive methods that young adults feel are realistic options for them to use, impair their ability to use their method of contraception carefully and consistently, and undermine their basic commitment to using contraception at all.

One: Unmarried young adults know little or nothing about many contraceptive methods, including some of the most effective ones.

Not surprisingly, nearly all unmarried young adults say they are aware of condoms and birth control pills, and the vast majority say they are aware of emergency contraception (EC). However, long-acting methods of contraception are less well known. Three-quarters of young adults have heard of the intrauterine device (IUD), but fewer than half (44%) say they have ever heard of the implant (Table 3).

About one-third of young adults say they know little or nothing about condoms and 63% report knowing little to nothing about birth control pills.

Men's awareness of some of the more common methods of contraception lags behind women's only slightly. However for those methods that are less well-known, the gender gap is wider. There are also some notable differences by age. Older teens, for example, are less likely than 20-somethings to be familiar with less common methods of contraception such as Depo-Provera ("the shot"), the IUD, and the implant. Hispanic young adults are less likely than their peers in other racial/ethnic groups to be aware of different methods of contraception as well.

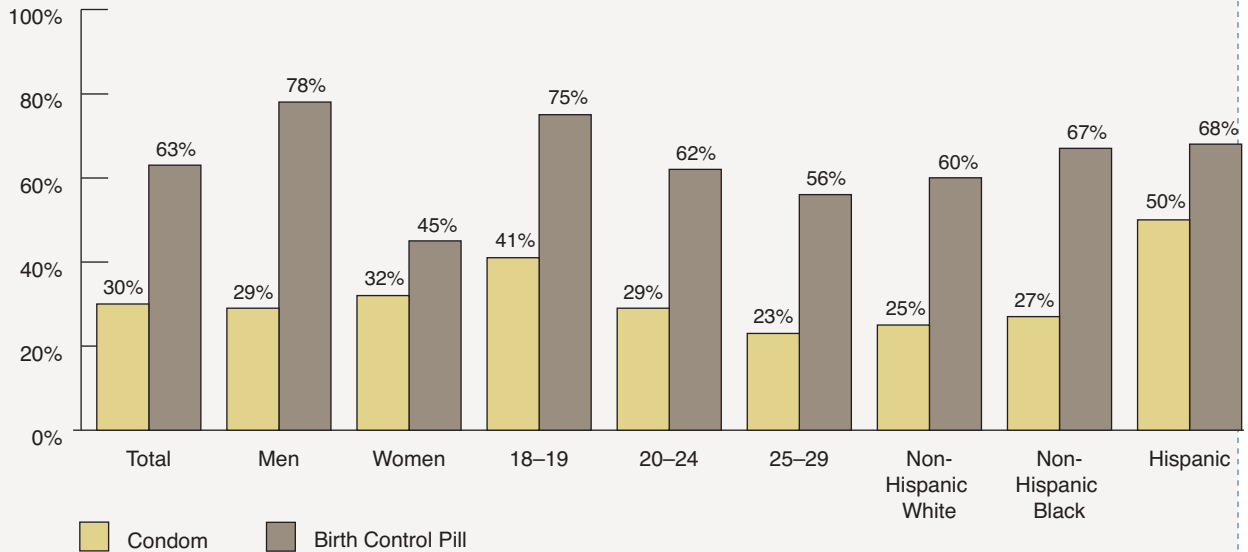
Even among young adults who have heard of various methods, many say they know little about them. While it might be expected for young adults to report they know little or nothing about less widely-used methods such as IUDs and Depo-Provera ("the shot"), many also say they know little about more common methods such as condoms and the birth control pill. In fact, nearly one-third (30%) of unmarried young adults say they know little or nothing about condoms, and 63% report knowing little or nothing about birth control pills (Chart 12).

As Chart 12 shows, reported knowledge about particular methods of contraception differs considerably by age and somewhat by race/ethnicity. Reported lack of knowledge about such common methods as the pill and the condom is highest for older teens and decreases with age. The percentage who say they have little or no knowledge about condoms is particularly high among Hispanic young adults. Those who say they know little or nothing about less common methods such as the shot and the

TABLE 3 Percent of Unmarried Young Adults Age 18–29 Who Have Heard of Various Contraceptive Methods

	Total	Men	Women	Age 18–19	Age 20–24	Age 25–29	Non-Hispanic White	Non-Hispanic Black	Hispanic
Condom	99%	99%	99%	99%	99%	100%	100%	99%	98%
Pill	96%	94%	98%	94%	98%	96%	99%	97%	89%
Emergency Contraception	91%	87%	95%	90%	92%	90%	96%	86%	82%
Patch	88%	81%	96%	87%	89%	87%	91%	92%	78%
Depo	79%	69%	90%	74%	81%	81%	83%	82%	71%
IUD	75%	65%	87%	69%	78%	77%	81%	76%	60%
Foam, Jelly, or Cream	70%	64%	76%	60%	73%	74%	74%	71%	58%
Rhythm/Natural Family Planning	60%	53%	67%	47%	61%	67%	64%	54%	50%
Implant	44%	37%	52%	38%	42%	51%	47%	46%	34%

CHART 12 Unmarried Young Adults Age 18–29 Who Say They Know Little or Nothing About the Following Contraceptive Methods



Based on responses to the following question for each method: “Overall, how much do you feel you know about x method and its use? Would you say you know nothing, you know a little, you know a lot or you know everything about x method?” Asked only among those who have heard of the method. Shown as a percent of all respondents.

IUD (not shown) is high across all subgroups—ranging from 65% to 77% for the shot, and from 56% to 80% for the IUD. Interestingly, Hispanic young adults are less likely than non-Hispanic whites and non-Hispanic black peers to report little or no knowledge of these less widely-used methods.

Two: Unmarried young adults both fear the side effects of contraception and overestimate them as well...

Even though current clinical evidence suggests otherwise, many young adults believe that it is *highly likely* they will experience serious side effects if they use certain methods of contraception. For example, 27% of unmarried young women (and 31% of unmarried young adults overall—not shown) report that it is either quite likely or extremely likely that using birth control pills or other hormonal methods for a long period of time will lead to a serious health problem like cancer (Chart 13). Yet, to date,

Many young adults believe that it is highly likely they will experience serious side effects if they use certain methods of contraception.

clinical trials suggest that developing serious health problems *as a result of* using the pill is clearly the exception rather than the rule.^{c; 8, 9}

Similarly, 30% of unmarried young adults say that it is either extremely likely or quite likely that the IUD will cause an infection. However, again, clinical studies suggest much lower rates of serious side effects than what is implied by the perceptions of the women surveyed here.^{d; 10, 11}

It is somewhat understandable that many young adults (and probably the general public for that matter) overestimate the likely side effects of using contraception. In particular, it is easy to conflate the fact that some users of a particular method do experience certain health problems with the notion that using that method *caused* the health problems. And an increased risk of health problems can also be easily confused with a notion that health problems are highly likely, even if the real chances are less than 1%.

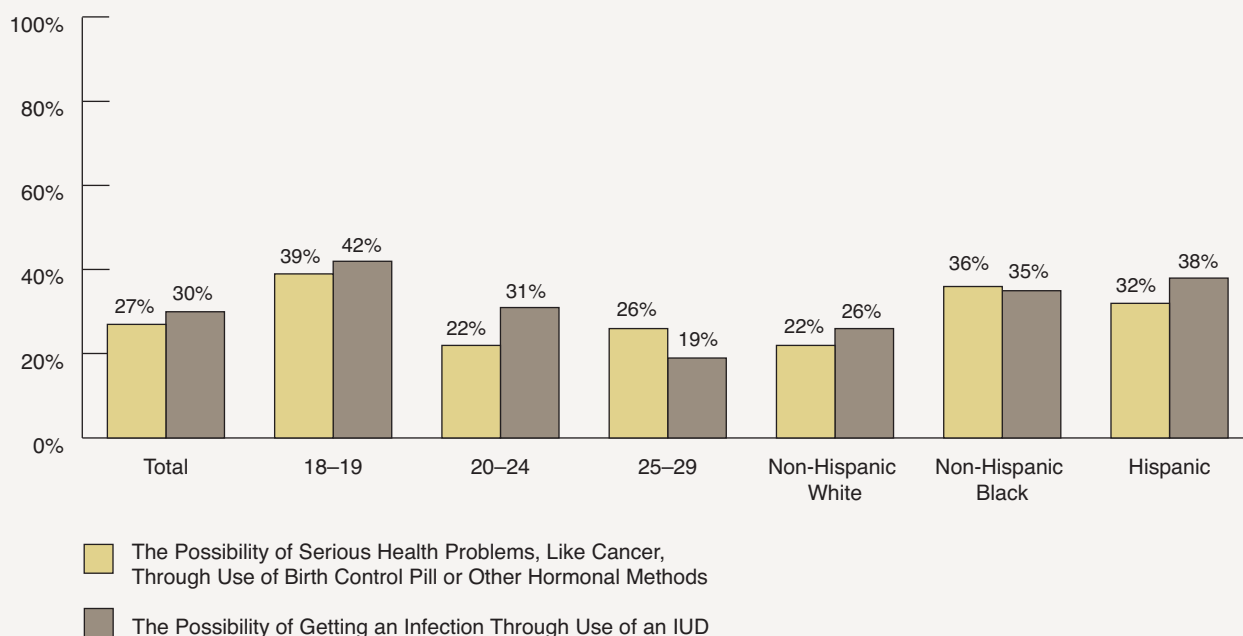
It is also the case that many young adults do not generally view the risks associated with using contraception in a relative context—that is, the health risks that may result from using contraception as compared to the health risks that may result from not using contraception. To the extent they do, young adults' perceptions are drastically skewed toward a negative view of contraception. For example, more than one-third of unmarried young adults (37%) report that taking birth control pills for one year is riskier than having a baby. In reality, pregnancy and delivery are nearly 20 times riskier than using birth control pills for women under age 35 who don't smoke.¹²

In addition to expressing concerns about side effects from various contraceptive methods, many unmarried young adults fail to recognize the health *benefits* of contraception. For example, only 24% of young adults correctly report that using birth control pills can reduce the likelihood

c. For example, according to a recent meta-analysis by the Mayo Clinic of 39 clinical studies, 13% of all women in the general population (including those who did and did not use the pill) will develop breast cancer. Among them, this percentage was about one-fifth higher for women who have used oral contraceptives as compared to those who had not, roughly *suggesting an additional two to three percent chance of developing breast cancer as the result of being on the pill*. The pill has also been associated with an increased risk of heart attack and stroke, but again, the actual risk is orders-of-magnitude-lower than the notion of "highly likely," with about 1.5 deaths per year in 100,000 non-smoking women under age 45 due to pill use. While not trivial, these numbers are far lower than suggested by many young adults' perceptions that side effects are highly likely. Put into context, the risk of death from driving a car for a year is more than 10 times higher than risks associated with pill use (approximately 17 per 100,000 men and women who die each year due to driving).

d. For example, randomized control trials determined that less than one percent of women developed Pelvic Inflammatory Disease (PID) or endometriosis in the first two years after IUD insertion. These rates fell even further in later years. The rates for women using a levonorgestrel-releasing IUD and those using the copper-T IUD were similar. The literature is somewhat variable as to whether rates for these conditions are higher in connection to IUD insertion or that IUD insertion causes infection. Regardless of causality, however, it is clear that the rates of infection are much lower than young women perceive.

CHART 13 Unmarried Women Age 18–29 Who Believe Serious Side Effects of Certain Methods of Contraception are Either Quite Likely or Extremely Likely



Based on responses to the following questions: “For each, please tell me how likely you think it is that you would experience the effect. Even if you don’t currently have a partner or have never used the method yourself, please think about what might happen if you did. If you used the birth control pill or other hormonal methods for many years, how likely is it to give you a serious health problem, like cancer? Would you say it is not at all likely, slightly likely, quite likely, or extremely likely? If you used an IUD, how likely is it to give you an infection? Would you say it is not at all likely, slightly likely, quite likely, or extremely likely?”

that women will get certain kinds of cancer when, in fact, the use of birth control pills has been found to reduce the risk of endometrial and ovarian cancer.¹³ Birth control pills also have been found to reduce blood loss during menstruation (which can decrease the risk of iron deficiency anemia) and certain premenstrual symptoms related to menstruation.¹⁴

....and these fears reduce women’s likelihood of using effective methods.

Individuals are not necessarily wrong to be concerned about side effects. An additional 1.5 stroke deaths per 100,000 women due to birth control pill use is, for some, a frightening outcome and sufficient evidence to dissuade them from using the pill—this is not a misperception but rather a heightened aversion to risk. However, many are dissuaded from pill use because they overestimate the likelihood and frequency of serious health effects. In this case, misperceptions about the likelihood of serious side effects put

young adults at risk of unplanned pregnancy by discouraging them from using more effective methods of contraception. Chart 14 shows the percentage of unmarried young women who both think the following side effects are at least somewhat likely, and also report that their fear of this side effect makes them less likely to use that method.

Note that half of all young women in the survey say that cancer or other serious health risks due to pill use are at least somewhat likely *and* that this reduces their likelihood of using birth control pills or other hormonal methods (Chart 14). Similarly, 54% of women say they believe that getting an infection from an IUD is at least somewhat likely and report that this would reduce their likelihood of using one. The reduced likelihood of using such effective methods of birth control due to concerns about serious health risks is substantial across all racial/ethnic groups and age groups.

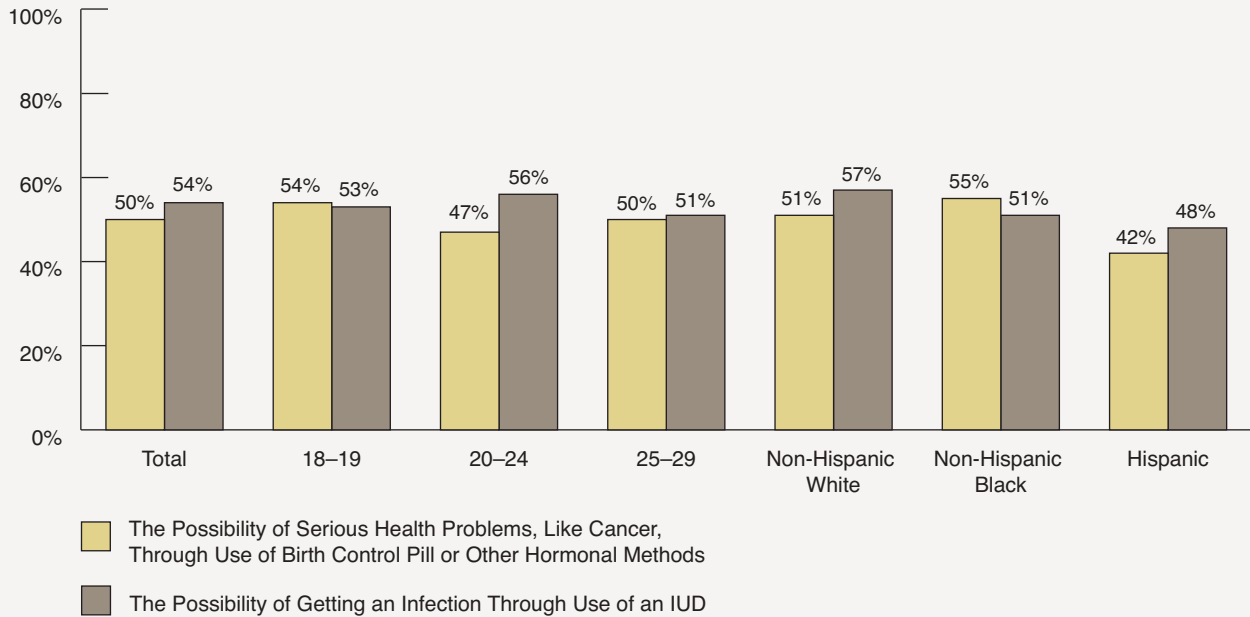
Additional perceived side effects that women report reduce their likelihood of using certain methods include:

- **Weight Gain**—36% of women say it is at least somewhat likely that the pill will cause them to gain weight and that this reduces their likelihood of using the pill, even though to date there is no clinical evidence of an association.¹⁵ Again, the fact that a person who is on the pill gains weight does not necessarily mean that weight gain was caused by the pill.
- **Severe Mood Swings**—40% of women say it is at least somewhat likely that the pill will cause *severe* mood swings and that this reduces their likelihood of using it. There is no research to date, however, to support this. For example, studies have found no causal link between clinical depression and pill use (although current clinical advice is that women who have concerns about an underlying mental health issue should seek explicit evaluation and treatment).¹⁶

In addition to concerns about side effects, many young adults are confused about how specific contraceptive methods work, which may in turn make them disinclined to adopt and use a method. For example, nearly half of young adults (46%) believe that IUDs can move around in a woman's body (in reality the IUD remains in the uterus and rarely moves at all), and 40% of young adults believe that a woman must undergo a surgical operation in order to obtain an IUD (there is no surgery involved). Nearly one-quarter (24%) incorrectly believe that long-acting methods of contraception cannot be discontinued early. Roughly half of unmarried young adult women also incorrectly believe that the possible negative side effects from Depo-Provera (namely, reduction in bone mass) lasts an entire lifetime, even though such reductions in bone density have been found to

36% of women say concern about weight gain reduces their likelihood of using the pill.

CHART 14 Unmarried Women Age 18–29 Who Believe the Side Effects Are Likely and That This Makes Them Less Likely to Use That Method



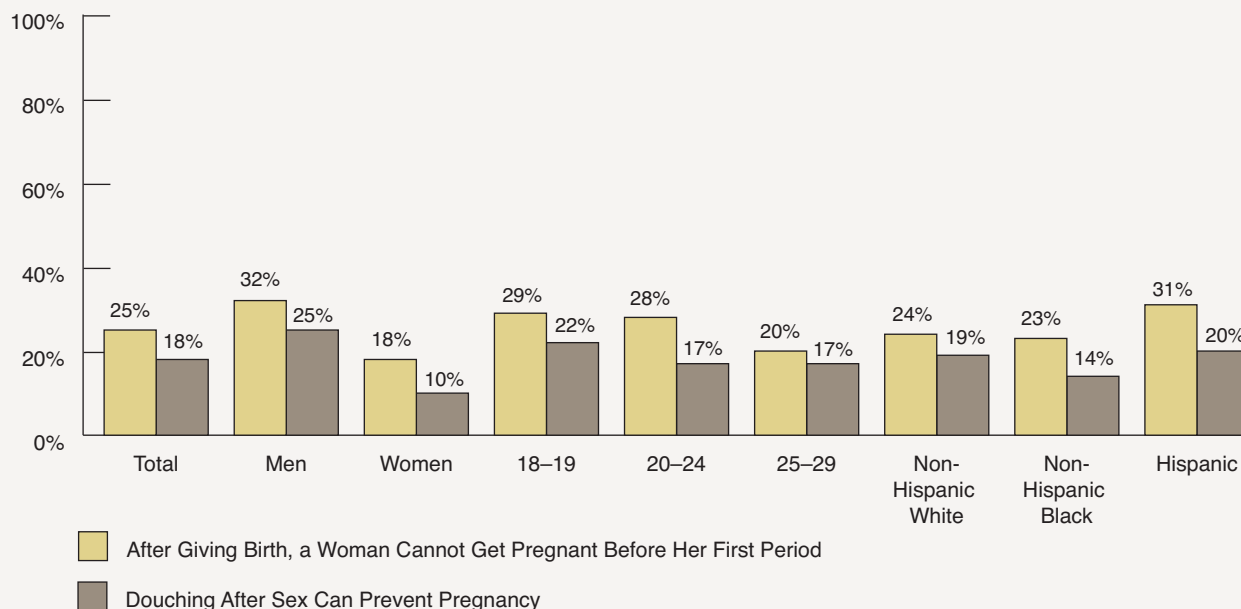
Based on those who responded “somewhat,” “quite,” or “extremely likely” to the following questions: “For each, please tell me how likely you think it is that you would experience the effect. Even if you don’t currently have a partner or have never used the method yourself, please think about what might happen if you did. (1) If you used the birth control pill or other hormonal methods for many years, how likely is it to give you a serious health problem like cancer? (2) If you used an IUD, how likely is it to give you an infection? Would you say it is not at all likely, slightly likely, quite likely, or extremely likely?” And based on those who responded “somewhat” or “a lot” to the following questions: (1) “How much does the possibility of serious health problems, like cancer, reduce your likelihood of using birth control pills or other hormonal methods?” (2) “How much does the possibility of getting an infection reduce your likelihood of using an IUD?”

be reversible and are largely back to normal within two and a half years of discontinuing this method.¹⁷

Three: Many unmarried young adults also harbor a number of myths and misinformation about pregnancy and contraception as well.

The survey also probed how selected myths and misperceptions about the chances of getting pregnant and the proper use of particular methods may serve to further undermine young adults’ ability to use contraception effectively. Unmarried young adults were asked a set of six questions to help gauge their knowledge regarding the likelihood of pregnancy under

CHART 15 Knowledge About Pregnancy—Unmarried Young Adults Age 18–29
Who Incorrectly Believe the Myths Below



various circumstances (See Appendix 2 for the actual questions). One-fifth (20%) were unable to answer more than half correctly, based on true/false response.

For example, one-quarter of young adults incorrectly believe that a woman cannot get pregnant after she has given birth if she has not yet had her period,¹⁸ and nearly one in five (18%) incorrectly believe that douching after sex can prevent pregnancy (Chart 15).¹⁹ Perhaps not surprisingly, men seem to know less about pregnancy risk than women. Myths are also more common among those who are relatively younger and more common among Hispanics compared to their non-Hispanic white and non-Hispanic black peers (Chart 15).

Unmarried young adults were also asked whether they believe the following incorrect statements:

- Pregnancy is less likely if one has sex standing up.
- A woman cannot get pregnant while she is breastfeeding.

Although most answered these two questions correctly, there were a few notable exceptions. Hispanic young adults are more likely to incorrectly

believe that a woman cannot get pregnant while breastfeeding (16%), and to believe that having sex standing up reduces the chances of pregnancy (20%). Men are also more likely to believe that having sex standing up reduces the risk of pregnancy (18%).

Similarly, when presented with 23 questions related to particular methods of contraception, one-third (32%) of unmarried young adults were unable to answer more than half correctly. On average, respondents were able to answer 13 out of 23 questions correctly, based on true/false response. (See Appendix 2 for the actual questions.)

Of course, for any given contraceptive method, one might expect knowledge gaps and myths among people who have never used it. But the following results show that some method-specific myths are not trivial even among young adults who have *used* the method before. For example, among unmarried young adults who have ever relied on birth control pills for pregnancy protection, nearly half incorrectly believe that you should take a break from the pill every few years (Chart 16).²⁰ Some 14% incorrectly believe that birth control pills are effective even if a woman misses taking her pills two or three days in a row, and 14% incorrectly believe a woman is unable to get pregnant for two months after discontinuing the pill (Chart 16).²¹

18% of men incorrectly believe having sex standing up reduces the risk of pregnancy.

Among unmarried young adults who have ever used condoms, more than one-third (37%) incorrectly believe it is okay to use petroleum jelly as a lubricant for latex condoms when, in fact, using petroleum jelly as a lubricant actually increases the likelihood that the condom can break (Chart 17).²² Similarly, nearly one-quarter (24%) incorrectly believe that wearing two latex condoms provides extra protection (wearing two latex condoms actually increases the likelihood that both condoms will break due to increased friction).²³ A surprisingly large share of young adults who have used condoms (27%) also did not know that it is important for a man to pull out right after ejaculation, holding the condom (Chart 17).

Among those who have relied on either the rhythm method or natural family planning,^{e,24} 40% do not know when a typical woman's most fertile time of the month is (midway between periods). Similarly, among those who have had sex but report using either no method of contraception

e. Both the rhythm method and natural family planning are considered fertility awareness-based methods of family planning. The rhythm method is generally not considered to be very effective (the typical use failure rate is approximately 25%). However, more formal natural family planning methods—those that assess cervical mucus or rely on a variety of signs of fertility—have been found to be more effective. In particular, women who have received specific instruction on natural family planning methods are at lower risk of experiencing an unintended pregnancy than those who less formally rely on these types of methods.

CHART 16 Among Unmarried Young Adults Age 18–29 Who Have Ever Relied On Birth Control Pills, Those Who Incorrectly Believe the Myths Below

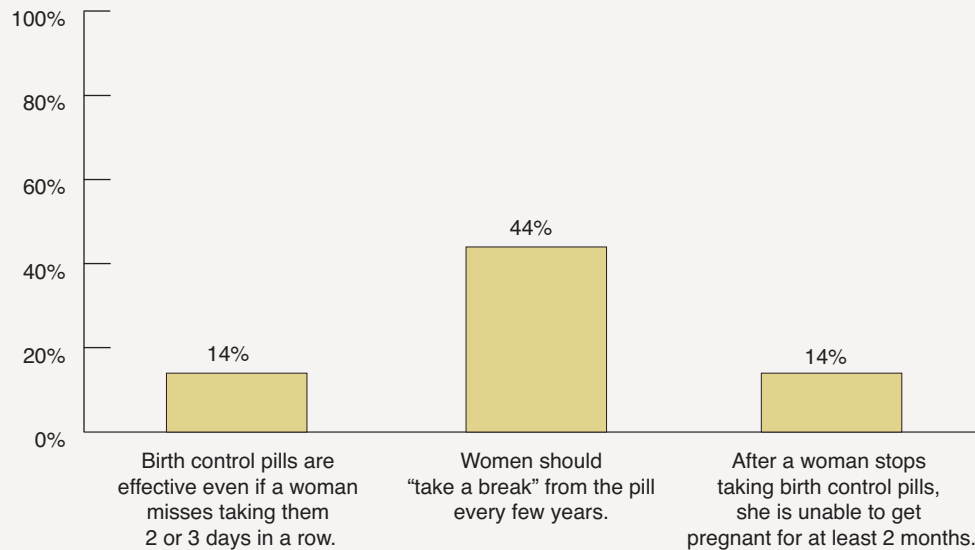


CHART 17 Among Unmarried Young Adults Age 18–29 Who Have Ever Used Condoms, Those Who Incorrectly Believe the Myths Below

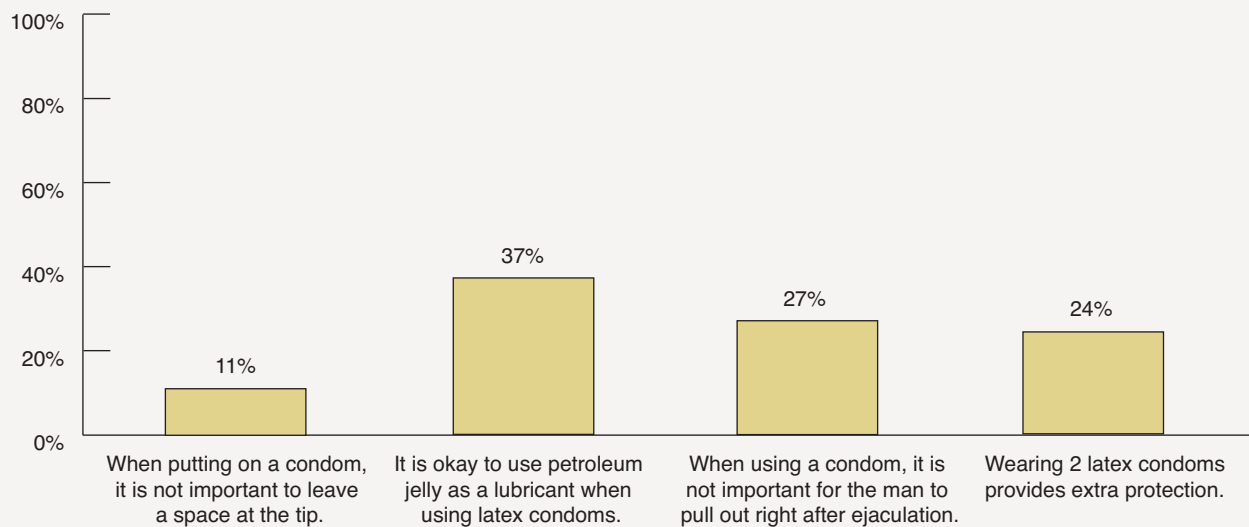
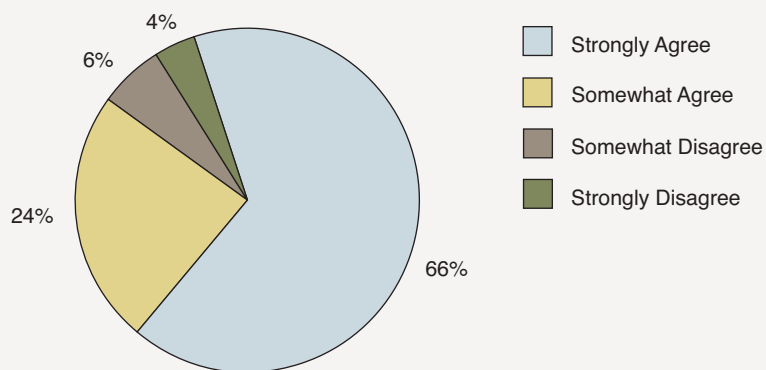


CHART 18 Unmarried Young Adults Age 18–29 Who Agree They Have All the Information They Need to Avoid an Unplanned Pregnancy



Based on responses to the following question: “Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the statement: ‘I have all of the information I need to avoid an unplanned pregnancy.’”

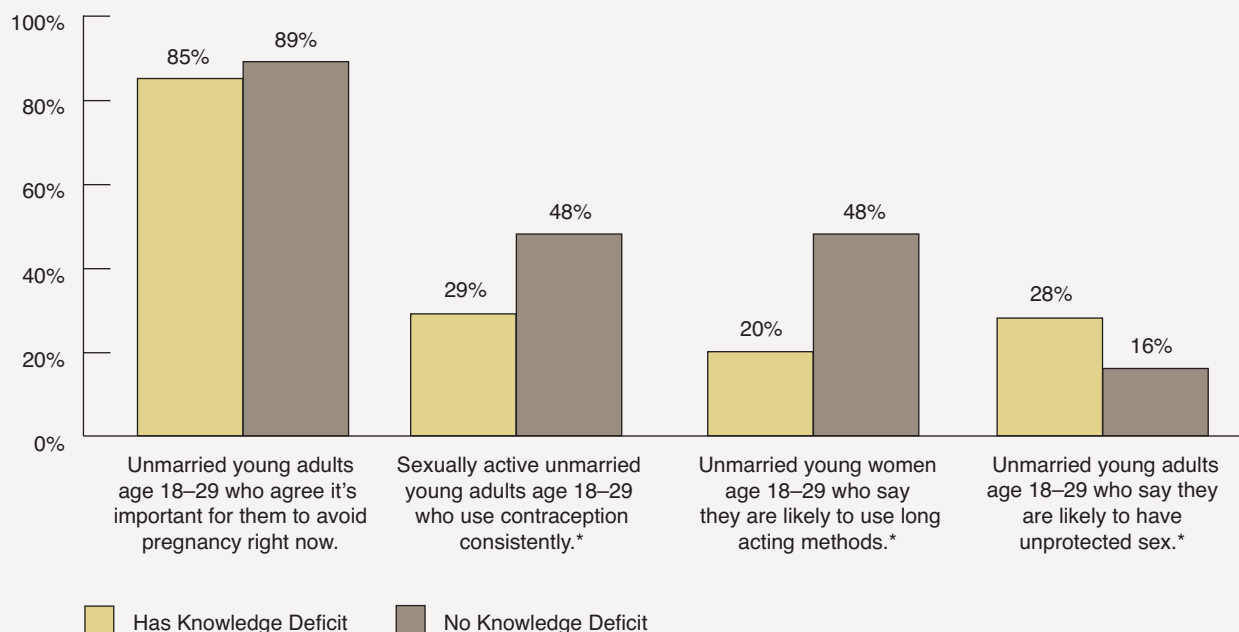
or a method other than condoms, a hormonal or long acting one (and therefore could be considered at risk for pregnancy), 68% do not know when the most fertile time is. In addition, 24% of women who have ever used Depo-Provera believe that a woman is still protected from pregnancy for at least three months after missing her shot (Depo-Provera should be administered every three months in order to be effective).

Four: Even though many unmarried young adults have significant gaps in their knowledge about contraception and fertility and continue to hold onto some myths, they *think* they know enough to prevent unplanned pregnancy.

Despite the many shortcomings in unmarried young adults’ knowledge about contraception and fertility noted previously, nearly all say they have all the knowledge they need to avoid an unplanned pregnancy—fully two-thirds *strongly* agree that they do, and another quarter (24%) somewhat agree that they do (Chart 18). The proportion who strongly agrees that they have all the knowledge they need to avoid an unplanned pregnancy approaches or exceeds two-thirds across every subgroup (not shown), with one notable exception—among older teens (age 18–19), only 56% strongly agree that they have all the information they need to avoid an unplanned pregnancy.

Nearly all young adults say they have all the knowledge they need to avoid an unplanned pregnancy.

CHART 19 Attitudes and Behavior Related To Pregnancy Prevention, by Presence of Knowledge Deficit



* significant at $p < .05$

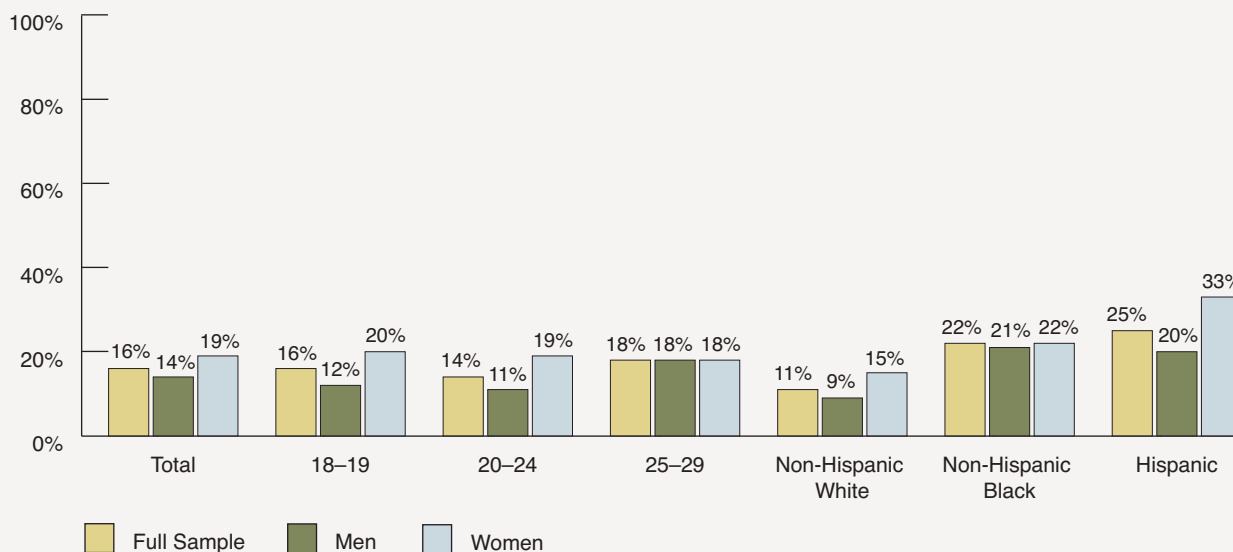
Even among those who answered *less than half* of all the pregnancy and contraceptive knowledge questions described above correctly, 81% agreed that they had all the knowledge they need and 52% strongly agree they have all the knowledge they need (not shown). And yet, additional analysis shows that those who do have these knowledge gaps are significantly less likely to protect themselves from pregnancy than those who don't (Chart 19). Those with knowledge gaps are 40% less likely to use contraception consistently, 58% less likely to consider using long-acting methods (among women), and nearly twice as likely to say they will probably have unprotected sex in the near future.^f

Five: Unmarried young adults overestimate the general odds of getting pregnant and their own odds of being infertile.

Another factor that may undermine unmarried young adults' careful and consistent use of contraception is that many overestimate the general

^f. This is the only set of results for which statistical significance of differences between groups of respondents was tested. All other differences between subgroups discussed elsewhere in the report have not been tested for statistical significance.

CHART 20 Unmarried Young Adults Age 18–29 Who Believe it is Quite or Extremely Likely That They Are Infertile, by Gender

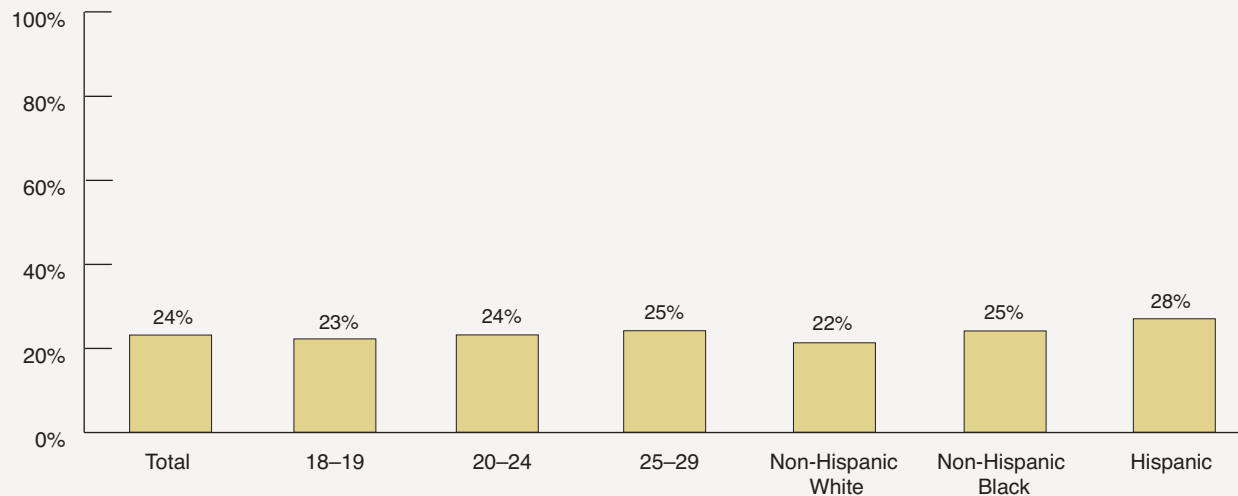


Based on responses to the question: “Some people are unable to become pregnant, even if they want to. How likely do you think it is that you are infertile or will have difficulty (IF FEMALE: getting pregnant) (IF MALE: getting a woman pregnant) when you want to? Do you think it is not at all likely, slightly likely, quite likely, or extremely likely?”

likelihood of pregnancy from unprotected sex and the likelihood that they themselves are infertile, which in turn may lead them to think they don’t need to use contraception. For example, more than one in five unmarried young adults (22%) believe there is an almost certain chance that pregnancy will typically occur after just one act of unprotected intercourse. While it is the case that pregnancy *can* occur after one act of intercourse, the likelihood of it happening is actually between 3% and 5% on average.²⁵ That is, many young adults overestimate their chance of getting pregnant from unprotected sex. On the one hand, this might encourage young adults to be more careful in using contraception. On the other hand, if one believes that pregnancy is nearly certain after one act of unprotected sex and pregnancy does *not* occur, one might be more likely to risk having unprotected sex again and may even believe that he or she is infertile.

This logic chain helps to explain the finding that 16% of young adults overall (19% of women and 14% of men) report that it is either quite likely or extremely likely that they are infertile (Chart 20). Overall, 59% of women and 47% of men say it is at least slightly likely they are infertile (not shown). Unmarried non-Hispanic white young adults are roughly

CHART 21 Unmarried Young Women Age 18–29 Who State Their Concerns About Infertility Are Based on Information From a Doctor



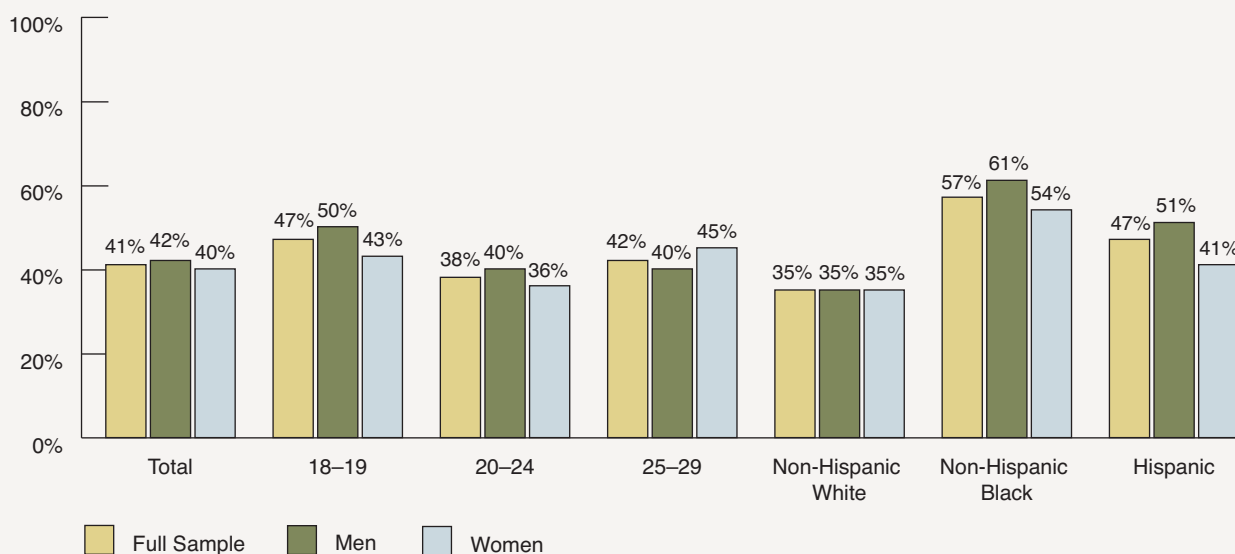
Based on response of YES to the question: “Which of the following are reasons why you think you might be infertile or have difficulty getting pregnant when you want to? A doctor has told you that you are infertile or that you might have difficulty getting pregnant.”

half as likely to express fertility concerns compared to their non-Hispanic black and Hispanic peers. Unmarried Latina young adults are particularly likely to believe they are infertile—33% believe it is extremely likely or quite likely that they are infertile.

59% of women and 47% of men say it is at least slightly likely they are infertile even though most are not basing their concern on information from a doctor.

What is the reality regarding infertility? Data on the precise proportion of young men and women who are unable to get pregnant are limited, however, what data are available suggest that young women *seriously overestimate* their likelihood of infertility. Published results from the NSFG, for example, show that among women age 15–29, only 8.4% have impaired fecundity (measured as an inability to conceive or carry a baby to term).²⁶ A similar measure, infertility, refers just to the inability to conceive. This is measured among married women only, and is equal to 6.3% among those 15–29.²⁷ These measures are two to three times lower than the proportion reported above who believe they are quite likely or extremely likely to be infertile. Comparable data are not available for men, however it is likely that they too overestimate the chances that they are infertile. While the incidence of infertility among the young adult population is of concern, misperceptions regarding infertility are also problematic—those young adults who incorrectly believe they are infertile may discover unexpectedly that they are not.

CHART 22 Unmarried Young Adults Age 18–29 Who Believe There is a 50% Chance or Greater of Getting Pregnant if on the Pill For a Year, by Gender



Based on response to the question: “Overall, if a couple is having sex regularly and the woman is using birth control pills, what are the chances of her getting pregnant in a year? Please give me a number from 0-100 where 0 means no chance and 100 means a 100% chance.”

Interestingly, the vast majority of women (75%) are *not* basing their fertility concerns on actual information from their doctor (Chart 21). Only about one-quarter of women who report that it is either extremely likely or quite likely they are infertile have ever been told by a doctor that they may have difficulty getting pregnant. Some are basing their views on other family members who believe they themselves are infertile, or on having had unprotected sex in the past without getting pregnant.

Six: Many simply don’t believe that contraception is very effective.

Although many unmarried young adults overestimate the general odds of getting pregnant, and many tend to underestimate their *own risk of getting pregnant* from unprotected sex (due in no small part to their perceptions of impaired fertility), they also severely underestimate the effectiveness of commonly used contraceptive methods. In fact, more than four in ten unmarried young adults report that the chance of getting pregnant within a year while using the birth control pill is 50% or greater. Put another way, many young adults believe that there is more than a 50/50 chance of getting pregnant even if you are using a highly effective method of birth control such as the pill (Chart 22).

This belief persists despite research suggesting that the pill is typically 92% effective, meaning that couples who are using the pill have an 8% chance of getting pregnant in one year. If they use the pill perfectly (consistently and correctly), the chance of getting pregnant in one year drops to less than 1%.²⁸

Misconceptions about the effectiveness of the birth control pill vary slightly by age and quite dramatically by race/ethnicity. While there are virtually no differences by gender, young adults who are either younger (age 18–19), non-Hispanic black, or Hispanic are more likely than their peers to doubt the effectiveness of the pill. In fact, nearly 6 out of 10 non-Hispanic black young adults report that you have a 50% chance or greater of getting pregnant while using the pill.

Young adults also tend to underestimate the effectiveness of some methods of contraception relative to others. In particular they fail to recognize that those methods that are less dependent on user compliance tend to be more effective over time in preventing unplanned pregnancy. To the extent that these misperceptions dissuade young adults from using more effective methods, this may increase their risk of unplanned pregnancy.^{g, 29}

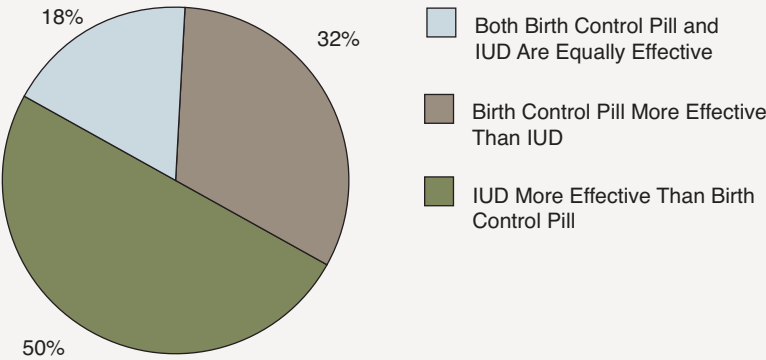
As the following chart shows, when asked which methods are more effective, many women incorrectly believe that the IUD and birth control pills are equally effective at protecting against unplanned pregnancy, and nearly one-third (32%) falsely report that birth control pills are more effective than the IUD (Chart 23). Only half correctly report that the IUD is more effective than the pill.

The effectiveness of condoms is even more dependent on user compliance than the pill. That is, users must wear a condom or insist that their partner does each time they have sex in order to fully protect themselves from unplanned pregnancy and sexually transmitted infections. In fact, the chance of getting pregnant while using condoms is nearly two times greater than the chance of getting pregnant while using birth control pills, but almost half of young adults think that condoms are either equally or more effective than birth control pills (Chart 24).

Similarly, although women using condoms are five times more likely to have an unplanned pregnancy within the first year of using condoms

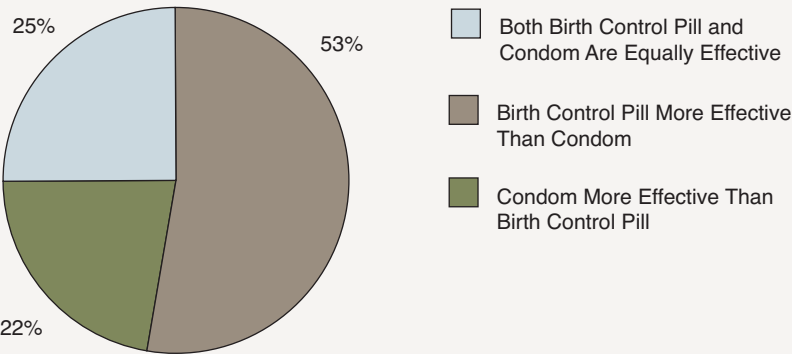
g. For example, some methods, such as the birth control pill, require high user compliance compared to long-acting methods. That is, the woman must remember to take the pill every day in order for it to be effective. Other methods, such as the IUD, do not require the user to do anything on a daily basis. These methods are sometimes considered “forgettable” methods because they require no additional compliance on the part of the user after they are inserted. Because many women find it hard to remember to take a pill every day, typical use failure rates for methods such as the birth control pill are higher than those for long-acting methods such as the IUD that are not user dependent—8 % versus less than 1% respectively.

CHART 23 Unmarried Young Adults Age 18–29, Perceived Relative Effectiveness of Contraceptive Methods



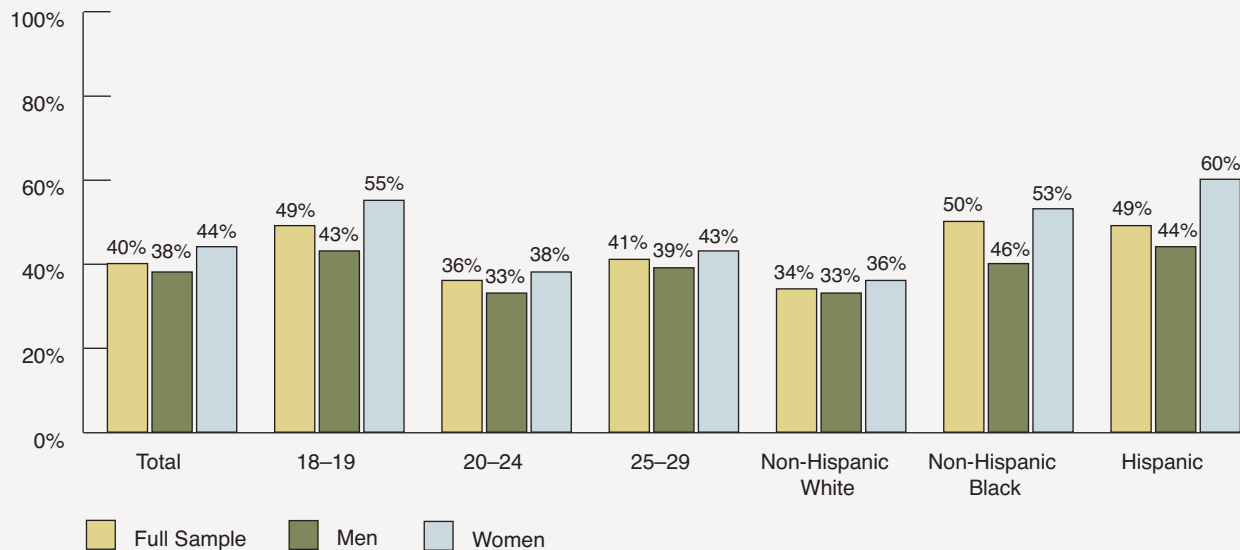
Based on responses from the question: “For each of the following pairs of birth control methods, please tell me which one you think is more effective at preventing pregnancy and which one is less effective. If you think they are equally effective say it is a tie.”

CHART 24 Unmarried Young Adults Age 18–29, Perceived Relative Effectiveness of Contraceptive Methods



Based on responses from the question: “For each of the following pairs of birth control methods, please tell me which one you think is more effective at preventing pregnancy and which one is less effective. If you think they are equally effective say it is a tie.”

CHART 25 Unmarried Young Adults Age 18–29 Who Agree With the Statement: “It doesn’t matter whether you use birth control or not, when it is your time to get pregnant, it will happen,” by Gender



Agree is a combination of respondents who answered “strongly agree” and “somewhat agree” from a choice set of “strongly agree, somewhat agree, neither, disagree, strongly disagree.”

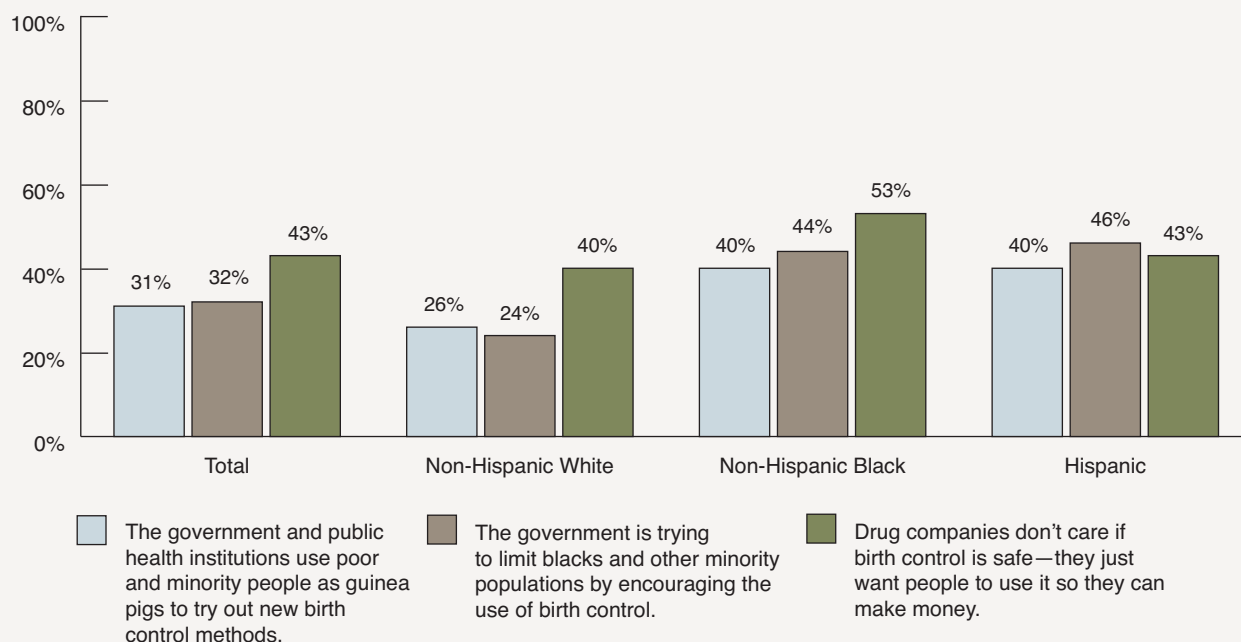
Four in ten young adults agree “it doesn’t matter whether you use birth control or not, when it is your time to get pregnant, it will happen.”

compared to women using Depo-Provera, 23% of young adults report that condoms are more effective than Depo-Provera and 15% say the methods are equally effective.³⁰ Moreover, even though the vast majority of young adults correctly report that condoms are typically more effective than withdrawal, only three-quarters of young adults correctly report that withdrawal is better than using no method.

Seven: Many unmarried young adults have a fatalistic view of unplanned pregnancy that further undermines their faith in contraception, and some are openly suspicious of the entire family planning enterprise.

It is also the case that many unmarried young adults are fatalistic about unplanned pregnancy and the role of contraception overall. An alarming four in ten unmarried young adults strongly agree or somewhat agree with the statement, “it doesn’t matter whether you use birth control or not, when it is your time to get pregnant, it will happen” (Chart 25). This, in turn, suggests not only that they may have little confidence in contraception itself or their ability to use it, but that they also see pregnancy

CHART 26 Unmarried Young Adults Age 18–29 Who Somewhat or Strongly Agree With the Following Statements



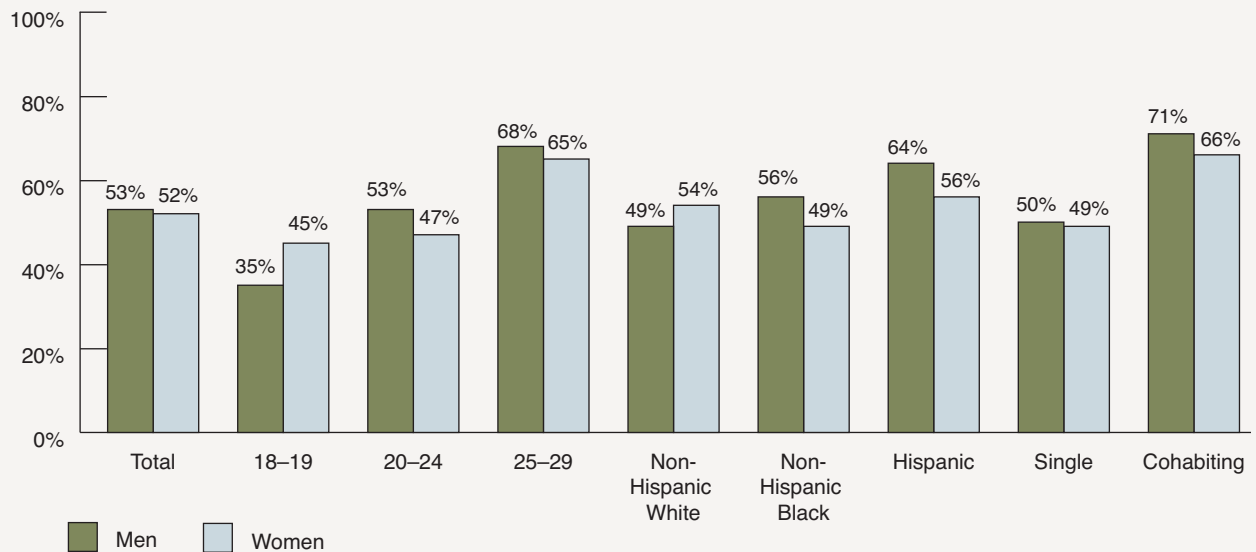
as something that is subject to a larger, ill-defined set of influences well outside of basic biology and birth control technology.

There are few differences by age, but those who are younger (age 18–19) seem slightly more likely than those who are older to agree that birth control use doesn't much matter when it comes to getting pregnant. It is also the case that Hispanics (49%) and non-Hispanic blacks (50%) are more likely than non-Hispanic whites (34%) to believe that birth control doesn't matter much (Chart 25).

In addition to expressing little confidence in birth control, young adults also express strong suspicion of the whole birth control enterprise, particularly for minority populations. Chart 26 shows the proportion of unmarried young adults that either somewhat or strongly agreed with each of the statements listed. The distrust is directed to government, public health institutions, and drug companies that market birth control methods. In particular, many young adults believe that:

- the government and public health institutions use poor and minority people as “guinea pigs” to try out new birth control methods (31% agree overall, 40% among non-Hispanic blacks and Hispanics);

CHART 27 Unmarried Young Adults Age 18–29 Who Agree With the Statement: “If things were different in my life, I would love to have a baby now,” by Gender



Based on those who responded either “strongly agree” or “somewhat agree” from a choice set of “strongly agree, somewhat agree, neither, disagree, strongly disagree.”

Even among those young adults who say it is important to avoid pregnancy right now, nearly one-third say they would be pleased if they found out today that they or their partner were pregnant.

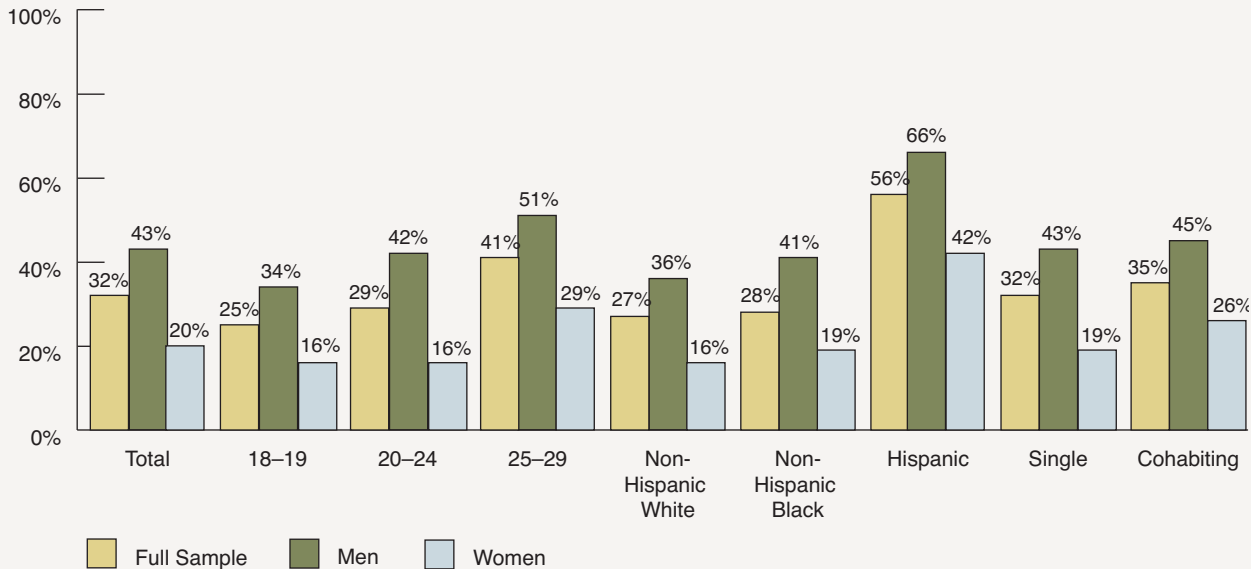
- the government is trying to limit blacks and other minority populations by encouraging the use of birth control (32% overall, 44% among non-Hispanic blacks and 46% among Hispanics); and
- drug companies are only interested in making money and don’t care if birth control is safe (43% agree overall, 53% among non-Hispanic blacks and 43% among Hispanics).

Some of this mistrust is no doubt rooted in the troubling and complex history of interactions between minority populations and major institutions, both overall and in the field of reproductive health specifically. Although this history is beyond the scope of this report,³¹ the sobering findings presented here highlight how strong and pervasive this mistrust remains among today’s young adults of all racial and ethnic backgrounds.

Eight: Many unmarried young adults are drawn to parenthood, but are ambivalent about when and under what circumstances to start a family.

As noted before, the majority of unmarried young adults say it is important to avoid pregnancy in their lives right now. Still, most see

CHART 28 Among Unmarried Young Adults Age 18–29 Who Report That it is Important to Avoid Pregnancy Right Now, Those Who Would be Pleased if They Found Out Today That They or Their Partner Were Pregnant, by Gender



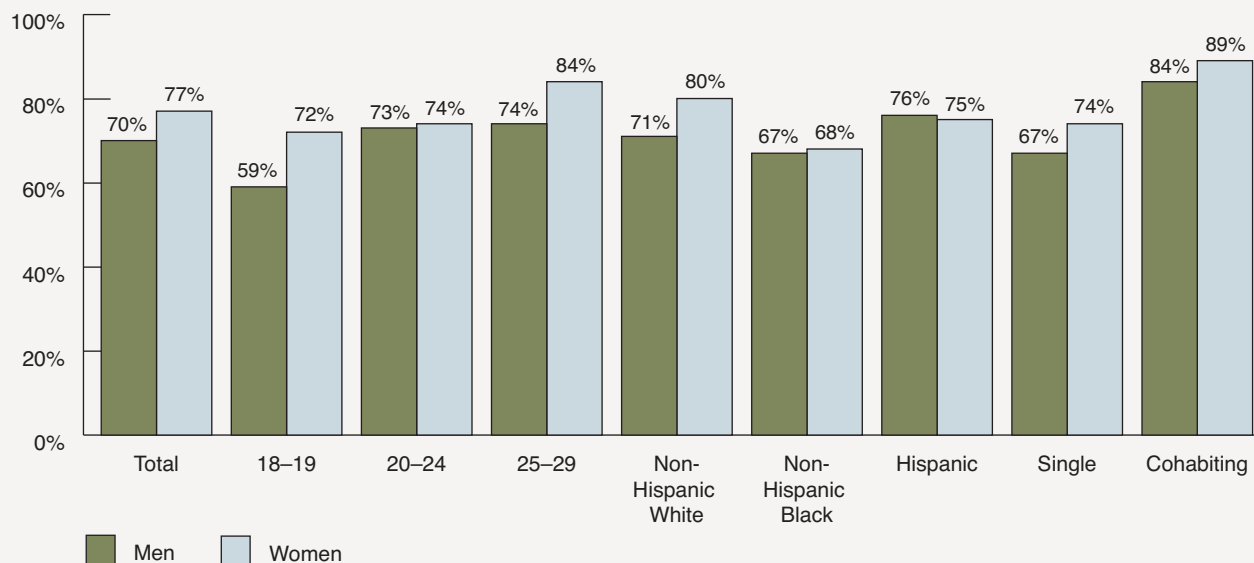
Based on those who responded either “very pleased” or “a little pleased” to the question: “If you found out today that (you were/your partner was) pregnant, how would you feel: Very upset, a little upset, a little pleased, very pleased, wouldn’t care.” Measured among those who responded that it was very important or somewhat important for them to avoid pregnancy right now.

parenthood in their futures and more than half (53% of men and 52% of women) even say they would like to be parents now if “things in their life were different” (Chart 27).

The proportion of unmarried young adults who say they would like a baby right now if things in their lives were different is relatively high among those in their 20s and among all racial/ethnic groups—approaching or exceeding half of those surveyed in each group. Not surprisingly, the proportion of unmarried young adults who say they would like a baby right now if things were different in their lives is particularly high among those in cohabiting relationships (71% of men and 66% of women) and those in their late twenties (68% of men and 65% of women). Even among 18- and 19- year-olds, more than one-third of men and 45% of women say they would like a baby now under different circumstances. Across all subgroups, findings are relatively similar for men and women.

Furthermore, even among those who say it is important to them to avoid pregnancy right now, nearly one-third say they would be at least a little

CHART 29 Unmarried Young Adults Age 18–29 Who Agree with the Statement:
“It is OK for an unmarried female to have a child”, by Gender

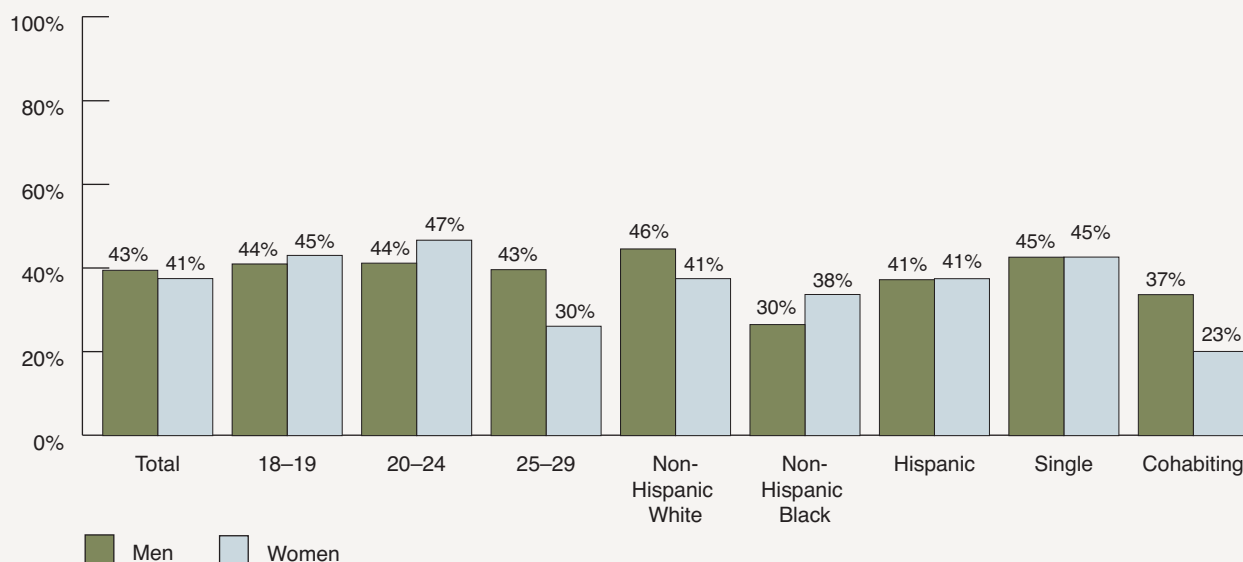


Based on those who responded either “strongly agree” or “somewhat agree” from a choice set of “strongly agree, somewhat agree, neither, disagree, strongly disagree.”

pleased if they found out today that they or their partner were pregnant (Chart 28). The difference between men and women on this particular dimension is striking. The proportion of men who would be pleased about a pregnancy is *more than twice* that of women. The proportion also varies considerably by age and race/ethnicity. Surprisingly, there is little difference on this measure between those who are living together and those who are not. Across all subgroups, these findings of ambivalence may suggest a growing difficulty among many unmarried young adults in charting a path from the present to the future, as well as balancing family aspirations with other life goals.

Unmarried young adults’ vision of how parenthood and relationships intersect isn’t always clear or realistic. Nearly three-quarters of unmarried young adults believe it is okay for an unmarried woman to have a child. While this varies somewhat by gender, age, race/ethnicity, and relationship status, the proportion who agree that having a child outside of marriage is okay approaches or exceeds two-thirds for every subgroup (Chart 29).

CHART 30 Unmarried Young Adults Age 18–29 Who Agree with the Statement: “In my family it is not acceptable to have a child out of wedlock,” by Gender

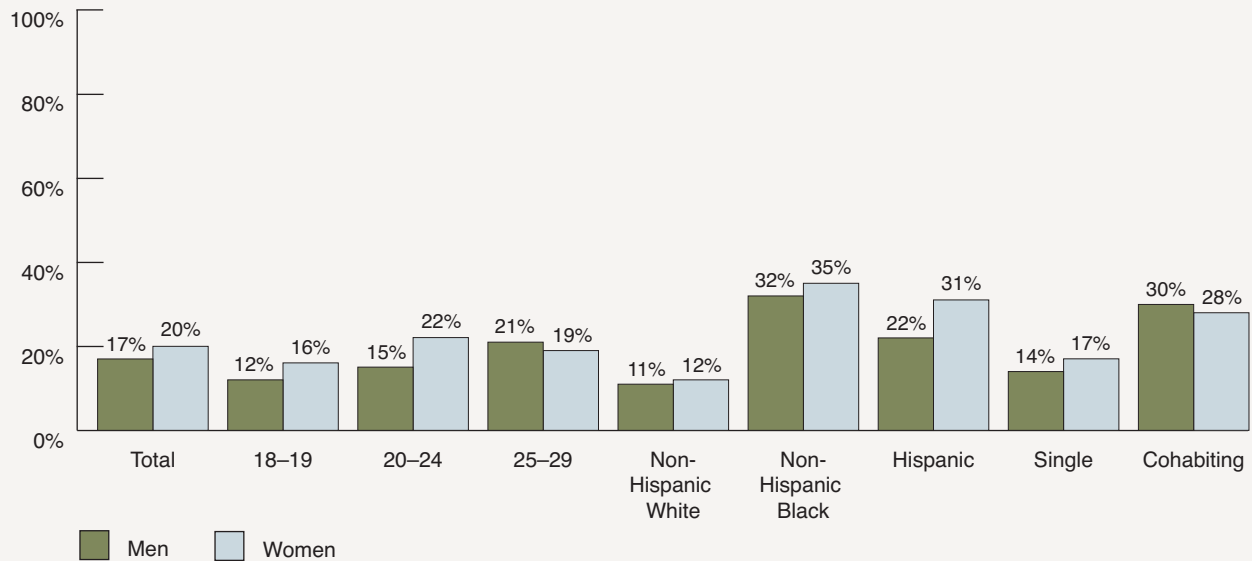


Based on those who responded “strongly agree” or “somewhat agree” from a choice set of “strongly agree, somewhat agree, neither, disagree, strongly disagree.”

However, unmarried young adults’ hold somewhat more traditional views when it comes to marriage and parenthood *in their own lives*. Overall, just over 40% of men and women believe that it is *not acceptable* within their own families to have a child outside of marriage (Chart 30). Men and women are relatively similar in their responses, and there is little variation by age or race/ethnicity, with the notable exception of women in their late twenties and non-Hispanic black women. Not surprisingly, there is large variation by relationship status—those in cohabiting relationships are much less likely than those who are not living together to believe that it is unacceptable in their family to have a child outside of marriage.

Unmarried young adults are even more traditional when it comes to expectations of actually having a child outside of marriage. Overall, fewer than one-fifth 17% of men and 20% of women say they think it is likely they will have a baby while unmarried (Chart 31). Men and women are relatively similar in this respect, although responses vary a bit by age. The proportion who expect to have a birth outside of marriage varies most by race/ethnicity—11% and 12% of non-Hispanic white men and women,

CHART 31 Unmarried Young Adults Age 18–29 Who Say They Are Likely to Have a Baby While Unmarried, by Gender



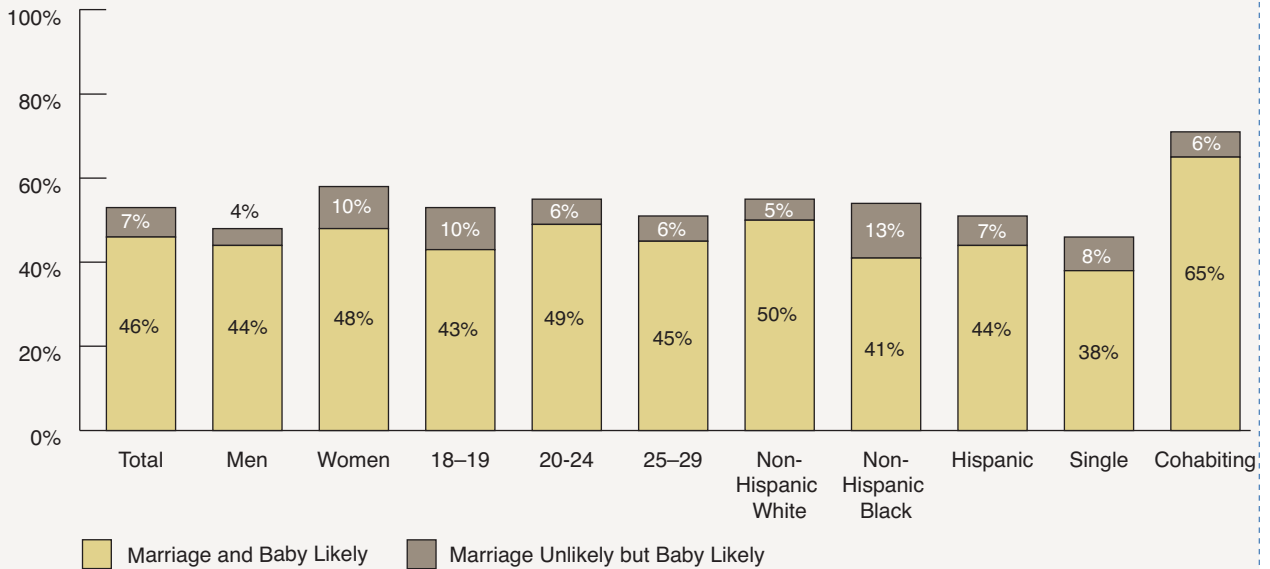
Based on those who responded “extremely likely” or “quite likely” to the following question: “For the following, please tell me how likely you think it is to happen to you. Would you say it is not at all likely, slightly likely, quite likely, or extremely likely: That you will have a baby while you are unmarried?”

22% and 31% of Hispanic men and women, and 32% and 35% of non-Hispanic black men and women say it is likely they will have a baby outside of marriage (Chart 31).

Whether these proportions seem large or small is a matter of interpretation. The majority of unmarried young adults do not expect to have a child outside of marriage. However, that 18% of unmarried young adults overall (and up to one-third for some subgroups) expect to have a child outside of marriage is not trivial.

What remains clear is that nonmarital childbearing is substantially higher in the real world. Although relevant data are limited, published results from the NSFG indicate that, among women in their early thirties in 2002, about 30% of all women have had a child outside of marriage by the time they reach their early thirties.³² It is also true that the proportion of births in any given year that occur outside of marriage is approaching four in ten

CHART 32 Unmarried Young Adults Age 18–29 Who Report it is Likely That They Will Have a Baby With Current Partner and, Within That, Proportion Who Believe They Will Marry Current Partner



Based on those who responded “extremely likely” or “quite likely” to the following question: “For the following, please tell me how likely you think it is to happen to you. Would you say it is not at all likely, slightly likely, quite likely, or extremely likely: That you will have a baby with your current partner?” and “That you will marry your current partner?”

overall—an increase of more than one-third since 1990—and seven in ten among non-Hispanic black women.

Ironically, it could be young adults’ high expectations that they will marry, and that they will have children within those marriages, that contributes to the large number of births outside of marriage. More than half (52%) say it is quite likely or extremely likely that they will have a baby with their current partner. The vast majority of those who expect to have a baby with their current partner also expect to marry that partner. Not surprisingly, this is noticeably higher among cohabiting couples but otherwise does not vary substantially across subgroups (Chart 32).

One possible narrative suggested by these results is that, while young adults are definitely not seeking to get pregnant or get someone pregnant right now, they do want children and many expect to marry and start a family with their current partner—thus if they got pregnant right now, it

would simply be a slight mistiming of a happy event. Such expectations could seriously erode motivation for using contraception consistently and effectively.³³

Unfortunately, data on the actual likelihood of young adults marrying and having children with their current partners paints a less optimistic portrait than the expectations expressed in this survey. For example, published results from the NSFG indicate that, among women reaching their early thirties in 2002 who had ever cohabited, only 54% of those cohabitations led to marriage and only two-thirds of those marriages were still intact.³⁴ Of the 46% of those ever living together that did not get married, the overwhelming majority (87%) had split up.³⁵

Anecdotally, many young adults in a relationship say that if they were to experience an unplanned pregnancy, they know their partner would “be there for them,” and that the new baby might solidify their present relationship.³⁶ Again, existing data tell a somewhat different story. Analyses of the Early Childhood Longitudinal Study—Birth Cohort indicate that, among those unmarried cohabiting couples who had a child resulting from an unplanned pregnancy, just 23% go on to marry two years after the child’s birth, and 35% split up. And, among partners not living together, an unexpected birth led to a more formal union (either cohabiting or marriage) in only 30% of the cases two years after the birth.³⁷



4

CONCLUSIONS AND IMPLICATIONS

KEY RECOMMENDATIONS

- Sex education for adults.
- Make information available in ways and in settings that are well suited to single young adults.
- Ensure providers are well trained in family planning and encourage more counseling about pregnancy planning and prevention.
- Foster changes in the social environment.

The survey results presented in this report reveal several striking characteristics of unmarried young adults. The overwhelming majority do not want to get pregnant or get their partner pregnant at present, they strongly believe that pregnancy should be planned, most have used contraception, and very few are opposed to it on moral grounds. Yet they clearly are not taking adequate measures to prevent pregnancy—less than half are well protected—and a small but important portion believe it is likely they will have unprotected sex soon.

This apparent irrationality—this fog zone—has many components, detailed in the previous section, that increase the risk of unplanned pregnancy. Many of these young adults are confused about their own fertility, about the probability that unprotected sex will lead to pregnancy, and, in particular, about contraception itself. They underestimate the effectiveness and the benefits of many methods and they overestimate the risks associated with them as well. They are not only afraid that serious side effects from using certain methods are highly likely, but also say that such fears reduce the chance of their using these methods. In addition, the majority express a desire to become parents someday, yet are conflicted about when and under what circumstances this fits into their future plans, and although many expect to settle down with their current partner, national data indicate that this is less likely to happen than they believe.

These findings suggest a number of steps that would help to reduce unplanned pregnancy among this key group. They fall into four clusters:

- Education
- Communicating with young adults,
- The health care system itself, and
- The broader social environment in which young adults live.

We stress up front that the suggestions detailed below apply equally to men and women. This survey shows that young men know less than young women about the risk/probability of pregnancy, the types of contraceptive methods available, the risks and benefits of various methods, and related topics as well. While most contraceptive methods are used by women, it is important that men, as partners, be more informed about family planning and reproduction overall so that they can play a major role in pregnancy planning and prevention.

Education

With regard to education, we note that 22% of the unmarried young adults surveyed reported they never had sex education in school and of those who had, more than one-quarter had it before they were 15-years-old. Clearly, many do not know what they need to know to navigate the sexual realities of single young adulthood in contemporary America.

We need, in essence, “family life and sex education for young adults” that:

- 1. Presents clear, balanced information about the basics—anatomy, reproduction, fertility, pregnancy, sexuality, and related issues.**
- 2. Includes full and accurate information about contraception, including at least the following:**
 - The various types of contraceptive methods available, especially longer acting, more effective ones such as the IUD.
 - How these methods work and how to use them correctly. This must also include information about what to do when problems arise—a missed pill, a broken condom, a troubling side effect, and more.
 - The *benefits* of contraception—both of specific methods and in general. Many unmarried young adults fail to recognize that in addition to providing protection from pregnancy, some contraceptive methods also provide protection from such serious health problems as ovarian

and endometrial cancers. More positive and clear information about the benefits of various contraceptive methods might help improve attitudes toward these methods.

- The risks associated with each method and—equally important—how such risks compare to those of other methods and to pregnancy as well (which, after all, is what one is trying to prevent when using contraception). That is, side effects need to be placed into some sort of broader context so that they are neither dismissed outright nor viewed with disproportionate alarm.
- The extent to which various methods do or do not reduce the risk of contracting or transmitting STIs and HIV / AIDS.
- The types of sexual behavior—including number of sexual partners—that affect the risk not only of unplanned pregnancy but also of STIs and HIV / AIDS.

3. Counteracts and corrects specific myths and misinformation.

Providing good education as suggested directly above is critical, but this survey also suggests that there is a real need for direct “myth-busting” and for information that counters inaccurate rumors, misinformation, and inflated fears.

4. Directly addresses healthy and respectful relationships, the common desire of most young adults to have children, and the family structures that research suggest are best for children. In addition, it is important to acknowledge that the vast majority of teens and young adults want to have children. The education advocated here needs to acknowledge this widely shared, deep desire more directly and then go on to address how this powerful desire can affect contraceptive use in particular (see issue #8 in Section Three above). In fact, for many unmarried young adults, it might be best to speak less about preventing pregnancy and more about delaying pregnancy—that is, postponing pregnancy until adequate education has been secured (in order to increase the chances of solid employment and reduce the risk of poverty), until a stable committed relationship is in place, and until some economic security has been attained.

This education should also address what research shows are the family structures in which children are most likely to thrive. In so doing, it would be important to discuss the relative fragility of cohabiting relationships, the particular stresses caused by unplanned pregnancy within cohabiting relationships, and the importance to children of having present, involved and committed fathers in their lives. In other words, the desire for children that so many unmarried young adults expressed in the survey needs

to be linked to what is in the best of interest of children that they want to have in the future.

Communicating with Young Adults

Information on these topics must be made available in ways and in settings that are well suited to the active lives of single young adults, such as:

- Specific educational programs in two- and four-year colleges and other institutional settings where there are large numbers of young adults, including job training sites, workplaces, social service agencies, and the military as well;
- Internet-based services and systems that are tailored to the media habits and culture of single young adults; and
- Direct efforts in digital media to counter the inaccurate rumors and bad news that often circulate about contraception with more balanced information, stories, and experiences.

The Health Care System

It is also apparent that the health care system could do far more to help young adults plan and prevent pregnancy, as they themselves say they wish to do. Both financing systems and professional norms should:

1. Ensure that providers who care for young adults are well trained in family planning, aware of the full range of contraceptive methods now available, and comfortable providing them to their patients.

Contraceptive options have changed significantly in the past few decades, and many providers may not be aware of the methods now available. In addition, expert opinion about who can use certain methods and about specific contra-indications has also changed over time, and it is important to ensure that providers are aware of these changes. This means more family planning education and training, including continuing medical education for those not currently in school.

2. Encourage providers to do more counseling about pregnancy planning and prevention. Young adults overwhelmingly say that their most trusted source of information about contraception is a medical provider, which suggests many opportunities for progress. In addition to more training, noted above, both reimbursement for and time devoted to

contraceptive counseling need to be fully adequate. Additional time with clients, especially those at increased risk for an unplanned pregnancy, provides the opportunity to, for example:

- Discuss the full variety of contraceptive methods now available;
- Dispel myths and answer questions;
- Offer anticipatory guidance about common problems with their chosen method and how to manage them;
- Highlight the importance of supportive partners;
- Stress the importance of avoiding gaps in protection; and
- Increase their commitment to using their method consistently and carefully.³⁸

The Social Environment

The survey gives many indications that young adults are sensitive to their larger social environment, as we all are. This truism suggests that:

1. Parents and other caring adults should communicate with their teens and young adults about the importance of pregnancy planning.

More than one-third of unmarried young adults live with their parents, suggesting that parents remain an important part of their lives. Parents can help their grown children set overall goals for their future, including when to start—and when to postpone—a family. In particular, they can address the desire that so many unmarried young adults express for children and family life, and they can talk about the importance of planning a pregnancy—when, with whom, and under what circumstances. They can also present the simple proposition to their children that sex has meaning and sex has consequences, and that therefore it is to be managed in a responsible, careful manner.

2. Parents, other caring adults, and larger social systems should also encourage young adults to *align* their plans for pregnancy and family with their sexual and contraceptive behavior. Having clear goals for pregnancy and family is important, but they must also be matched by appropriate behavior. Young adults need clear guidance, messages, and conversation about how to align intent and behavior—for example, that using protection “most of the time” isn’t good enough, that if one method of birth control is causing problems there are many others that can be tried, and that gaps in protection must be avoided (as the Brits say, “mind the gap”). In other words, the fog zone needs to be entered and mastered.

3. We suggest a new social norm: unless both partners seek pregnancy and are committed to each other and to the years it takes to raise children, they are to take active steps to avoid pregnancy now. In other words, one important aspect of personal responsibility and responsible behavior among both men and women is careful attention to pregnancy planning and prevention.

Finally, we note again in closing as we did at the outset, that there are many cost and access barriers that help to explain the high levels of unplanned pregnancy in the United States. These remain serious, important, and pervasive. A comprehensive approach to reducing unplanned pregnancy must include attention both to systemic barriers as well as to the issues discussed in this report.

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Appendix 1

SURVEY METHODOLOGY

The results presented in this report are based on a nationally-representative probability-based sample of unmarried young adults (both men and women) age 18–29. Young adults were contacted by landline and by cell phone. Overall, 1,800 men and women were interviewed (Table 1).

TABLE 1 Unweighted Number of Respondents by Demographic Characteristics

	Men	Women	Total
By Race/Ethnicity			
White, non-Hispanic	482	432	914
Black non-Hispanic	134	220	354
Hispanic	214	186	400
Other	73	59	132
By Age			
18–19	267	231	498
20–24	392	403	795
25–29	244	263	507
Total Respondents (unweighted)	903	897	1,800

OVERALL SAMPLE DESIGN. A dual frame sample was designed for the telephone-based survey containing three components: (1) a random digit dial (RDD) sample of landline telephone numbers, (2) a targeted sample of listed telephone numbers with an increased probability of having an eligible respondent, and (3) a random sample of cell phone numbers. The sample was purchased from Marketing Systems Group (MSG). The proportion of interviews from the RDD sample was 10% of the final sample; the proportion of interviews from the targeted sample was 50% of the final sample; and the proportion of interviews from cell phones was 40% of the final sample.

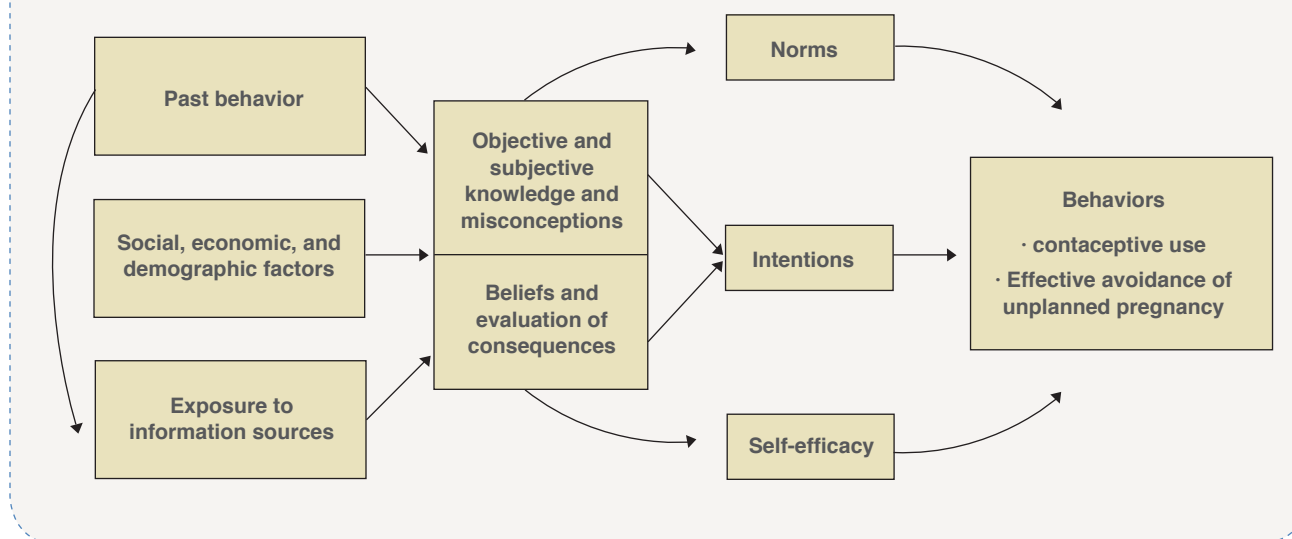
OVER-SAMPLING OF MINORITY POPULATIONS. In order to conduct additional subgroup analysis by race and ethnicity, the sample was designed to interview a disproportionately high number of African Americans and Hispanics. The goal was for each subgroup to make up 20–25% of the total sample (note that interviews were conducted in English

and Spanish). This over-sampling was used for the two landline samples only—there is no method yet available to oversample by race/ethnicity among the cell phone sample.

SAMPLE DISPOSITION. Over 100,000 telephone numbers were dialed to complete the 1,800 young adult interviews. Each type of sampling (RDD, listed landline, and cell phone) had a different incidence rate. Cell phone and landline samples also had different cooperation rates. Therefore, incidence, cooperation rates and response rates were calculated separately for each sample.

EFFECTIVE INCIDENCE. The effective incidence is the proportion of screened households that had an eligible respondent (i.e. unmarried adult age 18–29). The effective incidence rate was 7% for the RDD sample, 14% for the targeted sample, and 15% for the cell phone sample.

FIGURE 1 Theoretical Framework of Factors Affecting Contraceptive Use and Avoiding Unintended Pregnancy



COOPERATION RATE. Cooperation rates are a product of refusal rates and contact rates. Cooperation rates were calculated using Cooperation Rate 3 as defined by the American Association of Public Opinion Research (AAPOR), which defines those unable to do an interview as also incapable of cooperating. The cooperation rate is the proportion of eligible households for which an interview was completed. Put another way, it is the

number of completed interviews over the number of households with eligible respondents (either identified directly or by a household member). The cooperation rates were 40% in the RDD landline sample, 39% in the targeted sample and 36% in the cell sample.

REFUSAL RATE. Once a Field Research interviewer spoke to an identified eligible very few individuals in the RDD (14%) or targeted landline samples (11%) refused to complete the survey. On the other hand, 37% of identified eligible respondents in the cell phone sample refused to complete the survey.

RESPONSE RATE. To calculate the response rate for this survey, Field Research used Response Rate 3 as defined by the AAPOR. While the cooperation rate described above measures completed interviews as a proportion of known eligible households, the response rate described below is a more conservative measure that additionally takes into account those households of unknown eligibility. It reflects completed interviews as a proportion of eligible and likely eligible households. Field Research estimated the number of likely eligible households by multiplying the number of households with unknown eligibility by the effective incidence rate calculated above.

The response rate was approximately 20% for each sample frame (21%-RDD, 22%-targeted, 19%-cell). These rates are in the range one expects in the current telephone survey environment and are considered quite good given the study population.

SURVEY QUESTIONNAIRE. Survey questions were developed by the Guttmacher Institute in consultation with The National Campaign to Prevent Teen and Unplanned Pregnancy. The questions sought to explore knowledge and attitude factors related to contraceptive behavior. The model below, which was developed by the Guttmacher Institute, was used to guide questionnaire development. The final average interview length was 29 minutes for female respondents and 23 minutes for male respondents.

Survey Questions Used to Determine Knowledge of Contraception (23 total questions)

For the following set of statements, please tell me whether you think the statement is true or false.

1. It is okay to use the same condom more than once. – F
2. Condoms have an expiration date. – T
3. When putting on a condom, it is important to leave a space at the tip. – T
4. It is okay to use petroleum jelly or Vaseline as a lubricant when using latex condoms. – F
5. When using a condom, it is important for the man to pull out right after ejaculation. – T
6. Wearing two latex condoms will provide extra protection. – F
7. Birth control pills are effective even if a woman misses taking them for two or three days in a row. – F
8. Women should “take a break” from the pill every couple of years. – F
9. If a woman is having side effects with one kind of pill, switching to another type or brand might help. – T
10. Birth control pills reduce the chances that women will get certain types of cancer. – T
11. After a woman stops taking birth control pills, she is unable to get pregnant for at least two months. – F
12. In order to get the birth control pill, a woman must have a pelvic exam. – F
13. All IUDs are banned from use in the United States. – F
14. A young woman can use an IUD, even if she has never had a child. – T
15. Women who use IUDs cannot use tampons. – F
16. To obtain an IUD, a woman must undergo a surgery. – F
17. An IUD cannot be felt by a woman’s partner during sex. – T
18. IUDs can move around in a woman’s body. – F
19. Women using the birth control shot, Depo-Provera, must get an injection every three months. – T
20. Even if a woman is late getting her birth control shot, she is still protected from pregnancy for at least 3 months. – F
21. Negative effects that a woman has from Depo-Provera can last for the rest of her life. – F
22. Women using the vaginal ring, or Nuva Ring, must have it inserted by a doctor or health care provider every month. – F
23. Long-acting methods like the implant or IUD cannot be removed early, even if a woman changes her mind about wanting to get pregnant. – F

Appendix 2

*Survey Questions Used to Determine Knowledge of Pregnancy
(6 total questions)*

For the following set of statements, please tell me whether you think the statement is true or false.

1. After giving birth, a woman can get pregnant even before she has her first period. – T
2. Douching (washing the vagina) after sex can prevent pregnancy. – F
3. A woman who is still breast feeding cannot get pregnant. – F
4. Pregnancy is much less likely to occur if a couple has sex standing up. – F
5. The only way to completely prevent pregnancy is by not having sex. – T
6. During a woman's monthly cycle, are there certain days when she is more likely to become pregnant if she has sex? – YES

The Knowledge Deficit measure was based on questions 1–23 for Knowledge of Contraception and 1–5 for Knowledge of Pregnancy.

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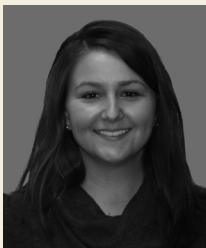
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