

A Look Behind the Research



Knowledge of and access to contraceptive information and services among teenagers with child welfare involvement

What did we want to know about young people involved in the child welfare system?



Have they received any contraceptive information or education?

Do they know how to access contraception, if they need it?

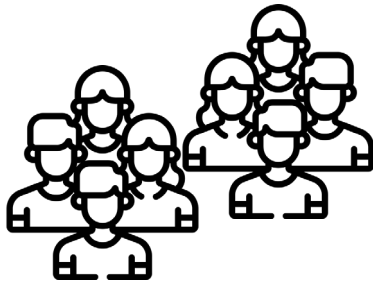
Have they received contraception?

If they received information/services, how and where did they get it?

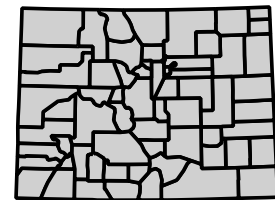


Who was involved?

245 young people with open child welfare cases



Located in **four Colorado metro counties**



Surveyed in **two waves** before and after transition to high school:



Upon entering 8th/9th grade



When most were in 10th/11th grade (age 15-18)

What did we learn?



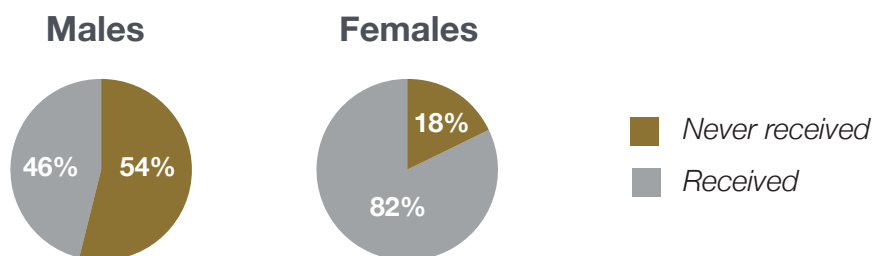
By 15-18 years old, **80%** of young people said they knew how to access contraception.



55% of females reported receiving contraceptive services.



Too few young people received contraceptive information by age 15-18. **54% of males and 18% of females** never received contraceptive information.



Males are being left out.

Males were significantly less likely than females to receive contraceptive information or know how to access services. This reinforces gendered expectations around pregnancy prevention, despite males' control over condoms.



Female youth who do receive contraceptive information are not receiving the standard of care.

While the standard of care is that long-acting reversible contraceptives (LARCs), such as IUDs and implants, should be offered as first-line contraceptive methods for adolescents, **34% of female youth** never received information about LARCs.



There is room for other adults to step in.

Though it is a critical source, we can't rely on school-based sex ed to reach all young people.

Medical providers are trusted sources of contraceptive information and can have these conversations sooner and more often, especially with male young people. **Parents and families** are also important sources of support, especially in early adolescence.



Prevention Science Program

UNIVERSITY OF COLORADO BOULDER

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