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Sexual Experience of Younger Teenage Girls Seeking Contraceptive Assistance for the First Time

by Diane S. Fordney Settlage,
Sheldon Baroff
and Donna Cooper

A majority of Americans favor giving contraception to teenagers who are sexually active,¹ but controversy still exists about the rights and wrongs of premarital sex.² There has been no evidence that the availability of contraceptive services to unwed teenagers encourages them to engage in sexual intercourse; although it is often claimed that without contraception the fear of pregnancy might act as a deterrent.

This article describes a study of more than 500 unwed, never-pregnant teenagers aged 13 through 17 who for the first time sought professional help to obtain contraception. The study showed that virtually all the teenagers who asked for contraception were previously sexually active; most of them had been having intercourse for more than a year; few were using any contraceptives, and fewer still were using one of the most effective methods. Most were referred to birth control clinics by friends or were self-referred; parents rarely played a role in guiding the girls to obtain contraceptive services.

While debate continues as to whether or not the incidence of teenage intercourse has increased in recent years,³ the evidence from recent studies appears incontrovertible that considerable numbers of younger teenagers *are* sexually active and that they are *not* deterred by the fear of pregnancy or the absence of contraception.⁴ Our data show that many

teenaged girls do attempt to prevent the sequelae of unprotected coitus—unwanted pregnancy, illegitimacy, abortion, forced marriage, interrupted education—by seeking contraceptive services. This study explores the extent of sexual activity among a group of younger teenage girls seeking contraception and reveals that far from stimulating sexual activity in this group, the request for services usually follows established sexual practice.

Methodology

The 502 patients interviewed between August 1, 1972 and May 1, 1973 included girls aged 17 and younger who were unwed, never pregnant* and who were seeking medical assistance for the first time to obtain contraception. No such patient was excluded.

Five clinics cooperated in this study:

- The Planned Parenthood-World Population Center located in the Wilshire area of Los Angeles provided 60 percent of the study group. The majority of these girls were from middle-income families.
- The Los Angeles County/University of Southern California Medical Center Teen and Pediatric Gynecology clinic, and a walk-in family planning clinic in East Los Angeles, supplied 25 percent of the group. These girls were predominantly from lower- and middle-income families.
- The Hollywood-Sunset Free Clinic, located in East Hollywood, provided five percent of the study group. The patients came from the neighborhood, several nearby high schools, and also included transients from all over the country. They represented all socioeconomic levels.
- The John Wesley County Hospital, located in a predominantly black area of

Los Angeles, contributed another five percent of the sample. Most of these girls came from low-income families.

• The Children's Hospital of Los Angeles Adolescent Clinic, located in Hollywood, also contributed five percent of our study group, and these teenagers were largely middle and upper-middle class.

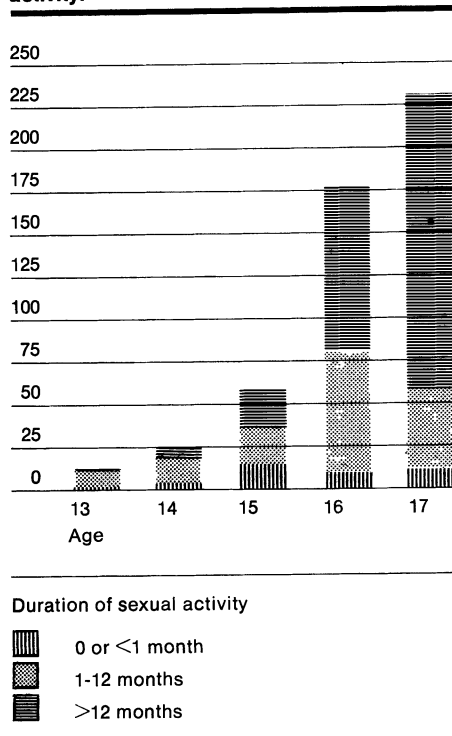
The data collected included age, race, duration of coital activity,[†] previous contraceptive use as well as specific methods employed, annual family income, emancipation status,[‡] and referral source. Subjects whose coital activity had been intermittent were categorized as to total time of activity subtracting months during which they had no coital contact. To be considered sexually active, girls had to have reported an average of at least four acts of intercourse per month. None had received contraception from a clinic or a private physician previously. Any girl who

*Girls who had abortions or previous births were excluded from the study on the presumption that they were likely to have received contraceptive counseling at the time of the procedure.

†Broken down as none, one month or less, more than one month but less than one year, or greater than one year.

‡Under California law, an emancipated minor is one who is 15 years of age or older, living away from home and managing her own financial affairs. Emancipated minors, as well as ever-married minors and those in the armed forces may consent to all hospital, medical and surgical care without parental consent. In addition, minors may consent to such care without parental consent when it is related to abortion, pregnancy and venereal disease and all infectious, contagious and communicable diseases. A special category of minor, those currently receiving welfare assistance, those who formerly received such assistance, and those who might become recipients may also obtain contraceptive services without parental consent in California. [Source: S.S. Beserra, N.M. Jewel, M.W. Matthews, *Sex Code of California: A Compendium*, William Kaufman, Los Altos, Calif., 1973, p. 3.]

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Figure 1. Number of girls seeking contraception, by age and duration of prior sexual activity.

reported ever using any form of contraception was considered a user.

To assess the validity of the sample for socioeconomic status, since it was a clinic population, subjects were categorized by annual family income and race. The sample is reasonably representative of the Los Angeles City area. Girls from families on welfare are slightly underrepresented (10 percent, with 17 percent receiving AFDC in the Los Angeles area).⁵ Those from families with incomes of more than \$20,000 are slightly overrepresented (at seven percent, with five percent of families at that income level in Los Angeles).⁶ The sample is overrepresentative of blacks

(25 percent) and underrepresentative of Mexican Americans (five percent), according to the Los Angeles census which estimates that the Los Angeles population includes 15 percent of each of these ethnic groups.⁷

Coital Activity Not Rare

Ninety-five percent of the sample was living at home, and all were students. All of the subjects were minors under California law.

As Table 1 shows, while only two percent of the girls were 13 years old, all of them had been sexually active prior to their request for contraception, most for between one month and one year. Eighty-one percent of the total sample was 16 or 17 years old. Ninety-six and 99 percent of these respective age groups were sexually active, and more than half of each group had been active for over one year (see also Figure 1).

Ninety-six percent of the total sample were having intercourse; 92 percent for more than one month, and 58 percent for more than a year. Whatever their specific age, the vast majority of subjects had been sexually active for more than one month when they first sought contraception. This would indicate that they were not involved in rare or initiatory contact. Additionally, by age 16, there is a significant *decrease* in those active for less than one month, and by age 17, there is a significant *increase* in those active for more than one year when they first sought contraception.

Contraceptive Use

Sixty-one percent of the 482 sexually active girls had *never* used contraception prior to their clinic visit, as Table 2 shows. It is apparent that the younger

Table 2. Number and percent of sexually active teenagers, by age and contraceptive use status

| Age | Contraceptive use status | | | | | |
|-------|--------------------------|-----|------------|-----|-----------|----|
| | All | | Never used | | Ever used | |
| | No. | % | No. | % | No. | % |
| 13-17 | 482 | 100 | 296 | 61 | 186 | 39 |
| 13 | 9 | 100 | 9 | 100 | 0 | 0 |
| 14 | 23 | 100 | 22 | 96 | 1 | 4 |
| 15 | 55 | 100 | 36 | 66 | 19 | 34 |
| 16 | 174 | 100 | 111 | 64 | 63 | 36 |
| 17 | 221 | 100 | 118 | 53 | 103 | 47 |

Table 3. Number and percent* of sexually active girls who had never used contraception, by age and duration of sexual activity

| Age | Duration (in months) | | | | | | | |
|-------|----------------------|-----|-----|----|------|----|-----|----|
| | All durations | | <1 | | 1-12 | | >12 | |
| | No. | % | No. | % | No. | % | No. | % |
| 13-17 | 296 | 100 | 19 | 6 | 111 | 38 | 166 | 56 |
| 13 | 9 | 100 | 1 | 11 | 7 | 78 | 1 | 11 |
| 14 | 22 | 100 | 2 | 9 | 12 | 55 | 8 | 36 |
| 15 | 36 | 100 | 7 | 19 | 7 | 19 | 22 | 61 |
| 16 | 111 | 100 | 7 | 6 | 52 | 47 | 52 | 47 |
| 17 | 118 | 100 | 2 | 2 | 33 | 28 | 83 | 70 |

*Percents may not add to 100 because of rounding.

the girl the less likely she is ever to have used any form of contraception. Ninety percent of all who had previously used contraception were aged 16 or 17; but even at age 17, fewer than half had ever used contraception before their clinic visit. Table 3 shows that only six percent of all the sexually active teenagers who had used no contraception before coming to the clinic had been sexually active for less than a month; 56 percent had been sexually active for more than a year. Although 17-year-olds were most likely to have used some form of contraception prior to their clinic visit (see Table 2), those 17-year-olds who did not use a method were also the most likely of any age group to have been sexually active for a year or more.*

Contraceptive Methods Employed

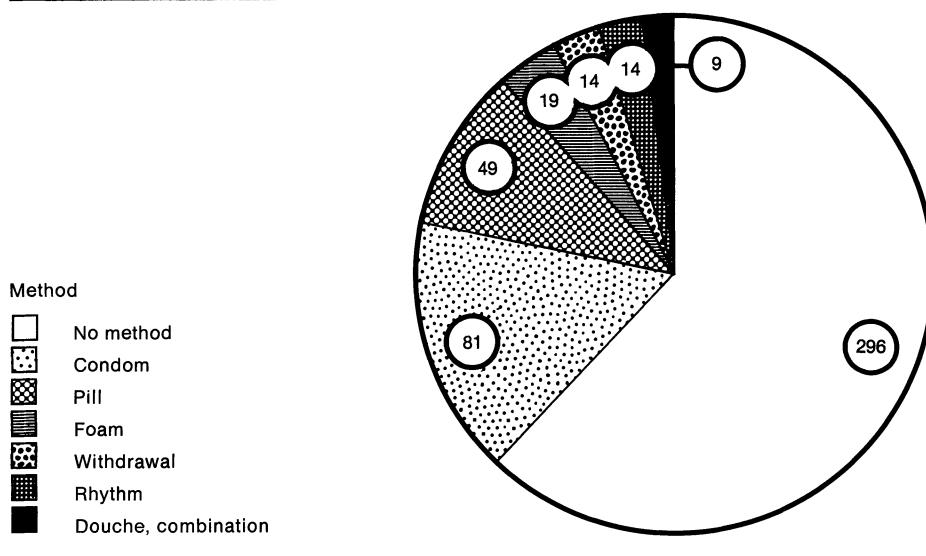
The condom, available without a doctor's prescription, was the most widely used method (employed by 44 percent of contraceptive users). Foam, a nonprescription female method, had been used by only 10 percent. As Table 4 and Figure 2 shows, one-fourth of the users were taking oral contraceptives, primarily

*P = <0.05.

Table 1. Number and percent of girls seeking contraception and number and percent previously sexually active, by age at first visit and duration of previous sexual activity

| Age | Seeking contraception | | Sexually active | | Duration of sexual activity (in months) | | | |
|-------|-----------------------|----------|-----------------|-----|---|----|------|-----|
| | No. | % of all | No. | % | | | | |
| | | | | | 0 | <1 | 1-12 | >12 |
| 13-17 | 502 | 100 | 482 | 96 | 20 | 21 | 169 | 292 |
| 13 | 9 | 2 | 9 | 100 | 0 | 1 | 7 | 1 |
| 14 | 25 | 5 | 23 | 92 | 2 | 2 | 13 | 8 |
| 15 | 63 | 12 | 55 | 87 | 8 | 7 | 22 | 26 |
| 16 | 176 | 35 | 174 | 99 | 2 | 8 | 70 | 96 |
| 17 | 229 | 46 | 221 | 96 | 8 | 3 | 57 | 161 |

Figure 2. Distribution of girls seeking contraception, by prior contraceptive use.



ly obtained from friends or, in some cases, from physicians for dysmenorrhea or irregular menstrual cycles. Nonmedical sources of the pill were identified frequently.*

Referral Source

Only 39 (less than eight percent) of the 502 girls were referred to the clinics by their parents. The rest were either self-referred or came at the suggestion of friends. At every age, peers played a significant role, with about half the group influenced by their friends to seek clinic assistance. Parental involvement was significant only for the youngest girls, with about half the parents of 13-year-olds being the referral source. Parents of only 14 girls aged 16 and 17, of a total of 405 in these age groups, were involved in helping the girls obtain clinic contraception.

Income Not Significant

Sexually active girls from the higher income group were somewhat more likely never to have used contraception

than girls from other income groups, but the difference was not statistically significant, and was virtually nonexistent among the other income groupings (see Table 5). Sexually active never-users from families on welfare were more likely to have been sexually active for more than a year than girls from the other income groups; but there were no other differences by income level (see Table 6).

Table 7 (p. 226) shows that black girls sought contraception at younger ages than either white or Mexican-American girls, and they were more likely to request contraception before initiating coitus than whites or Mexican Americans. Mexican-American girls were less likely to have had coital exposures for longer than one year than were whites or blacks before seeking contraceptive help.†

Of the 482 girls who had been sexually active prior to their initial clinic visit, four out of five Mexican Americans had never used contraception, compared to three out of five blacks and whites (not shown in tables).

Discussion

Most of the girls in this study became sexually active between 15 and 16 years of age and three out of five of the sexually active teenagers had been having intercourse for more than a year; more than nine out of 10 reported coital activity for extended periods of time, ranging from one month to more than

Table 5. Number of sexually active teenagers, and number and percent* of them who never used contraception, by family income

| Family income (\$000s) | Sexual activity and contraceptive status | | | % Sexually active who never used |
|------------------------|--|------------|------------|----------------------------------|
| | Sexually active | | Never used | |
| | No. | % | No. | |
| All levels | 482 | 100 | 296 | 61 |
| Welfare | 48 | 10 | 30 | 63 |
| 5-10 | 218 | 45 | 128 | 59 |
| 11-20 | 180 | 37 | 111 | 62 |
| >20 | 36 | 7 | 27 | 75 |

*Percents may not add to 100 because of rounding.

Table 6. Number and percent of sexually active girls who never used contraception by duration of sexual activity and annual family income

| Annual family income (\$000s) | Duration (in months) | | | | | | | |
|-------------------------------|----------------------|------------|-----------|----------|------------|-----------|------------|-----------|
| | All | | <1 | | 1-12 | | >12 | |
| | No. | % | No. | % | No. | % | No. | % |
| All levels | 296 | 100 | 19 | 6 | 111 | 38 | 166 | 56 |
| Welfare | 30 | 100 | 1 | 3 | 7 | 23 | 22 | 73 |
| 5-10 | 128 | 100 | 12 | 9 | 46 | 36 | 70 | 55 |
| 11-20 | 111 | 100 | 4 | 4 | 47 | 42 | 60 | 54 |
| >20 | 27 | 100 | 2 | 7 | 11 | 41 | 14 | 52 |

one year. Clearly, the decision to have intercourse was unrelated to contraceptive use. Even those methods a minor could employ without medical assistance—condom, foam, rhythm, withdrawal—were not used *ever* by 61 percent of the sample for extended periods during which they were at risk of pregnancy. These data do not clarify the personal and social obstacles preventing the teenagers from utilizing methods available without prescription, but they do confirm other studies which report that significant proportions of girls 17 and under engage in coitus without utilizing contraception.⁸

No major differences were found in socioeconomic or ethnic groups as to

*Caution must be exercised in interpreting these statements. Since we did not ascertain the consistency of use of any method, but listed the girl as a user if she said she or her partner had used a method even once, the reality of consistent contraceptive use (and protection) may be quite different from the appearance. In addition, substantial numbers of pill users reported that they had obtained this contraceptive from friends, other nonmedical sources and from physicians for indications other than contraception, so that there is some question about availability and proper usage for contraceptive purposes.

†P = <0.05.

Table 4. Contraceptive methods ever-used by sexually active girls, by method (N=186)

| Method | No. | % |
|-------------|-----|----|
| Condom | 81 | 44 |
| Pill | 49 | 26 |
| Foam | 19 | 10 |
| Withdrawal | 14 | 8 |
| Rhythm | 14 | 8 |
| Combination | 8 | 4 |
| Douche | 1 | <1 |



coital and contraceptive-use history. Those differences which do exist would suggest that blacks begin sexual intercourse at a younger age but are more likely than whites to ask for contraception before they become sexually active. Mexican Americans are not likely to employ contraception before initiating sexual activity; fewer have ever used any birth control method, but as a group they

become sexually active later. Girls from families at the lowest income levels are more likely to delay the longest between onset of coital activity and asking for contraception.

It is apparent that if a minor requests contraception she is in great need of it, both in terms of prior onset of coital activity and the length of time she has been exposed to the risk of pregnancy.

The data suggest that contraceptive information and educational programs directed at minors will not be a significant factor in their decision to become sexually active.

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Table 7. Number and percent* of teenagers seeking contraception, by ethnic group, age, and duration of sexual activity

| | Ethnic group | | | | | | | |
|-------------------------------|--------------|------------|------------|------------|------------|------------|------------------|------------|
| | All | | White | | Black | | Mexican American | |
| | No. | % | No. | % | No. | % | No. | % |
| All ages and durations | 502 | 100 | 351 | 100 | 125 | 100 | 26 | 100 |
| Age (years) | | | | | | | | |
| 13 | 9 | 2 | 2 | 1 | 7 | 6 | 0 | 0 |
| 14 | 25 | 5 | 16 | 5 | 9 | 7 | 0 | 0 |
| 15 | 63 | 13 | 39 | 11 | 21 | 17 | 3 | 11 |
| 16 | 176 | 35 | 122 | 35 | 39 | 31 | 15 | 58 |
| 17 | 229 | 46 | 172 | 49 | 49 | 39 | 8 | 31 |
| Duration (months) | | | | | | | | |
| 0 | 20 | 4 | 9 | 3 | 11 | 9 | 0 | 0 |
| <1 | 21 | 4 | 13 | 4 | 6 | 5 | 2 | 8 |
| 1-12 | 169 | 34 | 114 | 32 | 42 | 34 | 13 | 50 |
| >12 | 292 | 58 | 215 | 61 | 66 | 53 | 11 | 42 |

*Percents may not add to 100 because of rounding.