

Contextualizing Teenage Contraceptive Practices: A Comparison between the United States and France

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EXTENDED ABSTRACT

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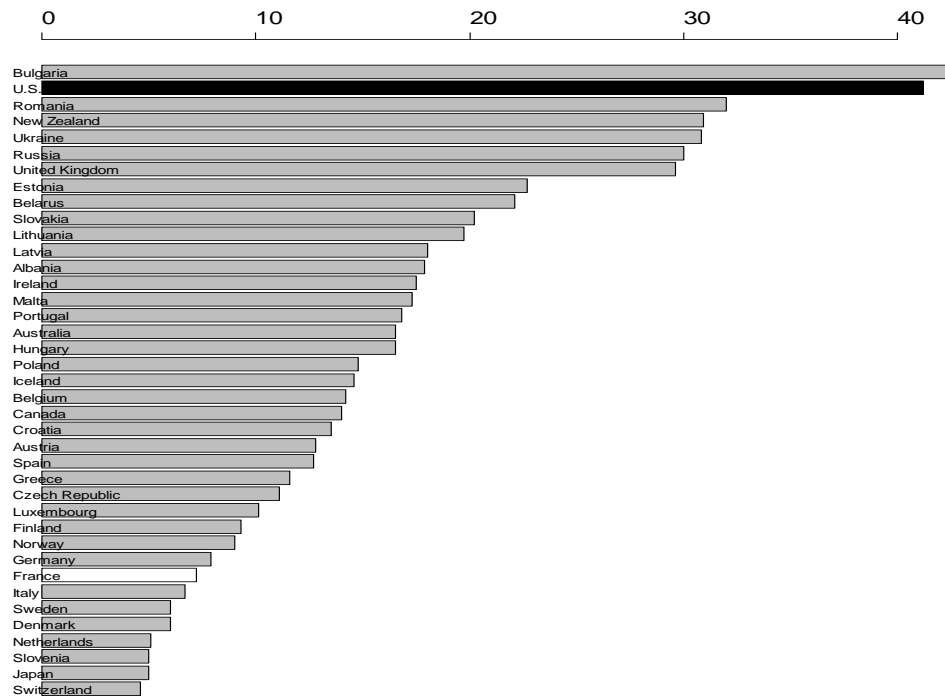
Abstract

At 41 per thousand, the fertility rate for women 15 to 19 in the United States is the highest just after Bulgaria within a set of 38 high-income countries, while it is only 7 per thousand in France, a country typical of the situation in Western Europe. While sexual activity appears to be roughly similar in the two countries, abortion explains part of the difference and contraceptive practices most of it. In this paper, we compare contraceptive use among teenagers in the U.S. and France, using data from the U.S. 2006-2010 National Survey of Family Growth and the French 2010 Fecond survey. We find that not only are teenage girls in the United States less likely to use a contraceptive method than in France when they have sex but also that even when they do, their methods of choice are not as effective.

Introduction

Teenage fertility in the United States is one of the highest in the developed world (Figure 1). In 2005-2010, it stood at 41 per thousand compared to less than 10 in Western Europe as a whole. Teenage fertility in the U.S. is higher than in all countries of Eastern Europe and the former Soviet Union, except for Bulgaria.

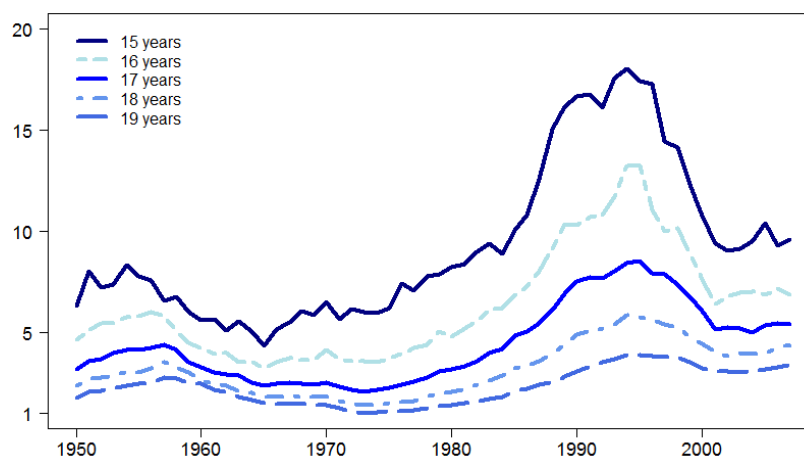
Figure 1. Female fertility rate at 15-19 years per 1,000 in 2005-2010, 38 developed countries



Source : United Nations, 2010 World Population Prospects, 2011.

In France, teens are 6 times less likely to give birth than in the U.S. The difference between the two countries is particularly striking for younger adolescents (Figure 2). Though the difference has progressively decreased since its peak in the mid-1990s, due to dramatic declines in U.S. teens' birth rates, fertility remains nearly ten times higher in the U.S. than in France among 15 year-old women and about seven times higher for 16 year olds. For 17-, 18- and 19-year olds, it is six, five, and over three times higher. Though the U.S. exhibits wide racial diversity in teenage fertility, heterogeneity is not sufficient to explain these differences. Indeed, when restricting the comparison to non-Hispanic Whites in the U.S., the gap in the fertility rates at 15-19 years remains considerable with a ratio stable at 1 to 2.5 between French and American teens (Barbieri, 2012).

Figure 2. Ratio of United States to France fertility rates per 1,000 by single year of age (15-19 years old)



Source: Human Fertility Database, www.humanfertility.org

The median age at first sex is very similar among girls in both countries as suggested by various sources of data collected in the mid-2000s. It stands at 17.2 years in France and 17.4 in the U.S. in 2004-2005 (Barbieri, 2012). Young women in general are less likely to use a method of contraception at their last sexual intercourse in the U.S. than those in Western countries. Data collected by the Guttmacher Institute indicates that 20 percent of sexually active women did not use any contraceptive method during their last sexual intercourse in the United States compared to 12 percent in France, 7 percent in the United Kingdom, and 4 percent in Sweden (Guttmacher, 2012).

A survey (CoCon) conducted in France in 2000 showed that 84 percent of women below age 20 used a condom during their last intercourse compared to 50 percent in the U.S. (Santelli et al., 2007, based on the 1995 and 2002 National Survey of Family Growth), and 43 percent used the pill, versus 29 percent in the U.S. American teenagers are thus not only more likely to not use any method but, when they do, they are also less likely to use the most effective methods (whether the condom or the pill). The comparison between the two surveys is however perilous : phrasing of the questions on birth control practices in the CoCon survey was not exactly comparable to that of those in the NSFG; furthermore, the French survey was conducted on women aged 18 years and over and very few teens were actually interviewed so that no comparison is possible for younger teenage girls (for whom the difference in fertility rates is particularly large) and differences are often not statistically significant due to the small French sample.

Our purpose here is to make use of a newly released survey (named Fecond) conducted on sexual and reproductive behaviors in France on a format very similar to that of the American National Survey of Family Growth. Fecond provides a unique opportunity to compare in the most rigorous manner contraceptive practices among teenagers in the two countries and, ultimately, to improve our understanding of the high level of teenage fertility in the U.S.

Data and methods

The most informative source on teenage reproductive behaviors at the national level in the United States is the *National Survey of Family Growth*. The survey has been conducted by the National Center on Health Statistics (NCHS) on a representative sample of the U.S. population aged 15 to 44 every four to seven years starting in 1973 and has become continuous on a five-year cycle with the first such cycle in 2006-2010. It includes questions on the respondent's marriage, pregnancy, and contraceptive histories among others. Data are publicly available. For this paper, we analyze the data from the 2006-2010 cycle, which includes the results of 12,279 interviews with women of reproductive age (U.S. Dept. of Health and Human Services, 2011). Younger women (15 to 24 years old) were over-sampled in this round of the NSFG, which serves our purpose well.

The *Fecond* survey was conducted in France in 2010 on a representative sample of 5,275 women aged 15 to 49 years by a consortium of research institutions lead by the *Institut National de la Santé et de la Recherche Médicale* (INSERM) and by the *Institut national d'études démographiques* (INED) and funded by the French government. Its purpose was to collect information on sexual and reproductive health, including contraceptive practices from the time of the first intercourse. The survey provides a detailed five-year calendar of contraceptive use and discontinuation up to the time of the interview. Two of the authors for this paper (N. Bajos and C. Moreau) have been directly involved in the design of the *Fecond* survey, its data collection and its primary analysis.

Both the NSFG and *Fecond* include questions on ever-, past and current use of contraceptive methods with a detailed investigation for every method, modern or traditional, including emergency contraception. A precise assessment of women's exposure to the risk of conception is also made possible by the availability of information on sexual activity, pregnancy status and sterility (whether due to sterilization, hysterectomy, or other naturally or medically induced factors). Comparison is thus facilitated by similarity in the respondents' demographic characteristics, the samples overall representation, and the content of the questionnaires.

This paper compares contraceptive practices among sexually active, not pregnant or otherwise sterile U.S. and French teens (15 to 19 years of age¹) at the time of their first sexual intercourse as well as over the past 12 months and the last 4 weeks before the interview, using data from the 2006-2010 NSFG and the 2010 *Fecond* survey.

Preliminary Results

Preliminary analysis of the 2006-2010 NSFG and the 2010 *Fecond* survey by the authors indicate significant differences in contraceptive practices among teenagers between the two countries (Table 1). Women not at risk of conception (not sexually active, pregnant or seeking to become pregnant, or infertile due to natural or medically-induced sterility) have been excluded from this analysis.

The first major difference is that the proportion of those not using any method at the time of the survey is very small in France (2 percent and 3 percent for sexually active women aged 15-17 and 18-19 years, respectively) compared to the United States (11 and 17 percent). The second

¹ The age structure of the teenage respondents in the two surveys has been standardized for increased comparability.

important finding is that for those teens using contraception, girls are much better protected against pregnancy in France than in the United States since they are more likely to use highly effective methods. After we exclude those respondents who are not using any method, the proportion using the condom is higher in the United States (64 versus 40 percent at 15-17 years and 55 versus 14 percent at 18-19 years) but insufficiently so to make up for the gap in users of hormonal methods between the two countries (34 versus 54 percent at 15-17 years and 49 versus 84 percent at 18-19 years). By contrast, U.S. teenagers are much more likely to use other methods, including traditional methods such as withdrawal, the rhythm or the temperature method, than they are in France (25 and 22 percent at 15-17 and 18-19 years in the U.S. versus 6 and 2 percent in France).

Table 1. Contraceptive methods used by sexually experienced teenagers at the time of the survey in the United States (2006-2010) and in France (2010) by age group (% , weighted)

Contraceptive method	15-17 years old		18-19 years old	
	NSFG	Fecond	NSFG	Fecond
No method	11.4	2.0	16.5	3.3
Condom	56.7	39.0	46.1	13.5
Pill	20.6	52.8	33.3	80.0
<i>incl. condom + pill</i>	<i>12.9</i>	<i>16.9</i>	<i>17.0</i>	<i>21.1</i>
Other hormonal methods	9.9	0.2	7.5	1.4
IUD	0.6	0.0	3.6	0.5
Other methods (incl. traditional)	21.8	6.0	18.4	2.1
<i>Pill + other hormonal</i>	<i>30.5</i>	<i>53.0</i>	<i>40.8</i>	<i>81.4</i>

Source : survey data analyzed by the authors.

Discussion

The findings of our investigation raise questions about the general context of teenage sexuality in the two countries. The literature suggests that cultural factors play an important role. While teenage sexuality is regarded as a moral issue in the United States, the general view in France, as in many other European countries, is that sex is part of the normal emotional growth of teenagers and that efforts should be deployed not to limit sexual activity but to eliminate the risk of sexually transmitted diseases and early childbearing as much as possible (Geronimus, 1997; Jones et al., 1986; Lottes, 2010; Schalet, 2000; Wallace and Vienonen, 1989; Widmer, Treas and Newcomb, 1998; Durand, 1998; Le Van, 1998; Le Den, 2012). This attitude translates into a liberal set of policies and regulations regarding access to contraception and abortion for minors.

Hormonal contraceptive methods and the IUD were first fully reimbursed by the French health insurance system in 1974. The system is that of a single core payer with additional services provided by complementary private insurers. Contraception is delivered at no cost and anonymously in family planning clinics all over the country, without any requirement for parental consent for teenagers. This has been including over the counter access to emergency contraception with no age restriction since 1999 as well as the provision of emergency

contraception by school nurses to students starting in 2001. Pharmacies have also been under the legal obligation to provide emergency contraception for free to all minors without requiring parental consent since 2002. By contrast to what has been increasingly happening in the U.S., access to and insurance coverage of contraception to women in general and to teenagers in particular is not a hotly debated issue in France. It has been innocuously absent from the political debate at all levels of society. This social consensus and the cultural climate it reflects might explain why teenage fertility is so low in France compared to the United States.

References

- Bajos, N., A. Bohet, M. Le Guen, C. Moreau, and the Fecond Survey Team, 2012, Contraception in France: new context, new practices? *Population & Societies* n° 492.
- Barbieri, M., 2012, La Question des maternités précoces aux États-Unis, *Travail, genre et sociétés* n°28, 107-132.
- Durand S, Ferrand M, Bajos N., 2002, Accès à la contraception et recours à l'IVG chez les jeunes. In Bajos N, Ferrand M et l'équipe GINE. *De la contraception à l'avortement. Sociologie des grossesses non prévues*. Editions INSERM, collection Santé Publique, 249-302.
- Guttmacher Institute, 2012, *Facts on American Teens' Sexual and Reproductive Health*, New York, NY.
- Jones E. F., Forrest J. Darroch, Goldman N., Henshaw S. K., Lincoln R., Rosoff J. I., Westoff C. F., Wulf D., 1986, *Teenage pregnancy in industrialized countries*, New Haven CT: Yale University Press.
- Le Den M., 2012, Les indicateurs des grossesses à l'adolescence en France Enjeux et modalités de leur mobilisation dans la mise en place d'une politique de prévention, *Sciences sociales et santé* 30(1)
- Le Van, C., 1998, *Les grossesses à l'adolescence. Normes sociales, réalités vécues*, Paris, L'Harmattan, 204 p.
- Lottes I. L., 2010, Sexual health policies in other industrialized countries: Are there lessons for the United States?, *Journal of Sex Research* 39(1): 79-83.
- Santelli J. S., Duberstein Lindberg L., Finer L. B., Singh S., 2007, Explaining Recent Declines in Adolescent Pregnancy in the United States: The Contribution of Abstinence and Improved Contraceptive Use, *American Journal of Public Health*, 97(1), 150-156.
- Schalet A. T., 2000, Raging Hormones, Regulated Love: Adolescent Sexuality and the Constitution of the Modern Individual in the United States and the Netherlands, *Body and Society* 6: 75-105.

United Nations, Population Division, 2011, *2010 World Population Prospects*.

U.S. Dept. of Health and Human Services, National Center for Health Statistics, 2011, *National Survey of Family Growth, Cycle 7, 2006-2010*. Hyattsville, MD: U.S. Dept. of Health and Human Services, National Center for Health Statistics,
http://www.cdc.gov/nchs/nsfg/nsfg_2006_2010_puf.htm.

Wallace H. M., Vienonen M., 1989, Teenage Pregnancy in Sweden and Finland. Implications for the United States, *Journal of Adolescent Health Care* 10: 231-236.

Widmer, E. D., Treas J., Newcomb R., 1998, Attitudes Toward Nonmarital Sex in 24 Countries, *The Journal of Sex Research* 35(4): 349-358.