



Teen LARC Use: *Simplistic Response to a Complex Problem*

In 2015, the CDC released a report and press release encouraging a wider distribution of the long-acting reversible contraceptive (LARC) method for teens.¹

The CDC made only a very brief mention of the importance of sexual delay and the ineffectiveness of LARC against the acquisition of STDs. The CDC's top line messaging and counsel solely centered on the ease of use and the effectiveness of LARC in preventing pregnancy, thus increasing the likelihood that teens would assume that LARC makes teen sex "safe." The CDC should know that teens are risk-takers and should take special care to contextualize LARC messaging to teens around a very clear risk-avoidance educational strategy. Their failure to do so is troubling and irresponsible. The CDC missed an important opportunity to educate teens about the various possible negative consequences of sex.

The CDC's enthusiastic support for LARC for teens missed an important opportunity to make the following important points:

1. Ignores the Complex Nature of Teen Sex

Research reveals that teen sex is a complex issue and not merely a pregnancy prevention concern. Any discussion of sex with teens must acknowledge the multifaceted context of most sexual relationships and must draw upon the research when giving counsel. This is not a one-size-fits-all conversation - and certainly goes far beyond one merely of pregnancy prevention. Teens should be well informed so they can make the best decisions for their sexual health. This information should always begin with a strong, realistic and practical optimal risk avoidance message. Social science research confirms that waiting for sex, preferably until marriage, is the optimal health message. The CDC fails to so contextualize this information.

An example of this simplistic treatment can be found within the CDC press release where Lisa Romero, from CDC's Division of Reproductive Health gushed: "The good news is that teens are taking responsibility for their reproductive health needs." How simplistically does the CDC define "reproductive health needs?"

2. Offers No Protection Against STDs

The CDC nearly disregards the very real STD epidemic among young adults, in which, by their own statistics, shows that 15-24 year olds comprise about 50% of all STD cases, yet only make up about 25% of the sexually active population. The top-line messaging implies that LARC = safe sex. LARC offers absolutely no protection against STDs, and this is especially problematic since risk compensation could increase STD rates among teens using LARC.

In addition, dual LARC/condom usage is much more unlikely among teens. As the NIH stated regarding contraception: "Adolescents are at even higher risk of inconsistent contraceptive use than are other populations."² A recent survey of teens reinforced the concerns of NIH. The Teens Speak Out survey revealed that a sizeable percentage of teens (about one in three) say they would not commit to dual use of a condom with LARC.³

It is sexual delay that has the greatest impact on decreasing number of lifetime partners, preventing pregnancy, decreasing STD rates, and increasing condom use when sexually active. Teens need to understand that sexual delay is the best way to avoid acquiring a disease and any information on contraception must be presented in a way that does not normalize teen sex. Current LARC messaging fails to do so.

3. Little Research on LARC for Teens

The American Congress of Obstetricians and Gynecologists (ACOG), report acknowledged that little research has been conducted on teen LARC use and revealed: "Concern exists about the risk for expulsion from nulliparity and for STIs from sexual behavior in younger age groups."⁴ This means that women who have never given birth are more likely to be at increased risk for expelling the contraceptive device and for acquiring a sexually transmitted disease.

There is also conflicting research on the cause of a slightly increased risk of pelvic inflammatory disease (PID) after LARC (IUD) insertion but it cannot be ignored, especially among young girls who already have increased risks due to their immature reproductive system.⁵

In addition, LARC advocacy may present unique hazards to teens due to their immaturity. A recent survey of 18 and 19 year olds showed that less than half were certain LARC provided no protection against STDs. Even when they learned that LARC does not protect against STDs, only a little more than half say they would definitely also use a condom to protect against STDs. A plurality said that knowing about LARC makes it more likely they will have sex.⁶

Summary

Ascend is concerned about the context of the teen sexual health message within the CDC report and accompanying press release. Teens deserve more than LARC to assure optimal sexual health. They deserve the information and skills to avoid all sexual risk and achieve optimal health - not merely preventing teen pregnancy.

¹ CDC (2015). Press release: Few teens use the most effective types of birth control. Atlanta: Author. Retrieved on Feb. 3, 2016 at <http://www.cdc.gov/media/releases/2015/p0407-teen-pregnancy.html>

² McNicholas, C., & Peipert, J. F. (2012). Long-Acting Reversible Contraception (LARC) for Adolescent. *Current Opinion in Obstetrics & Gynecology*, 24(5), 293-298. Retrieved on February 3, 2016 at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4183267/>

³ Barna Group (2015). Teens speak out. Ventura: Author.

⁴ ACOG Women's Health Care Physicians (2012. Reaffirmed, 2014). Adolescents and Long-Acting Reversible Contraception: Implants and Intrauterine Devices. Washington, DC: Author. Retrieved on February 3, 2016 at <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Adolescent-Health-Care/Adolescents-and-Long-Acting-Reversible-Contraception>

⁵ LARC) for Adolescent. *Current Opinion in Obstetrics & Gynecology*, 24(5), 293-298. Retrieved Feb. 3, 2016 at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4183267/>

⁶ Barna Group. (2015). Teens Speak Out survey. Ventura: Author.