

## Adolescent Girls' Use of Health Services



The American College of Obstetricians and Gynecologists (ACOG) recommends that teen girls first visit an obstetrician-gynecologist (ob-gyn) between the ages of 13 and 15. The goal of this first visit is to allow them to develop a relationship with their reproductive health care provider, as well as to provide teen girls with preventive health care services, including information and guidance on reproductive health. ACOG recommends that the first visit cover topics such as prevention of pregnancy (including delaying sexual activity and using contraception) and sexually transmitted diseases (STDs), and that teens who have had sexual intercourse be screened for STDs.<sup>1</sup>

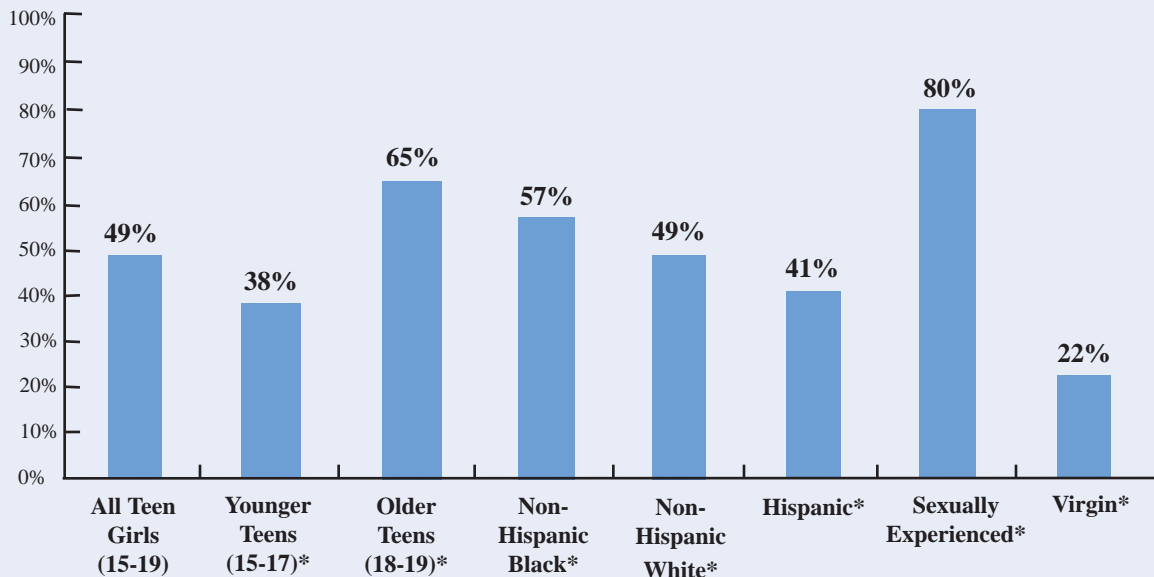
This *Science Says* research brief uses data from the 2002 National Survey of Family Growth (NSFG) to report on teen girls' use of reproductive health services. Readers should note that all results reported here refer to services received or visits made in the 12 months before an individual was surveyed for the NSFG. The NSFG surveys teens aged 15-19 and the results presented here are for this age group unless otherwise noted. Statistically significant differences are noted.<sup>2</sup>

### Highlights

- Almost half of all teen girls report that they have received a reproductive health service<sup>A</sup> in the past year. The proportion of teen girls who received services varies by age, race/ethnicity, and whether or not they are sexually experienced.
- Among girls who received reproductive health services in the past year, more than half report that they received a method or prescription for birth control, and seven out of ten say they received a Pap test.
- Most girls report that they visited a private doctor, health maintenance organization (HMO) or clinic for their reproductive health services.

<sup>A</sup> A reproductive health service includes family planning services and/or related medical services. Family planning services include services such as receipt of a birth control method or prescription, a test or check-up for a birth control method, or counseling or information about birth control from a medical provider. Medical services include services such as Pap smear, pelvic exam, counseling, testing or treatment for sexually transmitted diseases, or pregnancy test.

**FIGURE 1: Receipt of Reproductive Health Services Among All Teen Girls, NSFG 2002**



\* Difference between older and younger teen girls, between racial/ethnic groups, and between sexually experienced and virgin teen girls are statistically significant ( $p \leq 0.05$ )

## Reproductive Health Services

- Close to half (49%) of teen girls report that they visited a medical provider for reproductive health services in the past year. Older teens are much more likely than younger teens to report having received reproductive health services (65% vs. 38%). These differences are statistically significant.
- The proportion of teen girls who report that they received reproductive health services varies significantly according to race/ethnicity. Non-Hispanic black (57%) and non-Hispanic white teen girls (49%) are much more likely than Hispanic girls (41%) to report having received reproductive health services.
- Eight out of ten sexually experienced<sup>3</sup> teens report that they received reproductive health services (80%) compared to one-fifth of virgin teen girls (22%).

## Types of Reproductive Health Services (Figures 2 and 3)

Teen girls report that they received a variety of different reproductive health services. Please note that the data about the types of services teen girls received are restricted to those girls that report having received any reproductive health services in the previous 12 months.

### Pap Test

- The majority of teen girls who received reproductive health services in the past year report that they received a Pap test (71%). The percentage of teen girls who have received a Pap test varies by age, race/ethnicity, and sexual experience.
- Older teen girls are significantly more likely than younger teen girls to report that they received a Pap test (79% vs. 62%).

- In addition, non-Hispanic black (80%) and non-Hispanic white (72%) teen girls are significantly more likely than Hispanic (55%) teen girls to report that they received a Pap test in the past year.

### Pelvic Exam

- More than half of teen girls who received reproductive health services in the past year report that they received a pelvic exam (55%).
- Almost two-thirds of older teen girls report that they received a pelvic exam (62%) compared to less than half of younger teen girls (48%). These differences are statistically significant.
- Non-Hispanic white and non-Hispanic black teen girls are much more likely to report receiving a pelvic exam compared to Hispanic teen girls. In fact, more than half of non-Hispanic white (60%) and non-Hispanic black (52%) teen girls

report that they received a pelvic exam in the past year compared to four of ten Hispanic teen girls (40%). These differences are statistically significant.

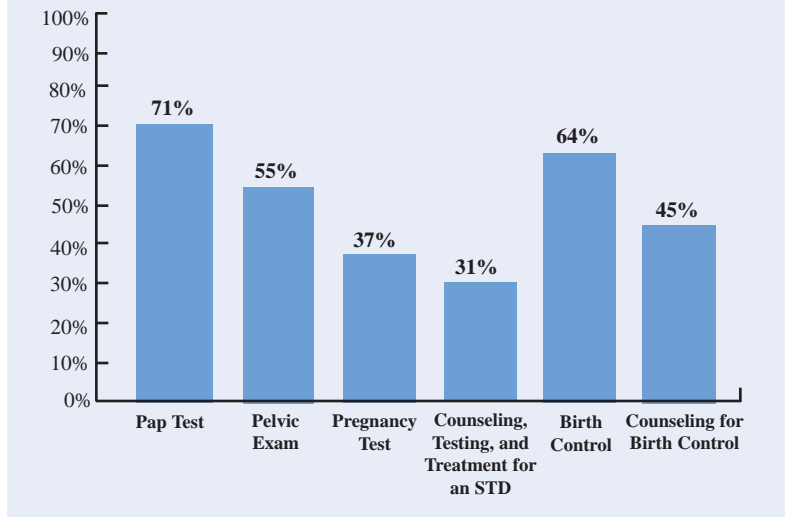
### Pregnancy Test

- More than one third of teen girls who received reproductive health services in the past year report that they received a pregnancy test (37%).
- Older teen girls are significantly more likely than younger teen girls to report that they received a pregnancy test (43% vs. 30%).
- Close to half of Hispanic (46%) and non-Hispanic black (44%) teen girls report that they received a pregnancy test compared to about one-third of non-Hispanic white teen girls (34%).

### Counseling, Testing, and Treatment for STDs

- Almost one third of teen girls who received reproductive health services in the past year report that they

**FIGURE 2: Types of Reproductive Health Services Among Teen Girls Who Received Services in the Past Year, NSFG 2002**



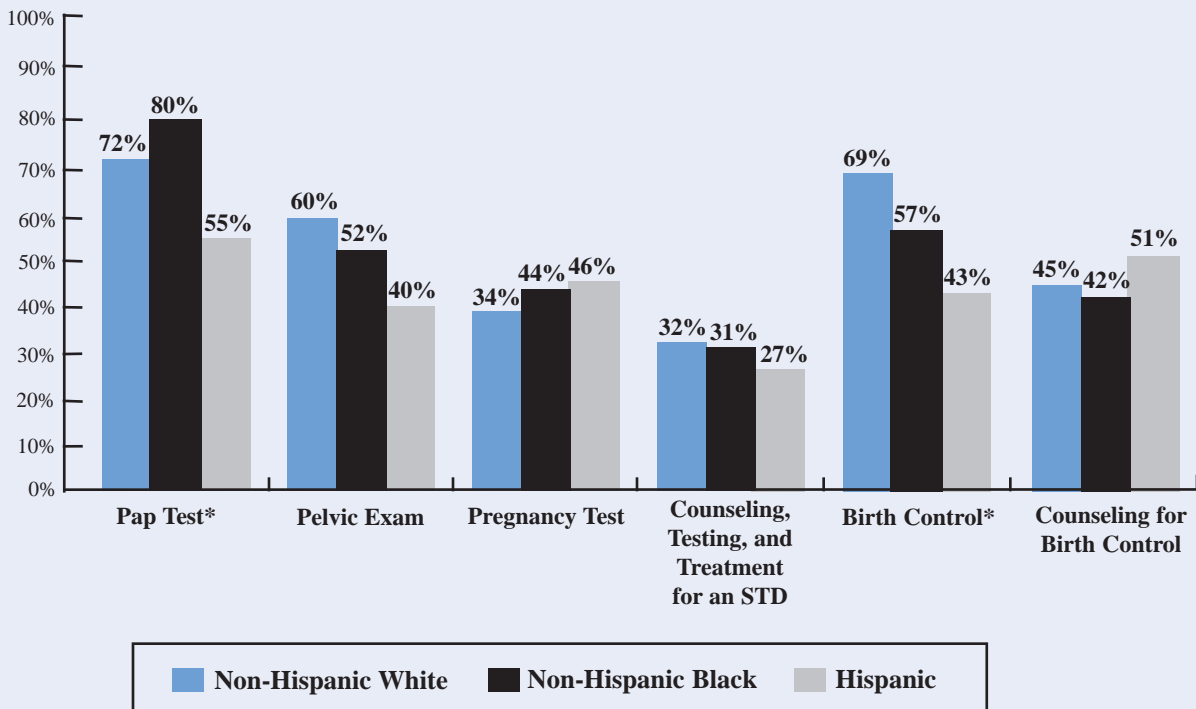
received counseling, testing or treatment for an STD (31%).

report that they received counseling, testing or treatment for an STD (32% vs. 30%).

- There are no significant differences in the percentage of older and younger teens who

■ In addition, similar proportions of non-Hispanic white (32%),

**FIGURE 3: Types of Reproductive Health Services Among Teen Girls Who Received Services in the Past Year by Race/Ethnicity, NSFG 2002**



\* Difference between racial/ethnic groups is statistically significant ( $p \leq 0.05$ )

non-Hispanic black (31%), and Hispanic (27%) teen girls report that they received counseling, testing or treatment for an STD in the past year.

### Family Planning Services

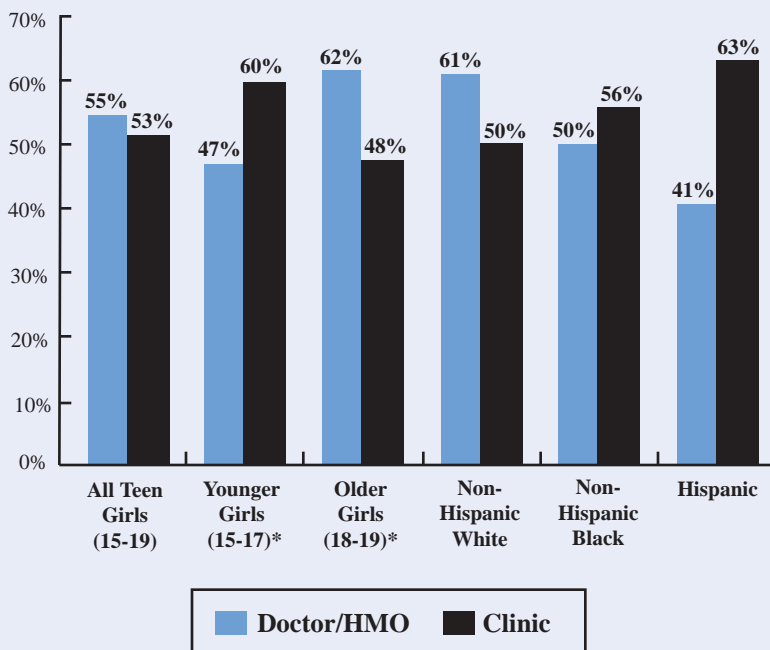
- A majority of teen girls (64%) who report receiving reproductive health services in the past year got birth control or a prescription for birth control.
- Close to half (45%) also report that they received counseling or information about birth control.
- While older teens are more likely than younger teens to report that they got birth control or a prescription for birth control (67% vs. 59% respectively), younger teens are more likely than older teens to report that they got counseling or information about birth control (50% vs. 41% respectively).

- The proportion of teen girls who report that they got birth control or a prescription for birth control varies significantly by race/ethnicity. More than two-thirds of non-Hispanic white (69%) teen girls and more than half of non-Hispanic black (57%) teen girls report that they received birth control or a prescription for birth control in the past year compared to four in ten Hispanic teen girls (43%).

### Place of Visit (Figure 4)

- More than half of teen girls who received reproductive health services in the past year report that they visited a private doctor or HMO (55%), and more than half also report that they visited a clinic for services (53%).<sup>4</sup>

**FIGURE 4: Teen Girls' Place of Visit for Reproductive Health Services by Age and Race/Ethnicity, NSFG 2002**



\*Difference between older and younger teen girls is statistically significant ( $p \leq 0.05$ )

- Among girls who received reproductive health services in the past year, older teen girls are significantly more likely than younger teen girls to report that they went to a private doctor or HMO for services (62% vs. 47%) while younger teen girls are significantly more likely to report visiting a clinic for services (60% vs. 48%).

- More than six in ten non-Hispanic white teen girls (61%) report that they visited a private doctor or HMO for reproductive health services compared to five in ten non-Hispanic black teen girls (50%) and four in ten Hispanic teen girls (41%). Both Hispanic teen girls (63%) and non-Hispanic black girls (56%) are slightly more likely than non-Hispanic white girls (50%) to report that they visited a clinic for services. These differences are not statistically significant.

- There are no statistically significant differences between sexually experienced and virgin teen girls in regards to where they went for reproductive health services.

### A Few Thoughts on the Data

Less than half of all teen girls report that they have visited a medical provider for reproductive health services in the past year. Not surprisingly, older teens are more likely than younger teens to report that they received such services and sexually experienced teens are more likely than virgin teens to do so. The NSFG data also indicate that Hispanic teens are significantly less likely to report receiving reproductive health care than their white and black non-Hispanic peers. It is important to note that the ACOG guidelines cited at the beginning of

this report apply to all teen girls and that many teen girls are not, in fact, receiving the recommended reproductive health care to both prevent health problems and promote their health and well-being.

Furthermore, despite the fact that a majority of teen girls who visited a reproductive health care provider in the past year did so for preventive care (Pap test, pelvic exam, family planning, etc.), more than a third report that they received a pregnan-

cy test, and close to a third report that they received care related to an STD. While these data are disturbingly high, in and of themselves, it also underscores the opportunity reproductive health providers have to help teen girls make wise decisions about their reproductive health. Health care providers can provide help by:

- offering counseling that is tailored to the individual patient and her particular situation,

- providing information about delaying sexual intercourse and birth control,
- discussing the value of healthy partner and parent relationships, and
- emphasizing the need for ongoing reproductive health care to promote health and well-being in addition to preventing problems.

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## Endnotes

- <sup>1</sup> American College of Obstetricians and Gynecologists, Committee on Adolescent Health. (2006). The initial reproductive health visit. ACOG Committee Opinion No. 335. *Obstetrics and Gynecology*, 107: 1215-1219.
- <sup>2</sup> For those unfamiliar with the term “statistical significance,” this refers to the results of statistical testing to measure whether observed differences between groups (boys versus girls, older versus younger teens, etc) are true differences in attitudes/behavior, or are due to the particular teens included in the survey, which is meant to be representative of the U.S. teen population. For the purposes of these analyses, the threshold for statistical significance is 0.05. That is, results are considered significant if the “p value” (or probability of the difference being just a random occurrence) is equal to or less than 5%.
- <sup>3</sup> For girls, being “sexually experienced” is defined as having been married, having cohabited with a male, having been pregnant, or

having answered yes to the following question: “at any time in your life, have you ever had sexual intercourse with a man, that is, made love, had sex, or gone all the way?” “Virgins” are those who have never married, never cohabited, never been pregnant, and answered no to the question regarding having had sexual intercourse.

- <sup>4</sup> Please note that the percent for place of visit adds to more than 100 because people could make more than one visit, and could visit different places.

## Data Sources

All statistics for 2002 were generated with data from the National Survey of Family Growth (NSFG) Cycle 6, a periodic national survey of fertility-related issues conducted by the National Center for Health Statistics, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services (HHS). NSFG data sets on CD-ROM are available free of charge from NCHS: visit [www.cdc.gov/nchs/nsfg.htm](http://www.cdc.gov/nchs/nsfg.htm), call (301) 458-4222, or e-mail [nsfg@cdc.gov](mailto:nsfg@cdc.gov) for more information.

## Author Information

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## About the National Campaign to Prevent Teen Pregnancy

The National Campaign to Prevent Teen Pregnancy is a nonprofit, nonpartisan organization supported largely by private foundations and donations. The National Campaign’s mission is to improve the well-being of children, youth, and families by reducing teen pregnancy. The National Campaign’s goal is to reduce the teen pregnancy rate by one-third between 2006 and 2015.

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