

**B1**

**Mary Valmont Ph.D.**

Advisor(s): Marilyn Fraser M.D.

Co-author(s): Kavya Collingwood, Meagan Vanzie, Janelle Addison , Safiya Bell , Caden Charles , Sarai Noel , Alexander Villalba , Alany Marcellus , Jeemonda Richards , Roudjessie Charles , Taskin Khan , Kirabo Nanyanzi, Dong Zhen, Janille Williams , Mary Valmont, Marilyn Fraser

**The association between race/ethnicity and the use of birth control among adolescents in the United States**

**Abstract:**

**Background:** Birth control, including barrier and hormonal methods, significantly lowers the risk of teen pregnancies and sexually transmitted infections (STIs), with barrier methods also helping reduce STI transmission. Despite a dramatic decline in teen birth rates over recent decades, rates among minority groups remain higher due to disparities in access and education about contraception. Research into how race influences contraceptive use is essential for developing targeted public health strategies to address these disparities and further reduce teen pregnancy rates.

**Methods:** An analysis of the 2021 Youth Risk Behavior Survey (n=17,232) examined the relationship between race/ethnicity and birth control use among adolescents. Descriptive statistics summarized demographic data, and chi-square tests explored these associations.

**Results:** About 32% of adolescents were sexually active and 22% had intercourse for the first time at age 13 or younger. American Indian/Alaskan Natives (63.0%) and Blacks (55.0%) did not use condoms during their last sexual encounter compared to their White counterparts (48.0%),  $\chi^2 = 20.49$ ,  $p=0.009$ . The use of birth control pills before adolescents' last sexual intercourse encounter was the lowest among Blacks (11.9%) and Hispanic/Latinos (15.1%) compared to White adolescents (26.3%),  $\chi^2 = 51.28$ ,  $p<0.001$ .

**Conclusion:** The low rates of birth control pills and condom use, especially among Black adolescents, highlight potential barriers to accessing contraceptives. These findings emphasize the need for sexual education initiatives within schools, and community-based clinics.