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## **BIRTH CONTROL COUNSELING OPPORTUNITIES – *The Freshman Naïveté***

### **Abstract**

Unintended pregnancy is a major problem among college women, with reported rates as high as 75% of all pregnancies in this population. Acquisition of a sexually transmitted infection (STI) is also a major concern. High percentages of sexually active college students report inconsistent or incorrect use of effective contraceptive methods or use of unreliable or no contraceptive methods, which likely increases their risk of unintended pregnancy or STI. These findings point to a need for sexual health education and/or contraception counseling in this population. In support of this need, less than 50% of college students have reported receiving useful or high quality sexual health education. For maximum effectiveness, sexual health information should be comprehensive, address all of the students' questions and concerns regarding contraception and STIs, and be provided in a manner that is personalized, candid, comfortable, and interesting.

### **Introduction**

Unintended pregnancy is an ongoing major problem among US college students. In the US, the highest rate of unintended pregnancy occurs among college-aged women (18–24 years).<sup>1</sup> In a recent study of 117 pregnant college students, 75% stated that their pregnancy was unintended.<sup>2</sup>

Increases in sexual activity seem to be a major part of college life. In a recent study, 49% of students entering college had never had sex, but by spring of the first year, this percent dropped to 28%.<sup>3</sup> Among 1,168 college students recently surveyed, 74% of Freshmen, 84% of Sophomores, 87% of Juniors, and 90% of Seniors disclosed being sexually active.<sup>4</sup> For 50% of college women, their first sexual intercourse occurs at an unexpected time,<sup>5</sup> and in 27%, under the influence of alcohol.<sup>6</sup> Under these situations, where adequate protection is not used, many female college students are at risk for unwanted pregnancy as well as sexually transmitted infections (STIs).<sup>3</sup>

### **Unintended Pregnancy Risk Among Female College Students**

In two studies of female college students (N = 117; N = 2,029) undergoing pregnancy testing, 36% and 37%, respectively, reported that they had not used any method of contraception at the time of pregnancy risk.<sup>2,7</sup> In the latter study, 60% of the contraceptive nonusers disclosed that they had a usual method of contraception but failed to use it when they were at risk of pregnancy.<sup>7</sup> The most common method “not used” was the condom (83% of nonusers), followed by oral contraceptive (14%) and the diaphragm (<1%). In this study, approximately

30% of 1st-year students had positive pregnancy tests, compared to 27% of sophomore, 26% of junior, 29% of senior female students.<sup>7</sup>

### *Contraception Habits of College Students*

In a survey of 797 college students, 45% cited pregnancy and disease prevention, and 28% cited pregnancy prevention only as the reason for using contraception.<sup>8</sup> Among those who had ever had sex, 53% claimed that both partners provided contraception.<sup>8</sup> Among the remaining sexually active freshmen, 16% of females and 54% of males relied on themselves to provide protection. Findings from the above survey,<sup>8</sup> and another survey of 1,659 college students revealed that condoms were the most frequently used contraceptive method during first intercourse,<sup>6</sup> and across all 4 years (freshman, sophomore, junior, senior) for both past and present sexual activity, followed by oral contraceptives.<sup>8</sup>

Contraceptive use, however, is inconsistent. In a study of female college students (N = 213), 31% of the women using the oral contraceptive pill at baseline, and 43% of women using the condom at baseline reported that they were not using these methods while having intercourse during a 6-month follow-up period.<sup>9</sup> Furthermore, 6% of the OCP users and 20% of the condom users switched to unreliable contraceptive methods during the observation period. In another study, approximately 40% of male and female college students reported using unreliable methods of birth control (nothing or withdrawal).<sup>6</sup> Alcohol consumption may also be a contributing factor to inconsistent contraceptive use. Students under the influence of alcohol may also have a diminished perception of present pregnancy or STI risk.<sup>5</sup> In a survey of 446 undergraduates (35% freshmen, 27% sophomores, 25% juniors, 13% seniors) 49% of the female college binge drinkers disclosed having unprotected or unsafe sexual intercourse since coming to college, compared to only 25% of the female nonbinge drinkers.<sup>10</sup>

Up to 44% of sexually active college students have reported inconsistent use of condoms.<sup>8,9</sup> Some of the reasons for not using condoms or inconsistently using condoms are: condom discomfort, possibility of breakage, cost, interruption of sexual activity, need for proper technique, loss of penile sensation, preference for other forms of birth control, or stigma of using a method associated with promiscuity and STIs.<sup>11,12</sup> As reviewed by Moore & Davidson (2000), although the primary reason for condom use among unmarried women is disease prevention (and not contraception), only 26% to 32% of college women “usually always” reported having their sex partner use a condom.<sup>5</sup> Potential reasons for lower condom use among college women include: high perception of relative invulnerability, absent negative emotions (i.e., worry or regret over nonusage), perception of present risk as low, and endorsement of the “relational ideal” (i.e., relationship based on love, trust, and commitment).<sup>5</sup>

### **Gaps in College Students' Sexual Health Education**

The US ranks poorly as a provider of sexual health education; as of November 2007, sexuality education was mandated in only 20 states and the District of Columbia.<sup>13</sup> As a result, many students may have little or no sexual health education before entering college. Many may not receive this education even while attending college.<sup>11</sup> A survey of 1,168 college students attending 4 universities in southern Louisiana found that 13% had never received sexuality education prior to entering college. Only 53% received sexuality education while attending college.<sup>4</sup> Furthermore, only 18% of the students rated the overall quality of sexuality education that they received as good to extremely good, while 38% gave a rating of average to good, 30% as poor to average, and 14% as poor. Only about 45% of the respondents received high quality (good or extremely good) education on contraception and <20% received quality education about condom use. (**Figure 1**)<sup>4</sup> In another study of 55 young adults (aged 18 to 28 years), of whom 78% were college students, only 48% reported that the sexual health information they had received was helpful.<sup>14</sup>

There is a need for educational programs about proper use of condoms and use of hormonal contraceptives. In a study involving 117 female college attendees, women using condoms still became pregnant, suggesting

suboptimal or incorrect use of condoms.<sup>2</sup> In the same study, only 5% of those surveyed reported using oral contraceptives.

Incorrect knowledge concerning effectiveness of oral contraceptives in preventing STIs and HIV infection is a concern that needs to be addressed.<sup>8</sup> Despite increased media and sexuality education efforts to raise awareness about risks of contracting a STI (including HIV infection), or unintended pregnancy, research indicates that many college students perceive condoms and the pill as equal choices, rather than perceiving both as being required for maximal protection against STIs and unwanted pregnancy.<sup>15</sup> These findings indicate that continual reinforcement of sexual education information is needed.

In a study of young adults' perceptions of previously received sexual health information, when participants were asked why current sex education programs fail, almost one third cited living in a culture of conservatism and abstinence ("*so many limits on what can be said*"), and approximately one fifth cited teacher style/presentation ("*don't want to be preached to*").<sup>14</sup>

Thus, the research data is compelling for provision of thoughtful, well-constructed, comprehensive, sexual health education that addresses the needs of today's college students.

### **Sexual Health Education Students Want or Need**

Students want candid, detailed, comprehensive engaging education with followup.<sup>14</sup> When a group of college students were asked to describe an ideal sexual health education program, the most common responses were: wanting a comfortable, "not scared" person to teach them more "nitty-gritty" information about sexually transmitted infections with "more details"; what they could do to protect themselves, "how to get birth control", and "how the reproductive system works" (**Table 1**).<sup>14</sup> High percentages of respondents wanted information on sexually transmitted infections (91%), and its prevention (61%), and on contraception (47%). Most of the respondents thought the best way to receive sexual health information was having a formal class/program (37%) or a class with a knowledgeable and caring presenter who had personal experience with sexually transmitted infections (37%). Other suggested avenues for receiving information were fiction in the form of entertaining media (26%), or via the internet (21%). Even though participants recalled much of the information regarding prevention of sexually transmitted diseases, and contraception, many felt that the information needed to be repeated. The majority of the respondents (73%) said that after the initial sexual health education, there should be followup programs such as a general overview given in a mandatory formal class setting (23%), information on demand when needed (21%), and information that is targeted/tailored to the individual's sexual development, e.g., progressing from sexually inactive to sexually active (15%) status.

In a study of pregnant college students (N = 117), 64% either chose to terminate pregnancy (43%) or were undecided (21%).<sup>2</sup> This finding indicates a need for pregnancy counseling to assist women in coping with and resolving unintended pregnancies.<sup>2</sup>

### **Sexual Health Education: Benefits and Methods**

College students who are more knowledgeable about the benefits and use of contraception and have the ability and willingness to discuss contraception (particularly condom use) with their sexual partners are more likely to use them.<sup>4,16</sup> Sexual health information can be conveyed through campus-wide posters, brochures, media, presentations, academic courses, and one-on-one counseling. However, the availability of high quality contraception counseling has the greatest influence on individual's use and choice of contraception and the effectiveness with which they use their contraceptive choice.<sup>17</sup>

Contraception counseling should aim to empower women to prevent unintended pregnancies. Achieving this

goal involves changing health behaviors and increasing individuals' knowledge levels and confidence in their ability to affect their health.<sup>17</sup> Personalized counseling is the most effective method of providing sexual health information. In a study of 898 young adult women, Weisman and colleagues demonstrated that women who received contraceptive counseling that was personalized with respect to women's needs and preferences were 3-times more likely to be satisfied with the contraceptive information, 5-times more likely to be currently using contraception if they were at risk of unintended pregnancy, and 2- to 3-times more likely to have intent to use contraception within the next year if at risk, compared to women who received no counseling (all  $P < 0.05$  vs. no counseling). [Weisman et al 2002] Receiving information only increased the odds of current contraceptive use by a factor of 1.86 ( $P < 0.05$  vs. no counseling). However, personalized counseling was significantly superior to information only for satisfaction with birth control information, self-efficacy for prevention of unintended pregnancy, current contraceptive use, and intent to use contraception in the next year (all  $P < 0.05$  for superiority of personalized counseling).

## Conclusions

70% to 90% of college students are sexually active, and many do not use adequate protection from pregnancy or STIs. As a result, unintended pregnancy and sexually transmitted infections are major problems facing female college students. Many students lack sufficient sexual knowledge about contraception, safe sex, or STI or AIDS prevention. Surveys of male and female college students demonstrate their desire to receive comprehensive, high quality sexuality education. Ideally, such education should be provided from the time of student orientation and throughout subsequent college years. For maximum effectiveness, sexual health education should be provided in a personalized, candid, and interesting manner that addresses all students' concerns and needs. All contraception education and counseling should include followed up.

*Publisher's Note: Readers are welcome to provide comments to the author and/or publisher by emailing [info@collegehealthadvisor.com](mailto:info@collegehealthadvisor.com).*

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Table 1. Young Adults' Concept of an Ideal Sexual Health Program\*14

Types of Information

- Sexually transmitted infection (“more nitty-gritty details”)
- Prevention (“what you can and can’t do to protect yourself”)
- Contraception (“how to get birth control”)
- Reproductive system (“how everything works”)

Best Way to Receive Information

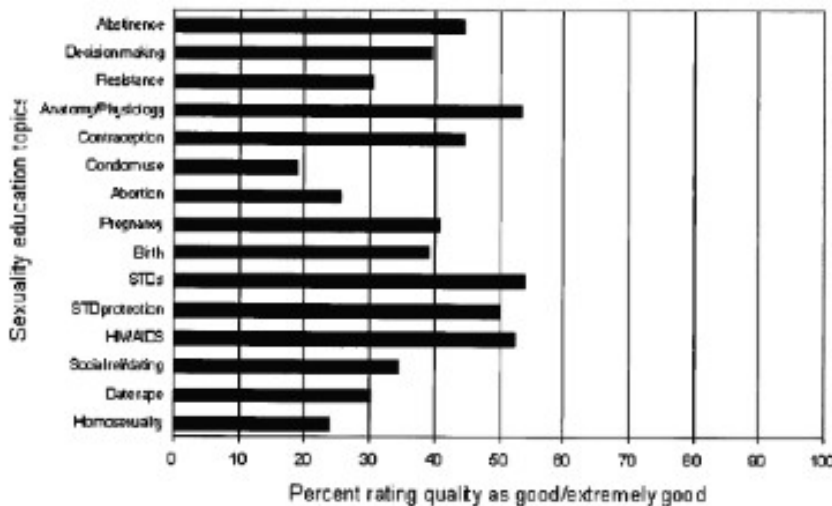
- Presenter with personal experience (“someone who’s been affected”)
- Classroom program (“in a class with a live teacher”)
- Through fictitious media (“videos”, “movies”, “TV programs”)
- “PRN” basis (“package you can take home”)
- Through parents (“best way is through parents”)

Types of Information in Follow-up Programs

- Required class (“should be required like math”)
- “PRN” basis (“put stuff on the internet”)
- Developmentally targeted (“have it structured to the person’s age”)
- Test knowledge (“maybe test their behaviors before vs. now”)
- Repeat earlier information (“continue to reinforce what I have seen”)

\*N = 55. Sample suggestions are in brackets

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