Mental Health and Contraceptive Use in Adolescence*

Over the past three decades, teenage birth rates in the United States have declined substantially; however, they remain higher than those in other high income countries, and pronounced disparities persist by race/ethnicity, geography, and socioeconomic status (Centers for Disease Control and Prevention, 2024).

Young people ages 15–24 account for approximately half of all reported cases of chlamydia, gonorrhea, and syphilis in the United States, despite making up a much smaller proportion of the population. At the same time, recent data indicate declines in condom use and STI and HIV testing among high school students, alongside increases in mental health problems and experiences of psychological distress (Centers for Disease Control and Prevention, 2023, 2024).

Adolescents are experiencing elevated rates of depression, anxiety, and emotional distress – trends that have intensified in the wake of the COVID 19 pandemic (Heffernan & Macy, 2025). Growing evidence suggests that these mental health challenges are not peripheral to sexual and reproductive health. Rather, they directly interfere with motivation, planning, consistency, communication, and help seeking behaviors that are essential for effective contraceptive use (Luthuli et al., 2025; Odette et al., 2023).

In this context, we view promoting positive mental health as inseparable from equipping young people with the knowledge, skills, and attitudes needed to make healthy decisions about sexual activity and contraceptive use.

Contraceptive Methods Commonly Available to Adolescents

Professional medical organizations recommend that adolescents have access to the full range of FDA-approved contraceptive options, using shared decision-making that centers youth autonomy and confidentiality (American Academy of Pediatrics [AAP], 2025; American College of Obstetricians and Gynecologists [ACOG], 2017).

>Long-Acting Reversible Contraception (LARC)

- Intrauterine devices (hormonal and copper)
- Contraceptive implants

LARC methods are the most effective reversible options and have the highest continuation rates among adolescents because they do not require daily or per-use action (ACOG, 2018; AAP, 2025).

>Short-Acting and User-Dependent Methods

- Oral hormonal contraceptive pills
- Contraceptive patch or vaginal ring
- Injectable contraception
- Condoms (male and female)
- Emergency contraception

Condoms remain essential for protection against sexually transmitted infections (STIs) and are recommended alongside other methods (“dual protection”) for sexually active youth (AAP, 2025).

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Where Do Adolescents Learn About Contraception?

Research consistently indicates that many adolescents rely heavily on informal sources of information, including parents, peers, and media (Bleakley et al., 2018). Family communication can be protective when it is open, informed, and supportive (Widman et al., 2016). However, these informal sources too often provide information that is:

- **Incomplete or anecdotal**, reflecting personal experience rather than medical evidence
- **Inaccurate or misleading**, particularly when amplified through social media and other online platforms
- **Fear based or stigmatizing**, reinforcing myths and negative beliefs about contraception and sexual health (Zeglin & Lazebnik, 2023)

Available data suggest that informal sources of information – particularly parents, peers, and media – play a substantial role in shaping adolescents' knowledge about condoms and other contraceptives. One mental health implication is that adolescents experiencing depression and/or anxiety may be less likely to engage in conversations about sex with parents or peers due to social withdrawal or avoidance, potentially limiting their exposure to these sources of information.

Additionally, information obtained from parents and peers often varies in accuracy and may be informed by personal beliefs or anecdotal experiences rather than current medical guidance, increasing the risk of transmitting incomplete or inaccurate narratives. Media sources similarly represent a mixed information environment; while some content is educational, much publicly available media related to birth control contains misinformation. Exposure to such content can contribute to false beliefs about the effectiveness, risks, and consequences of contraceptive methods (Zeglin & Lazebnik, 2023).

How Mental Health Influences Contraceptive Use

For adolescents experiencing depression, anxiety, or social withdrawal, reliance on informal sources can be especially problematic, as they may be less likely to initiate conversations with parents or peers and more likely to encounter unvetted online content (Hinoveanu et al., 2025; Odette et al., 2023).

Another key source of information is school based health education. Unfortunately, policies and practices related to sexual health education vary widely across states and districts. As of 2025:

- Fewer than half of U.S. states require sex education to be medically accurate (Guttmacher Institute, 2025).
- Many states emphasize or mandate abstinence focused instruction, despite strong evidence that abstinence only approaches are ineffective at improving sexual health outcomes (Cushman et al., 2014; Guttmacher Institute, 2025).
- Most schools neither provide contraception on site nor routinely refer students to external reproductive health services, limiting access to care for those who need it (Will, 2023; Zhong et al., 2026).

Lack of reliable, accessible information about sex and contraception further perpetuates systemic inequities. It limits young people's ability to make informed decisions, widens disparities in access to effective services, and disproportionately burdens adolescents from marginalized communities – particularly those facing poverty, stigma, language barriers, disability, or co occurring physical and mental health concerns (CDC, 2024; Guttmacher Institute, 2025).

Mental health conditions can influence contraceptive behaviors through several interrelated pathways that affect decision making, consistency, and access:

- *Reduced consistency and adherence.* Depression and chronic stress are associated with lower odds of consistent contraceptive use, particularly for methods that require daily or ongoing self management, such as oral contraceptives (Odette et al., 2023).
- *Impaired planning and follow through*. Emotional distress can undermine future oriented thinking, problem solving, and motivation—skills that are essential for initiating and maintaining effective contraceptive use—thereby increasing the likelihood of missed doses or nonuse (Hinoveanu et al., 2025).
- *Heightened vulnerability in emotionally charged situations*. Adolescents experiencing depression or anxiety may be more susceptible to situational sexual decision making, including inconsistent or incorrect condom use during emotionally intense encounters when negotiation and self advocacy are more difficult (Shrier et al., 2011).
- *Compounded access barriers.* Mental health challenges frequently co occur with structural and interpersonal barriers, such as difficulty navigating health systems, concerns about confidentiality, fear of stigma or judgment, and reduced help seeking – all of which can further limit access to timely and appropriate contraceptive care (Reilly et al., 2024).

Taken together, these findings underscore the importance of addressing mental health and contraceptive use as interconnected aspects of adolescent well-being, rather than as separate or isolated concerns.

Mental Health and Contraceptive Use

Female adolescents experiencing depression and stress symptoms often exhibit decreased motivation, impaired future oriented thinking, and limited insight into their own functioning. In the context of contraceptive use, these symptoms can undermine both the initiative to obtain contraception and the consistency required for effective use. For example, oral contraceptives have significantly reduced odds of consistent use among women experiencing depression and stress symptoms, likely because their effectiveness depends on daily adherence and sustained self regulation (Hinoveanu, Enatescu, Dumitru, et al., 2025).

Depression has also been associated with nonuse and incorrect use of condoms among adolescent and young adult women. This pattern may reflect decisional uncertainty, diminished assertiveness in negotiating condom use, or the heightened emotional contexts in which sexual activity often occurs (Shrier, Walls, Lops, et al., 2011). Even when adolescents are motivated to obtain contraception, structural barriers can further impede access. These include pharmacy practices such as keeping emergency contraception behind the counter, as well as pharmacists' refusal to dispense medication based on moral objections (Reilly, Schmuhl, & Bonny, 2024).

Implications for Schools

As with many matters affecting student well-being, schools can play a central preventive and equity focused role by ensuring that sexual health education is accurate, developmentally appropriate, and supportive of mental health (AAP, 2025; Center for Mental Health in Schools, 2015). To do so, the content and delivery of sexual health education should:

- Move beyond abstinence only approaches
- Address the full range of contraceptive options, including effectiveness, side effects, access, and dual protection against pregnancy and STIs (AAP, 2025; ACOG, 2017)
- Provide clear information about minor consent and confidentiality laws (ACOG, 2017)
- Explicitly counter common myths and misinformation
- Integrate discussion of emotional, relational, and mental health factors related to sexual decision making (Hinoveanu et al., 2025)
- Use peer educators and mentors to increase relevance and trust (Astle et al., 2021)
- Involve trained health professionals, including school nurses, counselors, and social workers (Nymo et al., 2025)

In addition, some schools strengthen their capacity by collaborating with school based health centers, community clinics, and public health agencies to enhance access to low cost or no cost services and to ensure timely referral and follow up (Ciaravino et al., 2022; Zhong et al., 2026).

A continuing complication, of course, is that community and school values vary with respect to what should and should not be taught and what constitutes a healthy and safe school culture. Navigating these differences requires transparency, family engagement, and an emphasis on shared goals related to student health, safety, and learning (Hurst et al., 2024; Guttmacher Institute, 2025).

Concluding Comments

How adolescents learn about contraception has profound implications for both health and educational equity. When reliable, medically accurate information is limited or withheld, students are left to navigate complex decisions without adequate support—particularly those already coping with mental health challenges or systemic barriers (CDC, 2024; Hinoveanu et al., 2025). Schools, as primary settings for learning and social development, are uniquely positioned to close these gaps.

By integrating sexual health education with mental health supports and community partnerships, schools can help ensure that young people receive the information, skills, and access they need to make informed decisions. Doing so is not simply about preventing negative outcomes; it is about promoting student well-being, reducing disparities, and supporting healthy development as a foundation for learning and life success (AAP, 2025; Center for Mental Health in Schools, 2014, 2015).

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