Long-Acting Contraceptives Increase Female STD Risk

By Ruth Kava — March 16, 2016

Although they have been on a long-term decline since the 1950s, teen birth rates in the United States are higher than in many other developed countries, according to the CDC. Long-acting contraceptives (LARCs) such as intrauterine devices (IUDs) and hormonal implants, which do not require any planning or repeated healthcare visits, are probably the most convenient preventive modalities. However, although highly effective at pregnancy prevention, these modes do not prevent acquisition of sexually transmitted diseases (STDs) such as chlamydia, HIV, herpes, gonorrhea or syphilis. But teens may not recognize that a barrier contraceptive — condoms — are necessary for that added protection. This is a real concern, since nearly half of all new STD infections occur in those in their teens or early 20s.

To assess the extent to which sexually-active teens (in grades 9 through 12) used condoms when they relied on various other contraceptive methods, researchers analyzed data from the 2013 national Youth Risk Behavior Survey. This survey asked whether, at the last session of sexual intercourse, the young women used birth control pills, condoms, IUDs, hormonal implant, or hormonal injections. In a separate question, they were asked if they had used a condom at that time.

Senior author of the report, published in the journal JAMA Pediatrics, was Dr Jessica M. Sales from Rollins School of Public Health, at Emory University in Atlanta. The data the investigators analyzed was from about 2,300 teen-aged girls, of whom 57 percent were white and 34 percent were in the 12th grade. The women reported using LARC, Depo-Provera injections, hormonal patches or rings or oral contraceptives (about 2, 6, and 22 percent respectively). About 41 percent reported using condoms, and 16 percent said they didn't use any contraceptive method.

The authors queried whether the use of LARC would mean that fewer young women would use condoms, and thus be more likely to acquire some form of STD. And indeed, when compared to
condom use by contraceptive pill users, women using LARC were 60 percent less likely to use condoms. This was not true when LARC users were compared to women using Depo-Provera injections, hormonal patch or ring forms of contraception.

The investigators suggested that these differences may be due to users' perception of the efficacy of their contraceptives, and in the case of the pill, the fact that missing a day or two is not uncommon, and thus might motivate the use of a condom as a backup. With the other non-LARC methods, they say that "adolescents may be less likely to perceive or have a need to use condoms as backup contraception."

Further, they note that the students who used LARC were more likely to have multiple sexual partners — compared with users of other forms of contraception, and thus would be more likely to acquire an STD. The researchers emphasize that as LARC use increases, "counseling and education about LARC should incorporate messages about condom use."

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