

POWER
TO DECIDE

Youth Reproductive Health Access (YouR HeAlth) Survey

2024 DATA REPORT



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Introduction

Power to Decide aims to advance sexual and reproductive well-being in the United States by providing trusted information, expanding access to quality services, and catalyzing culture change. For nearly thirty years, Power to Decide has been a national leader in improving access to quality sexual and reproductive health (SRH) information and services, with a particular focus on populations who face systemic barriers to access, including adolescents and young adults.

To address key gaps in the field, inform Power to Decide programs, and monitor progress toward organizational goals, Power to Decide has launched the Youth Reproductive Health Access (YouR HeAlth) Survey, surveying 15-29-year-old respondents assigned female at birth. This national survey measures young people's knowledge, attitudes, and experiences related to SRH information and health services, with an emphasis on contraception and abortion. As a complement to existing behavioral surveillance systems, the YouR HeAlth Survey focuses on behavioral antecedents, providing actionable data to support access to quality information and services. The survey addresses abortion, and the sample includes adolescents under the age of 18—two notable features of this data collection effort. Many national surveys that cover SRH do not include abortion, and minors are often excluded even though they face unique barriers to access that are important to understand and address.

Importantly, Power to Decide aims to conduct the YouR HeAlth Survey annually. With this repeated, cross-section design, we will be able to examine trends over time. In even years, we will administer the full survey, and in odd years, we will administer an abbreviated version of the survey, focused on indicators we anticipate will change more rapidly and emergent issues.

This report presents select findings from the inaugural 2024 YouR HeAlth Survey. Additional results will be released throughout the year via Power to Decide's website and social media channels. Findings will also be disseminated through forthcoming conference presentations and peer-reviewed publications. More information can be found at powertodecide.org/yourhealthsurvey.

Key Takeaways from the 2024 YouR HeAlth Survey



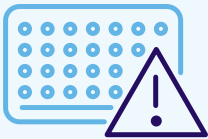
Young people are not getting information about contraception and abortion from their preferred sources.

Approximately 80% wanted information on these topics from health care providers, but only 33% and 3%, respectively, received it in the last year.



Many young people, especially minors, lack the information needed to make informed decisions about contraception.

About one-quarter of young people did not have the information they need to make a decision about whether using birth control now is right for them, and about one-third did not have enough information to decide which method is right for them.



Concerns about side effects of contraception are common among young people.

Over half of young people were worried that birth control has dangerous side effects, and over one-third were worried that using birth control could affect their future fertility.



Young people need more support in accessing contraception and abortion services.

A large minority of young people lacked contraceptive self-efficacy, and more than half lacked abortion self-efficacy.



The contraceptive preferences of some young people are not being met.

Only 68% of young people reported using their preferred contraceptive method.

Methods

Survey Instrument

The 2024 YouR HeAlth survey instrument is a 72-item questionnaire that utilizes skip patterns as appropriate. Measures were drawn from existing surveillance systems and published research to the extent possible. For some constructs, Power to Decide developed new measures. Several of these were piloted as part of the 2023 Thanks, Birth Control Survey. To refine new measures or existing measures that were substantially adapted or previously implemented with a different population, we conducted cognitive interviews with six young people assigned female at birth who ranged from 15-27 years of age. Power to Decide staff and members of Power to Decide's Research Advisory Group, a 10-member group consisting of national experts, reviewed the survey and provided feedback. The final instrument is available at powertodecide.org/yourhealthsurvey.

Data Collection

The 2024 YouR HeAlth Survey was administered using Ipsos KnowledgePanel, the largest probability-based online panel in the U.S. Individuals are recruited into the panel using address-based sampling to maximize coverage of all households. Households are provided with access to the internet and hardware if needed. Household members enrolled in the panel are sampled to participate in specific surveys, typically using an equal probability selection method.

The YouR HeAlth Survey was fielded July 17, 2024 to August 30, 2024. We aimed to recruit approximately 1,000 individuals aged 15-29 years assigned female sex at birth who could complete the survey in English. We oversampled 15-17-year-olds, who were recruited through a parent panel member. Of the 1,552 female 18-29-year-olds invited to participate, 859 (55%) completed the eligibility screener. Of 836 eligible participants, 804 (96%) completed the full survey. An additional 399 adolescents aged 15 to 17 years (out of 595 parents who completed the screener and had eligible minors [67%]) were enrolled. Overall, 1,203 individuals participated in the 2024 survey.

Participants 18 years and older received their standard cash-equivalent incentive worth \$1-5 and entry into the KnowledgePanel sweepstakes. Minor participants received a cash-equivalent incentive worth \$5. Median survey completion time was 13 minutes. Adult participants and the parents of minor adolescents provided electronic informed consent; minor adolescents also assented electronically. Data collection procedures were reviewed and approved by BRANY institutional review board.

Analysis

Descriptive statistics were calculated for select variables overall and stratified by age (15-17, 18-24, 25-29 years). We denote in the text cases where there were significant ($p < .05$) differences based on Chi-square tests. We follow National Center for Health Statistics standards for reporting proportions and do not present estimates when the denominator sample size is less than 30.¹ All analyses were weighted to generate national estimates. We used survey weights for the combined minor and adult samples generated by Ipsos. Weights were based on age, race/ethnicity, census region, metro status, income, and education benchmarks from the 2023 March supplement of the Current Population Survey. All analyses were conducted in SAS Version 9.4 using survey procedures and independently replicated using Stata Version 18.

Sample Characteristics

Table 1 presents select characteristics of the 2024 sample. Overall, about one-fifth (20.6%) of the sample were minors. Half (51.2%) were non-Hispanic white. The majority were heterosexual (73.6%) and cisgender (95.1%). Fifty-five percent reported ever having had penis-vagina sex, and overall, two-fifths (38.3%) reported having had penis-vagina sex in the past 30 days (data not shown).

Methods

Table 1. Sample Characteristics

Characteristic	Overall n=1,203 % (n) ^a	15-17 years n=399 % (n)	18-24 years n=399 % (n)	25-29 years n=405 % (n)
Age				
15-17 years	20.6 (399)	--	--	--
18-24 years	45.8 (399)	--	--	--
25-29 years	33.6 (405)	--	--	--
Race and ethnicity				
Black, non-Hispanic	14.2 (136)	13.8 (41)	15.8 (53)	12.2 (42)
White, non-Hispanic	51.2 (699)	49.8 (218)	49.4 (228)	54.7 (253)
Hispanic	23.9 (232)	26.0 (83)	23.8 (73)	22.6 (76)
Other, non-Hispanic ^b	10.7 (136)	10.4 (57)	10.9 (45)	10.5 (34)
Sexual orientation^c				
Straight or heterosexual	73.6 (898)	84.6 (331)	67.4 (265)	75.2 (302)
Lesbian or gay	3.6 (41)	2.6 (10)	4.6 (19)	2.9 (12)
Bisexual or pansexual	15.0 (172)	7.8 (38)	19.5 (78)	13.2 (56)
Queer	0.9 (11)	1.0 (2)	0.8 (4)	1.0 (5)
Asexual	3.7 (38)	0.1 (1)	4.3 (19)	5.1 (18)
Not sure	2.8 (35)	3.5 (15)	3.1 (11)	2.0 (9)
I don't know what this question means	0.3 (4)	0.2 (1)	0.3 (1)	0.4 (2)
Gender identity^c				
Cisgender	95.0 (1136)	97.2 (383)	93.5 (371)	95.7 (382)
Gender diverse	3.8 (40)	1.7 (7)	5.4 (20)	3.0 (13)
Not sure	1.0 (12)	0.6 (3)	1.2 (5)	1.1 (4)
I don't know what this question means	0.2 (2)	0.5 (1)	0	0.2 (1)
Education level^c				
Less than high school	27.4 (450)	100.0 (388)	11.1 (37)	6.2 (25)
High school or equivalent	22.7 (263)	--	34.8 (161)	19.5 (102)
Some college	27.4 (244)	--	42.6 (152)	23.1 (92)
Bachelor's degree or higher	22.5 (235)	--	11.4 (49)	51.2 (186)
Region				
Northeast	16.5 (203)	16.2 (59)	15.7 (69)	18.0 (75)
Midwest	19.9 (290)	21.9 (107)	20.1 (93)	18.4 (90)
South	39.0 (461)	38.2 (154)	39.8 (157)	38.2 (150)
West	24.6 (249)	23.6 (79)	24.4 (80)	25.4 (90)

^aWeighted percents; unweighted numbers

^bIncluding multiple races

^cNumbers do not sum to total because of missing data

Results: Contraception

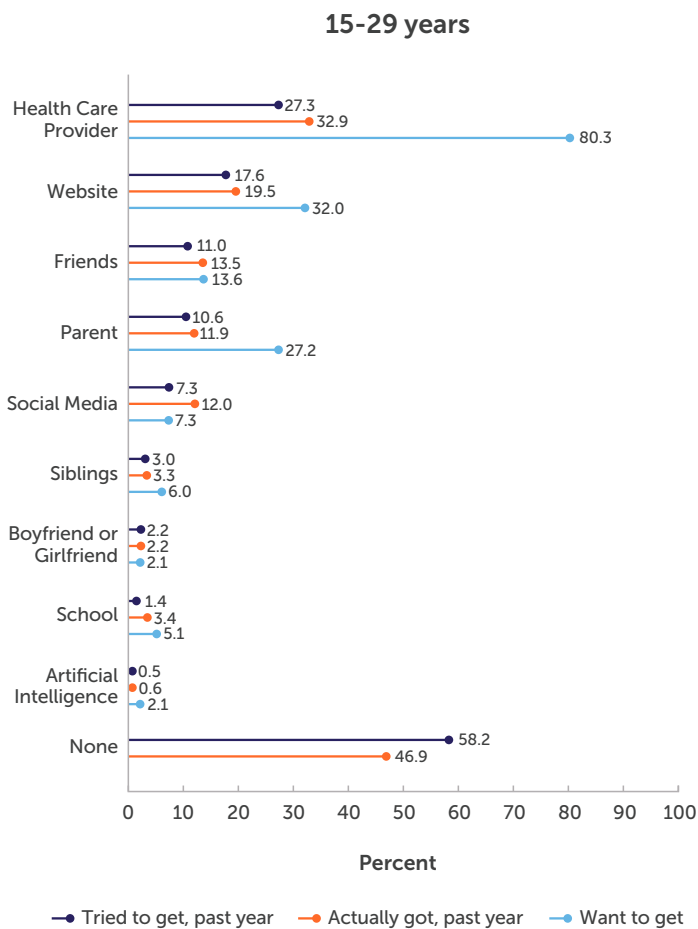
Information Sources

Figure 1 shows the overall percentage of 15-29-year-olds who reported trying to get birth control information from a given source in the past year, the percent who actually got information from a given source in the past year, and the percent who reported wanting to get information from a given source “if you could choose any way of getting information about birth control.” Nearly half (46.9%) of respondents said they had not gotten birth control information in the past year. Overall, providers (32.9%) and websites (19.5%) were the most common sources in the past year, but there were differences by age (See Appendix Figure A1). For example, the proportion of minor participants receiving information via social media in the past year was 7.0% whereas 14.9% of 18-24-year-olds received information from this source.

Among those who received birth control information in the past year via social media platforms (12%), the most common platforms were TikTok, Instagram, and Reddit.



Figure 1. Sources of Contraceptive Information



For several birth control information sources, there is notable discordance between where young people received information and how they would like to get information. For example, only one-third reported getting information from a provider, but 80.3% indicated they wanted to get information from this source. Among minor participants, one-quarter reported getting birth control information from a parent in the past year, yet 60.4% wanted to get information from their parents. Among those who received birth control information in the past year via social media platforms (12.0%), the most common platforms were TikTok (64.2%), Instagram (44.2%), and Reddit (23.1%). The majority reported getting personal experiences from people who have used birth control (66.3%) and information about bad side effects of birth control methods (54.2%); about one-third (35.7%) reported getting information about good side effects of birth control methods. Only 20.0% trusted the information they received from social media a lot. In contrast, 83.4% trusted the information they received from providers a lot.

Perceptions of Sufficient Information

When asked whether they have enough information to make a decision about whether using birth control now is right for them, 25.8% said no or I’m not sure, with decreasing proportions by age: 38.7% of 15-17-year-olds were no or unsure compared with 27.8% of 18-24-year-olds and 15.0% of 25-29-year-olds. When asked whether they have enough information to make a decision about what birth control method(s) is right for them, 30.7% said no or I’m not sure, again with a decreasing proportion by age: 41.3% of 15-17-year-olds, 33.5% of 18-24-year-olds, and 20.2% of 25-29-year-olds.

Among those who indicated insufficient information (i.e., no or unsure to either question), the three most common types of information young people wanted in order to make a decision about birth control were: bad side effects of birth control methods (57.3%), information about a specific birth control method (41.8%), and different types of birth control methods available (40.6%). A smaller proportion of minors (46.5%) wanted information about bad side effects compared with 18-24-year-olds (61.1%) and 25-29-year-olds (62.6%).

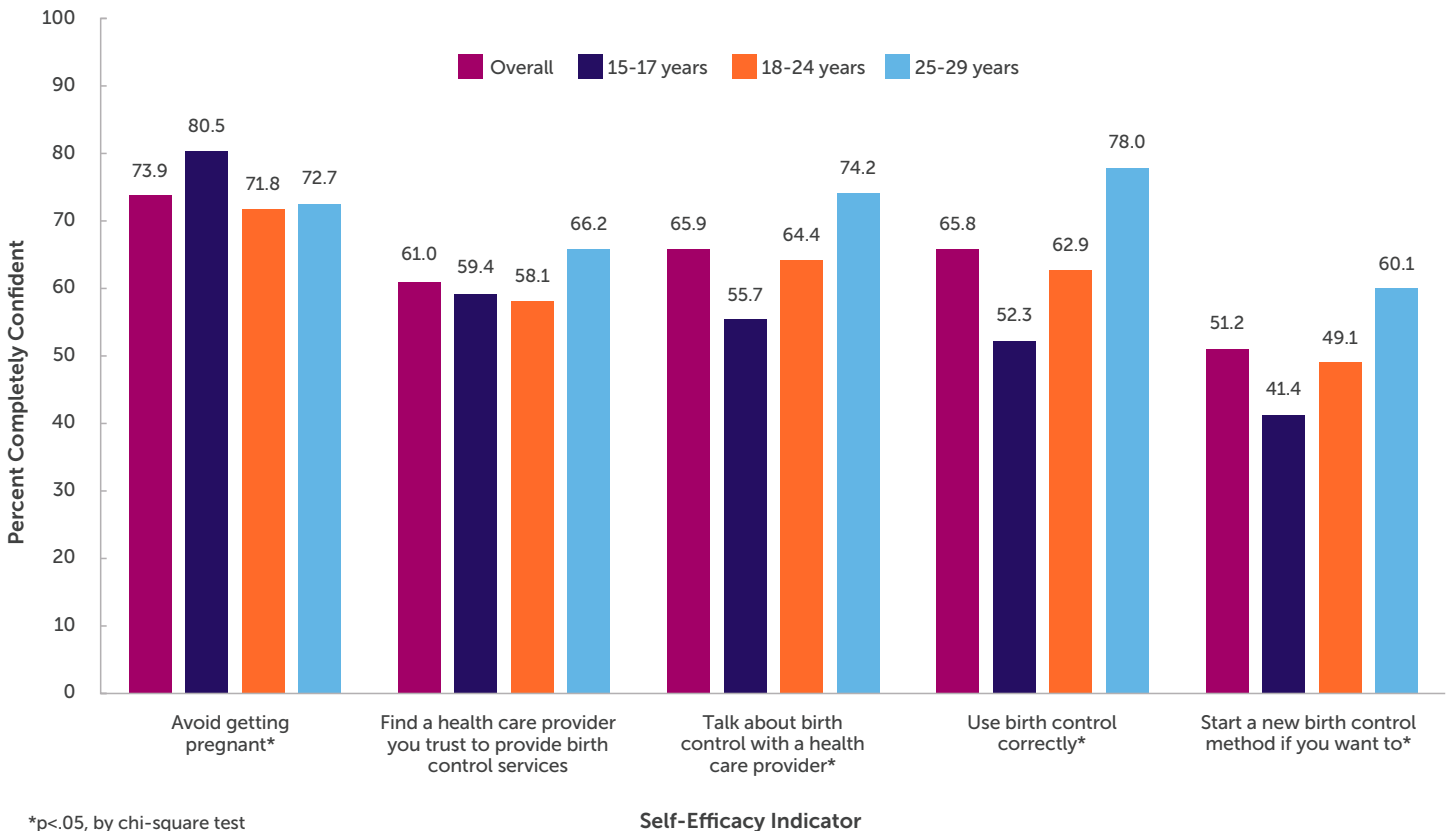
Self-Efficacy

Figure 2 presents self-efficacy indicators overall and by age. Although most were completely confident taking each action related to birth control, a notable minority lacked confidence. There were significant differences by age for all indicators except finding a nurse, doctor, or other health care provider you trust to provide birth control services.

Knowledge and Awareness

Respondents were also asked 11 true or false questions to assess knowledge about birth control. “I don’t know” was also a response option. Table 2 presents the proportion responding correctly to each statement, along with the proportions responding incorrectly and don’t know. The mean number of statements answered correctly was 5.2. Many participants responded “I don’t know”, with proportions ranging from 21.6-60.8%, depending on the statement. The proportion selecting the incorrect answer exceeded 20% for three statements—teenagers under the age of 18 can get birth control pills over the counter without a

Figure 2. Contraceptive Self-Efficacy



prescription (28.4%), menstrual cycle tracking apps are a highly effective way to prevent pregnancy (22.6%), and if someone has penis-in-vagina sex, condoms are the only method of birth control that can be used to help prevent sexually transmitted infections (22.0%). For most statements there were differences by age, with a higher proportion of older participants answering correctly. Age-specific estimates are provided in Appendix Table A1.

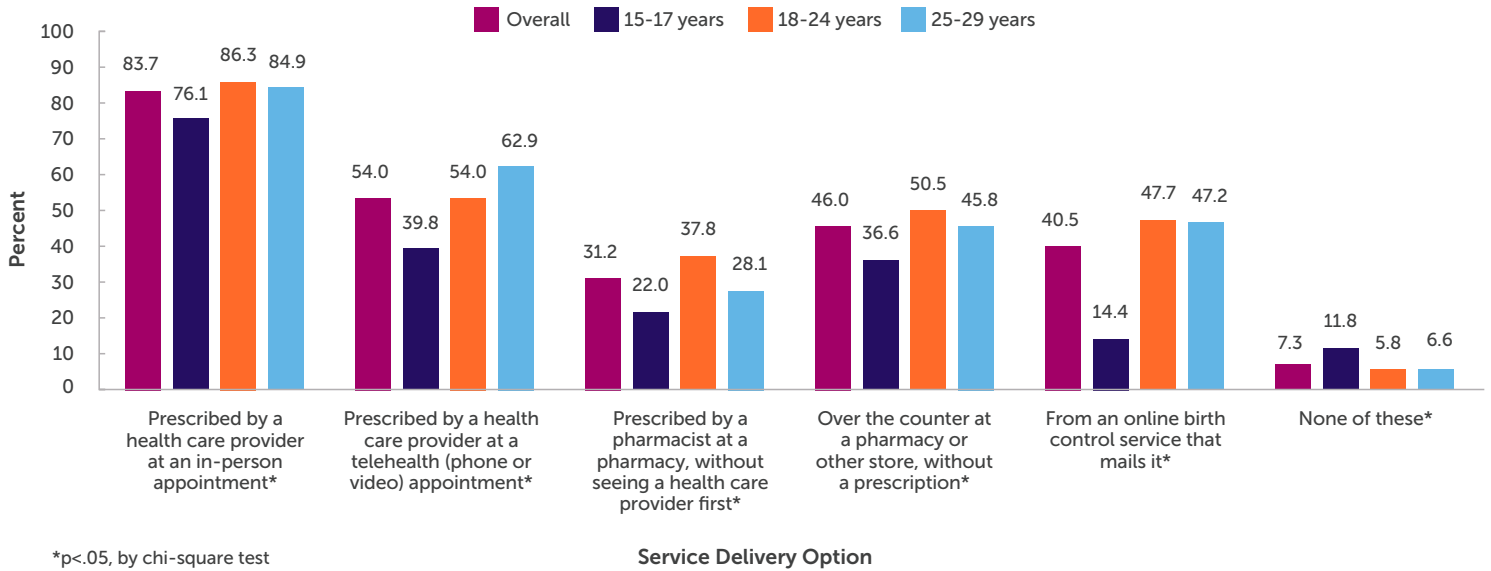
Whereas 65.0% knew a lot about preventing pregnancy as a reason people may use birth control, only 27.9-36.7% knew a lot about other reasons for using birth

control (e.g., to manage health conditions, to change bleeding patterns). Fewer minor participants knew a lot about each reason, ranging from 14.2% for managing health conditions to 40.6% for preventing pregnancy. We also assessed awareness of different ways of getting birth control. Figure 3 presents the proportion who have heard of each service delivery option overall and by age. Most knew about getting birth control from a provider, either at an in-person appointment (83.7%) or via telehealth (54.0%), yet fewer than half were familiar with other options. Again, fewer minors were aware of each option.

Table 2. Contraceptive Knowledge Assessment

Statement (Correct Response)	% Correct	% Incorrect	% Don't Know
There are birth control methods that people can use without their partner knowing about them (True)	76.8	1.6	21.6
A person can use an IUD even if they have never had a child (True)	60.0	3.1	36.9
IUDs work by causing an abortion (False)	59.3	3.7	37.0
After someone stops taking birth control pills, they are still protected from becoming pregnant for at least two months (False)	56.8	4.6	38.6
Emergency contraception pills (“the morning after pill”) are different than abortion pills (True)	55.3	9.5	35.2
If someone has penis-in-vagina sex, condoms are the only method of birth control that can be used to help prevent sexually transmitted infections (True)	53.7	22.0	24.4
All birth control methods have hormones in them (False)	46.8	16.5	36.7
Adults can get birth control pills over the counter without a prescription (True)	39.6	15.4	45.0
Menstrual cycle tracking apps are a highly effective way to prevent pregnancy (False)	39.5	22.6	37.9
People should “take a break” from birth control pills every couple of years for health reasons (False)	20.6	18.6	60.8
Teenagers under the age of 18 can get birth control pills over the counter without a prescription (True)	13.4	28.4	58.2

Figure 3. Awareness of Contraceptive Service Delivery Options

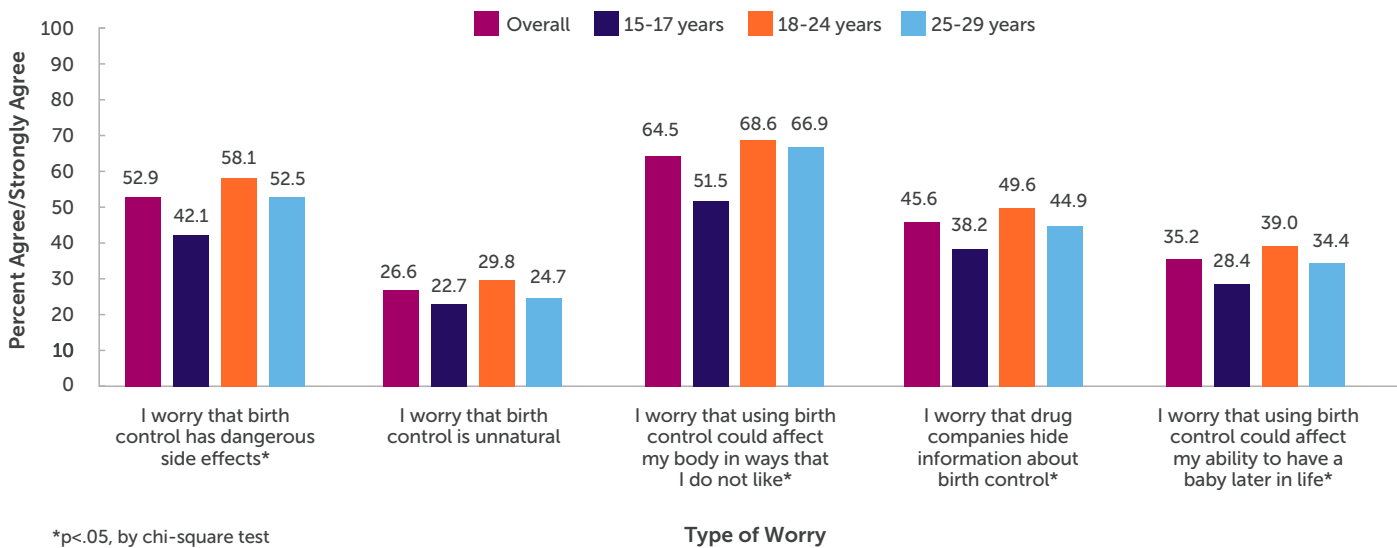


Attitudes

Most young people (85.4%) agree or strongly agree that it is important to use a birth control method if you have penis-in-vagina sex and do not want to get pregnant. However, only 42.7% agree or strongly agree that the benefits of birth control outweigh any side effects. There were no significant differences by age.

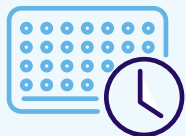
A substantial proportion have specific worries about birth control (Figure 4). For example, about half (52.9%) worry that birth control has dangerous side effects, and one-third (35.2%) worry about future fertility. For most items, more 18-24-year-olds reported concerns than other age groups.

Figure 4. Contraceptive Concerns



Services

Of the 72.5% of young people who reported having a preventive visit in the past year, less than half (44.9%) reported that their provider talked with them about birth control. Only 37.9% of the full sample reported receiving health care related to birth control in the past year.* There were differences in these indicators by age. The proportion having had a past year preventive visit was higher among minors (86.2% among 15-17-year-olds, 69.3% among 18-24-year-olds, and 68.5% among 25-29-year-olds) whereas the proportion having health care related to birth control in the past year increased with age (29.6% among 15-17-year-olds, 38.3% among 18-24-year-olds, and 42.6% among 25-29-year-olds).



About one in ten young people who needed or wanted birth control experienced problems or delays getting the method they wanted.

Among those who received health care related to birth control in the past year, 42.0% indicated that their provider was excellent for all four items of the retrospective person-centered contraceptive counseling (PCCC) scale.² About one-tenth (11.6%) reported ever experiencing at least one form of discrimination from their provider based on their race or ethnicity. In the past year, about one-tenth (9.7%) of participants who wanted or needed birth control experienced problems or delays getting the method they wanted.

*Defined as seeing a provider for any of the following: (1) a birth control method, a prescription for a birth control method, or a refill of a birth control method; (2) Counseling about birth control; (3) A check-up, medical test or other services when birth control was discussed.

Contraceptive Use

Overall, about two-thirds (65.3%) of young people reported ever having used a birth control method, and among those who had ever used birth control, most (72.7%) had used at least one method of birth control in the past 30 days. Table 3 presents methods ever used among all respondents, regardless of sexual experience. Table 4 presents methods used in the past 30 days among respondents who had penis-vagina sex in the past 30 days (i.e., were currently sexually active).

Table 3. Contraceptive Methods Ever Used Among All Participants

Method	Overall %	15-17 years %	18-24 years %	25-29 years %
External condoms	48.1	12.0	50.4	67.4
Oral contraception pills	46.7	17.0	45.4	67.0
Withdrawal	39.2	6.9	39.9	58.5
Emergency contraception pills	14.9	1.3	14.4	24.0
Fertility awareness methods	12.7	1.2	12.9	19.6
Implant	10.1	1.6	13.0	11.5
Hormonal IUD	9.7	1.6	7.1	18.3
Injectable birth control	8.4	2.2	8.3	12.5
Birth control patch	3.6	1.1	4.0	4.7
Vaginal ring	2.5	0.7	2.4	3.8
Spermicide	2.4	0.5	2.5	3.6
Copper IUD	1.9	0.3	1.6	3.3
Internal condoms	1.7	0.3	0.8	3.8
Vasectomy	1.4	0.0	0.3	3.8
Contraceptive gel	1.0	0.2	1.7	0.4
Diaphragm	0.8	0.1	1.0	0.8
Tubal ligation	0.7	0.1	0.4	1.4
Contraceptive sponge	0.4	0.1	0.5	0.4
Cervical cap	0.1	0.2	0.0	0.2

Table 4. Contraceptive Methods Currently Used Among Sexually Active Participants^a

Method	Overall %	18-24 years ^b %	25-29 years %
Any use	85.6	89.9	81.9
Oral contraception pills	30.8	38.8	23.8
Withdrawal	29.0	24.3	34.0
External condoms	27.7	35.2	20.3
Hormonal IUDs	11.9	7.4	16.0
Fertility awareness methods	8.9	6.6	10.9
Implant	7.7	11.3	4.7
Injectable birth control	4.4	5.8	2.7
Vasectomy	3.0	0.8	4.9
Copper IUD	2.8	2.3	3.4
Emergency contraception	1.5	1.4	1.7
Patch	1.3	1.5	1.0
Tubal ligation	0.9	1.1	0.8
Vaginal ring	0.8	0.0	1.4
Spermicide	0.8	1.2	0.4
Contraceptive sponge	0.5	1.1	0.0
Internal condoms	0.1	0.0	0.0
Cervical cap	0.0	--	--
Diaphragm	0.0	--	--
Contraceptive gel	0.0	--	--

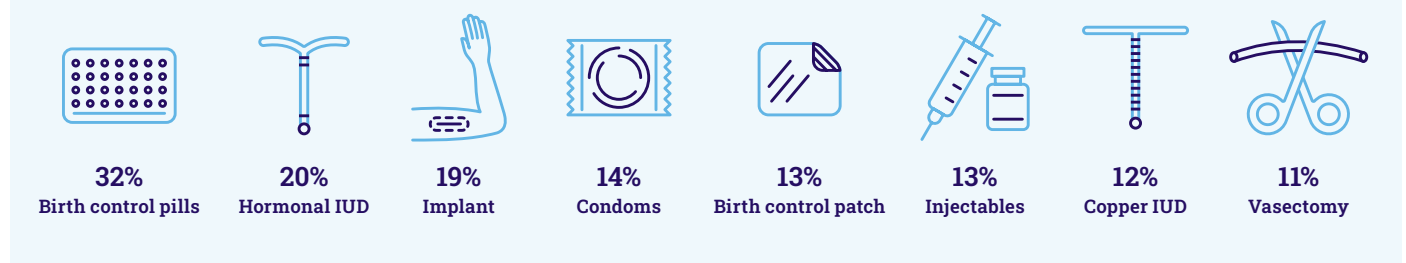
^aMethods used in the past 30 days among those who had penis-vagina sex in the past 30 days.

^bInsufficient sample of sexually active 15-17-year-olds to provide estimates for this sub-group.

Out of a list of 12 reasons for not currently using birth control, the most common responses overall were: not currently having penis-vagina sex (71.9%), worried about the side effects of birth control (18.3%), and I don't mind if I get pregnant (11.0%). There were age differences in these reasons for non-use. The proportions not currently having penis-vagina sex decreased by age (88.9% among 15-17-year-olds, 75.7% among 18-24-year-olds, 45.3% among 25-29-year-olds) whereas the proportions not minding if they get pregnant increased with age (1.0% among 15-17-year-olds, 9.4% among 18-24-year-olds, 25.7% among 25-29-year-olds). Only 4.9% of minor participants were not using because they were worried about the side effects of birth control compared with 28.5% 18-24-year-olds and 17.8% 25-29-year-olds.

We examined use of preferred contraceptive method among current and prospective method users, a novel person-centered contraceptive access measure.³ Prospective method users were defined as those not currently using contraception but who indicated there was a method they would like to use. Only two-thirds (67.7%) indicated they were using their preferred method; 19.8% were not using their preferred method, and 12.4% were unsure. There were no significant differences by age. Among those not using their preferred method, the preferred methods selected by at least 10% were: birth control pills (32.2%), hormonal IUD (20.5%), implant (19.0%), condoms (13.8%), birth control patch (13.0%), injectables (12.6%), copper IUD (12.1%), and vasectomy (11.0%).

Preferred Contraceptive Methods*



*Preferred methods selected by at least 10% of respondents not currently using their preferred method.

Results: Abortion

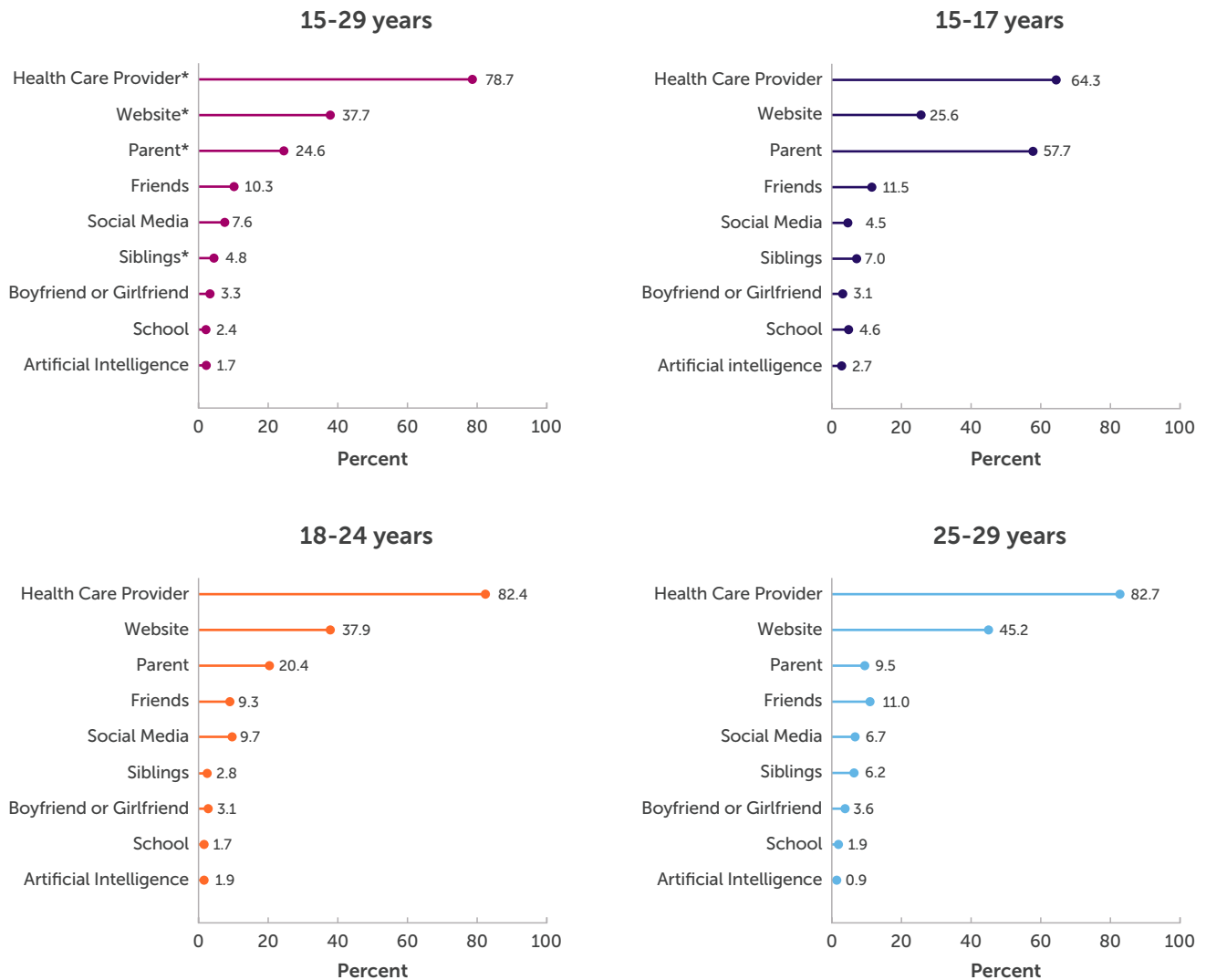
Information Sources

In the past year, 20.3% had received information about abortion, but there were significant differences by age. Among 18-24-year-olds, one-quarter (25.4%) had received information (13.7% among 15-17-year-olds, 17.3% among 25-29-year-olds). The three most common information sources were: social media (10.6% overall, 5.2% among 15-17-year-olds, 14.4% among 18-24-year-olds, 8.8% among 25-29-year-olds), a website (8.1% overall, 2.4% among 15-17-year-olds, 10.8% among 18-24-year-olds, 8.0% among 25-29-year-olds), and friends (4.2% overall, no significant differences by age). Among those who got information from social media, the most common

content was: information about laws or policies affecting people’s ability to get an abortion (82.9%), different types of abortion methods available (44.6%), and where to get an abortion (41.5%). Those were also the most common types of content for those who received information from a website.

Figure 5 presents preferred abortion information sources. Like preferred contraceptive sources, respondents overwhelmingly indicated that if they wanted or needed information about abortion, they would want to get it from providers. Among 15-17-year-olds, 57.7% wanted to get information from a parent.

Figure 5. Preferred Abortion Information Sources



*p<.05, by chi-square test

Self-Efficacy, Awareness, and Attitudes

We assessed select items from Ipas’ abortion self-efficacy scale.⁴ Less than half of respondents were completely confident in their ability to do each task if they needed or wanted an abortion (Figure 6). As an example, only one-third (32.5%) were completely confident they could find a provider they trusted. For items that differed by age, the proportion of respondents who were completely confident increased with age. Most participants were aware of procedural abortion (81.8%) and medication abortion (67.7%) as methods of abortion. Only one-third had heard of telehealth medication abortion (33.4%) or self-managed medication abortion (32.4%). Except for procedural abortion, fewer minors knew about each method of abortion.

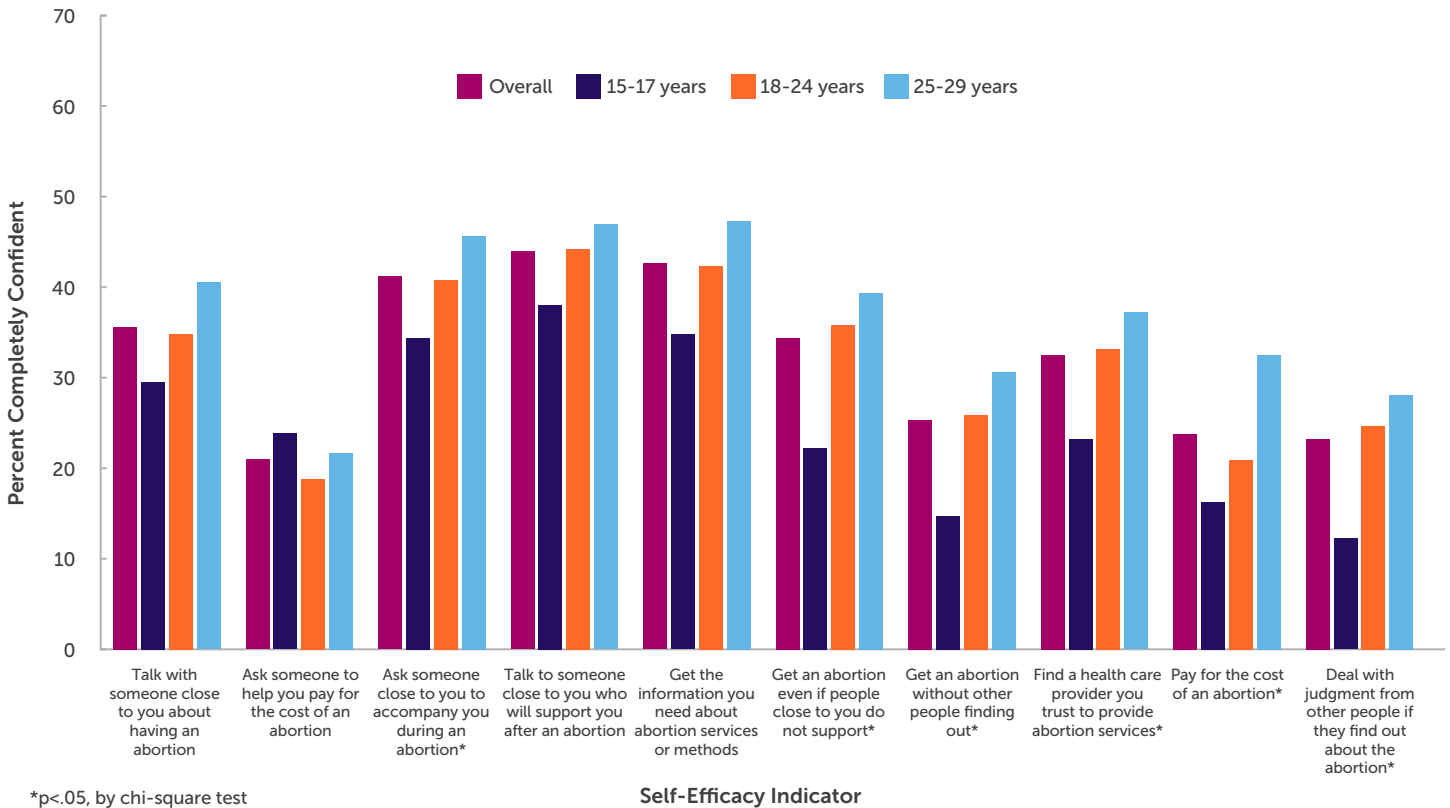
When asked “Which statement comes closest to your general view on abortion?” 42.3% said having an abortion is okay, and 45.1% said having an abortion may be okay depending on the circumstances. Only 12.6% said that having an abortion is never okay.

The distribution varied by age with 20.8% of minors indicating that an abortion is okay, 57.4% indicating it is okay in some circumstances, and 21.8% indicating it is never okay. Overall, one-third (33.2%) indicated that they knew someone who had an abortion with a greater proportion among older respondents (16.1% among 15-17-year-olds, 33.8% among 18-24-year-olds, 43.1% among 25-29-year-olds).

Abortion Care

Among the 210 participants who had ever been pregnant, 30.9% had considered having an abortion, even just for a second. Using a measure previously applied to reproductive-aged women,⁵ we found that about one-tenth (9.0%) of those who had ever been pregnant indicated that they wanted or needed an abortion but did not get one.

Figure 6. Abortion Self-Efficacy



Limitations

The YouR HeAlth Survey and this report have limitations that are important to consider. Minor participants were recruited through a parent panel member, which may have resulted in selection bias and/or social desirability bias given the sensitive nature of the survey questions. Despite oversampling minors, for certain indicators we did not have a sufficient sample size of 15-17-year-olds to provide stable estimates for this sub-group. This data report also does not stratify by other key characteristics, such as race, ethnicity, or geography. The sample was also limited to young people who could complete the survey in English, and we did not include individuals assigned male at birth, despite the relevance of many of the knowledge and attitude items to this population. This report only presents descriptive findings for select indicators included in the YouR HeAlth Survey. We intend to share additional findings, including from multivariable analyses, via subsequent presentations and peer-reviewed manuscripts.

Conclusions


The inaugural YouR HeAlth Survey provides timely national data on young people’s knowledge, attitudes, and experiences with contraception and abortion information and services. Access to contraception and abortion care is fundamental to sexual and reproductive health and well-being, and the 2024 YouR HeAlth Survey deepens our understanding of many factors that shape whether young people get the care they need and want. These data can be used to inform wide-ranging efforts, including health education, service delivery, and policy advocacy, to improve youth reproductive health access.

Findings suggest notable gaps in knowledge about contraception, similar to what Power to Decide documented more than a decade ago in its seminal report, *The Fog Zone*.⁶ It is concerning that YouR HeAlth Survey respondents only answered 5 out of 11 knowledge questions correctly on average. Generally, knowledge was lower among younger participants. Findings from the objective knowledge assessment

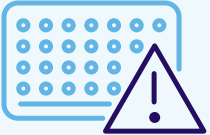
align with young people’s own perceptions of whether they have sufficient information to make contraceptive decisions. A substantial proportion indicated they did not have sufficient information, with the highest proportion—about 40%—among minor participants.

Addressing knowledge gaps may help increase self-efficacy related to contraceptive use and decrease concerns about hormonal contraception.⁷ Over half of respondents were worried about side effects, and it is striking that only a minority agreed that the benefits of birth control outweigh any side effects. Moreover, approximately 20% of participants not currently using contraception reported worries about side effects as a reason for non-use.

Many young people, especially minors, lack the information needed to make informed decisions about contraception.



Concerns about side effects of contraception are common among young people.



Health care providers can help improve contraceptive knowledge and self-efficacy and address concerns young people have about hormonal methods. Our data indicate providers are a highly trusted source, and most young people want to hear about birth control from them. However, few respondents received contraceptive information from a provider

Conclusions

in the past year. We found this same discrepancy between providers as a preferred and actual source in our 2023 Thanks, Birth Control Survey.⁸ Reducing missed opportunities for provider counseling about contraception in primary care may help address this gap. Among those who had a preventive visit in the past year, less than half had a provider talk with them about contraception.

Young people are not getting information about contraception and abortion from their preferred sources.



Even among those who received health care related to birth control, there is a need to improve quality of care. About one in ten participants indicated they had ever experienced discrimination based on race or ethnicity when receiving contraceptive care. Among those who received services in the past year, only 42% reported excellent to all items of the person-centered contraceptive counseling measure, similar to other national surveys with reproductive aged-women.^{3,9} About one-third of current and prospective contraceptive method users were not using their preferred method.

The contraceptive preferences of some young people are not being met.



Similar to the findings about contraception, the 2024 YouR HeAlth Survey indicates a need to strengthen access to abortion care. Less than half of participants were confident in their ability to accomplish tasks needed to obtain an abortion and, for many tasks, minors were even less confident. Overall, only one-third were completely confident they could find a

nurse, doctor, or other health care provider they could trust to provide abortion care, and only one-quarter of minors were completely confident they could do so. Notably, one in ten participants who had been pregnant reported ever wanting or needing an abortion they did not get. This finding is especially concerning given what we know from the Turnaway Study about the many harms associated with being denied an abortion.¹⁰

Young people need more support in accessing contraception and abortion services.



In addition to needed policy changes that protect and expand the right to an abortion, it is essential that we also improve access to quality information about abortion, particularly given the complexity of the current legal environment. Only 20% of respondents had received information about abortion in the past year, and the most common source of information was social media, which is concerning since young people reported low levels of trust in this source. Despite social media being the most common source of information, findings indicate that young people want to get information about abortion from a health care provider. In addition to providing information during clinic encounters, online engagement by providers may be a promising approach to align young people's preferred and actual sources of abortion information.

Findings from the 2024 YouR HeAlth Survey underscore the work that still needs to be done to advance young people's sexual and reproductive well-being. Importantly, the data give us actionable insights that we can apply to our efforts to provide trusted, resonant, and accurate information and services that align with individuals' values, needs, and preferences. Equitable access to contraception and abortion information and services is a cornerstone of sexual and reproductive well-being and something all young people deserve.

Acknowledgments

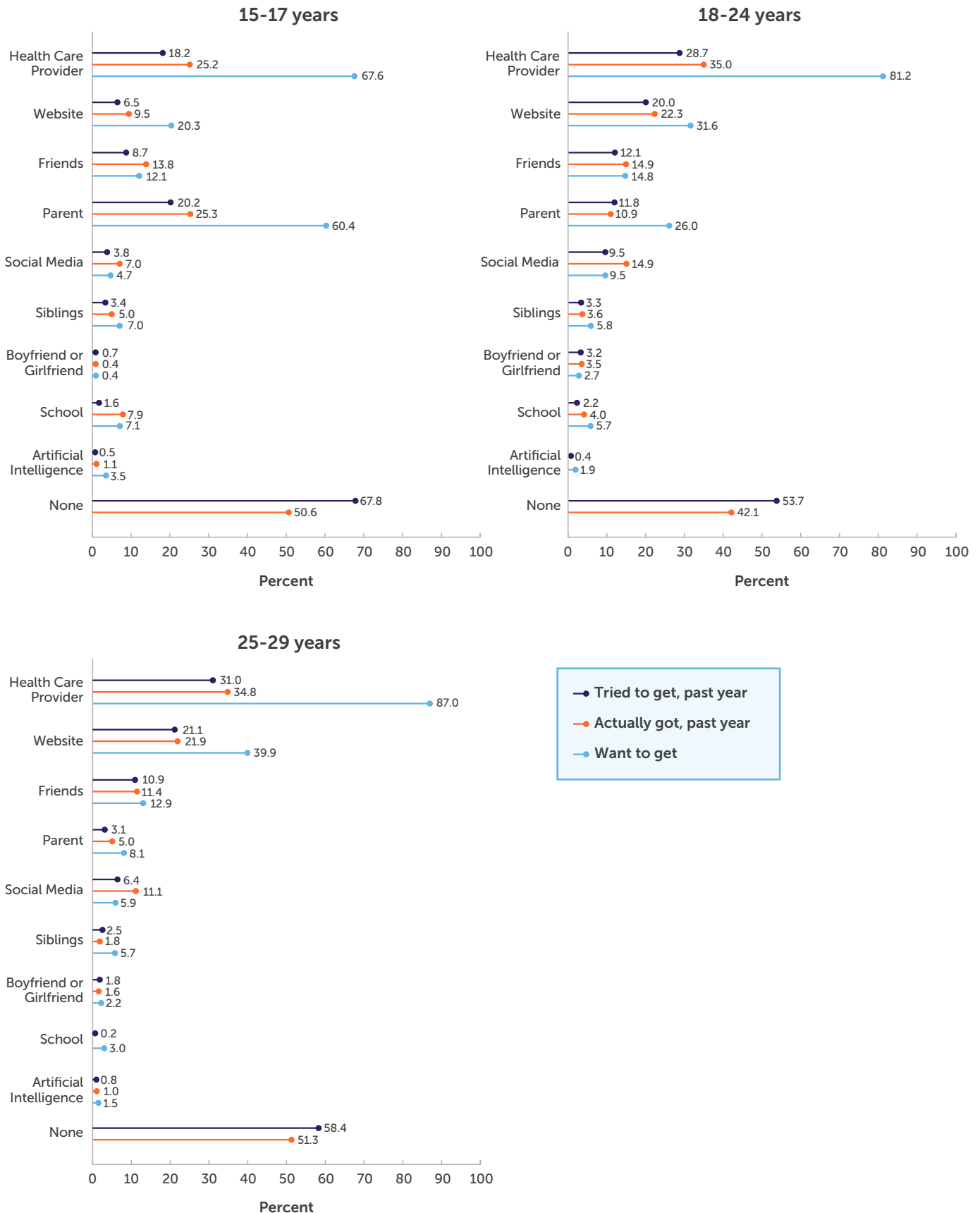
We are grateful to the young people who participated in the 2024 YouR HeAlth Survey as well as cognitive interviews to refine the survey instrument. We would like to acknowledge Haley Gullquist and Wendy Mansfield at Ipsos for their support with data collection. We also thank the Power to Decide Research Advisory Group members for their feedback on the survey: Sonya Borrero, Anu Manchikanti Gómez, Megan Kavanaugh, Laura Lindberg, Caitlin Myers, Lauren Ralph, Whitney Smith Rice, John Santelli, Debra Stulberg, and Eric Walsh-Buhi. We appreciate Julia Kohn who led cognitive testing. Finally, we are grateful to The JPB Foundation for providing funding for the 2024 YouR HeAlth Survey.

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Appendices

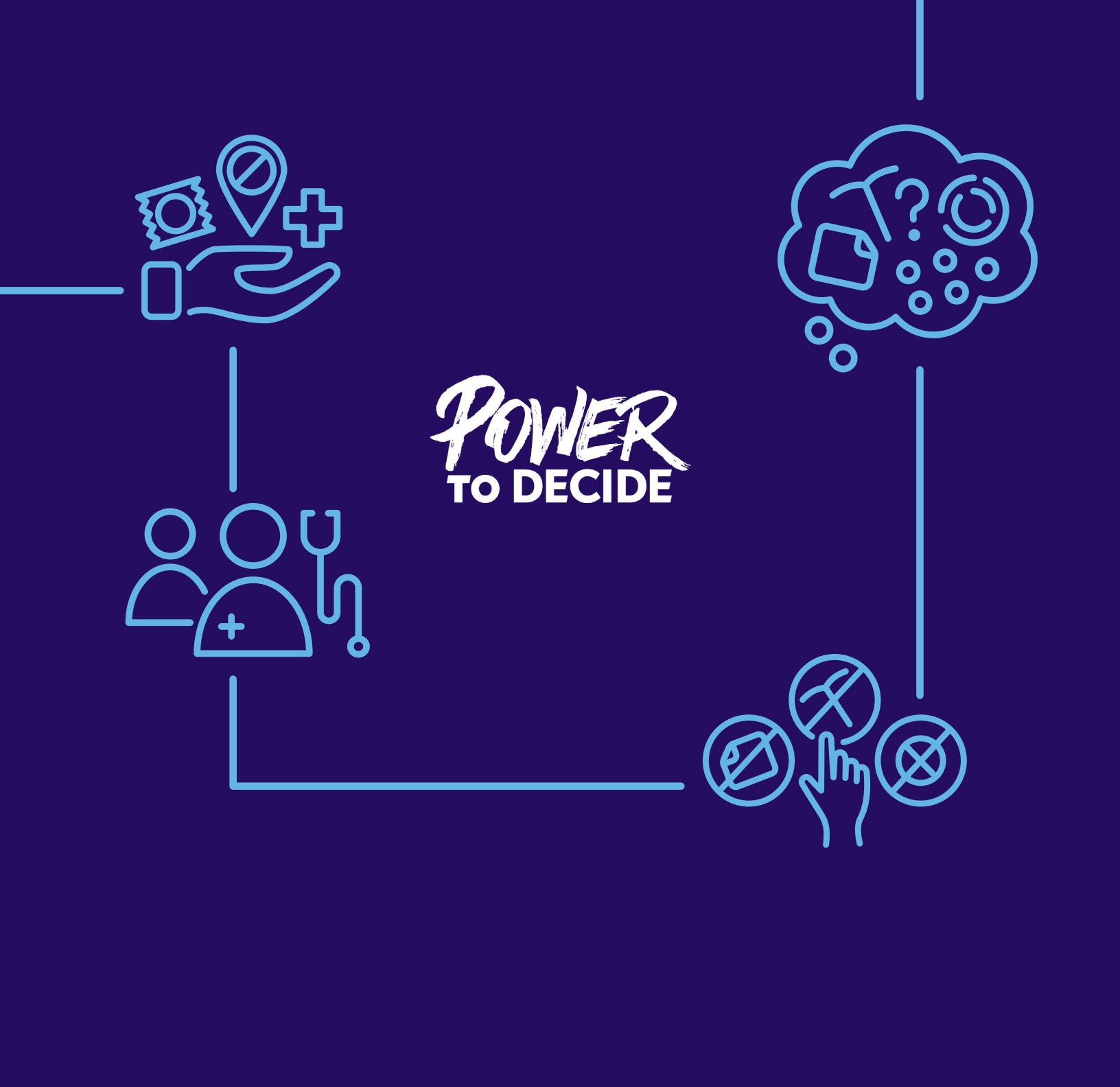
Figure A1. Sources of Contraceptive Information by Age



Appendices

Table A1. Contraceptive Knowledge Assessment by Age

Statement (Correct Response)	% Correct			% Incorrect			% Don't Know		
	15-17	18-24 years	25-29	15-17	18-24 years	25-29	15-17	18-24 years	25-29
There are birth control methods that people can use without their partner knowing about them (True)	69.4	77.0	81.2	3.6	0.5	2.1	27.0	22.6	16.8
A person can use an IUD even if they have never had a child (True)	40.3	61.1	70.6	5.0	2.6	2.6	54.7	36.3	26.8
IUDs work by causing an abortion (False)	47.4	58.3	68.1	4.6	3.3	3.7	48.0	38.4	28.2
After someone stops taking birth control pills, they are still protected from becoming pregnant for at least two months (False)	50.6	55.2	62.9	5.4	3.4	5.7	43.9	41.4	31.4
Emergency contraception pills (“the morning after pill”) are different than abortion pills (True)	35.0	59.1	62.9	15.1	7.0	9.4	49.9	34.0	27.7
If someone has penis-in-vagina sex, condoms are the only method of birth control that can be used to help prevent sexually transmitted infections (True)	49.9	52.5	57.5	26.6	21.0	20.4	23.5	26.5	22.0
All birth control methods have hormones in them (False)	36.4	42.8	58.6	15.9	16.5	16.7	47.7	40.6	24.7
Adults can get birth control pills over the counter without a prescription (True)	35.3	42.5	38.5	17.4	14.0	16.0	47.3	43.5	45.5
Menstrual cycle tracking apps are a highly effective way to prevent pregnancy (False)	33.0	37.8	46.0	16.5	24.4	23.9	50.5	37.8	30.1
People should “take a break” from birth control pills every couple of years for health reasons (False)	15.2	18.7	26.7	19.6	18.1	18.6	65.1	63.2	54.8
Teenagers under the age of 18 can get birth control pills over the counter without a prescription (True)	13.9	13.6	12.7	27.1	29.9	27.2	58.9	56.5	60.1



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If you have questions about this report or are interested in using the 2024 YouR HeAlth Survey data, please email data@powertodecide.org. For media inquiries, please email mediarelations@powertodecide.org.