

Exploring adolescents' current sources and learning preferences about contraception in a US paediatric emergency department

In the USA, adolescents who seek care in emergency departments have been shown to be a group at increased risk of pregnancy and sexually transmitted infections because of misuse or non-use of contraception.¹ Schools are often their traditional source of sexual health education, but school curricula vary greatly, are not always medically accurate, and may focus on abstinence-only

education.² In addition, adolescents are less likely to have primary care providers and thus may miss opportunities to receive contraceptive counselling, the emergency department being their only contact with a clinician.¹ Several studies have shown that adolescent females are interested in being educated about contraception in emergency departments.^{3,4} We assessed male and female adolescents' current and most trusted sources of contraception education, as well as their interest and preferences for contraception education in the emergency department.

We surveyed a convenience sample of English-speaking adolescents aged 14–21 years presenting to a Level 1, urban paediatric emergency department at a free-standing children's hospital. Patients were excluded if they were critically ill, had a psychiatric chief complaint, or non-English speakers. A multidisciplinary team of authors developed the paper survey tool, which asked questions on demographics, chief complaint, sexual history, current and most trusted sources of contraception education, interest in additional contraception education in the emergency department, and preferred learning methods.

We enrolled 126 out of 143 potential patients (88%). The most common reasons for not enrolling were not being interested and not feeling well. The mean age of participants was 16 years; 66 were female and 57 male. Eighty-five were Hispanic.

Thirty-five participants said that they were sexually active, with eight reporting that their last sexual encounter had been unprotected. Ninety-nine participants had a primary care provider, 32 of them reporting that they had learnt about contraception from him or her. Thirteen of the 35 sexually active participants who had a primary care provider had been counselled about contraception by him or her.

The number of respondents presented here does not total 126 as some participants left some of the questions unanswered. Most patients had learnt about contraception at school (109/123); other sources included family (61/123), doctor (39/123), friends (35/123) and the internet (24/123), with no significant difference by gender. However, participants' most trusted source was a doctor (63/122), followed by family (59/122), school (21/122), friends

(21/122) and the internet (7/122), again with no significant difference by gender.

Seventy out of 114 patients reported interest in learning about contraception in the emergency department, but only 43 of them reported having been asked about sexual activity during their visit.

Most patients (91/122) preferred to learn about contraception in person, followed by in a handout (37/122). There were no significant differences in learning preference by gender.

To our knowledge, our study is the first to examine the preferences for sexual health education of both males and females in an emergency department. We found that males and females had similar sources of sexual health education, as well as similar learning preferences.

We were surprised at our participants' preference for learning about contraception in person, given that today's adolescents are becoming increasingly immersed in technology, the internet and social media. Mollen *et al* found that adolescent females prefer to learn about emergency contraception in an emergency department, as well as in person from a provider.⁵ These findings together emphasise the need for interventions to help both primary care providers and emergency clinicians discuss reproductive health with teenagers.

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