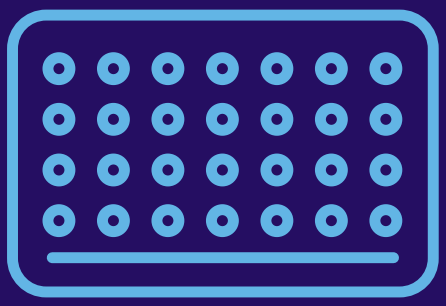

POWER TO DECIDE

Youth Reproductive Health Access (YouR HeAlth) Survey

2025 DATA REPORT

Contents

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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 conducts 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.

Power to Decide implements the YouR HeAlth Survey annually. In even years, we administer the full survey, and in odd years, we administer an abbreviated version of the survey, focusing on indicators we anticipate will change more rapidly and emergent issues. This report presents select findings from the 2025 YouR HeAlth Survey—our first abbreviated version of the 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 about the YouR HeAlth Survey can be found at powertodecide.org/yourhealthsurvey.

Key Takeaways from the 2025 YouR HeAlth Survey

Some young people, including about half of 15-17-year olds, report that they do not have sufficient information to decide if using birth control is right for them or what method to use.

Misconceptions about birth control are common among young people. For example, only one-quarter know you don't need to "take a break" from birth control pills.

Half of young people worry that birth control has dangerous side effects.

Most young people want information about birth control and abortion from providers, but many are not getting information from this trusted source.

Many young people do not feel completely confident they can find a trusted health care provider to provide birth control or abortion care.

Methods

Survey Instrument

The 2025 YouR HeAlth survey instrument is an abbreviated version of the inaugural 2024 YouR HeAlth Survey, with a few new questions. Measures were identified from existing surveillance systems and published research, to the extent possible. For some constructs, Power to Decide developed new measures. Power to Decide staff and members of Power to Decide's Research Advisory Group, a 10-member group consisting of national experts, reviewed and provided feedback on the survey. The final instrument is available on Power to Decide's website.

Data Collection

The 2025 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, and then household members enrolled in the panel are sampled to participate in specific surveys. Additional details about KnowldegePanel methods are available on Power to Decide's website.

The YouR HeAlth Survey was fielded July 14-23, 2025. 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, as well as Black respondents. Of the 1,938 female 18-29-year-olds invited to participate, 975 (50%) completed the eligibility screener. Of 956 eligible participants (49%), 878 (45%) completed the full survey. An additional 382 adolescents aged 15 to 17 years (out of 553 parents who completed the screener and had eligible minors [69%]) were enrolled. Overall, 1,260 respondents participated in the 2025 survey. The final analytic sample was 1,259 after one minor respondent was dropped because the participant identified as 44 years of age in an open-ended response, suggesting that the parent did not hand off the survey to their teen.

Adult participants received their standard cash-equivalent incentive worth $1-5 and entry into the KnowledgePanel sweepstakes. Minor respondents received a cash-equivalent incentive worth $5 dollars. Median survey completion time was 10 minutes. Adult participants and the parents of minor adolescents provided electronic informed consent; minors assented electronically. Data collection procedures were 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 2024 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 demographic characteristics of the 2025 sample. About one-fifth (20.9%) of the sample were minors. Half (50.7%) were non-Hispanic white. The majority were heterosexual (75.2%) and cisgender (94.8%). The majority (55.7%) reported ever having had penis-in-vagina sex, and overall, two-fifths (40.0%) reported having had penis-in-vagina sex in the past 30 days.

Table 1. Sample Characteristics

Characteristic	Overall n=1,259 % (n)[a]	15-17 years n=381 % (n)	18-24 years n=411 % (n)	25-29 years n=467 % (n)
Age				
15-17 years	20.9 (381)	--	--	--
18-24 years	44.6 (411)	--	--	--
25-29 years	34.6 (467)	--	--	--
Race and ethnicity				
Black, non-Hispanic	14.0 (226)	13.1 (55)	15.3 (84)	13.0 (87)
White, non-Hispanic	50.7 (636)	50.0 (198)	50.4 (195)	51.7 (243)
Hispanic	24.3 (251)	26.5 (85)	24.7 (84)	22.6 (82)
Other, non-Hispanic[b]	10.9 (146)	10.3 (43)	9.7 (48)	12.7 (55)
Sexual orientation[c]				
Straight or heterosexual	75.2 (960)	86.8 (327)	68.0 (277)	77.5 (356)
Lesbian or gay	5.1 (63)	2.4 (11)	6.6 (29)	4.9 (23)
Bisexual or pansexual	16.6 (190)	5.7 (26)	20.0 (80)	18.9 (84)
Queer	1.3 (19)	0.4 (1)	1.9 (9)	1.0 (9)
Asexual	3.1 (39)	0.6 (3)	4.4 (19)	3.1 (17)
Not sure	1.7 (25)	4.2 (15)	1.8 (9)	<0.1 (1)
I don't know what this question means	0.5 (8)	1.5 (6)	0.4 (2)	0.0 (0)
Gender identity[c]				
Cisgender	94.8 (1192)	97.5 (370)	92.9 (376)	95.5 (446)
Gender diverse	4.6 (50)	1.9 (8)	6.4 (25)	3.9 (17)
Not sure	0.6 (8)	0.6 (2)	0.6 (4)	0.6 (2)
Education level[c]				
Less than high school	28.5 (434)	100.0 (358)	13.6 (47)	7.0 (28)
High school or equivalent	21.7 (223)	--	32.3 (129)	20.4 (94)
Some college	27.0 (274)	--	40.4 (160)	25.2 (114)
Bachelor's degree or higher	22.8 (306)	--	13.7 (75)	47.4 (231)
Region				
Northeast	17.0 (202)	17.4 (56)	16.7 (62)	17.2 (84)
Midwest	20.0 (307)	20.6 (95)	20.4 (102)	19.2 (110)
South	39.3 (498)	39.2 (149)	40.2 (171)	38.2 (178)
West	23.6 (252)	22.7 (81)	22.7 (76)	25.4 (95)

[a]Weighted percents; unweighted numbers
[b]Including multiple races
[c]Numbers do not sum to total because of missing data

Results: Contraception

Information Sources

Figure 1 shows the overall percentages who reported getting information from a given source in the past year, and the percent who wanted to get information from the source "if you could choose any way of getting information about birth control". About one-third (34.7%) of respondents said they had not gotten birth control information in the prior year. Overall, providers (42.0%), social media (20.6%), friends (17.6%), websites (17.1%), and parents (17.0%) were the most common sources in the past year, with differences by age (Figure 2). For example, the proportion of minor participants receiving information via social media in the past year was 13.2% whereas 26.9% of 18-24-year-olds received information from this source.

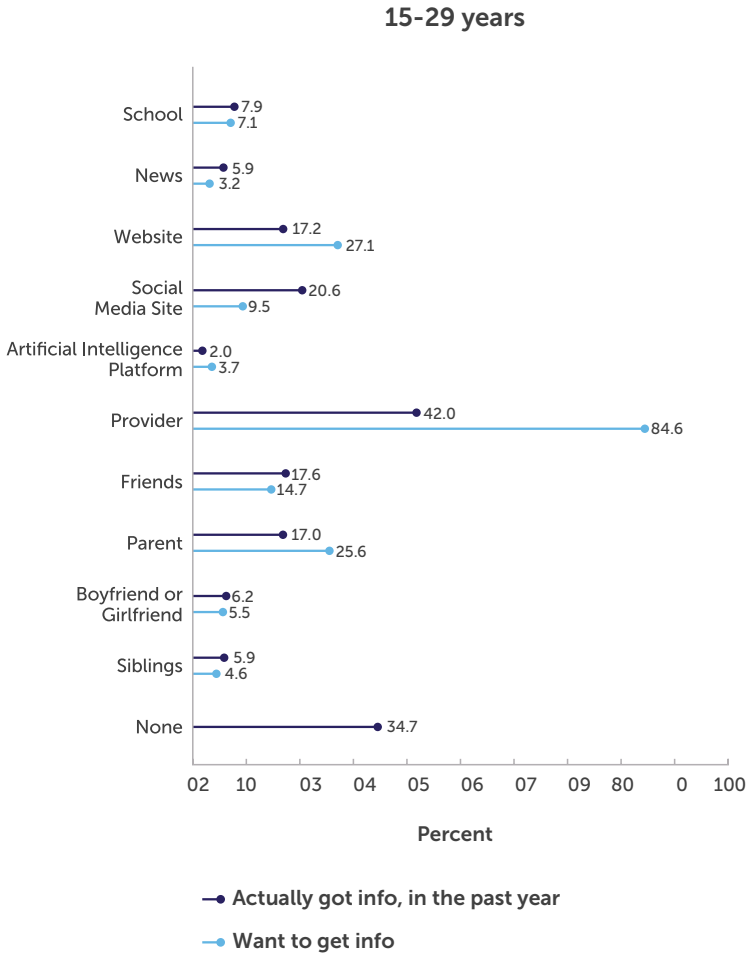
Among those who received birth control information in the past year via social networking sites, the most common platforms were TikTok (43.4%), Instagram (29.6%), and YouTube (19.3%).

Among those who received birth control information in the past year via social networking sites, the most common platforms were TikTok, Instagram, and YouTube.

43.4% **29.6%** **19.3%**

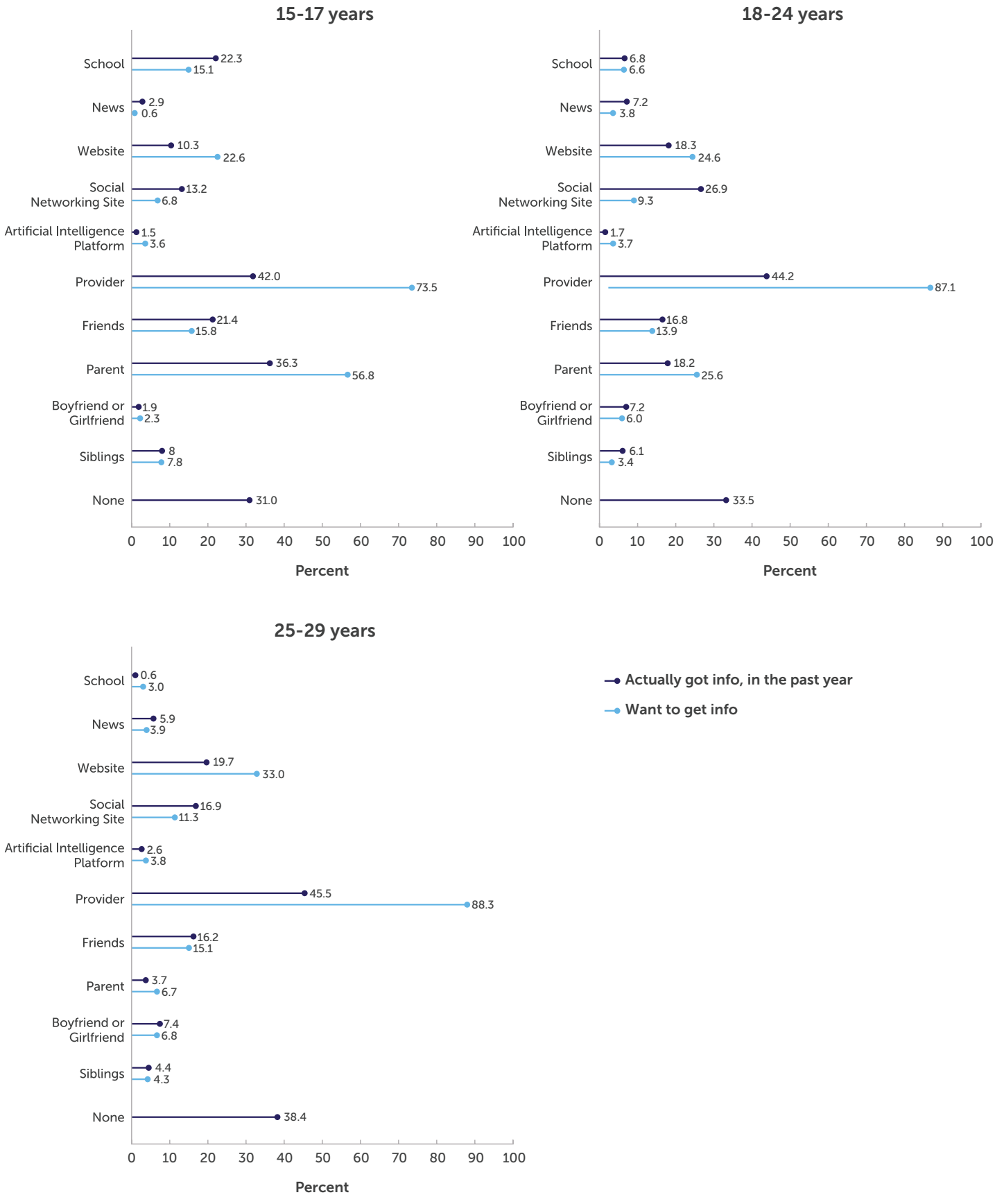
For several information sources there is notable discordance between where young people received information and how they would like to get information. For example, only 42.0% reported getting information from a provider, but 84.6% indicated they wanted to get information from this source. Among minor participants, 36.3% reported getting birth control information from a parent in the past year, yet 56.7% indicated parents were a preferred source.

Figure 1. Sources of Contraceptive Information



Among those who wanted information from a provider, we asked about preferred formats. The majority indicating wanting information in-person appointment (90.1%). About two-fifths wanted information from a provider at a telehealth appointment (39.3%) or via resources that a provider has created or shared on a website (40.0%). About one-fifth wanted resources that a provider has created or shared on social media (18.4%).

Figure 2. Sources of Contraceptive Information by Age



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, 28.3% said no or I'm not sure, with decreasing proportions by age: 45.1% of 15-17-year-olds said no or unsure compared with 26.9% of 18-24-year-olds and 20.0% 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, 33.4% said no or I'm not sure, again with a decreasing proportion by age: 51.5% of 15-17-year-olds, 33.1% of 18-24-year-olds, and 22.6% of 25-29-year-olds.

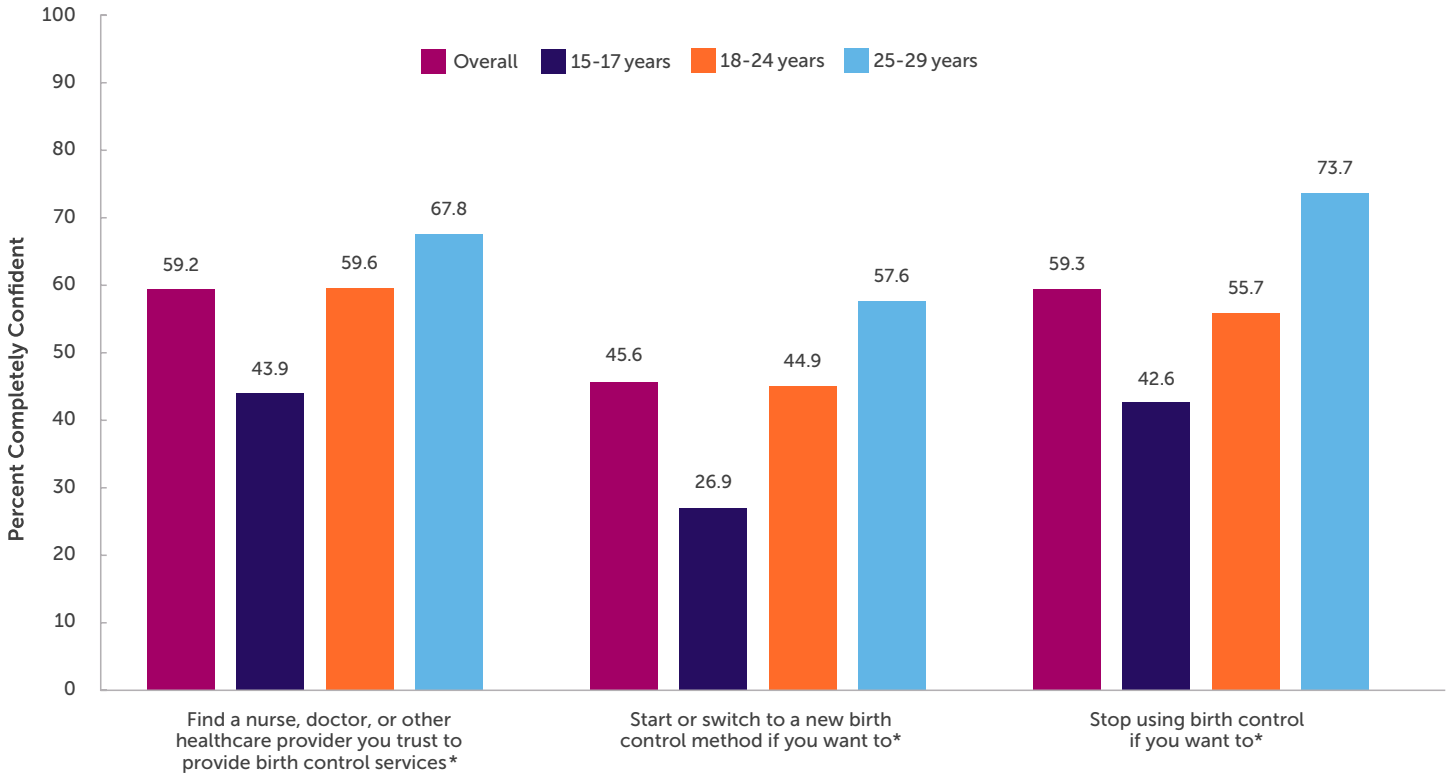
Self-Efficacy

Figure 3 presents self-efficacy indicators relevant to contraceptive care overall and by age. Nearly two-thirds were completely confident in finding a trusted health care provider to provide birth control services and stopping birth control if desired; fewer than half were completely confident starting or switching to a new method, if desired. Moreover, there were significant differences by age for all three indicators, with fewer than half of minor respondents indicating that they were completely confident taking each action.

Knowledge

Respondents were also asked eleven 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. The mean number of statements answered correctly was 5.4. Many participants responded "I don't know", with proportions ranging from 20.0-53.3%, depending on the statement. The proportion selecting the incorrect answer exceeded 20% for five statements, including the two statements about availability of birth control pills over the counter. 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 1.

Figure 3. Contraceptive Care Self-Efficacy



*p<.05, by chi-square test

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)	76.0	4.0	20.0
A person can use an IUD even if they have never had a child (True)	65.0	3.8	32.3
After someone stops taking birth control pills, they are still protected from becoming pregnant for at least two months (False)	62.6	5.6	31.8
IUDs work by causing an abortion (False)	61.6	3.8	34.5
Emergency contraception pills ("the morning after pill") are different than abortion pills (True)	59.7	11.8	28.6
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)	56.4	20.9	22.7
All birth control methods have hormones in them (False)	47.0	19.7	33.3
Menstrual cycle tracking apps are a highly effective way to prevent pregnancy (False)	42.5	29.0	28.5
Adults can get birth control pills over the counter without a prescription (True)	32.1	27.8	40.1
People should "take a break" from birth control pills every couple of years for health reasons (False)	23.0	23.7	53.3
Teenagers under the age of 18 can get birth control pills over the counter without a prescription (True)	12.3	40.7	47.0

*p<.05, by chi-square test

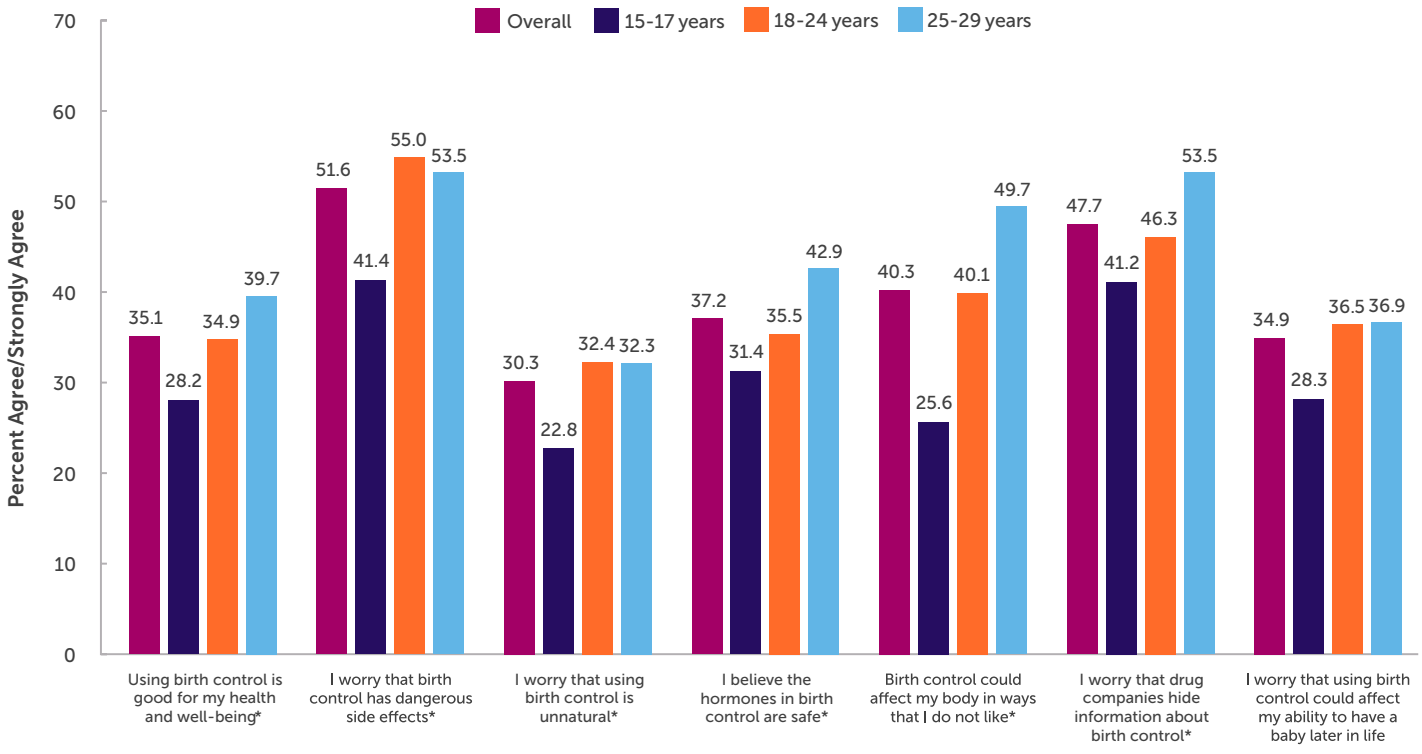
Contraceptive Concerns

The 2025 survey included all six items of the Contraceptive Concerns and Beliefs scale.[2] The mean scale score, with higher scores indicating greater concern, was 3.1. Figure 4 presents the proportion who agree/strongly agree with each statement of the scale, plus an additional item assessing worries about future fertility. A substantial proportion have specific worries about birth control. For example, about half (51.6%) worry that birth control has dangerous side effects, and one-third (34.9%) worry that using birth control will affect their ability to have a baby later in life. For most items, fewer minor respondents reported concerns.

Services

Only 38.9% of the full sample reported receiving health care related to birth control in the past year.* We included the seven items from the Contraceptive Agency Scale, designed to measure patient agency in contraceptive decision-making.[3] Scale scores could range from 0 to 14, with higher scores indicating greater contraceptive agency. The overall mean score was 8.0, and the score for 15-17-year-olds (7.0) was lower than the score for 18-24-year-olds (8.2) and 25-29-year-olds (8.1).

Figure 4. Contraceptive Concerns



*p<.05, by chi-square test

*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.

Results: Abortion

Information Sources

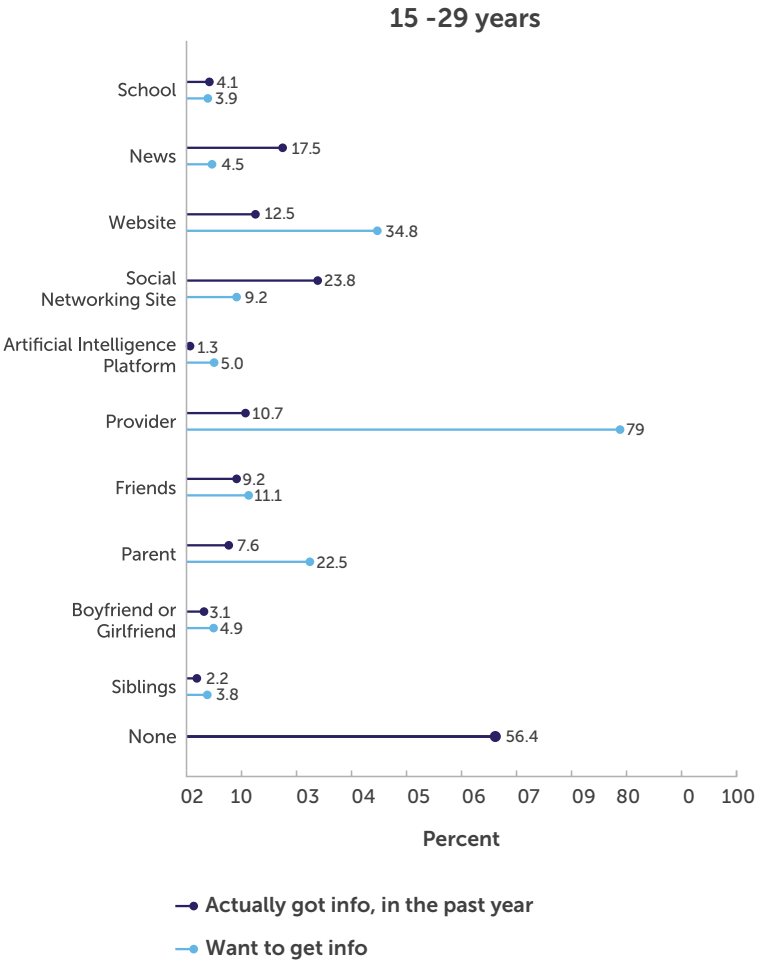
In the past year, 43.5% had received information about abortion overall, and Figure 5 indicates receipt by information source. Social media was the most common source (23.8%) with some differences by age (Figure 6)—nearly one-third (31.0%) of 18-24-year-olds had received abortion information via social media compared to 13.8% of 15-17-year-olds and 20.4% of 25-29-year-olds. As with contraception, the most common social networking sites where individuals received information about abortion were TikTok (52.1%), Instagram (43.1%), and YouTube (18.7%).

Figure 5 also 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 (79.0%), with a similar preference for formats as contraception: in-person appointment (89.1%), telehealth appointment (40.2%), resources that a provider has created or shared on a website (39.7%), and resources that a provider has created or shared on social media (17.5%). About one-third (34.8%) indicated a desire for information about abortion from websites. Among 15-17-year-olds, 51.3% wanted to get information from a parent.

As with contraception, the most common social media sites where individuals received information about abortion were TikTok, Instagram, and YouTube.

52.1% 43.1% 18.7%

Figure 5. Sources of Abortion Information



Self-Efficacy, Awareness, and Attitudes

We assessed three items from Ipas' abortion self-efficacy scale related to accessing abortion care.[4] Overall, a minority of respondents were completely confident in their ability to accomplish the following tasks if they needed or wanted an abortion: get information about abortion services or methods (36.5%), find a trusted health care provider to provide abortion services (29.1%), and pay for an abortion (24.2%). A higher proportion of 25-29-year-olds were completely confident in accomplishing the latter two tasks. Figure 7 presents these estimates overall and by age.

Figure 6. Sources of Abortion Information by Age

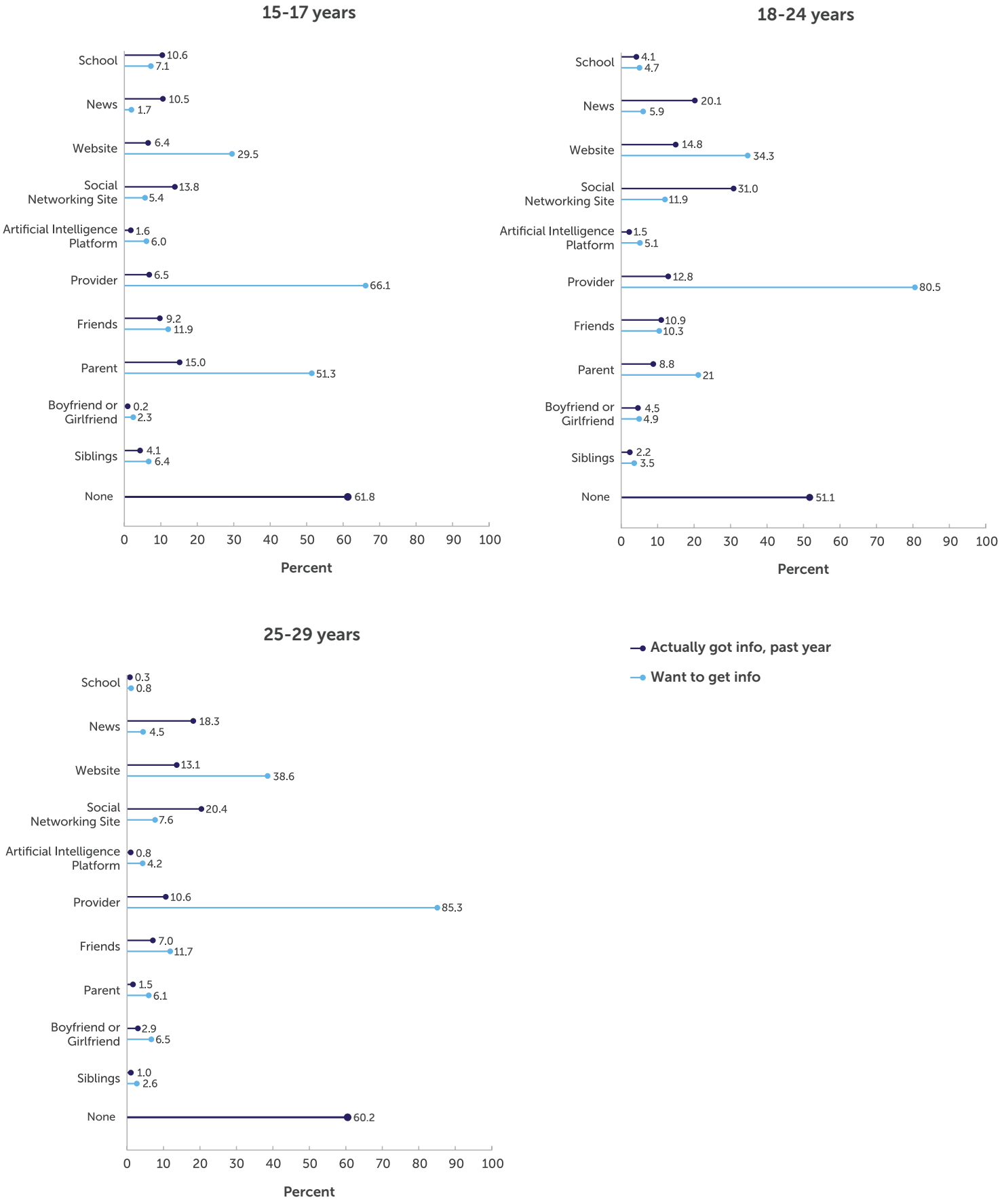
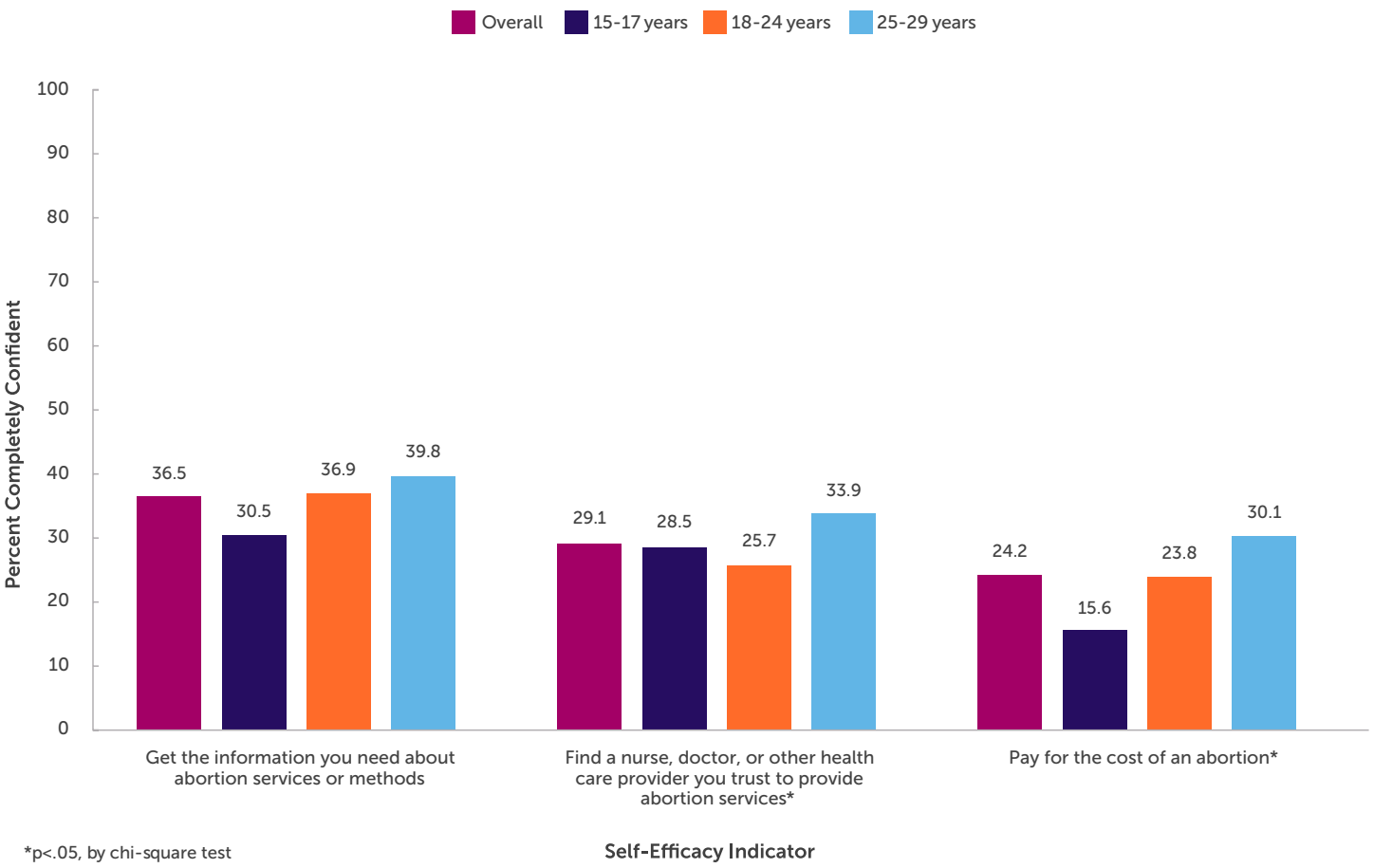


Figure 7. Abortion Care Self-Efficacy



*p<.05, by chi-square test

Limitations

The YouR HeAlth Survey and this report have limitations. Minor participants are recruited through a parent panel member, which may result in selection bias and/or social desirability bias given the sensitive nature of the survey. We also identified one case for which it appears the parent completed the survey instead of handing it off to their teen. Social desirability bias may be a concern beyond minor participants, as the proportion reporting ever having had penis-in-vagina sex is lower than expected. The sample is limited to young people who could complete the survey in English, although recruitment and consent information for parents of potential minor participants is provided in Spanish. We also did not include individuals assigned male at birth, despite the relevance of many of the items to this population. This report only presents descriptive findings for select indicators included in the YouR HeAlth Survey, and we do not stratify by other key characteristics, like race, ethnicity, geography, or income. We will share additional findings in subsequent presentations and peer-reviewed manuscripts.

Conclusions

The 2025 YouR HeAlth Survey provides timely data on the state of young people's access to contraception and abortion in the United States, with a focus on information—a foundational determinant of health care access. Findings indicate gaps in young people's contraceptive knowledge and self-efficacy seeking contraception and abortion care and underscore the role of health care providers in addressing those gaps. These takeaways align with those from the inaugural YouR HeAlth Survey fielded in 2024,[5] strengthening our confidence in these conclusions and suggesting a persistent need to support young people with high-quality information and services.

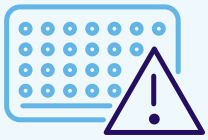
Findings from both young people's self-reports on their ability to make informed decisions about birth control and their objective knowledge reveal notable information gaps, particularly among minors. Overall, about one-third did not report having sufficient information, either to make a decision about whether to use birth control or what method to use. Among 15-17-year-old respondents, more than half did not have sufficient information.

Half of 15-17-year-olds do not have sufficient information to decide if using birth control is right for them

These estimates align with findings from another national study led by the experts who developed the metric we adapted for the YouR HeAlth survey.[6] We observed similar findings overall and by age for many of the true/false knowledge responses: a substantial proportion selected the incorrect answer overall, and the proportion answering incorrectly is highest among minors. The proportions indicating they didn't know the correct answer were also high.

Among the five knowledge statements that only a minority of respondents answered correctly, two concerned the availability of over-the-counter oral contraception, while the remaining three related to current discourse on contraception and hormones. It is striking that more than a year after the first over-the-counter birth control became available on store shelves, only about one-third are aware that this option is available for adults, and only one in ten are aware that it is available for minors. Moreover, more than half of respondents incorrectly indicated that people should "take a break" from birth control pills every couple of years for health reasons. Similar findings were observed in the 2024 YouR HeAlth survey, and we discuss potential explanations in a separate publication.[7] Inaccurate perceptions about the safety of hormonal birth control likely contribute to the concerns reflected in the Contraception Concerns and Beliefs Scale. For example, more than half of young people in our sample reported they were worried that birth control has dangerous side effects.

Misconceptions about birth control are common among young people.



As we work to address contraceptive information gaps, it is important to consider young people's preferred information sources. YouR HeAlth data indicate that young people overwhelmingly want to receive information about both contraception and abortion from health care providers.

Most young people want information about birth control and abortion from providers, but many are not getting information from this trusted source.

As part of the 2025 survey, we added a question to better understand preferred formats for information from providers. The vast majority want information from an in-person appointment, underscoring the importance of supporting health care seeking and provision of quality contraceptive counseling. The fact that only a minority of young people report receiving contraceptive information from a provider in the past year, combined with moderate scores on the Contraceptive Agency Scale, support the conclusion that other dimensions of health care access, such as clinic availability and providers' capacity to deliver patient-centered care, must be addressed to ensure young people can make informed decisions about their sexual and reproductive health.

Findings indicate that a sizable minority of young people lack the self-efficacy to seek contraceptive care, and a majority lack the self-efficacy to seek out abortion care if they needed it. Again, minors are even less confident about their ability to access care. For example, about 40% of respondents were not completely confident that they could find a healthcare provider they trusted to provide contraception, and nearly 70% were not completely confident that they could find a provider they trust to provide abortion care.

Many young people do not feel completely confident they can find a trusted health care

These findings highlight the importance of resources that help young people navigate the often complex process of accessing care, such as Bedsider's Clinic Finder and AbortionFinder. Providing young people with information to support their care-seeking journey may be the first step toward addressing broader information needs related to contraception and abortion.

Findings from the 2025 YouR HeAlth Survey give Power to Decide actionable insights that we can apply to our efforts to provide trusted, resonate, and accurate information that align with and individual's needs and preferences. We encourage broader use of these data to inform health education, service delivery, and policy advocacy aimed at improving youth reproductive health access. Young people need support finding trusted health care providers, who play an important role in providing information that will help young people make informed decisions that support their overall sexual and reproductive well-being.

Acknowledgments

We are grateful to the young people who participated in the 2025 YouR HeAlth Survey. We would like to acknowledge Haley Dotter, David Lintern, 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. Finally, we appreciate Brooke Whitfield's contributions to the survey instrument, data analysis, and writing of this report.

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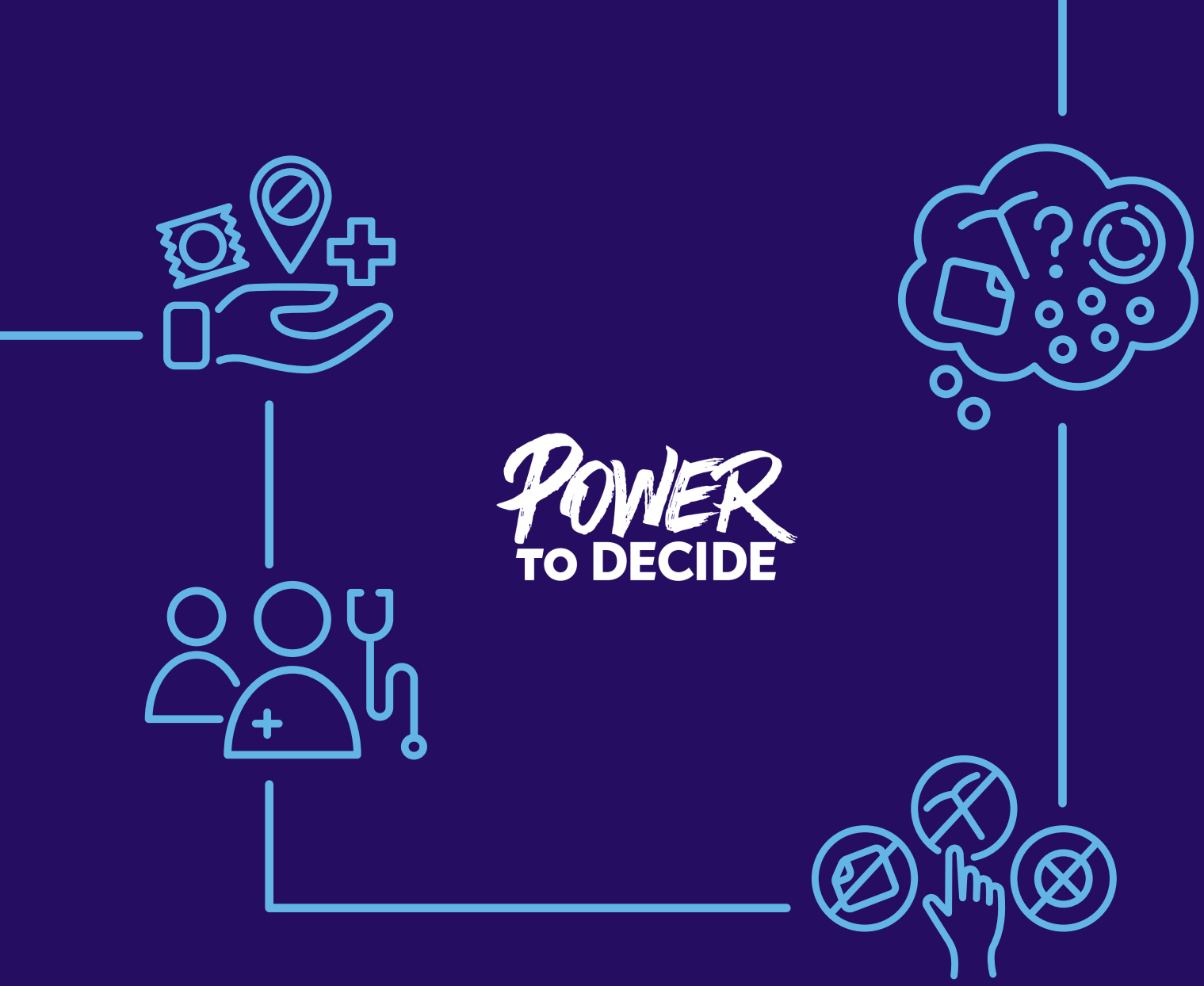
Appendices

Table A1. 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)*	70.0	75.0	81.0	4.7	4.9	2.4	25.3	20.1	16.7
A person can use an IUD even if they have never had a child (True)*	47.0	67.5	72.6	3.9	2.6	2.3	49.1	29.9	25.1
After someone stops taking birth control pills, they are still protected from becoming pregnant for at least two months (False)*	53.7	61.7	69.0	5.6	4.8	6.6	40.7	33.5	24.3
IUDs work by causing an abortion (False)*	49.5	61.5	69.1	4.1	4.2	3.1	46.4	34.2	27.8
Emergency contraception pills ("the morning after pill") are different than abortion pills (True)*	37.7	60.8	71.5	16.7	11.3	9.4	45.6	27.9	19.1
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)*	50.4	53.9	63.2	22.5	22.3	18.0	27.1	23.8	18.8
All birth control methods have hormones in them (False)*	33.5	46.1	56.3	20.5	17.9	21.5	46.0	36.0	22.2
Menstrual cycle tracking apps are a highly effective way to prevent pregnancy (False)*	41.9	39.7	46.4	23.1	30.1	31.1	35.0	30.2	22.5
Adults can get birth control pills over the counter without a prescription (True)*	23.8	34.1	34.6	22.1	28.4	30.6	54.1	37.5	34.8
People should "take a break" from birth control pills every couple of years for health reasons (False)*	14.2	22.1	29.4	19.6	26.5	22.6	66.2	51.4	48.0
Teenagers under the age of 18 can get birth control pills over the counter without a prescription (True)	12.6	13.1	11.3	34.1	43.2	41.5	53.3	43.7	47.2

*p<.05, by chi-square test



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Disclaimer: The findings and conclusions in this report are solely those of Power to Decide.

How to Contact Us

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