

R. Pregnancy Prevention

Basic

Knows how pregnancy occurs	www.kidshealth.org H-30 through 32
Knows methods of birth control and how to obtain birth control	PPCC-1; PPCC-2; www.kidshealth.org H-54 through 58
Knows where to go to get information on sex or pregnancy	www.kidshealth.org

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ABSTINENCE

There are many different ways to show someone we like and love him or her. How would you show your affection for someone without having sex?

I would:

In most of the previous examples, the youth involved decided to say "no" to having sex. While it might not always be easy to say no and wait to have sex, it is the right decision for many of you! There are many health and personal reasons which make abstinence an important option.

Can you think of reasons to not engage in a sexual relationship at present?

Some of your reasons might include:

- Abstinence coincides with your personal values and beliefs.
- Abstinence is 100% effective in preventing pregnancy. (No other method of birth control is infallible.)
- Abstinence greatly reduces serious health risks like STD's and cervical cancer.
- Abstinence can show that you are a strong and mature person by not giving in to peer pressure. It can also show that you can exert control over your own impulses.
- Abstinence can help partners to develop a better friendship and evaluate their feelings for each other.

Abstinence might help prevent you from getting hurt emotionally. You will have the satisfaction of knowing that you have not compromised your values, that you've done nothing that you did not want to do.

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At any point in your life, your choice of whether or not to have sex should be a conscious and informed decision. It is important that you evaluate whether or not you are ready and are aware of possible consequences. You should know how to reduce risks of pregnancy and STD's. Having sex should never be circumstantial. Before engaging in any kind of sexual relationship, you should ask yourself:

- (1) Am I really ready? Is my partner ready?
- (2) How do I feel about my relationship with my partner? Do we agree on its terms?
- (3) Am I being influenced or pressured by a person or situation to make this decision?
- (4) Is there anything which might interfere with my ability to make a good decision?
- (5) Am I aware of the consequences of teen pregnancy? Am I aware of the potential risk of sexually transmitted diseases including HIV/AIDS?
- (6) Have I communicated clearly my feelings and concerns about having sex and the risks involved?
- (7) Am I knowledgeable about the various methods for preventing STD infection and pregnancy?
- (8) What other alternatives do I have?
- (9) What are my values around sexuality and how do they influence my decision-making?
- (10) Is this a good decision for me at this time?

Let's consider these questions in depth.

(1) *Am I ready?*

Only you can determine whether or not you are ready. There are many things to be considered. Evaluate your feelings and thoughts. Are you nervous, happy, scared? Have you thought about this clearly? Have you talked to someone you trust, someone who can share an informed opinion or offer wise advice? Do you think that you have sufficient knowledge about sexuality? Do you think you might still be too young? Do you feel pressured or guilty? You should not make *any* decision until you can answer these questions to your satisfaction..

(2) *How do I see the relationship with my boy/girlfriend? Do we agree on its terms?*

Evaluating the relationship you share with your boyfriend or girlfriend is an important part of your decision to refrain from any kind of sexual activity. Sometimes, particularly in the spirit of a moment, one might see his or her relationship differently from how it really is. It is helpful to know the following information about yourself, your boyfriend or girlfriend, and your relationship:

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Warning:

A major obstruction to good decision making is the use of alcohol or drugs. Under the influence of any substance, you cannot think clearly and are much more likely to engage in dangerous behaviors or make unwise decisions which you will regret later.

(5a) Am I aware of the consequences of teen pregnancy?

TEENAGE PREGNANCY

Let's evaluate some of the facts associated with teenage pregnancy:

FACT: Most babies born to teenage mothers will grow up in poverty.

FACT: Many teenage mothers will drop out of high school

FACT: Teenage mothers will earn much less money throughout their lives than women who waited until their twenties to have children.

FACT: Babies born to teenage mothers are more likely to have low birth weight and birth defects.

FACT: Many fathers of children born to teenage mothers will not be involved in their upbringing.

FACT: The stress of being a teenage parent is enormous and many are not able to cope with it.

FACT: Many teenage parents do not have the parenting skills necessary to raise a child in a nurturing, loving, and consistent environment.

FACT: Many teenage parents are isolated from their peers.

Can you think about additional facts related to teenage pregnancy?

- **FACT:**

- **FACT:**

- **FACT:**

- **FACT:**

Imagine what your life would be like if you were pregnant or about become a father. How would your life change?



BIRTH CONTROL METHODS

The following is a list of birth control methods that may be used by women and/or men. These methods – or information about them - are available at Planned Parenthood of Southern New England's 19 health centers. If you see a method you are interested in using, ask us for more information!

ABSTINENCE...is not having any sexual intercourse that can result in pregnancy. This method avoids the use of medications or hormones and there is no financial cost.

THE BIRTH CONTROL PILL...contains hormones that prevent pregnancy by preventing the ovary from releasing an egg. They help to keep periods regular and decrease the cramps that some women have with their periods.. Pills must be taken each day at as close to the same time as possible to be effective. They do not provide protection from sexually transmitted infections.

THE MALE CONDOM...is a sheath made of latex, polyurethane or animal skin that covers the penis before intercourse to keep sperm from joining an egg. The latex condom provides the most protection from many sexually transmitted infections but the polyurethane condom can be used if you have a latex allergy. Planned Parenthood has free latex condoms in all of our health centers.

THE FEMALE CONDOM...is a latex lining inserted into a woman's vagina before vaginal intercourse. It prevents sperm from joining an egg. The method may be used by women whose partner is unwilling to use male condoms. It provides protection against most sexually transmitted infections.

DepoProvera; The shot ...is an injection (shot) of hormone given to a woman every 12 weeks. This hormone prevents the release of an egg from the ovary. Side effects may include weight gain and irregular bleeding. Contraception may last as long as six months after the last shot although women should consider themselves at risk for pregnancy once they miss one injection. It does not protect against sexually transmitted infections.

THE DIAPHRAGM OR FemCap...is a shallow cup shaped cap. This cap is placed in the vagina to cover the cervix each time the woman has intercourse to prevent sperm from meeting an egg. These methods are used along with spermicidal cream or jelly and must be left in place after intercourse. These methods may provide some protection from sexually transmitted infections.

EMERGENCY CONTRACEPTION (EC) ... is medication taken by a woman up to 120 hours after unprotected vaginal intercourse. It is more effective if taken within 72 hours. EC prevents a fertilized egg from implanting in the uterus. Planned Parenthood sells EC to have available at home in case you need to use it. It does not protect from sexually transmitted infections.

IMPLANON... is a flexible plastic rod the size of a matchstick that is put under the skin of your arm. It provides contraception for three years. Implanon contains the hormone progesterone and works by stopping the release of an egg from your ovary. It also thickens the mucus in your cervix to keep sperm from reaching the egg and changes the lining of your uterus to prevent a pregnancy from growing there. Possible side effects include irregular bleeding and weight gain. It does not protect from sexually transmitted infections.

THE IUD (INTRAUTERINE DEVICE) ...is a small plastic device placed in the uterus. The IUD contains copper or hormones that keep sperm from joining an egg. IUDs may be kept in place for 5-12 years depending on the type of IUD. It does not protect from sexually transmitted infections.

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Client Information for Informed Consent

**EMERGENCY CONTRACEPTION PILLS (ECPs)
(MORNING-AFTER PILLS)**

ECPs help prevent pregnancy after unprotected vaginal intercourse. It may be that the condom broke. Or you didn't use birth control. Or you were forced to have sex.

A woman's body makes two hormones — estrogens and progestins. ECPs contain a progestin like the one made by your body. Certain birth control pills are also prescribed for emergency contraception. Some are progestin-only. Some combine both estrogen and progestin. Make sure you follow your clinician's instructions for taking them.

The hormone progestin helps to keep you from getting pregnant. It keeps eggs from leaving the ovaries. It makes cervical mucus thicker. This keeps sperm from getting to the eggs. In theory, ECPs could prevent a fertilized egg from attaching to the lining of the uterus. But that has not been proven.

Start your ECPs as soon as possible. The sooner you start, the better. Use them every time you have unprotected sex. ECPs reduce the risk of pregnancy by 75-89 percent if started within the first 72 hours after intercourse. They reduce the risk of pregnancy if started up to 120 hours — five days — after unprotected intercourse. You may ask for ECPs when you need them, or you may get them in advance. Getting them in advance will let you take them as soon as possible if you ever need to.

ECPs will not end a pregnancy. Don't use them if you are already pregnant. If you're not sure, you may want to have a pregnancy test. If you are pregnant, or if you become pregnant after taking ECPs, there is no evidence that they will harm the pregnancy.

Women who take ECPs do not seem to have the risks associated with combined hormone birth control pills. These rare but serious risks include blood clots, heart attack, and stroke. In fact, many experts believe that ECPs are so safe they should be available over the counter for all women no matter their age.

Possible side effects clear up quickly. They include

- dizziness, headaches, breast tenderness
- nausea
- vomiting — rare for progestin-only ECPs
- bleeding between periods — rare for progestin-only ECPs

Taking ECPs can affect your next period. It could be early or late, lighter or heavier, or shorter or longer. Or it could be the same as usual. You're more likely to have problems with your next period if you use ECPs more than once during your cycle.

There are two other options. The copper IUD (intrauterine device) can also be used for emergency contraception. It reduces the risk of pregnancy if inserted within five days of unprotected intercourse. It may also be left in place for ongoing contraception. Or you can choose to "wait and see." We are happy to discuss all your options with you.

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BIRTH CONTROL/STD PREVENTION

METHOD	PROS	CONS	COST	EFFECTIVENESS	STD PROTECTION?
Continuous Abstinence	Only 100% safe & effective method of birth control & STD protection. No side effects.	May be affected by peer pressure	NONE	100%	YES
Condoms					
Unlubricated	Easy availability. Effective STD prevention.	Might tear. Ineffective if used incorrectly or with oil-based lubricant (Vaseline).	25¢/ea.	90%	YES
Lubricated	Easy availability. Effective STD prevention.	Might not stay in place. Ineffective if used incorrectly or with oil-based lubricant.	50¢/ea.	90%	YES
Sheepskin	Easy availability.	No STD prevention.	\$2.50/ea.	90%	NO
Female Condom	STD protection. Easy availability. Effective in STD prevention. Gives females more control.	Possible difficulty with insertion. Might not stay in place.	\$2.50/ea.	72-97%	YES
Spermicidal Cream, Jelly, Foam	Easy availability.	Possible irritations. Ineffective STD prevention. Should be used with a condom.	\$8.00	72-97%	NO

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METHOD	PROS	CONS	COST	EFFECTIVENESS	STD PROTECTION?
Norplant	6 Capsules inserted in a female's arm that protects against pregnancy for 5 years..	Does not protect against STDs. Medical procedure is needed for insertion. Possible hormonal side effects include headaches, depression, weight gain.	\$500-\$600 Usually covered by Medicaid	99.9%	NO
Depo Provera	Hormone shot which protects against pregnancy for 12 weeks.	No STD prevention. Possible side effects include weight gain, headaches, and depression.	\$30 -75 per shot Usually covered by Medicaid	99.7%	NO
Pill	Can help protect against certain cancers, pelvic inflammatory disease and ovarian cysts. Can help menstrual cramps & acne.	No STD prevention. Must be taken daily to be effective. Rare health risks like heart attack & stroke.	\$8-25 per month Usually covered by Medicaid	99.9%	NO
Diaphragm or Cervical Cap	Can last for several years.	No STD prevention. Needs to be fitted to a woman's body. Needs to be used with spermicidal jelly or cream to be an effective form of birth control. Might cause irritations. Might be difficult to use.	\$20 plus \$8 for spermicidal jelly or cream.	82 - 94%	NO

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METHOD	PROS	CONS	COST	EFFECTIVENESS	STD PROTECTION?
IUD (Intrauterine Device)	Can protect against pregnancy for up to eight years after physician inserts device in the uterus.	No STD prevention. Chance of tubal infection and puncture of uterus wall. Might increase cramps. Medical procedure needed for insertion and removal.	\$150.00	98%	NO
Sterilization (Women)	Operation which blocks the tubes for permanent pregnancy prevention.	No STD prevention. Permanent procedure which should not be considered by anyone who might want to have children in the future. Chance of medical complications.	\$1,200 Usually at least partially covered by Medicaid or insurance.	99.7%	NO
Vasectomy (Men)	Operation which blocks the tubes which carry sperm for permanent pregnancy prevention.	No STD prevention. Permanent procedure which should not be considered by anyone who might want to have children in the future. Chance of medical complications.	\$300 Usually at least partially covered by Medicaid or insurance.	99.7%	NO

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Source of information: Planned Parenthood, 1994, "Your Contraceptive Choices."

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METHODS THAT DO NOT WORK

Occasional Abstinence

If abstinence is not practiced continually, it loses its effectiveness in preventing pregnancy and STD's. Be realistic about yourself and your behaviors. If you think you are not able to abstain 100% for any reason, you should consider other birth control/STD prevention methods..

Withdrawal

Withdrawal is not an effective method of birth control or STD protection.

Douching

Douching immediately after sex is not a method which prevents STD's or pregnancy.

Natural Family Planning

This highly complex system of monthly calendars and body temperature has a very high likelihood of failure and does not protect against STD's.

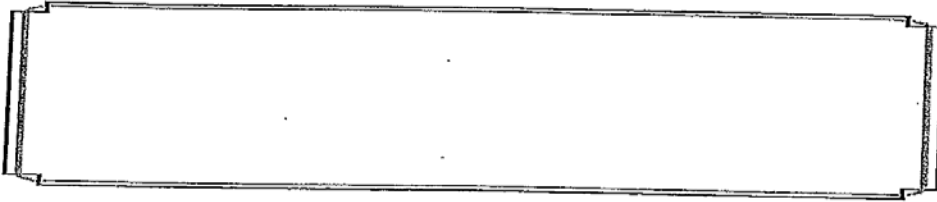
Chances, Wishing, and Hope

Relying on chances, wishes, or hopes will not prevent pregnancy or STD's. If you are sexually active and use no means of birth control or STD prevention, you must be prepared for pregnancy and disease. It can happen to you!

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After evaluating the previous charts, answer the following questions.

Which of the listed options prevent both pregnancy and STD's including HIV/AIDS?



Which of the listed options are easily accessible and easy to use for teens who are sexually active?



What would sexually active adolescents have to do to prepare themselves for pregnancy and STD prevention?

