

C5.2 - ABSTINENCE

Policy

For the purpose of contraception, abstinence is the refraining from penile-vaginal intercourse. For the purpose of preventing STIs, abstinence is defined as refraining from those acts that permit exposure to infectious lesions or secretions.

Abstinence is another form of sexual expression. The term “abstinence” has several meanings:

- Refraining from all sexually expressive behavior (Sexual Risk Avoidance).
- Refraining from sexual behavior involving genital contact (Sexual Risk Reduction).
- Refraining from penetrative sexual practices (Sexual Risk Reduction).

Procedure

Effectiveness

When used correctly and consistently, abstinence is 100% effective against pregnancy and STIs.

Contraindications

There are no known contraindications to abstinence.

Advantages

- Only form of birth control that is 100% effective when used consistently and correctly.
 - May promote intimacy by discussing sexual choices with partner.
 - Prevents STIs.
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Disadvantages

There are no known disadvantages to abstinence.

Side Effects

There are no known side effects from abstinence.

Subjective

- Ask the client how they define abstinence and work with their definition.
 - Primary abstainers have never had sexual intercourse with another person.
 - Secondary abstainers are sexually experienced but for various reasons no longer engage in behaviors they consider as “having sex.” Individuals may voluntarily abstain, not be in a current relationship, unhappy with a relationship or have an estranged relationship, be fearful of a STI, have the presence of others in the home, have a geographical separation from their partner, have poor health, an illness or injury, or be pregnant or had a recent childbirth.
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- Abstinence may be involuntary in instances of loss of a partner, incarceration, medical reasons or other causes.
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Objective

Clinical examination is not necessary.

Plan

- Support the individual's choice.
 - Provide information about abstinence.
 - Discuss EC and condom use.
 - Recommend age-appropriate periodic assessment.
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Client Education

1. Clients must receive:
 - a. Information about all types of contraceptive options.
 - b. Information about ECs including mechanism of action, efficacy, benefits/risks, advantages/disadvantages, side effects, warning signs, etc.
 2. Discuss with client:
 - a. They should make decisions about abstinence when they are clearheaded and sober, not in the heat of the moment. Decide with their partner about the right time to have intercourse which should be a mutual decision without coercion or pressure.
 - b. Discuss and decide with their partner, in advance, what sexual activities they will and will not do.
 - c. Avoid high-pressure sexual situations (drunk or high).
 - d. Always have condoms on hand if they change their minds.
 - e. Learn more about their body and how to keep it healthy.
 - f. Learn about contraception and safe sex.
 - g. 100% abstinence, 100% of the time is 100% effective against pregnancy and STIs.
 - h. Abstinence is free and always available to everyone.
 - i. Abstinence requires a high level of motivation.
 3. Recommend the use of condoms, barrier method or initiation of contraceptive method to prevent pregnancy and STI/HIV if/when they are no longer abstinent.
 4. In instances of involuntary abstinence, counseling about relationships or other forms of sexual expression can be offered.
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Fertility Return

Abstinence does not cause any disruption to fertility.

Referral

Referred services are not Title X funded.

As indicated by history, physical examination or lab findings.

Date Revised	September 2023
References	<p>Providing Quality Family Planning Services Recommendations of CDC and the U.S. Office of Population Affairs (QFP) [2014] https://www.hhs.gov/opa/guidelines/clinical-guidelines/quality-family-planning/index.html</p> <p>Title X Program Handbook https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf</p>
Additional Resources	