

ABSTINENCE
and
COITUS INTERRUPTUS (WITHDRAWAL)

I. INTRODUCTION

Abstinence can be defined in different ways but most commonly is used to describe either the practice of avoiding vaginal intercourse or the practice of avoiding all sexual acts that carry risk of pregnancy or contact with infectious lesions or secretions (including oral and anal intercourse).

Abstinence is the only 100% effective way to prevent pregnancy with a perfect use failure rate of 0%. Abstinence can also greatly reduce or eliminate risk of sexually transmitted infections (STIs).

Abstinence can be primary (never had a sexual experience with another person) or secondary (sexually experienced person who becomes sexually inactive) and continuous (refraining from intercourse entirely) or periodic (refraining from intercourse during specific times such as those when a woman is most fertile). Periodic abstinence may require another method of contraception during the period of non-abstinence.

Coitus interruptus is the withdrawal of the penis from the vagina and away from the external genitalia prior to ejaculation with the intention of avoiding pregnancy.

Perfect use failure rate in the first year: 4%
Typical use failure rate in the first year: 27%

Coitus interruptus does not protect a couple against sexually transmitted infections.

II. GENERAL INFORMATION

- A. Physical exam and lab work are not required but should be offered (as indicated)
- B. During the family planning initial visit education regarding all contraceptive options should be provided.
- C. All clients choosing abstinence or coitus interruptus should be proactively offered condoms, advanced placement of emergency contraception and other methods of birth control.

III. CLIENT SELECTION

Any client may receive information on abstinence or coitus interruptus

IV. CLIENT EDUCATION

- A. Review with the client and partner definition of abstinence or coitus interruptus and the risks of pregnancy and STI transmission associated with their defined method of abstinence or coitus interruptus.
- B. Counseling may include the discussion of alternative methods of contraception for the time if and when the client decides not to use abstinence as his/her primary method of contraception.
- C. Offer condoms and advanced placement emergency contraception
- D. Educate the client regarding the advantages and disadvantages of abstinence:
 - 1. Advantages:
 - a. Can reduce or eliminate the risk of sexually transmitted infections by not allowing exposure to infectious lesions or secretions (vaginal, oral, anal)
 - b. Can reduce or eliminate the risk of pregnancy by refraining from penile-vaginal intercourse.
 - c. Has no medical or hormonal risk or side effects
 - d. Women who abstain until their 20s and who have fewer lifetime partners may have certain health advantages over women who do not such as:
 - i. Less likely to get STIs.
 - ii. Less likely to become infertile.
 - iii. Less likely to develop cervical cancer.
 - 2. Disadvantages:
 - a. Can be difficult for some to abstain from sexual activity
 - b. If client has not ensured a back-up method is available, he or she may be unable to protect herself/himself from pregnancy or STIs if sexual contact occurs
- E. Educate the client regarding the advantages and disadvantages of coitus interruptus:
 - 1. Advantages:
 - a. Has no medical or hormonal risk or side effects
 - 2. Disadvantages:
 - a. Can be difficult for some partners to reliably withdraw prior to ejaculation
 - b. Does not offer protection against STI transmission
 - c. If client has not ensured a back-up method is available, he or she may be unable to protect herself/himself from pregnancy or STIs if sexual contact occurs

V. DOCUMENTATION

Documentation of education must be in the client's record

VI. FOLLOW-UP

Assess client's effectiveness and satisfaction with practice of abstinence or coitus interruptus and offer appropriate counseling and/or alternate method(s) of contraception, including advanced placement emergency contraception.

REFERENCES

1. Hatcher RA et al. Contraceptive Technology. 19th Revised Edition. Ardent Media, Inc., New York, 2007
2. Ziemann M, Hatcher RA, et al. A Pocket Guide to Managing Contraception. Tiger, GA, Bridging the Gap Foundation, 2010
3. Speroff L, Darney P. A Clinical Guide for Contraception. 4th Ed., Lippincott Williams & Wilkins, Philadelphia, PA, 2004