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Introduction

Youth service providers are in a unique position to help adolescents overcome barriers to accessing reproductive health services and information, elements crucial in enabling this population to attain sexual and reproductive health. This guide is designed as a tool for youth service providers to better serve adolescents specifically seeking information on and access to emergency contraception (EC.)

It has been ten years since the FDA declared oral contraceptives safe and effective for use as emergency contraception for women. Today we have a dedicated hormonal product available: Plan B EC. Plan B is available to adolescents with a doctor's prescription, directly in pharmacies without a prescription (for those 18 and older) or, in some states, with a pharmacist-initiated prescription for women of all ages. However, research conducted in California shows that knowledge of and access to EC among adolescents remains extremely low. This population holds misconceptions about EC safety and its mechanism of action. Concerns about lack of confidentiality and judgmental attitudes toward adolescents when inquiring about contraceptives constitute major barriers to EC access among adolescents.¹

This guide includes information about EC, how it works, and how to obtain it, as well as an overview of the sexual and reproductive rights of adolescents.² Also included are guidelines to counsel this population on EC, to ensure that information is delivered with accuracy, impartiality and confidentiality. The guide is intended for use by counselors, health promoters, teachers, youth service providers and anyone else who wishes to inform adolescents about EC.

¹In this guide, the term “adolescent” refers to a person experiencing physical and psychological changes from the onset of puberty to maturity which, according to the World Health Organization, corresponds roughly to the period between the ages of 10 and 19 years.

2. Emergency Contraception

History

In the early 1970s, gynecologists and researchers began exploring the possibility of using birth control pills to avoid pregnancy after sex (post-coital contraception.) Feminist clinics, a few Planned Parenthood affiliates and college campus health centers began to offer the “morning after pills” to women who had unprotected sex. The common approach was to cut up packets of birth control pills containing estrogen and progestin and give the required number of pills (which varied by pill type) to women with instructions on their use, (known as the Yuzpe regimen.) But due to misconceptions about its safety and concerns about possible overuse, the method languished and few other providers or women knew about it.² In 1997, the FDA declared the Yuzpe regimen to be safe and effective as emergency contraception. This regimen was marketed as the brand Preven and approved by the FDA in 1998. Plan B, a dedicated hormonal product containing only progestin, was approved by the FDA in 1999 and is currently the only EC dedicated brand available in the market.

In California, a law effective January 1, 2002, allowed trained pharmacists to provide EC to women directly, without requiring an advance prescription from a doctor or clinic. In August 2006, the FDA approved Plan B for over-the-counter sale to individuals 18 and older. Women under 18 still need a prescription – either from a doctor, clinic or a specially trained pharmacist.

What is Emergency Contraception?

- Emergency contraception (EC) is a safe and effective form of contraception that can be used to prevent pregnancy after sexual intercourse and before pregnancy is established. Both the intrauterine device (IUD) and hormonal contraceptive pills may be used as EC methods. This guide provides information about emergency contraceptive pills.
- EC is intended for use as a back-up method in situations such as unprotected intercourse, contraceptive failure or rape.

- EC is most effective when taken within the first 24 hours and may work up to 120 hours (5 days) after unprotected intercourse.³ The sooner EC is taken, the more likely it is to work.

The Plan B label indicates effectiveness up to 72 hours after unprotected sex; however, studies conducted by the World Health Organization have shown that EC is very effective in preventing a high proportion of pregnancies if taken within 5 days of unprotected sex.⁴

Types of Emergency Contraceptive Pills

1. Plan B is the dedicated hormonal product that consists of two progestin-only pills (levonorgestrel) taken either in a single dose or each pill taken 12 hours apart. The dedicated EC product has reduced side effects (nausea and vomiting) that may be experienced when using other EC regimens (like the Yuzpe regimen). Plan B is up to 89% effective if used within 120 hours of unprotected intercourse.

The World Health Organization and the Society for Adolescent Medicine recommend the one dosage regimen for adolescents, since it is as effective as splitting the dose in two, is not associated with more side effects, and it may increase compliance with instructions for taking EC.⁵

2. Yuzpe Regimen. These are regular contraceptive pills taken in special doses depending on the hormonal concentration of the pills used. This is also referred to as “cut-up birth control pill packs.” This regimen is up to 75% effective.

Plan B is the preferred EC method to recommend to adolescents, given that it is more effective, easier to take and has less side effects than the Yuzpe method.

How EC Works

- Emergency contraceptive pills prevent pregnancy by delaying ovulation and inhibiting fertilization.⁶ EC may also inhibit implantation of a fertilized egg in the endometrium.^b

EC Does Not Cause an Abortion.

EC should not be confused with the abortifacient RU486 (mifepristone). In fact, EC will not work if a pregnancy is already established and will not harm a developing fetus. EC pills are mostly synthetic progesterone (progestin), a hormone that decreases uterine contractions. EC will not interrupt an existing pregnancy.

Different from EC, RU486 can be taken up to seven weeks into a pregnancy to terminate a pregnancy. Mifepristone aborts a pregnancy by blocking the production of the hormone progesterone.

Side Effects

Some women experience mild side effects that usually do not last longer than 24 hours. These side effects might include:

- Nausea
- Vomiting
- Abdominal pain
- Headache
- Dizziness
- Breast tenderness
- Fatigue
- Irregular vaginal spotting or bleeding

Limitations

- EC is not as effective as other contraceptives for regular use
- EC does not protect against sexually transmitted infections, including HIV/AIDS.

^bWe cannot conclude that EC never prevents pregnancy after fertilization. Even if in some cases EC works by inhibiting implantation of a fertilized egg, these probably would be outnumbered by other cases where fertilization of an egg that would not have implanted naturally is prevented because EC inhibited ovulation. EC likely reduces the incidence of fertilized eggs that do not implant. Trussell J, Jordan B. Mechanism of action of emergency contraceptive pills *Contraception* 2006 74; 87-89.

How can adolescents get EC

Who can get EC	Over the Counter (OTC)	Via Pharmacy Access*	With a Prescription From a Doctor or at a Clinic
	EC is kept behind the pharmacy counter, so those seeking EC must ask the pharmacists or pharmacy clerk for the product. Must be 18 or older with proof of age.	EC pills obtained through a specially trained pharmacist who is authorized to write an EC prescription and provide EC pills. *Option available in California, Alaska, Hawaii, Massachusetts, Maine, New Hampshire, New Mexico, Vermont and Washington.	EC pills—or a prescription—obtained at a doctor’s office or at a clinic.
	Men and women 18 years and older showing proof of age	Women of all ages, including adolescents. *Men under 18 cannot get a prescription or get Plan B through the EC pharmacy access model.	Women of all ages, including adolescents.
Insurance	Currently unknown if EC obtained OTC will be covered by insurance.	Family Pact (CA only) & MediCal cover EC at no cost for enrollees (both women and men) with eligible income To enroll in Family PACT call 1(800) 942-1054 To enroll in MediCal call the local County Office. • Family Pact covers up to 6 EC prescriptions per 12-month period at no cost. • In California, pharmacists initiating a prescription for EC for women with Family PACT or MediCal may also provide 12 condoms. • In California, in accordance with the Equity in Prescription Insurance and Contraceptive Coverage Act, all insurance plans with prescription benefits must include prescription contraceptives which include EC.	
Price	Price ranges from \$40 to \$50	Covered by insurance mentioned above; otherwise, same price as OTC.	
Contacts		For a listing of pharmacies that provide this service, visit: www.EC-Help.org or in CA call: 1-800-521-5211	To find local providers visit: www.Not-2-Late.com or call: 1-888-Not-2-Late.

What to Expect at the Pharmacy

Many but not all pharmacies have a pharmacist on staff who can prescribe EC. Adolescents can call 1-800-521-5211, 1-888-NOT-2-LATE or go to www.ec-help.org to find the nearest pharmacy that offers this service. The following are two scenarios for what adolescents can expect when seeking EC at a pharmacy.

At a pharmacy with a pharmacist trained to provide EC (with a pharmacist-initiated prescription):

- The pharmacist will ask if EC is being requested because of birth control failure, unwanted sex, or to have on hand for future use.
- If EC is being requested because the client had unprotected sex within the last 5 days, the pharmacist will ask:
 - the first day of the client’s last period,
 - and if the client has any allergies.
- The pharmacist will also provide a fact sheet about Plan B, how it works and possible side effects.
- The pharmacist may also ask the client to sign a consent form confirming understanding of Plan B’s effectiveness, how it works and possible side effects.

If Plan B is requested without a prescription in a pharmacy without trained staff to provide EC:

- Staff will ask for proof of age and are allowed to provide Plan B as an over-the-counter product if the client is 18 years of age or older (male or female).
- If the client is a woman and does not have identification available, pharmacy staff will most likely refer her to a clinic or doctor to get a prescription. Men will not be referred to a clinic, because only women can be given a prescription for Plan B.

Regardless of her age, every woman is entitled to confidential services and information.

If a woman has a prescription for Plan B or gets EC from an EC pharmacy access pharmacist, the pharmacist can bill private insurance or government-funded insurance programs. Publicly funded insurance programs vary by state; in California, Medi-Cal and Family PACT cover Plan B with a prescription.

If the adolescent is covered under someone else's insurance plan (such as parents') and use their insurance to pay for Plan B, the insurance company will likely send the policy holder a notification of services provided.

Advance Provision

Obtaining EC in advance removes barriers to access when EC is needed, allowing women to take the pills as soon as possible, which makes it more likely that the pills will work.

Women of all ages can obtain EC in advance from their doctor or from a clinic or through pharmacy access. To find local providers visit:

www.Not-2-Late.com, www.EC-Help.org, or call 1-800-521-5211 in CA.

4. Facts about EC Access and Adolescents

EC is Safe for adolescents.

EC is shown to be safe, with no contraindications for use among healthy adolescents.⁷ Leading medical organizations, including the Society for Adolescent Medicine, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American Medical Association, the American Medical Women's Association, and the World Health Organization strongly support EC access for women of all ages.

Access to EC does not result in more unprotected intercourse or less contraceptive use among adolescents.

University of Pittsburg School of Medicine research with adolescent women showed that providing EC in advance was not associated with more unprotected intercourse or less condom or hormonal contraception use. Adolescents with advance prescriptions were twice as likely to use EC sooner.⁸

Access to EC does not increase exposure to STIs.

A study conducted with 2,117 women, ages 15 to 24 years, showed that women with access to EC through pharmacies and those provided with an advance prescription for EC did not experience higher rates of STIs than women who accessed EC at a clinic.⁹

5. Why is EC Important for Adolescents?

No contraceptive is adequate for all adolescents, and no contraceptive is 100% effective. EC can provide an excellent, reliable back-up method for preventing unintended pregnancy in the case of contraceptive failure or rape.

The U.S. has the highest teen birth rates of any Western industrialized country – twice as high as England or Canada, and eight times as high as the Netherlands or Japan.¹⁰

- Each year in the US, almost 750,000 teenage women aged 15–19 become pregnant.
- Eighty-two percent of these pregnancies are unplanned and nearly a third of them end in abortion.¹¹
- A recent decrease in teen birth rates has been shown to be mostly (86%) due to improved contraceptive use, while only 14% can be attributed to adolescents who delay sexual activity.¹²

Sexual activity among adolescents

- By age 15, only 13% of adolescents have ever had sex.
- Nearly half (46%) of all 15-19-year-olds in the United States have had sex at least once.
- By the time they reach age 19, 70% of adolescents have engaged in sexual intercourse.¹³
- If a sexually active adolescent does not use contraceptives, he/she has a 90% chance of becoming or getting someone pregnant within a year.

Sexually Transmitted Infections (STIs) among young people

- In the U.S., 15-24 year olds account for almost half of all the new cases of STIs per year, even though this age range represents only one-quarter of the sexually active population.¹⁴
- Half of new HIV infections (about 20,000) each year occur among youth aged 15-24.

EC offers adolescents:

- **A birth control option that reduces the likelihood of an unwanted pregnancy by having a back up contraceptive method.**
- **The means and information to protect themselves, thus taking responsibility for their sexual life.**
- **For those who would terminate an unwanted pregnancy, EC offers an additional preventative step between no-use/method failure and abortion.**

STI testing

When adolescents request EC, this is an opportune moment to recommend STI testing, since the same act of unprotected sex that put them at risk of pregnancy could also put them at risk of acquiring or transmitting a STI.

Why is EC important for male adolescents?

- Male adolescents usually know before their partner does if a condom breaks or slips. Therefore, knowing about EC as an option gives them an alternative to prevent pregnancy after contraceptive failure.
- Male adolescents are an important source of information for their female partners. Research conducted in California showed female adolescents are more willing to talk about contraception with their boyfriends and peers than with parents, relatives or doctors.¹⁵ The better informed male adolescents are about EC and EC access, the more prepared they will be to relay accurate information to their partners and share the responsibility of preventing a pregnancy.

Counseling adolescents on EC provides an excellent opportunity to offer information about disease prevention strategies, long-term birth control methods and referring adolescents to additional health care services.

Programs and policies limiting adolescents' access to reproductive health care and education increase adolescents' exposure to health risks that are preventable, and hinder their right to health. When a young woman seeks EC, she is acting on her own behalf to protect her health. As she recognizes her needs, she is learning and maturing in the process of taking control and responsibility over her body. Denying a young woman the scientifically proven, available means to prevent a pregnancy is an infringement on her sexual and reproductive rights, namely "the right to decide whether and when to have children, the right to non discrimination based on gender and/or age, and the right to have access to essential medicines and benefit from scientific progress."¹⁶

EC has the potential to decrease the number of unplanned teen pregnancies and abortions, when used as a back up birth control method.

6. The Sexual and Reproductive Health and Rights of Adolescents

What is Sexual and Reproductive Health?

According to a widely accepted definition put forth by EngenderHealth, an international non-governmental organization, Sexual and Reproductive Health refers to a state of health and well-being that encompasses:¹⁷

- Physical, mental, and social well-being related to sexuality and reproduction;
- Freedom to enjoy sexual relations without fear of pregnancy, disease, abuse of power, sexual coercion, or violence;
- Equal balance of power in sexual relations;
- Respect for bodily integrity and the right to control one's own body.

What are Sexual and Reproductive Rights?

According to the World Health Organization, sexual and reproductive rights refer to a person's ability to attain the highest standard of sexual and reproductive health.

"Reproductive Rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. They also include the right of all people to make decisions concerning reproduction, free of discrimination, coercion and violence."¹⁸

Sexual Rights embrace human rights that are already recognized in national laws and international human rights documents. These include the right of all persons, free of coercion, discrimination and violence, to:

- the highest attainable standard of sexual and reproductive health;
- seek, receive and impart information related to sexuality;
- sexuality education;
- bodily integrity;
- choice of sexual partner;
- decide whether or not to be sexually active;
- consensual sexual relations;
- consensual marriage;
- decide whether or not, and when to have children; and
- pursue a satisfying, safe and pleasurable sexual life.¹⁹

Adolescents are entitled to attain sexual and reproductive health by making voluntary and informed decisions. In the state of California, as of August 1997, Family Code section 6925 permits minors to receive confidential care related to the prevention or treatment of pregnancy.

7. Sexual Health Counseling Basics

Principles and Values

When helping adolescents make decisions regarding their sexual and reproductive health, including access to EC, keep in mind the following

Principles and Values:²⁰

- **Respect and Impartiality** – Show openness and respect for the rights, values and beliefs of the adolescent. Avoid being judgmental; make sure that you are not imposing your opinions or beliefs on her/him.
- **Confidentiality** – Ensure complete discretion about the counseling session by not sharing information that the adolescent has volunteered, except in those cases mandated by law. In California, the law does not require parental permission or parental notification for an adolescent to get EC.
- **Privacy** – Respect the adolescent’s right to be protected against intrusion into her/his personal affairs by providing a private space where she/he will be free to talk without being heard by other people.
- **Honesty** – Be truthful, provide clear, complete and accurate information about EC.

The observance of these principles results in **free and informed choice** based on complete respect for the adolescent’s decision.



Strategies for Talking about Sexuality

Youth service providers frequently are hesitant to discuss sexuality issues because of their own discomfort with the topic or because they may not know how to initiate the discussion with a young person.

Providers can use several strategies to raise their comfort level in addressing issues of sexuality with their clients by:

- Learning more about sexuality;
- Obtaining feedback from providers who are experienced in talking with adolescents about sexuality;
- Explaining to the adolescent why the provider is discussing matters of sexuality, emphasizing its importance to the overall health of the adolescent;
- Using language that feels comfortable and is understandable for both provider and adolescent;
- Obtaining information about the sexual and reproductive health needs and concerns of the teenage population through focus groups, community panels, interviews, etc.

Facilitating decision-making about EC ²¹

In order to help adolescents reach an informed and voluntary decision, it is recommended for the service provider to take into account the following guidelines:

- Make the adolescent feel comfortable;
- Listen actively to the adolescent, show good nonverbal behavior;
- Remain neutral, without prejudices;
- Identify and reflect the adolescent's feelings;
- Ask what the adolescent knows about EC;
- Offer relevant oral and written information about EC that is updated, scientifically accurate and accessible. Be ready to offer EC information in a nutshell;
- Help the adolescent prepare a plan of action that ensures access to EC:
 - What are available service options?
 - Does the adolescent have health insurance?
 - Is she/he aware of EC access through pharmacies?

- Review options for effective long-term birth control methods with the adolescent that include HIV and STI prevention;
- Advise STI and HIV testing;
- Have referrals at hand to teen friendly health centers, clinics and/or pharmacies;
- Reinforce that EC should be used as a back-up method;
- Summarize and reach agreement with the adolescent;
- If the adolescent decides to use EC, offer follow-up to ensure that EC was taken in a timely manner. Then, touch base again with the adolescent within 2 to 3 weeks in case she did not get her period. In that case, she might need to take a pregnancy test and obtain further counseling and referrals.

8. Sexual Violence, Teen Pregnancy and EC

Studies have shown a higher prevalence of sexual violence in the youth population (16-24 year olds) in comparison with other age groups. Sexual violence, including teen dating violence, is linked with unwanted pregnancies, exposure to sexually transmitted infections and other health risks.²²

In the case of rape, the Bureau of Justice Statistics estimates that only 38% percent of rapes and sexual assaults are ever reported. Additionally, even when the rape survivor seeks help at a hospital, she is not guaranteed a standard, legal treatment that includes being offered prophylactic and emergency contraception as options to prevent pregnancy. According to a study published in the Annals of Emergency Medicine that surveyed all US Catholic Hospitals and 17 % of non-Catholic hospitals, 55% of Catholic and 42% of Non-Catholic hospitals do not dispense EC in emergency departments.²⁴

Furthermore, adolescents who are pregnant and in an abusive relationship often encounter greater challenges in successfully using contraceptives due to birth control sabotage by their abusive partners.²⁵

These scenarios call for an urgent push toward improved comprehensive education for adolescents about EC use and accessibility. EC access through pharmacies and/or having an advance EC prescription at home might be among the most viable options for some of the cases mentioned above.

Professionals who provide sexual and reproductive health care services should routinely screen adolescents for dating violence, and should be knowledgeable about referrals and assistance in the area.

9. Resources

Emergency Contraception Hotline

1-888-Not-2-Late or www.Not-2-Late.com

Hotline offers a list of local EC providers.

For a listing of pharmacies that provide EC (including via the Pharmacy Access Model)

www.EC-Help.org or call 1-800-521-5211 in CA.

Family PACT

Family PACT offers no cost, confidential family planning, pregnancy tests, testing and treatment for STIs and HIV for women and men with eligible incomes.

To enroll call 1(800) 942-1054

MediCal

916-636-1980 or www.medi-cal.ca.gov

The caller is referred to his/her county Medi-Cal office.

National Planned Parenthood Hotline

1-800-230-PLAN or www.plannedparenthood.org

Hotline connects caller to the nearest Planned Parenthood.

The website provides resources for parents as well as teaching materials in the area of sexual and reproductive health.

National Teen Dating Abuse Helpline

1-866-331-9474 (24 hour service, confidential and anonymous)

Helpline provides crisis intervention, problem-solving techniques and referrals for victims of dating abuse ages 13-18, their families, and advocates.

Rape Abuse & Incest National Network (RAINN) 24 hours

1-800-656-HOPE

RAINN automatically transfers caller to the nearest rape crisis center, anywhere in the nation.

Advocates for Youth

Resources for youth serving professionals, parents and youth in the areas of sexuality education, teen pregnancy prevention and STI/HIV prevention.

<http://www.advocatesforyouth.org/professionals.htm>

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