

Chapter 1 : Situational Tuesday: Contraception by Choice or Chance? | Lagosmums

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Childless by Choice or Chance by Mary E. Jaminet December 1, Working and socializing among Catholics and pro-lifers over the years, I have noticed a significant number of young Catholic couples struggling with infertility. I also know a surprising number of intelligent, charming singles in their 20s and 30s still roaming the dating range. So, I was not surprised to come across a recent article in the Washington Post "Style" section, November 29 discussing the growing number of women who, by choice or by chance, remain childless throughout life. Census Bureau says the proportion of childless women ages 15 to 44 rose from 10.1% in 1980 to 12.1% in 2007. What is contributing to this trend, and how can Catholics respond to it? There can be little doubt that abortion, as well as the widespread use of contraceptives and sterilization, contributes to this trend -- allowing women to "control" their fertility by preventing conception or ending their pregnancy. Census Bureau figures also show the highest rates of childlessness, regardless of marital status, among women with the highest levels of education and income, employed in managerial and professional occupations, and living in the Northeast and West. Women are increasingly falling prey to the lure of "having it all" by delaying childbearing, or denying it altogether. Some even find that the methods they used to delay or interrupt pregnancy have much longer-lasting effects than they planned. At the same time, some women remain childless not by choice, but by chance. How should we respond to this trend? In addition to alerting people to the negative impact of abortion and contraception, we should take the positive approach of encouraging the childless to fulfill their call to be "mother-like" in creative ways. Volunteer for the parish Gabriel Project. Donate to the local pregnancy care center. Babysit for children of family and friends. Volunteer to hold infants through the night at a local orphanage. We should also keep in mind the need to be sensitive to women who may regret their abortions, sterilizations, or decision to remain childless. They may be in need of counseling. The local Project Rachel program can offer healing and reconciliation for those involved in abortion. Though not all women either choose, or are able to be mothers, all can be encouraged to celebrate children and cultivate their own ability to "mother. Conference of Catholic Bishops.

Chapter 2 : Birth control pill FAQ: Benefits, risks and choices - Mayo Clinic

*Contraception: by choice or by chance (Contemporary topics in health science series) [Stephen J Bender] on racedaydvl.com *FREE* shipping on qualifying offers. Softcover with slight foxing at page edges.*

Abortion Emergency contraception vs. Unfortunately there are many misconceptions to the differences found in emergency contraception vs. Some believe them to be the same thing, but in reality this is far from the truth. Many individuals in the public believe emergency contraception and abortion to be the same thing, which is why there is often such an outrage from individuals, groups and religious organizations to the availability of the emergency contraception pill, which is available over the counter without a prescription for women over the age of 17, in most states. To dispel these misconceptions about emergency contraception and abortion being the same idea “to medically induce a miscarriage” we are going to take a look at abortion vs. Keep reading to learn more about emergency contraception vs. Plan B, Next Choice or Ella. Depending on the type of emergency contraception, you can get this medication in most pharmacies over the counter. EC contains hormones similar to what is in the normal birth control pill, but simply more that work to effectively prevent a released egg from implanting if it is indeed fertilized. Because most members of the medical community including the American College of Obstetricians and Gynecologists as well as the United States Department of Health and Human Services have taken the stance that pregnancy actually begins with a pre-embryo completes implantation into the lining of the uterus, preventing that process from happening is not considered abortion. Plan B and Next Choice are only considered to be effective if started with hours of unprotected intercourse. The sooner the pill is taken, the better chance it has at preventing implantation and therefore pregnancy. There are other types of emergency contraception that only work by preventing ovulation or fertilization, which means the time frame in which it can be effective is even less because once the egg has been released and fertilized, it will no longer work to prevent pregnancy. The effectiveness of emergency contraception shows that if it is used within 72 hours after unprotected sex, it is about 75 percent effective. It is about 89 percent effective if used within 24 hours of unprotected intercourse. EC is considered to be safe for almost all women that take it. When considering the difference between emergency contraception and the medicated abortion, it is important to recognize that after the egg has fertilized and implanted with the uterine lining, the pregnancy cannot be ended by taking emergency contraception and will therefore not cause an abortion. EC can be purchased over the counter at most pharmacies for women and men over the age of 18. On the other hand, medicated abortion does exactly that. The abortion pill also known as Mifepristone, Mifeprex or RU works to induce abortion if used within 63 days after the first day of the last menstrual period. It is used with another medication Misoprostol which is used to complete the abortion. It works to end the pregnancy by blocking the hormones that are necessary to maintain a healthy pregnancy. The second medication is used to cause the uterus to contract and empty. A medicated abortion is highly effective if used within the time frame. It is also supervised by a doctor to ensure the induced miscarriage is successful and does not cause excessive bleeding or other complications with the pregnant woman. This process is considered safe for most women. There are risks associated with it however, just like with other abortion procedures. There is a rare case of death that has been reported with all types of abortion. However, it is still considered safer than carrying a pregnancy to full term. A medicated abortion can be done at an local Planned Parenthood or through a private clinician.

Chapter 3 : Childless by Choice or Chance

Are you having your children by choice or by chance? Seun, a year-old young woman growing up in the rural part of Lagos got married at 18 to Mr Salami.

Download each of the five card pdf files below. Use a lightweight card stock that will feed through your printer. Print the fronts of the two-sided cards first. Each page of cards has instructions for how many copies of that page you need to print. Then turn them over and print the backs. The scoring cards are one-side only. You can use scissors or a paper cutter to cut the cards apart on the dotted lines. Download and print out the game rules file with scoring sheets, find a few friends and play! This is a great game to play with teens. The purpose of the game is to learn what it would feel like to be denied the choice of whether or not to keep a pregnancy if contraception fails. In the process, players learn about different kinds of contraceptive options. Choice or Chance is played with two decks of cards: Sex cards, Choice cards and Blockade Cards. There are also four kinds of special cards. Every time a Sex card is laid down, a Contraceptive card must be drawn from the Contraceptive Deck to determine whether or not a baby results. Love cards are worth 2 points each. These can be used to prevent babies that result from rolling the dice with Contraceptive cards. They can also be used to overcome Blockade cards. If the opponent has another Choice card, it can be used to overcome the Blockade card. Similarly, a second Blockade card can overcome a second Choice card and so on until one player uses all the cards in her hand. Four kinds of special cards are found in the Action Deck. The RU card and Emergency Contraceptive card can be used instead of a Choice card, and Blockade cards are ineffective against it. A Poverty card can be used by an opponent to force an unwanted baby. A Poverty card makes the player too poor to afford an abortion and renders all Choice cards ineffective. Either player or opponent can use an Election card in place of a Choice or Blockade card. When an Election card is played, both player and opponent roll the dice in turn. The highest score wins the election and the winner imposes his will on the other player. These methods are associated with different probabilities of conception, and a roll of the dice is often required to determine whether they work or not. If the dice come up wrong, the player must take a Baby card. See separate sheet for detailed descriptions. Each player is allowed one free Baby card. After the first Baby, Baby cards are worth ten negative points. See scoring chart for more info. Any player with one baby gets three reward cards, and a player with two babies gets one reward card. Reward cards are worth 10 points each. They represent the both the personal and planetary benefits of families with two or fewer children. With more than 2 players, the opponent is always the player to the left. To begin the first round after both playing decks are shuffled, 6 cards are dealt from the Action Deck to each player and then the deck is placed face down on the table with the Contraceptive Deck face down next to it. Throw dice to see who goes first and the first player must lay down a Sex card if he has it. If not, he must pass to the next player, but first he must draw 1 new card from the Action Deck and discard 1 card face up in a pile next to the Action Deck. If the first player plays a Sex card, he must immediately draw a Contraceptive card and follow the instructions which will usually involve rolling the dice to determine if conception results. If he loses, he may use a Choice card, an Election card or the RU or Emergency Contraceptive cards see card descriptions, "Special Cards" from his hand to avoid taking a Baby card. Once the first player uses a Choice card or an Election card, the player to his left becomes his opponent and may use a Blockade card, a Poverty card or an Election card to force the first player to have a Baby. The first player can respond to a Blockade or Election card with another Choice card or an Election card and the play goes back and forth until the opponents have used up all their Choice, Blockade and Election cards. If the opponent plays the untrumpable Poverty card, there is no choice and the player takes a Baby card and the play moves to the next player. Scoring after each turn: Before passing to the next player, the player puts his Sex card in his Sex card pile. If he has used a condom he records 1 extra point for safer sex. If he loses choice, he must also add a Baby card to his Baby card pile. The Contraceptive card is placed face up in the Contraceptive Deck discard pile, and the other played cards are put into the Action Deck discard pile. The player, and then the opponent draw new cards from the Action Deck until they each have 6 cards again, and the opponent takes her turn as a player. When all the cards in the Action Deck have been drawn, play

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continues until all the Sex cards are played. If any player has no Sex card, she must pass, but can still act as an opponent using Blockade, Poverty and Election cards. Then shuffle the two playing decks and let the next generation try to do better. First Baby is free.

Chapter 4 : Contraception | Reproductive Health | CDC

This is about Shandi in Nigeria who became pregnant, by chance, because she did not know how to use or access contraception and later experienced complications from unsafe abortion. This is about Savita, who just died in Ireland, by chance, because doctors would not perform an abortion to save her life.

It can stay in your uterus for up to 10 years. Typical use failure rate: It is placed inside the uterus by a doctor. It releases a small amount of progestin each day to keep you from getting pregnant. The rod contains a progestin that is released into the body over 3 years. It is prescribed by a doctor. A pill is taken at the same time each day. If you are older than 35 years and smoke, have a history of blood clots or breast cancer, your doctor may advise you not to take the pill. Progestin only pill—Unlike the combined pill, the progestin-only pill sometimes called the mini-pill only has one hormone, progestin, instead of both estrogen and progestin. It is taken at the same time each day. Patch—This skin patch is worn on the lower abdomen, buttocks, or upper body but not on the breasts. This method is prescribed by a doctor. It releases hormones progestin and estrogen into the bloodstream. You put on a new patch once a week for three weeks. During the fourth week, you do not wear a patch, so you can have a menstrual period. Hormonal vaginal contraceptive ring—The ring releases the hormones progestin and estrogen. You place the ring inside your vagina. You wear the ring for three weeks, take it out for the week you have your period, and then put in a new ring. Emergency contraception—Emergency contraception is NOT a regular method of birth control. Emergency contraception can be used after no birth control was used during sex, or if the birth control method failed, such as if a condom broke. Women can take emergency contraceptive pills up to 5 days after unprotected sex, but the sooner the pills are taken, the better they will work. There are three different types of emergency contraceptive pills available in the United States. Some emergency contraceptive pills are available over the counter. Barrier Methods Diaphragm or cervical cap—Each of these barrier methods are placed inside the vagina to cover the cervix to block sperm. The diaphragm is shaped like a shallow cup. The cervical cap is a thimble-shaped cup. Before sexual intercourse, you insert them with spermicide to block or kill sperm. Visit your doctor for a proper fitting because diaphragms and cervical caps come in different sizes. Latex condoms, the most common type, help prevent pregnancy, and HIV and other STDs, as do the newer synthetic condoms. Condoms can only be used once. You can buy condoms, KY jelly, or water-based lubricants at a drug store. Do not use oil-based lubricants such as massage oils, baby oil, lotions, or petroleum jelly with latex condoms. They will weaken the condom, causing it to tear or break. Female condom—Worn by the woman, the female condom helps keep sperm from getting into her body. It is packaged with a lubricant and is available at drug stores. It can be inserted up to eight hours before sexual intercourse. Spermicides—These products work by killing sperm and come in several forms—foam, gel, cream, film, suppository, or tablet. They are placed in the vagina no more than one hour before intercourse. You leave them in place at least six to eight hours after intercourse. You can use a spermicide in addition to a male condom, diaphragm, or cervical cap. They can be purchased at drug stores. Your fertility pattern is the number of days in the month when you are fertile able to get pregnant, days when you are infertile, and days when fertility is unlikely, but possible. If you have a regular menstrual cycle, you have about nine or more fertile days each month. If you do not want to get pregnant, you do not have sex on the days you are fertile, or you use a barrier method of birth control on those days. Failure rates vary across these methods. Overall, typical use failure rate: Permanent Methods of Birth Control Contraceptive sterilization is a permanent, safe, and highly effective approach for birth control. These methods are meant for people who are sure that they do not desire a pregnancy in the future. The procedure can be done in a hospital or in an outpatient surgical center. You can go home the same day of the surgery and resume your normal activities within a few days. This method is effective immediately. Transcervical Sterilization—A thin tube is used to thread a tiny device into each fallopian tube. It irritates the fallopian tubes and causes scar tissue to grow and permanently plug the tubes. It can take about three months for the scar tissue to grow, so use another form of birth control during this time. Return to your doctor for a test to see if scar tissue has fully blocked your fallopian tubes. The procedure is done at an outpatient surgical center. The

man can go home the same day. Recovery time is less than one week. After the operation, a man visits his doctor for tests to count his sperm and to make sure the sperm count has dropped to zero; this takes about 12 weeks. Although most women and men who undergo contraceptive sterilization do not regret having had the procedure, the permanence of the method is an important consideration, as regret has been documented in studies. For example, the U. Collaborative Review of Sterilization CREST study found that women who were younger at the time of the procedure were more likely to experience regret. Read the following to learn more:

Chapter 5 : Free Choice or Chance Card Game

Get this from a library! Babies by choice or by chance.. [Alan F Guttmacher].

Birth control pill FAQ: Benefits, risks and choices Get the facts about common concerns and questions about birth control pills. Still, you may have questions about how birth control pills could affect your health, the benefits and risks of birth control pills, and newer options available. Can I use birth control pills to delay or stop my period? Birth control pills were once only packaged as 21 days of active hormone pills and seven days of placebo pills. While taking placebo pills, menstrual period-like bleeding occurs. Today women have many more options – from regimens with 24 days of active pills and four days of placebo pills to regimens that are all active pills. Some extended-cycle pill regimens have active hormone pills every day for three months, followed by a week of placebo or low-dose estrogen pills. You experience menstrual bleeding during that week. Newer extended-cycle regimens involve taking active pills continuously for one year and can stop all menstrual bleeding. Continuous or extended-cycle regimens have several potential benefits. They prevent hormone changes responsible for bleeding, cramping, headaches and other period-related discomforts. It can be convenient to skip a period during important events or trips. For women who experience iron deficiency due to heavy menstrual bleeding, using continuous regimens can reduce bleeding and there is less chance of developing iron deficiency. Unscheduled bleeding and spotting often occur during the first few months on this type of regimen. It usually stops with time, but it continues in some women long after using the pills. Do I need special pills or can I use ordinary birth control pills to prevent having a period? There are birth control pill regimens designed to prevent bleeding for three months at a time or for as long as a year. This means skipping the placebo pills and starting right away on a new pack. If I plan to have a baby, how soon after stopping the birth control pill can I conceive? Most women ovulate again about two weeks after stopping the pill. As soon as you ovulate again, you can get pregnant. If this happens during your first cycle off the pill, you may not have a period at all. Is there an advantage to waiting a few months after stopping the pill before trying to conceive? Doctors were once concerned that if you conceived immediately after stopping the pill, you had a higher risk of miscarriage. However, these concerns have proved to be largely unfounded. Most women start periods again a few weeks after they stop using the pill. However, if your periods were infrequent before you started taking the pill, they will likely be that way again after you stop the pill. Some women find that it takes a couple of months before they return to regular ovulation cycles. The pill prevents your body from making hormones involved in ovulation and menstruation. When you stop taking the pill, it can take some time for your body to return to normal production of these hormones. Your period typically resumes within three months after you stop taking the pill. But some women, especially those who took the pill to regulate their menstrual cycles, may not have a period for several months. Pregnancy tests work by measuring a specific pregnancy-related hormone – human chorionic gonadotropin HCG – in your blood or urine. What happens if I take birth control pills while pregnant? Can I use several birth control pills at once for emergency contraception? These medications are sometimes referred to as the "morning-after pill. Younger women need a prescription for these medications. Plan B One-Step – a single-dose regimen – is available over-the-counter for women of any age and should be used within 72 hours of unprotected intercourse. Plan B – a two-dose regimen – is available over-the-counter for women age 18 and older; those age 17 and younger need a prescription. These emergency contraceptives are available at drugstores, as well as health clinics and Planned Parenthood. Ulipristal acetate ella is another type of pill approved for emergency contraception. This medication is taken as a single dose for up to 5 days after unprotected intercourse. Does how much I weigh reduce the effectiveness of emergency birth control pills? If your body mass index BMI is more than 30 – especially if you use levonorgestrel – emergency contraception may not be as effective, and you could be at risk of still being pregnant after taking the pill or pills. BMI is not as much of a concern when using ulipristal or the copper intrauterine device. I have taken birth control pills for years and want to stop. Can I stop at any time or should I finish my current pill packet? In terms of your overall health, it makes little difference when you stop taking the pill. When you finally do stop the pill, you can expect some

bleeding, which may change the rhythm of your menstrual cycle. But you can stop at any time. Can I get pregnant during the week of nonactive placebo pills? But if you miss a pill or several pills during a cycle, you might be at higher risk of unintended pregnancy during that cycle. To be safe, use a backup form of contraception, such as a condom, especially if you miss several pills during a cycle. Do birth control pills cause weight gain? Many women think so. But studies have shown that the effect of the birth control pill on weight is small if it exists at all. The estrogen in birth control pills does affect fat adipose cells, making them larger but not more numerous. How do birth control pills affect cancer risk? On the flip side, the birth control pill may decrease your risk of other types of cancer, including ovarian cancer and endometrial cancer. Regarding breast cancer risk, some very early studies showed a link between pill use and breast cancer likely due to the high estrogen dose found in contraceptive pills used in the s. Studies also have found no link between breast cancer risk and use of birth control pills in women who have a family history of breast cancer. Do birth control pills affect cholesterol levels? Birth control pills can affect your cholesterol levels. Birth control pills with more estrogen can have a slightly beneficial overall effect on your blood lipid levels. Do birth control pills affect blood pressure? Birth control pills may slightly increase your blood pressure. If you take birth control pills, have your blood pressure checked regularly. If you already have high blood pressure, talk with your doctor about whether you should consider another form of birth control. Can women older than age 35 continue taking birth control pills? In that case, you need to quit smoking before you can safely continue using birth control pills. Can antibiotics decrease the effectiveness of birth control pills? The effects of antibiotics on birth control pills may be overstated except in the case of one antibiotic, rifampin Rimactane.

Chapter 6 : Emergency contraception: Effectiveness of emergency contraceptives

Contraceptive Guidance for Health Care Providers U.S. Medical Eligibility Criteria for Contraceptive Use (US MEC), U.S. Selected Practice Recommendations for Contraceptive Use (US SPR) and Providing Quality Family Services (QFP) can assist health care providers when they counsel women, men, and couples about contraceptive method choice and family planning services.

The global campaign is specifically to improve awareness of contraception, and to allow women make informed choices about their reproductive health, in the hope that every pregnancy is planned and intentional and that every life is by choice and not by chance. Adequate access to contraceptives could reduce unsafe abortions by over 70 percent. One of the benefits of contraception is that it allows women to put off having children until their bodies are fully able to support a pregnancy. Contraceptive use reduces the need for abortion by preventing unwanted pregnancies. An effective contraception helps to optimize the health of a woman prior to pregnancy by stabilizing any medical condition or getting the medical condition under better control. It also helps to avoid complications in pregnancy by enabling women to enter pregnancy in the best state of health. Common family planning options include injectable contraceptives, oral contraceptive pills, male and female condoms, implants, IUDs, sterilization and natural or traditional family planning methods among others. There is no gainsaying that some barrier family planning methods, such as condoms, help prevent the transmission of HIV and other sexually transmitted infections. Through contraception, couples can practice family planning to prevent closely spaced and ill-timed pregnancies and births, which contribute to some of the worlds highest infant mortality rates. Family planning enables couples and women in particular, to have informed choices about their sexual and reproductive health. However, there is a global unmet need for contraception. In Nigeria and in many developing countries, many women of reproductive age that want to avoid pregnancy are not using a modern contraceptive method. Reasons include limited choice of methods; limited access to contraception, particularly among young people, poorer segments of populations, or unmarried people; fear or experience of side-effects; cultural or religious opposition; poor quality of available services; users and providers bias, gender-based barriers, etc. Ensuring uninterrupted availability of high-quality family planning commodities and consumables is a current challenge. The LARCs are methods of birth control that provide effective contraception for an extended period without need for action. According to the NDHS , However, this average masks critical differences related to method, type, age, wealth, and other factors. It is also of interest to observe that only This is a much lower rate of knowledge than in other countries. From a geographical perspective, knowledge is significantly lower in the Northern parts of the country, just as contraceptive prevalence is low. Under the indicator for early childbearing in the report, Also from the MICS, the unmet need for contraceptive usage among women aged years, that is, women who are currently married or in union who are productive and want to space their births or limit the number of children they have and who are not currently using contraception is From the perspective of the Network of Reproductive Health Journalists of Nigeria, NRHJN, every pregnancy in Nigeria must be intentional and no pregnancy must be allowed to just happen by any form of accident. The Network is saying there is no better time to discuss contraception than now. As a key advocacy stakeholder the Network on government and other stakeholders to join hands in closing the wide gap of access to all forms of modern methods of contraception. The promotion of safe, accessible modern family planning methods to the last mile at this point in time in Nigeria is crucial towards achieving the global goal of Family Planning by FP and the 17 Sustainable Development Goals SDGs. Making access to quality contraceptive services and information should be treated as a human right because it changes and even saves lives of women and girls. The government has the responsibility to make modern contraceptives accessible to women and girls most especially in urban poor communities in Low- and Middle-income Countries. The World Contraception Day more than ever before provides another golden opportunity to create awareness on the different contraceptive methods as well as reinforce the need for Nigeria to up her game with a view to ensuring adequate allocation of resources to engender availability and access to contraceptive commodities to women in all communities in Nigeria. That

way, we engender a happy and prosperous society. This has been the cornerstone of our work at Ipas. The bottom line is that family planning strengthens the rights of all women of reproductive ages to determine the number and spacing of children in their lives. Access to modern contraception options can help prevent unwanted or unintended pregnancies, which, in turn, can help reduce maternal deaths by delaying motherhood, spacing births and avoiding unsafe abortions.

Chapter 7 : What is contraception? - NHS

ethod hat is it Chance of ealth concer ns dantages isadantages o does it or getting r egnant. Contraception - Your Choice. Contact Family Planning for detailed.

There are 61 million U. To achieve this family size, a woman must use contraceptives for roughly three decades. Seventy-two percent of women who practice contraception currently use nonpermanent methods—primarily hormonal methods. Six percent of women had used the contraceptive ring in 2011, the first time this method was included in surveys. Condom use is most common. Perfect-use failure rates apply to those who use a method consistently and correctly. Typical-use failure rates take into account inconsistent and incorrect use by some users. These methods have low typical-use failure rates because they do not require user intervention. However, the evidence suggests that the most disadvantaged U. These pills consist of a concentrated dosage of one of the same hormones found in birth control pills. Another product, containing ulipristal acetate, is also effective for up to five days. Contraceptive services and supplies can be costly. The most effective, long-acting methods can cost hundreds of dollars up front. Even methods that are relatively inexpensive on a per-unit basis such as condoms can cost substantial amounts over a year, not to mention over the 30 years that a woman typically spends trying to avoid pregnancy. The federal and state governments provide funding for family planning services and supplies to help women meet these challenges. In 2011, these services helped women avoid nearly two million unintended pregnancies, which would likely have resulted in 1.5 million unplanned births and nearly 1 million abortions. The Affordable Care Act requires most private health plans to cover a designated list of preventive services without out-of-pocket costs to the consumer, including all FDA-approved contraceptive methods and contraceptive counseling for women. Daniels K et al. Hatcher RA et al. Guttmacher Institute, 2012, <https://www.guttmacher.org/perspectives/2012/05/why-family-planning-policy-and-practice-must-guarantee-a-true-choice-of-contraceptive-methods>, Guttmacher Policy Review, 47(1), Sharma V et al. Special tabulations of data from Daniels K et al. Sundaram A et al. Kost K and Lindberg L, Pregnancy intentions, maternal behaviors, and infant health: Sonfield A et al. Frost JJ et al. Health Resources and Services Administration, U.S. Department of Health and Human Services, 2011. Contraceptive Effectiveness Source perfect use: Source typical use except for injectable, pill, male condom and withdrawal: Source typical use for injectable, pill, male condom and withdrawal:

Chapter 8 : CONTRACEPTION: It's your life and responsibility - Vanguard News Nigeria

state of world population By choice, not by chance: family planning, human rights and development United Nations Population Fund Third Avenue.

Chapter 9 : Contraceptive Use in the United States | Guttmacher Institute

We noticed one day that many of them had t-shirts that stated "Baby by Choice, Not by Chance" on the back. We found out that there was a county Contraceptive Day taking place on our last.