FACT SHEET: *Teens and Long-Acting Reversible Contraception (LARCs)*

Disclaimer: Please know that the information contained in this fact sheet is not intended to replace advice given to you by any medical professional.

**Why Do You Need to Care About LARCs?**

The latest push to unlink sex from its connections with commitment, love, kids or marriage is the “long active reversible contraceptive” (“LARCs”). Ob/Gyn journals, doctors’ associations, Planned Parenthood, and some governmental bodies are leading the charge for LARCs. **This includes strongly recommending LARCs for teen girls.**
Today, both Republicans and Democrats are inclined to support LARCs in the name of compassion, abortion-reduction, poverty-reduction, and women's empowerment. But the risks LARCs pose—to health, and to the building of strong relationships between young men and women—are real.

Note: For the purposes of this fact sheet, unless when otherwise specified, the terms “LARCs” will refer to all devices which act as long-acting reversible contraception.

What is a LARC?

LARCs are long-acting reversible contraceptives. The term generally refers to Intrauterine devices (IUDS) which can work for 3-10 years; hormonal implants inserted under the skin; and sometimes to Depo-Provera, a hormonal shot administered every three months. LARCs generally act as temporary sterilization.

Why The Push for LARCs—Especially for Teens?

• The media and many “women’s” or “anti-poverty” advocacy groups think teen sex is normal or at least inevitable.
  Leading LARCs promoters are neutral on non-marital sex for the most part and tend to believe it is now an inevitable part of older teens’ and young adults’ lives for about 7 to 10 years. Meanwhile, they strenuously oppose “unintended” pregnancies. They think LARCs are the answer, because of their efficacy.

• LARCs are more effective at preventing birth than other BC methods (to the point of sometimes causing very early abortions).
  Contraception enthusiasts admit that commonly used birth control methods like the Pill are failing a lot, whether from incorrect use, or just failure of the method itself. The National Institutes of Health says that they fail 9-30% of the time. But LARCs are pretty effective at either preventing pregnancy, or

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causing the uterus to “shed” already formed embryos—that is, to cause a very early abortion.4

• **Women, especially teens, are less likely to go off of LARCs.**

As LARCS require a physician’s removal, women are more likely to stay on them (on average, women switch BC methods several times during their lifetime, citing side and health effects5). To some experts, this is especially relevant for keeping teens on contraception, as they tend to use birth control less consistently.6 Thus, LARCs are also considered “less expensive in the long run than over-the-counter condoms or prescription birth control pills”7...which brings us to their supporters’ final reason.

• **To some, LARCs-usage means fewer babies born to low-income mothers.**

LARC promoters seem particularly anxious to get poor women and girls temporarily sterilized with LARCs. Still-on-the-books Obama-era Medicaid rules and guidelines make LARCs mostly free to the poor, and instruct doctors to strenuously promote them to those communities.8 Yet whether this approach actually “works” in lowering pregnancy rates in women and teens is debatable. Minority and poor communities are suspicious of LARCs, seeing a eugenic connotation and relationship to sterilization. Further, though studies in St Louis10 and Colorado11 showed lower pregnancy rates after LARCs were given to young women and teens, those studies have been

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7 “Pediatricians Urge IUDs or Implants for Teen Girls.”
critiqued in detail, and the claimed decreases in pregnancy rates possibly attributed to other causes.  

How LARCS Threaten Healthy Relationships and Sexuality for Women

Admittedly, “less-effective” contraceptives already divorce sex from a mental association with ideas like “kids,” “family,” “marriage,” “love” or even “commitment.” But LARCs have a tremendous impact on further divorcing sex from marriage and kids, by making female sterility an expected “default” position for women.

- **Acting as temporary sterilization, LARCs further distance sex from any thought of commitment, much less marriage or kids.**
  
  LARC proponents support this default position of sterility for women, which is why they want very young teen girls on LARCs even before they have a sexual partner. As one author writes, “contraception should thus become a system integrated into routine medical care that separates the beginning of birth control use from sex.”

- **When female sterility becomes a social and personal expectation, women are more likely to have casual sex, even against their own deeply-held desires.**
  
  Women don’t like casual sex for the most part, as global research confirms. But LARCs play a big role in facilitating this inherently risky behavior, ultimately lessening the justifications for saying “no” to casual sex.

- **LARC-usage is correlated with an increase in casual sex, and the number of sexual partners, among teen girls.**
  
  Researchers observe “that they remained unsure whether teens with more partners tend to be counseled to use LARCs, or whether LARCs provoked more sexual partners; but they found that LARCs users were more than twice as likely to have 2 or more partners in last 3 months, and twice as likely to have 4 or more lifetime partners, than those who did not use LARCs.”

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12 Gable. “No, One Program Did Not Reduce Colorado’s Teen Pregnancy Rate by 40 Percent.”
Health Risks of LARCs

LARCs are associated with significant health risks for women of all ages.

- **LARCs like the Nuva Ring**\(^{16}\) **and Mirena**\(^{17}\) **have been the focus of multi-million dollar lawsuits** due to their invasive nature and hormonal action having serious health impacts in some women.

- **All hormonal contraceptives, including LARCs, are associated with increased risks of depression.**\(^{18,19}\) Adult IUD users were 40% more at risk for antidepressant use. This is significant because “traditionally, physicians have been taught that the IUD only acts locally and has no effects on the rest of the body,” writes Dr. Monique Tello at the Harvard Health Blog.\(^{20}\)

- **LARC Depo Provera is associated with bone loss.**\(^{21}\) It is also associated with increased HIV transmission.\(^{22}\)

- **IUDs have been known to lead to IUD pregnancies and ectopic pregnancies,** with serious health risks to mothers and babies.\(^{23}\)

- **LARCs may also be associated with increased transmission of sexually transmitted infections.**\(^{24}\)

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Health Risks of LARCs for Teens and Young Women

Some risks of LARCs are found disproportionately in teens and young women:

- **Increased STD risk.**
  At the end of a three-year study in St. Louis that offered LARCs to predominantly young, minority and low-income women, the CDC reported a 46 percent jump in syphilis, a 31 percent rise in gonorrhea and a 3 percent increase in chlamydia in St. Louis. LARC supporters chalked this up to better STD reporting but have not substantiated this claim.

- **Significantly increased depression risk.**
  A major study published by The Journal of the American Medical Association Psychiatry found that all types of hormonal birth control, including LARCs, were correlated with a higher depression risk for women, but this was especially true for teen girls. Users of non-oral contraceptives, including LARCs, were found to have a 170-220% increase in risk of receiving a depression diagnosis.

- **IUD expulsion.**
  “IUD expulsion may be higher in adolescents than adults. In a cohort of more than 5400 IUD users, the hazard ratio of expulsion for females age 14 to 19 was 2.26 (95% CI 1.68–3.06) for the LNG 20 IUD and 3.06 (95% CI 1.75–5.33) for the copper IUD compared to women 20 years and older.”

- **Other potential risks.**
  The specific risks of hormonal contraception, including IUDs, on developing adolescent brains and bodies has been inadequately studied. So their impact could be more significant than we know.

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What Should We Offer Teens, Instead of LARCs?

- **Modern fertility awareness based methods (FABMs) of charting are hormone and side-effect free, and teach young women about their bodies and fertility.** Later in life, when teens marry and are thinking about family planning, correctly used FABMs have effectiveness rates similar to that of most contraceptives for avoiding pregnancy.\(^{31}\)

- **FABMs can help entire families communicate about healthy sexuality.** “Among those with children, 85% of women and 82% of men indicated the knowledge gained by using NFP helped them to explain sexuality to their children.”\(^{32}\)

- **Modern FABMs help teens make better decisions about sex and relationships.** In a study that evaluated the efficacy of Teen STAR, a program for students between the ages of 12 and 17 that jointly teaches about fertility awareness and sexuality, it was concluded that the “tracking of fertility patterns joined to discussion of their meaning correlates positively with maintaining virginity as well as a return to chastity.”\(^{33}\)

**Resources on LARCs:**

- Helen Alvare’s essay on LARCs at the Institute for Family Studies blog.
- A National Review essay debunking the claim that a LARCs experiment in Colorado dramatically reduced teen pregnancy.

**Resources on LARC Alternatives:**

- Natural Womanhood: [https://naturalwomanhood.org/](https://naturalwomanhood.org/)
- FEMM Health: [https://femmhealth.org/](https://femmhealth.org/)

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