

Reproductive Health & Wellness Program



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TALKING TO TEENS ABOUT SEX

Although we often acknowledge the importance of talking about sex with teenagers in the reproductive health community, most of us are completely bewildered about how to have these conversations in our own lives. Should we be rationalists?: “We’re going to talk about sex because if you treat it like an elbow then it becomes an elbow.” Should we be alarmists?: “If you have sex, the terrorists win!” Should we sweep-it-under-the-rug? “If you have sex, just make sure that I don’t know about it”. All of our parents had different strategies and some were obviously more successful than others. However, research has shown that teenagers with greater knowledge of the risks and benefits of sex are more likely to make responsible decisions about when they will have sex and what they will do to protect themselves from the risks of sex¹. It is because of this that we have a duty to have conversations about sex with the teenagers in our lives. We can provide them guidance that we may not have had.

Just as you are wary of talking to a teenager about sex, teenagers have no great fondness for talking to you about sex either. The power

differential that exists between youth and adults is likely the reason for teenagers’ general recalcitrance on this score. Obviously, admission by a teenager to the wrong kinds of sexual behaviors can have serious impacts on the freedom afforded a young person by their parents. The influence of power in silencing teenagers in terms of sex discourse is even more evident in the medical care setting. One recent study audiotaped encounters between physicians and teenagers and found that both parties were relatively unlikely to delve into the topic of sex. Of 253 conversations between teenagers and pediatricians, only 65% had any sexuality talk, with Asian and male patients being less likely to have any talk related to sex than other groups. The authors concluded that discussions were usually brief on the occasions where talk about sex occurred and that more research into how to improve physician-adolescent discussions about sexuality is necessary².

As adults or as medical care providers, it is important to recognize that control over the discussion of sex lies in our hands. Since teenagers are going to keep having sex no matter how much you yell at them – we have to make

it easy for them to talk to us about their hopes and fears!

Here are a few tips for parents concerning talking to teens about sex³: Talk with your children early and often about sex, and be specific; Know your children’s friends and their families; Help your teenagers have options for the future that are more attractive than early pregnancy and parenthood; Let your kids know that you value education highly; Know what your kids are watching, reading, and listening to.

Medical providers should remember that their own personal judgments about what constitutes correct moral behavior should be left out of their discussions with teens. Providers should establish confidentiality in visits with teens early on so that the teenager feels safe providing information about his or her sex life that will not be relayed back to parents. In addition, providers should ensure that teenagers are screened for sexual coercion and child abuse. At minimum, teenagers who are sexually active should receive information about STIs, pregnancy, and prevention through condom use and contraception.

TEENAGE PREGNANCY: AN ALTERNATIVE GENEALOGY

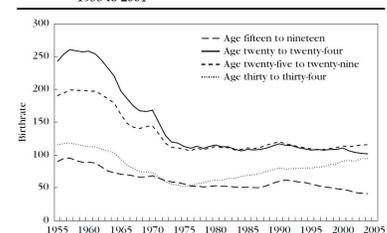
Contrary to popular opinion, teen pregnancy is not on the rise in the United States and has not been since the end of World War II. In fact, teen pregnancy incidence in the United States has been declining steadily since 1957⁴. Since the decline in incidence in teenage pregnancy started before any efforts were actually made to target this problem, we are left to ask whether or not the furor over teenage pregnancy is actually about something else.

Teenage pregnancy was common in the United States during the 18th century when American life was largely agrarian⁵. Early childbearing was, at this time, an economic necessity for expansion through farming – labor for farm work with either performed by children of the landowner or through the exploitation of slaves. Pregnancy was also closely associated with marriage – thus, the common occurrence of so-called “shotgun weddings”.

With industrialization and urbanization came fertility contractions that responded to reduced economic need for additional children⁶. These changes in fertility were also concomitant with marriage rates. The experience of fertility tracked with economic expansion and depression until after World War II when a population boom occurred within the United States. This boom was likely due to suppressed fertility during the war period and increased optimism about economic growth following the collapse of European power⁵.

By the 1960s, Americans began getting married less often because the desirability of marriage had reduced⁵. Pregnant teenagers, who in the past might have been married after they got pregnant, were now left without paternal support for their children. In addition, these women faced the pervasive social condemnation for having had sex before marriage.

FIGURE 1.1 Birthrates Among American Women by Age, 1955 to 2004



Source: 1955 to 1969, U.S. Bureau of the Census (1975); 1970 to 2004, Centers for Disease Control and Prevention (2006).

Thus, teen pregnancy only became a socially recognized problem when it was coupled in reductions in the marriage rate. The perceived increase in incidence in teen pregnancy was actually an increase in teenage pregnancy out of wedlock. Since this problem was observed first in a historically subjugated group (African-American women)

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SCHOOL HEALTH AND THE RHWP

the body shop, has partnered with Health Care Access Now (HCAN) since 2011. For the Year 3 project (2013-2014), HCAN will provide a full time community health worker (CHW) to coordinate with school based health centers and other local schools seeking referral services for *the body shop*'s services.

Through an intensive focus group with Cincinnati high school girls, a number of barriers to care were discovered. Barriers identified by the group included: (1) transportation, (2) parental consent/non-consent, (3) appointment time designation is too late in the day, (4) wait times at the clinic are too long, (5) clinic is too intimidating, (6) discussing birth control with a provider is intimidating, (7) birth control options are confusing, and (8) fear of confidentiality breach.

The HCAN CHW addresses these barriers to reproductive health care. This is accomplished by meeting students where they are most easily accessed: in school. Increased access to contraceptives will likely reduce the number of positive STI tests and teen pregnancies identified in schools this past year. The program will be launched through the school based health centers (SBHC) at Oyster and Withrow, and will expand as needed to the other SBHCs in the Cincinnati Public School system.

In collaboration with the Reproductive Health and Wellness Program (RHWP), the Infertility Prevention Project (IPP) of the Ohio Department of Health's STD Prevention Program has demonstrated that the largest proportions of those at risk are adolescents (15-19 years) and young adults (20-24 years). The mission of the IPP is to prevent infertility among women of childbearing years through expanded screening for chlamydia and gonorrhea. The goals of the project are to identify early infection through testing, treat early infections before complications occur, and test and treat all partners of positive patients to prevent re-infection. The program utilized several of the CHD school based health centers for testing populations, and found that students in Cincinnati Public Schools are still testing positive for STIs, despite an abstinence only sexual education message⁸. In concordance with national data that indicates abstinence only education has no effect on teen pregnancy or STI rates (Kirby, 2007), local pregnancy and STI rates are also high. Data indicate that students continue to have sex, but also that they are doing so in an unsafe manner. At one of the two schools in this project, over 19% (37) of the female students in the testing group (207) tested positive for chlamydia in the 4th quarter of the 2012 school year⁸. These numbers will

be compared to the results from the upcoming school year as a measure of success for the program. As we launch this project with the schools, we plan to promote STI prevention and encourage abstinence as much as possible. However, our goal will also be to prevent unwanted and unintended pregnancies in these populations of students.

While the State of Ohio stresses that schools only teach abstinence, the RHWP recognizes the risks associated with teens having sex at an increasingly young age. Teen pregnancy can have negative outcomes on the health of the mother and her child, and can greatly reduce the chances of the mother successfully completing high school⁹. Teens often turn to abortion instead of carrying to term, and abstinence only education has not demonstrated successful sex prevention¹⁰. Therefore, comprehensive contraception education and options are most appropriate – especially in a county plagued with high infant mortality. Research shows that young mothers with unwanted pregnancies are more likely to miss important prenatal visits¹¹, engage in risky behavior such as smoking or illicit drug use during pregnancy¹², and are more likely to suffer from postpartum depression than adult mothers who plan pregnancy¹³. It has also been found that teen mothers often have poorer physical and mental health outcomes later in life than women who did not experience teen motherhood¹⁴.

The consequences of teen pregnancy reach beyond the student and her immediate family, and have been shown to negatively affect the economy. This is due to the direct public costs of financing medical care for teen mothers and their children, and to the indirect costs of lost productivity due to teen mothers struggling to attain employable levels of education. Teen motherhood is associated with lower educational achievements, unemployment, and a lower socioeconomic status overall¹⁵. The burden of the overwhelming cost of medical care for teen mothers and their children often falls on taxpayers, with estimates that the government paid more than 11 billion dollars on teen pregnancies in 2006 alone¹⁶.

Considering these potential negative outcomes of teen pregnancy, the individuals charged with caring for the adolescent population in Cincinnati Public Schools must do everything possible to prevent teen pregnancy. Through interventions such as this one, *the body shop* hopes to empower young women to prevent unwanted pregnancies, and remove the stress that teenagers often face when it comes to sexual health, while also encouraging these young women to make the best decisions for

their well-being and for their future.

If a student expresses interest in RHWP services including birth control and STI testing, the school health staff can refer the student to the CHW. The CHW meets with the student and completes a barrier assessment. If it is determined that the student would like to go to a CHD clinic for contraceptives or STI testing/treatment, either the SBHC staff or the CHW can assist the student in making an appointment and can coordinate transportation for the student with the CHW if desired or needed. All efforts are made to set up appointments that allow the student to miss minimal amounts of class time.

The support of teachers in regards to appointment scheduling is imperative because it is also likely that teachers will have the most insight into which students could benefit from speaking with the CHW. The teacher may also have more contact with the parent(s) than the school health staff. Students are able to receive confidential reproductive health services provided by the grant. However, one goal of this project will be to help educate parents when applicable. The CHW will have tools to discuss these topics with any parent who is uncomfortable with the prospect of students using contraceptives, will not allow use, or is preventing the student from seeking appropriate medical care. The CHW can also host monthly or bi-monthly meetings with faculty and/or parents at each school to discuss concerns including safe sex, STI prevention, pregnancy prevention, contraception questions, and any other concerns that parents may have. Parents are also notified on the consent form for school based health care that it is legal in the state of Ohio for minors to seek reproductive health care without the consent of a parent. A student with unsupportive parents may not have the opportunity to go to an appointment after school and may need to leave school in order to maintain confidentiality of the appointment.

Students who have interacted with the CHW or had appointments at CHD clinics can also make suggestions to their friends that may be interested as well. Students can be given postcards with information regarding reproductive health services or business cards with the CHW's contact information after their own visit, and can distribute them to friends who are interested in birth control or STI testing/treatment. Between the end of September and the end of December, the CHW was able to meet with 88 students in 2 CPS high schools. We hope that this number will continue to grow as we expand to more area schools.

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and simultaneously contained a meaningful change in traditional family values, teen pregnancy was transformed through social discourse from a historical practice in decline into a deviant subculture that needed to be eradicated.

It is in this historical context that we currently understand the plight of teen pregnancy. This historical account is not meant to deny that teenage pregnancy constitutes a harm to a teenage mother and her child. It is meant to encourage recognition that the problematic nature of teenage motherhood speaks to the fundamental instability current economic system in providing economic opportunities to women outside of motherhood and marriage. Angela Davis, an important Black feminist, once asked poignantly "are teenagers who choose pregnancy offered even a vision of well-paying and creative jobs?"¹⁷ Unless we can answer yes to this question, we should be careful about stigmatizing the decisions of vulnerable teens.

TEAM MEMBER SPOTLIGHT: MEET ANGELA!

Name: Angela J. Nowden-Lee

Hometown: Cincinnati, OH

Favorite book: I don't have a favorite. I read fiction, and I love music, especially gospel and old school R&B.

What do you do at the body shop?

I educate young women about reproductive health, sexually transmitted infections, and how to prevent unplanned pregnancy by connecting them with providers that will help with birth control and other health issues. I also navigate through barriers in the health system that could prevent them from getting care. I make appointments, transport students, and support them at the visit.

What do you love about working in reproductive health?

I am making a difference in the lives of the women that I serve.

When you're not at the body shop, where might we find you? If not doing outreach you can find me at Health Care Access Now.



TEEN'S LIMITED ACCESS TO PLAN B ONE-STEP

Current FDA guidelines state that one version of the "morning after pill," Plan B One-Step, is to be available to any women aged 15 and over without a prescription. Guidelines also state that the drug should be available on shelves near condoms and other family planning products, not behind the counter where the pharmacist has to give it to the customer. This change in the guidelines occurred in April of 2013, and reduced the age restriction from 17 to 15¹⁷. While this is a positive step, there are still a number of problems.

The report states that "with this approval, the product is now available without a prescription for use by all women of reproductive potential¹⁷." This is not the case, because women younger than 15 can become pregnant. As it stands, women younger than 15 must have a prescription from a physician to obtain Plan B, but considering the fact that the dose must be taken within 72 hours of unprotected sex, it is unlikely that most women would be able to obtain a prescription within that time

frame. Additionally, Plan B is only covered by insurance with a prescription¹⁸. This means that women without a prescription will be forced to pay upwards of \$50 for each dose. Again, the time constraints associated with the product often limit the ability to obtain a prescription, thus forcing women to pay the full cost out of pocket. It is unreasonable to expect teenagers and low-income women to be able to pay that much money.

An additional restriction states that anyone under the age of 17 must provide government issued proof of age. Not only does this exclude many 15-16 year olds with no proof of identification, but it also excludes older teens with no driver's license, and undocumented immigrant women with no proof of age at all. Despite FDA guidelines, there are still reports of pharmacies that incorrectly deny access to Plan B by keeping it behind the counter, denying access to women under 18, denying men the ability to purchase it, or allowing pharmacists to refuse to provide it/fill the prescription

based on moral grounds¹⁸. All of these are unnecessary and unfortunate barriers to the provision of a drug that could safely prevent pregnancy. It is significantly safer for women, even as young as age 11, to take this drug than it is for them to become pregnant¹⁹.



Plan B available on the shelf at the CVS on Wm. H. Taft Road in Clifton.

MEN'S HEALTH

Interested in the Men's Health Initiative for your organization? Contact the program coordinator: eric.washington@cincinnati-oh.gov

MAN TO MAN:

The Men's Health Initiative provides clinical services to young men at the Clement Health Center! It's located on the corner of Burnet Ave. and MLK. You can walk-in and get an appointment at to see a health care provider for an STI screening. After that, you'll receive a Men's Health Initiative counseling session!

thebodyshop

REPRODUCTIVE HEALTH & WELLNESS PROGRAM

Reproductive Health Suite
Clement Health Center
Cincinnati Health Department
3101 Burnet Avenue
Cincinnati, OH 45229

RHWP Hotline:
513-357-7341

Appointment scheduling through the CHD Call Center:
513-357-7320

If you haven't made your New Year's resolutions yet, make sure that safe sex is one of them! Happy New Year from *the body shop*

The Reproductive Health and Wellness Program (RWHP) or the body shop, is a five-year grant awarded by the Ohio Department of Health to the Cincinnati Health Department and is funded by the federal Title X program. The primary objective of this program is to provide access to contraceptives and reproductive health services to the men and women of Hamilton County, especially to the most underserved populations, so as to reduce the number of unplanned pregnancies, unwanted pregnancies, and ultimately, the number of poor pregnancy outcomes. Through these direct services, education and outreach, the program also hopes to cultivate a culture of responsibility, well-being, and empowerment in regards to sexuality and reproductive health. To date, we've enrolled nearly 4,000 individuals, and continue to grow, learn, and serve.

For additional information regarding the project, please contact Dr. Jennifer Mooney at:

jennifer.mooney@cincinnati-oh.gov

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