FRESH FROM THE

thebodyshop

Reproductive Health & Wellness Program

city of CINCINNATI HEALTH DEPARTMENT

FRESH FROM THE BODY SHOP
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THIS ISSUE

- *Re-cap of the National Family Planning and Reproductive Health Association (NFPRHA) Conference in Washington, D.C.*
- *Gender and power as a component of sex education*

Inside This Issue:

Martha Goes to Washington!

Well — technically it wasn't Washington because I had to leave town before the Hill visits started, but I was in Alexandria, VA (which is basically Washington) for the annual National Family Planning and Reproductive Health Association (NFPRHA) conference. This conference brings together providers, administrators, activists, health care suppliers, and other Title X grantees to discuss what is going on in the world of reproductive health.

Spending 5 days with other family planning staff from across the country was both energizing and exhausting! The good work being done in other Title X sites, Planned Parenthoods, and private offices to ensure that all women are able to access the care and contraception that they need is inspiring, but the hurdles that we still need to overcome are apparent. The Office of Population Affairs (OPA), where Title X funding for programs like ours originates, reports that overall Title X patient numbers are down by about 9%. The first thought that comes to mind is that more of the patients who would normally be served by Title X (often uninsured) are now covered by the ACA, which requires insurance coverage of contraception. However, OPA reports that this is probably not the reason just yet. They believe that a combination of successful campaigns to promote the use of long acting reversible methods (LARC) like IUDs and implants and changes in cervical cancer screening guidelines has led to fewer women needing yearly visits with a provider. While we are always happy when a woman loves her LARC method, this can lead to complications when justifying the need for Title X funding to a Congress continually seeking to cut family planning dollars. While more Americans are indeed signing up for health insurance, Title X is in place as a safety net service. This money is intended to serve those who are unable to afford health insurance, but who of course still deserve the best care we can deliver.

Congressional members that are supportive are extremely supportive, but those who oppose Title X are trying to find ways to greatly reduce funding or eliminate the program based on lack of need since ACA requires contraception coverage. OPA did report that there are many supportive Congressional inquiries for data, but there are also inquiries for very specific and unnecessary data points. One example came from an unidentified Congressperson who was asking for tracking of the number of birth control failures that resulted in pregnancy and subsequent abortions. This is virtually impossible to track, but it is also an unnecessary statistical query to make. Birth control fails sometimes for many different reasons, and this kind of question doesn't help anyone. Safe access to contraception and a woman's ability to make whatever choice she wants to make for her own body are not indicated in birth control failure rates.

Another interesting trend of these discussions was around the topic of coercive counseling toward LARC methods. We love our LARCs around here, but never want women to feel like the most effective choice is the only option. There are some women who are "good" pill takers, in that they are able to take it at the same time every single day, and some women just prefer Depo shots to having a device in their bodies. One of the speakers pointed out that there is an inherent value judgment in the directive counseling tactic promoted by many, which is to use a tiered approach when discussing contraceptive options. The first discussed with each patient are tier one methods like IUDs and implants, followed by other hormonal methods like pills, patches, rings and shots, followed by what are considered the least effective methods like withdrawal and condoms. The newer recommendations include shared decision making between a provider and patient. This kind of counseling starts with the provider asking exactly what kind of protection, ease of use, etc, that the patient is looking for, an exploration of her back story and past use of methods, and finally a provision of unbiased information, that may include correction of misinformation the patient has heard from other sources. This allows for a mutually acceptable decision for both the patient and her provider. Oregon uses a model that starts with one simple question: "Would you like to become pregnant in the next year?" Perhaps another way to start the conversation is to ask "what are you looking for in a method?" The Bedsider catalogues that we use for patient counseling allows both patient and provider to see a diagram indicating things like ease of use, how often you have to complete some kind of maintenance (5 year IUD replacement or taking a pill each day?) and what kind of side effects can be expected. The tiered approach is popular because it provides a structured, uniform counseling model, but the provider must always be aware of avoiding coercive language when presenting this information to a patient.

Sex Education: Gender and Power Dynamics in Schools

When we discuss 'comprehensive sex education,' we generally mean medically accurate and unbiased information presented in an age appropriate manner, covering topics like anatomy, relationships, birth control, STI prevention, healthy relationships, and how to decide if you're ready for sex (including, but not limited to abstinence). What if there is a component we're missing? A new study examined 22 sex ed programs, 10 of which included a lesson on power and gender dynamics. The study then examined which programs were effective. Of the 10 lessons teaching a lesson on power and gender roles, 80% saw "significant decreases in pregnancy or STIs compared with a control group[1]." Only 17% of the other 12 programs that did not include lessons on gender and power saw similar positive results! The authors go on to explain their belief that by teaching students simply facts and statistics when it comes to sex ed, we aren't giving them any context. They argue that students in intimate situations aren't going to remember the facts and figures of safe sex, but they may remember that agreeing to use a condom is a way to show respect and concern for the health of their partner. Contextualizing gender roles and power dynamics as a part of sexual relationships between teens is important. We've seen increasingly public reports of rape, the sharing and subsequent publishing of nude photos on a massive scale, and photos taken of teenage girls passed out at parties in compromising situations. These situations may be more public than they would have been due to the increasing use of social media, the power dynamics are nothing new.

The programs including power and gender dynamics allowed students to participate in activities like discussion about the advantages and disadvantages of being a male or female, and gave them the chance to examine media and advertising imagery of both men and women. This led to discussions of how men and women are "supposed" to be and feel (Beck, 2015). The authors cite studies showing that women who feel that they have less power in a relationship are more likely to contract an STI, and that men who take on traditional views of masculinity tend to use condoms less. These traditional gender roles show up at an earlier age than we may think, and it is important to be careful when dealing with teens. Writing off girls' emotions as hormonal PMS and dismissing inappropriate behavior with the phrase "boys will be boys" isn't getting us anywhere. Empowering both teen boys and girls to negotiate the power roles and gender dynamics that will play out for the rest of their lives is crucial to forming them into the strong and respectful men and women we hope they'll be. Ultimately, the lead author, Nicole Haberland, recommends the following be included in all sexuality and HIV education presented to students:

- "include explicit content about gender equality and power dynamics;
- use methods that encourage participants to reflect in meaningful ways on how gender stereotypes and power inequalities affect their own relationships, sexual and reproductive health, and HIV risk, and..
- help participants recognize their potential power in their own lives, relationships or communities[2]"

Think about the power and gender dynamics in high school. How often dress codes geared toward teen girls because their clothes are "tempting" or "distracting" to the opposite sex? Why is it ok to tell a girl she can't wear yoga pants because the boys won't be able to concentrate? The message we send to girls in school is that their education is less valuable than that of her male peers simply because her body looks different. What respect are we giving boys by limiting our opinion of them to sexual desire that is so uncontrollable that they can't be in the same room as a girl in a tank top? Why are we teaching girls to avoid rape instead of teaching boys not to rape? These are generalizations of course, but adding this component to our sexual education lessons would be a really great place to start, and a great conversation to begin having at an early age (see the April newsletter for more on this if you missed it!).

*These studies did not address LGBTQ relationships, nor did they discuss other gender identities than male or female, but further research is needed in the future.

Reproductive Life Planning

thebodyshop uses a model of contraceptive counseling that is based around both the tiered approach discussed earlier and a reproductive life planning session. The importance of planning a pregnancy is emphasized to women all the time, but we don't always have the tools in place to help her actually plan to get pregnant or avoid it for the time being. It is easy to say "well just don't have a baby right now," but we have to have actions and tools in place to back that statement up. This is especially the case with our teen students. Teens are not educated on the basics of sex, let alone how to negotiate things like condom use and avoiding sexual coercion. Ideally, every woman would plan her pregnancy, but in reality we know that life is more complicated than that. In reality, pregnancy prevention is complicated, and sometimes pregnancy just happens. Many women don't see that they have control over becoming pregnant, nor do they perceive themselves to be at risk of an unintended pregnancy. In addition, the benefits of planning are not immediately apparent, so sometimes it simply isn't prioritized. Sometimes, contraceptive plans and behavior are just not consistent. A woman may intend to go back for a Depo shot every three months, but life gets in the way. I know plenty of women who are on the pill but seem to be more consistent in forgetting to take it than they are in actually taking it! Our society also seems to place a lot of value on fate, or things that were "meant to be." This takes the locus of control away from the woman, and places it on external factors. This can happen for other reasons, too. A woman who feels like her life is happening TO her instead of having control over what her life looks like may feel like pregnancy is just another thing she has no control over. Past trauma, loss of a job, and lack of social support are all things that can make us feel like we aren't in control.

That said, there is no evidence that shows reproductive life plans have a huge impact on pregnancy rates, but we believe in putting the power back in the hands of the woman. Empowering a woman to believe and encouraging her to understand that she does have the power to plan when and if she becomes pregnant is an important step in improving the life of women and teens in our health centers. None of us want life to just happen and leave matters of life changing magnitude up to chance, so even if it isn't statistically proven to be effective, we're going to continue to give women the ability and power to make a choice about how to control her own fertility.

Teen Pregnancy Prevention Month

May is National Teen Pregnancy Prevention Month, and May 6th is The National Day to Prevent Teen Pregnancy! Why a day AND a month? Teen pregnancy rates and birth rates have been falling since the early 1990s and are down by 52% and 57% since then. The National Campaign to Prevent Teen and Unplanned Pregnancy reports that the rate of teen births declined by an additional 10% in 2013 making it a record low year for all racial, ethnic, and age groups. However, teen pregnancy rates in the US are still a lot higher than in other developed nations[3]. Aside from this, they report that virtually all teen pregnancies are unplanned. We live in a state that promotes abstinence education. Though the Ohio Revised Code does not prohibit sex education, this kind of sex education is not widespread in our state or in our city. By avoiding the (sometimes tough) conversations about sex with our teens, we are not preparing them for the fact that unprotected sex could result in pregnancy. This can often result in teen mothers who do not graduate from high school as well as potential health issues for both mother and child, since teen mothers are less likely to attend prenatal care visits.

thebodyshop offers confidential services to teens, which they are legally entitled to in the state of Ohio. Teens are able to provide consent for themselves in the case of contraceptive and reproductive health services. We have a variety of methods available, but Nexplanon implants have been quite popular with teens in our area, since they can keep it for 3 years without having to worry about taking pills or coming back to the health centers to get shots every three months. Of course, we believe that every woman should be able to choose when she does or does not want to have a child, but the average teen is just no suited to taking care of a baby when that isn't something she's planning for. The teen father may be involved, but it usually isn't as severe of an impact to his life as it is to the life of the mother. Making the most effective methods available at no cost to teens can be controversial, but we also encourage teens to talk to a parent, guardian, or other trusted adult who will know what is going on and can help if there is any kind of problem with the method she chooses. We encourage open and honest conversations within families and have staff available to facilitate that conversation if need be, but we are also aware that some teens simply need confidential services and are here to provide those services.

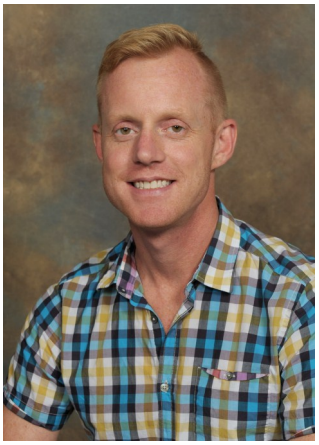
TEAM MEMBER SPOTLIGHT: DAVID WHITE

Name: David Eli White

Hometown: Cincinnati (grew up out east, but consider the Nati my home town)

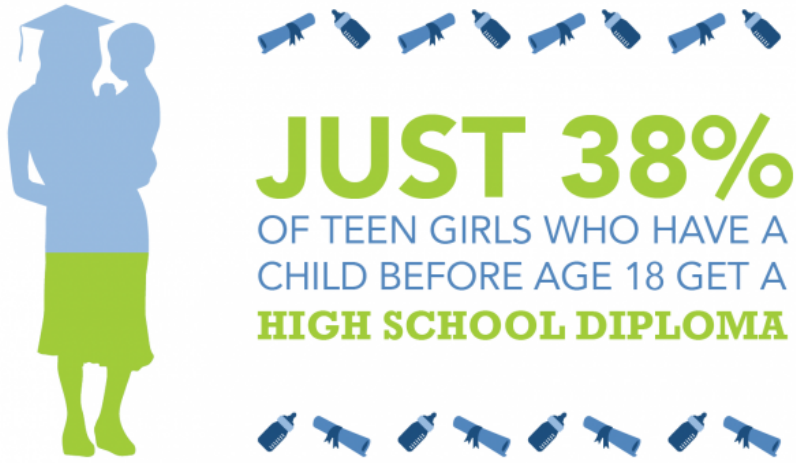
Favorite movie/book and why: I Know Why the Caged Bird Sings by Maya Angelou. I read this in sixth grade and it opened up my eyes to the world outside of my own. I feel this book helped lead me to serve others in need. Oh, and Maya Angelou is a total badass.

What do you do at the body shop? I work with our wonderful providers who help our patients every day. I handle provider scheduling and other odds and ends as needed.



What do you love about working in reproductive health? A woman's right to choose is the reason I am passionate about *thebodyshop* and the services we provide. I couldn't respect our nurses and physicians much more - they are out there helping woman choose what's right for them and what's best for their health, and life.

When you're not at the body shop, where might we find you? You'd find me at UC College of Medicine, Children's or other health centers that we serve. Outside of the day job, you'll find me in the garden, cooking or chillin' with my animals (one dog and three obnoxious cats).



MEN'S HEALTH

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

The Men's Health Initiative performs health education seminars at local community-based organizations. We currently have seminars on the following topics:

Reproductive Anatomy, Pregnancy, and Sexuality • STIs and Protecting Yourself • Relationships and Communication • Family Planning • Fatherhood • Puberty • Bullying

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

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 7,000 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

Would you rather celebrate Star Wars Day (May the "Fourth" be with you) or Cinco de Mayo?

No matter which May holiday you choose, don't forget a condom, especially if you're indulging in a few shots of tequila!

REFERENCES

1) Beck, J. (2015, April 27). When Sex Ed Discusses Gender Inequality, Sex Gets Safer. Retrieved from The Atlantic: http://www.theatlantic.com/health/archive/2015/04/when-sex-ed-teaches-gender-inequality-sex-gets-safer/391460

2) Haberland, N. (2015, April 17). Key to better sex ed: Focus on gender & power. (Population Council) Retrieved from EurekAlert: The Global Source for Science News: http://www.eurekalert.org/pub_releases/2015-04/pc-ktb041715.php

3) The National Campaign to Prevent Teen and Unplanned Pregnancy. (2015, May). National Day 2015. Retrieved from The National Campaign: http://thenationalcampaign.org/event/national-day-2015