Informed and Empowered: Girls With Options program on family planning for Black and Hispanic female teens

Girls With Options (GWO) was a Children First program aimed at filling a gap in African American and Hispanic teens' knowledge about long acting, reversible contraception (intrauterine devices and implants) and other contraceptive methods, with the ultimate goal of decreasing unintentional pregnancies, increasing high school graduation rates, and highlighting the power and autonomy girls have over their reproductive health. Girls With Options was created by and for girls and guided by an African American female health educator and a project director. Over the course of 18 months, (March 2019 - August 2020), more than 700 youth participated in the program mostly through sessions conducted in Philadelphia high schools or after school programs.

Key Findings

+ Neither girls nor boys take responsibility for birth control. Girls expect boys to hold responsibility for securing birth control – largely because condoms are easily accessible and perceived as a boy's responsibility to secure. Boys expect the girls to use birth control. Neither possesses birth control, and the couple engages in sexual intercourse anyway -- without contraception.

+ Before the GWO sessions, almost half of the program participants said they knew about IUDs and implants, but only one in five knew these contraceptive methods were available for free. This is an issue of contraceptive equity and education as most boys and girls know where to get condoms, yet this is not the case with many other forms of contraceptives.

+ Most participants did not have experience with obtaining contraception from their health care or family planning provider and were unfamiliar with the steps to do so.

Some providers automatically decide what is best for a youth and fail to explain the full range of options.

Key Recommendations

+ Mount a bold, public health campaign to address the 'I am not responsible for contraception' approach among some teens and encourage the use of contraception - particularly by engaging teens to help create targeted messaging that specifically supports African American and Hispanic youth.

+ All health care practices prescribing contraception and reproductive/sexual health organizations informing teens on contraception, especially those serving teens with Medicaid, should be actively engaged in training staff on implicit bias and to pro-actively offer teens the full range of contraceptive options.

children FIRST
THE ADVOCATE FOR KIDS

September 2021

The High Cost of Unintended Teen Pregnancy

The rate of unintended pregnancies in the United States is higher than in other developed countries.[1] For every 1,000 U.S. girls and women, there are 26 births.[2] Nearly half (49%) of those births are unintended.[3] That unintended rate jumps to 80% to 90% when it comes to girls and women between the ages of 15 to 24 who gave birth.[4]

Philadelphia, meanwhile, has the highest teen birth rate in Pennsylvania.[5] In 2018, the most recent year for which data is available, the number of births per every 1,000 teens in Pennsylvania was 14.[6] In Philadelphia, it was 24.6.[7]

State figures also reveal disparities in teen birth rates among race. For the 15-19 age group, African American girls (25.5 births per 1,000 girls) and Hispanic girls (34.4 per 1,000 girls) have birth at rates almost three and four times higher than their White counterparts (9.1 births per 1,000 girls),[8] respectively. In the city of Philadelphia, racial disparities in teen births are even more extreme. For the 15-19 age group, the birth rate among African American girls (29.3 births per 1,000 girls) was over four times higher than their White counterparts (6.4 births per 1.000 girls) while the birth rate among Hispanic girls (41.5 births per 1,000 girls) was over six times higher than their White counterparts.[9]

The impact of unintended pregnancies is multi-faceted. Two-thirds of Philadelphia School District female students who give birth within four years of starting high school drop out of school.[10]

In Pennsylvania, the cost for unintended teen pregnancies to taxpayers was estimated at $409 million in 2010, the most recent year for which data is available.[11] Nationally, that cost was $9.4 billion.[12]

The most direct cause of teen pregnancies, the majority of which are to young women 17 or older, is most often credited to the lack of consistent and correct use of effective contraception.[13]

This lack of correct and consistent use of contraceptives is not insurmountable. Progress has been shown when there is a targeting of such factors as lack of access, unfamiliarity, and cultural distrust of some long-acting forms of contraception. Thoughtful, science-based programming is available and could make a big impact in the lives of teen girls, their futures, academic pursuits, and the societal impact of young, unintended pregnancy.

Why Not LARCs?

The Centers for Disease Control and Prevention and the American Academy of Pediatrics recommend long acting, reversible contraception (LARCs) – IUDS and implants – as a key method to reduce teen pregnancy. They are among the most effective types of contraceptive methods because they are the most reliable and require the least amount of effort for users.

In Mississippi, the percentage of teens aged 15 to 19 who use LARCs was 0.7%. In Colorado, it was a high as 25.8%.[14] Pennsylvania, at 3.1%, posts the 10th lowest rate of long-acting contraceptives use among the states.[15]

Racially, 9% of White women, 11% of Hispanic women and 7% of Black women reported using LARCs.[16] Worth noting – LARC users overall were also more likely to be older, married or cohabiting, and intending not to have children in the future.[17]

The reasons for this low usage of LARCs can be traced to reasons that are personal, racial, economic, and historical in nature. What familiarity local young Black and Hispanic women do have on LARCs, they credit to recent television commercials. But historically, the familiarity is more sinister.

A 2012 article in Guttmacher Journal stated that 50% of Black and Hispanic women believe that the government tries to limit the growth of minority populations by encouraging birth control use.[18] It also noted that the belief that minorities and poor women are used as guinea pigs for new birth control methods is more likely to be held by Hispanic women than White women.[19]

"Many of the same communities now aggressively being targeted by public health officials for LARCs have also been subjected to a long history of sterilization abuse, particularly people of color, low-income and uninsured women, Indigenous women, immigrant women, women with disabilities and people whose sexual expression was not respected," Children First summarized from its recent examination of reports on cultural perception around LARCs.

Duke University, in July 2020, wrote about a university study that analyzed more than 2,100 forced sterilizations that occurred between 1958 and 1968 in North Carolina.[20] The procedure was used as a way to "breed out" residents deemed "a social surplus."[21]The effort had a disproportionate effect on Black citizens, leading the authors of the study to state, "North Carolina's disproportionate use of eugenic sterilization on its Black citizens was an act of genocide."[22]

A study by the Guttmacher Institute also noted that Hispanic women have a higher prevalence of fatalism about pregnancy, believing that they have no control over when they get pregnant, and Black women have a higher fatalism about life events overall.[23]

LARCs also have to overcome the history of the Dalkon Shield, the dominant IUD in the 1980s, which had devastating health effects on its users.[24] Also faced with incidents and reports of harmful health reactions, Norplant as well was withdrawn from the U.S. market in 2002.[25]

Today's generation of girls are less likely to grow up with the fears of sterilization as their parents' or grandparents' generation. But some fear lingers.

Personal concerns include the fear of actually having a product inserted into their bodies, fear that usage will give the impression of promiscuity or that they will be discovered by their parents, Girls With Options instructors shared in interviews.

Change is Possible

When educated on the improved safety of today's IUDs and implants and when information on LARCs is shared in an open, honest, and helpful way, the impact on teen pregnancy can be dramatic.

"The teen birth rate in Colorado was cut nearly in half, from 35 to 21 births per 1,000 teens, between 2009 to 2014, and births to mothers without a high school education fell 38 percent as a result of the highly successful Colorado Family Planning Initiative launched in 2008 aimed at educating girls and women about LARCs, increasing LARC accessibility and decreasing unintentional pregnancy, according to the Colorado Department of Public Health and Environment."[26]

With public and private funding, the initiative utilized a professional communications firm to implement a statewide media campaign using billboards and creating resources such as a website targeted at teens and young adults to market the availability of LARCs.[27]

The success of Colorado's program shows the value of presenting girls with information on LARCs in a way that is informative, friendly, accessible, and trusting.

'Girls With Options' informs, educates, and empowers

This was the approach for Children First's Girls With Options, a program aimed at filling a gap in Black and Hispanic teens' knowledge about LARCs and other contraceptive methods, with the ultimate goal of decreasing unintentional pregnancies and increasing high school graduation rates and highlighting the power and autonomy girls have over their reproductive health.

The curriculum was created by and for girls, based on information girls shared with Children First in two focus groups. Guided by an African American female health educator and project director, the program hosted 11 sessions with non-profit organizations and 35 sessions in schools.

Over the course of 18 months (March 2019 - August 2020), the program interacted with more than 700 youth – 81% (584) were girls; 19% (135) were boys. They worked in 50- to 90-minute sessions, offered in both English and Spanish, with curriculum designed for girls, but modified to include boys if they were part of the classroom or group requesting the session.

The curriculum provided "medically accurate information in a highly interactive session encouraging girls' critical thinking about sexual health in a non-judgmental and supportive environment."

Other features of the Girls with Options program included:

- **A review of female reproductive anatomy.**
- **Exercises about where girls get information about birth control and the types of birth control they know about.**
- **Issues to consider when choosing a contraceptive method (e.g. effectiveness, how it is started and discontinued, side effects, prevention of Sexually Transmitted Infections).**
- **What IUDs and implants are and how they work.**
- **An exercise on girls' future plans including at what age they intend to become parents and what their plan will be to not get pregnant until that future date.**
- **A review of health care sites that provide LARCs and other reproductive health services – including Health Resource Centers in the schools – and how to make an appointment.**

The program offered Girls With Options educators as guest lecturers that a variety of adults/staff working in the schools could invite into their classrooms or groups to cover the topic of contraceptive methods. It appealed to health teachers, school nurses, Health Resource Center staff, sports coaches, school district staff who ran clubs, or any other staff that work with groups of girls.

The sessions started with a conversation about how LARCs work in comparison to other contraceptive methods and where girls can access contraceptives in general. The leaders, in interviews, explained that they also initiated a conversation with the girls about their life priorities, including if they intend to become a parent, and if so, when and what contraceptive methods fill their needs until that time.

The program was well received by its teen participants. Nearly 80% of the primarily African American and Hispanic girls in post-session evaluations agreed that the information shared was valuable and should be shared with girls across the city.

Eighty percent said that schools should teach about sexual health. The female participants were very vocal about the absence of teachings on the workings of their own body, and called for comprehensive sex education in schools.

The program also discovered, *"girls expect the boys to be responsible for using birth control, and the boys expect the girls to be using birth control, so neither of them have birth control, and they engage in sexual intercourse anyway without contraception."* These thought-processes have been importantly shaped by long-standing messaging on the use of condoms and their relative ease of accessibility.

"This mismatch between Philadelphia girls' and boys' expectations and action/inaction speaks to a breakdown everywhere – in homes, schools and communities" a review of the program's findings disclosed.

By their own admission, most girls want to delay pregnancy until later in life. Girls With Options surveyed a focus group of 13 teen girls. Eleven reported that they would like to become a mother between the ages of 21 and 30-plus, with two reporting they do not want to be mothers.

Based on this timeline, according to Health Educator Jazzmin Boyd, the Girls With Options program encouraged the girls to think about a long-lasting contraceptive that they wouldn't require much effort over those years.

Project Director Tawanna Jones Morrison pointed out that the sense of empowerment over their lives that the participants expressed as a result of the session was a particularly positive outcome – replacing the sense of fatalism that permeates family planning for young Hispanic girls and life in general for young Black girls.

She also noted that boys who welcomed the opportunity to learn about the female body and reproductive system and who expressed that they didn't know much about them could participate in an educated and informed way about girls' birth control methods.

How You Can Help/Recommendations, Based on Lessons Learned Through GWOs

A. Mount a bold, public health campaign to address the 'I am not responsible for contraception' approach among some teens and encourage the use of contraception.

The mismatch between Philadelphia girls' and boys' expectations and action/inaction on securing contraception speaks to a breakdown everywhere, in homes, schools and communities, but can be remedied with a strong, public health education and communications campaign - particularly by engaging teens to help create targeted messaging that specifically supports African American and Hispanic youth.

B. Increase reproductive, sexual health and LARC education for girls.

Increase collaboration between the Philadelphia public health department and the school district to provide more opportunities for girls to learn about reproductive and sexual health including education on: the full range of contraceptive options, including LARCs, their efficacy and how to access them; healthy relationships; intimate partner violence; consent; and the fundamentals of reproductive health and anatomy and physiology.

C. Teach girls how to be self-advocates.

Engage youth-serving organizations to teach girls to be self-advocates when it comes to reproductive health. Girls who can gain information and contraceptives in coordination with their parents are in a good position, but some girls have indicated that they would be more likely to access contraceptives if they didn't have to divulge the information to their parents. Learning how to independently navigate reproductive health services is a step in this direction.

D. Address implicit bias among some family planning providers and educators.

All health care practices prescribing contraception and reproductive/sexual health organizations informing teens on contraception, especially those serving teens with Medicaid, should be actively engaged in training staff on implicit bias and to proactively offering teens the full range of contraceptive options.

Girls with Options was made possible through the generosity of Hangley Aronchick Segal Pudlin & Schiller in memory of Helen Summers, a strong advocate for giving girls options.

This brief was written by Sheila Simmons.

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Children First, formerly known as Public Citizens for Children and Youth (PCCY), serves as the leading child advocacy organization working to improve the lives and life chances of children in Southeastern Pennsylvania.

Children First undertakes specific and focused projects in areas affecting the healthy growth and development of children, including child care, public education, child health, juvenile justice, and child welfare.

Through thoughtful and informed advocacy, community education, targeted service projects, and budget analysis, Children First watches out and speaks out for children and families.

Children First serves the families of Bucks, Chester, Delaware, Montgomery, and Philadelphia counties as well as children across the commonwealth. We are a committed advocate and an independent watchdog for the well-being of all our children.

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