

Lessons Learned...

Findings from The National Campaign's Learning Tour

INDIANAPOLIS: SEPTEMBER 12-13, 2007

HEALTH CARE EDUCATION AND TRAINING, INC. ANCHOR ORGANIZATION

ABBY HUNT, PROGRAM MANAGER ANCHOR LEAD

The third site on The National Campaign's (NC) Learning Tour was Indianapolis where The National Campaign partnered with HCET to organize and convene a set of meetings with professionals who work with young men, faith leaders, Planned Parenthood staff, and clinicians from a Title X clinic. This Learning Tour site visit was scheduled to coincide with a state-wide conference organized by the Indiana Perinatal Network, Best Intentions: Unplanned Pregnancies & the Well-Being of Indiana Families, where Sarah Brown delivered a key note speech on September 13. Andrea Kane, Kristen Tertzakian, and Cindy Costello also attended this site visit.

On September 12th, Sarah and NC staff met over lunch with a group of leaders, professionals, academics, and young men to discuss the role that men play in unplanned pregnancies, and how to engage them in prevention. This meeting was chaired by Wallace McLaughlin, President and CEO, Fathers and Families. Later that day, The NC group met with Kathleen Baldwin, Vice President for Education and Training, Planned Parenthood of Indiana, to discuss the challenges faced by family planning clinics in Indiana and ideas for moving forward.

The second day of the Learning Tour began with Sarah's keynote speech to the state-wide conference organized by the Indiana Perinatal Network. The purpose of this conference was to unveil Indiana's Call to Action—Best Intentions: Unplanned Pregnancies and the Well-Being of Indiana Families, a report that included recommendations for providers, policymakers, and others on how to prevent unplanned pregnancy. Sarah commended the state of Indiana for developing this cutting-edge, comprehensive Call to Action, and urged conference participants to include a broad cross-section of leaders in the effort. Sarah's speech and interactive discussion were very well received by the 100 practitioners in attendance at the conference.

Next, National Campaign staff met with a diverse group of faith leaders over lunch to discuss the role of congregations in helping to prevent unplanned pregnancy among young adults. This meeting was chaired by Paula Parker-Sawyers, Executive Director of the Office of Faith Based and Community Initiatives for the state of Indiana. This site visit concluded with a visit to a Title X Family Planning Clinic at the Pecar Health Center for a rich discussion about the challenges in serving an increasingly diverse population as well as strategies for improving the delivery of family planning services.

A number of exciting developments followed the Learning Tour site visit in Indiana. Wallace McLaughlin decided to conduct focus groups with young fathers in his organization, Fathers and Families, to raise awareness about unplanned pregnancy and develop ideas about how to incorporate prevention of subsequent pregnancies into his program. Paula Parker-Sawyers planned to make unplanned pregnancy the topic of an upcoming state-wide meeting of faith leaders. Larry Humbert reported that the Learning Tour site visit and Sarah's conference presentation helped to create the support and energy for moving the Call to Action forward, which will include reaching out to faith leaders. And Andrea Kane built on the visit by inviting Larry Humbert to join Campaign staff in briefings for members of the Indiana Congressional delegation about Indiana's Call to Action on October 3, 2007.

This document summarizes the central themes, ideas, and recommendations that emerged from this site visit. Overall highlights synthesizing the central takeaways from all of the meetings are presented first, followed by a detailed summary of each meeting.

Overall Highlights

What are the barriers to making progress in reducing unintended pregnancy among young adults?

Circumstances and behavior of young adults

- By their mid-twenties, many young adults are disconnected from families and institutions.

- Many young adults, including college students, have had limited education about sex, relationships, communication, and pregnancy.
- Many teens and young adults, including college students, do not know that Emergency Contraception (Plan B) is available if a birth control method fails (including condom breakage).
- Some young adults, perhaps those at greatest risk of unplanned pregnancy, come from generations of people who did not “plan a pregnancy.”
- Young adults are having sex without connection and intimacy, e.g. “friends with benefits.”
- Many young adults are in families where parents have abdicated their responsibilities, and there has been a breakdown of the extended family whereby aunts/uncles etc. could serve as role models.

Attitudes/motivations/behavior of young men

- Males are often passive partners in preventing unplanned pregnancy. Often, females are seen as responsible for contraception/condom use, and males sometimes feel they are victims when the female “fails” to protect herself.
- There continues to be a double standard where male sexuality is seen as “unbridled” and women are taught that it is their responsibility to be “virtuous.”
- Abstinence and safe sex messages are focused on women rather than men.
- Many young men appear to distrust women and are guarded about relationships. Beneath the veneer of “cool” is fear of relationships and sex for many young men.

Attitudes/motivations/behavior of young women

- Many African-American women feel hopeless about finding a partner, since many African-American men are in prison or otherwise unavailable.
- For African-American women age 25-34, the fact that HIV is the leading cause of death affects their relationships and their lives.
- Many young women do not remain on their birth control method. Women come to clinics for contraception when they have a boyfriend but stop using the method when the relationship ends or when they encounter a problem with the method.
- The lack of motivation to use contraception consistently and effectively is tied to the fact that many young women do not foresee a bright future.

Cultural barriers: Latino community

- Hispanics bring the norms from their home countries (where it may be common to have 9-10 children and where men exercise considerable control) into their practices in the U.S. Some men will not allow birth control and want more children although the woman may feel differently.
- Condoms are unpopular among Hispanic men. Women sometimes hide the fact that they are on birth control. (Hispanics are comfortable with IUD’s because they were commonly used in Mexico.)
- Child spacing practices are problematic; many Hispanic patients at family planning clinics have a number of children in rapid succession, followed sometimes by tubal ligation.
- Mothers and mother-in-laws pressure young women to have children.

Religious barriers

- Many young adults leave churches when they leave home and return when they have children themselves.
- Some congregations reach young adults through focused programs such as dances and games for singles, but these programs do not typically focus on preventing unplanned pregnancy.

Clinic barriers

- Title X clinics are serving increasing numbers of Hispanics, which takes larger amounts of time and staffing (and some clinics, especially in rural areas, have no bilingual staff).
- Some women seeking services at Planned Parenthood clinics have a phobia about birth control pills, and use of Depo is declining due to concern about spotting.
- Title X clinic budgets are in crisis.
- The funding formula for Title X is a problem; each year, clinics get less money but need to serve the same number of people.
- Cost plays an important role in use of and choice of contraceptives, and contraceptives are becoming more costly.
- Clinics are experiencing a push to be more productive and see more patients, which has an inverse relationship to the time available for pregnancy prevention education, counseling and follow-up, which are non-reimbursable services.
- Title X guidelines require clinicians to discuss smoking, folic acid, and domestic violence – and this population has a short attention span.
- Barriers to getting family planning services include transportation, especially if the woman has children; serious mental health issues; illiteracy; and lack of access to health care overall.

Promising approaches and programs

- The Brotherhood Program from Planned Parenthood of Indiana starts working with young boys at age 7-8 to teach them about their bodies; how to treat females; birth control; and decision-making and morals. Waiting until boys are aged 14-16 is too late.
- The 100 Black Men Program shows young men what they can be by demonstrating what manhood means. The program focuses on career goals as well as moral and ethical behavior.
- The Jack and Jill Cotillion affirms the manhood of young men at age 14, 15, and 16, and addresses rites of passage; money is raised for young men to go to college and older mentors talk with young men about sex.
- Our Whole Lives (OWL), a program of the Unitarian/Universalist church and the Congregational Church, has developed a version for young adults in their twenties, which addresses birth control and intimacy but not abortion.
- Keep it Safe and Sacred (KISS) is targeted to girls aged 12-18 who make a commitment to abstinence. Girls are taught that their bodies are temples of God – and that a girl's body belongs to her.
- Planned Parenthood (PP) in Seattle, Washington is the most innovative affiliate with 30 educators and use of podcasts. Other PP innovators include Rocky Mountains PP, Northern New England PP, and several affiliates in California (Golden Gate PP and LA PP). LA PP is using all of its Title X money for education.
- Pharmacists can play a constructive role by giving women a reminder call a week after receipt of a prescription to see if they have any questions (which can result in increased use of birth control pills).

How can The National Campaign help?

Reach out to young men

- Keep in mind that young men want to hear about sexuality/relationships from a trusted male or other non-parental (male) adult. Also, they want to hear from individuals who have had similar experiences who can tell them how to manage fatherhood (including how to prevent a subsequent pregnancy) and/or warn them against going down an early parenting path.
- Tailor messages around the financial responsibility for an unplanned pregnancy, which can motivate young men to change their attitudes and behavior.
- Drill down beneath the decision-making around sex/contraception and help young men learn what they want to do and be, understand their obligations and priorities, and develop good communication skills.

- Appeal to the fact that in order to be prepared to have sex, young men need to be educated about sex.
- Reach young men at the point of STD/HIV testing, as they tend to come into clinics for confidential testing.
- Assist existing fatherhood programs to incorporate programming around preventing unplanned pregnancy.
- Educate young men in their 20's and 30's through non-traditional venues such as nightclubs.
- Consider these messages: "Not thinking will cost you" and "Make your next move be your best move."
- Convey a message of responsibility to young men in language that resonates, perhaps something along the lines of: "Be responsible or pay the price."

Develop messages for young adults

- Educate young adults about the importance of planning by focusing on what they themselves, their potential children, and their future families will gain by planning for a pregnancy at the right time.
- Empower young adults to change their behavior and plan their futures (e.g. through campaigns that are similar to non-smoking campaigns).
- Develop and promote messages around the importance of using birth control consistently and effectively.
- Craft messages that can reach young adults, such as: *Be prepared. Take it seriously. Plan ahead. Empower yourself.*

Reach out to parents

- Prepare materials and educate parents of young adults, reminding them that parents are the best educators.
- Assist parents and other caring adults in efforts to educate young people about acceptable and unacceptable behaviors.
- Assist mothers (and fathers) to convey a message about abstinence, and encourage young adults to have fewer partners.

Reach out to faith leaders and communities

- Help faith communities understand that offering courses and conversations about sex, relationships, and pregnancy can draw young adults back to congregations.
- Develop an outreach tool for faith communities framed around a "big faith tent" that is not limited to any one point of view or any one denomination.
- Craft messages for young adults in faith communities, such as: 1) Sex has meaning and sex has consequences. 2) Getting pregnant and causing a pregnancy, having children, and starting families is serious business with long-term consequences.

Provide assistance to providers

- Help to develop clinic protocols to increase individual motivation to use contraception consistently and effectively.
- Provide guidance to clinics that are serving increasing numbers of Hispanics around issues such as child spacing, choice of contraceptive method, educating men, etc.

Use technology

- Reach young people where they are – for the most part, this means the web.
- With Hispanics, use cell phones and TV's (e.g. Spanish soap operas) rather than the web.
- Encourage clinics to use technology to teach clients about sex, pregnancy and contraception through kiosks in waiting rooms.

Conduct advocacy

- Advocate for increased funding for family planning clinics that would allow them to serve more clients, provide case management through social workers, institute reminder calls, start mobile patient services, and help patients with broader access problems.
- Advocate for change in Title X rules and regulations to increase the allowable time at visits to provide education around preventing unplanned pregnancy.
- Advocate for cost containment of contraceptives.

MEN & PREGNANCY PREVENTION

FOCUS MEETING

Chaired by Wallace McLaughlin, President and CEO, Fathers and Families, this luncheon meeting engaged a group of leaders, professionals, and academics in a lively discussion about the role that men play in unplanned pregnancies, and how to encourage personal responsibility for preventing pregnancy among young men. Joining the discussion were two young men from the Fathers and Families program who had participated in the Males Panel at the Best Intentions conference earlier that day: Andre Terry, 25, has a 10 year old daughter; Billy Taylor, 27, will soon be a father. Neither of these young men are married to or living with the mothers of their children.

The group agreed that we need a variety of strategies to support young men in making good decisions about when to become parents. It should be noted that at the close of the meeting, Wallace McLaughlin said that he plans to explore avenues for including the prevention of unplanned pregnancy in his programs for fathers in order to help them avoid becoming fathers again.

What are the challenges/ barriers to making progress in reducing unintended pregnancy among young adults?

- In certain communities, young boys are having sex as young as age 10-14.
- Males are often passive partners or not involved at all in preventing unplanned pregnancy. Females are seen as responsible for contraception/condom use. Males sometimes feel they are victims when the female "fails" to protect herself.
- There continues to be a double standard where male sexuality is seen as "unbridled" and women are taught that it is their responsibility to be "virtuous."
- Abstinence and safe sex messages are focused on women rather than men, and the culture believes that women are responsible for pregnancy.
- For a man, having another child too often is seen as providing another notch in his belt.
- There is a lack of education around healthy relationships and communication, which is necessary to take mutual action around sex/contraception. Young men do not know how to select a mate. They have difficulty talking about contraception; often, sex is a spur of the moment act.
- The absence of a relationship or communication leads to an increase in unplanned pregnancy and other negative outcomes.
- Communication between young men and women is often nonexistent. By the time young men reach age 20, their assumption is that the woman will take care of the protection and birth control.
- If there is a discussion about sex, this is because both people have been in settings where discussion about sex/contraception was encouraged. Households in which a discussion of sex was absent or limited leads to an increase in unprotected sex. In order to have a discussion about sex/contraception, young adults need skills.
- If a young man has a steady girlfriend, after they have been together for a period of time, he often stops using a condom because he thinks that the young woman may be on the pill or other form of birth control.
- Young adults receive a very problematic message if the older adults in their lives are promiscuous or live with one "partner" after another.
- Even after an unplanned pregnancy, many young men do not take precautions to prevent another pregnancy/HIV/STD.
- Abortion is becoming a form of birth control, especially on college campuses where some girls have 6-7 abortions, without consideration of the potential for emotional and physical damage.

Other points

- Planned Parenthood has a peer education program, but finds it difficult to get into the schools.
- Education is needed that teaches young men the difference between defining women by physical beauty vs. defining women on the basis of intelligence, humor, and other components of personality.
- Boys/young men need education before they start going out to clubs. The Brotherhood Program starts working with young boys at age 7-8 to teach them about their bodies; about how to treat females; about birth control; and about decision-making and morals. Waiting until boys are aged 14-16 is too late.
- Teaching young men to focus on a future career helps to provide them with direction and motivation.
- Young men who come from two-parent families and who value their faith are more likely to take responsibility. Young men who come from single parent homes and who have experienced abuse are less likely to value responsibility. In the latter case, the grandmother with core family values sometimes influences the boy and young man to take responsibility.
- Churches need to provide sex education.
- Children watch their parents and if they respect them, they learn from them -- but parents need training in order to educate their children, including their young adult children, about sex, relationships, and contraception.
- The 100 Black Men Program shows young men what they can be by demonstrating what manhood means. The program focuses on career goals as well as moral and ethical behavior.
- Young men need to hear about sex and relationships from a trusted male relative, such as an Uncle.
- Adults need to be clear about what they know is in the best interest of young people and children.
- Young men over 18 may be more motivated to use condoms by the fear of HIV; younger boys and girls may be more motivated to use contraception/condoms by fear of pregnancy since they live with their parents.
- Billy Taylor: "You have to take it one day at a time. You have to stand up and be a man and get rid of certain things you've done in the past so you can succeed in taking care of your baby."
- Andre Terry: "I knew about using contraception but I wasn't thinking at the time." To his 10-year-old daughter: "I keep on her about staying on the honor roll. I give her advice and let her know I'm always there for her. I let her know that it is not a good choice to have sex at an early age and have an unplanned pregnancy. I tell her to wait until she graduates from college to have sex."

How can The National Campaign help?

Outreach, education, and targeting: young men

- When reaching out to young men, keep in mind that they want to hear about sexuality/relationships from a trusted male or other non-parental adult. Also, they want to hear from individuals who have had similar experiences who can tell them how to manage fatherhood and/or warn them against going down the same path that they did.
- Learning about the financial responsibility for an unplanned pregnancy can motivate young men to change their attitudes and behavior.
- Experienced adult males need to be involved in the education/training of young men about sex, relationships, and pregnancy planning.
- It is important to talk to and teach boys/young men early with a comprehensive approach including biology, relationships, communication, contraception and condoms, and values/morals.
- It is important to drill down beneath the decision-making around sex/contraception and help young men learn what they want to do and be, and what their obligations and priorities need to be.
- We need to support young men to be fathers when the time is right...it is all about timing.
- It may be the case that for guys under age 20, pregnancy is a larger motivator, and messages should be framed accordingly. For those over 20, males may have a larger fear of disease, and if so, messages should be framed accordingly.
- Young men in their 20's and 30's can be educated through non-traditional venues such as nightclubs.
- Suggested message from Andre Terry: "Not thinking will cost you" and "Make your next move be your best move."
- Convey a message of responsibility to young men in language that resonates, perhaps something along the lines of: "Be responsible or pay the price."
- Assist existing fatherhood programs to incorporate programming around preventing unplanned pregnancy.

Outreach to parents

- The NC could prepare materials and educate parents of young adults, reminding them that parents are the best educators.
- The NC could reinforce messages that parents and other caring adults need to tell young people what they believe are acceptable behaviors and not worry about being hypocritical. Acknowledging past mistakes can build trust and open up more communication.

PLANNED PARENTHOOD OF INDIANA FOCUS MEETING

Sarah Brown and National Campaign staff met with Kathleen Baldwin, Vice President for Education and Training, Planned Parenthood (PP) of Indiana, to discuss the challenges faced by family planning clinics as well as promising strategies. PP of Indiana provides family planning, Pap tests, breast exams, and screenings and treatment for sexually transmitted infections to over 112,000 women and men annually at 35 health centers across Indiana. The majority of their clients are age 19 to 24.

What are the challenges/barriers to making progress in reducing unintended pregnancy among young adults?

- By their mid-twenties, many young adults are disconnected from families and institutions.
- There is a pill phobia in PP clinics, but the ring is quite popular among young adults. Use of Depo is declining due to concern about spotting.
- Many college students have had limited education about sexuality before arriving at college.
- There has been a huge increase in the cost of contraceptives, and this poses a major barrier to accessing services.
- Clinics are experiencing a push to be more productive and see more patients, which has an inverse relationship to the time available for pregnancy prevention counseling, a non-reimbursable service. Clinicians are instructed to see four patients an hour.
- Many young men appear to distrust women and they do not enter into relationships with optimism. Many young men “look so cool” but are really quite fearful underneath.
- Many young adults who get pregnant report that they were using a method. A challenge for clinics is how best to encourage women to be more consistent users of methods.
- Many young people come from generations of people who did not “plan a pregnancy.”
- Certain religious groups have forbidden women to use birth control.
- More young men and women say that they are abstinent, but they may be having oral sex in which case they need to learn about safe oral sex.

Other points

- Young adults need comprehensive education that includes education about anatomy. Comprehensive sex education is related to lifelong condom use.
- There is a significant opportunity for PP clinics to provide education to their clients. One strategy would be to provide technology/

- web-based access in clinic waiting rooms to educate clients about pregnancy planning.
- We need to teach a holistic approach to sexuality, not just pregnancy and HIV prevention.
- Emergency Contraception (EC) is growing in use at clinics; PP had 24,000 visits for EC in 2007.
- Safe and legal abortion is part of PP’s solution to unplanned pregnancy.
- Training in pregnancy prevention could be integrated into new staff orientation.
- PP in Seattle, Washington is the most innovative affiliate with 30 educators and use of pod casts. Other PP innovators include Rocky Mountains PP, Northern New England PP, and several affiliates in California (Golden Gate PP and LA PP). LA PP is using all of their Title X money for education.
- Schools no longer control the flow of information about sexual health because of the ease of access to technology (e.g. the internet). A number of websites have information about sex for young adults including Go Ask Alice, Teen Wire, the Kinsey Institute, and Planned Parenthood.
- Mothers (and fathers) can play a key role in the message about abstinence, and encourage young adults to have fewer partners.
- Clinics could be designed to be more physically appealing to male clients.
- The entry point for discussions with men is STD testing: Men tend to come into a PP clinic for confidential STD/HIV testing although PP is not an STD clinic per se. (Men see PP ads on billboards stating that services are confidential.)
- With the highest risk boys, the multi-faceted Carrerra model is important.
- Michael Reece, Applied Health Sciences, Indiana University, has a large grant from a condom company to conduct research.
- One message for young adults is that married people have more sex than unmarried people.
- In reaching out to young men, appeal to the fact that in order to be prepared to have sex, one needs to be educated about sex.
- It is important to encourage condom use at first sex, and to teach middle school kids that oral sex is sex.
- It is important to honor different points of view.
- We need to tell the truth about responsibility for child support, how much it costs to raise a child, and the educational requirements to get a good job. We need to say: “Here is what we know about the world that young adults inhabit....”
- In order to make progress, we need to do better with what we have. We have to use systems, resources, payment systems, and methods in better ways. How can we reinvest, redeploy, and innovate?



How can The National Campaign help?

- Reach young people where they are – on the web. Given that young people spend more time with media than in education, it is cost-effective to capture the internet for public health messages.
- Encourage clinics to use technology to teach clients about sexuality/sexual health, such as kiosks that can be used by clients and visitors. (PP affiliates are thinking about putting videos in waiting rooms)
- Educate young people/adults about the importance of planning, and let them know why planning is in their best interest -- by focusing on what they, their potential children, and their future families will gain by planning.
- Empower young adults to change their behavior and plan their futures (e.g. similar to non-smoking campaigns).
- Craft messages that can reach young adults, such as: Be prepared. Take it seriously. Plan ahead. Empower yourself.

FAITH LEADERS FOCUS MEETING

Facilitated by Paula Parker-Sawyers, Executive Director, Office of Faith Based and Community Initiatives, state of Indiana, this meeting engaged a diverse group of pastors, youth program leaders, and religious lay leaders in a discussion about the role of congregations in helping young adults avoid unplanned pregnancy.

Participants discussed the challenges posed by the reduction in church attendance by young adults and brainstormed strategies for reaching out to young adults with positive messages about preventing unplanned pregnancy. Different views on the topic were expressed by individuals from different faith communities. Ms. Parker-Sawyers pledged to bring this important issue to the broader group of faith leaders convened by her office.

What are the challenges/barriers to making progress in reducing unintended pregnancy among young adults?

- Many young adults leave churches when they leave home and return when they have children themselves.
- Many faith communities have access to young adults through focused programs but these programs (e.g. dances/games for singles) do not typically focus on preventing unplanned pregnancy.
- Among teens, sexual activity is normative. (Kids are wearing bracelets that denote what they are willing to do sexually.)
- The more kids become sexually active, the less willing adults are to talk with them.
- A fair number of pregnant teens are getting pregnant to be loved.

- Some faith communities are finding that young people think it is “cool” (a status symbol) to be pregnant out of wedlock. The pregnancies appear to be intentional.
- Images of women in the media are part of the problem, since the message is: “It is hot to be pregnant with a particular guy, and the girl/woman gets to have a baby.”
- Concern was expressed that young people are having sex without connection and intimacy, e.g. “friends with benefits.”
- Younger children are lacking the sex education to know what to do; older teens are having a lot of sex and using the morning after pill.
- For African-American women age 25-34, HIV is the leading cause of death.
- A lot of African American women feel hopeless about having a partner, since many African American men are in prison or otherwise unavailable.
- Many parents are abdicating their responsibility – the family is changing with consequences for children’s behavior. There has been a breakdown of the extended family whereby aunts/uncles etc. could serve as role models. Children and young adults lack role models and examples of living by positive values.

Other points

- Approaches to teaching about sexuality vary by urban/rural area, socio-economic mix of the area, neighborhood, and denomination.
- Faith-based organizations are willing to discuss family strengthening and parent-child communication. There was consensus that it is important to discuss relationships, communication, and values with young adults in order to influence pregnancy planning.
- At the same time, different denominations have quite different views about the message that should be conveyed to young adults about relationships, sex, and pregnancy.
- Some emphasized that abstinence programs work for some youth. Young people need to be provided with the Biblical account and with practical strategies to deal with peer pressure.
- The purity movement is targeted to girls aged 12-18 whereby girls make a commitment to abstinence. Girls are taught that their bodies are temples of God – and that a girl’s body belongs to her. One approach is called Keep it Safe and Sacred (KISS).
- Another program is the Peers Project, where peers talk to peers about remaining abstinent. (The point was also raised that research has shown that when these teens do have sex, they are less likely to use contraception.)
- Others stated that faith communities need to address sexuality through more than abstinence. Comprehensive programs can be very effective in faith communities, since these communities can offer a safe space for young people.

- Our Whole Lives (OWL), a program of the Unitarian/Universalist church and the Congregational Church, now has a version for young adults in their twenties, which addresses birth control and intimacy but not abortion. By approaching sex in a holistic way, young adults are attracted to these churches.
- The OWL program is taught to teens in two locations: (1) a community center in a poor, white area where boys are worried about becoming teen fathers and (2) a middle class suburb where boys are concerned about their masculinity.
- The Carrerra program is run out of the same community center where OWL is taught; it prevents pregnancy through a holistic approach, which teaches boys and girls that they can control their lives.
- Faith organizations need to talk with kids about the emotional scars of casual sex.
- For the boys, discussion of the financial repercussions of unplanned pregnancy can work.
- Faith organizations need to do a better job of positively affirming and protecting kids, of having open and honest communication with them.
- Men need to be more involved in this issue. One example is the Jack and Jill Cotillion, which affirms the manhood of young men at age 14/15/16, and addresses rites of passage; money is raised for young men to go to college and older mentors talk with young men about sex.
- Young people need “safe spaces” in neighborhoods to grow up, learn, and find role models.
- Older adults need to provide structure and guidance to young adults.

How can The National Campaign help?

- The faith community needs to proactively continue this discussion to develop strategies. Can the NC play a role in facilitating this continued discussion?
- Faith communities need to understand that having courses on and conversations about sex, relationships, and pregnancy might draw young adults back to congregations. Perhaps the NC could develop an outreach tool for faith communities framed around a “big faith tent” with the following message for young adults: 1) Sex has meaning and sex has consequences. 2) Getting pregnant and causing a pregnancy, having children, and starting families is serious business with long-term consequences.
- Faith communities are important to the lives of many young adults and can be a place to engage in discussion of prevention of unplanned pregnancy. Singles groups may be part of the answer.

PECAR COMMUNITY HEALTH CENTER FOCUS MEETING

National Campaign staff met with leadership and clinic staff at the Family Planning Clinic of the Pecar Community Health Center including Gayla Winston (Executive Director, The Indiana Family Health Council (IFHC)) and Linda Johnson (Director, Family Planning and Community Health Programs for the Pecar Health Center). The family planning services at the Pecar Center are provided through IFHC, which receives and administers federal funds from the U.S. Department of Health and Human Services for family planning services (including Title X, Title V, and TANF funds).

Sarah started the discussion by asking: Why do so many couples have unplanned pregnancies? What are we missing that is behind such high levels of unplanned pregnancy, and what could we do better going forward? And what are some of the policy/funding issues?

Background

- Situated within a hospital/community health system, the family planning clinic is a stepchild of the system because primary care always comes first. There is some underlying hostility toward family planning. Also, costs are a factor because primary care brings in a lot more money by delivering a baby than family planning does by preventing a pregnancy.
- Medicaid is very restrictive in the state regarding what services, including family planning services, are covered.
- The Family Planning Clinic conducts HIV, gonorrhea, and Chlamydia testing since there are few STD clinics in the state.
- The Clinic primarily serves women who seek services because they fear they are pregnant; clinic staff use a negative pregnancy test as an educational opportunity. If a woman says she does not want to be pregnant, the clinician offers her contraception and/or invites her to return to the Clinic.
- Other women come to the Clinic wanting a Pap smear or STD testing.

What are the challenges/ barriers to making progress in reducing unintended pregnancy among young adults?

Lack of knowledge information, and motivation among young women

- There are many teens and young adults, including college students, who do not know that Emergency Contraception (Plan B) is available if their birth control method fails (including condom breakage).
- Many young adults do not come to the Clinic because they think they need insurance to be seen, and don’t realize services are free.

- Many young women do not stay on their birth control method. Women come to the clinic for contraception when they have a boyfriend; when the relationship ends, they stop using contraception. This puts them at risk when they next have sex.
- Many women do not show up for their appointments.
- Individual motivation to use contraception consistently and effectively often is lacking: when women encounter any type of challenge or problem with the method, they stop using it. The lack of motivation is tied to the fact that many patients do not foresee a bright future.

Barriers from Title X regulations and rising costs of contraceptives

- Clinicians do not have enough time during a visit to discuss preventing unplanned pregnancy/HIV/STDs. Title X guidelines require clinicians to discuss smoking, folic acid, domestic violence, etc. – and this population has a short attention span.
- There is not enough funding (and it is always in jeopardy) to provide intensive preventative care, including in depth counseling and follow-up. Title X has been stripped of its effectiveness due to removal of resources for education and guidance.
- The statutory rape requirement has led to a decline in the number of teens coming in for services. The clinic has lost about 1/3 of its teens (decline from 40% to 25%). In smaller, more rural areas, the reports go to the local sheriff. Teen trust has declined.
- Title X does not require parental notification if teens use services, but the TANF program does. The clinic gets around the TANF requirement by using other resources to serve teens.
- The funding formula for Title X is a problem: Each year, clinics get less money but need to serve the same number of people. “It would be nice if the people who make the regulations and rules would listen to those who implement them.”
- Cost plays an important role in choice of and use of contraceptives, and contraceptives are becoming more costly. The clinic tries to offer all patients condoms, Plan B, HIV testing, and pills but the clinic’s budget is in crisis.

Latino community

- The percentage of Hispanics served has increased from 5 percent to 70 percent in recent years. The amount of time and staffing it takes to provide services to Hispanics is huge due to translation, spending more time on explaining how the body works, etc. The rural clinics are seeing an increase in Hispanics served, which causes major challenges because there are no bilingual staff.

- In their home countries, the norm is to have 9-10 children; some men will not allow birth control and want more children although the woman may not. Some women hide the fact that they are on birth control from their husbands.
- Culture plays a large role in the use and choice of contraceptives. Condoms are unpopular in Hispanic community. The women say, “My husband doesn’t like condoms.” However, Hispanics are comfortable with IUD’s because they are common in Mexico.
- In the Hispanic community, mothers and mother-in-laws pressure young women to have children.
- Stress in Hispanic patients’ lives shows up in panic attacks, chest pain, and insomnia. One concern is deportation.
- Child spacing practices are problematic, especially in rural areas; many patients have a number of children in rapid succession, followed sometimes by a tubal ligation.

Other points

- Barriers to getting family planning services include transportation, especially if the woman has children; serious mental health issues; illiteracy; and lack of access to health care overall.
- Another barrier is lack of education as there is no comprehensive sex education in Indiana.
- The invisibility of messages around birth control is a problem; it is rare to read about birth control in magazines.
- Attitudes in Indiana are very conservative, which poses challenges for outreach and messaging. The pro-life movement is very strong in the state, and there is concern for safety of clinic staff.
- Administrative barriers to scheduling appointments can adversely affect treatment.
- Women who request abortions are referred to Planned Parenthood clinics where the cost is \$400, which is unaffordable for many women.

Messaging

- Messaging needs to take into account that different parts of the state vary in their populations of African Americans, Hispanics, and whites.
- Web-based education is not an option for Hispanics who don’t have access to the internet. Cell phones and TV’s are the right vehicle, perhaps through Spanish soap operas.

Promising Ideas and Approaches

- In the waiting room of the Center, patients fill out forms and the counseling process begins; at some Title X sites, patients watch film videos on family planning.

- Community-based programs can be successful in preventing unplanned pregnancy/HIV/STI's (e.g. Wise Guys has been implemented in juvenile detention centers in Indiana and in Arlington High School with high risk boys and girls).
- Education and role modeling needs to come from the home. Young adults need to have goals other than having children, such as educational goals.
- Pharmacists can play a constructive role: An Indiana pharmacist calls women a week after writing the prescription to see if they have questions, which has resulted in increased use of birth control pills.
- The women's prison has a family planning clinic, which provides birth control to women upon release and schedules an appointment with the closest, free provider.
- Nurse practitioners at the clinic are trained to provide women with IUD's.
- Non-visible contraceptives should be promoted for certain women and cultural groups but cost can be a barrier.
- A critical time to reach young women is when they are being discharged from delivering a baby; and then at the six week postpartum visit.

How can The National Campaign help?

- Develop clinic protocol to increase individual motivation to use contraception consistently and effectively.
- Provide guidance to clinics that are serving increasing numbers of Hispanics around issues such as child spacing, choice of contraceptive method, educating men, etc.
- In conducting outreach to Hispanics, use cell phones and TV's (e.g. Spanish soap operas) rather than the web.
- Advocate for more funding to support family planning clinics that could be used for case management (to educate and motivate women to use contraception consistently and effectively), for reminder calls and mobile patient services, and for helping patients with broader access problems.
- Advocate for change in Title X rules and regulations to increase the allowable time at visits to provide education around preventing unplanned pregnancy. This is not a frill; it is basic service necessary to prevent unplanned pregnancy. Otherwise Title X program is not effective.
- Advocate cost containment of contraceptives.
- Develop and promote messages around the importance of using birth control consistently and effectively.

