

Lessons Learned...

Findings from The National Campaign's Learning Tour

CHARLESTON, WV: APRIL 23-24, 2007

WEST VIRGINIA PERINATAL PARTNERSHIP ANCHOR ORGANIZATION

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The National Campaign to Prevent Teen and Unplanned Pregnancy (NC) held its sixth Learning Tour site visit in Charleston, WV in collaboration with the WV Perinatal Partnership. West Virginia was selected because it is a rural state with high rates of poverty and unemployment—and NC staff felt that we had much to learn from meeting with leaders in WV. The success of this Learning Tour site visit was due in large part to the leadership and hard work of our colleagues in West Virginia: Nancy Tolliver, Joyce Daniels, and Ann Dacey.

Five meetings were held during this two-day Learning Tour site visit. At each meeting, Andrea Kane, Senior Director for Policy and Partnerships at The NC, presented an overview of The NC, the problem of unplanned pregnancy among young adults, and what The NC hoped to learn from the Learning Tour. Nancy Tolliver presented slides on unplanned pregnancy in WV where 42 percent of pregnancies are unplanned. At all but one of the meetings, The NC video—What 20-Somethings are Saying about Unplanned Pregnancy—was shown.

Two engaging meetings were held on the first day—one with a group of young adults and a second with providers and leaders from state government and non-profit organizations. The second day started with a lively breakfast meeting, cohosted by the Partnership for African-American Churches, with local ministers, evangelicals, and lay health leaders. This was followed by a well-attended luncheon with state legislators and government officials and leaders from the provider, faith, and non-profit sectors. The Learning Tour concluded with a web teleconference with a group of providers and staff from state and county health departments, Family Planning Clinics, Right from the

Start home visiting Programs, community health clinics, and non-profit organizations. Building on the enthusiasm and interest generated by the Learning Tour, the WV Perinatal Partnership plans to incorporate the issue of preventing unplanned pregnancy among young adults into its agenda.

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

Overall Highlights

Views of Young Adults

- Whether young adults protect themselves in sexual situations depends in part on how they handle emotions, and whether they are capable of making decisions in emotional situations. It all boils down to maturity.
- During the time that young adults are still maturing and not yet financially stable, they are more likely to have casual relationships; once they are more settled, they look to more long-term relationships.
- Parents do matter. If children have a strong relationship with their parents and can communicate comfortably with them while they are growing up, what they learned from their parents will continue to shape their values and choices.
- Young girls who get pregnant by much older men are lacking connection and communication with parents, peers, and teachers.
- Undergraduates are ignorant about different types of contraception, STD's, and even how to use a condom effectively.
- Barriers to using contraception include misperceptions about contraception, lack of transportation, and difficulties communicating with partners. In sexual situations, both partners are worried that the other does not want to use a condom.
- For men, responsibility is defined primarily in terms of responsibility "after the fact" for the child that is born as a result of an unplanned

pregnancy, rather than shared responsible for preventing the pregnancy.

- We need to teach girls about self-esteem and raise boys to be respectful.
- Young adults are struggling with the “sequencing” issue, trying to figure out how to pursue education, relationships, marriage, and parenting – at what time and in what order.
- Because they are self-absorbed, young adults are unlikely to respond to messages focused on the impact of an unplanned pregnancy on the child.

How significant is the problem of unplanned pregnancy among young adults in WV? What are the barriers and challenges to reducing unplanned pregnancy among young adults in the state?

General points

- The people we met with generally saw unplanned pregnancy as a serious problem, but one that had not gotten enough attention, especially compared to teen pregnancy where there has been a lot of attention. Reasons cited included no large funding stream to pay for unplanned pregnancy prevention targeted to young adults, and the fact that we may have assumed that young women aged 20-29 were more mature.
- In WV, lack of knowledge, myths, and traditional gender roles are major factors in unplanned pregnancy. Also, the high rates of poverty and unemployment leave young women and men with limited options and contribute to unplanned pregnancy.
- Many people think, “Thank God she didn’t get pregnant as a teen—so she’s pregnant as a 20-something? That’s not so bad.” Since there are limited economic opportunities for young adults, especially in certain geographic regions, people think that a baby will help a young woman pull her life together.
- Barriers to accessing family planning services include transportation, limited clinic hours, costs of contraception, and the limited number of clinicians willing to work in family planning clinics with low reimbursement rates. There is a solid system of family planning clinics, but Medicaid coverage is very limited.
- Cultural shifts pose a challenge. It is no longer frowned upon to have children out-of-wedlock, or to have children with different men.

Young women

- Many young women are in denial. They do not go to clinics or use birth control because they want to hide the fact that they are sexually active. There is the view that if a girl or young woman is

prepared to have sex, she is morally deficient. This encourages girls and young women not to protect themselves.

- One of the major reasons for out-of-wedlock births among African-American women is the scarcity of eligible African-American men for the women to marry, which stems from high rates of unemployment and incarceration among these men.
- Many girls and young women have a limited vision for their futures and are looking for love, which they confuse with sex. Girls and young women believe that a baby will love them unconditionally.

Young men

- The behavior of young men in the African-American community stems from what happens in preadolescence. When boys get to that stage, something happens and they start to hate themselves, and they think everybody hates them too.
- For young men, sex is a rite of passage, and they have very little inhibition about having sex even if it is not connected to a relationship. Sex is a way of finding satisfaction and relief for young people who are in a depressed society.
- Many young men hold the view that birth control is the woman’s responsibility and problem.

Barriers to contraception

- Most of the newer contraceptive methods have not been distributed in WV due to costs.
- Although it is essential for young adults to have Emergency Contraception (EC) as a backup if they are relying on condoms, many do not know that EC is available over the counter and some mistakenly believe that EC is a form of abortion.
- Many young women served by family planning clinics and home visiting programs designed to prevent subsequent pregnancies report that they were not using any form of contraception when they became pregnant.
- While most established clients at family planning clinics receive 13 months of contraception in a visit, women in Medicaid HMOs must go to a pharmacy to fill a prescription, which creates barriers in terms of transportation, needing to take time off work, etc.

What can be done to address unplanned pregnancy in WV? What are the next steps?

Reaching out to young adults (males and females)

- We need to win young people over to a different vision of family and marriage by saying, “We don’t get to choose the family we were born into, but we do get the chance to choose the family we create. When you bring children into this world, bring them into a married, two-parent household.”

- We need to have a consistent message and target young people on multiple fronts. Also, we need to reach out to kids and adults who are the most vulnerable -- in housing projects, for example. We need to teach young people to take pride in themselves, to feel that they are special, and to find and follow their passion. And we need to have a dialogue with young people to develop the messages.
- We need to keep young people connected to education so that they have the tools to care about their future, to make better choices. Kids need to understand the possibilities and opportunities in their futures. In addition to talking about sex, we need to address core values. We need to teach these kids to be productive members of society.
- We need to reach young adults where they are and make services, information, and materials available in colleges, pediatricians' offices, the mall, grocery stores, etc. Based on strategies used by domestic violence organizations, we should place information in public bathrooms. Information can also be placed in men's bathrooms.
- We should explore developing a website in the state for young adults to learn about family planning.

Reaching out to women

- We should look at options for letting women know about family planning services, perhaps built on the family planning billboards that were so successful a few years ago. (The message on these billboards was: "For your body. For your life.")
- We need to reach out to women who already have one child by using the midwifery model of providing contraception immediately after the birth of a child and conducting follow-up phone calls, visits, etc.
- To help women prevent subsequent pregnancies, we should place family planning information in the packets new mothers take home from the hospital and reach out to pediatricians' offices to provide information to new mothers about the importance of child spacing.

Reaching out to men

- We need to help young men feel good about themselves – to counter the pressures they undergo as they age. We need to let men know they will never have anything if they have a number of children out of wedlock.
- We should explore options for building on the programs of the Bureau of Child Support Enforcement to educate young men about the reasons for avoiding unplanned pregnancy.
- Other ideas included incorporating family planning education and services into annual exams, sports exams, and pre-employment exams—and reaching men with family planning through technical

schools, community colleges, midnight basketball leagues, and home visiting programs (some other states have a stronger focus on involving fathers in such programs).

Reaching out to partners

- We need to bring maternal and child health groups, hospitals, and others together to explore strategies to prevent unplanned pregnancy in WV.
- We need to work with churches serving African-Americans and other groups to provide materials and strategies for educating their congregations about preventing unplanned pregnancy and HIV.
- We need to mobilize caring adults who want to work with and mentor young people. These adults can teach young people pride, discipline, and restraint.
- We need to organize a forum to bring together policy-makers with faith leaders from diverse perspectives.

How can The National Campaign help?

Provide research, information, and materials

- The NC could serve as a clearinghouse by providing the research on unplanned pregnancy to the groups assembled at these meetings.
- The NC could provide economic analyses of the costs of unplanned pregnancy and the benefits of prevention in WV.
- The NC could produce a document about the benefits of a Medicaid waiver, and testify at a state hearing on the subject.

Frame the message and conduct public education

- The NC and the Perinatal Partnership could educate young adults with the message, "If you have sex, you can get pregnant."
- The NC could develop and distribute culturally competent resources and materials.
- The Perinatal Partnership could develop an educational campaign similar to the Governor's campaign on smoking cessation.
- The NC could develop innovative ways to reach 20-somethings such as YouTube and text messages.

Advocacy

- The Governor needs to be educated about the connection between unplanned pregnancy and the public costs for a wide range of human services (e.g. child support collection, child abuse, foster care, etc.), as well as the benefits of investing in prevention. We also need to look across health financing streams to get the full picture – i.e. Medicaid, Title X, public employees' health insurance, etc.
- Options for a Medicaid waiver to allow Medicaid coverage for one year postpartum for family planning or based on higher income criteria should continue to be explored.

- Funding needs to be expanded for programs targeted to new mothers because many needy women do not receive the services that could prevent a subsequent pregnancy.

YOUNG ADULTS FOCUS MEETING

A meeting was held with five young adults. Three were students at Marshall University who taught sex education to undergraduates and two worked for Family Care, a federally qualified health center providing family planning services in the state. Family Care serves many low-income girls and women with unplanned pregnancies. None of these young adults are parents themselves:

- Danielle Dunkley, a white woman who works at Family Care
- Sarah Boggs, a white woman who works at Family Care
- JR Harris, an African-American man who is a student at Marshall University
- Monique Cameron, an African-American woman who is a biology graduate student at Marshall University
- Michelle Curtain, a white woman who is a graduate student in counseling at Marshall University

How would your life and goals change if you or your girlfriend had an unplanned pregnancy?

- JR: It would make me assume responsibility. Many people don't know what responsibility is – especially beyond the woman's aspect of responsibility; men matter, too. The starting point is assuming responsibility.
- Michelle: The first thing is how would I take care of everything financially? I'm trying to pay for school, rent, and food. It would lead to financial stress. All the while, I've got to write a paper. That's stress enough – how would I worry about a child on top of that? It would be extremely overwhelming. I'd have to quit school and work full time or whoever got me pregnant would have to do that. What I'm doing now wouldn't work.
- Monique: Since I'm in my 20's, I'm learning to live on my own. I'm just trying to take care of myself.

Some people think that the reason young couples get pregnant is because they're not planning to have sex. Do you agree or disagree?

- JR: I'm 50/50 (on whether I agree or disagree). If you know you're going on a date, seeing someone on a consistent basis, or it's someone you're sexually attracted to, you probably have an idea

of your intentions. Everyone has an intention. For some, it's instant gratification.

- Michelle: Sex is different because of emotions. When you are following emotions, you don't follow a plan. It depends on how people handle emotions. It depends on the person, how you react in the heat of the moment. Some people can still make a decision in the moment; others aren't so sure and go with their emotions.

What does it take to plan for sex and contraception?

- JR: Maturity and education. Children are having children. If you don't have a basis for making positive choices, that plays a big factor.
- Michelle: It's amazing when we talk to undergrads – what they don't know. Sex ed is mandatory in WV high schools, but what they don't know or have wrong knowledge about is unbelievable. They have no idea. We go through types of contraception, and then we hear about people leaving condoms in cars. They don't know how to take care of condoms. Lots of girls don't believe they should have condoms. It's important to educate women that they can be the one who has the condom available, and insists on it.
- JR: We see students reusing and recycling condoms. Talk about "maturity". Who doesn't know they can't be used again? If a woman isn't taking birth control consistently, they need a back up and many don't realize this. Also, the students don't know the difference between different STDs.

Why are your peers ending up with unplanned pregnancies?

- JR: Improper condom use is the major reason. I have a cousin going to Norfolk State and his condom busted. Proper condom use wasn't demonstrated.
- Michelle: I had a coworker in a high school summer job who was in her 20s. She had a two-year old, got pregnant, and had an abortion. She got pregnant again and didn't want to go through having an abortion again. I couldn't grasp how she kept letting it happen. From how she talked, she couldn't grasp it either. But I remember her going through so much with having one child.

Let's talk about relationships. Do you think young adults are more interested in long term or more casual relationships?

- Monique: It depends on if you've met the right person that makes you want to change what you're doing. A lot of college students are just out there, living in the moment, "whatever happens will happen." Many could be looking for sexual relationships.
- JR: Once you have achieved things – such as college or technical



training – and once you are financially stable and mature, then it is assumed that you are an adult. That’s when you move to the next stage. Prior to that, relationships are part of self-exploration.

What about those who do not want casual sex?

- JR: It is based on values, faith, and the family system. If there is a good, consistent foundation at home, people have clear or more developed morals. They understand what it means to be careful and cautious, what they can’t control versus what they can.
- Michelle: It’s easier for those in their 20s not to be sexually active, compared to teens. There is shame for teens if they are not sexually active, but you’re more okay with who you are in your 20s. I think it’s like that with a lot of things. There is not such a stigma in your 20s. In your teens, people get labeled as prudes.

Do families play a role?

- Monique: If parents talk to kids when they are young, they’ll listen. But if values are not instilled when children are young, they might not listen when they are older.
- JR: It all starts with your relationship with your parents. In WV, you may grow up with a single parent, two parents, grandparents, or aunt/uncles. No matter what the “parenting” looks like, the key questions are: Is it consistent? Can you communicate comfortably?
- Michelle: From a female point of view, maybe when you grow up, you don’t agree with what your parents told you. But if you think you’re worth something of value, what you learned from your parents carries on, regardless, and influences your decision-making.

Do young adults want ongoing discussions with parents?

- JR: From the male perspective, my father passed when I was 14 so my mother raised me and we are very close. I still fear my Mom in a healthy sense; she’s my best friend. My Mom’s from Portugal. Even if I messed up, I could walk in the door and she would accept me and my mistakes. She’ll lay down the law or her opinion, and I’ll listen.
- Michelle: With my Dad, he’s great, but I’m his “little girl”. He would be there for me, but I can have more open dialogue with Mom. I’ll be 24 next month and I still talk to her. It depends on the groundwork laid in childhood.

What motivates 20-somethings to plan for and use contraception consistently? What are the barriers to communicating with partners about contraception?

- JR: At Marshall, there are free contraceptives right there. Students bashfully ask where condoms or dental dams are. Students wonder: If I take the condoms, will it be seen as positive or negative? Will people perceive me as sexually active?

- Michelle: Students don’t want to take condoms because they think it is not acceptable to be sexually active and they are embarrassed. The girls don’t want to be seen as sluts. We tell them, “There’s no reason to feel embarrassed. You should feel proud for making responsible decisions.”
- JR: With guys in the dorm outreach sessions, some are embarrassed to display the correct way of using a condom in front of the class; some girls will volunteer. It takes courage to demonstrate correct condom use.
- Michelle: We teach about communicating with partners about contraception. If communication were happening, we wouldn’t have so many unplanned pregnancies. I think young women and men are embarrassed to discuss condoms with partners. The stereotype is that guys don’t want to use them but in reality, each partner is afraid that the other one doesn’t want to use a condom.
- Monique: It boils down to communication between the men and women. We give condoms and birth control to students, but we need to tell them how to talk about it with their partners so that they’re both comfortable bringing it up, talking about it.
- JR: One partner assumes that the other will have protection, and each is banking on the other one. Then they get caught up in the moment, and they don’t have condoms and that’s when things happen.

What are you seeing with the patients who come into the Family Care clinic? What is their background? Are they talking about contraception?

- Sarah: Of the patients we see, most don’t have full time jobs, most are not in college, and many have incomes as low as \$100-\$200 a month. About 55-60% are employed part time. A lot of the 15 year olds coming in have young parents in their early to mid 30s. At Family Care, we hear young girls say, “My Mom’s gonna kill me, my Dad’s gonna kill me. Why did I do this?” They cry when they get the pregnancy test results and cry when they leave the clinic. It hurts me to see these girls because I have teen cousins. I see girls come in at 13, 14 years old and they’re pregnant. They’re not even old enough. They come in for STD checks and wonder why they didn’t prevent it. It’s hard to explain why this happens. One girl really aggravates me because she’s always with a different guy. She comes in for a pregnancy test or morning after pill, and has had four tests, four abortions, all by different guys.
- Danielle: I’m the receptionist, so I talk to them before they come into the clinic. A lot come for the morning after pill. They ask, “Is it free?” “Is anyone going to know?” “Do I take the pregnancy test before?” “How long does it take?” Mothers call thinking their kids are having

sex and ask if they can get the girl on birth control without the father of the girl knowing. A mother will say, "My 13 year old is having sex, and I don't know how long it's been going on."

- Sarah: Here is what I've seen: A 14 or 15 year old comes in with a positive pregnancy test, and we put a bright red confidential stamp on the chart. Then her Mom schedules an appointment for her daughter to get birth control and a Pap test. When the pregnant girl comes in with her Mom for the appointment, the staff cannot give her birth control because they know she is pregnant. The girl has to tell her Mom right then that she is pregnant.
- Danielle: They ask about abortions. We don't do abortions and we don't give the number out for the abortion clinics. Our practice doesn't refer for abortion. We provide free condoms. If they plan to keep the child, we give them prenatal vitamins, set up an OB GYN appointment, and provide "proof of pregnancy."
- Sarah: Six months later, we see the same girls – we see the same people every other week sometimes. Also, the young girls are getting pregnant by much older men. The guys are older than me – and I turned 20 in December. Why does this happen? I have no idea, but I do think the girls lack something in their lives. They lack communication with parents, peers, and teachers.
- Michelle: It's not just low income girls who are getting pregnant. It can happen in all types of families.
- Danielle: The "good girl" from my school got pregnant right after high school. The one you never expect to get pregnant by an older guy.
- Michelle: I think we all know someone like that.

Beyond embarrassment and difficulties with communication, do you hear about other barriers to using contraceptives?

- Danielle: I have a friend who just gave birth, but she's married so it's fine. Before she was married she was on birth control and once she went off, she had a hard time getting pregnant. Then she lost a child, so now she won't go on birth control again.
- Sarah: I hear people say, "I forget to take it, so what's the use of taking it at all?" They call when they forget to take their pill, and ask if they can double up.
- Michelle: We tell the patients about different methods, the importance of taking the pill at the same time each day, etc. The girls ask lots of birth control questions. We let them know birth control is free, and debunk all the myths we can.
- JR: We can't go into all the details about birth control methods in a one hour education session with undergraduates, so we give them health professional referrals.

- Danielle: A lot of students don't know that antibiotics can cancel out the effectiveness of birth control.
- JR: A lot of students don't have transportation to get to clinics, so we provide transportation. We try to get rid of the excuse that they didn't have a way to get to the clinic.

Would people go to a web site because it is more private?

- Michelle: We don't have a website, but we give out brochures and show them phone numbers. A website might help – students could get information from a place in an anonymous way.

What about the role of men? Do men see themselves as having equal responsibility for contraception and pregnancy?

- JR: There is not one distinctive answer; it depends on the person. Whether a guy is an athlete or a regular college student, they are now taking more responsibility. If the woman decides to keep the baby, the men are going to get a job and help to set up the apartment. I'd say responsibility is split 50/50.
- Monique: It depends on whether the pregnancy occurred within a relationship or not. If it was casual, the guy may not be willing to contribute. But in a relationship, he might be more willing to talk about and figure out a plan for caring for the child.
- JR: Responsibility is defined differently for each male. Generally, though, men think of responsibility for the child and not for prevention. In terms of the responsibility for the pregnancy, I think guys want to lay it on the woman because it is her body and her choice.

Is it women or men who take the free condoms from the jar available in the health center?

- Monique: When I see condoms being taken, it is by females.
- JR: We fill it every week.
- Michelle: Men grab by the handful, women take one.

There was once an expected sequence to life events – marriage, pregnancy, children—even if didn't always happen that way. Has that sequence changed in young adults' minds?

- Michelle: I still think it should be in that order, but it is harder now to get engaged and then get married. That's not the thing to do. There are so many pressures including continued education. "Don't get married until you are done with college," but then there's grad school. People say, "Be financially stable," but then they say, "You're so old and not married." When does marriage fit in?

- JR: Being at different schools for clinical training and having a 16 year old sister, I think the media has had a big influence on the perception of what's normal and not normal. MTV has done a "dandy" job. Also, this is the My Space generation. It is acceptable to meet people online, but people don't know how they'll be treated by someone they meet online—what is normal, what is healthy, and what is safe.
- Michelle: I think it's back to what parents teach you. I had the media stuff e.g. The Real World. But I value myself more than the girls I saw on TV, and I knew what was right. We need to teach girls about self-esteem and raise boys to be respectful. Even with media and peer pressure, with the right mind set, you can distinguish what is right from what is not.
- JR: It all starts at home.
- Michelle: Not everyone has good influences at home, so we need to provide education at school. We can't have one solution; we need a multitude of things.

People say to us, if young people only understood what children need from their parents, maybe they would think more seriously about bringing a child into the world. What do you think about this?

- Michelle: At that age, you're selfish. You're trying to get through school yourself. That's the mature way to think about it – that a baby's life will depend on yours for a long time. But for young people it's tough to switch and think about that, especially in the moment.
- JR: One thing we had in high school was role playing with electronic babies for 48 hours. You could run a group where teens spend 3-4 days with babies and children – show them what the finances would look like for daycare, etc.
- Michelle: We show pictures of STDs to students who do not want to look at them. We say, "If you're too embarrassed to look, this could end up on your body. You might not be ready for sex."
- JR: We say, Take a good look. You might wake up with this"
- Michelle: Maybe we should start passing around picture of babies, too.

PROVIDERS, STATE GOVERNMENT, & NON-PROFIT LEADERS FOCUS MEETING

A dinner meeting was held with a group of providers and leaders from state government and non-profit organizations. This meeting was framed as a discussion among those who are close to the issue of un-

planned pregnancy among young adults because of their positions and responsibilities. Facilitated by Andrea Kane, discussion focused on the cultural factors that pose barriers to preventing unplanned pregnancy among young adults in WV, strategies for involving men in prevention, and ideas for moving forward in the state among other topics.

At the close of the meeting, Andrea highlighted a number of initiatives around the country as well as resources that The NC could provide: (1) clinical guidelines for planning pregnancy developed by the state of Michigan (2) Indiana's Call to Action to prevent unplanned pregnancy (3) Oregon Planned Parenthood's program to prescribe contraceptives on line (4) a new NC fact sheet on what state and local groups are doing to prevent unplanned pregnancy, and (5) an upcoming Request for Proposals from The NC to fund a few states to work on the issue of preventing unplanned pregnancy among young adults.

How significant a problem is unplanned pregnancy in West Virginia? What are the factors behind unplanned pregnancy in the state?

General points

- Lack of knowledge and myths are a problem. Too many do not understand the way that birth control works, the reality of side effects, etc.
- One myth is that a woman needs to be off birth control for a year before becoming pregnant. Another myth is "it won't happen to me."
- Many young women, including married women, have other health problems. It is rare to see a married woman with a pregnancy—planned or unplanned—who doesn't smoke. Smoking is not considered a problem by many people in WV.
- For many young women, pregnancy "just happens." Teens from broken families or families in turmoil see pregnancy as a way to have unconditional love. Teens think, "This is a baby that I can love and it will love me back...." They do not realize that they will be up all night caring for the child.
- Many young men and women do not see a future for themselves and this figures into unplanned pregnancy.
- We have done an excellent job educating teens about pregnancy prevention – drowning the state in outreach materials and educating teens in middle and high schools—but we have ignored outreach and public education for young adults. One reason is there is no massive funding stream to pay for unplanned pregnancy prevention targeted to young adults. Also we may have assumed that young women aged 20-29 were more mature.
- Teens may know more about emergency contraception than young adults do; both women and men need to be educated about this option.

Role of culture and religion

- Appalachian culture is a big factor here. Men want their wives to get pregnant and the wife does not know how to stand up for herself. Also, families may be telling women – if you are 20 something and married, you need to have children. And women may learn from their mother or grandmother that birth control is bad.
- Unplanned does not always mean “really unplanned”. Young women may know about birth control and how to get it but still not use contraception. What is the deeper issue? What is happening in the lives of young women? There is something going on within the individual who knew about family planning and yet did not access it.
- For one thing, we have had such a sweeping societal change. It used to be unacceptable to be an unwed mother but today it is acceptable. There is not a lot of pressure to have children within marriage. Also, there is a distortion about what the real world is like, partially caused by television, that undermines a sense of personal responsibility about reproductive health.
- At the same time, there have always been many unwed pregnant girls and women in our state; the difference is that in the past, the girls and women were pregnant when they married but they still married.
- In rural areas, women receive a lot of attention when they become pregnant. In some communities, entire families are made up of unplanned pregnancies. Parents or grandparents step in to raise the children. Also, women have not been elsewhere so they have not seen what the world can offer other than childbearing.
- Religion can be a factor; even those who do not attend church regularly may be affiliated with a congregation that does not believe in birth control. This leads to unprotected sex because the girl thinks that if she uses birth control, she is planning to sin.
- On the other hand, one participant said that she had never heard one person say that she was not taking birth control because of religion; what she does hear is that there is concern about side effects from contraceptives.

What are some of the barriers for providers? How could family planning services be improved?

- Most of the newer methods have not been distributed in West Virginia, in large part because costs are a barrier (e.g. the ring).
- It would be helpful if family planning could advertise its services, and if the state paid for the advertising and additional services.
- We need to look at the hours that family planning clinics are open and the needs of the target population, and adjust accordingly. In WV, many people have minimum wage jobs, and sometimes two jobs, with very limited flexibility. Also, young women who are in

- college or just starting their careers can't afford to take time off and get to clinics. And transportation is often an issue in rural areas.
- It is difficult to find providers who will work in the clinics. There are 12 health clinics that offer family planning only one day a month because the low reimbursement rates make it difficult to find providers who will work in the clinics.
- While CPT codes allow for reimbursement for contraceptive education, providers need training to understand the coding requirements.
- Good clinical services are needed as well as quality wrap around services from the broader community and a public conversation about the importance of family planning.
- With populations that are difficult to reach, non-health personnel could be enlisted to ask these groups pertinent questions that might lead to teachable moments regarding planning for the future, planning families, etc.

What are we doing to involve and engage men in pregnancy planning? What could we do better?

- We have not been able to capitalize on child support education as a way to talk about pregnancy planning. A video produced by the Bureau for Child Support Enforcement asks if the teen or young adult is truly ready to be a parent. While the video has been widely distributed to health teachers, colleges, and hospitals, it has been difficult to convince organizations to use the video for education.
- Some men do participate in the Right from the Start program, a home visiting program for new mothers who are low-income, which provides them with an opportunity to listen and learn about family planning. However, there is a lot of instability in relationships.
- Family planning education and services could be incorporated into annual exams, sports exams, and pre-employment exams received by men.
- Some men utilize family planning clinics, primarily for free condoms but not for education. The medical model required in family planning clinics discourages men from coming in. On the other hand, more men are served by family planning clinics in some counties, suggesting that strategies exist to trigger male referrals and utilization. Federal guidelines for family planning have only recently included guidelines for males. One idea is for family planning clinics to offer employment or sports physicals.
- Since WV has a very strong network of community health centers, we could look at whether the clinics are addressing contraceptive education, safe sex, etc. with male patients. Many men chose these centers because they lack insurance coverage.

- Since men do not generally go the doctor for contraceptive purposes, we need to look at nontraditional ways to reach them -- perhaps through basketball leagues, workforce development, and other avenues. (Note: The state of Virginia has an innovative program called Partners in Prevention with 10 local grantees, which is reaching men through technical schools, community colleges, and midnight basketball leagues with the requirement that young men participate in a one hour session on family planning.)
- Another option would be to explore the development of men's health clinics.

What about the issue of preventing subsequent pregnancies for young women who already have one or more children? What are you seeing? What could be done?

- In terms of child spacing, the state's analysis found, unexpectedly, that many women are waiting the recommended two years between pregnancies.
- We hear teen girls and young women say, "I don't need birth control. This was a horrible pregnancy, and I am never going to have sex again." However, this is not what happens and without a plan, they get pregnant again.
- Immediately following abortions, women are advised not to have sex for three weeks, but too often, they do not follow the instructions and end up pregnant again.
- Young women with babies do not realize that if they do not qualify for Medicaid, they can go to a Title X family planning clinic for free birth control.
- We need to work with the immunization program to put family planning information into the packets new mothers take home. We also need to reach out to pediatricians' offices to provide information and brochures on why it is important to plan and space pregnancy, especially if a baby has had health problems.

What needs to happen to make progress in reducing unplanned pregnancy among young adults?

- We need more people to talk and work with young adults about family planning to counter the myths and educate them about personal responsibility. Young adults do "get it" when you talk with them.
- The Governor needs to be educated to understand the connection between unplanned pregnancy and the costs for a wide range of human services (e.g. child support collection, child abuse, foster care, etc.)—and the state needs to invest in prevention.
- We need to look at the 60 day cut off for family planning services for women who are covered by Medicaid when they give birth.

- Various groups could come together – e.g. maternal and child health groups with Title V funding – to look at how to strengthen family planning since these groups represent the first line of defense for preventing unplanned pregnancy.
- It could be helpful to have a media outreach campaign. (In the past, WV Family Planning had a media outreach campaign funded by Title X with billboards and brochures.)
- The state could develop a website to educate young adults about family planning, providing a safe place for questions/answers. The state's Adolescent Pregnancy Prevention Program receives many emails from teens who want answers to their questions in a confidential manner.
- It would be helpful to work with the hospital associations to incorporate questions about family planning into the questionnaire that is filled out by every patient who enters a hospital for services. This could be accompanied by the development of standards around family planning.
- Public insurance for state employees needs to be changed to include coverage for pregnancy and family planning of dependent children who are covered for other services up to age 25.
- We could explore the development of blogs. (Nonprofit organizations, such as WV Free, have looked into blogs, but have found that they are expensive to staff.)

How can The National Campaign help?

- We need help educating young adults with the message, "If you have sex, you can get pregnant." The message that all young adults are at risk needs to be reinforced over and over.
- The NC could produce a document about the costs of unplanned pregnancy in the state, and the benefits of a Medicaid waiver. Also The NC could testify at a state hearing on the subject. Note: WV is the only state in Region 3 without a waiver. A number of Medicaid Waivers have been developed in WV that would have expanded family planning coverage for two years post partum; another waiver was income based and would have covered men and women.

**PARTNERSHIP FOR AFRICAN-AMERICAN CHURCHES
FOCUS MEETING**

The NC and the Perinatal Partnership partnered with the Partnership for African-American Churches (PPAC) to convene a meeting with nine local ministers, evangelicals, and lay health leaders. PPAC is a non-profit, faith based community development corporation that focuses on holistic health, crime prevention, and comprehensive youth devel-

opment. The Perinatal Partnership had worked with PAAC on a prior project focused on preventing infant mortality in the African American community.

Chaired by Paula Parker-Sawyers, the meeting discussed the underlying causes of unplanned and unwed pregnancy in the African-American community as well as strategies for supporting young people to make different choices. At the close of the meeting, a proposal was made to bring a broader group of African-American pastors and faith leaders together to develop leadership, messages, and guidance on preventing unplanned pregnancy in the African-American community. Assistance was offered by The NC and the Perinatal Partnership as the PAAC moves forward on this issue.

Is unplanned pregnancy among young adults a big problem? What are you seeing in your churches and communities?

General points

- There are many more children born out of wedlock to white women than to black women because of the demographics in the state. In some ways, poor whites are even worse off than poor African-Americans because they have no one to fight for them.
- There is clearly a problem if there are 158 family planning sites in the state, but the problem of unplanned pregnancy is so vast. Either people are not getting the information or they are ignoring it. Also young people think, "It is not going to happen to me."
- Economics is a major factor in WV. Why bother to get an education when there are no jobs? Kids see no future for themselves. Right now, it is a survival strategy to get pregnant and get government support.
- The root problem is the "unprecedented social pandemic" of low marriage rates among African-American women. Basically, there are very few African-American men for women to marry because so many are unemployed or incarcerated.
- Today, many parents do discuss issues surrounding sex with their kids but something is missing here. Also, in some homes, sex and pregnancy are not being discussed.
- Many of these kids are being raised by grandmothers, and others by single parents. Few kids live with their fathers. Also, many young people are either going home with other young people, or they are homeless. Given all the realities, how do we give young people a vision for their futures that is grounded in family?
- The sexual behavior of young people is closely connected to substance abuse, which pushes aside inhibitions. Kids in grade school can't sit still and are given medication; once they reach middle school, they self medicate with marijuana.

Young women

- Young ladies are in denial – they do not get birth control or go to a clinic because they're "not having sex." They don't want to seek birth control because that would be saying "I am out there doing something..." They want to hide it.
- Young girls and women do not know they have choices. One pastor said, "A young girl said to me that she doesn't want to have children. I told her that she doesn't have to, and she didn't know that she had a choice! In her world, everyone has kids."
- HIV/AIDS prevalence is high among African-American females in WV. Young people are not making the connection that pregnancy and HIV result from the same behavior. The worst thing that can happen to a young woman is not that she has a baby but that she gets HIV and spreads the disease to others. We need to make the connection between sexual behavior and disease—to make this a public health issue.
- The majority of pregnancy outside of marriage is by choice, because the women want somebody to love. A lot of young ladies age 13 and up are looking for love, and they equate sex with love. They think, "I may not be with the Dad, but this little person we create will love me unconditionally." Girls need to learn to take pride in themselves.

Young men

- African-American boys lose themselves in preadolescence. When they get to that stage, something happens and they start to hate themselves, and they think everybody hates them too.
- For young men, sex is a rite of passage, and they have very little inhibition about having sex even if it is not connected to a relationship. Young people were introduced to sex by videos, TV, and movies where sex is disconnected from marriage. Sex is a way of finding satisfaction and relief for young people who are in a depressed society.

What needs to change to address unplanned pregnancy in the African American community?

- We need to understand that early sex is not new. People just are not getting married at a young age when they become pregnant as they did in the past. The key here is marriage. Young men need to understand that it is virtuous to get married.
- We need to develop a game plan to win young people over to a different vision of family and marriage. We need to tell young people, "We don't get to choose the family we were born into, but we do get the chance to choose the family we create. When you bring children into this world, bring them into a married, two-parent household."

- On the other hand, marriage is not necessarily the solution because of the high rates of divorce and broken homes. There is no silver bullet; we need multiple messages on multiple fronts. Let's define what success is: What is the "right track"? What is the expectation for these young people? What is their passion?
- We need to keep young people connected to education so that they have the tools to care about their future, to make better choices. Kids need to understand the possibilities and opportunities in their futures. In addition to talking about sex, we need to address core values. We need to teach these kids to be productive members of society.
- We need to help young men feel good about themselves – to counter the pressures they undergo as they age. We see young men with 3-5 babies who are responsible for child support. As a result, they do not get a job. We need to let men know they will never have anything if they have a number of children out of wedlock.
- We need to protect and chaperone our daughters; we need to nurture and supervise young people and place adults in their lives. The more time young people have that is unsupervised, the more time they have to engage in risky behavior.

How can faith communities address this issue?

- The faith community has to be more accountable; we have to address the issue in a real manner. We've historically stigmatized sex outside of marriage, so girls don't reach out. A girl does not want to be seen as a "bad girl" if she is having sex.
- Churches have to do more and to get real, and talk about the consequences, like HIV. HIV is now everyone's disease, and it only takes one time to get pregnant or contract HIV.
- We have to bombard young people with positive messages to counteract the negative messages (from sex in the media, etc.). Our message must be strong and consistent; it cannot be a mixed message. We need to preach the same message.
- It's more than just a sermon – we need to have a consistent message and we need to reach out to kids and adults in housing sites. We need to have a dialogue with young people to develop the messages.
- Our consistent message is Jesus, "Until some folks get Jesus, ain't nothing going to change!" The African American church is the central institution in our community. Social programs are great, but the first social programs were disciples getting together and handing out food to hungry people, taking care of widows and children. There are "Christ-like" people in church and they need to be mobilized to be mentors.

How can The National Campaign help?

- We need culturally competent resources and materials. If young people can relate to the person giving the message, and if they see people that look like them giving them the information, it will seem relevant.
- Even if we don't have resources, we need to reach young people with the tools we have. There is a crisis, and we have to do something about it. We need to give our time to the kids and the resources will follow.
- We need to empower young people who are on the right path to influence their peers – to bring in their friends and make it cool to be on the right path. We need to teach young people to take pride in themselves. We need to make young people feel good about themselves and feel that they are special. Young people need to be able to say, "You're not going to rob me of my dignity."
- On the other hand, we should not compromise our message of truth by trying to make it "cool." Our kids can take the truth, and they need the truth because it could change their lives. We need to look them in the face and give them the consistent, stern truth and tell them about consequences.
- Children need caring relationships so that when they are faced with situations, they know they are cared for. And they need to be taught pride, discipline and restraint. We need to mobilize caring adults who want to work with and mentor young people. Until we do that, we are wasting our money. We need to create a village.

PROVIDERS, ELECTED OFFICIALS, & FAITH COMMUNITY AND NON-PROFIT LEADERS

FOCUS MEETING

A well-attended luncheon meeting was held with leaders from the provider community, faith-based organizations, and non-profit leaders as well as state legislators and government officials. The meeting opened with brief remarks from Andrea Kane, a Powerpoint by Nancy Tolliver, and The NC video. Andrea highlighted the costs of teen pregnancy to WV, and shared information about what other states are doing to bring attention to the issue. Discussion focused on the unique challenges in WV, the barriers to providing full access to contraceptives, and policy ideas including options for a Medicaid waiver among other topics.

How do you see the issue of unplanned pregnancy in WV? Do you see it as a problem?

- Unplanned pregnancy is a problem in our state. In family planning,

50 percent of the pregnancies are unplanned. The pregnancies are not necessarily unwanted, but they are unplanned. Unplanned pregnancy leads women to make choices they might not make otherwise such as dropping out of school and getting low paying jobs.

- One problem is that women choose foam and condoms rather than the pill or injectible forms of contraception, which would be more reliable.
- One of the biggest challenges is the cultural shift in our society. Having children and not being married, and having children with different fathers, is no longer frowned upon. The old rules don't apply. This makes our job much harder. At the same time, there is the view that if a girl or young woman is prepared to have sex, she is morally deficient. So girls and young women do not protect themselves.
- The faith community has very little influence now, compared to the past when it played a strong role in peoples' lives. Twenty somethings don't go to church. We need to develop new cultural tools.
- Young adults rely on parents much more than they used to. We need to figure out how parents can deal with the economic and cultural issues facing young adults.
- We need to be concerned with other consequences besides pregnancy – HIV and STDs. Young people need to know about these diseases.

Are there unique challenges or opportunities in WV?

- Poverty must be addressed if we are to bring the rates of unplanned pregnancy down in the state.
- Young adults in WV do not have primary care unless they are sick or pregnant. This means that campaigns will have to reach out in new ways – through multimedia since young people don't read any more.
- People think, "Thank God she didn't get pregnant as a teen --- so she's pregnant as a 20-something? That's not so bad." Since there are no economic opportunities for 20 year olds, especially in certain geographic regions, people think that a baby will help a young woman pull her life together.
- Even though comprehensive sex education is on the books, we do not think that students are receiving it. Some health educators have difficulty sharing contraception information with students because they live in the community and go to church with people who do not approve.
- There is a very organized, vocal group lobbying in support of abstinence only sex education and against comprehensive sex education – but this group may not be representative of the population.

- Public Employee Insurance does not cover contraception and pregnancy services for dependents. However, the state then pays for these pregnancies and births through Medicaid.

What is happening with access to contraception in the state?

- If young adults are using condoms, it's essential for them to have Emergency Contraception (EC). But they don't know about EC – and the fact that it is available over the counter. Many women won't use EC because they think it is a form of abortion, but that is a misperception.
- One issue in WV is that pharmacists don't want to stock and dispense contraception, including EC, because they believe this will encourage women to have sex.
- Some providers believe that a woman should only use EC once – that she should "learn her lesson." However, there is much lower hormonal risk with EC than with birth control pills.
- In WV, different services are offered at STD clinics (overseen by the state's health department) and Family Planning clinics. A young person cannot get family planning services at an STD clinic. When a person is being tested or treated for an STD, he or she should be offered contraception.

What about the men?

- Because of the lack of economic opportunities here, some of the young men whose partners get pregnant go to Iraq so that they can support their child.
- We have failed to teach men that they also are responsible for pregnancy and disease. In rural areas, there is a strong macho ethic.

What are the policy opportunities?

- Since contraceptives are getting more and more expensive, we need to make contraceptives free or affordable.
- We need to look at whether providing access to contraception improves the bottom line for insurance companies and the state (by reducing unplanned pregnancy).
- We need to look at options for a Medicaid waiver to allow Medicaid coverage for one year postpartum for family planning. Now, the mother loses Medicaid coverage 6 weeks after the birth. A Medicaid waiver is cost effective for the state because the federal government pays for it.
- At one public school, half the girls are pregnant. The students want a health clinic on site with family planning services because now, they must drive to a clinic for services.

How can The National Campaign help?

- The NC can help policy makers by serving as a clearinghouse for solid, science-based information including research on different approaches to sex education. Also, The NC could provide economic analyses of the costs of unplanned pregnancy and the benefits of prevention.
- We need a forum to bring together a broad group of faith-based leaders, including conservative leaders, and policy-makers to discuss the topic publicly.
- We need to find innovative ways to reach 20-somethings such as YouTube and text messages.
- We need to bring pressure on companies that hire large numbers of 20-somethings in marginal jobs with no benefits, but which do not provide contraceptives through their pharmacies.

WEB TELECONFERENCE FOCUS MEETING

A final web teleconference was held with a group of providers and staff from state and county health departments, Family Planning Clinics, Right from the Start Programs, community health clinics, and non-profit organizations. Several participants were from the HAPI program (Helping Appalachian Parents and Infants), a home visiting program which provides services to women in eight counties in northern WV. HAPI works directly with Right from the Start (RFTS), which provides services to the infant, while HAPI provides services to women during the post partum and interconception period for up to two years.

Nancy Tolliver underscored that the teleconference participants are on the front lines of preventing unplanned pregnancy in the state and make up the backbone of the Perinatal Partnership. Discussion focused on the challenges and strategies for preventing secondary pregnancy, barriers to providing contraceptive services, and ideas for reaching out to young adults with prevention messages among other topics.

Is unplanned pregnancy among young adults a problem in WV?

- At Right from the Start, we ask each client questions about her recent contraceptive history. Of the 2,000 women we see in a year, the vast majority mark “none” for recent contraceptive history.
- Girls in the family planning clinics are not using contraception, but they don’t necessarily want to become pregnant. The attitude is: “If it happens, it happens.”

Do you see a difference in sexual behavior or contraceptive use among teens and young adults?

- We are not seeing a lot of differences. If the girls or young women have a lifestyle where they don’t want to become pregnant, they take precautions. If they don’t have that lifestyle, then they don’t care enough to take precautions.
- Some of my acquaintances in their later 20’s have an urge to mother. Their attitude is: “I want to find someone, marry, and have a family, but if that doesn’t happen, I’ll go ahead and do it anyway.”

What strategies or approaches have you found effective in delaying subsequent pregnancies and childbearing?

- HAPI involves women in the decision making process about contraception. More young women want permanent sterilization, but we counsel them to try IUDs. Also, we are trying to have more discussions about birth control before the young woman leaves the hospital with the baby. We are employing the medical model of giving Depo before the young woman leaves the hospital.
- With HAPI, at a minimum, we have monthly contact with the mother where we discuss contraceptive use, planning the next pregnancy, and the risks of too close spacing. If the women are not using contraception, we provide pre-natal vitamins. In a study, 68% of the women in the program reported using contraception after their birth and 2.8% reported a new pregnancy during the time period they were receiving services.

What are the barriers to providing contraceptive services?

- Funding is a barrier with the HAPI program. We’re fortunate to cover eight counties, but we’re limited in what we can provide due to funding limitations. Some projects can only cover certain zip codes within a city, based on infant mortality rates, etc. Not all needy women receive services in these eight counties.
- There is a transportation problem because the state is so rural and there is no unified bus system throughout state. Women will get one Depo shot, but cannot get back to the clinic for more shots.
- Another barrier is that Medicaid HMO’s do not dispense contraception on site. While most established clients at family planning clinics receive 13 months of contraception in a visit, women in Medicaid HMOs must have their prescriptions filled at a pharmacy. In the case of Depo, a woman would need to have the prescription filled at a pharmacy and then take the vial back to the clinic to receive an injection. This creates barriers in terms of transportation, needing to take time off work, etc.

What clinic characteristics attract young adults to family planning?

- New River is a federally qualified health care center 30 minutes outside of Charleston, which provides dental services, family planning, and more. Clients are served by both mid-level providers and paraprofessionals including midwives, which is important for education.
- One characteristic that is very important is having friendly, caring, and helpful people in the front office. Because the counties are small, some women are afraid to go to a clinic and see someone they know. Open-mindedness of the clinic staff is important.

What are your experiences serving men in family planning?

- With the HAPI program, we find that men are not involved as much as we would like. The visits where the Dads ask questions are few and far between. Sometimes, their involvement is not a positive influence. If you ask some men about birth control, they say, "Ask her. It's her problem."
- Many Right from the Start projects in other parts of the country have Fatherhood Initiatives attached to their programs, with male staff funded by separate funding streams. This might be a piece that could be added in WV. Note: Currently, there is very little going on in WV in terms of fatherhood programs.
- Men do not come in to family planning clinics with their partners. Although family planning clinics do provide STD screening and treatment, a young man must become a client before receiving STD services. Otherwise, the family planning clinic refers him to an STD clinic.

How can The National Campaign help?

- We need legislation passed to get comprehensive sex ed in schools and to teach young people about healthy relationships.
- For anything to work in WV, we have to reach young adults where they are. This is critical because transportation is so fragmented here. Services and information/materials must be available in colleges, pediatricians' offices, the mall, grocery stores, etc. We should look to domestic violence organizations, which place information in public bathrooms, because women go alone to bathrooms. Also, fatherhood information could be available in men's rooms at baseball games.
- The Perinatal Partnership could develop an educational campaign similar to the Governor's campaign on smoking cessation. A letter could be handed to women with the message, "This is your letter from the Governor to help you plan your pregnancy."

- Support groups are needed for vulnerable populations, such as new parenting programs (the Red Cross offered these in the past.). These programs can be critical in teaching young women about the importance of spacing pregnancy.
- We need to draw on the nurse home visiting programs to develop messages targeted to young women. Nurse home visitors learn so much about a woman's circumstances, including her home situation and how men do or do not take part in decision making. This information can be used to tailor messages to women.
- We should look at the model of the family planning billboards, which were prominent in the state a few years ago. The message on the billboards was: "For your body. For your life." As a result, there was an increase in the number of women coming into family planning clinics for contraception. Note: This effort was funded through a special pot of Title X money. Once the funding was gone, Family Planning had to decide whether to advertise for services or to actually provide services, since there were not enough resources for both.