

## **NORMALIZING SEX TO PROMOTE EFFECTIVE REPRODUCTIVE LIFE PLANNING**

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Background and significance: Despite the fact that numerous entities are devoted to improving reproductive health outcomes, most current sex education paradigms use fear to dramatize sexual debut rather than welcoming and accepting it as a natural part of human development. This counter-intuitive approach is ineffective. Therefore, is it surprising that reproductive literacy is low? A better approach respects the power and process of human reproduction. Accepting human reproduction as a biological, involuntary, inevitable, and evolutionary process normalizes the knowledge, skills, and preparation required to intentionally plan one's reproductive life and future.

Methods: Normalization was the theoretical foundation used to train Reproductive Health Team Leaders in the Healthy Start programs that participated in this intervention. Healthy Start, a federally funded program to reduce poor pregnancy outcomes, encourages programs to address interconceptual health, especially adequate birth spacing. Three Healthy Start programs in South Carolina prepared their paraprofessional home-visiting staff to be reproductive health "warriors" by: a) identifying Reproductive Health Team Leaders (RHTLs) among staff; b) having a nurse practitioner (co-author Robinson) mentor these RHTLs over 12 to 24 months; c) increasing their knowledge and skills for normalizing sex through client-centered, nonjudgmental and easy-to-understand communication (using concrete messages and learning tools). RHTLs then conducted training sessions with their peers and various audiences.

Evaluation information was gathered through personal interviews with RHTLs and other Healthy Start staff, RHTL quarterly reports, and on-line surveys of Healthy Start staff.

### Training Objectives were to gain:

1. a working knowledge of reproductive health issues including but not limited to anatomy and physiology, sexuality, contraception, pregnancy options, and domestic violence
2. effective presentation and facilitation skills to relay information to diverse audiences
3. knowledge of effective communication and educational counseling .Ability to provide effective counseling to women needing assistance with reproductive health decisions
4. capacity to facilitate staff to provide effective reproductive health education and counseling to their clients
5. capacity to recognize and to take steps to overcome cultural obstacles to increasing women's access to the full spectrum of reproductive health and social services.

### Results observed by objective:

1. Each RHTL expanded her working knowledge of reproductive health issues and gained great confidence. One created a new set of creative messaging tools.
2. Each RHTL led presentations and reached out to various groups—schools, Job Corps, domestic violence prevention, client and peer groups—all felt more empowered.
3. RHTLs reflected on communication styles and became more client-centered and less judgmental with clients and with peers.
4. Some of them had great success in recruiting co-workers to carry on the new normalization messaging. They were also seen as referral options for workers who need assistance with clients. One RHTL credited her training for having 55 of 57 postpartum clients on contraceptives; most

on LARCS. For one Healthy Start the percentage of clients leaving the delivery hospital with a birth control method went from well below 50% to over 70%.

5. It was harder to make systems level change on cultural issues, but they did make inroads with having clients rethink some internal barriers to action

Discussion:

The creation of this job heightened the RHTLs' awareness of what it takes to do broad community outreach, client navigation, referrals, systematic record-keeping, one-to-one counseling, and led to profound changes within them. As their awareness of the entire set of responsibilities grew they seemed to be on the brink of being able to build the capacity of the organization itself but broader change is beyond the scope of this evaluation. Organization wide adoption of the toolbox and improvements in contraceptive uptake suggest such broader changes were taking place.

The model of RHTLs may be useful for other Healthy Start Programs and other programs seeking to promote reproductive life planning, adequate birth spacing, and positive pregnancy outcomes.

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