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Contraceptive Education in South Carolina Women's Jails

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Contraceptive Education in South Carolina Women's Jails

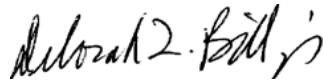
By

Sarah Johnson

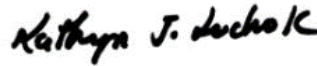
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THESIS SUMMARY

Women in jail, which is currently a growing population, are at risk of unplanned pregnancy due to their potential exposure to alcohol and drug use, history of living in an abusive environment, and potential practice of prostitution (Clarke et al., 2012; Clarke et al., 2006; Kelly, 2012). The majority of female inmates are between the ages of 17-30, the peak reproductive age, which increases the importance of jails providing education to improve inmates' reproductive health (Hale et al., 2009). Many females arrested will be released from jail back into society, making jails an opportune place to provide information to improve the knowledge of incarcerated females about reproductive healthcare so they are better equipped to make personal reproductive choices upon release from jail (Larochelle et al., 2012). The goal of this project was to create an educational curriculum that can be used in jails to educate women about contraception. A survey was developed and administered to female inmates at the Alvin S. Glenn Detention Center in Columbia, South Carolina to shape the curriculum's information to better meet the needs and desires of these women. The topics that were selected as most helpful to learn about include "Where and how to access birth control" and "Different types of birth control." Based on the survey responses, the curriculum focuses on the methods of contraception, the location of low/no-cost clinics, and online resources about birth control and Medicaid, so they are better prepared to access contraception upon their release from jail, if they desire. The curriculum will be administered in the future to the South Carolina Birth Outcomes Initiative Behavioral Health group, so they can further distribute the curriculum to volunteers willing to be instructors of this information in women's jails.

INTRODUCTION

Unplanned pregnancy can come as a shock to anyone, but especially someone that has not established a stable lifestyle to support a child. In vulnerable populations, such as incarcerated women, a large majority are at risk of unplanned pregnancy. Studies have shown correlations between unplanned, high risk pregnancies and incarcerated women because of their potential exposure to alcohol and drug use, history of living in an abusive environment, and potential practice of prostitution (Clarke et al., 2012; Clarke et al., 2006; Kelly, 2012). In a study conducted in Rhode Island, 83.6% of female inmates surveyed had an unplanned pregnancy prior to their arrest (Clarke et al., 2006). The majority of female inmates are between the ages of 17-30, the peak reproductive age, which increases the importance of jails providing education to improve inmates' reproductive health (Hale et al., 2009). This information, coupled with the fact that a large portion of females arrested will be released from jail back into society (Sufrin et al., 2009), makes jails an accessible and opportune place to provide information and services to improve the reproductive healthcare of incarcerated females.

In the United States, 89,000 women are held in local jails, which is almost half of the incarcerated female population (Kajstura, 2018). More specifically, South Carolina is ranked 29th out of 50 states with a rate of 125 per 100,000 women incarcerated and a total of 1,700 women are in South Carolina jails (Kajstura, 2018). The female jail population in South Carolina also increased from 12.6% to 15.2% from 2005 to 2017 (BJS/USDOJ, 2019), and will most likely continue to increase according to national trends in female incarceration rates. This increase of women being arrested, the relatively high ranking of South Carolina women's incarceration rates, and the rates of unintended pregnancy among incarcerated women from studies conducted in Rhode Island and Ontario, Canada (Clarke et al., 2006; Liauw, 2016), shows an opportunity to connect with this population of women to provide them with the education of contraception and healthcare access in the community so they can make informed decisions about their reproductive health upon release.

The Medicaid Inmate Exclusion Policy bans individuals eligible for Medicaid from using the Medicaid program while they are incarcerated. This results in the cost of healthcare for incarcerated individuals to be paid for entirely by counties or states, resulting in various amounts of healthcare being provided depending on the county or state budget (Cunningham & Liggett, 2019). Since there is a lack of funding for healthcare services within the jail, another way to provide healthcare, specifically contraception, needs to be found. Educational programs offer a potential way for inmates to know how to access healthcare and contraception within the community, giving women the information to seek contraception upon release, if they desire (Marks & Turner, 2014). The American College of Obstetrics and Gynecology recommends health education on contraception for incarcerated individuals, even though most facilities do not actually implement an educational program since there are no federal or state mandates (ACOG, 2012). In other studies, educational programs have been used to increase the knowledge of birth control, as well as the initiation and continuation of contraception upon release for incarcerated women (Clarke et al., 2009; McNeely et al., 2018; Rice, 2013). We have not found an educational program in our research that has been used in South Carolina women's jails about contraception, which made the goal of this project to create an educational curriculum that could be used in this area.

PROJECT GOAL

The goal of this project is to create an educational curriculum that can be used in women's jails by volunteers, healthcare providers in jails, or healthcare professionals, such as medical residents, that need patient care hours. Since jails have high turnover rates, educational programs need to be short enough to be done in a timely-manner, while also providing necessary information (Larochelle et al., 2012). The educational curriculum created through this project can be used in jails to educate women about the efficacy, safety, and mechanisms of contraception so they are better prepared to access birth control in the future. The curriculum can also educate women on places to access contraception, such as websites or local clinics, upon release from jail. Our aim is that education about contraception for women while in jail will increase initiation and continuation of birth control among women who want to delay or prevent pregnancy.

BACKGROUND

In the Spring semester of 2019, I started researching contraception in women's jails to write my thesis proposal. This research allowed me to narrow down the goal of my thesis to create a curriculum to be used in jails to educate women on contraception. I began my search for a Thesis Director by utilizing the University of South Carolina Faculty Research Database and searching for professors that worked with women in the Criminal Justice, Sociology, or Public Health Departments. I narrowed down my options and reached out to Dr. Deborah Billings, who stood out to me because of her research and work in sexual and reproductive health and providing contraceptive access. I was thankful that she responded that she was very interested in my project and agreed to serve as my thesis director after an initial meeting in April, 2019.

METHODS

In the Fall semester of 2019, I focused on creating and administering a survey to a population of women in jail. This process started with a meeting with Dr. Billings, where we brainstormed people that I could talk to in order to get access inside a jail, as well as people that have experience with contraceptive education. I began sending out email contacts to the brainstormed individuals asking for their knowledge and help in my thesis project in the middle of September. I connected with Dr. Olga Ivashkevich, who is a professor in the Art Department at USC that works with the Women's Well Being Initiative exposing at-risk juvenile girls to art. We thought this could be a way to connect with women in the Juvenile Justice system, however, we were unable to be a part of Dr. Ivashkevich's work due to time restrictions and not wanting to infringe on Dr. Ivashkevich's current work. I also asked Dr. Kathryn Luchok, in the Women's and Gender Studies Department, if she would meet with me so I could learn about her work on reproductive health literacy in vulnerable populations. I met with her on October 3rd, 2019 to discuss her work and I was able to learn many additional resources to use for the development of my project. Dr. Luchok also informed me of the South Carolina Birth Outcomes Initiative, where Dr. Pete Liggett from the Department of Health and Human Services is working on a project looking at women's healthcare in jails across South Carolina. I was able to meet with him at the monthly SCBOI meeting on October 9th, 2019. I learned a lot about women's healthcare in jails, some of the downfalls in healthcare that his project is trying to recognize, and was able to incorporate some of his research into the background for my project. He invited me to join him if he was able to visit the Alvin S. Glenn Detention Center in Columbia, SC, although he did not reach back out before I had to continue project development.

In October, 2019, I created the survey that we planned to administer to female inmates to

get an idea of what about contraception they wanted to learn to help focus the curriculum to their needs. I used resources found on the South Carolina Honors College Thesis Blackboard Website as well as through Dr. Billings to develop question formats, phrase questions appropriately and clearly, and maintain ethical survey practices. Dr. Billings suggested keeping the survey around 10 questions to keep the attention of the participants. We also wanted to have suggested answer choices to questions as well as free-response questions, in case the choices we gave did not encompass all of their feelings and experiences. We wanted to give them a chance to give their opinions of birth control and their thoughts on education of birth control in jails. We included questions to see what they did not know about birth control, what topics they wanted to learn more about, and how they wanted to learn this information. The specific questions are discussed in the Survey Results section. The final survey draft was read, revised, and approved by Dr. Billings.

My original plan at the beginning of the thesis course was to administer the survey at the Brunswick County Jail in Supply, North Carolina. I work in this area in the Summer and have become friends with one of the GED educator volunteers at the jail. She encouraged me to reach out to the Programs Coordinator, Corporal Kenneth Sullivan, but warned me that it might be hard to get clearance. I reached out to Corporal Sullivan with my thesis plan on October 1st, and he responded that he would try to get me clearance by speaking to the Chief of the jail. I followed up with him on October 28th when I had not heard a response from him yet, and sent over a copy of the survey to give him a better idea of my project and why I wanted to administer the survey to the female inmates. He responded that day saying that he was still waiting to hear back from the Chief and Major, but never got a response. Luckily, my communication with the Alvin S. Glenn Detention Center progressed faster than the Brunswick County Jail.

In order to have a direct contact with the Alvin S. Glenn Detention Center in Columbia, SC, I emailed the Richland County Sheriff Leon Lott in mid-September. He explained that the jail was separate from the Sheriff's Department, and suggested I reach out to the Alvin S. Glenn Jail Director, Ronaldo Myers. I called Officer Myers and explained my project and that I wanted to come in to administer a survey about birth control and in the future provide an educational curriculum on birth control to the female inmates. He responded with skepticism, but agreed to allow me to pursue my project at the detention center. I got a call a few days later from Lieutenant Joli Rish, who is in charge of policies at the jail. She realized that she was not the person I should be talking to, but said that she would assist me instead of passing me on to another employee. I sent her a draft of the survey to be approved by the jail director, and after approval, she sent me the Volunteer Guidebook, the Volunteer Application and the background check forms to be completed. I sent all of these back to her and everything cleared on November 7th, 2019. My information was sent to Lieutenant Legette, an officer in the Programs Department, but she never reached out to me. After contacting Lieutenant Rish about not getting a call from Lieutenant Legette, I got a call from Captain Michael Higgins who is in charge of the Programs Department. He approved that I come in and administer the survey on December 6th, 2019.

I arrived to the Glenn Detention Center at 9:00am on December 6th and was met by Officer Wannamaker, who escorted me to the two dormitories where the female inmates reside. I was able to survey seven women in the first dormitory who were willing and able to complete the survey. I originally planned to read the survey out-loud to the participants as a group so it was less confusing, but most of them felt more comfortable filling out the survey separately, so I told them I was able to ask questions if anything on the survey was unclear. We went to the other

dormitory, but most of the inmates were still asleep, so Officer Wannamaker said it would be best to come back at a different time or different day. I asked Officer Wannamaker what would be the best thing to do, and she said I could leave the surveys with her and she would give them out to the women when they woke up and to come back later that day to get the completed surveys. Unfortunately, when I went back at 4pm that day to pick them up, Officer Wannamaker had been called to a different area of the jail and was unable to have the surveys completed. I called Captain Higgins to find another time I could come back to complete the surveys, and he said to come back on December 12th. I went around 1pm to administer the surveys to the other dormitory, and was able to get 8 more surveys completed. The 15 total surveys were then analyzed so we could create a curriculum tailored to the wants and needs of the incarcerated female population.

SURVEY ANALYSIS

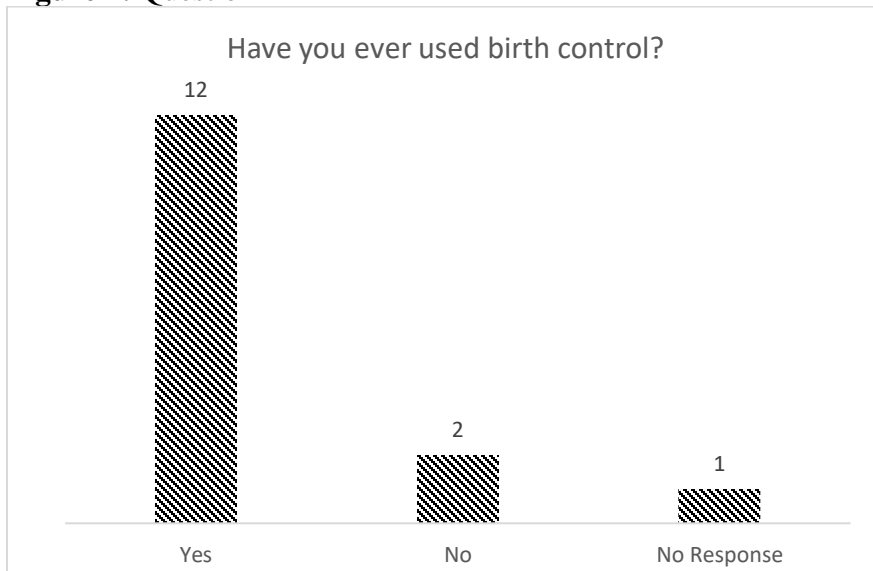
The survey results were analyzed by inputting the information manually into an Excel spreadsheet. Questions and possible responses were given a number and letter combination to be identified and the total number of times each answer choice was selected could be calculated. Graphs and figures were made in Excel from the information in the surveys to better visualize the data. Percentages of answer choice selections were not calculated since the completed survey number was only 15.

SURVEY RESULTS

I was able to obtain 15 completed surveys from the women at Alvin S. Glenn Detention Center that were willing and able to participate in the survey.

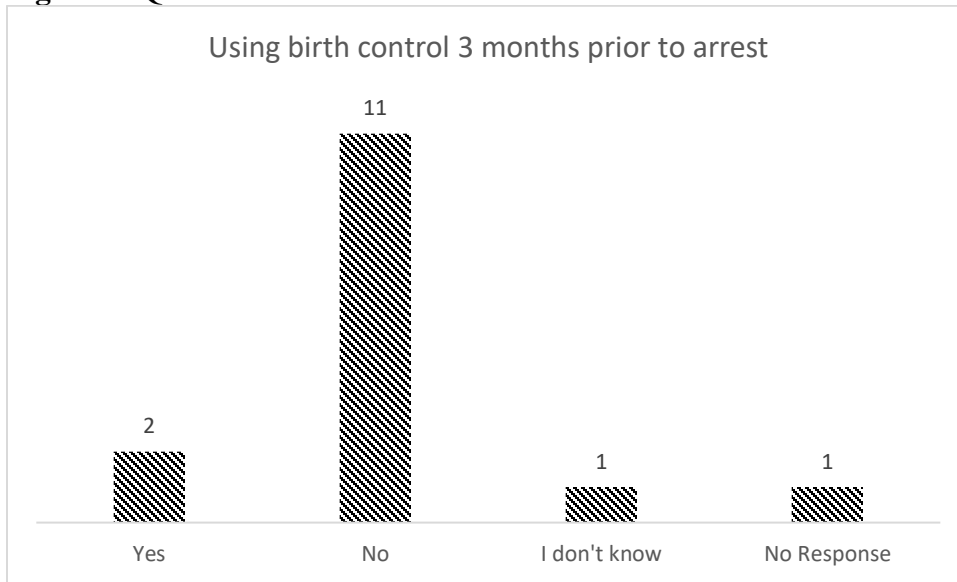
The beginning of the survey asked questions about the personal history of their use of birth control.

Figure 1: Question 1



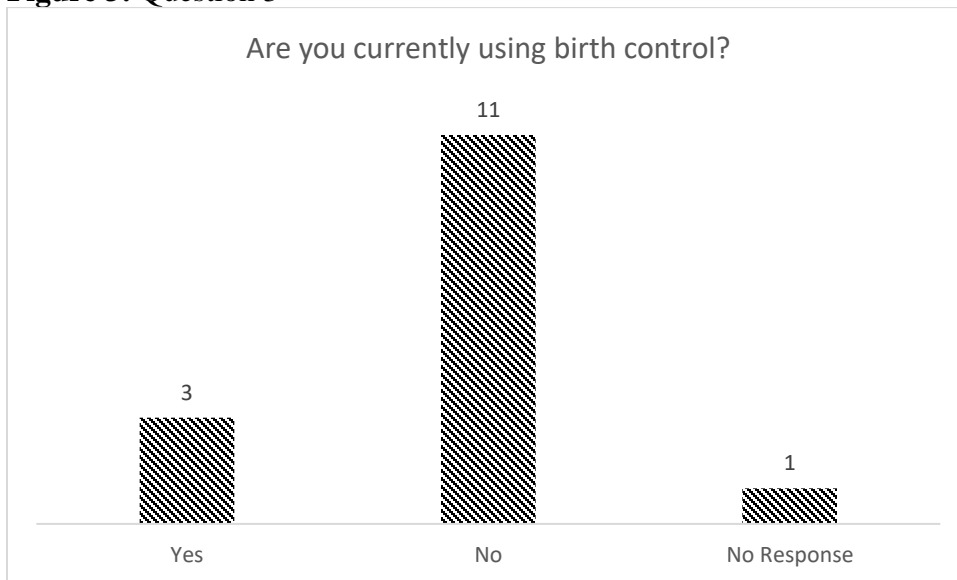
The first question of the survey asked “Have you ever used birth control?” 12 out of 15 respondents answered “yes”, 2 out of 15 answered “no”, and 1 respondent did not respond.

Figure 2: Question 2



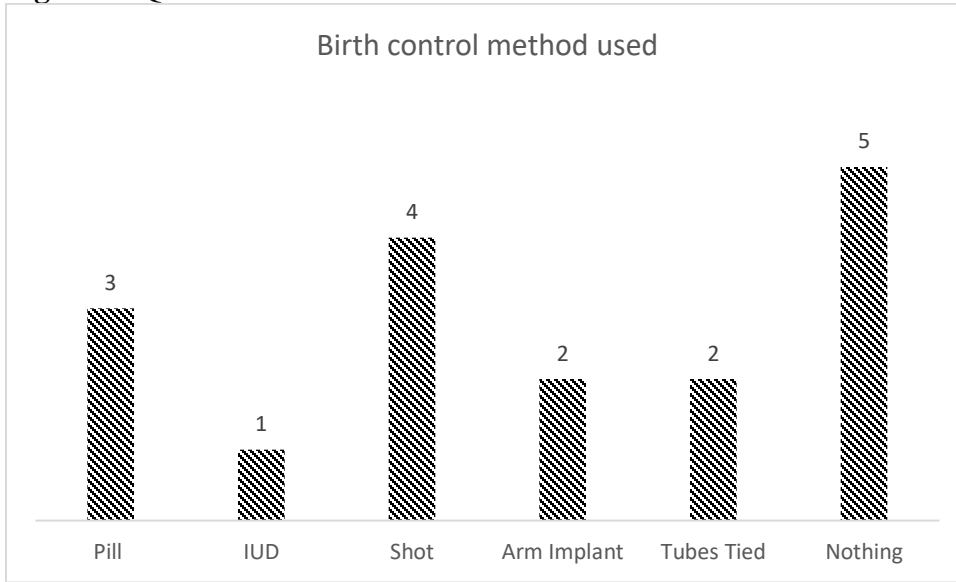
Question 2 was more specific and asked, “Were you using birth control in the 3 months prior to your arrest?” 2 out of 15 answered “yes”, 11 out of 15 answered “no”, 1 answered “I don’t know”, and 1 did not respond.

Figure 3: Question 3



The third question was, “Are you currently using a birth control method?” 3 out of 15 answered “yes”, 11 out of 15 answered “no”, and 1 participant did not respond.

Figure 4: Question 4



Question 4 asked “What birth control method have you used or are currently using?” There were more than 15 answers since some participants have used more than one method in their past. 3 have used the pill, 1 has used an intrauterine device (IUD), 4 have received the Depo-Provera injection (Shot), 2 have had the arm implant, such as the Nexplanon or Implanon, 2 people have their tubes tied, and 5 people responded “nothing”, for not previously or currently using a method of birth control or did left the question blank.

The next questions focused on their personal opinions of birth control and their feelings on becoming pregnant.

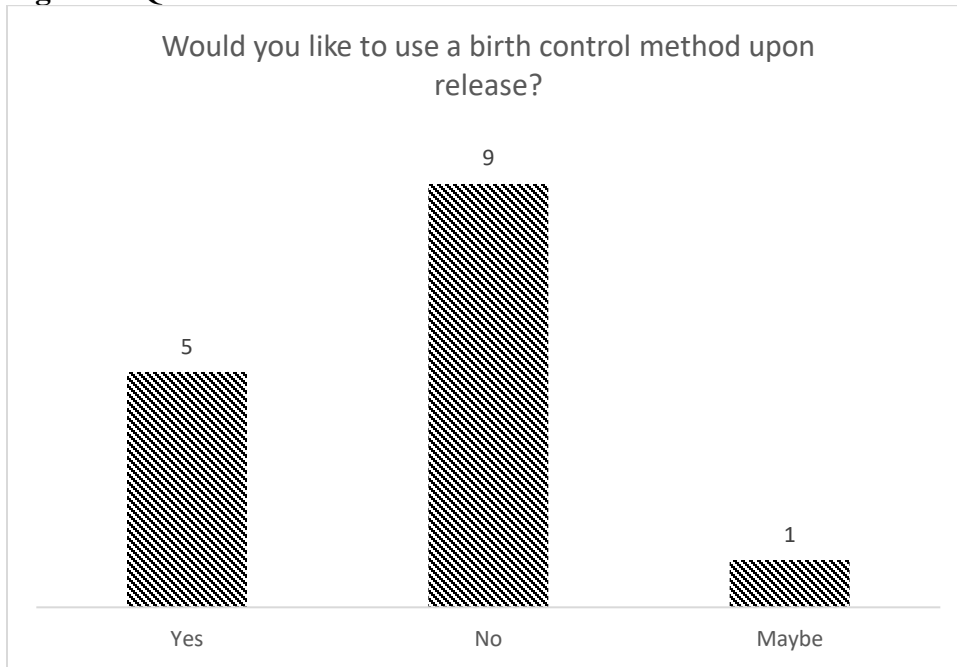
Figure 5: Question 5



Question 5 asked, “If you got pregnant right now, how would you feel about that?” The respondents could choose a response 1-5 indicating their feelings. 1: “I would be very upset if I was pregnant right now”, 2: “I would be slightly upset if I was pregnant”, 3: “I wouldn’t care one way or the other about being pregnant”, 4: “I would be happy to be pregnant, but am not trying

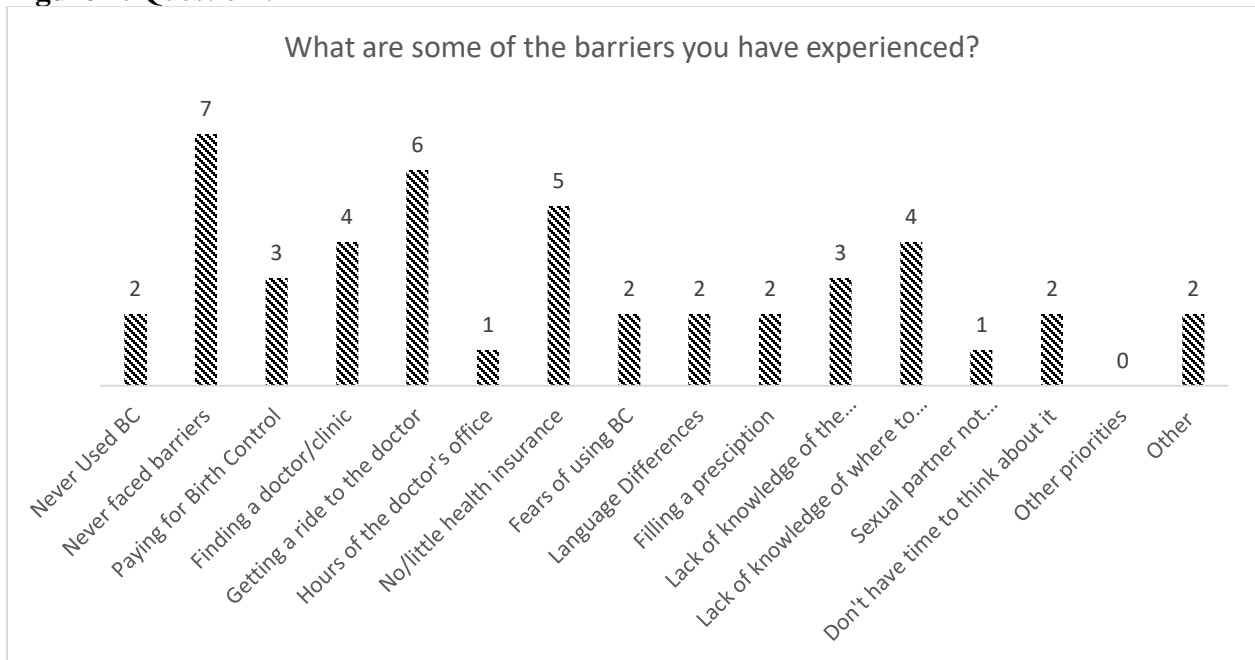
to be”, and 5: “I would be very glad if I was pregnant right now”. “6” on the graph represents those that did not respond to the question.

Figure 6: Question 6



Question 6 asked participants if they would like to use birth control upon release. 5 out of 15 said “yes”, 9 out of 15 said “no”, and one participant said “maybe.”

Figure 7: Question 7

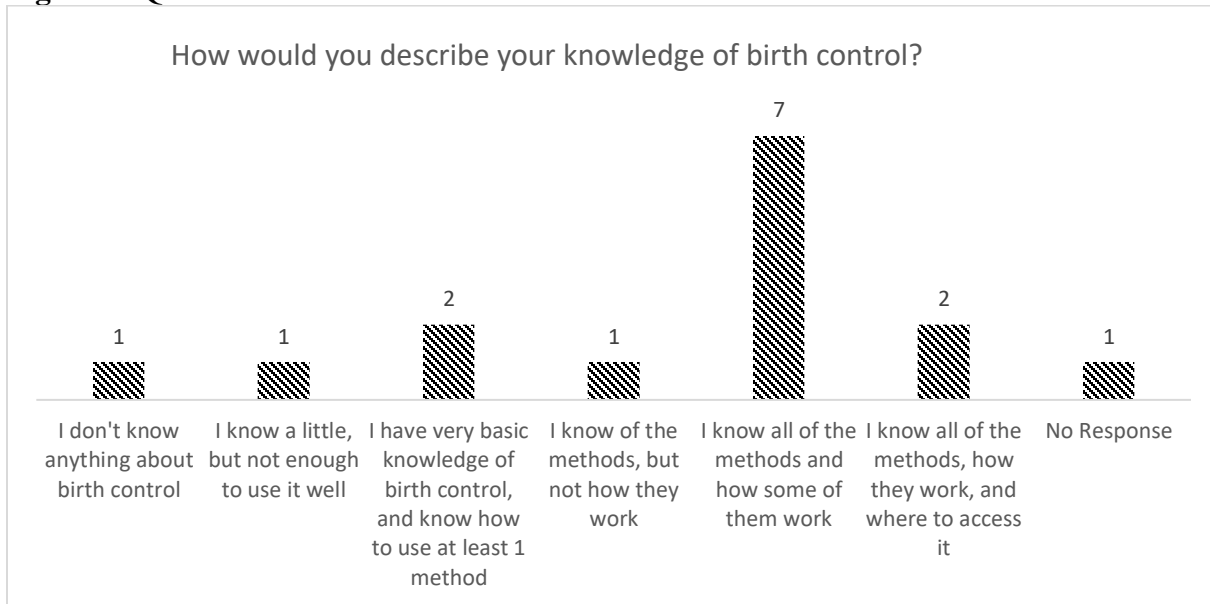


Question 7 asked participants, “If you have tried to get birth control in the past, what were some

of the barriers you experienced?” The participants had a range of options, as well as an “Other” option where they could write freely in case something that they faced was not one of the choices given. They could choose multiple barriers that applied to them. Two respondents said they “never used birth control” and seven said they “never faced any barriers”. “Paying for birth control” was selected three times, “Finding a doctor/clinic” was selected four times, “getting a ride to the doctor/clinic” was selected six times, “hours of the clinic” was selected once, “No/little health insurance” was selected five times, “Fears of using birth control” was selected two times, “Language differences between you and the doctor/medical staff” was selected two times, “Filling a prescription” was selected two times, “Lack of knowledge of the different kinds of birth control” was selected three times, “Lack of knowledge of where to get access to birth control” was selected four times, “Sexual partner not allowing/wanting use of birth control” was selected once, and “Don’t have time to think about it” was selected twice. There were two “Other” responses, one being “forgot to take the pill” and the other saying they had adverse reactions to the birth control they tried.

The next questions focused on knowledge and education on birth control.

Figure 8: Question 9



Question 9 asked “How would you describe your knowledge of birth control from 0-5?” 0: “I don’t know anything about birth control”, 1: “I know a little, but not enough to use it well”, 2: “I have very basic knowledge of birth control, and know how to use at least 1 method”, 3: “I know of the methods, but not how they work”, 4: “I know of the methods and how some of them work”, 5: “I know about all of the methods, how they work, and where to access it”, and one did not answer.

Figure 9: Question 10

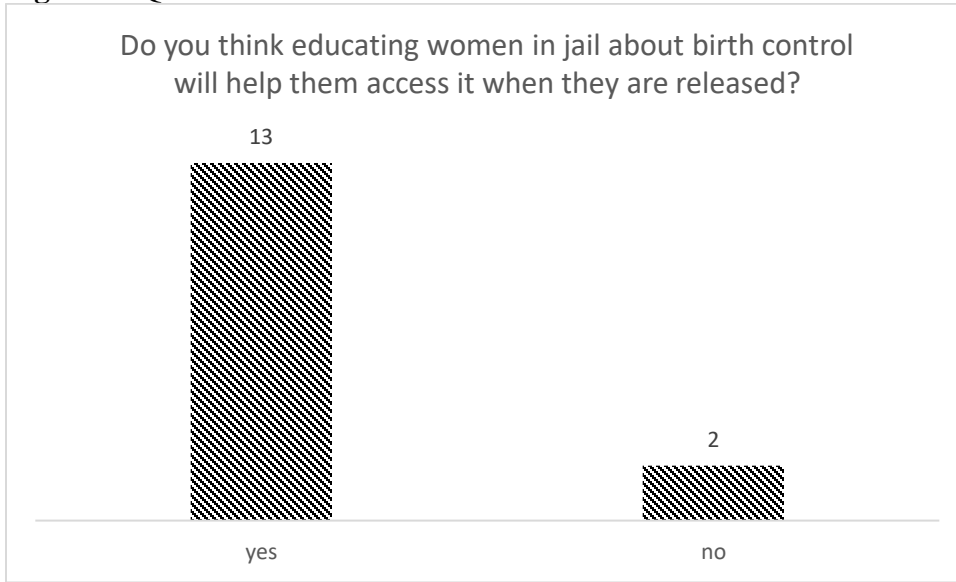
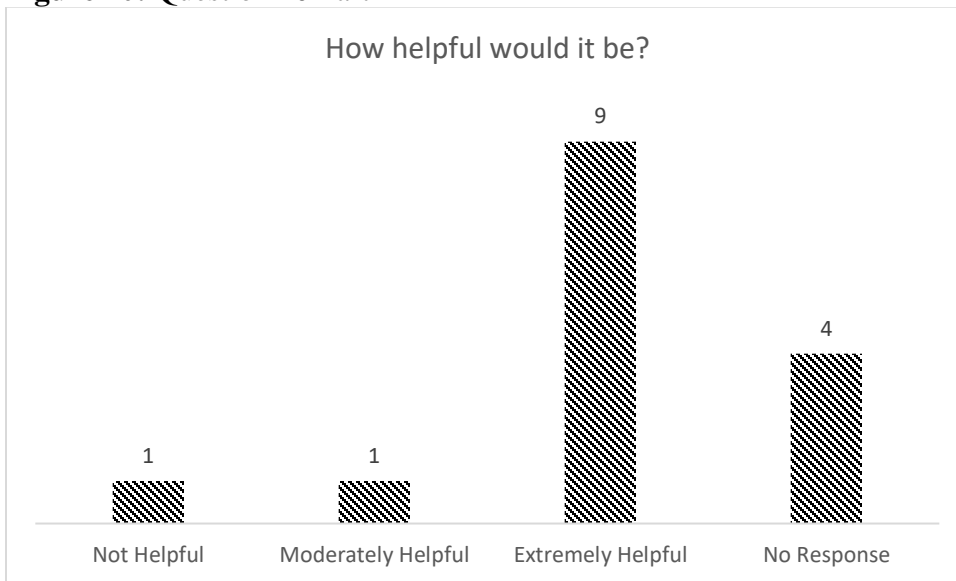
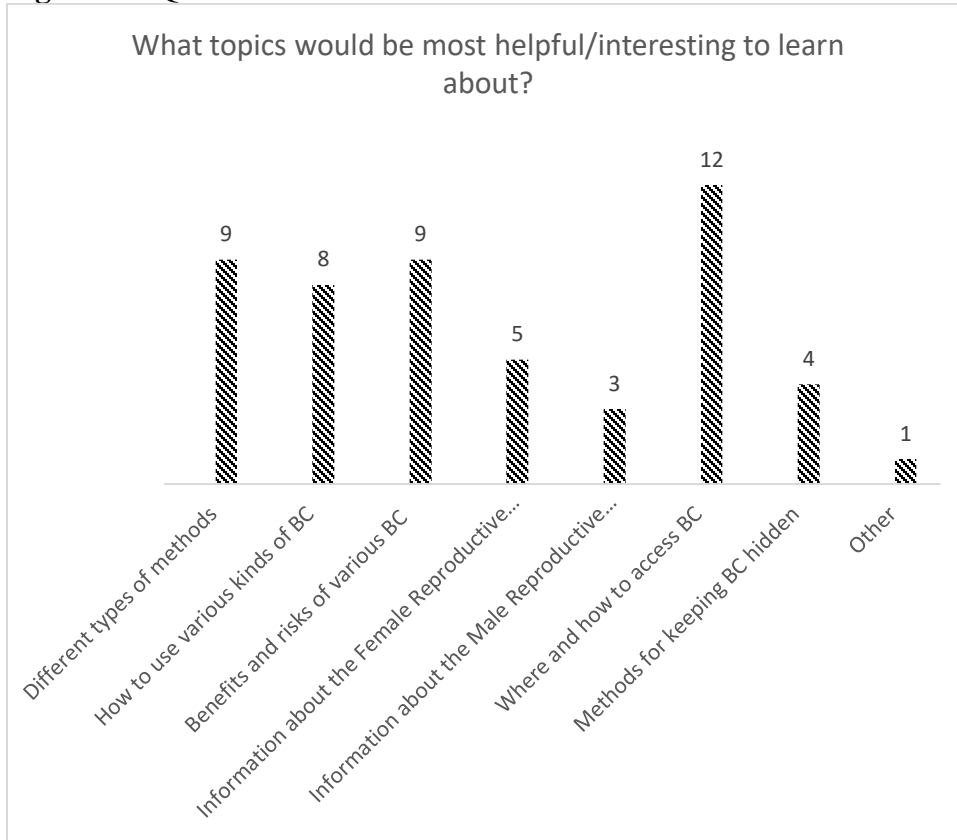


Figure 10: Question 10 Part 2



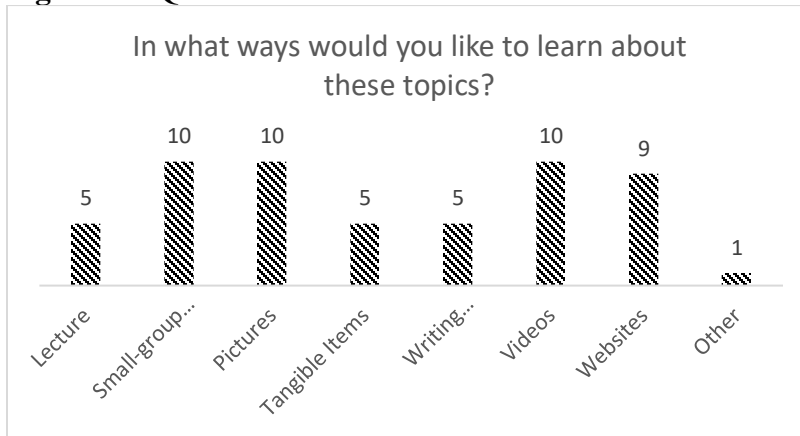
Question 10 asked “Do you think educating women in birth control while in jail will help them to access birth control when they leave jail?” 13 out of 15 respondents said “yes” and 2 said “no”. They were then asked how helpful they thought it would be on a scale of 1-3 with 1: “not helpful”, 2: “Moderately helpful”, and 3: “extremely helpful”. Four people did not answer this question.

Figure 11: Question 11



Question 11 asked “What topics of birth control would be the most helpful/interesting to learn about?” and gave multiple choices as well as an “Other” category for them to write in responses. “Different types of methods” was selected 9 times, “How to use various kinds of birth control” was selected 8 times, “Benefits and risks of various birth control methods” was selected 9 times, “Information about the Female Reproductive System” was selected 5 times, “Information about the Male Reproductive System” was selected 3 times, “Where and how to access birth control” was selected 12 times, “Methods for keeping birth control hidden” was selected once. One “Other” response was submitted (see Appendix B).

Figure 12: Question 12



Question 12 asked “In what ways would you like to learn about these topics?” and also gave

multiple choices and an “Other” category. “Lecture” was selected 5 times, “Small-group activities” was selected 10 times, “Pictures” was selected 10 times, “Tangible Items” was selected 5 times, “Writing Activities” was selected 5 times, “Videos” was selected 10 times, and “Websites” was selected 9 times. The “Other” comment that was submitted said to “use your methods” (see Appendix B).

DISCUSSION

The information from the survey was then used to make the curriculum to teach the women information they want to know in ways that they want to learn. We wanted to focus our attention to the results of the survey so we would be sure to support the desires of the women and use their voices and opinions to be able to educate them on aspects of birth control that they think are important to know.

Since seven out of the ten people that answered Question 5 indicated that they were not trying to become pregnant, this shows a potential desire for knowledge of birth control options. Five women indicated that they wanted to use a birth control method upon release (Figure 6). For the 9 women that said “no” and the 1 woman that said “maybe” an educational course on birth control might relieve some of their reservations about birth control, or provide them with information to use after they have their desired children. All 15 participants responded to the question that asked them to comment on their feelings about birth control, with mostly positive comments stating that it is a “*necessity*” (Survey #1), “*a wonderful way to give women a chance at living their life with control*” (Survey #5), and “*It puts my life in my hands without drastic measures*” (Survey #6). Some of the comments stating why they do not want to use birth control include a reference to their age and not being sexually active (Survey #14), their desire to have kids (Survey #15), and negative side effects of using birth control previously (Survey #10) (see Appendix B). These responses show an interest in birth control and a desire to use it for some of the women, and an overall recognition of importance for the use of birth control.

Question 7 indicated some of the barriers that the women have faced, and we wanted the curriculum to give them the education to help face some of these barriers in the future. The most selected answers included, “Finding a doctor/clinic”, “Getting a ride to the doctor/clinic”, “No/little health insurance”, and “lack of knowledge of where to get access to birth control” (Figure 7). We used this question to develop ideas for the curriculum, such as, how to find and get to a doctor/clinic upon release, how to get affordable birth control if you have no/little health insurance and low monetary income, as well as local clinics and online resources for obtaining birth control. This includes how to get on Medicaid if they are eligible, or programs such as Choose Well SC to help ease access to getting on birth control, if desired.

Most importantly, 13 out of 15 respondents said that educating women in jail on birth control would be helpful, and 9 out of the 11 respondents that answered the question said it would be “Extremely helpful” (Figures 9&10). This shows that women are interested in learning about this topic and think it would show extreme benefits to incarcerated women. Twelve out of fourteen women that answered Question 9 indicated not knowing everything there is to know about birth control, showing a need for more education on birth control (Figure 8). Some participants also mentioned wanting to know more on the side effects of the different kinds of birth control, what insurance will cover/not cover, and why it is important to spread the knowledge of birth control (see Appendix). Specifically, the top responses for Question 11, which asked women what topics would be most helpful to learn about include: “Where and how to access birth control”, “Different types of methods”, and “Benefits and risks of various kinds of birth control.” The curriculum will focus mainly on these topics since these all were selected

more than 8 times (Figure 11).

Question 12 asked participants how they would want to learn about these topics, and the biggest responses were: “Small-group activities”, “Pictures”, “Videos”, and “Websites.” These all were selected more than 8 times (Figure 12). This shows that women want interactive lessons on birth control, which have been shown in other studies to increase retention of information compared to a lecture structure. We plan to incorporate small-group activities, pictures, and tangible items into the “in-jail” curriculum, if approved by the jail, in order to have an interactive curriculum that the women desire. Also, since internet access and videos are not typically allowed inside jails, we are planning on creating a flyer to give to women upon release that inhabits all of the information that they can find online through websites like nodrama.org, bedsider.org, as well as specific videos through bedsider.org. This will give them access to more information upon their release from jail.

The survey has greatly helped the direction of the curriculum to be more focused on the wants and needs of this population of women it has potential to make a difference in their knowledge of contraception.

FUTURE DIRECTIONS

The original plan for this project was to present the curriculum to the women at Alvin S. Glenn Detention Center. While we were finalizing the curriculum to be ready to present at the detention center and to other people, the global pandemic of COVID-19 continued to rise. When we returned from Spring Break in March, 2020, it was announced that classes were moved all online, limits were put on gatherings of people, restaurants and other businesses would close, in order to promote social distancing to slow the spread of COVID-19 in our community. This was a very necessary action to promote the safety of our community and not overwhelm local healthcare systems. This action also clearly had an effect on the plans for the rest of the semester, including this Senior Thesis Project. We were unable to go back into the jail to present the curriculum, and we were unable to attend the South Carolina Birth Outcomes Initiative monthly meetings in March and April, where we planned to work with the Behavioral Health outreach group to try and give more people access to the curriculum so they could teach it at jails that they volunteer in. We amended the curriculum in order to give more detailed directions so that it is easily understood by future instructors. We still plan to administer the curriculum at the South Carolina Birth Outcomes Initiative meetings once they begin again and Dr. Billings will keep copies at the University of South Carolina if they are requested in the future. We also plan to eventually go into jails to present the curriculum and get feedback from this population of women to make sure the curriculum is helpful to them.

The detention center never gave a clear answer whether all parts of the curriculum would be approved or not, and that each item brought in must be approved on a case-by-case basis. They also told us that no educational class is required for the detainees, so only those that wanted to attend the class would be allowed to come. We recognize that this policy might be different at various detention centers, but based off of our survey results, this seems to be a topic of interest and we expect that people would want to attend the lessons. The curriculum was designed to be flexible and easy to use for a variety of people, so modifications can be made based on the needs of the instructor and the jail it is being used in. Materials for background information for the instructor are also included so they can have a better understanding if they are not completely familiar with the topic. We hope that the curriculum is able to be used in the future and that it empowers and educates women in jail about their reproductive choices surrounding birth control.

ACKNOWLEDGMENTS

We would like to thank the Alvin S. Glenn Detention Center for allowing us to come in and administer our survey to the female inmates. I also want to thank Dr. Deborah Billings and Dr. Kathryn Luchok for all of their continuous advice and support in all aspects of this project. This work was also supported in part by the South Carolina Honors College Senior Thesis/Project Grant awarded to Sarah B. Johnson.

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Appendices

Appendix A: Survey

Welcome everyone. Thank you for your participation. This will take about 15 minutes of your time. Please ask questions if anything is confusing or if I can help clarify any questions asked. I will read each question out loud. You will answer the questions by marking your answers on the sheet in front of you. Afterward, I will collect the sheets, look at your answers, and use your responses to create a program to teach women in jail about contraception. Please do not put your names on these. I do not need your name.

Please use this definition of birth control when taking this survey.

Birth control: methods to prevent pregnancy, such as: the pill, IUD, shot, patch, ring, arm implant, condoms, emergency contraception,
Or permanent methods: tubes tied (female) and vasectomy (male)

1. Have you ever used birth control?

- Yes
 No
 I Don't Know

2. Were you using birth control in the 3 months prior to your arrest?

- Yes
 No
 I Don't Know

3. Are you currently using a birth control method?

- Yes
 No
 I Don't Know

4. If yes to any of the questions above, what birth control method have you used or are using? (Write down "nothing" if you have never used birth control)

5. If you got pregnant right now, how would you feel about that?

Circle one that best describes your feelings:

1	2	3	4	5
I would be very upset if I was pregnant right now	I would be slightly upset if I was pregnant	I wouldn't care one way or the other about being pregnant	I would be happy to be pregnant, but am not trying to be	I would be very glad if I was pregnant right now

6. Would you like to use a birth control method upon release?

- Yes
 No
 Maybe

Please comment on your feelings of birth control. Why would you like to use it? If you don't want to, why not?

7. If you have tried to get birth control in the past, what were some of the barriers you experienced?

- Never used birth control
 I never faced any barriers

If you have faced barriers, as I read the sentences, check the box if this applies to you:

- Paying for birth control
 Finding a doctor/clinic
 Getting a ride to the doctor
 Hours of the doctor's office
 No/little Health Insurance
 Fears of using birth control
 Language differences between you and the doctor/medical staff
 Filling a prescription
 Lack of knowledge of the different kinds of birth control
 Lack of knowledge of where to get access to birth control
 Sexual Partner not wanting/allowing use of birth control
 Don't have time to think about it
 Other priorities come before birth control

- Other (Please describe- if I didn't say something that was a barrier for you, please write down what that was in the box)

9. How would you describe your knowledge of birth control?

Circle the option that best fits your knowledge:

0	1	2	3	4	5
I don't know anything about birth control	I know a little, but not enough to use it well	I have very basic knowledge of birth control, and know how to use at least 1 method	I know of the methods, but not how they work	I know of the methods and how some of them work	I know about all of the methods, how they work, and where to access it

Please comment on what you would like to learn more about birth control:

10. Do you think educating women in birth control while in jail will help them to access birth control when they leave jail?

- Yes
 No

If you said yes, how helpful would it be?

1	2	3
Not Helpful	Moderately Helpful	Extremely Helpful

Please comment any suggestions you have on ways to improve knowledge of birth control methods and access:

11. What topics of birth control would be the most helpful/interesting to learn about?

(Check all that apply)

- Different types of methods
- How to use various kinds of birth control
- Benefits and risks of various birth control methods
- Information about the Female Reproductive System
- Information about the Male Reproductive System
- Where and how to access birth control
- Methods for keeping birth control hidden
- Anything else that would be helpful that I didn't read out, please put that in the box:

12. In what ways would you like to learn about these topics? (Check all that apply)

- Lecture
- Small-group activities
- Pictures
- Tangible Items
- Writing Activities
- Videos
- Websites
- Anything else that would be helpful that I didn't read out, please put that in the box:

13. Any other suggestions/statements for us:

Appendix B: Survey Free Response Questions and Answers

Question 6 FR: Please comment on your feelings of birth control. Why would you like to use it? If you don't want to, why not?

Survey ID	Comment
1	Birth control is a necessity!
2	So I don't have my period and so I can't get pregnant again
3	I like it not only because it keeps you from getting pregnant but it controls your periods and emotions
4	Important thing I am trying to do when I leave
5	I think it's a wonderful way to give women a chance at living their life with control.
6	I feel like for me and my point in life, birth control is mandatory. I feel like it puts my life in my hands without drastic measures. I'm planning on using it when I get out so that I don't have to worry about having another child right now.
7	I feel like I need birth control because I don't want or need anymore kids right now.
8	Because the reason why I don't know why birth control
9	My tubes is ties I have 4 kids and I'm 40
10	Ever since I got my arm birth control got taken out I've had a problem getting pregnant. I wouldn't get it again because of that.
11	I will not like to use birth control because I am gay I don't have sex with men
12	In my opinion birth control is important for those who don't want anymore children
13	I feel that birth control is a really good way to help women control when they are ready to get pregnant and when they don't. Womans choice!
14	Well I think it's the best choice for woman that's sexy active for me I'm good but it's a thing for the young and youth.
15	If you're not trying to have kids then be sure to get on birth control. As for myself, I want kids so I wouldn't want birth control any time soon.

Question 7 FR: If you have tried to get birth control in the past, what were some of the barriers you experienced? (Other)

Survey ID	Comment
5	I forgot to take the pill everyday
7	I had adverse mood/hormone reactions to the birth controls I tried. It made me suicidal and I was scared to try another kind for fear that it would do the same.

Question 9 FR: Please comment on what you would like to learn more about birth control:

Survey ID	Comment
3	Different types, how they work, and what insurances cover and don't cover
5	How to spread the word to give more women the opportunity
6	About why they affect people mentally the way they did me.
8	I used be scared for it
10	the side effects

Question 10 FR: Please comment any suggestions you have on ways to improve knowledge of birth control methods and access

Survey ID	Comment
1	classes/parenting classes
3	Basic information seminars would be extremely helpful
5	Tell them it's okay if you don't have \$
6	Offer it in jail
12	It should be advertised on TV more
13	Give more information on how to get birth control and where they can go.
14	Because for the time they set their body feel some why so you know they go need sex a mate!
15	Teach them about it in school. Talk about it within the households and jails.

Question 11 FR: What topics of birth control would be the most helpful/interesting to learn about? (Other)

Survey ID	Comment
14	Keep birth control hidden is not safe to do. Please keep up the good work to help the knowledge to people helps.

Question 14 FR: In what ways would you like to learn about these topics? (Other)

Survey ID	Comment
14	Nothing comes to mind. Use your methods.

Question 13: Any other suggestions/statements for us?

Survey ID	Comment
14	Keep them informed so they can stay safe and healthy

Appendix C: Curriculum

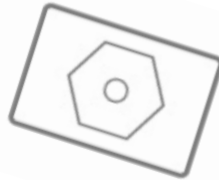
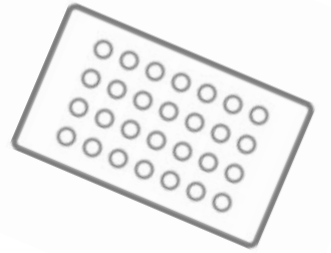
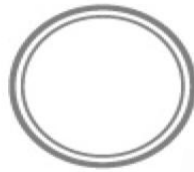
This curriculum was developed after analyzing the survey responses of the female inmates at Alvin S. Glenn Detention Center in Columbia, South Carolina. “Where and how to access birth control”, “Different types of methods”, and “Benefits and risks of various kinds of birth control” were the most selected choices for topics that would be most helpful to learn about.

Dr. Deborah Billings, the Thesis Director on this project, worked with the Advocates for Youth program and suggested using their lessons and resources to help build the curriculum. The “Rights, Respect, and Responsibility” (3Rs) curriculum that they created meets the National Sexuality Education Standards (Advocates for Youth, 2018). This curriculum is also designed to be interactive, which was indicated on the survey as the way the participants wanted to learn. Although this curriculum was built to educate grades K-12 on sexual health, the lesson plans still hold accurate information that can be taught to all ages. The lesson plans were narrowed down to topics that focused on the different kinds of contraception and the benefits and risks of each method. This led us to two lessons titled “Birth Control Basics” and “Know Your Options”. “Birth Control Basics” describes different kinds of methods, how they are used, and some fast facts about each of them. The “Know Your Options” lesson goes into how to decide which birth control method is right for each individual person and their lifestyle characteristics. It includes examples and an activity where the participants have to come up with three best birth control methods for each described person, and why they chose that option for the example person’s lifestyle. The 3Rs Curriculum does not have a lesson plan involving where to access contraception or information on low/no-cost clinics. Since one of the most selected topics on the survey was “Where to access birth control”, we thought it was necessary to include this information in the curriculum. Dr. Billings recommended including the websites of nodrama.org and bedsider.org for information on how to find low/no-cost clinics and additional information about contraceptive options for women to access upon their release. We also included information on how to access the South Carolina Department of Health and Environmental Control website so they can also find local health departments to receive reproductive care. Information on Medicaid and the Family Planning Program was included in case any of the women qualify and want to complete an application upon their release.

The curriculum was designed to be completed within an hour to hour-and-a-half time frame due to normal time restrictions of educational classes in jails. This time frame is also so it can be completed within one to two sessions in order to reach more women during their time in the jail, to keep the attention of the participants, and to give all of the vital information within a short amount of sessions. It can also make this curriculum easier to present on the facilitator since they only have to present it one time inside a jail.

Through using tools like a survey given to women in jail and the successful lessons from the curriculum that Advocates for Youth created, we believe this curriculum has the potential in helping educate incarcerated women on contraceptive options in order to improve their reproductive health autonomy upon their release from jail.

Contraceptive Education for Women in Jail



Introduction

This curriculum was designed to give women in jail information about contraception to be able to take their reproductive health into their own hands upon release. The first two sections were partly modified from the Advocates for Youth 3R's Curriculum¹ to meet the needs of women in jail and change the focus from teenagers to adult women. The third section is an accumulation of directions on how to access birth control and get information about contraception from different websites upon release. It also includes information about Medicaid and the Family Planning Program. The information included in this curriculum is based on survey responses from female inmates at the Alvin S. Glenn Detention Center in Columbia, South Carolina. We appreciate the participants in the survey for giving their opinions on what they would like to learn more about, as well as the Alvin S. Glenn Detention Center for welcoming us into the jail and allowing us to survey the female inmates.

The survey results indicated that there was an interest in learning more about contraception, particularly about the different methods, the side effects, and where/how to access birth control. We designed this curriculum to answer these questions. We realize that it would be beneficial to answer more questions than just these, however, due to time restrictions on classes in jails, we wanted to keep it short in order to get the information to as many women as possible in a short time period.

We would also like to thank you for taking the time to give this information to women in vulnerable populations. This curriculum was designed to give women accurate information in order to empower them and give them the confidence to make reproductive choices that fit and benefit their lifestyle. It is also important as an instructor to keep in mind that many women do not have the background knowledge that you do on the topic of contraception, so patience and understanding is a necessity. We also want the instructors to be as interactive and lively in teaching this topic, since this approach to teaching often helps information stick better in students' minds.

This project was completed as part of the South Carolina Honors College Thesis Project by Sarah Johnson. The full thesis and more information about this topic can be found at the link below.²

¹ <https://3rs.org/3rs-curriculum/>

² <https://scholarcommons.sc.edu/etd/>

Birth Control Basics

TIME: 33 Minutes

MATERIALS NEEDED:

- Index cards – one per student
- One set of the seven method cards for students' use
- One set of the seven method cards with two additional copies of the "Dual Use" card for use by teacher
- One set of the three category cards
- Newsprint – one piece, posted at the front of the room
- Flex Pencils from Jail
- Masking tape
- Optional – a birth control kit with the above methods to show students (*Note: Many Planned Parenthoods sell birth control kits as does Total Access Group here http://www.totalaccessgroup.com/contraceptive_demonstration_educator_kit.html*)

ADVANCE PREPARATION FOR LESSON:

- Print one set of the three category cards with one each of the following per page:
 - Protects for a Few Years (Long-Acting Methods)
 - Protects for a Month (Short-Acting Methods)
 - Protects right now
- Seven method cards copied double-sided so that the method is on one side and the three statements are on the other side – two sets needed as noted in the materials section
 - abstinence
 - external condoms
 - pills/patch/ring
 - IUDs/shot/implant
 - withdrawal
 - emergency contraception
 - dual use

LEARNING OBJECTIVES:

By the end of this lesson, students will be able to:

1. Describe the impact of correct and consistent use of a birth control method on how effective it is at preventing pregnancy.
2. Correctly recall that there is generally a gap between when a person may start to have vaginal sex and when they may wish to get pregnant, which makes using effective birth control important.
3. State correctly what emergency contraception is.

A NOTE ABOUT LANGUAGE:

Language is really important and we've intentionally been very careful about our language throughout this curriculum. You may notice language throughout the curriculum that seems less familiar - using the pronoun "they" instead of "her" or "him", using gender neutral names in scenarios and role-plays referring to "someone with a vulva" vs. a girl or woman. This is intended to make the curriculum inclusive of all genders and gender identities. You will need to determine for yourself how much and how often you can do this in your own school and classroom, and should make adjustments accordingly.

PROCEDURE:

STEP 1: Introduce the topic by explaining that birth control, sometimes called contraception, is a way to prevent a pregnancy if a different sex couple has vaginal sex. There are many different kinds of birth control that work by preventing the sperm and egg from joining in a variety of ways, if they are used consistently and correctly. This means the method is used every time the way it was intended. (2 minutes)

STEP 2: On the left end of the board draw a horizontal line running all the way to the other end of the board.

Note to the Facilitator: You're creating a timeline. On the left end write the average age of your students and count up from there.

Explain to students that this lesson will look a bit at their future after release from jail and years down the road.

Ask students to raise their hands if they think they may want to have children or become parents someday. Acknowledge that some might and some might not and either is fine. Ask students what someone would need to do in order to be ready to have a child. As students brainstorm responses, write them on the newsprint posted near the timeline you have created. Students will likely suggest things like have money, have a job, have a place to live, etc. Ask students, "Based on all the things on this list, what is the best time to have children, knowing that people's personal experiences can vary a lot?" (As students call out answers, write them under the timeline with a tick mark indicating where they fall. Students might give answers ranging from late teens to adulthood.) Summarize by saying, "Okay, now that we know what someone who wants children has to do to get ready by ages (insert ages they gave you), let's look at what they can do to reach those goals." (5 minutes)

STEP 3: Draw a stick figure above the timeline all the way to the left side. Introduce the stick figure you have drawn by stating they are currently the same age as you. Say, "The stick figure wants to have children someday, but not any time soon. They are trying to decide if they should have vaginal sex or not. Let's imagine that they wait awhile to have sex upon release—maybe 6 months or so"

Note to the Facilitator: Write the age that they are on the timeline above where the stick figure is.

Say, "And this person also agrees with what we've brainstormed about what they need to do in order to be the best parent they can be. So maybe they want to wait until they have housing before they have children. Maybe a year after release"

Note to the Facilitator: Draw another stick figure 1 year down the line.

Say, "So once this person has housing, have they done everything on this list we created?"

Note to the Facilitator: Generally, the answer is “no” but allow students to respond authentically here since some may be children of young parents.

So, let’s say this person wants to wait a few more years after to have children, maybe a year or 2 more”

Note to the Facilitator: Add 2 years on the timeline a few inches down from the last mark.

Say, “Now let’s do some simple math. If this stick figure decides to have vaginal sex 6 months after their release but doesn’t want to have children until 3 years later, how many years do they need to protect themselves from starting a pregnancy?”

Note to the Facilitator: The answer should be 3 or 4 years.

Say, “We know the most effective way for this stick figure to absolutely make sure that they don’t start a pregnancy is by delaying having vaginal sex, until later. So let’s imagine that our stick figure is able to do that. Maybe they show their affection for people they are dating in other ways, but they do not have vaginal sex until 1 year after release.

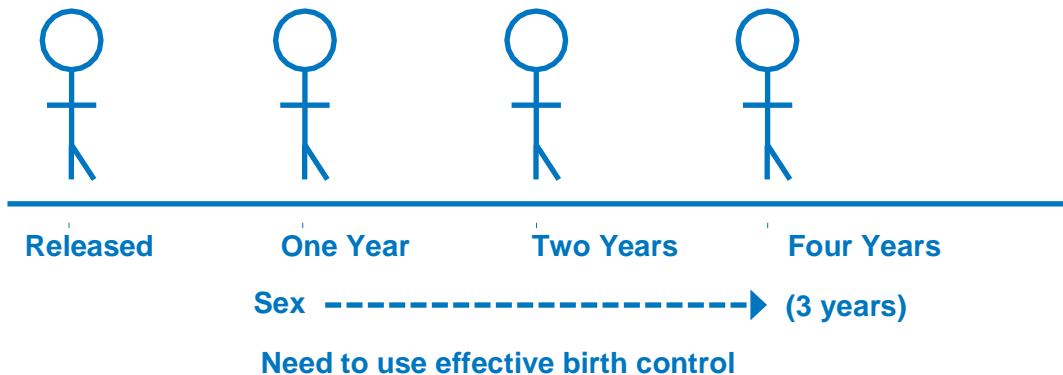
Note to the Facilitator: Write the word “sex” under the one-year post release mark on your timeline.

Now, between 1 year after release, when they decide to have vaginal sex, until let’s say 4 years after release, when they think they want to start having children, how many years is in between there?”

Note to the Facilitator: The answer is 3 years so draw an arrow under the timeline between the marks and the words ‘need to use effective birth control’.

Say “So we have narrowed the gap a bit by waiting from 4 to 3 years But, three years is still a really long time! So this stick figure, if they decide to have vaginal sex will need to use effective birth control during that time period to make sure they don’t start a pregnancy until they want to. And keep in mind that we’re only talking about pregnancy today, but they will also need to protect themselves from STDs too.”

Note to the Facilitator: At the end, this is what your timeline should look like. (5 minutes)



STEP 4: Explain by saying, “There are many methods of birth control available to people who want to wait to have children until later in life or who may never want to have children.” Introduce the three categories and tape each category to the board to form three columns as you talk. Say, “All of these methods work a little differently but some protect right now,

some protect for a short time, like one month, and some protect for a long-time, sometimes even a few years.” Review the following 7 methods of birth control one at a time by showing the card with name of the method on it, stating the information about the method below and then tape the method card in the correct column you have already created.

“Abstaining from vaginal sex is the only 100% effective way to prevent pregnancy when done consistently and correctly. Ask students what you mean by “when done consistently and correctly.” Affirm or correct their statements until you feel satisfied that they understand that abstinence only works when people use it every time. This means a penis not going inside another person’s vagina. Tell them that most people are not abstinent forever but choosing to delay having sex can be a very healthy choice.” [Place in the “protects right now” category.]

“External condoms (sometimes called male condoms) are worn on a penis. Anyone can buy them at the store and are often free at health departments and are very effective at preventing pregnancy when used consistently (meaning every time a couple has vaginal sex) and correctly. They also have the added bonus of protecting against most sexually transmitted diseases or STDs.” [Place in the “protects right now” category.]

Note to the Facilitator: You will notice that we use the phrases “external” condom. Explain that, while students may be familiar with the terms “male” condom, you are using these terms to reflect how the methods are used, rather than to assign a gender to them.

“The birth control pill, the patch, the shot, and the ring all contain hormones that are very effective at preventing pregnancy. The patch work for a week and the ring works for a month at a time and then they have to be replaced at those times. The pill only protects one day at a time. It needs to be taken once a day, at the same time every day. A pack of pills lasts one month and then you need to start the next pack. These are called short-acting methods that you can get from a clinic. The shot needs to be injected every 3 months for it to be effective. This is a longer short-acting method.” [Place in the “short-acting- protects for a month” category.]

“Most IUDs and the implant contain hormones that are very effective at preventing pregnancy for many years (3 to up to 10 for non-hormonal IUDs). These are called long-acting methods that you can get from a clinic too.” [Place in the “long-acting- protects for a few years” category.]

“Withdrawal, often called pulling out, is when a penis is removed from a vagina before sperm are ejaculated to prevent pregnancy and while it is not as effective as some other methods, it is definitely better than not using anything. It is not, however, the same thing as abstinence.” [Place in the “protects right now” category.]

“Emergency contraception, often called Plan B, is medicine that is taken after unprotected vaginal sex to prevent pregnancy and the sooner it is taken after vaginal sex, the more effective it is.” [Place in the “protects right now” category.]

“Dual use is when people who have vaginal sex want to get the most effective protection possible by using a condom in addition to another method (a condom and the pill, a condom and the IUD). This doubles their protection and helps protect them against both unintended pregnancy and sexually transmitted diseases. But this does not apply to using two condoms at the same time, which should not be done, as that can cause the latex to break.” [Place a dual use sign in all three categories to show that a wide variety of methods can be used together.] (15 minutes)

Note to the Facilitator: At the end, your board should look like this.

Protects Right Now	Protects for a Short Time (Short-Acting Methods)	Protects for a Longer Time (Long-Acting Methods)
Abstinence	Pills (1 Day) Patch (1 Week) Ring (1 Month)	Shot (3 Months) Implant (3 Years) IUDs (3-10 Years)
External Condoms		
Emergency Contraception	Dual Use	Dual Use
Withdrawal		
Dual Use		

STEP 5: Explain that the next activity will help students learn a bit more about the benefits of the various methods and how well they work when they are used correctly and consistently. Explain that the class will be playing a game called “Which One is Not True.” Select seven student volunteers (number can be modified depending on class size) and have them come to the front of the room.

Note to the Facilitator: Select students who you think would not be too embarrassed to participate and can handle the activity.

Give each of the seven volunteers one of the seven method cards and have them review the three statements on the back of the card to prepare to read them aloud to the class.

While volunteers are preparing, explain to the rest of the class that each of the seven students will be representing one of the methods of birth control that are on the board. The students will be sharing three statements about the method but only two will be true and one will be a lie. The class needs to decide which statement is the lie and be able to explain why it's a lie.

Once the seven students are ready, have them reveal which birth control method they are and read aloud the three statements. Ask the class to guess which statement is the lie and explain why it's a lie adding in accurate information as needed and correcting any misinformation that might come up. Continue playing until all seven methods have been shared. Once done, thank the volunteers and have students return to their seats.

Note to the Facilitator: You can turn this activity into a competitive game with teams and points if you think your students will respond well and you have the time and set-up that would allow this. (10 minutes)

STEP 6: Close by returning to the stick figure. Say, “Now knowing more about birth control, what methods do you think would be effective for this person if they were to have vaginal sex right now? What about in a few years?” Take some ideas and make sure to reinforce that delaying vaginal sex is the most effective way to prevent pregnancy, and if anyone chooses to have vaginal sex and they are not ready for a possible pregnancy, that using two methods together (dual use) can be very effective. (3 minutes)

Abstinence

Statement 1) Abstinence, if used consistently and correctly, is 100% effective at preventing pregnancy.

Statement 2) Abstinence can help by delaying the possible consequences of sex.

Statement 3) Abstinence never fails.
(NOT TRUE – Abstinence can fail if, for example, a person is under the influence of drugs or alcohol and doesn't stay abstinent.)

External Condoms



Statement 1) Condoms can help make sex last longer.

Statement 2) Condoms provide protection, so using two condoms at once is better.
(NOT TRUE – Using two condoms at once can cause the condoms to slip off or break from the friction. Instead use two different methods – condoms and a hormonal method for added protection.)

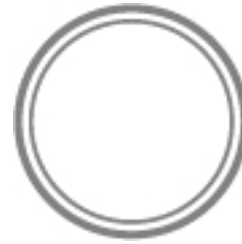
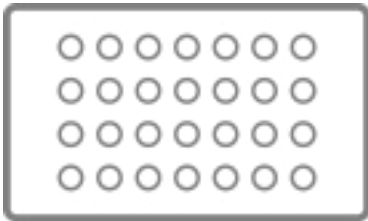
Statement 3) Condoms, if used consistently and correctly, are 98% effective at preventing pregnancy.

Pills (1 Day)

Patch (1 Week)

Ring (1 Month)

Shot (3 Months)



Statement 1) The pill, patch, shot, and ring can help reduce menstrual cramps and make menstrual periods shorter.

Statement 2) The pill, patch, shot, and ring, if used consistently and correctly, are each 99% effective at preventing pregnancy.

Statement 3) The pill, patch, shot, and ring, if used consistently and correctly, are also really effective at preventing STDs.

(NOT TRUE – The pill, patch, shot, and ring ONLY provide protection from pregnancy but do not provide any protection against STDs. So using a condom along with one of these methods will help increase the protection against pregnancy and protect against STDs.)

Implant (3 Years)

IUDs (3-10 Years)



Statement 1) You can get the IUD and implant at pharmacies like Target, Walgreens or CVS.

(NOT TRUE – The IUD and implant require a person to go to a health care provider.)

Statement 2) Many people who use the IUD or implant experience much shorter and lighter menstrual periods.

Statement 3) The IUD and implant, if used consistently and correctly, are 99% effective at preventing pregnancy.

Withdrawal

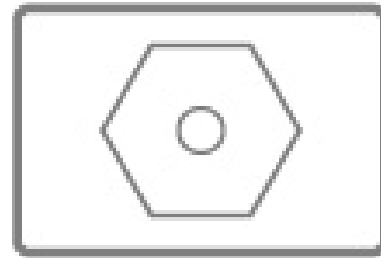
Statement 1) Withdrawal or pulling out, prevents most STDs.

(NOT TRUE – Since withdrawal does not prevent skin-to-skin touching or fluid exchange, if one person is infected with an STD it can still be passed to their partner even if they used withdrawal perfectly.)

Statement 2) Withdrawal is more effective at preventing pregnancy than doing nothing if someone has unprotected sex.

Statement 3) Pre-ejaculatory fluid (or “pre-cum”), which comes out of a penis when it is erect, may contain some sperm. Withdrawal cannot prevent this “pre-cum” from getting inside a vagina.

Emergency Contraception



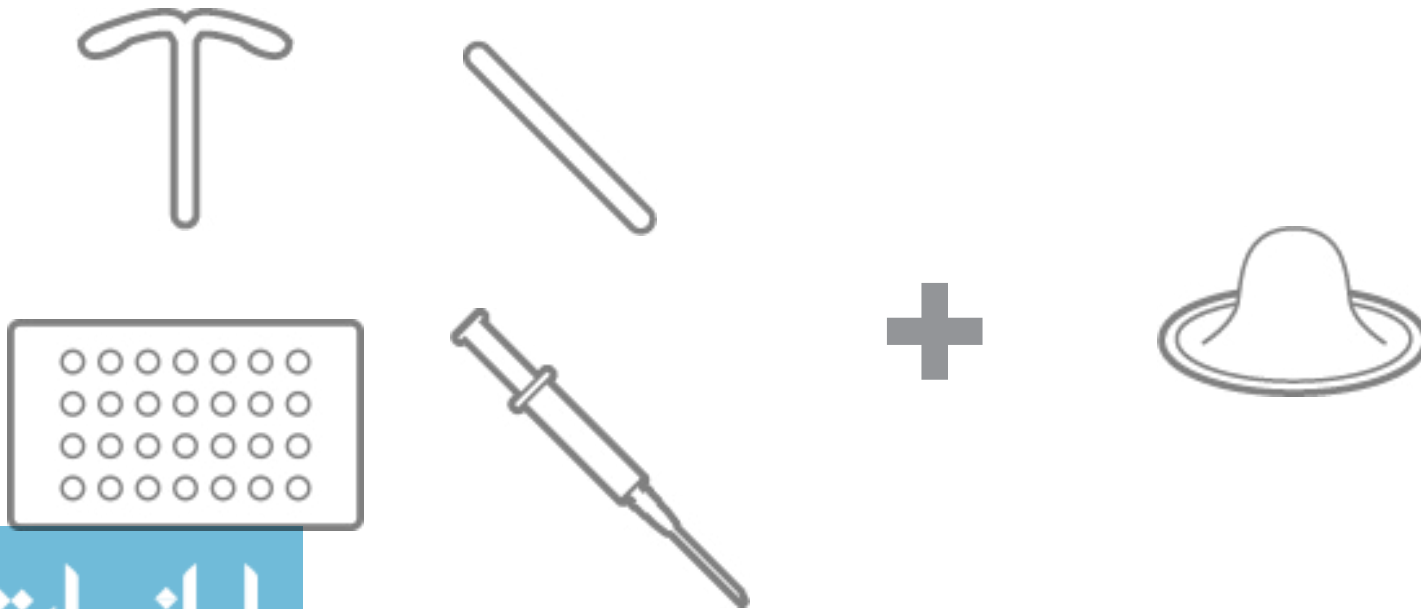
Statement 1) Anyone of any age and gender can buy emergency contraception from a drugstore like Target, CVS, Rite Aid or Walgreens.

Statement 2) The sooner after unprotected vaginal sex a person takes emergency contraception, the more effective it is. It must be taken within five days after unprotected sex.

Statement 3) Emergency contraception works by forming a barrier in the fallopian tube which prevents sperm from passing through.

(NOT TRUE – Emergency contraception works mostly by telling the ovaries to not let any eggs out and sometimes by preventing the egg from being fertilized.)

Dual Use



Statement 1) Dual use generally means using a condom in addition to another method of birth control for STD and pregnancy prevention.

Statement 2) A person would need to get a doctor's permission before they used dual use with their partner.

(NOT TRUE – Dual use is something two people can decide on their own if they want to increase their protection.)

Statement 3) A person of any age is legally allowed to buy condoms at a drugstore like Target, CVS, Rite Aid or Walgreens.

Protects for a Longer Time

(Long-Acting Methods)

Protects for a Short Time (Short-Acting Methods)

Protects Right Now

Know Your Options

TIME: 32 Minutes

MATERIALS NEEDED:

- 6 copies of “Which contraception is right for me?” quiz
- One copy of each of the six Teen Worksheets
- One copy of the Wrenches Worksheet prepared as described
- One copy of the Wrenches Worksheet – Teacher’s Guide
- Copies of the Effectiveness of Family Planning Methods CDC handout – one per person
- Flex Pens from Jail

ADVANCE PREPARATION FOR LESSON:

- Check that you can access the “Which Contraception is Right for Me?” quiz on the following website (if it’s blocked, work with your IT department to unblock site; or print it out and bring in copies):
<http://www.your-life.com/en/contraception-methods/which-contraception-is-right-for-me/>
- Review information about birth control methods in order to accurately answer students’ questions and clarify misinformation. A detailed overview on each method can be found here:
http://www.your-life.com/static/media/pdf/download-materials/campaign-materials/WCD_Contraception-Compendium_FINAL.pdf
- Print one copy of the Wrenches Worksheet and cut into six separate cards as indicated.

LEARNING OBJECTIVES:

By the end of this lesson, students will be able to:

1. List at least three methods of effective birth control for teens.
2. Analyze at least three factors that have an impact on a teen’s ability to successfully use birth control.
3. Recall at least two reasons why a teen might want to use birth control that are independent from preventing pregnancy.

PROCEDURE:

STEP 1: Introduce the topic by saying, “Now we’re going to look at contraception or birth control such as abstinence, the pill, condoms, the shot, etc. Specifically, we’re going to look at what might affect a person’s decision to use birth control, whether to prevent pregnancy and/or for the other reasons that have nothing to do with sex. Let’s start by brainstorming why a person might want to use birth control for either sexual or non-sexual reasons.”

Note to the Facilitator: Create two columns on the board and write in one column all of the reasons the students suggest, making sure to include the following if students don’t suggest them:

- don’t want to start a pregnancy
- don’t want to get an STD
- want to have shorter periods
- want to have lighter periods
- need to regulate hormones because of a health issue
- want to reduce acne
- want to have predictable periods
- want to have less cramping during periods

Ask, “To whom does most of this list apply?” Probe for “people with ovaries or a uterus” (although your students will likely say “girls” or “women”). Ask, “How do their partners come into play? What rights and responsibilities do they have?”

Ask, “Which of these could apply to people in same-sex relationships?” After a few students have responded, say, “We typically tend to think of different-sex couples as being the only ones at risk for pregnancy. But some of these concerns apply to all people regardless of their sexual orientation or gender. Please keep that mind as we go through the lesson.”

Next say, “So there are a lot of reasons why a person might choose to use contraception or birth control in addition to preventing pregnancy. Now let’s brainstorm some of the factors that might impact whether a person or a couple uses birth control.”

Note to the Facilitator: Write these on the board in the other column making sure to include the following if students don’t suggest them:

- Afraid of people finding out
 - Falsely believe they need insurance to get birth control
 - Don’t have enough money
 - Don’t have a car/transportation to get method
 - Health reasons
 - Embarrassed to go to a clinic or pharmacy to get birth control
 - Don’t feel comfortable touching their or their partner’s genitals to use method correctly
 - Don’t know what birth control methods are available
 - Unsure if partner is willing to use birth control
- (5 minutes)

STEP 2: Divide students into 6 groups. Say, “We just created two lists of reasons why teens might want to use birth control and some things that might get in their way of actually doing so. Now we’re going to look at some scenarios of different people who are considering using birth control. You will get some information about each teen and, using the information you have been given, you will go to <http://www.your-life.com/en/contraception-methods/which-contraception-is-right-for-me/> and take the ‘Which Contraception is Right for Me?’ quiz on the website (or on paper).

Note to the Facilitator: It can help to write both the website and name of quiz on the board.

You may not know the answer to every quiz question based on the information you were given, so it's okay to guess on some answers. Explain that this online resource is great because of how thorough the information is and the technology is useful in figuring out which method is best depending on a person's circumstance. Be sure to highlight, however, that while this resource targets cisgender girls and women in different-sex relationships; much of the information applies to people of all genders and orientations. They can also access the online version upon release if their circumstances change between now and when they get out.

Once you have completed the quiz, write down on your worksheet the top three ranked birth control methods that were recommended, or write down the guesses of what birth control methods the women should get based on their circumstances, if internet access is unavailable. Ask if there are any questions about the directions and if not, distribute the six worksheets, one to each group. Give students about five minutes to complete the task. (5 minutes)

STEP 3: Once five minutes has passed, ask the groups to stop working. Say, "Now that you have come up with the top three birth control methods for your person, take a few minutes to discuss why you think those three methods were the ones most highly recommended. Write down ideas from your group below each method on your worksheet." Give students another five minutes to complete. Circulate among the groups while they are working to answer questions, asking them to consider all of the reasons why a particular method of birth control might be recommended.

Once an additional five minutes have passed, ask the groups to stop working and to select one method and reason from their list that they will share with the entire class. Call on each group and have them share the information about their person, one of the methods recommended for their person and the reason why the group believes this method was recommended.

Note to the Facilitator: Clear up any misinformation and provide accurate information as necessary. The *Respect Yourself, Protect Yourself* handout has helpful background for this discussion as needed. (5 minutes)

STEP 4: Explain by saying, "Next we will rotate papers so each group gets a new person to look at."

This time a 'wrench' will be thrown into your person's plans to use birth control. So take a look at your person, the methods recommended for them and the wrench or thing that could get in the way of using the methods. Then figure out how your person could deal with that wrench in order to successfully use birth control. The ideas must be realistic for people in your community and not a Hollywood movie ending! So now please pass your worksheet clockwise to the next group closest to you."

Note to the Facilitator: You may need to help facilitate the passing of worksheets to make sure each group has a new teen worksheet to use.

Then distribute the "wrench" to each group that matches the character they have and give them five minutes to discuss and record what they would recommend. (5 minutes)

STEP 5: Call time once five minutes have passed and ask students to stop working. Ask for a few volunteers to share what their 'wrench' was and the ideas they came up with to address that factor. You can offer additional ideas students may not have thought of.

***Note to the Facilitator:** If time permits, have a volunteer from each group report back on their 'wrench' and ideas addressing it. While groups are reporting, make sure to affirm whether their ideas are realistic for teens in your community.*

Have students return to their original seats. (5 minutes)

STEP 6: Process the entire activity by asking the following discussion questions:

- What was it like to do that?
- What was (insert student responses) about it?
- Did you notice anything about the methods that were recommended most highly for these characters? Would you recommend other methods for your character different from the quiz results?
- Since most birth control is geared towards people with ovaries and a uterus, how might someone who doesn't have those body parts feel about accessing and using contraception? What role should the partner of a person who can get pregnant have?
- How could you help a friend who wanted to use birth control?
(10 minutes)

STEP 7: Distribute copies of the "Effectiveness of Family Planning Methods CDC Handout" handout and remind students that it is important for everyone to know about contraception because even if they might not use it personally, they might have friends in sexual relationships with someone of a different sex, or be a partner of someone in a different-sex relationship and knowledge is power. Give them to the jail if participants are not allowed to keep handouts after showing them during class. (2 minutes)

Quiz

1. Which best describes your sex life like right now?

- A. I have a steady partner
- B. I am single and have infrequent sex

2. Which best describes your lifestyle?

- A. I'm well organized and rarely forget things
- B. I live spontaneously and only commit myself when I really have to.

3. Finding out I was pregnant right now would be...

- A. I could deal with a baby right now
- B. Not ideal, I would prefer to wait a few years
- C. A disaster! I am don't want that kind of responsibility yet!

4. Contraception is something...

- A. I only want to think about when I have sex
- B. I don't want to have to think about
- C. I don't mind having as a regular part of my routine

5. How do you want to get your contraception?

- A. Easily and spontaneously when I need it.
- B. From my healthcare provider with regular consultations to keep me up to date.
- C. I'd like to be protected for years and not have to think about it.

6. How do you feel about hormones?

- A. I would prefer a low dose of hormones
- B. I'd prefer my contraception be hormone free

C. I don't care

7. My contraception should make my period...

A. Shorter and less painful

B. Disappear completely

C. Not change at all!

Worksheet #1 – Marissa

Marissa is someone who always sees the best in people. She is pretty happy most of the time except for when she gets her periods. She gets really bad cramps and a super heavy period and sometimes even has to stay home from work because her period is so bad. Otherwise, Marissa loves to be carefree and spontaneous and feels that getting pregnant now would really affect her future. She's not with anyone right now and is fine with that, since she has such a great group of friends.

INSTRUCTIONS: Go to <http://www.your-life.com/en/contraception-methods/which-contraception-is-right-for-me/> and, representing Marissa, take the "Which Contraception is Right for Me?" quiz. Write the top three ranked birth control methods from the quiz results below.

1. _____

2. _____

3. _____

Worksheet #2 – Chantal

Chantal has always been the most organized person in her group of friends. She always on top of things and loves to have a full but predictable schedule. Lately, her acne has gotten really bad, so she went to a dermatologist for her skin. So far, the medicine they've tried hasn't really worked.

INSTRUCTIONS: Go to <http://www.your-life.com/en/contraception-methods/which-contraception-is-right-for-me/> and, representing Chantal, take the "Which Contraception is Right for Me?" quiz. Write the top three ranked birth control methods from the quiz results below.

1. _____

2. _____

3. _____

Worksheet #3 – Louise

Louise is a huge supporter of environmental issues and leads many environmental efforts. She is a distance runner, eats only organic food and rarely takes medicine since she believes the natural approach is best. She's always been attracted to girls but recently she's been flirting with this guy that just started at her job. She thinks he likes her too but doesn't know where this all might lead.

INSTRUCTIONS: Go to <http://www.your-life.com/en/contraception-methods/which-contraception-is-right-for-me/> and, representing Louise, take the "Which Contraception is Right for Me?" quiz. Write the top three ranked birth control methods from the quiz results below.

1. _____

2. _____

3. _____

Worksheet #4 – Aimee

Aimee has been in a steady and loving relationship for the past six months. For Aimee, going to college would be huge since she'd be the first in her family. Aimee and her partner help each other study and support each other in their respective activities and hobbies. Aimee wants to make sure she does not get pregnant until after college. She'd love to find a way to not have to deal with her periods anymore.

INSTRUCTIONS: Go to <http://www.your-life.com/en/contraception-methods/which-contraception-is-right-for-me/> and, representing Aimee, take the "Which Contraception is Right for Me?" quiz. Write the top three ranked birth control methods from the quiz results below.

1. _____

2. _____

3. _____

Teen Worksheet #5 – Marcus

Marcus is a really hard worker and really smart. He is also really cute, but super shy and hasn't had a serious relationship yet. He hooked up one time and had oral sex, but got his heart broken so he's been hesitant to put himself out there again. Marcus knows there will be a big party tonight and he hopes the person he's been crushing on for a while will be there too so he can make a move. He wants to be ready just in case things go well and he hopes he doesn't chicken out from talking to them.

INSTRUCTIONS: Go to <http://www.your-life.com/en/contraception-methods/which-contraception-is-right-for-me/> and, representing Marcus, take the "Which Contraception is Right for Me?" quiz. Write the top three ranked birth control methods from the quiz results below. Note: Some of the quiz questions refer to periods, so they won't apply to Marcus.

1. _____

2. _____

3. _____

Worksheet #6 – Ashley

Ashley has been dating Felix for almost a year and they just started having vaginal sex last week. Ashley is really, really worried that she might get pregnant. Ashley is the oldest of five siblings, and since both her parents work, they rely on her to help with getting the kids to and from school, their homework, meals and more. She knows that getting pregnant right now would affect everyone in her family, not just her.

INSTRUCTIONS: Go to <http://www.your-life.com/en/contraception-methods/which-contraception-is-right-for-me/> and, representing Ashley, take the “Which Contraception is Right for Me?” quiz. Write the top three ranked birth control methods from the quiz results below.

1. _____

2. _____

3. _____

Wrenches Worksheet



WRENCH #1 – MARISSA

Doesn't feel comfortable touching her genitals



WRENCH #2 – CHANTAL

Doesn't have transportation



WRENCH #3 – LOUISE

Doesn't have any money



WRENCH #4 – AIMEE

Doesn't know where to get access to birth control



WRENCH #5 – MARCUS

Embarrassed to go to store to buy condoms



WRENCH #6 – ASHLEY

Doesn't know what birth control methods are available or how Felix feels about using birth control.

Wrenches Worksheet: Teacher's Guide

Wrench #1 – Marissa - Doesn't feel comfortable touching her genitals

- Maybe reflect on whether discomfort might indicate she's not comfortable or feels ready to have sex with another person
- Maybe use a method that does not involve someone touching their genitals (i.e. the pill, the shot, the patch, external condom, implant, etc.)
- Maybe talk with a trusted person about why she is uncomfortable touching herself

Wrench #2 – Chantal - Doesn't have transportation

- Maybe get a ride with a friend, partner, trusted adult, etc.
- Explore options for mass transportation and/or ride sharing, Medicaid transportation options
- Delaying having sex, withdrawal and condoms are much more easily available than any other method

Wrench #3 – Louise - Doesn't have any money

- Explore borrowing money or getting loan from partner, friend or caregiver
- Go to a clinic that works with clients with limited income and may provide services at no or low-cost, might have payment plan (nodrama.org, DHEC)
- Ask potential partner to contribute to expense to share responsibility

Wrench #4 – Aimee – Doesn't know where to get access to birth control

- Search clinics on nodrama.org or find your local health department through DHEC website
- Talk to friends/family to see what they have done about contraception
- Can always go to drug store/Walmart for "protect right now" methods like condoms

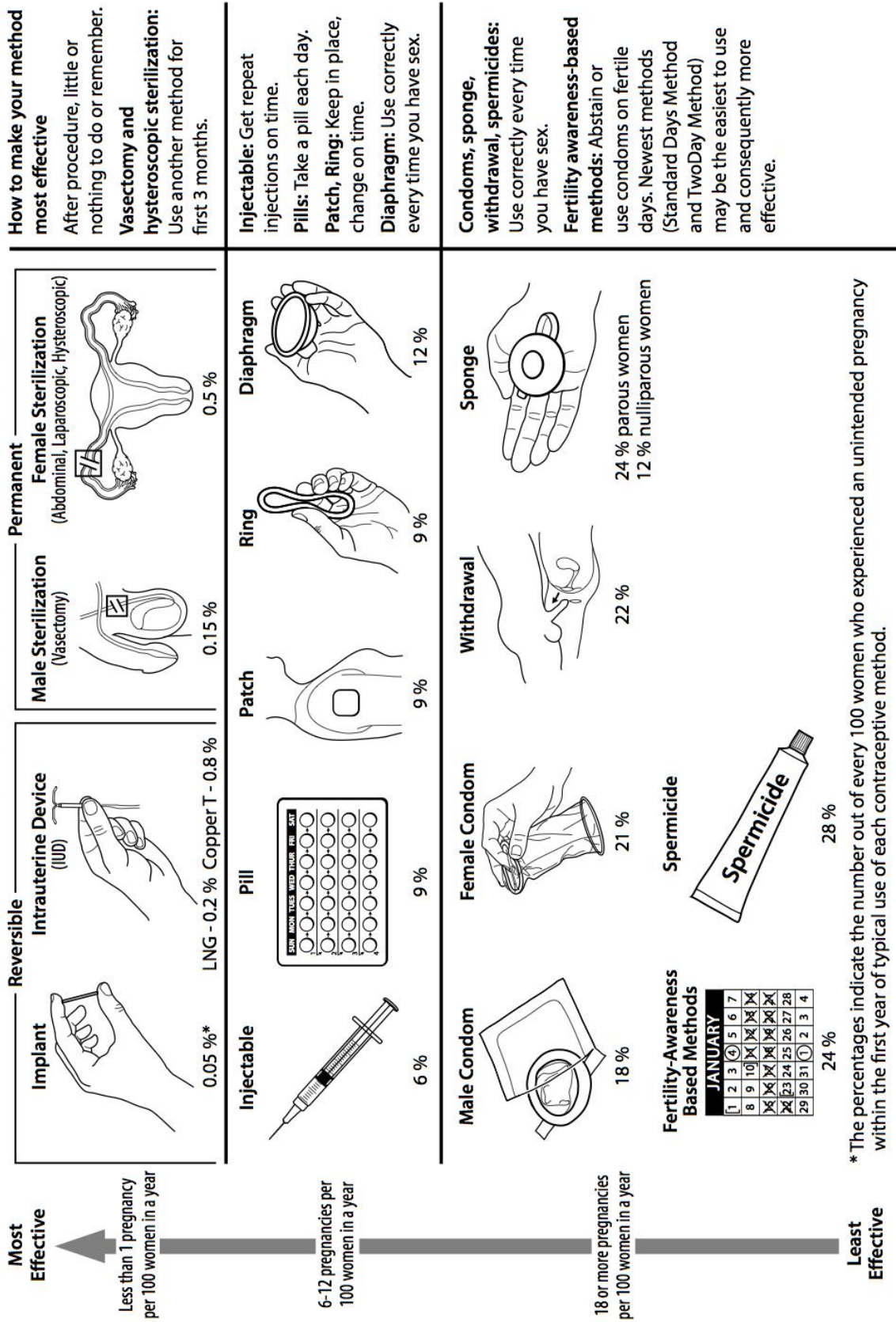
Wrench #5 – Marcus - Embarrassed to go to store to buy condoms

- Reflect on whether fear or embarrassment means might not be comfortable or ready to have sex with another person right now
- Explore other places to get condoms including health clinics, HIV testing locations and websites that send them discretely to your home

Wrench #6 – Ashley - Doesn't know what birth control methods are available or how Felix feels about using birth control.

- Find way to approach issue with Felix before having sex (i.e. asking him how he feels about birth control, texting or emailing, etc.)
- Research methods of birth control from trusted source to educate self about available options
- Talk with trusted person/healthcare provider/online sources to learn more about what's available.

Effectiveness of Family Planning Methods



CONDOMS SHOULD ALWAYS BE USED TO REDUCE THE RISK OF SEXUALLY TRANSMITTED INFECTIONS.

Other Methods of Contraception

Lactational Amenorrhea Method: LAM is a highly effective, temporary method of contraception.

Emergency Contraception: Emergency contraceptive pills or a copper IUD after unprotected intercourse substantially reduces risk of pregnancy.

Adapted from World Health Organization (WHO) Department of Reproductive Health and Research, Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP). Knowledge for health project. Family planning: a global handbook for providers (2011 update). Baltimore, MD: Geneva, Switzerland: CCP and WHO; 2011; and Trussell J. Contraceptive failure in the United States. Contraception 2011;83:397-404.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CS 242797



Access Birth Control Upon Release

TIME: 10 Minutes

MATERIALS NEEDED:

- 6-10 copies of each of the website screenshot instructions on the following pages
- Personal Notes on how to work the websites- nodrama.org, bedsider.org, scdhec.gov, and Medicaid Application and Eligibility information
- Computers, if allowed in jail
- Flex Pens from Jail

ADVANCE PREPARATION FOR LESSON:

- Familiarize yourself with websites such as nodrama.org, bedsider.org, Medicaid applications and the Family Planning Program, as well as local Health Departments through DHEC in your area.
 - If you listen to the “Real Stories” videos on bedsider.org (<https://www.bedsider.org/features/40-theresa-21-the-ring>) they are very helpful in giving background information and give real advice from actual users. They are very honest and interview many different types of women. You can also write some of their stories down to share if you have extra time during your sessions. Also, see if you can play some of the videos in the jail.
- Print handouts of nodrama.org, bedsider.org, Medicaid websites
- Review information about websites, qualifications of Medicaid applications, DHEC website, etc. to answer questions for participants.

LEARNING OBJECTIVES:

By the end of this lesson, students will be able to:

1. Visualize the websites to help them find low or no-cost clinics upon release
2. Have a partial understanding of Medicaid, where to apply, and the Family Planning option if not qualified for full Medicaid.
3. Navigate websites like bedsider.org so they can continue to learn more about birth control upon release and be able to make decisions on their own.

PROCEDURE:

STEP 1: Introduce this topic by saying “Now we will learn about how to access birth control through websites that you can use upon your release. These resources will help you find low or no-cost clinics in the area, will help you understand the different types of birth control more, and can answer some of your questions that might not have been answered previously.”

STEP 2: Pass out the print-outs of the screenshots of the nodrama.org and bedsider.org websites. Give one per person or a few per group, whichever works best for the number of students you have

STEP 3: Go through each step with them. Answer any questions that they have about the websites.

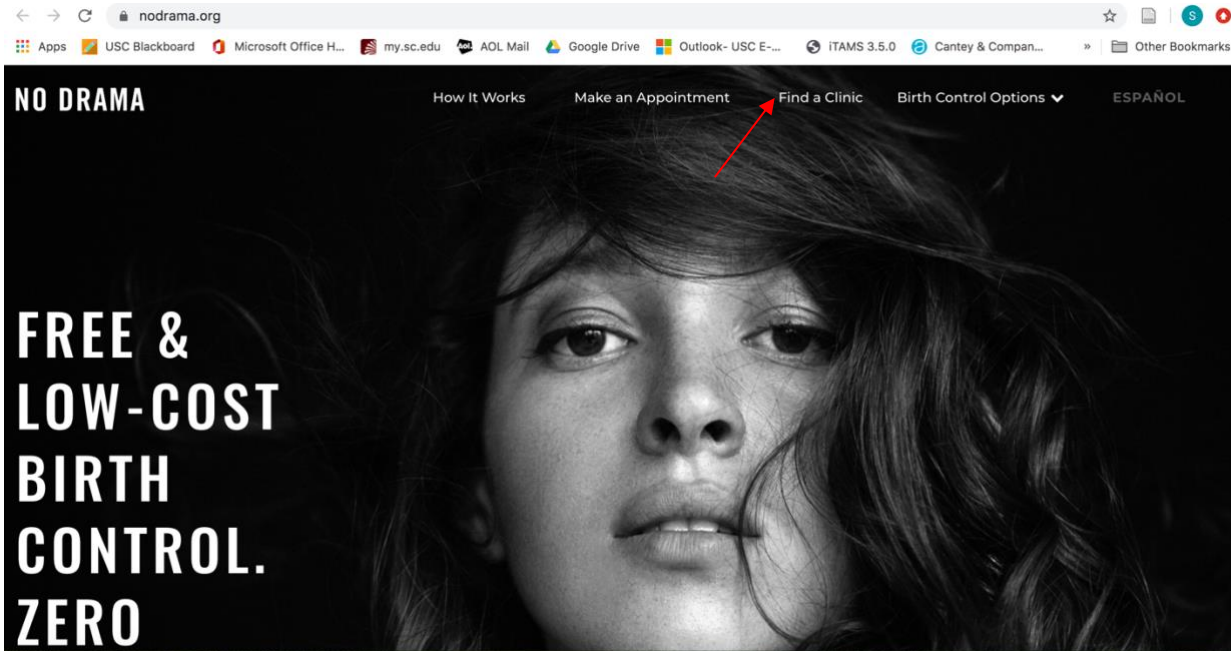
STEP 4: Make them repeat the names of the websites out loud to help them remember the names, in case they aren't allowed to take handouts home.

STEP 5: Pass out print-outs of the screenshots from Medicaid website and DHEC websites to students or groups

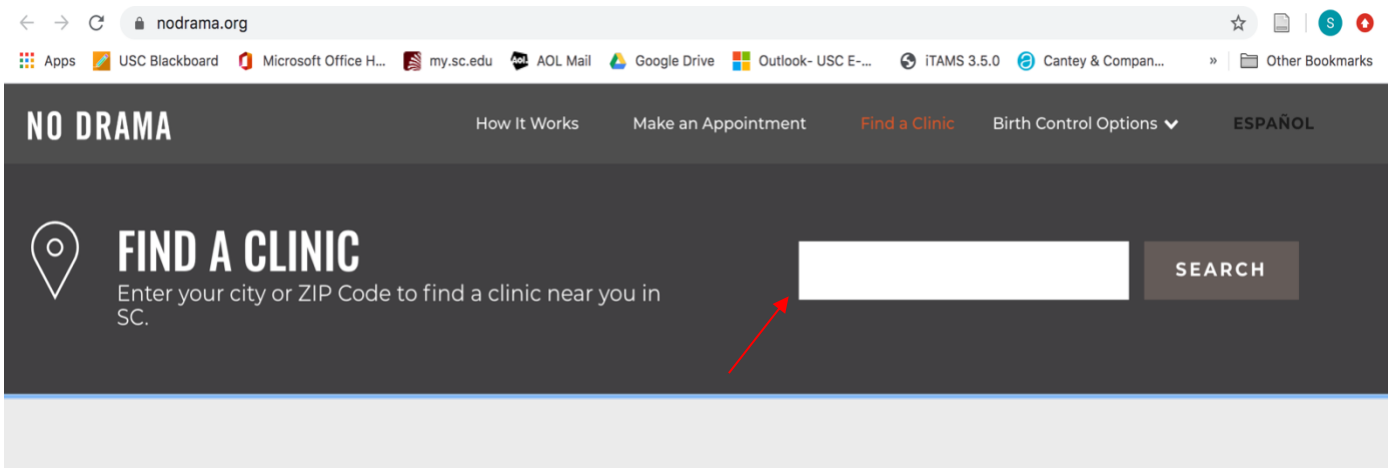
STEP 6: Go through process of applying for Medicaid, and answer questions to the best of your ability.

Nodrama.org

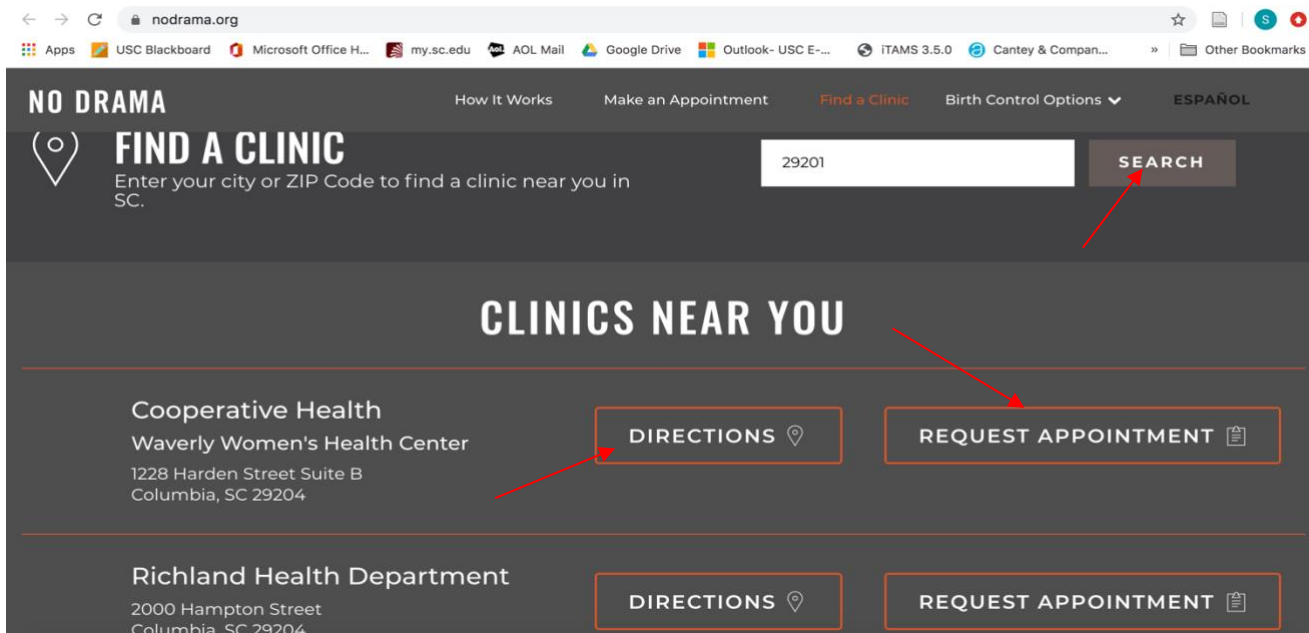
1. Go to nodrama.org and this will be what you see



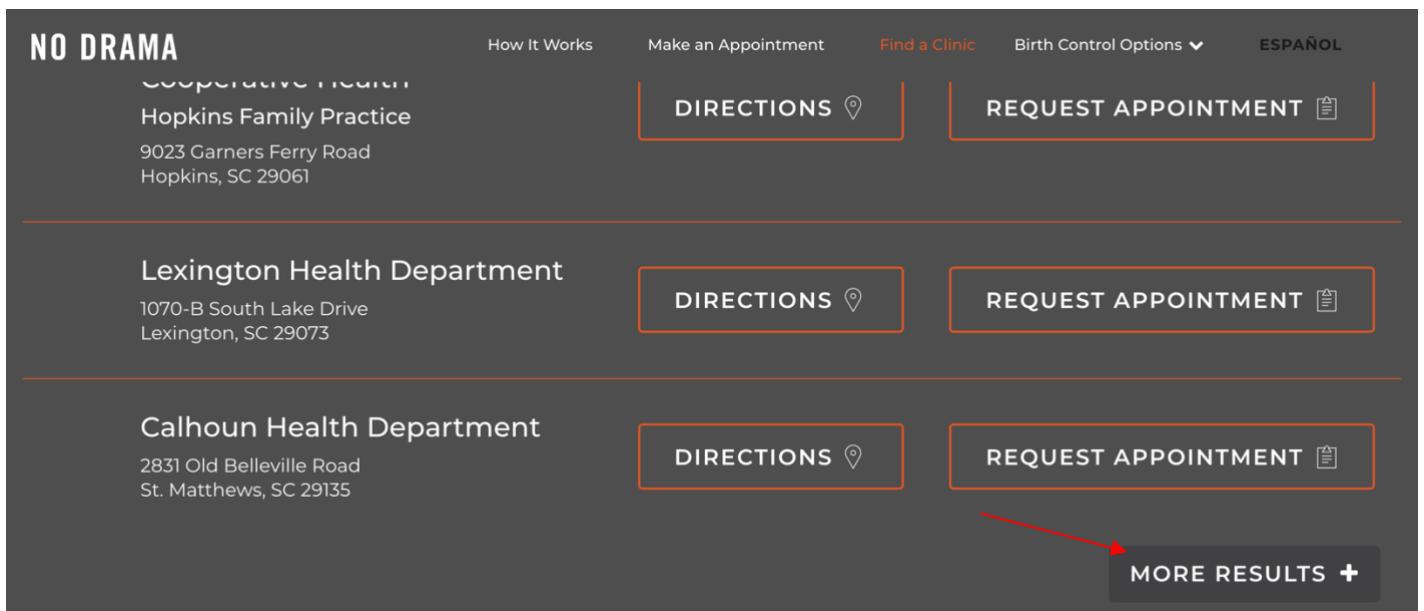
2. Click on “Find a Clinic” and enter your zip-code in the white box



3. After typing in zip-code and pressing “Search” a list of local clinics should pop up and you can click “Directions” to see where the clinic is and click “Request an Appointment” if you find a clinic to go to.



4. You can also scroll down to find more options and press the “More Results” button if none of the listed options work.



5. When you click on “Request an Appointment” this is the box that pops up. You can enter your name and phone number, and someone will call you to help make an appointment.

NO DRAMA

How It Works Make an Appointment Find a Clinic Birth Control Options ▼ ESPAÑOL

Enter your

Just send us a little info, and we'll call to help schedule your appointment at **Cooperative Health**

NAME*

PHONE NUMBER*

Yes, send me a text confirmation.
Standard data & message rates apply.

SUBMIT >

100% Confidential

Cooperative Health Hopkins Family Practice

DIRECTIONS

REQUEST APPOINTMENT

6. You can also look up more about birth control methods with length, side effects, etc. if you forget about any of them after this session.

NO DRAMA

How It Works Make an Appointment Find a Clinic Birth Control Options ▼ ESPAÑOL

BIRTH CONTROL OPTIONS

IUD (non-hormonal)

IUD (hormonal)

IMPLANT

PILL

99% EFFECTIVE

99% EFFECTIVE

99% EFFECTIVE

91% EFFECTIVE

LASTS UP TO 10 YEARS

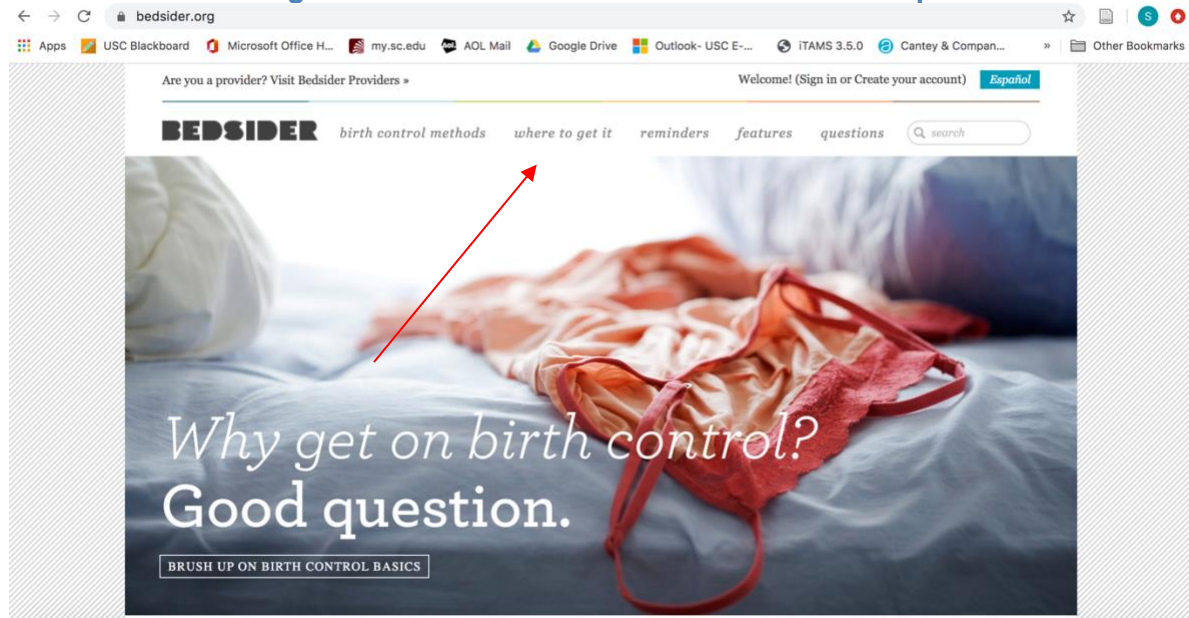
LASTS UP TO 5 YEARS

LASTS UP TO 3 YEARS

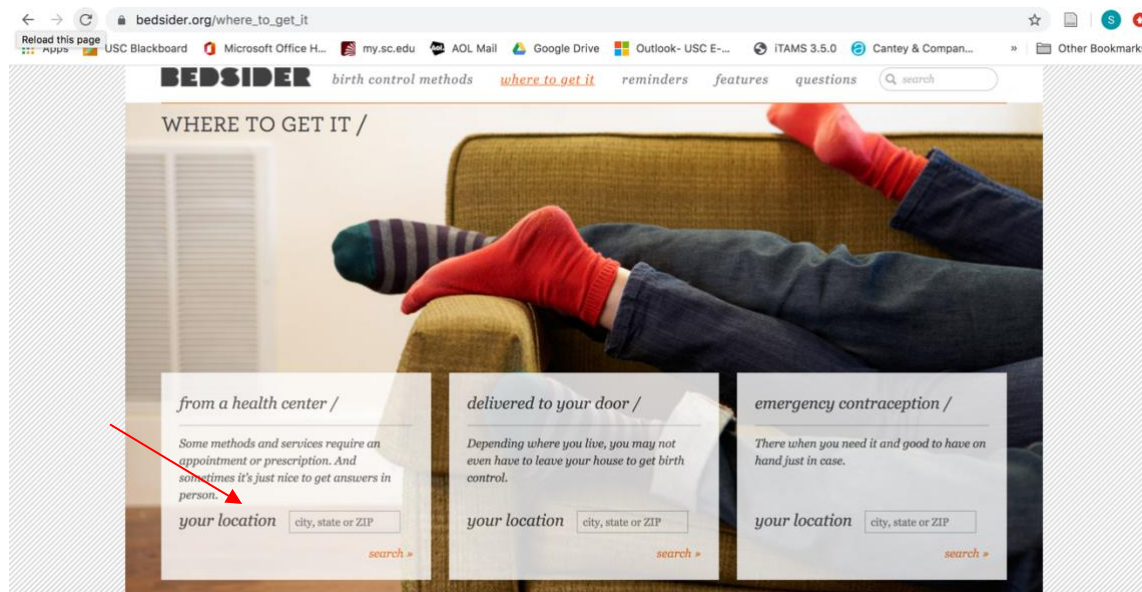
LASTS UP TO 1 DAY

Bedsider.org

1. Go to bedsider.org and this should be the screen that comes up.

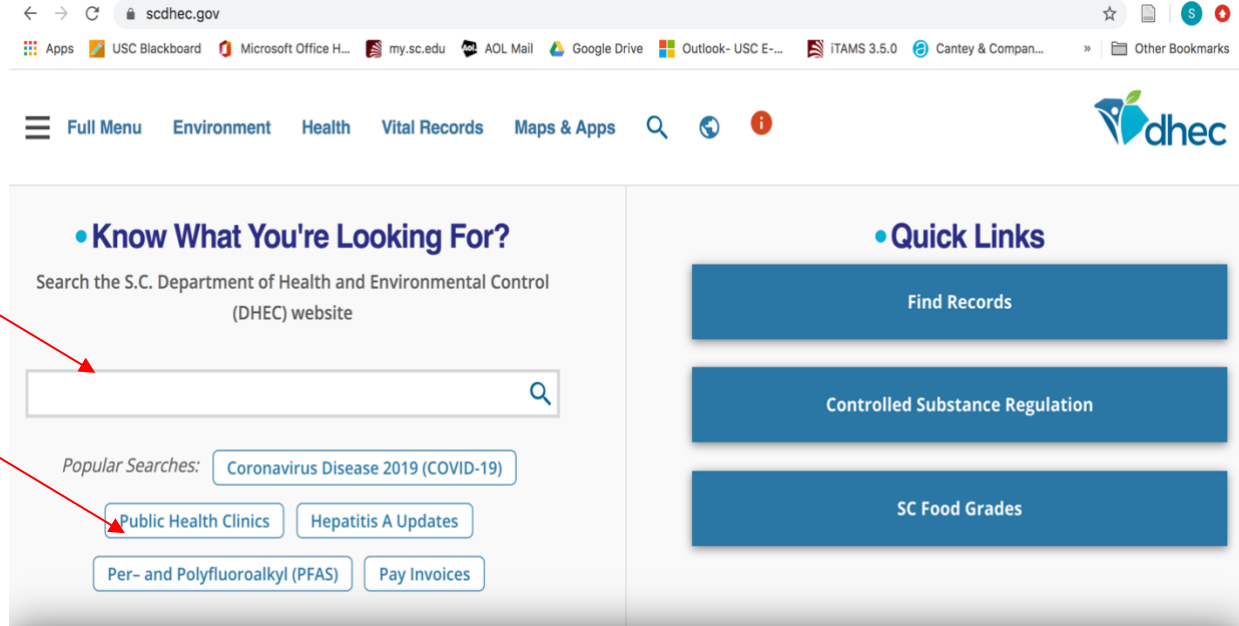


2. Enter your zip-code in any of the three boxes to find a local health center, delivered to your door if you don't have transportation, or if you are in need of emergency contraception and don't know where to find it.

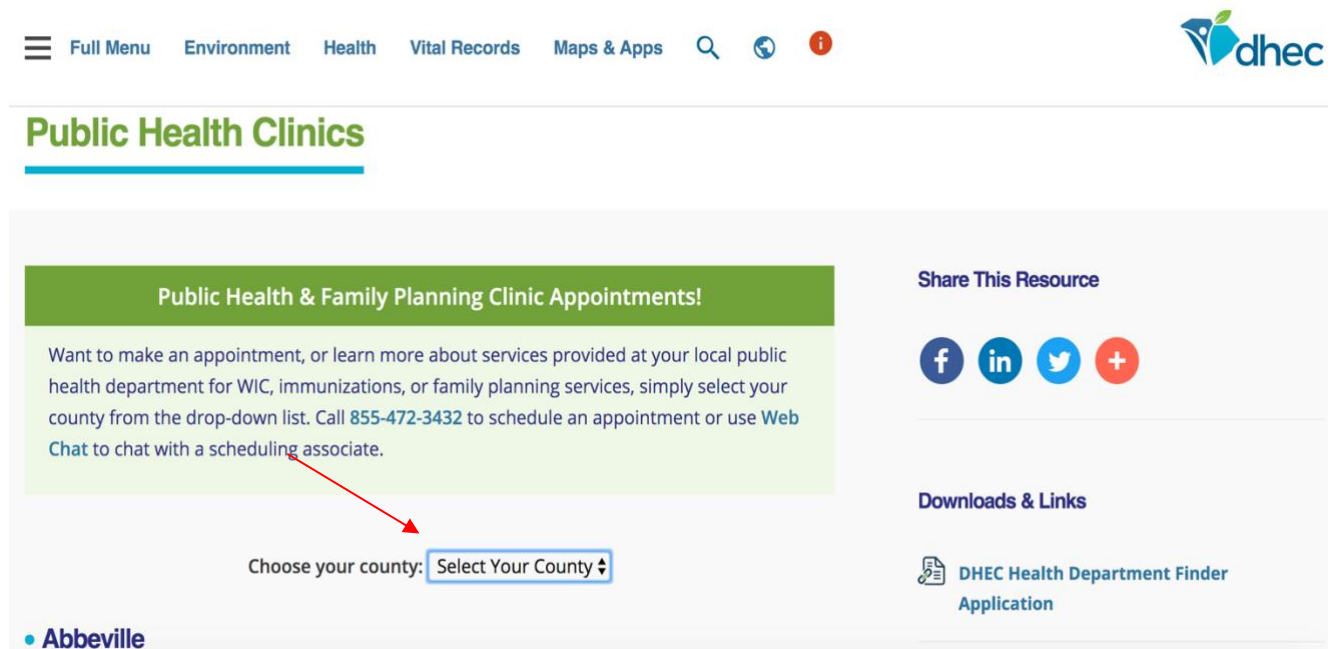


Scdhec.gov

1. Go to scdhc.gov. You should be brought to this page. Type in “Public Health Clinics” in the search bar and press search.



2. After you press search, you should be brought to this page. You can then “select the county” that you live in and it will bring up a list of Health Departments in that county. You should be able to receive birth control services and other women’s health services at these locations.

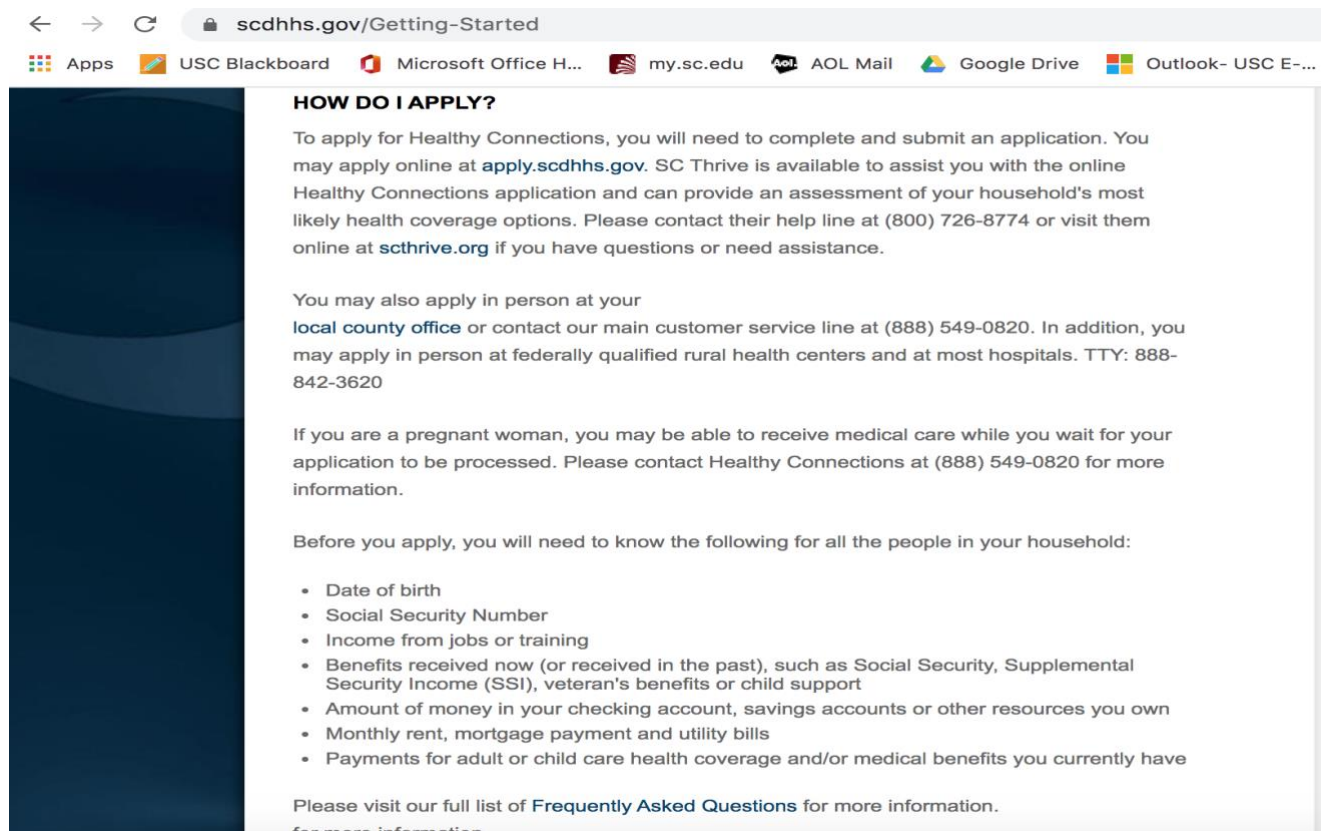


Medicaid

1. Go to scdhhs.gov. Go to the “Getting Medicaid” tab in the left corner and click “Getting Started”



2. Scroll down to “How do I apply” and this is what you should see. This will explain the steps to applying to Medicaid and getting the benefits.



3. Scroll down further to the “Which program is right for me?” and click on “Family Planning” in the left-hand column.

WHICH PROGRAM IS RIGHT FOR ME?

Use the table below to find the Healthy Connections program that best fits your needs. If you are unsure, apply anyway and a Healthy Connections representative will assess you for the appropriate program.

Coverage Group	Application Forms
Pregnant Women and Infants	Healthy Connections Application For Providers: FM 1716 – Request for Medicaid ID of Newborn
Partners for Healthy Children (PHC)	Healthy Connections Application
Parent/Caretaker Relatives (formally LIF)	Healthy Connections Application
Specified Low Income Medicare Beneficiaries (SLMB) and Qualifying Individuals (QI)	Healthy Connections Application Additional Information for Select Medicaid Programs
Disabled Children	Healthy Connections Application Additional Information for Select Medicaid Programs
Family Planning	Family Planning Application
Individuals In Nursing Facilities And/OR Receiving Home And Community-Based (Waiver) Services	Healthy Connections Application Application for Nursing Home, Residential or In-Home Care Additional Information for Nursing Home and In-Home Care

4. This page explains who is eligible for this plan. Keep in mind you must be ineligible for full Medicaid coverage, based on income or something else. This could be a good option if you wanted family planning coverage.

The screenshot shows a web browser window with the URL scdhhs.gov/eligibility-groups/family-planning. The browser's address bar and tabs are visible at the top. The website header includes the South Carolina Healthy Connections Medicaid logo and a search bar. The main navigation menu contains links for GETTING MEDICAID, FOR PROVIDERS, COMMUNICATIONS, USEFUL TOOLS, and ABOUT US. The page content is titled "Family Planning" and includes the following text:

Family Planning is available to individuals (men and women) whose annual family income is at or below 194% of the Federal Poverty Level (FPL).

Eligibility:
Individuals who may be eligible for Family Planning must:

- Be a South Carolina resident
- Be a U.S. citizen or Lawful Permanent Resident Alien
- Have a Social Security Number or verify an application for one
- Be ineligible for full Medicaid coverage under any other eligibility category

Income Limit:
Eff. 03/01/2019

On the right side of the page, there is a "Sign up to receive the latest news and updates" form with an email address input field and a "SUBSCRIBE" button. Below this is a "MOST VIEWS" section with links to Medicaid, Medicaid Portal Login, Dental Open Forum Follow Up, Fee Schedules, and Psychiatric Residential Treatment Facility (PRTF) Care-In Premenstrual Asked Questions.

5. This shows the breakdown of monthly/annual income that you must be under in order to be eligible for this program.

Family Size	Monthly Income	Annual Income
1	\$2,019.21	\$24,230.60
2	\$2,733.78	\$32,805.40
3	\$3,448.35	\$41,380.20
4	\$4,162.91	\$49,955.00
5	\$4,877.48	\$58,529.80
6	\$5,592.05	\$67,104.60
7	\$6,306.61	\$75,679.40
8	\$7,021.18	\$84,254.20
Each Additional Member	\$714.56	\$8,574.80

6. This explains the benefits of the program as well as saying it doesn't meet the minimum requirements for health insurance, saying that you need more coverage than just this. It also shows the link to the application where you can apply online, or you can apply at a county office.

Benefits:
 Family Planning is a limited benefit program, which provides coverage for preventive health care, family planning services and family planning-related services. This program does not meet the standard for Minimum Essential Coverage under the Affordable Care Act. This means you may have to pay a tax penalty if you do not have other health insurance coverage. You may, however, still be eligible for federal programs that will help you pay for insurance through tax subsidies. To learn more about health insurance coverage options or qualifying for an exemption, visit www.healthcare.gov or call 1-800-318-2596.

To Apply:
 Apply online or complete the following form and submit it to your local county office

- [Family Planning Application](#)