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Lack of knowledge a barrier to avoiding pregnancies

By GINO FANELLI

The conversation around birth control and contraception is often reserved for behind closed doors. In public forums, it's a topic people are squeamish about. Open dialogues are often stifled, politicized or overly sanitized.

The result of that is a society where literacy on birth control methods is astoundingly low. In a 2012 study in the *American Journal of Obstetrics and Gynecology*, 14 percent of surveyed women

did not know that using no contraception made the chances of getting pregnant significantly higher. Moreover, 45 percent of respondents drastically overestimated the effectiveness of condoms, pills, patches and the ring. Regarding the male side of the equation, a 2013 study by the reproductive health journal *Contraception*, showed that only 36.6 percent of 903 men knew birth control implants existed.

Those statistics are based on just being aware those devices exist. When it came to specifics, the results were even

more abysmal. Just under 47 percent of respondents believed IUDs were illegal in the United States, while over 30 percent thought using two condoms at once made them more effective.

"Part of talking about contraception is we need to be talking about it on spaces that include men," said Amy Potter, medical director for Planned Parenthood of Central and Western New York. "I think it's unfortunate when birth control only gets talked about in spaces where there's people with uteruses...this goes back to it becoming the obligation

of 50 percent of the population to uphold not getting pregnant."

In introducing birth control, Potter frames the subject in three tiers, based on effectiveness. Tier I is made up of long-acting reversible contraceptive (LARC) methods, including implants and IUDs, while Tier II consists of birth control pills, patches, the shot and rings, and Tier III is natural family planning and condoms. Tier I is in a complicated spot in the world of pub-

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lic health education. It's the most effective, generally safe and completely reversible, as well as carrying some other noncontraceptive benefits, such as drastically reducing menstrual bleeding in many cases. Yet it is, for the most part, the least understood by the general public.

Enter the LARC Initiative, a University of Rochester based program, founded in 2014 and funded through the Greater Rochester Health Foundation, that tasks itself with arming medical professionals with knowledge of LARC methods.

"Our initiative is really about raising awareness and increasing knowledge in the adults who are talking to teens," said Jessica Cranch, health project coordinator at the LARC Initiative. "As the trusted adult in teens lives, we really recognize them as someone who teens go to for guidance and for advice. We just want to help provide access to accurate reproductive health services, because there is a lot of misinformation out there."

LARCs are extremely effective at preventing pregnancy, about 20 times more effective than pills and patches, according to the American Sexual Health Association. There are three types of IUDs available in the U.S., one made of copper and contains no hormones, while two contain the hormone levonorgestrel. All are considered medically safe, non-invasive and reversible. If a woman decides she no longer wants to use the LARC, it can be removed at any time, and pregnancy is possible a couple weeks after the removal.

As Potter emphasized, the gap is not in the medical technology, but the need for education. Birth control is something, Potter said, that must be tailor-fit to each patient. However, the major thing holding LARCs from being embraced as a first-line birth control is simple education. One 2014 study from the University of Pittsburgh found that when an inner-city clinic began offering education and same-day placement of IUDs, the rate of women using no contraception



Provided photo

Medical professionals attend a class on birth control methods offered through the University of Rochester.

dropped from 17 to 4 percent.

"People really enjoy hearing this information, we've had people come to us after and tell us 'wow, I've never even heard of these medical resources,'" Cranch said. "I feel like when we started back in 2014, people didn't know what a LARC was, they'd never heard of it, but now I think in 2019, we're at the point where they've heard of it and they're more interested in learning more now."

The LARC Initiative partners with a number of local organizations, including the Golisano Children's Hospital and the Metro Council for Teen Potential, to organize LARC Talks, which are seminars on LARCs for health practitioners.

Potter is one of those speakers, and while the LARC Initiative can play a vital role in arming health practitioners with valuable information, direct sex education is something she emphasizes as paramount.

"We need to all be working together to talk about sexuality in a way that's positive and not something to be shameful about," Potter said. "Giving kids the language and the ability to talk about sexuality in that way is just so important."

Potter said fostering dialogue on sexuality from a young age, even if it's just elementary school anatomy lessons, ultimately leads to healthier adults. She cites

Norway as a shining example, where sex education begins around fourth grade. In the Netherlands, sex education begins even earlier, with kindergarteners beginning a cursory education on gender and basic concepts.

"This comes down to our education system and really standardizing sex education, which unfortunately in our country (is) on a state-by-state basis," Potter said. "What happens in New York is very different from what happens in Mississippi or Oregon, for example."

While New York is not one of them, 37 states promote abstinence-only education, or sex education which promotes complete avoidance of sex as the only form of birth control. It does not work. In a study in open source journal PLOS One, teen pregnancies among those who received the highest level of abstinence-only sex education came in at 76 per 1,000. Comparably, those who received no abstinence-only sex education had a teen pregnancy rate of 57 per 1,000.

"It's getting brought up a lot: how young is too young, and New York state allows for anyone to consent to services like this, so I think it should be as young as possible," Cranch said. "But, of course, always at an age-appropriate level."

Potter echoes that sentiment, and while sex education and reproductive rights can often be politicized, Potter said that does far more harm than good. Rather, if medical professionals, educators and society as a whole are to promote reproductive health, it starts, at its core, with candid conversations and open dialogues.

"We really need to be developing conversations when people's sexuality is just beginning. That's part of the fundamental parts of adolescence—developing sexuality," Potter said. "We need to step back and really get teens involved in starting a conversation about their sexuality...and when it comes to contraception and birth control, we need to make that conversation inclusive."

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