



Barriers to Reproductive Health Education and Economic Empowerment in Durham, North
Carolina

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Introduction

Reproductive health education is one of the central factors in ensuring that adolescent girls and young women grow up to live healthy lives. It is especially necessary to reduce the spread of sexually transmitted diseases and infections (STD/STIs) and other communicable diseases, to decrease the rate of maternal mortality, to decrease the teen pregnancy and birth rates, just to name the most direct results of strong reproductive and sexual health education. All of these indicators contribute to the health of a community and to economic and social development. It is an incorrect assumption that reproductive health education is only beneficial in “developing” countries, as many communities in the United States continue to struggle with high teen pregnancy rates, rising STD/STI transmission rates, and high maternal mortality (Kearney and Levine). The United States has the highest teen pregnancy rate among developed countries, and this rate only increases in poorer areas with lower access to sexual and reproductive health education, such as the South (Kearney and Levine). Teen pregnancy rates have lowered in the United States over the last ten years, but this rate is still much higher than it should be considering the United States’ position as a global economic superpower (UNFPA). Further, due to the internal disparities of reproductive health within the United States researchers are unable to easily pinpoint what resources (or lack thereof) and conditions cause higher rates of teen pregnancy. Variance of teen pregnancy, reproductive health rates and transmission rates of STD/STIs show that poorer regions, especially in the South, usually controlled by conservative legislatures do poorly compared to wealthy states who tend to provide more funding towards reproductive health services, showing a link to reproductive health, poverty, and willingness to fund and prioritize reproductive health and the wellness of a community (Shift NC).

Sexual and reproductive health education, while not the exclusive solution to lowering teen pregnancy rates and improving other reproductive health indicators, is one method that states can employ to address these issues. Increased funding for reproductive health resources and programming, quality of classroom health and wellness curriculums, sharing of information and access to a strong education are clearly integral to the cultivation of healthy young people and, more broadly, to economic development. Therefore, in order to better serve its population, the City of Durham must commit to easy, small changes to the available information and resources for young people to assist in reducing teen pregnancy. This will improve the lives of its citizens, especially young women, but by committing to continued support for nonprofits and government-provided groups, and by making information about resources available to young people more accessible, Durham will also be able to increase economic empowerment and growth among one of its vulnerable populations.

Literature Review

There is a well-established link between economic empowerment and reproductive health empowerment. The larger sphere of women's empowerment, including economic, health, political and social empowerment, encapsulates the ideas of agency, decision-making, self-esteem and ability to influence one's surroundings. This includes reproductive agency, as well as the ability for women to control their own finances, to participate in the job market, and to have access to just as many opportunities as men (Petchesky).

According to the International Center for Research on Women (ICRW), women's empowerment should be understood not just as a factor of their own personal self-perception but also should be understood in the context of women's enabling environments. It is not enough to

just empower women, but the community surrounding women and girls must also be willing to support their endeavors, whether it is providing resources to support reproductive health at a low cost, or teaching young women the basics of finances to ensure that they can make the best decisions for themselves in the future. For this reason, I will not just be examining young women in Durham, but I will be focusing on the larger environment of women in Durham regarding reproductive health. Again, while it is possible for individuals to obtain birth control or reproductive health as a function of their own resources, it is not until women in a location are able to access these resources that we can consider women fully empowered to their greatest capacity and extent.

One essential piece of the empowerment puzzle is education. Particularly, for young women, education on their rights, access to an equally strong and valuable education, and education on their own health are all integral to a young woman's understanding of herself, of healthy relationships, of her financial ability and of her potential. On a broader scale, access to a strong education fits into the larger question of agency and resource access. The ICRW defines education as one of many resources a woman may or may not have access to in her community, along with health and financial services, political outlets, and more. Well-funded and well-designed sexual and reproductive health education can lead to improved outcomes in both the realm of young women's reproductive health as well as further economic outcomes (Stanger-Hall and Hall). Implying that education is a resource also indicates that it has the possibility to be restricted and altered in order to lessen or change the outcomes. One such way to do so is to provide weak reproductive health education that focuses solely on abstinence outcomes, or even to not fully educate young women on their options in terms of their own health. While one might

be educating a young woman about her body, one is not fully providing that same young woman with a complete picture of her environment.

Additionally, it is important to consider that consistent and early education matters as well. In China, teen pregnancy rates dropped when health education interventions started earlier and were held consistently through their adolescence (World Health Organization). This shows that the need for sexual and reproductive health education is not just on a one-time, but that consistent, age-appropriate and quality education through a young woman's adolescence can help reduce the likelihood for her to become pregnant or give birth. Young people learn from their environments, and often emulate the behaviors of those around them. If their home environments contain people who engage in risky behaviors, those children are likely to do the same. Therefore, this also demonstrates a need for early and strong interventions, particularly with reproductive health education (UNFPA). Not all subjects important to reproductive justice can be taught at all ages, so just having early interventions with no later-term interventions can also impact a young woman's risk for pregnancy. Ultimately, it is clear that interventions must be implemented early, be consistent and of good quality.

Resource access might not be a community-wide issue, but is also almost always linked with other social factors such as race, age, economic status, ability, or other identities and conditions which impact one's ability to fully engage and be recognized in an environment. Thus, when studying something as complex as reproductive health, it is imperative to have an understanding of the landscape and geography of the environment when it comes to resource access and distribution.

Regions of empowerment are often siloed, as it is easier to address smaller issues rather than the broader or large-scale issues. This is particularly problematic when considering issues

such as reproductive health and empowerment, which are heavily politicized. Reproductive health outcomes are shown to have an immense impact on economic empowerment, as a woman's right to choose when to have children is often also tied to her decision-making ability within her family structure (ICRW). Additionally, research by Joshi at the Population Research Bureau shows that lower rates of teenage pregnancy are associated with higher levels of economic development, either as a result of reproductive empowerment or connected to growing reproductive empowerment. It is difficult to isolate the impacts of just one type of empowerment, as even within the greater discussion of empowerment, terms such as "agency," "decision-making" and "self-esteem" continue to appear. The principles between economic empowerment are the same as within reproductive empowerment, and their outcomes are intertwined and even codependent. Therefore, in this paper, I argue that women's reproductive empowerment, in particular, reproductive health education and resource distribution for young women, should be considered within the greater environment of the city of Durham, and should be considered as integral to the further economic development of the region.

Methodology

To evaluate what policy solutions are available to Durham, I have conducted both a literature review of relevant research provided at a state, national and international level. This will provide a theoretical framework of suggestions from which my policy suggestions can deviate. Additionally, using peer-reviewed research and data will show both the breadth of pre-existing research on the topic and will increase the validity of my policy suggestions. Since it is one must evaluate the enabling environment and enabling factors surrounding empowerment to truly understand the status of women in a particular area, I conduct an analysis of resource

access, distribution, and quality of resources provided both by the government of the City of Durham and of organizations operating within Durham. Following this section, I conduct a peer-city evaluation of two other similar cities to Durham, hoping to show the consequences of reducing funding and accessibility to quality sexual and reproductive health curriculums, and the benefits of simple increases in information sharing, increased funding, and improved curriculum quality. These cities were chosen based on size, political environment and equity, and similarity of current government divisions, institutions and support for reproductive health. I hope that better understanding the greater environment of Durham in conjunction with understanding the status of similar cities who are either surpassing Durham or falling below Durham in terms of women's reproductive empowerment will reveal simple policy solutions that could impact the larger outcomes of the health of young women in Durham.

The Problem

Durham, North Carolina sits in the Piedmont region, at the center of a booming region of economic development. The host of Duke University and Research Triangle Park, Durham is a center of economic development and innovation. Despite this, it also has large racial and socioeconomic disparities resulting from a history of political exclusion, redlining and gentrification (De Marco). Durham's population situates it as a mid-sized city, with a little bit under 267,743 residents as of 2017 (City of Durham). This means that it faces some of the problems faced by a metropolitan area but does not face the same large-scale system issues as a larger city would. It has both semi-rural areas as well as urban ones, creating a challenge for local government but also a broad population base to understand as well. As a result, using Durham can provide helpful insights to not just the functions of urban populations and the

challenges that they face, but also the experiences of more rural or suburban populations. Therefore, the results of this research and future research can be more generalizable beyond just one type of city.

Durham County's teen pregnancy rate is 24.9 per 1,000 young women ages 15-19 as of 2018, with a 6% increase from 2017 (Shift NC). This is slightly higher than the North Carolina state average of 24.6 per 1,000, with Durham County ranking at roughly 44 out of 100 counties for teen pregnancy rates (Shift NC). North Carolina's reproductive health curriculum is one of only 13 states whose curriculums are required to be "medically accurate," however, this curriculum is only taught from 6th through 9th grade, and many students at the Middle School level are able to evade taking this curriculum by changing their schedule or opting to take other electives, if their school permits (North Carolina Education). North Carolina also allows individual school districts to determine the exact curriculum, but still provides a list of standards that must be met in health classes at each year (North Carolina Education).

The curriculum itself focuses on primarily on abstinence, however, it does include alternatives as well. Given the age range of those who are receiving the coursework, teachers are unable to cover all material that might be helpful to young people, especially more material about sexual health and healthy relationship dynamics that could be considered explicit. As a result, Durham County also offers its FOCUS program, aimed at educating young adolescent girls and young women ages 16-24 further on sexual health, healthy relationships, and empowerment.

This program was originally designed for young female marines but has spread to non-military communities, such as Durham. It is funded on an independent grant basis but is still housed within the Durham County Public Health Department (Personal Interview). It is taught by

experienced educators coming from both the public school system as well as experts within the Health Department, and is offered a few times a year to residents. It is a day-long training, involving some interactive activities but mostly contains presentations about the topics covered.

Additionally, Planned Parenthood has a clinic in Durham, offering most women's health services excluding abortion. However, it offers abortion referrals but does not provide the service within the clinic itself. North Carolina restricts abortions after 20 weeks unless there are life-threatening circumstances, placing it among some of the more conservative states with regard to abortion (Woman's Right to Know Act). Durham also houses various other women's clinics. Additionally, Durham houses the Center for Child and Family Health (CCFH) which deals with adoption, foster homes, and ensuring that all children have the right to a healthy upbringing. Other organizations such as The Life Center, El Centro Hispano and Movement of Youth provide healthy after-school alternatives for teens, including mentoring, tutoring, and other courses to assist those identified as "at-risk," (Shift NC). While the focus of these organizations is not explicitly teen pregnancy and reproductive and sexual health, their missions of encouraging students to lead healthy and productive lives and the focus on economic and social empowerment all tangentially impact teens' sexual and reproductive health.

However, particularly, for young women older than 14 and 15 who might not be participants in the FOCUS or the Shift NC programs, there is little information about how they can receive health care, birth control, or a landing page for these young women anywhere provided by the county. Because organizations like Planned Parenthood cannot provide abortions in house, and there are only a few organizations in Durham that deal directly with teen pregnancy exclusively, along with Durham's ongoing social and economic inequalities, the teen pregnancy rate is still relatively high despite the high number of interventions per-capita listed

above. This shows the importance of economic empowerment and equality as well as the connection between poverty and low teen sexual and reproductive health.

Peer City Review and Evaluation

Methodology and Selection

Each peer city was selected by using the ‘equity’ tool from the Peer City Identification Tool from the Chicago Federal Reserve Bank. The equity tool prioritizes levels of equity, including racial and socioeconomic equity within cities of a slightly similar size. After identifying cities that were similar to Durham, I narrowed down to cities based on whether they were located in the Southeastern United States, states in the South tend to have more restrictive legislation surrounding reproductive health, and more conservative social values which make it harder for young women to seek out reproductive health services (Center for Reproductive Rights). Further, I narrowed down my cities based on population. Based on the mentioned criteria, the final peer cities were Nashville, Tennessee and Little Rock, Arkansas. Nashville is significantly larger than Durham, however, because Nashville is home to Vanderbilt University, a similar-level of elite university as Durham, because of the close proximity and regional similarities of North Carolina and Tennessee, and because Nashville scored similarly to Durham on the equity index, I decided that they were similar enough despite the population differences. Little Rock and Durham are of a relatively similar size, scored similarly on the equity scale, and both are located in the South and Southeast of the United States. For these reasons, I will compare Durham to Nashville and Little Rock for the purposes of this study.

In this section I provide a smaller-scale environmental scan than the one I provide for Durham, evaluating what resources each city provides to its young people, what organizations

operate in each city, and what each school system operating in the city is required to teach its students. I hope to gain a better understanding of what Durham can do to improve its outcomes, as well as what could happen should Durham reduce its funding for reproductive health education and programming for young people, change its reproductive health and wellness curriculum or restrict any nonprofit organizations' abilities to work with its citizens.

Nashville

Nashville, the capital city of Tennessee, is home to approximately 691,243 people (United States Census Bureau). Located in a southern state, Nashville is subject to strict laws regarding reproductive health education and resource and service provision. One barometer for how open a state is to reproductive health is to evaluate its abortion laws. Tennessee has a tiered system, where women can receive abortions at any point, however, there are extremely strict restrictions and circumstances where this is allowed beyond the first trimester. Should *Roe v. Wade* be overturned, however, the legislature has passed a bill which would make any abortion illegal within 30 days (Tennessee Code 39-15-201 to 209, 37-10-301 to 307).

Tennessee is still one of the states with the highest rate of teen pregnancy, however, the city of Nashville's overall rate of teen pregnancy has dropped since 2013 (Tennessee Department of Health). It is unclear why this drop occurred as there have been no significant developments in supporting reproductive health. Davidson County, where Nashville is located, has a teen pregnancy rate of 16.4 pregnancies per 1,000 young women aged 10-19 (Tennessee Department of Health). Tennessee still relies on an abstinence first education system, which is linked to higher rates of teen pregnancy and lower overall reproductive health both for young women as well as women broadly (Stanger-Hall and Hall). While it makes references to contraceptives, the

actual display and use of contraceptives in the classroom is strictly prohibited. Sexual and reproductive health education is mandated from grades 7 through 12, whereas North Carolina only mandates that students be taught about reproductive health from grades 6 through 9. Finally, Tennessee's curriculum integrates STD/STI and HIV/AIDS education into multiple courses in a student's academic career, including biology and anatomy and physiology courses (Tennessee Sexual Health Curriculum). Overall, the Tennessee curriculum features many of the same pitfalls as North Carolina's curriculum, but it is taught for a longer period of time where the information might be more useful to students.

However, Nashville's rate of teen pregnancy is much lower than Durham. There are more organizations that operate in Nashville aiding women with their reproductive health than in Durham. Tennessee is home to the Healthy & Free Tennessee coalition, which is a coalition of nonprofit organizations and clinics "working together for sexual health and reproductive freedom," (Healthy & Free Tennessee). This coalition is based in Memphis, however it organizes lobbying days at the state legislature, located in Nashville. Twelve of its partner organizations are based in Nashville, including clinics, activist and lobbying groups, national organizations whose offices are based in Nashville, and even some work directly with adolescents. The sheer number of organizations operating in the state and the strength of this coalition show the value in collaboration and information sharing among nonprofit organizations. Again, it makes sense that there are more organizations focused on reproductive health based in Nashville because of its size, however, the consolidation of resources, collaboration of nonprofits in the face of a restrictive state legislature and the list of resources for pregnant people, specifically pregnant young women creates an environment where there are more easily accessible options for young women wishing to seek assistance.

Little Rock

Little Rock is the capital city of Arkansas and is also its most populous city. It has a population of a little under 200,000, making it roughly a similar size to Durham. Additionally, it holds several universities and colleges, including the University of Arkansas at Little Rock, a part of the University of Arkansas public school system (University of Arkansas). In terms of reproductive health, there are several women's health clinics, including a Planned Parenthood, which provide abortion services to their clients (Planned Parenthood Aldersgate Road). However, Planned Parenthood is only one of two clinics in all of Arkansas that provides abortions. Additionally, Arkansas has some of the more restrictive legislation on abortion in the country, previously having fetal heartbeat legislation which was overturned in 2014. Fetal heartbeat legislation restricts abortions after a doctor is able to detect the heartbeat of a fetus, which traditionally is detectable at six to seven weeks (Guttmacher Institute). The conservative nature of Arkansas' legislature is evident in current abortion legislation, where abortions are not permitted after 18 weeks, with strict regulations on which doctors can perform abortions and with few exceptions permitted by law (HB1439). The teen pregnancy rate for Pulaski County, where Little Rock is located, is 27 per 1,000, which is higher than Durham (Aspire Arkansas). Ultimately, Little Rock is a strong point of comparison to Durham because of its relative size, the prevalence of the universities in its activist culture, the state's restrictive actions towards reproductive health services, particularly abortion, and the city's history of racial and social discrimination towards its citizens of color.

Arkansas has a fairly limited reproductive health education program. In comparison with Durham, students are required to take what is called a "Health and Wellness" curriculum, which

contains modules covering healthy relationships, drug use, and other facets of personal health and safety. In terms of reproductive health, teachers are required to “discuss methods of pregnancy *prevention*, including abstinence,” with no further directions outlined. It is clear based on this vague outline that the emphasis for reproductive education in Arkansas is abstinence, which lines up with the reproductive health education standards in both Nashville and Durham. Additionally, the age range for students engaging with this curriculum is also grades 9-12, which is the same as Nashville (Arkansas Department of Education). Its reproductive health curriculum does not differ greatly from either Durham or Nashville, indicating that its failure in providing adequate resources to young women must lie in the distribution of resources outside of the school.

There are few online resources for residents of Little Rock which identify additional organizations or clinics that provide reproductive health services, particularly those who also provide health services to young women. This is one function of the information gap which makes it difficult to identify what is available to women, at what costs, to what age group and how to specifically access it. Arkansas launched a program requiring colleges and universities to create an action plan targeting teen pregnancy, as, in Arkansas, teenage pregnancy between ages 18 and 19 contribute to about 74% of teen births in the state. Thus, Little Rock drew on its universities to create advocacy campaigns addressing teen pregnancy for its incoming freshmen students. The report at the end of the program showed that 1,200 incoming freshmen had seen the video, with no reports on the actual impact of this program on teen pregnancy rates (Arkansas Department of Health).

Policy Recommendations

Like many of the peer cities, Durham operates within a state whose legislature is largely conservative and is resistant to funding reproductive health projects and has jeopardized abortion. Additionally, acknowledging the legislative and political contexts means that, while the most effective solutions to reducing teen pregnancy might just be a curricular overhaul or spending more money on education and reproductive health programming, it is unrealistic to make such requests. Therefore, I propose a few recommendations based on my peer city evaluations which are low or no-cost and focus on pre-existing assets in the community to strengthen the environment of young women in Durham. Ultimately, as acknowledged in the literature review, what matters as much as resource access and quality is the environment which surrounds young women. Therefore, these two recommendations focus exclusively on the enabling environment and external enabling factors to address the recent increase in teen pregnancy in Durham. By increasing access to reproductive health services and reproductive education for young women, economic outcomes will improve as well.

1. *Create a dynamic website listing working links for all available resources.* My first major finding was that the City of Durham lacks a cohesive website with information about all resources available to young women, including clinics, extra classes like the FOCUS program, and other external organizations which might be able to provide help where the city is unable to. Shift NC has a great resource of all external organizations in the area which could help a teen access reproductive healthcare, but it lacks a cohesive list of the county resources. In an increasingly digital age, having consolidated resources online is increasingly important, especially because something as simple as a Google search is confidential for a young woman attempting to seek assistance with restrictive parents.

While this is a simple solution, it could provide a significant benefit to all residents of Durham.

2. *Expanding the Age of Students Studying Reproductive Health.* The North Carolina educational standards mandate that students study reproductive and personal health only until the 9th grade, while comparatively, other states and cities like Nashville and Little Rock shift reproductive health education up until the 12th grade. While it is difficult for a local government to change the curriculum because it is set at a state level, placing more emphasis on programs like FOCUS which address reproductive health questions with older age brackets means that teens are getting more information on sexual and personal health as it becomes relevant to their age brackets. Research in the literature review shows that earlier and reinforced interventions, such as health and wellness education, can increase students' knowledge bases, especially considering that most teen pregnancies in Durham occur in older teenagers. Ultimately, this endeavor requires more financial resources, but if anything, it acknowledges the importance of programs like FOCUS or Shift NC in providing reproductive health education and resources to young women beyond the threshold of the North Carolina state curriculum.

Conclusion

Young women's reproductive health is often not prioritized and politicized, making it difficult for them to learn what they need to to pursue healthy relationships and a healthy lifestyle in the future. Further, because of the restrictions placed on reproductive healthcare and services, particularly for young people, young women suffer economically as well. It is clear that reproductive health matters beyond just public health – young people's economic futures depend

on a strong education and quality provision of healthcare. Therefore, it is imperative for cities like Durham to do their best to provide services to young people in a way that is clear, accessible and of high quality. North Carolina's reproductive health curriculum prioritizes abstinence over other methods of contraception, which is a method shown to have little success in mitigating teen pregnancy. Further, with its restrictive laws regarding abortion, it is a difficult environment for nonprofits to operate in. If Durham wishes to fully commit to improving the lives of its residents, it must commit to making what resources are available to teens clear, and it must continue to support programs like FOCUS and Shift NC in their operations.

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