Title
Mujeres Protegidas: Contraception Education at HFiT Women's Clinic Pilot

Permalink
https://escholarship.org/uc/item/35h9q075

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Publication Date
2016
Project Overview

Introduction

As described in the ISP proposal, female sex workers in Tijuana’s Zona Norte are subject to significant social and health disparities which lead to high risk sexual behaviors such as drug use, unprotected sex, and sex with multiple partners. As a result, this population has a high incidence of unintended pregnancy and sexually transmitted infections. Previous studies have shown that contraception is severely under-utilized in this population. While condoms are necessary to prevent sexually transmitted infections and education regarding its use continues to be important, given the high rates of unintended pregnancies it is also valuable for this population to learn about other forms of contraception in order to prevent pregnancy.

Project Aims

This project sought to educate participants about sexual health and a variety of contraceptive methods ranging from condoms to long active reversible contraceptive options.

Methods

We conducted a needs assessment to learn more about the needs and barriers to care for this population, partnered with other education agencies that also serve this population, developed a curriculum, recruited participants, and trialed the curriculum with a focus group. 11 women participated in total; six women attended Session 1 and
five women attended Session 2. Additionally, although not initially planned, the curriculum was adopted and adapted to educate a population of HIV+ females. This extension of the project, carried out by Dra. Mily Ramirez, served 735 women and information from the project was incorporated into public health educational pamphlets.

Project Objectives

Primary Goal:
To help HFiT’s high-risk female patients gain exposure to and better understand the pros, cons, and method of use of a range of contraceptive options. Through lessons and discussion we hoped to help participants understand the risks and benefits of contraceptive methods available to them to ultimately empower them to make informed healthcare decisions.

Secondary Goals:
1) Contraception education for participants.
   Classes will be composed of HFiT’s female patients who are sex workers and/or intravenous drug users. Participants in these classes will learn about contraceptive methods (female and male condoms, IUD, subdermal implant, vaginal ring, oral contraceptive pill, diaphragm, spermicide, cervical cap, sponge) through didactic lessons and anatomy and contraception workshops.
2) Identify barriers to access to contraception.
   We will conduct a needs assessment survey as part of HFiT’s outreach efforts. In this survey, participants will be asked questions regarding their access to medical care and STI testing, knowledge of HFiT, current use of contraception, and interest in contraception education classes as well as other classes that might improve their health. This survey will help us identify ways that HFiT can best provide healthcare to this high-risk population. We plan to develop a list of free women’s health resources in the area to improve access to care for this population.
3) Develop contraception education materials that are oriented to the preferences, needs, and behaviors of female sex workers in Tijuana.
   We will gather contraception education materials from several resources and incorporate these materials into the curriculum for the classes. Through working with participants and consulting with healthcare providers, we will adapt these materials to create a pamphlet that is directed to the circumstances and behaviors of this population.

Long-Term Goals/Potential Applications:
1) Refine curriculum and educational tools for Contraception Education at HFiT Clinic.
2) Produce educational materials to help future female HFiT patients make informed sexual health decisions.
3) Develop a binational San Diego-Tijuana dissemination plan.
4) Ultimately, we hope to help class participants and other HFiT patients gain access to the contraceptive method that they choose
Training Goals:
1) Learn about women’s health issues and contraceptive methods.
2) Facilitate learning of Spanish by speaking with patients and health providers at HFiT.
3) Learn about clinical research methods; specifically how to gather and apply information from focus groups.
4) Learn about health education; specifically how to develop a curriculum, teach lessons, and guide group discussion.
5) Gain valuable clinical and career mentorship through working toward project goals with physicians, health educators, and researchers.
6) Promote cultural competency and cross-border partnerships with physicians and medical students that will be invaluable in my career as a physician working with Latino populations in San Diego.

Methods

1) Conduct Needs Assessment
   We included several questions into HFiT’s Needs Assessment that helped identify potential participants’ interest in contraceptive options, barriers to care, and their high-risk behavior. Questions addressed logistical access (are you aware of the clinic, which days and times are most convenient for you to visit, where do you go for your medical care), history of contraceptive use (have you used contraception in the past, how much do you pay for it) and interest in contraceptive and other health services (are you interested in other forms of contraception, what other health education services are you interested in).

2) Recruit participants to focus groups
   This was a particularly challenging aspect of the project. We put posters up at the clinic and handed out fliers to our female patients in the month prior to the scheduled classes. The first class was held on Saturday, August 17 from 10:30am to 12:30pm. The Friday afternoon before the class and the Saturday morning of the class several volunteers walked around Zona Norte handing out fliers and attempting to recruit women to the classes. The second class was held Saturday, September 14 and the same recruitment strategy was employed. We found that small gift bags of approximately $5 value were helpful in order to reward women who came to our sessions but did not seem to incentivize women women to come in the first place. We were able to recruit 5 women at each session.

3) Curriculum
   Session 1:
   The primary aim was to educate participants about contraceptive options. To that end, we felt it was important to make sure participants had a basic understanding of sexual health, including basics on the female menstrual cycle and female anatomy. Thus, session 1 was oriented towards sexual health. We partnered with an educational counselor,
known as “consejeras,” from Por La Vida, an intervention for Latinas in San Diego which utilized a group format to educate participants about cancer screening. We adapted the curriculum from session 3 of Por La Vida, titled “The Female Body.” A consejera from Por La Vida taught the first session.

Session 2:

Session 2 was focused on describing the different contraceptive options and elucidating the pros, cons, and application of each. It was taught by Dra. Milagros Becerra. We addressed several options including female and male condoms, intrauterine devices, subdermal implants, vaginal rings, and oral contraceptive pills. We used powerpoints, handouts, free discussion, and workshops as means to transmit information and spark discussion.

We found an informal, discussion-based format to be the most conducive to transmitting information while also providing space to listen to participants’ stories and thoughts, which provided opportunity to dispel myths and help them better consider their own values, priorities, and needs as they pertain to contraception. In particular, portions of each session were dedicated to workshops. In one workshop, we practiced condom application using bananas and female and male condoms. This is a fun exercise and icebreaker. In the other workshop, we had models of the female anatomy as well as examples of each type of contraceptive method the participants were learning about. This provided an opportunity for participants to ask logistical questions about how the specific contraceptive method was placed or worked and again served as a great icebreaker to engage participants while transmitting valuable information.

Results

Primary Goal:

To help HFiT’s high-risk female patients gain exposure to a range of contraceptive options. Through lessons and discussion we hope to help participants understand the risks and benefits of contraceptive methods available to them to ultimately empower them to make informed healthcare decisions.

Our primary goal of helping HFiT’s high-risk female patients gain exposure to a range of contraceptive options was certainly achieved via participation in the focus groups. 10 women in total participated in these groups, five in each session. It would have been more ideal to have a larger group, multiple sessions, and to have gathered more relevant data from which we could assess improvements in knowledge. These latter aims proved to not be possible with the time and resources we had available and the limited number of participants. However, the women who did participate in the group were very interactive and engaged, anecdotally learned a lot about their contraceptive options, and taught us a lot about their own concerns, beliefs, and daily difficulties when it comes to sex, accessing care, and protecting oneself in the context of sex work. Further, given the stigmatized and often awkward subject matter, I was personally encouraged by the amount of fun the participants had! If these sessions helped to free them to further
discuss and pursue information about sexual health in the future, then this project was certainly a success!

Secondary Goals:
1) Contraception education for participants.
2) Identify barriers to access to contraception.
3) Develop contraception education materials that are oriented to the preferences, needs, and behaviors of female sex workers in Tijuana.

Secondary goal (1) was the best achieved, in my opinion. We had originally planned to administer questionnaires to the women before the education intervention and after to evaluate their learning. We attempted to administer the first questionnaire but decided against it because several women were not able to read and seemed to feel uncomfortable with the questions. We primarily wanted to create a safe and welcoming space for women and felt that the questionnaire was not helpful in doing this. Although we were not able to collect objective data as evidence of their learning, our anecdotal experience is that participants in the group were actively engaged, demonstrated sincere interest in the content, and were eager learners and participants in discussion. The educational components generated great conversation and seemed to spark their interest in further learning.

A needs assessment conducted by HFiT included several questions that were intended to assess needs of our potential future participants. We used the information from these needs assessments to guide us regarding the types of contraceptives we focused on and the types of health information potential participants might be interested in learning more about.

We originally intended to make a pamphlet on contraceptive options based on the information disseminated in classes about contraception and information about our target population obtained from the Needs Assessment and from the educational sessions. Recruitment and conduction of the sessions took longer than expected and the sessions were finally completed at the end of the summer. We were not able to put together a pamphlet at that time, but other opportunities for further dissemination of the curriculum presented itself via the CENSIDA grant, discussed below.

Long-Term Goals/Potential Applications:
1) Refine curriculum and educational tools for Contraception Education at HFiT study.
2) Produce educational materials to help future female HFiT patients make informed sexual health decisions.
3) Develop a binational San Diego-Tijuana dissemination plan.
4) Ultimately, we hope to help class participants and other HFiT patients gain access to the contraceptive method that they choose

Dra. Mily Ramirez applied for and won funds to adapt the Mujeres Protegidas curriculum to a population of HIV positive women. Through educational group sessions of 10-20 women, Dr. Ramirez provided education regarding contraceptive options, emphasizing the importance of female and male condom use to prevent the spread of HIV. 735 women participated in the groups. An educational pamphlet based on the curriculum was developed by CENSIDA and disseminated throughout Mexico. Although not all the
original aims of my project were accomplished, through Dr. Ramirez’ extension of Mujeres Protegidas to a large population of HIV positive women the curriculum helped to reach many hundreds more women than previously hoped for.

Training Goals:

1) **Learn about women’s health issues and contraceptive methods.**
2) **Facilitate learning of Spanish by speaking with patients and health providers at HFiT.**
3) **Learn about clinical research methods; specifically how to gather and apply information from focus groups.**
4) **Learn about health education; specifically how to develop a curriculum, teach lessons, and guide group discussion.**
5) **Gain valuable clinical and career mentorship through working toward project goals with physicians, health educators, and researchers.**
6) **Promote cultural competency and cross-border partnerships with physicians and medical students that will be invaluable in my career as a physician working with Latino populations in San Diego.**

As the trainee in this project, I learned an incredible amount. Medical information around contraception is now a very important topic to me, one that I really enjoy discussing with providers as well as with patients. As a future pediatrician, an area of specific interest is access to and knowledge of contraception in teenagers. Given that many sex workers in Tijuana are themselves teenagers, I was introduced and became more sensitive to the nuances of issues surrounding contraception in a younger population in a very interesting way. In fact, an anecdote from my experience recruiting participants to the educational sessions was an important part of my personal statement for residency applications. This project made a significant impact on me and has had an important role in guiding my decision to become a pediatrician and provide care for underserved populations.

Although we did not end up analyzing data from the focus groups for publication in a research manuscript, the process of submitting an application to the IRB was very educational. It was not easy organizationally or logistically, and there are a lot of things I hope to do in a more efficient manner when I apply to the IRB for clinical studies in the future. I’m interested in clinical research in pediatric cardiology so this experience will certainly be valuable.

Another future interest of mine is medical and health education in a global health setting, so this experience was incredibly relevant. Developing the education resources was a lot of fun and I really enjoyed working with other providers to assimilate their knowledge and the resources they provided me into my own materials. I learned how to better adapt medical jargon into transmittable information at a variety of different education levels which will certainly be helpful in my future as a clinician for a variety of people, ranging in socioeconomic status, cultural background, and especially age!

One of the most important benefits of this project was the opportunity for collaboration with faculty and other students. The idea for the project, development of the curriculum, recruitment of participants and the execution of the classes were all dependent on the support, enthusiasm, and assistance from Dr. Burgos, Dr. Ojeda, and Dr. Willies-Jacobo. Dr. Willies-Jacobo helped me develop the idea and helped me
prioritize my goals for the project. Her extensive experience supporting and mentoring other medical students provided excellent perspective on what could be accomplished in a relatively short time period. Dr. Ojeda provided a valuable research perspective and supported me in obtaining IRB approval for the project. She encouraged me to be more academically rigorous and in doing I’m more prepared to develop and carry out future research projects. As ISP committee chair, Dr. Burgos was at the front lines with me. He provided support and advice when I needed it but also gave me complete freedom to troubleshoot on my own. Further, he spent countless hours helping to edit, translate, and develop the materials for submission to the IRB. Not only was he enthusiastic about and helped support my project, but his commitment to teaching and mentoring medical students and to providing medical care for the people of Zona Norte is an inspiration to me. He has supported and mentored hundreds of Mexican and American medical students and provided much needed care to thousands of patients who might not otherwise receive it. He’s a great role model and I’m thankful for the opportunity to learn from him. Further, seeing how he has created a niche within his field, working in medical and research settings on both sides of the border, has helped me broaden my perspective of what is possible in my own medical career.

My ISP committee members were integral to making this project happen, but so were my fellow students. In particular, Elissa Kim was an incredible partner in developing the women’s clinic, which was the springboard for Mujeres Protegidas. Her enthusiasm, positive attitude, and willingness to help in any way helped make my time at HFiT so enjoyable. I also appreciated immensely the help in recruitment from undergraduates who were volunteering at the clinic. They spent hours walking the streets of Zona Norte with me recruiting participants and administering the Needs Assessment survey. In particular, Diana Perez was wonderful. She helped develop the Needs Assessment, helped recruit, and transcribed the sessions.

Also essential to the project was the consejera from Por La Vida, who taught the first session, and Dra. Milagros Becerra, who taught the second session. They did a wonderful job both listening to and teaching participants. Further, Dra. Becerra brought the curriculum to hundreds more women in Tijuana. It was an honor that she chose the Mujeres Protegidas curriculum for her grant and I am so glad that many more women have better access to and knowledge of their contraceptive options because of her efforts.

Through this project specifically and working at HFiT in general, I had such a unique opportunity to develop cross-border relationships and learn from patients and providers in Mexico. That kind of an experience is valuable for every medical student, but especially for me as I hope to do global health work in Mexico and other Central American countries in the future. I also plan to return to San Diego to work as a pediatrician and would love to continue to work on both sides of the border. Something that became more apparent to me as I was interviewing for residencies and talking about my experiences at HFiT with interviewers is that UCSD has this incredible opportunity to provide their students with international medical experience within a 30 minute drive, something few other, if any, medical schools have. There are many reasons UCSD was a good choice for me for medical school, but my experience with HFiT over the past three years is one of the most important.