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**Abstract Title:** Building resilience with pregnant and postpartum women through MEGAN's Place: A unique program located in Name County, State

**Accepted for presentation at the American Public Health Association's Annual Meeting, 2019**

**Background:** MEGAN's Place (Meaningful Environment to Gather and Nurture), is a safe non-judgmental place for at-risk pregnant and postpartum women and their families to access recovery and wraparound services. Special emphasis is placed on women currently living with substance use disorders (SUD). Located in Name County, State where the rate of Substance Exposed Newborns (SENs) is 35 per 1,000 live births, MEGAN's Place was founded upon existing evidence-based programs, such as Healthy Families America home visiting program and Helping Families Recover peer recovery support program. This study explores the effectiveness of MEGAN's Place in building family resilience, increasing access to essential health services, and improving maternal and child health outcomes overall.

**Methods:** Family resilience is measured using the Devereux Adult Resilience Survey (DARS) that is administered upon entry of the program and assessed 3 and 6 months after involvement. Focus groups will also be conducted to explore attitudes and beliefs towards receiving services.

**Results:** 65 women are currently in the program. Baseline data and focus groups will be collected by March 2019 and follow-up surveys will be completed by June 2019.

**Discussion:** In order for at-risk mothers and their families to achieve, maintain health, and build resiliency, they must be given a safe place to access essential health services. MEGAN's Place has continued potential of identifying and reaching out to vulnerable women and their families, building parenting skills and strengthening family resilience through education and support groups, and connecting families to clinical care and public health wraparound services.

## **Published Manuscript Excerpt: Gender Empowerment**

**Author: Shelby L. Graves, MPH, CHES**

In recent years, evaluations of gender empowerment interventions have offered a promising vision for reducing sexual and gender-based violence (SGBV) worldwide (Bourey, Williams, Bernstein, & Stephenson, 2015; Gibbs, et al., 2017). Gender empowerment interventions feature unique approaches to both improving intimate relationships and preventing SGBV by addressing imbalances of power between males and females across multiple levels of social ecology (Bourey, et al., 2015; Michau, Horn, Bank, Dutt, & Zimmerman, 2015). Effective intervention strategies that address power imbalance employ key elements such as improving economic opportunities, addressing cultural gender norms, and increasing female agency (Bourey, et al., 2015). Gender transformative interventions operate on the premise that reducing gender inequity, advancing women's autonomy, and improving communication between intimate partners will result in healthier relationships and reduced instances of violence (Bourey, et al., 2015; Michau, et al., 2015).

A systematic review of gender transformative approaches to reducing SGBV implied effectiveness of community-based programs for achieving desired program outcomes (Bourey, et al., 2015). Interventions that showed the greatest promise were those aimed at improving both social and economic opportunities for the participants, rather than programs solely focused on social aspects of gender empowerment. Interventions focused solely on social aspects of female empowerment showed a reduction in both psychological and physical IPV, but did not significantly impact local gender norms. Combining both social and economic advancement strategies provided

favorable results, which included the decline of IPV incidence, more equitable local gender norms, enhanced collective action, and enriched quality of relationships, as well as a range of positive social outcomes related to intimate relationships (Bourey, et al., 2015). Although the majority of programs evaluated have not yielded statistically powerful results due to sample size, the results consistently demonstrated statistically significant promise for one or more desired primary or secondary outcomes (Bourey, et al, 2015; Rahman, Hoque, & Makinoda, 2011; Gibbs, et al., 2017).

## References

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## **Spotlight: Global Gender Inequality → Reduced Economic Output**

**Author: Shelby L. Graves, MPH, CHES**

The outcry for gender equality can be heard across the globe, increasing in intensity within the past decade, and fueling innovative approaches to advancing the welfare of women worldwide. Gender empowerment has been utilized as a vessel to achieve gender equality by improving economic opportunities, addressing cultural gender norms, and reducing violence against women. Although advancements due to gender empowerment have proved promising for realizing the Sustainable Development Goals (SDGs) of achieving gender equality (Goal 5), no poverty (Goal 1), reduced inequalities (Goal 10), and decent work and economic growth (Goal 8), insidious effects of inequity still persist throughout the world.

Gender inequality negatively impact quality of life for women, and also constrains global economic output as a whole. Although females account for half the global population, they do not represent half the paid global labor force. Despite efforts to increase opportunities for participation of females in the paid labor force, their representation remains lower than that of their male counterparts.<sup>1</sup> Women's global rate of pay consistently falls below that of their male counterparts as well. By allowing such a substantial portion of the global population to remain underutilized and underpaid, the global economy is prevented from reaching its maximum potential. The underrepresentation of women in the labor force and the resulting reduced economic output is rooted in gender inequality. Whenever females are not afforded the opportunity to complete their education, pursue work outside the home, or earn equitable wages, it is unlikely for economic advancement to be achieved.

Not only is it vital for gender inequalities continue to be addressed, but also it is essential that novel strategies be applied to eliminate these obstacles in order for every corner of the world to see improved quality of life, reduced inequalities, and sustainable economic growth.

#### Reference

1. UN Women. (2017). Annual report 2016-2017. Retrieved from:

<http://www.unwomen.org/-/media/annual%20report/attachments/sections/library/un-women-annual-report-2016-2017-en.pdf?la=en&vs=5634>

Tags/Topics: gender equality, reduced inequalities, economic growth, no poverty

# Long-Acting Reversible Contraception

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## What is LARC?

Long-Acting Reversible Contraception, or LARC, is a specific category of safe, highly effective methods of preventing pregnancy. These methods can remain effective for 3-10 years once placed and can be removed at any time a patient wishes. LARC can only be placed and removed by a healthcare provider, but procedures can be completed in as little as five minutes.

There are currently three LARC methods that are 99% effective at preventing pregnancy:

- **Hormonal IUD:** a plastic T-shaped intrauterine device (IUD) placed in the uterus that releases the hormone progestin to prevent pregnancy.
- **Non-Hormonal IUD:** a copper T-shaped IUD placed in the uterus that prevents fertilization and implantation.
- **Implant:** a thin rod that is placed in the upper arm and releases the hormone progestin to prevent pregnancy.



## LARC & Teen Pregnancy

Providers and public health professionals have looked to LARC for the prevention of teen pregnancy. These long-lasting, effective, and safe methods are a first-line defense against unintended pregnancy, due in large part to how simple they are to place, leaving little room for "user error." Teen pregnancy has dramatically declined across the U.S. over the course of the past two decades, and research has linked this outcome to teens' access to effective contraception methods. Teenagers do not need parental consent for LARC placement, but a healthcare provider must place them and it is important that they speak with their provider concerning all their options for pregnancy prevention.

## County Data

# of live births, 2017	2,623
# of teen pregnancies, 2017	69
# of pregnancy tests provided**	251
# of LARC users**	225
# of family planning visits**	2,296

The majority of private and state Medicaid plans cover LARC placement. Those that have health insurance may only need to pay a one time co-pay fee. If someone is uninsured, they can contact the Maryland Children's Health Program (MCHP) of X County for assistance with obtaining medical assistance.

MCHP: 410-123-456

\*\*HD Clinical Services Data

## Common Misconceptions

There are many misconceptions surrounding LARC methods, which is why it is important for patients to speak with their provider about any questions they may have.

- **STIs:** LARC prevents pregnancy, but does not protect against Sexually Transmitted Infections (STIs). Using LARC and a condom is the most effective way for sexually active individuals to prevent pregnancy and STIs.
- **Who:** LARC can be effective for any person with a uterus that wishes to prevent pregnancy. IUDs are not only for women that have previously given birth.
- **Placement:** Every person's body will accept LARC methods a little differently. However, LARC methods are easy to place and the average person only experiences slight to moderate discomfort during the procedure.
- **Side Effects:** After the body adjusts to LARC, side effects are minimal. Side effects may include lighter or irregular periods, as well as light spotting.

\*Sources: American Sexual Health Association.. 2019. Understanding LARC: <http://www.ashsexualhealth.org/understanding-larc/> ; Maryland Department of Health. 2018. Maryland Vital Statistics Annual Report, 2017. ; Guttmacher Institute. What is behind the declines in teen pregnancy? <https://www.guttmacher.org/gpr/2014/09/what-behind-declines-teen-pregnancy-rates>