My Black Health Is Beautiful

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INTRODUCTION

Together as partners – Melinated Moms, New Jersey Black Women Physicians Association, Planned Parenthood of Northern, Central, and Southern New Jersey (PPNCSNJ), Salvation and Social Justice, and Southern New Jersey Perinatal Cooperative – we have created *My Black Health Is Beautiful*, a new lesson plan series at the intersection of reproductive and Black maternal health.

These lesson plans are a collaboration between partner organizations with financial support from Planned Parenthood Federation of America’s Fund for the Future program. The lesson plans seek to facilitate conversation among young people, people who may become parents, and people who are already parents, around the topics of Black intergenerational and holistic health, reproductive anatomy and physiology, self-advocacy, and reproductive justice. *The lessons are written by Black women for the Black community.*

At PPNCSNJ, we believe that every person – regardless of how they identify or where they live – deserves access to the full range of sexual and reproductive health care services and comprehensive information about those services and their health. We know that sexual and reproductive health are key components of the maternal and child health continuum, and we are committed to addressing the disparities affecting Black women and pregnant people. This lesson plan project is a partnership that highlights the important intersection between sexual and reproductive health, health equity, and Black maternal health. Together we will continue to advocate for continued investments in New Jersey to eliminate disparities and achieve maternal health equity.

When we began this project, our goal was to build and strengthen partnerships across the maternal health and justice landscape in New Jersey in order to work on behalf of Planned Parenthood’s patients and the community to help eliminate disparities in health outcomes. Through the collaboration on *My Black Health Is Beautiful*, we have not only built lasting partnerships among all of the participating organizations, but have produced a series of free lesson plans that can be used in workshops in New Jersey and beyond.

Acknowledgments

PPNCSNJ would like to thank co-authors Dr. Dianne Browne of the Southern New Jersey Perinatal Cooperative, Dr. Pamela Brug of the New Jersey Black Women Physicians Association, Crystal Charley-Sibley of Salvation and Social Justice, and Jaye Wilson of Melinated Moms for their
partnership and collaboration. We are incredibly grateful for the time, energy, enthusiasm, and decades of experience and knowledge they brought to this project and for the quality and relevance of the final product.

We would like to acknowledge PPNCSNJ CEOs Triste Brooks and Cory Neering for recognizing the importance of this work and supporting the project with staff time and resources, in addition to the support from the Fund for the Future grant.

PPNCSNJ and The Center for Sex Education staff who worked on this project are Elizabeth Coulter, Ali Glaser, Tara Norman, Casey Olesko, Shamay Phillips, Judith Selzer, and Bill Taverner.

**Use of My Black Health Is Beautiful Lesson Plans**
These lesson plans are freely available and designed for the community to engage directly with the content. We welcome feedback at info@ppgnnj.org.

**Contributing Organizations**

**Melinated Moms** is a MOM Profit™ – a community-centered women empowerment social enterprise supporting moms and women to become better versions of themselves through advocacy, education, awareness, and entrepreneurship. www.melinatedmoms.com

**Planned Parenthood of Northern, Central, and Southern New Jersey** (PPNCSNJ) is a leading provider and advocate of high-quality, affordable health care for people of all genders, as well as a highly regarded provider of sex education. With 16 health centers across the state, PPNCSNJ serves all patients with care and compassion, with respect, and without judgment. Through our health centers, programs in schools and communities, and online resources, Planned Parenthood is a trusted source of reliable health information that allows people to make informed health decisions. We do all this because we care passionately about helping people lead healthier lives. www.ppncsnj.org

**Salvation and Social Justice** seeks to liberate public policy theologically by modeling the hope and resiliency of Black faith, where historically marginalized people move from lament to liberation by envisioning and creating their own community-led solutions to a structurally racist society. www.sandsj.org

**The Center for Sex Education** is the national education division of PPNCSNJ. The CSE publishes sexuality education manuals used throughout the world, with manuals that address all ages and
nearly every topic in sex education. The CSE also hosts the annual National Sex Ed Conference, the largest conference in the United States devoted exclusively to sexuality education. Finally, the CSE provides membership services through the Sex Ed Network, an online resource that allows access to hundreds of downloadable lesson plans and complete access to the *American Journal of Sexuality Education*. [www.sexedcenter.org](http://www.sexedcenter.org)

The **New Jersey Black Women Physicians Association** is a nonprofit organization and network of Black women physicians dedicated to advocacy and the elimination of health care disparities within communities of color and other vulnerable populations. [www.njbwpa.com](http://www.njbwpa.com)

The **Southern New Jersey Perinatal Cooperative** improves the health of pregnant women, children, and families in South Jersey. SNJPC offers a comprehensive set of programs and services that enhance the system of care, strengthen communities, and provide families with the tools they need to lead healthier lives. [www.snjpc.org](http://www.snjpc.org)
HOLISTIC REPRODUCTIVE HEALTH

By Crystal Charley-Sibley, MBA

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

1. Define “holistic reproductive health”.

2. Identify the five components of holistic reproductive health: physical, mental, emotional, spiritual, and social.

3. Summarize the contributions of each health component to overall health.

Audience
Teens and young adults ages 14-24

Rationale
It is important to understand the importance of total wellness beyond the perspective of physical health exclusively while also understanding that intentional care for and attention to our emotional, mental, social, and spiritual needs play an important role in our physical health and the absence of illness.

How do we define “holistic reproductive health”? According to the World Health Organization, health is defined as “A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” This could certainly be applied to holistic reproductive health and all matters relating to reproductive systems and their functions and processes. Yet our reproductive health is segmented from our total “being.” We must first look at our “total” health, what makes us “WHOLE”.

This lesson plan will allow participants to define holistic reproductive health, including its five components, and explore how each contributes to overall health.
Materials
- Easel, easel paper, markers
- Handout: Health Inventory
- Handout: My Wellness Triangle

Procedure
1. Write HOLISTIC REPRODUCTIVE HEALTH on the easel and ask a few volunteers to define it.

2. Explain that holistic reproductive health is about caring for the whole person. Circle HOLISTIC REPRODUCTIVE HEALTH and write PHYSICAL, EMOTIONAL, MENTAL, SPIRITUAL, and SOCIAL around the circled words.

3. Explain that holistic reproductive health is a conscious effort to provide and preserve your physical, emotional, mental, spiritual, and social needs.

Discussion Questions:
- What are some examples of physical health needs? (Continue by asking for examples of emotional, mental, spiritual, and social health needs.)
- How might one health need affect another health need?
- What might happen if any of these health needs are not met?

4. Explain that holistic reproductive health focuses on prevention and wellness and is rooted in the understanding that these five components all affect your overall health. Making one WHOLE should start as early as possible!

5. Explain that the next activity will be a self-assessment of three aspects of our health: physical, mental, and social. Distribute the Handout: Health Inventory to each participant, and ask them to complete them independently. Allow several minutes for them to complete the assessments.

6. Distribute the Handout: My Wellness Triangle to each participant. Ask them to follow the directions, listing ways that they are physically, mentally, and socially healthy. Tell them they
may use their completed **Handout: Health Inventory** as a guide for strengths in each section. Give participants several minutes to work on their handouts.

7. Lead a conversation with participants, having each offer a favorite activity from each category and how the activity impacts their physical, emotional, and social health.

8. Summarize this activity by emphasizing how our favorite activities and hobbies impact these areas, thus impacting our *overall* holistic health. Conclude by asking several volunteers to share their thoughts about how this relates to our reproductive health.
Handout

HEALTH INVENTORY

Directions: Place a checkmark next to each recommendation you follow.

Physical Health
_____ 1. I get at least 6-8 hours of sleep each night.
_____ 2. I participate in regular physical activity.
_____ 3. I eat a well-balanced diet, including fruits and vegetables.
_____ 4. I eat breakfast most days.
_____ 5. I select food that contains nutrients.
_____ 6. I have a healthy attitude towards food.
_____ 7. I avoid using alcohol, tobacco, and other drugs.
_____ 8. I have regular medical, dental and vision check-ups.
_____ 9. I wear my seat belt at ALL times.
_____ 10. I keep my body, teeth, and hair clean.

Mental and Emotional Health
_____ 1. I generally feel good about myself and accept who I am.
_____ 2. I can express my feelings clearly and calmly, even when I am sad.
_____ 3. I can accept constructive criticism.
_____ 4. I have at least one activity that I enjoy.
_____ 5. I feel that people like me and accept me for who I am.
_____ 6. I like to learn new information and develop new skills.
_____ 7. I take responsibility for my actions.
_____ 8. I can manage my stress effectively.
_____ 9. I feel that I can make responsible decisions.
_____ 10. I can use refusal skills when appropriate.

Social Health
_____ 1. I have at least one good friend.
_____ 2. I have respect for and care for my family.
_____ 3. I know how to disagree with others without getting angry.
_____ 4. I am a good friend and a good listener.
_____ 5. I can get support from friends and family if I need it.
_____ 6. I work on improving difficult relationships.
_____ 7. I enjoy being social with my friends.
_____ 8. I can adapt to changes in my social circles.
_____ 9. I can say NO if people are asking too much of me.
_____ 10. I can recognize the signs of a harmful relationship.

This resource is adapted from materials by www.mindmypeelings.com.
Handout

MY WELLNESS TRIANGLE

Directions: Below, list ways you are physically, mentally and emotionally, and socially healthy. Use your Handout: Health Inventory responses as a guide for writing strengths in each section.

Physical

_____________________
_____________________
_____________________
_____________________

Mental and Emotional

_____________________
_____________________
_____________________
_____________________

Social

_____________________
_____________________
_____________________
_____________________

This resource is adapted from materials by www.mindmypeelings.com.
REPRODUCTIVE ANATOMY AND PHYSIOLOGY

By Pamela Brug, MD, MS

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

1. Identify and match at least three parts of the female and male reproductive systems, including external and internal genitalia.

2. Summarize the functions of these reproductive parts.

Audience
Teens and young adults ages 14-24 (see adaptations for different age groups in procedural steps)

Rationale
It is important to know how we reproduce or make babies so that a person can either plan to have children or avoid an unintended pregnancy. In addition, it is important to understand how to take care of the parts of one’s body involved in sexual response and reproduction. Understanding one’s body and how it works is important to staying healthy. This lesson will provide an overview of the body parts that allow us to reproduce and review the functions of each of the reproductive organs.

Note: This lesson plan’s designations of “male” and “female” biological anatomy do not necessarily correspond with gender identity.

Materials

- Computer with Internet connection
- Monitor or screen
- Paper
- Handout: Name That Part!
- Handout: Name That Part! Answers
Procedure

1. Begin by telling participants that we will be reviewing the names of the reproductive system. These are body parts that can help make a baby.

2. Distribute the Handout: Name That Body Part! and display it on the monitor or screen. Ask participants to call out the names of the numbered parts, one by one. Tell them they are to fill out their handouts as the parts are identified.

   Adaptation for younger participants: Ask them to say the names of the body parts as loudly as they can as they see them on the monitor or screen. Then skip to step 5.

3. Distribute a blank piece of paper and ask participants to divide it into three columns: MALE/FEMALE/EVERYONE, and create the same three columns on easel paper. Explain that next, we will brainstorm sexual and reproductive body parts and try to determine if it is a male part, female part, or body part everyone has.

4. Before naming body parts begins, explain that these are biological designations. Even though a person might have these parts does not necessarily make them “male” or “female”. For example, someone who is nonbinary might have a penis but not call themselves “male”. There are many other identities a person might have that may not match their body parts.

   Continue by asking participants to identify parts in each column as you fill in the columns on easel paper.

5. Distribute the Handout: Name That Body Part! Answers and use it to have participants double-check their answers from the earlier activity.

6. Distribute the Handout: But Wait! There’s More, and tell participants you will review lots more body parts. They may use this handout to locate the body parts whenever you mention them.
7. Show “Reproduction Video 1” generated from the first QR code on the Educator Resource: Reproduction Video and Slide Show. After you have shown the video, begin showing “Reproduction Slide Show” to elaborate on reproduction and explain the functions of reproductive organs. A summary of the slides can be found on Educator Resource: Slide Show Summary.

8. Narrate the slides using Educator Resource: Anatomy Glossary as needed, and direct participants to locate the body parts on their handouts as you discuss them.

9. Finally, show “Reproduction Video 2” and continue to ask participants to locate the reproductive organs.

10. Divide participants into small groups of three or four and launch “Reproductive Jeopardy” using the QR code on Educator Resource: Reproduction Video and Slide Show. Have each group name themselves as teams and then take turns choosing categories and questions and giving answers.

Discussion Questions:

- What was it like to play this game?
- What new information did you learn?
- What is one thing that you learned that you want to be sure you remember?
NAME THAT PART!

Directions: Write the names of as many body parts as you can.

FEMALE EXTERNAL GENITALS

1. 
2. 
3. 
4. 
5. 
6. 
7. 
8. 
9.
NAME THAT PART!

FEMALE EXTERNAL GENITALS

Clitoral hood

Mons pubis

Labia majora (outer labia)

Clitoris

Urethral opening

Labia minora (inner labia)

Vaginal opening

Perineum

Anus
BUT WAIT! THERE’S MORE

Female reproductive system

- Fallopian tube
- Ovary
- Uterus
- Cervical canal
- Cervix
- Vagina
- Fimbria
Anatomy of Penis

Male reproductive system
REPRODUCTION VIDEO AND SLIDE SHOW

Directions: Scan the QR codes or use the links below to generate the website addresses for the videos, slide show, and Jeopardy game referenced in the lesson plan, and project them from your computer to a screen or monitor.

For Reproduction Video 2, play only the section from 4:38 to 6:56 without sound. To orient the learners, ask them to imagine they are looking over the body as the person is lying down. Ask what organs do you see and where is that organ located? Stop the video to point out the organ a person has named so that everyone sees it. If there is an incorrect name or location, they may ask for help from others in the room.
## ANATOMY GLOSSARY

**Directions:** Use this glossary to narrate the different body parts and functions as you show illustrations of the body parts.

### FEMALE

<table>
<thead>
<tr>
<th>NAME</th>
<th>WHAT IT INCLUDES</th>
<th>DESCRIPTION/FUNCTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>VULVA</td>
<td>Labia majora, labia minora, and clitoris.</td>
<td>Labia are skin folds. Labia majora is thicker and has pubic hair after puberty.</td>
</tr>
<tr>
<td>CLITORIS</td>
<td>Internal: shaft, internal branch, erectile tissue, cruae (legs).</td>
<td>Has many nerve endings; therefore, provides sensation.</td>
</tr>
<tr>
<td></td>
<td>External: hood and glans.</td>
<td></td>
</tr>
<tr>
<td>CLITORAL HOOD</td>
<td>Above the clitoral glans.</td>
<td>Protects the glans of the clitoris by covering it when it is not erect.</td>
</tr>
<tr>
<td>HYMEN</td>
<td>Membrane that partly covers the opening of the vagina.</td>
<td>Not seen in everyone; may be stretched or torn in such ways as using a tampon, finger insertion, intercourse, etc.</td>
</tr>
<tr>
<td>VAGINA</td>
<td>It is the middle hole. It is a tube that is like a deflated balloon.</td>
<td>Produces fluid daily to cleanse and lubricate itself and help sperm travel.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Allows passage of shed endometrium and baby.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Walls have expandable ridges called &quot;rugae&quot;.</td>
</tr>
<tr>
<td>SKENE’S GLAND</td>
<td>Area of firm tissue toward the front wall of the vagina surrounding the urethra</td>
<td>Is part of the area known as the G-spot. Responds to pressure, sometimes causing orgasm that may or may not produce fluid. (The fluid is not urine.)</td>
</tr>
<tr>
<td>CERVIX</td>
<td>The bottom section of the uterus at the end of the vagina</td>
<td>Produces fluid that helps sperm travel. It makes a mucus plug to protect the developing fetus from infection during pregnancy.</td>
</tr>
</tbody>
</table>
| **UTERUS** | Has three layers:  
Endometrium (inner)  
Myometrium (middle, muscular)  
Perimetrium (outer)  
The cervix is also part of the uterus. | This is where the embryo/fetus/baby develops. It allows nutrient and waste exchange with the placenta during pregnancy. The shedding of part of the inside lining (endometrium) is menses (period).  
The uterus contracts to give the sensation of orgasm, and it also contracts during childbirth. |
| **FALLOPIAN TUBES** | There are two – one on the left and one on the right. | Allows for passage of the ovum and sperm. |
| **FIMBRIA** | Located at the end of each Fallopian tube, next to each ovary. | Guide the ovulated ovum from the ovary into the Fallopian tube. |
| **OVARY** | There are two – one on the left and one on the right. | Contains eggs (ova) before they mature.  
Help the eggs in maturing.  
Produces hormones (estrogen, progesterone, and androgens). |
| **OVUM** | Also known as the egg. | Carries strings of genes called chromosomes which mix with the chromosomes of sperm if fertilization occurs. They dissolve in the Fallopian tube after about 24 hours if not fertilized. |
### MALE

<table>
<thead>
<tr>
<th>NAME</th>
<th>WHAT IT INCLUDES</th>
<th>DESCRIPTION/FUNCTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>PENIS</td>
<td>Foreskin, glans, and shaft</td>
<td>Allows for passage of semen and urine. Has many nerve endings.</td>
</tr>
<tr>
<td>FORESKIN</td>
<td>Someone who has been circumcised does not have foreskin</td>
<td>Protection for the glans of the penis.</td>
</tr>
<tr>
<td>SCROTUM</td>
<td>A muscular sac.</td>
<td>Testes are located in the scrotum. The scrotum pulls the testes closer to the body or away from the body, depending on temperature, to optimize sperm production.</td>
</tr>
<tr>
<td>TESTES</td>
<td>Also known as testicles. Two are located inside the scrotum.</td>
<td>Produces hormones (androgens, such as testosterone) and sperm.</td>
</tr>
<tr>
<td>VAS DEFERENS</td>
<td>There are two that run from each epididymis to the ejaculatory ducts. (Plural is vasa deferentia.)</td>
<td>Tube that carries sperm.</td>
</tr>
<tr>
<td>EPIDIDYMIS</td>
<td>Coiled tube atop each testis. (Plural is epididymides.)</td>
<td>Allows for the maturation of sperm.</td>
</tr>
<tr>
<td>SEMINAL VESICLES</td>
<td>Two glands that rest behind the bladder.</td>
<td>Produce most of the fluid for semen that allows sperm to travel. Add sugar to semen for sperm.</td>
</tr>
<tr>
<td>PROSTATE GLAND</td>
<td>Located below the bladder.</td>
<td>Provides about a third of the seminal fluid; gives semen its milky color. Produces alkaline that makes it safe for sperm to travel.</td>
</tr>
<tr>
<td>COWPER’S GLAND</td>
<td>Also known as bulbourethral glands. Located next to the urethra at the base of the penis.</td>
<td>Produces pre-ejaculatory fluid (called “pre-cum”) that cleans the urethra to protect sperm. Some pre-ejaculatory fluid may contain sperm.</td>
</tr>
</tbody>
</table>
### EVERYONE

<table>
<thead>
<tr>
<th>Body Part</th>
<th>Function</th>
<th>Location</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABDOMEN</td>
<td>Not part of the reproductive system. Located between the ribs, diaphragm, and pelvis.</td>
<td>Most of the internal organs are located in the abdomen.</td>
<td></td>
</tr>
<tr>
<td>BUTTOCKS</td>
<td>Not part of the reproductive system.</td>
<td>It has muscles for movement that help with walking and standing. It is a protective cushion for the coccyx bone.</td>
<td></td>
</tr>
<tr>
<td>PELVIS</td>
<td>Bone between the abdomen and thighs. Not part of the reproductive system, although the gap in the pelvis holds reproductive organs.</td>
<td>Bony structure that houses, protects, and supports the internal reproductive organs. Even though everyone has a pelvis, it tends to be shaped differently due to the birthing process.</td>
<td></td>
</tr>
<tr>
<td>BLADDER</td>
<td>Not part of the reproductive system.</td>
<td>Stores urine.</td>
<td></td>
</tr>
<tr>
<td>URETHRA</td>
<td>Not part of the reproductive system. A tube with its opening located below the clitoris and above the vagina, or at the tip of the glans penis.</td>
<td>Allows for the passage of urine. Allows for the passage of semen in males.</td>
<td></td>
</tr>
<tr>
<td>ANUS</td>
<td>Not part of the reproductive system.</td>
<td>Allows for the passage of feces. Connects to the rectum. Has many nerve endings.</td>
<td></td>
</tr>
</tbody>
</table>
INTERGENERATIONAL HEALTH AND ME

By Dianne Browne, PhD, CFLE, CSE

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

1. Explain the role of intergenerational health.

2. Explore how it can influence one aspect of reproductive health.

Audience
Teens and young adults ages 14-24

Rationale
The health of children is closely related to the health of their parents. Health is linked to genes, social determinants of health, the environment, and behaviors of our families. Therefore, understanding how these factors may influence health in the future are ways to promote stronger reproductive health outcomes.¹

Materials
- Computer with Internet connection, screen
- Educator Resource: Icebreaker (Before the lesson, input the questions in a polling program such as Mentimeter, Poll Everywhere, or Zoom.)
- Handout: Birth Stories and Reproductive Health
- Handout: Scenario 1
- Handout: Scenario 2
- Handout: Scenario 3

Procedure
1. Tell the participants we will begin with an icebreaker to get started.

2. Display the polling questions from the Educator Resource: Icebreaker, allowing about 10 minutes for participants to respond to the questions.

3. Review the results of the poll questions.

4. Ask participants to share what they know about their parent’s or their own birth.

   Discussion Questions:

   - How did it make you feel when you heard the story of your parent’s birth?
   - How did it make you feel when you heard your own birth story?
   - Why is it important to know this information?
   - Why do you think it is important to talk about reproductive health?

5. Distribute the Handout: Birth Stories and Reproductive Health. Ask participants to pair up and follow the directions on the handout, placing a star next to any they think are especially important and a question mark to any for which they have questions.

6. Ask participants to share which reasons they marked with a star and describe why they thought that was important. Then ask them to share which reasons they marked with a question mark, and answer their questions.

7. Explain that it is important to understand your family’s health history, too. Things that happen to parents and grandparents and what parents and grandparents tell youth impact health and reproductive health decisions.

8. Tell them a story written by the author of this lesson plan.

   This person knew all three generations of a family. The grandmother was not close to the mother in this family, but the mother and daughter were very close. They talked about sex and relationships. In this family, the grandmother, mother, and daughter all
had a miscarriage the first time they were pregnant. The mother didn’t learn this until her daughter had a miscarriage. The grandmother did know but did not talk to the mother (her daughter) about her miscarriage. If the mother had known this, she could have helped the daughter alert her physician. There could have been an effort to learn why there was the potential for a miscarriage and take precautionary steps to prevent it.

9. Ask participants:

What did you hear in that story that suggests why it is important to know your health history?

10. Explain that in a few minutes, we will move to breakout rooms. Each group will be given a scenario (Handout: Scenario 1, Handout: Scenario 2, or Handout: Scenario 3) that describes different stories of people’s intergenerational reproductive health experiences. They will discuss the story and the different generations’ approaches to communicating about reproductive health, using one of the scenario handouts to guide their discussions.

11. Reconvene the large group and give each small group two minutes to report back about their discussion.

12. Ask for several volunteers to share a key takeaway about intergenerational reproductive health.
ICEBREAKER

Directions: Insert the following questions in polling software such as Mentimeter, Poll Everywhere, or Zoom.

1. Do you know your grandparents? (Yes/No)
2. Do you know where your grandparents were born? (Yes/No)
3. Do you know where your mom or dad was born? (Yes/No)
4. Do you know the story about your mother’s or father’s birth? (Yes/No)
5. Were you told the story about your birth? (Yes/No)
6. Do you know if you were breastfed? (Yes/No)
7. Do you know what age your mother got their first period? (Yes/No)
Handout

BIRTH STORIES AND REPRODUCTIVE HEALTH

Directions: Here are some reasons it might be important to know about your birth story or your parents’ birth stories and why it is important to talk about reproductive health. Place a star next to those you think are most important and a question mark next to any for which you have questions.

Why it is important to know your birth story and your parents’ birth stories

1. You will know your heritage or where you came from.
2. You can begin to understand the birth process.
3. You can begin to explore your health history.
4. You can have an idea about an illness in the family that may be hereditary.
5. You can establish trust between you and the older generation.
6. It may cause you to feel that your parent(s) share because they care.
7. You might be able to consider aspects of prevention related to your health.

Why it is important to talk about reproductive health

1. You could learn to prevent unintended pregnancy.
2. You could learn to prevent a sexually transmitted infection.
3. You will know your body and understand how it works.
4. It could help you make decisions about consent.
5. It could help you decide if you want to be abstinent or explore your sexuality.
6. All health is important
7. It is important to be healthy before becoming pregnant.
SCENARIO 1

Directions: Select a reader to read this scenario aloud, a recorder to take notes, and a reporter to report to the larger group about your discussion. Then read the scenario, discuss it, answer the questions following the story, and take notes.

Vivienne grew up in a home where no one talked about sex. Well, that is not entirely true. Her mom, Olivia, sometimes talks to the television when reality TV shows are on. She calls the women “sluts” and says they are “promiscuous”. Olivia flipped out during one episode when they talked about condoms, shouting, “They do NOT work!” to the television.

But otherwise, Vivienne and her mom have never had a real conversation about sex. Vivienne takes health education classes in school, which includes some sex ed. This makes no sense to her mom since she never had it in school when she was growing up. But Olivia is relieved that the classes emphasize how dangerous sex is. Vivienne’s grandfather, Jeremy, has absolutely nothing to say on the matter. He grew up during a time when sex was not talked about, and he doesn’t understand why the world has changed so much.

Vivienne is 16-years-old now. Most of her “sex education” has come from her friends and seeing some porn online. She started dating a guy, one thing led to another, and they eventually began having sexual intercourse. A few weeks later, Vivienne missed her period.

1. What thoughts and feelings were expressed by the generations?

2. What myths can you identify? What facts can you identify?

3. What messages were given to the younger generations? What were their reactions?

4. What suggestions do you have for what the family might do to help future generations make decisions about reproductive health?
SCENARIO 2

Directions: Select a reader to read this scenario aloud, a recorder to take notes, and a reporter to report to the larger group about your discussion. Then read the scenario, discuss it, answer the questions following the story, and take notes.

Anthony has been dreading the idea of talking to his 14-year-old daughter, Serenity, about sex. His older sister, Monique, asked him if he and Serenity had “the talk” yet. Anthony slowly shook his head. He says he knows she needs information. He’s read the stats and knows that 38% of high school students and 56% of 12th graders have had sexual intercourse.

Monique says she’s impressed that he knows the stats and asks what’s stopping him from talking with Serenity. Anthony says he has no idea what to say! And he says he’s worried that if he talks with her, he might put ideas into her head, and she’ll start having sex sooner. Monique rolled her eyes and said, “That’s not how it works,” then hugged her brother and added, “I’ll talk with her.”

Aunt Monique and her niece have a great relationship. They text all the time! They trust each other to be honest, and it’s easy to talk about almost anything. Aunt Monique starts the conversation as she always does – honestly – by telling Serenity about her dad’s discomfort talking about sex. Serenity sends a laughing emoji and then adds, “Yeah, I figured.” Aunt Monique asks Serenity what she knows about sexually transmitted infections, AIDS, and HIV. Surprisingly, Serenity knows a lot. She even confides she’s a frequent visitor to Sex, Etc., the teen sex ed website.

Aunt Monique sends a couple of short sex ed videos to spark conversation, and Serenity sends back some of her own. Sometimes the videos spark new questions, and sometimes they make fun of videos that are silly or have misinformation. Aunt Monique asks Serenity if she can add Dad to the thread. Serenity replies, “Okayyyyy...but only if he doesn’t get weird or lecture me.” Aunt Monique adds Dad, explains the rules, and Dad agrees. Dad catches on to the tone of the conversation and begins sending some of the information he’s been reading.

1. What thoughts and feelings were expressed by the generations?

2. What myths can you identify? What facts can you identify?

3. What messages were given to the younger generations? What were their reactions?

4. What suggestions do you have for what the family might do to help future generations make decisions about reproductive health?
Directions: Select a reader to read this scenario aloud, a recorder to take notes, and a reporter to report to the larger group about your discussion. Then read the scenario, discuss it, answer the questions following the story, and take notes.

Vanessa unexpectedly got her period at the age of 10. Her parents thought she had more time before she began her cycle, so they hadn’t yet gotten around to talking about it with her. Vanessa, bleeding in the fourth-grade bathroom, not having any clue yet about periods, thought she was dying.

Vanessa wanted to make sure her daughter, Isabella, didn’t have to experience her first period that way, so she vowed to prepare Isabella with essential information about her body. She brought up menstruation and reproduction when Isabella was eight years old. Unfortunately, Isabella wasn’t interested and mostly tuned her out at this age. Still, Mom made sure Isabella knew where the pads were and how to use them.

Isabella got her first period at age 10, the same age as her mother. She remembered all the things Mom said about it being a “beautiful” experience, but it sure didn’t feel beautiful. It was embarrassing. The boys made crude jokes about menstruation, and her cousin had described it as “gross”. She also had the feeling that everyone else knew! Of course, this wasn’t true, but it still felt that way.

With all that stigma floating around her head, Isabella didn’t want to let anybody know, including her mom. Eventually, Mom noticed one of the unopened packages of pads had been opened, and they had brand new conversations where they had left off, with Mom reminding Isabella that this was all perfectly normal.

1. What thoughts and feelings were expressed by the generations?

2. What myths can you identify? What facts can you identify?

3. What messages were given to the younger generations? What were their reactions?

4. What suggestions do you have for what the family might do to help future generations make decisions about reproductive health?
SELF ADVOCACY STARTS WITH ME
Reproductive Justice

By Jatesha “Jaye” Madden-Wilson, LPN

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

1. Demonstrate how to use clarifying methods of self-advocacy to activate the importance of utilizing your voice for reproductive health initiatives.

2. Describe how clarifying methods of self-advocacy correlates with social impact and macro-level change.

Audience
This lesson is for adolescents to young adults, people in all phases of conception, and all gender identities.

Rationale
This lesson plan will allow participants to test their knowledge and self-awareness in their journeys to self-advocacy.

Materials
- Computer with Internet connection, projector, screen
- PowerPoint slides located at bit.ly/SelfAdvocacyStartsWithMe
- Handout: Rules of Engagement
- Handout: Pre Quiz Comfort Scale
- Educator Resource: The Three Principles of Self Advocacy (three pages, subtitled “Preparation,” Passion,” and “Purpose”)  
- Handout: The Three Principles of Self Advocacy (three pages, subtitled “Preparation,” Passion,” and “Purpose”)  
- Handout: Scenario
Handout: Check Your Message
Handout: The 5 Stages of Change Readiness Assessment
Handout: Post Quiz Comfort Scale
Handout: Takeaways

Procedure
1. Display the PowerPoint slides at bit.ly/SelfAdvocacyStartsWithMe. Continue through the slides as you integrate the steps that follow.

2. Begin by introducing self-advocacy, defining it as “The action of representing oneself or one’s views or interests.” Ask participants for examples of self-advocacy.

3. Distribute the Handout: Rules of Engagement and note that in any learning environment, having ground rules helps set the expectations of the class and the instructor. The rules of engagement set the tone for the class and hold us all accountable for the advocacy action plan we are cultivating in this lesson.

4. Distribute the Handout: Pre Quiz Comfort Scale and allow participants time to complete it. Collect their quizzes.

5. Ask participants the following question and allow several volunteers to share their thoughts.

   What does advocacy in reproductive justice mean to you?

6. Display the slide that reads, “3 Principles of Self Advocacy in Reproductive Justice,” and ask for volunteers to take turns reading the sections on the slide. Continue through the next three slides: “Preparation,” “Passion,” and “Purpose,” elaborating on each point by referring to the Educator Resource: The Three Principles of Self Advocacy.

7. Distribute the three-page Handout Resource: The Three Principles of Self Advocacy and ask participants to complete it privately, thinking about their own Preparation, Passion, and Purpose.

8. Distribute the Handout: Scenario and ask participants to read along as you read the scenario aloud. As you read, they are to underline sections that identify the preparation, passion, and purpose.
Discussion Questions:

- What was the preparation?
- What was the passion?
- What was the purpose?

9. Tell participants they will now work in small groups. One person will be designated as a notetaker for the group, one person will role-play as a patient, one person will role-play as a medical provider, and one person will role-play as a front desk receptionist.

10. Split the participants into small groups. Ask them to invent their own scenario and play out their role-plays. Allow 10 to 15 minutes.

11. Reconvene the small groups into the larger group and ask each reporter to describe the role plays.

Discussion Questions:

- How did these interactions go from the receptionist’s perspective? The medical provider’s perspective? The patient’s perspective?
- How did the patient advocate for themselves effectively?
- What might the patient do differently to advocate for themselves better?
- What was the preparation? Passion? Purpose?

12. Explain that now everyone will have the opportunity to craft their own advocacy messages. Read the content of the “Smartest Goals Worksheet” PowerPoint slide to illustrate the components of advocacy message goals.

13. Display the next slide, “Writing Exercise,” and ask participants to take turns reading aloud the examples of empowering sentences for self-advocacy.
14. Divide participants into small groups and ask them to craft a self-advocacy message and then check their messages against the Handout: Check Your Message. Give another 10 to 15 minutes for groups to work together.

15. Reconvene the group and process with the following questions.

**Discussion Questions:**

- What were your messages?
- Which parts of the checklist were easy to incorporate?
- Which parts of the checklist were difficult to incorporate?
- How would you feel about giving this message in real life?
- How have you grown in developing your preparation, passion, and purpose?

16. Distribute the Handout: The 5 Stages of Change Readiness Assessment. Ask participants to work in pairs, review the content, and decide where they think they are in terms of readiness to be a self-advocate.

17. Distribute the Handout: Post Quiz Comfort Scale and give participants two minutes to complete it.

18. To conclude, distribute the Handout: Takeaways to each participant and ask them to complete it. Ask for a few volunteers to share what they wrote in each section.
Rules of Engagement

In any learning environment, having ground rules help set the expectations of the class as well as the instructor. The rules of engagement set the tone for the class and hold us all accountable for advocacy action plan we are cultivating in this lesson.

- Mutual respect
- Power Sharing
- Understanding each other’s experiences
- Authenticity
- No judgment zone
- Emphatic
- Sharing resources
- Being each other’s best cheerleader/champions
- Being supportive
- One voice one mic
- Don’t be ashamed to ask questions
- Transparency
- Solutions focused
- Culturally curious toward competency
- Diversity, inclusion and equity
- Stories stay/lessons leave

Add Your Own

Our rules are only foundational. As a community, let’s add some rules to solidify our accountability with and for one another.
Pre Quiz

THE 5 STAGES OF CHANGE THROUGH SELF ADVOCACY

Comfort Scale

0 5
Not Comfortable Very Comfortable

Take the quiz and use the directions to gauge your readiness through self awareness to become a self-advocate.

NAME

AGE

DATE

TEACHER

Are you comfortable making choices regarding supports, accommodations, and activities that you want or need?

0 5

Are you comfortable asking for help when you need it?

0 5

Are you able to identify what kind of help you need and ask for it in a way that others understand?

0 5

TO CHANGE THE NARRATIVE OF ADVOCACY

CHANGE STARTS WITH ME.
THE THREE PRINCIPLES OF SELF-ADVOCACY

Preparation

When we prepare to become a self advocate, we have to identify the issue that needs advocacy and how it relates to who we are as a person. To advocate for self is to identify a need and address the barrier that is preventing you from achieving, acquiring or attaining that need.

Example: If you are in need of abortion access and resource options, who do you ask for help? How do you ask for the help to find this resource? Are you self motivated to find the resources you need, or do you require more direction to achieve the goal?

Before we can clearly identify who we are as a self advocate, we must first learn about the history of self advocacy in reproductive justice. According to Planned Parenthood, before Roe v. Wade was adapted into the Constitution, abortion laws prevented women from accessing a safe option to terminate an unwanted pregnancy. In 1965, abortion was so unsafe that 17 percent of all deaths due to pregnancy and childbirth were the result of illegal abortion (Gold, 1990; NCHS, 1967). Today, less than 0.3 percent of women undergoing legal abortions at all gestational ages sustain a serious complication requiring hospitalization (Boonstra et al., 2006; Henshaw, 1999).

As we understand the history behind the woman who inspired the Roe v. Wade case to appear before the Supreme Court, the gravity for representation for a controversial issue was discouraged. However, the self awareness of Jane Roe was a prime example of the importance of having access to safe abortion and contraceptive options without barriers or restrictions. This history gives us the preparation tool we need to activate our passion for advocacy through social impact.
Passion

Now that we are prepared with the tools to identify how self awareness relates to advocacy, let's dive into the methods that define our passion in our message. As a self advocate, you are connecting your passion for finding a representative for a solution with your evolution of becoming the representation for that issue.

The passion in your message is derived from your personal connection to the issue. This establishes your "why" as an advocate. Your passion is the bridge between where your subjective experience meets the objective goal.

Barriers: The Roadblocks to Discovering Your Passion for Advocacy
The biggest barrier that can separate us from finding our "why" as an advocate.
• Disassociation as an advocate

Disassociation is defined as a disconnection from your thoughts, feelings, memories, and surroundings in relation to your personal identity. When we ask for help or seek out our own resource and come up short, two things happen:
  1. We give up and disassociate ourselves from the solution we were seeking.
  2. We show up to find a resource while also becoming a resource for others.

This passion for change elevates us to our last principle: Purpose.
Purpose

Our last principle provides the clarity and confidence we need to be a Self Advocate. As a self-advocate, you are creating space for a resource to exist that serves as a tool for you to turn a hope or wishful request into an attainable goal.

To do this you must ask yourself three questions:
1. How does my message create equity and equality for others like me?
2. How does this message empower me?
3. What communication method(s) work best for me to use my voice to get what I need?

Equity vs Equality
- Equity is defined as providing the necessary opportunities to reach a goal.
- Equality is defined as providing the same opportunities to everyone to reach the same goal.

An example of how equity and equality are not the same is health insurance access. While many people may not know that in 2020, 8.6 percent of people, or 28.0 million, did not have health insurance at any point during the year; we may not understand how big of a barrier this can create for people to receive care.

As a self advocate, you are using all of these principles to create an empowering space that you can share with others. You may feel most comfortable communicating through text, or by sharing a social media post - all of these options are all forms of self advocacy.

We will now practice finding the principles of advocacy through our scenario and using our SMARTEST Goal checklist to guide our advocacy message.
THE THREE PRINCIPLES OF SELF-ADVOCACY

Preparation

Key Questions:

1. What does it mean to advocate for self?
2. How do you identify with the issue that needs advocacy?
3. What is the impact of self advocacy in reproductive justice?
Passion

Key Questions:
1. What brings out your fire?
2. How do you use that fire to fuel self advocacy?
3. How does your passion break down barriers in self advocacy?
Purpose

Key Questions:
1. How did you evolve through Self Awareness to Self Advocacy?
2. How do we apply these methods to break down barriers?
3. What is your “why” as a self advocate?
**SCENARIO**

Sixteen-year-old Tristan asks his friend, Justin, where he can get tested for sexually transmitted infections (STIs). Justin advises Tristan to go to his private doctor. Tristan goes to the doctor Justin recommends but is unable to see the doctor because he does not have health insurance.

The next day, Tristan sees Justin at school and yells at him: “Why would you tell me to go to that doctor if I have to have health insurance!” Justin scoffs and says to Tristan, “I thought everyone had health insurance.” Tristan was frustrated but decided to ask the school nurse for guidance. The school nurse suggests that Tristan make an appointment with Planned Parenthood and let them know he is uninsured.

Tristan went to Planned Parenthood and received testing. The next day when he sees Justin at school, he apologizes for yelling and tells him about Planned Parenthood. Justin says, “Wow, I didn’t know Planned Parenthood tested guys too. We gotta tell the other guys to get tested there too!”

**What was the preparation?**

**What was the passion?**

**What was the purpose?**
CHECK YOUR MESSAGE

Use this checklist to check the message! Is your message subjective or objective?

- **Subjective**: Based on or influenced by personal feelings, tastes, or opinions.
- **Objective**: (of a person or their judgement) not influenced by personal feelings or opinions in considering and representing facts.

CHECKLIST

- Are you clearly asking for what you need? (Speak up, speak out)
- Are you adjusting your message based on the response you received?
- Are you inviting them to understand your perspective?
- Are you holding them accountable authentically?
- Are you asking for transparency to learn how to change the policy?
- Are you showing us as the representation of a change agent?
- Are you creating an access point to invite discussion to integrate change?
The 5 Stages of Change Readiness Assessment

When preparing for advocacy, having the understanding of how your words create macro level change starts with self awareness. Use this assessment to gauge what stage of change you are in to start your journey to evoke change.

- **Precontemplation**: A logical starting point for the model, where there is no intention of changing behavior; the person may be unaware that a problem exists
- **Contemplation**: The person becomes aware that there is a problem, but has made no commitment to change
- **Preparation**: The person is intent on taking action to correct the problem; usually requires buy-in from the client (i.e. the client is convinced that the change is good) and increased self-efficacy (i.e. the client believes s/he can make change)
- **Action**: The person is in active modification of behavior
- **Maintenance**: Sustained change occurs and new behavior(s) replaces old ones. Per this model, this stage is also transitional.

The goal of understanding the intersection of self awareness and self advocacy is to develop a strong voice for the unseen and unheard. This prevents the unwanted stage of Relapse.

- **Relapse**: The person falls back into old patterns of behavior.

**Reflections and Projections**

1. How did this assessment help you identify your current stage of change?
2. How do your answers change at the end of this lesson?

This handout is based on the Transtheoretical Model of Behavior Change, developed by James Prochaska, Carlo di Clemente, and John Norcross. For more information, please see http://socialworktech.com/2012/01/09/stages-of-change-prochaska-diclemente.
Post Quiz

THE 5 STAGES OF CHANGE THROUGH SELF ADVOCACY

NAME

AGE

DATE

TEACHER

Comfort Scale

0 Not Comfortable

5 Very Comfortable

Take the quiz and use the directions to gauge your readiness through self awareness to become a self-advocate.

Are you comfortable making choices regarding supports, accommodations, and activities that you want or need?

0 5

Are you comfortable asking for help when you need it?

0 5

Are you able to identify what kind of help you need and ask for it in a way that others understand?

0 5

To change the narrative of advocacy, change starts with me.
TAKEAWAYS

Directions: Reflect on what you learned today by answering the following questions.

Takeaway #1

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Takeaway #2

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Takeaway #3

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

How have I evolved into a stronger Self Advocate at the end of this lesson?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
ABOUT THE AUTHORS

Jatesha “Jaye” Madden-Wilson, LPN, is a multifaceted social entrepreneur. She is a community health nurse, dynamic public speaker, published author, thought leader, and the founding president and CEO of Melinated Moms. In her professional career, Ms. Madden-Wilson applied the power of advocacy through lobbying on the state and federal levels as a community health advocate for marginalized communities. Gaining a strong understanding of the importance of advocacy, Ms. Madden-Wilson applied these principles to grow the community of Melinated Moms. Of all her titles and accolades, the proudest title she holds is mother. She is the mother of two brilliant girls who motivate her to continue to change the world every day. That desire continues to serve as the organization’s foundation and legacy.

Crystal D. Charley-Sibley, MBA, reproductive justice and civil rights activist, is a respected community organizer and advocate. The proud wife and mother is also a patient advocate for Black maternal health and the founder of Melanin and Motherhood. Having endured a high-risk pregnancy, resulting in pre-eclampsia, an emergency cesarean, and preterm birth, it was this experience that led to the founding of Melanin and Motherhood in 2017. She created this platform for Black mothers to unify around their unique journey through motherhood. It is also through this platform and Salvation and Social Justice that Ms. Charley-Sibley advocates for policies and legislation that will address the tremendous disparities in Black maternal health that too often result in high Black maternal morbidity, mortality, preterm birth, and Black infant mortality.

Having completed the Shafia Monroe Consulting Full Circle Doula Birth Companion Certification program, Ms. Charley-Sibley is a perinatal doula who provides comprehensive, continuous, physical, emotional, and informational support to a mother/birthing person and father/partner, from beginning to end, giving prenatal and postpartum doula services. Her services are Afrocentric, holistic, and culturally sensitive.
Dianne R. Browne, PhD, CFLE, CSE, is the project director for Camden Healthy Start with Southern New Jersey Perinatal Cooperative. Her goal is to put her knowledge into practice, focusing on helping underserved people make informed decisions about family life, health, and well-being. She is passionate about reproductive justice and everything related to diversity, equity, and inclusion. Her work in sexuality involves educating and training health workers, childcare workers, family workers, and case managers providing services to teens and young parents. She holds a PhD in human services professions and an MEd in human sexuality education from Widener University, Chester, PA. Her certifications include family life educator, family development specialist, and sexuality educator.

Pamela Brug, MD, MS, is the founder and president of the New Jersey Black Women Physicians Association. Dr. Brug is a board-certified obstetrician-gynecologist in New Jersey and is affiliated with Hackensack Meridian Health Raritan Bay Medical Center and Hackensack University Medical Center. She received her medical degree from Rutgers Robert Wood Johnson Medical School and has been in practice for more than 25 years. Dr. Brug is on the faculty of Rutgers University Robert Wood Johnson Medical School (Rutgers RWJMS) in the Department of Obstetrics, Gynecology & Reproductive Sciences. She also serves as faculty in the Division for Advocacy and Outreach at the Rutgers-RWJMS Women’s Health Institute. She has received several awards throughout her career. Her interest in health care disparities has led her to address Black maternal and infant morbidity and mortality, especially in New Jersey.