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# Reproductive and sexual health

Brigitta Triolo

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Brigitta Triolo  
Summary Paper

I presented my community outreach project at Bridge Meadows Community Center in one of the public conference rooms. The room was equipped with tables, chairs, a television, and speakers so I was easily able to project my presentation for my audience. Overall, the venue was easy to access and I was lucky enough to avoid any challenges related to the presentation site.

My target audience consisted of eleven individuals who were associated with the organization New Avenues for Youth. Six of these individuals were receiving services and counseling from the nonprofit and five of the individuals worked at the community group as life coaches. The ages of attendees spanned from 24-46 years old. Seven of the participants described themselves as female, three as non-binary, and one as male. Originally, my goal was to have my target audience be women 18 and older who would benefit from a discussion on pregnancy prevention. As I prepared my presentation, however, it was brought to my attention from the community group that an exclusively female target audience was alienating toward individuals who may still benefit from a discussion on contraception. Based off this discussion, I adjusted my presentation so it would be beneficial for all individuals including cis females, cis males, transgender males, transgender females, and non-binary individuals. In general, the purpose of my presentation remained the same, which was to discuss contraceptive methods with the goal of pregnancy prevention.

My presentation started with me asking my audience what they thought of when considering reproductive and sexual health topics. The purpose of this question was to let them know that these are dense topics in medicine, but I would be mainly focusing on contraceptive methods. Next, I reviewed an analogy that compared shoes to contraception. The purpose of this analogy was to demonstrate that it might be worth it to try several methods of birth control in order to find one that is the right fit. This is similar to how an individual shops for and tries on shoes. I then reviewed the varying forms of contraception including the withdrawal method, rhythm method, internal/external condoms, diaphragms and cervical caps, sponges, spermicide, oral contraception, contraceptive patch, vaginal ring, Depo-Provera, implants, and intrauterine devices. For each form of birth control I discussed the mechanism of action, side effects, advantages and disadvantages, effectiveness in pregnancy prevention, safety concerns, and accessibility. I was also able to pass around examples of most forms of contraception to give people a tangible representation of what we were discussing. I then briefly mentioned other forms of contraception I did not previously review in detail including breastfeeding, abstinence, tubal ligation, hysterectomies, and vasectomies. I also briefly discussed safer sex practices including dental dams, lubricants, HPV vaccine, STI screening, emergency contraception, and HIV Prep/Pep. Finally, I concluded my presentation by having participants split into small groups and brainstorm potential questions they might have for future sex partners including discussing using contraception or past STI screening.

The results from my presentation demonstrated that attendees found the presentation to be effective in reviewing short and long acting forms of birth control,

safer sex practices, and contraception accessibility. When questioned about the effectiveness of the presentation and presenter, participant's responses ranged from neutral to strongly agree. Based off these results, I believe my target audience reached my learning goals for the presentation. On a separate note, several individuals provided feedback that the discussion needed more information that was applicable to the LGBTQ community. I responded to these comments by reiterating that the goal of my presentation was to review contraception methods in reference to pregnancy prevention and that reproductive and sexual health topics are very dense. I mentioned that topics regarding issues like transgender health and STI prevention were important topics and deserving of their own presentations.

In general, I feel like my presentation went very well. I effectively addressed my objectives, I was prepared and able to answer questions, and my presentation was clear and concise. I also made a point to announce early on that my presentation was meant to be informal and that people could ask questions at any point. This made it easier for people to absorb and understand information. I actually think that this type of casual approach was one of the major strengths of the presentation because it made individuals feel at ease and able to answer questions. I think the biggest limitation to this discussion was that it was quite a bit of information to review and audience members lost interest about a quarter of the way through the presentation. I think if I were able to do the presentation over, I would try to make the discussion more interactive.

With regards to how audience members were impacted by the discussion, I think it is really difficult to definitely say one way or the other. In the follow up survey, a

majority of the participants responded neutral to whether or not they would alter their current behavior. The truth is that this type of response is impacted for multiple variables including gender identity, sexual orientation, culture, and religion. This makes it difficult to measure how behaviors are modified based off one discussion.