

Preventative Care in Women's Sexual and Reproductive Health

Isabelle Dunn

HLTH 2400: Determinants of Health Behavior

Section 001

Prof. Sarah Hague

6 April 2023

## **Introduction**

Good sexual and reproductive health is a state of complete physical, mental, and social well-being in all matters relating to women's health. To maintain sexual and reproductive health, individuals must receive accurate information and safe, effective, affordable, and acceptable contraceptive methods of choice (UNFPA, 2022). Reproductive health includes sexually transmitted diseases, contraception, pregnancies, and sexual risky behavior (Centers for Disease Control, 2019). Preventative care is a pillar of reproductive and sexual health. Healthy People 2030 (2020) outlines "Preventative Care" and "Family Planning" as two objectives essential for the overall health of Americans.

Under Preventative Care, Healthy People 2030 (2020) focuses on "increasing the proportion of adolescents who speak privately with a provider at a preventive medical visit." Many adolescents feel comfortable when they speak privately with a provider. Providers asked parents to leave the room when discussing sexual and reproductive health. This has led to an increase in young women's comfort levels and allows them to share more private information (Richards et al., 2020). Parents have an immense effect on their children's sexual health. Increasing the proportion of adolescents who speak privately with their providers will increase the sexual and reproductive health of adolescent women (Richards et al., 2020).

Family Planning is influential in the preventative care of women's sexual and reproductive health. It focuses on the "increase in the proportion of women who get needed publicly funded birth control services and support." With the introduction of the Affordable Care Act, women received more access to contraceptives (Ellison et al., 2020). This increased access leads to more use of preventative care in women's sexual and reproductive health. Family Planning also impacts other factors within SRH, unintended pregnancies and a decrease in STI rates (Ellison et al., 2020). The Affordable Care Act negatively affected women's sexual and reproductive health, but it increased access to contraceptives (Eliason., 2019). This is due to more insurance coverage of contraceptives and increased education (Eliason., 2019).

Morbidity and mortality rates are connected to women's sexual and reproductive health care based on maternal mortality rates, which include women's health during pre-pregnancy, pregnancy, and postpartum periods (Noursi et al., 2021). Maternal health includes women's physical, emotional, and social health during these periods. Women in the United States are more likely to die from pregnancy complications than women in other peer nations (Noursi et al.,

2021). Currently, many organizations are meeting to find interventions to prevent the rate of maternal death. All of these factors of women's sexual and reproductive health contribute to women's overall physical, mental, and social health (Noursi et al., 2021).

### **Theory**

Little is known about women's reproductive decision-making. Theories have shown that social support positively impacts women's reproductive decisions. Other theories also support internalized cognitive, emotional, and behavioral habits that positively impact women's reproductive health (Emerson., et al., 2019). Bourdieusian Theory states, habitus, field, and social capital are important social change and health constructs. This theory was applied to incarcerated women to help them understand how they navigate reproductive health. Many of these women were under oppression and empowerment from authoritative figures. Problems these women face are connected to the emotional and physical qualities of the environment they are placed in (Emerson., et al., 2019). Implementing this program involving incarcerated women showed Bourdieu's theory increased awareness around STIs and cervical cancer. Improper reproductive health can lead to these issues (Emerson., et al., 2019).

Education and theory are important in informing women about preventative reproductive care. Nursing curricula is working to increase information on sexual and reproductive health care. Researchers found that the "Caritas process," a portion of Watson's Theory of Caring, is fundamental to SRH (Walker., et al., 2023). Caritas is a Latin word meaning to cherish. Nurses cherish the mind, body, and spirit. Reproductive care integrates all three of these pillars. The study used Caritas processes 2,4 and 7 to increase nurses' education and experiences with information about sexual and reproductive health (Walker., et al., 2023). They found that SRH must be prioritized in the nursing curriculum, which will help them prioritize preventative reproductive care and prevent SRH diseases (Walker., et al., 2023).

### **Social Cognitive Theory**

The social cognitive theory explains the connections and interactions between a person, environment, and behavior (Boston University, 2022). The theory focuses on social influence and an individual's environment's internal and external factors. It considers past experiences and their influence on a person's decision-making (Boston University, 2022). The Social Cognitive Theory has five main constructs: Reciprocal Determinism, Behavioral Capability, Observational Learning, Reinforcements, Expectations, and Self-efficacy. Self-efficacy refers to a person's

confidence in their ability to perform a specific behavior. Self-efficacy is the most used construct in theory implementation, especially within women's sexual and reproductive health. (Boston University, 2022).

Education also helps support and inform women on beneficial preventative reproductive care. The social cognitive theory (SCT) integrates many constructs, including the effect of education on self-efficacy. A study determined the effectiveness of the social cognitive theory on self-reported condom use (Snead., et al., 2014). The study sought to educate the population on the importance of condoms in reducing STIs. The SCT has implemented integrated programs to increase condom use and decrease risky sexual behavior. Reducing risky sexual behavior is a preventative reproductive act (Snead., et al., 2014). The study tested multiple SCT constructs, including self-efficacy, self-control, and expected outcomes. Self-efficacy has shown to positively affect condom use. This construct of the SCT explains the positive correlation between risky behaviors and condom usage (Snead., et al., 2014). All of the constructs used in this study were associated with condom use at last sexual intercourse. Overall, the SCT was effective in this study. Participants with positive self-efficacy and self-control were likelier to use condoms at the last sexual intercourse. Condoms lead to decreased STIs and benefit preventative reproductive care (Snead., et al., 2014).

### Social Ecological Model

The social-ecological model conceptualizes health and focuses on the multiple factors affecting health. The model states that health is affected by the interactions between individuals, communities, and physical, social, and political environments (Centers for Disease Control, 2015). Researchers aim to integrate intrapersonal, interpersonal, organizational, community, and policy programs. These approaches aim to directly modify physical and social environments instead of individuals' health behaviors (Centers for Disease Control, 2015). Long-term attention at all levels leads to sustainable improvements in health.

As mentioned, many programs are integrated based on theory. Reproductive health is less studied than other components of physical and mental health. This is due to interest and lack of research in the medical field (Decker., Gutmann-Gonzalez., Brindis., 2022.). This study focused on four pillars of health, one being reproductive health (Decker., Gutmann-Gonzalez., Brindis., 2022.) Other programs have used different theories to integrate programs surrounding reproductive health (Snead., et al., 2014). Decker integrated a program based on social learning

theory and social-ecological theory (2022). Both state that individuals' environments and social situations affect development and health. The study reviewed articles and literature reviewing theory-based intervention (Decker., Gutmann-Gonzalez., Brindis., 2022). Researchers reviewed the efficacy and effect theory-based programs had on preventative sexual and reproductive health. Social learning theory is most prominently used in preventative care due to its high effect on engagement and empowerment (Decker., Gutmann-Gonzalez., Brindis., 2022). The programs looked to improve SRH while reducing other risky behaviors. Social learning theory proved to create the most effective program. Theory-based interventions can support youth development and help them create better decisions (Decker., Gutmann-Gonzalez., Brindis., 2022). This relates to Bourdieusian theory as women struggle to make informed decisions surrounding their sexual and reproductive health (Emerson., et al., 2019). Overall, theories connect social surroundings to informed decision-making. Implemented programs can empower individuals to make healthy decisions regarding their sexual and reproductive health according to the social learning theory and Bourdieusian theory (Decker., Gutmann-Gonzalez., Brindis., 2022).

Social factors influence many of the decisions and opportunities individuals make. Racism has an influential impact on individuals' choices. Research suggests poverty, unemployment, and limited education contribute to many health disparities. These and race have shown that African American women are disproportionately affected by sexual and reproductive health conditions (Prather et al., 2016). This study uses the social-ecological model to describe the impacts of racism on women's sexual and reproductive health. This theory gains insight into the everyday experience of African American women when seeking sexual and reproductive services (Prather et al., 2016). Using the Social Ecological model helps researchers determine what influences health at the intrapersonal, interpersonal, community, and societal levels. Three levels of racism: institutional, personally mediated, and internalized racism has the most effect on the sexual and reproductive health of women (Prather et al., 2016). At the individual level, women focused on STI testing, stress, internalized racism, and pregnancy. Many of these factors combine to create stress surrounding SRH in African American women's lives. At the interpersonal level, women struggle with violence, incarceration (Emerson., et al., 2019), and cultural norms. At the community level, women struggle with unequal access to healthcare, personally mediated racism, and neighborhood characteristics (Prather et al., 2016). The study suggested implementing programs at each level to address all factors of racism involved in

sexual and reproductive health. Increasing provider and staff training surrounding this issue will heighten the need for security when discussing SRH (Walker., et al., 2023). These interventions will increase the quality of SRH care African American women receive (Prather et al., 2016). Sexual and reproductive health equity can improve with a commitment to theory-implemented programs that target social determinants (Prather et al., 2016).

### **Intrapersonal Factors**

Intrapersonal motivation and thoughts can impact women's sexual and reproductive health. For example, negative internalized body stigma negatively impacts women's sexual health (Holland., et al., 2020). This study reviewed how negative body stigma affects women's use of preventative care services related to sexual health. Researchers focused on women's thoughts toward their body shapes, genitals, and menstrual cycles and measured their lack of autonomy toward their bodies (Holland., et al., 2020).. Women with more body shame are less likely to engage in preventative sexual health practices (Holland., et al., 2020). This intrapersonal self-talk harms women's sexual and reproductive health. Researchers also found that women with positive body appreciation are likelier to engage in preventative sexual behaviors (Holland., et al., 2020). These women lack autonomy, thus making engaging with a healthcare provider harder by not advocating for themselves. Thus, they lack preventative care resources; preventative care for sexual and reproductive health is crucial for women's health and well-being (Holland., et al., 2020). Not receiving this care can lead to a decrease in women's overall health. The intrapersonal factor of women's negative internalized body stigma will harm women's overall health (Holland., et al., 2020). The relationship between negative body stigma and not receiving preventative sexual care is positively correlated (Holland., et al., 2020). Findings suggest that interventions to address these stigmas will benefit young women seeking preventative sexual and reproductive health services.

Intrapersonal thoughts and motivations can lead to adverse sexual health outcomes. Many psychosocial factors are related to risky sexual behaviors, for example, unplanned pregnancy, poor relationship quality, and STIs. Many women undergoing challenging psychosocial factors have poor sexual and reproductive health (Edelman et al., 2015). These psychosocial factors were mainly connected to substance use and relationship qualities. These include intrapersonal and interpersonal factors in women's life. Literature suggests that research be done identifying the sexual health need based on population (Edelman et al., 2015). Identifying the intrapersonal

factors of individuals will help individualize care and increase the quality of preventative care surrounding sexual and reproductive health. After identifying these psychological factors, education can be implemented to change the health behavior of adolescents. An increase in education has shown a decrease in risky sexual behavior and increased contraceptive use (Snead., et al., 2014).

### **Interpersonal Factors**

Many interpersonal factors affect women's sexual and reproductive health (SRH). They can be the deciding factor when it comes to many SRH decisions. This study focused on adolescents' preventative care visits, including appropriate sexual and reproductive health services (Sieving et al., 2020). Parents and adolescents found it "very important" to receive information about puberty, STIs, and birth control. While fewer found it important for providers to speak on relationships, sexual decision-making, gender identity, or sexual orientation (Sieving et al., 2020). The interpersonal relationships between provider and adolescent and parent, and adolescent have an important role in adolescent sexual and reproductive health. These conversations are crucial at this critical development stage as it increases knowledge of sexual and reproductive health, which leads to an increase in overall health (Sieving et al., 2020).

As mentioned, parents has an effect on the sexual and reproductive health of women, especially mothers. Parents have the opportunity to create an environment for young women to make informed sexual decisions (Richards et al., 2020). Evidence has shown that positive maternal relationships were a protective factor regarding SRH. This is true as young women consider their mothers a source of advice, information, and resources (Richards et al., 2020). Most young women had conversations with their providers after seeking advice from their mothers. As mentioned earlier, this is a crucial conversation at the developmental stages (Sieving et al., 2020). However, paternalistic power influences young women's choice to have private and effective reproductive health conversations. Literature supports young women, and providers agree that confidential sexual health conversations are important and should include partial parent involvement (Richards et al., 2020). Overall, young women and providers benefited when providers firmly asked parents to leave the room when discussing sexual and reproductive health. This improves young women's comfort levels and allows them to share more private information. Implementing a shared decision-making model to remove imposing paternalistic

views improves the efficacy of reproductive health counseling and young women's autonomy (Richards et al., 2020).

Adolescents have many interpersonal and social influences. Friends are especially influential at this age. Another study, similar to the other literature, examined the relationship between adolescents and friends and its connection to unintended pregnancy and no contraceptive use (Dehingia, Barker, Raj., 2022). The reduction of these factors leads to better reproductive health. Individuals are influenced by their environment and social relationships, impacting health outcomes, specifically reproductive health behaviors (Dehingia, Barker, Raj., 2022). For adolescents, friends are the most important social tie. The study found a correlation between adolescents' negative attitudes toward contraceptive use leading to less use later in life. The findings highlight the importance of interpersonal influence on sexual health (Dehingia, Barker, Raj., 2022). Friends' attitudes can have a significant impact on individuals' health behaviors. They can influence healthy behaviors as well as block them. Adolescents' social environments can permanently affect reproductive health into adulthood (Dehingia, Barker, Raj., 2022).

Adolescents' sexual and reproductive health can be influenced by many factors, especially during medical visits. These interpersonal factors affect SRH decisions adolescents make in the present and future. Researchers studied how to improve education and how to address sexual and reproductive health among adolescents. As mentioned, adolescent health is shaped by many biological and social factors (Maria, Diane Santa, et al., 2017). Researchers found that the best time for sexual and reproductive health counseling is at the adolescent's first sexual experience, but this timing is often missed (Maria, Diane Santa, et al., 2017). The United Nations Convention for the Rights of the Child declared that adolescents have the right to reproductive and sexual healthcare. This called for an increase in SRH counseling training, especially among nurses. Annual SRH examinations have increased, which have proven to lead to less teenage pregnancy and lower STI rates (Maria, Diane Santa, et al., 2017). Motivational Interviewing has shown effectiveness when counseling adolescents on healthy sexual behaviors and reproductive health practices. Researchers found supportive evidence of involving parents in sexual and reproductive health education; this supports the evidence above, connecting mothers' role to sexual health education (Sieving et al., 2020). To provide effective SRH counseling, health providers must have the knowledge, skills, risk avoidance and reduction methods, test,



and treatment guidelines. These resources have proven to reduce the risky sexual behaviors of adolescents (Maria, Diane Santa, et al., 2017). By incorporating all these effective strategies, nurses can help adolescents receive SRH education, improve preventative care, and enhance access to contraception. Nurses will be trained in interpersonal interactions with adolescents, providing better preventative care for sexual and reproductive health (Maria, Diane Santa, et al., 2017).

### **Organization, Community, Policy, and Environment**

Most student organizations and universities have health centers on their campus. A study recorded the number of student health centers offering contraception information on their websites. The study used a software-designed tool for public health research to search each website for this information systematically (Venoo et al., 2022). They found that in their sample, 66% of universities had information related to contraception. The student health centers are 3% to 6% more likely to have this information if they have a higher female student population. Also, universities that offer a medical degree have an 82% chance higher of providing information about injectable contraception which is due to higher access to clinicians and certain pharmaceuticals (Venoo et al., 2022). The study showed many systemic disparities in access to contraceptive information from student organizations. More sexual and reproductive health information and access will create more opportunities for agencies to review student health centers' websites to increase information about providers and contraception.

Location and the community individuals live in have an impact on health. The difference in access to care can be extreme between rural and urban communities. A study was run to determine whether, based on rural location, women's perspectives and willingness to receive preventative reproductive services from pharmacies changed (Schrote et al., 2022). A cross-nation survey was given to women in November 2020; it gained information about demographic, experiences connected to preventative reproductive health, and questions or interest in receiving these services in a community pharmacy (Schrote et al., 2022). When examining the differences across urban and rural populations they found that rural women are more likely to experience unique health disparities and healthcare access (Schrote et al., 2022). To challenge these disparities, new approaches are needed to increase access to care. Women in rural settings were less likely to have received the HPV (Human papillomavirus) vaccination in which only 34.7% of rural women reported screening for cervical cancer compared to 41.9% of

urban women (Schrote et al., 2022). Both populations were likely to delay care due to cost and insurance coverage issues (Schrote et al., 2022). Overall, women were interested in accessing additional gynecologic treatment through community pharmacies. Disparities in the HPV vaccine are an ongoing national health concern. This leads to lower cervical cancer screenings and higher incidence and mortality rates in the United States. The study highlights missed opportunities for reproductive screenings in community health clinics. Pharmacies may present the opportunity to combat this health disparity.

Community health integrates and provides preventative care for all components of health, social, mental, and physical (WHO, 2023). Community Health centers aim to integrate access to pharmaceutical and clinical care in areas limiting healthcare due to barriers to economic, geographical, and cultural differences (Health Resources and Services, 2023). The Affordable Care Act (ACA) increased health insurance coverage across the United States and community health services. A study was run to test the impacts of the ACA on Women's Preventative services in community care centers which used Electronic Health records (Hatch et al., 2021). Community health centers were evaluated for the six preventative care services, cervical cancer screening, human papillomavirus vaccination, chlamydia screening, influenza vaccination, human immunodeficiency virus screening, and blood pressure screening (Hatch et al., 2021). Results showed that all examined preventative care services increased due to the ACA, thus allowing female patients to use community health centers more for preventative care services (Hatch et al., 2021).

Policy and law greatly affect health, especially women's sexual and reproductive health. The Affordable Care Act was introduced to increase healthcare coverage and access for United States citizens (US Department of Health and Human Services, 2022). Before the ACA, women struggled to obtain health insurance and healthcare due to pre-existing conditions and gender ratings (Lee, Mounetaux, Galbraith., 2019). Before the ACA, 26% of women avoided health care due to cost (Lee, Mounetaux, Galbraith., 2019). Using the National Health Interview Survey (NHIS), Lee, Mounetaux, and Galbraith surveyed the effect of ACA on women's preventative care services (2019). Research proves that women reported improved access to quality care, preventative services, and affordable insurance after the ACA. The increase in preventative care has led to increased screenings and safety checks for women (Lee, Mounetaux, Galbraith., 2019).

In contrast, research has shown that the Affordable Care Act has not affected sexual and reproductive health service utilization among young women. This study used the National Survey of Family Growth (NSFG), which followed women aged 19-34 and the health services they utilized (Eliason., 2019). The data showed no significant effects of the provision on the utilization of contraceptives with lack of utilization is tied to the availability of free, low-cost contraceptive and STD clinics (Eliason., 2019). These findings also suggest that young adults are less likely to seek reproductive and sexual health services when they are on their parent's insurance. Finally, there is a lack of access to preventative reproductive health services due to inadequate access to insurance. The study adds knowledge to the effects of ACA on sexual and reproductive health utilization (Eliason., 2019).

Many studies support the claim: the Affordable Care Act (ACA) did not increase preventative care services for women's reproductive and sexual health. When dependents gained access to stay on parent's health insurance for longer, women decreased their reproductive preventative care visits (Ellison et al., 2020). Privacy concerns are the ultimate deciding factor when seeking preventative care services for reproductive and sexual health. The most significant care shifts occurred in women's sexual disease testing and contraceptive care. Researchers also found that despite fewer contraceptive care visits, women had improved access to and use of contraceptives. This leads to fewer unplanned pregnancies and positive STI outcomes (Ellison et al., 2020). Other studies support these findings, as women are less likely to seek care due to being on their parent's insurance (Eliason., 2019). These results suggest that young women on parental coverage are less likely to use sexual reproductive health services after implementing the Affordable Care Act (Ellison et al., 2020).

Environment and location affect access to healthcare, especially reproductive and sexual health services. A health priority within the US ensures that women of reproductive age have access to sexual and reproductive health services. However differences in sexual practice vary between rural and urban locations. The rural population tends to engage in more risky sexual behaviors (Masoumirad., Harvey., Bui., Yoon., 2023). Following Medicaid expansion, the number of contraceptives used by women in urban cities, larger rural towns, and small rural towns increased by 0.458, therefore, there was an overall increase in sexual and reproductive health services rendered after ACA (Masoumirad., Harvey., Bui., Yoon., 2023). Women living in small rural towns did not to receive sexual and reproductive services compared to women living

in urban areas. Women in rural areas have less access to preventative care than those in urban areas. Unfortunately, health disparities still occur between rural and urban areas after the implementation of the ACA. Policies and interventions are being implemented to improve women's reproductive outcomes in rural locations (Masoumirad., Harvey., Bui., Yoon., 2023).

### **Suggestions for Intervention**

Various interventions in health help provide access and support to women seeking sexual and reproductive health resources. Increased access to care will decrease adverse health outcomes of women's SRH (WHO, 2023). At the intrapersonal level, self-care interventions are among the most promising approaches to improving health and well-being (WHO, 2023). Self-care interventions include disease prevention, self-medication, seeking primary care, and other self-care modes. These can include STI prevention, practicing safe sex, and contraception use (Edelman et al., 2015). Most programs target the prevention and intervention of STIs, unplanned pregnancy, safe sex, and contraceptive use. These constructs are the most important to focus on when using preventative care. Preventing adverse health outcomes of these constructs will protect women's sexual and reproductive health for their lifetime (Edelman et al., 2015).

The Social Cognitive Theory is used in intervention programs to increase individuals' self-efficacy. Interventions seek to educate the population on effective condom and contraceptive use (Snead., et al., 2014). Reducing risky sexual behavior is a preventative reproductive action. This action will reduce the risk of poor sexual and reproductive health (Snead., et al., 2014). A program educates the population by teaching individuals about STI prevention. Participants with increased self-efficacy had lower STI rates and increased contraceptive use (Snead., et al., 2014). Increasing provider's and nurses' education will lead to better sexual and reproductive health of individuals (Walker., et al., 2023)—another program worked to educate providers on SRH. Providers with increased knowledge of SRH can counsel and advise individuals, thus leading to better health outcomes (Walker., et al., 2023). Implementing more education for individuals and providers can increase the number of resources for sexual and reproductive health. This will lead to lower STI rates, increased safe sex practices, and increased contraceptive use.

Future studies using the social cognitive theory should measure constructs longitudinally (Snead., et al., 2014). This will measure how effective interventions are and can be an important tool in decreasing STI rates. When implementing sexual and reproductive health prevention programs, researchers should consider using social cognitive theory constructs to improve

efficacy (Snead., et al., 2014). Another study claims that future research should examine the aspects of Medicaid and Medicare expansion under the Affordable Care Act. The research should focus on the impacts of Medicaid expansion on sexual and reproductive services (Masoumirad., Harvey., Bui., Yoon., 2023). In addition, researchers should focus on understanding the gap in SRH access between rural and urban communities. Specific health theories can be implemented to bridge the gap between rural and urban communities (Masoumirad., Harvey., Bui., Yoon., 2023).

### **Bibliography**

- Assistant Secretary for Public Affairs (ASPA). (2022, March 15). About the ACA. HHS.gov. Retrieved March 2, 2023, from [https://www.hhs.gov/healthcare/about-the-aca/index.html#:~:text=Make%20affordable%20health%20insurance%20available,federal%20poverty%20level%20\(FPL\).](https://www.hhs.gov/healthcare/about-the-aca/index.html#:~:text=Make%20affordable%20health%20insurance%20available,federal%20poverty%20level%20(FPL).)
- Boston University. (2022). Behavioral change models. The Social Cognitive Theory. Retrieved April 4, 2023, from <https://sphweb.bumc.bu.edu/otlt/mph-modules/sb/behavioralchangetheories/behavioralchange theories5.html>
- Centers for Disease Control and Prevention. (2015, June 25). *Chapter 1: Models and Frameworks*. Centers for Disease Control and Prevention. Retrieved April 4, 2023, from [https://www.atsdr.cdc.gov/communityengagement/pce\\_models.html#:~:text=The%20social%20ecological%20model%20conceptualizes,World%20Health%20Organization%2C%201947\).](https://www.atsdr.cdc.gov/communityengagement/pce_models.html#:~:text=The%20social%20ecological%20model%20conceptualizes,World%20Health%20Organization%2C%201947).)
- Centers for Disease Control and Prevention. (2019, June 25). Data and statistics about sexual health. Centers for Disease Control and Prevention. Retrieved March 29, 2023, from <https://www.cdc.gov/sexualhealth/data.html>
- Decker, Gutmann-Gonzalez, A., Saphir, M., N., N. T., Z., Q., & Brindis, C. D. (2022). Integrated Theory-Based Health and Development Interventions for Young People: A Global Scoping Review. *Health Education & Behavior*. <https://doi.org/10.1177/10901981221130734>
- Dehingia, Barker, K. M., & Raj, A. (2022). Relationship between adolescent friendship networks and contraceptive use and unintended pregnancies in early adulthood in the United States. *Contraception (Stoneham)*, 110, 36–41. <https://doi.org/10.1016/j.contraception.2022.02.003>
- Edelman, de Visser, R. O., Mercer, C. H., McCabe, L., & Cassell, J. A. (2015). Targeting sexual health services in primary care: A systematic review of the psychosocial correlates of adverse sexual health outcomes reported in probability surveys of women of reproductive age. *Preventive Medicine*, 81, 345–356. <https://doi.org/10.1016/j.ypmed.2015.09.019>

- Eliason. (2019). The effects of the dependent coverage provision on young women's utilization of sexual and reproductive health services. *Preventive Medicine*, p. 129, 105863–105863. <https://doi.org/10.1016/j.ypmed.2019.105863>
- Ellison, Hanchate, A. D., Kazis, L. E., & Cole, M. B. (2020). Association of the National Dependent Coverage Expansion With Insurance Use for Sexual and Reproductive Health Services by Female Young Adults. *JAMA Network Open*, 3(12), e2030214–e2030214. <https://doi.org/10.1001/jamanetworkopen.2020.30214>
- Emerson, A. M., Wickliffe, J., Kelly, P. J., & Ramaswamy, M. (2019). Feminism and Bourdieusian Social Theory in a Sexual Health Empowerment Project with Incarcerated and Recently Released Women. *Social theory & health: STH*, 17(1), 57–74. <https://doi.org/10.1057/s41285-018-0068-3>
- Family planning. Family Planning - Healthy People 2030. (2020). Retrieved March 29, 2023, from <https://health.gov/healthypeople/objectives-and-data/browse-objectives/family-planning>
- Hatch, Hoopes, M., Darney, B. G., M., M., T., A. R., S., T., & Cottrell, E. (2021). Impacts of the Affordable Care Act on Receipt of Women's Preventive Services in Community Health Centers in Medicaid Expansion and Nonexpansion States. *Women's Health Issues*, 31(1), 9–16. <https://doi.org/10.1016/j.whi.2020.08.011>
- Health Resources and Services Administration., What is a health center? What is a Health Center? | Bureau of Primary Health Care. (2022). Retrieved March 2, 2023, from <https://bphc.hrsa.gov/about-health-centers/what-health-center#:~:text=Health%20centers%20integrate%20access%20to,access%20to%20affordable%20health%20care>.
- Healthy People 2030*. (2020). Increase the proportion of adolescents who speak privately with a provider at a preventive medical visit - ah-02. Increase the proportion of adolescents who speak privately with a provider at a preventive medical visit - AH-02 - Healthy People 2030. Retrieved March 29, 2023, from <https://health.gov/healthypeople/objectives-and-data/browse-objectives/adolescents/increase-proportion-adolescents-who-speak-privately-provider-preventive-medical-visit-ah-02>
- Holland KJ. (2020). Internalized Body Stigma as a Barrier to Accessing Preventative Healthcare for Young Women. *Body Image*., pp. 35, 217–224.

- Increase the proportion of women who get needed publicly funded birth control services and support - FP-09. Increase the proportion of women who get needed publicly funded birth control services and support - FP-09 - Healthy People 2030. (2020). Retrieved March 29, 2023, from <https://health.gov/healthypeople/objectives-and-data/browse-objectives/family-planning/increase-proportion-women-who-get-needed-publicly-funded-birth-control-services-and-support-fp-09>
- Kakar, Kulkarni, A., Holschuh, C., Smirnova, A., & Modrek, S. (2022). Contraception information on the websites of student health centers in the United States. *Contraception (Stoneham)*, 112, 68–73. <https://doi.org/10.1016/j.contraception.2022.01.007>
- Lee, Monuteaux, M. C., & Galbraith, A. A. (2019). Women's Affordability, Access, and Preventive Care After the Affordable Care Act. *American Journal of Preventive Medicine*, 56(5), 631–638. <https://doi.org/10.1016/j.amepre.2018.11.028>
- Maria, Guilamo-Ramos, V., Jemmott, L. S., Derouin, A., & Villarruel, A. (2017). Nurses on the Front Lines: Improving Adolescent Sexual and Reproductive Health Across Health Care Settings: An evidence-based guide to delivering counseling and services to adolescents and parents. *The American Journal of Nursing*, 117(1), 42–51. <https://doi.org/10.1097/01.NAJ.0000511566.12446.45>
- Martin Walker, Anderson, J. N., Clark, R., & Reed, L. (2023). The Use of Nursing Theory to Support Sexual and Reproductive Health Care Education in Nursing Curricula. *The Journal of Nursing Education*, 62(2), 69–74. <https://doi.org/10.3928/01484834-20221213-01>
- Masoumirad, Harvey, S. M., Bui, L. N., & Yoon, J. (2023). Use of Sexual and Reproductive Health Services Among Women Living in Rural and Urban Oregon: Impact of the Affordable Care Act Medicaid Expansion. *Journal of Women's Health (Larchmont, N.Y. 2002)*. <https://doi.org/10.1089/jwh.2022.0308>
- Noursi, Clayton, J. A., B., D. W., & Fink, D. (2021). Maternal Morbidity and Mortality. *Journal of Women's Health (Larchmont, N.Y. 2002)*, 30(2), 145–146. <https://doi.org/10.1089/jwh.2020.8851>



- Prather, Fuller, T. R., Marshall, K. J., & Jeffries, W. L. (2016). The Impact of Racism on the Sexual and Reproductive Health of African American Women. *Journal of Women's Health* (Larchmont, N.Y. 2002), 25(7), 664–671. <https://doi.org/10.1089/jwh.2015.5637>
- Preventive Care - Healthy People 2030. (2020). Retrieved March 29, 2023, from <https://health.gov/healthypeople/objectives-and-data/browse-objectives/preventive-care>
- Richards, Crockett, E., M., C. P., & Levandowski, B. A. (2020). Young women's reproductive health conversations: Roles of maternal figures and clinical practices. *PLoS ONE*, 15(1), e0228142–e0228142. <https://doi.org/10.1371/journal.pone.0228142>
- Schrote K. (2022). Women's perspectives on receiving and expanding access to essential health services in pharmacies in the United States. *Journal of the American Pharmacists Association.*, 62(3), 711–716.e3.
- Sieving, Mehus, C., McRee, A.-L., Brar, P., Catallozzi, M., O'Brien, J. G., Gorzkowski, J., Grilo, S., Kaseeska, K., Santelli, J., W., S., & Klein, J. (2020). 79. Early Adolescents' Experiences and Attitudes about Discussing Sexual & Reproductive Health Topics During Preventive Care Visits, United States, 2019. *Journal of Adolescent Health*, 66(2), S41–S41. <https://doi.org/10.1016/j.jadohealth.2019.11.082>
- Snead, O'Leary, A. M., Mandel, M. G., K., A. P., Wiener, J., Jamieson, D. J., Warner, L., Malotte, C. K., Klausner, J. D., O'Donnell, L., Rietmeijer, C. A., & Margolis, A. D. (2014). Relationship between social cognitive theory constructs and self-reported condom use: assessment of behavior in a subgroup of the Safe in the City trial. *BMJ Open.*, 4(12). <https://doi.org/10.1136/bmjopen-2014-006093>
- United Nations Population Fund. (2022). Sexual & Reproductive Health. United Nations Population Fund. Retrieved March 29, 2023, from <https://www.unfpa.org/sexual-reproductive-health>