THE LIBRARY’S GUIDE TO
Sexual & Reproductive
HEALTH INFORMATION

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ONE OF THE most memorable stories that a fellow librarian told me involves a teenager coming up to the reference desk and asking for a book about sex. My colleague was a bit taken aback at how nonchalantly he asked for it. Perhaps she expected him to be shy or embarrassed to ask this question of a librarian—an older woman whom he didn’t know. Nevertheless, she immediately typed his query into the catalog, found a list of books about sex, turned the computer toward him, and asked, “Do any of these look like what you need?” He glanced at the screen, then jumped back, his face suddenly red, and exclaimed, “No, I said chess!” When I first heard this story, I had a good laugh. And while I still find it funny in the way that misunderstandings can be comical, I also find it inspiring. Asking for—and providing—sexual and reproductive health information shouldn’t be squirm-worthy. It should be as natural as asking for books about chess.

A few years later, I experienced just that. One afternoon, while I was working at a different public library in a different state, a young woman came right up to me at the reference desk and, in a matter-of-fact manner, asked for books on sexually transmitted infections. I was rather pleased with myself because I had just weeded and reordered books for our sexual and reproductive health section. As such, I felt confident giving her the latest book on that topic instead of scrambling to find something relevant on the internet.

The young woman stood at the reference desk, thumbed to the section that she needed, read it, and then handed it back to me. Satisfied with what she had found, she thanked me and was on her way. I was,
and still am, inspired by her confidence, fearlessness, and determination to get her question answered. In my mind, this woman represents the ideal scenario in which patrons feel this comfortable going to their local public library to look for whatever they need—whether it is information about chess or sex.

Sexual and reproductive health is something that impacts each and every one of us. It is a common human experience that is part of all our lived experiences. And yet we are so often socialized to be ignorant or afraid of these concepts. Many of us were raised to not ask questions about sex, feel awkward explaining our sexual or reproductive needs, or feel some sense of shame about our bodies and their natural functions. This inevitably spills into our work as public librarians; providing information and services about sexual and reproductive health takes a backseat, is not considered appropriate, or is simply forgotten. Patrons don't know if they can seek out this information at the public library, fear that they will be ridiculed for doing so, or just don't know where to start. This is unfortunate and a serious information gap.

It is in that spirit that I decided to write a book that I hope will demystify the process of providing sexual and reproductive health information to our public library patrons. I use the word *demystify* very intentionally as my goal with this book is to bring awareness to these topics, explain why they are important to public libraries, and introduce you to resources and strategies for making sexual and reproductive health information an aspect of your library’s services. I firmly believe that when we educate ourselves about the basics of sexual and reproductive health, we can build stronger collections, create more inclusive services, and develop more meaningful community connections and programs. This will translate to improved information access that can empower our patrons and build healthy communities.

You might be wondering who I am and what qualifies me to write this book. First and foremost, I am a fellow library professional. I have twelve years of library and information science experience and I have worked in a variety of libraries in two states. This is my second book with ALA Editions. My first book, *Embedded Business Librarianship for the Public Librarian* (2016), was all about how public librarians can build sustainable and transformative relationships in their business communities. I have used those principles to develop community partnerships available at alastore.ala.org
beyond the business community, including spearheading a collaboration with a health department to become a dementia-friendly library and provide dementia health information and programs. Many of the principles of this book are inspired by those concepts and experiences.

Since 2019, I have been a PhD student in information science with an emphasis on reproductive health and information access. As such, I have had many opportunities to research, write, and work alongside many different public health experts, scholars, and activists who specialize in sexual and reproductive health. This has given me unique insight into how such information can be incorporated into public library work. Indeed, I have found there to be significant gaps in literature, practices, and dialogue about such topics for librarians. However, in my communication with public librarians, I have found that there is a deep interest in this subject, and that is the impetus for this book.

I am not a medical professional and do not pretend to be. Just as you do not provide health advice to patrons, this book offers no health recommendations or guidance. Rather, it serves as a reference for core sexual and reproductive health issues, provides suggestions for continued reading and education, and discusses how you can incorporate these topics into your library services. This is an introductory-level book that provides evidence-based information, as well as key resources, concepts, and ideas that you can easily implement in your library space. There is much to learn on this topic, and my hope is that this book will serve as a gateway to your continued learning and understanding.

I also want to emphasize the importance of inclusivity. It is necessary to note that sexual and reproductive health uniquely impacts people of all sexual and gender identities. Nobody should be excluded from these crucial conversations. As such, every effort has been made to make the language and presentation of this book as inclusive as possible. However, there may be instances where certain words, phrases, or concepts are used due to citations from specific studies, research, or historical documents.

Now let's move on to the structure of this book. The first chapter introduces you to the concept of sexual and reproductive health and the framework of reproductive justice. Before we start ordering books or developing programs, it is important that we are educated about the available at alastore.ala.org
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topics surrounding sexual and reproductive health. This chapter also emphasizes the importance of providing such information and these library services and how it relates to our duties as public librarians. The second and third chapters discuss why this work is crucial for public libraries, as well as how sexual and reproductive health information is a human right and a core foundation of public librarianship.

Chapters 4 through 6 dive into specific topics related to sexual and reproductive health, including sexually transmitted infections; contraception and sterilization; pregnancy, including miscarriages, abortion, and fertility; sexuality; and LGBTQIA+ (lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual, and other sexual identities) sexual and reproductive health. Each chapter includes an overview, definitions, and key legislation and concepts relevant to the landscape in the United States. Legislation and historical concepts are included because we must ground ourselves in where we have been as a country and where we are going. Only with that knowledge can we effectively incorporate sexual and reproductive health information into our library services.

After we have a firm understanding of the different areas of sexual and reproductive health, as well as the opportunities for collection development, reference, and resources, in the final part of the book, we consider the importance of compassionate collaborative work, including educational programs, community partnerships, and advice for integrating sexual and reproductive health information into your library practice. We connect all these elements of providing library services for sexual and reproductive health information in these final two chapters. The discussion solidifies the value of such services to our communities and presents initial steps that you can take to make this a manageable and sustainable process.

The book ends with an appendix that includes a list of recommended books and online resources to incorporate into your collection as well as sources for your continued education. Note also that each chapter ends with reflection questions that are another good source of continuing education. These questions are opportunities for you to consider what you’ve learned and how it relates to your library and information services. Answer these on your own or in collaboration with a colleague—they will be useful either way! Additionally, you may
find it helpful to use a pen or pencil when reading this book to take notes about specific concepts, topics, and themes that you can explore in more detail later on.

Last, but certainly not least, I recognize that beyond being library professionals, we are individuals who each have core personal values and experiences that may make us feel very passionately about some of the topics discussed in this book. Human beings are complex and so are our lived experiences. Please know that I do not take that lightly and have written this book with that in mind. I also congratulate you in your efforts to provide these resources to your communities.

Sexual and reproductive health information is hugely important for public libraries and their patrons. I feel confident that by the end of this book you will be equipped with the foundational knowledge, resources, and tools to start making important inroads for the health and well-being of all who seek this information. Let's get started!
PART I

Foundation

The first three chapters of this book introduce you to sexual and reproductive health, reproductive justice, intersectionality, and information access. These concepts are foundational to understanding and providing sexual and reproductive health information in our public libraries. This introduction also provides you with opportunities to reflect on your library’s current collection and services, as well as on how you can create spaces that are inclusive and affirming.

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Introduction to Sexual and Reproductive Health

When you hear the term sexual and reproductive health, what comes to mind? Most people tend to think that the concept strictly refers to sex or pregnancy. And while those areas are certainly a part of it, sexual and reproductive health encompasses so much more than just those two areas. This chapter introduces us to the key concept of sexual and reproductive health.

Sexual and Reproductive Health Defined

Let’s start with the basics by examining the three core definitions of sexual and reproductive health, commonly referred to as SRH. (Note: throughout this book, this phrase may be used interchangeably with SRH.) The following discussion reviews each of these definitions.

According to the United Nations Population Fund, sexual and reproductive health “implies that people are able to have a satisfying and safe sex life [and have] the capability to reproduce and the freedom to decide if, when, and how often to do so.”¹ Meanwhile, the World Health Organization (WHO) describes both sexual health and reproductive health as a “state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity.”² Furthermore, WHO states that sexual health must be “free of coercion, discrimination and violence” and that the sexual rights “of all persons must be respected, protected and fulfilled.”³ Reproductive health specifically means that individuals “have the capability to reproduce and the freedom to decide if, when and how often to do so.”⁴
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Beyond these two definitions, the Guttmacher Institute, a research organization founded in 1968 that studies and advances sexual and reproductive health, introduced an expanded understanding of this term by emphasizing that SRH is based on sexual and reproductive rights. The Guttmacher Institute connects sexual and reproductive rights to the human rights of individuals, which means that everyone has the right to

- have their bodily integrity, privacy and personal autonomy respected
- freely define their own sexuality, including sexual orientation and gender identity and expression
- decide whether and when to be sexually active
- choose their sexual partners
- have safe and pleasurable sexual experiences
- decide whether, when and whom to marry
- decide whether, when and by what means to have a child or children, and how many children to have
- have access over their lifetimes to the information, resources, services and support necessary to achieve all the above, free from discrimination, coercion, exploitation and violence.5

These may seem like complex explanations, and they certainly are verbose. But for the purposes of this book, sexual and reproductive health essentially means that people have bodily autonomy, are empowered to make choices that are best for them, and are equipped with credible information, resources, and tools to make those choices. Because public libraries provide information to communities and foster intellectual freedom, providing sexual and reproductive health information fits squarely with that mission.

Sexual and Reproductive Health Topics

As we know, sexual and reproductive health isn’t simply about sex or pregnancy. It includes a myriad of concepts related to the overall health and well-being of individuals. As such, SRH includes sexual orientation, gender identity, sexual expression, relationships, and pleasure. It also encompasses infections, pregnancy and pregnancy

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options, contraception, sterilization, sexual dysfunction, and freedom from sexual and gender-based violence. Clearly this is a wide list of topics. For the purposes of this book, we will focus on the following:

- sexually transmitted infections
- contraception
- pregnancy
- fertility and infertility
- miscarriages
- sterilization
- abortion
- menstrual health
- sexuality
- LGBTQIA+ care
- sexual violence

Please refer to the recommended resources for further education.

**Reproductive Justice: An Important Framework**

Often when people speak about sexual and reproductive health matters in their social circles, the conversations tend to be based on “pro” or “anti”—“for” or “against.” This is a very limited view because these conversations tend to bypass many of the factors that may compel an individual to make specific SRH-related decisions. Enter the framework of reproductive justice.

Reproductive justice, often referred to as RJ, is a term that was coined by Black activists, advocates, and health professionals at the 1994 International Conference on Population and Development in Cairo who were frustrated that the pro-choice movement alienated women of color by not addressing the very real issues associated with reproductive health decision making. SisterSong, one of the most well-known reproductive justice organizations, explains how these individuals “recognized that the women’s rights movement, led by and representing middle-class and wealthy white women, could not defend the needs” of women of color or of trans people and other marginalized women. Essentially, they saw the impetus for a new framework that centered the needs of marginalized women, families, and communities. Therefore,
reproductive justice is “the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.” The RJ framework is significant because it asserts that reproductive health isn’t just about sex, abortion, or contraception; it is a holistic lens of one’s welfare and encompasses topics like housing, community safety, job opportunities, schools, (dis)ability, socioeconomic status, class, race, sexual orientation, and gender identity.

Reproductive justice is especially important because it recognizes that people of color and marginalized communities have long been denied the ability to exercise bodily autonomy and raise their families safely. There are many examples of this in American history, but I present here just a few of them.

Indigenous people have long been denied reproductive justice. In fact, for a century and a half, Indigenous children in the United States were taken from their tribal lands and forced to attend federally funded boarding schools where they were stripped of their Native American cultures and identities. Brianna Theobald, an assistant professor of history at the University of Rochester and author of the book Reproduction on the Reservation: Pregnancy, Childbirth, and Colonialism in the Long Twentieth Century, estimates that 25 to 42 percent of native women of childbearing age were sterilized from the 1930s to the 1970s, many coercively or without full understanding of the procedure. To date, Native Americans are still unable to receive affordable abortion care on the Indian Health Service Plan. The federally passed Hyde Amendment, which has been in effect for nearly fifty years, forbids the expenditure of federal funds on abortion services, except in rare cases. (The Hyde Amendment also affects people on any form of federal health insurance, including Medicaid, and Peace Corps volunteers.)

Another example of lack full reproductive knowledge was in Puerto Rico, a commonwealth of the United States. In fact, the first birth control pill was unethically tested on Puerto Rican women to determine its safety and efficacy. And between the 1930s and 1970s, one-third of Puerto Rican women were sterilized in a procedure that became so common it was colloquially known as “la operación,” or “the operation.” Through USAID grants, free sterilizations could be found outside of factories where many women worked. This resulted in Puerto Rican
women having the highest sterilization rate in the world. Later studies found that many women opted for sterilization because of external pressures, like lack of family planning resources or poor living conditions, and 33 percent of recipients later felt some sort of regret for being sterilized.\textsuperscript{14}

Compulsory sterilization was also wielded against other marginalized communities in the United States for over 100 years. Compulsory sterilization laws were adopted by more than thirty-two states between 1907 and 1937. In 1927, the US Supreme Court ruled by a vote of 8 to 1 that states could forcibly sterilize “a person considered unfit to procreate” in \textit{Buck v. Bell}. In total, roughly 70,000 people were sterilized against their will in the United States, and historically marginalized communities were disproportionately targeted.\textsuperscript{15}

Mexican Americans were also targeted for forced sterilization in California with Latino men and women 23 and 59 percent more likely to be sterilized than non-Latinos.\textsuperscript{16} In North Carolina, Black women were sterilized at more than three times the rate of white women and twelve times the rate of white men between 1950 and 1966.\textsuperscript{17}

Although state sterilization laws have been repealed, there are still many instances of coerced sterilization. In 2009 a woman in West Virginia who was convicted of marijuana possession underwent sterilization as part of her probation, and in 2017 a Tennessee judge offered reduced jail sentences to people who “volunteered” to undergo sterilization.\textsuperscript{18} In 2020 a nurse at a Georgia immigration detention center filed a whistleblower complaint regarding lack of medical care, unsafe work practices, and questionable hysterectomies performed on immigrant women.\textsuperscript{19}

Black women in the United States have long experienced unfair medical practices. Enslaved African American women were separated from their children and families, raped by their white owners, and forced to breed with other slaves in order to produce more workers for plantations. Furthermore, James Marion Sims, known as the father of modern gynecology, conducted research on enslaved Black women without anesthesia or medical ethicists.\textsuperscript{20} Sims used Black bodies to invent the vaginal speculum, which is still used for dilation and examination, as well as surgical techniques to repair vesicovaginal fistula. Beyond this, Black mothers were excluded from welfare
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programs, such as Mother’s Pensions for single mothers and the Social Security Act of 1935, until the 1960s. Caseworkers “expected black women to be employed moms and not be stay-at-home moms like white women.”

Wage gaps, police brutality, and the prison industrial complex are all factors that continue to impact the sexual and reproductive health choices of Black women and communities. The Centers for Disease Control and Prevention (CDC) has reported significant health disparities related to pregnancy-related deaths. For example, Black, American Indian (AI), and Alaska Native (AN) women are two to three times more likely to die from pregnancy-related causes than are white women. In fact, pregnancy-related deaths per 100,000 live births for Black and AI/AN women older than thirty were four to five times as high as for white women. These differences in health outcomes stem from broader social and economic inequities that disproportionately impact people of color, low-income communities, immigrants, LGBTQIA+ people, and other underserved groups. Factors can include economic stability; neighborhood and physical environment; education; food; community, safety, and social context; and the health care system.

As In Our Own Voice: National Black Women’s Reproductive Justice Agenda explains, the reproductive justice framework is important because it “brings transformational change where every person has the economic, social, cultural and political power to make decisions about their sexuality, health, and families.”

Furthermore, members of the LGBTQIA+ community have long been pathologized and denied gender-affirming care and comprehensive health insurance. In 2020 the Trump administration removed nondiscrimination protections in health care and health insurance for LGBTQIA+ people. In 2022 Governor Greg Abbott of Texas enacted a bill that allows the Texas Department of Family and Protective Services to investigate parents and doctors who provide gender-affirming care to trans children. Legislative attacks on trans children and people continue in states across the country, and only 6.7 percent of LGBTQIA+ students report receiving sex education that includes positive representations of various sexual orientations and gender identities.

I share these examples as I think it is necessary for us to ground ourselves in the historical and contemporary issues surrounding sexual
Final Thoughts

To be sure, this is a cursory glance at the very complex historical and contemporary realities related to sexual and reproductive health, but I hope that it demonstrates the importance of centering communities in the SRH information services that we provide. When we educate ourselves on these topics, we can provide credible and useful resources to those who need them. Whether you have done some preliminary work or are completely new to this topic, welcome—you’re in the right spot.

Let’s Review

• Sexual and reproductive health, or SRH, looks like a world where people have bodily autonomy, are empowered to make choices that are best for them, and are equipped with credible information, resources, and tools to make those choices.
• Public libraries empower communities to make decisions that are best for themselves and their families by providing them with credible information, resources, and tools.
• Reproductive justice, or RJ, a term coined by Black activists, advocates, and health professionals, asserts as a human right the ability to maintain personal bodily autonomy, to have or not children, and to parent children in safe and sustainable communities.
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• Although sexual and reproductive health is a wide-ranging topic, this book focuses on sexually transmitted infections, contraception, pregnancy, fertility and infertility, miscarriages, sterilization, abortion, menstrual health, sexuality, and LGBTQIA+ care.
• Public libraries can stand up for diversity, equity, and inclusion by providing sexual and reproductive health information and services.

Reflection Questions

• Has your understanding of sexual and reproductive health information changed after reading the definitions in this chapter? Explain how.
• Had you heard of the reproductive justice framework before reading this chapter? What does reproductive justice mean to you?
• How do you think that these concepts relate to your work as a public librarian?

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