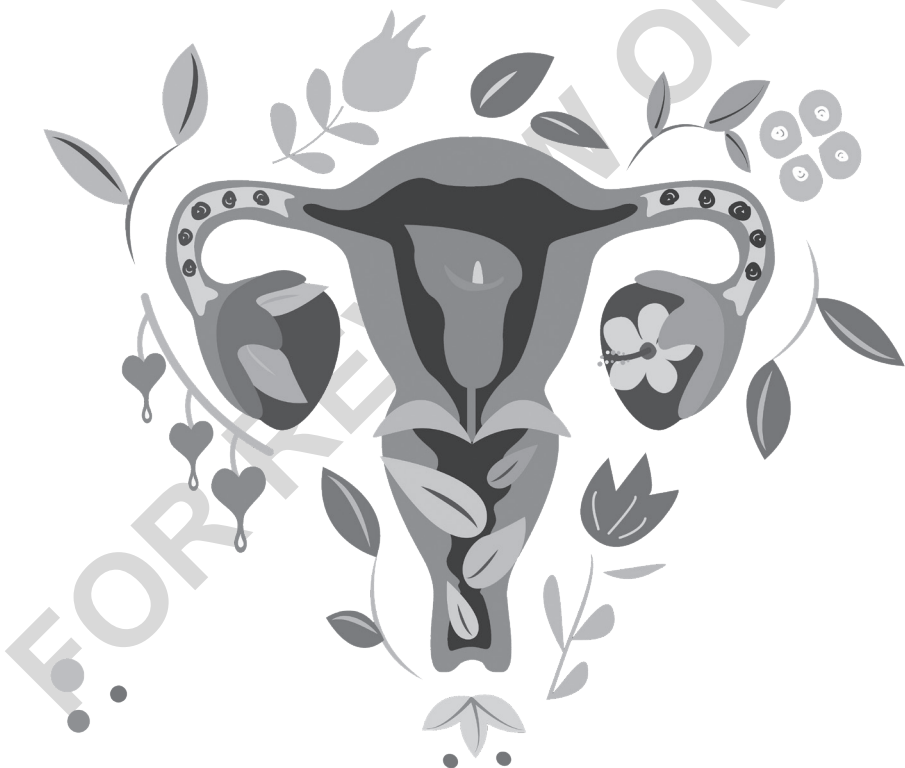


THE LIBRARY'S GUIDE TO

Sexual & Reproductive HEALTH INFORMATION



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CONTENTS

Preface ix
Acknowledgments xv

PART I: FOUNDATION

CHAPTER ONE
Introduction to Sexual and Reproductive Health / 3

CHAPTER TWO
Sexual and Reproductive Health Information as a Library Service / 13

CHAPTER THREE
Sexuality / 19

PART II: EDUCATION

CHAPTER FOUR
Sexual Health / 31

CHAPTER FIVE
Reproductive Health / 49

CHAPTER SIX
LGBTQIA+ Sexual and Reproductive Health Topics / 71

PART III: IMPLEMENTATION

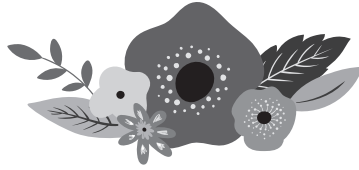
CHAPTER SEVEN
Sexual and Reproductive Health at Your Library / 87

CHAPTER EIGHT
Moving Forward / 109

Appendix: Recommended Resources 113
Index 121

PREFACE

Welcome



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

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

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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CHAPTER ONE

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

Part I: Foundation

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

options, contraception, sterilization, sexual dysfunction, and freedom from sexual and gender-based violence.⁶ 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.⁷ 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.⁸ 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.”⁹ 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.¹⁰ 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.¹¹ 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.¹² (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.¹³ 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.¹⁴

Compulsory sterilization was also been 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 *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.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.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 1966.¹⁷

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.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.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.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

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."²¹

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.²² 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.²³ 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."²⁴

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.²⁵ 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.²⁶ 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.²⁷

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

and reproductive health. When we can better understand where we have come from and where we are at on this issue, we can provide more comprehensive collections and resources. I also believe that we can serve a role in the larger issue of dismantling systemic injustices by informing ourselves on these topics and providing information on them to our communities. Such efforts help destigmatize sexual and reproductive health information. They also help facilitate information access, which is crucial to making informed decisions about one's sexual and reproductive health and in empowering our communities. Public libraries have made many proclamations about promoting diversity, equity, and inclusion in their library spaces. If public libraries are to truly embody those values, they will see the need for reproductive justice material in library services and collections.

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.

Part I: Foundation

- 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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Part I: Foundation

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Index

A

- AASL (American Association of School Librarians), 113
- Abbott, Greg, 8
- abortion
- Crisis Pregnancy Centers and, 61–62
 - Native American women and, 6
 - overview of, 59–61
 - in reproductive health care, 66
 - resources on, 114, 115
 - Roe v. Wade*, reversal of, 60, 105
 - spontaneous abortions, 58
 - SRH collection development checklist, 97
 - SRH information, lack of access to, 16
 - sterilization and, 35
 - weeding of collection, 96
- “Access to Library Resources and Services” (American Library Association), 13
- Accord Alliance website, 51
- ACLU (American Civil Liberties Union), 117
- acquired immunodeficiency syndrome (AIDS), 38–39
- adenomyosis, 51, 54
- adoption
- information about, 59
 - resources about, 115
- Advocate* magazine, 118
- AIS (androgen insensitivity syndrome), 51
- ALA
- See American Library Association
- Alvarez, Barbara A., x–xi
- Alvarez, Maria, 99
- AMA Journal of Ethics*, 39, 62
- amenorrhea, 50
- American Academy of Pediatrics, 79
- American Association of School Librarians (AASL), 113
- American Civil Liberties Union (ACLU), 117
- American College of Obstetricians and Gynecologists
- on abortion reversal treatments, 60
 - on sterilization, 35
 - support of abortion, 61
 - website of, 51
 - Your Pregnancy and Childbirth: Month to Month*, 115
- American College of Physicians, 61
- American Journal of Public Health*, 79
- American Library Association (ALA)
- on access to information, 13–14
 - “Equity, Diversity, and Inclusion” web page, 114
 - Freedom to Read Statement*, 14
 - for LibGuide examples, 93
 - membership, demographics of, 88
 - Office for Intellectual Freedom, 97
 - policies/challenge support information, 97
 - SRH information access and, 17
- American Library Association Gay, Lesbian, Bisexual, and Transgender Round Table (ALA GLBTRT), 113
- American Medical Association, 61
- American Sexual Health Association, 39, 115
- androgen insensitivity syndrome (AIS), 51
- antibscenity laws, 33–34
- antisodomy laws, 75
- anxiety, library, 87–89

Index

- Archambault, Julie, 118
Archives of Sexual Behavior (database), 119
Article 19, UDHR, 15
articles, library-related, 113–114
asexual people
 definition of, 24
 diagnosis of, 72
 See also LGBTQIA+ community
Asexual Visibility & Education Network, 118
- B**
- Baird, Eisenstadt v.*, 34
Bang! Masturbation for People of All Genders and Abilities (Liu), 118
Bardoff, Naomi, 117
barrier birth control, 34, 38
Baum, Neil, 114
Becoming Cliterate: Why Orgasm Equality Matters—and How to Get It (Mintz), 118
Bell, Buck v., 7
Betts-Green, Dawn, 113
bias
 in public library services, 87–89
 understanding, 106, 110
Biden, Joe, 74
birth control, 34
 See also contraception
birth control implants, 34
birth control pill
 for endometriosis treatment, 53–54
 menstruation and, 50
 testing of, 6
birthing options, 58
bisexual people
 definition of, 24
 health care system and, 74
Black Americans
 disparities in quality of health care for, 14–15
 lack of diversity in libraries, 88
 reproductive justice for, lack of, 5, 7–8, 9
BMC Women's Health, 51
Bobel, Chris, 104
bodily autonomy
 of Black women in U.S., 7–8
 as part of sexual and reproductive health, 4, 9
 reproductive justice, 6
 sterilization and, 6–7
book challenges, 97
books
 on menstrual justice, 104
 on reproductive and sexual health, 114–115
 on reproductive justice, 116
 on sexuality/LGBTQIA health, 117
Boston Women's Health Collective, 114
breast cancer, 62–63
breast health, 62–63
breastfeeding, 63–64
Briggs, Laura, 116
Buck v. Bell, 7
Burke, Tarana, 41
Butler, J. Douglas, 115
- C**
- calendar, 100–102
California, 7
cancers
 breast cancer, 62–63
 gynecologic cancers, 65
 prostate cancer, 63
 reproductive health-related cancers, 66
 SRH program/partnership ideas, 100
 testicular/penile cancer, 64–65
Canva, 93
Carlson, Carolyn, 14
Catholic hospitals, 98
censorship, 97
Centers for Disease Control and Prevention (CDC)
 on abortions, 60
 on breastfeeding, 63
 “Databases for Public Health Research,” 119
 on health literacy, 91–92
 on importance of SRH information, 17
 “LGBT[Q] Youth Resources,” 117
 on LGBTQIA+ youth, 75
 on national/international observances, 100
 pap testing recommendation, 65
 on pregnancy-related deaths, 8
 on prostate cancer, 64
 on rape survivors, 41
 “Reproductive Health” resource, 115
 resources for continuing education, 106
 STI Treatment Guidelines Timeline, 36, 37
 on STIs in U.S., 38
STOP SV: A Technical Package to Prevent Sexual Violence, 42

- cervical cancer, 65
- cervical caps, 34
- checklist, SRH collection development, 97
- children
- adoption of, 59
 - intersex individuals, 73
 - LGBTQIA+, support of, 80
 - LGBTQIA+ community, denial of care, 8
 - reproductive justice and, 6, 36
 - Sex Talk As Real Talk program, 100
 - sexual and reproductive health rights and, 4
- chlamydia, 38
- “Circles of My Multicultural Self” activity, 89
- circulation numbers, 96
- cisgender, 21
- Cleveland Clinic
- on birthing options, 58
 - on preeclampsia, 56
 - on uterine fibroids, 54
 - website of, 52
- closed captions, 94
- clothing
- gender norms through time, 23
 - sexual violence and, 42
 - transition and, 76
- collaboration
- community collaborations for SRH program, 107
 - for SRH programs, 98–102
 - See also* partnerships
- collection development
- SRH information access and, 14
 - SRH information integration into library, 95–98
- “The Color System,” 43
- Come as You Are: The Surprising New Science That Will Transform Your Sex Life* (Nagoski), 118
- communication, 39
- community
- collaborations for SRH programs, 98–102, 107
 - library as community center, 16
 - library SRH services for, 112
- community needs assessment, 102
- Community Telehealth Access Project (CTAP), 99
- Community Tool Box, 102
- Comstock Act, 34
- conception
- fertility/infertility, 56–57
 - process of, 55
- condoms
- for LGBTQIA+ people, 80
 - most popular types of birth control, 34
 - sex education in schools about, 40
 - for STI prevention, 38
- confidentiality, 90–91
- Connecticut, Griswold v.*, 34
- The Conscious Parent’s Guide to Gender Identity: A Mindful Approach to Embracing Your Child’s Authentic Self* (Tando), 117
- consent
- definition of, 39
 - resources on, 118–119
 - sexual violence and, 41
- content creation, 92–93
- continuing education
- resources for, 106
 - on SRH information, 110
- contraception
- history of, 32–34
 - lack of access to, 16
 - LGBTQIA+ people and, 74, 79–80
 - for prevention of STIs, 38
 - review of, 44
 - sex education in schools about, 40
- contraceptive sponges, 34
- conversion therapy, 72–73
- Cooke, Nicole A., 89, 113
- court cases
- Buck v. Bell*, 7
 - Eisenstadt v. Baird*, 34
 - Griswold v. Connecticut*, 34
 - Lawrence v. Texas*, 75
 - Obergefell v. Hodges*, 75
 - Roe v. Wade*, 60, 96
 - United States v. One Package*, 34
- COVID-19 pandemic
- intimate partner violence during, 42
 - library health care programs, 99
- Crenshaw, Kimberlé, 25, 26
- Crisis Pregnancy Centers, 61–62
- CTAP (Community Telehealth Access Project), 99
- D**
- databases, sexual and reproductive health, 119
- “Databases for Public Health Research” (CDC), 119

Index

Defending Intellectual Freedom: LGBTQ+ Materials in School Libraries (National School Library Standards) (AASL), 113
Defense of Marriage Act (DOMA), 74–75
demisexual, 24
demystify, x
Derkas, Erika, 116
Deskins, Liz, 113
Diagnostic and Statistical Manual of Mental Disorders (DSM-1) (American Psychiatric Association), 71, 72
Diamant, Anita, 103, 104
diaphragm, 34
diversity, 88
“Don’t Say Gay” legislation, 40
Dorr, Christina H., 113
dysmenorrhea (menstrual pain), 50–51

E

EBSCO, 119
Eckstrand, Kristen, 117
ectopic pregnancy, 55–56
EdChange.org, 89, 114
education
 continuing education, 106, 110
 LGBTQIA+ sexual and reproductive health topics, 71–81
 on reproductive health, 49–66
 on sexual health, 31–44
egg
 ectopic pregnancy, 55–56
 egg freezing/embryo creation, 78
 fertilization of, 55, 57
Egypt, 32–33
Ehrenfeld, Jesse M., 117
Eisenstadt v. Baird, 34
Embedded Business Librarianship for the Public Librarian (Alvarez), x
emergency contraception (EC), 34
The End of Bias a Beginning: The Science and Practice of Overcoming Unconscious Bias (Nordell), 114
endometriosis
 hysterectomy for, 54
 secondary dysmenorrhea from, 51
 symptoms of/treatment of, 53–54
“Equity, Diversity, and Inclusion” (web page), 114
Ettarh, Fobazzi, 114

F

Failey, Tara, 35–36
fallopian tubes, 35
FDA (Food and Drug Administration), 34
feedback, 102
fertility, 56
fibroids, 51
First Amendment, 14, 17
Food and Drug Administration (FDA), 34
Foster, Diana Greene, 114
four pillars of comprehensive public health approach to sexuality, 32, 33
freedom of speech, 62
Freedom to Read Statement (American Library Association), 14, 17
Fried, Marlene Gerber, 116

G

Gainsburg, Jeannie, 117
Gay & Lesbian Alliance Against Defamation (GLAAD), 117, 118
gay people
 definition of, 24
 “Don’t Say Gay” legislation, 40
 See also LGBTQIA+ community
gender
 of ALA members, 88
 definition of, 20
 equality, 16
 norms, 23, 32
gender confirmation surgery (GCS)
 description of, 77
 insurance coverage of, 72
 for transgender people, 81
 for transition, 76
gender dysphoria, 72
gender expression
 conversion therapy, 72–73
 definition of, 26
 overview of, 22–23
 transition, 76–77
gender identity
 bias, 25
 conversion therapy, 72–73
 definition of, 26
 gender expression vs., 22
 gender inclusivity at public library, 21–22
 librarian understanding of, 20
 overview of, 20–21

- trans students, protection of, 75
- transition, 76–77
- GenderWatch database (ProQuest), 119
- Georgia, 7
- Getting It: A Guide to Hot, Healthy Hookups and Shame-Free Sex* (Moon), 118
- GLAAD (Gay & Lesbian Alliance Against Defamation), 117, 118
- GLMA (Health Professionals Advancing LGBTQ Equality), 80, 118
- “The Global Health Database for the Public Health Digital Library” (Global Health), 119
- Go Aunt Flow, 104
- gonorrhea, 38
- Google News alert, 96
- Griswold v. Connecticut*, 34
- Gunter, Jen, 114
- Gurr, Barbara Anne, 116
- Gutiérrez, Elena R., 116
- Gutmacher Institute
 - on access to SRH information, 16
 - online resources of, 115
 - “Sex and HIV Education,” 40
 - on sexual and reproductive health, 4
 - state abortion law information, 60
 - on sterilization services, 35
- gynecologic cancers, 65, 100
- gynecological exams, 74
- H**
- Happy Scribe, 94
- Hardwick, Michael, 75
- Hathcock, April, 114
- health
 - See sexual health
- Health and Medical Reference Guidelines* (RUSA), 91
- health care
 - CDC’s STI Treatment Guidelines Timeline, 37
 - court cases/legislation on LGBTQIA+ health care, 74–75
 - health literacy and, 91–92
 - LGBTQIA+ community and, 71–74
 - library and, 99
 - for pregnant transgender people, 78
 - sexuality and, 25–26
- health insurance
 - LGBTQIA+ people and, 74
 - menstrual products and, 103
- health literacy
 - resources for continuing education, 106
 - SRH information integration into library, 91–92
- Health Professionals Advancing LGBTQ Equality (GLMA), 80, 118
- Healthy People 2030 (microsite), 115
- Helping Public Libraries Meet Community Health Needs* (NNLM), 106
- hepatitis B, 38
- herpes simplex virus (HSV), 38
- heterosexual, 24
- Hill, Maisie, 115
- Hispanic Americans, 88
- HIV (human immunodeficiency virus), 38–39
 - Hodges, Obergefell v.*, 75
 - homelessness, 74
- hormonal birth control
 - contraception for LGBTQIA+ community, 80
 - for endometriosis treatment, 53–54
 - most popular types of birth control, 34
- hormone therapy (HT)
 - description of, 76–77
 - in medical transition, 76
 - review of, 81
- hospitals, 98
- How’s It Hanging? Expert Answers to the Questions Men Don’t Always Ask* (Baum & Miller), 114
- HSV (herpes simplex virus), 38
- Hughes, Kathleen, 114
- human immunodeficiency virus (HIV), 38–39
- human papillomavirus (HPV), 38
- human rights
 - abortion as human right, 61
 - menstruation as human rights issue, 52–53
 - sexual health depends on, 32
 - SRH information access as, 15–16
- Human Rights Campaign, 39, 118
- Hyde Amendment, 6
- hysterectomies, 54
- hysterectomy
 - description of, 54
 - for gender confirmation surgery, 77
 - for sterilization of women, 7

Index

I

- Ibis Reproductive Health, 115
 - idea file, 95, 111
 - identity
 - See gender identity
 - identity work
 - importance of, 106
 - library anxiety and, 87–89
 - In on It: What Adoptive Parents Would Like You to Know about Adoption: A Guide for Relatives and Friends* (O'Toole), 115
 - In Our Own Voice: National Black Women's Reproductive Justice Agenda*, 8
 - In Their Voices: Black Americans on Transracial Adoption*. (Roorda), 115
 - in vitro fertilization (IVF), 57, 78
 - inclusivity
 - gender inclusivity at public library, 21–22
 - importance of, xi
 - Indian Health Service Plan, 6
 - indigenous people, 6–7
 - Indigenous Women Rising, 116
 - infant formula, 63
 - infertility, 57
 - information access, 49–50
 - Information Services to Diverse Populations: Developing Culturally Competent Library Professionals* (Cooke), 89, 113
 - intellectual freedom, 13–14
 - interACT: Advocates for Intersex Youth, 73, 118
 - International Conference on Population and Development, Cairo, 1994, 6–9
 - International Journal of Transgender Health*, 119
 - intersectionality
 - definition of, 25
 - in library, 26
 - library collections and, 27
 - intersex individuals, 73
 - intimate partner violence (IPV), 42
 - intracytoplasmic sperm injection (ICSI), 57
 - intrauterine devices (IUDs), 34
 - intrauterine insemination (IUI), 57
- ### J
- Johns Hopkins, 53
 - Johnson, Margaret E., 103
 - Journal of Adolescent Health*, 61
 - Journal of Pain Research*, 50–51

K

- Kaiser Family Foundation, 74, 115
- “KFF—Health Policy Analysis, Polling, Journalism and Social Impact Media” (Kaiser Family Foundation), 115
- Killing the Black Body: Race, Reproduction, and the Meaning of Liberty* (Roberts), 116
- Kirichanskaya, Michele, 72
- “Know Your Rights: LGBTQ Rights” (ACLU), 117
- “Knowledge Is Power: Serving Gender Diverse Youth in the Library” (Hughes), 114

L

- Lancet Public Health*, 32, 33
- Langford, Jo, 117
- LARC (long-acting reversible contraception), 34
- Lavender Magazine*, 118
- Lawrence v. Texas*, 75
- legal landscape
 - librarian understanding of, 110
 - reference services on SRH and, 90
- legislation
 - about sex education in schools, 40
 - on LGBTQIA+ sexual and reproductive health, 74–75
- Lesbian, Gay, Bisexual, and Transgender Healthcare: A Clinical Guide to Preventive, Primary, and Specialist Care* (Eckstrand & Ehrenfeld), 117
- lesbians
 - health care system and, 74
 - risk of teen pregnancy, 79
 - See also LGBTQIA+ community
- “LGBT[Q] Youth Resources” (CDC), 117
- “LGBTQ Resource List” (GLAAD), 117
- LGBTQ: The Survival Guide for Lesbian, Gay, Bisexual, Transgender, and Questioning Teens* (Madrone), 117
- LGBTQ+ Source (EBSCO), 119
- LGBTQAI+ Books for Children and Teens: Providing a Window for All* (Dorr, Deskins, & Naidoo), 113
- LGBTQIA+ community
 - bias in health care, 25
 - HIV among members of, 39
 - PFLAG for, 19
 - reproductive justice for, 8
 - resources on LGBTQIA+ sexuality/health, 117–118

- sexual orientation, types of, 23–24
- sexual violence experienced by, 41
- SRH information for, 81
- states with LGBTQIA+ curriculum ban, 40
- support of, 80
- LGBTQIA+ sexual and reproductive health topics
 - contraception, 79–80
 - court cases/legislation, 74–75
 - final thoughts about, 81
 - health care and LGBTQIA+ community, 71–74
 - pregnancy, 77–78
 - reflection questions about, 81
 - review of, 81
 - supporting LGBTQIA+ community, 80
 - transition, 76–77
- LibGuides, 92, 93
- librarians
 - collection development, SRH, 95–98
 - content creation for patrons, 92–93
 - gender inclusivity at public library, 21–22
 - health literacy of patrons and, 91–92
 - library anxiety/bias in public library services, 87–89
 - moving forward with SRH, 109–112
 - reproductive health information, 66
 - reproductive justice and, 9
 - sexual health resources for patrons, 31
 - sexuality concepts and, 20
 - SRH, demystifying, x
 - SRH information access as core to, 13–15
 - SRH information access as human right, 15–16
 - SRH information access, personal beliefs and, 14
 - SRH integration into library, 107
 - SRH integration into reference services, 89–91
 - SRH programs/community collaborations, 98–102
 - stories about patrons reference questions, ix–x
 - support of LGBTQIA+ community, 80
 - See also* reflection questions
- libraries
 - contraception/pregnancy prevention information at, 79–80
 - gender inclusivity at public library, 21–22
 - implementation of SRH information, 85
 - menstrual justice at, 103–105
 - moving forward with SRH, 109–112
 - sexual harassment in, 43
 - sexual harassment in library, 43
 - sexual violence prevention information, 42
 - SRH information access as core to, 13–15
 - SRH information access as human right, 15–16
 - SRH information access via, 17, 26
 - SRH integration into reference services, 89–91
 - STI stigma, reduction of, 39
 - support of LGBTQIA+ community, 80, 81
- library, SRH information integration
 - anxiety/bias in public library services, 87–89
 - collection development, 95–98
 - content creation, 92–93
 - continuing education resources, 106
 - final thoughts about, 106
 - health literacy, 91–92
 - menstrual justice at library, 103–105
 - programs/community collaborations, 98–99, 102
 - reference services, 89–91
 - reflection questions, 107
 - review of, 107
 - SRH program/partnership ideas, 100–102
 - SRH resource guide ideas, 93
 - tutorials, 94–95
- library anxiety
 - definition of, 87
 - identity work and, 87–89
- “Library Anxiety: A Grounded Theory and Its Development” (Mellon), 114
- Library Bill of Rights* (American Library Association)
 - SRH information access and, 17
 - on upholding intellectual freedom, 13–14
- library patrons
 - See* patrons
- library service, SRH information as
 - final thoughts about, 16
 - reflection questions about, 17

Index

- library service, SRH information as (*cont'd*)
 - review of, 17
 - SRH information access as core to libraries, 13–15
 - SRH information access as human right, 15–16
- library-related resources, organizations, articles, 113–114
- literacy, health, 91–92
- Liu, Vic, 118
- local groups, 99
- long-acting reversible contraception (LARC), 34
- Love Worth Making: How to Have Ridiculously Great Sex in a Long-Lasting Relationship* (Snyder), 119
- Luna, Zakiya, 116
- M**
- Madrone, Kelly Huegel, 117
- magazines, 118
- Maglaty, Jeanne, 23
- Maltz, Wendy, 118
- mammogram, 62–63
- The Managed Body* (Bobel), 104
- marginalized communities, 6–9
- marital rape, 41–42
- marriage, same-sex, 75
- Marty, Robin, 115
- Mayo Clinic
 - on adenomyosis, 54
 - on infertility, 57
 - on risk reduction for STIs, 38
- Mayo Clinic Guide to a Healthy Pregnancy* (Wick), 115
- Me Too movement, 41
- medical abortion, 60
- medical transition, 76
- MedlinePlus, 98
- Mellon, Constance A., 87, 114
- men
 - breast cancer in, 62
 - gender norms through time, 23
 - prostate cancer and, 64
 - sterilization of, 35
 - testicular/penile cancer, 64–65
- menarche, 50
- menopause, 52
- The Menopause Manifesto: Own Your Health with Facts and Feminism* (Gunter), 114
- menstrual injustice, 103
- menstrual justice
 - at library, 103–105
 - library advancement of, 107
 - menstruation as human rights issue, 52–53
- menstrual pain (dysmenorrhea), 50–51
- menstrual products
 - menstrual justice, 52–53
 - menstrual product drive, 105
 - tampon tax, 103
- MenstrualHygieneDay.org, 107
- menstruation
 - as human rights issue, 52–53
 - menstrual interruptions/absence, 51–52
 - menstrual justice at library, 103–105
 - overview of, 50–51
 - as part of reproductive health care, 66
 - perimenopause/menopause, 52
 - uterine fibroids and, 54
- mental illness, 71–72
- Mexican Americans, 7
- Milken Institute, 91
- Miller, Scott, 114
- Mintz, Laurie B., 118
- miscarriage
 - description of, 58–59
 - SRH resource guide ideas, 93
- Moon, Allison, 118
- Movement Advancement Project (MAP), 40, 118
- “Multicultural Education Pavilion—Diversity, Equity, and Social Justice Education Resources” (web page), 114
- N**
- Nagoski, Emily, 118
- Naidoo, Jamie Campbell, 113
- National Coalition for LGBTQ Health, 118
- National Council of Negro Women, 34
- National LGBTQ Task Force, 118
- National LGBTQIA+ Health Education Center, 118
- National Women’s Law Center, 117
- national/international observances, 100–102
- Native Americans and Alaska Natives
 - lack of diversity in libraries, 88
 - pregnancy-related deaths among women, 8
 - reproductive justice for, lack of, 6–7

Native Hawaiians or Other Pacific Islanders, 88
 needs assessment, community, 102
 Network of the National Library of Medicine (NNLM), 106
New Handbook for a Post-Roe America: The Complete Guide to Abortion Legality, Access, and Practical Support (Marty), 115
 New York StateWide Senior Action Council (StateWide), 99
 news alerts, 111
 Nienow, Mary C., 114
 nonbinary people, 21
 nonprocreative sex laws, 75
 Nordell, Jessica, 114
 norms
 gender expression and, 22
 gender norms, 20
 North American Society for Pediatric and Adolescent Gynecology, 61
 North Carolina, 7

O

Obama, Barack, 75
Obergefell v. Hodges, 75
 Office on Women's Health (website), 116
 Okamoto, Nadya, 104
 older adults, 38
One Package, United States v., 34
 online resources, 116–117
Open to All: Serving the GLBT Community in Your Library (toolkit) (ALA GLBTRT), 113
 oral contraceptives, 34
 organizational health literacy, 91
 organizations
 abortion, support for, 60–61
 library-related resources, organizations, articles, 113–114
 list of potential SRH partners, 111
 partnerships with, 42, 74
 for sexuality/LGBTQIA health, 118
 Oswego County Opportunities (OCO), 99
 O'Toole, Elisabeth, 115
Our Bodies, Ourselves (Boston Women's Health Collective), 114
Out magazine, 118
 ovarian cancer, 65
 ovaries, 50, 52
 ovulation, 50

P

Pad Project, 116
 pain, 50–51
 Pan American Health Organization (PAHO), 31
 pansexual, 24
 pap smear, 65
 Parker, Lara, 115
 partner-assisted reproduction, 78
 partnerships
 for health literacy, 91–92
 list of potential SRH partners, 111
 SRH program/partnership ideas, 100–102
 SRH programs/community collaborations, 98–99, 102
 pathologization, 71–72, 81
 patrons
 content creation for, 92–93
 health literacy of, 91–92
 library anxiety/bias in public library services, 87–89
 library SRH services for, 111–112
 menstrual justice at library and, 104
 power dynamics between librarian and, 110
 reference questions about sex, ix–x
 sexual harassment in library, 43
 SRH information at library and, 107
 SRH integration into reference services, 89–91
 PCOS (polycystic ovary syndrome), 51, 57
 penicillin, 36
 penile cancer, 64–65
The Penis Book: A Doctor's Complete Guide to the Penis—from Size to Function and Everything in Between (Spitz), 115
 people of color, 5, 6–8
 Peoples, Whitney, 116
 perimenopause, 52
Perimenopause Power: Navigating Your Hormones on the Journey to Menopause (Hill), 115
 period
 See menstruation
Period. End of Sentence (Diamant), 103, 104
 period poverty, 53, 103–105
Period Power (Okamoto), 104
 period tracking, 105
Periods Gone Public: Taking a Stand for Menstrual Equity (Weiss-Wolf), 104, 115

Index

- personal health literacy, 91–92
 - Pessin-Whedbee, Brook, 117
 - PFLAG
 - link for, 118
 - “PFLAG National Glossary of Terms,” 19, 117
 - pleasure
 - consent and, 39
 - sexual pleasure, 32, 33
 - sexual pleasure and consent resources, 118–119
 - police brutality, 8
 - policies, library, 97
 - polycystic ovary syndrome (PCOS), 51, 57
 - “Poor Communities Exposed to Elevated Air Pollution Levels” (Failey), 35–36
 - population, 35–36
 - postpartum depression (PPD), 58
 - postpartum eclampsia, 56
 - postpartum psychosis, 58
 - post-traumatic stress disorder, 41
 - power dynamics, 110
 - preeclampsia, 56
 - pregnancy
 - birthing options, 58
 - complications, 55–56
 - contraception for prevention of, 32–34
 - Crisis Pregnancy Centers, 61–62
 - fertility/infertility/pregnancy options, 56–57
 - LGBTQIA+ people and, 77–78, 79
 - miscarriage, 58–59
 - overview of, 55
 - pregnancy-related deaths, 8
 - resources about, provision of, 66
 - resources for LGBTQIA+ community, 81
 - sterilization to prevent, 35–36
 - PRH Physicians for Reproductive Health, 116
 - The Pride Guide: A Guide to Sexual and Social Health for LGBTQ Youth* (Langford), 117
 - prison industrial complex, 8
 - Programming Librarian website, 99
 - programs
 - SRH information integration into library, 98–99, 102
 - SRH program/partnership ideas, 100–102
 - promotion
 - menstrual product drive, 105
 - of resource guide, 94
 - pronouns
 - gender inclusivity at public library, 21–22
 - transition process and, 76
 - ProQuest, 119
 - prostate, 64
 - public health, 32, 33
 - public libraries
 - gender inclusivity at, 21–22
 - reproductive justice material, need for, 9
 - SRH collection development, 95–98
 - SRH information access as core to, 13–15
 - SRH information mission, 4
 - SRH information/services, 10
 - Public Library Association, 106
 - public schools, 40
 - PubMed, 119
 - Puerto Rico, 6–7
- ## Q
- QR code, 94, 98
 - queer, 24
 - See also LGBTQIA+ community
 - Queer Sex: A Trans and Non-binary Guide to Intimacy, Pleasure and Relationships* (Roche), 119
 - questioning, 24
 - questions
 - See reflection questions
- ## R
- race/ethnicity
 - lack of diversity in libraries, 88
 - reproductive justice and, 6–8
 - Radical Reproductive Justice: Foundation, Theory, Practice, Critique* (Ross, Roberts, Derkas, Peoples, Toure, & Roberts), 116
 - rape, 41–42
 - Rape, Abuse, and Incest National Network (RAINN), 41
 - reciprocal IVF, 78
 - Reference and User Services Association (RUSA), 90, 91
 - reference interview, 90
 - reference services
 - library anxiety/bias in public library services, 87–89
 - questions about sex/reproductive health, ix–x

- for SRH information, 107
- SRH integration into, 89–91, 107
- reflection questions
 - as consideration opportunities, xii
 - LGBTQIA+ SRH topics, 81
 - reproductive health, 66
 - sexual and reproductive health, 10
 - sexual and reproductive health
 - information as library service, 17
 - sexual health, 44
 - sexuality, 27
 - SRH information, integration into
 - library, 107
- religious beliefs, 61
- The Remedy: Queer and Trans Voices on Health and Health Care* (Sharman), 117
- Reproducing Empire: Race, Sex, Science, and U.S. Imperialism in Puerto Rico* (Briggs), 116
- Reproduction on the Reservation: Pregnancy, Childbirth, and Colonialism in the Long Twentieth Century* (Theobald), 6
- reproductive health
 - abortion, 59–61
 - adoption, 59
 - birthing options, 58
 - breast health, 62–63
 - breastfeeding, 63–64
 - cancers, 64–65
 - crisis pregnancy centers, 61–62
 - databases, 119
 - definition of, 3–4
 - endometriosis, uterine fibroids, adenomyosis, 53–54
 - fertility, infertility, pregnancy options, 56–57
 - final thoughts about, 65–66
 - hysterectomies, 54
 - menstrual interruptions/absence, 51–52
 - menstruation, 50–51
 - menstruation as human rights issue, 52–53
 - overview of, 49–50
 - perimenopause/menopause, 52
 - pregnancy, 55–56
 - pregnancy loss, 58–59
 - prostate, 64
 - reflection questions, 66
 - resources on, 114–116
 - review of, 66
- “Reproductive Health” resource (CDC), 115
- Reproductive Justice: An Introduction* (Ross & Solinger), 116
- reproductive justice (RJ)
 - in American history, 6–9
 - barriers to, 49
 - coining of term, 5
 - definition of, 6
 - as holistic lens, 109
 - population growth and, 36
 - resources on, 116–117
 - review of, 9–10
- Reproductive Justice: The Politics of Health Care for Native American Women* (Gurr), 116
- Reproductive Rights as Human Rights: Women of Color and the Fight for Reproductive Justice* (Luna), 116
- research, 14
- resource guide
 - choosing your SRH tutorial topic, 95
 - content creation for patrons, 92–93
 - SRH resource guide ideas, 93
 - tutorials, creating, 94
- resources
 - for continuing education on SRH, 106
 - library-related resources, organizations, articles, 113–114
 - reproductive and sexual health, 114–116
 - reproductive justice, 116–117
 - sexual and reproductive health
 - databases, 119
 - on sexual pleasure and consent, 118–119
 - sexuality and LGBTQIA+ health, 117–118
- rights
 - sexual and reproductive health, 3, 4
 - SRH information access as human right, 15–16
 - See also* human rights
- RJ
 - See* reproductive justice
- Roberts, Dorothy E., 116
- Roberts, Lynn, 116
- Roche, Juno, 119
- Roe v. Wade*
 - overturning of, 60
 - periods and, 105
 - reversal of, 96
- Roorda, Rhonda M., 115
- Roosevelt, Franklin Delano, 23
- Ross, Loretta
 - Reproductive Justice: An Introduction*, 116

Index

- Ross, Loretta (*cont'd*)
Undivided Rights: Women of Color Organizing for Reproductive Justice, 116
- RUSA (Reference and User Services Association), 90, 91
- S**
- same-sex marriage, 75
The Savvy Ally: A Guide for Becoming a Skilled LGBTQ+ Advocate (Gainsburg), 117
- schools, sex education in, 40
- Scopus, 119
- SDGs (Sustainable Development Goals), 15–16
- semen
infertility, 57
made by prostate, 64
vasectomy and, 35
- sex
definition of, 20, 26
gender identity and, 20–21
intersex individuals, 73
- sex education, 40
- Sex Talk As Real Talk program, 100
- Sex Up Your Life: The Mind-Blowing Path to True Intimacy, Healing, and Hope* (Archambault), 118
- sex&u.ca, 116
- SexEd Library, 116
- sexting, 41
- sexual abuse, 41–42
- “Sexual and Reproductive Health and Research (SRH)” (World Health Organization), 116
- sexual and reproductive health at library
anxiety/bias in public library services, 87–89
collection development, 95–98
content creation, 92–93
continuing education resources, 106
final thoughts about, 106
health literacy, 91–92
menstrual justice at library, 103–105
programs/community collaborations, 98–99, 102
reference services, 89–91
reflection questions, 107
review of, 107
SRH program/partnership ideas, 100–102
SRH resource guide ideas, 93
tutorials, 94–95
sexual and reproductive health information
as library service
final thoughts about, 16
reflection questions about, 17
review of, 17
SRH information access as core to libraries, 13–15
SRH information access as human right, 15–16
- sexual and reproductive health (SRH)
databases, 119
definition of, 3–4
final thoughts about, 9
librarian’s moves for, 111–112
meaning of, 31
moving forward with, 109–112
next steps for library, 111
overview of book’s coverage of, xi–xiii
reference questions about, ix–x
reflection questions, 10
reproductive justice, 5–9
resources on, 114–116
review of chapter on, 9–10
summary of coverage of, 109–111
topics, 4–5
- sexual and reproductive rights
Guttmacher Institute on, 4
WHO on, 3
- sexual expression
librarian understanding of, 20
sexual health and, 32
- sexual harassment, 43
The Sexual Healing Journey: A Guide for Survivors of Sexual Abuse (Maltz), 118
- sexual health
contraception, 32–34
final thoughts about, 44
four pillars of comprehensive public health approach to sexuality, 32, 33
overview of, 31–32
reflection questions, 44
review of, 44
sex education in schools, 40
sexual harassment in library, 43
sexual pleasure/consent, 39
sexual violence, 41–42
sexually transmitted infections, 36–39
sterilization, 35–36
WHO on, 3
- sexual justice, 32, 33

- sexual orientation
 conversion therapy, 72–73
 definition of, 27
 librarian understanding of, 20
 overview of, 23–24
- sexual pleasure
 definition of, 39
 four pillars of comprehensive public health approach to sexuality, 32, 33
 resources on, 118–119
- sexual violence
 definition of, 41
 discourse/action regarding, 41–42
 prevention information, 42
 review of, 44
 sex education in schools about, 40
- sexual well-being, 32, 33
- sexuality
 final thoughts about, 26
 four pillars of comprehensive public health approach to sexuality, 32, 33
 gender expression, 22–23
 gender identity, 20–21
 gender inclusivity at public library, 21–22
 gender norms through time, 23
 health and, 25–26
 overview of, 19–20
 reflection questions, 27
 resources LGBTQIA+ sexuality/health, 117–118
 review of, 26–27
 sex/gender, 20
 sexual orientation, 23–24
- sexually transmitted infections (STIs)
 CDC's STI Treatment Guidelines
 Timeline, 37
 overview of, 36–38
 review of, 44
 stigmatization of, 38–39
- Sharman, Zena, 117
- shelf talkers, 90
- signage, 90
- silence, 44
- Silliman, Jael, 116
- Sims, James Marion, 7–8
- SisterSong Women of Color Reproductive Justice Collective, 5, 117
- slavery, 7–8
- SNAP (Supplemental Nutrition Assistance Program), 103
- Snyder, Stephen, 119
- social stigma, 81
- social transition, 76
- society, 22–23
- Society of Adolescent Health and Medicine, 61
- Society of Obstetricians and Gynaecologists of Canada, 116
- Solinger, Rickie, 116
- Sosin, Kate, 40
- sperm
 donation, 57, 77–78
 in fertilization, 55
 freezing, 78
- Spitz, Aaron, 115
- SRH
See sexual and reproductive health
- states, sex education in schools, 40
- stereotypes, 88–89
- sterilization
 of Native American women, 6
 overpopulation argument for, 35–36
 overview of, 35
 of Puerto Rican women, 6–7
- stigma
 of LGBTQIA+ community, 81
 library anxiety/bias in public library services, 88
 of periods, 104
 silence and, 44
 of STIs, 38–39
- stillbirth, 58–59
- STIs
See sexually transmitted infections
- STOP SV: A Technical Package to Prevent Sexual Violence* (CDC), 42
- subscription, 111
- Supplemental Nutrition Assistance Program (SNAP), 103
- support, of LGBTQIA+ community, 80
- surgery
See gender confirmation surgery
- surgical abortion, 60
- surrogacy, 57, 78
- survivors, of sexual violence, 41–42
- Sustainable Development Goals (SDGs), 15–16
- syphilis, 38
- T**
- “tampon tax,” 103
- Tando, Darlene, 117

Index

- taxes, 103
- teenagers, 79–80
- telehealth appointments, 99
- Tennessee, 7
- terms, 19
- testicular cancer, 64–65
- Texas, Lawrence v.*, 75
- Them* magazine, 118
- Theobald, Brianna, 6
- Title IX, 75
- Tough Topics sign, 90
- Toure, Pamela Bridgewater, 116
- Transgender Health: A Practitioner's Guide to Binary and Non-binary Trans Patient Care* (Vincent), 117
- transgender people
 - barriers/social stigma of, 81
 - characteristics of, 21
 - contraception for, 79–80
 - gender dysphoria term, 72
 - health care system and, 74
 - pregnancy options for, 77–78
 - trans students, Title IX protection of, 75
 - transition, 76–77
 - See also LGBTQIA+ community
- transition
 - library resources about, 81
 - overview of, 76–77
- transsexual people, 76–77
- Trevor Project, 118
- trichomoniasis, 38
- Trump, Donald, 8, 75
- tubal ligations, 35
- Turnaway Study, 61
- The Turnaway Study: Ten Years, a Thousand Women, and the Consequences of Having—or Being Denied—an Abortion* (Foster), 114
- Turner syndrome, 51–52
- tutorials, 94–95
- U**
- Understanding Gynecological Cancer program, 100
- Undivided Rights: Women of Color Organizing for Reproductive Justice* (Silliman, Fried, Ross, & Gutiérrez), 116
- United Nations
 - on abortion, 61
 - on menstruation as human rights issue, 53
 - Sustainable Development Goals, 15–16
- United Nations Population Fund, 3
- United States
 - contraception in, 33–34
 - STIs in, 38
- United States Preventive Services Task Force (USPSTF), 63
- United States v. One Package*, 34
- Universal Declaration of Human Rights (UDHR), 15
- University of California, Los Angeles (UCLA), 41
- University of California–Davis, 42
- University of Kansas, 102
- updates, 96, 97
- “The Urgency of Intersectionality” (Crenshaw), 26
- U.S. Census Bureau, 88
- US Circuit Court of Appeals, 34
- U.S. Department of Education, 75
- U.S. Department of Health and Human Services (HHS), 91, 115
- U.S. Supreme Court
 - Buck v. Bell*, 7
 - Griswold v. Connecticut*, 34
 - Obergefell v. Hodges*, 75
 - Roe v. Wade*, 60, 96
- USAID, 6–7
- users
 - See patrons
- uterine cancer, 65
- uterine fibroids, 54
- uterus
 - endometriosis, 53–54
 - hysterectomies, 54
 - pregnancy, 55
- V**
- vaccination, 38
- Vagina Problems: Endometriosis, Painful Sex, and Other Taboo Topics* (Parker), 115
- vaginal cancer, 65
- vasectomy, 35
- Vincent, Ben, 117
- violence
 - LGBTQIA+ community and, 25, 75
 - sex education in schools about, 40
 - sexual and reproductive rights, 4
 - sexual health as free of, 3, 32, 39
 - sexual violence, 41–42, 44
- virtual meetings, 99

“Vocational Awe and Librarianship: The Lies We Tell Ourselves” (Ettarh), 114
vulvar cancer, 65

W

Wade, Roe v.
 overturning of, 60
 periods and, 105
 reversal of, 96

wage gaps, 8

Walbert, David F., 115

WAS (World Association for Sexual Health), 31

Waukegan (IL) Public Library, 99

“We Could Do Better”: Librarian Engagement in LGBTQ Collection Development in Small and Rural Public Libraries in the Southern U.S.” (Betts-Green), 113

webinar, 111

website, library
 links to health resources from, 98
 tutorial on, 94

websites
 online reproductive and sexual health resources, 115–116
 online reproductive justice resources, 116–117
 online sexuality and LGBTQIA+ health resources, 117–118
 resources for continuing education, 106
 sexual and reproductive health databases, 119

weeding, 96, 107

Weiss-Wolf, Jennifer, 104, 115

welcoming environment, 110

well-being
 in reproductive health definition, 49
 sexual well-being, 32, 33

West Virginia, 7

“When Did Girls Start Wearing Pink?” (Maglaty), 23

White Americans
 lack of diversity in libraries, 88
 quality of health care for, 15
 reproductive justice and, 7

“White Librarianship in Blackface: Diversity Initiatives in LIS” (Hathcock), 114

Who Are You? The Kid’s Guide to Gender Identity (Pessin-Whedbee & Bardoff), 117

Whole Person Librarianship: A Social Work Approach to Patron Services (Zettervall & Nienow), 114

Whose Choice Is It? Abortion, Medicine, and the Law (Walbert & Butler), 115

WIC (Women, Infants, and Children), 103

Wick, Myra J., 115

women

 abortion and, 59–61
 breast health, 62–63
 breastfeeding by, 63–64
 disparities in quality of health care for, 14
 endometriosis, uterine fibroids, adenomyosis, 53–54
 gender bias in health care, 25
 gender equality goal of SDG, 16
 LGBTQIA+, health care system and, 74
 menstrual justice at library, 103–105
 menstruation, 50–52
 menstruation as human rights issue, 52–53
 perimenopause/menopause, 52
 reproductive justice and, 5–9
 sterilization of, 35
 See also pregnancy; reproductive health

Women’s Reproductive Health (journal), 104

World Association for Sexual Health (WAS), 31

World Health Organization (WHO)
 on abortion care, 16
 on breast milk, 63
 on health care information/gender, 25
 on infertility, 57
 on sexual and reproductive health, 3
 “Sexual and Reproductive Health and Research (SRH),” 116
 on sexual health conceptual elements, 31–32
 on sexual health information, 15
 on STIs, 36

World Professional Association for Transgender Health (WPATH)
 contraception search directory, 80
 link for, 118
 standards-of-care document for medical transition, 76

Y

Your Pregnancy and Childbirth: Month to Month (American College of Obstetricians and Gynecologists), 115

Index

youth

conversion therapy among, 72–73

LGBTQIA+ youth, 79–80

See also children

YouTube, 94

Z

Zerrenner, Emily, 103–105

Zettervall, Sara K., 114

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