

Free The Pill

*Native American women and the need
for “Over The Counter” access
to birth control pills!*



NATIVE AMERICAN WOMEN'S HEALTH
EDUCATION RESOURCE CENTER

ROUNDTABLE REPORT NATIVE AMERICAN WOMEN'S
PRESPECTIVE TO OVER THE COUNTER (OTC)
ORAL CONTRACEPTIVES

JUNE 2019



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INTRODUCTION BY CHARON ASETOYER, MA

For Native American women, reproductive decisions were the business of women and not decided for her by her male partner or by the male members of her Nation. Native women had control of their reproductive decisions until the colonization process took control of reproductive health out of the hands of women and put them under the control of the male members of the churches, community members, and policy makers. As part of the colonization process a campaign of assimilation was initiated by the government to mainstream Native Americans. It was intended to pull us off of our lands in order to harvest our natural resources such as gold, oil, coal, water, timber and land for agriculture. First there were the Indian wars then came the assimilation, the boarding schools, relocation and sterilization. Rape was experienced by our people during these various campaigns.

Over the years we as a culture have worked hard to address the various effects that sexual violence has had on our Peoples. Because of the generational effects of sexual trauma that have occurred within our communities it is important to stop and to process it before we can even talk about something like contraceptives. A conversation about contraceptives is a conversation about sex and it brings up all kinds of generational trauma about our history. We have a program called Break the Silence – End Sexual Violence (BTS) that is a community response to sexual violence. BTS assists people with being able to talk about sex by disclosing their sexual abuse. Once that has taken place people are much more at ease about moving forward with talking about contraceptives. In order to even engage people in our communities about the Free the Pill campaign we first have to be able to talk about sex. As part of our FTP campaign we first BTS.

As Native American women we always had the medicines, herbs and techniques to determine our family size and those decisions were not questioned. Native American women will continue to practice and protect our traditions.

The “Free the Pill” is a campaign to make birth control pills accessible as over-the-counter (OTC) contraceptives. The term “Free the Pill” means different things to different cultures and communities. For Native American women, it means less government control in our lives. Our primary

health care provider for those living on reservations is the Indian Health Service (IHS), a division of the US Government Health and Human Services—a system full of control, paper work, and time spent waiting for services or approval of services, often accompanied by violations of confidentiality, individual rights, and human rights.

It is not unusual for a person to go into an IHS facility for services having to wait for several hours before they see a health care provider, and then wait for hours for the pharmacy to fill their prescription of medication. Over the years there have been violations of human rights committed by IHS through various methods. Native American women have been exposed to drug trials, as Depo Provera was tested on Native women before it was approved as a contraceptive, women given forced sterilizations, and refusals to remove Norplant upon request—are but a few examples of human rights violations.

History dictates a mistrust concerning reproductive health services for Native women. It is not easy for Native women to trust in total the IHS system when it comes to managing our reproductive health. Native women need to receive the same level of reproductive health care as all other women in this country. When you add on to all of the above, the rural isolation, the lack of resources, and the oppressive federal policy that governs the IHS system, it is easy to understand why Native women often do not trust the system entrusted to provide health care.

It is important for Native women to be involved in the Free the Pill campaign so we can advocate for our communities to ensure that we know about the campaign and are included in the provision of the birth control pill by the I.H.S. when it is released as an OTC product. We want it accessible as an OTC product when the general public has it available, so we do not have to wait years for it as we did with Plan B emergency contraception after it went OTC for the rest of the country.

Charon Asetoyer, MA,
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EXECUTIVE SUMMARY BY PAM KINGFISHER

The Native American Women’s Health, Education, Resource Center (NAWHERC) is a project of the Native American Community Board (NACB), based on the Yankton Sioux Reservation in Lake Andes, South Dakota and has been serving Indigenous women and families for 32 years. It is headquartered in the Resource Center, which provides direct services to the communities, including working on policy issues that improve the health and wellbeing of Native women and their families.

The Oral Contraceptives (OCs) Over-the-Counter (OTC) Working Group is committed to making the birth control pill available over the counter to reduce disparities in reproductive health care access and outcomes, and to increase opportunities to access safe, effective contraception, free of unnecessary control, as part of a healthy sexual and reproductive life. The Native American Women’s Health, Education Resource Center (NAWHERC) has been participating in the OCs OTC Working Group for the past three years. The working group’s effort and message is communicated to the public through Free the Pill, a multi-year public education campaign supporting an over-the-counter birth control pill.

We are the organization that successfully advocated for the Indian Health Service to put emergency contraceptives (Plan B One-Step) over the counter, but it was five years after the rest of the women in the country had over-the-counter access. We would like to see OCs OTC reproductive justice access for Native women to happen simultaneously as the rest of the women in the US. We are working with the national Free the Pill movement and have created an educational campaign tailored to Native women and girls and plan to roll out activities along with the national coalition. We are not totally on our own, but we want to have access simultaneously.

In our work, we utilize traditional “talking circles” or roundtables with community women to identify priority



areas for our work. Throughout 2016 we hosted women’s roundtables on rape and sex trafficking, with the women’s recommendations leading to a broad campaign to break the silence and create safe zones for young people to seek help. Reproductive justice issues for Native American women are a blanket woven of all of these aspects of our sexuality – access, choice, family dysfunction and sexual history and/or trauma. By hosting talking circles with Native women in the “bellwether” states of Oklahoma, New Mexico, and South Dakota, we take our directions from the women in the communities most impacted by restrictive policies. By utilizing a traditional and confidential process, we identify the issues and gaps Native women face in accessing health care and turn them into helpful policies.



INDIAN HEALTH CARE

Health care for most Native Americans is provided directly by the Indian Health Service (IHS) system and through tribally contracted and operated health programs (Public Law 638), with some services purchased from private providers (contract health). The federal system consists of 26 hospitals, 59 health centers, and 32 health stations. In addition, 33 urban Indian health projects provide a variety of health and referral services.

The IHS, an agency within the Department of Health and Human Services, is responsible for providing federal health services to American Indians and Alaska Natives. This mandate was established in 1787 based on Article I, Section 8 of the Constitution, and has been given form and substance by numerous treaties, laws, Supreme Court decisions, and Executive Orders.

The IHS provides health services for approximately 2.2 million of the nation's estimated 3.7 million American Indians and Alaska Natives who belong to 573 federally recognized tribes in 37 states. Natives born today have a life expectancy that is 5.5 years less than the US all races population (73.0 years to 78.5 years, respectively). American Indians and Alaska Natives continue to die at higher rates than other Americans in many categories, including chronic liver disease and cirrhosis, diabetes mellitus, unintentional injuries, assault/homicide, intentional self-harm/suicide, and chronic lower respiratory diseases. The statistics showing "lingering health disparities of American Indians and Alaska Natives are troubling" according to the Indian Health Service. Many times, these institutions are places of trauma, where someone else is policing our bodies.

FREE THE PILL CAMPAIGN

The OCs OTC Working Group is committed to making the birth control pill available over the counter to reduce disparities in reproductive health care access and outcomes, and to increase opportunities to access safe, effective contraception, free of unnecessary control, as part of a healthy sexual and reproductive life. Our combined effort and message is communicated to the public through Free the Pill, a multi-year public education campaign supporting an over-the-counter birth control pill. Birth control pills are some of the best studied medicines on the market today, with longstanding support from medical and public health experts, with decades of research and experience show that they are safe for over the counter use.

These are the findings of our Native women's Roundtables held in 2017 and 2018 to present our campaign and to gather women's input on how this campaign might impact their lives.

During the fall of 2017, our team worked with a focus group of young people on the Yankton Sioux Reservation in Lake Andes, South Dakota to develop Native-focused messages for our community education objectives. We then engaged a Native woman graphic artist to design our Free the Pill swag and other materials using these messages.

We officially kicked off our Free the Pill (FTP) campaign at a Native Women's Roundtable held at our Native American Women's Health Education Resource Center in South Dakota in December 2017. Mothers, aunties, and daughters discussed the barriers to access birth control on reservations, at the Indian Health Service, and in rural areas in general. It was also noted that many of the hospitals and clinics in South Dakota are Catholic owned, allowing them to be very restrictive about birth control. With few choices and many miles between resources out on the plains, women are forced to accept whatever is available.

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*“It is so great to be in a room of Native women!
Rural areas need to have voices on these issues, it all
works different in rural communities.”*
.....

.....
*“This is like being at the kitchen table with friends, aunts
or grandma starts talking to you like adults, once
again getting that information around the kitchen table.
The more accurate information you can pass on to your
friends that aren’t here, the better.”*
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In March of 2018, our team spoke on three panels and hosted an educational table at the Take Root Red States conference at the University of Oklahoma in Norman, OK. We also hosted another Native Women’s Roundtable in Norman, which included participants of Comanche, Cherokee, Kiowa, Apache, and Sisseton/Wahpeton tribal heritage. We presented the information about a progestin-only pill for over-the-counter access. Even though our community generally utilizes the Indian Health Service for health care, we also have a large population living in urban areas. There are many reasons for our Native women to benefit from over-the-counter access, be it convenience, privacy, youth access, or abuse.

In Albuquerque, NM in May of 2018, we hosted a Native Women’s Roundtable to present the FTP campaign and gather women’s input on this OCs OTC effort. With a small group of fifteen women, elders from the Pueblos shared stories of the colonial treatment of Pueblo women by Spanish invaders. They linked this historical treatment to what they are witnessing today in the same small communities, now facing sexual assault and trafficking. These elder women see OCs OTC as a leap forward in regaining our body sovereignty as Native women.

The next day we met with approximately forty young girls at the Native American Community Academy, a Native

charter school in Albuquerque, New Mexico in a focus group setting. We talked with four classes of inter-tribal girls to discuss birth control and determine their level of knowledge and introduce information regarding the movement to make the pill available OTC. We learned so much from the young voices regarding the information and the birth control methods they are being given.

In June of 2018, our team set up an information booth at the National Congress of American Indians (NCAI) mid-year session, which hosts over 800 tribal leaders to discuss many issues, including health care. We shared campaign information and swag with over a thousand Native attendees. This outreach to the tribal leaders is very important in introducing new ideas and to meet with the Violence Against Women Act (VAWA) committee and other health committees at NCAI. We have successfully obtained an NCAI Resolution in support of our work on emergency contraceptives and sexual abuse and legal advocacy. This networking is a very important aspect in reaching out to tribal leadership with reproductive justice information, as we look forward to returning to request support and action on this in the coming years.





Working with longtime partners, our team set up an information table at the South Dakota Coalition Against Domestic Violence & Sexual Assault's annual meeting September 2018, in Rapid City, South Dakota. We shared information, swag and presented on two panels for the elders of the movement and the many young advocates gathered together.

We joined other OCs OTC advocates at the North American Forum on Family Planning in October 2018, in New Orleans, Louisiana to share our efforts with a broad audience of health care providers. As we share our stories in the general public, we understand just how our situation is unique in the American experience, and how little is understood about the Indian Health Service by the general public.

POLITICAL AND PERSONAL CHALLENGES

We are witnessing daily assaults on access to birth control by the Senate and state leaders around the country. We worry that as insurance companies are given the green light to deny birth control coverage, this restrictive policy could work its way into the Indian Health Service and/or tribal health budgets.

Even in this hostile political environment, we are given hope by the states that are moving forward on birth control access. In a growing number of states and Washington, DC, pharmacists are now allowed to prescribe the pill and other hormonal methods, including the birth control patch, the vaginal ring, and/or the shot. So, you no longer have to see a doctor for that prescription, which has the potential to expand access for millions of people. But, that is not the same as being truly over the counter—it still involves a gatekeeper and can only happen one state at a time. The coalition partners believe we can move a birth control pill over the counter with steady advocacy and political pressure.



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MESSAGES

Our NAWHERC social media campaign is ongoing and extensive, our Face Book page has over 10,000 “likes” and our posts regularly receive “views” and “shares” in the thousands. All of our women’s meetings (roundtables, focus groups) are posted as they are happening and are shared by participants and supporters. Radio public service announcements (PSA) were created at our own KDKO 89.5 radio station and shared with other Native radio stations in the network.

FREE THE PILL PSAs

- 1) Free the Pill is a national campaign that would give women the right to access low-dose birth control pills over the counter without a prescription even at Indian Health Service. You can follow the campaign at freethepill.org or on Facebook. Paid for by the Free the Pill campaign.
- 2) If low-dose birth-control pills become accessible as an “over-the-counter” contraceptive it would mean that Native women could walk into the Indian Health Service Pharmacy and request their pills without having to wait all day to see a health care provider. For more information on the national Free the Pill campaign find us at Freethepill.org or on Facebook. Paid for by the Free the Pill campaign.
- 3) In an abusive situation does he go through your purse, find your pills, and throw them away? If low-dose birth control pills were accessible as an “over the counter” contraceptive, you could go into your Indian Health Service Pharmacy and request a replacement packet of birth control pills without having to take the time to see a health care provider. For more information on the national Free the Pill campaign, follow us at freethepill.org or follow us on Facebook. Paid for by the Free the Pill campaign.
- 4) Be a part of the Free the Pill campaign to make low-dose birth-control pills accessible as an “over-the-counter” contraceptive by wearing your Free the Pill T-shirt or by carrying your canvas tote bag to the next community event, to the casino, or just around the town. You can follow us at freethepill.org or on Facebook. Paid for by the Free the Pill campaign.
- 5) Did you know that Native women are a part of the national Free the Pill campaign to make low-dose birth-control pills accessible over the counter, which would include being able to access them as an OTC at the Indian Health Service? You can follow the campaign at freethepill.org or on Facebook. Paid for by the Free the Pill campaign.
- 6) Just think how much time you would save the next time you went to Indian Health Service to pick up your birth control pills if you didn’t have to see a health care provider. You could just go up to the pharmacy window and request them. You can follow the campaign at freethepill.org or on Facebook. Paid for by the Free the Pill campaign.



ROUNDTABLE VOICES

At each session we discussed the full range of birth control and every woman has a story of how she learned about or received birth control. We received as many questions regarding birth control from older women as we did from the young girls. It was clear that information is not readily available and can be confusing. The range of women’s experiences spanned decades of the evolution of birth control.

Birth control pills were much more dangerous in the early years, but women took them anyway. Eventually pharmaceutical companies reduced the estrogen dosage, so we don’t see the complications anymore in today’s low-dose pills. In the past, even condoms were given by prescription only at IHS, but advocates successfully lobbied to get them over the counter. This happened during the 1980’s AIDS epidemic, as a way to protect our community. Now there is a rise in sexually transmitted diseases (STDs), and condoms are more important than ever. There is a program called “Trojan Ambassadors” and they talk about birth control and sex from a male perspective. Also, the “Rez Condom Tour” group working on the Navajo Nation is a great example of our own young people advocating for sexual health. When the Rez Condom Tour inspected condoms at one IHS hospital in Arizona, they found the condoms to all be past their expiration dates. This information was shared in each Roundtable discussion.

“Birth control is about your perspective—some children came from a deep need to be a mother; the pill wasn’t best for me. I was molested as a child, and I didn’t remember to take it every day. I had an internal voice of ‘Have a baby!’ Talk about who they are, so they don’t have babies to fill the empty space inside. The adults around me were all alcoholics, so having children can be our own unconscious choice to fulfill our needs. We need to talk to them and let them know they are needed and special. Work on the person behind the pill.” – Elder

“Girls could help each other if they have over-the-counter access to birth control. You can get a friend to get pills for free at IHS and share them with you. We have a lot of requests for Plan B around prom time, so we encourage moms to get emergency contraception every time they go to the hospital or clinic—just in case it’s needed.”

“One of my friends in high school was taking the old style high-dose pills and smoking and she had a blood clot hit her eye and she lost her eyesight and another friend had a stroke.”

“I was on the combo pill, but we didn’t know I had Hashimoto’s thyroid disease, so I was just a mess on the combo pill. I read the symptoms being hypersensitive, paranoid, gaining weight, and I had all of that, only doubled because of the Hashimoto’s disease. That’s how we found I had this other disease, because of all the symptoms.”

“Access to birth control is important, because of my work with a left-wing organization, I learned to talk about this issue and knocked on doors and found that most people feel the same way. I was pregnant at 14 and 17, because I had no access. I know my life would be different if I had access and information about birth control.”

“Is there more peer pressure now? Is it considered a rite of passage? Is there a timeline, you have to have this done by age 17 not 21? Could it be you lost your virginity on a dare? Or you were molested and think it’s normal? We don’t talk about sex. Here we are 40 years later and who is still in control? Men and these corporations, that’s who. So, self-esteem and feeling good and hold your head up and stand up and be proud and empower yourself. Little steps to make you feel good about yourself. We used to have ‘women’s lib’ groups and we got together and talked.”

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CONFIDENTIAL YOUTH WRITINGS

Four classes of female Native American Community Academy (NACA) students who took part in our focus group discussions each participated in "silent writing" their thoughts anonymously and throwing them into a basket in the middle of the room. There were only two writings that were against birth control pills, but they were grossed out by the whole conversation about sex in general. The young girls asked us basic questions, such as "How do you see a doctor to get a prescription?" We assured them that at the age of 13 it is okay to get medical services confidentially, again underscoring how little our young women know about their legal rights to access.

- "Buying it is easier and honestly it would be good for girls to just get it and it's for a good reason."
- "My mom took birth control pills and said they can make you crazy!"
- "It would be so helpful. Because I'm pretty sure that native women have the highest sexual violence rates ever! It could save lives and families!"
- "Over the counter would help because some women need it and we would rather them to be safe. Especially if they aren't in a stable home with sexual assault."
- "Most girls I know that have birth control have the Depo shot."
- "Yeah, I think it might be beneficial because some girls can't tell their parents and it will help them. I took my cousin to the Teen Health Center and she got the implant. We went to go get it because we wanted to be cautious because our sister cousin got raped."
- "It would help with both pills for Native women because of sexual assault rape that happens so they won't get pregnant. Also, so it will just be easier for us and because it's our bodies, we should be able to control what we want /do with our bodies."
- "Women in my family use Depo, implant and that other thing that you put up inside."
- "I think it should be easy, because if there is a rape and you don't have much time if you get raped"





Challenges of Government Healthcare

The history of drug experimentation and forced sterilizations by the US government on Native American peoples is a very important reality to be aware of. It is well documented that the government and pharmaceutical companies tested Depo-Provera on Native women in prisons and mental health facilities to get a dosage regulated prior to its' release. Senator James Aborezk (D-SD) is an attorney in South Dakota who convened Senate committee hearings on the issue in 1978 and you can read about Senate findings at <https://catalog.hathitrust.org/Record/011343144>.

Don't always listen to the white jacket - you have to know your own health conditions!

If you take Depo Provera it is important to watch for contraindications and symptoms such as blood pressure going up, you can get diabetes, weight gain, baldness, and breast cancer. It's convenient for the health care provider; but you might have medical conditions and can't take it.

During our visit to the Native charter school, a student went to the school nurse to report a sexual encounter and the nurse immediately gave her a Depo-Provera shot. This was very concerning to our team. Such casual use of Depo Provera on a young girl can cause complications she was not informed about. If you are in a permanent relationship having sex every night with your partner, the pill is convenient. But for young people having sex 1-3 times a month, they could use Plan B, instead of taking hormonal oral contraceptives (most emergency contraceptives recommend only using once per cycle).

“Student based social health service at school gives it to them here. Depo is always in stock! The doctor discusses everything with the parents, and my dad said, ‘It’s most convenient for you, but it’s not the healthiest choice.’

“One of our students just got sexually active and went to IHS and they gave her Depo-Provera in her arm on Monday. She had no time to research her choices. We need to have student-based health centers plugged in to this effort.”

“Getting my IUD removal was a real ordeal. I had to keep telling them my symptoms and they made it really difficult. I had it for a year, and it didn’t feel right. I had tracked my days and when my menses was too dark. The practitioners asked me, ‘What else is going on?’ When they really didn’t want to take it out, they just kept asking me why I wanted it taken out. My husband was scheduled for a vasectomy in March and when I shared that, they finally accepted it as a valid reason. It was such a weird experience to have to say that to them as justification for removal. My husband got Percocet after his vasectomy, but he didn’t need it.”

History of Colonialism

The history of control over women's bodies comes from the ancient patriarchy and colonization, which Native women have experienced since white men arrived on our shores. To them, we are exotic, “other” and free to be conquered, just like the lands. Pocahontas was our first documented sex trafficking of a young 12-year-old Native woman in 1685 and this is an ongoing phenomenon today.

From the conquest of our lands, tribes were given certain rights in our treaties with the US government. Health care is one of the most important rights provided by these treaties, coming out of the War Department. The Public Health Service and subsequently the Indian Health Service were created to provide these rights.

The boarding school systems of the early 1900's institutionalized sexual assault in our communities for the first time and created a shame and silence about sex, which we must end to protect our women.

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Older Native women have a lot to say about the impact of colonialism on our lives:

“Why and where did this need for control come from? These men all came from a vagina. They want to control it all, they took our control over our bodies away from us and erased the teachings that belonged to the women and they had to rewrite it in their favor. We know it’s not true. In my PhD work, I’m uncovering all of these kinds of things that are so interesting. Women have that knowledge and we know what to do. Don’t be afraid to talk about birth control and share this information with each other.”

“The men are scared because they don’t know our women’s ways. They can never acquire and be a part of our knowledge systems. Patriarchy was mandated to the tribes by the US government and now they no longer respect gender roles. Giving birth and life is sacred. It’s our women’s business. They don’t know these things; it wasn’t given to them. As women, the gift of giving birth is our strength. It’s all topsy-turvy in our communities now.”

“The Spanish did similar things to our women—they took a lot of women as slaves into the churches and they had children with them. Before that a woman freely chose who she was going to live with, and he had to come and live at her house with her family. The Spaniards didn’t want to acknowledge their children, so they declared to the women that they had to go, ‘We can’t have this.’ Columbus even said that. Before white men, we had no judgement about sex and women’s choice.”

“In 1540 the Spaniards influenced how we treat childbirth as well. King Louis 14th enjoyed watching women give birth on their back and spread-eagled, so because of him women are made to lay down to give birth on a table. This is not our traditional teachings and it is very unhealthy for women and babies.”



One woman pointed out that during the assaults on witches in Europe by men it was the contraceptives and abortion herbs that they went after first.

Confidentiality

Most of our tribal communities are like a small family and we all have relatives and neighbors who work at the tribal or Indian Health Service clinics. This has created confidentiality issues for many people, especially young girls. There is such a cultural stigma about young people and sex in our communities. It is okay if they are exploring their sexuality, but they should be protected with information and appropriate birth control methods.

A young person can go to a doctor and get a prescription without a parent knowing, but you still have to see a provider and get a prescription. An over-the-counter progesterin-only pill would make a big difference, if you could just buy it at the drug store.

“With my older daughter we’ve talked about it and taken her to IHS to see an OB-GYN to get on birth control pills. The first question the doctors asked her is, ‘Are you sexually active.’ I have to be in the room with her, so she’ll say no. Doctors don’t need to know all that.”



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“When I was in school, the nurses gave me a bag of foam and condoms to talk to other girls, so we had a little whisper campaign and girls would come to my room to get what they needed. It’s always good to find out who would be the best peer advocate and keeps everyone’s secrets!”

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“How many even go buy condoms? My girls are embarrassed to buy tampons. Some girls are scared to eat at school or go to the bathroom. It’s all too embarrassing for them.” – Mom

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“A big part of this is just being comfortable talking about sex. How do young ones learn about their bodies and everything that a woman’s body goes through while developing? Do you know what goes on with a male? I’m an oldie—we had sex then, but it was delayed. There were always whispers of, ‘So and so, they did it.’”

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“I can talk about it, but I cannot talk to my girls about it. The girls say, ‘I just don’t want to talk to mom about it, but with my friends, well we get very graphic.’”

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“Recently my daughter found a condom on my dresser, and asked, ‘Mom, what is this?’ and I told her it protects me from diseases. Diseases can prevent you from having babies. I told my daughter very early about where babies come from and used the proper terminology for everything. I shocked some people, but I don’t want her to be ashamed or embarrassed about her body.”

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Convenience

On reservations or in rural areas, it would be so much more convenient to pick up your birth control when you are running errands. This would mean no more special trips to the



hospital or clinic just for an appointment, saving lots of time and money. If the pill is more affordable and accessible over the counter, then a woman can ensure she won’t miss a pill waiting for gas money, or when a paycheck comes. You won’t have to wait for your prescription to run out to purchase birth control.

Access to birth control is critical for Native American women, especially due to our extreme statistics on domestic violence, rape, and sex trafficking. Geography plays a large role as travel off-reservation requires resources (car, gas, time) to make a 150-mile round trip to drug stores. The IHS hours of operations make it hard for working women to be seen in clinic, and they are even closing emergency rooms on weekends on some reservations. Having open access to birth control contributes to women’s self determination to their own decisions.

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“I’d be fine with going with my mom and we can talk about anything, we are very close, so she knows everything. I would go alone if I could the pills over the counter. This would be great for rape and there are more girls getting pregnant—I’m not taking the pill now.”

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“I used to hang a basket of condoms on the bathroom door for the boys to get—buy a case and keep them around. Oh sure, we’d see balloons on the trees at first, but then it became routine.”

Safety, Social Media and Domestic Violence

Birth control can be a safety issue for women in abusive relationships. Many times, the abuser doesn’t like a woman to have the pill as part of his need for control over her body. Obtaining birth control over the counter would allow women to access birth control on their own and provide some anonymity for women—“he doesn’t have to know about it” which could protect her.

At NWHERC we have operated a domestic abuse shelter for thirty years and we hear women say, “He found my pills and threw them away.” It’s a form of control over women that is used more than we think. When a perpetrator takes birth control away from his wife, accusing her of getting pills behind his back, she then has to sneak back to IHS and explain to the doctor why she needs another prescription. Usually she is out of luck. Why do we have to ask permission to get birth control?

In our communities, we have an expression, “Looking for love in all the wrong places,” and many times our young women are coerced into sex trafficking because they are open to being treated nice by some charming man. We need to tell our girls about these predators and really build up their self-esteem, so they are not so vulnerable.

“I have a friend with a granddaughter she is raising, and the girl got pregnant from a charmer in the oil field. I am hearing the same story from you, that I am telling. Then I told another friend about their story and I got in trouble, ‘why are you telling people my business?’ and she stopped talking to me. I don’t know what happened to the girl, she might have gotten an abortion now, she was about 17 years old.”

“Social media is a real problem for our kids. When girls post personal things, like depressing posts, they are getting attention from trafficker men; let the girls know not to put that out there... I messaged a girl and warned her not to put all her feelings out on Facebook. Because our girls are sheltered, they don’t know what is going on out there. I didn’t know Anadarko was like that. So, I always say to them, ‘Hold your head up, do not be afraid. Don’t make yourself a target.’ I was a tribal policewoman, and I could see the activities going on. Protection is important.”

Protection Not Permission

We need to be clear that providing birth control pills is not a “license to be sexually active,” as many parents worry. Our women’s circles discussed this challenge, especially wondering how we talk to other people’s kids without permission and without offending parents.

“I asked one mother, who questioned me, to look around the reservation and see who is pushing the baby carriages and how old are they? We have so many young ones with babies, they are just 13-14 years old themselves. Then they have to drop out of school, because there is no childcare available. Some parents do change their minds about birth control access after a while.”

“We went into the Pueblos and there was a teacher who came in with an attitude, but at the end she was asking for us to come and speak to her girls.”

“I think that being able to get birth control over the counter is important. I had a friend that was fostering three little girls who were all under age of nine—the oldest girl’s stepdad and two younger ones’ dad was molesting them. She would tell me things these little girls would do. I got so mad I had to tell them not to do those things. But it was instilled



in them to be promiscuous at such a young age, as babies. Listening to the earlier session about incest and not telling, well our Native children like these three girls—this is happening everywhere, and some girls might be at the age they can get pregnant. They should be able to get birth control. They don't want to have sex with dad or uncle or whoever, but childbearing females need to be protected and have access to birth control to prevent that kind of incest pregnancy. For birth control it's touchy, because I'm not saying go be promiscuous, but get on the pill and protect yourself; I couldn't imagine. I was molested when I was in kindergarten. I told my dad when I was 22—dad loved my perpetrator and always praised him, so I told my dad and he was shocked. I think about these young girls and babies that are being abused on a daily basis and it's nothing for them to have sex with their relatives. That's why I felt that when someone tells me their suspicions and they are not doing anything, I get upset. I think about situations like this and I really feel that birth control should be accessible."

"I think this would be great for my granddaughters to have. The older one would be in favor I'm sure. I'm thinking about the younger girls; they'll be of age soon."

"We see lots of Natives moving off reservations; everything is still very restrictive in the Pueblos here. Things change very slowly, if they change at all. This could be so empowering for the young ones, as we show them, we are reclaiming who we are and our responsibilities as women."

"My sister in law has a problem with her younger sisters and daughters taking her [birth control] pills. They won't go in to see the doctor at IHS, so she keeps losing her pills."

"Women can really promote POP OTC as a way to reclaim your body sovereignty. We had control of our bodies to be in alignment with our moon time and this knowledge gives self-determination back to our women. Make it sexy and

interesting. Give women courage. We can share information about herbal medicines—and give them a hint about how to take care of themselves. Kids here have a big fear of their parents now and are reluctant to talk openly. The support and care of close community members and friends used to be a completely different experience for our people."

"My niece here, we lost her mom and I'm the female figure in her life. We see each other five times a week, so I'm not there every day. Our men are very traditional men and keep traditional lives and attend Native American church, and sex never gets spoken about. She is the oldest with her two brothers, and I'm the closest thing to be her mom; I'm the last one she wants to hear about sex from. She is listening to you better than me. We spend a lot of time together, but not 24/7, and that worries me. I can't keep that close an eye on her, and we have no evening time to catch up. If she could take care of herself without her dad, this would work. She is 15 and 6-foot-tall and men are already looking at her. She plays sports and I want her to go far in the world. This meeting is a Godsend for us, to work with and through all of you. We need this. Reservation folks never talk about this. All girls need to have access to OTCs OTC. And the knowledge we are powerful and beautiful, we are more than anyone's wife or partner; I'm honored to be a part of this work of women taking care of ourselves without a doctor."

CONCLUSION

Overall, we found that Native women and girls are interested in and supportive of birth control pills being available over the counter. We found that in our work we need to continue discussing birth control in our community meetings. Our young girls are not receiving sex education at school and know very little about birth control. We have been reminded of the need for ongoing discussions and updated information for our Native community. This campaign took us back to some of our early work in the 1990's, and now we are recommitted to ensuring updated information is readily available to our community, especially our youth.

FREE THE PILL

NATIVE AMERICAN WOMEN AND THE NEED FOR "OVER THE COUNTER" ACCESS TO BIRTH CONTROL PILLS!

The map of the world created by the Free the Pill coalition showing that most women in the world have open access to the pill without a prescription, except the Western capitalist countries, is a real eye opener for our community members. This map visually shows that a majority of women in the world have access to the pill OTC, just like cough syrup.

This was shocking to our Roundtable participants. Rural areas need to have voices on these issues, as it all works differently in rural communities. We have so few options, many women think that oral contraceptives should be free and easy as ordering it online and having it mailed to them.

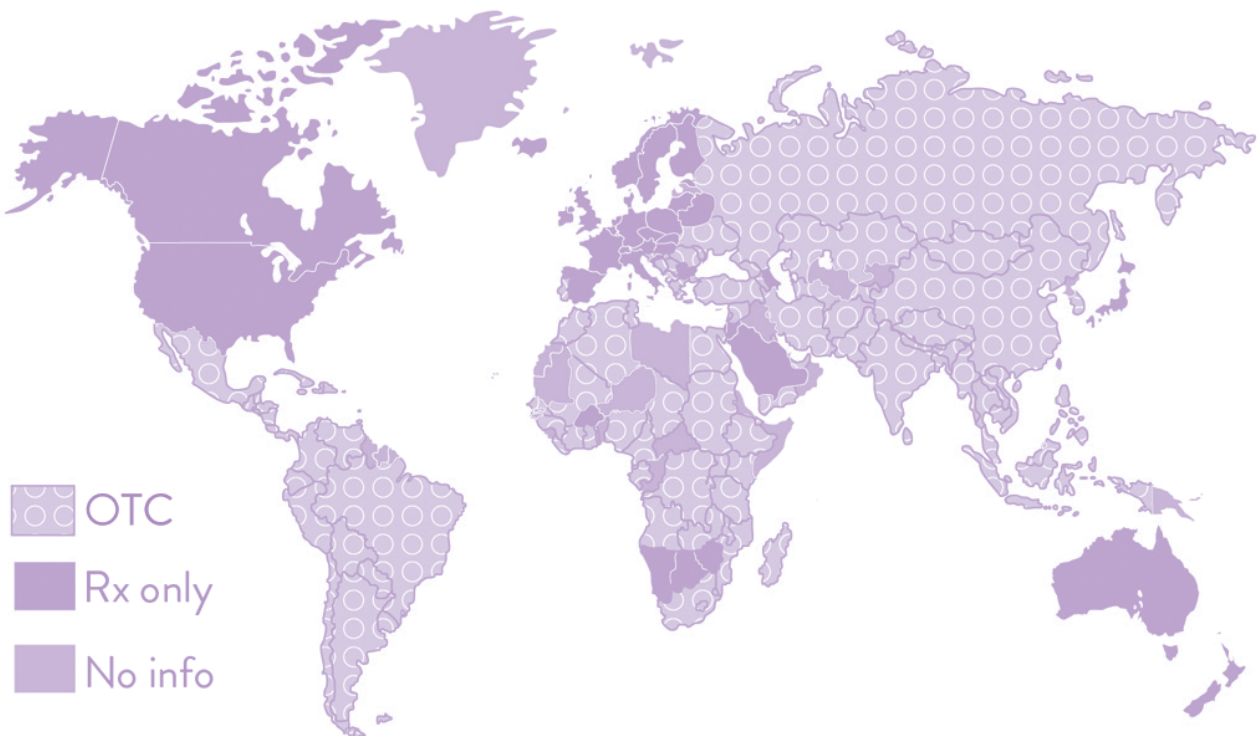
Free the Pill



[The Pill](#) [The Project](#) [Questions](#) [Resources](#) [Voices](#) [Act](#) [Contact](#)

Where on Earth?

The pill is already available over the counter in a lot of countries. For more detailed information, please visit the interactive world map at OCsOTC.org



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We were surprised by the number of women using Depo-Provera with very little understanding of how the different birth control methods work. Our young women do not understand the basics of sex, STDs, and procreation and unfortunately, Native women are under the impression they have to accept whatever methods the providers give us at the Indian Health Service, rather than being in control of our education and choices. It is up to advocates to ensure suitable choices of birth control are offered to Native women through the Indian Health Service and tribal clinics, along with needed educational efforts.

For Native American women, a variety of issues are interconnected around sex and birth control and then we are forced to comply with complicated federal policies and preferences. Native women deserve to have equity in our health care, including receiving quality products in a timely manner, and we deserve the right to choose a method that works for us and to be treated with respect and confidentiality. We still have traditional women's groups in the tribes up north,

and we have always said, "The business of women is the business of women."

We are asking the Indian Health Service and tribally operated health centers to support OCs OTC in order to ensure that birth control is accessible for Native women at the same time that all other women receive over-the-counter oral contraceptives in the US.

We are concerned that Native women do not have the information in order to make informed choices about basic birth control and in many cases are not aware that they can say no to a health care provider or specific services on family planning.

Native women are still being left behind on the most progressive reproductive health and justice issues, so we feel we must continue to advocate for reproductive justice for our women and girls. We have almost come full circle from the illegal sterilization of Native women to regaining our body sovereignty, but there is more work ahead.



FREE THE PILL

NATIVE AMERICAN WOMEN AND THE NEED FOR “OVER THE COUNTER” ACCESS TO BIRTH CONTROL PILLS!

RESOURCES

Current Birth Control Methods

METHOD	EFFECTIVENESS	HOW TO USE	PROS	CONS
The Implant	>99%	A health care provider places it under the skin of the upper arm It must be removed by a health care provider	Long lasting (up to 5 years) No pill to take daily Often decreases cramps Can be used while breastfeeding You can become pregnant right after it is removed	Can cause irregular bleeding After 1 year, you may have no period at all Does not protect against human immunodeficiency virus (HIV) or other sexually transmitted infections (STIs)
Progestin IUD	>99%	Must be placed in uterus by a health care provider Usually removed by a health care provider	May be left in place 3 to 7 years, depending on which IUD you choose No pill to take daily May improve period cramps and bleeding Can be used while breastfeeding You can become pregnant right after it is removed	May cause lighter periods, spotting, or no period at all Rarely, uterus is injured during placement Does not protect against HIV or other STIs
Copper IUD	>99%	Must be placed in uterus by a health care provider Usually removed by a health care provider	May be left in place for up to 12 years No pill to take daily Can be used while breastfeeding You can become pregnant right after it is removed	May cause more cramps and heavier periods May cause spotting between periods Rarely, uterus is injured during placement Does not protect against HIV or other STIs
The Shot (Depo-Provera)	94%	Get a shot every 3 months	Each shot works for 12 weeks Private Usually decreases periods	May cause spotting, no period, weight gain, depression, hair or skin changes, change in sex drive



RESOURCES

Current Birth Control Methods

METHOD	EFFECTIVENESS	HOW TO USE	PROS	CONS
			<ul style="list-style-type: none"> Helps prevent cancer of the uterus No pill to take daily Can be used while breastfeeding 	<ul style="list-style-type: none"> May cause delay in getting pregnant after you stop the shots Side effects may last up to 6 months after you stop the shots Does not protect against HIV or other STIs
The Pill (Combined Oral Contraceptive Pill)	91%	Must take daily	<ul style="list-style-type: none"> Can make periods more regular and less painful Can improve PMS symptoms Can improve acne Helps prevent cancer of the ovaries You can become pregnant right after stopping the pills 	<ul style="list-style-type: none"> May cause nausea, weight gain, headaches, change in sex drive – some of these can be relieved by changing to a new brand May cause spotting the first 1-2 months Does not protect against HIV or other STIs
The Pill (Progestin-Only Pill)	91%	Must take daily	<ul style="list-style-type: none"> Can be used while breastfeeding You can become pregnant right after stopping the pills 	<ul style="list-style-type: none"> Often causes spotting, which may last for many months May cause depression, hair or skin changes, change in sex drive Does not protect against HIV or other STIs
The Patch	91%	Apply a new patch once a week for three weeks No patch in week 4	<ul style="list-style-type: none"> Can make periods more regular and less painful No pill to take daily 	<ul style="list-style-type: none"> Can irritate skin under the patch May cause spotting the first 1-2 months

FREE THE PILL

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RESOURCES

Current Birth Control Methods

METHOD	EFFECTIVENESS	HOW TO USE	PROS	CONS
			You can become pregnant right after stopping patch	Does not protect against HIV or other STIs
The Ring	91%	Insert a small ring into the vagina Change ring each month	One size fits all Private Does not require spermicide Can make periods more regular and less painful No pill to take daily You can become pregnant right after stopping the ring	Can increase vaginal discharge May cause spotting the first 1-2 months of use Does not protect against HIV or other STIs
External Condom	82%	Use a new condom each time you have sex Use a polyurethane condom if allergic to latex	Can buy at many stores Can put on as part of sex play/foreplay Can help prevent early ejaculation Can be used for oral, vaginal, and anal sex Protects against HIV and other STIs Can be used while breastfeeding	Can decrease sensation Can cause loss of erection Can break or slip off
Internal Condom	79%	Use a new condom each time you have sex Use extra lubrication as needed	Can put in as part of sex play/foreplay Can be used for anal and vaginal sex May increase pleasure when used for anal and vaginal sex Good for people with latex allergy	Can decrease sensation May be noisy May be hard to insert May slip out of place during sex Requires a prescription from your health care provider



RESOURCES

Current Birth Control Methods

METHOD	EFFECTIVENESS	HOW TO USE	PROS	CONS
			<p>Protects against HIV and other STIs</p> <p>Can be used while breastfeeding</p>	
Withdrawal	78%	<p>Pull penis out of vagina before ejaculation (that is, before coming)</p>	<p>Costs nothing</p> <p>Can be used while breastfeeding</p>	<p>Less pleasure for some</p> <p>Does not work if penis is not pulled out in time</p> <p>Does not protect against HIV or other STIs</p> <p>Must interrupt sex</p>
Diaphragm	88%	<p>Must be used each time you have sex</p> <p>Must be used with spermicide</p>	<p>Can last several years</p> <p>Costs very little to use</p> <p>May protect against some infections, but not HIV</p> <p>Can be used while breastfeeding</p>	<p>Using spermicide may raise the risk of getting HIV</p> <p>Should not be used with vaginal bleeding or infection</p> <p>Raises risk of bladder infection</p>
Fertility Awareness	76%	<p>Predict fertile days by taking temperature daily, checking vaginal mucus for changes, and/ or keeping a record of your periods</p> <p>It works best if you use more than one of these</p> <p>Avoid sex or use condoms/spermicide during fertile days</p>	<p>Costs little</p> <p>Can be used while breastfeeding</p> <p>Can help with avoiding or trying to become pregnant</p>	<p>Must use another method during fertile days</p> <p>Does not work well if your periods are irregular</p> <p>Many things to remember with this method</p> <p>Does not protect against HIV or other STIs</p>

FREE THE PILL

NATIVE AMERICAN WOMEN AND THE NEED FOR “OVER THE COUNTER” ACCESS TO BIRTH CONTROL PILLS!

RESOURCES

Current Birth Control Methods

METHOD	EFFECTIVENESS	HOW TO USE	PROS	CONS
Spermicide	72%	Insert spermicide each time you have sex	Can buy at many stores Can be put in as part of sex play/foreplay Comes in many forms: cream, gel, sponge, foam, inserts, film Can be used while breastfeeding	May raise the risk of getting HIV May irritate vagina, penis Cream, gel, and foam can be messy
Emergency Contraception	58-94 % Ulipristal acetate EC works better than progestin EC if you are overweight Ulipristal acetate EC works better than progestin EC in the 2-5 days after sex	Works best the sooner you take it after unprotected sex You can take EC up to 5 days after unprotected sex If pack contains 2 pills, take both together	Can be used while breastfeeding Available at pharmacies, health centers, or health care providers: call ahead to see if they have it People of any age can get progestin EC without a prescription	May cause stomach upset or nausea Your next period may come early or late May cause spotting Does not protect against HIV or other STIs Ulipristal acetate EC requires a prescription May cost a lot

Adapted from “Your Birth Control Choices,” Reproductive Health Access Project, August 2018 www.reproductiveaccess.org

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