



# **SEXUAL AND REPRODUCTIVE HEALTH KNOWLEDGE: MOVING THE NEEDLE**

**THE POWERFUL PURPOSE OF MENTORS**

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# Purpose

- **Sexual and Reproductive Health Knowledge (SRHK)**
  - **Efficient, effective, and measurable health outcome**
  - **“Low-hanging fruit”**
  - **Important Social Determinant of Health (SDOH)**
    - **Significant impact**
    - **Significant long-term benefits**

1. MEASURE Evaluation project. United States Agency for International Development. “Sexual & Reproductive Health Knowledge”  
[https://www.measureevaluation.org/prh/rh\\_indicators/womens-health/arh/sexual-rh-srh-knowledge](https://www.measureevaluation.org/prh/rh_indicators/womens-health/arh/sexual-rh-srh-knowledge)

2. Artiga, 2018. Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity. <https://www.kff.org/racial-equity-any/issue-brief/beyond-health-care-the-role-of-sod-health-policial-determinants-in-promoting-health-and-health-equity/>



# Method

- ▶ **Prospective study**
- ▶ **A 50-item survey administered**
  - ▶ **Men and women, 20-89 years**
  - ▶ **Two US outpatient, metropolitan, primary care clinics in southeast Michigan**
  - ▶ **18 SRHK questions, with 1 correct answer per question**



# Results

- ▶ 352 patients studied
- ▶ 81.5% were women and 18.5% men
- ▶ Mean age was  $55.2 \pm 14.6$  years
- ▶ 84.1% were African-American
- ▶ 62.3% had incomes  $\leq$  \$50,000
- ▶ Average years of formal education were  $14.1 \pm 2.5$ , and lower in older adults



## Results (cont'd)

- Formal sex education
  - Sufficient in 42.3%
  - insufficient in 16.8%
  - Absent in 35.2%
- Mean SRHK score was  $10.2 \pm 3.6$  (maximal attainable=18)
  - Higher scores correlated with increased SRHK
  - Scores correlated positively with increased years of education, income, and use of digital communication  $\geq 11x/week$  ( $p < 0.001$ )
  - Scores correlated negatively with age ( $p > 0.001$ )
  - 97% - sufficient SRHK was important)



# Conclusions

- It is essential for the knowledge of household mentors to be translated to younger family members during their formative years. Our study added credence to the benefits of SRHK mentorship within the family unit.
- The Primary Care Provider can serve as an important resource in building the confidence of mentors in their acquisition and utilization of SRHK in guiding the next generation.



**Thank you!**