

Maternal Health and Sexuality with Dr. Tanya Bass Hosted by Dr. Erin McClain, UNC CMIH

Erin McClain (PODCAST INTRO): Welcome to Season Two of the “Maternal Health Innovation” podcast. I’m your host Erin McClain, assistant director and research associate at the UNC Collaborative for Maternal and Infant Health. This podcast is created by the Maternal Health Learning and Innovation Center at UNC Chapel Hill. Episodes are released weekly, so be sure you’re subscribed. In this podcast we listen to maternal health innovators discuss ways we can implement change to improve maternal health in the US.

Erin McClain: Today, we’re going to examine the sexual and reproductive health experience of black women in the south with Tanya Bass. Tanya is a sexuality educator and mental health advocate who advances health equity through culturally responsive activity and inclusivity. She’s also the founder of the North Carolina’s sexual health conference. Tanya, I’m so glad you’re here today. I can’t wait to talk to you about this. So, tell us how you became passionate about health equity and sexual health. What keeps you in this work and inspires you?

Tanya Bass: I mean, when people ask me that, I always think back to being an undergraduate student, my mom actually started nursing school. And she got pregnant with me and didn’t finish. And so, I was like, “Oh, I’m gonna go to college, and I’m going to be a nurse. And I’m going to continue to fulfill my mom’s like legacy, like what she started out to do.” And I arrived at North Carolina Central University. And that didn’t quite work out for me. And I actually changed my major to public health education. And that was in the early 90s. And of course, there was a lot going on with HIV and AIDS and also an STD prevention. And so, I really had an interest in working as a disease intervention specialist, you know, the ones that go out and investigate and do contact tracing, etc, for STDs. So, I pursued that career in public health. But then I started working at a local health department. And I think that those two opportunities combined, like really piqued my interest in diving deep in public health, and in sexual health. And then as I continued on my career, I think what also made me look at sexuality in a different way, was working with persons living with HIV and AIDS, and creating a

curriculum about navigating the system, navigating disclosure, navigating having sex and being intimate, and what does intimacy and sensuality look like? And I realized, you know, I had a very strong prevention lens, I want to expand my lens. And it's all been uphill, I think, since then.

Erin McClain: And that's a real shift, isn't it? I mean, between, you know, what especially in the early days of HIV epidemic where folks that Well, that's it, we don't even talk about sex anymore. And so that's, that's exciting. What are you currently working on to strengthen public health's capacity to improve sexual and reproductive health and maternal health? Because I know you've, you know, especially with starting the North Carolina sexual health conference, you've done a lot of work to really have different conversations with folks about sexuality and sexual health?

Tanya Bass: Yeah. Now I know we were talking maternal child health and babies are one thing, but NCCS con is my total baby. Like I remember becoming engrossed in the idea after attending so many sexual health conferences, and kind of going back to the idea of like, siloed work that we're all doing, you know, there would be teen pregnancy prevention conferences, HIV and STD conferences, intimate partner violence, like so think about all the segments around our sexuality. But there are very few that brought us all together, especially in North Carolina. So, I felt like NCSEXCON could be that for North Carolina could provide opportunities for folks to get professional development and to engage with folks that they may not necessarily connect with, but have an idea of like, how to do or understand maternal and child health and sexuality. And so that of course, has slowed down because of COVID. But one of the things that I picked up more on is doing sexual attitude reassessment what we call a SAR so I'm a member of the American have to say it right, like the American Association of Sexuality Educators, Counselors, and Therapists is one of the longest professional organizations that primarily started with educators then included I believe, counselors and then later added therapists so in that work, you know, getting your professional development staying abreast on critical and key things that are happening in sexuality was really important and the SAR I had to take those in my doctoral program right and so when you use sexual attitude reassessment and professional development most people think you're

going in you're going to learn some things, write some papers and be done. A SAR's not that like it's like the reverse, or whatever you can think most opposite of your professional development because it's very reflective, and an effective so you look at videos, you meet people, you hear stories, and then you reflect on your own personal feelings about it. So, I use the word trigger like an air quotation, but you know, do you get an emotional response or some type of response from hearing someone who might be minor attracted or seeing someone? Maybe a black woman and how she's treated in the delivery room or, you know, different topics. And so, I've been trying to bring the SAR more to public health professionals, and sexuality professionals who don't have the opportunity to go to school or have the affordability or access to become members of ASIC just yet, because I'm hoping that will change too. And I know the science, or the research is a little old on the effectiveness of a SAR. But I honestly believe from my own personal experience, every time I've participated in the SAR, or conducted or facilitated a SAR, it changes something about me and how I approach my work. And I think they're affected.

Erin McClain: That's so interesting. How has that been received in the public health community? Because I think that's definitely, you know, not the way most of us are trained.

Tanya Bass: You ask a real question. So, the first time I did it in North Carolina, I did it with some professionals who I would say, again, more seasoned, or kind of understood what the SAR was like, you are looking at very graphic materials, and videos and hearing things that may make you unsettled, which is the point. And so, I feel like that first group was more attuned to what was happening, but they couldn't get out of there. The thing is, you have to get out of your brain, like you're learning something. But it's really about how you feel and how do you work through these feelings in your work. The second group in North Carolina, I think their socks were blown off. And I think they came in with the idea of like, this is what I'm going to take back to my local health department. And like, this is not that kind of training right now. I also had a group in Kansas City, and they were phenomenal. So, they also included, I thought this was interesting, they included some administrative staff to stay. So, some of those staff were taken aback. But ultimately, it's been received well, but you have to push people to process. I mean, as a public health educator, the way I started out, I didn't want to think either I

mean, you know, I didn't want to feel I was just like, here's the information. I'm providing it for you. I guess I care about how you feel about it. But ultimately, I need your behavior to change. But now it's kind of like, why do I feel this way? Or why might it be hard for me to talk about condom usage, what what's going on in my world, that makes it hard to talk about condoms, or I will disclose openly. I had a very hard time with individuals who were attracted to minors, and those who might be well who were identified as pedophiles. And I had to like, really reflect on that. And think like, this is something that's connected, I've experienced people in my life who have done harmful things to children. And now I know why I don't want to talk about it, or I don't like, you know, kind of breezed through that in some of my education. But I can talk more about sexual assault and child sexual abuse. But if you go into a deep story about something that really bothers me.

Erin McClain: How do you think that connects to you know, I think there's been a lot of efforts, particularly in maternal health, given the rates of death of, you know, black women, indigenous women, to start to talk about bias and implicit bias to talks about structural racism, from what I'm seeing is there's still a lot of tendency to intellectualize and to learn about bias or to learn about racism and not think, what's going on in me, like, what's going on in my emotions and how I relate to people and all of that, like, you know, there's a little bit of conversation about doing that work, but the focus has been on. Well, you took the training and we're done. So, do you feel like this is something that could also be used or adapted and to kind of look at those issues as well?

Tanya Bass: Absolutely. So, one of the biggest intentions with my stars, and I facilitate, and I will say, I believe a lot of my other colleagues are being more intentional, because a lot of the SAR content and materials and videos didn't even show people of color. So that's this one thing.

Erin McClain: And then lots of big shifts within the whole sexuality education.

Tanya Bass: Exactly. And then most recently, in the last few songs that I've done, were very intentional in showing black women's sexuality, and looking at ideas around generational or intergenerational communication, about sex, about birthing about what it means to be a black femme or female in particular, looking at pleasure and pain and

what that means in the community, especially like what's being socialized and what's being accepted. And we use hip hop to and one of the last are to kind of juxtapose like, here's some Hip-Hop lyrics that talks about like, black sexuality, black female sexuality. And then here are some clips and some research articles that talk about black maternal child health, birthing outcomes, also abuse in the black community, and then with a mixed group of participants. That was probably the most tense part of that SAR, like, it was hard for me to be quiet and let the participants participate. Because our intention was clear. I didn't want it to defend that. But everyone received it in a different way. And so, the dialogues I want to say we were supposed to end like it 6 o'clock. I think we continued on like 7:30, because people really need it to process that, and process that from their own worldview and perspective and give space for each other.

Erin McClain: Yeah. Did you get a lot of pushback? Because I know, there's been, you know, historically, there's been terrible stereotypes about, you know, black women's sexuality and that, you know, hyper sexuality, and all sorts of things. Did you get pushback from the group about, you know, why are you bringing this into the space?

Tanya Bass: So the push back like, after, you know, so I think we just oppose it, where we saw, and we listened to music, and we wrote down the lyrics and processed the lyrics, and then we transitioned into talking to black female sexuality, maternal child Hill, and then we let people so you know, with the SAR, again, it's a lot of talking and reflecting. And I think, in that space, you know, we don't want to control it, but people have to be mindful of their space. And we had a participant say, some really seeming only once they seemingly as a black woman, they were harmful beings. It was their perspective of what they heard and what they saw. And then a black woman who was a participant said, you know, she could feel tension in her body after this person spoke up and felt like we needed to continue. And in fairness, you know, we it was a 14-hour SAR, who think about this, we're on day, Tuesday to how do you know, we couldn't make space for everything we have to have time to discuss? And people felt like, you know, this was the end of the day, they push back on the fact that why was it at the end of the day, they pushed back on us allowing people to free flow and their discussion, but that's how this was set up. We didn't put parameters around that. But then we just made space for them to continue the dialogue. But I think

we were getting opposition from both sides. And that's what made it hard for me to stay quiet. Because I'm like, Yeah, we did this intentionally, like this is supposed to happen, you're supposed to have this dialogue. And then you're supposed to go home and think about what you said, what you didn't say, what you heard, and maybe some things you didn't hear and things that you just noticed, and the other participants.

Erin McClain: That's so interesting. So, you know, in, in thinking about these types of topics that would come up in that setting, or even just as you're seeing, you know, one of the things I think the last NCSEXCON that I attended, one of the presenters mentioned that the group of attendees was so different than any other sexual health conference he had ever been to, you know, it was largely women of color. It was people, like you said, from all sorts of different professions, you know, public health folks, teen pregnancy prevention folks, therapists, counselors. What are some of the sexual health issues that you feel like black women, our fate and birthing people face specifically in the south? And how are those maybe the same or different than other areas of the country? And is, you know, kind of what does our culture kind of uniquely kind of influence are bring to this set of issues that women are having to deal with?

Tanya Bass: I first want to address the idea around NCSEXCON, who attended, so I think that we definitely hear the motto - I feel like it was maybe SisterSong, could be Planned Parenthood, but it's like: trust black women. I think it was [inaudible 00:13:21]. So, you have to trust black women as a founder of the conference as a black woman, I definitely know that my colleagues wanted to support NCSEXCON, and they need it. NCSEXCON as much as I needed them to support that. The second thing I noticed in our work, and even during my mask, not my master's, but my dissertation, I was assessing the comfort and capability of sexuality educators in North Carolina, all sexuality educators, predominantly black women showed up again. And so, I think what we see maybe not in the leadership, but definitely on a community level. And it certainly has been my experience, I think I've worked at three local health departments, and most of the folks doing maternal child health in the community are black women. So, we show up time and time again for each other. Now to get to your question. I think some of the issues are that we aren't trusting black women, we aren't trusting. So even though we're working in the community with each other, I think

from the programmatic level, we aren't really listening often. So, I think we're doing better at listening to the stories of black women, the understanding their lived experience, is just as much of evidence as any statistical data. So, I think we're getting better. I think also, we have to think about that experience. And even with the people that work in the community, is that it's layered. So, when we're talking about the SAR, we all bring our personal experience, the way we were socialized, was intergenerational, maybe trauma, or poor or great communication. So, I feel like in the south, we are at an emergent place where at least I can speak for myself, like I'm thinking about three generations. You know, my mother, my grandmother and myself and the calm realizations. Well, maybe I should add four, because now I have my nieces. And so, the conversations that my mom has with my nieces are completely different than what she had with me. And definitely different than what my grandmother had with me, and what my grandmother had with her. And so, I feel like we're getting to the place where we are being more open and honest about our sexuality, about our reproductive experiences, like, I have a family who had a history of fibroids. And I remember not knowing why my grandmother was sick until I was an adult, like, "Oh, I didn't know, this is what was going on." So, I think that we are at a place where we're having more conversations. And we can embrace our own sexual health, reproductive health, maternal health in a way that now my nieces have a way better line of communication with me, with my mom, and hopefully with their mothers, as well, because I know they're my brother's kids. So, we know, it's kind of like through a different line. But I still feel like we're growing in that way. And I think, in our state, we're seeing that I think the younger generation has more access to more information. And they're asking more questions. Now, it's the older adults and adults who have to be more responsive to answer these questions openly and honestly, and even would say, "My mother didn't teach me that, or I didn't know that."

Erin McClain: I think that's a great point, I have a 16-year-old daughter, and you know, who's been out, you know, as pansexual, since she was in cash, fifth grade, things that I never would have talked to my parents openly about, and you know, super comfortable. She has friends of all sorts of gender spectrum, and, you know, sexual orientation. And it's just, I think the handwringing, the adults often do about these topics are just not an issue in the same way for them that they have some, like you said, so much access to information and so much openness, I think, which has been really fun to watch her friends really navigate all of these

developmental changes that they're going through and actually talking to each other, but also each other's parents, which I think is really exciting, and definitely did not happen in high school in the 90s.

Tanya Bass: You know, but I think it's exciting for your child to have that information and knowledge to, to at least kind of identify what they're going through versus, you know, I still teach at North Carolina Central University. And I remember last year, we were talking about sexual identity, one of the students openly said that, you know, they understanding more about asexuality, but it wasn't until they came to college, right? That they really could figure out for themselves how to identify for themselves.

Erin McClain: Tanya, tell me what are some common misconceptions that sexuality educators, sexual health educators are hearing right now, whether that's pandemic related or things that you're hearing from birthing people?

Tanya Bass: I think just the way you ask a question is one of the biggest things like we you just said, birthing people. And so, one of the challenges, I guess I'll call it, but ways that we're really providing education, at least in my experience, in a lot of my colleagues, is getting people to understand sexual identity, and what that looks like. And in two ways, helping them understand sexual identity as it relates from a gender identity perspective, and maybe I'll use sexual orientation perspective, you know, when we hear the term LGBTQIA Plus, there's a lot in there, but helping people understand, you know, and in terms of being transgender, gender, non-binary, and using language that is affirming to those individuals who identify in that way, we had a lot of dialogue around chest beating versus breastfeeding, you know, and I know people have a lot of things that they hold true, and they value and we never want to discount that. We also want people to feel affirmed. And we also want people to feel included, and to be included, not just feel included, right, but be included in the programming that we actually do. Another aspect of that is really thinking about how we use our language. So oftentimes, you'll hear people like us, I work at a place where sometimes people use gendered language like ladies and gentlemen+ or ladies. And ideally, I think their intention is just like, I want to be welcoming. But the impact, like we keep going back to intent versus impact, and really just learning to write in a different way to speak

in a different way and to present our written materials, or you know, our marketing materials, educational materials, in a different way. And it's like, it's not hard, but I feel like there's so much resistance to doing it. And that's one of the biggest challenges I feel like you're facing.

Erin McClain: Where do you feel like that resistance is coming from?

Tanya Bass: I think a lot of it is based on lack of understanding and knowledge and that there are some folks who we all can hold on to our identity and like what we in what we identify, but we also have to give way for people who don't align with us in that same way. And so, I think a lot of it is like not really understanding sexuality as a whole. And that every even though we have these labels, which I hate, and I know that sometimes teach from it, but being able to say, so here's how this is set up and why we use this "Label". But then here's what goes against that, and why this may not even make sense for everybody. Because everybody doesn't align in these boxes, the way we assume that they would. And I use the example of like saying bisexual, so bisexual, literally is dependent on the binary, so it was gay or lesbian, because it's saying a woman who's attracted to or in romantic relationship or sexual relationship with another woman. But if you don't identify in that way, are you then not a lesbian or how do you know what I mean? And so it can be complicated, but I think we have to take time to understand learn, and then change.

Erin McClain: Thanks, Tanya. What excites you about kind of what's coming up next, and both in your own work, but also in the work that you're seeing kind of across maternal health in the United States right now?

Tanya Bass: I think what excites me most is the opportunity, in a good way to kind of go back to relying on community support, I think we lost a little bit added, I don't know how I don't know if it was funding, I don't know if it was just people, like our work lives and programmatically things change. But it feels like we're getting back to community fundamentals that we're able to have these networks, these groups, these community-based grassroots organizations, support groups, and opportunities for women to and families to, like, connect with one another. I'm really excited about that. I'm also excited from like, the professional standpoint, is that, you know, we're now not being as siloed,

we're, we're working on it. And I know, funding makes us feel like, you know, we're all running for the same piece of cheese. But ultimately, I feel like we're looking at how do we cross collaborate? How do we address and advance health equity, we're calling things out more, and people are holding us accountable from the community and then we have advocates, you know, programmatically on the state level and a federal level, who are holding folks accountable and looking at, you know, even with the best intention, your program could have a negative impact? And I think we're thinking more thoughtful about that and that's exciting to me.

Erin McClain: Thank you. That is exciting. So, in our region of North Carolina, our perinatal nurse champion is doing a really fabulous job. Her name's Kimberly Harper is doing a great job at pulling together as the maternal health provider support network, not just physicians and nurses and midwives, like the typical folks that we would think of, but pelvic PT folks and sexuality folks, and doulas and community health workers and other folks who are really truly part of the maternal health team. And one of the things that I found really interesting is that we had a session with a pelvic health PT, as well as a very frank discussion about sexuality, post birth, and those have been some of our best attended conversations and webinars because I feel like the traditional medical and nursing education really doesn't touch it. Do you have thoughts about ways in which those folks and I think also public health folks can learn more or, you know, I think attending things like NCSEXCON really important. But for those who maybe aren't close to something like that, or you know, maybe don't know how to access those materials, are there good online resources or articles or books that you would really recommend?

Tanya Bass: Oh, yes, there are so many resources online. I think about a homegrown sexuality professional, Dr. Shamika Thorpe does a lot of research. And when I was mentioning the SAR and we were talking about pleasure and pain, we were looking at a lot of her research in that research. So, we think about it in community sometimes wouldn't and then what in the reason why we even use like kind of like lyrics just opposed to that. So, there is some wanted pain sometimes that people have during intercourse within the unwanted pain. But if it's socialized and communicated it in your community, that that's the way sex is

supposed to feel, then you're not likely to seek out any medical support or information about this pain, because you think it's expected. You think that's how it's supposed to be. And so, you're not, you're not going to have conversations about pelvic floor therapist, you're not going to talk about that. And you may not even be able to like maybe you want to pair it, and maybe you want to become pregnant, but sex is so painful that you might avoid it, because you're thinking that you're going to experience so much pain, or perhaps you have given birth, and now you're experiencing this pain. I think that we have to have these conversations, we have to keep it real. So that's what having these lived experiences. Looking at the research of what people are identify as areas of like, why pain was normalized and given the resources and learning that a lot of black women in particular, or women in general, were really black women and women of color, are aware that pelvic floor therapists are available. And then the flip side of that, seeking a therapist and knowing that there are not many women of color, or people of color, who are actually providing the services, and I think that's changing. So Shamika Thorpe is definitely someone that I would recommend looking at their research.

Erin McClain: I think that's a really great point about ping-pong being normalized. And the, especially when medical providers don't always have a good answer or solution. If somebody finally gets the courage to even bring it up, and then they get shut down, then it's you've just perpetuated even more harm. So, I think this is exciting that we're hearing that folk want to learn this information and want to know how to talk to people about it, and not feel so embarrassed or ashamed of themselves to even talk about it or bring it up. But I think they're still looking for resources on how to do it. So, thank you for the references. I think that's exciting.

Tanya Bass: Yeah. And I'm really excited that more and more medical providers, whether it's in their actual preparation, or after they've started practicing, or getting more sexual health education or sexual education for themselves. Because I know, in the last few years, I think less than 20 hours were provided. And I went to Weiner University. And I remember, some graduates and some professors were providing consultation to, I want to say was the American Medical Association with students of all types to get more information on that, and I've seen more

were like, breast cancer survivors who are like on colleges, and also OBGYN 's and other maternal health providers are getting more

professional development and being more open to the needs of their patients and their community around sex and sexuality is specifically around pain and life after like life after birth, or sex life after birth, or sex life after mastectomy or cancer diagnosis.

Erin McClain: That is so great. Is there anything else that I didn't ask you that you want to make sure to talk about?

Tanya Bass: Yeah, I was thinking about maternal health and mental health and sexual health. So, a lot of times, people again, were siloed, because you know, there are mental health professionals, they sexual health professionals, and there's maternal child health professionals, or even public health professionals. Well, we're all working towards, you know, healthy outcomes for mothers, or people who can give birth. And as far as children who come into the world, I think that we can say that that's a part of it. And so, when we think about it, mental health is essential to all those aspects. We talked about postpartum depression, you talk about, like, folks who may have very identities that you know, their gender or their sexual identity may not be the socialized norm that causes, you know, we look at data and we can see how much our mental health crisis that people the LGBTQ community have to endure, and then the lack of acceptance and different things that challenge them. So, I feel like we have to ensure that whatever our programming is that we look at mental health as well, I just left an organization called active mines. And we were talking, I'm like the sex person, but I'm also a health equity person. But I remember my supervisor, my program manager, just was starting to listen more to what was happening in the sexual health world was like, you know what? Mental health is connected to that at first, I wasn't sure how this was going to go. But she got it. And she was like, I understand it better. And literally, sometimes it just takes time for us to sit down, look at the data, listen to people's experiences, and then know how it all connects.

Erin McClain: How can our listeners connect with you? What's next for you? And how can they connect?

Tanya Bass: Well, what's next is we were trying to decide if we're going to have NCSEXCON, I don't think we will have a full conference. We're not sure. Because you know, the end of the year is right here. But we are definitely going to bring us are to North Carolina. We're hoping to have two, one in the fall. And it will specifically be looking at centering the voices of black women and communities of color. And then I think it will be sometime in the spring. We're gonna we haven't named it yet. But it's very North Carolina, very southern, very specific, like we're hoping to spend some time at Sackville and talk about sexuality and racism and the impact of slavery. We're looking at going to NCCU and talking about, you know, just overall understanding HBCUs and just black culture and gender identity we typically have like folks across the gender and sexual identity spectrum, and we might even have like a drag performance we don't know yet. Like, we're really talking about different things and bringing in folks who can speak to the live and experiences as well as what research is saying, to get people to really sit back and reflect. So that's exciting.

Erin McClain: That is very exciting. How is it best for folks to connect with you? What are the best ways to reach you?

Tanya Bass: Sure. So, my website is tanyambass.com. And my email is tanya@tanyambass.com. But I'm also on Instagram and I love folks to slide in my DMs, so [@drtanyambass](https://www.instagram.com/drtanyambass) on Instagram as well.

Erin McClain: Thank you so much. This has been so fun to talk with you and hear about your work. Thanks everybody for listening. For more podcasts, videos, blogs and maternal health content, visit the Maternal Health Learning and Innovation Center website at maternalhealthlearning.org. We want to hear from you tell us what you want to hear more of review our podcast share with like-minded innovators. We've got some great episodes recording now be sure you're subscribed. Let's keep talking. Tag us in your posts using hashtag [maternal health innovation](https://www.instagram.com/maternalhealthinnovation). I'm Erin McClain. We'll see you again next week on the "Maternal Health Innovation" podcast.

SEASON 2

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