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00:00:03.250 --> 00:00:16.950

Dean's Lecture Series: Good morning, everyone, and welcome to another installments of the Dean lecture series. I am Shania Turner Smith, and I'm one of the learning and development managers within the office of diversity, equio inclusion for the medical school.

2

00:00:17.210 --> 00:00:23.949

Dean's Lecture Series: This session will be recorded and shared out within 2 days to all those who have registered for the event.

3

00:00:24.240 --> 00:00:31.520

Dean's Lecture Series: Otherwise the recording can be found under the Education and training tab of the office of Diversity, Equity, inclusion, website.

4

00:00:32.130 --> 00:00:40.290

Dean's Lecture Series: live transcription has been enabled. Please note that the live transcript is not perfect. As this is an auto transcript.

5

00:00:40.450 --> 00:00:57.070

Dean's Lecture Series: we invite you to take care of yourself as necessary during to day session. As we will not be taking a break during the hour any feedback or issues with accessibility, please feel free to email us at dls dash, odi@umn.edu.

6

00:00:57.750 --> 00:01:11.020

Dean's Lecture Series: We ask that participants please use the Q&A function instead of the chat during our time together we will do our best to answer your questions, but please understand we are working within a set window of time.

7

00:01:11.220 --> 00:01:23.189

Dean's Lecture Series: However, if we do not get to your question. We will do our best to work with the presenter to get those questions answered and posted on the website under the Dean Lecture Series, Webpage.

8

00:01:23.900 --> 00:01:35.299

Dean's Lecture Series: Paste it in the chat you will find links to the Dean Lecture Series website, the slides of our presenter and the Dean Lecture series email address that you can email if any issues arise.

9

00:01:35.420 --> 00:01:40.130

Dean's Lecture Series: I'm now going to turn it over to Doctor Nunez to introduce to Day's guest lecture

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00:01:41.270 --> 00:01:45.409

Ana Nunez MD: morning. Everybody. It's Valentine's Day, February fourteenth

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00:01:45.530 --> 00:01:59.849

Ana Nunez MD: and here in Minnesota we have beautiful blue sky and sunlight. So that sort of puts me sort of in a a positive space. Goodness knows we could all use a little bit more love in our world.

12

00:01:59.850 --> 00:02:23.660

Ana Nunez MD: So celebrate for those around you and those who you care as well as others, so I'm delighted to have the opportunity here. To have a wonderful speaker sort of join us and talk about a really, I think, interesting topic. Our speaker today is Driom Dron joins us from John's

13

00:02:23.660 --> 00:02:33.629

Ana Nunez MD: Hopkins University School of Public Health. She where she is a research scientist, too, within the reproductive health and family formation research area.

14

00:02:33.740 --> 00:02:42.070

Ana Nunez MD: Dr. Afillan, trained as with a bachelors in science, in brain behavior and cognitive science from the University of Michigan.

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00:02:42.140 --> 00:02:52.140

Ana Nunez MD: and then from there got her master's in public health at Boston University, and and is now at the Johns Hopkins Bloomberg School of Public Health.

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00:02:53.190 --> 00:03:17.810

Ana Nunez MD: Her work is including sort of as an adolescent health researcher. She takes an asset based youth centered approach to addressing issues pertinent to youth. She's nearly a decade of experience in leading youth development programs and conducting mixed methods. Community based research in various metropolitan areas from the Us with nonprofit school districts and government agencies. She's experienced designing, implementing, managing, culturally

17

00:03:17.810 --> 00:03:39.349

Ana Nunez MD: relevant programs related to substance, abuse prevention and reproductive youth and inner cities sessions as part of the center of adolescent health. She engages in community engage research projects with an opportunity to intervene in terms of early substance, abuse and promoting positive, sexual and reproductive health images.

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00:03:39.540 --> 00:03:51.340

Ana Nunez MD: So she is here today to talk to us about options for all applying a reproductive justice lens to sexual health research and programming for black youth. Dr. Afyan. Welcome.

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00:03:52.550 --> 00:04:12.560

Asari Offiong, PhD, MPH: Thank you so much. Thank you. It's such a pleasure to be here today and to to. We're gonna call this a conversation. Have a chat with you all about some of the work that I've done. Some of the things are really interesting to me. And welcome the questions that you all have. So I'm gonna go ahead and share my screen

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00:04:12.630 --> 00:04:14.899

Asari Offiong, PhD, MPH: and then we'll go ahead and get started.

21

00:04:24.240 --> 00:04:25.620

Asari Offiong, PhD, MPH: Okay

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00:04:27.160 --> 00:04:28.790

Asari Offiong, PhD, MPH: like that.

23

00:04:31.020 --> 00:04:34.249

Asari Offiong, PhD, MPH: Can't we just go. Can everyone see my screen?

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00:04:36.120 --> 00:04:37.000

Dean's Lecture Series: Yes.

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00:04:37.370 --> 00:04:48.049

Asari Offiong, PhD, MPH: okay. Awesome again. Thank you all for having me here today. I'm I'm really excited to be able to speak about the work that I do around adolescent health, particularly with black youth.

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00:04:48.230 --> 00:05:09.069

Asari Offiong, PhD, MPH: Again, my name is Dr. Afyan. I'm actually transitioned from Hopkins, to which is a research Institute based out of Maryland, where I am a senior research scientist and continues to do a lot of the work. That I did while it Hopkins, both as a trainee, and as a researcher.

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00:05:12.800 --> 00:05:24.150

Asari Offiong, PhD, MPH: Okay? So in say, conversation, we're gonna kinda go through 3 main objectives. And again, like I said, this is intended to be

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00:05:24.370 --> 00:05:40.180

Asari Offiong, PhD, MPH: a webinar that we really can sit with some of the things that we've learned from the past. So examine historical events related to sexual reproductive health that

impact young people, but particularly black young people. Then we're gonna go into define reproductive justice.

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00:05:40.320 --> 00:06:13.469

Asari Offiong, PhD, MPH: and how that can be used to amplify, be amplified in research and programming as it relates to black youth. And then we're gonna explore black youth experiences of their sexual reproductive health, and identify again how it can be implied in research and programming. And as was read from my bio, I am a qualitative researcher, a community engaged researcher. And so my work really does center young people. And that's really important to me in the discussions that we have not only about sexual reproductive health.

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00:06:13.470 --> 00:06:33.740

Asari Offiong, PhD, MPH: but about youth development in general. And how do we ensure that young people thrive right like that is our job as researchers, as practitioners, as policymakers to center young people and make sure that they thrive. So that is what undergrads my work, and I hope that resonates as we talk through. The topic today.

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00:06:35.800 --> 00:06:40.360

So first we'll start with some background. Information.

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00:06:40.680 --> 00:07:09.049

Asari Offiong, PhD, MPH: you know, most people will say the good news, and the good is, is in quotations intentionally, but teen pregnancy rates have drastically declined since the 19 nineties, which was the peak of teen pregnancy rates in the United States. Despite these declines, the United States does have some of the highest teen pregnancy, teen pregnancy and birth rates among industrialized countries, and so it is still an active

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00:07:09.050 --> 00:07:23.269

effort that for those of us in public health, for those of us in medicine are really trying to understand. How do we support those young people. And how do we ensure that young people thrive as it relates to their sexual reproductive health?

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00:07:23.580 --> 00:07:25.579

And a lot of those declines

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00:07:25.800 --> 00:07:43.320

Asari Offiong, PhD, MPH: are really due to comprehensive sexual education. Increased access to contraceptives and honestly, young people are delaying sex initiation, and that is contributed to a lot of things that young people experiencing today. So today, in 2024,

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00:07:43.340 --> 00:07:56.510

Asari Offiong, PhD, MPH: we're at an all-time record low of teen birthrates with 13.5 per 1,000 births happening for young girls. 15 to 19. We've seen a 78% decline

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00:07:56.590 --> 00:08:17.259

Asari Offiong, PhD, MPH: since the peak in 1991 and 39 States, including the District of Columbia have mandated sex education. And so we like. I mentioned before, we attribute a lot of that decline to increase access to education, contraceptives, and the ways that we talk about sexual health for young people.

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00:08:17.600 --> 00:08:33.559

Asari Offiong, PhD, MPH: and so as many of us may know or or may not know, a lot of the recent policies around the dial's decision have started to bring about question as to what we see a reverse in some of these rates or the these trends, and what that will mean. For young people.

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00:08:35.470 --> 00:08:49.250

Asari Offiong, PhD, MPH: And so, but with disparities still persist. Black, Hispanic and indigenous youth have teen pregnancy and birth rates that are 2 to 3 times higher than their white peers.

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00:08:49.430 --> 00:08:59.090

In the rural South Southern States of the country we see the highest teen pregnancy rates, as you can see from this map here.

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00:08:59.180 --> 00:09:22.149

Asari Offiong, PhD, MPH: This map is from 2021. And so some of our data, you know, lags behind a little bit. But we see that in rural areas and communities that teen pregnancy rates are higher. And then also in urban areas with higher concentrations of minority populations that we also see high rates of teen pregnancy. So

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00:09:22.290 --> 00:09:30.070

Asari Offiong, PhD, MPH: while we are seeing overall a decline, there are still some questions as to why these disparities are still present.

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00:09:31.540 --> 00:09:48.050

Asari Offiong, PhD, MPH: As I mentioned, my work really does focus on black youth. I've I've worked predominantly in urban settings. So in New York City, where I worked for for years in Baltimore. And now I'm back in Detroit, where I was actually grew up and and was raised.

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00:09:48.100 --> 00:10:08.220

And so those communities are predominantly black and African American, and we continue to see some disparities, as it relates to their reproductive health. And so we know that black girls

and black women have lower rates of access to abortion, care, and or use and access to contraceptives and contraceptives of their choice.

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00:10:08.260 --> 00:10:23.919

Asari Offiong, PhD, MPH: The the key word of choice being really key to that statement. Higher rates of unintended pregnancies, higher rates of preterm births and infant deaths and higher rates of maternal mortality as

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00:10:23.980 --> 00:10:44.459

Asari Offiong, PhD, MPH: that has become a key effort that folks in public health are really trying to think about and and and address. And how do we support black women across socioeconomic status across education level. How do we ensure that black women and black girls are not dying at disproportionate rates?

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00:10:45.250 --> 00:10:50.239

Asari Offiong, PhD, MPH: And so we know that these disparities

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00:10:50.630 --> 00:11:13.929

Asari Offiong, PhD, MPH: attributed to racism, systemic oppression, and the ways of black women and black girls have been viewed from the beginning of time dating back to slavery. And so it is important that when we talk about our current trends and we talk about our current disparities, that we have to go back right. We have to go back to the history. We need to go back to the context. We need to go back to our systems.

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00:11:13.930 --> 00:11:22.080

Asari Offiong, PhD, MPH: that fuel many of these disparities, and by first recognizing them and addressing them by first recognizing them.

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00:11:22.160 --> 00:11:37.270

Asari Offiong, PhD, MPH: then we can begin to start to address them and think about what are the efforts that need to be put in place to really address those disparities. And so, it being black history month, I think it's a great opportunity for us to kind of reflect on some of that history.

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00:11:37.310 --> 00:11:51.210

Asari Offiong, PhD, MPH: But I want to start with, we're gonna we're gonna go back about 70 years and go back to understanding. How was teen pregnancy viewed? How was teen pregnancy portrayed

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00:11:51.230 --> 00:12:04.870

Asari Offiong, PhD, MPH: 70 years back up until today, and understanding that history, I think, will really land us to where we are today, and how we can move the field forward and really supporting young people and really taking that reproductive justice lens.

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00:12:06.450 --> 00:12:19.229

Asari Offiong, PhD, MPH: So here is a quote from Arthur Campbell, who was a demographer. Who wrote this famous quote about teen pregnancy. So I'm gonna read it aloud. And then I'm gonna have a question for you all.

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00:12:19.340 --> 00:12:30.440

Asari Offiong, PhD, MPH: So Arthur Campbell stated. This is a quote. The girl who has an illegitimate child at the age of 16

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00:12:30.450 --> 00:12:42.339

Asari Offiong, PhD, MPH: suddenly has 90% of her life script written for her. She will probably drop out of school, even if someone else in her family helps to take care of the baby.

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00:12:42.530 --> 00:12:54.079

She will probably not be able to find a steady job that pays enough to provide for herself and her child. She may feel impelled to marry someone she might not otherwise have chosen

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00:12:54.190 --> 00:12:58.759

Asari Offiong, PhD, MPH: her life. Choices are few, and most of them are bad.

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00:12:59.740 --> 00:13:02.510

so I'm going to just leave a moment for us to kind of just

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00:13:03.110 --> 00:13:17.510

Asari Offiong, PhD, MPH: read this quote, think about this, quote, and then we'll go on to the to the poll that I have on the next page. And so this was roughly around 1,969, when this poll was written.

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00:13:17.940 --> 00:13:31.619

Asari Offiong, PhD, MPH: and I was, and this was predominantly focused on black youth who were at the center of what we call teen pregnancy at the time, which was label Teen Pregnancy.

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00:13:38.420 --> 00:13:43.789

Asari Offiong, PhD, MPH: So yeah, I would like for for folks to kind of

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00:13:44.990 --> 00:13:48.509

Asari Offiong, PhD, MPH: share with us. What words stick out to you from that quote.

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00:13:48.670 --> 00:14:07.990

Asari Offiong, PhD, MPH: and it can be anything. It can be the words that were on the quote, or just what comes to mind for you as I read it, and as you read it aloud, and so in the chat there'll be a link to this poll, and or you can scan the QR code that's in the top right hand corner, and I believe you can text as well.

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00:14:10.590 --> 00:14:13.089

Asari Offiong, PhD, MPH: so we'll just give folks some.

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00:14:37.280 --> 00:14:42.530

I think that the worries that are sticking out most of people are illegitimate.

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00:14:42.850 --> 00:14:50.480

Asari Offiong, PhD, MPH: Her her life script is written bad. 90%. No options, hopeless

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00:14:52.070 --> 00:14:54.780

Asari Offiong, PhD, MPH: lack of privilege.

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00:14:56.090 --> 00:14:57.880

Asari Offiong, PhD, MPH: vicious cycle

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00:14:59.900 --> 00:15:01.330

Asari Offiong, PhD, MPH: still legitimate.

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00:15:05.590 --> 00:15:16.900

Asari Offiong, PhD, MPH: Yes, so someone wrote, even if she has help, she will drop out of school that you that she will enter a relationship she otherwise would not have, that most of her choices would be bad of attunement.

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00:15:17.040 --> 00:15:24.370

Asari Offiong, PhD, MPH: Okay, even if she has help legitimate. Okay?

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00:15:24.920 --> 00:15:25.980

Asari Offiong, PhD, MPH: So

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00:15:26.010 --> 00:15:36.120

Asari Offiong, PhD, MPH: it seems that we're there's a lot of synergy around. Sorry I don't know what just happened. I'll go back.

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00:15:40.260 --> 00:15:55.429

Asari Offiong, PhD, MPH: There's a lot of synergy around the words, a legitimate drop out, written for her prescribed right? And so thank you all for participating in that you can continue to add, and we'll be able to refer back to it. But I'll just move on to the next slide.

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00:15:55.450 --> 00:15:57.740

Asari Offiong, PhD, MPH: and so, like many of you.

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00:15:57.750 --> 00:16:04.469

Asari Offiong, PhD, MPH: those are some of the same words. I kind of highlighted for me. Right? The words of illegitimate drop out of school.

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00:16:04.480 --> 00:16:10.279

Asari Offiong, PhD, MPH: Not able to find a steady job. Her life choices are few, and most of them are bad.

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00:16:10.540 --> 00:16:27.030

Asari Offiong, PhD, MPH: And like I mentioned this, this quote was written and was, is really driven at black youth, black and brown youth. As that teen pregnancy was the end of a young person's life, right and really beginning to frame teen pregnancy in a way that was very stigmatizing

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00:16:27.140 --> 00:16:41.319

Asari Offiong, PhD, MPH: without really taking note of the history. Right black and brown young people have not been afforded the opportunity of reproductive autonomy, as we would like, but have been propelled by reproductive coercion.

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00:16:41.320 --> 00:16:58.899

Asari Offiong, PhD, MPH: And that is dated all the way back to slavery. But for the day for today we're not gonna start all the way back into the 18 hundreds. But we're gonna start in the past 70 years, and I think it's so important for us to just look at the shift over time and where the shift in the conversation came.

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00:16:59.450 --> 00:17:10.590

So we'll start in the 1950 s. In the 1950 s. Early marriage and childbearing, early childbearing actually was common right given the context and the time

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00:17:10.650 --> 00:17:32.459

Asari Offiong, PhD, MPH: young people got married at 1617 18. They had their children, they had several children, and it made sense for that time during the economy right? And so when family education, family life, education arose during the 1950 s. It really focused on the redemption value of marriage. So marriage was really critical and really key.

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00:17:33.330 --> 00:17:42.000

Asari Offiong, PhD, MPH: And then, as we transition into the 1,900 sixtys, we start to see the term teen pregnancy, that growing in popularity.

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00:17:42.130 --> 00:17:52.339

And then there was a shift in what we were calling family life, education to sex education. Where there was this idea of

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00:17:52.510 --> 00:17:59.609

Asari Offiong, PhD, MPH: how do we talk about sex and sex liberation, and what is acceptable versus what is not acceptable.

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00:17:59.680 --> 00:18:05.079

Asari Offiong, PhD, MPH: and then that we started to see the introduction of birth control pills and different forms of contraception.

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00:18:06.090 --> 00:18:22.349

Asari Offiong, PhD, MPH: All of this is also, if we wanna if you'll see at the bottom here, this is under earth by pervasive discrimination and racism. Right? So we're still talking about segregation. We're still talking about inequities for black and brown people in this country. And so that is in the background.

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00:18:23.320 --> 00:18:36.980

Asari Offiong, PhD, MPH: As we shift to the 1970 s. We start to actually see a decline in early marriage and divorce rates increase. Right? Women are going into the workforce. Women are starting to leave their households.

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00:18:37.090 --> 00:18:40.619

and then we start to see the introduction of welfare means

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00:18:40.850 --> 00:19:07.200

Asari Offiong, PhD, MPH: so the welfare queens was this idea that black women predominantly black women were getting rich off of the social service system, getting rich off of welfare, that they were intentionally sitting at home, having all of these children and babies, and that there were no black men in the household, and that they were living off of the government.

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00:19:07.200 --> 00:19:12.720

and that black women, black and brown, women, and black families were

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00:19:13.160 --> 00:19:18.200

Asari Offiong, PhD, MPH: were were benefiting off of the off of the backs of the of the government.

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00:19:18.330 --> 00:19:25.810

and so then, that really introduced, started to introduce a wealth of policies that then informed and then stigmatized

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00:19:26.360 --> 00:19:33.599

Asari Offiong, PhD, MPH: pregnant black women's reproductive health decisions. their choices, and their family structures.

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00:19:34.840 --> 00:19:46.070

Asari Offiong, PhD, MPH: Then, as we go into the 1980 s. We start to see a disproportionate rate of early non-marital child bearing. So, as I mentioned in the 1950, s. Right, like

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00:19:46.150 --> 00:19:59.029

Asari Offiong, PhD, MPH: early child bearing was acceptable was common and was normal. But within the context of marriage. And so, as we started to see the shift in family structures where marriage was not at the forefront.

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00:19:59.250 --> 00:20:11.710

Asari Offiong, PhD, MPH: Then teen pregnancy became deemed as this very like social problem, and this epidemic that we needed to solve. and it was at the at the expense of black and brown young people.

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00:20:12.080 --> 00:20:25.849

Asari Offiong, PhD, MPH: So then we would go into the 19 nineties. We see we're at the highest rates of teen pregnancy, particularly for black and brown youth. And then this is in 1,996, we have welfare reform which intentionally

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00:20:25.960 --> 00:20:31.040

Asari Offiong, PhD, MPH: seeks to prevent out of wet life pregnancies that is written in the policies right

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00:20:31.220 --> 00:20:35.330

again, really targeting black and brown young people and families.

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00:20:36.210 --> 00:20:43.340

Asari Offiong, PhD, MPH: And so then, as we go into the 2,000 s. And up until today we continue to see that drastic decline in teen pregnancy.

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00:20:43.350 --> 00:20:54.889

Asari Offiong, PhD, MPH: like I mentioned before, due to the inclusion of comprehensive sexual education, a push for contraceptives, particularly larks on on blackies, and and youth of color.

103

00:20:55.230 --> 00:21:05.559

Asari Offiong, PhD, MPH: and access to more information which had heading which and contributed to the decline. But again, still seeing some of those disparities.

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00:21:05.940 --> 00:21:18.789

Asari Offiong, PhD, MPH: all of this is undergrad, like I mentioned before, by continual racism, systemic oppressions, lack of resources, inequitable access to resources and education.

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00:21:19.240 --> 00:21:24.030

Asari Offiong, PhD, MPH: continues to prevail throughout the time. Right? And so when we think about

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00:21:24.250 --> 00:21:42.880

Asari Offiong, PhD, MPH: why teen pregnancy has become this social problem or this issue. We can't absolve racism and systemic oppression from that conversation. And why there was that shift who became the face of teen pregnancy.

107

00:21:42.940 --> 00:21:46.609

Asari Offiong, PhD, MPH: and in understanding that then that kind of contributes to

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00:21:46.750 --> 00:21:55.650

Asari Offiong, PhD, MPH: a lot of the disparities that we have and a lot of disparities that we see because those young people are not supported at the same rate and at the same context.

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00:21:57.010 --> 00:22:14.419

Asari Offiong, PhD, MPH: So the result of the current narrative, the stigmatizing narrative around teen pregnancy. It has left not only young people who do become parents stigmatized, but has also left young people with the limited resources on how to make the best reproductive decisions for themselves.

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00:22:14.520 --> 00:22:29.620

Asari Offiong, PhD, MPH: And so this quote here was pulled from a young woman that I've spoken to, and that I've worked with in some of our work, who is a teen parent? And she stated, when I got pregnant, I was kicked out of the program. That program was a youth development program.

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00:22:29.630 --> 00:22:42.360

Asari Offiong, PhD, MPH: I wasn't allowed to participate, because I represented the very thing they were trying to prevent. In other words, I was a lost cause. and so this conversation was from a young woman in 2020, in 2,023.

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00:22:42.460 --> 00:22:58.600

Asari Offiong, PhD, MPH: That is very synonymous, and related to the quote that Dr. Campbell mentioned in 1969. Right? And so what is this kind of narrative due to our young people? How do we then support those young people in making sure that young people do have access

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00:22:58.740 --> 00:23:12.040

Asari Offiong, PhD, MPH: to make the decisions that are best for them. Right? How does this inform their mental health, their mental well-being? How does it inform the decisions that they make about everything. And so, really being aware of this narrative.

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00:23:12.650 --> 00:23:21.020

Asari Offiong, PhD, MPH: and this perception of adolescent sexual health, particularly for black and brown young people is really really important in how we move forward.

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00:23:22.140 --> 00:23:28.540

Asari Offiong, PhD, MPH: And so why is this relevant? Like I mentioned, teen pregnancy has been stigmatizing, particularly targeting youth of color.

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00:23:28.820 --> 00:23:47.610

Asari Offiong, PhD, MPH: This negative narrative has left many people underserved and under supported. but it also creates an opportunity for us to be more youth-centered and take a reproductive justice lens to support young people across the spectrum, whatever their reproductive decisions are or desires are.

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00:23:49.490 --> 00:24:18.280

Asari Offiong, PhD, MPH: And so the Captain research really kind of speaks to that. There's a lack of youth, perspective, and voice in our research. Our research doesn't deeply explore youth perspectives, particularly of adolescent males who are missing from the research. The research and programs really lack a youth centered focus. And so when we say, youth centered right, like young people are at the helms of that. Like, we're elevating their strengths. We are seeing them as

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00:24:18.490 --> 00:24:41.129

Asari Offiong, PhD, MPH: having the ability to communicate and state what's best served for them versus us as adults or as systems telling young people what is best for them and best for their lives. We lack awareness of the social context. So many of the research fails to consider that young people make decisions not in silos. But there's so many factors that contribute

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00:24:41.250 --> 00:25:05.320

Asari Offiong, PhD, MPH: to their decision making particularly around their reproductive health. When we think about the social determinants of health, and we think of housing when we think of education, when we think of social systems and supports. When we think about families, when we think about culture, all of that has to be weaved into what we understand, how young people make those decisions or what decisions they decide not to make.

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00:25:05.830 --> 00:25:12.330

and then also relax in the research is truly a reproductive justice lens.

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00:25:12.530 --> 00:25:36.559

Asari Offiong, PhD, MPH: We're gonna go into the next size. Of what does reproductive justice mean? What does that look like? Often, and research is only spoken from one angle. The reproductive justice really takes an intersectional approach. It takes the holistic approach to understanding autonomy, and that lacks particularly for young people. How do we incorporate that into our programs, into our services into our policies.

122

00:25:38.600 --> 00:25:59.349

Asari Offiong, PhD, MPH: and so going back to what I mentioned before the framing matters. And so, if we want to really move the needle forward and really ensuring that young people live the best lives that live their best lives and thrive. It's imperative that we take a reproductive justice. Approach or lens to our work. So I'm gonna play this video here that kinda

123

00:25:59.350 --> 00:26:10.380

Asari Offiong, PhD, MPH: give a good overview or a brief overview of reproductive justice. And then we'll weave into a research study that I've done before that kind of builds on that.

124

00:26:14.870 --> 00:26:30.580

For years the experiences of black women, trans. People and nonbinary people have been excluded in the fight for reproductive rights. The mainstream pro choice movement has failed to address that. There is no choice where there is no access.

125

00:26:31.010 --> 00:26:54.419

by focusing on abortion, rights alone. Advocacy ignores the barriers marginalized folks face when trying to access things like safe abortions, contraception and sex education. In 1,994. A group of black women coined the term reproductive justice when they noticed there was little mention of health services like pre and postnatal care.

126

00:26:54.740 --> 00:27:20.789

fibroid screenings or sti testing in healthcare reform and little understanding about things like income housing and the criminal justice system affect black women's reproductive choices. They recognized that the Women's rights movement, dominated and led by middle-class, wealthy white women cannot represent the needs of women of color and other marginalized people, and called for an intersectional approach to reproductive health care.

127

00:27:21.200 --> 00:27:50.480

The argument that abortion is an individual decision flattens the problem into a binary pro-choice versus pro-life intersectionality reveals how multiple systems of oppression work together and limit access to reproductive options for black women and other marginalized groups. Since our arrival in the United States, black women have been targets of reproductive oppression from being worked in bred-like animals to being forcibly tested on like lab mice. Our bodies have been controlled inhumanly for centuries.

128

00:27:51.060 --> 00:28:02.219

In the 1,009 hundreds. A new strain of racism emerged, called eugenics, a pseudoscience devoted to proving white racial superiority which led to the forced sterilization of many women of color

129

00:28:02.660 --> 00:28:25.659

between 1,970 and 1,980 sterilization cases rose from 200,000 to 700,000 teaching hospitals across the South, routinely performed unnecessary hysterectomies on poor black women. In 1,973, Minnie Lee and Mary Alice. Ralph were just 12 and 14 years old when they were sterilized without consent under a federally funded program.

130

00:28:25.660 --> 00:28:49.619

Asari Offiong, PhD, MPH: As you can see, black women's reproduction has historically been viewed as negative to this day. Black maternal mortality rates are the highest of any racial or ethnic group in the country, with many black women reporting being dismissed when complaining about extreme pain. The effects of these types of injustices are felt for generations, and with bands like the Hyde Amendment and the family cap directly impact

131

00:28:49.620 --> 00:29:22.800

people already facing systemic barriers to care, they continue to be ignored. The current conversation is focused on the stripping of rights afforded under Roe V. Wade. But for many black and poor people around the country these rights have never been actualized. Black women led reproductive justice organizations like sister song, ancient song, Doula services, black Women's Health Imperative and others have been fighting to keep women of color and trans and non-binary people's voices at the forefront of the movement. It's time we shift the conversation to what needs to change

132

00:29:22.800 --> 00:29:44.310

and address the social, political, and economic inequalities impacting a woman's ability to access reproductive health care. It's not enough for Abortion. To remain legal in order to truly have reproductive, justice. We need to address all the issues, involved to learn more and take action. Visit [Librivox, org](http://Librivox.org).

133

00:29:48.350 --> 00:30:05.209

Asari Offiong, PhD, MPH: okay. And so, I think, that. Video, does a great. Job. Of really synthesizing what reproductive, justice, is and it's value. Not only just in general, but particularly when we're thinking about young people. And so I just wanted to make sure that

134

00:30:05.530 --> 00:30:18.630

Asari Offiong, PhD, MPH: we understand that reproductive justice is, is a human right right? It is based in 3 human rights that young people, people of all ages have the right to have a child under the conditions of their choosing

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00:30:19.690 --> 00:30:24.270

Asari Offiong, PhD, MPH: to write, not to have a child using birth, control, abortion, or abstinence.

136

00:30:24.700 --> 00:30:52.359

Asari Offiong, PhD, MPH: and the rights of parent children and self in safe and healthy environments, free from violence, by individuals or the state. And so when we really take a, when we use reproductive justice as a lens. We see that it covers the full gamut, that whatever those decisions are, that that young people have the right to make those decisions right, they should have the right to make those decisions. And so our work and our approach in messaging

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00:30:52.450 --> 00:30:59.440

Asari Offiong, PhD, MPH: and research and programs should really center all 3 of those rights and support all 3 of those rights.

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00:30:59.780 --> 00:31:07.869

And so I've used this framing as a way to inform my research. And it's always at the center of my work. And so here

139

00:31:08.000 --> 00:31:21.200

Asari Offiong, PhD, MPH: I'll just give for the sake of time. We'll go through one of the research studies that I conducted with adolescents, really trying to pull in that piece of like. How do we think about reproductive justice? How do we ask, young people.

140

00:31:21.550 --> 00:31:34.789

Asari Offiong, PhD, MPH: what their views are on their reproductive decision making like what informs that? How do we support that? And so we did a policy of city with analysts in Baltimore, ages 15 to 19, to explore

141

00:31:34.880 --> 00:31:43.769

Asari Offiong, PhD, MPH: not only what influences their pregnancy, intentions, and their decision making, but how do we then, incorporate that into to programming?

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00:31:43.880 --> 00:31:56.779

Asari Offiong, PhD, MPH: We used a phenomenological approach to really understand the phenomenon of pregnancy, intentions, and reproductive decision making for black youth. And then, of course, we applied qualitative techniques that are listed here.

143

00:31:58.020 --> 00:32:21.829

Asari Offiong, PhD, MPH: Here are the overarching themes that came out of that work, the main. The the first overarching theme was that young people stated what their pregnancy intentions were, and they ranged a full gamut from what they called unwanted and misaligned to include fatal fatalism, and planned and unwanted in terms of their pregnancy, intentions, and reproductive decision making.

144

00:32:22.130 --> 00:32:44.929

Asari Offiong, PhD, MPH: And then they went on to share the social perspectives that informs those intentions so kind of going back to when I said, what are the gaps in the research? A lot of times? The the social context is not considered and informed, and doesn't inform how we engage with young people, particularly young people of color. And so these young people share their. So the social perspectives that drive those intentions

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00:32:44.930 --> 00:32:53.070

Asari Offiong, PhD, MPH: and social perspectives that should be we've woven into the work when we think about prevention and not just prevention, but just health promotion in general.

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00:32:54.010 --> 00:32:56.519

and so I'll quickly go through

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00:32:56.570 --> 00:33:01.460

Asari Offiong, PhD, MPH: each of those themes and share share some of the quotes that were included there.

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00:33:02.170 --> 00:33:31.310

Asari Offiong, PhD, MPH: When we talk about pregnancy and reproductive choices and desires. If it spanned, the full gamut. And so we had young people that stated that pregnancy was unwanted and misaligned with their goals. And so one young person stated, this young man stated. I'm not even out of high school yet. Why would I? Wanna set myself up for that? I can if I have a baby, and I can't provide for it, right? So that's one angle and one perception around their reproductive health choices.

149

00:33:31.310 --> 00:33:52.499

Asari Offiong, PhD, MPH: And how do we then begin to kind of support that young person to to fulfill their desires of not having a child at an early age. Then we have young people that kind of fell in the middle of the face has some kind of perspective where they say, because, like, now, I'm planning on not having kids. But if it happens, it's just going to happen, and so

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00:33:52.500 --> 00:34:15.589

Asari Offiong, PhD, MPH: oftentimes seeing pregnancy particularly for black youth has been perceived as this idea of the end of the world, and their lives are doomed. But if a young person is open and experiences of pregnancy, how do we then support them like what are the systems that we can put in place to ensure that this young person thrives in all aspects of their life.

151

00:34:16.800 --> 00:34:44.049

Asari Offiong, PhD, MPH: and then, on the last end of the spectrum, are that there are young people that have planned and wanted pregnancies. This young parent stated, we discussed having him, that being her child. And then it happened we were okay with it again. How do we then, really leverage that one of those 3 rights to say that young people have the rights of parent in a safe, welcoming environment, where they can thrive where their young people can thrive. Okay?

152

00:34:45.800 --> 00:35:03.849

Asari Offiong, PhD, MPH: And so building on that, like I mentioned, there were shared perspectives as to what informs those decisions and things that need to be considered. So one of the first things was that sex is a gendered responsibility. And a lot of young people kind of mentioned that

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00:35:03.860 --> 00:35:31.600

Asari Offiong, PhD, MPH: oftentimes that young women are at the center of making those decisions around what happens as a result of sex. And how do we then pull young men more into the discussion, and really equipping young men to really understanding their goals, their reproductive health choices, autonomy and and the roles that they have in those decisions. And so that's really missing from the field in which is what young people said

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00:35:33.130 --> 00:35:48.600

Asari Offiong, PhD, MPH: then moving on the next year. Perspective for those young people. Was that teen pregnancy is cyclical in common, and that, you know a lot of them have team mothers, their mothers, who are teen mothers, or so teen fathers, and that

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00:35:49.000 --> 00:35:55.450

Asari Offiong, PhD, MPH: because it was common that it wasn't necessarily viewed as a negative thing. But how do we then support those young people.

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00:35:56.470 --> 00:36:12.339

Asari Offiong, PhD, MPH: and then again building on that, than teen pregnancy is not completely a negative experience. We had a teen parent here say that it changed me once I had my child. It was like, Okay, I want to do better. I want him to do everything that I never had a chance to do

157

00:36:12.470 --> 00:36:23.919

Asari Offiong, PhD, MPH: in the current narrative around teen pregnancy. We don't. We don't capture this right, and we fail to capture that young parents with the right supports can be supported and can be successful.

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00:36:25.000 --> 00:36:32.510

Asari Offiong, PhD, MPH: Another shared perspective was that having a child fulfills emotional and relational voids.

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00:36:32.610 --> 00:36:41.879

Asari Offiong, PhD, MPH: This young, this young lady said that she's been through a lot of her in her life. She wanted to have a baby. She was speaking about a friend.

160

00:36:41.880 --> 00:37:05.939

So that she can have that love, that unconditional love, somebody that would never leave her. And so, in a case like this, it kind of really connects us to like when we think about sexual health. How do we think about mental health? How do we think about emotional well-being? How do we think about social supports for young people and ensuring that they feel whole and holistic, so that whatever decisions that they make.

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00:37:05.940 --> 00:37:10.360

that it is truly what they want, and not as a replacement for anything else.

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00:37:10.360 --> 00:37:31.219

Asari Offiong, PhD, MPH: and so kind of going back so like our work around sexual reproductive health for teens has to be comprehensive. It can't be punitive. It can't be just on one angle of the spectrum, but really taking a holistic approach to how do we talk to young people about their sexual and reproductive health decisions.

163

00:37:32.200 --> 00:37:58.679

Asari Offiong, PhD, MPH: And then, lastly, the other shared perspectives. That young people felt like pregnancy should happen early, just not too early. And this was really funny, because we asked them like, Well, what is not too early? And some of them felt like, Oh, 25 is, is, is an old person. And so that made us laugh because I'm like, Well, I guess we're all at the quote unquote geriatric phase. But young people just felt like planning

164

00:37:58.680 --> 00:38:18.290

Asari Offiong, PhD, MPH: having a baby earlier creating more opportunities to connect with their children, to really be able to have an opportunity to raise their children in a way where they have the energy, and they have in the know of what's going on to really be able to connect with their young people. And so how do we not stigmatize

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00:38:18.420 --> 00:38:27.060

Asari Offiong, PhD, MPH: black and brown young people that have different trajectories that they want to pursue, as it relates to child bearing and childbearing.

166

00:38:28.640 --> 00:38:50.459

Asari Offiong, PhD, MPH: And so what is this? What did we really take away from this study? And and what it didn't mean is that there's a interplay between share perspectives or social norms or social perspectives around. The social context in which young people are living in how that then informs their own personal, reproductive decisions and desires and their intentions.

167

00:38:50.880 --> 00:39:09.720

Asari Offiong, PhD, MPH: And then how do we right here in this current conf situation? How do we create systems and structures that make people feel that making people feel safe and making people feel wanted so that they have the ability to make the decisions that are best for them. Right?

168

00:39:09.760 --> 00:39:12.330

Asari Offiong, PhD, MPH: And so,

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00:39:12.360 --> 00:39:29.750

Asari Offiong, PhD, MPH: we pulled some of that data and really thought about, how do we then center that in practice, how do we really ensure that young people have that economy? And so here we have 6 strategies that we've identified that can use to be used to advance racial equity as it relates to sexual health.

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00:39:29.790 --> 00:39:52.959

Asari Offiong, PhD, MPH: So first, we need to honor young people's sexual and productive health choices and desires. It's important for us to increase the number of supportive adults who believe not only just in young parents, but young people in general, and that make young people feel confident in the choices that they have. And even when young people change their mind that we create spaces to support that

171

00:39:54.030 --> 00:40:07.379

Asari Offiong, PhD, MPH: we need to prioritize systemic reform over efforts as solely focus on individuals. So a lot of the work that we've done now, really, focuses on young people about what they should or shouldn't do in their behaviors.

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00:40:07.380 --> 00:40:28.800

Asari Offiong, PhD, MPH: But how do we think about our systems, our education system, our health systems, our social services systems? How do we ensure that those create spaces that allow young people to get access to the supports that they need, that then trickle down to them individually. So it needs to be a multi-level approach to really supporting young people's reproductive health needs.

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00:40:29.840 --> 00:40:40.139

Asari Offiong, PhD, MPH: And then again, specifically honing in on young parents and young families that we value and support, expecting and parenting youth

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00:40:40.580 --> 00:40:57.220

Asari Offiong, PhD, MPH: with with anything. When you have the right supports in place, you can thrive right. But if our systems and structures make it difficult for young people to go to school or attend school in different structures or different ways, instead of, you know, having virtual options or

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00:40:57.220 --> 00:41:12.700

Asari Offiong, PhD, MPH: having access to child care. All of those things really make a difference. In the well-being of young people. And so we have those systems to support that might we see differences in the disparities that are often reported, as it relates to young parents.

176

00:41:14.460 --> 00:41:42.259

Asari Offiong, PhD, MPH: Again, going back to this asset base and really taking a reproductive justice lens and you center lens that we wanna up. You lift youth strengths to help them to achieve that. Young people have thoughts, they have a voice voices and those strengths to help them. Achieve this. What they desire right? And not thinking about what we think young people should be doing, or what we think are best for young people

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00:41:44.530 --> 00:41:54.560

Asari Offiong, PhD, MPH: thinking in intersectionality lens, we need to consider, use multiple identities that shape their sexual and reproductive health. How does race age, geography, disability.

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00:41:54.630 --> 00:42:07.119

Asari Offiong, PhD, MPH: all the different identities. How do those intersect? To inform a young person's life, and how do we create support so that understand all of those, and address all of those different identities.

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00:42:08.730 --> 00:42:13.670

Asari Offiong, PhD, MPH: And then, lastly, how do we think about delays? Use

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00:42:13.710 --> 00:42:41.599

Asari Offiong, PhD, MPH: again, stigmatizing ways and viewpoints and perspectives that to me young people won't move forward. It will continue to create disparities for our young people. And so thinking about ways that we can hold our systems accountable to using language that is supportive, that is, strength, space that is asset-based, that really looks at young people holistically and supports across the spectrum. As I mentioned before.

181

00:42:42.700 --> 00:42:58.150

Asari Offiong, PhD, MPH: And so what are some of the implications for our practice and policy? We wanna continue to explore and recognize the role of racism, systemic oppression, and the social determinants of health on black youth and youth, of color's access to sexual and reproductive health

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00:42:58.580 --> 00:43:08.459

Asari Offiong, PhD, MPH: as we recognize and recognize the roles of those of those factors, then it then allows us opportunities to see where there are opportunities for change, for improvement.

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00:43:08.470 --> 00:43:30.509

Asari Offiong, PhD, MPH: I mean creates an opportunity for us to expand our messaging and menu of options to support the full spectrum of reproductive health decision making. And then how can we then, tailor and weave those shared perspectives around reproductive health. In our education, in our clinical care, that really honors that young people, black young people have a range of needs that are worth supporting.

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00:43:30.530 --> 00:43:38.649

Asari Offiong, PhD, MPH: So those are some of the things that I'm starting to think about and really integrate into my work in the work that I'm doing with other partners.

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00:43:40.080 --> 00:43:47.249

Asari Offiong, PhD, MPH: And so that is where I will end for the sake of time, so that we have a little bit of time for questions.

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00:43:47.290 --> 00:44:02.880

Asari Offiong, PhD, MPH: But I'm open to any discussion, or conversations, or thoughts, or feedback on anything that I've shared, or anything that has come to mind for you all, or comes up in your work, would really love to hear any of the questions that you all may have.

187

00:44:04.910 --> 00:44:26.430

Ana Nunez MD: Thank you so much. I think I'll I'll pick things off here while other folks are are framing sort of questions they might have for you. One's actually an observation. I remember in about the 20 tens or so. There were 2 Princeton economists, and they did a map in terms of unemployment and employment opportunities in the United States.

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00:44:26.480 --> 00:44:44.580

Ana Nunez MD: and then they did a map of unwanted pregnancies. And the map looks like the same map, right? And and their comment was, Are we focusing on the wrong thing which is about, you know, intimacy and sexual relations, and so on, so forth. When it's really, that's

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00:44:44.580 --> 00:45:11.459

Ana Nunez MD: what options do you have as a young woman. In terms of some of the areas that have highest rates of unwanted pregnancies. You know you you can't really have. You don't have really educational opportunities. You don't really have employment opportunities. Right? And so so then you are, because you have in terms of choices certainly strikes me in terms of when we talk about sort of the the options, and I think

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00:45:11.460 --> 00:45:18.220

Ana Nunez MD: important how you highlighted about sort of reproductive justice, because, you know, you don't have a choice

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00:45:18.390 --> 00:45:32.369

Ana Nunez MD: if you don't have a choice. But there really isn't a choice. What are we talking about? And so having in terms of the justice of having choices. Really powerful.

192

00:45:32.450 --> 00:45:47.030

Asari Offiong, PhD, MPH: Yeah. And I think, too, you know, II and in some of the work that I've done. You know this idea. There, you there. There was a term that folks used to use like reproductive planning and like, how do we help young people with reproductive planning?

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00:45:47.110 --> 00:45:51.949

Asari Offiong, PhD, MPH: And one of the young people that II was working with said, well.

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00:45:52.520 --> 00:46:10.350

Asari Offiong, PhD, MPH: I'm not afforded the opportunity to plan right like like you mentioned the options that are available to me like reproductive autonomy is not something that I've ever felt like. I have control over what happens to me right like, and what happens in, not only just in terms of my reproductive health decisions, but

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00:46:10.380 --> 00:46:24.800

Asari Offiong, PhD, MPH: my life in general, like what I have access to or I don't have access to. I don't feel like I have that control. I want that. But there are a lot. It's not just based off of what I want on an individual level. But the systems and the structures that are in place

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00:46:25.000 --> 00:46:44.769

Asari Offiong, PhD, MPH: don't support me having that autonomy. So that when we talk about what are the decisions that young people make, or what they do? If they don't, do we really need to challenge our systems? And how do we support young people? And truly having those options. And, to be honest, I think to really push the needle forward. It's gonna have. We're gonna have to take a more systems level approach.

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00:46:44.990 --> 00:47:15.079

Asari Offiong, PhD, MPH: So how we think about sexually reproductive files, how we think about young people in general. it's gonna have to happen at the top. And those shifts are gonna have to happen at the top. And I'm and I'm encouraged because I think folks are understanding positive use development folks are understanding racism and systemic oppression. And some of those inequities at that level. And so we're starting to push the needle forward a little bit. It's kinda slow, but I think for researchers like us that are really invested in this

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00:47:15.080 --> 00:47:26.000

Asari Offiong, PhD, MPH: working really invested in making sure that young people thrive. I think. That is going to make the difference. And young people truly having options, and truly having that autonomy.

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00:47:27.120 --> 00:47:35.800

Ana Nunez MD: one of the questions are, How do? How do you engage people that want to view support systems as quote unquote handouts.

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00:47:37.710 --> 00:47:46.219

Ana Nunez MD: Can you say the first problem, how do you engage people that want to view support systems as.

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00:47:46.530 --> 00:47:53.699

Asari Offiong, PhD, MPH: yeah, that's a that's a big question. You know.

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00:47:54.650 --> 00:48:05.470

Asari Offiong, PhD, MPH: I think you know a lot of times folks that have those perspectives. We have to go back to the data, right? Because

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00:48:05.690 --> 00:48:15.540

Asari Offiong, PhD, MPH: that's sometimes what they listen to. But understanding that if you feel that support systems are handouts, right?

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00:48:15.780 --> 00:48:21.510

Asari Offiong, PhD, MPH: We have to go back and look at like how do we? How do we?

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00:48:23.600 --> 00:48:34.680

Asari Offiong, PhD, MPH: What? What are the options? Right? If if you feel like people should pull their, you know, pull themselves up by their bootstraps and all of the the terms that folks use.

206

00:48:34.940 --> 00:48:51.910

Asari Offiong, PhD, MPH: Okay, when we look at our educational systems, are they equitable? Do we have equitable support across the country. The question is, no, what are the policies that put into place that literally are rooted in racism and that are still happening today? Or how do we look at our funding structures? For

207

00:48:52.140 --> 00:49:14.710

Asari Offiong, PhD, MPH: I mean, not even just for our schools, but our medical system. How does how does that work right? So if if folks, when I when I talk to people, I just refer back to that right, the current policies, the current structures, they are not set in place in a way, then it makes it easy for people to quote them. Both pull themselves up by the bootstraps. Right it it literally makes it impossible. And so I think

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00:49:15.220 --> 00:49:22.410

Asari Offiong, PhD, MPH: when those questions are raised, going back to what exists and and talking through to that and using data,

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00:49:22.620 --> 00:49:29.659

Asari Offiong, PhD, MPH: and just this idea of that. People are are looking for someone to save them, particularly black youth.

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00:49:29.770 --> 00:49:50.419

Asari Offiong, PhD, MPH: black youth and black families are not looking for a save here. They've never wanted to save. Here. Right? The question has been, how do we ensure that equal access is available? Right? Equitable access is available. That's what that's what those families are looking for. That's what those young people are looking for. But our systems are not created for that. And so just

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00:49:50.490 --> 00:49:53.240

Asari Offiong, PhD, MPH: kind of using that as

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00:49:53.430 --> 00:50:01.110

Asari Offiong, PhD, MPH: talking points. And there's some people that you just won't be able to change their minds on that, because they have those views. But that's what I refer back to.

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00:50:01.380 --> 00:50:06.860

Ana Nunez MD: Yeah, I think it's sort of the, you know. If if you're saying, Pull yourself up in your bootstraps, what if you don't have boots

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00:50:06.980 --> 00:50:34.260

Ana Nunez MD: in terms of well funded and supported dollars spent per student sort of affluent counties in terms of their high schools and and elementary schools versus those that are sort of more in inner city or scarce resource places difference, you know, like \$60,000 a student.

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00:50:34.260 --> 00:50:57.079

Ana Nunez MD: and versus 11,000 so how is it, then? The same? Because you know, the reality of it is that they both graduated high school. The only thing they have in common is they both graduated high school. They got out of it in terms of sort of opportunities, is totally different. And so, if we say, what's the Equity Out Company want? We want healthy people

216

00:50:57.080 --> 00:51:20.319

Ana Nunez MD: have life options to build, families, to build, robust communities, to be able to sort of contribute to be productive and and happy in our society. Then we have to sort of say, what do you have and what don't you have in terms of able to give those choices to folks. I'm gonna ask when it's sort of tougher. And this is sort of, you know, in terms of almost make, like the parents sort of saying, you know, do as I do, or do as I say.

217

00:51:20.350 --> 00:51:43.549

Ana Nunez MD: You know it's tough in terms of sort of you know. If if individuals see, enter, raise, and and sort of mom is sort of a single mom, you know, isn't. It's kind of tough for them to say, No, do something different, because validation that like I did this. And there was lots of love. And I care about you. And so how do we you talk about. How do you uplift the voice of youth?

218

00:51:43.570 --> 00:52:05.969

Ana Nunez MD: No frontal brain isn't totally developed yet. No, that there's a whole lot of world that they have to be aware of. So how do we? How do we give sort of that autonomy and uplift the youth, and not sort of do is do as I say or do as I do in terms of an elder in terms of trying to give Sage what they feel is sage advice.

219

00:52:06.060 --> 00:52:19.439

Asari Offiong, PhD, MPH: Yeah, I think you know, when we really take when we we apply frameworks like positive use development, right? Like, I love positive development in the 7 seas that they used to be by another 7.

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00:52:19.910 --> 00:52:30.580

Asari Offiong, PhD, MPH: And those 7 C's are around connection, contribution, competencies and creativity, like all these different elements.

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00:52:30.650 --> 00:52:33.500

Asari Offiong, PhD, MPH: And I think the beauty of like

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00:52:34.890 --> 00:52:42.180

Asari Offiong, PhD, MPH: understanding. All of those elements really helps us to engage with young people in a way that

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00:52:42.250 --> 00:53:04.799

Asari Offiong, PhD, MPH: supports them. Right? So like no, you at at 15 we might have all thought we knew everything, and what was going on was like this, is it? And like this is my whole world. And you know those of us that are older like oh, sweetheart, like in 3 months, like your whole world is gonna shift, but a part of I think working with young people and understanding young people. Is that

224

00:53:04.980 --> 00:53:23.590

Asari Offiong, PhD, MPH: what is relevant to them at that time is equally as important, and we can't dismiss that. I use this example all the time that everyone of us on here on this call had been 16 right at 1 point, but none of us were 16 and 2020. Well, maybe I don't know who was on the line, but I was not 16 in 2020,

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00:53:23.630 --> 00:53:49.479

Asari Offiong, PhD, MPH: and what those young people experience at that time is very different than what I could ever understand right? And so, understanding that their experiences are real, are valid. The context that they live in is real and valid. And we need to understand that. And I think the point is that what we can do is help them develop decision making skills, communication skills, emotional regulation skills like those fundamental

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00:53:49.480 --> 00:53:56.560

mental skills to help them navigate the current context that they're in and understanding that a part of

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00:53:56.660 --> 00:54:08.719

Asari Offiong, PhD, MPH: the beauty of adolescence is growing and learning and changing, and as long as you have supportive adults around you that you are going to probably fail. You are going to probably get it wrong.

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00:54:08.750 --> 00:54:14.870

Asari Offiong, PhD, MPH: But it's okay, because that is a part of the growth and the learning process. So, for example, in the

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00:54:14.930 --> 00:54:42.889

Asari Offiong, PhD, MPH: the aspect of of sexual health or reproductive health or just relationships. You know, we educate young people around what a healthy relationship is, and what a healthy relationship isn't. And what you know, what we can see is like, this doesn't seem right. We can kind of. But young people are, gonna make those decisions, right? But hearing from them like, okay, what is it that you're looking for? What is it that this relationship means to you and really being the ones to help connect the dots, to say.

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00:54:43.000 --> 00:55:11.780

Asari Offiong, PhD, MPH: I feel like, you know, you're leaning on this person for emotional support, like, what is that about? And really digging deeper, but allowing young people the

opportunity to share what's really going on with them. What moves those decisions is important, and allowing that space allows young people to also trust that we're gonna give them the best information, and that if Mrsari says such and such, she knows what she's talking about, so let me consider that. So I think it really kind of goes back to

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00:55:11.820 --> 00:55:24.980

Asari Offiong, PhD, MPH: not saying that young people are gonna get it right, or always gonna get it right. And we, you know, they can do whatever it doesn't matter. But it's really about creating that safe space for young people to share their experience, share their thoughts.

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00:55:25.190 --> 00:55:40.230

Asari Offiong, PhD, MPH: you know, really not dismiss what they're going through. and also create a safe space for them to go through all of that, all those feelings, or all those experiences without judgment, without stigma. And I think that's what really resonates with young people.

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00:55:40.350 --> 00:56:04.069

Asari Offiong, PhD, MPH: so that that's what I would say to that. And I think it's really I do a lot of training with professionals or researchers and really helping them. Just remember that. Remember, when you were 16. Remember what you needed, what you needed, a space you need. You wanted to hear from trusted adults. You wanted to feel supported, which you also wanted them to acknowledge.

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00:56:04.290 --> 00:56:17.850

Asari Offiong, PhD, MPH: You know what's going on in your world like this is your world right? And it is important to you, even if in 10 years it may not be. But how do we really create that space for young people? To fill that and feel supported? So

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00:56:17.850 --> 00:56:36.559

Ana Nunez MD: great? Thank you. So another question. there's question. Thanks for presenting this topic. It's definitely something that our our colleague here struggles with, since as a clinician, she says, she sometimes sees young moms who are highly stressed after children because they have no support. What should we

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00:56:36.560 --> 00:57:06.349

Ana Nunez MD: do while we're taking a systems level approach to this problem meaning. We want young folks to have the autonomy to make the choice regarding the reproductive future and not pressure them into birth control. But as clinicians we don't have the power to change their environment. Political problem. And I agree, need to be political situation. I don't know what's the immediate things can be done to improve the well being of a pressed youth. Sorry I missed it if I logged into late. If you gave those solutions so no problem. Yeah, I mean, I think,

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00:57:07.080 --> 00:57:32.010

Asari Offiong, PhD, MPH: the approach is not a one, you know, clinician job. But I really do think it takes like a team. And I think it takes a connection of of resources and a full team to support young people. I think clinicians have their role. I think social workers have their role. I think educators have their role, and in some of the work that we're doing now is really thinking about, how do we all the pieces that touch young people, all the systems that touch him.

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00:57:32.010 --> 00:57:45.560

people? How do we work together to support that young person? So in the clinical, in a clinical setting. One of the things that we started to do was think about like the intake forms, or like when you're sitting down with a young person.

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00:57:45.560 --> 00:58:09.170

Asari Offiong, PhD, MPH: Open ended questions as to like, you know. Ha! What are? What are the ways that I can support you clinically? What are you know? Is this within your reproductive health plan, or like? What are your thoughts around this pregnancy? What are additional supports do you need? Where can I connect you to social services, and so I think, really connecting them to other supports and having

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00:58:09.170 --> 00:58:30.850

Asari Offiong, PhD, MPH: a wealth of resources that you can connect young people to is really important. Whether they're community based programs that are working with young moms and young dads. How do we connect them to them? Mental health support? financial support workforce development. How do we create these like really into disciplinary teams?

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00:58:30.880 --> 00:58:40.660

Asari Offiong, PhD, MPH: That support young people holistic because it's not just one job on role. But I think we need to kind of create like collective systems to support young people.

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00:58:41.120 --> 00:58:56.210

Ana Nunez MD: Thank you so much. And we're actually a time. This was fabulous. Appreciate it. The time flew could talk to you all day. Thank you so much. Thank you for all the hard work that you do, and thank you so much for joining us here in terms of bringing this topic to, to to work in

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00:58:58.120 --> 00:59:01.230

Ana Nunez MD: alright actionaya.

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00:59:01.750 --> 00:59:04.299

Ana Nunez MD: Hey, cool! Be finishing up here.

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00:59:05.310 --> 00:59:10.380

Dean's Lecture Series: Yes, thank you. Everyone for attending following.

246

00:59:10.440 --> 00:59:26.900

Dean's Lecture Series: this webinar, you will be answering a one question survey on what future topics you'll like to see, and we look forward to seeing you next month. The second Wednesday of every month is when Dean Lecture series is aired, and so see you then have a great rest of your week.

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00:59:27.010 --> 00:59:29.330

Ana Nunez MD: Take care, everybody. Bye-bye.