Options for All
APPLYING A REPRODUCTIVE JUSTICE LENS TO SEXUAL HEALTH RESEARCH AND PROGRAMMING FOR BLACK YOUTH
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Objectives

EXAMINE.
Historical events related to sexual and reproductive health

DEFINE.
Reproductive justice and how it can be amplified in research and programming for Black youth

EXPLORE.
Black youths perspectives of their sexual and reproductive health, and identify how it can be amplified in research and programs
Background

The “good” news.

- Teen pregnancy rates have drastically declined since 1990s
- Due to comprehensive sex education, increased access to contraceptives, and delayed sex onset

13.5
per 1,000 15-19yo females

78%
decline since 1991

39
states + DC mandate sex education
2-3X HIGHER
Teen pregnancy and birth rates among Black, Hispanic and Indigenous youth

HIGHEST
In rural, southern region and urban areas with high minority populations

But...
DISPARITIES CONTINUE TO PERSIST
Black girls and women have:

- **lower** rates of access to and use of contraceptives
- **higher** rates of unintended pregnancies
- **higher** rates of preterm births and infant death
- **higher** rates of maternal mortality
DISPARITIES CONTINUE TO PERSIST

But why?
FRAMING MATTERS

The girl who has an illegitimate child at the age of 16 suddenly has 90 percent of her life’s 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, 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. Her life choices are few, and most of them are bad.
What words stick out to you?

Nobody has responded yet.

Hang tight! Responses are coming in.
FRAMING MATTERS

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Let's go back in time...

1950
• Early marriage and childbearing were common
• Family life education focused on the redemptive value of marriage.

1960
• Term “teen pregnancy” grew in popularity
• Shifts in sex education, introduction of birth control pills

1970
• Decline in early marriage
• Introduction of “welfare queens”
Let’s go back in time...

1980
• Black and Brown communities report disproportionate rates of early nonmarital childbearing
• Teen pregnancy viewed as social problem and epidemic

1990
• Welfare reform focused on preventing out of wedlock pregnancies

2000+
• Drastic decline in teen pregnancy, but disparities persist
Results of the current narrative

When I got pregnant, I was kicked out of the program. 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.
Why is this relevant?

• Teen pregnancy has been stigmatized, particularly targeting youth of color

• Negative narrative has left young parents underserved

• Opportunity to take a youth-centered and reproductive justice lens approach to supporting young people
Gaps in Research

**YOUTH PERSPECTIVE & VOICE**
Most research does not deeply explore youth’s perspectives, particularly adolescent males are missing in SRH.

**YOUTH-CENTERED FOCUS**
Exploring sexual and reproductive health from a strengths, youth-centered lens is lacking.

**AWARENESS OF SOCIAL CONTEXT**
Most research fails to consider the social context in which youth make decisions about their sexual health.

**REPRODUCTIVE JUSTICE**
Current research inadequately addresses all three reproductive justice rights for youth.
FRAMING MATTERS

- Youth-centered approach
- Reproductive Justice
FRAMING MATTERS

Youth-centered approach

Reproductive Justice

• the right to have a child under the conditions of one’s choosing
FRAMING MATTERS

Youth-centered approach

**Reproductive Justice**

- the right to have a child under the conditions of one’s choosing
- the right not to have a child using birth control, abortion, or abstinence
FRAMING MATTERS

Youth-centered approach

**Reproductive Justice**

- the right to have a child under the conditions of one’s choosing
- the right not to have a child using birth control, abortion, or abstinence
- the right to parent children in safe & healthy environments free from violence by individuals or the state
Centering Reproductive Justice
IN RESEARCH
Research Study

AIM
To explore the factors that influence pregnancy intentions of adolescents in Baltimore, MD

ANALYSIS
Phenomenological approach
• Explored how the social context influences how adolescents conceptualize pregnancy intentions (phenomenon)

Deductive and inductive thematic analysis

Applied qualitative techniques: memo writing, peer debriefing, constant comparisons
Overarching Themes

STATED PREGNANCY INTENTIONS
- Unwanted and misaligned
- Fatalism
- Planned and wanted

SOCIAL PERSPECTIVES
- Sex is a gendered responsibility
- Teen pregnancy is cyclical and common
- Teen pregnancy is not a completely negative experience
- Having a child fulfills emotional and relational voids
- Pregnancy should happen early, just not too early
Unwanted and misaligned

I’m not even out of high school yet, so why would I set myself up like that? I’m not going to say failure because it’s a new life form. Birth is a beautiful thing, but if your life gets messed up you have to live with, I have a baby, I can’t provide for it.

15-17yo Adolescent Male
Fatalism

Because like now I'm planning on not having kids, but if it happens, it's just going to happen. It's not that I planned to have kids but I just slipped up. It happened.

15-17yo Adolescent Female
Planned and wanted

We basically planned [name of son] with me and his father. We discussed having him and then it happened. We were OK with it.

15-19yo Adolescent Parent
SEX IS A GENDERED RESPONSIBILITY

A lot of us males don’t take a lot of responsibility. It’s like a responsibility thing. You got to take responsibility. You got to be a man. If you’re willing to lay down and have sex with a female, and then she get pregnant, and whatever happens, happens, take responsibility for it. If you get her pregnant, that’s your baby. Do what you gotta do.

18-19yo Adolescent Male
TEEN PREGNANCY IS CYCLICAL AND COMMON

Because I guess if you see your mother like pregnant, having babies, that's what people grow up thinking, like, 'It's good to have babies.'

15-17yo Adolescent Male
TEEN PREGNANCY IS NOT A COMPLETELY NEGATIVE EXPERIENCE

*It changed me.* I used to always be outside, coming in the house late. [laughs] Talking back to whoever if I got something to say. I’m not going to lie. Sometimes I skip school, sometimes not all the time. *Once I had [name of son], it's like, "OK. I want to do better. I want him to do everything that I never had a chance to do."*

15-19yo Adolescent Parent
HAVING A CHILD FULFILLS EMOTIONAL AND RELATIONAL Voids

There’s different type of situations that people go through. I know this girl. She ain’t never had no type of love in her life, like her parents. Now both her parents ain’t in her life. She’s been through a lot in her life. She wanted to have a baby so she can have that love, that unconditional love, somebody that would never leave her. That’s why she wanted to have a child early.

15–17yo Adolescent Female
PREGNANCY SHOULD HAPPEN EARLY, JUST NOT TOO EARLY

I’m planning on having a baby but I want to have a baby when I’m 21. I want to have it when I’m young so I won’t be too old when the baby grow up. I might be in my death stages. I want to have it young so I can spend time with... my child.

15-17yo Adolescent Male

Participant 1: I want to have kids when I’m around 23. Yeah, because nobody wants to be 27 and running behind a one year old.
Participant 2: I don’t want to be no old mom.

18-19yo Adolescent Females
Interplay between shared social perspectives and situational contexts informed their pregnancy intentions, and reproductive health decisions.
Centering Reproductive Justice
IN PRACTICE
Strategies to advance racial equity

HONOR YOUTHS’ SEXUAL AND REPRODUCTIVE HEALTH CHOICES AND DESIRES

Work to increase the number of supportive adults who believe in young parents and feel confident in young parents’ abilities to make choices for themselves and their children.
Strategies to advance racial equity

Prioritize systemic reform over efforts solely on individuals

Challenge providers, larger systems, and policies to reflect on their roles in ensuring that services are supportive for young people and expand programming and care to address systems-level issues.
Value and support expectant and parenting youth

Focus resources on creating appropriate and accessible systems for young parents and their children—not just on preventing pregnancies.
Strategies to advance racial equity

UPLIFT YOUTHS’ STRENGTHS TO ACHIEVE THEIR DESIRED GOALS

Make space for youth to drive discussions about their sexual and reproductive health and goals and use their strengths as a guide.
Strategies to advance racial equity

CONSIDER HOW YOUTHS’ MULTIPLE IDENTITIES SHAPE THEIR SEXUAL HEALTH EXPERIENCES

Consider how race, age, geography, disability, poverty, religion, and sexual and gender identity intersect in a young person’s life—and how these factors impact their well-being—to more fully address the young person’s needs.
Strategies to advance racial equity

USE ACCURATE LANGUAGE TO HOLD RACIST SYSTEMS AND POLICIES ACCOUNTABLE

Create guidance and a culture on reframing the way we discuss causes and outcomes of adolescent pregnancy and parenting.
Implications for Practice & Policy

• Continue to explore and recognize the role of racism, systemic oppression and the social determinants of health on Black youths’ access to sexual and reproductive health services

• Expand messaging and menu of options to support full spectrum of reproductive health decision-making

• Weave in shared social perspectives around reproductive health in education and clinical care – honoring that Black youth have a range of needs
Let's Connect!

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References


