00:00:06:23 [Jen]: From the California prevention training center in San Francisco. This is speaking, frankly, the state of sexual health. We know good sexual health Doesn't just happen. It's created in this series, we're starting the conversations we should already be having. We'll speak with experts in the field about sex stigma and all of the other factors that shape our sexual health and our everyday lives. I'm Jennifer Rogers. Today, we're talking to Dr. Aisha Mays. Dr. Mays is a family physician who focuses

00:00:36:25 on adolescent medicine. She's the founding medical director of the roots community health center, dream youth clinics, which are youth led. You engaged adolescent clinics within Oakland's youth shelters. Today we talk with Dr. Mays about the importance of reproductive justice, as it pertains to pregnant and parenting young people. 45% of all pregnancies in the United States are unintended. According to the Brookings institution, they're most common among young unmarried women and teens, and the most

00:01:10:22 disadvantaged well people of all ages experience, unplanned pregnancy, teens bear the brunt of the stigma around it. Dr. Mays explains this unfair narrative and its disservice to youth and she offers ways we can reframe the way adults think about youth sex and parenting with a reproductive

00:01:34:04 justice framework. Thanks for being here. I hope you enjoy the episode.

00:01:39:21 [Dr. Mays]: Thanks so much, Jennifer, for having me.

00:01:41:22 [Jen]: So your work, as you said, is focused on adolescent sexual and reproductive health. Can you tell us a little bit about your work both within the UC system and also at the roots clinic, which you founded?

00:01:54:15 [Dr. Mays]: Yeah, so I've worked with adolescents throughout my entire career, so I'm actually a family physician, but I focus solely on adolescent medicine and, uh, really came to love working with young people when I was a resident and actually had quite a few young people show up in my practice in my continuity practice and several of them became pregnant. And so that kind of sparked my ideas and interests in this topic. We're going to discuss today. So at roots, I am the director of adolescent services there. I started our junior youth clinics, which are in the

00:02:27:00 homeless youth shelters in downtown Oakland. So we're in the dream catcher shelter for young people, ages 13 to 18 and the covenant house youth shelter, which is for our transitional age, youth ages, 18 to 24. And that has been just an amazing experience. Being able to co-create a space with young people. One of the things we talk about at dream is that we are youth led and engaged and we are a hundred percent youth led. So I always tell the story

00:02:56:02 that the first three weeks of our clinic opening, we actually didn't have a name at all because we wanted our young people to name the clinic. We wanted it to feel like them. Yes. I love that. So we held a naming contest and a young person submitted that name and then the youth voted and they decided to call the clinic junior youth clinic. And so that's how our name became to be. And it was really embodied sort of the spirit of the space that we're in.

00:03:21:27 [Jen]: So with that in mind, is there a governing board that is comprised of youth? Or what does that look like?

00:03:28:11 [Dr. Mays]: We have a youth advisory board at dream youth clinic and at roots. And one of the things we really always talk about at dream is that we just have to be responsive to the needs and the lives of our young people. And we're working with young people who may stay with us in the shelter for a week or two weeks, or maybe they see a little bit longer or they stay and they come back. And so we had to really take a non-traditional approach to the youth advisory board concept. So it couldn't be a board where young people have to be there every single week

00:03:59:02 because our young people come and go. So we have more of a focus group model. So whenever we are going to be creating a new program or new system, we meet with young people right then in real time. So we'll have a focus group and we might have it a week from now. And so the young people who are in the space are a part of the focus group and they're able to participate in that. And if they are interested in the particular program or whatever we're creating, they can have a deeper role in that ongoing. So again, we

00:04:29:18 really have options and really wanted to meet young people where they are and let them know that we want them to be engaged regardless of how they're able to show up.

00:04:38:12 [Jen]: So that's a term that's used so much in public health meeting people where they're at. And I'm wondering from your perspective, why is that so critical when we're talking about a youth population, especially a population that may be unhoused or experiencing homelessness or an otherwise unstable situation.

00:04:59:18 [Dr. Mays]: I love the positive youth development framework in terms of meeting young people, really meeting them where they're at. And I also think that many of us don't know how that actually translates in practice. What that means is we have to number one lead with the concept that young people are the experts in their lives, and they will tell us what they need and knowing that then we have to ask them what they want before we come up with a concept of what's good for them. So I think often

00:05:31:22 we have that first part down that we really believe the young people are the experts in their lives or that they should be leading. But the way that we go about doing that is often a reverse. We come with our concepts, what we want to do. And then we ask them, is this okay? Well, that's really not a youth led model. Or you said, model is saying, Hey, this is like a very broad topic that we'd like to discuss, or it's something we're thinking about. What do you think, how do you think we can do that? Is this even important to you,

00:06:00:14 right? Should we even be thinking about something completely different, right? And that is a longer and more iterative process that sometimes we are either not equipped with resources to be able to engage in that way. But I think more often it's that we're just not used to it. And we're uncomfortable, a young person taking charge and us really following their lead. And that doesn't mean people disservice and certainly young people who are vulnerable, who have already been made to live on the fringes,

00:06:30:16 young people who are unsheltered or young people who interact with the foster care system. Who've had a lot of their autonomy challenged and taken away in so many areas of their lives. They are often the young people who they see so many things, they have lots of ideas about how they want their lives to work and how they think services should serve them. And we're not asking them. And so then we are re offending and retraumatizing young people who have already had their agency challenged and removed in so many

00:07:00:22 ways.

00:07:01:29 [Jen]: Yeah. It's a really interesting point because I was actually really surprised that you said you think that a lot of folks have the first part down, because I think when, what a lot of adults say trust young people to know that they're the experts in their own lives. My mind immediately goes to, well, they've lived all of 15 years. So how do they really know? Right. And I know I'm not alone in that thinking, but really it makes complete sense that if they're the ones navigating, say the foster

00:07:33:13 care system, if they're the ones navigating the justice system, who is the expert, they've seen nuances and experience them as young people and see nuances that most of the population hasn't. And so recognizing that is critical.

00:07:51:01 [Dr. Mays]: Yes, absolutely. I completely agree with you. Most people believe that young people are experts in their lives. It's probably a little bit overstated. I think in our arts, we want to say that young people have some autonomy or they're growing up, but it's kind of Mormon in a paternalistic. Same as long as you don't go too far exactly.

00:08:10:04 [Jen]: This amount of space to work, but don't go too far. Yeah,

00:08:13:17 [Dr. Mays]: Exactly. I think that we need to realize that adolescence is its own subculture that exists in real time. And I think that if we can think about that more as adults, it may help us to better understand why it's important to go to young people right now and not to use our frame of reference and our adolescents as the marker for what adolescents today need or what adolescents 20 years from now may need. It is it's completely different.

00:08:42:04 [Jen]: So I really wanted to talk to you about reproductive justice, as it pertains to adolescents. I want to kind of lay a framework for audience first. And if you can, between reproductive rights, reproductive health, and reproductive justice for us, I think that that would be really helpful to give folks context.

00:09:03:24 [Dr. Mays]: Absolutely. Yes. I love talking about this as it pertains to young people, because I think that it's an area that we haven't fleshed out and talked about enough. So when we think about the reproductive health and reproductive rights and reproductive justice framework, they are connected, but there are some key differences that's important to understand so that we have a shared framework of what we're talking about. So when we talk about reproductive health, it is probably the framework that most medical providers, most of us in healthcare are most comfortable with and have a clear understanding about because it is

00:09:37:06 very much in line with our medical training, our professional training. It really is that service delivery model of providing reproductive health services. So the things that people come in for in clinic and we're providing those services around their reproductive health, sometimes it includes sexual health. Sometimes that kind of go outside the bounds of what we're going to be thinking about conceptually with reproductive health. But again, it's that service delivery model. So people coming into the clinics, coming into health centers and accessing reproductive health services, we think about

00:10:07:01 the reproductive rights framework and this gained it's coined terms and popularity in the 1960s, really around the women's movement and a very centered in reproductive rights and also in voting rights. But definitely reproductive rights was a large part of that. And that is, we think about the legal framework. So the, the actually being able to have particular freedoms around bodily autonomy. And so really this rights-based legal

00:10:36:14 framework, also advocacy based framework based on laws, based on constitutional laws. And one of the things about the reproductive rights framework, which was a great in its creation, but some of the criticism is that it was mostly led by middle-class white women and mostly benefited middle-class white women. And that there were large gaps of women that were left out of the ideas and out of the benefits from a purely reproductive

00:11:08:08 rights framework. So again, we talk about reproductive rights. We talk about the legal framework to actually be able to actualize and over once bodily autonomy.

00:11:16:14 [Jen]: Can you give us an example?

00:11:18:02 [Dr. Mays]: Yeah. So when we think about with birth control, it is your right to control your reproduction and it is legally your right to control your reproduction. Then you should be able to take certain means to do that. One of those earliest means was around different types of contraceptive options. This is around the time women were able to access the birth control pill. One of the very common ways that women were able to really control their fertility, decide when they want to have children. The

00:11:49:13 reproductive justice framework really expands the reproductive rights conversation and really expands it into a more holistic and movement building framework that really looks at are we addressing and looking at the challenges that individuals may have to be able to attain and actualize those rights that we've said that are all due to all people of reproductive capacity. So when we think about those challenges, meaning are people

00:12:19:11 dealing with the level of discrimination where they're actually not able to access the reproductive rights or are there no clinics in their neighborhoods? Are they dealing with not being able to pay for their reproductive health care? And it is there no provisions or insurance you able to pay for that? So looking at the challenges that people experience that threatened their reproductive rights, also looking at oppression. So even taking it deeper and really looking at the broader social context that addresses the

00:12:49:22 oppressions that women have, women of color women, gender expansive women, women with disabilities, that they also may have that also threatened their reproductive rights. So one of the things we talk about in a reproductive justice framework is that it is its social justice framework is also a human rights framework. It really expands and talks about how women are

00:13:15:19 able to actualize those rights that are given them.

00:13:21:16 [Jen]: This reminds me a lot of, kind of the graphic that I'm sure you've seen comparing equity to equality. Yes. Right. So yeah, the person standing on the box and it's like, does everybody get a box to be able to see over the fence, how tall is their box? Right. So it's really what barriers are there or are there barriers and how many to accessing the rights that have been quote unquote given bestowed upon us all really.

00:13:50:03 [Dr. Mays]: Exactly. Yes. What are the barriers and how are we addressing them? So in addition to knowing what the barriers are, what are we doing in healthcare to address those barriers so that people are able to access those rights so that their box is actually being addressed so they can now see over the fence. Right?

00:14:08:09 [Jen]: Yeah, exactly. So why is this so critical in your work around adolescents and their sexual health specifically?

00:14:17:28 [Dr. Mays]: Oh, this is huge for adolescents and on so many levels. One of the great things around the reproductive health movement and sort of in that in healthcare is that we are starting to acknowledge and incorporate reproductive justice principles and tenants into our work. And that is amazing. And we also see that young people are still being left out. So when we think about reproductive justice and the principles of the right to have a child, the right, not to have a child, the right to parent

00:14:48:11 your children in healthy and safe and the right to disassociate sex and reproduction, we're doing pretty well. When we think about that for adult women. But when we think about those same rights, those holistic rights for young people, we are often very challenged. And again, that paternalism starts to creep back up. It's like, Oh right, we're allowed to have all those rights. We're going to, if we're going to help them. So it's not, again, it's not just rights, but it's also that box. So what are, what are

00:15:20:19 the social and the needs that young people have that we need to address? So they're able to actualize those. So I really love talking about this in adolescent medicine, because if we say that reproductive justice principle should be applied for everyone. And that also means it should be applied for young people.

00:15:38:09 [Jen]: I'm going to read a statistic from the CDC that's pertaining to parenting youth. The CDC says that in 2017, in total of 194,000 babies were born to women, 15 to 19 for a birth rate of 18.8 per 1000 women. In this age group, the narrative is avoid, avoid, avoid, avoid, avoid, avoid sex at all costs. If it's not pregnancy it's STI, if it's not STI it's morality, that's lost or at risk. And so I think a lot of folks

00:16:15:14 would argue kids shouldn't be having kids, babies, having babies is a drain on society. There's inherently this notion that they will not achieve upward financial or social mobility. The child will suffer. And as a

00:16:33:03 result, we get the welfare state. So how do you address

00:16:38:26 [Dr. Mays]: Stress? All of it was just a small chunk. That's huge. And you know, the first thing I think about that I have come to think about since I have been doing this work for so many years, because I also, you said adopt those same statistics and to used to think about teen pregnancy prevention, it was only prevention, prevention prevention. And then I started to think about, well, why is that? Why is it that the statistics that are often out there that 50% of young people who have a

00:17:10:02 child under the age of 19 don't finish high school? Why is that the stats that we see when there's a young person who has a child, that child is likely to end up incarcerated? Well, why is that? That can't be just a result of having a child when you're young, it's not age, what is missing, what's missing

00:17:32:28 [Jen]: Plenty of people who are 25 or however old who have achieved what you just said.

00:17:39:28 [Dr. Mays]: And people who are 17 and 16, who have had children young during those ages and have gone on to college and have careers. So there's something that's missing. And the thing that I feel like we're not talking about, and then we're also not funding is a support for young people who choose to parent. And that's huge. So if there's anyone out here listening, who has a child, you know, how challenging and how much support you need during your pregnancy postpartum, the first five years of that

00:18:13:29 child's life and how much support we give adult women, how much we talk about it, we've talked about how important it is to support adult women during pregnancy and postpartum and dropping off food and making sure that moms get enough rest and then babysitting when the baby's a baby and a toddler. And we talk about all of that for adult. When we pour all this support into our adult women, before our young moms, we say, Oh, you

00:18:39:29 shouldn't have gotten pregnant in the first place. And then there's no support.

00:18:43:17 [Jen]: And it's like, they become a social pariah. Exactly.

00:18:46:27 [Dr. Mays]: And oftentimes they're asked to leave school. They say, you can't continue school. And once you're in your third trimester, you have to go to another school. And so how does that make that person feel? So not only do we have not funded to supportive systems for young people who choose to parent, we also stigmatize young parents, and then we expect them to succeed. And we report all these statistics about their failures. So what will we expect? And also this is all on top of

00:19:20:19 adolescence, right? So we know young people are still developing. They're still developing their sense of self of identity. And we withhold so much support for them. And then we report their failures. It really is a service that we have done to our young mothers in this country, since the 1940s and fifties. I mean, we've used a terms like wayward girls and teen moms and all these unwed mothers, all of these really stigmatizing titles for young

00:19:50:19 people, who've chosen to parent

00:19:54:03 [Jen]: My mind really gravitated toward the notion of we give adult women so much help in all the ways that you talked about. I mean, there's certainly public health campaigns around prenatal care and cultural rituals around bringing lasagna after birth. And now, luckily there's been more of a rise in awareness about postpartum, but it is interesting that just start going from 18 to 22, you could have a totally different

00:20:24:23 experience, right? Simply because of someone's age, you talked a lot about the negative statistics that are reported on you work with adolescents every day. What's the truth about parenting young people are folks who do choose to have kids. Oh, I love talking about this.

00:20:47:02 [Dr. Mays]: Our young mothers love their children and they want to be good parents as much as any adult mother that I've met. And sometimes even I've even seen it even more so because they have to fight for the right to parent their children. And they know that I've had many conversations with young mothers where in their birth plans, they've wanted to talk about what are some things that they may need to say or things that they shouldn't say during delivery so that there is not some concern about

00:21:20:13 whether they're gonna be able to parent their new baby. They are thinking about it very early. I started a centering pregnancy group, prenatal visits for our young moms when I was a resident. And all of the young mothers in our clinic would be a part of this group. They shared their birth stories. They talked about how excited they were for being pregnant and having a child and also wanting to have their needs met.

00:21:45:12 [Dr. Mays]: So wanting to get a job and wanting to finish school. Those were important to them. So young people are asking for the same resources and the same help that we often see our adult mothers asking for often times in our system, we're ignoring that or are we actively withhold it to receive disparate services? So they may go to a school where other pregnant or parenting young people. And certainly we have some great pregnant and parenting schools. And then we have some schools where young

00:22:15:12 people's needs are not being met. And they're not able to learn things, to be able to take care of a new child. I can't echo enough how much. I'm just so inspired by my young moms, with their commitment and determination to care for their children, no matter what, and the love that they shower on their children. And they want to be the mothers like most mothers that I know,

00:22:37:16 [Jen]: Wait, what do we know about the statistics surrounding young parents that doesn't get reported on enough or that perhaps folks don't know?

00:22:50:08 [Dr. Mays]: Unfortunately, we don't have a lot of great statistics about the positive outcomes for young people who choose to parent. That's something I'm very, very interested in my own research is really talking about that so that we can highlight and showcase our young people who are doing well by their standards. And again, we're going from a youth development model. So this is what they consider to be success and what is successful for them, maybe different than what we may perceive of success in general, they get to decide. So that's a huge gap that we don't

00:23:23:06 really talk about the success. I think most of us know one or two people who've gotten pregnant when they were under the age of 20 and some have done well and some have not done well. And I'm really interested in going back and looking at what are the things that young people need.

00:23:39:08 [Dr. Mays]: And I really truly believe that it is because of the lack of support and the high stigma that is placed on young parents that we see these negative outcomes. The other thing I just want to say is with the reproductive justice framework, it's expansive. It is supporting young people who do not want to have children. So it is about abortion rights. Also, it is also about contraception. It is supporting people who do want to have children. So it supports young people who choose to parent. And

00:24:10:12 then also the social context of parenting your children in safe and healthy communities. And the last piece, which we also don't talk about much is the separation of sex from reproduction. So that we're able to talk to young people about sexual decision-making about the importance of sexual pleasure. I can't count how many conversations I've had throughout my career with young people. Who've had sexual encounters that have not felt good to them for so many reasons. So really opening up those conversations.

00:24:43:02 Although I am a huge proponent of supporting young people. If they decide to parent, I also support young people in what their reproductive choices are. That is a reproductive justice framework, and then providing support for them to be able to actualize

00:24:57:04 [Jen]: It's those choices. So what would you say the barriers are that exist? That's preventing actualizing reproductive justice for youth in this circumstance

00:25:08:12 [Dr. Mays]: For one are really, we have to kind of reframe and unlearn some of the paternalistic frameworks that we have learned in the medical community about how to care for adolescents. Adolescent medicine is a huge field. That's been around for many years and I'm an adolescent medicine provider. I love adolescent medicine providers because we are just staunch advocates for young people. And even amongst adolescent medicine providers, there's discomfort in supporting young people across the

00:25:40:28 spectrum of their reproductive choices. We have much more comfort with pregnancy prevention. We have much more comfort with contraception and more comfort, especially over the past 10 years or so with abortion rights for young people. But really we have to also develop that same level of comfort for supporting young people who choose to parent. I'll say that it will take training in the medical community. And it will also take an awareness

00:26:11:08 of us knowing that there is a piece that we need to unlearn that we've learned in our medical training that we need to unlearn so that we're able to center equity and justice for all of our young people and center their choices. So going back to young people as experts, they are the experts in their lives. We're here to facilitate what it is that they want in their lives. And they are the ones that are there to make the change.

00:26:39:13 [Jen]: Where does that come from that paternalism?

00:26:42:18 [Dr. Mays]: Well, you know, I think that in the medical community, we really love to be prescriptive. We've been earlier, we've been trained that way, much easier. It's like, these are what the standards say that you should do. And so this is what you should do. But one thing I always tell my medical students is we need to think about where those standards came from. They didn't just pop up. They created the standards, so things can be created, they can be recreated. And I think it's always

00:27:12:19 important for us to have a critical lens around the standards that we're using and caring for people and also being open to readdressing those standards, especially when they have not been steeped in equity. We know that the medical community just mirrors what happens in the United States. And we've had a long history of inequity in the United States. So why would we think that our medical systems will be different? So we really have to now really start to interrogate some of the standards and the practices

00:27:46:10 that we have used, and really look at them from an equitable lens. Are we centering equity for everyone? And at the answer is no. Then we have to be committed to readdressing and changing those things.

00:28:00:22 [Jen]: I'm always fascinated by this notion of we're recreating a paradigm, right? Clearly you're positing the current paradigm. The current narrative doesn't work. It's not equitable amongst other things, but it's uncomfortable to support this idea of parenting youth because we've never done it before. There's no model, right? So I think that's one of the things that's challenging when we think about sex positivity too, how are

00:28:28:14 you sex positive in a culture that's inherently sex negative,

00:28:31:21 [Dr. Mays]: Right? And we know that young people are having sex. So there's this conflict. So imagine younger board confused. If we're, if we're working in conflict, they're completely confused. So I think that it's so important for us to be committed and courageous enough to address these systems that we know are not serving people that we know are not equitable. Especially when we think around young parents and young parenting, a lot of it was really based in morality. Then this notion of, you know, young people we're not married yet. So you're having a child out

00:29:03:15 of wedlock. It also implies that young people are having sex. But again, today we know that young people were having sex. They were back then and they are now they've always been doing all right. If we say that it is important for us to implement and be consistent with reproductive justice principles within reproductive health, that includes young people. And that means that we will now have to readdress and reframe these paradigms so

00:29:33:29 that we're actually able to support equitably young people's choices around their reproduction.

00:29:41:03 [Jen]: As you were speaking, I was thinking about drivers of discomfort and how you talked about out of wedlock mothers, quote unquote. And the idea that if we say that's okay and say that that's a choice that we can don't and that young people have the right to exercise, then going down the rabbit hole really puts into question marriage. So it's

00:30:14:04 interesting when I think about discomfort that often the things that we're most uncomfortable around are things that shine a mirror to ourselves. If this means that for you, what does it actually mean?

00:30:26:05 [Dr. Mays]: Exactly, exactly. And we know the young people are already questioning marriage and whether they're questioning the sanctity of it or not, they're questioning the institution of it. For sure. Correct. And we know that young adults, middle adults are all questioning it now. And we also know that there is a different level of acceptance around young adults and mid adults for having children on their own or having children outside of a marriage. We know that there are many adults who have children

00:30:57:18 with partners and they may not be married to their partner and their, they choose to have a child with their partner. And that's what it is. So how is that different for young person aside 10 years?

00:31:13:27 [Jen]: Do you think that if you took the economic piece out of it, if an 18 year old inherited a sum of money or were otherwise just financially stable, for whatever reason, do you think that the same stigma would be attached?

00:31:33:23 [Dr. Mays]: I definitely think the stigma would be less. I know that there are young people who also become pregnant in their teenage years who have socioeconomic means and are not labeled in the same way. If we really kind of also continue to drill down on not only age, but also ethnicity, you know, the same CDC statistics also talk about the ethnicity of young people who are parenting. And we know that the majority statistics

00:32:04:13 that are put out there, they are Black and Brown, young people. So if we're talking about majority Black and Brown, young people who are parenting, and then we see the other stats around how these Black and Brown young people are not finishing school, we're now talking about 50% less finished school and the rates of incarceration, we're talking all about Black and Brown, young people. And so I think it's really important to highlight that as a racial inequity as well. And sometimes as a euphemism. So often when people

00:32:36:15 say teen or teen parent, it is often a euphemism for a little Black girl or a Brown girl who has a child. And that's important to highlight that point of discrimination and how young parents of color are often discriminated against across all systems, their school systems, working, being able to access care, how they're treated when they go to the doctor, when they're actually being responsible and doing the things that they need to do to get

00:33:07:09 their prenatal care.

00:33:08:19 [Jen]: I'm really, really glad you brought that up because race is inextricably linked to this as a socioeconomics in talking with a colleague in preparation for this interview, they said that they had recently read research that even until the sixties and seventies and in California, which we love to think is so progressive and free of marks on our record, you know, forest tubal, ligation, or I mean sterilization, right. And on Black and Brown folks. And it's the type of genocide really.

00:33:40:10 And so the idea that if you are a person of color and your young person, is this a form of almost activism in a way to say, Nope, sorry, I'm having this child. And I understand the context into which my body was born and what this child means. And the idea that reproductive justice is also a form of activism in that way to counter and millennia of, of genocide or

00:34:11:01 centuries.

00:34:11:25 [Dr. Mays]: Absolutely, absolutely taking full control over their bodies and over the rights the young people know if they have, so this is the piece that the paternalism does adults a disservice because we miss the young people know that they have rights and they know that they're not naive that, and they know that they're allowed to actualize those rights. And so they will do that with, or without us. And they know that we don't

00:34:42:03 know that as well. But going back to what you're saying about just reproductive abuse that's happened. And, you know, even in California, in the 1990s where Black and Brown women, including young people, given the Norplant, which is like five stick contraception that lasted for five years and they took the Norplant, then they would receive social service benefits. That is coercion that is referred to coercion. Yes. Yeah. It's manipulation. Absolutely. And so it's really important for us to

00:35:15:15 acknowledge these things.

00:35:17:02 [Dr. Mays]: And also what I've noticed in my practice is that often young people are hesitant to either try different contraceptive methods or maybe to start a contraceptive, even though they might want to be preventing pregnancy, because they are worried about these abuses and this coercion has happened in the past. They know about these things. They've heard about these things. And so until we are partnering with young people where we're letting them know that they're in control, we're here to facilitate, we will support them in their choices. And then actually do

00:35:52:06 that. We cannot expect things to change until we are really supporting the young people who decide to parent with resources, the same resources that we provide an adult patient and more because they're an adolescent, we can not expect things to change. We have been reporting similar statistics for over 15 years. There has been little change. So unless we are really

00:36:21:01 focused on change and support and equity, and really centering reproductive justice principles for everyone, we really have to make some far reaching paradigm shifts when it comes to supporting young people.

00:36:36:11 [Jen]: So given what you just said, how do you empower adolescents to realize those rights and interact with the adults in their life so that they can advocate for themselves and avoid coercion and manipulation?

00:36:53:07 [Dr. Mays]: Yeah. So one thing I talked to our young people about in clinic is to tell providers what they want and tell them what they need. And yes, it's a partnership, but the partnership is driven by the patient. And when they walk into that exam room, they are the patient and they're in control. And we want to hear from them what they need. It is important for them to tell us what they need and how we can help them. The other thing that is so important is to ask questions. They don't have to have a lot of

00:37:24:20 medical knowledge, but asking their provider, you know, tell me why you may have recommended this treatment over that treatment. Or why did you recommend what you recommended? Can you tell me a little bit more about that? Can you tell me more about how I'm going to feel?

00:37:38:17 [Dr. Mays]: Were they just asking basic questions about the treatment plan, about the medication that also reminds a provider they care about their health and that they're really the driver of the interaction. And also if they're not feeling empowered in a certain clinical space to trust their gut. So I use this with my young people, for everything I always say, trust your gut. Your gut is always going to tell you what's good for you, and what's not good for you. You may not have experienced

00:38:11:10 this situation before, but your gut is always going to tell you that something's not right. And so if you're feeling that in a medical encounter, trust that and seek services elsewhere, or go for a second opinion, but trust your gut at the end of the day, always trust your gut.

00:38:28:01 [Jen]: What you're doing at roots is so important in having these conversations. And I think about one of many reasons that comprehensive sexual health education is so critical because young people or I'll speak for myself without a model. How do you know what questions to ask? Because we're talking about a power dynamic, that's quite strong. You have a clinician who's extremely, well-spoken, who's clearly highly educated and who's much older. That's a big power differential. So to come in as a 16 year old and be equipped with the confidence to ask those questions, to

00:39:02:29 even know what those questions are, or even just to know, to say, Hey, tell me more Dr. Mays, those are learned skills. Absolutely. We don't teach our young people the words to have these conversations.

00:39:18:03 [Dr. Mays]: Yeah, we don't. And I always broach this topic with my young people that they have the right to ask questions and it doesn't have to feel like a medical question. It could just be like, can you tell me more about that? Or how am I going to feel right. Or I don't get it. What do you mean? And also to trust how they feel about the responses that they get back, because the information they get back is in the response, but it's so much more than that. It also is in the tone, it also is in, was

00:39:48:22 at a, just like a fast response to how can I get you out of my office? Or am I actually explaining that that's all information that young person can take in? So they let them know that this is a caring interaction where they feel like they can actually talk to this provider and partner with this provider. But I agree with you, it's a learned skill, right? Again, this they're adolescents and they are moving out of childhood where they are often told what to do and expected to do it into adulthood. That's what adolescence is. And so during this time we really have to empower them and

00:40:22:12 support them in asking questions and in their independence. And so we, and giving them permission. So in my conversations with him, I let them know that you have permission to ask in this setting. And in any other setting,

00:40:37:06 [Jen]: You have permission in a few words, what do we need to do systematically as a healthcare field to support young people in the way that you're describing?

00:40:51:06 [Dr. Mays]: Yes. I think systematically, what we need to do is number one, to realize that reproductive justice also applies in working with young people. Then we need to work to center that for young people, which means that we have to develop our systems and our practices to be able to support young people's reproductive health decision-making and the full breadth of what those decisions are. So as we have support for not

00:41:25:17 parenting, we also need to have support for parenting. And then we also need to utilize our health centers to provide either on service, social support, or connections to community resources, to provide those social support services, because that's the justice piece to really be able to support the justice portion of reproductive justice. If we're not able to

00:41:53:04 have employment information at our clinic, some clinics can't do that or to have housing information or a clinic, that's fine, but we need to partner. And we need to have staff onsite who can work with our young people, work with our adult clients to connect them to those supportive services, because we know that there are so many other challenges and obstacles that actually impact young people's and adult folks being able to actualize

00:42:26:02 their reproductive rights. And that is what reproductive justice is.

00:42:30:17 [Jen]: What outcome does this yield? If this comes to fruition, if reproductive justice were actualized, what happens to young people who are parenting and otherwise,

00:42:42:29 [Dr. Mays]: Oh my gosh, I see this as like such a dream, a beautiful day, opening up fairies and rainbows, you know, where young people feel empowered and supported and happy and a sense of pride in their families. And also a sense of pride in themselves and be able to care for themselves and be able to care for their families or being able to step fully into their choices and be supported in their choices. I really see it

00:43:16:26 as lowering the shroud of stigma on young people in reproductive health, because we don't just see stigma in young people who are choosing to parent. We also see stigma around young people and their choices for contraception. There are certain choices of contraception. There are highly stigmatized and others that are highly favored. So if we can step back as adult providers and really say that we are going to support young people in

00:43:48:11 leading and we will facilitate, I think we will really lower this veil of stigma across reproductive health for young people and really supporting and empowering their choices. So they can move into adulthood with a stronger sense of agency around their personhood.

00:44:07:24 [Jen]: And unfortunately, all of the tactics that we use culturally, that creates stigma, just backfires and creates the exact negative health outcomes that we're trying to avoid. That's right. And I'm not quite sure when we're going to culturally collectively figure that out.

00:44:27:03 [Dr. Mays]: We can totally predict it. If we don't do this thing, or if we label this person in this way, this is what's going to happen. So why don't we use that same framework and just put a positive spin on it? Yeah, I think that we can do it. I think that we're in a prime moment where we are talking about equity, we're centering equity. We are centering the leadership of Black and Brown people, a bracket Black and Brown youth. And we are in a prime space to really reframe the reproductive rights and

00:44:58:17 justice for young people so that it empowers and supports youth agency.

00:45:04:20 [Jen]: Well, with that, just want to say, thank you so much for being here. I really, really enjoyed this. Thank

00:45:10:13 [Dr. Mays]: You so much. Yeah. I really love this conversation. A special, thank you again to our guest, Dr. Aisha Mays, family physician, and founding medical director of the roots community health center, dream youth clinics in Oakland speaking, frankly, is a production of the California prevention training center in San Francisco, California. It's produced by me, Jennifer Rogers and Laura Maria Lazar and is edited by

00:45:38:02 Nils Myers at one five, two West productions.