



# Women of Color and the Struggle for Reproductive Justice

## African-American Women

Many restrictions on reproductive health care disproportionately affect African-American women, especially those who are poor or low-income. In 2006, 20% of African Americans lived at or below the poverty level, compared to 8% of non-Hispanic Caucasians.<sup>1</sup>

- Unintended pregnancy rates for Black women are almost triple those of White women.<sup>2</sup>
- Ectopic pregnancy rates in Black women have declined more slowly than the national rate.<sup>3</sup>
- Maternal mortality rates are at least three times higher among Black women.<sup>4</sup>
- The rate of infant mortality in the Black community is more than twice the national rate; Black women also face higher rates of uterine fibroids and hysterectomies.<sup>5</sup>
- An estimated 67% of U.S. women infected with HIV/AIDS in 2004 were Black. Black women make up only 13% of the female population in the U.S.<sup>6</sup>

Black women's struggle for reproductive justice has focused on challenging coercive government policies that have compelled or punished childbearing throughout history. Control of Black women's reproductive choices dates back to 18th and 19th century efforts to increase the slave population through exploitation of enslaved women. It continues today in the form of discriminatory welfare policy, abortion restrictions, and criminal prosecution.

- Banks' Administrator v. Marksberry (1823) affirmed slave masters' ownership of Black women, their offspring, and their future descendants.<sup>7</sup>
- The eugenics movement of the late-19th and early-20th century sought to curtail birth rates among people of color, deeming them genetically "inferior" and "unfit."<sup>8</sup>
- Racially-motivated control of reproduction also manifested in stringent immigration policies, mandatory sterilization, and "anti-miscegenation" laws prohibiting marriage between White people and people of color.

## Latina Women

Lack of insurance coverage represents one of the greatest barriers to adequate reproductive health care for Latinas. Latinas have the highest uninsured rate among U.S. women, magnifying the impact of other inequities faced in their struggle for reproductive justice.<sup>9</sup>

- More than 25% of Latinas do not receive prenatal care during the first trimester.<sup>10</sup>

<sup>1</sup> U.S. Department of Health and Human Services, Office of Minority Health, African-American Profile, <http://www.omhrc.gov/templates/browse.aspx?lvl=2&lvlid=51>.

<sup>2</sup> March for Women's Lives: General Fact Sheet, <http://march.now.org/factsheet.html>.

<sup>3</sup> Agency for Healthcare Research and Quality, Health Care for Minority Women, <http://www.ahrq.gov/research/minority.htm>.

<sup>4</sup> The Henry J. Kaiser Family Foundation, Pregnancy & Childbirth: Maternal Mortality Rate in U.S. Highest in Decades, Experts Say, KAISER DAILY HEALTH POLICY REPORT, Aug. 27, 2007, [http://www.kaisernetwork.org/daily\\_reports/rep\\_index.cfm?DR\\_ID=47116](http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=47116).

<sup>5</sup> Agency for Healthcare Research and Quality, *supra* note 3.

<sup>6</sup> The Henry J. Kaiser Family Foundation, HIV/AIDS Policy Fact Sheet: Women and HIV/AIDS in the United States, <http://www.kff.org/hiv/aids/upload/6092-03.pdf>.

<sup>7</sup> Banks' Adm'r v. Marksberry, 13 Ky. 275 (1823).

<sup>8</sup> Margaret Quigley, The Roots of the I.Q. Debate: Eugenics and Social Control, THE PUBLIC EYE (1995), available at <http://www.hartford-hwp.com/archives/45/034.html>.

<sup>9</sup> Agency for Healthcare Research and Quality, *supra* note 3.

<sup>10</sup> Press Release, ACLU, Coalition Sign-On Letter to Secretary Tommy Thompson of the Department of Health and Human Services Expressing Dismay at the Women's Health 2004 Daybook's Failure to Provide Information on Pregnancy Prevention and Contraceptive Services (January 9, 2004), <http://www.aclu.org/womensrights/parenting/13132leg20040109.html>.



# Women of Color and the Struggle for Reproductive Justice

- Latinas accounted for 15% of new AIDS cases among U.S. women in 2004. The HIV infection rate among Latinas is over five times higher than that of White women.<sup>11</sup>
- Among Mexican-American and Puerto Rican women, the rate of cervical cancer is two to three times higher than that of White women.<sup>12</sup>
- In 1976, the Hyde Amendment, passed by the U.S. Congress, severely restricted public funding for abortion. Latina college student Rosie Jimenez became the first woman to die from a back alley abortion after the passage of the Hyde Amendment because she could not afford an abortion from a licensed healthcare provider.<sup>13</sup>
- Compared to women of European descent, Latinas have higher rates of:
  - Unintended pregnancy (nearly two times higher)<sup>14</sup>
  - Teen pregnancy (more than 2 times higher)<sup>15</sup>
  - Maternal mortality (1.7 times higher)<sup>16</sup>
  - Chlamydia (more than 3.5 times higher)<sup>17</sup>

## Asian and Pacific Islander Women

Health care providers, lawmakers, and the general public often underestimate and ignore the health concerns of API women, who have historically faced neglect in reproductive and sexual health research, education, and services. As a result, API women continue to suffer from significant health disparities which could be prevented or treated with early detection, leading to poorer health outcomes than the general population.<sup>18</sup>

- Only 56% of Laotian-Americans receive prenatal care.<sup>19</sup>
- Vietnamese-American women have the highest cervical cancer rate of any ethnic group.<sup>20</sup>
- Cultural norms often restrict the roles of API women inside and outside the family, affecting their knowledge of and access to reproductive health facilities and technologies. Language barriers and the “model minority” stereotype also limit women’s access.<sup>21</sup>
- API women have low rates of mammography, breast cancer screenings, and Pap smears.<sup>22</sup>
- Many API women work at low-wage jobs – for instance, in garment shops, restaurants, or textile manufacturers – that do not provide employer-based health insurance.<sup>23</sup>
- API women constitute the greatest proportion of beauty care workers, disproportionately exposing them to toxic chemicals linked to cancer and other reproductive health problems.<sup>24</sup>

<sup>11</sup> HIV/AIDS Policy Fact Sheet: Women and HIV/AIDS in the United States, *supra* note 7.

<sup>12</sup> Intercultural Cancer Council, Hispanics/Latinos and Cancer, <http://iccnetwork.org/cancerfacts/cfs4.htm>.

<sup>13</sup> National Organization for Women, In Remembrance: Women Who Died from Illegal and Unsafe Abortions, <http://www.now.org/issues/abortion/120904women-who-died.html>.

<sup>14</sup> National Latina Institute for Reproductive Health, Issues in Brief: The Reproductive Health of Latinas in the U.S., <http://www.latinainstitute.org/pdf/ReproHealth.pdf>.

<sup>15</sup> *Id.*

<sup>16</sup> March for Women’s Lives: General Fact Sheet, *supra* note 2.

<sup>17</sup> National Latina Institute for Reproductive Health, *supra* note 15.

<sup>18</sup> National Asian Pacific American Women’s Forum Policy Brief, Immigration Reform: The Impact on Asian Pacific Islander Women, [http://www.napawf.org/file/issues/Immigration\\_Reform.pdf](http://www.napawf.org/file/issues/Immigration_Reform.pdf).

<sup>19</sup> National Asian Pacific American Women’s Forum, Reproductive Health Care and APA Women: A Fact Sheet, [http://www.napawf.org/file/issues/factsheet\\_reprohealth\\_updated.pdf](http://www.napawf.org/file/issues/factsheet_reprohealth_updated.pdf).

<sup>20</sup> *Id.*

<sup>21</sup> *Id.*

<sup>22</sup> *Id.*

<sup>23</sup> *Id.*

<sup>24</sup> Asian Communities for Reproductive Justice, A New Vision for Advancing Our Movement in Reproductive Rights, Health, and Justice 8, [http://www.sistersong.net/documents/ACRJ\\_Reproductive\\_Justice\\_Paper.pdf](http://www.sistersong.net/documents/ACRJ_Reproductive_Justice_Paper.pdf).



# Women of Color and the Struggle for Reproductive Justice

## Native and Indigenous Women

Widespread poverty plays a large role in Native American women's struggle for reproductive justice. The federal government directly regulates and restricts Native women's reproductive health choices through Indian Health Services (IHS), the sole source of health information and services for many Native Americans.

- During the 1970s, the IHS engaged in coercive sterilization of Native women through uninformed consent—an estimated 25,000 women by 1975. Threats that the women would die or lose welfare benefits if they had more children accompanied “consent” documents offered only in English, rather than the women's Native languages.<sup>25</sup>
- One former IHS nurse reported the use of tubal ligation on “uncooperative” or “alcoholic” women into the 1990s.<sup>26</sup>
- More recently, Depo-Provera has been used on Native women with mental disabilities, purportedly to eliminate their menstrual bleeding for the convenience of their caregivers. This reasoning ignores the fact that the drug stops bleeding completely in only a few cases.<sup>27</sup>
- The IHS used Depo Provera on many indigenous women with disabilities in the 1980s in Phoenix and Oklahoma City, despite the fact that the FDA had not yet approved its use.<sup>28</sup>
- In accordance with the Hyde Amendment's funding restrictions, IHS cannot provide abortion services to indigenous women except in the case of rape, incest, or life endangerment. In fact, the IHS has provided only 25 abortions in the past 20 years.
- In Mississippi and South Dakota, states with high Native populations, IHS does not provide federal financial aid for abortion in cases of rape or incest, services guaranteed under federal abortion policy and required by the Department of Health and Human Services.<sup>29</sup>
- One in three Native American women will be raped or sexually assaulted in her lifetime—a rate 3.5 times greater than other groups. 86% of perpetrators are non-Native, so tribal police have no jurisdiction to arrest them and must depend on the FBI to do so.<sup>30</sup>
- IHS does not provide access to emergency contraception except in cases of sexual assault.<sup>31</sup>

---

<sup>25</sup> Jane Lawrence, The Indian Health Service and the Sterilization of Native American Women, 24.3 AMERICAN INDIAN QUARTERLY 400, [http://muse.jhu.edu/demo/american\\_indian\\_quarterly/v024/24.3lawrence.html](http://muse.jhu.edu/demo/american_indian_quarterly/v024/24.3lawrence.html).

<sup>26</sup> Native American Political Issues, Coerced Sterilization of Native American Women, <http://www.geocities.com/CapitolHill/9118/mike.html>.

<sup>27</sup> Reproductive Rights, The Impact of Norplant on the Native American Community, <http://www.nativeshop.org/reproductiverights.html>.

<sup>28</sup> Committee on Women, Population, and the Environment, Depo Provera Fact Sheet, <http://www.cwpe.org/node/185>.

<sup>29</sup> Kati Schindler et al, Indigenous Women's Reproductive Rights: The Indian Health Services and Its Inconsistent Application of the Hyde Amendment, Native American Women's Health Education and Resource Center (2002), [http://www.prochoice.org/pubs\\_research/publications/downloads/about\\_abortion/indigenous\\_women.pdf](http://www.prochoice.org/pubs_research/publications/downloads/about_abortion/indigenous_women.pdf).

<sup>30</sup> The Failing State of Native American Women's Health: An Interview with Charon Asetoyer, CENTER FOR AMERICAN PROGRESS, May 16, 2007, [http://www.americanprogress.org/issues/2007/05/charon\\_asetoyer.html](http://www.americanprogress.org/issues/2007/05/charon_asetoyer.html).

<sup>31</sup> Id.