



Women of Color and the Struggle for Reproductive Justice

African-American Women

Many restrictions on reproductive health care disproportionately affect African-American (Black) women, especially those who are poor or low-income. In 2009, 25.8% of African-Americans lived at or below the poverty level, compared to 9.4% of non-Hispanic Caucasians.¹

- 69% of Black women's pregnancies are unintended, compared to 40% for non-Hispanic White women.²
- Maternal mortality rates are at least 3 times higher among Black women.³ 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.⁴ Preterm delivery and low birth weight are the leading reasons that the U.S. claims one of the worst infant survival rates in the industrialized world, falling behind dozens of countries.⁵ Infant mortality among White American women with a college degree or higher is about 4 deaths per thousand births. But among African American women with the same level of education, infant mortality is about 10 per thousand births. African American mothers with a college degree have worse birth outcomes than White mothers without a high school education.⁶
- An estimated 61% of the U.S. women infected with HIV in 2006 were Black. A Black woman is 15 times more likely to contract HIV than a White woman.⁷
- Ectopic pregnancy rates in Black women have declined more slowly than the national rate.⁸

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 procreative exploitation of enslaved women and continues today in the form of discriminatory welfare policies, abortion restrictions, and criminal prosecutions of pregnant and child-rearing women.

- *Banks' Administrator v. Marksberry* (1823) affirmed slave masters' ownership of Black women, their offspring, and their future descendants.⁹
- The eugenics movement of the late 19th and early 20th centuries sought to curtail birth rates among People of Color, deeming them genetically "inferior" and "unfit."¹⁰
- Forcible sterilization: In the U.S. South, throughout the 1960s and 1970s, federally funded welfare state programs underwrote the coercive sterilization of thousands of poor Black women. Under threat of termination of welfare benefits or denial of medical care, many Black women "consented" to sterilization procedures¹¹.
- In the U.S. North, teaching hospitals also performed unnecessary hysterectomies on poor Black women as practice for their medical residents.¹²
- 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.

A new trend in anti-abortion legislation is the criminalization of abortion where the pregnancy is terminated because of the race and/or the sex of the fetus.¹³ This year Arizona became the first state in the country to pass legislation making it a felony for a doctor to perform an abortion due to the sex or race of the fetus.¹⁴ Several other states, including Georgia, Mississippi, Michigan, New Jersey, Idaho and West Virginia have tried to enact legislation that would criminalize sex- or race-selection abortions, but have so far been unsuccessful.¹⁵ Illinois, Oklahoma and Pennsylvania have laws prohibiting sex-selection abortions but not race based abortions.¹⁶



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In 2010 the Radiance Foundation launched a billboard campaign, toomanyaborted.com, which accuses Black women of committing genocide against their own people by deciding not to carry a pregnancy to term.¹⁷ Today more than 172 billboards have been spotted in Georgia, Arkansas, Milwaukee, Texas, New York, and California.¹⁸ These billboards equate abortion with genocide and slavery, target and shame Black women, degrade the Black womb, and discredit Black motherhood.¹⁹ To combat this campaign, reproductive justice advocates from across the country have come together to form the Trust Black Women Coalition.²⁰ Together they have successfully mounted campaigns to remove the harmful, racist billboards, highlighting the hypocrisy of anti-abortion activists who are otherwise unconcerned with poverty and lack of access to health care, particularly reproductive health care, among the Black community.²¹

Asian-American and Pacific Islander Women

Healthcare 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 that could be prevented or treated with early detection, leading to poorer health outcomes than the general population.²²

- 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.²³
- Only 56% of Laotian Americans receive prenatal care.²⁴
- API women have low rates of mammography, breast cancer screenings, and Pap smears. This is in part due to imposing language barriers, highlighting the need for interpretative services and culturally appropriate resources.²⁵
- Vietnamese-American women have the highest cervical cancer rate of any ethnic group.²⁶
- Many API women, particularly those who work in low-wage sectors such as the restaurant and textile industries, do not receive employer-based health insurance. Forty-nine percent of South East Asian Americans and 48% of Korean Americans do not have health insurance through their employers.²⁷
- The majority of beauty care workers are API women who are exposed to toxic chemicals linked to cancer, miscarriages, and infertility.²⁸
- Data suggests that in Asian-American communities in the U.S., son preference and the use of sex selection has resulted in more males than females born, specifically when it comes to second and third children in the family.²⁹
- Seeking to exploit “son preference” in Asian cultures, U.S. clinics specializing in sex selection have intentionally advertised their services in ethnic media outlets such as Chinese- and Indian-language newspapers and magazines³⁰

Latina Women

- Latinas have the highest uninsured rate among U.S. women, magnifying the impact of other inequities faced in their struggle for reproductive justice.³¹
- More than 25% of Latinas do not receive prenatal care during the first trimester.³²
- Latinas are increasingly coming under attack by anti-immigration forces, which stereotype Latina women as reproducing for the sake of creating “anchor babies” –children born on U.S. soil and therefore possessing U.S. citizenship –to act as “anchors” to bring over other family members. For example, Federation for American Immigration Reform (FAIR) blames immigrants for economic, social, and environmental problems facing the U.S.³³ Negative Population Growth (NPG), an environmentalist group, equates high population with environmental degradation, and immigration with high population, making a causal argument that blames immigrants for environmental ills.³⁴



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- Environmental injustices are perpetrated against immigrant communities and communities of color, including unequal enforcement of environmental regulations, discriminatory land use and zoning, and unequal responses to environmental complaints.³⁵
- Latinas account for 16% of new HIV infections among U.S. women, and the rate of infection is four times that of White women.³⁶
- Cervical cancer rates among Latinas are almost twice that of non-Hispanic Caucasians.³⁷
- 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.³⁸
- Compared to non-Hispanic Caucasians, Latinas have higher rates of:
 - Unintended pregnancy (54% for Hispanic women; 40% for White women)³⁹
 - Teen pregnancy (more than 2 times higher)⁴⁰
 - Maternal mortality (1.7 times higher)⁴¹
 - Chlamydia (2.9 times higher)⁴²

Native and Indigenous Women

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, IHS coercively sterilized Native women without their informed 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.⁴³
- One former IHS nurse reported the use of tubal ligation on “uncooperative” or “alcoholic” women into the 1990s.⁴⁴
- 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.⁴⁵ 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.⁴⁶
- 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, IHS has provided only 25 abortions in the past 20 years.⁴⁷
- In Mississippi and South Dakota, states with large Native populations, IHS does not provide federal financial aid for abortion in cases of rape or incest, services guaranteed under federal policy and required by the Department of Health and Human Services.⁴⁸
- 1 in 3 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.⁴⁹
- IHS does not provide access to emergency contraception except in cases of sexual assault.⁵⁰

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