



What is Reproductive Justice?

REPRODUCTIVE JUSTICE WILL EXIST WHEN ALL PEOPLE CAN EXERCISE THE RIGHTS AND ACCESS THE RESOURCES THEY NEED TO THRIVE AND TO DECIDE WHETHER, WHEN, AND HOW TO HAVE AND PARENT CHILDREN WITH DIGNITY, FREE FROM DISCRIMINATION, COERCION, OR VIOLENCE.

Reproductive Justice (RJ) represents an emerging framework, an analytical tool, a movement-building strategy, and a desired outcome.¹ RJ advocates concentrate on the **realization of the rights to have a child, to not have a child, and to birth and parent the children with dignity.**² More specifically, we aim to construct legally tenable, realistically accessible avenues for informed, consensual, unobstructed decision-making about education, sex, contraception, sterilization, abortion, procreation, birthing, and parenting.

RJ recognizes the ways **race, class, sex, age, sexual orientation, gender expression, immigration status, and ability impact access, agency, and autonomy** in shaping one's reproductive destiny. By applying an intersectional analysis,³ RJ advocates recognize how each individual is uniquely affected by barriers to information, resources, health care, and social supports at different stages throughout their reproductive lives. We seek to secure the enabling conditions necessary for all people to thrive in their reproductive lives.

We are re-integrating reproductive health and rights into the broader progressive platform championed by a **multi-ethnic, multi-generational, and multi-class movement.**⁴ Moreover, those who have been historically relegated to the margins stand at the center of the movement. To be most effective, we must be guided by those most affected by reproductive restrictions and oppressions.⁵

Law students and lawyers can further the RJ movement as critical thinkers, skillful strategists, and advisors. While the creation, defense and enforcement of laws are necessary, they are not sufficient to make reproductive rights a reality in all people's lives. True justice cannot be achieved merely by winning rights with traditional legal theories applied through conventional mechanisms. Human rights principles, focused on governments respecting, protecting, and fulfilling the rights of the people, are a promising resource for creative legal thinking in the pursuit of universal reproductive justice.⁶

¹ See generally SISTERSONG WOMEN OF COLOR REPRODUCTIVE HEALTH COLLECTIVE, UNDERSTANDING REPRODUCTIVE JUSTICE (2006) [hereinafter UNDERSTANDING RJ]. Advocates for the rights of women of color connected reproductive health with social justice to create the new term "reproductive justice" after returning from the 1994 International Conference on Population and Development in Cairo, Egypt. *Id.* at 6-8.

² Loretta Ross, *What is Reproductive Justice?*, in REPRODUCTIVE JUSTICE BRIEFING BOOK: A PRIMER ON REPRODUCTIVE JUSTICE AND SOCIAL CHANGE 4,4 (2007).

³ UNDERSTANDING RJ, *supra* note 2.

⁴ *Id.* at 3. In the words of Loretta Ross, visionary founder and movement historian: "To achieve broad social change that drives the political and legal decision making in our country, it must be inclusive so that the mainstream and the marginalized find common ground. This is one of the slowest processes of social change, but is ultimately required." *Id.* at 9.

⁵ Reproductive oppression is the control, manipulation, and exploitation of our bodies, sexualities, and reproduction through pervasive social and systemic subordination. See *id.* at 2.

⁶ The most common description of Reproductive Justice is "the complete physical, mental, spiritual and social well-being of women and girls, based on the full achievement and protection of women's human rights." ASIAN COMMUNITIES FOR REPRODUCTIVE JUSTICE, A NEW VISION FOR ADVANCING OUR MOVEMENT FOR REPRODUCTIVE HEALTH, REPRODUCTIVE RIGHTS AND REPRODUCTIVE JUSTICE (2005).



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Reproductive oppression harms everyone, though it harms us differently, depending on our demography, geography, and income level. Therefore, everyone – from the most marginalized to the most mainstream – has a stake in realizing reproductive justice. Social justice activists and organizations are coming together to explore the common causes, clients, and communities we serve. Working in coalition, we can make farther-reaching, longer-lasting change. Here is an incomplete list of groups with seats at the RJ table and the challenges they face:

- **Asian Pacific Islanders:** The API community suffers from a lack of culturally competent health care and poor interpretation and translation services. Human trafficking is another phenomenon disproportionately affecting this group, along with reproductive harms to nail salon workers caused by chemical exposure and elevated rates of cervical cancer among certain ethnic groups due to extremely low rates of Pap tests.
- **African Americans:** Reproductive oppression has plagued African Americans for centuries from forced procreation during the 19th century to forced sterilization and deceptive medical experimentation during the 20th century. Poor African-American women have been disproportionately prosecuted for substance use during pregnancy.
- **Immigrants:** The former HPV vaccination mandate for immigrants, inadequate health services in detention, family reunification, and culturally competent health care are RJ challenges.
- **Latinas/os:** More than one-third of Latinas/os are currently uninsured – more than any other racial or ethnic group. First-trimester prenatal care is less common among Latinas, who experience higher than average maternal mortality and infant mortality rates. Latinas/os have higher STI, HIV, and teen pregnancy rates than Caucasian people.
- **Native Americans:** This underserved population has endured forced and coercive sterilizations, as well as substandard reproductive health care, including the denial of funding for abortion care, through Indian Health Services. Access to health care in rural communities is an issue of particular import.
- **LGBTQ folks:** People who identify lesbian, gay, bisexual, transgender, queer, intersex, or questioning face a variety of RJ challenges from discrimination by healthcare providers who refuse to serve them on the basis of their “religious or moral views” to the prohibitive costs of assisted reproductive technologies and hormone therapies to hetero-normative abstinence-only education that denies or condemns LGBTQ sexuality. Legal family formation, related to marriage equality and adoption, continue to be an RJ battle for this community as well.
- **People with disabilities:** People with mental and physical disabilities have long fought societal denial of their sexuality and devaluation of their parenting. They must overcome multiple barriers in order to have sex, enjoy an intimate relationship, parent, and maintain their reproductive capacity amid coercive and forced sterilization and contraception.
- **Poor and low-income people:** Parents receiving public aid struggle against child exclusion policies (welfare family caps) and welfare-to-work mandates that do not provide child care. Their reproductive health is endangered by a lack of access to quality, affordable health care, coercive use of LARC (long-acting reversible contraception, such as Depo-Provera or IUDs), and a longstanding ban on federal funding for abortion care (Hyde Amendment). Low-wage workers from the field to the factory to the family room suffer reproductive harms from daily exposure to toxic chemicals.
- **People in prison:** Prison healthcare services, including OB/GYN, tend to be inadequate, at best. Prisoners in some states are forced to obtain a court order in order to be transported to a facility for abortion care; and, even then, the prisoner may have to pay for the procedure, transportation, and guards’ wages. Pregnant prisoners in some states, and until recently in federal prisons, are shackled during transport, labor and delivery, and postpartum procedures.