



Reproductive Justice Toolkit

Reproductive justice is the framework informing the work of Nursing Students for Sexual and Reproductive Health. Reproductive justice centers reproductive health in a social justice context. Reproductive justice uses an intersectional perspective of both health and oppression to understand the different issues that affect reproduction, bodies, families, and communities.

As frontline healthcare workers, nurses play a unique role in delivering care to individuals and working with communities. Understanding reproductive justice will help illuminate the connection between individual healthcare and overall community wellbeing. It will also begin to highlight the role of systemic oppression and reproductive health.

This toolkit is intended as a beginning point in your overall process of self-education. It is not a comprehensive primer on any of the individual issues listed.

Please see our website for further resources and readings.

HISTORY OF REPRODUCTIVE JUSTICE

The history of reproductive politics in the US is complex. Reproductive policies, as well as movement choices, have often been interconnected with other systems of oppression.

One clear example of this is the partnership between the early movement for birth control championed by Margaret Sanger and Eugenicist population control initiatives of the beginning of the 20th century. The rhetoric used to gain acceptance for contraception use was very often ableist, classist, and racist, arguing that access to contraception would lower the birth rates of groups of people deemed "unfit" for various reasons.

Similarly, during the 1970's, the modern movement for reproductive rights predominantly focused on legalizing abortion at a time when mass sterilization abuses of Indigenous, Puerto Rican, and incarcerated women, as well as people with disabilities, was also taking place. These sterilization abuses were largely ignored by the mainstream reproductive rights movement.

The too-frequent relationship between movements for reproductive rights and policies/practices which disproportionately target and restrict the human rights of people of color, Indigenous people, trans and gender nonconforming people, people with disabilities, and incarcerated people means that it is imperative that we center **reproductive justice** as our foundational lens.

Reproductive justice as a term was first coined by Black women advocates and activists during the International Conference on Population and Development in 1994. It was developed to describe the understanding that reproductive oppression is a complex and multilayered form of oppression which affects both individuals and whole communities and which requires a more comprehensive response. Focusing on increasing access to contraception and abortion alone does not address the whole spectrum of needs that communities have as a result of structural oppression.

Additionally, reproductive justice is a useful term in articulating the need for other social and environmental movements to center issues of reproductive health.

KEY CONCEPTS

Understanding Oppression

It is beyond the scope of this toolkit to thoroughly discuss the different forms of oppression and the myriad ways that oppression operates in detail. However, it's important to be clear about what we mean by oppression. For the purpose of this document, oppression refers to the systematic use of power and violence to disempower, marginalize, silence, or otherwise subordinate one social group to the systemic benefit of another.

Oppression operates on an interpersonal, institutional (meaning institutions that make up our society), cultural, and systemic basis. Systemic refers to the way that multiple institutions interact simultaneously. Specific forms of oppression include racism, classism, imperialism, xenophobia, cis-sexism, heterosexism, misogyny, ableism, and sizeism. If any of these terms are unfamiliar to you, please contact NSSRH for further resources.

Intersectionality

Intersectionality as a term grew out of Black feminism. It was first coined by Kimberlé Williams Crenshaw, American civil rights advocate and leading scholar of critical race theory, in 1989 and then later reintroduced by Patricia Hill Collins, a professor of sociology and critical race theorist. Early roots can also be found in the concept of simultaneity developed by the Combahee River Collective. Intersectionality gives name to the experiences of folks living in multiple forms of oppression.

Intersectionality identifies that multiple, intersecting forms of oppression affect and impact a person in ways that are qualitatively different than any single form of oppression on its own. This means, for example, that a person who experiences gender-based oppression as well as race-based oppression has a different experience of both forms than a person who experiences one but not both.

People who experience multiple forms of oppression should not be expected to put one piece of their identity to the side in favor of another. Liberation movements throughout the 20th century asked individuals to do this, for example to focus on women's liberation but not lesbian liberation, or civil rights but not feminism. Intersectionality gave people the words to describe why this was an impossible demand.

Sometimes defining intersectionality in this way can make it sound overly complicated when, in reality, intersectionality as a term describes something that most of us can grasp intuitively.

Intersectionality as a concept can also be helpful to understand the different impacts of oppression when a person also experiences substantial forms of structural privilege. Specifically, a person may experience one form of structural oppression, for example sexism, but the impacts of that oppression are buffered by the other forms of privilege that they may have, i.e. whiteness, class privilege. Privilege, in this sense, is used to refer to access to social power, safety, and resources that are granted to individuals and groups.

Reproductive Oppression

Reproductive justice identifies reproductive oppression as a root cause of health inequalities. Reproductive oppression refers to the control and exploitation of people's bodies, sexuality, and reproduction. Reproductive oppression affects both individuals and communities as a whole. Some communities have been disproportionately targeted by oppressive policies and practices relating to issues of reproduction and family.

Difference Between Reproductive Health, Rights, and Justice

It is important to understand the relationship and difference between reproductive health, reproductive rights, and reproductive justice as frameworks for addressing health issues.

The framework of reproductive health identifies increasing access to healthcare through information, research, and services as a core solution for addressing health inequalities. The focus, then becomes patient and provider education, increasing awareness through public health measures, and increasing services. A benefit of this framework is empowering an individual healthcare provider to effect change through patient care. However, due to its individualized focus, this strategy does not address the underlying health disparities caused by reproductive oppression. It also does not address the structural changes necessary to resolve reproductive oppression.

Reproductive rights framework focuses on ensuring legal protection of reproductive options. Specifically, the focus is on protecting an individual person's legal right to privacy, right to reproductive choices, right to access social services, and right to be free from discrimination. It is important to have a legal response since many of the attacks on an individual's right to access healthcare take place through legislation and policy. However, while some reproductive rights lobbying addresses structural health inequalities, historically, the movement hasn't had an intersectional understanding of reproductive oppression and typically focused on issues that affect white, middle class, cisgender, and able-bodied women predominantly.

Reproductive justice situates reproductive health in a social justice context and identifies that long term social change is required to address health inequalities. Reproductive justice framework also positions individuals and communities as foremost authorities on the issues that impact them. It is based in community-led response through community organizing. Movement building can be difficult to sustain, which is one drawback to this framework. Long term, intentional organizing requires a lot of energy and continued engagement to lead to substantial change.

These three frameworks, while not interchangeable, are all equally important and work well in complement. Each address a different aspect of reproductive well being, from the individual level to community to structural.

Nurses, as providers, are able to increase access to reproductive options through their own education, as well as the education of their peers and patients. Nurses are also able to increase the availability of services through continuing education and expanding scope of practice. Within the systems in which they are working, any individual nurse has the ability to provide compassionate, respectful, and culturally appropriate care. Raising your own awareness of the many different issues that impact reproductive health, from a reproductive justice perspective, will help you to provide better patient care. Nurses as community organizers bring a vital perspective as frontline healthcare workers and have a unique understanding of the way public health issues impact communities.

Understanding Complexities of Choice

The "right to choose" has often been presented without an understanding of the complexities of choice. An intersectional analysis of the impacts of multiple oppression is needed to understand choice within a social context. As Dorothy Roberts, a scholar and social justice advocate, states, "Reproduction is not just a matter of individual choice. Reproductive health policy affects the status of entire groups. It reflects which people are valued in our society; who is deemed worthy to bear children and capable of making decisions for themselves. Reproductive decisions are made within a social context, including inequalities of wealth and power." Understanding the complicated intersections of identities and experiences that may be impacting someone's reproductive choices is vital in providing patient care from a reproductive justice perspective.

LIST OF RELATED ISSUES

Reproductive justice framework links together multiple issues which affect individual and community health and well being. It also identifies issues which are often overlooked in regards to reproductive health, for example, the impact of environmental pollution which affects many issues of reproduction and fertility. This list of related issues is dynamic and ever-growing as it is created by community self-identification of relevant issues.

Issues include:

The right to choose if, when, and how one becomes a parent:

- Contraception
- Sterilization and long acting reversible contraception (LARC)
- Abortion
- Adoption
- Prenatal care
- Labor & delivery
- Postpartum care
- Trans reproductive and fertility options
- Reproductive coercion

The right to have a safe, consensual, healthy sexuality:

- Sexual health education
- STI prevention, testing, and treatment
- Freedom from sexual violence and intimate partner violence

The right to parent one's own children:

- Issues of foster care, adoption, DHS, CPS

Access to healthcare:

- Safe, affordable, accessible healthcare
- Culturally appropriate, competent care
- Trans healthcare

The right to live free from violence:

- Policing of communities, including police violence and police murder
- The Prison Industrial Complex (PIC) and school-to-prison pipeline
- Immigration and detention
- Freedom from domestic violence

Issues of poverty:

- Access to safe, healthy, and accessible work at a living wage
- Food, housing, education, healthcare
- Childcare

The right to a safe and healthy world:

- Environmental destruction, pollution, and resource extraction
 - Impacts on fertility, pregnancy, pregnancy loss, gestational anomalies, children's health
- Toxic landfill pollution, waste dumping, and water pollution
- Workplace exposure to toxic chemicals

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