

REPRODUCTIVE JUSTICE AND ABORTION ACCESS

"Well, Reproductive Justice is a human rights based framework. And so we demand the achievement of full human rights, not only to protect the right to have a child, or not to have a child, and to raise your children, and to express your gender identity, and all of that, but we're up against a real-I don't even want to call it a resurgence-vof neo-fascism and authoritarianism across the globe. And I believe human rights is the best antidote to fascism."

 Loretta J Ross, co-founder of the Reproductive Justice framework and co-founder of SisterSong

ABOUT THIS GUIDE

This guide is designed to introduce the core principles of Reproductive Justice (often called RJ) and explain how these principles connect to the work of abortion advocacy. Reproductive Justice goes beyond individual choices to consider the larger social, economic, and political factors that impact people's ability to make decisions about their bodies and families. It highlights the intersections between racial equity, economic justice, and healthcare access, showing that true reproductive freedom is only possible when everyone can access the resources and support they need.

WHO THIS GUIDE IS FOR

This guide is for anyone who wants to understand the historical context of the overlapping movements of Reproductive Health, Rights, and Justice, explore the impact of intersectionality on reproductive health, and find ways to advocate for a more inclusive, just approach to abortion and reproductive healthcare. This is a basic overview, so please see the resources section for further reading.

WHAT IS REPRODUCTIVE JUSTICE?

You may hear activists refer to the "repro movement," a term which references the movements for Reproductive Health, Rights, and Justice. There are overlapping people, organizations, and work between these movements, but Reproductive Justice is distinctly different in some core ways. The Reproductive Health movement advocates for things like medically accurate sex education, and access to birth control and abortion.

The Reproductive Rights movement focuses on securing abortion rights. Where these two movements are limited in scope, Reproductive Justice is a comprehensive human rights framework with a vision for liberation that transcends single issues—this vision includes the right to have children, not have children, and to raise children in safe, supportive communities.

The Reproductive Justice framework was created by twelve Black feminist scholars (sometimes called the founding mothers) in 1994, in response to the mostly white-led Reproductive Heath and Rights movements, which primarily advocated for abortion rights through the lens of "choice."

The founding mothers noted that "choice" was nothing more than a symbolic idea for many poor Black and brown people, who technically had a right to abortion but lacked abortion access. The Reproductive Justice framework also called for a much broader vision than solely advocating for abortion, recognizing that racial, social, economic, gender, and political equality are essential for true reproductive freedom, and outlining a comprehensive intersectional vision.

KEY PRINCIPLES OF REPRODUCTIVE JUSTICE

THE RIGHT TO HAVE CHILDREN:

Comprehensive support for people who choose to become parents, without discrimination, pressure, or intervention from the state.

THE RIGHT NOT TO HAVE CHILDREN:

Ensuring access to medically accurate sex education and all forms of reproductive healthcare, including birth control and abortion.

THE RIGHT TO RAISE CHILDREN IN SAFE ENVIRONMENTS:

Advocating for policies that protect and support families, from healthcare access to safe communities. This includes everything from social support systems for young parents to eradicating racist police violence.

BODILY AUTONOMY:

The right to make choices about one's own body without interference, whether related to pregnancy, medical treatment, or identity.

INTERSECTIONS OF ABORTION ACCESS AND SOCIAL JUSTICE

Reproductive Justice connects abortion access to larger struggles for equity, recognizing that social factors—such as race, income, gender, and sexual orientation—all influence people's ability to access reproductive healthcare. Abortion work doesn't exist in isolation; instead, it intersects with deep-rooted injustices that continue to impact marginalized communities. For example:

The foundations of reproductive healthcare in the US were marked by unethical and racist practices, like the forced experimentation on enslaved Black women, which created lasting mistrust of healthcare systems in many marginalized communities.

Forced sterilization policies in the early 20th century targeted Black, Indigenous, low-income, and disabled people, further stripping them of control over their own bodies. Historically, these populations have also been systematically stripped of their rights to parent, via incarceration and systems like Child Protective Services.

Many white-led organizations advocating for policy change did not fight to eliminate barriers to care that primarily impacted poor folks and people of color. A prime example is the continued existence of the Hyde Amendment, enacted in 1976, which bans federal insurance coverage for abortion. Instead of organizing around demands to repeal Hyde, the mainstream, white-led Reproductive Rights movement accepted Hyde as a reasonable concession—that is to say, a barrier that didn't impact the white middle class.

Meanwhile, marginalized communities continued to face significant obstacles to care, even while their abortion rights were supposedly protected by *Roe v. Wade*.

Medical racism remains an acute and deadly problem in the US, as exemplified by a Black maternal mortality rate that is four times higher than the maternal mortality rate for white women.

Marginalized communities are not only disproportionately impacted by abortion bans but targeted by efforts to criminalize all sorts of pregnancy related situations—for example using drugs while pregnant, suffering a miscarriage, or self-managing an abortion.

To support abortion access effectively and responsibly, it's essential to understand how racism and other forms of oppression continue to shape the entire landscape of abortion access. This awareness is crucial, even if your work doesn't encompass the full scope of Reproductive Justice.

BUILDING SOLIDARITY ACROSS MOVEMENTS

We must understand the harmful legacy of white supremacy in abortion work in order to avoid replicating these mistakes, and in order to build a movement that includes everyone and leaves no one behind. Abortion justice is deeply interwoven with racial, economic, and social justice. We will never achieve reproductive justice in a vacuum; we must recognize and support struggles beyond our own, and recognize the interconnected nature of struggle. Only by building solidarity and connection across movements can we work towards a future of reproductive justice for all.

How do systemic oppressions—such as racism, classism, or ableism—shape the realities of abortion access in your region? What steps can you take to address these barriers in your advocacy work?

KEY WORDS

ABORTION ADVOCACY: Efforts to support, normalize, and protect access to safe abortion care and reproductive healthcare.

BIRTH JUSTICE: A movement that aims to empower people during pregnancy, labor, childbirth, and postpartum, and acknowledges the inequalities in pregnancy and birthing experiences that are based on race, class, gender, and sexuality.

BODILY AUTONOMY: The ability to make decisions about one's own body without interference.

ECONOMIC INEQUITY: A disparity in income and resources that affects people's ability to afford necessary healthcare, including abortion services, which disproportionately impacts lowincome individuals.

FORCED STERILIZATION: Non-consensual medical procedures, historically performed on marginalized communities (particularly Black, Indigenous, and disabled individuals), aimed at preventing certain groups from having children.

GENDER IDENTITY AND SEXUAL ORIENTATION:

Aspects of personal identity that can influence access to reproductive healthcare, as LGBTQ+ individuals may face unique barriers and stigma when seeking reproductive services.

HEALTHCARE INEQUITY: The unequal access to healthcare services based on factors such as race, income, and location, leading to disparities in quality of care, especially for marginalized communities.

HYDE AMENDMENT: A 1976 law that bans the use of federal funds for abortion, primarily impacting low-income people who rely on Medicaid for healthcare, reinforcing economic barriers to abortion access.

INTERSECTIONALITY: A framework that considers how overlapping identities (such as race, gender, income, and immigration status) interact to create unique experiences and barriers, particularly in accessing reproductive healthcare.

MATERNITY CARE DESERTS: Areas with limited or no access to maternity and reproductive healthcare, which are exacerbated by restrictive abortion laws and disproportionately affect marginalized communities.

SOCIAL STIGMA AND MISINFORMATION: Negative attitudes and myths around abortion that create shame, isolation, and barriers to accessing accurate information and support.

SYSTEMIC BARRIERS: Structural factors—such as healthcare, economic policies, and social stigma—that make it difficult for marginalized people to access reproductive care.

RESOURCES

SisterSong Women of Color Reproductive Justice Collective.

SisterSong.net

Goodwin, Michele. Policing the Womb: Invisible Women and the Criminalization of Motherhood.

Cambridge University Press, 2020.

Nelson, Jennifer. Women of Color and the Reproductive Rights Movement. New York University Press, 2003.

Roberts, Dorothy. Killing the Black Body: Race, Reproduction, and the Meaning of Liberty. Vintage Books, 1997.

Ross, Loretta J., et al. Radical Reproductive Justice: Foundations, Theory, Practice, Critique. Feminist Press, 2017.

Silliman, Jael, Marlene Gerber Fried, Loretta Ross, and Elena Gutiérrez. *Undivided Rights:* Women of Color Organize for Reproductive Justice. Haymarket Books, 2016.