



Reproductive Justice



Reproductive Justice is defined as the complete physical, mental, spiritual, political, social, and economic well-being of women and girls, based on the full achievement and protection of women’s human rights.²² More specifically, reproductive justice refers to the human right to maintain bodily autonomy, have children, not have children, and parent children in safe and sustainable communities.²³ This serves as an important framework for the delivery of contraceptive services, particularly long acting reversible contraception (LARC), because it offers all women and girls, regardless of race, income level, or family background, the opportunity to advocate for their own health choices.

A History of Injustice

Black, Latina, Native American and other disenfranchised women in the United States have experienced forced sterilization, including thousands of well-documented cases in North Carolina,²⁴ Puerto Rico,²⁵ and California.²⁶ From 1960 to 1970, as many as one in four Native

American women were subjected to sterilization without either their knowledge or consent.²⁷ At around the same time in Los Angeles County hospitals, women of Mexican descent unknowingly consented to bilateral tubal ligations while undergoing emergency cesarean sections.²⁶ Also, in California between 2006 and 2010, as many as 150 incarcerated women were coercively or forcibly sterilized.^{26,}

²⁸ Additionally, long term hormonal birth control methods were specifically marketed towards poor women of color in urban areas in the 1990’s, when welfare incentives were offered in exchange for use of a particular contraceptive implant method.²⁹

When supporting diverse populations, the reproductive justice frame enables us to appreciate the intersecting oppressions that low-income women of color have been subjected to, especially surrounding reproductive health. It is important to be cognizant of the various historic forms of reproductive oppression that have affected communities of color, how ongoing reproductive coercion persists, and how perceptions of these targeted injustices may influence a woman’s concerns regarding her own reproductive autonomy.³⁰

While providers typically approach each individual patient with the intention to offer access to effective forms of contraception, many physicians now preferentially promote LARC because these methods are so highly effective and easy to use. When offering LARC, providers should appreciate the history of fertility control in women of color so as not to pressure women. According to Gandhi et al., a

“reproductive justice approach would involve the perfect balance between reducing barriers to LARC access, especially amongst those who have poor access to healthcare, while respecting a decision to not use these methods.”³¹ Providers should also assure women that they can request LARC removal at any time as their reproductive health decisions change—and then follow through by providing prompt access to LARC removal.

To achieve balance in contraceptive counseling, cultural sensitivity is essential. Cultural sensitivity involves being “sensitive to the ways in which community members’ values and perceptions about health care differ” from those of the health care provider.³⁴ In addition, culturally competent systems focus on awareness of the “integration and interaction of health beliefs and behaviors, disease prevalence and incidence, and treatment outcomes for different patient populations.”³⁵ Studies have shown that providers with deeper understandings of the cultures with which their patients identify are able to better serve their patients. For example, the importance of including male partners in contraceptive decisions has been identified within Hispanic cultures, and recognition of Latinx subgroup differences and gender roles may be paramount for effective counseling with some patients.³⁶ Providers should always maintain openness to learning and cultural humility, an ongoing process of reflecting on one’s own preconceptions, and respecting any differences from those of the patient while continuing to optimize her care.³⁷

When counseling individuals on contraceptive options, we must always present patients with the complete scope of what is available. This toolkit exists specifically to provide resources and information on LARC, but by no means implies that LARC is the best option for all women.

LARC Removal

Though access to LARC is increasing, accessibility of removal services remains insufficient. It is often difficult for patients to identify providers who are capable of removing a device, and there are frequently prohibitive costs associated with removal.³² When supporting programs that increase the availability of LARC, it is imperative that device removal is considered simultaneously, and that the fee for insertion covers the fee of removal.³³ In California, Family PACT covers insertion and removal, but individuals without Family PACT coverage may be unable to obtain removal services.