



# Reproductive Justice: A Brief History

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University of California, Santa Barbara  
Department of Sociology  
May 18, 2015



# Objective

- + Define reproductive justice
- + Explain emergence of reproductive justice
- + Provide a context for understanding different community responses to LARCs

# University-based research centers



**RJ | A<sup>3</sup> in A<sup>2</sup> | 2013**

Reproductive Justice: Activists, Advocates,  
Academics in Ann Arbor



**BerkeleyLaw**  
UNIVERSITY OF CALIFORNIA

Center on Reproductive  
Rights and Justice



**CARR CENTER**

for Reproductive Justice  
at NYU School of Law



# What is reproductive justice?



[Loretta Ross](#), a SisterSong founder and National Coordinator, retired 2012

- + Coined in 1994 by Black women to denote “reproductive rights + social justice”
- + Expanded by various individuals and organizations
- + “right to not have children, right to have children, right to parent our children” ([SisterSong](#) Women of Color Reproductive Justice Collectibe)



# Most common expanded definition of reproductive justice

“[T]he social, political and economic power and resources to make healthy decisions about our gender, bodies and sexuality for our selves, our families and our communities. ”

-Asian Communities for Reproductive Justice, “A New Vision,” (2005)



# Is Reproductive Justice a .....

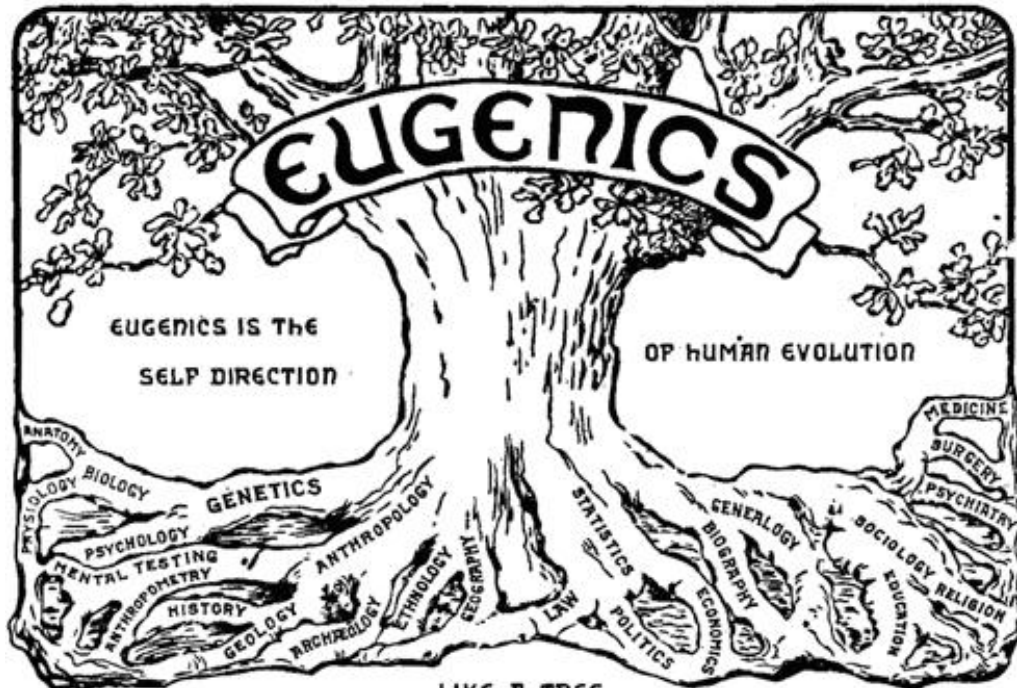
- Theory?
- Framework?
- Movement?
- Praxis?

**+ ANSWER: ALL OF THE ABOVE**

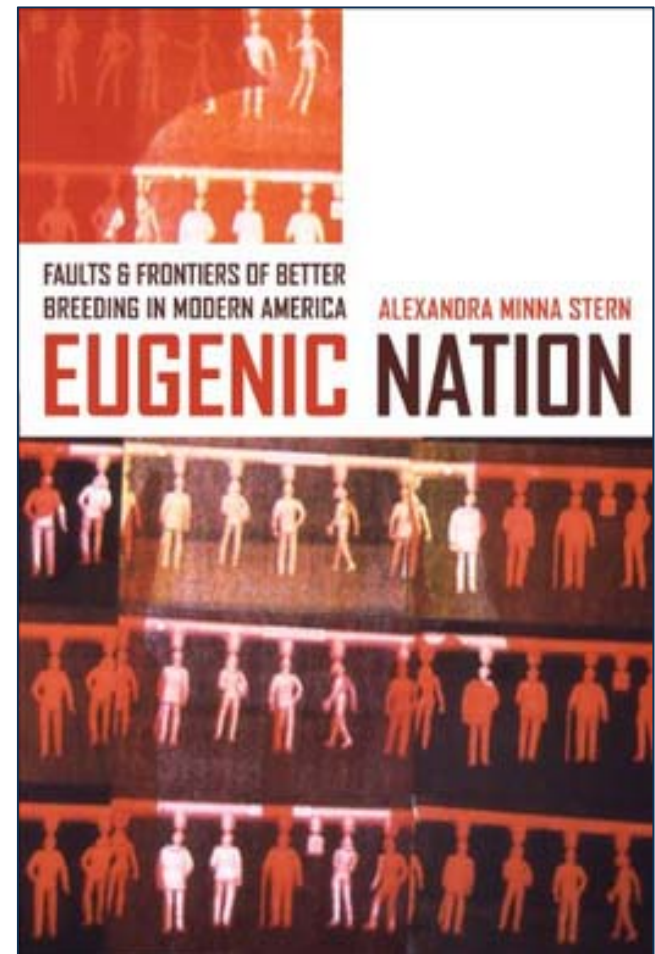
(Luna, Zakiya, and Kristin Luker. 2013. "[Reproductive Justice](#)." *Annual Review of Law and Social Science* 9 (1): 327–52.)



# The (not-so-distant) Past



LIKE A TREE  
 EUGENICS DRAWS ITS MATERIALS FROM MANY SOURCES AND ORGANIZES  
 THEM INTO AN HARMONIOUS ENTITY.



BIRTH CONTROL MEETING  
IN HONOR OF  
**Margaret Sanger**



**Carnegie Hall**  
Monday, January 29, 1917, at 8 P.M.  
Admission 25 cents  
Reserved Seats, 50 and 75 cents      Boxes Seating 3 Persons, \$10.00

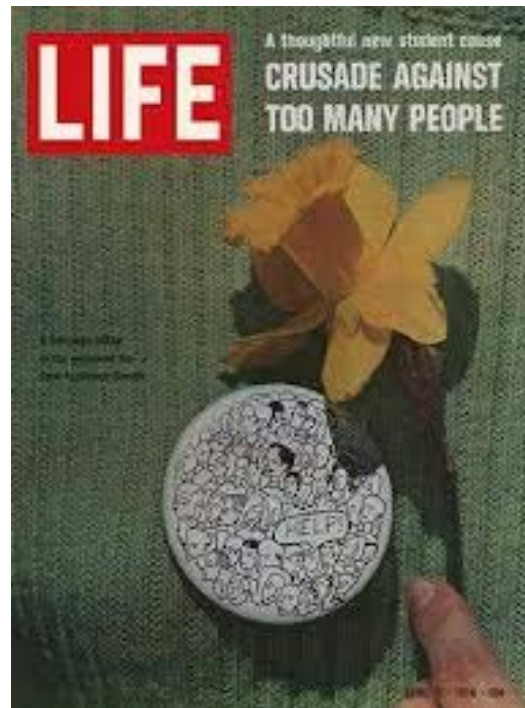
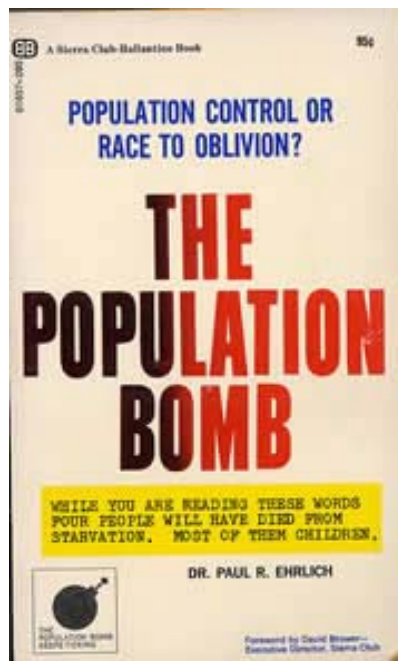


W.E.B. DuBois

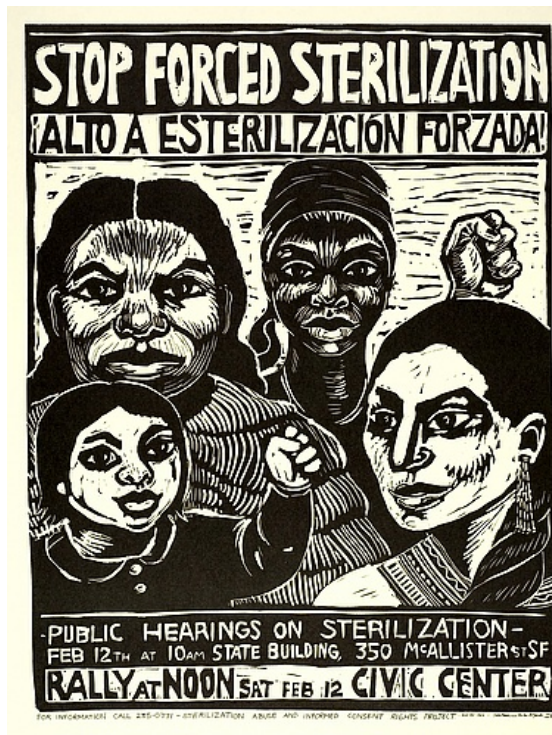


- + 1965 *Griswold v. Connecticut*
- + 1972 *Eisenstadt v. Baird*









See [Gutiérrez](#) and [Stern](#)



**WOMEN OF COLOR  
AND  
REPRODUCTIVE RIGHTS**

MAY 15-17, 1987  
HOWARD UNIVERSITY  
WASHINGTON, D.C.

Topics Include:  
Medicaid Funding for Poor Women  
Teen Pregnancy  
Religion and Reproductive Rights  
Abortion and the Genocide Question  
Racism in the Pro-Choice Movement  
Women of Color Working for the Right Wing  
Speaking with Young People about Sex  
Medical Abuses Against Women of Color  
Family Planning vs. Population Control  
Male Responsibility  
Genetic Screening and New Technologies

**NATIONAL  
CONFERENCE  
FOR AND ABOUT  
WOMEN  
OF  
COLOR**

REGISTRATION: \$25 (sliding scale registration and child care available)  
Site accessible to the physically challenged

FOR MORE INFORMATION CONTACT :

Loretta Ross (202) 347-2279  
National Organization for Women  
1401 New York Avenue, N.W., Suite 800  
Washington D.C. 20005

EVERYONE IS WELCOME TO PARTICIPATE IN THIS EXCITING CONFERENCE

PLEASE SEND ME MORE INFORMATION ON THIS CONFERENCE !!

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
ORGANIZATION \_\_\_\_\_  
PHONE (DAY) \_\_\_\_\_ (NIGHT) \_\_\_\_\_  
area code area code

Topics include:  
Abortion and the Genocide  
Question

Medical Abuses Against  
Women of Color

Genetic Screening and New  
Technologies

Racism in the Pro-Choice  
Movement

From: [Sophia Smith Collection](#) Women's  
History Archives at Smith College



# Contemporary RJ concerns

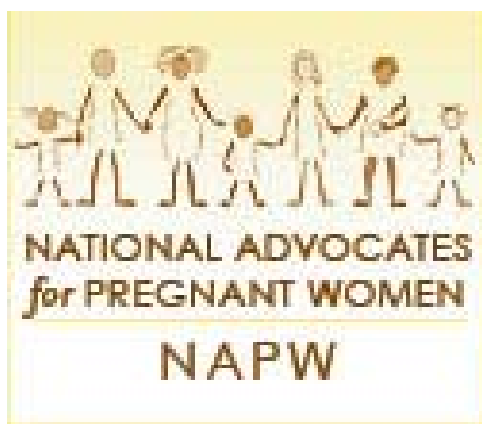
A sample of current projects

# Since 1998: Fighting popularity of private population control projects



[From: Project Prevention/ C.R.A.C.K.](#)

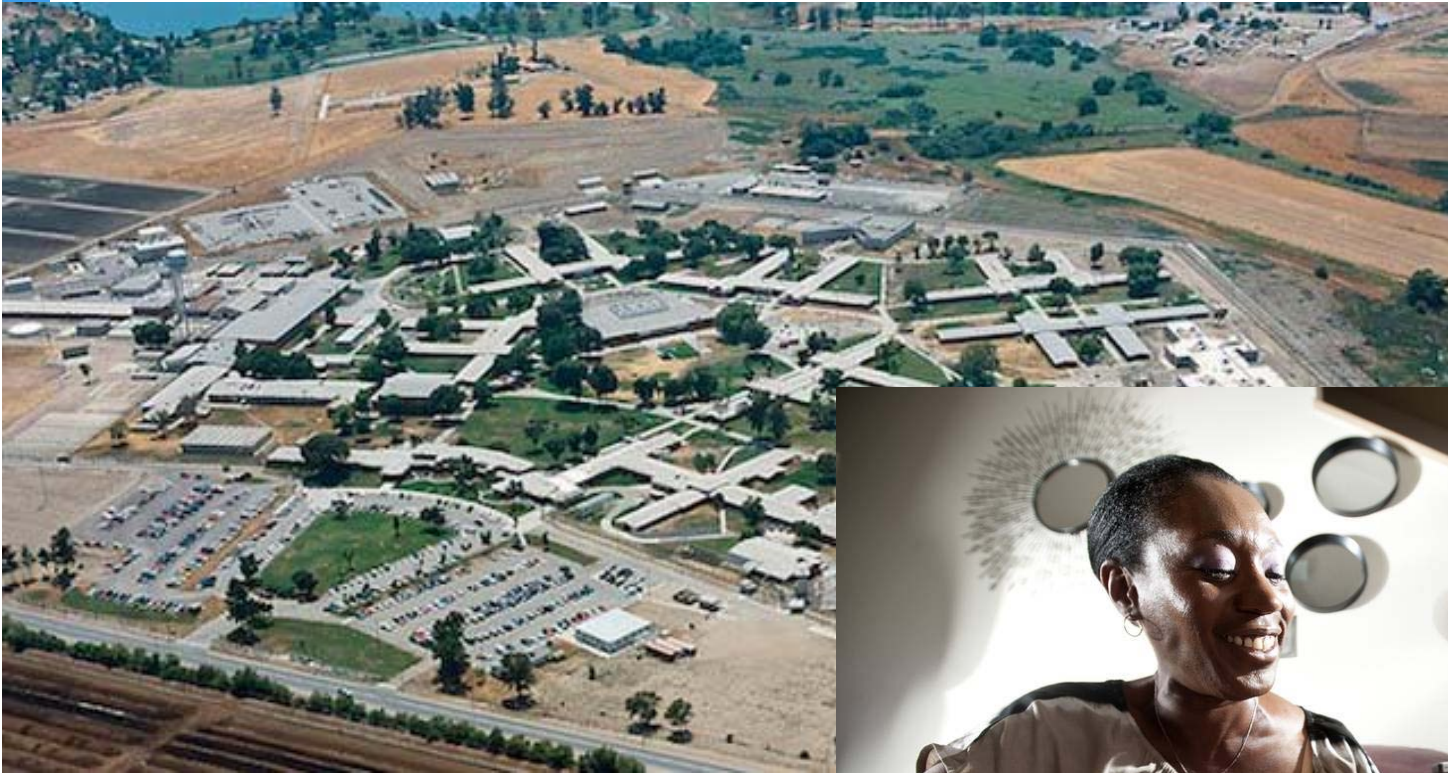
# 2011: Challenging Criminalization of pregnant women



From: [National Advocates for Pregnant Women](#)



# 2013: Exposing forced sterilization in CA prisons

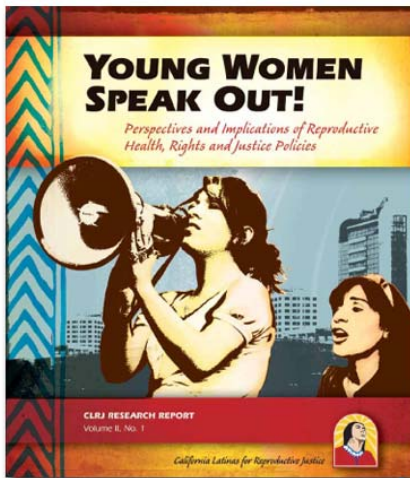


From: [Justice Now](#) and other [sites](#)

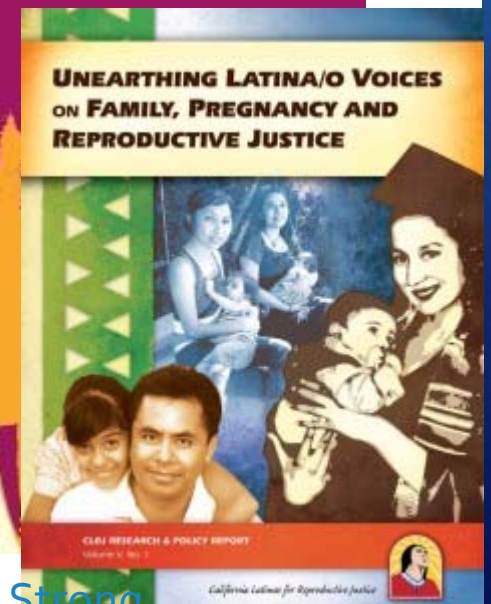
# Supporting young parents

**Babies need love,  
moms do too.**

**Tell a young mom,  
“I stand with you.”**



trust and recognition; and many of New Mexico's children while learning to balance responsibilities job and careers, as well as taking care of themselves: communities across New Mexico as risks, nurses, writers, musicians, stay-at-home, voters and more; and it is a choice to that see their own to raise; and the faces shame on young families and ing these families vulnerable and opinions of young parents and y prevention models isolate their experiences; and all ly appropriate support thrives, and additional will have a negative se change in the costs to adaca- affordable by young & happy y and ave.



From : [California Latinas for Reproductive Justice](#) and [Strong Families](#)



# Why does this matter for LARCs?

- + Different communities experience reproductive technologies such as birth control differently.
- + Rhetoric of LARC campaigns often perceived as in-line with prior eugenic thinking that devalues some groups' reproduction (.e.g. teen)
- + While motivation for promotions of LARCs and other contraceptives are often not malicious, wariness toward such campaigns.

# Additional Resources

- + [Reproductive Justice Virtual Library \(RJVL\)](#) by CRRJ .
  - + Over 200 annotated academic articles, reports by social movement organizations, and research studies on reproductive rights and justice
  - + Sortable by author, community (e.g. “Native American communities”) and topic (“contraception,” “New to RJ” )
  - + <https://www.law.berkeley.edu/reprojustice.htm>
- + Luna, Zakiya, and Kristin Luker. 2013. “[Reproductive Justice](#).” *Annual Review of Law and Social Science* 9 (1): 327–52.

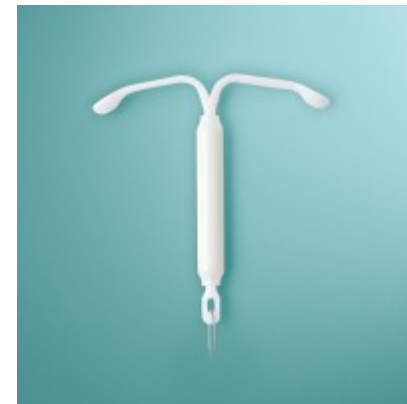
# Thank you!

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or [zakiyaluna@gmail.com](mailto:zakiyaluna@gmail.com)

<http://www.zakiyaluna.com>

# The Benefits of a Reproductive Justice Approach When Promoting LARC in Communities of Color

**Jenny Higgins, PhD, MPH**  
**University of Wisconsin**





Contraception 89 (2014) 237–241

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Contraception

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ARHP Commentary — Thinking (Re)Productively

Celebration meets caution: LARC's boons, potential busts, and the  
benefits of a reproductive justice approach ☆,☆☆

Jenny A. Higgins\*

*University of Wisconsin, Madison, WI 53706, USA*

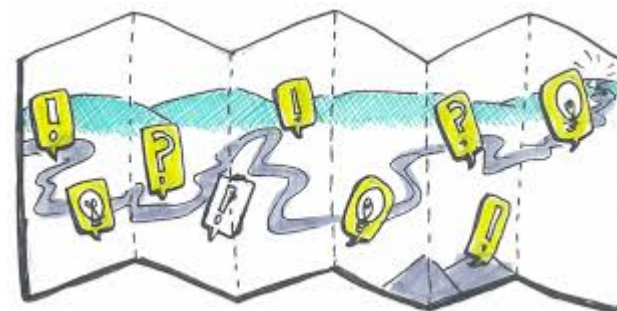
Received 22 January 2014; accepted 31 January 2014



This monthly commentary is contributed by the Association of Reproductive Health Professionals to provide expert analysis on pressing issues in sexual and reproductive health. Learn more at [www.arhp.org](http://www.arhp.org).

# Objectives

1. Review of some of LARC's benefits
2. Discussion of some of LARC promotion's challenges
  - with illustrations from new qualitative data
3. Reproductive justice clinical implications and ideas for moving forward





# Some of LARC's benefits

1. **highly effective**
  - If more folks used LARC, rate of unintended pregnancies could decrease
2. **highly cost effective** if used for intended timeframe
3. **highly acceptable** to actual users
  - “forgettable”; low maintenance
  - some suppression of menstrual bleeding (Mirena & Skyla)
  - antidote to more common hormonal side effects?
  - sexually acceptable?
    - disinhibition, spontaneity...

# Some of LARC promotion's challenges

1. LARC sometimes heralded as an unintended pregnancy “magic bullet”
2. If promoted inappropriately, LARC could undermine reproductive autonomy

# Some of LARC promotion's challenges

1. LARC sometimes heralded as an unintended pregnancy “magic bullet”
2. If promoted inappropriately, LARC could undermine reproductive autonomy

- Policy experts:
  - increased access to LARC will reduce rates of poverty and non-marital childbearing
- Such reasoning assumes unintended pregnancy is a *cause* rather than a *consequence* of poverty
  - neglects social determinants of unintended pregnancy
    - increasing economic inequality (*Gomez, Fuentes & Allina 2014*)
    - lack of educational and professional opportunities
    - lack of universal health care
    - social stigma surrounding sexuality

- Few poor women and men cite lack of access to contraception as a reason behind their unintended pregnancies (*Edin & Kefalas 2005; Higgins 2008*)
- Unwise to depend on LARC alone to address all the factors that contribute to unintended pregnancy
  - *and unfair to depend on women's bodies to make these changes*

# Some of LARC promotion's challenges

1. LARC sometimes heralded as an unintended pregnancy “magic bullet”
2. If promoted inappropriately, LARC could undermine reproductive autonomy

- If shift continues from ensuring **contraceptive access for all** to **promoting LARC use to “high risk” populations...**
  - ... *the most vulnerable women may have their options restricted*
- Prioritizing method effectiveness above all other contraceptive features may deny some women reproductive control (*Gomez, Fuentes, and Allina 2014*)
- Providers already recommend LARC methods to poor women and women of color more than white, middle class women (*Dehlendorf 2014*)
- A long history of reproductive injustices will affect how socially disadvantaged women experience LARC promotion (*Gold 2014*)



# Young women's concerns about provider bias

Facilitator:

*Do you think providers are more likely to recommend IUDs or implants to certain groups of women more than others?*

African American focus group participant:

*It seems like young African-American women are more pressured, from my point of view.*

*Even if they're in a responsible relationship or state of mind or set of circumstances, or even if they're just going in for education, [..] providers can be judgmental instead of being educational.*

White focus group participant #1:

*I don't think doctors are really exempt from being prejudiced. I mean, we're still all human.*

White focus group participant #2:

*I mean, given the United States' past history, and like forced sterilization, especially among women of color...*

White interviewee (Mirena user):

*Long-acting methods, I think, in addition to being marketed to older, more established women, I think other long-term methods like sterilization and implants tend to be marketed toward poorer people.*

*I don't know if that's a deliberate choice or not. But, I mean, historically there have been some really awful campaigns by US governments to forcibly sterilize Native American and Black women, and girls. I read something recently saying that they were sterilizing inmates in a women's prison in California to cut down on welfare costs, which just blew my mind. Mind blown.*

# A tale of two Nuva Rings

White interviewee (Mirena user):

*I was pressured to use NuvaRing a long time ago. And I hated it. And I knew I was going to hate it and I told them I was going to hate it. But they were like, “No, it's the greatest thing ever. You're never ever going to have problem with it. It's going to be the greatest thing that's ever happened to you.” And I used it for a week and I absolutely hated it and took it out.*

Latina focus group participant:

*My mom and my family, we're Mexican, and in the United States at least, we're the ones that immigrate over here. [Providers] definitely pushed [IUDs] on my mom because my mom said she wouldn't have gotten it but she got it because she trusted the doctors and all my aunts had it too.*

*So all those things make me kind of wary. Birth control in general makes me really wary because it was meant to keep people like me from procreating and having more of us, right? [..] I don't really trust doctors because I don't know what subconscious things are going on when these things are being recommended to me.*

*You know like the NuvaRing? I don't know that made me really uncomfortable to have a white doctor who was pushing that on me and, you know...there's a lot of different things for me at least that come into play being a Chicana in this country. You know, things that matter. And I don't know if other people think that too, but I know historically that has been the case.*

# Removal



White focus group participant:

*[My provider] was really hesitant to remove the ParaGard. She kept telling me, “oh well, we should wait three months and see if your symptoms have worsened.” And I waited three months and she’s like, “well, you should wait some more.”*

Latina focus group participant 1:

*I don't know if it makes [providers] look bad if you have an IUD removed and they're the one who placed it, or I don't know if they have some stat chart somewhere, like a contest board in the break-room.*

White focus group participant 2:

*Yeah, it's hard to rely on doctors for IUDs... that's one of the reason I'm not sure I'd want to use one. You worry about doctors kind of discouraging the extraction of it, I mean having to rely on a doctor for that, just like you'd have to be able to go in and pay for it to get removed [overlapping comments] any changes in your health insurance or something like that, it's a big problem.*

African American interviewee (implant user):

*Yeah, [my provider] told me that if you lose your insurance or anything happen, we take it out for free. Or if you just want it out, you can come back, and we just take it out, no questions asked.*

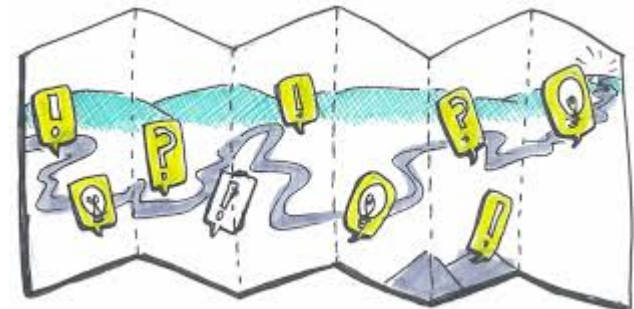
*[..]*

*I was having bad cramps, I was on my period for two, three weeks... so I was calling my doctor telling her I wanted it out, and she was just, “Oh, give it just a few more weeks, it might work, or just give it a month.”*

*So I gave it a month, and it stopped. [Laughs] Thank god!*

# Objectives

1. Review of some of LARC's benefits
2. Discussion of some of LARC promotion's challenges
  - with illustrations from new qualitative data
3. Reproductive justice clinical implications and ideas for moving forward



# Clinical implications of a reproductive justice approach to LARC

- Folks need access to LARC...
  - But also the ability to **not** use LARC if they wish
  - And to have LARCs **removed** if they wish
- Goal = client-centered framework that supports each woman in identifying **her** family planning priorities
- “Success” measured not necessarily as more LARC users...
  - but as satisfied clients who can have kids—and not have kids—when they wish to
  - [“failure” ≠ a woman who doesn’t choose LARC]
- Folks also need access to social and economic justice, education

# Ideas for moving forward

- Educate ourselves on the social and historical context of LARC and other reproductive injustices
  - Be transparent about these histories with the clients we serve
- Evaluate and reconsider how we measure “success”
- Consider assessing our own biases
  - Do we trust contraceptive clients?
  - Engage in mindfulness, values clarification (*Upadhyay 2010*)
  - Engender empathy and ability to relate to the women we serve
- Continue to eliminate policy barriers to both LARC insertion *and* removal

*Let's continue to make LARC affordable and easy to access...*

*...but let's also respect clients' decisions **not** to use LARC, their ability to have LARC **removed** when they wish, and their ability to have the children they want to have.*

*Let's remember that our clients know better than we do about where contraception fits into their lives, relationships, and goals at any particular moment.*

Thank you!

*jenny.a.higgins@gmail.com*



## Further Resources

C Dehlendorf et al. 2014. Counseling about IUDs: A mixed-methods analysis. *Perspectives on Sexual and Reproductive Health*, 46 (3).

RB Gold. 2014. Guarding against coercion while ensuring access: A delicate balance. *Guttmacher Policy Review*, 17(3).

JA Higgins. 2014. Celebration meets caution: LARC's boons, potential busts, and the benefits of a reproductive justice approach. *Contraception*, 89.

AM Gomez, L Fuentes, A Allina. 2014. Women or LARC first? Reproductive autonomy and the promotion of long-acting reversible contraceptive methods. *Perspectives on Sexual and Reproductive Health*, 46(3).

D Roberts. 1997. *Killing the black body: Race, reproduction, and the meaning of liberty*. New York: Random House.

K Ryder. 2014. A reproductive justice analysis of LARC: Provider bias in contraceptive counseling models. MA thesis at UW-Madison. Email [jahiggins2@wisc.edu](mailto:jahiggins2@wisc.edu) for more info.



Integrating Services, Programs  
and Strategies Through  
Community Wide Initiatives:

Reproductive Justice Webinar



Youth Empowerment Adolescent Health Network

Community based  
approach to  
increase LARC  
among youth in  
vulnerable  
communities

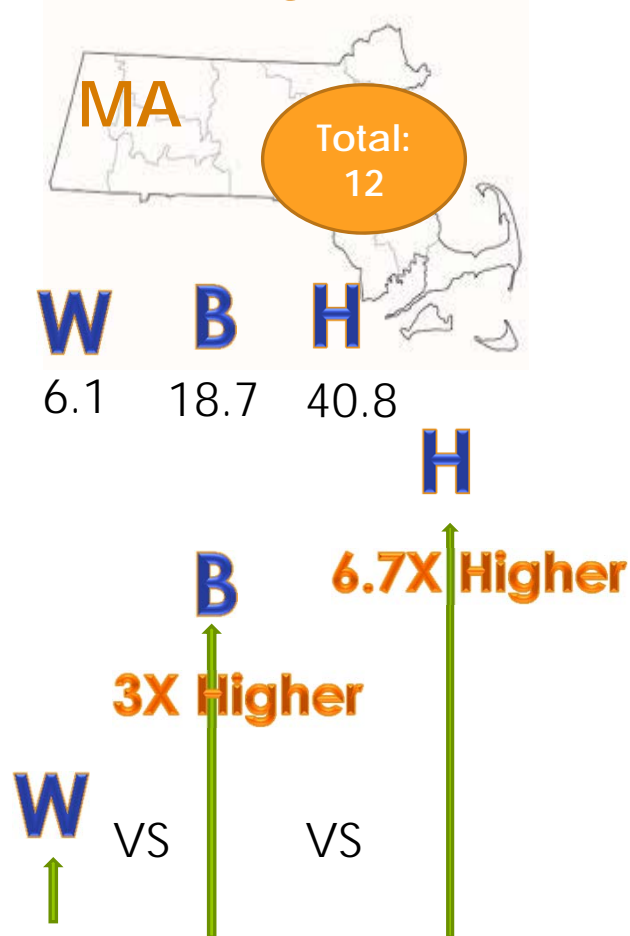
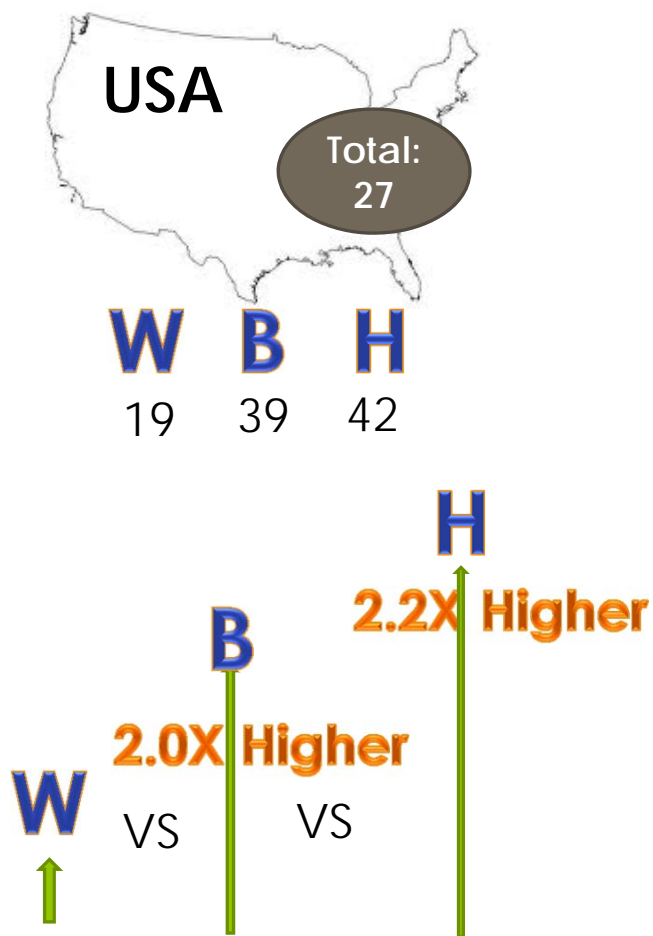
Sarah Perez McAdoo, MD, MPH  
Director

***YEAH!*** Youth Empowerment  
Adolescent Health Network



# 2013 Teen Birth Rates: US vs. MA

## Disparities across race/ethnicity



# LARC & Community Context

- Vulnerable community
- Age & race/ethnicity of target population
- History of family planning policies

# Community based approach to LARC

- Community conversations
- Strategic partnerships
- Policy changes





## Participant survey

- 96% agree the topic of the event is an issue that matters to them.
- 90% agree they were able to share their opinion at the forum.
- 88% agree condoms should be available to youth in middle schools.
- 93% agree that condoms should be available in high schools.



# Listening sessions

- Massachusetts Alliance on Teen Pregnancy
- Series of statewide listening session
- Diverse stakeholder views

# Team retreat

- Group leading change
- Education about the issue
- Awareness, views & reflection
- Shared approach and strategies



# Strategic Partners

- Youth & Parents
- School physician and lead School Nurse
- Clinic partners in the community



# Policy and practice changes to increase access to LARC for teens

- Schools
- Clinic partners
- Community awareness and support for LARC

## Lessons learned so far

- Best to utilize a community based approach to LARC in vulnerable communities
- Start discussions with your team
- Understand community views



# Lessons learned so far

- Establish strategic partnerships
- Implement policies to influence access and practice

“Matthew H. Ferri, who was among residents who raised objections and concerns about the condom policy, praised the outreach effort.”

-online news, Masslive.com, 8/18/2012

# Reproductive Justice: Ensuring Knowledge of and Access to Quality Contraceptive Care

Karen Schlanger, PhD, MPH  
Cicatelli Associates, Inc. (CAI)

May 18, 2015



# Objectives

- Describe key concepts associated with integrating a reproductive justice approach into contraceptive care
- Identify CAI resources that support integration of these key concepts into clinical care



# Quality Contraceptive Care Incorporates Reproductive Justice

- Should increase a person's ability to plan for or avoid pregnancy as desired
- Women and adolescents frequently don't know about or have access to FDA approved contraceptives, especially LARCs: Healthcare providers play a critical role

# Quality Contraceptive Care Incorporates Reproductive Justice

- Promotes and Ensures Access:
  - All FDA-approved birth control methods available
  - LARC methods in stock every day
  - No cost barriers
  - Pro-active identification of clients in need of contraception at every visit

# LARC Access Barriers

- Patients not informed about
- Clinicians not trained to provide
- Health centers not implementing best practices
- Leadership/scope of work
- Fiscal challenges (stocking, reimbursement)
- Insurance barriers
- Scheduling

# Quality Contraceptive Care Incorporates Reproductive Justice

- Provided by trained and competent professionals
  - Prescribe and provide contraception
  - Insert and remove LARC methods
- Applies evidence-based practice
  - Follow nationally recognized clinical recommendations

Ms. Scott is an advanced-practice clinician at a health center that serves mainly low-income clients. She is trained to provide all FDA-approved contraceptive methods. Each time she is with a client who she doesn't think wants to be pregnant, she works hard to have them select a LARC method. She knows these are the most effective methods, especially for the women in this neighborhood.

# Key Considerations

- Women of Color and low-income women are more likely than white women or women of higher income to report being pressured to use birth control and limit family size<sup>1</sup>
- Providers are more likely to recommend IUDs to low income women of color than to low income white women<sup>2</sup>

1. Downing RA, LaVeist TA, Bullock HE. Intersections of ethnicity and social class in provider advice regarding reproductive health. *Am J Public Health*. 2007;97 (10):1803---1807.

2. Dehlendorf, C. et al. Race, Ethnicity and Differences in Contraception Among Low-Income Women. *Perspectives on Sexual and Reproductive Health*. 2011 September ; 43(3): 181–187.

# Quality Contraceptive Care Incorporates Reproductive Justice

- Driven by Client's Pregnancy Goals
  - Increase ability to achieve pregnancy intentions
  - Start with: “Do you want to be pregnant in the next few months or have a baby in the next year?”
- Promotes Client Awareness and Knowledge
  - Ensure accurate and unbiased information about all FDA-approved birth control methods

# Quality Contraceptive Care Incorporates Reproductive Justice

- Client-centered contraceptive counseling
  - Takes into account woman's preferences, priorities and life situation
  - Does not pressure women to use one method over another (or any method) or to keep using a method they are not happy with
  - Facilitates women being free to choose (or not) among all available contraceptive options, but not abandoned to make decision on their own



Marisol, a health educator, makes sure every contraceptive counseling patient has accurate and unbiased information about all the FDA-approved birth control methods, and can be provided the method of their choice that same day. She knows coming back for a second appointment can be hard for many of the women she sees. She creates a client-centered experience where each woman and teen can freely make her own choice about contraception. Lately, Marisol has been feeling like a failure. Some of the woman she sees who are at most risk for an unplanned pregnancy don't want to use contraception or choose to use a less than highly effective method. She wonders – what am I doing wrong?

# Quality Contraceptive Care Incorporates Reproductive Justice

## Definition of Success:

- Every client receives accurate and unbiased information about all FDA-approved birth control methods, and has the opportunity to receive her method of choice that same day, free of coercion, and without cost barriers or requirements for subsequent visits or unnecessary tests
- Positive patient experience
- Not necessarily more LARC users

# CAI-CHOICE Contraceptive Action Plan (CAP)

Support implementation of client-centered contraceptive services

# CONTRACEPTIVE ACTION PLAN

IMPLEMENTATION MODEL



PROGRAM MODEL



# CAP 5 Step Contraceptive Counseling Method

- 1. Identify** client's pregnancy intention
- 2. Explore** contraceptive experiences/preferences
- 3. Assist** with birth control method selection
  - Tiered approach; consideration of client preferences
- 4. Review and confirm** understanding & satisfaction
- 5. Provide** contraception that same day using the Quick Start method

# CAP e-Learning Modules

- 11 web-based training modules:
  - Educate on best practices: (e.g. SPR, QFP)
  - Instruction on client-centered counseling strategies and techniques (e.g. open-ended questions, affirmation, reflection).
  - Describe 5-step counseling approach and contraceptive option chart
  - Defines success as access to quality care

# CAP e-Learning Modules

- 11 web-based training modules:
  - Foster reflective clinical care
    - Educate clinic staff on what it means to provide non-coercive care
    - Educate on history of and current examples of coercive contraceptive practices
    - Scenarios to reflect on potential for bias and coercion

# CAP Implementation Resources

- Implementation Guide and Job Aid
  - CAP Contraceptive Options Grid
- Assessment Tools
  - Organizational
  - Financing
  - Demand Work Effort
- Monitoring and Improving
  - Patient Experience Survey
  - Counseling Observation and Room Study



# CAP Patient Experience Survey

## Sample Questions:

- 1) The health center staff treated me with respect during my visit today
- 2) I feel health center staff pushed me to choose a birth control method today that I do not think is the best option for me

**NOT EVIDENCE-BASED (in Piloting Phase)**

# Upcoming Training and Resources

1. Clinician Webinar: May 14, 2015 (archived)
  - Managing LARC Side Effects & Quick starting LARCs
2. CAP Materials: June, 2015
  - CAP Implementation Guide
  - All 11 web-based modules
  - Your Body, Your Goals, Your Birth Control Contraceptive Options Graphic
  - Patient Experience Survey

# Thank You!

Karen Schlanger

[kschlanger@caiglobal.org](mailto:kschlanger@caiglobal.org)