Reproductive Rights, Reproductive Justice: Redefining Challenges to Create Optimal Health for All Women

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Authors' Note

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Abstract

The World Health Organization (WHO) defines reproductive health as the state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive Justice is the complete physical, mental, spiritual, political, social, and economic wellbeing of women and girls, based on the full achievement and protection of women's human rights. While these concepts are similar, the latter was an approach that grew out of the need to better

articulate the language and realities of women of color as it related to sexual and reproductive health issues. The current U.S. reproductive health agenda is polarized to a choice or abortion issue without any alignment to other issues that predominantly impact women of color within the reproductive health framework. This article acknowledges the history and challenges of reproductive health and rights, while offering a non-polarized, more inclusive ethical course of action, using an optimal health approach with new alliances for the reproductive justice movement today.

Keywords: reproductive justice, reproductive health, reproductive rights, women of color, women, girls, optimal health, health justice

Introduction

The 1994 International Conference on Population and Development (lCPD) in Cairo and the 1995 Fourth World Conference on Women in Beijing (FWCW) debated and redefined focus within the reproductive health arena. The Platform for Action and the Beijing Declaration (documents) from the conferences created an enabling national and international political environment for reproductive health. They altered the language about population and family planning issues to include human rights and intensified the interest and participation of non-governmental organizations (NGOs), governments and institutions worldwide in reproductive health issues (The First World Conference on Women, 1995).

Including NGOs made certain that strategies were derived from consistently "listening to the voices of those closest to the ground and most importantly ensuring that programming was relevant and sensitive to community conditions and cultural norms" (Seibert, Stridh-Igo, & Zimmerman, 2002).

Before attending the ICPD, a group of black women in Chicago coined the term reproductive justice, defined as the complete physical, mental, spiritual, political, social and economic wellbeing of women and girls, based on the full achievement and protection of women's human rights (Ross, 2007). This was done out of the need to better articulate the language and realities of women of color as it related to sexual and reproductive health issues and rights. Following this, in the late 90s, the Ford Foundation funded a collective of women of color –led NGOs, called SisterSong, the cornerstone for reproductive justice programming. Twenty years later, this concept or broad lens is still limited in its use to guide programming and advocacy efforts within the reproductive health arena.

Today, the U.S. reproductive health agenda is polarized around choice on abortion issue without any alignment to other issues within the reproductive health framework. This paper highlights a brief history of reproductive rights and the challenges faced as these rights evolved into the reproductive justice movement. It goes on to encourage the reproductive justice movement to adopt an even broader framework of optimal health steeped in theories that advocate for women to embrace their feminine power, a more inclusive and ethical fit

for women's health. This new framework will generate a new movement that will create fresh language, identify new allies, foster nontraditional partnerships and strengthen the capacity of the reproductive justice/optimal health movement so it fully reflects the voices of all women.

Reproductive Justice Context and History

During the 1950s and 60s, philanthropic and international development organizations focused mainly on population and reproduction. Efforts were made to better understand the causes, characteristics and consequences of the population growth trends facing developing countries. Demography was developed as an independent discipline (establishing centers for graduate study) and research was supported in reproductive and contraceptive development. Broad discussions on population policies and assistance were held to better define the design and delivery of family planning programs overseas.

The 1980s involved funding model projects to provide education and facilitate safe, affordable and effective contraceptive use and abortion services if necessary. The focus was on disadvantaged women who chose to have children safely and ensure the safe and healthy development of all children (maternal and child health programs). There was also an increased emphasis on factors influencing the demand for family planning with regard to women's development, cultural references in developing effective population policies and increased efforts on migration/refugee issues.

The 1990s saw a conceptual shift from family planning to reproductive health and a women-centered, rights-based focus. Within this decade organizations helped emphasize the cultural and economic factors affecting reproductive health (high fertility, poor maternal health and STD/AIDS spread). They also paid special attention to disadvantaged women in developing countries through their reproductive life cycle, supported efforts against STDs/AIDS, and addressed the special needs of adolescents. The main feature of this new focus was to strengthen social science research and training to expand knowledge about the socioeconomic factors affecting reproductive health.

Funding was provided for projects that helped women articulate and act on their reproductive health needs both within the family and at the community and policy levels. This support also promoted public discussion aimed at developing ethical and legal frameworks for reproductive health appropriate to the culture and traditions of different societies. The late 1990s saw the inclusion of sexuality as integral to reproductive health.

The 1994 ICPD in Cairo shifted the emphasis from governmental aims to limit population growth to individual decision-making in reproductive health. The narrow definitions and scope of family planning programming (pregnancy and contraceptives) were expanded holistically to include an individual's comprehensive needs (reproductive intent, contraceptive availability, client choice and satisfaction). Along these lines the inherent holistic concept of choice was reaffirmed to include freedom to decide when and whether to have

children. A woman's reproductive health was now placed within the structure of reproductive rights and empowerment i.e. accounting for power imbalances and the degree to which women's choices are constrained. Women played a vital role in national development and had the right to control their fertility. They had the right to participate in providing direction in the formulation of policies that impacted the political, social and economic realms of their health and therefore their existence (United Nations Population Fund (UNPF), 1994).

This conference and the FWCW the following year, expounded on principles that redefined sexual and reproductive health and rights programming for all women around the globe. New principles of thought, along with altering the language around population and family planning issues to include rights, helped to intensify the interest and participation of non-governmental organizations (NGOs), governments and institutions worldwide in reproductive health issues (The First World Conference on Women, 1995).

Unfortunately, in the United States the globally endorsed action plan did not frame sexual and reproductive health and rights programming. Instead, efforts remained fragmented and unidirectional, i.e. pro-choice.

The subsequent meetings, ICPD (1999) and Beijing Plus Five (2000) discussed progress and obstacles to implementation of the initial action plans. Both conferences highlighted that action was still needed to guarantee women their human rights. Steps were required to implement much of what was written. There was still limited demonstration of the understanding of a women's reproductive health and its link to other issues that affected her health, rights and empowerment.

The important advances resulting from the Plus Five experiences included more female activists as members of government delegations than ever before. Another was the agreement that all forms of violence against women would be treated as a criminal offense, including marital rape. Governments re-affirmed the indicators and time-bound targets on sexual and reproductive health and stated that adolescents especially girls should also have access to sexual and reproductive health services including sexuality and life skills education.

In 1997 the Ford Foundation funded an initiative on reproductive health. Sixteen (four African American, four Asian American/Pacific Islander, four Latina and four Native American) U.S. community based organizations (CBOs) led by women of color were supported in an attempt to promote research and advocacy on reproductive tract infections (RTIs) faced by women of color (SisterSong, 1997).

RTIs were chosen because of their contribution to the major health problems of women. Often undiagnosed until more severe complications arise, these preventable and treatable infections are responsible for the mortality of thousands of women each year through their association with cervical cancer, unsafe deliveries and septic abortions. The high rates of RTIs are also associated with interrelated socio-cultural, biological, and economic factors including poverty, low social status, low levels of education, racism, rapid urbanization, etc.

The synergistic effects of these factors are known to reduce women's decision-making power over their own sexuality and constrain their ability to seek quality reproductive care, thus contributing to poor reproductive health.

The initiative called The Women of Color Reproductive Health Collective or SisterSong (Loretta Ross, Dazon Dixon Diallo leading grantees) was a three-year effort to support these organizations to identify common concerns and needs and develop a plan of action for prevention and early treatment of RTIs within their communities. It also focused on identity and ethnicity and its intersections/linkages as to how women approach health and reproductive issues. The 16 organizations represented the different facets of reproductive health programming (prevention, HIV/ AIDS services, midwifery, substance abuse, human/health rights advocacy, self -help care, and reproductive rights). The Collective through shared learning served as an enhanced voice to bring awareness and action to improve the reproductive health of women of color.

The Collective highlighted the need to recognize health and reproductive health as human rights issues impacted by social, political, cultural and economic factors. This broad definition of reproductive rights was revealed at the ICPD and FWCW and had been repeatedly voiced by women of color in the U.S and globally.

This broader concept now called reproductive justice was not an opposing one to the present day pro-choice/reproductive rights movement. In fact, it was inclusive. This renewed definition served to repeatedly highlight that the health and rights of women could never be analyzed without taking into consideration the «holistic» reality of a woman's existence.

Reproductive justice is defined as the complete physical, mental, spiritual, political, social and economic wellbeing of women and girls, based on the full achievement and protection of women's human rights (Ross, 2007; Ross, Solinger, 2017).

The Women of African Descent for Reproductive Justice in Chicago coined this definition in June of 1994, before the ICPD in Cairo (Loretta Ross and Toni M. Bond organizers). Recognizing that the current reproductive rights movement led by middle class white women was not inclusive of minority, low income, and other marginalized women, this group of African American women started the movement of Reproductive Justice. Reproductive Justice began when the group published a statement with over 800 signatures in the Washington Post and Roll Call. Thus, acting as a catalysis for Sister Song (SisterSong, 1997).

To date, SisterSong is the only national coalition in the U.S. consisting of women of color organizations working to ensure reproductive justice for communities of color" (SisterSong, 1997). SisterSong believes that they have the right and responsibility to represent themselves and their communities, and the equally compelling need to advance the perspectives of women of color. They know that they can do more collectively than they can do individually. Headquartered in Atlanta, they are a blend of both young and experienced activists, academic and community scholars, grassroots and national organizations (SisterSong, 1997).

Recently, two additional movements that have brought attention to women's reproductive issues are the #MeToo movement, and the Women's March. The #MeToo movement was founded in 2006 by Tarana Burke to help survivors of sexual violence find healing, particularly black women and girls and other young women of color from low economic communities. What began as a hashtag to spread awareness became popularized when several celebrities began to use the hashtag and spread word about the movement via their social media pages. An important turning point of the #MeToo movement came when men, and members of the LGBTQ+ communities shared their experiences. The goal of the #MeToo movement is to reframe and expand the global conversation around sexual violence to speak to the needs of a broader spectrum of survivors (MeToo, 2006).

The Women's March began on social media. Teresa Shook stated that a pro-woman march was necessary in reaction to Trump's presidential win. In 2017, the first full day of President Donald Trump's presidency hundreds of thousands of people gathered in the nation's capital for the Women's March on Washington. On the same day, many other women and supporters of the march gathered in other cities and states. The Women's March centered around eight principles–ending violence, ensuring reproductive rights, LGBTQIA rights, workers' rights, civil rights, disability rights, immigrant rights, and environmental justice (Women's March, 2017).

While these movements have brought awareness to those who identify as women and those effected by women's issues, they do not address that comprehensive reproductive health care and sexual and reproductive rights are «vital human and social assets within a broader developmental agenda to reduce poverty and injustice» (Ford Foundation, 2001). The agenda, defined by SisterSong highlighting the importance of the reproductive justice movement, is often overlooked in the mainstream media. Unfortunately, the agenda and access to these assets still are impacted by the inter-relationship of race, culture, gender, class and political factors thus the continuous neglect of women of color and others from low socioeconomic backgrounds.

Challenges

Reproductive health and rights have become a well-established field both domestically and internationally. Key national and international organizations (i.e., International Planned Parenthood Association, NARAL-Pro Choice America, Center for Reproductive Rights, National Abortion Federation) help to form a widespread network of activism that has contributed to the visibility and progress of women's health by engaging in political advocacy, advocating for funding appropriations and demanding increased and improved reproductive health programming. Despite these well-established networks and programming efforts there are still challenges to overcome.

Leading reproductive health organizations in the U.S. have minimally or not at all incorporated reproductive justice into their programming. They have continued to not effectively engage women of color in representation, leadership development or promotion,

programmatic design, implementation or evaluation. Many of these organizations believed and argued that women of color were complacent on issues related to their reproductive health and rights. These fail to recognize that although organizing around reproductive health issues have been difficult for these women there has been long standing activism in communities of color on these issues even within the abortion rights movement. Even when women of color become involved with these organizations, they invariably fail to have a significant influence on the organizations' agenda because it speaks to mainstream needs (Bond, 2001).

There remains institutional limitations within well-established reproductive health organizations around cultural or racial/ethnic diversity. While many of these organizations have been funded over the years to diversify and have women of color in leadership roles, there has been limited success in this effort. Many have placed their focus on board representation. This does not guarantee the adequate level of diversity on the professional staff level where programmatic focus, strategic planning, evaluation and networks are concentrated.

In order to counter the adversity of the challenges, strategies need to be derived from consistently "listening to the voices of those closest to the ground, enabling self-defined needs to guide decisions, and most importantly ensuring that programming is relevant and sensitive to community conditions and cultural norms" (Seibert, Stridh-Igo, & Zimmerman, 2002). The reasons are obvious. Those closest to the issues have the solutions and must advocate for those solutions thus creating social change. However social change can only occur through strong ethical leadership supported by strong organizations with visions, missions, capacity, strategic partnerships and alliances that reflect all members of the community.

In 2013 GuideStar (the largest source of up-to-date information on nonprofits) presented an article entitled "New Rankings Announced: Top 25 National Reproductive Health, Rights and Justice Nonprofits." These were organizations identified as having an impact on multiple levels. Of the 25, four were using a reproductive justice lens to influence their work and four were led by a woman of color (SisterSong, National Latina Institute for Reproductive Health, National Network of Abortion Funds, and Forward Together) (Morrow, 2013).

This report also offers insights from experts on issues within the nonprofits (i.e. impact, other organizational strengths,) and how to improve them. SisterSong received favorable comments for leadership, innovativeness, networking, justice and equity. But under organizational areas of improvements, the comments included: "needs technical assistance, not stable in finances and staffing/operations." All too familiar repeated statements made about CBOs' capacity especially those led by women of color.

Today when using GuideStar to search for "reproductive rights" nonprofits the yield is 3,387 organizations. If the search uses the words "reproductive justice" 1,234 organizations are identified. If the exclusion criteria, "only organizations that have provided data on diversity, equity and inclusion", is applied the results yield, 42 organizations for reproductive rights and only 12 for reproductive justice.

Today, the U.S. reproductive health agenda both nationally and locally, largely because of the efforts to overturn Roe versus Wade, remains polarized to a choice or abortion issue without any alignment to other issues within the reproductive health framework. Women of color have often voiced that the mainstream reproductive rights framework, which addresses legal issues, is mainly one-dimensional with no consideration for the broader issues within their communities (e.g. limited or no access to health services especially prenatal care, Medicaid expansion, hysterectomies, pregnancy-related deaths, poverty, interpersonal violence, STDs/AIDS, environmental injustices, mental health issues, etc.) which impact their reproductive health and rights on a daily basis.

A more recent display of extreme infringement on women's reproductive rights and justice are the impending abortion laws adopted in multiple states such as Alabama, Georgia, Ohio, Missouri and Mississippi. Each passed abortion bans for nearly all-reproductive scenarios with limited exceptions (if the pregnant person's life is at risk, or if the abortion is before six weeks of pregnancy ("heartbeat bills")). While these bans are fundamentally unsound, unsafe and unethical, this extreme agenda pushed by ill -informed and buffoonery politicians disregards the entire paradigm of why women seek abortions in the first place (i.e., rape, incest, emergency life threatening conditions, etc.).

Unfortunately, many of these efforts are initially generated in states within the existing Bible Belt and extremely conservative religion theology undermines the bans. These states, and others considering adopting similar policies, have large powerful conservative religious populations and politicians. This is another clear example of how religion has been used repeatedly as a means of controlling, disempowering, and dominating women and girls for centuries.

Health is the physical, mental, spiritual and social wellbeing of an individual and access to it is a human right. Thus, services such as abortion, the method by which one can choose not to reproduce is embedded within a woman's right to access health services and is a fundamental human right However, for it to have become the central and only theme of reproductive health represents an extremely myopic view of a woman's human right to comprehensive reproductive health care. This approach although targeting power imbalances does not consider the degree to which women of color choices are constrained.

Bell Hooks, a black feminist, expounded on this when she wrote in 1999: "highlighting abortion rather than reproductive rights as a whole reflected the class biases of the women who were at the front of the movement." 'While the issue of abortion was and remains relevant to all women, there were other reproductive issues that were just as vital which needed attention and might have served to galvanize the masses." ... "Ongoing discussion about the wide range of issues that come under the heading of reproductive rights is needed if females of all ages and our male allies in the struggle are to understand why these rights are important. This understanding is the basis of our commitment to keeping reproductive rights a reality for all females" (Hooks, 1999).

Today the approach termed "reproductive rights" or "reproductive justice" continues to conjure up preconceived thoughts and beliefs that have become even more polarized. Unfortunately, due to this polarization, individuals instantly take a stance for (choice) or against (prolife) this vital health issue with limited knowledge and understanding.

A New Ethical Course of Action

The few women-led organizations that have adopted a reproductive justice framework for their programming efforts are laudable. They are more likely to develop the interventions or strategies needed to shift the continuous burden of poor health outcomes among women and girls especially those of color. Unfortunately, due to limited complete data and escalating poor health outcomes, it is obvious that they cannot keep doing the same thing nor do it alone. Women's health and wellness is an overpowering issue.

Therefore, to minimize the effects of losing any more ground and capitalizing on the opportunities, a new course of action or promising next steps would be to broaden the reproductive justice framework and embrace and advocate for "optimal health" for all women and girls regardless of socio-cultural or economic limitations.

Optimal health defined by the late John T. Chissell, MD is the "best possible emotional, intellectual, physical, spiritual and socio-economic aliveness that one can attain" (Chissell, 1998). It is a continuous journey versus a destination. In his work, Dr Chissell offers an Afrocentric approach or playbook to achieving optimal health that is relevant today. Dr Chissell's definition of optimal health is similar to that for reproductive justice and offers an expanded focus with steps. This expanded focus can enhance the existing reproductive justice framework, amplify the language and shift the paradigm to one of total wellness while offering steps for action.

Focusing on optimal health as the next level of the women's reproductive justice movement would eliminate polarized language, silos, unidirectional programming, selective funding efforts and the myopic focus of mainstream organizations that still haunts the reproductive justice movement. A new broadened framework will produce new dialogue, engender innovative solutions, foster new partnerships and strengthen existing ones. This new agenda termed "optimal health justice" or simply "heath justice" advocates for complete wellness.

This framework will be grounded in two major theories. The first is Womanism. Created by Alice Walker, Womanism is defined as – "... the opposite of frivolous, the cultivation of community, the demand of love- ...a woman who LOVES herself unconditionally or a form of feminism that emphasizes women's natural contribution to society" (Walker, 1983).

The second is the theory of the "divine feminine." The divine feminine is defined as – "one's powerful inner energy that represents the feminine side of self or consciousness.

It is energy that is- present, loving, nurturing, creative, intuitive, kind, empathic, community focused, collaborative, flexible, sensual (in touch with feelings versus thinking or intellect)" (Cromwell, 2017).

Both schools of thought offer an innovative and even broader framework for action. Together with all women and their allies these theories will aid and sustain a movement that will target the social, political, economic, spiritual and cultural factors that perpetuate poor health outcomes among all women and girls living in the U.S.

New thoughts and frameworks nurture new partnerships. Possible new allies and nontraditional partners for sustained action of this optimal health framework is the religion and spirituality domains. Noted earlier, religion is and has been closely aligned with conservative political ideology that is often anti-choice, lacks understanding of and is non-supportive of comprehensive reproductive health care. But this new framework must consider religion and spirituality as necessary allies. Women and girls operate within these arenas and they too have poor health outcomes.

Spiritual wellbeing is an integral component of an optimal health model. The faith community, both traditional (e.g. Black Churches), and non-denominational (e.g. Buddhist, Interdenominational entities) can clearly speak in support of this new approach and not sanction opposing rhetoric or unprecedented extreme bans on essential health care (i.e. abortions). Progressive and conservative religion/spiritual voices must be encouraged and welcomed thus ensuring inclusivity, sustainability and success (Goodstein, 2007).

Visibly calling for and collaborating with males or partners in a movement targeting women and their optimal health is delicate but essential. The role of men and partners must be defined and welcomed. They may highlight missing keys to multiple insights, solutions and interventions. Women do not exist in isolation. They thrive in healthy relationships with others in communities. Having strategic input and involvement from those they are in relationships with would be innovative. Also partnering with male dominated institutions (e.g. Teamsters Union, 100 Black Men, etc.) would be even more innovative (Funk, 2007).

Other strong nontraditional partners to foster new relationships with could include 1199 Hospital Workers, Teacher Union, Social Workers, Nurses, American Medical Association (AMA), National Medical Association (NMA), Black Lives Matter, etc. Each could contribute to strengthening the movement and ensuring it is sustained and successful.

This broader framework will need a new paradigm of research involving researchers and community practitioners working in concert with the community (a Communiversity) to evaluate and support capacity building assistance within cultural contexts. Reinforcing the sustainability and institutional capacity of community-based organizations involved in this new movement will entail offering capacity building assistance that includes relationship building, board development, program implementation, linking local strategies to national efforts, evaluation, training, organizational growth/development/adaptability and funding.

Conclusion

Due to the threats to women's health and rights under the current conservative political climate there could not be a more pertinent time to support reproductive justice efforts by broadening the focus and engaging in optimal health justice advocacy. Forging a new paradigm by embracing an optimal health approach and partnering with new and nontraditional allies (i.e., religion, spirituality, men, others) can only build and reinforce the capacity for a stronger, more inclusive and effective optimal health justice movement for all women and girls. Inclusive involvement is essential to nourish this new ethical framework, propel relevant advocacy efforts, reinforce its capacity and sustain it to ensure its success on the local, state and national levels.

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