

The Intersections of Our Lives

POLICY BRIEFINGS BY NATIONAL WOMEN OF COLOR ORGANIZATIONS

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Reproductive Justice for Women of Color October 2017 | Fact sheet

Reproductive Justice is the human right to control our bodies, our sexuality, our gender, our work, and our reproduction. We believe that Reproductive Justice will be achieved when all people have the economic, social, and political power and resources to define and make decisions about our bodies, our families, and our communities in all areas of our lives.

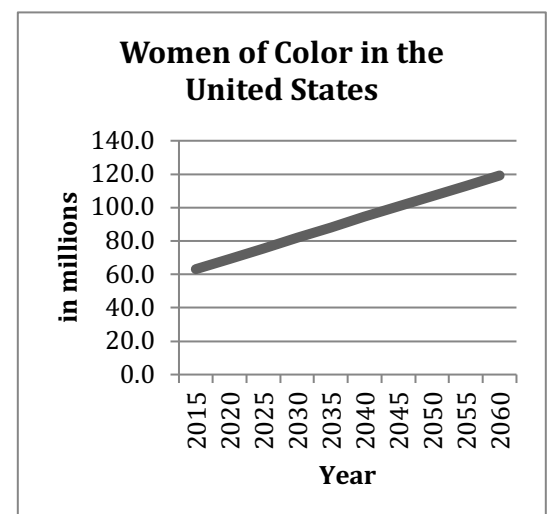
The term “reproductive justice” was coined in 1994 by Black women who believed that the mainstream pro-choice movement did not meet the needs and lived experiences of women of color.ⁱ Sharing frustration about the global reproductive health status of women of color and the limitations of a privacy-based “pro-choice” movement when women of color had minimal choices, the founding mothers of reproductive justice determined the necessity of adopting a human rights framework for women of color and low-income women that addressed issues of bodily autonomy with reproductive decision-making. Adopting human rights, social justice and reproductive rights tenets, these women created a transformational and grassroots-based movement that centers and supports a woman’s decision to: become a parent, along with the conditions under which to give birth; not to become a parent, including access to all of the options for ending or preventing pregnancy and be treated with dignity; and to parent a child she already has in safe, supportive communities free from violence and oppression.ⁱⁱ

Demographic Profile

There are over 63 million women of color living in the United States today and over the next forty-five years, that number is set to almost double to 119 million.ⁱⁱⁱ By 2050, there will be more American women of color than either non-Hispanic White women or men.^{iv} The political power of women of color cannot be ignored.

Over two hundred years of U.S. history tells a story of deep subjugation and oppression on the bodies of women of color. The policy of the land made Black women chattel, destroyed the lands and cultures of Native Americans^v, inappropriately excluded Asian women with our very first immigration law, and used Latina women's bodies as guinea pigs for experimentation of contraceptive methods and sterilization.

Continued systemic oppression has an impact on our health, economic stability and safety.



While many laws and Supreme Court cases have tried to correct inequality on paper, and scores of brave women of color are blazing new trails in every sector of society, the lived realities of women of color show that we have more work to do to balance the scales. Unethical and amoral practices persist at all levels of government, society, and in clinical practices, including restricting sex education to abstinence-only education, contraceptive coercion for youth and low-income people, pay inequality and shackling of pregnant women while incarcerated—to name a few. These are but a few of the reproductive justice issues we must address together to truly ensure that all people have the full ability to choose if and when to have children and to be able raise our families with dignity.

We also acknowledge that “women of color” itself is a broad umbrella term and that our communities experiences vary by ethnicity, sexual orientation, gender identity, ability and many other factors which also intersect with each woman’s identity.

Health Statistics

- In 2011, the risk of death from pregnancy complications was nearly three and a half times higher for Black women than for White women.^{vi}
- Unintended pregnancies are highest among the poor, the young and Black women. Black women have more than double the unintended pregnancy rate of white women.^{vii}
- Asian Americans account for the highest number of chronic Hepatitis B infections.^{viii} Black women are seven times, as likely as non-Hispanic Whites to be diagnosed with chlamydia, 16.2 times as likely to be diagnosed with gonorrhea, and 21 times as likely to be diagnosed with primary and secondary syphilis.^{ix} Latinas are twice as likely to be diagnosed with chlamydia, gonorrhea and syphilis as compared to non-Hispanic Whites.^x
- Latinas have the highest rates of cervical cancer in the United States.^{xi} Black women have 14 percent higher cancer death rates than non-Hispanic White women, despite 6 percent lower incidence rates.^{xii} Cancer is the leading cause of death for AAPI communities, and cervical cancer incidence rate is higher in several Asian American, Native Hawaiian, and Pacific Islander (AANHPI) subgroups than in non-Hispanic whites. For instance, the incidence rate is twice as high in Cambodians as in non-Hispanic whites, and 40 percent higher among Vietnamese women.^{xiii}

Health Insurance

- The Affordable Care Act enabled millions of women to obtain health insurance but racial disparities persist. Disproportionately low-income women, Black women and immigrant women remain uninsured. In 2014, 18% of Latinas and 10% of Black women remain uninsured.^{xiv}
- Most private insurance providers cover reproductive health services and abortion care, but Black women are 55 percent more likely to be uninsured than their white counterparts.^{xv}
- Thirty-one percent of Black women, 27% of Latina women and 19% of Asian American women of reproductive age are enrolled in Medicaid^{xvi}. Even if a woman relies on Medicaid or ACA for health care, most states ban the use of government funds for abortions.^{xvii}
- When policymakers severely restrict Medicaid coverage for abortion, one in four poor women is forced to carry an unwanted pregnancy to term.

Contraception

- All women should have the full array of contraceptive choices available to her. Unfortunately, research shows that a woman's choice for a contraceptive method is largely influenced by insurance coverage, access to medical professionals, income and residential location.^{xviii}
- Among those who report not wanting to be pregnant, a significantly higher percentage of Black women do not use any method of contraception (17%) as compared with white (9.5%), Asian (10%), and Hispanic women (10%).^{xix}
- The pill, which currently requires a doctor's prescription and access to pharmacies is more likely to be used by White women (21%) as their current method of contraception than Asian (12%), Hispanic (12%), or black women (9.9%).^{xx}
- Higher percentages of black (37%) and foreign-born Hispanic (37%) women used female sterilization compared with white women (24%), U.S.-born Hispanic women (27%), or Asian women (11%).^{xxi}
- Rural women, and uninsured women are more likely to use condoms, a method that is easily available over the counter, as compared to other methods. Asian women were also more than twice as likely to report using condoms as their primary method of contraception as opposed to more effective methods such as birth control pills or IUDs.^{xxii}

Barriers to Safe Abortion

- Women of color are more likely to have unintended pregnancies^{xxiii} and are more likely to live in poverty,^{xxiv} and thus less likely to be able to afford abortion care (or other health care) out of pocket.
- The recent surge in anti-abortion legislation on the state level disproportionately impacts women of color. For the last decade, anti-abortion organizations have specifically targeted Black and Latina women with divisive and harmful anti-abortion messages, including billboards proclaiming that the "most dangerous place for an African American/Latina is in the womb." Sex-selective abortion bans target Asian American women by employing harmful stereotypes about our community.^{xxv}
- When politicians impose harmful regulations on abortion clinics, as we saw in Texas, Black^{xxvi}, Latina^{xxvii} and Asian American^{xxviii} women are impacted.
- When politicians restrict insurance coverage of abortion care, low-income families, people of color, immigrant women and youth are hardest hit. A recent study found that a woman who seeks but is denied abortion care is three times more likely to fall into poverty than a woman who is able to get the care she needs.^{xxix}

Perceptions

- 80 percent of Black women agreed that abortion should be legal^{xxx}; 78% of AAPIs approve of some form of legal abortion^{xxxi}; and eight in ten Latino/a voters agree that a woman should be able to make her own personal decisions about abortion without politicians interfering.

Organizations

In Our Own Voice: National Black Women's Reproductive Justice Agenda is a national-state partnership of 8 Black women's Reproductive Justice organizations in CA, GA, LA, OH, PA, TN and TX representing more than 1.3 million Black women and girls. Our partners are: Black Women for Wellness, Black Women's Health Imperative, New Voices for Reproductive Justice, SisterLove, SisterReach, SPARK Reproductive Justice NOW, The Afiya Center and Women With a Vision.

The **National Asian Pacific American Women's Forum (NAPAWF)**, with operations in NYC, DC, Chicago, and Atlanta and chapters in 16 cities, is the organizing home for Asian American and Pacific Islander women activists in the United States. NAPAWF is the nation's only national, multi-issue organization for AAPI women and girls.

The **National Latina Institute for Reproductive Health (NLIRH)** is the only national reproductive justice organization dedicated to building Latina power to advance health, dignity, and justice for Latinas, their families, and communities in the United States through leadership development, civic engagement, community mobilization, policy advocacy, and strategic communications. NLIRH has operations in Washington, DC, New York, Texas, Florida and Virginia. We serve as co-chair of All Above All, a campaign to restore public funding for abortion in the US, and as a leader in the HEAL for Immigrant Woman and Families coalition working to bring health access to immigrant women.

ⁱ "What is Reproductive Justice?" *SisterSong*, 20 Sept 2017, <http://sistersong.net/reproductive-justice/>

ⁱⁱ Asian Communities for Reproductive Justice. *A New Vision for Advancing Our Movement For Reproductive Health, Reproductive Rights and Reproductive Justice*, 2005, <http://strongfamiliesmovement.org/assets/docs/ACRJ-A-New-Vision.pdf>. Accessed 20 Sept 2017.

ⁱⁱⁱ U.S. Census Bureau, "Projections of the Population by Sex, Hispanic Origin, and Race for the United States: 2015 to 2060", <https://www2.census.gov/programs-surveys/popproj/tables/2014/2014-summary-tables/np2014-t10.xls>. Accessed 20 Sept 2017.

^{iv} Ibid

^v "Primary Documents in American History." *The Library of Congress*, 20 Sept 2017, <https://www.loc.gov/rr/program/bib/ourdocs/Indian.html>.

^{vi} Centers for Disease Control and Prevention. *Pregnancy Mortality Surveillance System*, 2012, <http://www.cdc.gov/reproductivehealth/maternalinfanthealth/pms.html>. Accessed 20 Sept 2017.

^{vii} Finer, Lawrence B., and Zolna, M.R., "Shifts in Intended and Unintended Pregnancies in the United States, 2001–2008." *American Journal of Public Health*, 2014, 104 (S1), S43

^{viii} "Health Disparities in HIV/AIDS, Viral Hepatitis, STDs and TB: Asians." *Center for Disease Control and Prevention*, 20 Sept 2017, <https://www.cdc.gov/nchhstp/healthdisparities/asians.html>.

^{ix} "Sexually Transmitted Disease Surveillance." *Centers for Disease Control and Prevention*, 20 Sept 2017, <http://www.cdc.gov/nchhstp/healthdisparities/africanamericans.html>.

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^{xi} "Cervical Cancer Rates by Race and Ethnicity." *Centers for Disease Control and Prevention*, 20 August 2017, <http://www.cdc.gov/cancer/cervical/statistics/race.htm>

^{xii} American Cancer Society. *Cancer Facts and Figures*, 2016. <http://www.cancer.org/acs/groups/content/@research/documents/document/acspc047079.pdf>. Accessed 20 Sept 2017.

^{xiii} American Cancer Society. *Special Section: Cancer in Asian Americans, Native Hawaiians, and Pacific Islanders*, 2016, <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2016/special-section-cancer-in-asian-americans-native-hawaiians-and-pacific-islanders-cancer-facts-and-figures-2016.pdf>. Accessed 20 Sept 2017

^{xiv} Kaiser Family Foundation. *Health Coverage by Race and Ethnicity: The Potential Impact of the Affordable Care Act*, 2013, <https://kaiserfamilyfoundation.files.wordpress.com/2014/07/8423-health-coverage-by-race-and-ethnicity.pdf>. Accessed 20 Sept 2017.

^{xv} "State Health Facts: Uninsured Rates for the Nonelderly by Race/Ethnicity." *Kaiser Family Foundation*, 2016, <http://www.kff.org/uninsured/state-indicator/rate-by-raceethnicity/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>.

^{xvi} Sonfield, A. "Why Protecting Medicaid Means Protecting Sexual and Reproductive Health", *Guttmacher Policy Review*, 20, 39-40, https://www.guttmacher.org/sites/default/files/article_files/gpr2003917.pdf. Accessed 20 Sept 2017

^{xvii} Henshaw, S.K. et al. *Restrictions on Medicaid Funding for Abortions: A Literature Review*. Guttmacher Institute. New York, June 2009.

^{xviii} Jones, J., Mosher, W., and Daniels, K., "Current Contraceptive Use in the United States, 2006-2010, and Changes in Patterns of Use Since 1995." 2012, National Health Statistics Reports, Number 60. <http://www.cdc.gov/nchs/data/nhsr/nhsr060.pdf>.

^{xix} Ibid

^{xx} Ibid

^{xxi} Ibid

^{xxii} Ibid

^{xxiii} Guttmacher Institute. *Despite Recent Declines, Unintended Pregnancy Rates in the U.S. Remain High Among Women of Color*. 29 Feb 2016, <https://www.guttmacher.org/infographic/2016/despite-recent-declines-unintended-pregnancy-rates-us-remain-high-among-women-color>

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^{xxv} University of Chicago. *Replacing Myths with Facts: Sex Selective Abortion Laws in the United States*, Jun 2014, <https://napawf.org/wp-content/uploads/2014/06/Replacing-Myths-with-Facts-final.pdf>

^{xxvi} In Our Own Voice: National Black Women's Reproductive Justice Agenda, Marcela Howell. *Black Women's Organizations File U.S. Supreme Court Brief in Support of Abortion Rights in Texas*, Jan 2016, <http://www.blackj.org/black-womens-organizations-file-u-s-supreme-court-brief-in-support-of-abortion-rights-in-texas/>

^{xxvii} National Latina Institute for Reproductive Health. *Brief of National Latina Institute for Reproductive Health, Et Al. as Amici Curiae Supporting Petitioners*, Jan 2016, <https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/National%20Latina%20Institute%20for%20Reproductive%20Health%20CUNY%20Law.pdf>

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