



BRIEF

Sexual and Reproductive Health, Rights, and Justice: A Closer Look at the Historical Impacts of Racism & Colonialism

INTRODUCTION

Global racial justice¹ is inextricably linked to sexual and reproductive health and rights (SRHR) and gender equality.^{2,3} Histories of slavery and colonialism have shaped our current public and global health system and its existing hierarchies – all rooted in multiple and intersecting forms of exclusion.⁴ Efforts to advance SRHR should incorporate a reproductive justice lens to address the structural impacts of slavery and colonialism that are linked to negative health outcomes and disruptions in access to affordable quality care.^{5,6} This history has shaped restrictive abortion policies and programs and has been linked to population control and non-rights based family planning.⁷

As defined by SisterSong Women of Color Reproductive Justice Collective, “Reproductive Justice (RJ) is the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities.”⁸ RJ is a theory, framework, and movement that is rooted in human rights and intersectionality.^{9,10} It expands reproductive rights discourse that solely focuses on the individual right to abortion to include a more holistic understanding of SRHR and

frame SRHR outcomes in terms of how it impacts individuals and communities.¹¹ RJ integrates the racial justice movement to understand how systems of racism impact access to sexual and reproductive health (SRH) services.^{12,13} With the COVID-19 pandemic's impacts falling disproportionately on Black, Indigenous, and people of color (BIPOC) and low- and middle-income countries (LMICs) – along with current global racial justice movements – SRHR initiatives should take a reproductive justice approach and integrate racial justice.¹⁴

This brief examines the linkages between racism and sexual and reproductive health and rights and outlines specific recommendations the U.S. government can integrate in its foreign policy and assistance to advance progress on the interlinked issues by looking to the global racial justice and reproductive justice movements.

SRHR: Sexual and reproductive health is a state of physical, emotional, mental, and social wellbeing in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction, or infirmity (The Lancet).¹⁵

Racial justice is the “systematic fair treatment of people of all races, resulting in equitable opportunities and outcomes for all. Racial justice — or racial equity — goes beyond ‘anti-racism.’ It is not just the absence of discrimination and inequities, but also the presence of deliberate systems and supports to achieve and sustain racial equity through proactive and preventative measures (The National Education Association [NEA]).”¹⁶

CONNECTIONS BETWEEN RACISM AND SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS



Legacy of global health:

Racism and SRHR are linked to well-documented, but largely obscured, histories of slavery and colonialism.¹⁷ SRHR is a part of the larger global health ecosystem, which evolved from tropical and colonial medicine, in which Western countries established institutions to manage the health of their colonies in Africa, Asia, and Latin America.¹⁸ Colonial medicine is linked to colonizing countries' ability to maintain control and power.¹⁹ This history of global health has led to power imbalances in the health ecosystem that permeate through research, programs, aid, policies, and norms.^{20,21} The status quo within global health research often fails to address the corresponding structural impacts of colonization, racism, and other inequities within health systems and determining outcomes.²²



Population control:

From the forced sterilization of Black women in Mississippi and women living with HIV globally to the unethical birth control testing on Puerto Rican women to Apartheid in South Africa, where birth control

was used to control the non-white population, sexual and reproductive health has been weaponized as a tool to exert power over the bodies of marginalized people.^{23,24,25} This directly violates both the tenet of RJ, which calls for the right to parent, and research ethics and international human rights standards.^{26,27} These violations of international human rights standards are a manifestation of racism and injustice within the legacy of the SRHR field.^{28,29} The theory of population control stems from the eugenics movement, which deemed people of color, people living in poverty, and people with disabilities unfit for reproduction.^{30,31} The current SRHR sector has evolved to incorporate human rights and ethics in programs and research. However, the theory of population control continues in messaging for solutions to global challenges like the climate crisis and reduction of greenhouse gas emissions, where family planning is promoted extensively in LMICs.^{32,33}



Maternal health outcomes:

Racism and discrimination is linked to poor maternal health outcomes, maternal mortality rates, and poor maternity care among ethnic and religious minorities.^{34,35} In the United States, Black women and Native American women are approximately two times more likely to die from pregnancy-related complications than white women.³⁶ Similarly, in Brazil, the risk of death among Black women is approximately twice as high compared to white women.³⁷ This racial health disparity is linked to structural racism, through factors such as unequal access to resources and healthcare.^{38,39}



Restrictive SRHR policies:

Despite being the largest funder of family planning and reproductive health globally, the United States has instituted several restrictive abortion foreign policies that reflect the legacy of colonialism and imperialism.^{40,41} The Global Gag Rule, when in effect, and the Helms Amendment place broad-based restrictions on access to abortion.⁴² These restrictive policies further disrupt comprehensive sexual and reproductive health service provision and funding and exacerbate sexual and reproductive health inequities, particularly for girls, women, and marginalized populations.⁴³ These policies have significantly hampered contraceptive care and increased unintended pregnancy and induced abortion; reduced outreach by community health workers and interfered in patient-provider relationships; and eroded global health systems and support structures.^{44,45} These impacts fall heavily upon girls, women, and other marginalized communities in LMICs, which consist largely of BIPOC populations.⁴⁶



Research gap: We found a significant evidence gap in knowledge and understanding of the impacts of racism, colonialism, and other forms of discrimination on gender equality and SRHR outcomes – indicative of the general gap in gender data globally. The gap includes a lack of data disaggregation, particularly along sex, racial, and ethnic categories, as research is often conducted in a manner that does not consider race and ethnicity at all.⁴⁷ We also found a broad hierarchical divide, where Western institutions control a majority of funding for global health research.^{48,49} These gaps in the current global health landscape reflect a clear lack of an intersectional approach to capture fully the lived experiences of girls, women, and other marginalized populations in LMICs.⁵⁰ These gaps further exemplify an ideological framework that views empirical research as superior and more rigorous than other forms of knowledge – historical, experiential – within marginalized communities.⁵¹ Without more evidence, we cannot fully understand reproductive injustices and linkages to structural violence stemming from racism and colonialism.

RECOMMENDATIONS

Our review of current literature on global health and racial justice demonstrates that a reproductive justice lens is a critical component in advancing SRHR and gender equality. As access to safe abortion and critical sexual and reproductive health services are increasingly disrupted and politicized, it is imperative that the U.S. Government and SRHR sector integrates intersectionality in funding and policy decisions and reverse harms done domestically and globally. The following are a set of recommendations for U.S. foreign policy and assistance to advance comprehensive sexual and reproductive health, rights, and justice:

1. Data and evidence:

Ensure all global health data is disaggregated by sex, race/ethnicity, age, and other key demographic information specific to region or country. Invest in research to address the evidence gaps on impacts of racism on SRHR, particularly for marginalized communities and taking racial, ethnic, and religious differences into account. Research should be diversified to include qualitative data and incorporate a Rj lens to holistically understand SRHR impacts past access to family planning.

2. Financing:

The U.S. should fully fund comprehensive SRHR programs, including at least \$1.74 billion for family planning and \$116 million for UNFPA. Funding for SRHR programs should be increased to expand beyond family planning programming and include often overlooked SRH issues like infertility.⁵² Funding for women's rights organizations, youth networks, and organizations focused on comprehensive SRHR should be increased.

3. Policymaking:

Harmful policies should be removed permanently by the Administration and Congress. This includes restrictions on funding for abortion internationally and domestically, specifically by terminating the Helms Amendment and committing to barring legislation that extends, reiterates, or incorporates Amendments or laws that restrict access to abortion and SRHR, including in annual appropriations bills. The Administration should implement the Blueprint for Sexual and Reproductive Health, Rights, and Justice agenda.⁵³

4. Multilateral engagement:

The U.S. should advance reproductive justice and racial equity in all multilateral engagement, including at the United Nations, Human Rights Council, Conference on Population and Development (CPD), Commission on the Status of Women (CSW) and High-Level Political Forum on Sustainable Development (HLPF), Generation Equality Forum, G7, G20, and all other global decision-making bodies and opportunities. The U.S. should demonstrate global leadership in promoting comprehensive SRHR and justice among member-states and take up this call in its bilateral engagement with governments worldwide.

5. Convenings:

Community-led convenings should be organized to identify top SRHR priorities. As part of USAID's efforts to implement localization efforts, the agency should ensure that women's rights organizations, youth networks, and organizations focused on comprehensive SRHR are included and engaged.

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ENDNOTES

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