



Reproductive Justice

Adopted by the SOPHE Board of Trustees

May 12, 2021

Whereas, SOPHE supports reproductive justice for all persons.

Whereas, the three major tenets of the reproductive justice framework include: “1) the right to have a child and the conditions surrounding that right, 2) the right to not have a child, and the right to parent any children that one has in safe and sustainable neighborhoods” (Sister Song, n.d., para 1)

Whereas, socio-ecological factors affect individuals worldwide by influencing the quality of health services they receive (World Health Organization [WHO], 2019a). These factors include unequal power, less access to education, less access to health care services, and increased experiences of physical, sexual, and/or emotional violence (WHO, 2019a).

Whereas, sexual and reproductive health is tied to overall health, empowerment, and the equitable development of societies (WHO, 2019b).

Whereas, reproductive health implies that people have access to reproductive health care and the right to make their own decisions about their personal health with their own physician (United Nations [UN], 2019).

Whereas, the World Health Organization defines reproductive health as a right that includes physical, mental, emotional and social well-being of the female reproductive system and its functions (WHO, 2019b).

Whereas, reproductive and sexual health disparities exist among women in the United States, specifically negatively affecting women of color. Non-Hispanic Black women (ages 15-24) are more likely to be impacted by pregnancy complications compared to non-Hispanic white women (Heron, 2019), while sexually transmitted infection rates for chlamydia and gonorrhea were also higher among Black and Hispanic women (Centers for Disease Control and Prevention [CDC], 2018).

Whereas, reproductive health implies that people have access to reproductive health care and the right to make their own decisions about their personal health (UN, 2019). The Hyde Amendment

specifically prevents low-income individuals from access to reproductive health care (Salganicoff et al., 2021).

Whereas, people have the right to access preconception and perinatal health care, including but not limited to safe, effective, affordable and acceptable methods of family planning (National Family Planning and Reproductive Health Association, 2019).

Whereas, the United Nations' goal is to *Achieve Gender Equality and Empower All Women and Girls* (2018). In 2018 the United Nations reported 20% of girls between 15-19 years of age who had been in a sexual relationship experienced physical and/or sexual violence by an intimate partner (UN, 2018).

Whereas, unintended pregnancies and birth rates among teens and young adults are highest in southern states, particularly in Oklahoma, Arkansas, Louisiana, Texas, and Alabama where reproductive rights are more restricted (Jozkowski & Crawford, 2016; Martin et al., 2014; Ventura et al., 2014).

Whereas, lesbian, bisexual, and trans-women are more oppressed than cis-gender women with regard to the conditions surrounding the right to have a child and they are more likely to report a pregnancy as unwanted compared to cisgender women (Everett et al., 2017).

Whereas, maternal mortality has been increasing in the United States from 7.2 deaths per 100,000 live births in 1987 to 17.2 deaths per 100,000 live births in 2015 (CDC, 2019a). Rates vary by race and ethnicity with Black non-Hispanic women experiencing the highest rates (42.8 deaths per 100,000 live births) and American Indian and Alaskan Native women experiencing the second highest rates (32.5 deaths per 100,000 live births) (CDC, 2019a).

Whereas, pregnant people under 20 years of age were least likely to receive prenatal care during the first trimester (Osterman & Martin, 2018).

Whereas, Native Hawaiian or Other Pacific Island (51.9%), American Indian and Alaskan Native (63.0%), and Black (66.5%) pregnant women were least likely to receive prenatal care during the first trimester (Osterman & Martin, 2018). Additionally, pregnant individuals with less than a high school education (62.7%) received the lowest rates of prenatal care overall (Osterman & Martin, 2018).

Whereas, people can spend a combined three years trying to become pregnant, being pregnant, and postpartum in their lifetime; yet, can spend about 30 years avoiding pregnancy (Sonfield et al., 2014).

Whereas, within the United States in 2018, 60% of people of reproductive age were using contraception and deserve continued, affordable, easy access (Kavanaugh & Jerman, 2018).

Whereas, Title X clinics and other publicly funded clinics are inadequately funded (American College of Obstetricians and Gynecologists [ACOG], 2015). In 2015, more than 6 million women accessed publicly supported contraceptive services from more than 10,000 clinics nationwide, demonstrating the drastic need for services (Frost et al., 2017).

Whereas, in 2020, an estimated half of all pregnancies were unintended (United Health Foundation, 2021). An estimated 20 million women need publicly funded contraceptive services and supplies (Guttmacher Institute, 2019a).

Whereas, the cost of unintended pregnancies is largely shouldered by public insurance programs, such as Medicaid (Sonfield et al., 2014).

Whereas, in the U.S., approximately one million women have an abortion each year (Guttmacher Institute, 2018; Henry J. Kaiser Family Foundation, 2019), and greater than 90% are performed during the first trimester (Guttmacher Institute, 2019b; Henry J. Kaiser Family Foundation, 2019).

Whereas, half of reproductive aged individuals who are on Medicaid reside in a state where abortion coverage is restricted (Henry J. Kaiser Family Foundation, 2019).

Whereas, poor and low-income individuals are disproportionately affected by abortion restrictions (American Bar Association, n.d.)

Whereas, a national survey estimated only 5% of pregnant individuals reported illicit substance use in the past month (McCance-Katz, 2018), but some providers test based on instinct alone, with individuals of color more likely to be tested for substances when receiving care (The Sentencing Project, 2019).

Whereas, the criminal justice system controls and supervises 1.3 million women. In state prisons, women are more likely to be incarcerated for a drug-related offense. Black women are two times more likely to be imprisoned when compared to White women (The Sentencing Project, 2019). Healthcare for incarcerated women is lacking in the areas of access, education, nutrition and breastfeeding is often discouraged (American Academy of Family Physicians, 2020). Incarcerated women also experience higher rates of post-partum depression (American Academy of Family Physicians, 2020).

Whereas, people of color and people with disabilities have suffered injustices for centuries and into the late 20th century due to historical instances of forced and coerced sterilization and contraceptive use (Nielsen, 2012; Patal, 2017).

Whereas, the mean maternal age during the first birth has increased (Ely & Hamilton, 2018) along with an increase in the use of assisted reproductive technology (ART). ART accounted for 1.7% of all births in

2015 (Sunderam et al., 2018). Yet only 15 states require private insurers to cover ART partially or fully (CDC, 2016).

Whereas, national health objectives (e.g., Healthy People 2030) seek to reduce the proportion of unintended pregnancies, increase access to effective birth control among adolescents who can get pregnant, and decrease substance use among people who can get pregnant (United States Department of Health, 2020).

Whereas, since 1985, the United States Executive Branch has implemented ‘the Mexico City Policy’ (also known as ‘the Gag Rule’). The Mexico City Policy prevents the United States from contributing to non-profit organizations who perform or promote abortion as a family planning method, internationally (Kaiser Family Foundation, 2021).

Therefore, be it resolved, the Society for Public Health Education. Inc. (SOPHE) shall:

Urge Congress to:

- A. Provide funding for access to affordable well woman care, pre-conceptual health, contraceptives, maternal care, and postpartum care.
- B. Provide affordable healthcare that includes coverage for assisted reproductive technology, continued coverage for contraception, and other core women’s healthcare needs.
- C. Expand substance abuse treatment programs for pregnant and postpartum parenting women.
- D. Repeal the Hyde Amendment.
- E. Provide funding for the implementation of evidence-based programs and activities that increase health equity and reduce health disparities in reproductive health.
- F. Support policies that are driven by science-based research.
- G. Oppose legislation that interferes between healthcare providers and their patients.
- H. Oppose punitive punishments for pregnant/postpartum parenting women addicted to substances.
- I. Support the Equality Act and other legislation coming forward that supports LGBTQ+ women’s access to explicit and comprehensive nondiscrimination protections.

Encourage and support efforts within public health to:

- A. Support local communities in the delivery of social services focused on reproductive health and maternal and women’s health care.
- B. Support local communities to promote safe schools, neighborhoods, and housing for LGBTQ+ and other marginalized women.
- C. Continue collecting data to identify trends and health disparities to address women’s reproductive rights and healthcare.
- D. Advocate against future implementation of the Mexico City Policy (global gag rule).

- E. Collaborate with national, state, and community organizations to support programs and policies designed to:
 - a. Reduce health disparities
 - b. Increase access to reproductive health care
 - c. Increase access to preventive reproductive health services

Internal Activities (for SOPHE, SOPHE Chapters, and Members)

1. Provide trainings, conference sessions, and pre-conference workshops focusing on issues related to women's reproductive health.
2. Provide trainings, conference sessions, and pre-conference workshops focusing on issues related to women's health.
3. Provide trainings, conference sessions, and pre-conference workshops focusing on issues related to LGBTQ+ health.
4. Demonstrate public support for reproductive rights, reproductive health, and health care access for all individuals.
5. Demonstrate strong public support for women with disabilities who choose to parent.
6. Demonstrate strong public support for parenting women who are addicted to illicit substances
Provide educational and advocacy opportunities around paid maternity leave policies and affordable childcare.
7. Advocate for expanding insurance policies to cover assisted reproductive technology.
8. Advocate against the criminalization of abortion by the states.
9. Educate others about the inequalities faced by women of color that impact their ability to parent their children and provide advocacy support for policies designed to address these inequities.
10. Provide educational opportunities around the issues which are faced daily by incarcerated women in regard to reproductive justices and advocate for policies designed to address this issue.
11. Promote inclusivity through such decisions as ensuring speakers are culturally inclusive, seeking out opportunities for venues that support diversity and equity, continuing to provide examples of individuals or organizations who promote inclusivity.
12. Provide advocacy and policy consultation, tool-kits, trainings and/or other resources for SOPHE Chapters to support their work with effectively opposing restrictive state policies designed to impose unjust restrictions on women's reproductive rights and to help them advocate for policies that increase reproductive justice at the state level.
13. Adopt a social impact policy to strategically assess sites for the Annual meeting or other conferences/in-person events through a critical lens. Prior to a decision being made, a report will be presented to the Board on a potential state's/city's reproductive justice record, including information on the criminalization of abortion.

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