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Youth Reproductive Justice: Beyond Choice, Toward Health Equity

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Melissa Gilliam, MD, MPH[1]

Since 2016, there has been an unprecedented attack on reproductive rights in the United States. With changes in the lower courts, state legislatures have scrambled to pass laws restricting access to abortion. For decades, women-of-color advocacy organizations have been at the forefront of the struggle for reproductive freedom and are actively engaged in the present fight. Yet organizations representing Black, Latinx, and Asian communities have also argued that the prochoice framework is too narrow, failing to account for the multiple oppressions faced by communities of color and other marginalized populations that limit their reproductive freedom and well-being. These broader concerns are embodied in the reproductive justice framework.

The reproductive justice framework includes three interconnected rights: the right to *have* a child (under the conditions chosen by the one having them), the right *not* to have a child (if those conditions are not met), and the right to *parent* any children that one has. The second of those rights—the right not to have a child—aligns the reproductive justice framework broadly with the "prochoice" movement of (White) American feminism. The term *reproductive justice* was first put forth in 1994 by 12 US-based Black women. Since its original framing it has informed the work of advocacy organizations and intellectual discourse and has widened to encompass human rights struggles, populations in the Global South, and other marginalized communities beyond Black women. At its heart, reproductive justice asks, "Which inequitable practices and which social and political systems must change in order to create the necessary conditions such that all people have reproductive freedom?"

The state of Illinois provides an important example of the critical distinction between reproductive choice and reproductive justice, demonstrating the radical implications of the latter. In Illinois, advocates and others across the state have worked in coalition and, under a moderate Republican and a recently elected Democratic governor, have expanded reproductive choice for women in Illinois. For example, recently enacted SB 25 Illinois Reproductive Health Act (n.d.) establishes the rights of individuals to make decisions about their reproductive health. Influenced by reproductive justice, this act includes the fundamental right of an individual to use or refuse contraception or sterilization and to make autonomous decisions about how to exercise that right; and the fundamental right of an individual who becomes pregnant to continue the pregnancy and give birth to a child; or to have an abortion, and to make autonomous decisions about how to exercise that right. Yet Illinois has the largest gap in life expectancy by zip code of any state in the United States. In Illinois during 2008 to 2016, an average of 73 women died each year within 1 year of pregnancy. Black women are six times as likely to die as White women (Illinois Department of Public Health, 2018). These disparities reflect deep inequalities of income and access to high-quality schools, quality child care, good jobs, healthy foods, and safe streets. Without these necessary conditions the ability to make a choice about when, whether, and under what circumstances to bear children are severely limited. Thus, choice alone does not guarantee reproductive freedom.

The reproductive justice framework informs my own work with adolescents marginalized by issues of race, ethnicity, class, gender, and gender identity in the United States and Global South. My own embrace of this framework came from concerns about the persistent negative narrative around Black and Brown adolescents' sexual and reproductive health. Through training in clinical medicine and public health, I learned about health disparities and the significantly higher rate of pregnancies among Black and Latinx adolescents compared with White adolescents. These statistics are meticulously reported, and the concern about unintended pregnancy has driven the academic literature on reproductive health for decades. Concerns about unintended pregnancy have resulted in a focus on unprotected intercourse, contraception, and long-acting reversible methods of contraception for addressing adolescent pregnancy. Reproductive justice supports women having access to all methods of contraception; however, there are now infamous news stories about contraception as a policy approach to the "cycle of poverty" among Black women. Factors such as knowledge, decision making, and contraceptive adherence address a step in the causal pathway to adolescent pregnancy. Yet focusing on individual behavior alone does not speak to the underlying

[1]The University of Chicago, Chicago, IL, USA

Corresponding Author:
Melissa Gilliam, The University of Chicago, 5801 South Ellis Avenue, Chicago, IL 60637-5418, USA.
Email: mgilliam1@uchicago.edu

forces that create the conditions in which adolescents of color are more likely to experience pregnancy.

One might argue that the "choice" framework has invaded the academic literature. To paraphrase Dr. Vonnie McLoyd, on the use of comparative frameworks in adolescent health, we do not need to create databases on Black and Brown children that parallel non-Latinx White, middle-class children (McLoyd & Steinberg, 1998). She urges us to formulate culturally relevant constructs and systematically document the precursors and consequences of developmental outcomes in the context of a culturally sensitive framework. Finally, she cautions that this research is "more arduous and slower-paced."

Multisystem conceptualizations of human behavior are not new. In 1970, Urie Bronfenbrenner's socioecological model conceptualized person–environment interactions (Bronfenbrenner, 1979). This model has continued to evolve and essentially positions the individual at the center of concentric circles of interpersonal, community, and systemic influences. Ideally, these concentric rings support and nurture the individual across their life course. Yet, as the lower life expectancy on the South Side of Chicago demonstrates, many communities are not supported by social systems, policies, and institutions. In 1969, Johan Galtung coined the term *structural violence* (Galtung, 1969). While no individual actor may be present, the violence is built into structures and systems and manifests as unequal power and consequently unequal life chances. Structural violence refers to the uneven distribution of resources due to power rather than scarcity. Moreover, the power to make decisions about the distribution is unequally distributed. Thus, the ways in which literacy/education, medical services, and political power are made available to some groups who live in certain zip codes at the expense of other communities can be viewed as an act of violence. Galtung argues that structural violence can be co-located with personal violence, the two being interlinked and mutually supporting. Chicago's South Side communities have drawn national and international attention for rates of interpersonal violence while minimal attention has been paid to structural violence.

Yet reproductive justice is not a pessimistic framework. Indeed, it is bold and strong as communities that are most affected by a problem advocate for themselves and identify solutions. It provides a positive view of sexuality and reproduction for all people and their families. In my own research, I have turned to asset-based research with young people of color focusing on their inherent strengths and possibilities without comparisons to youth in wealthier communities. Positive youth development (Catalano, Berglund, Ryan, Lonczak, & Hawkins, 2004) is a framework that supports engaging young people in research and interventions, focusing on assets across the ecology of systems in their lives. Such interventions are effective for benefiting youth regardless of race, ethnicity, and class and have been used effectively internationally. This growing body of research shows that youth thrive when provided supportive schools, extracurricular activities, families, and communities. Deficits in one area of a youth's life (e.g., education) can be ameliorated by emphasizing another domain (e.g., family). Given resources, all young people can thrive.

In 2012, colleagues and I founded a center to support this type of research. We are creating a new approach to research with youth. Informed by the reproductive justice and positive youth development frameworks, we engage with young people as creators and designers of their lives, health, and futures. Through design, storytelling, and "making things," we create a shared language to collaborate across generations, educational, and life experiences. Our work asks big questions such as, "How might we change the way that sexual and reproductive health care is offered to adolescents?" Through this work, we are learning the limitations of policies that liberalize access to sexual and reproductive health. Youth are showing us how school hours, neighborhood conditions, lack of transportation, confidentiality concerns, and other factors limit their access to sexual and reproductive health. Youth are engaged as researchers and designers of their own health and prototype systems of care that work for them. We are now in the process of systematically redesigning what sexual and reproductive health care looks like for youth on the South and West Sides of Chicago. This work is more arduous and slower paced and deeply gratifying.

ORCID iD

Melissa Gilliam https://orcid.org/0000-0003-4881-3572

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