



## Reproductive Health... Rights... Justice... How Do They Compare?

Based on a [A New Vision for Advancing our Movement for Reproductive Health, Reproductive Rights, and Reproductive Justice](#) by Asian Communities for Reproductive Justice (now Forward Together) and a presentation, entitled “Sexual and Reproductive Justice Framework,” by Nicole Clark at the NYC Health Department’s Advancing Health Equity: Community Dialogue on Sexual and Reproductive Justice meeting (June 23, 2016). For more information on the NYC Health Department’s work, search [“SRJ” at nyc.gov](#).

Framework	Reproductive Health	Reproductive Rights	Reproductive Justice
<b>Description</b>	Service delivery model	Legal/advocacy based model	Organizing model
<b>Analysis</b>	Focuses on addressing the reproductive health needs of women	Protects an individual’s right to access to reproductive health services	Focuses on human rights and intersectionality as a way to organize communities to change structural inequalities
<b>Constituents</b>	Patients in need of services and/or education	Individuals who are encouraged to actively participate in the political process	Community members who are organized to lead against reproductive oppression and other injustices
<b>Key Players</b>	<b>Providers:</b> Those who work as, or are allied with, medical professionals, community and public health educators, health researchers, and health service providers	<b>Advocates:</b> Those who work as, or are allied with, advocates, legal experts, policymakers, and elected officials	<b>Organizers:</b> Those who work as, or are allied with reproductive rights, reproductive health, and social justice and other justice organizations.
<b>Strategy</b>	Improve and expand services; cultural competency; research and access	Advocacy at the state and federal level; focus on protecting enacted policies and defending existing rights.	Support leadership and power in marginalized communities; build social, political, economic power; create societal change; connects with allied social justice movements
<b>Limitations</b>	As services and education are offered on an individual level, the root causes of health disparities are not addressed	Emphasizes individual choice without social context of choice. Assumes individuals have a level of knowledge about policy and access to elected officials	Challenges the “status quo” of power relations, assumptions, and societal views. Campaign-based organizing tends to be lengthy and resource-intensive.
<b>Example</b>	Concern: While minors can consent to HIV testing without parental consent <b>in NYS, minors currently cannot consent to HIV treatment without parental consent</b>		
	Some <b>providers allow minors to consent</b> to treat, based on the minor's maturity and individual circumstances	<b>Political advocacy for laws to allow minors to consent</b> to treatment without parental consent	<b>Organize with community to address intersecting issues</b> , for example: LGBTQ youth are at higher risk of HIV infection due to lack of cultural competency of providers, not being “out” to their family, higher rates of homelessness, lack of HIV education, substance use, etc.