

## Reproductive Health, Rights and Justice: How Do They Compare?

Based on Forward Together’s [“A New Vision for Advancing our Movement for Reproductive Health, Reproductive Rights and Reproductive Justice.”](#) For more information, visit [nyc.gov/health](http://nyc.gov/health) and search **SRJ**.

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 means of organizing 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 organizations
<b>Strategy</b>	Improve and expand services; cultural competency; research and access	Advocate at the state and federal levels; focus on protecting enacted policies and defending existing rights	Support leadership and power in marginalized communities; build social, political and economic power; create societal change; connect 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. 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>Examples</b>	<b>Concern: Minors’ access to HIV treatment</b>		
	Draft a policy that allows minors to consent to treatment according to individual circumstances, and train staff around this policy  (Note: There are many <a href="#">instances where minors can consent under New York State law.</a> )	Advocate for laws to allow minors to consent to treatment without parental consent  (Note: As of 2017, the New York State Department of Health adopted <a href="#">regulations making HIV a sexually transmitted disease, thus authorizing minors to consent for HIV treatment.</a> )	Organize with community to address intersecting issues, such as LGBTQ youth at higher risk of HIV infection due to lack of cultural competency of providers, not being “out” to their family, higher rates of homelessness and substance use, etc.
	<b>Concern: Overuse of cesarean sections (C-sections)</b>		

<p>Adapt best-practice guidelines in hospital settings that help avoid unnecessary C-sections.</p> <p>Streamline patients' education in health care settings on risks of and medical indications for C-sections to strengthen informed consent and refusal. Create policies to support vaginal birth after C-section to reduce repeat cesareans.</p>	<p>Advocate for laws that require hospitals to publicize C-section rates.</p>	<p>Organize with communities of color to create models of community-based, culturally-competent care that involve patients' support networks in order to address race-correlated health issues (such as high blood pressure and diabetes) that make people more likely to have a C-section.</p>
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