

## Modern Contraception and Reproductive Justice Foundational Webinar

### Reproductive Justice: Four Principles

**00:00:07:20**

The theory is really used to transform power inequities and to challenge systemic racism and white supremacy, and to create long-term systemic change.

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It plays out in bans on insurance funding of abortion for low-income people. And it looks like targeted, long-acting reversible contraceptive methods being promoted on some communities and not others, because the thinking is that some populations of people are not able to control their fertility unless they are forced to use a LARC method.

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And despite the intersectionality of our lives, we operate within a health framework that urges us to collapse individual identities into these neat boxes for our own ease, comfort, and simplification. And this really results in separate and unequal healthcare.

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The Reproductive and Sexual Justice theory rest upon four pillars: the right to have a child; to not have a child; the right to parent the child or children one has, with the socio-economic supports a family needs, so they can thrive and not just survive; and the right to bodily autonomy and sexual expression.

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For purposes of this webinar, we will be focusing only on the second pillar, the right to not have a child. The right to not have a child includes: Access to person-controlled methods of contraception; To receive contraceptives free of force or coercion; To receive information not only about pregnancy prevention, but also recognizing that most individuals do not dual contracept; and To receive information about prevention of HIV and other sexually transmitted infection; The right to access to surgical and medication abortion, including self-managed abortion.

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Right not to have a child, includes disrupting the narrative that poor people, especially BIPOC, make poor choices.