

## VIEWPOINT

## The Need for Reproductive Justice in Pediatrics

**Rachel E. Cohen, MD**  
Children's Hospital  
Los Angeles,  
Los Angeles, California;  
and now with  
Santa Barbara  
Cottage Hospital,  
Santa Barbara,  
California.

**Tracey A. Wilkinson,  
MD, MPH**  
Department of  
Pediatrics, Indiana  
University School of  
Medicine, Indianapolis.

**Michelle Staples-Horne,  
MD, MS, MPH**  
Morehouse School  
of Medicine,  
Atlanta, Georgia.

**Corresponding  
Author:** Rachel E.  
Cohen, MD,  
Santa Barbara  
Cottage Hospital,  
400 West Pueblo St,  
Santa Barbara, CA  
93105  
([racheleiloncohenmd@gmail.com](mailto:racheleiloncohenmd@gmail.com)).

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**As pediatricians**, we set the stage for patients' future relationships with health care professionals; nowhere are the stakes higher than sexual and reproductive health care. Listening to young people and respecting their priorities imparts a valuable lesson about self-advocacy within health care. Reproductive health is one of the most important aspects of patients' personal lives, and we should model respectful, compassionate, and evidence-based care. This means integrating reproductive justice into our clinical practice.

Reproductive justice asserts that every person has "the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities."<sup>1</sup> Developed in 1994 by Women of African Descent for Reproductive Justice, this framework answers the call for a more expansive understanding of reproductive autonomy than the individualistic focus of other frameworks developed in response to threats to reproductive freedom. For example, reproductive health addresses the provision of clinical services to an individual, while reproductive rights focus on the legal protection of the right to certain services, including abortion. In contrast, reproductive justice brings a societal and structural lens to "understand and root out reproductive oppression to achieve human rights and social justice."<sup>1</sup> This broader view recognizes that communities that historically have been marginalized bear a disproportionate burden of constraints on reproductive autonomy. These burdens include limited access to contraception and abortion care, as well as forced and coerced sterilization, carried out by medical professional and government institutions in the name of public health and reduction of poverty.<sup>2</sup>

As pediatricians, comprehensive contraceptive counseling has become the standard of care, and many clinicians have focused on increasing access to long-acting reversible contraception and promoting its use via tiered efficacy counseling.<sup>3,4</sup> Many pediatricians express concern about the age of patients making reproductive choices and, as such, advocate for long-acting reversible contraception in all adolescent patients. While this may be discussed flippantly, real harm is perpetuated by prioritizing public health goals over an individual patient's reproductive goals and bodily autonomy. The paternalistic belief that an adolescent's top priority should be to delay childbearing is fraught with the potential for implicit bias and further entrenchment of stratified reproduction, by which the fertility of certain patients is valued over others.

While institutionalized policies of forced sterilization are no longer legal, more subtly coercive attempts to influence contraceptive decision-making still occur by providing financial incentives, pressuring patients to choose specific contraceptive methods, or refusing

to remove long-acting reversible contraception until after a trial period.<sup>5</sup> Multiple studies have found that people in communities that were historically targeted for temporary or permanent sterilization continue to identify racist and classist biases in clinician counseling.<sup>5</sup> As a medical profession, we have not acknowledged our institutional untrustworthiness with respect to populations who historically have been and continue to be marginalized. This acknowledgment is a first step toward change. Reproductive justice provides a framework for the health care profession to align with communities and offers a foundation for individual clinicians to build rapport with patients.

As pediatricians, shifting our orientation to prioritize patients' autonomy can be challenging given our role for younger patients often entails deciding what is best for them. Many of us do start introducing young patients to the importance of bodily autonomy with scripts around good touch and bad touch, although parents maintain authority over medical decision-making. And yet, while in many ways we are uniquely attuned to the developmental needs of patients, we are behind when it comes to awareness of reproductive needs. We can support patients' growing autonomy by providing anticipatory guidance around the adolescent confidential visit and naming the transitions that young people are experiencing. We can normalize open conversations about gender and sexual identity, affirming normal exploration and development. We can offer accurate and nonjudgmental counseling around sexual activity, breaking the ice for families to continue these conversations outside of the clinician's office. We can demonstrate to young people, especially those living at the intersection of multiple identities that are marginalized, that we honor their lived experience.

Reproductive justice asks clinicians to explore patients' priorities and, even more importantly, asks us as pediatricians to trust that young patients do know themselves better than we can when it comes to this deeply personal aspect of their life. Rather than focusing on contraception as a bandage solution for poverty and disparities that are often correlated with teen pregnancy, reproductive justice "[recognizes] that the main reproductive challenge facing young and poor women of color is not unintended pregnancy by itself, but rather socio-economic and cultural inequalities that provide some people with easier access to self-determination and bodily autonomy than others."<sup>6</sup> Control over reproduction has been used as a tool to enact and entrench structural violence against people who are low income, Black, Indigenous, immigrants, disabled, queer, trans, neurodivergent, and incarcerated. Standing for the reproductive autonomy of young people, especially those from communities that are marginalized, is a unique opportunity for pediatri-

cians to be partners in these broader intersectional movements for justice.

Other specialties, namely family medicine and obstetrics/gynecology, have integrated reproductive justice into their family planning training. In contrast, pediatric trainees overall report limited experience and low confidence with contraception counseling; exposure to the framework of reproductive justice is rare.<sup>7</sup> Moreover, the realignment that reproductive justice asks of clinicians can feel particularly challenging for pediatricians. This is

a different type of shared decision-making than we are used to but is part of an important transitional process that we should be engaging in throughout the course of our care relationship with patients and families. More broadly, reproductive justice sets forth a structural analysis of the complex power dynamics between patients and physicians, offering tools for prioritizing self-actualization. As pediatricians, we owe it to patients to model justice-oriented, patient-centered care that affirms their autonomy and dignity.

#### ARTICLE INFORMATION

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