

# Take charge of your health today. Be informed. Be involved.

## Reproductive Justice

This month, the "Take Charge of Your Health Today" page focuses on reproductive justice. Vianca Masucci, health advocate, Urban League of Greater Pittsburgh, and Esther L. Bush, president and CEO of the Urban League of Greater Pittsburgh, exchanged ideas on this topic.

**VM:** Hello, Ms. Bush. I'm excited about this month's topic on reproductive justice. I feel that this is the type of topic that this page has been designed to explore. When folks think about the term "reproductive rights," they usually think only about abortion. But abortion is just one issue within reproductive rights. Reproductive rights include getting basic sex education, making your own decisions about family planning, having access to meaningful health care and being able to parent your children in a safe environment. They also tie into issues like intimate partner violence and how abuse can get in the way of how you control your own reproductive destiny. True reproductive justice is having the right, the autonomy and the resources to make healthy decisions throughout the entire family planning process. Unfortunately, not everyone has the freedom to make these

decisions about this part of their health.

**EB:** Yes, I'm happy that we are covering this issue because it's a very deep topic. You say "freedom," and I'd like to pause on that for a second. By law, we all have the freedom to make decisions about our own bodies. By law, people have the right to choose if, when and with whom they want or don't want to have children. However, sometimes this "freedom" is limited by what you have access to, what you can afford and/or what expectations your community has of you. But, Vianca, I would be remiss to mention the rights and the freedom without also talking about responsibility. Bringing another person into the world is probably the most important responsibility a human being can undertake. Such an important decision must be approached thoughtfully and realistically.

**VM:** Thank you for clarifying, Ms. Bush. To unpack that a bit, I think it's important to understand that the decision to have children is not as straightforward as answering the yes-or-no questions like, "Do I want to have a child?" There are hundreds of decisions that go into that—like "Does my partner want a child," "Will I have access to health



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care for me and my child," "Am I healthy enough to carry a child," "Can I afford to have a child right now," etc. It's actually very complicated. There are many factors that affect or limit that decision-making process. On top of that, these decisions are very intimate and personal. They're influenced by feelings, culture and social expectations; sometimes these decisions are influenced more by these things than logic.

**EB:** Exactly. I think individuals lose freedom to make decisions when they don't have access to all the resources they need to make the decisions that are best for them.

**VM:** I agree. Without access to birth

control options, people don't have the option of lowering their risk of pregnancy with birth control. They are left with only two options—to not have sex or risk pregnancy. That's not justice or freedom. Also, the issue of chronic stress from intimate partner violence (IPV) aging the cells in our bodies ties into reproductive justice, as cited by Drs. Humphreys and Constantino elsewhere on the page. IPV can include sexual violence and reproductive coercion or control. If you're someone who experiences stress because of these kinds of IPV, their research shows that that stress can damage DNA and cause people to age faster.

**EB:** All of these issues are vital to reproductive justice. As a community, we need to focus on protecting everyone's reproductive rights. Because when we protect our reproductive rights, our community is healthier. When people can thoughtfully and deliberately choose to have babies when they're ready, children are more likely to be born and raised in stable and healthy homes. Babies raised in stable homes are more likely to become healthy adults contributing to an increasingly healthy community.

**VM:** What a great way to put it! Thank you so much for sharing your perspective, Ms. Bush. I'll be back next month to chat about July's topic, which is health and incarceration.

## Reproductive health: The importance of a woman's right to choose

The reproductive decisions women make in their lifetimes are very intimate and personal. Decisions about contraception or whether or not to have children can be complicated. Yet those decisions can greatly affect women, their families and ways of life. Researchers are working to better understand reproductive decision-making and how to best support women in their reproductive rights.

Reproductive rights involve a whole spectrum of issues. They include the decision to have children, to family planning and contraception, abortion and assisted reproduction (help from a specialist to become pregnant), just to name a few. Reproductive rights are a part of human rights, says Sonya Borrero, MD, associate professor of medicine, University of Pittsburgh School of Medicine, and director, Pitt's Center for Women's Health Research and Innovation.

"We need comprehensive health care to ensure those human rights," she says. "All individuals have the right to decide if, when and with whom they would like to have children."

Part of Dr. Borrero's research has been focused on understanding some of the influences that might shape or complicate pregnancy decision-making, especially when the decisions do not conform to social norms. These influences can include relationship and family dynamics, financial status and many other factors. As a part of her research, Dr. Borrero started collecting stories from women in Pittsburgh about their reproductive decision-making. She realized that pregnancy is not always a yes-or-no decision for some people. The decision can be very complicated.

She says, "As a health care provider, we often have these ideas about how people 'should' be reproducing—for example, you should be in a stable finan-



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cial situation, you should not be a teenager, etc. From a public health perspective, situations like economic instability or pregnancy in teens are associated with poorer outcomes. But these 'shoulds' aren't necessarily a part of how men and women are evaluating reproduction in their own lives. For some folks, having a child even in the midst of job instability may also feel like the right time. As health care providers, our job is to inform women about all their options and any risks and help ensure that they are able to make decisions that line up with their values and priorities. We want to meet women where they are and then work with them to get where they want to be."

Dr. Borrero and colleagues have developed a set of questions they think all women of reproductive age should be asked by their health care providers. The questions were designed to support women and their choices in nonjudgmental, patient-centered ways. The PATH (Pregnancy Attitudes, Timing, and How important is pregnancy prevention) set of questions are:

1. Do you think you would like to have children some-



Sonya Borrero, MD

day?

2. If so, have you thought about when that might be?

3. How important is it to you to avoid pregnancy until the time you think you want to have children?

By discussing women's thoughts about reproduction, health care providers can align their reproductive counseling with any concerns or goals women may have.

One particular focus of Dr. Borrero's is on women's decision-making about sterilization (getting one's "tubes tied"), a permanent method of birth control. Dr. Borrero is developing a patient-cen-

tered and patient-directed decision-support tool for women on Medicaid who are making decisions about sterilization. The United States has a history of forced sterilization. In the 1970s the Department of Health and Human Services created regulations around sterilization for women on Medicaid. These regulations were meant to protect against people being uninformed or forced to undergo the procedure. The heart of these regulations is a 30-day waiting period for federally funded sterilization procedures. The majority of these procedures are done after childbirth. The waiting period has become a barrier for women wanting sterilization. Sometimes women deliver before the 30-day waiting period is up or sign the consent too late in their pregnancy. Sometimes women forget to bring the consent form with them while in the hospital to deliver.

"Because these women have to comply with a waiting period," says Dr. Borrero, "they aren't able to exercise the same level of reproductive freedom as women who have private insurance and don't have to

wait. The hope is that the tool provides accurate and unbiased information that helps ensure that women are making informed decisions about sterilization that line up with their goals and values. This tool could potentially replace the waiting period and honor the spirit of the regulations (which was to protect women) without creating unnecessary barriers.

Access to reproductive health services is another part of the rights spectrum. Women who are looking for medical help in becoming pregnant can be limited by the cost of assisted reproduction. Inequities also exist for women are simply looking for access to reproductive health care. And one of the largest reproductive health care providers in the country, Planned Parenthood, is at risk of being defunded.

"There's data showing

that there are health consequences to defunding Planned Parenthood," says Dr. Borrero. "Planned Parenthood provides essential health services that no other health care system at this time can replicate. We learned that from Texas. Texas essentially excluded Planned Parenthood from its Medicaid program in the past couple of years. We've seen how that has been harmful to women's health. We've seen a drop in the number of women using effective birth control, not continuously using it and a rise in unintended pregnancies. Federally qualified health centers are struggling to meet the primary care needs of patient. They cannot also train health care providers in full, high-quality reproductive services."

Ensuring access to the entire reproductive rights spectrum is more than an issue of women's health.

## Intimate Partner Violence Could Make Us Old: The Link between Violence, Abuse and Trauma with Growing Older

by Rose E. Constantino, PhD, JD, RN and Janice Humphreys, PhD, RN



Rose E. Constantino, PhD, JD, RN

As we get older, we may look in the mirror and see our face gain a line or two. Some parts of our body lose their firmness. These are physical and observable signs of aging. However, deep inside our bodies, in our cells, there is another process of aging that can be measured. This is the length of telomeres. Telomeres are protective components of our DNA that stabilize the ends of our chromosomes and control cellular aging. Telomeres become shorter as we grow older.

Researchers are finding that aging may not be the only reason why telomeres become short. Other factors like chronic stress, trauma and experiences of violence or abuse could shorten telomere length. These also contribute to developing chronic conditions. Women who experience intimate partner violence (IPV) have a source of chronic stress. These people could be aging faster than women who do not experience IPV.

To understand this better, an exploratory study was done to examine the length of telomeres in DNA. There were two groups—women who had experienced chronic stress related to IPV and women who had not experienced the chronic stress of violence at any time in their lives. Dr. Janice Humphreys and other researchers found telomere length was significantly shorter in 61 women who experienced IPV compared with the 41 women who had not experienced violence. Also, how long women experienced IPV and having children were associated with telomere length after controlling for age and body mass index.

These results show us that it is important to take action to stop IPV before it becomes a source of chronic stress in our communities, homes, schools and workplaces. According to the Centers for Disease Control and Prevention, IPV affects millions of Americans each year. Nearly 1 in 2 women and 1 in 5 men experience physical, emotional or sexual violence at some point in their lives. IPV affects people of all races and ethnicities. Research is needed to explore further if other chronic illnesses go along with telomeres' shortening process in women experiencing IPV. For more information about this study, contact Dr. Rose Constantino at [rc100@pitt.edu](mailto:rc100@pitt.edu).

(Rose E. Constantino, PhD, JD, RN, is associate professor of health and community systems, University of Pittsburgh School of Nursing, and Janice Humphreys, PhD, RN, is professor and associate dean for academic affairs, Duke School of Nursing.)

### ADVOCACY ORGANIZATIONS

Organization	Mission	Contact Information
Center for Women's Health Research & Innovation	CWHRI is a multidisciplinary group of researchers committed to elevating the state of women's health and health care. The Center supports interdisciplinary faculty research that spans women's life course.	<a href="http://www.womenshealthresearch.pitt.edu">www.womenshealthresearch.pitt.edu</a> 412-647-5417
Gwen's Girls	Gwen's Girls has been empowering girls and young women in Allegheny County since 2002. We enrich their lives with programs and services that expose them to all of the world's possibilities.	<a href="http://www.gwensgirls.org">www.gwensgirls.org</a> 412-904-4239
New Voices Pittsburgh	New Voices Pittsburgh promotes the complete health and well-being of Black women and girls in the Greater Pittsburgh Region, Pennsylvania and Ohio. Reproductive Justice is our innovative framework to engage Black women and girls in local, national and global movement-building for Human Rights, Racial and Gender Justice.	<a href="http://www.newvoicespittsburgh.org">www.newvoicespittsburgh.org</a> 412-450-0290
Planned Parenthood of Western PA	The mission of Planned Parenthood of Western PA (PPWP) is to provide comprehensive and complementary health care to those in need of services; disseminate information about human sexuality and the need for family planning and responsible parenthood; and advocate public policies which guarantee these rights and ensure access to such services.	<a href="http://www.plannedparenthood.org/planned-parenthood-western-pennsylvania">www.plannedparenthood.org/planned-parenthood-western-pennsylvania</a> 412-434-8957
Urban League of Greater Pittsburgh	The Pittsburgh Urban League helps others to help themselves through extra-curricular educational opportunities, health advocacy, housing counseling, parental education and support for early childhood and youth development, hunger prevention services, sustainable wage career preparation, and other programs that lead to improved ability to achieve economic empowerment and self-reliance.	<a href="http://www.ulpgh.org">www.ulpgh.org</a> 412-227-4802
Women's Law Project Western PA	The Women's Law Project is a leading voice in the fight for equal access to reproductive healthcare and abortion, improving institutional response to all forms of violence against women, challenging sex & gender discrimination, and advocating for workplace equality and economic justice.	<a href="http://www.womenslawproject.org/">www.womenslawproject.org/</a> 412-281-2892
YWCA Greater Pittsburgh	The YWCA Greater Pittsburgh is dedicated to eliminating racism, empowering women and promoting peace, justice, freedom and dignity for all. We envision a community that advances education, opportunity, and equity regardless of gender, race, or background.	<a href="http://www.ywcaphg.org">www.ywcaphg.org</a> 412-391-5100