

Policy Priorities to Promote Access to Essential Sexual and Reproductive Health Resources

#### **OUR POSITION**

Reproductive justice – the human right to maintain personal bodily autonomy, have children, not have children, and parent children in safe and sustainable communities – is vital not only for the health of Black women and girls, but also for our full self-determination.¹ To truly actualize reproductive justice, Black women and girls must have the freedom and resources necessary to make informed decisions about their sexual and reproductive lives. The Black Women's Health Imperative (BWHI) advances reproductive justice by fighting for abortion access, contraceptive equity, comprehensive sex education, and menstrual equity–knowing that these rights are foundational to how Black women and girls can be present and empowered in every other area of life.

### **ABORTION ACCESS**

Abortion is a safe, common, and effective medical procedure used to terminate a pregnancy.<sup>2</sup> In the United States, one in four women will have an abortion.<sup>3</sup> People must be able to access abortion for any reason, and this decision is often influenced by multiple factors ranging from financial preparedness and concerns about future opportunities, to health risks and partner-related reasons.<sup>4,5</sup> Denying access to abortion can profoundly affect a woman's life and the lives of those who depend on her. Compared to women who receive abortions, women denied abortions face a higher risk of life-threatening complications during childbirth, are more likely to stay connected to violent partners, and experience long-term financial insecurity and household poverty.<sup>6</sup> They are also more likely to raise children alone and in poverty, which can negatively impact child development.<sup>7</sup>

For Black women, restrictions on abortion disproportionately worsen maternal mortality rates, labor market participation, and educational outcomes.<sup>8</sup> Research shows that legalizing abortion reduces maternal mortality among Black women by 30% to 40%, while a nationwide ban could increase it by over 20%.<sup>9,10</sup> Beyond direct health impacts, Black women's common role as primary breadwinners in their families means that being denied an abortion and the resulting setbacks to education and earnings can amplify the negative consequences described above.<sup>11</sup> Nearly 60% of Black women aged 25 to 54 live in the 26 states with total bans or restrictions on abortion access.<sup>12</sup> In these circumstances, Black women are often less able to travel for an abortion.<sup>13</sup> This reality shows that for Black women, choice alone is not enough – practical, equitable access to abortion is essential.

# **POLICY RECOMMENDATIONS**

- Pass the Equal Access to Abortion Coverage in Health Insurance (EACH) Act
  to require federal health facilities and insurance programs, including Medicaid,
  Medicare, and the Affordable Care Act marketplace, to cover and provide access
  to abortion services.
- Pass the Abortion Justice Act, which establishes a fundamental right to abortion, protects patients and providers from criminalization, requires health insurance plans to cover abortion services, and creates a grant program to increase access to abortion services.

#### CONTRACEPTIVE EQUITY

Contraceptive use among Black women in the United States carries a painful history of forced and coerced sterilization and reproductive control.<sup>14</sup> This legacy makes it all the more important for Black women to be empowered to make their *own* decisions regarding contraceptive use, and to be able to access them freely and safely if they choose to.

Contraceptive equity is a critical element of reproductive justice. Contraceptives not only help women decide if and when to become pregnant, but also help manage reproductive health conditions such as endometriosis, fibroids, and polycystic ovarian syndrome (PCOS) that affect many Black women.<sup>15,16,17</sup> Despite this, access to contraceptives is far from equitable.<sup>18</sup> Nineteen million women of reproductive age live in a contraceptive desert.<sup>19</sup> Additionally, four in ten Black women aged 18 to 44, and nearly half of Black mothers with children under 18, cannot afford to spend more than \$10 on birth control.<sup>20</sup> While the Food and Drug Administration (FDA) recently approved over-the-counter (OTC) contraception, access is still limited.<sup>21</sup> Many states do not require insurance coverage of OTC contraceptives, meaning they may still be financially out of reach.<sup>22</sup> True contraceptive equity requires that Black women have affordable, unbiased, and informed access to the full range of contraceptive options without coercion.

#### POLICY RECOMMENDATIONS

- Pass the Right to Contraception Act to protect the right of individuals to seek, obtain, and use contraceptives, and the right of healthcare providers to provide contraceptive services and information.
- Expand coverage of all FDA-approved contraception, including OTC contraception, without cost sharing.

#### COMPREHENSIVE SEX EDUCATION

The right to make informed decisions begins with access to complete, accurate information. Black women and girls deserve comprehensive and up-to-date sex education that goes beyond abstinence-only messaging to include topics like consent, intimate partner violence, physical and emotional safety, sexual orientation, and more.

Over the past 20 years, Black teens have been five to sixteen times more likely than White teens to contract chlamydia, syphilis, and gonorrhea.<sup>23</sup> They are also nearly five times more likely than Latine youth, and seventeen times more likely than White youth, to be diagnosed with HIV.<sup>24</sup> While teen pregnancy rates have declined overall, Black teen birth rates remain double those of White teens.<sup>25</sup> But pregnancy and disease prevention in sex education

is not enough. Research shows that only 40% of Black teenage girls reported that their first time having sex was wanted.<sup>26</sup> These disparities highlight the urgent need for more honest, inclusive, and critical sex education conversations. Black parents overwhelmingly support sex education that covers a wide range of topics, including preventing sexual abuse, respecting each other as equals, and teaching about sexual orientation.<sup>27</sup> It is time to fight for sex education curricula that reflect those values.

# POLICY RECOMMENDATION

 Pass the Real Education and Access for Healthy Youth Act to bolster federal grant support for sex education and sexual health services for young people aged 10 through 29.

### **MENSTRUAL EQUITY**

Menstrual equity is the principle that, in an equitable and inclusive society, everyone who menstruates should have access to safe, affordable menstrual products.<sup>28</sup> Without this access, individuals are not fully able to work, study, or participate in daily life, which makes menstrual equity a matter of collective concern.<sup>29</sup> This proves true for Black women and girls, who are more vulnerable to period poverty and menstrual hygiene challenges across the United States.<sup>30</sup> Nearly one in four Black women report struggling to afford menstrual products, while two in five report having to use a menstrual product for longer than recommended and, at times, relying on substitutes like paper towels instead.<sup>31</sup> For students, these challenges have significant impacts, including increased risk of infection, feelings of shame and embarrassment, falling behind academically, and missing school and work.<sup>32</sup> To ensure Black women and girls can fully engage in school, employment, and community life, access to menstrual products must be prioritized.

#### POLICY RECOMMENDATION

Pass the Menstrual Equity for All Act to expand access to menstrual products
through Medicaid, Temporary Assistance for Needy Families (TANF), and federal
grant programs; require large employers, correctional facilities, and public federal
buildings to provide free menstrual products; and prohibit state and local taxes on
menstrual products.

# **Endnotes**

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