Reproductive Justice Lesson Plan

Time: One Hour
Materials: 5 paragraphs on topics

Breakdown:

<table>
<thead>
<tr>
<th>Minutes</th>
<th>Activities</th>
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| 0-15    | - Facilitators introduce themselves and workshop  
         | - Why we use a Reproductive Justice/Feminist framework for sex ed  
         | - What is reproductive justice?  
         |     - Rights vs. Justice  
         |     - Introduce activity  |
| 15-17   | Transition  
         |     - Divide groups into 4 groups (count off 1-4)  
         |     - Groups are assigned a topic (medicine, abortion/CPCs, disability justice, and queering reproductive justice). All people receive all topics, for reference.  |
| 17-30   | Group work  
         |     - Groups read aloud their summaries  
         |     - Discuss:  
         |         - The questions listed below the topics  
         |         - What they learned  
         |         - How this shifted their opinions on the topics or RJ in general  |
| 30-45   | Each group will select a member to “present” what their group discussed  
         | (approx. 3.5 mins per group)  |
| 45-60   | Discussion  
         |     - Time for group reflection  
         |     - What did they learn, or unlearn?  
         |     - What was surprising?  
         |     - What do they want to learn more about?  
         |     - What questions do they have?  
         |     - Why is reproductive justice important to sex ed?  |

Overview: This lesson plan is designed as a one hour “crash course” in reproductive justice. It is created with the intention of being peer taught by college students for college students. It does not encompass all aspects of reproductive justice, but rather serves as an introduction to the topic. It challenges students to think about why reproductive justice is relevant to sexual education and more broadly, to college students and on college campuses.
**Introduction: Reproductive Justice**

The *reproductive rights* movement focuses on the right to “choose,” meaning a woman’s right to have an abortion. We see this in popular slogans such as, “my body, my choice.” The *reproductive justice* movement builds on reproductive rights by arguing that yes, choice is important, but alone, it is not enough. In addition to the right to choose, we also need to have the infrastructure in place to actually make that decision and go through with it safely. This is called access. The reproductive justice movement posits that we cannot have choice without access.

SisterSong defines Reproductive Justice (RJ) as the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities. RJ is about access to care and support, not just political/legal rights.

<table>
<thead>
<tr>
<th>Reproductive Rights</th>
<th>Reproductive Justice</th>
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</thead>
<tbody>
<tr>
<td><strong>Abortion</strong></td>
<td>“My body my choice,” focuses on the legal right to choose to have an abortion</td>
</tr>
<tr>
<td><strong>Policy, Laws and Government</strong></td>
<td>Policy and laws are central for creating social change</td>
</tr>
<tr>
<td><strong>For whom?</strong></td>
<td>Focuses on the nation’s citizens</td>
</tr>
</tbody>
</table>

**Questions:**
- What do you think distinguishes reproductive justice and reproductive rights?
- Do you think that one movement might be “better” than the other?
- How does learning about RJ influence your concept of reproductive rights?
- How do you think reproductive justice is relevant to the U.S.? If you’re stuck, think about immigration, class, and race.
- Do you think reproductive justice is relevant to Middlebury college students? How so?

**Sources:**

*Sister Song*
TOPIC 1: Reproductive Justice and Medicine

Overview:
We think of medical professionals as a source of unbiased scientific and ethical truth. The reproductive justice (RJ) movement acknowledges the importance of medicine, but questions the notion that providers always know the “right” thing to do. Reproductive justice seeks to empower patients and parents with the ability to make the best decisions for themselves.

Example:
The reproductive justice movement is concerned about the way the medical field addresses intersex conditions. Intersex is a term used to describe a person born with a reproductive or sexual anatomy that does not fit the typical definitions of female or male (Intersex Society of North America). This can include chromosomal and developmental conditions.

Western medicine views intersex as a disorder and often treats it as something that needs to be “fixed.” When a baby is born as intersex, doctors often urge the parents to assign a “gender” and a “sex” to the child via reconstructive surgery, hormone treatment, or other medical interventions. These cosmetic surgeries and treatments are rarely necessary for the child’s life, and are instead often solely for cosmetic reasons. These “treatments” could therefore be postponed until the children are old enough to decide for themselves if they want to have surgery, hormonal “treatments,” or any other procedure.

Because of the medical definition of intersex and the urgency in which it encourages parents to “treat” their babies, parents are often coerced into making a decision without accurate information. As such, the medical treatment of the intersex condition results in shame and pain for intersex individuals.

Questions to consider:
- What have you learned about intersex conditions (such as a so-called “micro penis”) from media and culture?
- Do you think this is an important issue to talk about at Middlebury?
- Can you imagine other scenarios in which medical professionals may inform patients’ decisions in a way that takes away from their autonomy?

Sources:
- The Intersex Society of North America: http://www.isna.org/
TOPIC 2: Reproductive Justice and Abortion

**Quick fact:** Abortion is stigmatized, but in reality 1 in 3 women have abortions and 61 percent of women who have abortions are already mothers (Pollitt).

Crisis Pregnancy Centers (CPCs) pose as health care “clinics” and intentionally lie to, mislead, and shame women about their reproductive options in order to inhibit them from receiving abortion and abortion care (NARAL). CPCs offer services such as sonograms and pregnancy tests, but the centers CPCs do not have trained medical staff, and they are not required to follow the regulations for real medical facilities. CPCs offer “counseling” services, but the people who provide counseling are not licensed professionals, but rather church volunteers (Chen). For example, CPCs tell women that there are links between abortion and risk of breast cancer, infertility and depression, none of which are supported with scientific evidence (Waxman). CPCs receive funding from anti-abortion organizations as well as federal welfare grants. This means that while Medicaid (health care assistance for low-income Americans) does not fund abortion services, welfare does fund CPCs (Chen).

CPCs purposefully take advantage of vulnerable people (such as teens, women without insurance, and low income women) seeking information about pregnancy and abortions, and tend to locate themselves close to services targeted towards these populations, such as high schools and welfare offices. CPCs are also frequently located very close to abortion clinics, so passers-bys seeking abortion might mistakenly walk into them (Chen).

In the United States, there are over 4,000 CPCs, but only 788 abortion clinics (Guttmacher). There’s even a CPC in Middlebury next to Middlebury Union High School.

**Sources:**
https://www.prochoiceamerica.org/issue/crisis-pregnancy-centers/


**Questions to consider:**
- What connotations does abortion have?
- What does the discrepancy between the number of CPCs and abortion clinics suggest about who might not have access to comprehensive medical care (such as true information about pregnancy and abortion, and actual abortion providers)?
- What role does the government play in regulating CPCs?
TOPIC 3: Reproductive Justice and Disability

We need to have safe, legal access to abortion for all people, but we also need to be careful not to justify the legality of abortion on the premise of disability. This is one example of how disability justice and reproductive justice connect and diverge in important ways.

Medical technologies that screen fetuses for disabilities have consequences for how we think about disability because some medical professionals encourage the abortion of potentially disabled children. This is eugenicist in that it could be used as a justification to eliminate the births of disabled children altogether (Saxton).

Instead of justifying abortion based on disability, the reproductive justice movement advocates for the creation of social, cultural, and political infrastructures that support the needs of disabled people. The existence of these infrastructures would make our society as livable and accessible for disabled people as for able people. As such, abortion would need no justification other than the fact that it is a woman’s desire.

Additionally, there is a history of disabled people being involuntarily sterilized, and of disabled people having their children taken away because they are viewed as unfit to parent (O’Toole). This history, in combination with the framework of using disability as justification for abortion results in stigma surrounding disabled parents, children, and families (O’Toole).

Questions to Consider:
- Does it feel ethical to specifically choose not to have a disabled child? What do you think about the idea of specifically choosing to have a disabled child?
- If disabled people aren’t supposed to become parents, what might that imply for disabled sex?
- How can you think about disability justice in terms of your everyday life?

Sources:

TOPIC 4: Queering Reproductive Justice

Overview:
The key tenets of queer theory are to reject binaristic thinking (that there are only two options), to examine intersecting power systems, and to be committed to non-normativity (thinking and living outside the “normal” structures of life). This framework is important to include in reproductive justice because it questions reproductive futurism. Reproduction futurism is the idea that we are always working towards the wellbeing of our future children. This is not to say that reproductive justice cannot have long term goals, but rather to say that reproductive justice must be rooted in the present. We should not assume that all people want to have children or that non-parents are “incomplete.” The political, cultural, and social infrastructure must support all forms of parenthood (LGBTQ, hetero, single, and more) as well as the choice to not parent (Edelman).

Queering reproduction is crucial to reproductive justice because it highlights, validates and includes queer desires, sexuality, relationships, and families. It allows us to think of sex in a way that goes beyond conception and reproduction in order to be inclusive and respectful of all people.

Example:

Many women in the U.S. have found that it's difficult if not impossible to find a doctor who will perform a tubal ligation (sterilization) if the woman has not already had children (and sometimes even if she has). Doctors warn that sterilization is an irreversible, life-altering decision. But having a child is an irreversible, life-altering decision and you don't find doctors warning women away from that. The broadly held prejudice, in the medical profession and much of the rest of society, is that becoming a parent is the right and inevitable choice. -Lisa Hymas

Some people, like Lisa Hymas, decide to not have children for environmental reasons. Hymas argues that as the offspring of a well-off American, her child would have a larger negative environmental impact than a child born into a less privileged background. Many Americans fault developing countries for overpopulation, but in reality, Americans should take responsibility for overpopulation, because Americans are the people who no longer need to reproduce and have the technology to not reproduce.

Questions To Consider:
-Think about the knowledge you’ve learned today. What would queering it look like?
-How do you imagine your future? If that includes children, why?
-How can we think about queering sex ed?

Sources: