

# Black Women for Wellness – Framework Comparison Chart

## Framework

### MODEL

## Reproductive Health

Focus is on meeting individual woman/girl reproductive health needs through increasing access to reproductive health services

## Reproductive Rights

Focus continues on meeting the needs of women/girls through advocacy & legal avenues

Seeks to increase access, education and resources to community through primarily driving resources to health providers

## Reproductive Justice

Creates a framework that is inclusive of social justice, race, gender and class determinants with reproductive decision making for women and girls

Builds movements to promote change in structural inequities that affect women reproductive health and ability to control their reproductive lives

### CENTRAL THEME(S)

Increasing service provision & education surrounding of birth control, family planning and abortion for women and girls

Increasing policy that promotes access to health services

Increases governmental obligation to provide health services and resources to women and girls

Links positive choices with personal responsibility and accountability in making reproductive decisions

Shifts responsibility burden from the individual to community and governmental

Highlights intersectionality of social and racial justice movements with reproductive health/ rights

Includes race, class & gender analysis with access to reproductive health design

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### STRATEGIES

Improving and expanding free and low cost specific reproductive health services, education  
Emphasis on increasing access

Provides legal recourses to women and girls who are discriminated through bad policy  
Social legal and policy advocacy,

- Challenging mainstream thinking on reproductive health and rights for women and girls of color
- Challenges mainstream thought on access to reproductive health for lo-income women, culture, age and gender appropriateness of services and education
- Combines policy, advocacy and alliance building across social and reproductive justice organizations and leadership
- Includes developing leadership, youth voices and other marginalized voices at the decision making table
- Shifts center of responsibility from the individual to society increasing options and choices for women that are obtainable

### GENERAL ASSUMPTIONS

Increased services will increase utilization

Assumes that health disparity will decrease with expanding health services and education

- Relationship building between social & racial justice, reproductive justice movements
- Shared opposition to racism and sexism as well shared definitions of racism and sexism
- Willingness to recognize and give up privilege offered by race, class and education

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## Reproductive Health

## Reproductive Rights

## Reproductive Justice

### KEY PLAYERS

Health providers,  
community clinics

Advocates,  
legal experts,  
mainstream  
family planning  
organizations and  
reproductive health  
agencies

Women of Color  
Reproductive Justice/  
Health organizations  
Community  
Organizers, Social  
Justice Allies, policy  
makers stakeholders  
and elected officials

### LIMITING FACTORS

Burden is the  
individual  
Government &  
community not held  
responsible

Minimum  
consideration of race,  
racism, history and  
class with increasing  
health services

Assumes that women  
are on an equal  
field with making  
reproductive health  
decisions, presumes  
access to education  
and influence

Requires access to  
and influence of policy  
makers and health  
providers

Emphasis on controlling  
generic material and  
preventing unintended  
and/or unwanted  
pregnancies

Asks organizations  
and individuals  
to take personal  
financial social  
and legal risks to  
challenge current  
environment, racist  
and sexist culture  
and laws,

Assumes value  
clarification and unity  
across movements

Long term, labor and  
resource intensive