



Reproductive Justice

An introduction



Who is writing

Founded in 2021, the Reproductive Justice Working Group is a network of people and initiatives focusing on topics related to the body, reproduction, migration, and parenthood. Working at the activist, political and academic level, the group aims to bring an intersectional approach to feminist struggles for reproductive self-determination and social justice in Germany. The members:

Bundesverband Trans*

Doctors for Choice Germany

Gen-ethisches Netzwerk e.V.

Gunda-Werner-Institut in der Heinrich-Böll-Stiftung e.V.

La Casita

Netzwerk Reproduktive Gerechtigkeit

Ni una Menos Berlin

Space2groW

Frauenkreise Berlin

Respect Berlin

RomaniPhen e.V.

Content

1	Introduction Reproductive ... what?!	4
	The history of reproductive oppression	5
	Who should have children, and who shouldn't?	6
	More than "pro-choice"	7
2	The decision to have children	12
	Racial exclusions	14
	Whose children are wanted?	14
	Ableist exclusions	15
	Anti-queer exclusions	17
	Equal rights for parents	18
3	The decision not to have children	20
	Abortions	22
	Contraceptives for all?	25
	Sex education	26
	The right to desire and pleasure	26
	From privilege to right	27
4	Living with children	28
	Children's rights	29
	Political struggles for self-determined parenthood	30
	Who can afford children?	32
	Good conditions for parenting	33
5	Making reproductive justice a reality – but how?	34
6	A selection of reproductive justice initiatives	38
	Glossary	42
	Sources, further reading, endnotes	48

1

Introduction: Reproductive ... what?!



Whether, how, with whom, and how many children we have and raise – these are very personal questions. Nevertheless, many parents–to–be have to deal with unsolicited advice, and are judged and lectured. Maybe you know the predicament: You are pregnant but you don't want to have the child. And people you don't even know have felt compelled to make remarks such as "Having this child is the right thing to do!" Or, pregnant with another child, you have heard a reproachful "Don't you already have enough kids?" Perhaps you were more or less openly told that your wish to have children is a burden on society; maybe you had to fight for support for your disabled child. Or maybe the structure of your family is constantly being questioned, or you don't have enough money at the end of the month to feed your family.

Unfortunately, our decisions about our bodies and family planning are often not entirely our own free choice; rather they are influenced by laws, prevailing ideas about how we should be and live, and our social and economic status. These external factors shape our options when deciding whether we want to live with or without children. They affect our own prejudices and biases and those we are confronted with. They can limit us and influence the way we live our lives. Sometimes these external factors are so subtle that they are difficult to nail down because they are taken for granted. Maybe we don't even have the words to describe them, and therefore cannot say exactly why we feel we can't freely choose a life with or without children.

This brochure is an attempt to put these moments into words, to give them faces and stories. The goal is to make hidden injustices visible – the first step to fight them and bring about change. Ultimately, the aim is to make reproductive justice a reality for everyone.

The history of reproductive oppression

The term "reproductive justice" was coined by Black feminists, among them Loretta J. Ross, in the US in 1994. In their opinion, feminist debates around reproductive rights focused too narrowly on the right to abortion. For them, as Black women and Women of Color, other issues were just as important, such as the right to motherhood, safe childbirth, or the protection of children from racist violence. The lives of people who live in poverty and are confronted daily with racism and sexism were and continue to be mostly ignored in the white and middle-class feminist movement. The resulting injustices, or reproductive oppressions, as Loretta Ross calls them, are rooted in the history of slavery and colonialism. Throughout this history, the bodies of Black people and their reproduction were controlled by others' financial interests and aimed at securing white supremacy.

Who should have children, and who shouldn't?

Who is encouraged by the government and society to have children, and who is not? The answer to these questions continues to be closely linked to the political and economic interests of the ruling class. On the political level, these interests are put into a population control policy, called population planning. An extreme example of population planning is the [eugenics](#) movement, which shaped population policies in many countries from the end of the 19th through the first half of the 20th century.

Supporters of the [eugenics](#) movement claimed that human beings can be divided into those having “good” genes and those having “bad” genes. “Good” in this theory meant “healthy” and “superior”, i.e. [white](#). [Reproduction](#) was to be limited to people with “good” genes. Conversely, people with “bad” genes should not be allowed to reproduce and be ultimately eliminated. [Eugenics](#) led to [racist](#) and [ableist](#) practices (be it laws, treatments, or selection) in the UK, the US, and eventually in much of Europe and the American continent. Influenced by [eugenics](#), the German Nazi regime practiced the industrial extermination of Jewish people, [Roma and Sinti](#), [Black people](#), [queer people](#), [disabled people](#), poor and/or homeless people, addicted people, and social outcasts, such as sex workers.

While the history of the [eugenics](#) movement has largely disappeared from public memory, the ideas and practices of [eugenics](#) have lived on. A case in point is the forced sterilization and abortions of young [Black](#) women in the United States and other countries until the 1990s. In addition, the government continued to violate many [Black](#) women's parental rights, for example by putting their children in foster care without their [consent](#). Another example of the continuing influence of the [eugenics](#) movement is forced sterilization. Until 2011, [trans*](#) people in Germany had to undergo sterilization if they wanted their gender officially changed on their ID. Even today there are medical tests that can be considered a continuation of [eu-](#)[genics](#) ideas. Prenatal tests, for example, can be used to find out whether a fetus shows genetic deviations from the norm. If such deviations are detected, many parents-to-be decide to have an abortion. These decisions are complex and closely related to the obstacles set up in an ableist society.

Birth rates of children with a [disability](#) such as Down syndrome (trisomy 21) are continuously decreasing.

In societies shaped by [colonialism](#) and [capitalism](#), the government has an interest not only in controlling the [reproduction](#) of its own population, but also that of other states. Although the African continent is much more sparsely populated than the European continent, African countries in particular are the target of European contraceptive campaigns. While there are endeavors to increase birth rates in Europe, warnings of overpopulation in Africa abound, complemented by so-called development aid projects to address this alleged problem.

More than “pro-choice”

These examples show that many people are restricted by abortion laws and cannot freely decide not to have children, while others have to fight for their right to have children or to live with them. Therefore, the debate on reproductive rights must be expanded to include the wide range of historical and contemporary realities and injustices around [reproduction](#), parenthood, and bodily autonomy.

The global distribution of power and resources affects who can and should reproduce and how. Reproductive justice means treating [reproduction](#) not only as a personal but also as a structural issue. Therefore we need to discover the connection between the question “Do I want to have children?” and questions such as “Who is encouraged to become parents?”, “Who can afford children?”, “Who is really free to decide what happens to their own body?” In short: the different types of [discrimination](#), based on gender, ethnicity, class, or any other category, can shape the affected person's self-positioning. Only if we understand how [discrimination](#) and self-positioning interact – this is called intersectional approach – will we be able to formulate policies that address the lives of all people.

The debate on reproductive justice should not focus on implementing and enforcing laws; rather we should ask what resources and accesses are needed for each person to be able to decide freely how and with whom they want to live. In Germany, for example, everyone who seeks an abortion theoretically has the right to choose the type of procedure. In reality, however,

many women cannot exercise this right as they don't have access to the necessary information or procedures, because they live in rural areas with limited healthcare options, or because of language barriers.

Thus, reproductive justice is about reproductive rights and social justice since individual rights are often not enough to guarantee self-determination for all people.

Essentially, this is about three principles:

- 1 The right to have children under the childbirth conditions of one's choosing.**
- 2 The right not to have children and to have safe access to contraception and abortion**
- 3 The right to parent children in safe and healthy environments free from violence and under parenting conditions of one's choosing.**

Reproductive justice is a framework to analyze situations and to become politically active. This brochure is intended to help make reproductive justice accessible to as many people as possible. It is meant for people who seek advice, information, and support to make self-determined decisions about contraception, the desire to have children, pregnancy, abortion, birth and life with children. It is also meant for people who want to support the fight for reproductive justice on the political level.



"All fertile persons and persons who reproduce and become parents require a safe and dignified context for these most fundamental human experiences. Achieving this goal depends on access to specific, community-based resources including high-quality health care, housing and education, a living wage, a healthy environment and a safety net for times when these resources fail. Safe and dignified fertility management, childbirth and parenting are impossible without these resources."

Loretta J. Ross, 2017

WHERE DOES REPRODUCTIVE JUSTICE COME FROM?



2

The decision to have children



Imagine you want to have children but aren't allowed to because you are **disabled**. Or you are a **trans*** person, and on your child's birth certificate your gender and name are entered incorrectly. Imagine that your partner gives birth to a child both of you wanted, but you have to go through a complex adoption process to be recognized as a second legal parent. Or you are saving money for an expensive fertility treatment because it is not covered by statutory health insurance when you are a **queer** couple.

Maybe you have already been asked if you really want a third, fourth, or fifth child. Or have you been accused of getting pregnant in order to have better success in securing asylum? Was it perhaps difficult for you to find a doctor who would remove a contraceptive implant inserted to protect you while fleeing on the migration route?

Principle 1

The right to have children under childbirth conditions of one's own choosing

A core demand of the reproductive justice movement is for everyone to be able to have children under conditions of one's choosing. But not everyone has the same choices. In Germany, these choices are shaped by social, family, and health policies, which are designed to influence the size and composition of the population. While the public debate focuses on measures to increase the national birth rate and "fulfill the wish to have children", these goals are not meant for everyone. Rather, they apply to **white**, German, non-**disabled**, **endogender/dyadic**, **cisgender**, **heterosexual**, and rich individuals, i.e., those who conform to the prevailing social norms. For those who do not conform to these norms because they are not **white** or not **heterosexual**, it is made difficult or even impossible to have children. Consider for instance the various forms of **discrimination**: **racism**, **ableism**, **classism**, or **hostility towards queer people (queerphobia)**. They all limit the scope to decide to have children under conditions of one's choosing (further effects of **classism** on reproductive justice are described in **Chapter 3**). The development of reproductive technologies since the 1980s has changed the debate about having children. For **queer** and **disabled** people, new possibilities for biological parenthood seem to emerge. Eggs and sperm can be harvested, fertilized in a test tube, frozen, and placed in a uterus at a later date. But due to structural inequalities and the still prevailing ideal of the father-mother-child-family, non-biological families continue to be frowned upon. In addition, technologies such as **egg donation** and **surrogate motherhood** create conditions for exploitation and selection processes that contradict the principles of reproductive justice. Currently, mostly elderly, rich, **cis heterosexual** couples with an unfulfilled desire to have children make use of these technologies, while the **surrogate** mothers often provide their bodies because they need the money.

Racial exclusions

Racism in the doctor's office

Racism influences the decision to have or not have children on different levels. Many Black people and People of Color (PoC) experience discrimination in gynecologists' and obstetricians' offices. Microaggressions by doctors and medical staff can be so deeply disturbing that people forego further or other treatments just to avoid this kind of experience.

Medical procedures can be violent, for example, when a vaginal prenatal examination is performed without prior information and consent. This usually happens when the patients are not taken seriously. Pregnant Black women and PoC who do not speak German or don't have permanent residence status face this type of abuse. For them, it is difficult to obtain information about healthcare options. In addition, they are more likely to experience physical violence during childbirth due to the language barrier. These persons are denied the right to good healthcare on several levels, from rude behavior by doctors and staff to inadequate or no information and consent to outright misdiagnoses leading to unnecessary surgeries and unwanted abortions. Indeed, there are reports that cesarean sections are performed frequently without consent and without medical necessity. Prenatal check-ups and childbirth can thus turn into violent and traumatic experiences.

Whose children are wanted?

Refugees and migrants often face racist prejudices that render a self-determined decision to have children difficult or even impossible. A case in point is the Family Planning 2030 (FP2030) initiative, a global contraceptive program that distributes long-term contraceptives in the Global South to reduce birth rates there. Such an approach entirely disregards the needs and wishes of the people affected regarding contraception and parenting. But the misguided idea that reducing the population in the Global South will solve social crises such as poverty or climate change is rooted in a long colonial and racist history.

This shows once again that increasing the birth rates among white European professionals is desired, while poor people, Black people, and PoC are actively discouraged from having children. In short, human lives are categorized hierarchically and assigned a value. Consequences of such population policies are not limited to the Global South – they can be seen in Germany as well: there are reports of Black people and PoC who already have several children being encouraged to undergo sterilization after childbirth. Doctors have refused to remove hormone implants that prevent pregnancy during the refugees travel to Germany even after these women explicitly requested it or when they suffered severe side effects, such as bleeding¹. Some declared to not know how to remove the implants or claimed that the refugees' limited health insurance did not cover the procedure.

Ableist exclusions

Barriers to parenthood

People with disabilities are often discriminated against in our society. State regulations and the medical support for pregnancy planning, childbearing, pregnancy, and childbirth are extremely ableist. For individuals who don't fit the prevailing physical and/or mental ability standards, it is often impossible to freely decide to have children and to get support when necessary.

There are attempts to limit involuntary sterilizations, and indeed, the number of applications for sterilization of disabled persons by their guardians is decreasing. Nevertheless, studies show that disabled women are about twice as likely to be sterilized as non-disabled² ones. Especially in residential facilities (for people with learning difficulties), the proportion of sterilized women is very high. Some reported having been directly encouraged by doctors and/or caregivers to undergo sterilization. In addition, long-term contraceptives are used more frequently than statistically expected.

People with disabilities living in institutions are significantly less likely to be parents than people without disabilities³. Adequate support structures for disabled parents are still few and far between. Advocacy groups point out that people who apply for parental assistance, to which they are entitled under the UN Convention on the Rights of Persons with Disabilities, are sometimes told that their child will be put in foster care.

The "right" babies?

Ableist exclusions also occur in fertility treatments and healthcare during pregnancy. Today, many "abnormal" features can be detected in an embryo or fetus before or during pregnancy. Preimplantation genetic diagnosis (PGD) is a laboratory procedure used in conjunction with in-vitro fertilization to screen the embryo for specific genetic characteristics. In Germany, PGD requires prior approval by an ethics committee. This team of experts decides on a case-by-case basis on ethical, medical, and legal grounds whether PGD and the implantation of an embryo without the undesirable genetic trait are acceptable.

Prenatal testing monitors and controls the development of the embryo/fetus. Most tests are performed to rule out or detect genetic variations such as Down syndrome (trisomy 21). Healthcare experts estimate that nine out of ten women decide to terminate the pregnancy when Down syndrome is detected. A review study shows that in Europe, the number of children born with trisomy 21 is only half as high as would be statistically expected⁴. The range of prenatal tests that are available and covered by statutory health insurers is widening while families with a **disabled** child continue to be **stigmatized**. Under such circumstances, it becomes increasingly difficult for parents-to-be to reject prenatal tests and to decide to have the baby when a **disability** is detected.

Prenatal testing can also be used to determine the traditional male or female biological sex of an embryo. While there are no reliable statistics, clinical staff reports that pregnancies are increasingly being terminated when variants in the chromosome set are prenatally detected, i.e., if there is no XX or XY chromosome set that would correspond to the female or the male norms. This applies, for example, to Turner syndrome (X0) and Klinefelter syndrome (XXY).

Anti-queer exclusions

LBSTIQA* / **queer** people generally face higher hurdles in family planning when starting a family and later in everyday life as a family. They regularly report **discrimination** and **microaggressions** in dealing with doctors and midwives. The vast majority of conventional information material does not take into account the lives of **queer parents** and depicts only families that follow the **cis heterosexual** norm.

Queer parenting

The legal recognition of parenthood is a particularly challenging task for **queer** families. Parentage and family law in Germany continue to be shaped by conservative views on what constitutes "family". Thus families with two mothers or fathers, with **trans***, **non-binary**, or **inter*** parents, and with more than two parents are legally disadvantaged. **Persons who give birth** but aren't (or are no longer) registered as female are often mistakenly called "mother" and, in many cases, also registered with an obsolete name (dead name). **Trans*** and **non-binary** parents thus have to explain their situation every time they present their child's ID or birth certificate and risk experiencing transphobic **discrimination**.

Persons who wish to be registered as second parent, but aren't registered as male have to go through an adoption procedure to become legal parent, while persons registered as male are automatically granted parental status. In short, people must adopt their own child in order to be legally recognized as parent. Multi-parent families currently cannot have more than two persons recognized as legal parents on an equal footing.

Unlike for **cis heterosexual** couples, it is nearly impossible for **queer** families to receive financial support for fertility treatment (**IVF**, **ICSI**) from federal or state governments, or health insurance companies. Only Saarland, Bremen, Rhineland-Palatinate, and Berlin currently grant subsidies of a maximum of €900, which covers only a small part of the actual costs (between €2,000 and €4,000, depending on the procedure).

Boy or girl?

The fact that [queer](#) people also want to start families and have children is only slowly gaining acceptance. Forced sterilization under the Transsexual Act (TSG) in Germany, which was enforced until 2011, meant that several generations of [trans*](#) people were denied the opportunity to have children the moment they had their gender entry changed on their ID. [Intersex](#) people have also been subjected to forced sterilizations for decades and are affected by massive human rights violations. Thousands of [inter*](#) persons who had to undergo surgery without their [consent](#) during their childhood have been deprived of the opportunity to become biological parents. In Germany, only in 2021, a law came into force that is intended to protect [inter*](#) children from these surgeries. However, the current legal situation, together with the two-gender male/female norm that still prevails in the healthcare system, does not offer sufficient protection.

Equal rights for parents

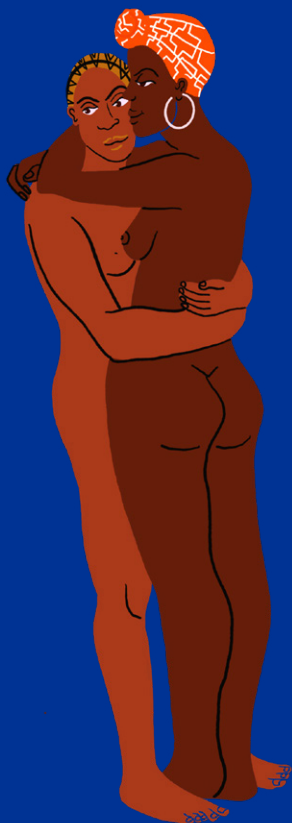
All marginalized groups who do not fully comply with the norms described above have one experience in common: obstacles and [discrimination](#) in many areas of life, including family planning, fertility treatment, pregnancy and perinatal support, and subsequent life with children. Negative experiences, be they first- or second-hand, such as lack of financial support, information, or role models, create unease. Thus, there is no level playing field for [queer](#) people and people who are exposed to [racist](#), [ableist](#), and/or [classist discrimination](#). Open, unbiased, and self-determined decisions about having or not having children become incredibly difficult. Even dreaming of an unconventional family model in our [heteronormative](#) and performance-oriented society is difficult.

Especially in the context of reproductive technologies, the question arises whether there should be a right to biological parenthood. And if so, on what basis and at whose cost would it be implemented and enforced? [Egg transfer](#) and [surrogate motherhood](#) are options open mainly to [white](#) and well-to-do people who fulfill their desire to have children by exploiting fertile/childbearing women from the [Global South](#) or Eastern Europe. These complex questions show two things. On the one hand, we need to promote a

society in which biological and social family models (such as [co-parenting](#)) as well as non-[white](#) und [disabled](#) families receive equal recognition and support. On the other hand, we have to question the biologicistic norm of the traditional nuclear family, which is bound by genetic or biological links, since this norm creates new mechanisms of exclusion and exploitation.

3

The decision not to have children



Imagine you don't want to have children, and you want a family that doesn't include children. Or you don't want biological children. Maybe you want "only one" child. Are you allowed to freely decide whether you want to have (more) children, or is this free decision a privilege? Maybe you wish you could have fulfilling sex without thinking about reproduction.

Principle 2

The right not to have a child and to secure access to safe birth control and abortion

The right to not have a child is one of reproductive justice's three core demands—perhaps the best known one. An issue as personal as the decision to have or not to have (more) children continues to challenge power systems such as colonialism, capitalism, and patriarchy. And it is an issue that has been at the center of feminist theory and practice for at least 120 years. This is not only about the possibility of deciding against parenthood or pregnancy in a self-determined way; this is also about the right of mothers and parents not to have any more children. The state and the church have always tried to control the bodies of women, lesbians, inter*, non-binary, and trans* persons with the help of laws, punishments, and sexist narratives about cold-blooded or irresponsible pregnant women. Women were and still are considered intellectually incapable of making rational decisions about their own lives and bodies.

The decision to not have (further) children is a cornerstone of the right to bodily autonomy and sexual health, and there are as many reasons for this decision as there are people who are faced with it. Maybe a person simply doesn't want to have children; maybe they feel uneasy about the traditional family and the gender roles that come with it; maybe they are worried about job security or poverty, and in recent years, maybe they fear that climate change makes this planet unsafe for future generations. But even people who enjoy being parents might decide against having more children at a certain time. In 2022, according to the German Federal Statistical Office, 59 percent of women who had an abortion in Germany already had children. The right to not have children includes three sub-rights:

- access to legal, free, and safe abortion and free choice of the procedure (medical or surgical);
- access to various and free contraceptive methods; and
- comprehensive sexual education and the free expression of one's own sexuality.

Abortions

Under Section 218 of the German Criminal Code (StGB) a voluntarily performed abortion is a punishable offense for all concerned parties (pregnant woman, physician, assistant, etc.) and carries a prison sentence. However, there are exemptions from punishment under Section 218 on three grounds:

- medical grounds, i.e., a medical reason determined and certified by a physician (for example a severe physical or psychological danger to the pregnant person is foreseeable);
- grounds related to a crime, i.e., the pregnancy is the result of rape; and
- at the request of the pregnant person. In the latter case, the abortion must be performed within fourteen weeks of the onset of pregnancy (counting from the first day of the last menstruation).

Before the abortion, the pregnant woman must have visited a recognized pregnancy conflict counseling service and observed a three-day waiting period ("period of reflection"). Currently, more than 95 percent of registered abortions are performed under this so-called counseling provision. While the above types of abortions are tolerated by the legislator under certain conditions and are therefore not punished, they are still illegal.

Not all abortions are illegal

Until 1995, there was a fourth ground on which abortion remained unpunished: the so-called embryopathic indication. An abortion was exempt from punishment up to the 22nd week if there was evidence that the fetus was impaired. This ableist justification was abandoned following major civil society protests. However, pregnancies continue to be terminated when prenatal tests indicate a [disability](#) in the fetus. In these cases, medical grounds, i.e., presumed negative consequences for the woman, are routinely stated in order to avoid punishment. This procedure, however, is akin to a selection process (see also [Chapter 2](#)).

Poor healthcare

Since in Germany abortion is not part of medical training and doctors can refuse to perform a voluntary abortion based on conscience, these procedures are rarely offered. The number of clinics and practices where abortions are officially provided and performed fell by almost 50 percent: from 2050 in 2009 to 1105 in 2021. Thus the complicated access to abortion can become even more difficult due to long travel distances. Patients, therefore, have neither a free choice of doctor nor procedure (medication or surgery). Due to the limited number of healthcare providers who perform abortions, it is often difficult to get an appointment in time, or the doctor close to the pregnant woman's home offers only one of the possible procedures. Poor access can lead to late or unsafe abortions and unwanted births. Sidewalk harassment by anti-choice groups is a further obstacle. These Christian-conservative to right-wing populist/extremist groups oppose the right to abortion and call themselves "pro-lifers." They exert pressure on doctors, counselors, and patients in front of clinics and counseling centers.

Abortions as a self-paid service

The fact that abortion continues to be illegal, if tolerated, creates a number of obstacles for women wishing to terminate a pregnancy. These obstacles, however, do not affect all people in the same way. Since abortions are by law defined as a crime against life, they are not considered basic healthcare and therefore are not covered by statutory health insurance. Women who get unintentionally pregnant and seek an abortion have to bear the costs themselves, which can amount to anywhere between €300 and €700, depending on the procedure and the practice/clinic. While persons below a certain income threshold can apply for financial assistance, they need to have information, language skills, and time to do so. Since the application must be approved before the procedure for the costs to be covered, abortions sometimes have to be postponed or can't be performed at all because the application wasn't approved in time.

Abortion and migration

Migrants or women from migrant families can face additional obstacles to terminating a pregnancy. These include language barriers that hinder access to information and medical services, racial [discrimination](#) by medical staff, and the risk of being infantilized, i.e., not taken seriously. People considered illegal have limited or even no healthcare coverage. A further difficulty for women in migrant communities can be social isolation: they might not have a support network to accompany or guide them to the access to abortion. Due to the lack of information on abortions and the fact that only few doctors perform them, unintentionally pregnant women are particularly dependent on a helpful and well-informed network. Access to quick and safe abortion can thus become a privilege.

It's not just cis women who get pregnant

The healthcare system assumes that pregnant women, whether intentionally or unintentionally, are mostly [cis](#) women in [heterosexual](#) relationships. This assumption can lead to negative experiences for [trans*](#), [inter*](#), and [non-binary](#) patients, for example, when they are falsely referred to as “women” by healthcare providers or face discriminatory comments regarding their gender identity.

Contraceptives for all?

The barriers to safe abortion, as described above, also apply to contraceptives. Not only are they expensive, but there is also a lack of information on the various contraceptive methods. According to the European Contraception Atlas of 2023, only three countries in Europe (UK, France, and Belgium) currently offer full coverage for contraceptives for all age groups.

In general, people of childbearing age in Germany who want to avoid pregnancy have to pay for contraceptives themselves. Health insurers cover only the following hormonal contraceptive methods for people up to the age of 22: the contraceptive pill, the contraceptive ring, or an implant, e.g., the so-called contraceptive stick. Non-prescription contraceptives must be paid for by the consumer; eligible low-income earners must apply for partial refund with the health department. Thus contraception becomes an additional financial burden that not everyone can carry. The contraceptive pill costs about €20 per month, while an IUD and an implant cost between €250 and €400. The choice of contraceptive method is limited by the fact that little research is done on contraceptive methods for [cis](#) men and hormone-free methods. Moreover, there is a lack of online and offline information in different languages on contraceptives.

Sterilization is a highly controversial method of contraception, both among the general public and healthcare staff. Young people who want to be sterilized find themselves at the center of this debate since it is assumed that they could regret their decision later in life.

It is important to distinguish between voluntary sterilization as a method of contraception and forced sterilization. The latter is carried out on a large scale in the [Global South](#), in countries such as Peru, Bolivia, and Brazil, among marginalized groups, especially indigenous and [Black](#) people. As mentioned before, population policy can move in two directions: on the one hand, forced contraception for certain groups, and, on the other hand, state intervention to limit access to contraceptives in order to promote [reproduction](#) in certain groups.

Sex education

Bodily autonomy does not only encompass universal access to contraceptives and safe abortion but also comprehensive sex education. The goal of sex education is to help people understand what responsible – above all consensual – sexual practice is, to help them feel positive about their own body, and to be able to recognize and express their own needs. This entails understanding the difference between preventing sexually transmitted diseases and contraception. Not all sexual practices can lead to pregnancy, and not all contraceptives protect against disease. Sex education should be age group- and target group-appropriate and take into account the wide range of sexualities and bodies.

The right to desire and pleasure

The right not to have children is directly linked with the right to desire and sexuality. A fulfilled sex life for everybody that is not tied to reproduction requires information about and access to contraceptives and abortion. Abya Yala try to reclaim this territory by emphasizing joy and enjoyment of one's own body, exploring and recognizing ourselves as desiring subjects entitled to freely practice sexuality safely.

Pregnancy prevention is not automatically a major issue in everybody's sex life. In certain forms of queer sex, contraception plays a minor role or no role at all. For many disabled people, sexuality is first and foremost a matter of being perceived as desiring subjects who feel pleasure. In order to enjoy their sexuality, some disabled people might need assistance or guidance.

From privilege to right

Encouraging certain people to reproduce and preventing others from doing so is a mainstay of patriarchal, colonial, and racist narratives with the aim to control every single body, especially childbearing ones. Both wishes – to have or not to have children – are legitimate. Therefore everybody is entitled to bodily autonomy and pleasurable sexuality, whether they want to have children or not. This is about the well-being of all people. If this is the shared goal of a society, a real choice of reproduction is no longer a privilege but a right for each and every person.



4

Parenting children



Imagine a child came into your life – maybe you gave birth or maybe you assume responsibility for the little person for other reasons. Many questions will run through your mind: Where can I get a stroller? Is the apartment big enough? Can I get daycare, although I am “illegal”? How am I supposed to reconcile paid work and loving care for the child? Is my neighborhood safe and healthy? Are there good schools that welcome everybody in rural areas? Are the neighbors racist? How will teachers and police officers eye, evaluate and treat the child? Will I dare to attend the parent–teacher conference?

Or maybe your child is no longer allowed to live with you because the social services and the family court claim that you cannot take good care of them. They may consider the way you live or your profession (e.g., sex work) inappropriate and insist that your child is better off elsewhere. Or you are afraid that the authorities will take your child away because you are poor, live in a refugee camp, or are disabled. Or maybe you mastered an arduous journey to Germany to give your family a chance to live a life of dignity, but now the German authorities don’t allow you to bring your child.

Principle 3

The right to parent children in an environment of one’s own choosing – free from institutional, structural, and interpersonal violence and under positive social, healthcare, and ecological conditions.

The right to self-determined parenthood is closely related to power structures that make it difficult for people from certain groups to parent in a positive environment and under conditions of one’s own choosing. For example, certain forms of cohabitation with children are not considered “family” and thus receive no support. Such devaluation, be it overt or covert, can be a painful experience. Loretta Ross, who co-introduced the concept of reproductive justice in the US, points at the “infinitely recycled myths of unworthy mothers.” Very young, disabled, or single parents, unemployed parents, migrants, racially discriminated parents, sex workers, or queer parents are considered unable to provide for their children. This prejudice is based on the “good mother” stereotype. Parents can be denied their right to raise their children for a number of reasons: global and social inequality, repressive migration policies, restrictive family reunification policies, or authorities that decide to put children in foster care. Racism, right-wing extremism, police violence, poverty, unhealthy living conditions, and environmental racism can further restrict self-determined parenting.

Children’s rights

When we look at the right to parenthood, we mostly do so from the perspective of adults. But children have rights as well, for example, the right to live free from violence by parents and/or other guardians. This right can only be realized under the following conditions:

- a respectful relationship with children;
- no child-inappropriate forms of accommodation (e.g., camps and institutions);
- a clear stand against institutional racism, classism, anti-disability, and heteronormative discrimination against children;
- inclusive pre-schools and schools.

Moreover, parents and children need a right to good care conditions which they can choose and combine according to their needs: be it in well-functioning and respectful childcare facilities in public institutions, in the family, in extended elective families and [co-parenting](#), or in self-organized collectives. These rights, in turn, require a certain safety net, including a permanent residence title for every person, a living income, access to affordable housing and primary healthcare, and work hours flexible enough to provide proper care for children.

Political struggles for self-determined parenthood

Without residence title in Germany?

Poverty and unemployment force many people to look for better opportunities abroad – for example, in Germany. This is a consequence of [co-lonialism](#) and exploitation of the [Global South](#). Despite their significant contributions to society, migrants without a residence title have few rights and often live under difficult conditions due to the exclusionary and violent migration policy in Germany and Europe. Many migrants with children, often single mothers, have to leave their children behind, maybe without protection – a traumatic experience for mother and child alike. But the children who immigrate to Germany with their parents can also be in very difficult situations, particularly when considered illegal.

Illegalized migrants often work as cleaners or care for the elderly or children – jobs with very flexible and long working hours. Supporting wealthier families leaves them with little time for their own children. Illegalized parents rarely have access to daycare and usually can't afford to pay nannies. In addition, they are worried about their children getting sick or injured because they have limited access to healthcare, if any. Once in school, children and parents constantly fear that their situation will become known and that they will be deported. Reproductive justice, therefore, demands that undocumented – “illegal” – persons enjoy the same rights as every citizen. A crucial step towards this goal is the abolition of Section 87 of the Residence Act, which obliges public employees to register undocumented

persons with the immigration authorities, effectively blocking access to basic social rights.

Disability – not a medical but a social issue

[Disabled](#) parents are often considered unable to be parents – no matter what the specific [disability](#) is. This, in fact, leads to terrible [discrimination](#) experiences, precariousness and weak pregnancy and prenatal care when the parents-to-be have to deal with authorities, doctors, midwives, or health insurance companies. Mothers/parents with [disabilities](#) are entitled to parental assistance. However, when they file an application, they might be told that the child will be put in foster care. Moreover, parental assistance is often paternalistic, such as “accompanied parenthood” or “socio-educational family support.” While there are support services for parents of [disabled](#) children, only very few are provided by [disabled](#) people. In addition, [disabled](#) people are often not considered suitable as foster parents, except for children who are also [disabled](#).

The rights of [disabled](#) children to positive and non-violent conditions, as stated in the UN Convention on the Rights of Persons with [Disabilities](#), are often disregarded. Only a few schools and daycare centers are inclusive. Some [disabled](#) children are [stigmatized](#) and punished for their non-verbal communication. They are yelled at, physically disciplined, or have to stand in the corner. Parents are sometimes pressured into taking their child out of daycare. Some special schools, called Förderschule or Förderzentrum in Germany, continue obsolete forms of social isolation or accept only certain types of [disabled](#) children which is the opposite of inclusion. Nevertheless, many parents would still prefer these schools as regular schools are not inclusive.

Successful inclusion in regular schools often depends on assistance staff whose qualifications vary and whose working conditions are often poor. In some rural areas, there are neither barrier-free public schools nor special schools.

Who can afford children?

Family policy in Germany disregards the right to parenthood on many levels since parents receive different forms of support depending on their income and residence title.

The parental allowance reforms introduced in the 2000s didn't create a level playing field. On the contrary, they prioritize parents and children of well-to-do families while excluding others. Thus, parental allowance has become another form of political redistribution from the bottom to the top: higher-earning parents with a permanent residence title benefit the most. They are given more flexibility to balance work and family and receive more money. Low-income earners, in contrast, are worse off. People on welfare and those without permanent residence status, for example asylum seekers or international students, don't receive parental allowance at all. This open discrimination tends to come with more subtle forms of stigmatization for unemployed and low-income parents. Case in point: Parents who were laid off after a child's birth are told in the unemployment office that they could have decided against the child. Moreover, people with the lowest paid and most strenuous jobs (such as nurses or cleaners) must work when no public childcare is available. The above examples show that progressive family policies are not meant for everyone but only for certain social groups, while others constantly have to fight for and justify their decision to be parents.

Good conditions for parenting

Non-discriminatory laws and an equitable distribution of resources are preconditions for raising children in a safe and dignified environment. This requires far-reaching changes within schools and government agencies, in tax policy, climate protection measures, and immigration policy, such as the abolition of borders and migration controls. Good conditions for self-determined parenthood are crucial for people who are already parents and maybe even more so for those who are faced with the decision to have or not to have children. Whether we can have children in this world should not be a question of money and social status.



5

Making reproductive justice a reality – but how?

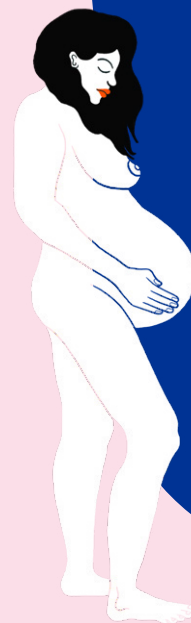
Above, we presented the three central principles of reproductive justice in separate chapters. But can we really separate these principles? Sure, when we look at them individually, it is easier for us to focus on certain aspects. But they are interwoven and most likely all three principles play a role in our reproductive decisions, for or against having and living with children.

This is exactly why the feminist demand for the legalization of abortion must always include the demand for a dignified life with children and vice versa. The debate is not “pro-life” versus “pro-choice”. It is about creating structures in society that allow us to decide for or against one or more children without fear, free of poverty, violence, punishment, stigma, or injury. Over the past decade, queer activists have added a fourth principle to reproductive justice: the right to sexual autonomy and gender self-determination. This fourth principle shows that the debate about reproductive justice is a political debate and affects the everyday life of people who make decisions about their bodies and future in an unjust world.

People can be affected by reproductive oppression in very different ways. The following examples can illustrate how the principles of Reproductive Justice can be interwoven.

Pregnant – what now?

A single, low-income mother becomes pregnant – unplanned. She fears losing her job. She feels overwhelmed by the prospect of having to take care of her child all by herself, and is afraid of failing her older children. Thus, she decides to have an abortion, although she would like to have the child.





A «healthy» child

Parents-to-be are debating the pros and cons of prenatal testing. They are trying to figure out how they would deal with abnormal findings. Their decision is shaped by what is considered “healthy” or “normal” in our society and by the fear of stigmatization when raising a child with a congenital disability.

Buying eggs?

A heterosexual couple desperately wants to have children of their own. They tried to get pregnant with in-vitro fertilization but without success. Now they are wondering whether they want to use the eggs of a stranger in another country to realize their wish to have children, as egg transfer is currently prohibited in Germany. They also know that most egg donors agree to provide this “service”, despite the many health risks, simply because they need the money.

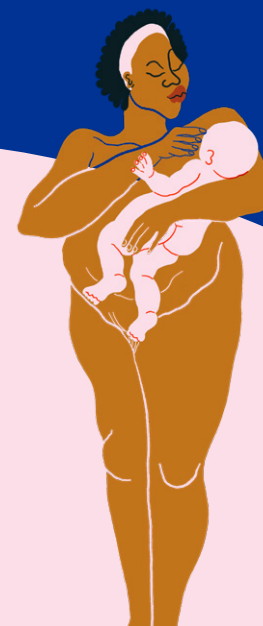


Prevented motherhood

A female refugee lives in a German refugee home in a rural area. She has been waiting for a long time for the immigration office to decide on her application for asylum. Her two young children are still in their home country. Her application for family reunification was denied. At the same time, she has become pregnant and cannot find any information online in her native language about where and how to terminate her pregnancy. She loves to be a mother, but she can’t imagine having another child in her current situation.

Queer parenting

A woman in a cis lesbian relationship wants to get pregnant. In order to have a child together, the couple needs a sperm donor. They will either have to approach a sperm bank or ask a male friend to donate sperm. While they prefer the latter option, they are worried that the sperm donor would claim paternity rights. A sperm bank is too expensive and the two want the fertilization procedure to take place at home rather than in a fertility clinic.



6

A selection of reproductive justice initiatives

There are processes around **reproduction** that either exclude certain groups of people or make them invisible. Oppression can happen in numerous ways, and how it is experienced differs from person to person. This brochure, which doesn't claim to be exhaustive, tries to show how complex the various experiences of reproductive oppression can be. The examples are snapshots shaped by the daily lives of the authors.

Did you recognize yourself in these examples? Did you or someone you know experience exclusion or **discrimination**? Or are there issues or experiences we missed or neglected in this brochure? Do you want to contribute your own experiences, network, and become active? Fortunately, interest in reproductive justice issues has been increasing in Germany over the past few years. Today, several networks and initiatives deal with this topic on a practical, political, and/or activist level. While they focus on different aspects, they all exchange ideas, formulate demands, and fight for reproductive justice.

If you need advice or support, or want to become actively involved, we listed some of the networks and initiatives below.

Bbe e.V. – Bundesverband behindert-er und chronisch kranker Eltern

Offers counselling for parents, who face obstacles in providing for or taking care of their children due to a disability and want to apply for parental assistance.

www.behinderte-eltern.de

Bundesverband Trans*

Is an umbrella organization for gender self-determination and basic and fundamental rights of trans* and non-binary persons living in Germany.

www.bundesverband-trans.de

Casa Kuà

Casa Kuà is a self-organized trans*, inter* queer community and health center in Kreuzberg.

www.frauenzentrum-schokofabrik.de

Doctors for Choice Germany

Network of doctors, medical students, and other health professionals health professions, which advocates a self-determined approach to sexuality, reproduction and family planning.

www.doctorsforchoice.de

Frauenkreise Berlin

Feminist project in Berlin Pankow, which takes an intersectional and critical and anti-racist approach, organizes and offers political education and offers psychological counseling.

www.frauenkreise-berlin.de

Gen-ethisches Netzwerk e.V.

Association that offers knowledge on biotechnology, genetic engineering and reproductive technologies for the interested public.

www.gen-ethisches-netzwerk.de

Netzwerk Reproduktive Gerechtigkeit

Network of various people and groups who, from an anti-racist and feminist perspective fight for self-determined life plans with and without family.

www.repro-gerechtigkeit.de

Netzwerk Queere Schwangerschaften

Network with the goal of making the experiences of queer pregnant people visible and improve their situation.

Ni una Menos Berlin

Migrant, Spanish-speaking group that advocates for intersectional feminism and campaigns against femicide and for the legalization of abortion

blogs.sindominio.net/niunamenosberlin

Nodoption

Initiative that uses strategic litigation to advocate for legal equality for queer families.

www.nodoption.de

#NoNIPT

Broad civil society alliance of organizations and individuals that criticizes the public funding of blood testing for trisomies* and brings a wide range of multiprofessional perspectives into the joint work.

www.nonipt.de

Queerfeministisches Hebammen*kollektiv Cocoon

Offer homebirth support, queer childbirth classes, consultation on DIY insemination and induced lactation (breastfeeding without own pregnancy) and advanced training for professionals.

www.cocoon-hebammenkollektiv.de

Queermed Deutschland

Leads a Germany-wide directory of queer-friendly and sensitized practices and clinics with recommendations from patients for patients.

queermed-deutschland.de

Respect Berlin

Free association of women of different origin, which campaigns for the rights of migrant women in paid in paid domestic work.

www.respectberlin.org

RomaniPhen e.V.

An association of Rom:nja and Sinti:zze, which self-organizes, among other things feminist work with girls, political education and anti-racist trainings for professionals.

www.romnja-power.de

Space2grow

Counseling project around topics of family planning, reproductive justice, empowerment, and institutional for refugee and migrant women* in Berlin and Brandenburg.

www.space2grow.de

Women in Exile

Initiative of refugee women* who joined together in 2002 in Brandenburg to fight for their rights.

www.women-in-exile.net

Glossary

Ableism

The term is composed of the word “able” and the suffix “ism” which describes a set of ideas. Ableism refers to prejudice, exclusion, and discrimination experienced by people whose physical, cognitive, mental, or abilities are considered different or inferior to the norm. It particularly affects people with disabilities and chronic or mental illnesses. In this perspective, the reason for disability lies in people’s alleged inferior abilities, without any regard to all the barriers they face.

Abya Yala

“Mature land” or “blossoming land” in the language of the Guna, an indigenous people of what is today Panama and Colombia. Before colonization, it was the name of the continent now known as the Americas. Today, indigenous movements throughout the Americas use Abya Yala as a decolonial political demand.

Black person

Self-designation of persons with, for example, African, Caribbean or African-American ancestors. When referring to a Black person, Black is capitalized to show that it does not describe skin color,

but is a political self-designation that describes common experiences as well as socio-political positions and life realities of people affected by anti-Black racism.

Capitalism

Term for an economic system and a social order in which a small group of people owns the means of production (factories, machines, money, land, patents), while the rest of the population must sell their labor power to survive. The government intervenes as little as possible in this market and protects private property. Under capitalism, power and resources such as money, education, and social contacts are unevenly distributed. .

Cis(gender)

A person whose gender identity is consistent in a traditional sense with their sex assigned at birth; for example, a person assigned female sex at birth whose gender identity is woman/female. (Source: LGBTQIA+ Glossary of Terms for Health Care Teams National LGBTQIA+ Health Education Center, <https://www.lgbtqiahealtheducation.org/publication/lgbtqia-glossary-of-terms-for-health-care-teams/>)

Classism

A type of discrimination based on the social class or status of a person or group. Unemployed and homeless people and people with low incomes or little formal education are often affected by classism. Classism is not only about how much money a person has but also about their status as displayed in clothing, names, how they speak, and the financial and social circumstances in which they grew up.

Colonization/Colonialism

The occupation and violent domination of an area outside one's own borders to exploit it militarily and/or economically. Colonization has traditionally been enforced through the violent oppression and exploitation of indigenous people. The colonized country is made dependent and cannot make autonomous decisions. The legacy and consequences of colonialism are still present today and have an impact on the living conditions and opportunities in the affected countries.

Co-parenting

Two or more persons raising a child together, regardless of whether they live as a couple or not and want to care for a child together as a couple or not

Disability/disabled

In society, there are specific ideas about what people should be able to do, what

they should look like, how they should look at the world, and how they should communicate. A person who noticeably deviates from this standard is considered disabled. Disability, however, is the interplay of individual abilities and the barriers society creates that disable people.

Discrimination

Discrimination is the unfair or prejudicial treatment of people and groups based on characteristics. These characteristics can be gender, age, origin, skin color, religion, sexual orientation, disability, or others. Discrimination can occur between individuals and is also found in laws or during certain processes such as policing, access to housing, or dealing with a government agency. Discrimination is inherent in social systems where certain groups have more power than others.

Dyadic/Endosexual

Individuals whose sex characteristics meet norms for “male” or “female” bodies.

Egg donation

Method of fertility treatment in which eggs are extracted from one person, then fertilized and implanted in another person who wishes to have children. In Germany, the procedure is prohibited. It is also called egg transfer to signal that it is usually not a donation but a financial transaction.

Environmental racism

Describes how certain groups, especially in the Global South, are disproportionately affected by pollution, climate change, and other ecological risks and how this is associated with their social and economic disadvantage.

Eugenics

An inhuman ideology based on animal and plant breeding that divides people and their genes into “valuable” and “inferior.” It aims to control and prevent the existence and reproduction of people with so-called “inferior” genes through laws and programs. This ideology was the basis for the systematic murder of marginalized groups under National Socialism. However, it was widely accepted in the late 19th and early 20th century, even among feminists and social democrats.

Global South

Originally used to describe a geographical position, the term Global South refers today to regions and peoples negatively impacted by contemporary capitalist globalization. In contrast, the Global North describes a privileged position that benefits from colonialism and exploitation. Australia, for example, while geographically located in the south belongs to a large extent to the global north. The term Global South replaces the terms Third World and “developing countries” that are considered denigrating and obscuring the reality.

Heteronormativity/heteronormative

The assumption that heterosexuality is the only “normal” and “acceptable” sexual orientation. Other forms of sexuality are discriminated against, forgotten, or not recognized.

Heterosexual

A sexual orientation that describes women who are emotionally and sexually attracted to men, and men who are emotionally and sexually attracted to women. (Source: LGBTQIA+ Glossary of Terms for Health Care Teams National LGBTQIA+ Health Education Center, <https://www.lgbtqiahealeducation.org/publication/lgbtqia-glossary-of-terms-for-health-care-teams/>)

Inter*/Intersex

Describes people whose sexual characteristics (e.g., hormonal, chromosomal, anatomical) cannot be assigned to the medical norm of “clearly” male or female bodies. Inter*/intersex persons can define or experience themselves as men, women, or other gender identities.

In vitro fertilization (IVF)

In vitro fertilization (IVF) is a method of artificial insemination. Eggs are fertilized by sperm in a test tube, i.e., outside the body. Subsequently, a fertilized egg is inserted into the uterus.

Intracytoplasmic sperm injection (ICSI)

Similar to IVF, however, a single sperm is injected directly into the egg.

Microaggressions

Subtle and sometimes unconscious actions, gestures, or words that are hurtful because they convey derogatory or exclusionary messages. They can be discriminatory if they relate to a person's gender or ethnic origin, for example.

Non-binary

A term to describe a gender identity that is between or beyond male and female, or both male and female, or neither male nor female. Non-binary is also used as an umbrella term for various other gender identities that are not (only) female or (only) male (for example, “neutrois”, “agender”, and “genderfluid”).

Parturient persons

People who can become pregnant or give birth, regardless of their physical sex characteristics or gender identity.

Patriarchy

Social order in which men rule and determine – through violence, pressure, rituals, resources, tradition, law, language, customs, etiquette, education, and division of labor – what role(s) women must play. Patriarchy recognizes the existence only

of “men” and “women”. Even societies that have achieved gender equality in some areas can be patriarchal in other areas.

Person of Color (PoC)

Political term for people who are not white and who have experienced racism. It is used as a self-designation of people who might be discriminated against because of their appearance, name, or origin in a white-dominated society.

Queer

Umbrella term for people who are not heterosexual and/or trans* and/or non-binary and/or intersex. The term can be interpreted in several ways and is used as a self-designation or to describe a bundle of theories, movements, and groups.

Queerphobia

The act of discriminating and behaving in a hateful manner towards those who are LGBTQ+ /queer (Source: <https://www.lgbtqia.wiki/wiki/Queerphobia>). It can take different forms, such as prejudice, rejection, intolerance, physical or psychological violence, and hate crimes.

Racism

Discrimination against people on the basis of their ethnic origin, skin color, name, language, or religion. Racism can take on different forms, e.g., prejudice, exclusion, or violence. In the past, racist ideologies

divided people into “races” designed to devalue and dehumanize certain people. Racism was and is the legitimization of colonialism, slavery, Nazi crimes, and apartheid regimes. Today, it is often sufficient to refer to the supposed “culture” or the “migration background” of a person or group to trigger racist prejudices.

Reproduction

In our working group, reproduction is considered to go beyond having children. Instead, the term includes responsibilities, needs, emotions, and power relations associated with preserving life inside and outside the household.

Roma and Sinti

Collective self-designation of one of the oldest and largest minorities in Europe. For centuries and across nation states, they have been subjected to exclusion, discrimination, and violence. During National Socialism, they were systematically persecuted and murdered. It was not until 1982 that Germany officially recognized National Socialist crimes committed against Roma and Sinti as a genocide. To this day, they experience exclusion and violence in Germany and Europe.

Sexism

Discrimination based on gender. In a predominantly patriarchal society, sexism manifests itself in the devaluation

and marginalization of women, inter*, trans*, non-binary, queer, or agender people. (Cis)-masculinity is understood here as the standard against which everything is measured.

Sexual consent

Sexual consent is an agreement to participate in a sexual activity. The organisation Planned Parenthood uses the acronym FRIES to describe consent: Freely given, Reversible, Informed, Enthusiastic, Specific.

Surrogacy/surrogate motherhood

A fertility procedure in which one person is paid to carry a child to term for another person. The so-called surrogate mother becomes pregnant through artificial insemination and gives the child to the intended parents after birth. Surrogacy is prohibited in many countries and is ethically controversial, as it can lead to exploitation. In the countries where surrogacy is allowed, the agencies and clinics using this technology make a lot of money.

Stigmatization

Associating a person with a negative attribute that discredits them in society. It involves assigning the individual concerned to a certain socially disregarded group, which leads to social disapproval, loss or diminished status, marginalization, humiliation, exclusion.

Trans*

Generic term for people whose gender does not correspond to the gender assigned at birth. The asterisk is an attempt to take into account all self-designations, forms of identity, and lifestyles of trans*.

White supremacy

Ideology that claims that white people and their ideas, thoughts, opinions, and actions are superior to those of non-white people. White supremacy shapes culture, institutions, and relationships, and is part and consequence of racist ideologies that benefit white people.

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