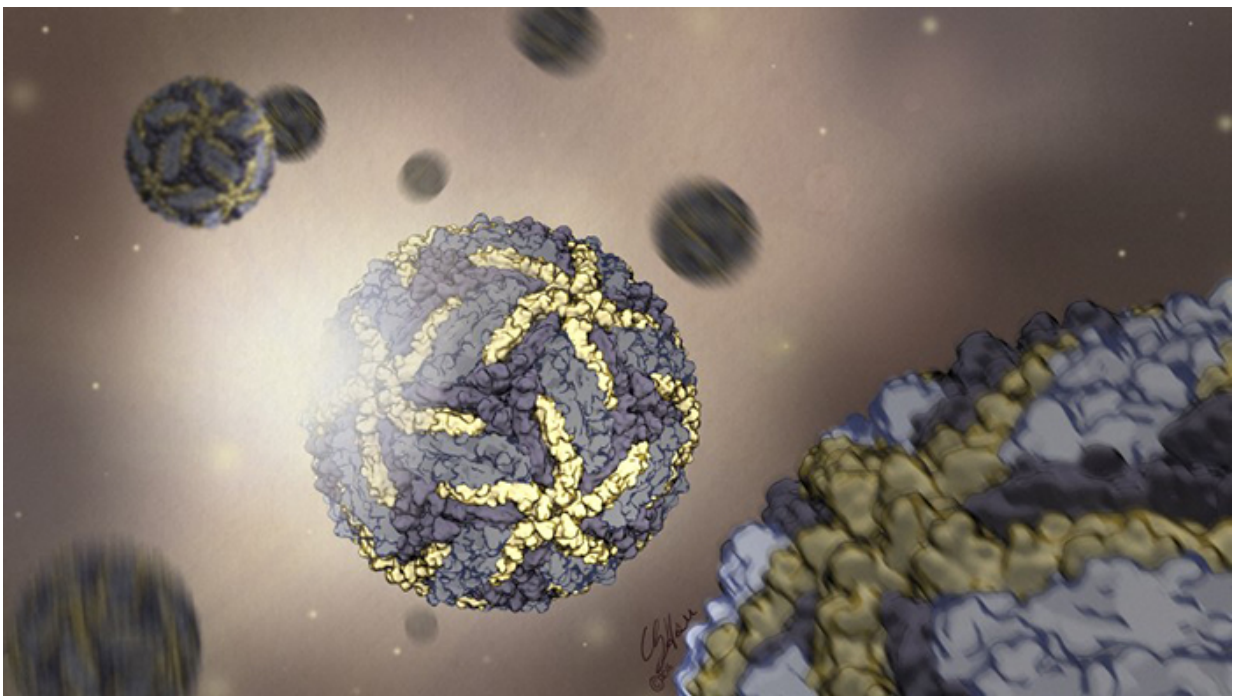


Forgotten role of reproductive justice in Zika crisis

January 26 2017, by Nicole L. Fice, Cory E. Goldstein, And Austin R. Horn



The Zika virus belongs to the Flaviviridae family of viruses and causes Zika virus disease in humans. Other flaviviruses include dengue virus, West Nile virus, Japanese encephalitis virus and yellow fever virus. Zika virus is primarily spread to people through the bite of an infected *Aedes* species mosquito, but may also be transmitted through breast milk, semen and blood transfusion.

Credit: Grace Hsu

The media response to the recent Zika virus outbreak has been sensationalized and, as a result, governmental responses have been largely misplaced.

Zika has been around for decades, with relatively mild symptoms. However, a recent outbreak in Brazil, that coincided with 2016 Summer Olympics in Rio De Janeiro, put Zika in the global spotlight. Media attention focused almost exclusively on Zika's association with microcephaly, a condition whereby infants of infected mothers are born with small heads and sometimes have related developmental issues. Public prevention campaigns also focused disproportionately on [women](#), urging them to be especially diligent in avoiding or delaying pregnancy.

This placed the majority of the responsibility of eradicating Zika on women. Yet, this was misleading as it misidentifies the relevant issue. If the aim is to mitigate the spread of Zika, the most expeditious means of doing so is the eradication of the *Aedes aegypti* mosquito that carries the virus.

The plethora of responses from various agencies brought to light broader questions regarding women's reproductive rights. Responses arising from reproductive rights discourse is helpful in refocusing discussions about rights of women. But, these responses have almost entirely been focused on access to abortion services and regulations. However, other major systemic issues that Zika exemplifies have not been addressed.

Thus, we should utilize a framework of reproductive justice when talking about the effects of Zika.

In [Why Have Children? The Ethical Debate](#), Christine Overall proposes reproductive rights can be split into two prima facie rights: the right to reproduce and the right not to reproduce. Both have a corresponding positive right and negative right.

The case of Zika, and the governmental responses to its outbreak in Latin America, highlights the need for a discussion about the reproductive rights of women in the countries most affected. In applying Overall's reproductive rights framework to Zika, we argue the case of Zika, and the governmental responses, clearly violates three of these rights: the positive and negative right to reproduce, and the positive right not to reproduce.

Women have a positive right that protects them against unjust discrimination in accessing reproductive services, such as antenatal and neonatal care or child benefits. The positive right to reproduce is infringed by governments' current responses to Zika mitigation efforts, which tend not to include things like adequate child benefits. Women who contract Zika during pregnancy, and go on to have children with microcephaly, have trouble receiving assistance from the government.

Debora Diniz writes: "Some news reports have included accounts of women being abandoned by their partners after the birth of a baby with neurological problems. The state shouldn't abandon them, too. It needs to provide financial support and social services for poor women and their children who are suffering from the effects of Zika."

Women in poverty, who are disproportionately affected by Zika, might [struggle with the high costs](#) of caring for a child with microcephaly. Brazil's government does offer assistance, but it can be difficult to obtain.

The negative right to reproduce is a freedom to decide when, where and with whom someone has biological children. The government and World Health Organization (WHO) responses that urge women to delay pregnancy for upwards of two years is a clear violation of the negative right to reproduce, as women are not free to decide when to have children.

The positive right not to reproduce ensure that women (and men) have access to reproductive services for women, such as sex education, contraception, and abortion services. This right has received some attention in the media and in academic circles. As mentioned above, Brazil and other countries in Latin America have very strict laws that limit access to abortion and other reproductive services. The limited access to these services violates women's positive right not to reproduce.

Diniz mentions wealthy women in Brazil can pay to have safe and effective abortion services, while poor women resort to unsafe abortions. However, as Alexandra Minna Stern points out, many women with strong religious beliefs might choose to not terminate pregnancies even if the fetus has mild to severe microcephaly. Thus, women should be able to make a decision about whether to terminate or continue a pregnancy, and this entails that all women – not just the wealthy – ought to have access to safe and effective reproductive services.

Diniz, who advocates for better access to reproductive services in Brazil, argues, "asking women to avoid pregnancy without offering the necessary information, education, contraceptives or access to abortion is not a reasonable health policy."

[Bioethicists and other scholars in Latin America](#) have sparked a global debate on access to reproductive services. Scholars argue certain regulations infringe on women's reproductive rights, and need to be changed; however, we should not limit our discussion to abortion.

Discussions about reproductive rights are important. However, the focus on reproductive rights is too narrow; it centres the discussion on abortion services and regulation. The responses from the reproductive rights movement do not sufficiently address how women in poverty, women of colour and women in rural areas have limited choice, owing to a system that perpetuates poverty.

The reproductive rights movement also tends to focus on choice. But, as the reproductive justice framework makes clear, the choices of marginalized women are limited due to a lack of access to reproductive goods and services. Reproductive justice is therefore about more than simply advocating for the reproductive rights of marginalized women – it also addresses issues of access, and ending reproductive oppression caused by systematic inequalities.

Reproductive justice brings those who are most vulnerable to the centre of discussions. Reproductive justice can more adequately address these broader systemic issues.

The reproductive justice movement arose as a response to what was (and currently is) overlooked in the reproductive rights movement. [Sistersong](#) is a network of social justice advocates attributed with the initial development of the concept of reproductive justice.

It is evident reproductive justice is related to reproductive rights, as it incorporates the rights outlined by Overall. However, it adds an important third right – the right to 'parent with dignity.'

This right evolved out of historical and contemporary threats to marginalized individuals' right to parenthood. These rights, viewed from a lens that takes seriously the oppressive forces that impact the lives of marginalized women, are foundational to the enterprise of reproductive justice.

The reproductive justice framework allows us to clearly view the systemic issues raised by the Zika controversy. Women receive insufficient assistance while raising children with microcephaly, and therefore the right to parent with dignity in an affirming and supporting environment is violated.

Women should be given control over their reproductive lives, and this entails all women should have access to various reproductive goods and services – including better support for women who have children with microcephaly. Reported cases of microcephaly are forgotten after headlines are published, and women are left to bear the brunt of the responsibility in caring for children with microcephaly. Support needs to be strengthened for these women and their families. However, systemic inequalities also impact the reproductive and parental lives of marginalized women, and underlie issues of access and social support.

Reframing the discussion on the Zika controversy in terms of reproductive justice highlights questions regarding women's reproductive rights and broader systemic issues. A proactive, justice-oriented response to the Zika virus should not only be aimed at mosquito eradication, but also aimed at reducing systemic inequalities that cause the virus to disproportionately affect marginalized women in a variety of ways.

We echo Diniz's poignant remarks: "In the short term, the government needs to control the mosquitoes by destroying their habitat and working with the international community to advance knowledge about how to stop the disease. But that's only a start. Women need to be given the power to manage their own pregnancies."

Provided by University of Western Ontario

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