



Reproductive Justice Power Mapping



REPRODUCTIVE JUSTICE POWER MAPPING COLLABORATIVE AUTHORS

UBUNTU Research & Evaluation

Koren Dennison, Managing Evaluation Strategist

Lex Rhodes, Associate Strategist

Sojourner White, Director of Evaluation & Learning

UW Collaborative for Reproductive Equity

Zakiyyah Sorensen, Outreach Manager

Mfonobong Ufot, Research Program Coordinator

OUR PARTNERSHIP

In collaboration with UBUNTU Research & Evaluation, the external evaluation consultants on this project, the CORE team co-created a set of evaluation questions to guide the project. These questions were designed to narrow the scope of the work while also learning key insights about the landscape, how it's changed, what worked, what did not, and where are the areas of opportunity for the future.

Spheres of Influence

What are the spheres and networks of influence that affect how decisions are made in the reproductive health and justice landscape in Wisconsin?

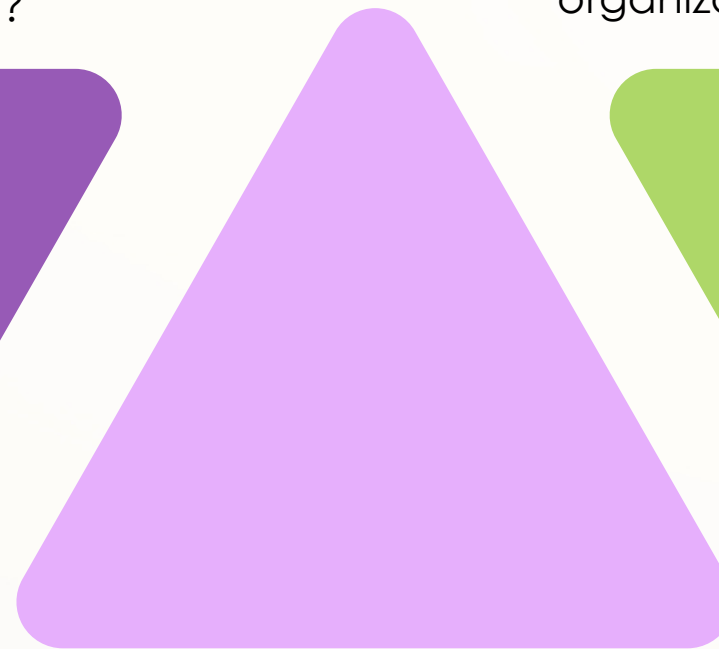
Current Gaps in Support

What are the current gaps in support for reproductive health and justice organizations around abortion access?



Abortion Access

To what extent do reproductive justice organizations in Wisconsin intersect their work with abortion access?



Unsuccessful Strategies

What strategies have been used by organizations that they deem unsuccessful and why?



Current Opportunity Areas and Successes

What are the current assets that support reproductive health and justice organizations around abortion access?



Language Setting:

Understanding the
Differences and
Similarities Between
Reproductive Health,
Rights, and Justice

Reproductive Health

Reproductive health focuses on providing direct services. Reproductive health organizations and advocates are focused on improving and expanding services, research, and access to reproductive health services. Key players are clinical and service providers, public health and community educators.

Reproductive Rights

Reproductive rights focuses on protecting the legal right to reproductive healthcare services with a focus on keeping abortion legal and increasing access to family planning services. Reproductive rights organizations and advocates focus on the courts, the laws, and advocacy. Key players are legal experts, policymakers, and elected officials.

Reproductive Justice

Reproductive justice as defined by SisterSong is the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities. It means the human right to control our sexuality, our gender, our work, and our reproduction. That right can only be achieved when all people have the complete economic, social, and political power and resources to make healthy decisions about our bodies, our families, and our communities in all areas of our lives. Key players are organizers and others allied with reproductive and social justice organizations.

MISUNDERSTANDINGS & ASSUMPTIONS

Abortion does not cause infertility

Birth control does not cause infertility

Reproductive health clinics provide more than just abortion-related services



Birth control does not cause an abortion

Abortions are available in Wisconsin

It is a common misunderstanding that all abortion is illegal or unavailable in Wisconsin. However, birthing people can get abortions through 22 weeks gestation.

Reproductive health affects birthing and non-birthing people

WISCONSIN REPRODUCTIVE HEALTH AND JUSTICE LANDSCAPE SWOT ANALYSIS

STRENGTHS

- **Advances in Medical Technology:** Improved contraceptive methods, fertility treatments, and safer abortion procedures. Safe abortion procedures occur when an abortion is performed by someone who has the necessary skills or the environment meets minimum medical standards.
- **Educational Efforts:** Increased access to reproductive health education, particularly in urban and developed areas.
- **Policy Wins:** Implementation of supportive policies in some regions, such as paid parental leave, menstrual health initiatives, and expanded access to contraception.
- **Intersectionality in Advocacy:** Growing focus on how race, gender, and socioeconomic status impact reproductive justice.

WEAKNESSES

- **Access Disparities:** Geographic, racial, and economic inequities limit access to healthcare and education, especially in rural or underserved communities.
- **Restrictive Policies:** Rollbacks of reproductive rights in some areas, including stricter abortion laws and defunding of health organizations.
- **Stigma:** Persistent cultural and societal stigma around topics like abortion, menstruation, and fertility struggles.
- **Healthcare Gaps:** Lack of comprehensive reproductive healthcare services, particularly for LGBTQ+ individuals and people with disabilities.
- **Insufficient Education:** Sex education remains inconsistent or absent in many regions, leading to misinformation and unplanned pregnancies.

OPPORTUNITIES

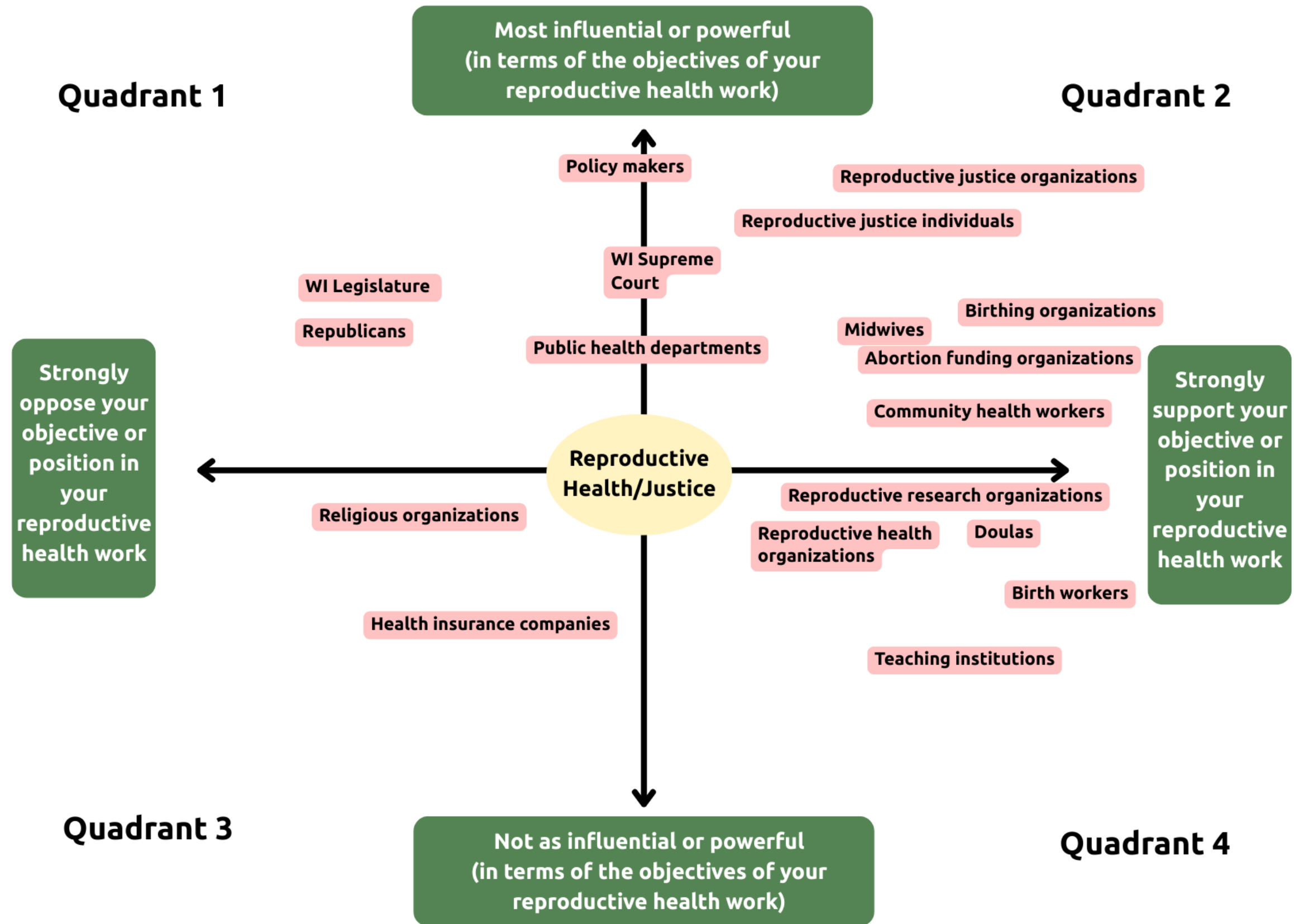
- **Telehealth Growth:** Expansion of digital platforms for contraceptive counseling, abortion services, and general reproductive health support.
- **Policy Advocacy:** Opportunity to pass new legislation to protect and expand reproductive rights, especially in response to public backlash against restrictive laws.
- **Community-Based Solutions:** Empowering local organizations and leaders to provide culturally competent care and education.
- **Research and Innovation:** Investment in developing more accessible, affordable, and less invasive reproductive health technologies.
- **Global Collaboration:** Leveraging international partnerships to address shared challenges and promote reproductive justice worldwide.

THREATS

- **Political Polarization:** Heightened political divides threaten the stability and progress of reproductive rights globally.
- **Disinformation Campaigns:** Spread of misinformation on social media undermines reproductive health education and access.
- **Economic Instability:** Economic downturns could reduce funding for reproductive health programs and make care less affordable for individuals.
- **Climate Change:** Environmental changes and disasters disproportionately affect reproductive health resources and services.
- **Cultural Backlash:** Resurgence of conservative values in some regions threatens to reverse gains in reproductive autonomy and justice.

Perception of Power within the Reproductive Health Landscape

During the data collection process, practitioners provided insight into how they observed power within the landscape. Navigating the mapping process this way helped to understand the practitioners' positionality and perspective.



The Reproductive Health Landscape in Wisconsin: Perspectives from Practitioners

On Mixed Messaging about Reproductive Health

“Ectopic pregnancy, when we take care of an ectopic pregnancy, that’s an abortion, and so we had to clarify, is this an abortion? This is an abortion. This is an induced abortion, we are ending this pregnancy, but it happens to be in the tube or wherever it is. It was interesting because people like to be able to classify abortion care in the way that makes sense with their world view, so it was hard when all of the sudden they had to think about it how we’ve always thought about it, that it’s actually integral to all parts of reproductive health care and you really can’t say, people want to say induced abortion is people who are going to Planned Parenthood and having an abortion at 12 weeks, but it’s so raw. They don’t understand how woven in abortion care is to all of reproductive health care.”

- Reproductive Health and Justice Practitioner

The Reproductive Health Landscape in Wisconsin: Perspectives from Practitioners

On the Importance of Relationships Post-Dobbs

“Before the pandemic, we had a direct referral agreement with Planned Parenthood. The pandemic happened and systems started falling. However, I have a meeting with them at the end of this week to put that back in place. That’s one thing that I have been a stickler on is direct referrals, AKA, I like to call it continuity of care. Keeping that going because once you drop a person, you don’t have any contact with them for 48, 72 hours, then you lose the person, so having a direct referral and/or having the resources in house, come meet your doula, talk to your doula, go down the hall, go to Planned Parenthood, go over there see your primary care provider, all of that good stuff, that’s what I’ve been trying to build us back to, because we had something like that in place before the pandemic, and so I’m looking to put those pieces back in place because you don’t want to lose that connection with the person.”

- Doula

The Reproductive Health Landscape in Wisconsin: Perspectives from Practitioners

On Taking a Holistic Approach to Reproductive Justice

“I tried to partner with a white-lead organization and I've had so many barriers with that. I've had a lot of individuals who felt they weren't trustworthy at that organization and so I had to step back because it was kind of conflicting with how I am as a person and them being able to trust me, so I had to step back from being part of a white organization because of the biases and things that they feel. It was really hard. So that was my biggest thing that was hard for me because at this organization I was pretty much used for social capital and we're helping this indigenous student midwife.”

- Parent and Traditional Midwife

The Reproductive Health Landscape in Wisconsin: Perspectives from Practitioners

On Access to Resources for Rural and Marginalized Communities

“Also because we are North-Central Wisconsin, it’s very much right leaning, conservative. It’s much more difficult for our patients to be able sometimes to even tell their family and friends what they’re doing. We have a lot more barriers I guess is a way to say it for the population that we help.”

- Representative from a Reproductive Justice Organization

“There is a lot of work of trying to get access for individuals to be able to get contraception through pharmacies which is a good thing around the access side of things, but it has been interesting because that has all been brought forth and supported by the Republican Party and that’s because there are a lot of pharmacists in rural areas that are very conservative that refuse to offer birth control.”

- Reproductive Health Practitioner

On Silos Amongst Practitioners in the Landscape

“It seems like we all work in silos, each area has their own particular gatekeepers or guards and who have to get to know who those people are but as I build resources I tend to share them. Like hey, you need to know this person, so I do what I can in my little world to make sure I’m not a gatekeeper and I share what I know, but I haven’t cracked that code yet.”

- Reproductive Health and Justice Practitioner

On Gaps in Funding

“Also being a smaller organization, I don’t have access to a person that could be just a grant’s writer or work on this stuff. I have to wear all of the hats, I have to do it all while being out in the community and trying to expand my work. That’s the most difficult part. The work itself is probably the easiest thing, it’s just the background work of funding and who is going to help you and who can you trust.”

- Reproductive Health Practitioner



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