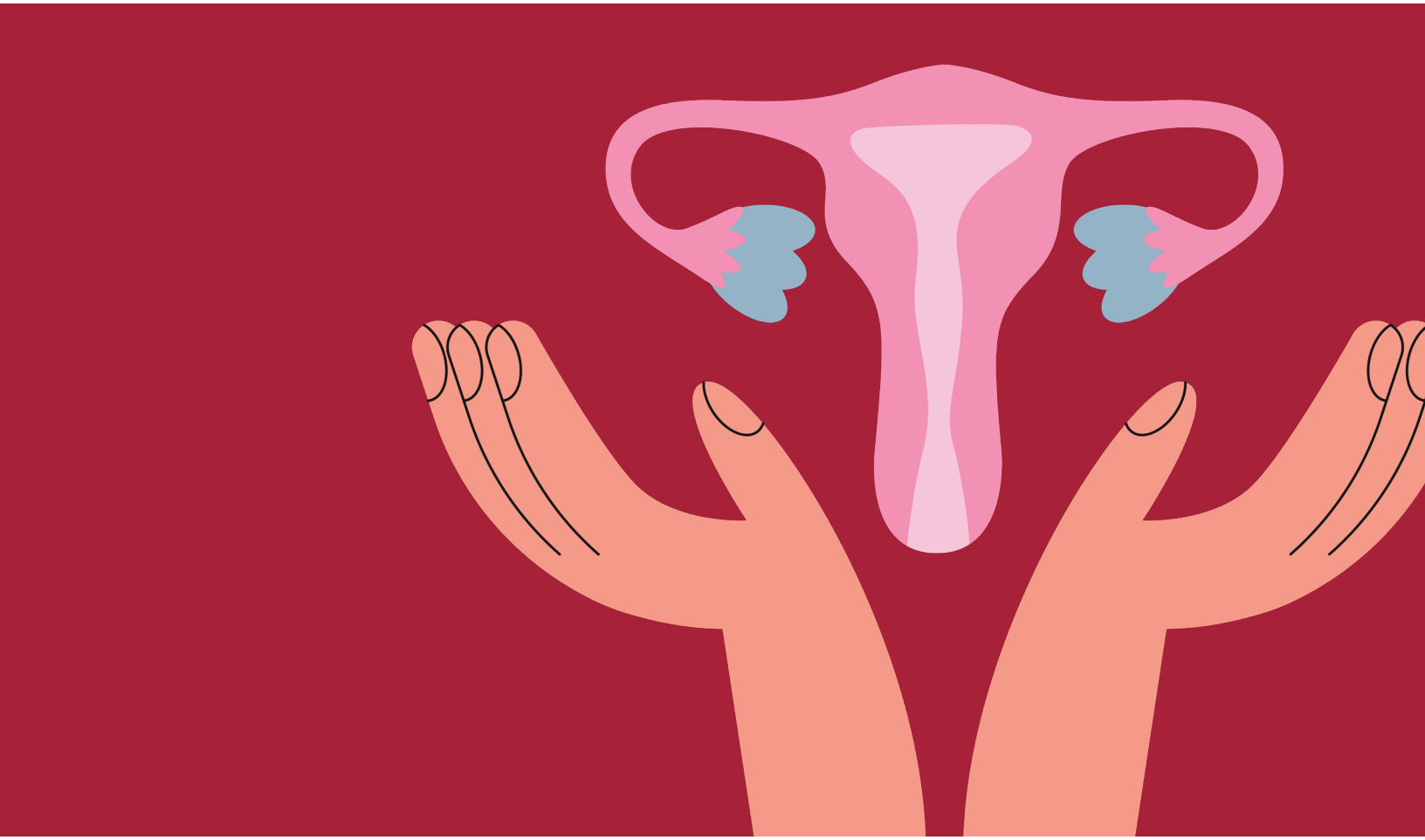
# Reproductive Justice Pathways for Chicago

**March 2025**



# ABOUT US

## About the Project

The Chicago Reproductive Justice Coalition (RJC) believes in the importance of community-led research to understand and address the intersectional and distinct issues experienced by communities of color in Chicago. RJC recognizes that conducting research across diverse communities is essential to highlighting systemic challenges in Chicago and building power for systemic change.

This report aims to inform equitable, community-driven solutions and reinforce RJC's role as a leading advocate for reproductive justice policies. Through this research, RJC urges City Council members and other community stakeholders to:

- Deepen their understanding of the communities represented by RJC;
- Commission city-funded research on reproductive justice issues; and
- Partner with RJC organizations to advance and champion city-level policy solutions.

RJC collaborated with the Black Researchers Collective (BRC) to explore how Chicago's Black, Indigenous, and People of Color (BIPOC) women, birthing people, and LGBTQ+ communities define, experience, and access reproductive justice. This report, adapted from BRC's full research report (Fokum et al., 2024), is developed by and represents the views of the Chicago RJC. It has not been reviewed or vetted by the BRC and the views and opinions expressed within this report may not necessarily reflect those of BRC.

## About the Chicago Reproductive Justice Coalition

The Chicago Reproductive Justice Coalition (RJC) was formed in 2023 to address reproductive injustice in Chicago. Its Steering Committee comprises six Chicago-based organizations:

- Apna Ghar provides critical, comprehensive, and culturally competent services to survivors of gender-based violence, focusing on serving immigrant, refugee, and marginalized communities. Through outreach and advocacy, their mission is to end gender violence by empowering survivors, engaging communities, and advancing gender justice.

- BA NIA Inc. focuses on reproductive justice and health equity, particularly for women of color and LGBTQ+ communities on Chicago's South Side. Their mission is to eliminate racial disparities in maternal and infant mortality by providing culturally relevant services. Founded in the 1990s as a support circle for Black women during motherhood, BA NIA has since expanded to offer holistic health services for women at all stages of life.

- KAN-WIN works to eradicate gender-based violence through comprehensive survivor-centered services, education, and outreach to Asian American communities and beyond. KAN-WIN'S vision is of healthy and safe communities free of violence and oppression.

- The National Asian Pacific American Women's Forum (NAPAWF) is the only multi-issue advocacy organization for Asian American and Pacific Islander (AAPI) women and girls in the United States. Focused on reproductive justice, economic justice, and gender justice, NAPAWF empowers AAPI communities through community organizing, policy advocacy, and research.

- Palenque Liberating Spaces through Neighborhood Action (LSNA) (formerly the Logan Square Neighborhood Association) is a community-based organization that empowers Black, Brown, Indigenous, and immigrant communities through education, leadership development, and advocacy for systemic change. Palenque LSNA's focus includes immigration and housing equity.

- SisterReach, Inc. is a grassroots nonprofit that supports the reproductive autonomy of Black women, women and teens of color, LGBTQIA+ individuals, gender expansive people, and their families. Through education, policy advocacy, arts and culture, and harm reduction, they empower their communities to live healthy lives in sustainable communities.

## About Black Researchers Collective

Founded in 2019, the Black Researchers Collective (BRC) advances racial equity by training and equipping communities with research tools to be more civically engaged and policy-informed. This research project was conducted as a part of the Research, Evaluation, and Technical Assistance (RETA) pillar, which is a fee-for-service line designed to consult, train, and support organizations in Chicago and beyond, as well as community organizers and leaders interested in conducting community-engaged research. Through this project, the BRC was contracted to co-develop the focus group protocol, train the RJC Steering Committee on conducting their focus groups, perform a qualitative analysis of the focus group responses, and summarize the analysis into a white paper with policy recommendations.

## Terminology Disclaimer

The terms "women" and "female" are used inclusively to encompass all individuals who identify accordingly, including queer, transgender, and gender expansive individuals. The term

‘reproductive justice’ encompasses the full spectrum of sexual health and justice, including birthing individuals who identify as male and men, as well as addressing the distinct sexual health needs, access, and disparities experienced by cisgender men and boys.

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# BACKGROUND

Systemic barriers to healthcare access persist across Chicago despite Illinois' strong legal protections for reproductive rights. These disparities underscore a fundamental challenge to reproductive justice—a framework defined by two leading organizations in complementary ways.

SisterSong articulates reproductive justice's core principle as "the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities." Expanding on this base, SisterReach defines Reproductive and Sexual Justice to encompass queer and gender-expansive individuals who can give birth, and cisgender men and boys, all of whom navigate and are impacted by reproductive and sexual health disparities. SisterReach emphasizes that Reproductive and Sexual Justice also focuses on comprehensive reproductive and sexual health education, which includes comprehensive contraceptive access. It underscores the need for individuals to parent their children with adequate social support and without fear of violence, while also ensuring protection from all forms of reproductive oppression. Reproductive justice, as defined by SisterReach, includes the right to express sexuality and spirituality without shame and affirms that quality of life should not be defined solely by reproductive capacity but by overall well-being and dignity.

This research study documents how discrimination, economic obstacles, and cultural barriers prevent the realization of these basic rights, particularly in historically marginalized communities.

## Current Healthcare Landscape

Chicago has the opportunity to be a national leader in advancing reproductive justice, but deep disparities persist in access to reproductive healthcare, maternal and infant health, economic stability, and community safety—particularly for women of color. Chicago's reproductive healthcare landscape reflects deep racial, economic, and healthcare inequities across the city. While research and advocacy efforts span all of Chicago, data shows particularly stark disparities between communities of color on the South and West Sides, who experience significantly higher rates of maternal mortality and reduced access to reproductive services compared to affluent, predominantly white areas (Chicago Department of Public Health [CDPH], 2023).

These geographic inequities stem from historical factors like redlining that created persistent barriers to medical facilities and quality care, as evidenced by decades of hospital closures on Chicago's South Side (Illinois Department of Public Health [IDPH], 2021). Black women face particularly severe barriers to care, with persistent disparities in access due to insurance coverage limitations, transportation barriers, and systemic racism, resulting in maternal mortality rates 2.6 times higher than white women in Chicago (Illinois General Assembly, 2024). Latina/e women also cite limited English proficiency and immigration concerns as

barriers to health access (CDPH, 2019). Such concerns echo nationwide statistics, in which 34% of Black, Latina/e, and undocumented populations report difficulties accessing culturally competent care, while 27% of likely undocumented immigrants report avoiding seeking access to healthcare and other public benefits due to fears of deportation (Pillai et al., 2023). Moreover, over 50% of LGBTQIA+ women report fearing judgment by healthcare providers (Patterson et al., 2021). Collectively, these statistics portray a healthcare system that fails to meet the needs of Chicago's diverse communities, particularly in providing culturally responsive and accessible reproductive healthcare services.

## Federal Barriers and State Actions

The 2022 reversal of *Roe v. Wade* has intensified challenges in accessing reproductive healthcare. While Illinois maintains robust reproductive health protections through the 2019 Reproductive Health Act, Chicago's role as a regional care hub for out-of-state patients has strained local healthcare infrastructure. This increased demand exacerbates existing systemic inequities, including Medicaid coverage gaps and prohibitive healthcare costs that disproportionately affect marginalized communities. Immigrants face additional barriers to healthcare access, including a five-year waiting period before lawfully residing immigrants can qualify for benefits. Undocumented immigrants face even greater challenges, as they remain ineligible for Medicaid under federal guidelines. Although Illinois expanded coverage to children under 18 and adults 42 and older regardless of immigration status, these state-level protections are currently at risk. Governor Pritzker's proposed $55.2 billion budget excludes funding for healthcare programs serving non-citizens aged 42 to 64, citing significant cost overruns (McClelland & Rhee, 2024). This proposal comes amid a projected $3.2 billion budget deficit for the upcoming fiscal year (O'Neal, 2024). Advocacy groups are actively organizing to preserve these essential healthcare services, underscoring the urgent need for sustainable solutions to ensure affordable healthcare access for all, irrespective of immigration status.

Disparities persist despite state-level recognition and intervention, including initiatives such as the Diversity in Healthcare Task Force, which cites mismatches between healthcare provider demographics and the diverse communities they serve, with Black and Latina/e communities most underrepresented (IDPH, 2022). The IDPH also reported that discrimination, including structural racism, contributed to 39% of pregnancy-related deaths during 2018-2020, disproportionately impacting over 47% of Black women (IDPH, 2023). These systemic issues result in communication barriers, reduced access, lower patient trust, and ultimately poorer health outcomes for minority populations. These stark statistics underscore the critical need for culturally sensitive healthcare providers who understand the unique challenges faced by different communities and can deliver care that is both medically sound and culturally responsive. Without targeted interventions to expand access to care rooted in cultural humility, these disparities will continue to result in preventable adverse health outcomes for Chicago's most vulnerable populations.

## Examining Community Experiences

Based on focus groups with women of color across Chicago, this report examines community experiences with bodily autonomy, reproductive healthcare access, and parenting. Their stories highlight both the systemic economic, social, and cultural barriers they face and the resilience they demonstrate in overcoming them. The report concludes with structural recommendations to address reproductive injustice in Chicago at this critical moment. As national restrictions tighten, Chicago's position as both sanctuary and battleground for reproductive justice highlights the urgent need for targeted interventions addressing intersectional barriers that include race, class, and gender.

# METHODOLOGY

This qualitative study explored the reproductive justice experiences of women of color across Chicago through semi-structured focus group discussions. Community-based organizations recruited participants, ensuring diverse representation from historically marginalized communities. While this recruitment strategy yielded valuable insights, the findings may reflect selection bias, as participants were already connected to community resources.

In total, 40 individuals participated in seven 90-minute focus groups, facilitated by trained moderators from Apna Ghar (who hosted two sessions), BA NIA, KAN-WIN, NAPAWF, Palenque LSNA, and SisterReach, Inc. The data analysis process involved transcription, coding, and theme development.

The participant demographics are as follows:

- Primarily BIPOC women (98% self-identified as women; 2% identified as non-binary/ gender non-confirming), with representation from the following groups: Latina/e (35%), Asian or Asian American (33%), Black or African American (25%), white, and biracial communities.
- Over 60% held Bachelor's degrees or higher, while the median personal income was less than $20,000.
- Most participants were U.S. citizens (58%), had children below the age of 18 (57%), and had regular healthcare access (83%) and health insurance (73%).
- Participants resided across Chicago, with significant representation from the Northwest Side, Far North Side, and South Side.

# KEY FINDINGS

## REPRODUCTIVE JUSTICE VIOLATIONS IN CHICAGO

A complex web of systemic oppressions–including racism, classism, sexism, ableism, ageism, and heterosexism, continues to infringe upon reproductive justice, which focus group participants collectively defined as the following:

> "Reproductive justice means ensuring the right of people, particularly women and birthing people, to make autonomous decisions about their bodies and reproductive health, free from discrimination, stigma, or coercion. It encompasses access to affordable and comprehensive healthcare, education, and resources, and it advocates for equity and fairness across all identities, including race, gender, and sexuality. Reproductive justice is not only about the ability to have children but also about ensuring overall well-being, including physical, mental, and emotional health, while addressing systemic inequalities that affect our communities. It requires collective responsibility, advocacy, and a commitment to destigmatizing reproductive issues and expanding options for all people." (Fokum et al., 2024)

The impact of reproductive injustice is reflected in the lived experiences of the participants, who highlighted three major obstacles facing Chicago residents:

1. Violations of bodily autonomy and undignified care due to racism, ageism, and classism.
2. Inadequate access to reproductive healthcare services and information.
3. Unsafe and unsustainable communities for raising children.

### Bodily Autonomy Violations and Undignified Care Due to Racism, Ageism, and Classism

Violations of bodily autonomy, coupled with systemic discrimination and biases rooted in racism, classism, ageism, and sexism, led to a lack of patient-centered care for half of the participants (20 individuals). A key issue is the lack of cultural humility among healthcare providers, leading to mistreatment, nonconsensual procedures, and emotional abuse. Participants shared:

- Physical abuse during labor and delivery: *"[T]he nurses would slap on the forehead, which led to swelling, and pinch her as it is common for nurses to do that to women in delivery."*

- Emotional abuse from nurses: "*[My] nurses made derogatory comments, [by]… saying things like, 'You had no complaints during intercourse, but now you're screaming' during labor?"*

- Nonconsensual procedures: *"They did not ask her if she wanted an episiotomy, they just cut her without asking her."*

- Dismissal of pain: *"I told him…'hey, I can feel that, it's hurting me.' [H]e paid me no mind."*

### Racism and Race-Based Discrimination

Black participants reported neglect and lower quality care compared to white women. Some felt they were used as "test subjects" in medical settings: *"I feel they use their students on us, people that are learning instead of actual doctors."*

### Ageism and Age-Based Discrimination

Young women seeking sterilization services faced coercion from healthcare providers: *"I told my doctor, okay, well I don't want to have no more babies. I wanted to get operated [on]. He's like, '[N]o, you're too young.'"*

### Classism and Class-Based Discrimination

Lower-income patients reported rushed appointments, cold treatment, and feeling dehumanized in free or low-cost clinics: *"I did have an abortion once and that care was horrible. […] I think I didn't feel human. I think I felt like cattle."*

In contrast to negative experiences, some participants shared positive encounters with healthcare providers who respected their bodily autonomy, characterizing these interactions as non-judgmental, non-pressured, and informative.

## Inadequate Access to Reproductive Healthcare Services and Information

Many participants faced challenges accessing culturally responsive reproductive healthcare, including contraception and abortion services.

### Poor Access to Quality Contraception and Abortion Services

Participants highlighted various challenges that hindered access to quality, dignified contraception and abortion services. They stressed the need for accessible and affordable contraceptive care, as high prescription costs often created barriers. Additionally, they reported inconsistent levels of care, trust, and communication from providers regarding birth control options and side effects.

Participants reflected on access issues due to the location of the services. One participant described:

> "I feel like my experience accessing contraception such as condoms, birth control or even abortion is actually hard. I have noticed and I made an observation that we don't have a lot of Planned Parenthood places, and those places are known for all those things for women."

Participants also struggled with accessing prescriptions for birth control.

> "I feel birth controls are really [an] access [issue]...[be]cause you have to get a prescription for it. And I feel like it should be like everything, it should be easy, like over-the-counter."

Cost was another barrier, as one participant explained:

> "You have to know where to be in order to get free contraceptives because cost is something that will be at the forefront. Like can I afford it? Who's going to pay for it?"

Participants also spoke about the quality of the contraceptive services, identifying that their experiences were informed by the communication and trust between healthcare providers and patients, education by healthcare providers on various methods, and participant experiences. One participant reflected:

> "[T]hey just gave me a bunch of options. They never explained what would be the aftereffects of it, you know, or what will I experience while I'm taking it. [...] and I'm 22 now and I still ain't on birth control, so since they can't provide me the information I guess I'll be just taking those natural remedies."

Participants also shared that they felt pressured by care providers to use contraceptives, citing a lack of choice and respect for their bodily autonomy. One participant explained:

> "I don't believe in taking birth control. And I've expressed that with my providers because I've had a few within the last few years and I feel like it's always being pushed and shoved down my throat."

A participant elaborated on the emotional and physical treatment they received due to their lack of access to quality, dignified abortion services.

> "The whole experience was horrible... It was no emotions, no tenderness, no kindness. It was just lay on that table, open your legs, then you can go. I barely had a job and I had to go to Cook County Hospital to get it done... I didn't even have the money to be put to sleep. I was woken up by it."

### Insufficient Access to Reproductive Healthcare Information

Participants' access to quality reproductive healthcare information was shaped by their healthcare insurance and the type of provider they were able to access. Conventional healthcare providers, including medical doctors, registered nurses, and physician assistants, were key facilitators for childbearing information. Some participants, however, preferred holistic or community healthcare providers, such as doulas and birth workers. One participant shared:

> "Birth workers are probably who I found out a lot of information from, independently [and] on a one-on-one basis--calling them and asking in person, not necessarily in the clinical environment or through a doctor….right now, [birth workers] are very…on point with the information."

For those with limited access to conventional services, they relied on the internet and social media for reproductive healthcare information.

School clinics also serve an essential role in distributing reproductive healthcare information, particularly information inaccessible at home or other avenues. One participant shared:

> "[The nurses in the school clinics] told us all of that, which I think is really important. I don't even know if high schools still do that."

While school clinics provided vital reproductive health information to high school students, participants highlighted the lack of comprehensive, accurate, and inclusive education, as well as inadequate support for pregnant students. One participant noted:

> "[T]hey'll ask you if you're pregnant, and if you say, '[Y]eah,' then they start creating a packet of schoolwork for you to complete to finish out the school year—and you can't come back until after your baby is born. […] Some of my friends got pregnant around junior or senior year, 17-18, and they had to leave. […] It was just very dismissive."

## Unsafe and Unsustainable Communities for Raising Children

Participants shared their difficulties raising children in safe and sustainable communities in Chicago.

### Safety Concerns

Participants defined safety broadly, discussing the importance of open dialogue between parents and children, as well as concerns about public and environmental safety, bullying and abuse in schools, and fear of the police.

Sharing the importance of open communication in addressing bullying and abuse, one participant said:

> "[M]y son was being bullied by two of his classmates and I acted by speaking to the principal and teachers. […] I suggest you keep talking to your children so that you can create a safe space for them."

Public and environmental safety concerns included public transportation, shared living communities, and schools. One participant shared:

> "I don't feel safe outside of my home, especially because of older men. I actually stopped taking public transportation after a man nearly tried to physically hit me. I feel like we are just not safe. Women are not safe. I don't know if other women pose a threat, but I do know that we're not safe because of men."

Black mothers in the study voiced specific fears, including concerns about being the target or unintended victim of societal violence and the fear of police. One participant shared:

> "[A]s a mom to a Black son, it's an everyday thing, not even just like safety or fear from his own… [or his] counterpart[s], but from police, from peers, from just the way of the world."

Another participant reflected:

> "I remember my son was probably like three and he woke up one day. He's like, 'Mommy, I had a nightmare.' I said, 'well, what happened?' He said, 'I had a nightmare that the police shot me.' And I was like – […] he's three."

### Sustainability Concerns

Participants identified additional challenges in raising children in Chicago, including childcare, postpartum adjustments, single parenting, the high cost and quality of daycare, and language barriers for non-native English speakers. They emphasized the need for quality, affordable daycare, stronger community support, and increased access to flexible and remote work options. One participant highlighted the critical role of community organizations in addressing childcare needs:

> "I'm the product of the Boys and Girls Club. I'm a staunch advocate, you know what I'm saying? It saved my mother, my father, and my grandmama's life."

## STRUCTURAL AND SYSTEMIC BARRIERS TO REPRODUCTIVE JUSTICE IN CHICAGO

Barriers to reproductive justice stem from systemic and structural racism, classism, sexism, ableism, ageism, heterosexism, and other intersecting forms of oppression. These forces have been codified through laws and policies while also manifesting in societal norms and cultural beliefs.

Participant narratives revealed how the following barriers create a complex web of obstacles preventing equitable access to reproductive justice in Chicago:

- **Cultural barriers** arise from conservative, religious, and traditional gender norms that perpetuate stigma and taboo surrounding reproductive health.
- **Societal barriers** include medical mistrust, particularly among Black and Latina/e communities; fears around accessing reproductive healthcare, particularly in religious-based communities; lack of comprehensive education on reproductive health; and stigma and shame, particularly among LGBTQIA+ communities.
- **Economic barriers** include job insecurity that limits healthcare coverage, inflexible workplace policies limiting access to medical appointments, high medical costs forcing decisions between healthcare and other essential expenses, and prohibitive childcare expenses.

### Cultural Barriers to Reproductive Justice

Cultural influences shape all aspects of reproductive justice, including affecting access to reproductive healthcare, knowledge about sexual and reproductive health, and bodily autonomy. Many participants described growing up in communities where discussions about sex and reproductive health were discouraged or considered inappropriate, reinforcing stigma and limiting access to vital information.

#### Traditional Gender Norms

Traditional expectations regarding gender roles and reproduction influenced participants' views on sex, marriage, and childbirth. One participant shared:

> "I was raised in a patriarchal, Chinese household. The idea of childbirth is weaponized or imposed. For a lot of people who are raised to be girls in China, it was very common for girls to avoid dating in middle and high school. But as soon as they turn 18 and go to college, people start asking, '[D]o you have a boyfriend? Are you trying to get married?'"

Some participants recounted how cultural expectations placed financial and healthcare

decisions in the hands of male partners, restricting autonomy. One participant elaborated:

> "Sometimes, due to the controlling behavior of my partner [...] it depended on him when he wanted to take me to the hospital and when he did not".

### Religious Beliefs

Some participants reflected on how religious beliefs and cultural practices can be used to restrict reproductive healthcare decisions. One participant shared how, despite their faith, they prioritized medical expertise when seeking care:

> "I am a Muslim; I pray and try to follow my religion the best I can. But only considering the health, I would always choose male over female if [they are] more experienced and know what is wrong."

Another participant highlighted how religious restrictions shaped their access to contraception:

> "[In my] religion, they don't believe in condoms. They don't believe in any of that."

### Stigma and Taboos

Some participants, particularly immigrants, described deep-rooted cultural stigma that made discussions about reproductive health shameful or inappropriate. One participant explained:

> "Having...these types of conversation is very secretive, and it is unlikely for families and women to talk openly about their experiences or offer advice. It is considered indecent to discuss these topics, so there is a significant lack of shared knowledge."

These cultural taboos hindered access to healthcare needs and services, such as obtaining contraceptives, visiting gynecologists before marriage, and acquiring pregnancy kits or sanitary napkins. One participant shared:

> "When I used to get pads, they were wrapped in a black plastic bag and would be placed in another plastic bag because people feel very shy when seeing the product."

Many immigrant participants who faced these stigmas in their home cultures continued to experience these pressures even after immigration.

Cultural stigma also created isolation, forcing some participants to navigate major reproductive decisions alone. One participant shared:

> "I placed a baby for adoption. I hid the pregnancy...I gave birth alone in a hospital by myself because I knew our culture. My family would never be okay with me placing a

baby in adoption."

On being unable to discuss menstrual cycles and sexual health with her parents, another participant explained:

> "In my community it is so 'hush hush.' We didn't even start talking about it, like I didn't even tell my mom that I got my period, like a week into it…"

Participants shared how fear-based tactics on sex and reproduction, rather than education, led to a lack of preparation and misinformation about their health and bodies. One participant reflected:

> "[I]n regards to sex…bearing children it was all fear based. You know it was…'[D]on't have sex.' You don't know why. You know you shouldn't have sex and then when it's time to have sex…even though I had done it before, there still was no education…"

In contrast, a smaller subset of participants who grew up in open households felt more empowered in their reproductive choices. One participant shared:

> "[W]e were in a very open household, very open. We could talk…about sex…Our father gave us the sexual conversation…we learned about our menstrual cycle. We learned about having sex. We learned about protection."

Another participant shared about facilitating an open environment:

> "I gave my grandchildren…what do you call them, toys because I believe that it was important for you as a woman to be able to experience what an orgasm is because how would you know, unless you're able to self-pleasure yourself?"

Younger participants reinforced the idea of open discussions and expressed a desire for more comprehensive sex education. This varied from the experiences of older participants, who reflected on having to learn about their bodies on their own due to closed communications from their parents.

### Compounded Effects of Community and Societal Expectations

Participants described how expectations from romantic partners, family members, close community members, and societal influences contributed to harmful perceptions of their bodily autonomy. These pressures led some individuals to make choices that compromised their bodily autonomy to meet the needs of others, including during pregnancy, childbirth, and sex. One participant recounted the situation of a close friend:

> "She was just thinking her husband wanted to have children…So now to please another partner she's pregnant with twins…it's very difficult for me that she would put her own life and her baby's life in danger just to please this person."

Another participant reflected on the need to challenge existing community and societal expectations to preserve bodily autonomy:

> "I realize, no, it's not my responsibility [to deal with my husband's erection]… whatever you do to your body it's your own choice and it's your own decision…actually being a woman was a privilege….[T]here's a lot of education [that] need[s] to be done in this area and how do we do it? Start with family."

## Societal Barriers to Reproductive Justice

Across six focus groups, 28 participants (70%) highlighted the systemic obstacles that prevent BIPOC women from accessing reproductive healthcare. Deep-rooted distrust in the medical system—especially among Black and Latina/e participants—was a recurring theme, reflecting a history of medical racism and neglect. Many also expressed fears tied to seeking reproductive care, particularly within religious-based communities, where stigma and cultural taboos often discourage open discussions. A lack of comprehensive education on reproductive health and contraception further compounded these challenges, leaving individuals without the knowledge needed to make informed decisions. Additionally, LGBTQIA+ participants emphasized the weight of societal shame and stigma, which further limits access to affirming and inclusive care. Participants shared the following insights.

- *"I feel a strong distrust with the medical system in general and definitely with the methods around how women's bodies are cared for in terms of sexual and reproductive health."*
- *"I would say one big [thing]…that I've seen in our community is fear… Everything is to pray and then do something instead of you actually creating a plan and then praying because faith without work is dead."*
- *"I was taught very little around birth control and was put on birth control without proper education around what it is and how it impacts your body."*
- *"The overall social stigma, especially among the hyper sexualization of queer people… can create barriers when accessing healthcare."*

### Language Access

Beyond cultural barriers, many non-native English speakers emphasized the significant challenges they face in accessing language assistance services at healthcare centers. From struggling to find interpreters who speak their native language to encountering inaccuracies in translation, these barriers create serious obstacles to receiving proper care. One participant highlighted the difficulty of securing language support:

> "In the U.S., the hospital they have various interpreters, however, when I try to see an Urdu-speaking interpreter it is very hard to find."

Another participant underscored the far-reaching consequences of poor translation, emphasizing its impact not only in healthcare settings but also in critical legal proceedings:

> "Sometimes the interpreter that comes to explain a process or procedure whether [it] is health related or in court, both are very important things that can impact your life, and if they are not translating correctly… we are unable to have effective communication describing our needs properly."

### Media and Societal Norms

Participants also discussed the ways in which media and societal expectations shape their perceptions of bodily autonomy, particularly regarding childbearing, body image, and aging. The pressure to conform to unrealistic beauty and postpartum recovery standards was a recurring theme. As one participant noted:

> "The whole 'snapback' culture like after you have a baby…has always played on my mind very harshly."

## Economic Barriers to Reproductive Justice

Economic barriers prevented participants from realizing reproductive justice, with participants expressing difficulties in affording access to reproductive healthcare and childcare.

More than half of the participants (21 individuals or 53%) experienced economic barriers that limited or prevented access to sexual and reproductive healthcare. The economic barriers — which resulted in delayed or foregone treatment for some participants — included lack of adequate health insurance coverage; high medical costs which forced participants to choose between healthcare and other essential expenses; job insecurity which prevented consistent healthcare coverage; and inflexible workplace policies which limited access to medical appointments.

At the time of the focus groups, 28% of the participants were uninsured. One participant emphasized the disparities in care due to insurance access:

> "The better insurance, the better physician you can see… Your life is not fixable. You cannot fix your health if it is really, really damaged because of your health insurance."

Another highlighted the precarious nature of employer-based insurance:

> "Well, there's been time[s] in my life where I just didn't have medical insurance. I was between jobs. I didn't have medical insurance."

Childcare expenses were another major financial burden, forcing some participants or their loved ones to leave the workforce. One participant shared:

> "Childcare is expensive as heck, like it's bananas. I have a friend who has six children. The oldest is 13. She just had to quit her job honestly because the daycare was more than what she was getting paid."

### Root Causes of Economic Disparities

These disparities stem from a legacy of discriminatory and racist policies in Chicago. Decades of race-based exclusionary housing practices—such as redlining, racially restrictive covenants, discriminatory mortgage lending, and racial steering—have systematically segregated communities and concentrated disinvestment in neighborhoods of color. This intentional neglect has stripped these communities of essential resources, including quality healthcare, education, safe housing, and economic opportunities. Without access to these foundational assets, the ability to make autonomous reproductive choices and receive adequate care remains profoundly unequal, reinforcing cycles of injustice and oppression.

## RESISTANCE TO CURRENT REPRODUCTIVE JUSTICE LANDSCAPE IN CHICAGO

Faced with systemic barriers and personal challenges, participants expressed a profound sense of empowerment and resistance to cultural and societal constraints on their bodily autonomy. Many turned to education—not only for themselves but for their children and communities—as a tool for reclaiming agency, making informed decisions, and challenging deeply ingrained norms. One participant emphasized this commitment, stating:

> "That's why educating oneself so that you can educate others is important to have a strong community as it intersects with other factors in society."

For some, this commitment extended to the next generation, ensuring their children had access to open, stigma-free conversations about reproductive health. One participant shared:

> "As a mother, I wanted to create a safe environment where we could discuss important subjects, including preventative sex education topics, without discomfort."

Beyond education, participants actively transformed their lived experiences into advocacy—both for themselves and for others. They described how navigating restrictive societal expectations and systemic barriers strengthened their resolve to fight for reproductive freedom. One participant reflected on how this journey shaped their understanding of autonomy:

> "I learned what it means to have the freedom to be myself, surrounded by the right environment, doing things I want to do, meeting people, and just living my life."

Another participant connected their advocacy to broader struggles for justice, noting:

> "I have become more of an advocate for other people's bodies and my body as well because of what has been going on in the world like all the wars and all the rights being taken away from women."

While these stories highlight the resilience and resistance of individuals confronting economic, societal, and cultural barriers, true reproductive justice cannot rely solely on individual empowerment. Lasting change requires dismantling the structural inequities that perpetuate these injustices and ensuring that all people have the resources, rights, and protections to make decisions about their bodies and lives freely.

# HOW CAN CHICAGO ADVANCE REPRODUCTIVE JUSTICE?

This study highlights the systemic and community-driven barriers that hinder reproductive justice in Chicago. Cultural, societal, and economic obstacles intersect, emphasizing the need for policy interventions that dismantle institutional racism in healthcare, enforce cultural humility, and expand equitable access to care.

To advance reproductive justice, healthcare providers must reflect the communities they serve and be equipped with the necessary cultural knowledge, language skills, and disability competencies to deliver affirming care. While Illinois' 2025 mandate for cultural competency training for healthcare professionals is a step forward, Chicago must go further by ensuring continuous, community-driven training and accountability measures for long-term systemic change.

## Chicago and Illinois-Level Priorities

To address the barriers identified in this study, Chicago must take a multi-pronged approach that strengthens healthcare access, enforces protections against discrimination, and invests in community-driven solutions. The following priorities outline tangible steps that city and state leaders can take to advance reproductive justice:

- **Fully Fund, Defend, and Expand Medicaid Access:** Ensure all residents, regardless of immigration status and age, have access to healthcare with the freedom to choose their providers. Protect and expand state-funded Medicaid coverage against federal and state funding cuts and restrictions. State-funded Medicaid expansion and a city-backed reproductive healthcare program can help close coverage gaps. Targeted outreach efforts must improve enrollment rates and provide culturally responsive healthcare navigation services.

- **Enforce Language Access and Cultural Humility Standards:** To ensure comprehensive language access and culturally sensitive care across all healthcare settings, including hospitals, clinics, and related agencies, healthcare facilities should provide in multilingual services and ensure the availability of qualified medical interpreters for patients with limited English proficiency. Specifically, healthcare providers in Illinois must comply with the Language Equity and Access Act (Illinois Public Act 103-0723), which mandates language access services for individuals with limited English proficiency. This includes providing translated documents, qualified interpreters, and other necessary accommodations. Recurring staff and provider training should be mandated on cultural humility, implicit bias, disability-inclusive care, and LGBTQIA+ affirming care to foster an inclusive and respectful healthcare environment. To uphold these standards, clear accountability systems with monitoring mechanisms should be established and enforced through city and state policies, including the enforcement mechanisms outlined in the Illinois Language Equity and Access Act, ensuring consistent and equitable healthcare access for all.

- **Invest in Inclusive and Community-Focused Reproductive Health Education:** Schools and local organizations should develop culturally responsive, community-driven programs covering the full spectrum of sexual and reproductive health, including comprehensive, accurate, and inclusive education on bodily autonomy, contraception, and safe relationships. Ensure education is inclusive of all gender identities, sexual orientations, cultural backgrounds, and abilities. Education programs must be community-led, linguistically accessible, and tailored to Chicago's diverse populations. Create mechanisms for ongoing community input and evaluation to keep education relevant and effective.

- **Strengthen Protections Against Discrimination in Healthcare:** Implement accountability measures to address medical neglect and bias. A city-led oversight body should track disparities in care, collect data on racial health outcomes, and enforce anti-discrimination policies. Additionally, an independent patient advocacy office should be established to support individuals experiencing discrimination.

- **Establish a Chicago Reproductive Health Equity Fund:** Provide financial support for contraception, abortion care, and prenatal services, prioritizing clinics in historically underserved neighborhoods. The fund should also invest in training programs to diversify the healthcare workforce by supporting Black, Latina/e, Indigenous, and AAPI providers committed to community-based reproductive healthcare.

These recommendations outline a roadmap for systemic change. However, true progress requires ongoing engagement with the communities most impacted by reproductive injustice. Policies and programs must not only be designed for communities but with them—centering the leadership, expertise, and lived experiences of those facing the greatest barriers to care.

Every policy intervention must undergo meaningful community vetting, with accountability

mechanisms that ensure Black, Latina/e, Indigenous, AAPI, and other historically marginalized communities actively shape decisions that impact their reproductive freedom and well-being. A commitment to participatory policymaking—where community members define priorities, evaluate outcomes, and hold institutions accountable—is essential to achieving reproductive justice.

As federal policies increasingly threaten access to care, Chicago has the opportunity to lead by example. By taking decisive, structural action grounded in community leadership and sustained collaboration, the city can safeguard bodily autonomy, expand equitable healthcare access, transform social conditions, and cultivate environments where all families can thrive.

## Federal Policy Recommendations

While local and state-level action is crucial, federal policy plays an equally important role in shaping reproductive justice. Many of the systemic barriers to care, including insurance restrictions, immigration-based exclusions, and healthcare affordability, are influenced by federal legislation. Therefore, advocacy efforts must also focus on national policies that ensure comprehensive and equitable healthcare access.

The following legislative priorities offer a blueprint for advancing reproductive rights and justice nationwide:

### Contraceptive Equity

- Right to Contraception Act (H.R.4121/S.1999): Codifies and strengthens the right to contraception by ensuring legal access, prohibiting government-imposed restrictions, and allowing enforcement through the Department of Justice and affected individuals.
- Protect Sexual and Reproductive Health Act (H.R.4281): Protects Section 1557 of the Affordable Care Act (ACA) by ensuring broad anti-discrimination protections, including for those with Limited English Proficiency and LGBTQIA+ individuals.
- Affordability is Access Act (H.R.3589/S.1698): Requires insurance coverage of over-the-counter birth control, expanding current ACA protections.

### Sex Education

- Real Education and Access for Healthy Youth Act (REAHYA) (H.R.3583/S.1697): Provides comprehensive sexuality education and community grants to increase access for marginalized youth.

### Accessible and Affordable Abortion Care

- Equal Access to Abortion Coverage in Health Insurance (EACH) Act (H.R.561/S.1031): Ensures abortion coverage for all, regardless of income or insurance type, effectively repealing the Hyde Amendment which prohibits the use of federal funds for abortion.

- Abortion Justice Act (H.R.4303): Expands access to abortion care through federal investments, insurance coverage mandates, legal protections for patients and providers, and the removal of systemic barriers to care, including those affecting immigrant families.

### Gender-Affirming Care

- Gender-Affirming CARE Act (S.2246): Allocates funding for research on barriers to gender-affirming care through the National Institutes of Health (NIH) and Centers for Disease Control and Prevention (CDC).

### Access to Healthcare

- The Health Equity and Access under the Law (HEAL) for Immigrant Families Act (H.R.5008/S.2646): Expands healthcare access for immigrants by removing legal and policy barriers to coverage.

- LIFT the BAR Act (S.2038/H.R.4170): Eliminates the five-year waiting period for immigrants with lawful permanent resident (LPR) status to access Medicaid, Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and Supplemental Security Income (SSI).

- Medicare for All Act (H.R.3421): Establishes a national health insurance program administered by the U.S. Department of Health and Human Services (HHS).

By implementing these policies at both the local and federal levels, we can move closer to achieving true reproductive justice—ensuring that all individuals have the resources, protections, and autonomy they need to make informed choices about their health and futures.

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