

REPRODUCTIVE JUSTICE CONCEPT ANALYSIS

Reproductive Justice and Black Lives: A Concept Analysis for Public Health Nursing

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Abstract

Inequities in maternal mortality in the US are a form of structural violence against Black women.

The concept of reproductive justice has been employed in the social sciences for almost thirty years, yet nursing has been slow to adopt this concept in promoting maternal-child health. Objective: to analyze the concept of reproductive justice as used in peer-reviewed publications with the aim of reframing black maternal health in public health nursing scholarship, research, practice, and advocacy. Design: We conducted a systematic review of the social science literature. We analyzed selected articles through a principle-based concept analysis focusing on epistemological, pragmatic, linguistic, and logical principles. Sample: 8 articles were selected from a pool of 377. Results: Race was identified as a source of power for understanding reproductive justice through individual knowledge, collective knowledge, and praxis. Pragmatically, reproductive justice is a social justice-oriented platform that bridges the pro-choice/pro-life divide; aids coalition building; and promotes inclusion. Linguistically, the concept is distinct from both reproductive health and reproductive rights. Reproductive justice is logically situated within intersectionality theory and the cumulative embodiment of oppressions Black women experience based on race, class, and gender. Conclusion: Reproductive justice reframes public health nursing actions for Black women by focusing on uncovering systems of oppression, recognizing past historical injustices, and advancing cultural safety in health promotion. Multilevel interventions are needed to simultaneously address these injustices particularly in the areas of preconception health, maternal health, infant and child health, and Black family well-being across the reproductive lifespan.

Keywords: African Americans, health disparities, maternal mortality, public health nursing, racism, reproductive health, reproductive history, reproductive justice, reproductive rights, social determinants of health, social discrimination, social justice, social marginalization, social problems, women's health, women's rights.

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Reproductive Justice and Black Lives: A Concept Analysis for Public Health Nursing

The intransigence of structural racism and evidence of historical oppression directed at Black women compel public health nurses to confront new conceptions of health for our practice, education, and research. As public health nurses, addressing maternal mortality starts with an acknowledgment that structural racism contributes to poor birth outcomes among Black women (Altman et al., 2019). Black women in the United States are at least two to three times more likely to die from pregnancy related complications than White women (CDC, 2019). Between 2011-2016, the pregnancy related mortality ratio for Black non-Hispanic women was 42.4 deaths per 100,000 live births, compared to 13.0 deaths per 100,000 live births for White women (CDC, 2020). The fact that these alarming inequities persist across the whole socio-economic gradient for Black women (CDC, 2019) underscores the need to reframe this problem as a reproductive justice issue. This reframing allows us to move beyond individual level solutions to focus on actions that transform the societal and environmental conditions that perpetuate maternal health inequities and reproductive injustices.

Public health nurses are ideally positioned to advocate for reproductive justice for women throughout preconception, pregnancy, childbirth and postpartum. Public health nurses use peer-reviewed evidence to advocate for communities unjustly burdened by maternal morbidity and mortality. However, despite the decades of recognition of the importance of reproductive justice in the social sciences (Price, 2010), there has been scant examination or application of the concept of reproductive justice within nursing science. A discussion of reproductive justice within public health nursing can broaden the way reproductive health of Black women is viewed and

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open the path to new ways of advocacy and action. Therefore, the purpose of this article is to analyze the concept of reproductive justice with the aim of advancing its application in public health nursing practice, advocacy, and research.

Background

Reproductive justice is a social justice framework that aims to expand reproductive freedom as a condition of justice and well-being for women and girls, particularly those who experience oppression (Roberts, 2015). The following definition from Asian Communities for Reproductive Justice (2005) captures the holistic and empowering nature of the framework:

Reproductive justice is the complete physical, mental, spiritual, political, economic, and social well-being of women and girls, and will be achieved when women and girls have the economic, social, and political power and resources to make healthy decisions about our bodies, sexuality and reproduction for ourselves, our families and our communities in all areas of our lives (p. 1)

The term reproductive justice was birthed in 1994 by twelve Black women at a pro-choice conference in Chicago (Bond-Leonard, 2017). Prominent activists such as Loretta Ross and Toni Bond Leonard, who later formed the Sistersong Women of Color Reproductive Justice Collaborative (Luna, 2020), organized a social movement around a human rights framework that included universal coverage of comprehensive reproductive health services and protection from discrimination (Bond-Leonard, 2017). At a time when the women's rights movement was nearly exclusively focused on abortion rights, they pushed to expand the conversation to include the right of Indigenous women and women of color to have children, and to parent their children. When these women placed themselves at the center of the discussion, the frame was shifted to a

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broader agenda that included access to reproductive healthcare, bodily autonomy, economic equity, education, immigration policies, and criminal justice reform (Ross & Solinger, 2017).

Reproductive oppression is defined as the exploitation and control of the bodies, sexuality and labor of women and girls (Price, 2008). The literature on reproductive justice outlines a narrative of historical and modern oppression and abuse of Black women in the United States, dating back to when women were considered property lacking any human rights and their reproduction was viewed as an economic engine for the institution of slavery (Davis, 2019). Medical experimentation and exploitation of Black bodies were common, for example J. Marion Sims, the “father of gynecology,” performed experimental surgeries on enslaved women without anesthesia (Davis, 2019). In the early 20th century, the ideology of eugenics led to massive sterilization campaigns of poor women and women of color in the early 20th century (Ross, 2017b). This alignment of eugenics with birth control created controversy about whether the goal of family planning was empowerment of women or population control (Follet, 2019).

One example of a persistent and insidious form of population control extends to the structures surrounding mass incarceration (Roth, 2017). Mass incarceration of Black women oppresses bodily autonomy through confinement during childbearing years, loss of parental rights, lack of appropriate reproductive healthcare, and harmful childbirth experiences (Hayes et al., 2020). Furthermore, the traumatic separation of the mother and her children and grandchildren has an intergenerational effect on families and communities. Health disparities affecting incarcerated pregnant women include lack of reproductive and prenatal care, malnutrition, unsanitary conditions, exposure to COVID19, and shackling during birth leading to childbirth complications (Hayes et al., 2020; Rabin, 2021). Healthcare quality is another issue related to reproductive justice. The underlying negative stereotypes of Black women throughout the history of the United States have negatively impacted the quality of care for Black women (Davis, 2019). Healthcare injustices faced by

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Black women because of provider implicit bias include missed care, wrong diagnosis, and lack of appropriate pain control. All of which have contributed to mistrust of healthcare providers among Black women (Altman et al., 2019). At the policy level, restricted access to reproductive healthcare, such as the Hyde amendment of 1976 that bans federal funding for abortion services except in stringent circumstances, disproportionately hurts Black women (Salganicoff et al., 2020). Attacks on the Affordable Care Act of 2010 threaten to further limit access to contraception, cancer screenings and other valuable reproductive health services (Kelly, 2018).

A reproductive justice framework offers a lens through which to reframe reproductive health disparities like maternal mortality, by considering the impact of historical reproductive abuses and inequitable reproductive policies. Reproductive justice has applications for broad and diverse communities and could guide public health nurses to better support Black women, and other marginalized communities, in their reproductive years. The remainder of this article is devoted to a concept analysis of reproductive justice with the aim of advancing its application in public health nursing practice, advocacy, and research.

Methods

We performed a systematic review using the PRISMA guidelines (Moher et al., 2009) of the following multidisciplinary databases: Web of Science, Black Studies Center, JSTOR, Proquest Sociological Abstracts, EBSCO, Criminal Justice Abstracts, Academic Search Complete, CINAHL Complete, psycINFO, and PUBMED. We employed the following search terms: “reproductive justice”, “reproductive rights”, “reproductive health”, “women’s rights”, “women of color”, and “African Americans.” Our inclusion criteria were peer-reviewed, full-text English articles about African American women that specifically discussed reproductive justice, and

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which were published between 1994 (the year the concept was developed) and 2019. Our exclusion criteria were articles unrelated to reproductive justice, articles that mentioned reproductive justice without explaining the concept, book reviews, magazine and newspaper articles, and editorials.

The concept analysis was guided by Penrod and Hupcey's (2005) method of principle-based concept analysis. Following Morse (1995) they argue for a qualitative analysis of literature and other forms of data to enrich the understanding of a concept through the "identification of existing theoretical strands that define [it]" (p.404). This approach allowed us to integrate literature from multiple disciplines to determine the ways this concept is understood across disciplines and to consider the implications of this understanding for public health nursing.

Penrod and Hupcey (2005) identify potential difficulties with managing the large amount of resulting data and urge limiting the breadth and focus of the review. Hence our decision to limit our study to only peer-reviewed articles focused on Black women. Penrod and Hupcey (2005) further recommend the employment of four general principles (epistemological, pragmatic, linguistic, and logical) as a consistent way to evaluate the literature. To do this analysis we asked ourselves the following questions when considering the data: 1) What are the ways of knowing within reproductive justice (epistemological), or how is it defined and differentiated from other concepts; 2) in what practical ways is reproductive justice applied (pragmatic), meaning the extent to which characteristics, preconditions, and outcomes are useful for explaining events and other phenomena; 3) is the language used within reproductive justice consistent in meaning (linguistic), and does the language fit within various contexts, preconditions, and outcomes; and 4) is reproductive justice bounded when compared to other reproductive concepts

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(logical), meaning that the characteristics remain clear when positioned theoretically next to other theoretical concepts?

Our research team of three persons performed the following roles: problem posing (KB, RE, SJ), data gathering and analysis (KB, RE), drafting main article and determining implications (KB, RE, SJ), and reviewing for consistency (SJ). As critical scholars focused on Black maternal health, we acknowledge the importance of claiming our identities within the body of this qualitative research of the literature. KB is a practicing clinical nurse in women's health and identifies as White; RE is a public health nurse researcher focused on environmental justice and asthma in marginalized families including Black and Latinx and identifies as a White new immigrant; and SJ is a nurse researcher concerned with systemic approaches to nursing practice and discourse analysis and identifies as White. As we conducted research, we had to continually confront our own biases and preconceived notions about United States history and Black women in society. This experience taught us to read more works written by Black scholars,, and open ourselves to other forms of knowledge outside of the scope of nursing literature.

Results

Our search yielded 1845 database records, and 9 records were found by other means (see Figure 1). After filtering for duplicates, 377 records remained. Next, we deleted articles that did not meet inclusion criteria, leaving 256 articles. After examining abstracts, articles were eliminated if they were not specifically about the concept; for example, if they addressed a reproductive health topic by applying a reproductive justice frame. This action eliminated all articles in nursing/midwifery and left us with 37 articles, which were read in full. From this group, we identified eight articles that met inclusion criteria from the following disciplines: arts & humanities (Combellick-Bidney & Genis, 2018), public health (Fried, 2013), education & healthcare (Loder

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et al., 2019), law and sociology (Luna & Luker, 2013), women's studies (Price, 2008), African studies/ history (Price, 2010), political science/social issues (Roberts, 2015), and ethnic studies (Ross, 2017a). These articles produced a comprehensive understanding of the concept including historical foundations of the movement, and educational implications. The results of the principle-based concept analysis (see Table 1) are discussed below.

Insert Figure 1 here

Insert Table 1 here

Epistemological Principle

Six articles addressed the epistemological aspects of the reproductive justice framework (Combellick-Bidney & Genis, 2018; Fried, 2013; Loder et al., 2019; Price, 2008, 2010; Ross, 2017a). Three categories of knowledge emerged from these articles (individual knowledge, collective knowledge, and praxis). These are described below.

Individual Knowledge

Individual embodiment of oppression is a source of knowledge within reproductive justice theory. Reproductive justice advocates interviewed in one article described their personal identity and experience as a source of inspiration for their work, explaining that “different histories and oppressions shape the experience of bodies” (Combellick-Bidney & Genis, 2018, p. 47). Thus, the physical and social experience of reproduction within a system of inequality serves as the basis of understanding through a reproductive justice lens.

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Collective Knowledge

Reproductive justice was described as inclusive of the experiences of oppression faced by marginalized women collectively (Price, 2010; Ross, 2017a). Ross (2017a) pointed out that the diverse voices of women of color has been largely silent in the reproductive rights movement, and that “reproductive justice emerged from Black women’s experiences based on subjugated knowledges, the kinds of knowledge excluded by the dominant pro-choice movement because of our subordinated status” (Ross, 2017a, p. 300). Knowledge gained from collective experience forms the basis for the development of reproductive justice theory and activism and distinguishes it from other theories (Price, 2010).

Praxis

Praxis as a practical application of reproductive justice, with the purpose of liberation for those who have embodied oppression (Fried, 2013; Loder et al., 2019; Price, 2008; Ross, 2017a). When the emphasis shifts to race as a source of power, rather than a negative social location, racial stereotypes are challenged (Ross, 2017a). By situating the voices of marginalized women at the center of the discussion, knowledge is converted into action that leads to the transformation of oppressive institutions (Price, 2008).

Two authors provided examples of such transformations through praxis (Loder et al., 2019; Fried, 2013). Loder et al., (2019) performed a Delphi study with reproductive justice advocates and experts to develop a national medical education curriculum. They hypothesized that a reproductive justice curriculum could help change knowledge, skills, and attitudes at the provider level to better serve marginalized communities and reduce health injustices at the point of care. Fried (2013) described the transformation from a focus on access to a focus on empowerment of women of color to create new models of care. Instead of focusing on one aspect of care, like

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abortion, reproductive justice is about what women know based on their own embodied experience and the reality of their socioeconomic situations (Fried, 2013).

Pragmatic Principle

Six of the eight articles highlighted the usefulness of reproductive justice for analyzing reproductive politics (Fried, 2013; Luna & Luker, 2013; Price, 2008, 2010; Roberts, 2015; Ross, 2017a). Luna and Luker (2013) described how reproductive justice theory emerged out of the need to account for economic, social, and political struggles hidden from the mainstream reproductive rights agenda. Price (2008) stated that rather than simply focus on the legal right to abortion, reproductive justice should also explore the problems of oppression and exploitation of women. Building on that theme, Luna and Luker (2013), Roberts (2015) and Ross (2017a) all stated that reproductive justice can help explain how social and health policies historically have discouraged reproduction based on assumptions of race, class, sexuality, and ability. Examples included welfare family caps (Roberts, 2015) and criminalization of pregnancy (Luna & Luker, 2013). Furthermore, they stated that an understanding of the historical consequences of reproductive policies offers context when analyzing reproductive health policies with a social justice lens.

Authors in eight articles demonstrated how orienting a grassroots movement around reproductive justice could help form broad coalitions for reproductive rights and social justice (Combellick-Bidney & Genis, 2018; Fried, 2013; Loder et al., 2019; Luna & Luker, 2013; Price, 2008, 2010; Roberts, 2015; Ross, 2017a). Ross (2017a) advocated for an agenda centered around the right to bear children to attempt to navigate the division between pro-life and pro-choice views. Converging viewpoints around a common goal enhances the possibilities for new interrogations into race, class, and gender oppression, and the mobilization of the social justice community (Ross, 2017a). The intentional flexibility of such an agenda encourages coalition building

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with other organizations focused on similar social justice issues (Combellick-Bidney & Genis, 2018; Price, 2010; Roberts, 2015).

Five authors expressed a discontentment with the mainstream reproductive rights agenda and argued that it was lacking in diverse perspectives (Combellick-Bidney & Genis, 2018; Loder et al., 2019; Price, 2010; Roberts, 2015; Ross, 2017a). According to these authors, the focus on abortion in discourses on reproductive rights is simply inadequate to engage women of color in addressing the varieties of reproductive oppression that exist. Ross (2017a) criticized the lack of diversity of voices in the reproductive rights movement and advocated for “polyvocal viewpoints” (p. 303). Fried (2013) emphasized the importance of culturally grounded methodology, such as storytelling, to document the experience of Black women through their own voice, with the goal of countering negative stereotypes. Ross (2017a) also explained that reproductive justice proponents can come together regardless of their position on abortion, and that “no one viewpoint can fully express the multiple meanings and subject positions of diverse people who experience reproductive injustices” (p. 290).

Linguistic Principle

Each of the eight articles addressed the distinction between the term reproductive justice and reproductive rights (Combellick-Bidney & Genis, 2018; Fried, 2013; Loder et al., 2019; Luna & Luker, 2013; Price, 2008, 2010; Roberts, 2015; Ross, 2017a). For example, the legal right to abortion is based on the landmark 1973 Supreme Court decision in *Roe v Wade* that women are entitled to privacy and choice, a privilege that is not available to women dependent upon public healthcare (Price, 2008). Luna and Luker (2013) explained that *Roe v Wade* may have legalized abortion, but the ruling meant that although the state could not interfere with the right to privacy in healthcare decisions (negative rights), it was not obligated to support abortion

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by funding it (positive rights). Therefore, this decision fell short of assuring a woman's right to an abortion and is one example of hidden injustices in assuming that women have the freedom to make reproductive choices (Luna & Luker, 2013).

Four articles described how reproductive justice is distinct from reproductive health (Loder et al., 2019; Luna & Luker, 2013; Price, 2008, 2010). The reproductive health framework focuses on access, delivery, and expansion of reproductive healthcare to improve health outcomes. In contrast, a reproductive justice framework focuses on equity and the transformation of economic and social determinants to improve health (Loder et al., 2019; Ross, 2017a). Within discussions of reproductive justice, access to reproductive care is viewed as an essential component to the legal right to choose an abortion (Luna & Luker, 2013).

Logical Principle

Six of the articles linked intersectionality theory, reproductive justice, and poor Black maternal health outcomes (Combellick-Bidney & Genis, 2018; Luna & Luker, 2013; Price, 2008, 2010; Roberts, 2015; Ross, 2017a). Intersectionality is defined as a way of understanding the complexity of people's lives based on the influence of multiple and diverse factors such as race, class, and gender (Collins & Bilge, 2019). Ross (2017a) argues that incorporating intersectionality is essential for permitting logical flexibility within the reproductive justice framework, so that each unique individual can identify with the preconditions and outcomes relating to their social location and individual values. Intersectionality highlights the applications of the concept of reproductive justice for all people.

Three of the articles linked reproductive justice with critical race theory and critical feminist theory (Combellick-Bidney & Genis, 2018; Price, 2008; Ross, 2017a). These authors argued that reproductive justice was logically distinct from feminist theories that considered men and

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women as equals, and gender as a social construct. In contrast, reproductive justice focuses on the real physical and material consequences of reproductive oppression by highlighting the impact of race, political power, and social control (Combellick-Bidney & Genis, 2018; Price, 2008; Ross, 2017a). This focus provides an internal logic for reproductive justice whereby the preconditions which produce physical (e.g., mortality) and material (e.g., poverty) outcomes for Black women are addressed within the intersections of class, sexuality, ability, and other identities (Combellick-Bidney & Genis, 2018; Luna & Luker, 2013).

Discussion

To our knowledge, this is the first principle-based concept analysis of reproductive justice performed for public health nursing practice, advocacy, and research. We applied Penrod and Hupcey (2005)'s concept analysis to examine the academic, peer reviewed, multi-disciplinary literature on reproductive justice. Our analysis resulted in epistemological examples of firsthand knowledge, collective knowledge, and empowerment. We also found examples of pragmatic applications for reproductive justice in social movements and coalition building. Within the literature, the term reproductive justice was linguistically differentiated from reproductive rights and health. Finally, the concept of reproductive justice was logically integrated with principles of critical race theory, critical feminism, and intersectionality theory. The following is a discussion of the findings within the epistemological, pragmatic, linguistic and logical principles (see Figure 2 for a concept map).

Insert Figure 2 here

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Placing the rich knowledge base (epistemology) of individual and collective experiences of marginalized women at the center of the analysis of reproductive justice has the potential to inform and transform public health nursing. Chinn and Kramer (2008) describe praxis in nursing as the critical reflection that leads to new awareness of problems situated in socio-political and economic contexts. Through an understanding of the principles of reproductive justice, nursing can focus advocacy efforts on empowerment and autonomy for those affected by reproductive injustice. For example, the Black Mommas Matter Alliance demanded the appropriate inclusion and centering of the knowledges of Black women with maternal health discourses (Aina et al., 2020).

Pragmatically speaking, the findings suggest a reproductive justice lens would allow both sides of the pro-life/pro-choice dichotomy to unite around a human rights framework, specifically that women have the right to bear and raise children in healthy communities (Ross, 2017a). Mobilizing new and diverse coalitions for reproductive justice is a pragmatic way to engage different social justice movements to coalesce around reproductive health. Health practitioners applying reproductive justice principles to their work could seize the opportunity to form coalitions around reproductive health across the lifespan, to include preconception health and family planning, pregnancy and postnatal care, and addressing the social determinants of health (Verbiest et al., 2016). For example, the Coalition for Public Health Nursing recently submitted a report on key actions in addressing the social determinants of health to the Future of Nursing committee (Council of Public Health Nursing Organizations, 2020).

Linguistically, the literature reviewed in this paper clearly and consistently distinguished the term reproductive justice from reproductive rights and reproductive health. Rather than focus

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on contraception and abortion, the literature on reproductive justice focused on the impact of social location on the ability to choose when and how to create a family (Roberts, 2015; Ross, 2017a). By understanding the problems with the concept of “choice”, nurses that are grounded in reproductive justice would be able to form partnerships within Black communities that do not see themselves within the mainstream reproductive rights rhetoric.

Similarly, the authors of the reviewed articles described the reproductive health framework as distinctly pertaining to the delivery and expansion of reproductive health care. While a strong reproductive health framework is needed to actualize reproductive rights, and the right to choose depends on equitable and inclusive access to family planning services (Loder et al., 2019), the notion of access within such a framework is broader than availability and affordability. Discussions of access need to include evaluations of the acceptability of healthcare services and prioritization of care specific to Black women and children (Biggs et al., 2018; Evans et al., 2013). In this way, reproductive justice becomes the starting point for activism for both reproductive health and human rights (Ross & Solinger, 2017).

The analysis demonstrated that the theoretical boundaries of reproductive justice had some overlap with critical race, critical feminist, and intersectionality theories. This overlap has implications for nursing practice. Wesp et al. (2018) suggested that integrating critical race, post-colonial feminist, and intersectionality theories in nursing presents the opportunity for critical reflection and emancipatory knowledge development leading to praxis. In our own work on this article, we have had to employ reflective practices that consider how as White researchers we might be ignoring or only partially addressing the structural racism and historical oppressions experienced by Black women. Public Health Nurses must similarly strive to reflect on the ways

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their own identities shape their perceptions of their clients and communities and impact the care they deliver.

Implications for Public Health Nursing

Reproductive justice is a useful lens to examine and act on racial disparities in reproductive health because of its focus on social and political power and human rights. Public Health Nurses can use this framework to inspire new actions and address new questions for consideration within their practice, advocacy, and research (see [Table 2](#)). A reproductive justice framework should center the voices and concerns of Black women within planning, implementation, and evaluation of health promotion programs, and should advance multilevel interventions with a focus on policy and system change.

Insert Table 2 here

Public health nurses are encouraged to employ practices of cultural safety (Loder et al., 2019; Richardson et al., 2017) and critical self-reflection (Rolfe et al., 2010; Wesp et al., 2018) in their engagement with Black women (See Table 3). Describing and confronting racism, colonialism and the ways nursing practice perpetuates oppression is a necessary process that requires a lifelong focus (McGibbon et al., 2014). Public health nurses need to develop reflective practices for examining their own biases and White privilege (if applicable) and developing an anti-racist mindset (Kendi, 2019). There are Black led resources offering the tools and training to develop skills in advocating for Black women and reducing health disparities, such as the toolkit by the Black Mamas Matter Alliance (<https://blackmamasmatter.org/resources/toolkits/>). More work

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is needed by nursing professional organizations and continuing education in Black maternal health.

Insert Table 3 here

Public health nurses should align themselves with other coalitions and nursing organizations oriented towards reproductive justice (see for example Davis, 2019; Verbiest et al., 2016) and identifying local and national policy targets for change (Table 2). It is not enough however to look outward, public health nurses must also act to embed principles of reproductive justice within nursing education and standards of practice. Researchers must continue to explore the concept of reproductive justice within other marginalized groups of mothers and children, such as Indigenous and Latinx communities. Perhaps most importantly within all these implications is the urgent need to reorient public health nursing research within a frame that centers Black mothers in the design, invests in them as researchers, and employs emancipatory methodologies with them to accomplish the goals of the research (Aina et al., 2020).

Limitations

Limiting the final sample to peer-reviewed literature and those that focused on Black women, as recommended by Penrod and Hupcey (2005), hindered the potential for understanding reproductive justice from the perspective of non-academic sources and from considering the use of the term in articles that excluded Black or other marginalized women. Additionally, articles that discussed “reproductive justice” as an intersection with other identities such as sexuality and physical ability in communities of Black women might have been missed. Our research was limited by the lack of available information on reproductive justice in the nursing literature,

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hence our choice to conduct a principle-based concept analysis (Penrod & Hupcey, 2005) to access other bodies of research. The resultant decision to the exclusion of grey literature was a limitation, as we may have missed various perspectives outside of academia.

Conclusion

In this project we conducted a principle-based concept analysis of reproductive justice. We found that reproductive justice has pragmatic applications for the promotion of reproductive rights and health among Black women. Applying a reproductive justice framework in public health nursing research, practice, and advocacy could lead to an improvement of health outcomes for this population. Thus, more research is needed on this topic that has broad implications for all people who identify as women and experience reproductive injustice.

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