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The "SisterSong collective": Women of Color, Reproductive Health and human rights.(SisterSong Women of Color Reproductive Health Project)



[American Journal of Health Studies](#)

March 22, 2001 | [Ross, Loretta J.](#); [Brownlee, Sarah L.](#); [Diallo, Dazon Dixon](#); [Rodriguez, Luz](#); [Roundtable, Latina](#) | [Copyright](#)

Abstract: Reproductive health among women of color suffers in the absence of true rights-based health care; the human rights framework should be an integral component of the health care system in the United States. This paper is a case study of the SisterSong Women of Color Reproductive Health Project founded in 1998 and its efforts to address the current reproductive health situation of women of color in the United States. The paper will then argue that the human rights movement can incorporate the needs of women of color into its agenda. And finally, it will also discuss the reconceptualization of human rights by women of color. The organizations involved in SisterSong are responding to and using their own histories and experiences in organizing their communities to develop and apply human rights standards to reproductive health education and services for women of color.

Around the world, the reproductive health needs women of color are sadly neglected or actively harmed. Whether through the neglect of health care delivery systems or through aggressive population control strategies, the reproductive health rights of women of color are constantly compromised by poverty, racism, sexism, homophobia, and injustice. There is a dialectical relationship between what happens to women of color in other countries and what is visited upon women of color in the United States: all of our human rights are restricted by a white supremacist construct that de-prioritizes our needs while exploiting our bodies for the reproduction and maintenance of the economic system.

In the United States, the racial, gender and economic discrimination faced by women of color interferes with our ability to acquire services or culturally appropriate reproductive health information. Mental health issues such as oppression; depression; substance abuse; physical and sexual violence; lack of education, the lack of availability of services and income, are related to racial, gender and economic inequalities that specifically limit the potential of women of color to live healthy and fulfilled lives. The salient issues are not the diseases that affect women of color, but the poverty, homelessness, inadequate health care, and the denial of human rights that are the root causes of many problems.

In 1987, the International Women's Health Coalition (IWHC) formulated the concept of "reproductive tract infections" (RTIs) to draw attention to a serious, neglected aspect of women's sexual and reproductive health, and to stimulate the development of necessary health services

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and technologies, as well as information dissemination and wider program efforts. Reproductive tract infections affect the ovaries, fallopian tubes, uterus, cervix, vagina, and external genitalia. They affect both men and women, but infection rates differ due to obvious anatomical differences (Native American Women's Health Education Resource Center, Lake Andes, South Dakota, 1999).

There are three known types of RTIs, and they are grouped by cause of infection:

1. Sexually transmitted diseases (STDs) such as gonorrhea, genital warts, chlamydia, syphilis, and HIV are caused by bacterial or viral infections.
2. Endogenous infections result from an overgrowth of microorganisms (bacteria, yeast) that are normally present in the reproductive tract. Endogenous infections are not normally transmitted sexually.
3. Iatrogenic infections result from medical procedures such as improper insertion of an IUD, unsafe childbirth/obstetric practices, and unsafe abortions (Native American Women's Health Education Resource Center, Lake Andes, SD, 1999).

Reproductive tract infections kill thousands of women each year through their association with cervical cancer, unsafe deliveries and septic abortions (Brabin, Gogate, Karde, 1998). They can cause emotional distress, pain, and relationship discord. The economic costs to society include the loss of women's productivity and the expense of treating the severest consequences of RTIs, such as pelvic inflammatory disease (PID). Each year, 12 million people in the United States become infected with a sexually transmitted disease (Centers for Disease Control and Prevention, 1999). Of that number, roughly one quarter occur among young people between the ages of 15 and 19 years (Sexually Transmitted Disease Information Center, 1999).

Women's health advocates around the world have been addressing some of these issues and identifying what can be done locally, nationally, and globally to bring awareness and action to improving women's reproductive health. To the extent that RTIs have been recognized as a public health issue, they have been approached as diseases to be mapped by epidemiologists, prevented through public education, and cured by health professionals. Yet these conventional approaches are not working; RTIs are rampant in many countries, and their prevalence is increasing (Villarosa, 1994).

Rather than accept the medical model of a disease-based approach, women in developing countries and women of color in the United States have led a reconceptualization of women's health as a women's human rights issue. This needs-based approach shifts the focus from service providers to the women they serve by interrogating the way women are treated within the service-delivery system, including communication and information-sharing, establishing minimum standards for procedures and examinations, and assessing whether women receive services appropriate to their needs. Services must be accessible and must be offered in an environment that enables women to use them effectively. Women's biological and social vulnerability to sexual and reproductive health problems means that they need to be able to exercise choice in their sexual and reproductive lives. It is precisely in this area, the promotion of the ability to choose and to have choices that make sense, that the rights framework is critical. Improvement in women's health requires more than improvements in science and health care; it also requires government action to correct injustices faced by many women and to help create enabling conditions necessary to fully exercise these rights (Turmen, 2000).

From this perspective, women of color have raised a number of new questions, such as the following:

1. In what ways are women of color vulnerable to RTIs, and how do they experience their infections, personally and culturally?
2. How can women of color protect their sexual and reproductive health in the private context of

a power imbalance with their male partners, and in the public context of stigma, inadequate information, discrimination, and inaccessible services?

The high rate of RTIs among women of color is associated with a number of interrelated socio-cultural, biological, and economic factors, including poverty, low social status of women, low levels of education, racism, rapid urbanization, and local customs. The synergistic effect of these factors often reduces women's decision-making power regarding their own sexuality, and constrains their ability to seek quality reproductive health care. As Tomris Turmen of the World Health Organization describes:

Reproductive ill health is different from other forms of ill health because of the centrality of intimate human behaviors. Human sexual and reproductive behaviors are heavily ...

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