Reproductive justice: Holding the line and pushing forward

There are no adequate words for the plight of Gaza, but we must not be silent. In this issue of *Aotearoa New Zealand Social Work*, we take the unusual step of publishing two editorials, one of which introduces the theme of this issue -reproductive justice. In a second editorial which follows, "Justice for Palestine", members of the editorial board express unconditional solidarity with the people of Palestine at this pivotal time in history.

Saba (2023) writes about the Palestinian feminist movement, Tal'at (Arabic for "stepping out)," which embodies a sense of coming into view, of ascending, and rising (p. 647). Their slogan is:

> "There is no free homeland without free women."
>
> Tal'at, [is] a continuation and expansion of the Palestinian women's movement to include queer struggles and transnational solidarity. This provides a counter-narrative to Israel's feministwashing and pinkwashing propaganda campaign whose sole purpose is to protect its image on the world stage and attempt to legitimate its violent settler colonial policies. (Saba, 2023, p. 647)

As a group of feminist social work academics, in this issue we honour the women of Palestine in their struggle. We weep for the women living in the rubble of their homes, birthing in the dust with no medical care, struggling to feed their children, burying their loved ones under bombardment. We burn with anger that this is happening and urge all women across the globe to act to bring transnational feminism into this struggle. We condemn the powerful nations who are continuing to express solidarity with Israel, by vote and by the supply of arms and thereby are continuing to condone the violence towards the women of Palestine. There can be no reproductive justice without freedom, security and justice.

In our call for proposals for this themed issue, we framed our understanding of the topic by noting that there are three main frameworks for exploring reproductive health from a justice perspective, and with an intersectional lens:

1. Reproductive health, which deals with the delivery of accessible and responsive services;

2. Reproductive rights, which addresses regulatory issues; and

3. Reproductive justice, which focuses on movement-building in which the primary principles are: the right not to have a child; the right to have a child; and the right to parent children in safe and healthy environments (Ross & Solinger, 2017).

Ross (2006) also argued for "the necessary enabling conditions to realize these rights" (p. 4). Reproductive justice advocates argue that the ability of anyone to determine their own reproductive choices is linked directly to the socioeconomic conditions in their environment and, importantly, "these conditions are not just a matter of individual choice and access. Reproductive justice addresses the social reality of inequality, specifically, the inequality of opportunities that we have to control our reproductive destiny" (Ross, 2006, p. 4).

We offered a wide brief for proposals as reproductive justice encompasses more than abortion and contraception. Birth care justice, maternal mental health, reproductive

AOTEAROA NEW ZEALAND SOCIAL WORK *35(4)*, 1–12.

coercion (Burry et al., 2020) , sexual health, sexual violence (Le Grice et al., 2022) Rainbow health care, especially care for transgender people (Gomez et al., 2021), intersex people (Joy et al., 2023) , Māori and Pasifika women's reproductive, sexual and maternal health (Le Grice & Braun, 2017; Young et al., 2023), the needs and rights of young parents and parents with disabilities (Bloom & Morison, 2023; Maylea et al., 2023) or chronic illness, infertility and assisted reproduction (Webb & Shaw,2022), adoption, and the impact of colonisation on birth and parenting in Aotearoa and the Pacific can all be explored and studied within an intersectional reproductive justice lens. The right to parent, and to parent with the enabling conditions for a good life for children and parents brings child protection practices into consideration as parents who are exposed to state systems often enter a spiral of structural violence (Broadhurst & Mason, 2017; Morriss, 2018).

As noted by Ross (2006), the reproductive justice lens requires conversations and actions that move beyond and transform prior reproductive rights movements such as those centring notions of choice. It is "a political movement that splices *reproductive rights* with *social justice* to achieve *reproductive justice*" (Ross & Solinger, 2017, p. 9) conceived by Black women in the United States who argued that previous lenses did not adequately account for their experiences (hence including the right to *have* a child, and the right to parent children in healthy and safe environments alongside the right to *not* have a child). Critically, a reproductive justice lens recognises that reproductive rights are intersectionally located and that the experiences of white (and often straight, cisgendered, middle-class) women cannot stand as representative of *all* women. Reproductive justice requires an intersectional lens as it includes consideration for how power structures like white supremacy, capitalism and cisheteronormativity limit and create reproductive possibilities for differentially located populations (Tam, 2021).

For example, in Aotearoa—and likely many other settler colonial states—this is about recognising that wāhine Māori, unlike Pākehā women, have had their stories and specific knowledges silenced and colonised (see: Cleaver in this issue; Mikaere, 2011), their knowledge and advocacy appropriated, colonised and stolen (Le Grice et al., 2022; Murphy, 2011, 2017), and their fertility managed and suppressed (Morison et al., 2022). For social workers working in this context it means that work for people with reproductive concerns must be intersectionally differentiated as it will look different and require different actions depending on the person's social location. Put simply, when a person is situated in the intersection of the 'roads' of capitalism, white supremacy and patriarchy, they are far more likely to be 'hit' by the cars of classism, racism and sexism *at the same time*, making reproductive decisions and possibilities much more challenging to negotiate (Crenshaw, 1989).

While there are so many challenging issues of reproductive justice that are vital to further Aotearoa New Zealand scholarship and research, in this extended editorial we will discuss four important topics: Queering reproductive justice; period poverty; preconception and prebirth surveillance; and contraception.

Queering reproductive justice

Queer people accessing reproductive services often find themselves navigating spaces that have been designed for, and cater to, cisgendered heterosexual people. Queer scholars have responded to this challenge by explicitly *queering* reproductive justice (Falu & Craven, 2023; George, 2020; Tam, 2021). For example, Falu and Craven state that "queerness, to its fullest potential, is still not yet here until reproductive justice also encompasses queer lives, queer communities, and queer losses" (2023, p. 219). Part of this queering also means having potentially challenging conversations about technological advances in reproductive

technologies as opposition can reify gendered and sexed binaries thereby "naturalising heterosexual reproduction" (Butler, 2004, p. 11). For example, a queer reproductive lens demands that scholars and activists to move beyond a biogenetic (where a person uses their own genetic material and/or organs to conceive and/or birth a child) lens for reproduction and consider (and enable) other possibilities which may also expand access and provide reproductive liberation for those who are not queer (Ferrara, 2023).

These conversations are not without their challenges, and require consideration of multiple factors—for example, the potential exploitation of egg donors and surrogates. However, an intersectional lens, and one that is explicitly queer, challenges (and requires) us to move beyond binaries and consider that while assisted reproductive technologies can be exploitative they can also be liberatory, and to position them as *only* exploitative potentially denies donor agency and restricts pregnancy to those who do not need assisted reproductive technologies (Lane, 2019).

In a climate where governments around the world are increasingly antagonistic towards queer people, especially those who are transgender, this means that those of us fighting for reproductive justice must consider how our activism and our scholarship might include or exclude queer perspectives. In Aotearoa, fights for reproductive justice therefore mean pushing back against our new right wing government's calls to have 'ideology' (references to gender and sexuality) removed from our relationships and sexuality curriculum (1 News, 2023). Such a move would see queer children denied even the small amount of knowledge they may currently receive to navigate puberty and relationships safely and respectfully, and would isolate whānau who do not represent the nuclear cis-hetero norm. Finally, such regressive moves would further threaten the sexual and reproductive health of those whose bodies do not conform to sexed norms—for example people with variations in sex characteristics who have genitals that do not 'fit' traditional contraceptive devices such as condoms (Berger et al., 2023).

Period poverty

Period poverty refers to the lack of access to menstrual products, hygiene facilities, waste management and education about menstrual health or a combination of these (Michel et al., 2022). While period poverty is a neglected and under-researched health and human rights issue, it continues to gain traction as a global concern. Given that on average, wāhine/girls/women/people who menstruate will have around 480 periods within their life course, period poverty presents a problem that warrants continued and timely attention.

An Aotearoa New Zealand survey by KidsCan found that 53% of wāhine/menstruators had found it difficult to afford period products while almost 25% of respondents reported taking time off work or school because of period poverty (KidsCan, 2018). Inevitably, school, tertiary education and work absences have a flow-on effect impacting learning and paid employment that ultimately compounds inequalities and the experiences of poverty. Socio-economically stressed households were most vulnerable to the experience of period poverty. Māori and Pasifika are over-represented compared to Pākehā (settlers) because of the persistent effects of colonisation, colonist practices and related harms. Beyond the matter of resources, efforts to manage the physical aspects of menstruation, practices of menstrual concealment, shame and stigma associated with menstruation and period poverty inevitably pose challenges to mental and emotional wellbeing.

In Aotearoa New Zealand, Ikura | Manaakitia te whare tangata, is a programme under the Ministry of Education that responds to period poverty by providing free

products in all state and state-integrated schools—funding is in place until June, 2024. Ikura | Manaakitia te whare tangata offers more than material resourcing via its attention to the language, knowledge and status of menstruation. The name, Ikura | Manaakitia te whare tangata, has been intentionally cultivated in consultation with Roopū Te Ao Māori, mātaurangi Māori and rangatahi who participated in the pilot programme:

> 'Ikura' is a traditional name that is derived from the saying 'Mai-i-kurawaka' which literally means 'menstrual blood that comes from kurawaka' (the vaginal area of Papatūanuku).
>
> 'Manaakitia te whare tangata' means to uphold, enshrine and take care of the whare tangata (the house of humanity, womb, uterus, temple).

Te Reo has been employed for its potential to invert Western-inflected stigma associated with ikura (periods) and restore the symbolic meaning, knowledge and mana of menstruation (Ministry of Education, 2023). This responds to, as Wootton and Morison (2020) argue, a "politics of disgust" and the stigma associated with menstruation, where there are limitations to 'merely' providing period products to counter period poverty. Moreover, as Murphy (2017) shares, traditional Māori ceremonies and practices "reflect the positive and respectful attitude our tīpuna (ancestors) had toward menstruation as a symbol of the continuation of life" (p. 12). The holistic efforts of Ikura | Manaakitia te whare tangata are encouraging. However, there is also great concern.

Given the new Government's right-wing and thinly veiled (neo)-colonial strategies including its commitment to erasing sexuality, relationship and consent education in schools, abolishing Te Aka Whai Ora, the Māori Health Authority and minimising the use of Te Reo in the public sector (see 100_Day_Plan.pdf (nationbuilder.com), the continued support of the programme and its contribution to supporting reproductive health and well-being, enhanced access to schooling, responsiveness to financial strain and the addressing of menstrual stigma may be in jeopardy. What is to be done?

A reproductive justice approach lends itself to continued advocacy and activism for meaningful responses to period poverty. Wootton et al. (2020) argue for interventions based on a sexual and reproductive justice (SRJ) approach that:

- Shifts away from matters of hygiene and menstrual management to a focus on rights;
- Appreciates the intersectional nature of menstruation attending to social justice and social determinants of health; and
- Implements a participatory and empowering approach that is informed by specific and local knowledges.

Menstruation and the matter of period poverty must be centred as a health and human rights issue where menstruating bodies can be afforded unapologetic, empowered space in diverse avenues of social life.

Preconception and prebirth surveillance

As knowledge of conception, pregnancy, and child development have progressed, so has understanding of how the early years might impact on later health outcomes (Waggoner, 2017). As scholars have noted, this knowledge has put the gestating body, and even the pre-gestation body, under increasing amounts of surveillance (Budds, 2020; Waggoner, 2017). For pregnant and pre-pregnant people, this means self-policing one's body, behaviours and even thoughts and moods lest the body—the fetal environment—become potentially toxic. This situates the uterus as the original environment and thus a site of intervention—the body is optimised so that the fetus can be optimised (Joy & Beddoe, 2024 [in press]). Women, pregnant people who therefore do not (or perhaps

cannot) do this work are then positioned as deviant, and/or monstrous mothers (Joy, 2022). Critical scholars working in this field, particularly within social work, note that this drive to early intervention and prevention thereby responsibilises mothers for structural conditions (Gillies et al., 2017; Joy, 2022). Such use of developmental science therefore responsibilises women for the effects of racism, classism, sexism, and even environmental pollution (Edwards & Gillies, 2019).

As Eileen found in her recent thesis (Joy, 2022), policymakers and practitioners are being increasingly drawn into these spaces with concerns being expressed for the *fetus* and, very rarely, the *mother*. For example, pregnant women were advised to not stress during pregnancy lest their stress create a toxic environment for the fetus, and in the most egregious examples, social workers positioned mothers, and not their violent partners, as failing to protect the fetus in instances of intimate partner violence. These notions of maternal impression on a fetus are not new; however, recent developments in science have reinvigorated them in ways that make pregnancy, and parenting, an unsafe time for many (Ballif, 2019), and thus also expand the fight for reproductive justice.

As Liz and Eileen note in a forthcoming book chapter (2024), child protection is governed by risk, often requiring a social worker to anticipate what might happen to a child. We ask if a pregnant person does not adequately manage risk, how might the state (and statutory social work) therefore respond? We suggest that social workers are being increasingly drawn into these spaces and this must be resisted. Instead, we suggest that such 'anticipatory work' needs to be viewed through a reproductive justice lens thus flipping the 'gaze' and responsibility back onto the state to ensure that families and pregnant people are supported with adequate housing, incomes, employment within a "decolonised, less patriarchal society where social workers do not need to worry about optimising fetal environment because the structural conditions for the parent, the mother, have been taken care of" (Joy & Beddoe, 2024 [in press]). Social workers thus armed with a reproductive justice lens can then advocate more broadly for a society that fosters a safe and healthy birthing environment for all *as a matter of child protection.*

Contraception

In the field of reproductive healthcare, there are many areas of contention. Contraception care, often lauded as the saviour of poor women, freeing them from endless childbearing, can also be a site of oppression and coercion. How free are all people able to exercise contraceptive choice, or indeed any choices about their reproductive and sexual health? In *Radical informed consent,* Goldblatt Hyatt (2023, p. 4) asks "how can we ensure that populations who have traditionally not had access to reproductive health services, abortion and healthy parenting environments are able to truly consent to their care?" Practice can be coercive without careful attention to the critical intersections of age, race, class and gender identities. The development of long-acting reversible contraception (LARC) provides a useful example. Morison (2023) and Morison et al. (2022) note that policies and practices around the prescription of LARC, are currently subject to critique for undermining patient-centred care by minimising choice and increasing the risk of coercion. Neoliberal policies may focus on risk and so-called vulnerable groups, targeting young, single, Māori and Pasifika women. Morison points to "power differentials in contraceptive consultations, characterised by limited patient engagement and subtle or overt pressuring of patients, especially socially marginalised women, to use/not use LARC" (2023, p. 539).

Social services are not innocent in this space either. Morriss (2018) notes that women accessing an intensive programme designed to work with women who have, or are at risk of having, more than one child being

removed from their care were required to use a contraceptive implant for 18 months. They cannot access the well-funded resources without consenting to the LARC as the 'success' of the programme is predicated on women not having a child in their care or being pregnant, thus "controlling the reproductive lives of working class mothers in ways which curtail future claims upon the state is construed as a policy solution to the imagined (moral) problem of their 'failed parenting' and 'welfare dependency'" (Morriss, 2018, p. 821). As noted above, poverty, colonisation, and other structural elements are invisibilised in this focus on control of the maternal body.

In this issue

In "He whare takata Wāhine Māori reproductive justice in the child protection system", **Kerri Cleaver** (Kāi Tahu, Kāti Māmoe, Waitaha) explores the question: What is the relationship between Indigenous women's reproductive justice rights and child removal in the Aotearoa New Zealand child protection system? Cleaver argues that reproductive justice in Aotearoa must be centred in Indigenous reproductive justice, challenging systemic state mechanisms that control wāhine Māori bodies contradicting the role as "he whare takata", the house of humanity. Cleaver centres atua wāhine pūrākau knowledge exploring the colonial project of child protection, shifting focus from wāhine as the holders of whakapapa. Cleaver provides a reflective, historical and contemporary analysis of complicit social work and settler state intervention on Māori bodies, with a particular focus on wāhine in the child protection system. The article draws on the research and knowledge collected by wāhine researchers over 30 years, drawing also on her doctoral study. This article will become a vital resource in the development of Indigenous reproductive justice within settler states and a rich source of historical material for current and future scholars and practitioners.

Ariane Critchley, in her article, "Pre-birth child protection and the reproductive rights of fathers", applies a reproductive justice framework to research findings about fathers of unborn children involved with the child protection system in Scotland. The article prefaces the findings of the research by succinctly describing the legal and ethical complexity of pre-birth child protection services, and by acknowledging the multiple and intersecting rights of those struggling to attain reproductive justice, including women and members of LGBTQI+ communities. They argue that the pursuit of reproductive rights of non-birthing heterosexual fathers contributes to a more holistic and transformative social work practice that best needs the care needs of children.

The key finding from the research is that unmarried fathers of children involved in pre-birth child protection service are typically denied the opportunity to exercise their parental rights and responsibilities. In Scotland, as in Aotearoa, children born to a married couple automatically attain a legal relationship with their children. This is not the same for unmarried couples however, who must jointly register the father of the baby. According to this research, which involved interviews with birth mothers and fathers involved in pre-birth child protection processes, a decision is often made by mothers, alongside social workers, not to legally register fathers. Analysis of the data collected for this research recognises a significant power imbalance between the social worker and the family in this regard, exacerbated by legal ambiguity and lack of legal counsel.

The author of this piece offers good arguments for applying reproductive rights and feminist lenses to the experiences of unmarried fathers involved in pre-birth child protection services. It is proposed that the practice of indiscriminately erasing fathers from children's lives can lead to marginalisation of fathers in general and jeopardises potential recovery from experiences which have led to issues, for example, family violence, underpinning concerns about the capacity to parent.

Critchley recommends that applying a reproductive rights lens to all parents involved in pre-birth child protection services offers more holistic and transformative potential. It recognises the power held by professionals in this space and argues for social work practice to be more active in enabling all conditions necessary to care for and raise children within their families and communities.

Eileen Joy, Katrina Roen and **Tove Lundberg** in their article, "Reproductive justice for children and young people with gonadal variations: Intersex, queer and crip perspectives", explored decision-making about surgery on their children and young people with variations in sex characteristics. Parents navigate complexity in both processing medical information and advice and thinking about children's bodily autonomy. Interviews with parents generated rich data where beliefs about able-bodiedness and the sex binary appear to influence their decision-making. Joy et al. employ crip, queer, and reproductive justice lenses to expand our understanding of what reproductive justice for all means in working with children and young people with sex characteristic variations. In conclusion, Joy et al. recommend that parents need to be given space, and opportunities to explore moving beyond narrow binary framings so they may support their children to make their own healthcare decisions when they can.

In "Fighting for women's rights and promoting choice: Implications for critical social work education", **Kim Robinson** and **Rojan Afrouz** focus on two women's movements, abortion rights in Australia and the Iranian women's protests, that have resisted dominant oppressive discourses pushing back on the regulation of women's bodies, choice, and reproductive rights. Robinson and Afrouz employ the theoretical lenses of feminist transnationalism and intersectionality to offer a critical analysis. They note that attacks on abortion rights in the United States of America have led to protests to protect women's reproductive right to choose and Iranian women have taken to the streets to demand their rights to gender equality and protest the systematic violence against women and their bodies. Robinson and Afrouz present an exploration of the contribution of women's activism to social work education, arguing that social movements can help us develop strategies of hope and collective action. A pedagogy of solidarity can both reflect and encourage activism in social work education.

In "Abortion counselling controversies and the precarious role of social work: Research and reflections from Aotearoa New Zealand", **Letitia Meadows** explores debates and controversies about counselling within abortion provision in Aotearoa New Zealand. Drawing on findings from a broader qualitative research project involving 52 participant interviews, formal and informal observation of practices, and analysis of service documentation, Meadows employs the concept of "boundary objects" from Star and Griesemer (1989) to account for diverse forms of abortion counselling that occur in multiple, but connected, social worlds. A reproductive justice lens is used to consider findings in light of recent legislative change in Aotearoa New Zealand, and the implications for service users and social work.

Meadows reports that efforts to standardise abortion counselling within law, policy, and practice guidelines have not prevented different versions of counselling by social workers, counsellors, nurses, medical practitioners, staff of community agencies, and crisis pregnancy services. A consequence of this proliferation of forms is that counselling has become a contested term while social work remains poorly integrated into service provision for abortion service seekers. Meadows makes a case for enriched care practices and highlights the potential for social work to support the well-being and agency of service users.

In "Menstrual concealment—"You can't just play the woman card"", **Elyse Gagnon**

explores women's experiences of menstrual suppression within the New Zealand Army. Gagnon employed narrative interviews with 18 women currently serving in the New Zealand Army and nine key informants examining the influence of military systems, culture and processes on their experiences. Gagnon's participants described the convenience of not having their period in a military environment as their main reason for menstrual suppression, revealing their desire to 'fit in' within the current military culture while also having control over their own bodies. Decision-making about the management of menstruation was influenced by peers, rank, the environment, prior experiences, and the information provided to them by health professionals. In her preliminary findings from this study, Gagnon reports that military women are not only expected to retain feminine identity but also maintain body equivalence with men to ensure they are seen as equally operationally effective. Using a reproductive justice lens, Gagnon argues that without addressing menstrual stigma and the military structures, women will continue to 'choose' to conceal or suppress their period as suppression is presented as the only appropriate choice.

In their article, "Barriers to accessing assisted reproduction for diverse and minority groups in Aotearoa New Zealand: Findings from a qualitative study", **Rhonda Shaw** and **Edmond Fehoko** focus on fertility help-seeking experiences of underrepresented users of fertility care. The authors employ the concept of structural infertility to extend beyond social or medical constructions of infertility that privilege dominant ethnic groups, cisgender and/or heterosexual couples.

Consideration of structural infertility reveals how specific social and cultural constraints configure and impede reproductive choices and family-building aims. In this qualitative study, interviews with participants from multiple and intersecting identities including Māori, Pākehā, and Pacific ethnicities and diverse gender orientations revealed impactful challenges to reproductive decision-making and access to fertility treatment illustrated in themes of affordability, delays in the trajectory for resources and services and non-inclusive care. Participants emphasised the need for policymakers and fertility treatment providers to develop and engage in culturally responsive training that promotes inclusivity and an appreciation of diverse family arrangements.

In "'It helped that I'm a middle class, educated, white lady': Normative bodies within fertility clinics", **Lisa Melville** examined the experiences of queer women within fertility clinics in Aotearoa New Zealand. Melville used a qualitative, multi-methods approach, involving 27 face-to-face, semi-structured interviews and an online survey. Questions focused on the decision-making and experiences of lesbian women in conception, maternity, and family spaces. Findings indicated that the path through fertility clinics may be easier for those with privilege, presenting as white, wealthy, heterosexual, and feminine. Policies, the information provided, assumptions and behaviours were experienced as exclusionary. Normative understandings underpin the right to have a child, access to services, and the regulatory environment of assisted reproduction. Normative expectations present challenges on the road to parenthood, not only for lesbians, but for many others as these spaces can strongly reinforce narrow understandings of family.

In a Commentary, **Liz Beddoe** and **Eden Clarke** provide an update on abortion stigma in "A critical commentary: Abortion stigma standing in the way of reproductive justice". Abortion as healthcare is problematised within politically charged debates, leading to ongoing attempts to control access. Abortion as part of health care is often limited by stigma, place and culture, as well as the regulatory environment. Given recent changes to abortion law in Aotearoa New Zealand, Beddoe and Clarke argue that it is timely to review what is known about abortion stigma. They note that, while legal changes may improve access to abortion

services, stigma continues. This commentary article reports on a rapid literature review of scholarly articles published between 2009 and 2023 that address abortion stigma. This review identifies two temporal frames: consistency of abortion stigma over time and changes over time. Three enduring themes were found in the literature, namely, the impact of religion/religiosity, the personification of the foetus, and secrecy. More contemporary scholarship addresses the intersectional dimensions of abortion stigma, considers the impact of the online environment, and a new focus on the wider targets of abortion stigma. Beddoe and Clarke suggest that social workers (and other professionals) will benefit from an understanding of how various forms of stigma impact on the lives of people we support who are considering, or have had, an abortion. Abortion stigma has similar impacts as stigma in mental health or disability and its elimination should be supported by social work.

In the first of three Viewpoint articles, **Tania Huria, Amy Beliveau, Olive Nuttall,** and **Sue Reid** offer a perspective on "Reproductive justice in Aotearoa New Zealand" from the standpoint of Family Planning New Zealand. The authors all work with Family Planning, Aotearoa's only national primary care provider of specialist sexual and reproductive health care—including health promotion which acknowledges that equity in access to sexual and reproductive health services, in addition to information and education, is essential to achieving reproductive justice. Huria et al. recognise that the reach of reproductive justice extends well beyond equitable access to health services but must include recognition of the circumstances that impact reproductive decision-making. Reflecting on the principles of reproductive justice, the authors suggest that one major step towards equitable reproductive autonomy is an all-of-government approach that prioritises reproductive justice in policy and decision-making. The racist legacies of colonisation limit the reproductive autonomy of Māori (Le Grice et al., 2022) and many other marginalised groups, including Pacific peoples, refugee and migrant communities, and diasporic peoples in Aotearoa.

Szu-Hsien Lu and **Liz Beddoe** shift our attention to a particular intersection of reproductive rights and disability rights in "Reproductive justice and people with intellectual disabilities in Taiwan: An issue for social work". This Viewpoint article explores the reproductive rights of people with intellectual disabilities who often face difficulties in establishing their right to family formation and parenting. In this article, Lu and Beddoe apply a reproductive justice lens to the rights of parents with intellectual disabilities. The authors summarise research on parents with intellectual disabilities noting the barriers faced, their needs and types of support they received, the developmental outcomes for their children, and some evaluation of support interventions. However, prior studies were primarily generated in high-income countries. This article presents an approach to planned research in Taiwan, recognising that the cultural context will be unique as prior research has shown that gender, traditional beliefs, family structure, and religious beliefs, all affect the experience of parenting with disabilities.

In the last of our Viewpoint pieces, **Eden Clarke** presents "Navigating the need for reproductive justice in a post-Roe v. Wade Aotearoa New Zealand". Clarke situates her discussion of the 'post-Roe' world within the tensions in social science between aims of objectivity in researching complex topics, where political neutrality is inadequate, and advocacy for social justice becomes imperative. Clarke makes a case for a divergence from *objective* science towards intersectional research and the recentring of social justice in abortion research to ensure gender equality in these precarious times. Academics have a unique opportunity to use their research to advance human rights and address barriers to their achievement.

Book reviews

In a great selection of book reviews, first up Eileen Joy reviews *Sexual and Reproductive Justice: From the Margins to the Centre*, edited by Tracy Morison and Jubulile Mary-Jane Jace Mavuso. Liz Beddoe reviews *The Turnaway Study—10 years, a Thousand Women and the Consequences of Having—or Being Denied—an Abortion,* by Diana Greene Foster. Blake Gardiner introduces *Social Work Histories of Complicity and Resistance: A Tale of Two Professions,* edited by Vasilios Ioakimidis and Aaron Wyllie. Lastly in this issue, Darren Renau reviews *When Social Workers Impact Policy and Don't Just Implement It: A Framework for Understanding Policy Engagement* by John Gal and Idit Weiss-Gal.

Conclusion

A heightened awareness of reproductive health care and reproductive rights embedded within social work education, research and practice is essential to promote human rights and reduce health inequalities (Gomez et al., 2020; McKinley et al., 2023). In a speculative ethnography, Came et al. (2022) explored the "dynamics of power, patriarchy, and health inequities across four decades" (p. 1541) and imagined a healthcare system in 2039 that would be good for all people in Aotearoa New Zealand: "A people-centred health system would have resourced space for woman's and whānau (family) health … better education around sex, pleasure and our bodies. There is free access to, and accurate education about, birth control and abortions" (Came et al., 2022, p. 1546). These aspirations are consistent with social work values. If social work is to make a genuine contribution to reproductive rights and closing the health gap in Aotearoa New Zealand and globally, then the principles of reproductive justice must be centred in social work consciousness (Beddoe, 2021). We launch this special issue as a starting point in raising awareness and encouraging future scholarship and research. Thank you to the contributors and the reviewers.

Liz Beddoe, Eileen Joy, Letitia Meadows, Kerri Cleaver and Yvonne Crichton-Hill

Special Issue Editors

References

1 News. (2023, November 28). Govt's plan to axe sex, gender guidelines in schools "concerning". *1 News* https://www.1news.co.nz/2023/11/28/govts-plan-to-axe-sex-gender-guidelines-in-schools-concerning/

Ballif, E. (2019). Policing the maternal mind: Maternal health, psychological government, and Swiss pregnancy politics. *Social Politics: International Studies in Gender, State & Society*, *27*(1), 74–96.

Beddoe, L. (2021). Reproductive justice, abortion rights and social work. *Critical and Radical Social Work*, *10*(1), 7–22. https://doi.org/10.1332/204986021X16355170868404

Berger, I., Ansara, G., & Riggs, D. (2023). Intersex people's experiences of medical interventions, sex education, and physical intimacy. *Psychology and Sexuality,* https://doi.org/10.1080/19419899.2023.2252446

Bloom, O., & Morison, T. (2023). Supporting intellectually disabled women's sexual and reproductive health and rights: A qualitative study with support workers in Aotearoa New Zealand. *Women's Reproductive Health*, 1–21. https://doi.org/10.1080/23293691.2023.2271897

Broadhurst, K., & Mason, C. (2017). Birth parents and the collateral consequences of court ordered child removal: Towards a comprehensive framework. *International Journal of Law, Policy and the Family*, *31*, 41–59.

Budds, K. (2020). Fit to conceive? Representations of preconception health in the UK press. *Feminism & Psychology 31*(4), 463–482.

Burry, K., Thorburn, N., & Jury, A. (2020). "I had no control over my body": Women's experiences of reproductive coercion in Aotearoa New Zealand. *Aotearoa New Zealand Social Work, 32*(1), 17–31. https://doi.org/10.11157/anzswj-vol32iss1id701

Butler, J. (2004). *Undoing gender*. Routledge.

Came, H., Matheson, A., & Kidd, J. (2022). Smashing the patriarchy to address gender health inequities: Past, present and future perspectives from Aotearoa (New Zealand). *Global Public Health*, *17*(8), 1540–1550. https://doi.org/10.1080/17441692.2021.1937272

Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A Black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum, 1989*(1), 139–167.

Edwards, R., & Gillies, V. (2019). (M)othering and the politics of early intervention: Biologisation and the reproduction of gendered, classed and raced inequalities. In F. Portier-Le Cocq (Ed.), *Motherhood in contemporary international perspective: continuity and change* (pp. 18–31). Routledge.

Falu, N., & Craven, C. (2023). Queer reproductive futures. In C. Van Hollen & N. Appleton (Eds.), *A companion to the anthropology of reproductive medicine and technology* (pp. 219–233). Wiley-Blackwell.

Ferrara, M. (2023). Inconceivable: Cisnormativity and the management of trans and intersex reproduction. In C. Van Hollen & N. Appleton (Eds.), *A companion to the anthropology of reproductive medicine and technology* (pp. 234–249). Wiley-Blackwell.

George, M.-A. (2020). Queering reproductive justice. *University of Richmond Law Review, 54*(3), 671–703.

Gillies, V., Edwards, R., & Horsley, N. (2017). *Challenging the politics of early intervention: Who's "saving" children and why*. Policy Press.

Goldblatt Hyatt, E. (2023). Radical informed consent: Considering a new approach for reproductive justice in social work practice. *Critical and Radical Social Work*, 1-9. https://doi.org/10.1332/20498602 1x16772547451432

Gomez, A. M., Downey, M. M., Carpenter, E., Leedham, U., Begun, S., Craddock, J., & Ely, G. (2020). Advancing reproductive justice to close the health gap: A call to action for social work. *Social Work*, *65*(4), 358–367. https://doi.org/10.1093/sw/swaa034

Gomez, A. M., Hooker, N., Olip-Booth, R., Woerner, P., & Ratliff, G. A. (2021). "It's being compassionate, not making assumptions": Transmasculine and nonbinary young adults' experiences of "women's" health care settings. *Women's Health Issues, 31*(4), 324–331. https://doi.org/https://doi.org/10.1016/j.whi.2021.02.008

Joy, E. (2022). *"Making every individual count in terms of capital production": The strategic use of early prevention sciences in child protection social work policy and practice in Aotearoa* [Unpublished doctoral dissertation]. University of Auckland. Research Space University of Auckland. https://researchspace.auckland.ac.nz/handle/2292/62602

Joy, E., & Beddoe, E. (2024, in press). Incubators of the future: Motherhood, biology and pre-birth social work in feminist practice. In C. Noble, S. Rassol, L. Harms-Smith, G. M. Muñoz-Arce & D. Baines (Eds.) *The Routledge international handbook on feminism in social work*. Routledge.

Joy, E., Lundberg, T., & Roen, K. (2023). Experiencing the "wrong kind of puberty": Navigating teenage years with a variation in sex characteristics. *Youth, 3*(1), 465–476. https://doi.org/doi:10.3390/youth3010032

KidsCan. (2018). KidsCan survey exposes extent of period poverty in New Zealand. https://www.kidscan.org.nz/news/kidscan-survey-exposes-extent-of-period-poverty-in-new-zealand

Lane, J. (2019). Anti-heteropatriarchal reproductive justice. *Women's Studies, 48*(8), 882–899.

Le Grice, J. S., & Braun, V. (2017). Indigenous (Māori) perspectives on abortion in New Zealand. *Feminism & Psychology, 27*(2), 144–162. https://doi.org/10.1177/0959353517701491

Le Grice, J., Turner, C., Nikora, L., & Gavey, N. (2022). Indigenous sexual & reproductive Justice in Aotearoa New Zealand: Mitigating ongoing colonial harm in the revitalisation of Māori sexual violence prevention knowledge, expertise, and practice. In T. Morison & J. M.-J. J. Mavuso (Eds.), *Sexual and reproductive justice: From the margins to the centre* (pp. 41–59). Lexington Books.

Maylea, C., Bashfield, L., Thomas, S., Kuyini, B., Fitt, K., & Buchanan, R. (2023). Advocacy as a human rights enabler for parents in the child protection system. *Ethics and Social Welfare*, *17*(3), 275–294. https://doi.org/10.1080/17496535.2023.2186460

McKinley, B.-D., Cahill, L., & Kumaria, S. (2023). Wade in the water: Suggestions for centering reproductive justice in social work education, practice, and organizing. *Smith College Studies in Social Work*, 1–28. https://doi.org/10.1080/00377317.2023.2260487

Michel, J., Mettler, A., Schönenberger, S., & Gunz, D. (2022). Period poverty: Why it should be everybody's business. *Journal of Global Health Reports*, *6*, e2022009. https://doi.org/10.29392/001c.32436

Mikaere, A. (2011). *Colonising myths: Māori realities: He rukuruku whakaaro*. Huia Publishers.

Ministry of Education. (2023). Ikura | Manaakitia te whare tangata: Period products in schools. Ikura | Manaakitia te whare tangata: Period products in schools – Education in New Zealand

Morison, T. (2023). Patient-provider power relations in counselling on long-acting reversible contraception: A discursive study of provider perspectives. *Culture, Health & Sexuality*, *25*(5), 537–553. https://doi.org/10.1080/13691058.2022.2067593

Morison, T., Ndabula, Y., & Macleod, C. I. (2022). The contraceptive paradox, contraceptive agency, and reproductive justice: Women's decision-making about long-acting reversible contraception. In T. Morison & J. M.-J. J. Mavuso (Eds.), *Sexual and reproductive justice: From the margins to the centre* (pp. 227–246). Lexington Books.

Morriss, L. (2018). Haunted futures: The stigma of being a mother living apart from her child(ren) as a result of state-ordered court removal. *The Sociological Review*, *66*(4), 816–831. https://doi.org/10.1177/0038026118777448

Murphy, N. A. G. (2011). *Te Awa Atua, Te Awa Tapu, Te Awa Wahine: An examination of stories, ceremonies and practices regarding menstruation in the pre-colonial Māori world* [Unpublished master's thesis] University of Waikato. https://hdl.handle.net/10289/5532

Murphy, N. (2017). Ikura, the lifeblood: Traditional Māori understandings of menstruation. *L.O.G.I.C.: The Official Journal of the New Zealand College of Primary Health Care Nurses, NZNO, 16*(2), 11–14.

Ross, L. (2006). Understanding reproductive justice: Transforming the pro-choice movement. *off our backs*, *36*(4), 14–19. https://link.gale.com/apps/doc/A163803537/AONE?u=learn&sid=bookmark-AONE&xid=0f223af3

Ross, L., & Solinger, R. (2017). *Reproductive justice: An introduction*. University of California Press.

Saba, J. (2023). "No free homeland without free women": Tal'at's Indigenous feminist movement. *Affilia, 38*(4), 646–655. https://doi.org/10.1177/08861099221148157

Star, S. L., & Griesemer, J. R. (1989). Institutional ecology, "translations" and boundary objects: Amateurs and professionals in Berkeley's Museum of Vertebrate Zoology, 1907-39. *Social Studies of Science*, *19*(3), 387–420.

Tam, M. W. (2021). Queering reproductive access: Reproductive justice in assisted reproductive technologies. *Reproductive Health, 18*(164), 1–6.

Waggoner, M. R. (2017). *The zero trimester: Pre-pregnancy care and the politics of reproductive risk*. University of California Press.

Webb, D., & Shaw, R. (2022). Māori perspectives on assisted reproduction and fertility treatment: A review of the literature. *New Zealand Sociology 37*(2), 14–25.

Wootton, S., & Morison, T. (2020). Menstrual management and the negotiation of failed femininities: A discursive study among low-income young women in Aotearoa (New Zealand). *Women's Reproductive Health*, *7*(2), 87–106.

Young, C. D., Taumoepeau, M. M., Hohmann-Marriott, B. E., Girling, J. E., & Bird, R. J. (2023). Sexual and reproductive health knowledges: A study with Pacific young people enrolled in an Aotearoa New Zealand tertiary institution. *Culture, Health & Sexuality*, 1–19. https://doi.org/10.1080/13691058.2023.2201356