Intersectional Analysis On Reproductive Justice Discussion Of The Intersection

Feminist legal scholar Kimberlé Crenshaw initially coined the term 'intersectionality' and defined it as "inequities are never the result of single, distinct factors. Rather, they are the outcome of intersections of different social locations, power relations and experiences" (Crenshaw, 1989). These interactions happen inside a setting of associated frameworks and structures of power including laws, bills, policies, political and financial associations, religion and the media. In this instance an inequality is essentially something that is not equal. Moreover, an injustice that occurs; where we as society know it's wrongdoing, however, fail to act on improving or demolishing it. The inequalities of health and gender operate as an intersectionality when dealing with the United States of America's health care system and a female's rights to a medically-safe abortion. This in turn causes another social intersectionality as there is a link between the two inequalities of class and gender; an immense outcome of females being denied an abortion has an influence on the growing percentage of poverty.

In the present day, intersectionality has advanced into an explanatory structure for tending to the imperceptibility of minimized groups inside bigger populaces. The continuous discussion over abortion in the United States embodies the outcomes of policy-making that neglects to be intersectional. Along with the rest of the American population, a female's health is highly dependent on the healthcare system which in turn is administrated by the nation's government. However, the healthcare system manages both the male and female genders wellbeing independently. This is on the grounds that males and females are unique regarding their physiology, psychology and other features. Additionally, religion plays an immense role in the nation's access to healthcare. Currently, 12 states belonging to the United States of America, comprising of Alabama, Arkansas, Georgia, Kentucky, Louisiana, Mississippi, Missouri, have approved more than 20 anti-abortion dealings. A great deal of the individuals that are against abortions, generally belong to the Catholic religion. Roughly 24% of the U.S. residents distinguish themselves as Catholic; these individuals contribute to a large sum of the overall antiabortion populace. A large portion of the number of inhabitants supporting the pro-life movement are members or supporters of the republican party. This comes as no surprise since it is widely acknowledged that a large part of the contemporary governmental issues within the United States of America, arise due to the ideologies of the republican party. The anti-abortion supporters accept that the activity of fetus removal is repulsive, and that individuals who partake in it are ending innocent lives. Nonetheless, pro-choice supporters place importance towards the potential mother, as opposed to the fetus.

To further demonstrate how a women's health is compromised, organizations such as Planned Parenthood inform the world of the harmful effects' abortion bans can create as it causes several women to resort to illegal or self-induced abortions. Furthermore, the intersectionality between gender and health, in turn, creates intersectionality between gender and class in a society; it is said that in any event 40% of American children born from an undesirable pregnancy are naturally introduced to poverty. Therefore, developing an intersectional policy structure requires both a familiarity with bigotry, sexism, and classism, and an individual promise to act.

Connection to Theory

Feminist theory prompts equality of the female gender further allowing for a social justice reform to occur. Additionally, feminist theory is fundamentally structured as a standpoint theory; advocates of feminism provide a view from their own perspective. Moreover, intersectional feminism, rather than standard feminism, inspects how sex, race, ethnicity, sexual orientation, financial status, physical and mental capacity, and migration status overlap. As supporters and promoters of reproductive health issues and sexual equity, it is basic that they incorporate intersectionality into the political framework and administrations. Analyzing the pro-choice arguments supported by the feminist theory allows one to see how those belonging to the female gender can have their health become compromised. Furthermore, the pro-choice arguments supported by feminist theorists reveal how the intersectionality between class and gender is in turn formed.

An argument from a feminist and prochoice standpoint is that women should have the choice of abortion in regard to the virtue of the basic right of freedom of choice. Therefore, we have to allow any type of abortion, not only the therapeutic ones. The most mitigated pro-choice position is that even if we agree that abortion is morally wrong, we should make it legal; illegal abortion leads to death or serious injuries of many women which is equally wrong. To add support to this ideology, we can analyze what occurred in Canada during a time period where abortions were illegal; it is revealed that 4000 to 6000 Canadian women within the years of 1926 to 1947, died as a result of bungled illegal abortion. In order to lower the number of illegal abortions done, especially within to the United States of America, several initiatives can be taken including having a health care system that offers free consultation. Likewise, it should become a priority to ensure that women fully understand the consequences of their actions including making sure that the women are fully aware of the options that they have when deciding on becoming mothers or alternative outcomes for the child if they chose to give birth (child support financing, options for adoption) and lastly, society should safeguard a better government child support system.

A full-fledged prochoice position from the feminist theory approach, states that to deny access to abortion is to deny a woman her right to control her own body. To think that pregnant women will be irresponsible if they had choice in the matters of abortion is to stretch things beyond reality because an abortion is a traumatic experience both physically and emotionally; women do not enjoy having abortions. Even if there are cases of irresponsible behaviour toward one's pregnancy, they will be exception which is not worth the prohibition of abortion as a basic right of women. The case scenarios discussed by anti-abortionists are far-fetched and have no grounds in reality. Another part of this objection to the legal banning of abortions; even if women are fully responsible and extra careful, they cannot avoid unwanted pregnancies because the contraceptive devices do not guarantee full protection against pregnancy. Many of the contraceptive devices are health hazardous for some women; therefore, they cannot be used all the time. This makes abortion one of the legitimate options for preventing unwanted pregnancies. If women are to enjoy free of sexual encounters as men do, they should have options to avoid unwanted pregnancy a safe abortion is one of them.

The use of affirming abortions would help reduce the gigantic measure of families in a poor condition of living. Contrary to the pro-life advocates, individuals supporting pro-choice contend that lives would be better on the off chance that they weren't conceived in view of the

considerable number of battles they'd experience in the event that they were conceived. For instance, most undesirable births wind up going into child care or, as referenced previously, wind up living in destitution. The foster care framework, as it is as of now, has an excessive number of children since most don't end up getting adopted. Measurably, children found within child care homes are 23% bound to carry out a crime as a grown-up. Therefore, policymaking that grasps intersectional feminism, focuses on changes made within society and is required to abolish oppression and reform institutions.

References

- Centering Women of Color through Intersectional Policymaking: Let's Start with Abortion Access. (2019, January 27). Retrieved from https://ksr.hkspublications.org/2019/01/07/centering-women-of-color-throughintersectional-policymaking-lets-start-with-abortion-access/
- 2. Çevlikli, B. A. (2017). Feminist ethical approach to termination of pregnancy. Turkish Journal of Bioethics, 4(4), 158–164. doi: 10.5505/tjob.2017.63935
- 3. Forde, K. (2019, June 12). In the face of new abortion bans, some US states expand access. Retrieved from https://www.aljazeera.com/news/2019/06/face-abortion-bans-states-expand-access-190612163127127.html
- 4. Hancock, A.-M. (2016). The Activist Roots of Intersectionality. Intersectionality, 37–71. doi: 10.1093/acprof:oso/9780199370368.003.0002
- 5. Keating, A. (2017). Beyond Intersectionality. University of Illinois Press. doi: 10.5406/illinois/9780252037849.003.0001
- 6. McCurdy, S. A. (2016, February). Abortion and public health: Time for another look. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5102173/
- 7. Termination of Pregnancy. (2003). Legal and Ethical Aspects of Healthcare, 131–146. doi: 10.1017/cbo9780511545542.012

3/3