

LOCATING LARC WITHIN THE CONTEXT OF SEXUAL AND REPRODUCTIVE JUSTICE

We agree with the recent *AJPH Perspectives* piece by Gubrium et al.¹ in response to Northridge and Coupey's column² on long-acting reversible contraception (LARC) and reproductive health equity. Northridge and Coupey's recent response³ acknowledges that they see LARC as one component of a larger social justice agenda. However, both the initial piece² and the response to Gubrium et al.³ fail to locate LARC within the context of sexual and reproductive justice. As Gubrium et al. discuss, the Reproductive Justice framework, created by African American women in 1994, illuminates the history of reproductive coercion experienced by women of color—not only by male partners (as highlighted by Northridge and Coupey), but also by institutions—and centers the right to bodily autonomy in sexual and reproductive health.⁴ Reflections on barriers to contraception should thus acknowledge how structural racism and poverty drive health disparities. Omitting this history, even unintentionally, contributes to the silencing of communities that have experienced sexual and reproductive oppression.

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Accordingly, the New York City Department of Health and Mental Hygiene (DOHMH) has recently reexamined our own work. The catalyst came when planning a public awareness campaign, “Maybe the IUD,” intended to promote equitable access to and knowledge of LARC and other contraceptive options. As we shared our plans, colleagues in academia and the community raised concerns that the campaign could be viewed as promoting LARC as the “best” birth control option, inadvertently raising echoes of the historical use of contraception to control the fertility of women and girls of color. These dialogues expanded our awareness of the continued threats of stigma, shame, coercion, and implicit biases.

In response to these concerns, the DOHMH set forth to engage a diverse array of community stakeholders and reproductive justice advocates and established a community engagement group. The community engagement group provided feedback on the campaign, and the DOHMH made changes to better align it with a Sexual and Reproductive Justice framework (we modified the term to reflect the importance of justice and bodily autonomy across the spectrum of human sexuality). We were successful in articulating this framework in the press coverage the campaign received, making the story about the “Maybe the IUD” campaign a story about increased access to *all* contraceptive methods and Sexual and Reproductive Justice.^{5,6}

The DOHMH and community partners are now on a journey together—building trust, learning from each other, keeping open minds, and finding common ground. The partnership is driven by our shared commitment to promoting communities' rights to exercise bodily autonomy and access resources needed to make informed decisions about sexual and reproductive health. We hope our work can inspire others to take a similar approach. *AJPH*

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On behalf of the Sexual and Reproductive Justice Community Engagement Group and the New York City Department of Health and Mental Hygiene

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NORTHRIDGE AND COUPEY RESPOND

We endorse the “Reproductive Justice” framework that Commissioner Bassett and her colleagues use in their important reproductive health initiatives in New York City, to which we contributed. In fact, we have collaborated with the New York City Department of Health and Mental Hygiene (DOHMH) through our work with the Society for Adolescent Health and Medicine. Moreover, we stand in solidarity with the DOHMH’s desire to advance the health and well-being of the communities we serve.

In our editorial¹ and in this response, our aim was to promote reproductive health equity for *all* adolescents regardless of race/ethnicity and socioeconomic status. Adolescents of all races/ethnicities and income brackets have more barriers to access long-acting methods of contraception compared with adult women.

As we stated in our initial editorial, “All young people deserve every opportunity we can afford them as a society to pursue healthy and meaningful lives.”^{1(p1284)} **AJPH**

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