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**REPRODUCTIVE JUSTICE**

**AND THE CLIMATE**

**EMERGENCY IN THE UK**

Birth Companions and  
Wen (Women's Environmental Network)



**Wen.**



## ACKNOWLEDGEMENTS

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**Birth Companions and Wen, 2024**

We have used the words 'woman' and 'mother' throughout this paper, but we recognise that not everyone who is pregnant, can be pregnant, or has given birth identifies as a woman or mother. Our discussion in this paper is intended to be applicable to all those who are pregnant, can be pregnant, or have given birth, whatever their gender identity or how they express their gender.

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## FOREWORD

### Dr Ranee Thakar, President of the Royal College of Obstetricians and Gynaecologists

As a healthcare professional working in women's health, I find it impossible to ignore pollution, nature loss and changing climate caused by more than a century of unequal and unsustainable use of the planet's resources. These heavily connected issues threaten the fundamentals of life as we know it, with women and girls being the first to feel the effects of our complacency.

This is why I have made meaningful change in response to these threats one of my core priorities as RCOG President, and why I am delighted to be introducing this report.

Using the important lens of reproductive justice, Birth Companions and Women's Environmental Network demonstrate the power in taking a holistic, justice-based view of the climate emergency. This is an approach which we don't see often enough in conversation – and action – in response to these issues.

Through spelling out the complexities and interconnectedness of the climate emergency, societal inequalities, mental and physical health, and our ability to determine our reproductive lives, we see that women and girls have a specific stake in the environment, in controlling their futures. The report also helps us understand how the climate emergency plays into health inequality, and why those who are already marginalised, racialised or otherwise disempowered are often worst affected.

They also make clear that there is no more room for complacency. This is not a problem for the future, or for those in countries traditionally viewed as vulnerable to extreme weather. The effects of climate change on women's health are being felt here in the UK, now.



The IPCC, the United Nations body for assessing the science related to climate change, has recently pointed to both the brief window of time left to reduce emissions and adapt to a changing climate, and the multiple opportunities still available to do this. Now is the time for all of us to act – be that tackling the climate impact of healthcare, making sure services are resilient, and most importantly advocating for governmental progress towards a liveable, healthy future.

Birth Companions and Women's Environmental Network have produced an essential contribution to the conversation, which I hope will spur on action across the sector. It is vital that we all face the issues, call out those who refuse to act, and relentlessly talk about the real-life impacts on women's lives. Only then can we collectively make a difference!

**Dr Ranee Thakar, President of the Royal College of Obstetricians and Gynaecologists**

## INTRODUCTION

Climate change, global heating, pollution, environmental degradation and the decline of nature – referred to from now on collectively as the climate emergency – pose numerous barriers to reproductive justice in the UK and beyond. Pregnant women and newborn babies are among those most at risk from the severe consequences of the climate emergency,<sup>[1]</sup> and we know that women facing inequality and disadvantage\* bear the impacts of these processes disproportionately. In the UK, we are already seeing the impacts of environmental pollution on women’s ability to conceive, sustain healthy pregnancies, and birth and parent their children in safe and sustainable communities, and research into the impacts of pollution, extreme heat, drought and harmful chemicals is finding increasing evidence of devastating effects on maternal, infant and child health and mental health.

The intersectional, rights-based framework of reproductive justice provides a useful lens through which to view the climate emergency. Reproductive justice activists and thinkers have long made explicit links between sexual and reproductive health and rights and the environment. Globally, women’s experiences and needs in these two areas are recognised by intersectional feminists as inherently connected,<sup>[2]</sup> but this connection is not so well understood or recognised in the UK.

As we look for solutions to the climate emergency, reproductive justice is a powerful tool with which to centre the needs and experiences of marginalised groups facing inequality and disadvantage; and to determine opportunities for action at individual, local, organisational and national levels. In this paper, we explore the key principles of reproductive justice, and their relationship with environmental concerns. We outline some of the ways in which the current climate emergency limits and undermines reproductive justice in the UK, and discuss how embedding understanding of this is crucial to developing wider ‘climate justice’ policy,\*\* such as the Feminist Green New Deal.<sup>[3]</sup> Finally, we explore ways in which individuals, organisations, networks and systems could collaborate to take action in this area.

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\* Including, but not limited to, racially marginalised women, women living in poverty, women living with disabilities, migrant women and transgender and gender non-conforming people.

\*\* Climate Justice is a rights-based framework and discourse that recognises that people and communities most at risk from the harms of the climate emergency are often those who have contributed least to its making. It proposes that social, racial and environmental issues are intrinsically bound together, and that efforts to address the harms of the climate emergency require a holistic, intersectional approach.

## WHAT IS REPRODUCTIVE JUSTICE?

Reproductive justice is a rights-based framework and an intersectional feminist activist movement bringing together reproductive rights and social justice. It was developed in 1994 by women of colour in the USA. Those women saw that existing movements focusing on abortion rights, contraceptive access, and individual choice were not sufficient to address the full range of reproductive experiences and needs of, nor the barriers faced by, marginalised communities. They proposed a new framework that could understand and tackle the multiple, intersecting systems of oppression undermining their reproductive health, and limiting their reproductive rights.

The SisterSong collective,<sup>[4]</sup> which was central to the development of the reproductive justice movement nearly thirty years ago and which remains at the forefront of thinking and action in this area, defines reproductive justice as being centred on four core human rights:

- 1. The right to bodily autonomy**
- 2. The right to have children**
- 3. The right to not have children**
- 4. The right to parent the children we have with dignity in safe and sustainable communities.**

At Birth Companions and Wen, the reproductive justice framework speaks to our core values. Our work to improve the lives of and outcomes for pregnant women, mothers and infants facing inequality and disadvantage is underpinned by the belief that interconnected systems of oppression negatively impact women's reproductive lives and experiences of motherhood. We see how racism, poverty, housing and food insecurity, health inequalities, disability, hostile immigration policies, and the climate emergency all intersect to undermine women's capacity for "self-determined family creation"<sup>[5]</sup>, and impact marginalised communities most significantly.

Birth Companions and Wen hope to draw on, learn from, and contribute to the work of the reproductive justice movement by centring the voices of some of the most marginalised women in our society, and challenging the oppressive systems and narratives that shape their lives. We aim for our engagement with the reproductive justice framework to be respectful, collaborative and productive. We hope to start conversations on reproductive justice within and between women's organisations and environmental organisations. We welcome being allies to, and collaborators with, others leading in this space.

## WHY ARE WE TALKING ABOUT REPRODUCTIVE JUSTICE IN RELATION TO THE CLIMATE EMERGENCY?

*“Reproductive justice helps us “interrogate a host of injustices that may seem tangential to reproductive health, rights and justice – for example, gentrification, environmental degradation, incarceration, migration and militarization”, and examine “how these issues intersect with each other and how, at various points of intersection, they affect the reproductive bodies of women and individuals.”*

Ross and Solinger, 2017

*“In October 2021 the United Nations Human Rights Council (HRC) recognised for the first time that having a clean, healthy and sustainable environment is a human right.”*

WECF and Wen, 2021<sup>[6]</sup>

Since its conception, thinkers and activists in the reproductive justice movement have made an explicit connection between reproductive health, rights and justice, and environmental degradation.<sup>[7]</sup> For those Black and Indigenous women in the United States, the connection was clear: reproductive safety and dignity depended not just on equitable access to a full range of reproductive healthcare, but also on the ability to “live free of racism in a physically healthy environment”.<sup>[8]</sup> Throughout its history, the reproductive justice movement in the United States has raised awareness of, and fought against, the various impacts of environmental toxicities and degradation on reproductive, maternal and infant health.<sup>[9]</sup>

There are inextricable links between the climate emergency, economic inequality, racism, and the restriction of reproductive rights. Efforts to address climate change and reverse the destruction of the natural world therefore must become a central part of all work to achieve systemic change for women and other marginalised groups facing disadvantage and inequality, and approaches to addressing the climate emergency must include a commitment to reproductive justice.

As organisations working to support and improve the lives of mothers and babies facing inequality and disadvantage, Birth Companions and Wen believe that we have a moral obligation and a collective duty to act now to mitigate the impact of this crisis, as part of our commitment to providing mothers and babies with the best futures, whatever their circumstances.

In what follows, we will use the four core human rights of reproductive justice to examine the impact of the climate emergency. We take the first right – to **bodily autonomy** – as an overarching principle, and one which is inherently undermined by a climate emergency that will define and shape the future world in which we and our children will live. We use the other three rights – **to have children**, **to not have children**, and **to parent the children we have with dignity in safe and sustainable communities** – to interrogate specific challenges brought about by the climate emergency and demonstrate the myriad ways in which the climate emergency undermines our rights.

## THE IMPACTS OF THE CLIMATE EMERGENCY

### 1. Air pollution

*“Along with the climate crisis and biodiversity loss, the United Nations calls pollution, including exposure to toxic chemicals, the third major environmental crisis of our time.”*

WECF and Wen, 2021<sup>[10]</sup>

Air pollution is known to significantly increase the risk of infertility in both women and men,<sup>[11, 12, 13]</sup> as well as rates of miscarriage, pre-term birth and stillbirth.<sup>[14, 15]</sup> Air pollution is also known to increase risk of asthma, heart attack, stroke and lung disease,<sup>[16]</sup> and is particularly harmful to infants and young children<sup>[17]</sup>. Analysis in England in 2021 showed that more than 3.1 million children attended schools in areas exceeding World Health Organization (WHO) limits on PM<sub>2.5</sub> – the most dangerous tiny particles of air pollution known to reduce life expectancy through heart and lung disease.<sup>[18]</sup> Since that analysis, WHO has halved its recommended limit, meaning that an estimated 97% of schools in the UK are now in areas with areas of unsafe levels of PM<sub>2.5</sub> pollution.<sup>[19]</sup> In the UK, up to 36,000 premature deaths a year are linked to air pollution<sup>[20]</sup>. It is clear then, that excessive, unavoidable exposure to air pollution undermines both the **right to have children**, and the **right to raise those children in safe and healthy environments**.



Air pollution impacts lower income and more deprived areas disproportionately, and particularly affects neighbourhoods with higher populations of racially marginalised people.<sup>[21]</sup> There is wide disparity in the UK between those who produce the most pollution and those most impacted by it. For example, households in neighbourhoods with very high air pollution are up to three times less likely to own a car than those in the least polluted areas.<sup>[22]</sup> Recent analysis by Friends of the Earth has found that schools with the highest levels of PM<sub>2.5</sub> are disproportionately found in lower income and more deprived areas, and in neighbourhoods with higher ethnic minority populations.<sup>[23, 24]</sup>

*“Pregnancy is a critical window for exposure to air pollution and there is evidence of combustion-derived fine particulate matter crossing the placenta. Exposure to outdoor air pollution is linked to decreased fertility and a greater risk of pre-eclampsia in women.”*

The Lancet Countdown on Health and Climate Change: Policy brief for the UK, 2021<sup>[25]</sup>



*“Half of neighbourhoods that have very high air pollution are in the bottom 30% of the most deprived neighbourhoods. And nearly half (44% to 47%) of the population in neighbourhoods with very high air pollution are people of colour, meaning that people of colour are over 3 times more likely to live in a very highly polluted area than white people.”*

Friends of the Earth, 2022<sup>[26]</sup>

*“I live near the A406 and when I was pregnant, I became very concerned about the effects on my baby. I gave birth at 5 months and my baby did not survive.”*

*“I’m very concerned about the long-term impact of air pollution regarding my 3-year old. I do constantly wonder if living on a main road and working in the city whilst pregnant contributed to him having suspected asthma.”*

Participants, Black Child Clean Air report, Global Black Maternal Health, 2023<sup>[27]</sup>

*“They’re building houses, but they’re not actually thinking about the needs of people who are living in the area... They haven’t developed the public transport infrastructure. So what’s happening is that some people who can afford to are driving, but then the people who either can’t drive, don’t want to drive, or can’t afford to drive – predominantly women, mums and their children – are being forced to walk along this big massive main road, which doesn’t have any pavements. It’s really dangerous and polluted. They’re buying up lots of green space, like allotments and other, other green spaces and building on that as well.”*

Participant at a Wen Climate Sisters workshop, 2023

## 2. Harmful chemicals

*“Toxic chemicals affect our human right to a healthy life and endangers future generations: It impedes access to safe food and clean water and...curtails the right to a healthy environment. It particularly affects socially disadvantaged or marginalised populations, including people living in poverty, indigenous peoples, workers, migrants and women and children.”*

WECF and Wen, 2021<sup>[28]</sup>

Exposure to harmful chemicals and pesticides is almost ubiquitous for people living in the UK. Over 99% of all man-made chemicals, including pesticides, are derived from fossil fuels,<sup>[29]</sup> intrinsically linking them to climate degradation from the extraction of raw materials through to production and disposal. People in the UK are exposed to toxic chemicals in a variety of different ways, through leaching from products during use or manufacturing, during application, and through the burying or burning of waste in landfills. Absorption can occur through the skin, from the food people eat, from the water they drink or by breathing; this happens mostly without their knowledge. The work people do, where they live and how they spend their leisure time can also determine the extent of their exposure, compounded by other socio-economic factors such as poverty, race and ethnicity.

The **right to have children** is challenged in key ways by this near-universal exposure. There has been a 60% decline in sperm counts since 1972, linked to the many synthetic chemicals and pesticides we are exposed to.<sup>[30]</sup> Women have also experienced reduced fertility, with the impacts being seen most strongly in younger women.<sup>[31]</sup>

Endocrine disrupting chemicals (EDCs), also known as hormone disruptors, have the ability to interfere with our hormones and can affect every aspect of human growth and development. EDCs, such as phthalates, can be found in personal care and cleaning products, plastics, food wrapping and furniture. They can bioaccumulate in human fat cells, are associated with damage to health at extremely low concentrations,<sup>[32]</sup> and have been linked with a range of diseases including cancer, birth effects, developmental, neurological and immune disorders.<sup>[33, 34]</sup> EDCs have also been found in human placentas, urine, umbilical cords and maternal blood, and are implicated in a wide range of negative reproductive health outcomes, including menstrual irregularities, endometriosis, premature onset of puberty and infertility.<sup>[35, 36]</sup> These chemicals can be passed unwittingly from mother to baby through pregnancy, and afterwards in breast milk, potentially impacting an infant's health later in life.<sup>[37]</sup> Exposure at critical times of foetal development can carry particular health implications across generations.<sup>[38]</sup>

The group of chemicals called per- and polyfluoroalkyl substances (PFAS), more commonly known as 'forever chemicals', are one example of EDCs. Women with higher levels of PFAS in their blood have been found to have a 40% lower chance of becoming pregnant within a year of trying to conceive.<sup>[39, 40]</sup> In addition to their effects on fertility, PFAS have also been linked to several other diseases, including polycystic ovarian syndrome and pregnancy-induced hypertension,<sup>[41, 42]</sup> increasing the potential health issues faced by women throughout their reproductive lives.

The potential health impacts of exposure to PFAS, other EDCs, and many other harmful chemicals limit the **right to have children** and the **right to parent children in a healthy, safe and sustainable environment**. From pregnancy onwards, children are exposed to chemicals and pesticides known to be harmful to human health.

Chemicals harmful to babies and infants are prevalent in people's homes – in furniture, flooring, bedding, toys, clothes, and cleaning products. These chemicals can bioaccumulate in the body and potentially affect the health of the baby or have adverse health effects later in life.<sup>[43]</sup> While there are alternatives to the most harmful products in our homes, parents facing financial difficulties, and those living in the most precarious circumstances often find it the hardest to make these healthy changes in their home environments.<sup>[44]</sup>

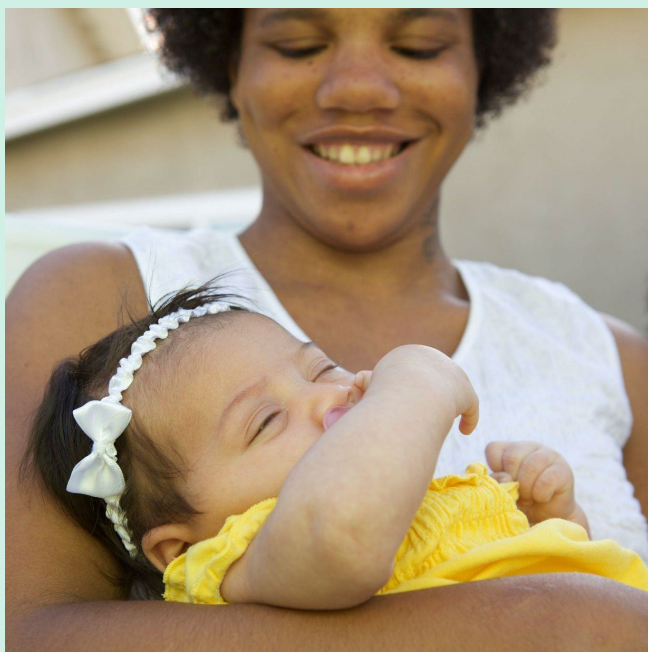
Harmful chemicals are also very prevalent in some people's workplaces, such as hairdressers and textile workers, where daily exposure rates can be much higher than those experienced by the general population.<sup>[45]</sup> This type of exposure has been found to adversely affect both fertility and maternal and foetal health.<sup>[46]</sup> Occupational exposure to harmful chemicals is inequitably distributed, particularly affecting marginalised women and those with low income who often work in low paid, poorly regulated workplaces.<sup>[47, 48]</sup> Precarious, low paid and unsafe occupation can be a confounding risk factor in relation to migration and food insecurity, and can be compounded by environmental disasters.<sup>[49]</sup> Wen is currently campaigning for the regulation of all toxic chemicals, so all people can make safe, healthy, sustainable, and affordable choices for themselves, their babies, and their children.<sup>[50]</sup>

### 3. Heat

*“In Spain between 1983 and 2006, a 50% excess mortality among infants was observed in the perinatal period during extremely hot days. Given that it is likely that future temperatures in the UK will be comparable to those currently recorded in southern Europe, heat will become an increasingly important consideration for health care professionals working in maternity care”*

The Lancet Countdown on Health and Climate Change: Policy brief for the UK, 2021<sup>[51]</sup>

Extreme heat poses significant challenges to the **right to have children**. Increasing temperatures and heat waves can have severe impacts on pregnancy and birth outcomes, with higher temperatures and heat waves linked to higher rates of premature birth, low birth weight, stillbirth and pregnancy loss.<sup>[52, 53, 54]</sup> There is some evidence that high temperatures can reduce fertility via effects on reproductive health, with one study finding that unusually hot days caused a large fall in conceptions two weeks later, and in birth rates 8-10 months later.<sup>[55]</sup> The risks of such outcomes have been found to be higher for the most disadvantaged mothers, for women of colour, and for women on low incomes.<sup>[56]</sup> These findings have led to calls for professionals working in maternity care to “raise awareness of how to reduce heat stress” in a country with poor infrastructure for dealing with extreme heat.<sup>[57]</sup>



Global heating and exposure to extreme heat events further undermine reproductive justice, thereby constraining the **right to parent children in safe and healthy environments**. Extreme heat has been linked to premature birth, which can have long term developmental and health implications.<sup>[58, 59, 60]</sup> Very young children are particularly vulnerable to deaths related to heat arising from, for example, kidney disease, asthma and dehydration.<sup>[61]</sup> Mortality among infants under one can rise during extremely hot days, with the first week of life pinpointed as the “most critical window of susceptibility to heat” in infants.<sup>[62]</sup> Babies’ exposure to extreme heat has also been linked to poor infant health in

the longer term, including higher rates of rapid infant weight gain, which has a well-established association with child, adolescent and adult obesity and its associated risks such as diabetes and hypertension.<sup>[63]</sup> As with so many of the risks associated with the climate emergency, scientists have found the risk of premature birth as a result of exposure to extreme heat to be higher for the most disadvantaged mothers, indicating how the impacts of the climate emergency exacerbate existing social inequalities.<sup>[64]</sup>

## 4. Food insecurity

*“Because of its wide-ranging negative impacts for individuals and families, food insecurity matters for reproductive justice... Lack of enough nutritious food is associated with difficulties conceiving, pregnancy complications, long-term health consequences and worse educational outcomes for children.”*

Fledderjohann and Patterson, 2022<sup>[65]</sup>

Access to adequate food is a fundamental human right, and an essential component of realising reproductive justice. The climate emergency is impacting increasingly on the availability and stability of certain foods, and on the ability of individuals and families to access and use available food,<sup>[66, 67, 68, 69]</sup> posing significant barriers to the **rights to have children, and to parent children in healthy environments.**

The climate emergency can undermine the ability of parents to feed their babies adequately and safely.<sup>[70]</sup> Recent shortages of baby formula have highlighted the fragility of the global formula supply chain, and have given wealthy countries like the UK and the USA a glimpse of the risks associated with potential future shortages of baby formula during, or as a direct result of, climate emergency events.<sup>[71, 72]</sup>

UNICEF and many other scientists and campaigners have warned that the climate emergency can also create conditions that make it difficult for mothers to breastfeed their infants in both low- and high-income countries.<sup>[73, 74, 75]</sup> As such, many have argued for breastfeeding to be promoted, protected and supported both during and in anticipation of climate-related events, and as part of efforts to combat the climate emergency.<sup>[76, 77]</sup>



The climate emergency also makes healthy food less affordable, which is especially important during pregnancy, while breastfeeding infants, and as complementary feeding begins.

In the year to March 2023, Trussell Trust food banks supplied close to 3 million food parcels in the UK, an increase of 37% compared to the previous year and 120% more than in 2017/18.<sup>[78]</sup> In 2022, government statistics showed that around 3% of the UK population had accessed a food bank at least once in the last year, rising to 16% among those households in receipt of Universal Credit.<sup>[79]</sup> Recent figures have also shown that 31% of

single-parent families in poverty suffer from food insecurity.<sup>[80]</sup> While these deeply concerning rises have multiple intersecting causes, they highlight the very real issues of food insecurity

faced in this country today – a trend we already know is linked to the climate crisis, and one that is likely to increase in coming years.<sup>[81]</sup> If access to adequate, safe and healthy food cannot be ensured, then **the right to parent children in safe and healthy communities** is impossible to protect.

*“Globally, marginalized people currently experience a double-jeopardy of structural violence in the form of reproductive coercion and climate crisis risks, including food insecurity. This is deeply unjust.”*

Fledderjohann, Patterson and Owino, 2023<sup>[82]</sup>

As discussed above, exposure to harmful chemicals can have significant impacts on reproductive, maternal and infant health, and the pesticides used throughout our food system are no different. The long-term health impacts of harmful pesticides are serious, and have been linked to the development of asthma, Parkinsons, and cancers including leukaemia and non-Hodgkin’s lymphoma.<sup>[83]</sup> The ubiquity of harmful pesticides, combined with poor consumer information about their effects, clearly undermines the **right to parent children in healthy environments**.

## 5. Environmental disasters and climate anxiety

Increasing temperatures, extreme weather events, drought, flooding, wildfires and other environmental disasters clearly pose an enormous barrier to the **right to parent one's children in safe and healthy environments**. Mothers and infants facing inequality and disadvantage may be more at risk of the very immediate consequences of such environmental disasters. We know that more deprived neighbourhoods face a disproportionately higher flood risk than less deprived areas,<sup>[84]</sup> while also facing higher exposure to air pollution, poorer water quality in rivers and less green space.<sup>[85]</sup>

One widespread effect of climate disasters is population displacement.<sup>[86]</sup> For those whose options and choices are already severely limited due to financial constraints, caring responsibilities, housing restrictions or visa rules, amongst other issues, the practicalities of moving away from unsafe areas and setting up new homes and lives can be particularly challenging. Moving homes also often means moving communities, and thus disrupting social and support networks, schooling and employment. The **right to parent children in safe communities and environments** extends to the social sphere, and any forced displacement, or expectations to pre-emptively move to 'safety', are clear violations of reproductive justice.

As we will discuss more below, displaced people who migrate to the UK a result of climate change and environmental disasters may experience significant trauma and anxiety related to their direct experiences of climate events. But even for people in the UK who have had less direct, severe and acute experience of climate disaster, anxiety around the *possibility of* disaster is widespread.<sup>[87]</sup> This anxiety may lead some women to make the choice to not have children, as we will discuss further below. But for those who can and do have children, climate anxiety increases parents' mental load, which in turn is detrimental to the mental health and happiness of both parent and child. Furthermore, a recent large-scale study into the prevalence and impacts of climate anxiety in children and young people aged 16-25 years that included the UK found that 59% of respondents were extremely worried about climate change; more than 45% said their feelings about climate change affected their daily life and functioning; and that climate anxiety and distress was correlated with perceived inadequate government response and associated feelings of betrayal. The implications are clear:

*"Climate change and government inaction are chronic stressors that could have considerable, long-lasting, and incremental negative implications for the mental health of children and young people. The failure of governments to adequately address climate change and the impact on younger generations potentially constitutes moral injury. Nations must respond to protect the mental health of children and young people by engaging in ethical, collective, policy-based action against climate change."*

Hickman, Marks et al., 2021<sup>[88]</sup>

## 6. Migration as a result of climate change and environmental disasters

*“As birth workers, we need to be acutely aware of the impact of climate change and climate justice, particularly if we are looking after people who are refugees and asylum seekers – or from parts of the world most affected by this. These women will already be at higher risk of maternal mortality, low birthweight babies and being subject to trauma and lack of access to healthcare. Important movements such as ‘decolonising’ healthcare, and concepts such as ‘cultural safety’ can help build understanding and appropriate responses to support these people by looking at our own biases and structural inequalities in society and healthcare.”*

Laura Godfrey-Isaacs, 2020<sup>[103]</sup>



The impact of the climate emergency is already driving migration across the world at unprecedented levels, and as the world heats further, the figures are expected to soar further. The UN International Organization for Migration has cited estimates<sup>[89]</sup> of as many as 1 billion environmental migrants in the next 30 years, while more recent projections point to even higher figures of 1.2 billion by 2050,<sup>[90]</sup> and 1.4 billion by 2060.<sup>[91]</sup> As with other countries in the cooler regions of the world, the UK is likely to be a country that attracts climate migrants.

Migration as a result of climate change and environmental disasters is known to inhibit

access to basic reproductive healthcare, including access to contraception, abortion, and pregnancy care as women flee danger and seek sanctuary elsewhere. Women and girl migrants, and those who are trans or non-binary, are at greater risk from violence and sexual abuse, including rape and trafficking; and face significant barriers accessing the sexual and reproductive healthcare they need.<sup>[92, 93, 94]</sup> It is therefore clear that climate-related migration poses severe threats to the **rights to have children, to not have children, and to parent children in safe environments**.

However, the current rules around asylum do not recognise the impact of the climate emergency as a legitimate category for claiming asylum.<sup>[95, 96]</sup> As a result, refugees forced to leave their homes as a direct or indirect result of the climate emergency currently cannot be granted asylum in the UK.

On arrival in the UK, pregnant women with insecure immigration status are faced with the threats of detention, dispersal, insecure and inappropriate housing in Home Office accommodation and lack of access to translated materials.<sup>[97]</sup> The UK's hostile immigration policies, including NHS charging for maternity care, have been shown to harm maternal and infant health through creating barriers to accessing healthcare, distrust in medical



professionals and institutions, and fears of being charged or sanctioned by the Home Office.<sup>[98, 99, 100]</sup>

The Illegal Migration Act that recently passed into UK law amounts to a cruel and dangerous intensification of the hostile policies that have long been in place. Vulnerable people who have survived violence, war, persecution and disaster will be prevented from seeking sanctuary in the UK under the new Act, breaching their human rights, placing them at serious risk of further harm, and undermining reproductive justice.<sup>[101, 102]</sup>

## 7. Population narratives

*“The number of people on the Earth is far less problematic than the irresponsible consumption patterns of people, corporations, and the military-industrial complex... Reproductive justice/environmental justice advocates argue that environmental degradation is not chiefly caused by overpopulation.”*

Ross and Solinger, 2017<sup>[104]</sup>

There has been, and continues to be, a strong focus on population size within some parts of the environmental movement. Proponents of reproductive justice argue that fixating on ‘overpopulation’ risks placing the blame for the climate emergency on the bodies of the most disadvantaged women, the very people who are most affected by its impact;<sup>[105]</sup> and in doing so, compromises the reproductive justice **right to bodily autonomy**, and the **right to have children**. Such an approach “obscures the health and material needs of these women while blaming them for environmental degradation... and obscures the broader, industrial causes of resource depletion and other environmental problems”<sup>[106]</sup>; chief among them an economic system built on fossil fuel and raw materials extraction, patriarchy, racism and colonialism.

Locating solutions to the climate emergency through a narrow focus on birth control, and through attempts to restrict the fertility of those whose carbon footprints are smallest, is an intentional assault on reproductive and racial justice globally.<sup>[107]</sup> Reproductive justice approaches warn us of the lessons from past population control programmes, including the eugenicist forced sterilisation of poor, disabled, Indigenous and Black women in the United States and Canada<sup>[108, 109, 110, 111]</sup> (which continue to this day for immigrant women<sup>[112]</sup> and those in custody<sup>[113, 114]</sup>); the coercive one-child policy in China, which exacerbated son-preference, violence against women and girls, and forced abortion<sup>[115, 116]</sup>; or the recent punitive population control programme in Uttar Pradesh in India,<sup>[117]</sup> which critics say risks adversely affecting poor and marginalised women disproportionately.<sup>[118]</sup>

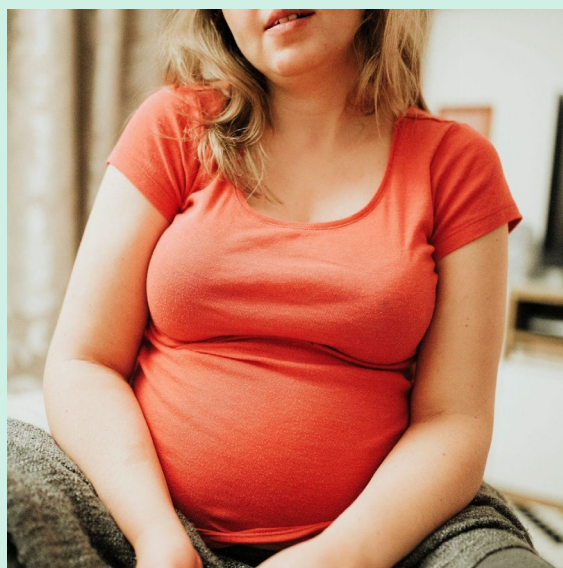
Today, in the UK, the two-child benefit cap (which prevents parents from claiming child tax credit or universal credit for any third or subsequent children), and the championing of long-acting reversible contraceptives (LARC) for certain vulnerable or marginalised groups<sup>[119]</sup> also reveal an enduring interest in controlling the births and population size of marginalised women.

There are already organisations calling for population control in the UK to address concerns about the climate emergency.<sup>[120]</sup> It is not a huge leap to imagine how the increasing impacts of the climate emergency might drive the implementation of population-reduction or control programmes that facilitate reproductive injustice. A reproductive justice approach would focus on *structural* solutions, such as on reducing overconsumption and environmental extractivism, rather than on controlling populations,<sup>[121]</sup> while supporting women’s access to sexual and reproductive health and women’s wider empowerment as amongst the most powerful tools to address the climate emergency.<sup>[122, 123, 124, 125]</sup>

## 8. Access to sexual and reproductive health services

Within the reproductive justice framework, each person also has the **right to not have children**. Globally, it is widely recognised that the climate emergency impacts sexual and reproductive health and rights, with climate disasters, displacement, and conflict can all limiting access to contraception, abortion and wider reproductive healthcare.<sup>[126, 127]</sup> In the UK it might be assumed that the right to not have children is generally well-supported through universal access to sexual and reproductive healthcare, including contraception and abortion. However, this access and these rights are challenged and vulnerable in a number of ways, particularly for marginalised women.

Upholding the **right to not have children** means not just upholding each individual's right to choose contraception and abortion; it is also vital to support women's access to wider sexual and reproductive healthcare, and to recognise and address the barriers to access that often impact marginalised women to a greater degree. These barriers include poverty, language and the impact of racism and other forms of discrimination. Issues arising from the climate emergency are likely to add to and compound these barriers, for example by impacting on health service infrastructure, and by compromising access to medications and treatments.



In recent years, we have seen how government funding cuts to local authorities have led to increased pressure on sexual and reproductive health services, which has impacted those in deprived neighbourhoods most.<sup>[128]</sup> Access to contraception has been particularly challenging for marginalised groups of women, including Black women, and women and girls from Asian and other ethnic minority groups.<sup>[129]</sup> The consequences include a greater number of unplanned pregnancies, and STIs which can impact on fertility.

It is well reported that environmental disaster and displacement severely impedes provision of, and access to, essential sexual and reproductive healthcare globally.<sup>[130]</sup> As the UK confronts a future in which disaster and displacement may become more commonplace, and in which inequalities will widen as a result, we must also confront the possibility that accessing the **right to not have children** will become increasingly difficult. As such, it is imperative that plans are put in place to protect our health services and uphold universal access to essential contraception and abortion.

Recent cases of women being prosecuted for abortions they have had outside of strict legal criteria<sup>[131]</sup> have further highlighted the need to reform abortion laws to facilitate and protect access, regardless of whatever further cuts, challenges or crises may be faced by our national and local health services.<sup>[132, 133]</sup>

Women and girls who migrate as a result of the impact of climate insecurity are at greater risk of having their access to sexual and reproductive healthcare disrupted, and of increased exposure to sexual and gender-based violence in their country of origin or at any point in their journey to the UK. Despite an exemption from NHS charging for urgent care and sexual health services, evidence suggests that widespread confusion around the rules among healthcare professionals, NHS staff and those accessing health services, and well-grounded fears of immigration enforcement arising from data-sharing requirements, have created significant barriers to access.<sup>[134, 135, 136]</sup>

## 9. Decisions around whether or not to have children

*"[Women's] choices are being very much framed by the situations that she's around. It's not like a freedom of choice, really. It's a choice by circumstances, you know, that could be different. If all of those things, the reasons why, weren't there, then it would be, 'I'm child free because I really, really want to be child free.' Not because I feel like I can't."*

Facilitator at a Wen Climate Sisters workshop, 2023

Central to the reproductive justice framework is the **right to bodily autonomy** – to own our bodies, and control our futures.<sup>[137]</sup> In a world in which decisions around whether or not to have children are deeply influenced by the climate emergency, this right becomes near-impossible to realise. Both the **right to have children**, and the **right to not have children**, can be said to be undermined by the fact that individuals, couples and families are forced to make these decisions under rapidly-changing climate emergency conditions that are not of their own choosing.

In the UK, it is increasingly common to hear of individuals and couples choosing not to have children for environmental reasons.<sup>[138, 139]</sup> While the choice to be child-free is a positive and joyful one for many, for others the decision to forgo parenthood can be based in beliefs that it would be morally irresponsible to add further strain on the environment, or in anxiety about what their children would suffer as the climate emergency worsens.<sup>[140, 141, 142]</sup>

Decisions around having children are deeply personal, multifaceted and complex, and are rarely made based on one factor alone. Furthermore, trends in childbearing change over time, are based on myriad factors, and can take decades to emerge fully.<sup>[143]</sup> Yet the notion that some individuals who *wish to* have children feel they cannot or should not do so due to climate change, environmental anxieties, or individual responsibility to limit population size, is a direct challenge to the **right to have children**, and to the broader principles of reproductive justice.

## APPROACHES TO REPRODUCTIVE JUSTICE AND THE CLIMATE EMERGENCY IN THE UK

### The Feminist Green New Deal and reproductive justice

Feminist environmental movements around the world are increasingly recognising reproductive justice, and the intersections of reproductive and climate injustice, as important issues, but these have yet to find as much traction in the UK.

In the US, the Feminist Green New Deal Coalition arose out of the development of the Green New Deal, with the aim of providing a global “foundation for movement-building, education, strategic advocacy, and immediate action.” Through this Coalition, “critical feminist and climate justice voices have stepped up to offer an intersectional and feminist perspective to the policy discussion”.<sup>[144]</sup>

The Feminist Green New Deal Coalition cite advancing reproductive justice amongst their core principles:

*“Our fights for climate justice and for bodily autonomy are linked. For example, toxic chemicals that pollute our water, air and land jeopardize our health, including reproductive health, often with a disproportionate impact on Black, Indigenous and Latinx women due to systemic and institutional injustice. We reject false population growth alarmism and arguments that affix the blame for climate change on people’s, especially women’s, reproductive capacities. We advocate for accessible education that advances literacy and understanding of climate, gender and reproductive justice. We affirm that the true causes of our global climate crisis lie in industrial policy and that a sustainable future requires bodily autonomy and sexual and reproductive rights in all circumstances.”*

The Feminist Green New Deal Coalition, 2019<sup>[145]</sup>

This principle is supported by a policy document, the *Blueprint for Sexual and Reproductive Health, Rights and Justice (2019)*,<sup>[146]</sup> a list of priorities for the (then) incoming US government administration. Given the document’s narrow focus on the first 90 days of the administration and the subsequent attacks on reproductive justice in the US, it could be argued that this document is now in urgent need of updating or replacing. The principle is also supported by a Movement Strategy Centre study *Fertile Ground: Women Organizing at the Intersection of Environmental and Reproductive Justice (2009)*.<sup>[147]</sup>

A UK Feminist Green New Deal (FGND) report<sup>[148]</sup> has been developed by Wen and The Women’s Budget Group, with a goal of ensuring gender, racial and social equality are at the heart of plans to tackle the climate crisis in the UK. Central to this work is the understanding that it is marginalised people who will experience the most acute effects of this crisis, but are currently not equally involved in decision-making and developing solutions.

Over the past few years, the FGND project in the UK has produced a series of policy papers<sup>[149]</sup> looking at issues such as housing, transport, work, consumption, food and care through a gendered lens, and setting out structural changes and policies that can be implemented to make all of us happier, healthier, more equal while sustaining the planet at the same time.

These include exploring issues such as housing, food and care work. This paper will add to the resources of the Feminist Green New Deal project, ensuring that reproductive justice is considered within policy addressing the climate emergency. Further commitment to reproductive justice principles by proponents of the FGND and future initiatives that draw on the project would be a powerful development.

## The Royal Colleges

*“Climate change is the biggest global health threat of the 21<sup>st</sup> century and the defining challenge of our generation. The effects of a warming planet will be a huge burden on our young people and detrimental to health, security and prosperity of future generations: the World Health Organisation estimates that 88% of the global health burden of climate change now falls on children under 5 years old”.*

Royal College of Paediatrics and Child Health, Climate Change Working Group, 2021<sup>[150]</sup>

In the UK, medical Royal Colleges are professional bodies responsible for development and training in one or more medical specialities. They also have an established and well-respected role in developing research and policy recommendations. Some Royal Colleges are taking a leading role in calling attention to the impact of the climate crisis on women and birthing people, and on children.

The Royal College of Paediatrics and Child Health (RCPCH) started a Climate Change Working Group in 2021, through which it aims to “positively influence the public discussion around climate change, and to model responsible organisational behaviours as a medical Royal College”.<sup>[151]</sup>

The Royal College of Obstetricians and Gynaecologists (RCOG) has worked with RCPCH and others to lobby on issues including air pollution, planning for heatwaves, and the need for a just transition away from the use of fossil fuels so that existing health inequalities are not exacerbated.<sup>[152, 153]</sup> They also maintain a broader focus on upholding women and girls’ sexual and reproductive rights.<sup>[154]</sup>

It is exciting and encouraging to see action taking shape in these spaces, and to see explicit recognition of reproductive justice principles underpinning some Royal College work.<sup>[155]</sup> Further exploration of the use of the reproductive justice framework within Royal Colleges’ current and future climate and environment work would be welcome. Initiatives to reduce the environmental impact of healthcare must respond to all aspects of reproductive justice, ensuring that both healthcare professionals and members of the public have all the information they need to enable informed choices about care. Ensuring patient safety, access to care, and fulfilment of reproductive rights must remain paramount.

## TAKING ACTION

Individual and organisational action and activism is valuable, but we need to acknowledge that the burden of responsibility does not rest with individuals. Systemic change is required to reduce the impacts of the climate emergency, and to ensure reproductive justice for all.

While individual action is meaningful, and can be a helpful way to reduce climate anxiety, it must be acknowledged that marginalised people face additional and particular barriers to action. Individuals and families facing inequality and disadvantage experience significant limiting of their choices when it comes to what they purchase and consume, and how they live their lives, which is caused by structural inequality.

More than anything, governmental action is needed to address structural issues. Large corporations, industry, and the very wealthy must be held to account and made to pay for the harms they have committed in the past and continue to inflict on people and planet. A new way forward is needed.

As we have shown in this paper, the climate emergency is a barrier to reproductive justice. But the principles of reproductive justice can and must be part of the solution for the climate emergency. The global and intersectional outlook of reproductive justice make it particularly helpful in the fight to mitigate climate disaster.

Reproductive justice activism in this space can help to combat the climate crisis by making demands for sustainability from a gendered perspective. It can help us advocate for solutions such as well-constructed and energy efficient homes; or the reduction of pollution from traffic for marginalised people in Britain; many of which have been examined in depth in other the Feminist Green New Deal papers.

## NEXT STEPS: WHAT CAN WE DO?

At Birth Companions and Wen we want to collaborate with a wide range of partners within and across systems to:

- Co-produce recommendations to uphold and strengthen reproductive justice in relation to the impacts of the climate emergency in the UK;
- Join together to act in lobbying the NHS and the government to address the related harms of reproductive injustice and the climate emergency;
- Model organisational practice on sustainability;
- Encourage and support focus and action on the climate emergency across the health and women's sectors.



*“You just don’t realise that these are things that everybody is actually [worrying about], and especially a group with mothers and women who are actually facing [challenges] more like you.”*

Participant at a Wen Climate Sisters workshop, 2023

## HOW CAN YOU GET INVOLVED?

- Support campaigns and initiatives that focus on the intersection of reproductive justice and the climate emergency, including:
  - Wen’s [Environmenstrual](#) and [Green Baby](#) campaigns;
  - Global Black Maternal Health’s [Black Child, Clean Air](#) campaign;
  - The Royal College of Obstetricians and Gynaecologists’ [Women’s Voices Involvement Panel](#).
- Join Birth Companions, Wen and the Women’s Budget Group (WBG) in supporting the [Feminist Green New Deal](#) (FGND)’s roadmap to a sustainable and equal UK economy.
- Advocate for the addition of a commitment to reproductive justice in other key policy initiatives relating to the climate emergency.
- Review and improve individual organisational policy and practice on sustainability.
- Join together to organise and campaign across the women’s and health sectors on environmental issues.

**Birth Companions** is a charity founded in 1996 to support pregnant women, mothers and babies who experience inequality and disadvantage. Our vision is that every woman has the care and support she needs to ensure her health and wellbeing, and to give her baby the best possible start in life. We aim to improve women's lives, protect their rights, and drive improvements in the care they and their babies receive. Birth Companions has developed a response to the climate and biodiversity emergency to ensure the charity has less impact on the environment; we have committed to being leaders in this area within the women's sector, sharing information, policy and best practice; and we encourage other organisations to act with us.

**For more information about environment and sustainability at Birth Companions visit: <https://www.birthcompanions.org.uk/pages/115-environment>**

**Wen (Women's Environmental Network)** was founded in 1988 to offer a different way of thinking and acting on environmental issues, recognising that the environmental movement often overlooked the perspectives and voices of women. To answer this imbalance Wen established an approach that brought gender-sensitive issues to the forefront and continues this revolutionary method today. Wen fights global problems around gender, health, equality and our environment by taking action on issues affecting our bodies, homes and neighbourhoods. We work alongside communities supporting action and get a real-world understanding of women's lived experiences in the process. With this knowledge, we create collaborative partnerships with organisations, academics and policy makers to launch projects and campaigns that make a real difference and improve lives.

**For more information about Wen visit: <https://www.wen.org.uk/>**

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