



## Bodies and Ecosystems: The Gendered Politics of Reproductive and Environmental Rights in the USA

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### Abstract

This study addresses the link between reproductive rights, gender equity, and ecological conservation in the United States of America (USA), with a special focus on abortion politics vis-a-vis environmental concerns. The perpetuation of various systemic barriers, such as social stigma and restrictive legislation, make critical health services inaccessible to marginalized groups. These inequalities were only heightened after *Roe v. Wade* was overturned in *Dobbs v. Jackson Women's Health Organization*, reinforcing the control that patriarchal structures impose on women's reproductive decisions. The study examines the intersection of reproductive and climate justice, focusing on the political economy of vulnerable women, resource scarcity, and migration dynamics. It critiques the ecofascist rhetoric, highlighting how reproductive control enforces racial and economic oppression in the US. There is a pressing need for inclusive policies, as the dual forces of climate change and an increasingly restrictive Republican government further entrench systemic constraints on women, magnifying their health vulnerabilities. This is further compounded by the defunding of abortion services and retreat from international climate agreements and World Health Organisation (WHO) commitments by the US. Viewed through an ecofeminist lens, this study underscores the need to integrate reproductive rights and abortion access into the broader social justice agenda, fostering global sustainability and advancing the 2030 Sustainable Development Goals.

**Keywords:** *Reproductive justice, eco-fascism, abortion rights, climate, Sustainable Development Goals*

### Introduction

According to the World Health Organization (WHO), gender refers to the socially constructed characteristics of men, women, girls and boys. Gender, though interactive with sex, is distinctively different from the latter, which refers to the different biological and physiological characteristics of females, males and intersex persons, such as chromosomes, hormones and reproductive organs (WHO, n.d.-a).

Gender influences people's access to healthcare, while also playing a pivotal role in determining its outcomes. Women face barriers in the form of stigma and restrictive policies. There is an ever-increasing women's health gap with only 1% of healthcare research and innovation invested in female specific conditions. Various studies also indicate that there is an inherent gender bias in receiving medical care which directly affects their health span (WHO, 2021).



The goal of Universal Health Coverage (UHC) is to ensure that everyone has access to a wide range of high-quality healthcare services whenever and wherever they need them, without facing financial hardship. One of the goals that the world's governments established when they approved the 2030 Sustainable Development Goals (SDGs) in 2015 was to achieve UHC (WHO, 2025). The American College of Obstetricians and Gynaecologists (ACOG) stated that abortion is essential health care. While 95% of obstetrician-gynaecologists (OB-GYNs) support the provision of abortion care and agree with ACOG, only a very small number of them now conduct abortions, showing that abortion provision is not a standard component of most general OB-GYN practices (Fay et al., 2022). In practice, abortion has long been vulnerable to legislation through TRAP (Targeted Restrictions on Abortion Providers) laws and more subtle harms caused by separating attendees and trainees from the lived realities of providing stigmatised care because few care for many and are asked to do so primarily in independent clinics (Jerman et al., 2017).

The best foundation for sound health policy is evidence-based medicine and scientific facts. The best medical care is given without interference from politicians in the doctor-patient relationship. Politics should not take the place of women's and their doctors' personal judgement (The American College of Obstetricians and Gynecologists, n.d.-a). Many social, economic, and cultural facets of contemporary society are significantly impacted by unwanted pregnancies. The 1973 *Roe v. Wade* Supreme Court decision which legalised abortion nationwide, had a significant role in replacing illegal abortion and abortion procured outside of the United States. Before abortion became legal, an estimated 1 million abortions were done annually, few of them legally, and between 1,000 and 10,000 women per year died as a result of complications from these frequently dubious procedures (Committee on Unintended Pregnancy, 1995).

In a concerning turn of events in July 2022, the Supreme Court of the United States ruled in *Dobbs v. Jackson Women's Health Organisation*, overturning *Roe v. Wade*, the ruling that had made abortion legal in the country (Damante & Jones, 2023). Since *Roe v. Wade* was overturned, the US Constitution no longer protects women's right to choose whether to have an abortion or carry a pregnancy to term. Not all groups are equally affected by abortion regulations; many members of systematically marginalised groups experience disproportionate burdens and difficulties in obtaining abortions (Human Rights Watch, 2023).

Due to a variety of variables, such as living far from a health centre, having a higher likelihood of being uninsured or underinsured, or having lower employment, these populations may already have limited access to abortion and other reproductive health care. In addition to being discriminatory, the systematic denial of timely access to safe abortion services is a manifestation of a gendered power struggle in which women's bodies are instrumentalised in order to forward a patriarchal goal (Adler et al., 2023). Over time, the government's control over women's capacity for reproduction has become so severe that it infringes on their human rights by affecting their bodies. Under the guise of birth and population control, they actually engage in overtly torturing women and interfering with their natural cycles (Hartmann, 1997).

### **Intersecting Justice: Reproductive Rights and Climate Action**

Reproductive justice and climate justice have drawn a lot of focus lately, especially in relation to its intersectionality. Women's reproductive potential, particularly the ability of low-income and women of colour to conceive and bear children, has long been recognised as a potential threat to political, economic, environmental, and geopolitical security (Sasser, 2023). These groups are less likely to own land and resources, have less education, training, access to information, health services, and institutional support, and have fewer



opportunities to participate in decision-making, which has been shown to make them more susceptible to the effects of climate change (Amorim-Maia et al., 2022). Coercive reproductive interventions and practices, such as forced sterilisation, contraception testing, and restricted access to reproductive health services in low-income communities of colour, were linked by reproductive justice campaigners to these myths (Sudhinaraset et al., 2020).

Rapid population increase and high fertility are frequently associated with women's and girls' lack of autonomy and opportunity. In order to achieve the 2030 Agenda for Sustainable Development's Sustainable Development Goals (SDGs), particularly those pertaining to gender equality, education, and reproductive health, people must be empowered to make decisions that will slow the rate of population growth worldwide. The knowledge and services required to decide whether and when to have children are currently unavailable to millions of people worldwide, primarily in low and lower-middle-income nations (WHO, 2024). This leads to high rates of childbirth throughout life since women and girls are frequently unable to exercise their entire set of rights, including the right to procreate.

The relationship between population growth, climate change, and food security has gained increasing attention among scholars and policymakers. Rapid demographic expansion – in sub-Saharan Africa and South Asia – along with environmental degradation, including water scarcity, soil depletion, and fisheries collapse, are contributing to food insecurity and fuelling greenhouse gas emissions (FAO et al., 2024). Some researchers argue that expanding voluntary family planning services, including safe abortion access, may indirectly contribute to population stabilization, thereby enhancing food security and environmental sustainability. Population growth is a significant driver of environmental stress leading to higher demands for food, energy, and land which causes increased deforestation, agricultural emissions, and resource consumption. According to the United Nations Population Fund, investments in reproductive health services, including safe abortion where legal, can help slow population growth, which in turn reduces pressure on ecosystems and supports climate change mitigation (United Nations Population Fund, 2022). Reducing unintended pregnancies by improving access to contraception and abortion services can positively impact food security. Families with fewer dependents can allocate more resources per child, improving nutrition and economic stability. Voluntary family planning has been found to be one of the most cost-effective strategies for achieving the Sustainable Development Goals (SDGs), particularly those related to hunger, poverty, and climate action (Starbird et al., 2016). A demographic study analysing data from 116 countries found that those with better access to reproductive services, including abortion, maintained lower population growth rates. This allowed for more manageable development and improved resource distribution (Bongaarts & O'Neill, 2018). The study also highlighted that to keep growth rates under 1%, most countries need abortion rates between 201 and 500 per 1,000 live births, especially when contraceptive use is not universal. However, this view is not without ethical and practical counterarguments (Mumford & Kessel, 1984).

Critics argue that linking abortion to environmental or food policy risks commodifying human life and infringing on moral and religious values. WHO emphasizes on comprehensive reproductive healthcare that prioritizes individual rights and autonomy (WHO, 2022). There is an increasing need of prevention first. According to the Guttmacher Institute, most unintended pregnancies can be prevented with sufficient access to contraception and sex education. This allows societies to manage population growth while reducing reliance on abortion, aligning with broader public health and ethical standards (Guttmacher Institute, 2022). Historically, population control efforts not grounded in human rights frameworks have led to coercive practices. The United Nations stresses that reproductive policies must be voluntary, rights-based, and free from government-mandated quotas or pressure. Safe abortion access should be part of a holistic reproductive



health approach, not a tool for coercion (United Nations, 2024). The United Nations Population Division explicitly warns against framing abortion or any reproductive service as a population control tool. Instead, it advocates for informed choice and bodily autonomy (United Nations Population Division, 2021). Even in recent years, the shadow of coercion has lingered. A striking example came to light in 2013, when an investigation uncovered that dozens of incarcerated women in California were sterilized between 2006 and 2010, often without fully informed consent. Many of these women reported being pressured into the procedures or misled about their nature and permanence (Johnson, 2013). These events pointed to deeper systemic issues where medical decisions were shaped by power imbalances and not patient choice. Even if policies aimed at population management begin with good intentions, history shows how easily they can slip into harmful territory when bodily autonomy is sidelined. Without a foundation rooted in reproductive justice such efforts risk repeating the injustices of the past.

### Fractured Ethics: From Ecofeminism to Eco-fascism

The relationship between the domination and exploitation of women and the rampant exploitation of nature through masculinist methods and attitudes is implicit in the mission of ecofeminism. Cooperation, compromise, dialogue, and actively striving to mitigate, and reduce suffering and prevent violent confrontation are all examples of ecofeminist values and the practices that they define. Some indigenous peoples may even associate the term feminism with colonial logics. The unified female perspective, that underpins mainstream feminism has been shaken by indigenous feminists as a result of this criticism (Kitch, 2023). This inherently racist and patriarchal viewpoint is important for environmental issues since it reflects the obsessions of the radical conservative. A prominent conspiracy theory in eco-fascism warns of an alleged plot to replace Christian whites with non-whites, German immigrants, and Jews (Macklin, 2022). The argument includes blaming such supposedly lesser beings for today's environmental degradation, since ecofascists deny that the worst polluters in history have been settler colonialists and white-controlled mega-corporation (United Nations, n.d.). Abortion prohibition and anti-immigration policies are ecofascist tactics for thwarting the replacement plot because, taken together, they will contribute to the replenishment of what Justice Alito calls the 'domestic supply of white infants' in order to maintain white racial dominance in the United States (Hernandez-Simmons, 2022). Population Matters, a UK-based charity, makes the claim the human population has reached the peak of unsustainability and suggests the solution is to have smaller families which can be achieved through meticulous family planning and by knowing its benefits (Population Matters, n.d.).

Eco-fascism attributes the climate catastrophe on migration and population growth rather than the unchecked authority and destructiveness of corporations and the ultra-wealthy. Numerous white proponents of birth control and reproductive rights have historically depended on racist, dehumanising tropes about population control and lowering poverty, waste, and consumption. Margaret Sanger, the founder of Planned Parenthood radicalized economist Thomas Robert Malthus's theory, that maintained that overpopulation was unavoidable. Sanger made it her life's mission to advocate for legalised birth control, but was heavily criticised for her belief in eugenics, which is an inherently ableist and racist ideology, deeming certain people to be unfit to have children. 79% of Planned Parenthood locations are located in predominantly black and brown communities (WYV Archive, 2021). Reproductive justice is fundamentally opposed to eco-fascist ideology, despite the fact that these views have historically been exploited to further eco-fascism and are still used as a weapon today.



Climate change has gendered health consequences, with growing evidence showing that it disproportionately harms women – especially pregnant individuals and women of colour. In the U.S., exposure to air pollution such as fine particulate matter (PM<sub>2.5</sub>) and ozone during pregnancy is strongly associated with adverse birth outcomes. A systematic review found that 79% of studies reported a link between PM<sub>2.5</sub> and preterm birth, while 86% linked it to low birth weight (Bekkar et al., 2020). Additionally, rising temperatures due to climate change have been shown to increase the risk of preterm labour, particularly among women without access to cooling or adequate prenatal care (Centers for Disease Control and Prevention, 2022). Exposure to wildfire smoke, which is becoming more common due to climate-driven fire seasons, is also tied to higher rates of low birth weight, stillbirth, and preterm birth (Shirvell, 2025). Importantly, these climate-related health risks are not evenly distributed. Black women in the U.S. are significantly more likely to experience adverse pregnancy outcomes linked to environmental exposures, including air pollution – demonstrating how structural racism and environmental injustice intersect (Lopez-Littleton & Sampson, 2020). Together, these findings illustrate that climate change is not only an environmental issue but also a reproductive and racial justice issue, calling for policies that protect those most vulnerable to its impacts.

### Reshaping Constitutional Protections under Trump 2.0

The year 2025 started with a series of wildfires in Los Angeles. Although the media and social media highlighted the loss of shopping malls and celebrity mansions in the wake of the Los Angeles fires, impacts on the neighbouring black communities have gone underreported (ET Online, 2025a). The affected area of Altadena is a historically Black neighbourhood where generations of people of colour started to settle during the civil rights era to avoid discriminatory housing practices elsewhere. In such communities of colour, systemic injustices and historical underinvestment increase the effects of natural disasters like the wildfires in Los Angeles (Oladipo, 2025).

Due to their histories of displacement, precarious immigration and citizenship status, and challenges navigating new healthcare systems in their new countries, refugees and migrants may have limited access to and use of abortion care. Refugees and migrants in the U.S. face multiple barriers to abortion access due to restrictive laws, language barriers, and precarious immigration status. The Hyde Amendment disallows the use of federal funds for abortion, which excludes a large number of immigrant women (dependent on Medicaid) from care (Gutmacher Institute, 2021). Data indicates that around 1.9 million undocumented immigrant women reside in states with stringent abortion restrictions, intensifying inequalities in reproductive access (Arvallo et al., 2024). Globally, nearly 25% of refugees are women of reproductive age, many of whom are displaced to countries with limited or no access to safe abortion services (Erhardt-Ohren & Prata, 2025). These disparities highlight the need for inclusive reproductive justice frameworks that centre on migrant and refugee populations. Several researchers have explored how the migrant and refugee youth's reproductive health and rights are a global health issue. Migration and displacement can disrupt access to education and care for Sexual and Reproductive Health and Research (SRHR). Furthermore, sexual and reproductive health are stigmatised and taboo in many immigrant and refugee communities. However, immigrant women across regions except Southern Africa, displayed a 2–5 times greater chance of having an induced abortion than women born in Australia and New Zealand, the United States, and Northern and Western Europe. There are additional, enduring effects on SRHR following a climate event (Aibangbee et al., 2024). As high as 99% American women who have engaged in sexual activity, say they have used some kind of contraception, while 87.5% reported having used a very effective reversible method. Access to contraceptives, maternity and childcare, abortion services, and post-abortion care for communities affected by crises can all be jeopardised



by disruptions in health services. If untreated, increases in STIs can have detrimental long-term health effects on women, such as infertility, ectopic or tubal pregnancy, cervical cancer, and perinatal or congenital infections in babies born to afflicted mothers. Pregnancy complications, unplanned pregnancies, and birth deaths can all increase when access to contraception is restricted (The American College of Obstetricians and Gynecologists, n.d.-b). Worldwide, unsafe abortion is the reason behind at least 9% of maternal fatalities. After Hurricane Katrina in 2005, the Black community in New Orleans, Louisiana, saw lower fertility rates, probably because of displacement and financial instability (Women Deliver, 2021).

Following Dobbs, immigrant women encounter some of the most significant barriers to obtaining reproductive healthcare. As of June 2024, a massive 1.9 million (undocumented) immigrant women live in states that restrict abortion. Border states with some of the strictest abortion restrictions in the nation, like Texas and Arizona, are home to a large number of these women. In addition to these obstacles, dual attempts to criminalise immigration and abortion put immigrant women at greater risk (Lakhani, 2024). The main means of accessing care for women who are subject to abortion restrictions is now across state lines. However, many immigrant women are unable to take advantage of this option because of stringent enforcement measures which render it challenging for them to travel on the roads in secure conditions. Consequently, nearly 17% of abortion patients travelled out of state for care in the first half of 2023 which is a significant increase from 9% in 2020. Addressing these disparities faced by immigrant women necessitates policy reforms that ensure equitable access to reproductive healthcare, and thus reduce the compounded challenges (Forouzan et al., 2023).

President Donald Trump has issued numerous executive orders pertaining to immigration since assuming office on January 20, 2025 opening the door for a broad campaign to target undocumented immigrants in the United States. An executive order to abolish birthright citizenship as guaranteed in the 14th Amendment to the US constitution citing the 1898 Supreme Court decision in *United States v. Wong Kim Ark*, which upheld birthright citizenship was one of Donald Trump's first actions as the 47th president of the United States (Treisman, 2025). The executive order faced immediate legal challenges, resulting in multiple federal courts issuing injunctions to block its enforcement (Mann, 2025). Trump's immigration policy is based on the promise of mass deportations and the removal of illegal immigrants from the United States (BBC News, 2025). [Reproductiverights.gov](https://reproductiverights.gov), a website created by the Biden Administration's Department of Health and Human Services (HHS) to disseminate information about access to reproductive health care and abortion, went offline shortly after he took office (ET Online, 2025b).

While on an Air Force One tour of wildfire ravaged Los Angeles, President Trump signed two executive orders on abortions. The first would reintroduce the Mexico City policy, which bars federal funding for foreign nongovernmental organisations that perform or support abortions. The second was an order upholding a long-standing federal policy that states the United States does not pay for abortions with federal funds (Sullivan, 2025). Historically, up to roughly \$600 million in foreign aid is impacted by the resuscitation of the Mexico City policy. But during his first term, Trump significantly broadened the application of the Mexico City policy, which proponents of abortion rights refer to as a 'global gag rule.' The Trump administration extended the policy to organisations that provide a variety of health services globally, rather than just family planning assistance, as was customary. This resulted in the policy affecting billions of dollars' worth of aid (Clayton et al., 2025). Abortion restrictions can prevent access to contraception, encourage women to seek unsafe abortions, and create chaos among nongovernmental organisations that rely on US aid to continue their programs, according to the Guttmacher Institute, which studies abortion restrictions and their effects (Guttmacher Institute, 2024). The United States has had significant influence over the course of international health policies and initiatives for many years but is unlikely to be present at the next meeting of the WHO



executive board in February 2025, as a result of Trump's decision to withdraw from the organisation, citing the WHO's mishandling of the COVID-19 pandemic. In low-income nations, those repercussions will disproportionately affect marginalised communities that already face major obstacles to accessing health care (Maxmen, 2025). Furthermore, the U.S. withdrawal further stigmatises a wide range of vital services by sending the harmful message that global health, including HIV/STI treatment, maternal health, and access to fundamental services and information about SRHR, is not a priority.

### Aligning Abortion Access with the SDG Agenda

Sustainable Development Goals (SDGs) 3: Good Health and Well-Being, and SDG 5: Gender Equality; are intricately linked to abortion. Both objectives depend on women's health and ability to exercise their reproductive rights, which are directly impacted by the availability and legalisation of safe abortion services. Unsafe abortions seriously undermine SDG 3's goal of universal health and well-being and are of particular threat to women's lives. These procedures are frequently the result of restrictive laws or a lack of access to healthcare. Many women experience complications in areas where unsafe abortions are common, placing a burden on healthcare systems and resulting in a tragic death that could be avoided with adequate access to safe abortion services. Moreover, several other SDGs are also impacted by the access to safe abortion. For example, accidental pregnancies can reinforce poverty and pose a barrier to educational attainment. This influences SDGs 1: No Poverty and 4: Quality Education. Similarly, draconian abortion laws disproportionately impact low-income and marginalised women, exacerbating pre-existing inequalities and influencing SDG 10: Reduced Inequalities (WHO, 2017). Therefore, there are several facets to the relationship between abortion and the SDGs. It has wider socioeconomic ramifications in addition to direct effects on women's health and gender equality. Identifying and addressing the complex interactions between abortion rights and other aspects of sustainable development is key to attaining the SDGs. In order to achieve the SDGs in a number of areas, including poverty eradication, health, and environmental sustainability, the United States' withdrawal from the Paris Climate Agreement seriously jeopardises international cooperation on climate change, which could result in higher emissions, hinder efforts to combat extreme weather events, and limit access to clean energy (WHO, n.d.-b). The executive order directly jeopardises the struggle for climate justice, multilateral cooperation, and international solidarity. The United States, the biggest carbon emitter in history and the world's largest producer of fossil fuels, is speeding up the process of a climate catastrophe by prioritising the expansion of oil and gas extraction, which will make vulnerable communities around the world suffer the consequences of a crisis they did not cause (Lashof, 2024).

### Conclusion

It is evident that in the United States, historical, political, and socioeconomic factors have shaped the intricate relationship between gender, abortion rights, and environmental issues. The exploitation of women's bodies and the environment is mirrored in the control over women's reproductive rights, which is a reflection of larger patterns of gendered power dynamics. Legislation has limited women's reproductive autonomy under the guise of morality, demographic concerns, and national interest, much like natural resources are frequently depleted for political and economic gain. Women, especially those from marginalised communities, are disproportionately impacted by climate change, which exacerbates preexisting vulnerabilities in reproductive autonomy, economic stability, and access to healthcare. Maternal and reproductive health is significantly



impacted by extreme weather events, increased pollution, and resource depletion, which increases complications like low birth weight, premature deliveries, and pregnancy-related mortality. The gendered health gap in the United States is further widened by the fact that low-income and Black and Brown women are disproportionately affected by these crises because of racial and economic disparities in healthcare access. The governance model that puts corporate and political interests ahead of human rights and environmental sustainability is reflected in both abortion restrictions and climate inaction at the policy level. Women who already face socioeconomic disadvantages were disproportionately affected by the 2022 reversal of *Roe v. Wade*, which increased barriers to reproductive healthcare. Global environmental efforts have been hampered at the same time by the U.S. government's reversal of climate commitments, which includes leaving international agreements and increasing the extraction of fossil fuels. Marginalised communities suffer disproportionately from these policies, which exacerbate systemic injustices that restrict access to safe abortion services and environmental safeguards.

A comprehensive strategy that places reproductive justice at the centre of social justice and environmental frameworks is needed to address these interdependent crises. Promoting gender equality and sustainability requires policies that increase access to healthcare, defend the right to an abortion, and address climate change. It is impossible to achieve true environmental justice without protecting reproductive autonomy. The fight for bodily autonomy must be seen as an essential component of the fight for a just and sustainable future in the United States, where both abortion and climate policies have become more politicised.

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