COMITÊ DE JUSTIÇA REPRODUTIVA RUMO À MARCHA DAS MULHERES NEGRAS

REPRODUCTIVE JUSTICE MANIFESTO



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BRAZIL, 2025

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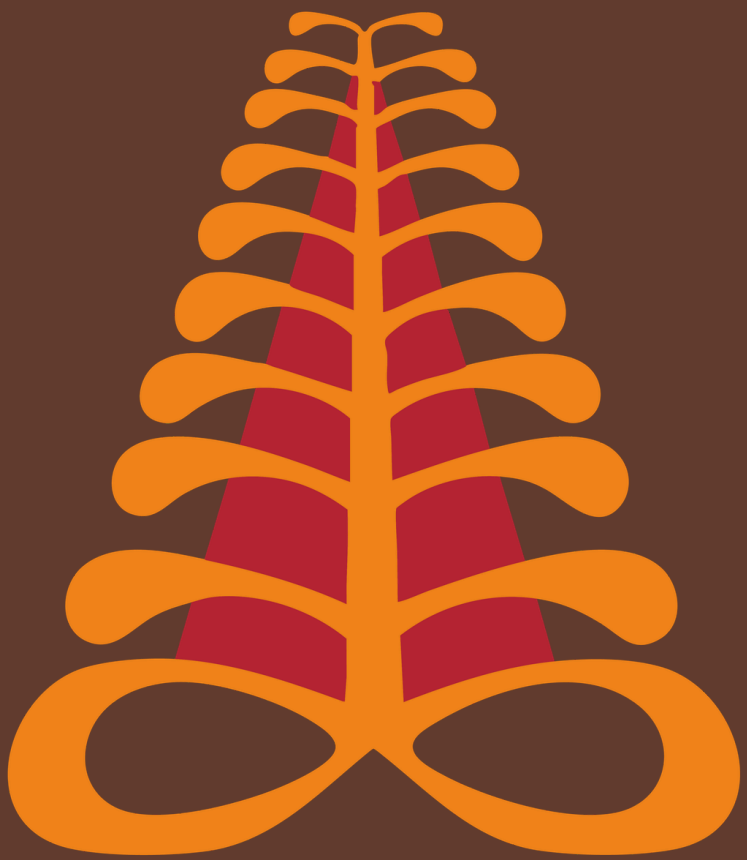
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REPRODUCTIVE JUSTICE MANIFESTO OF THE BLACK WOMEN'S MARCH FOR REPARATIONS AND WELL-LIVING - 2025

The Black Women's March for Reparations and Well-living (buen vivir) is a nationwide mobilization that brings together Black women from across Brazil in the fight against racism, sexism, and other structural inequalities that intersect and shape our lives and territories. In 2025, we return to the streets with another central and urgent demand: Reproductive Justice, an expression of the autonomy, self-determination, and dignity in our sexual and reproductive lives that we have been claiming for centuries.

Reproductive Justice brings together sexual rights, reproductive rights, and social justice. Inspired by the work of Black and Asian American women's movements (Ross, 1994; SisterSong, 2003) and by Latin American debates on autonomy and reproductive rights (Geledés, 1994), this framework recognizes that decisions about our bodies, the lives of women and people who can become pregnant, and whether or not to form a family depend on concrete living conditions: income, housing, food, healthcare, time, and safety.

More than the right to choose, Reproductive Justice affirms that reproductive freedom is only possible when the conditions for a life of dignity are fully realized. In this sense, Reproductive Justice is inseparable from Social Justice. This framework encompasses all people affected by reproductive inequities, including Black women, people who can become pregnant, trans men, travestis, people with disabilities, and people living with HIV/AIDS.

In line with international movements that advocate a pleasure-centered and affirmative view of sexuality, we reaffirm that sexual and reproductive health should be experienced with pleasure, care, and respect, never under guilt, control, or fear.

The Manifesto for Reproductive Justice is a call for the political organization of the fight for the sexual and reproductive rights of Black women. It is a political call, reaffirming the right of Black women and all people who gestate to live with dignity, autonomy, and pleasure, confronting racism, sexism, and inequalities that cross bodies and territories in different ways.

And also, a call for a reorganization of the fight for reproductive justice in Brazil, because it arises from the meeting of more than 300 Black women from all Brazilian states, who participated in meetings and conversations, and with 250 asynchronous contributions from Black women, based on a public consultation that gathered experiences, complaints, and paths for transformation in reproductive health policies in Brazil.

The listening processes reaffirmed what we have long known: the violation of reproductive rights is part of the structure of a State that still fails to guarantee care and reparation. Medical negligence, institutional racism, lack of access to quality sexual information and education, and the exclusion of dissident bodies from decision-making spaces persist.

Among the most urgent and recurring themes are confronting obstetric violence; decriminalization and safe access to abortion; menstrual dignity with adequate supplies and infrastructure; and the construction of a healthcare system that works for all Black women, free from racism, transphobia, ageism, and ableism.

These demands intersect with broader structural challenges: institutional racism, misinformation, economic and geographic barriers, and the dismantling of public health services. The evidence points to a persistent pattern of medical neglect and dehumanizing treatment, exposing the absence of public policies that take into account the realities of Black women, women from underserved urban communities, Quilombola women, riverine communities, and rural women.

In Brazil, access to healthcare continues to be shaped by income, race, and place of residence, turning reproductive autonomy into a privilege rather than a right. Emblematic cases of neglect and preventable deaths of Black women, such as those of Alyne Pimentel (2002) and Paloma Alves de Moura (2025), were recalled as symbols of the urgent need to hold the Brazilian State accountable and to rebuild the guidelines governing care within Brazil's public health system (SUS) on the basis of racial and gender equity.

The listening processes reaffirmed that achieving Reproductive Justice requires intersectional public policies that guarantee:



- **The inclusion of all bodies and lived experiences, with accessibility and respect for diversity;**
- **Reparation by the Brazilian State, through concrete measures to advance racial and gender equity for the families of victims of reproductive injustices;**
- **The strengthening of care networks through investments in childcare, transportation, sanitation, and access to clean water;**
- **Action to address police violence that disproportionately kills Black youth and leaves mothers in Brazil's favelas grieving;**
- **Comprehensive healthcare for Black women, grounded in anti-racist training and an ethic of care across public health services.**

The struggle for Reproductive Justice is, at the same time, a struggle for infrastructure, democracy, reparation, and social justice. It is the affirmation that care is political and that no society can be just while our bodies continue to be sites of both violation and resistance.

To march for Reproductive Justice is to affirm that our lives matter, that the future is now, and that it will be Black, collective, and grounded in care. It is to demand a country where living, carrying a pregnancy, loving, and making decisions about one's own body and future are not privileges, but rights guaranteed to all people. A country where the State provides reparation, protection, and the conditions for life to flourish in all its forms. We march for a politics that centers life, care, and the possibility of a just future, one in which the well-living of Black women stands at the center of a new project for Brazil.

| Reproductive Justice Committee of the National March of Black Women - Brazil, 2025

POLITICAL AGENDA OF THE BLACK WOMEN'S MARCH FOR REPRODUCTIVE JUSTICE, REPARATION, AND WELL-LIVING

PILLAR 1 - CONFRONTING INSTITUTIONAL RACISM AND ADVANCING REPARATION IN HEALTHCARE

"An anti-racist public health system, free from religious interference and grounded in care, can save lives."

Institutional racism lies at the heart of health inequities. It is inscribed on the bodies of Black women and all people who can become pregnant. It manifests in denied access to care, in pain that is dismissed, and in preventable deaths. The findings from the mapping process point to a system that determines who is allowed to live with dignity and who is left to fend for themselves. When the State denies care, it reinforces the racial pact that sustains exclusion. Confronting institutional racism is essential to the full realization of Reproductive Justice.

1.1. RECOGNIZE INSTITUTIONAL RACISM AS A PUBLIC HEALTH EMERGENCY

Institutional racism is a direct cause of illness, preventable deaths, and the denial of rights. It must therefore be recognized and addressed as a national public health emergency. Brazil's public health system (SUS) must incorporate the fight against racism across all levels of its operations, with clearly defined goals, indicators, and budget allocations. This commitment must be reflected in public health policies, management practices, and the institutional culture of healthcare.

1.1.1. SUS must immediately recognize and address racism as a structural issue within health policy, incorporating specific goals and indicators into the National Health Plan, annual health plans, and the tripartite governance framework.

1.1.2. Systematically monitor race/ethnicity, gender, and territorial disparities; conduct clinical audits of maternal deaths with timely investigation and rapid response mechanisms; establish accessible ombuds services with clear response deadlines; ensure budgetary prioritization; and hold health administrators and public officials accountable whenever rights violations occur.

1.2. TRAIN HEALTH PROFESSIONALS FOR A SUS FREE FROM RACISM, TRANSPHOBIA, AGEISM, AND ABLEISM

Health education and professional training must be transformed to ensure care practices grounded in equity, respect for diversity, and the elimination of structural forms of discrimination. Healthcare professionals equipped to recognize and confront racism, transphobia, ageism, and ableism are essential to building a truly universal public health system.

1.2.1. Establish mandatory continuing education programs with an intersectional approach for healthcare teams across all levels of care, including residency programs and management contracts. These programs should include periodic certification and evaluation to ensure appropriate and respectful care protocols for trans and travesti people, with administrative and criminal accountability in cases of discrimination. A portion of performance evaluations should be linked to the quality of anti-racist care provided.

1.2.2. Revise the curricular guidelines for health-related degree programs to include mandatory coursework on structural racism, the health of the Black population, reproductive rights, and care that respects bodily, religious, knowledge, and gender diversity, in accordance with Resolution No. 569 of the National Health Council (2017).

1.3. CREATE REPARATION MECHANISMS FOR VICTIMS OF REPRODUCTIVE VIOLENCE

Obstetric violence, racism within healthcare services—including among nursing staff, but especially among physicians—and the forms of negligence that disproportionately affect Black women and people who can become pregnant constitute human rights violations and must be met with an immediate response from the State. Reparation must be material, symbolic, and political, ensuring both justice and guarantees of non-repetition.

1.3.1. As part of the ongoing discussions on a Reparation Fund for the Black Population, establish a Reproductive Reparation Fund with swift and accessible procedures for families affected by negligence, obstetric violence, and discrimination, in coordination with public defenders' offices and psychosocial support services. Implement measures of memory and non-repetition, including reference centers, a traveling memorial, and annual public reports.

1.3.2. Strengthen response networks for complications during pregnancy and the postpartum period through case review committees on obstetric violence that include Black women, doulas, midwives, community leaders, and leaders from traditional communities, ensuring that the recognition of violations results in both reparation and structural change.

1.3.3. Create a national system for recording and monitoring cases of reproductive violence and obstetric racism, with transparent data reporting and integration with public health surveillance systems, ensuring that every reported case triggers an institutional and public response.

PILLAR 2 – ADVANCING RACIAL EQUITY IN MENTAL, SEXUAL, AND REPRODUCTIVE HEALTH

"Choice is not always truly possible when the State denies information and adequate care."

Psychological distress among Black women and people who can become pregnant emerged as a recurring theme throughout the listening process. Mental health challenges are a direct consequence of racism, work overload, and the lack of care and support networks. State neglect deepens a cycle of collective exhaustion. "We are driven to the brink trying to carry everything on our shoulders, with nowhere to turn." Mental healthcare is an essential component of reparation.

2.1. ENSURE COMPREHENSIVE AND ANTI-RACIST MENTAL HEALTH AND PSYCHOLOGICAL CARE

2.1.1. Ensure access to psychological care from prenatal care through the postpartum period, including in cases of abortion, sexual violence, and pregnancy loss. Expand Psychosocial Care Centers (CAPS), outpatient services, and primary healthcare teams, with mandatory training in anti-racist practice, gender equity, and perinatal health.

2.1.2. Provide therapeutic support groups and home visits; integrate doulas, midwives, and community health workers into care networks; implement care pathways that include immediate support, pain management, and psychosocial risk assessment protocols; and guarantee timely access to psychotherapy and psychiatric care through streamlined referral systems.

2.1.3. Recognize and value the knowledge systems and care practices of traditional communities in both professional training and everyday healthcare delivery, integrating them into health initiatives aimed at improving the well-being of Black communities across territories.

2.1.4. Ensure the effective implementation of the National Comprehensive Health Policy for the Black Population at the state and municipal levels, with dedicated budget allocations, oversight mechanisms, and continuous monitoring. Guarantee the monitoring of Black women's health indicators with the active participation of civil society—particularly Black women's groups and organizations—at every stage of the process.

2.2. PROMOTE ANTI-RACIST, ANTI-SEXIST, ANTI-ABLEIST, AND SECULAR SEXUAL AND REPRODUCTIVE EDUCATION

Sexual and reproductive education is a human right and a tool for autonomy. It must be comprehensive, anti-racist, and inclusive, bringing together health and education through an intersectional approach to challenge taboos, violence, and inequalities. Its goal is to ensure that all people understand their bodies, know their rights, and are able to exercise their sexuality freely and safely.

2.2.1. Implement comprehensive sexual and reproductive education in schools and throughout the SUS, using accessible language and respecting the diversity of bodies and lived experiences, including those of girls, Black women, members of traditional communities, trans people, travestis, and persons with disabilities.

2.2.2. Develop educational materials in accessible and inclusive formats, integrating health and education to prevent violence; ensure adequate and informed care related to the prevention and treatment of sexually transmitted infections (STIs) and HIV/AIDS; promote autonomy, informed consent, and the right to pleasure; train professionals to confront ableism, ageism, racism, and anti-LGBTQIA+ discrimination; and monitor progress through indicators disaggregated by race/color, gender, age, and territory.

2.3. GUARANTEE UNIVERSAL ACCESS TO CONTRACEPTIVE METHODS AND SAFE ABORTION

Access to contraceptive methods and safe abortion is a reproductive health right and an essential condition for women and people who can become pregnant to exercise autonomy over their own bodies. It is the State's responsibility to ensure that this access is universal, free of charge, informed, and free from coercive, moral, religious, or institutional restrictions.

2.3.1. Ensure the consistent availability of a full range of contraceptive methods, including both short-acting and long-acting options, as well as emergency contraception.

2.3.2. Implement barrier-free care pathways, with welcoming, secular, and stigma-free services, including recognition of individuals' chosen names; guarantee confidentiality and access to medical transportation when necessary; provide clear information about reproductive rights and conscientious objection without any interruption of care; and establish accountability mechanisms for unjustified denials of services.

2.3.3. Ensure that all of the measures outlined above receive heightened attention during climate-related disasters and public health emergencies, which, as a result of environmental racism, deepen barriers to sexual and reproductive rights.

2.3.4. Guarantee priority, timely, and barrier-free care for Black girls and adolescents who are survivors of sexual violence, with full respect for confidentiality and autonomy, particularly in cases of pregnancy resulting from sexual violence. This includes access to information, psychosocial support, and legal abortion services, should the pregnant person choose to pursue them.

PILLAR 3 – COMBATING OBSTETRIC VIOLENCE, OBSTETRIC RACISM, AND MEDICAL NEGLIGENCE

"We give birth fearing for our lives."

The experiences of pregnancy, childbirth, postpartum care, and reproductive health services documented through this mapping reveal a pattern of racialized dehumanization. Black women report having their pain ignored during labor, experiencing violent childbirth, and facing neglect in the postpartum period. Together, these experiences shape and undermine the journey of pregnancy, birth, and motherhood. Obstetric violence and obstetric racism are not exceptions—they are the norm, reflecting the politics of death that continue to govern healthcare systems. Combating them means ensuring that birth is an act of life, not merely an act of survival.

3.1. ESTABLISH NATIONAL PROTOCOLS TO COMBAT OBSTETRIC VIOLENCE AND OBSTETRIC RACISM

Obstetric violence is a severe violation of human rights and a manifestation of misogyny, violence, and institutional racism that disproportionately affects Black women, Indigenous women, and trans men or transmasculine people. Combating it requires transforming practices, protocols, and institutional cultures across the healthcare system. It is essential to guarantee respectful, humanized, and evidence-based care throughout the reproductive continuum, including abortion-related care, beginning with quality prenatal services, continuing through labor and childbirth, and extending to postpartum and breastfeeding support. These efforts must strengthen the autonomy, dignity, and decision-making power of those who give birth, while ensuring meaningful accountability of healthcare providers and institutions.

3.1.1. Establish a mandatory national regulation within the public health system (SUS) defining obstetric violence and obstetric racism cases, reporting mechanisms, reduction targets, and monitoring indicators disaggregated by race, ethnicity, age, gender identity, and territory, while ensuring administrative, civil, and criminal accountability for healthcare services and professionals.

3.1.2. Guarantee dignity, autonomy, and free, informed consent at all stages of care; ensure the right to a chosen companion and doula support during childbirth; guarantee the development, implementation, and respect of birth plans; ensure access to pain relief when clinically indicated; and respect the identities and needs of Black women, trans men, transmasculine, and non-binary people throughout the continuum of reproductive care.

3.2. VALUE THE TRADITIONAL KNOWLEDGE OF MIDWIVES, DOULAS, AND TRADITIONAL HEALERS

The traditional knowledge of midwives, doulas, and traditional healers is an intangible cultural heritage and a living foundation of community-based care practices. Valuing and protecting this knowledge is essential to strengthening health networks rooted in ancestry, solidarity, cultural identity, and community autonomy.

3.2.1. Recognize, train, certify, and fairly compensate midwives, doulas, traditional healers, and community care networks, ensuring their integration into territorial health systems and establishing referral and counter-referral mechanisms with primary healthcare services and maternity facilities.

3.2.2. Establish permanent funding mechanisms, publicly financed programs, and cultural safeguarding measures for Afro-Brazilian care practices; ensure simplified regulatory pathways for traditional remedies and preparations; protect collective intellectual and cultural rights; and develop protocols for collaboration between traditional caregivers and primary healthcare services.

3.3. ENSURE HUMANIZED CONDITIONS FOR CHILDBIRTH AND BIRTH

Childbirth should be experienced as an act of life, not one of survival or violence. Ensuring humanized conditions for childbirth and birth means guaranteeing access to quality healthcare, including safe environments, well-prepared healthcare teams, and dignified, respectful care for all people who can become pregnant, with full respect for their choices, identities, and cultural contexts.

3.3.1. Implement birthing centers, shelters, and maternity wards with multidisciplinary and trained teams. The birth experience should be safe, free from violence, and respectful of all gender identities.

3.3.2. Establish independent and accessible complaint and oversight mechanisms, including qualified victim support services, legal and psychosocial assistance, accessible reporting channels, community-based monitoring committees, and the regular publication of data on obstetric violence, obstetric racism, and maternal and neonatal health outcomes.

PILLAR 4 – MENSTRUAL DIGNITY AND SANITATION INFRASTRUCTURE

"We must ensure that menstrual product access policies are fully implemented and confront the deep inequalities that undermine the lives, well-being, and education of girls who menstruate."

Accounts of the lack of menstrual products, toilets, and other basic necessities reveal how neglect extends to the most fundamental aspects of life. Menstrual poverty, compounded by the impacts of environmental racism, inadequate sanitation infrastructure, lack of basic sanitation services, and water contamination, undermines the dignity, health, and well-being of Black girls and women. To speak about menstruation is to speak about social inequality, sexism, and racism. Without healthy territories, there can be no well-being. And without well-being, there can be neither social justice nor democracy.

4.1. ENSURE UNIVERSAL, FREE, AND CONTINUOUS ACCESS TO MENSTRUAL HYGIENE PRODUCTS

Ensure that all people who menstruate have free, continuous, and equitable access to high-quality menstrual hygiene products, including sanitary pads, menstrual cups, period underwear, and other essential supplies. Distribution should take place through schools, primary healthcare facilities, prisons, shelters, psychosocial care centers, and other public institutions, ensuring dignity, health, and well-being.

4.1.1. Implement permanent public programs to provide menstrual hygiene products in partnership with local governments, social movements, and health councils, with monitoring, accountability, and reporting mechanisms to address shortages and ensure continuous access.

4.1.2. Promote the procurement and production of sustainable and reusable menstrual products, prioritizing women-led cooperatives, waste picker organizations, and Black and Indigenous women entrepreneurs, thereby strengthening the solidarity economy, community-based production, and economic autonomy.

4.2. ENSURE ADEQUATE SANITATION INFRASTRUCTURE

Guarantee the availability and maintenance of clean, safe, and accessible public sanitation facilities, with a reliable supply of water, soap, toilet paper, and appropriate disposal systems for menstrual waste. Priority should be given to territories facing the most severe sanitation deficits, including underserved urban communities, Quilombola and Indigenous communities, and rural areas.

4.2.1. Establish a national program to map, renovate, and build public and school sanitation facilities through a gender-, race-, and territory-responsive approach, ensuring social oversight and transparent budget monitoring throughout implementation.

4.2.2. Establish accessibility and safety standards for public sanitation facilities, including adequate accommodations for persons with disabilities, transgender and non-binary people, and trans men, with special attention to privacy, dignity, and the prevention of violence and discrimination.



4.3. PROMOTE MENSTRUAL EDUCATION IN SCHOOLS, COMMUNITIES, AND HEALTH SERVICES

Integrate menstrual dignity as a core component of comprehensive sexuality and reproductive health education, recognizing menstruation as a natural bodily process and a matter of rights, dignity, and social justice rather than a source of stigma or shame. Menstrual dignity education should be continuous and responsive to the realities of gender, race, class, and territory, while recognizing and valuing community-based, traditional, and ancestral knowledge about the body and menstrual cycles.

4.3.1. Establish ongoing training opportunities for education and healthcare professionals to deliver menstrual education through critical, anti-racist, and intersectional approaches that value care practices and bodily autonomy.

4.3.2. Develop public and community-based campaigns on menstrual health, self-care, and reproductive rights for girls, adolescents, transgender and non-binary people, and trans men. Campaigns should use accessible language and include educational materials, community dialogues, and activities in local communities and primary healthcare settings.

PILLAR 5 – CARE, MOTHERHOOD, AND LIFE-SUSTAINING POLICIES

"It is Black women who grieve in the aftermath of police massacres; it is Black mothers whose rights are violated."

Caregiving is the invisible work that sustains the country, with Black women being primarily responsible for carrying out this work. Black women care for everyone: the home, children, the elderly, people with disabilities, the sick, and are almost never cared for themselves. The accounts show that motherhood is marked by loneliness, a lack of public policies, and overburdening. Demanding caregiving policies means demanding time, dignity, and the right to rest.

5.1. RECOGNIZING CARE AS ESSENTIAL WORK

Valuing care as a central part of the economy and social life, recognizing the fundamental role of single mothers, informal caregivers, mothers of children with disabilities, family members of people with disabilities, domestic workers, and health and assistance workers. Care should be understood as a right and as work that sustains life.

5.1.1. Implementing remuneration, incentive, and social protection policies for family and community caregivers, guaranteeing social security inclusion, training, and paid leave.

5.1.2. Implementing a National Care System, based on the National Care Policy, with a gender and race perspective, articulating the Union, states, and municipalities in the construction of public policies that ensure time, income, and support for women caregivers. Valuing and remunerating care work, including single mothers, informal caregivers, mothers of children with disabilities, and family members of people with disabilities.

5.2. EXPAND POLICIES FOR DAYCARE, EARLY CHILDHOOD EDUCATION, AND PARENTAL LEAVE

Guarantee universal access to public, full-time early childhood education and after-school programs, including nighttime hours, that meet the needs of working families, especially Black women, women from marginalized communities, and single mothers. Expand parental leave beyond the traditional model, encompassing different family arrangements and promoting co-responsibility in care.

5.2.1. Institute the national expansion of places in early childhood education schools, prioritizing territories with greater social vulnerability and single-parent families headed by women.

5.2.2. Expand and equalize parental leave between mothers, fathers, and legal guardians, including same-sex couples and transgender people who gestate or adopt, in order to promote gender equality and the right to shared care.

5.3. SUPPORT DIVERSE EXPERIENCES OF MOTHERHOOD

Recognize and support all forms of motherhood and caregiving, including those of Black, Indigenous, and Quilombola women, as well as trans, travesti, and non-binary people who give birth, adopt, or raise children. Policies must ensure welcoming, safe, and inclusive environments that respect the diversity of bodies, identities, and caregiving experiences.

5.3.1. Implement comprehensive programs to support diverse experiences of motherhood, including psychosocial care, respectful and humanized obstetric services, and equitable access to inclusive healthcare.

5.3.2. Promote public campaigns that celebrate and value diverse forms of motherhood while addressing stigma and discrimination faced by trans mothers, mothers of children with disabilities, neurodivergent children or other specific support needs, and women in situations of social vulnerability. These campaigns should also recognize state violence, police operations, and police lethality as barriers to caregiving, motherhood, child-rearing, and the preservation of life, and advocate for policies that protect life, guarantee the right to mother, safeguard childhoods, and advance justice and collective well-being.



PILLAR 6 – SEXUAL AND REPRODUCTIVE HEALTH THROUGHOUT LIFE

"Care should not end when we grow old."

Reproductive justice is neither limited to nor defined solely by the reproductive years. Black women face barriers at every stage of life, from childhood to menopause and beyond. Testimonies about aging, menstruation, sexuality, the desire—or decision not—to have children, and access to sexuality education reveal the lack of public policies that address the diverse needs of different life stages and support women's autonomy in shaping their own life trajectories. Ensuring comprehensive care means recognizing that sexual and reproductive health is a lifelong right, not one defined solely by motherhood.

6.1. ENSURE COMPREHENSIVE SUPPORT FOR BLACK CHILDREN AND ADOLESCENTS AND ACCESS TO COMPREHENSIVE SEXUALITY EDUCATION

Promote health, education, and social protection policies for Black children and adolescents, with a focus on strengthening self-esteem, body autonomy, and well-being among girls and adolescents. The childhood and adolescence of Black people must be recognized as a critical stage for breaking cycles of violence, racism, and inequality.

6.1.1. Implement school-based programs on body awareness, comprehensive sexuality education, and sexual and reproductive health, accompanied by anti-racist training for educators and healthcare professionals, strengthening positive recognition, affirmation, and appreciation of Black bodies and identities.

6.1.2. Establish mechanisms to prevent and respond to violence and abuse affecting Black, Indigenous, and marginalized children and adolescents, including psychosocial support and coordinated action among schools, child protection councils, specialized social assistance centers, and healthcare services.

6.2. ENSURE SEXUAL AND REPRODUCTIVE HEALTH CARE DURING MENOPAUSE AND AGEING

Guarantee dedicated public policies for Black women, trans people, and travestis experiencing menopause and ageing, ensuring access to gynecological care, hormone therapies, mental health support, and accurate, accessible information. It is essential to recognize and address the racial and territorial inequalities that shape experiences of menopause and ageing.

6.2.1. Establish dedicated care pathways within the public health system (SUS) for sexual and reproductive health during menopause and ageing, with specific protocols that take race, gender, and gender identity into account.

6.2.2. Promote public education and self-care campaigns on menopause and healthy ageing, using accessible language, community-based education, and initiatives that value and amplify the experiences, knowledge, and leadership of older Black women.

6.3. PROMOTE INCLUSIVE SEXUAL AND REPRODUCTIVE HEALTH

Develop policies and programs that guarantee the sexual and reproductive health rights of persons with disabilities, ensuring autonomy, informed consent, and access to high-quality, non-discriminatory services. Care must be comprehensive, rights-based, and responsive to the specific needs and experiences of each individual.

6.3.1. Adapt healthcare services through accessible infrastructure, professional training, and educational materials in inclusive formats (including sign language, Braille, audio description, and simple language). Establish technical guidelines for healthcare providers and develop campaigns and other initiatives that promote the sexual and reproductive health rights of lesbian and bisexual women, non-binary people, and transgender people.

6.3.2. Implement sexual and reproductive healthcare protocols for persons with disabilities within the public health system (SUS), ensuring the right to pleasure, contraception, family planning, and motherhood or fatherhood when desired.



PILLAR 7 – MEMORY, REPARATION, AND NON-REPETITION

"Our bodies carry the stories of the violence that the State seeks to erase."

The testimonies revealed experiences of obstetric violence, medical neglect, and medical racism, as well as racism perpetrated by other healthcare professionals. The absence of memory enables these harms to persist: our bodies carry the histories of violence that the State seeks to erase. Reproductive justice requires both material and symbolic reparations, as well as a commitment to ensuring that such abuses are never repeated. Memory is a future-making policy.

7.1. ESTABLISH REPARATION FUNDS FOR REPRODUCTIVE RIGHTS VIOLATIONS

Establish public reparation funds for individuals and families affected by obstetric violence, medical negligence, and institutional racism in healthcare. These policies should provide financial compensation, psychosocial support, access to justice, and long-term follow-up, ensuring that the State acknowledges, addresses, and repairs the harms caused by these violations.

7.1.1. Allocate dedicated public funding for emblematic cases of reproductive and obstetric violence, including the case of Alyne Pimentel, while establishing compensation mechanisms, legal assistance, and support services for other women and families affected by similar violations.

7.1.2. Implement broader reparation policies for Black women, mothers, and caregivers whose lives have been shaped by state violence, including those who have lost children or family members as a result of armed violence, police violence, and the State's failure to guarantee safety and protection in their communities.

7.2. PROMOTING MEMORY AND NON-REPETITION POLICIES

Create and strengthen public memory policies that make visible the stories of Black women and their families who are victims of reproductive and state violence. Memory should be understood as an instrument of symbolic reparation and prevention of the repetition of violations.

7.2.1. Implement itinerant memorials and reference centers on obstetric violence, medical racism, and institutional negligence, with the participation of families, collectives, and movements of Black women.

7.2.2. Include content on reproductive violence, sexual rights, and institutional racism in health and human rights training curricula, ensuring that future generations of professionals act with ethics, empathy, and racial justice.

7.3. GUARANTEE THE PARTICIPATION OF BLACK CIS AND TRANS WOMEN IN DECISION-MAKING BODIES

Ensure the full and qualified participation of Black women, transvestites, and transgender people in decision-making spaces regarding sexual and reproductive health policies. No policy about our bodies can be built without our voices, experiences, and knowledge.

7.3.1. Establish reproductive justice councils, committees, and working groups at all levels of the public health system (SUS) management, with equal representation and a focus on race, gender, and territory.

7.3.2. Guarantee resources and mechanisms for effective participation, such as scholarships, transportation, and accessibility, so that Black women, quilombola women, Indigenous women, transvestites, and transgender people can exercise their social mandates autonomously and safely.

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To the Participants of the Public Consultation on Reproductive Justice Demands and All Members of the Reproductive Justice Committee

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WE WILL MOVE FORWARD WITH COURAGE, COMMITMENT, AND CARE, HONORING THE TRUST PLACED IN THIS LISTENING PROCESS AND TRANSFORMING YOUR WORDS INTO POLITICAL ACTION CAPABLE OF SHAPING OUR FUTURE AND REPOSITIONING REPRODUCTIVE JUSTICE AT THE CENTER OF OUR DEMOCRACY.



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POR REPARAÇÃO E BEM VIVER