Birth Justice Initiative Narrative Report

How Movement Actors in Kenya and Nigeria Understand Birth Justice and Its Transformative Potential for Movement-Led Maternal and Newborn Health

comotion × GLOBAL FUND FOR WOMEN

Overview

Launched in 2025 as a partnership between Comotion, the UK's Foreign, Commonwealth and Development Office (FCDO), and Global Fund for Women, the Birth Justice Initiative (BJI) aims to shift power and resources toward grassroots movements advancing maternal and newborn health (MNH) through a feminist funding model. To support this mission, this report explores how movement actors in BJI's current focus countries of Kenya and Nigeria describe the realities shaping birth and reproductive wellbeing within their own contexts. By documenting these existing narratives, the report examines the extent to which the language and values of "Birth Justice" resonate across diverse global movements. Ultimately, this work serves a broader project goal of moving MNH discourse out of the strict confines of the technocratic health space—where it has long been treated as a predominantly medical problem—and reframing it as a fundamental question of justice, rights, and power.

Background: Why Birth Justice?

Birth Justice emerged from Black feminist organising in the United States through the work of Jamarah Amani, a leading Black feminist thinker, maternal health advocate, and movement leader, whose articulation of Birth Justice has fundamentally shaped conversations on reproductive justice and maternal health equity..persistent racial inequities in maternal health and reproductive care, the framework moves beyond clinical services to examine the social, economic and political conditions that shape pregnancy, childbirth and reproductive wellbeing. Rather than focusing solely on health outcomes, Birth Justice centres dignity, autonomy, community power and the structural changes needed for people to experience safe, respectful and equitable care (see Birth Justice Origins project for more information).

> **“Birth is universal because we are all born. Birth justice affects everyone”**
>
> **JAMARAH AMANI, SOUTHERN BIRTH JUSTICE NETWORK**

The Birth Justice Initiative takes its name from this movement deliberately. Jamarah Amani's framework offered a powerful foundation for a project seeking to bridge global maternal health agendas with the lived realities of communities, reframing maternal health not simply as a technical or service-delivery challenge, but as a question of rights, power and justice. Equally importantly, it aligned with the initiative's commitment to creating space for locally defined understandings of justice, rather than prescribing a single definition or framework.

So, why are we documenting language as part of the BJI?

Inspired by the U.S. concept, we are cataloguing the language, values, and priorities that emerge when stakeholders consider justice in birth to explore how these concepts resonate in the settings where the BJI is currently active, primarily Kenya and Nigeria, but also other East and West African countries that were a part of the exploratory phase of this initiative. We are testing if the Birth Justice framework can serve as a reference point to help diverse actors recognise one another, overcome artificial silos, and build stronger connections. By mapping this language, we aim to build a "shared vocabulary"—a living resource intended to connect fragmented efforts and centre lived realities and human rights in how maternal and newborn health is understood and funded.

To that end, the findings presented in this report document how community leaders and movement actors understand and articulate Birth Justice in their own words.

Methodology

This report draws on multiple sources of qualitative, participatory, and documentary evidence collected throughout the Birth Justice Initiative (BJI) from its inception in early 2025 through July 2026. The methodology was designed to explore how concepts associated with birth, care, autonomy, and justice are understood and articulated by movement actors and community leaders across diverse contexts.

Crucially, our approach to interviewing and learning from the community is grounded in Global Fund for Women's commitments to feminist, participatory, and non-extractive knowledge generation. All engagements were guided by Global Fund for Women's policies on ethical storytelling, safeguarding, digital protection, and informed consent. Central to this methodology was the recognition that movement actors are the true holders of knowledge and lived experience.

Participants were introduced to the origins of the Birth Justice movement and the rationale for using the term, and were then invited to reflect on whether it resonated within their own contexts. Rather than being asked to validate or adopt a pre-existing U.S. definition, discussions explored how concepts of justice, dignity and care were understood, interpreted and expressed across different settings.

METHODOLOGY

Whose Voices Guided This Report

Every major project activity in the BJI has included a component of language exploration. As such, this report is shaped by engagement with more than 321 grassroots and community-based activists, primarily from Kenya and Nigeria, with foundational regional insights drawn from Ethiopia, Malawi and Sierra Leone. These contributors include civil society organisations (CSOs), community-based organisations (CBOs), youth-led groups, clinicians and birth workers directly involved in shaping reproductive, maternal and birth justice landscapes. Their work spans disability rights, mental health, LGBTQI+ inclusion, climate justice, gender-based violence (GBV) and harmful practices such as FGM, safe abortion access, adolescent sexual and reproductive health, and economic inequality.

While this report does not claim to be representative of all actors working across maternal health, reproductive health or feminist movements in the regions explored by this project, it is grounded in sustained engagement with a diverse group of movement actors. Most notably, the local leaders guiding the project on the ground, provided in-depth consultation at multiple touchpoints outlined below.

METHODOLOGY

What We Analysed

Birth Justice origins project review

We began by reviewing materials related to the evolution of the U.S. Birth Justice movement, including work connected to Jamarah Amani, the Southern Birth Justice Network, Black feminist organising, reproductive justice, and community midwifery. This review provided the historical and conceptual foundation for the inquiry. It helped us understand Birth Justice as a framework rooted in dignity, autonomy, community power and reproductive self-determination, and provided a reference point for exploring how these values resonate in other movement contexts.

Country mapping report

We reviewed the Birth Justice Country Mapping Insights Report, which examined the maternal and newborn health and birth justice landscape across Ethiopia, Kenya, Malawi, Nigeria and Sierra Leone. This report combined desk review, stakeholder consultation, media mapping, social listening, Global Fund for Women's Social Movement Index tool and a follow-up literature review. While the Country Mapping process informed the selection of Kenya and Nigeria as the BJI's focal countries, it also contributed directly to this narrative report by identifying the policy, funding, movement and language contexts in which Birth Justice was being explored. In particular, it showed that while the term "Birth Justice" was not widely used across the five countries, many of its underlying principles, including respectful maternity care, bodily autonomy, safe abortion access, SRHR integration and grassroots leadership, were already present in local advocacy and organising.

METHODOLOGY

What We Analysed

Movement Mapping Assessment Process (MMAP)

We analysed findings from the MMAP, which engaged 321 stakeholders across Kenya and Nigeria through survey data, interviews and validation meetings. The MMAP was designed to identify movement actors, relationships, resource flows, representation gaps, advocacy priorities and opportunities for collaboration. For this report, the MMAP provided one of the most significant sources of evidence on how movement actors describe their work, where they see gaps in current funding and policy approaches, and how they understand the relationship between maternal health, reproductive justice, gender justice and community wellbeing. It also helped test how stakeholders relate to the language of Birth Justice in comparison to more familiar terms such as SRHR and MNH.

Stakeholder interviews

Following the identification of project partners in Kenya and Nigeria, we conducted video interviews with 11 grassroots activists, members of the **Movement Advisory Groups (MAGs)**, which bring together grassroots actors, health leaders, advocates and feminist organisers to guide funding, advocacy and learning, as well as representatives from **Anchor Partners**, the feminist grantmaking organisations responsible for coordinating country-level delivery, facilitating collaboration and ensuring resources reach grassroots movements in ways grounded in local contexts. These interviews deepened the insights gathered through the mapping phases by creating space for stakeholders to reflect directly on the concept of Birth Justice, the language they use within their own communities, and the connections they see between their work and broader questions of justice, dignity, care and rights. The interviews also allowed participants to share stories from their own advocacy and organising, including work with LGBTQI+ communities, people who use drugs, abortion rights advocates, young people, people with disabilities and other groups often excluded from maternal health policy and funding conversations.

What We Analysed

Participatory reflection and language mapping activities

Additional evidence was gathered through participatory activities conducted across BJI engagements, including webinars, stakeholder convenings, validation sessions, Mentimeter exercises and word cloud activities. These activities invited participants to contribute words, phrases, cultural concepts and stories associated with birth, justice, care and wellbeing. They generated important insight into the language movement actors already use to describe the realities they navigate, including concepts such as *Heshima, Ubuntu, Usawa* and *Ukombozi wa Kijinsia*[1].

These activities helped identify shared values across contexts while ensuring that locally rooted language remained central to the analysis.

[1] These concepts are defined in the Appendix.

METHODOLOGY

Data Analysis

Qualitative data from interviews, workshops, validation sessions, webinar discussions, stakeholder mapping activities and documentary sources were analysed using an inductive thematic approach.

Interview transcripts, meeting notes, workshop outputs, Mentimeter responses, word cloud submissions and documentary materials were reviewed and coded using NotebookLM, an artificial intelligence-assisted research and analysis platform. The platform supported the organisation, synthesis and thematic coding of data across multiple sources.

Rather than applying predetermined analytical categories, themes were allowed to emerge from participant responses and stakeholder-generated language. This approach ensured that the analysis remained grounded in the experiences, perspectives and priorities articulated by participants themselves.

Ethical Considerations

This inquiry was informed by Global Fund for Women's commitment to feminist, participatory and non-extractive approaches to knowledge generation. Particular attention was paid to Global Fund for Women's policies relating to ethical storytelling, safeguarding, digital protection and informed consent.

Central to the methodology was the recognition that movement actors and community leaders are holders of knowledge, expertise and lived experience. Participants were therefore not asked to validate a pre-existing definition of Birth Justice or endorse a particular framework. Instead, they were invited to reflect on concepts of justice and care as they are understood within their own contexts.

Language, Values and Visions Emerging from the Movement

Birth Beyond the Clinical Moment

Participants consistently described birth as a journey; discussions frequently began with preconception and extended through pregnancy, childbirth, postpartum care and the broader economic, political, religious and cultural conditions that shape reproductive wellbeing throughout the life course.

This perspective challenged narrower approaches focused primarily on service delivery or health indicators. Stakeholders viewed birth as simultaneously biological, social, economic, cultural and political.

One Kenyan stakeholder noted:

> **"When we are talking about maternal health, we often talk about it in parts; in broken pieces. Antenatal care. Delivery. Post-natal care. But that is not how people actually experience their lives…..their experiences are not separated. Pregnancy does not exist in isolation. A woman's health is shaped by her economic situation. A woman's health is shaped by her safety at home. A woman's health is shaped by her access to information, her mental and emotional wellbeing and the care she receives – or the care that she does not receive."**

Participants regularly connected birth outcomes to factors including:

- education
- nutrition
- food security
- water and sanitation
- housing
- economic stability
- transport
- social protection
- family and community relationships
- and respectful, rights-based care

These discussions reflected a holistic understanding of reproductive wellbeing, situating health outcomes within the wider realities of everyday life.

Birth Justice as a Shared Language

Across interviews, workshops, validation sessions and participatory reflection activities, stakeholders consistently described Birth Justice as a concept capable of connecting diverse experiences, priorities and forms of advocacy. Participants frequently characterised Birth Justice as inclusive, expansive and practical, viewing it as a framework that could hold together the multiple realities shaping birth and reproductive wellbeing.

While established terms such as maternal and newborn health (MNH) and sexual and reproductive health and rights (SRHR) remain important and predominant, many participants felt these categories often capture only part of people's lived realities. These terms have largely been shaped by the technical language of global health and the development aid sector, which can make them useful for policy and funding conversations but less reflective of how communities understand birth, care and wellbeing in their own lives. Birth Justice was seen as providing a broader language through which issues of health, power and social conditions could be understood together.

Many participants described Birth Justice as giving a name to concerns they had long been addressing through their work. As a Nigerian practitioner explained:

> **"Justice is encompassing. It is inclusive. It speaks to their desires. It speaks to the reality. It speaks to their vision, their mission, what they have been wanting to have."**

A recurring description of Birth Justice was that of an "umbrella" framework capable of bringing together issues that are often treated separately within policy, advocacy and funding environments. Participants connected birth and reproductive wellbeing to maternal health, SRHR, gender-based violence, female genital mutilation, disability inclusion, adolescent wellbeing, climate impacts and economic inequality. Stakeholders frequently described them as interconnected dimensions of the same broader pursuit of justice and wellbeing.

An advocate based in Nigeria summarised this perspective:

> **"Birth justice is trying to address lack of access to quality maternal care, address systemic oppression, empowerment for marginalized groups and all of that. It is an umbrella that covers all of the topics and more."**

Taken together, these findings suggest that Birth Justice resonates because it provides a language capable of connecting the multiple realities that shape birth and reproductive wellbeing across different contexts and movement spaces.

The understandings of Birth Justice emerging from this inquiry align closely with internationally recognised frameworks on comprehensive sexual and reproductive health and rights (SRHR). The Guttmacher–Lancet Commission defines SRHR as encompassing access to essential health services alongside bodily autonomy, dignity, equality, freedom from discrimination and violence, and the social conditions that enable people to exercise their rights. Similarly, WHO's approach to comprehensive SRHR emphasises integrated, rights-based care across the life course, recognising that health outcomes are shaped by wider social, economic and structural determinants rather than clinical services alone.

The findings presented in this report reinforce these principles through the lived experiences and perspectives of movement actors. Across Kenya and Nigeria, participants consistently described Birth Justice as connecting maternal and newborn health with sexual and reproductive health and rights, gender justice, disability inclusion, adolescent wellbeing, economic justice, accountability and community power. Birth Justice is understood as a way of bringing these interconnected issues together through the language of justice, dignity and lived experience. In doing so, the findings demonstrate how globally recognised principles of comprehensive SRHR are understood, articulated and advanced within locally rooted movements, while highlighting the importance of culturally grounded concepts of care, justice and collective action.

Dignity, Autonomy and Respectful Care

Dignity emerged as one of the strongest and most consistent themes across all data sources.

Participants repeatedly described dignity as a fundamental component of quality care and a prerequisite for justice within reproductive health systems. Discussions frequently centred on how women and birthing people are treated within healthcare settings and whether they are recognised as individuals with rights, preferences and agency.

A Kenyan stakeholder reflected:

> **"Poverty should not take away their dignity. Poverty should not make you disrespect women."**

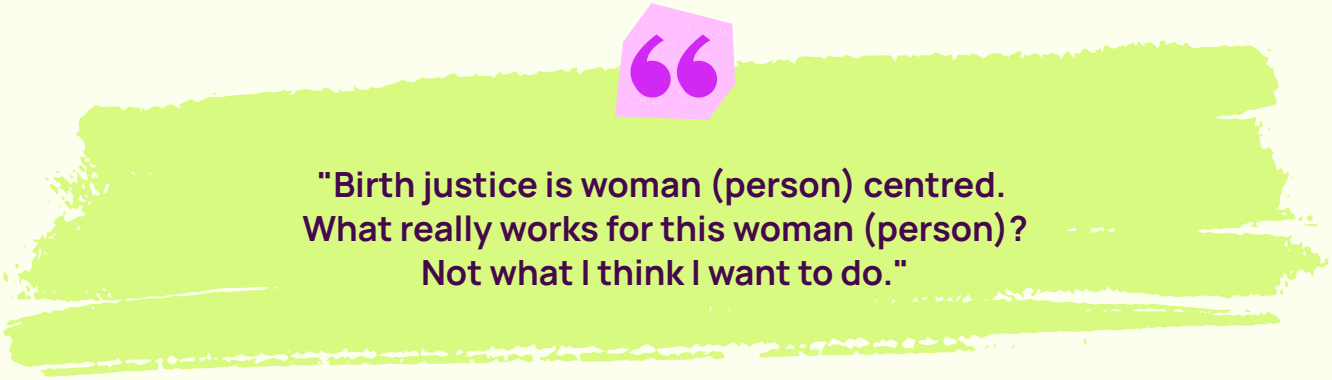
The concept of Heshima (respect) featured prominently, particularly among stakeholders in Kenya. Respect was understood as recognition of an individual's humanity, autonomy and right to participate in decisions affecting their body and reproductive life.

Participants linked dignity to:

- respectful maternity care
- quality of care
- informed consent
- bodily autonomy
- freedom from mistreatment
- trust in health systems

Autonomy was similarly central. Participants emphasised that care should be centred on the needs, preferences and circumstances of the individual rather than institutional priorities.

As one Kenyan stakeholder explained:



**"Birth justice is woman (person) centred.
What really works for this woman (person)?
Not what I think I want to do."**

This emphasis reflects a broader commitment to ensuring that individuals remain central within reproductive care processes and are supported to make informed decisions regarding their own health and wellbeing.

Locally Rooted Expressions of Birth Justice

One of the most significant findings emerging from the inquiry was the extent to which participants drew upon culturally rooted concepts and language to describe ideas associated with Birth Justice.

Across interviews and participatory activities, stakeholders consistently referenced concepts such as *Heshima* (respect) and *Ubuntu* (shared humanity) to articulate the values underpinning Birth Justice. Rather than relying solely on technical global health terminology, participants described the framework through language that already exists within their own cultures, histories and organising traditions.

The Appendix provides a catalogue of the terms and expressions that emerged through this project. While not intended to be a comprehensive or authoritative lexicon of the Birth Justice movement, it reflects the language, concepts and values shared by participants throughout the inquiry and offers insight into how Birth Justice was understood and expressed across the contexts represented.

The emergence of this vocabulary demonstrates that the principles underpinning Birth Justice are already embedded within local languages, cultural traditions and organising practices. Participants consistently emphasised that language matters as a reflection of history, identity and power. Terms that resonate with communities foster greater ownership of the framework and reinforce that Birth Justice is most meaningful when expressed through locally grounded understandings of justice, care and reproductive wellbeing.

Conclusion

Like Jamarah Amani and the Black feminist birth justice activists who coined the framework, the authors of this report believe that Birth Justice is a borderless concept. It holds the power to fundamentally transform how we understand maternal and newborn health (MNH) and advance reproductive wellbeing for women and birthing people everywhere. Building on this vision, here are our key reflections emerging from this inquiry, along with lessons for how this work can be carried forward by those committed to meaningful systems change:

Birth Justice offers a shared language for interconnected movements:

Participants saw Birth Justice as a language broad enough to hold realities that are often treated separately within policy and funding environments, including MNH, SRHR, gender-based violence, disability rights, adolescent wellbeing, climate justice and economic inequality.

Its value is not that it replaces existing terms or local movement identities, but that it helps make the connections between them more visible. In this sense, Birth Justice can serve as a coalition-building framework, creating a shared point of connection across movements working toward dignity, autonomy, care and reproductive wellbeing.

Birth Justice must remain locally rooted:

The inquiry also showed that Birth Justice must be carried forward with humility and attention to context. The framework emerged from Black feminist organising in the United States, and its resonance across Kenya, Nigeria and other contexts does not depend on communities adopting the same terminology.

Locally rooted concepts such as *Heshima, Ubuntu, Usawa* and *Ukombozi wa Kijinsia* already express many of the values associated with Birth Justice, including respect, shared humanity, equality, liberation, dignity, autonomy and collective wellbeing. Rather than translating Birth Justice into local terms, these concepts show that communities already have rich language for expressing many of the same values.

Conclusion

Birth Justice reflects what communities have long understood:

MNH is a question of justice, not only healthcare: Rather than introducing an entirely new set of concerns, this inquiry showed that Birth Justice gives language to the justice-oriented understanding of maternal and newborn health that many movement actors already hold. While technocratic global health language has often framed MNH through indicators, services and systems, stakeholders described birth as a journey shaped by education, safety, housing, food security, economic stability, socio-political-cultural norms, community relationships and the ability to make informed decisions about one's body and life.

This was one of the clearest findings of the report: maternal and newborn health cannot be separated from the wider systems that shape whether people are able to live, give birth and parent with dignity.

Considerations for Donors, Movements and Partners

A central focus of the BJI is exploring the value and potential of shifting power and resources toward grassroots movements as a way to meaningfully advance MNH. This narrative exercise contributes to that effort by showing that communities are calling for approaches that reflect the interconnected nature of their lives. For donors, Birth Justice offers a framework for recognising these connections and supporting the movement-led, locally rooted and cross-sector work that communities identify as necessary to advancing their health and rights.

We hope movement partners use this report as a tool to reflect on their own language and priorities, identify shared advocacy goals, and build stronger connections with others working across interconnected struggles. The report may also support movement actors in making the case to donors, policymakers and partners that MNH cannot be advanced through narrow health interventions alone, but must be addressed through approaches that centre justice, autonomy, community knowledge and collective power.

Appendix

Catalogue of Birth Justice Terms

TERMINOLOGY	DEFINITION	RELEVANCE TO BIRTH JUSTICE
Birth as a Journey	Viewing pregnancy and childbirth as beginning before conception and continuing through pregnancy, birth and the postpartum period.	Reinforces continuity of care and the need to address reproductive wellbeing across the life course.
Birth Beyond the Clinical Moment	Understanding birth as a lifelong social, political and economic journey rather than a single medical event.	A defining concept that broadens Birth Justice beyond health services to encompass the conditions shaping reproductive wellbeing.
Bodily Autonomy	The right to make informed decisions about one's own body and reproductive life.	Places women and birthing people at the centre of decision-making and reinforces informed consent and reproductive self-determination.
Briefcase Boys	A colloquial critique of external consultants or experts who lead maternal health initiatives without local accountability or lived experience.	Symbolises resistance to extractive, externally driven development and reinforces locally led leadership.
Choice	The ability to decide where, when, how and with whom to give birth.	Reinforces person-centred care and reproductive freedom.
Climate Justice	Addressing the effects of climate change on reproductive health and maternal wellbeing.	Highlights how environmental crises disproportionately affect pregnant people and marginalised communities.
Community Led Accountability	Mechanisms that enable communities to monitor, influence and hold health systems accountable.	Shifts power toward those most affected by maternal health inequities and strengthens responsive governance.

Dignity	Recognition of the inherent worth of every individual throughout pregnancy, childbirth,postpartum period, and beyond.	This principle affirms the intrinsic worth of every person, rejecting discrimination or degrading treatment based on poverty, identity, or life circumstances.
Disability Inclusion	Ensuring reproductive care is accessible, equitable and responsive to women with disabilities.	Addresses compounded discrimination, exclusion and stigma experienced within health systems.
Economic justice	Addressing poverty and financial barriers that affect reproductive health and care.	Recognises that economic inequality directly influences maternal health, access to services and reproductive choice.
Ecosystem of well-being	A holistic understanding of the social conditions that influence birth, including nutrition, housing, transport, sanitation, education and economic security.	Illustrates that Birth Justice cannot be achieved through healthcare interventions alone.
Food Security	Reliable access to adequate nutrition before, during and after pregnancy.	Essential for healthy pregnancies and positive maternal and newborn outcomes.
Gender-Based Violence	Violence directed at individuals based on their gender.	Birth Justice highlights the links between GBV, obstetric violence and reproductive injustice.
Heshima	Swahili for respect or honour, recognising each person's dignity, humanity and autonomy.	A locally rooted concept that underpins respectful maternity care and positions respect as a prerequisite for justice.
Obstetric Violence	Abuse, neglect, coercion or denial of informed consent during pregnancy and childbirth.	Recognises mistreatment during childbirth as both gender-based violence and a human rights violation.
Reproductive Justice	A movement affirming the right to have children, not have children and parents in safe, supportive communities.	Provides the philosophical and political foundation from which Birth Justice emerged.

Respectful Maternity Care	An approach to maternal healthcare that ensures every woman receives care that is dignified, respectful, free from abuse and discrimination, protects informed choice and consent, and upholds fundamental human rights throughout pregnancy, childbirth and the postpartum period.	Widely used within maternal and newborn health (MNH) policy as an umbrella concept for the quality of women's experiences during childbirth and the conduct of healthcare providers. Birth Justice builds on Respectful Maternity Care by recognising its importance while extending beyond interactions within health facilities to address the broader social, political and structural conditions that shape reproductive wellbeing and justice.
Safe Abortion Care	Access to safe abortion services and post-abortion care.	Recognised by many participants as an essential—though often politically and socially sensitive and underrepresented—component of reproductive justice.
Safety	Protection from physical, emotional and social harm throughout the birth journey.	Expands safety beyond clinical care to include freedom from violence, discrimination and neglect.
Sexual and Reproductive Health & Rights	The rights and services relating to sexual and reproductive health.	Participants viewed SRHR as an important but often overly technical language that Birth Justice grounds in lived experience.
Systemic Oppression	The interconnected systems of patriarchy, racism, classism and discrimination that shape reproductive experiences.	Positions poor maternal outcomes as consequences of structural injustice rather than individual behaviour.
Trust	Confidence in health systems, providers and community structures.	Essential for encouraging care-seeking, strengthening accountability and improving health outcomes.
Ubuntu	An African philosophy, originating from Zulu and Xhosa languages, meaning "I am because we are," emphasising collective responsibility and interconnectedness.	Grounds Birth Justice in solidarity, mutual care and community responsibility for maternal wellbeing.

Ukombozi wa Kijinsia	Recognition of the inherent worth of every individual throughout pregnancy, childbirth and the postpartum period.	The process of promoting equality, dignity, and freedom for all people by eliminating discrimination, unequal treatment, and restrictive social norms based on gender.
Usawa	Swahili for equality.	Reflects the aspiration for equitable treatment and access to quality care regardless of identity or circumstance.
WASH (Water and Access to Sanitation and Hygiene)	Safe water, hygiene and sanitation infrastructure.	Fundamental to safe childbirth and healthy communities.

UK International Development

Partnership | Progress | Prosperity

This project is funded by UK International Development.

comotion × GLOBAL FUND FOR WOMEN