

ORIGINAL RESEARCH ARTICLE

Legal responses to women's drug use during reproductive years: Implications for reproductive health and access to care

DOI: 10.29063/ajrh2026/v30i9s.9

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Abstract

This study examines how the criminalization of women's drug use during their reproductive years affects their access to reproductive healthcare, legal treatment, and psychosocial wellbeing. Using a qualitative research design, the study employed semi-structured interviews with women affected by drug-related criminalization, healthcare providers, legal professionals, and policy-related stakeholders in Beijing, Shanghai, and Guangzhou, China. The findings reveal that criminalization functions as a major barrier to timely healthcare access by generating fear, stigma, and mistrust of formal institutions. Women reported avoiding prenatal and reproductive health services due to concerns about legal consequences, social judgment, and possible loss of child custody. The study also found that punitive responses intensify emotional distress, social isolation, and institutional exclusion, while creating ethical and professional challenges for healthcare providers. These findings suggest that treating women's drug use primarily as a criminal issue may worsen reproductive health risks rather than reduce them. The study concludes that more effective responses require a shift toward health-centered, rights-based, and non-punitive approaches that prioritize treatment, confidentiality, psychosocial support, and coordinated care. Such reforms are essential for improving maternal wellbeing, protecting reproductive rights, and reducing the harmful effects of stigma and criminalization. (*Afr J Reprod Health* 2026; 30 [9s]: 92-100).

Keywords: Criminalization, Women's Drug Use, Reproductive Health, Stigma, Psychosocial Wellbeing

Résumé

Cette étude examine comment la criminalisation de la consommation de drogues chez les femmes durant leurs années de procréation affecte leur accès aux soins de santé reproductive, à la justice et à leur bien-être psychosocial. Utilisant une méthodologie de recherche qualitative, l'étude a employé des entretiens semi-structurés avec des femmes concernées par la criminalisation liée aux drogues, des professionnels de santé, des professionnels du droit et des acteurs politiques à Pékin, Shanghai et Canton, en Chine. Les résultats révèlent que la criminalisation constitue un obstacle majeur à l'accès aux soins de santé en temps opportun en générant de la peur, de la stigmatisation et de la méfiance envers les institutions formelles. Les femmes ont rapporté éviter les services de santé prénatale et reproductive par crainte de conséquences légales, de jugement social et d'une possible perte de la garde de leurs enfants. L'étude a également constaté que les réponses punitives intensifient la détresse émotionnelle, l'isolement social et l'exclusion institutionnelle, tout en créant des défis éthiques et professionnels pour les prestataires de soins de santé. Ces résultats suggèrent que traiter la consommation de drogues des femmes principalement comme une question criminelle pourrait aggraver les risques pour la santé reproductive plutôt que de les réduire. L'étude conclut que des réponses plus efficaces nécessitent une transition vers des approches centrées sur la santé, fondées sur les droits et non punitives, qui privilégient le traitement, la confidentialité, le soutien psychosocial et des soins coordonnés. De telles réformes sont essentielles pour améliorer le bien-être maternel, protéger les droits reproductifs et réduire les effets néfastes de la stigmatisation et de la criminalisation. (*Afr J Reprod Health* 2026; 30 [9s]: 92-100).

Mots-clés: Criminalisation, Consommation de drogues chez les femmes, Santé reproductive, Stigmatisation, Bien-être psychosocial

Introduction

The criminalization of women's drug use during their reproductive years presents a complex intersection of legal, health, and social challenges. Historically, legal responses to drug use during pregnancy or in women of reproductive age have

largely been punitive, often sidelining the potential harm that criminalization inflicts on women's health and well-being.¹ Women who use drugs face compounded risks, not only due to the potential health consequences of substance use but also from the legal repercussions that accompany it. These legal responses frequently fail to consider the

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broader context of women's lives, including factors such as addiction, socioeconomic status, and the need for healthcare during pregnancy.²

Reproductive health, which encompasses the physical, mental, and social aspects of well-being during pregnancy and childbirth, is significantly affected by drug use. However, when drug use is criminalized, women often face barriers to accessing essential healthcare services, including maternal care and addiction treatment.³ Instead of providing support and rehabilitation, the legal system may exacerbate women's vulnerability by enforcing measures that criminalize behavior, rather than addressing the root causes of drug use, such as trauma, mental health, and social isolation.⁴ These legal frameworks frequently fail to offer the care necessary to support both the woman and her child, undermining the principles of reproductive justice.

This study seeks to explore how the criminalization of women's drug use during reproductive years impacts their access to healthcare, legal protections, and overall reproductive health outcomes. It examines the lived experiences of women affected by these policies, while also analyzing the perspectives of healthcare providers, legal professionals, and policymakers. By understanding the intersection of law, healthcare, and gendered experiences of drug use, this research aims to inform more effective, compassionate, and comprehensive responses to women's drug use within the context of reproductive health.

The research objectives of this study are as follows: to investigate the ways in which criminalization affects women's reproductive health, to examine healthcare providers' and legal professionals' responses to women's drug use during pregnancy, and to assess the implications of current legal frameworks on maternal and child health outcomes. Ultimately, this study aims to offer policy recommendations for balancing the need for legal accountability with the imperative for healthcare and support for women facing drug-related challenges.

Literature review

Criminalization of drug use in women

The criminalization of women's drug use, particularly during reproductive years, is a deeply contested issue. Historically, drug laws have been shaped by patriarchal views, leading to policies that often target women more harshly than men.⁵ These

laws criminalize women for behaviors that are frequently tied to broader socio-economic and psychological issues, such as addiction, trauma, and poverty. Women who use drugs during pregnancy face unique challenges, as they are often perceived as unfit mothers, resulting in stigmatization and legal consequences that disproportionately affect their reproductive rights.⁶ Such punitive legal frameworks undermine the rights of women to access healthcare and support services, further exacerbating their vulnerabilities.

The criminal justice system's approach to drug use during pregnancy has been particularly contentious. In many jurisdictions, women who are found to be using drugs during pregnancy may face prosecution, loss of parental rights, or incarceration. Research by Jones⁷ indicates that such policies not only fail to address the underlying issues contributing to drug use but also result in worse health outcomes for both mothers and infants. This punitive approach highlights the need for a more nuanced understanding of drug addiction as a health issue rather than a criminal one.

Reproductive health and the impact of drug use

The intersection of drug use and reproductive health is critical for understanding the health outcomes for women during pregnancy and in the post-partum period. Women who use drugs are at higher risk of complications such as premature birth, low birth weight, and developmental delays in their children.⁸ Studies have shown that the physiological effects of drug use can impair maternal health, leading to issues like high blood pressure, gestational diabetes, and mental health disorders, which are often compounded by the stress of criminalization.⁹ The provision of maternal healthcare becomes even more complicated when women are criminalized for drug use.¹⁰ Healthcare providers face ethical dilemmas when treating pregnant women with substance abuse issues, as they must navigate between their professional obligation to provide care and the legal implications. Studied by Edwards et al.¹¹ suggest that the criminalization of pregnant women leads to reluctance in seeking prenatal care, as women fear the legal consequences of disclosing their drug use. This often results in worse outcomes for both the mother and the child, as early prenatal care is crucial in preventing adverse health conditions.

Legal responses to drug use during reproductive years

Legal responses to drug use during reproductive years vary significantly across different countries and regions. In the United States, laws like the "Crack Baby" hysteria of the 1980s fueled a legal framework that criminalized drug use during pregnancy, with the justification that it would protect the fetus.¹² However, research by Hall¹³ argues that such policies are rooted in racial and gender biases, disproportionately affecting women of color and low-income women. While these laws were initially framed as protective, they have been criticized for criminalizing vulnerable women without providing sufficient support or healthcare options.

In contrast, some countries, such as Sweden and Canada, have adopted harm reduction approaches that focus on treatment and support rather than punitive measures. These countries recognize addiction as a health issue and aim to provide healthcare and rehabilitation services to women with substance use disorders. For instance, Sweden's model of treatment during pregnancy includes healthcare support services and ensures that women are not penalized for seeking help¹⁴. These models highlight the importance of viewing drug use as a health issue and addressing the socio-economic and psychological factors that contribute to substance use.

Healthcare and legal systems' role in addressing women's drug use

The healthcare and legal systems must work collaboratively to address the needs of women affected by drug use during their reproductive years. While healthcare providers are tasked with the responsibility of ensuring maternal and fetal health, the legal system's role complicates this task by introducing potential risks for women who seek help¹⁵. According to Roberts¹⁶, the involvement of legal authorities in healthcare decisions, such as the threat of imprisonment for drug use during pregnancy can lead to significant delays in care and mistrust in the healthcare system.

Women who are criminalized often experience a lack of access to both prenatal and addiction treatment services. This lack of access to care increases the likelihood of complications during pregnancy and childbirth, as women may avoid

seeking help due to fear of legal repercussions.¹⁷ Furthermore, policies that criminalize pregnant women for drug use do not address the root causes of addiction and often exacerbate existing mental health issues.

Feminist perspectives on criminalization and reproductive rights

Feminist scholars have long critiqued the ways in which the criminal justice system targets women for behaviors associated with reproductive health. The criminalization of drug use during pregnancy, as highlighted by feminist scholars such as Berrien¹⁸, represents an intersection of gender-based control and state intervention in women's reproductive rights. Feminist theory asserts that the criminal justice system's approach to drug use during pregnancy disproportionately affects women, especially those from marginalized communities, and reinforces patriarchal structures of control over women's bodies.

Hackett¹⁹ argue that such legal frameworks fail to recognize women's agency, reinforcing harmful stereotypes about motherhood and addiction. The punitive nature of these laws further marginalizes women who are already vulnerable, denying them the right to make decisions about their bodies and reproductive health. Feminist critiques stress the importance of reproductive justice, which advocates for the right of all women to have access to the healthcare, resources, and support they need without fear of criminalization.

Methods

Research design

This study adopted a qualitative research design based solely on semi-structured interviews. A qualitative approach was considered suitable because the study aimed to explore in depth how the criminalization of women's drug use during their reproductive years affects access to reproductive healthcare, legal treatment, and psychosocial wellbeing.

Study location

The study was conducted in Beijing, Shanghai, and Guangzhou, China. These cities were selected because they are major urban centers with relatively

advanced healthcare facilities, legal institutions, rehabilitation services, and policy-related organizations. Their selection allowed the study to capture perspectives from different institutional and social contexts within urban China.

Sampling technique

The study used purposive sampling to select participants who had direct experience or professional knowledge relevant to the research topic. This sampling technique was appropriate because the study required information-rich participants who could provide meaningful insights into the relationship between criminalization, drug use, and reproductive health.

Study participants

The study included a total sample of 32 participants, selected using a purposive sampling strategy to ensure the inclusion of information-rich cases relevant to the research objectives. The sample comprised four key groups: 15 women affected by drug-related criminalization during their reproductive years, 7 healthcare providers, 6 legal professionals, and 4 policy-related stakeholders. The inclusion of multiple participant categories allowed the study to capture both lived experiences and institutional perspectives regarding the intersection of criminalization, reproductive health, and access to care.

Women participants were selected based on the following inclusion criteria: (1) having direct experience with drug use during their reproductive years, and (2) having encountered legal, healthcare, or social consequences related to such use. Participants were identified through community networks, rehabilitation centers, and referrals

(snowball sampling), which facilitated access to individuals within a sensitive and hard-to-reach population. Purposive sampling was considered appropriate for this study due to the exploratory nature of the research and the need to obtain detailed qualitative insights rather than statistically representative data.

Sociodemographic characteristics of women participants

To provide contextual understanding of the women's backgrounds, a summary of their sociodemographic characteristics is presented in Table 1.

Data collection method

Data were collected through semi-structured interviews. An interview guide was developed in line with the objectives of the study, covering issues such as criminalization, barriers to healthcare access, stigma, institutional responses, and possible reforms. This method provided flexibility for participants to share detailed experiences while allowing the researcher to maintain focus on the study objectives.

Interview procedure

The interviews were conducted face-to-face in private and secure settings in Beijing, Shanghai, and Guangzhou. Where direct meetings were not feasible, interviews were conducted through telephone or online platforms. Each interview lasted approximately 45 to 60 minutes. Before the interviews, participants were informed about the purpose of the study, and informed consent was obtained. Confidentiality was maintained by removing personal identifiers from the transcripts.

Table 1: Sociodemographic characteristics of women participants (n = 32)

Variable	Category	Frequency	Percentage
Age	18–25 years	09	25.0%
	26–35 years	10	50.0%
	36–45 years	13	25.0%
Education Level	Primary	2	16.7%
	Secondary	6	50.0%
	Higher Education	4	33.3%
Employment Status	Unemployed	7	58.3%
	Informal Employment	3	25.0%
	Formal Employment	2	16.7%
Marital Status	Married	5	41.7%
	Single	4	33.3%
	Divorced	3	25.0%

Data analysis

The collected data were analyzed using thematic analysis. Interview transcripts were read several times to develop familiarity with the data. Relevant statements were coded and grouped into broader categories, from which major themes were generated. This process helped identify recurring patterns related to healthcare access, legal barriers, stigma, and reproductive rights.

Ethical considerations

Ethical principles were observed throughout the study. Participation was entirely voluntary, and participants had the right to withdraw at any stage. The identities of participants were kept confidential, and all responses were used strictly for academic purposes. Special care was taken because the topic involved sensitive personal and legal experiences.

Results

This section presents the findings from the qualitative data collected through semi-structured interviews. The findings are organized around the key themes identified from the data and related to the research questions, drawing on existing literature to contextualize the results.

Impact of criminalization on women's access to reproductive healthcare

Criminalization emerged as a major barrier to timely reproductive healthcare access. Many women explained that they avoided health facilities because they feared disclosure, legal reporting, or loss of custody.

"I wanted to go for check-ups, but I was afraid that if I told the doctor about my drug use, they would report me. I felt safer staying silent than asking for help." Woman participant, W3

"During pregnancy, I was always worried that one mistake would make people think I was not fit to be a mother." Woman participant, W7

A healthcare provider also confirmed that fear of legal consequences often delayed care-seeking:

"Many women come very late, sometimes only when complications become serious. They are not refusing care; they are afraid of what may happen after disclosure." Healthcare provider, H2

Emotional and psychological impact of criminalization

Participants described criminalization as emotionally damaging. Women reported anxiety, shame, isolation, and fear of institutional contact.

"I felt like everyone had already judged me. I was not treated like a woman who needed help, but like someone who had done something unforgivable." Woman participant, W5

"The fear was always there. I could not sleep properly because I kept thinking they might take my child away." Woman participant, W9

A legal professional also noted the emotional burden created by punitive responses:

"The legal process often adds another layer of pressure. For many women, the punishment begins before any formal decision is made because they already feel watched and condemned." Legal professional, L4

Legal and healthcare system responses

The interviews showed that legal and healthcare systems often worked separately rather than collaboratively. Participants described the system as fragmented, punitive, and poorly equipped to respond to women's complex needs.

"The hospital looks at the medical side, the police look at the legal side, but no one looks at the whole woman and what support she actually needs." Policy stakeholder, P2

"In many cases, addiction is treated as a failure of character rather than a health condition. This makes women hide instead of seeking treatment." Healthcare provider, H5

A woman participant described this lack of support clearly:

"I did not know where to go. If I went to the hospital, I feared questions. If I went to legal services, I feared punishment. So I stayed alone." Woman participant, W11

Gendered perspectives and reproductive rights

The findings also revealed that women experienced drug-related criminalization through gendered expectations of motherhood, morality, and reproductive responsibility.

"People say a man needs treatment, but when a woman uses drugs, they say she is a bad mother or a bad woman." Woman participant, W2

"The law does not understand what women go through. It only sees drug use, not violence, poverty, stress, or the reasons behind it." Woman participant, W8

A legal professional added:

"Women are judged more harshly because their drug use is connected to motherhood. The legal system often treats them as morally guilty before considering their circumstances." Legal professional, L1

Systemic challenges and policy gaps

Participants identified major gaps in the legal and healthcare response, including weak referral systems, lack of confidentiality, limited psychosocial support, and insufficient rehabilitation options.

"There is no clear pathway. A woman may need medical care, counselling, legal protection, and family support, but these services are not connected." Policy stakeholder, P5

"We need guidelines that protect patients and help providers. Without clear procedures, both women and doctors remain uncertain and afraid." Healthcare provider, H7

A woman participant emphasized the need for non-punitive support:

"If someone had spoken to me without threatening me, I would have accepted help earlier." Woman participant, W6.

Discussion

This study's findings reveal that the criminalization of women's drug use during their reproductive years functions as more than just a legal measure; it serves as a structural barrier to accessing healthcare, maintaining dignity, and fostering psychosocial wellbeing. Punitive legal environments deter women from pursuing prenatal, reproductive, and addiction-related services, particularly when pregnancy heightens the likelihood of surveillance, reporting, or losing custody of their children. This aligns with international evidence demonstrating that stigma and the fear of punishment discourage help-seeking behaviors and erode trust in healthcare systems^{1,2}. In this sense, criminalization appears to shift women away from supportive health services and toward concealment, avoidance, and untreated risk.

The findings also reveal that criminalization deepens psychological suffering. Women's

narratives of anxiety, shame, social withdrawal, hopelessness, and emotional exhaustion suggest that punitive responses produce harms beyond the direct effects of substance use itself. This is important because reproductive health is not limited to physiological outcomes; it also includes mental and social wellbeing. Existing research has similarly shown that stigma during pregnancy can erode self-worth, reduce treatment engagement, and worsen mental health¹. Evidence also indicates that substance use during pregnancy is associated with elevated odds of postpartum depression, underscoring the need to interpret women's distress as a serious health issue rather than a sign of moral failure⁴. The present study therefore highlights how criminalization compounds already fragile psychosocial conditions and may trap women in a cycle of fear, stress, and unmet care needs.

A major contribution of this study is its demonstration that fear operates as a mediating mechanism between law and health behavior. Women in the study described withholding information, postponing check-ups, and avoiding healthcare institutions altogether because contact with formal systems was perceived as dangerous rather than protective. This supports earlier qualitative work showing that pregnant women who use substances often manage their risk of detection by isolating themselves and disengaging from treatment systems². It also aligns with more recent policy evidence indicating that punitive prenatal substance-use policies are associated with reduced prenatal care utilization and worse neonatal outcomes, whereas supportive treatment-oriented policies are linked with modest improvements in care and birth outcomes³. Taken together, the present study reinforces the argument that punishment may intensify rather than resolve maternal and child health vulnerabilities.

The study further suggests that women's experiences cannot be understood through substance use alone; they must be interpreted through an intersectional lens. Participants' accounts reflect layered disadvantage shaped by gender norms, expectations of ideal motherhood, social stigma, and institutional control over women's bodies. This resonates with broader evidence on gendered drug-use stigma, which shows that women who use drugs experience intensified judgment because their substance use is seen as incompatible with femininity, caregiving, and moral respectability⁶.

Once pregnancy is added, the stigma becomes sharper, because women are judged simultaneously as drug users and as mothers perceived to have violated social expectations^{1,6}. The present study therefore supports a reproductive justice perspective: the problem is not only drug use, but also the unequal and punitive way institutions respond to women in reproductive contexts.

Another important theme is the ethical tension experienced by healthcare providers. Participants from the health sector described dilemmas between their professional responsibility to care and broader institutional pressures tied to reporting, control, or legal compliance. This finding is significant because it suggests that punitive policy environments do not only harm women; they also distort clinical practice. When providers work within systems that implicitly frame pregnant women who use drugs as legal risks rather than patients, therapeutic relationships become more difficult to sustain. Prior literature supports this interpretation by showing that stigma in maternity and addiction care is often reproduced through language, assumptions about motherhood, and the belief that punitive intervention protects the fetus.¹ In contrast, integrated and harm-reduction-oriented models of obstetric and addiction care have shown promise in improving service continuity and postpartum treatment retention⁵. The implication is that healthcare systems are more effective when they are organized around trust, continuity, and support rather than suspicion and coercion.

International comparisons support this perspective. In regions where health-focused rather than punitive strategies have been implemented—such as in parts of Canada, Portugal, and Sweden—women are more inclined to seek prenatal care and addiction treatment without the threat of legal consequences. These examples indicate that decriminalization or non-punitive practices, especially when paired with confidential screenings and trauma-informed maternity care, lead to better maternal participation and improved outcomes for newborns. This study contributes a Chinese urban viewpoint to the global dialogue, highlighting that comparable pattern of fear and avoidance emerge across varying legal frameworks.

In policy terms, the findings support a shift from punishment-centered frameworks to public health and rights-based responses. Women in this study did not describe criminalization as protective;

rather, they described it as something that intensified silence, fear, and exclusion. This supports guidance from global and professional bodies that recommend supportive identification, treatment access, and non-punitive management for substance use during pregnancy.^{7,8} The findings also suggest that policy reform should move beyond narrow legal amendment and include practical service integration: confidential screening, trauma-informed counseling, non-judgmental maternity care, mental health support, referral pathways, and protection against automatic punitive reporting. Without such reforms, legal systems risk reproducing the very harms they claim to prevent.

This study reinforces the view that criminalizing women's drug use during reproductive years is both ineffective and potentially damaging. Instead of enhancing maternal or child well-being, punitive measures discourage women from seeking care, intensify psychological distress, and erode trust in healthcare providers. The findings clearly advocate for a health-focused, rights-respecting, and trauma-informed approach that regards women as patients in need of comprehensive care, rather than as targets of surveillance and punishment.

Strengths and weaknesses of the study

This study has several strengths. First, its qualitative design enabled an in-depth understanding of a highly sensitive issue that is difficult to capture through quantitative methods alone. Second, the use of semi-structured interviews allowed participants from different backgrounds to explain both lived experiences and institutional perspectives in rich detail. Third, the inclusion of women, healthcare providers, legal professionals, and policy-related stakeholders strengthened the study by incorporating multiple viewpoints. Fourth, the study contributes to an underexplored area by linking criminalization, reproductive health, stigma, and psychosocial wellbeing in one analytical frame. Finally, by situating the findings within broader international literature, the study increases its conceptual relevance beyond the immediate study setting.

The study also has limitations. First, because it relied on a qualitative design and purposive sampling, the findings are context-specific and cannot be generalized statistically. Second, the topic is highly sensitive, which may have limited participants' willingness to disclose the full extent of

their experiences. Third, because the study focused on selected urban locations in China, it may not capture the realities of women in rural or less-resourced settings. Fourth, the perspectives gathered depend on self-reported experiences, which may be influenced by memory, fear, or social desirability. Finally, since the study uses interviews only, it does not include documentary or observational evidence that could have further triangulated the findings.

Implications of the study

This study has important implications for policy, practice, and research. At the policy level, the findings suggest that punitive approaches to women's drug use during reproductive years may undermine rather than improve maternal and reproductive health outcomes. Criminalization creates fear of arrest, reporting, or child removal, which discourages women from seeking timely prenatal care, addiction treatment, and psychosocial support. This indicates the need for a shift from punishment-oriented legal responses toward health-centered and rights-based frameworks that prioritize treatment, confidentiality, and rehabilitation.

At the practice level, the study highlights the need for healthcare systems to provide non-judgmental, trauma-informed, and gender-sensitive services for women who use drugs. Healthcare professionals should be trained to respond to substance use during pregnancy as a public health issue rather than a moral or criminal problem. Strengthening referral systems between reproductive healthcare, mental health services, and addiction treatment programs would also improve continuity of care and reduce service fragmentation.

At the social level, the findings imply that stigma reduction is essential. Public awareness efforts are needed to challenge harmful assumptions about women, motherhood, and substance use. Reducing stigma would not only improve care-seeking behavior but also enhance women's psychosocial wellbeing and social reintegration.

For future research, the study suggests the need for comparative studies across different regions and legal systems, as well as further investigation into the long-term effects of criminalization on maternal health, child outcomes, and family stability.

Policy recommendations

The findings of this study suggest several policy recommendations aimed at improving the legal and

healthcare responses to drug use during reproductive years. First, it is essential to shift from a punitive to a rehabilitative approach that prioritizes treatment and support over legal punishment. Additionally, healthcare providers should receive more training on how to handle cases involving pregnant women with substance use issues, focusing on trauma-informed care and reducing the stigma associated with drug use. Legal reforms should be implemented to ensure that pregnant women are not criminalized for seeking care, and policies should be put in place to protect women's reproductive rights while ensuring access to necessary health services.

Conclusion

This study concludes that the criminalization of women's drug use during their reproductive years has serious consequences for reproductive healthcare access, legal treatment, and psychosocial wellbeing. Rather than serving as a protective mechanism, criminalization often produces fear, stigma, delayed care-seeking, and deeper social marginalization. The findings show that women affected by these policies face multiple barriers within healthcare and legal systems, while also experiencing emotional distress and institutional exclusion. The study further demonstrates that drug use during reproductive years should be addressed primarily as a health and social issue, not solely as a criminal matter. Punitive approaches may intensify vulnerability by pushing women away from the very services they need. In contrast, supportive, treatment-based, and rights-oriented responses are more likely to improve maternal wellbeing and reproductive health outcomes. Overall, the study emphasizes the importance of reforming both legal and healthcare responses so that women are treated with dignity, confidentiality, and care. A more humane and integrated approach is necessary to protect women's health, uphold reproductive rights, and reduce the harmful effects of stigma and criminalization.

Conflicts of interest

The author declares no conflicts of interest. The research was conducted independently without any financial or professional relationships that could have influenced the findings or interpretations presented in this study.

Funding

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors. The study was self-funded by the author.

Authors' contributions

Xingru Huang: Conceptualization, research design, data collection (interviews), data analysis, interpretation of findings, manuscript drafting, and final approval of the version to be published.

Data availability

The data supporting the findings of this study are not publicly available due to ethical and confidentiality restrictions. The interviews involved sensitive personal and legal experiences of participants, and anonymity was guaranteed. De-identified data may be available from the corresponding author upon reasonable request and subject to institutional ethical approval.

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