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Reproduction after Roe: understanding reproductive justice advocacy and activism among young adults

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Thesis

REPRODUCTION AFTER ROE:

UNDERSTANDING REPRODUCTIVE JUSTICE ADVOCACY AND ACTIVISM AMONG YOUNG ADULTS

by

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"Being oppressed means the absence of choices. It is the primary point of contact between the oppressed and the oppressor" (hooks 1984, 5).

DEDICATION

I would like to dedicate this work to my participants. To anyone who shared a moment, chuckle, or smile during this process, this project could not have been done without you.

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ABSTRACT

This thesis addresses the question of how the *Dobbs v. Jackson* Supreme Court decision which overturned *Roe v. Wade* affected the young adults who are active within the reproductive justice (RJ) or reproductive rights (RR) movement. The goal of this research was to understand how those individuals believed the decision impacted their own health[1] and well-being, as well as supply literature on how young adults configure their relationships with these social movements. In this thesis, I argue that the *Dobbs v. Jackson* decision had a broad impact on youth reproductive justice and/or reproductive rights (RJ/RR) activists and advocates' (A&A) perceptions of their health and well-being. This event helped these individuals recognize how power structures disadvantaged people like them and how they could work together to counter them. In the third chapter, I contend that *Dobbs v. Jackson* affected young people's mental health, as it made these individuals worry about potential barriers to abortion care now, but also the future access of other sexual and reproductive health services, like contraceptive care. I show how news coverage of these events amplified feelings of frustration around this Supreme

[1] In this paper, I adopt the WHO's definition of health: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" ("Constitution of the World Health Organization" 1946). Therefore, health here concerns factors outside of the biomedical framework such as the social determinants of health.

Court decision. In the following chapter, I assert that most A&A feel disempowered by U.S. society and abortion politics, which is in direct conflict with their desire to exert agency or power over the situation. Next, I argue that language around abortion care and advocacy is essential in peoples' development of beliefs and ideas around abortion politics. Here, I include a media analysis to support this assertion and to explain how the media is a tool to convey both the discourse and specific ideas regarding abortion care. Finally, I offer several potential policy solutions to address inequities in reproductive health care around abortion in the context of the United States.

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LIST OF ABBREVIATIONS

A&A.....Activists and advocates

AMA. .....American Medical Association

AP..... *Associated Press News*

BBC.....*British Broadcasting Company*

BLM..... Black Lives Matter

CNN.....*Cable News Network*

D&E .....Dilation and evacuation procedures

EJ.....Environmental Justice

FDA.....U.S. Food and Drug Administration

FOX.....*Twentieth Century Fox News*

Gen-Z .....Generation Z

KFF ..... Kaiser Family Foundation

LGBT .....Lesbian, Gay, Bisexual, Transgender

LGBTQIA+.....Lesbian, gay, bisexual, transgender, queer intersex, and asexual

NPR..... *National Public Radio*

NYT .....*New York Times*

OB/GYN .....Obstetricians and Gynecologists

RJ .....Reproductive Justice

RJ/RR.....Reproductive Justice and/or Reproductive Rights

RR ..... Reproductive Rights

SJ..... Social Justice

U.S. ..... United States

USAID ..... United States Agency for International Development

WHO ..... World Health Organization

CHAPTER ONE: INTRODUCTION

On June 24, 2022, I awoke, showered, and brushed my teeth. I dressed, found the copy of the book I needed to return to work, and contemplated making or buying my coffee. I checked the time and thought it was best to buy it. I fumbled into my boots, scrounged for my keys, and slid into my car. Before pulling out of the driveway, I put on *NPR*. It was a normal workday for me. I listened as the voices recounted information deemed important from the last twenty-four hours. I steered the care right then left, listening listlessly to the voice drone before coming to a red light. Finally, I entered the small town which held the book shop where I was going to spend the day. I parked out front and noticed how quiet this part of the world seemed. I contemplated about how sometimes even when there is a chaos in a different part of the world, there is always another place existing in stillness. As I went to unplug my phone, over the rumblings of advertisement readings a new voice broke with news. After a month of anticipation since *Politico* leaked a draft opinion: the Supreme Court decided to overturn *Roe v. Wade*.

On June 24, 2022, the Supreme Court announced its ruling for the *Dobbs v. Jackson Women's Health Organization,* 597 U.S. 215 (2022*)* case which overturned *Roe v. Wade,* 410 U.S. 113 (1973) one of the most iconic and diffuse Supreme Court decisions in recent history. Throngs of anti-abortion and abortion advocates waited with bated breath outside the courthouse that morning as I drove to work. At around ten o'clock, the crowd erupted in a cacophony of sound as the decision was released. Cries of joy and sorrow mixed as people took to their phones to read the decision. Officially, for

the first time in over forty years, there was no constitutional right to an abortion in the United States. Thirteen states who enacted "trigger bans" on abortion for this exact moment, immediately became hostile environments for those seeking abortion care (Nash and Guarnieri 2022). People snagged megaphones and began chanting, everything from "my body, my choice" to "this is what a pro-life feminist looks like" (C-SPAN 2022). Beyond the courthouse, abortion clinics in these states were empty as receptionists became the bearer of bad news. Rather than fielding phone calls and scheduling appointments, they went through their calendars to call people to tell them to not come in. Patients would not be able to receive an abortion no matter how long they waited; no matter the money they spent, the childcare they received, the plans they made: their state's government finally cut them off (Tavernise et al. 2022). Since June 2022, twenty-one states have restricted abortion and another three currently have restrictions tied up in their court system (The New York Times 2024)

While abortion in the U.S. has a history of being a divisive political issue, it has been culturally relatively dormant in the last few years (Reagan 2022; Mohr 1998; Pearson and Kurtz 1985). Despite abortion peppering the news, there have been no major changes to a national abortion policy since *Roe v. Wade,* 410 U.S. 113 (1973) regarding the legality of abortion. While some states may have passed bans and restrictions like erecting barriers to abortion care, none could legally outlaw the service until *Dobbs*. Thus, on one Friday morning in June, the state of abortion changed drastically. Within a hundred days after the decision, sixty-six abortion clinics shut down (Kirstein et al. 2022).

Since *Dobbs*, it is estimated that maternal mortality would increase on average by 21% for individuals living in states with abortion restrictions; for Black women living in these states, it is estimated to increase up to 33% (Stevenson 2021a). Additionally, a recent survey by the KFF of OB/GYNs found that the majority of OB/GYNs feel that the *Dobbs* decision exacerbated pregnancy-related maternal health problems and even more felt it amplified racial and ethnic maternal health inequities in the U.S (Frederiksen et al. 2023). Furthermore, the infant mortality rate has risen for the first time in the last twenty years, with the spikes occurring in states where they are trying to enact or already have abortion bans (Tanne 2023; Rabin 2023). While these findings are important, they neglect the cultural, social, economic, and mental health impact of this decision.

In this research, I attempted to fill the gap in coverage of *Dobbs* to understand the broader impact of the decision. Additionally, it strives to address the dearth of knowledge on young adults involved in the RJ community, something some scholars have called for (Luna and Luker 2013). Additionally, anthropological scholarship on RJ has shown how those involved in the movement have changed since *Dobbs*. New participants have joined and committed themselves to an intersectional approach to solving the abortion problem (Zavella 2023). This approach includes explaining how abortion is only one example of reproductive oppression, focusing on how abortion disproportionately people in marginalized communities, and promoting solutions that ensure access to abortion care. Other work reveals that the influx of news and media surrounding the decision drew more people into the movement and/or encouraged them to become more active participants (Blaeser 2023; The Petrie-Flom Center Staff 2023).

I decided to focus on young adults who have the capacity to become pregnant due to their unique experience with the reproductive healthcare system. Young adults are more likely to face barriers to abortion care compared to older individuals (Fuentes 2023; L. Ralph and Hasselbacher 2023). Furthermore, data has shown that most young adults were cognizant that abortion policies were changing after *Dobbs* and concerned about how that would impact their access to future abortion care (Allison et al. 2023). Thus, it is pertinent to inquire how they felt this decision influenced their perception of health and well-being in the United States.

To understand this impact, I conducted over a year's worth of research, including interviews and participant-observation data, to ascertain a more holistic and comprehensive portrait of these individuals. Using this data, I will argue that the *Dobbs v. Jackson* decision that overturned *Roe v. Wade* had a wide impact on youth's perceptions of their health and wellbeing. Rather than simply affecting their access to certain forms of reproductive health care, the decision helped young activists to recognize what they view as power structures that disadvantaged people like them: young and often without autonomy. However, *Dobbs* offered an impetus to civically counter power structures that they cited as disempowering. I content that these experiences and exposure to the discourse was essential to their development as RJ/RR A&A.

It is important to note that in this thesis, I use the terms ‘pregnant person’ and ‘people with the capacity for pregnancy’ to describe the population often identified as ‘women’. I recognize that not all people who experience pregnancy are women, and not all women can become pregnant. Therefore, I have opted to use gender-inclusive

language to describe this set of individuals. However, when referencing or quoting outside information that uses the term women exclusively, I will keep their usage of the word for continuity purposes. Many laws and scholarship are written using this binary form of language despite pertaining to the same population. I encourage future research to be more specific about whom they are referring to rather than inaccurately lumping individuals together based on social perceptions of gender.

Overview of Chapters

In the first chapter, I will introduce abortion in the United States, providing a comprehensive background on the topic. I will begin with the current state of abortion politics before moving prior to *Roe v. Wade* to show that American history is entwined with various forms of reproductive governance before moving on to unpacking several quintessential Supreme Court decisions. I included this information to not only provide particulars on what these decisions explicitly stated, but to acknowledge how abortion policies have been dictated by a specific branch of the federal government. From there, I go on to describe access to abortion in the U.S. before and after *Dobbs v. Jackson*. Here, I emphasize that even before *Dobbs*, there were a multitude of inequities around abortion care in the United States. From there I expand on the social, cultural, and religious context of abortion care before introducing several anthropological and multidisciplinary theories that are essential to understanding how abortion rhetoric and politics are constructed.

Next, I share the methodological frameworks underpinning the study design. Moreover, I introduce the limitations of this study including time and finances. As a RJ

informed researcher, I describe why it was essential to be open about my positionality and how that informed the results obtained.

In the third chapter, I contend that *Dobbs v. Jackson* impacted young people's mental health due to anticipated barriers to care if they needed to access abortion care. Here, I explore how participants cited feelings of fear and anxiety about accessing contraception and abortion care now and in the future. These sentiments were specifically connected to the media's representation of the abortion debate. I explain how together this fueled a vicious circle for RJ A&As. First, they are drawn to consuming the news by the desire to stay-up to date. After such, they often felt negatively about the state of affairs around abortion. These feelings made them abstain from reading the news in efforts to protect their mental health. However, refraining from reading the news also contributed to negative feelings because of the overarching belief that A&A should be knowledgeable about current affairs regarding this issue. Despite these feelings and the current policies, informants were optimistic and hopeful for the future. Much of this hope was garnered from being a part of the RJ movement actions. Therefore, while the social climate may be detrimental to their mental health, RJ advocacy and activism may offer protective factors for potential poor mental health outcomes.

Following in Chapter Four, I assert that despite the desire to have certain forms of power over contemporary abortion politics, most A&A felt disempowered by U.S. society and politics. I share how interlocuters understood abortion as related to other social justice (SJ) issues in that they shared a singular form of oppression: white-supremacist capitalist patriarchy. However, despite finding a common enemy, informants

felt they lacked political power to facilitate change on their own due to several factors like lack of financial and social capital. To combat this, A&A used collective action to confronted neoliberal ideas of individualism which allowed them to potentially garner agency over abortion issues. Overall, combating this form of oppression was often seen as a generational goal. This perspective may have instilled large scale political and social goals in these individuals. However, it hindered them from seeing how they were acting as A&A among their friends.

In the fifth chapter, I argue that language around abortion care and advocacy is essential in the development of beliefs and ideas around abortion policies. I use a media analysis to examine how cultural portrayals of abortion frame the issues based on who they want policies to serve. Anti-abortion A&A frame abortion as revolving around the in-utero entity. In contrast, abortion A&A believe that the pregnant person is at the center of the issue. These methods of framing shape the language of both sides of the debate. Using Foucault's theory of power/knowledge I justify that these frames control how knowledge is produced and considered within the abortion debate. I show how these media presentations lead to vastly different usages of language. Both sides draw power to their movement by isolating who are considered stakeholders in these conversations. Finally, I explore terms such as "access" versus "rights" and how they are used to convey the central tenets of the RJ movements. This practice, I argue, becomes problematic as the focus on certain aspects of reproductive care become amplified while others are obscured by implicit or vague language.

I conclude by expressing several policy solutions to address abortion inequities. These policy solutions include allocating funding for abortion and expanding insurance coverage. I chose to not address policy solutions through the judicial branch as many RJ scholars have shown that the right to abortion has a limited ability to provide access to quality abortion care (Roth and Lee 2023; Wolfe and Van Der Meulen Rodgers 2022; Luna and Luker 2013). I supply this conclusion to ground my scholarship in real world applications. Abortion is a highly contentious topic and policy decisions have a large-scale impact on the lives affected by them. The goal of this thesis is to not only add to the literature about abortion care but to use research to understand how we can best address the problems created by overturning *Roe v. Wade*. This study is just one step in identifying some of the issues and proposing potential resolutions.

CHAPTER TWO: BACKGROUND

How we got to this point in abortion politics reflects a long line of policies of reproductive governance, influenced by a multitude of factors. We are at an expected point in history. Despite the shock that some individuals felt, many RJ/RR A&A have been predicting this moment in time (J. Woodruff 2019; Waxman 2018). In this section, I illuminate how and why these RJ/RR A&A expected this by recounting a history of abortion policies. I discuss how they affected the ability to obtain abortion care and the ways that abortions are actualized within the United States. Finally, I introduce the interdisciplinary theories that I will use to analyze the data collected. Together, this information should aid my explanations in the subsequent chapters. I recommend using this chapter as a reference while reading to help you follow the developments in my results chapters, which are grounded in the work established here.

Contemporary Abortion Policies & Politics

This research is centered on RJ/RR A&A responses to a recent U.S. Supreme Court decision. In 2020 the Supreme Court chose to hear *Dobbs v. Jackson Women's Health Organization,* 597 U.S. 215 (2022), shortly after the passing of Supreme Court Justice Ruth Bader Ginsburg and the quick confirmation of Justice Amy Coney Barrett[2] (Liptak 2021). This led to the court's transition to a conservative super majority, with six conservative justices and three liberal ones. The case regarded Mississippi's Gestational

[2] While not all conservative justices think similarly, especially when considering violating stare decisis, Barrett had written in 1998 that abortion is "always immoral" (Itkowitz 2020; Garvey and Coney 1997). Therefore, it was presumed that if she heard a case regarding abortion, she would be open to overturning *Roe*.

Age Act, which prohibited most abortions after fifteen week's gestation in the state. Jackson Women's Health Organization, the only licensed abortion facility within the state and one of its doctors, filed a lawsuit against the bill. After several state court hearings and being sent to the U.S. Court of Appeals for the Fifth Circuit, the Supreme Court of the U.S. chose to hear the case (Alito 2022).

The court listened to the case in 2021, and in May 2022, just a month before they released the final decision, a draft of the court's opinion was leaked to *Politico* (Politico Staff 2022). The draft showed that not only was the Supreme Court positioned to uphold the Gestational Age Act but to overturn *Roe v. Wade* (Politico Staff 2022). As speculation on who leaked the draft and general uproar about the decision ascended, individuals protested in front of the Supreme Court and even in front of conservative justices' personal homes (L. Burke, Milman, and Oladipo 2022; Helsel 2022; Hurley 2023).

On June 24, 2022, the Supreme Court announced their decision. In the majority decision penned by Justice Samuel Alito, they found that the law was valid since *Roe v. Wade* was incorrect in stating that the constitution confers a right to an abortion since abortion was not mentioned in the Constitution nor is it rooted in the nation's history (Alito 2022). It is the first time, in the history of the Supreme Court, that the court removed a right that it had once stated was fundamentally protected by the Constitution (Office of Attorney General Maura Healey 2022).

Since *Dobbs*, there have been more court cases regarding the legal status of abortion. This includes *Zurawski v. State of Texas* and *Adkins v. State of Idaho* which both address exemptions to abortion bans (Pierson 2023; R. Brown 2023). However, the

court case with major media attention is the "Abortion Pill Case" where an anti-abortion group has sued the U.S. Food and Drug Administration (FDA) for approving the use of mifepristone, the first medication used in a two-drug abortion regimen (Totenberg and Gersh 2023; Belluck and VanSickle 2023). This case, *Alliance for Hippocratic Oath v. FDA* (2023) was first given a preliminary ruling in a lower U.S. district court on April 7, 2023, in Texas. The judge, a former anti-abortion activist, claimed that despite the lawsuit being filed over twenty-years late, the FDA made an egregious mistake approving mifepristone (Kacsmaryk 2023).

Soon after, the Justice Department along with a company that produces mifepristone, Danco Laboratories, asked the Supreme Court to hear this case since it was the first time a court case decided on the legal status of a drug. The Supreme Court paused any changes until a Fifth Circuit Court of Appeals heard the case in mid-August (VanSickle 2023a). This Court of Appeals ruled in favor of keeping the 2000 approval of mifepristone and 2019 approval of its generic drug (Belluck and Liptak 2023). However, it overruled the 2016 broadening of mifepristone's usage. This restricted the pharmaceutical's time frame from being seven weeks to ten weeks since the last missed period. The Supreme Court will hear this case in March 2024 and is expected to give a decision by that summer (VanSickle 2023b).

These cases demonstrate the complete disarray into which the *Dobbs* decision pushed the legal status of abortion. Additionally, they convey the dynamic nature of abortion politics in the United States. It is some journalists' full-time job to stay abreast with all the issues and cases coming in out of court houses across this country. I

emphasize here the convoluted and unstable nature of the legal status of abortion. I do this to demonstrate how hard it is for people within this country to discern whether they could call up a clinic and make an appointment for a legal abortion. As the legal system adapts to this new forefront of abortion policy, it is difficult to not be flummoxed by the landscape of healthcare and politics.

While the U.S. has just begun picking up momentum advocating for abortion rights, Latin America has consistently been moving towards a more permissive abortion landscape. In Chapter Four, I explain how participants felt these movements gave them hope and motivation.

Before the twenty-first century, many countries in Latin America were home to some of the strictest abortion laws, their anti-abortion attitudes were tied to the Catholic Church's teaching that abortion is immoral. Abortion only became a crime in many Latin American countries during their colonial period. During this time, various forms of reproductive governance were enacted in these countries in the effort to control the indigenous populations. The Spanish and Portuguese colonizers used their religious convictions used to argue for these changes in practices (Burton and Ballantyne 2020; Da Conceicao 2020). Most of these bans were upheld and strengthened when respective countries gained independence as the Catholic church commonly used political and financial influence to shape abortion policies and opinion (Encarnación 2022; Jaffary 2012). Hence, laws and practices of abortion were established in their colonial past. However, much of that changed in 2003.

In 2003, Argentinians began Marea Verde, or the Green Wave, named after the green scarfs, worn during protests (Amnesty International 2019). They adopted the scarfs from a previous social movement, the Mothers of the Plaza de Mayo who wore white scarfs to represent their unity against the human rights violations by Jorge Rafael Videla during the late 1970s and early 1980s in the "Dirty War" (Schmidt 2022). They chose green to represent their movement because of green's representation of life and growth in natural world. Since then, green has become symbolic with abortion protests in and outside of Latin America (Amnesty International 2019). Even some groups in the U.S. have adopted this symbol of protest.

Marea Verde was seen as largely successful as it encouraged Argentinian Congress to pass the Voluntary Interruption of Pregnancy Bill passed by their Congress in December 2020 (Phillips et al. 2020). At the time, only three countries in Latin America had legalized abortion: Cuba, Guyana, and Uruguay (Politi and Londoño 2020). Opposition to abortion in Argentina is still largely dictated by the Catholic Church, which lobbied extensively against this bill (MDZ Editorial Team 2021). Mexico has also seen a liberalization of their abortion laws in the past decade. Since 2021, abortion is no longer a federal crime and in September 2023, the Mexican Supreme Court ruled that any penalty received for having an abortion is unconstitutional (Romero and Mega 2023; Romo 2021). Currently, twelve states in Mexico have completely decriminalized abortion (Reuters 2023).

One major difference between the Marea Verde movements and American RJ movements is the name ascribed to it. Anthropologist Lynn Morgan found that

Argentineans, call their movement a RR movement while many contemporary abortion activists in the U.S. prefer the term RJ. When she broached the subject, and asked for them to consider adopting RJ, they refused stating that abortion is woven with human rights discourse (Morgan 2015, 136). To hold onto that framework, Argentinian feminists have kept the word "rights" within their movement (Morgan 2015, 143–44). Human rights discourse is so central to Latin American identity that even anti-abortion crusaders have adopted similar forms of rhetoric (Unnithan and Pigg 2014).

In comparison, the American government has not been responsive to human rights claims. This is because rights in Latin America are commonly articulated as positive rights while in the U.S. we have negative rights. Positive rights require government action or support. For instance, a right to health care would require the government to provide health care to its citizens. This is why they are sometimes called entitlements. However, negative rights, also known as liberties, determine which rights the government or others cannot impose upon (Donnelly 2013). For example, the right to free speech protects individuals from censorship by the government. Therefore, the U.S.'s RJ movement is similar to Latin America's RR movement, despite the nomenclature differences. The example of Marea Verde shows how anthropological findings and theoretical applications from this region provide comparison points moving forward since they show how progress can be made in countries with devout opposition (Anu Kumar 2023; Zavella 2023; Morgan 2023).

History of Abortion

Reproductive politics in the U.S. did not begin with, nor does it end with Roe v. Wade. The U.S. has a long contentious history of biopolitical interventions on reproducing bodies, including but not limited to the usage of bodies to cultivate a slave population, forced sterilization, and most aptly, the development of public policy to limit individuals' ability to terminate pregnancies.

Slavery

. Before our country was a sovereign nation, some people were forced to birth while others' reproductive capacities were regulated. Those that enslaved others often exercised "breeding schemes". Reminiscent of animal husbandry practices, these individuals often controlled the sexual lives of enslaved people capable of biological pregnancy, refusing to allow them to enter marital relationships and forcing them to have multiple sexual partners with the hope of increasing their enslaved labor forces. Owners also took the matter into their own hands, raping their female slaves to ensure their slaves' pregnancies and their own financial success (Solinger 2007, 5). Meanwhile, White females had their own reproductive and sexual lives monitored to prevent them from having children with individuals of "inferior" races (Solinger 2007, 28). While these practices were common, individuals-still took measures to obtain bodily autonomy[3] over

[3] Bodily autonomy is the ability to make decisions and one's own body. Often in respect with reproduction, this is discussed as the ability to choose when to be pregnant and when to terminate a pregnancy (United Nations Population Fund Staff 2021).

their own reproduction, receiving contraceptives, abortions, and other methods to end their pregnancies (Solinger 2007, 10).

English Law

People have always had abortions. During the 18th and early 19th century, common law in the U.S. and England allowed for people to end pregnancies before their "quickening", the period in which a pregnant person begins to feel their fetus moving in utero (Linton 1989; Reagan 2022, 8). Even the Catholic church discussed this as acceptable behavior since they believed the fetus had no soul prior to this point (Reagan 2022, 7). During this time the word "abortion" described a late-term miscarriage, rather than the termination of a pregnancy (Reagan 2022, 8). There was thus no moral, religious, or ethical condemnation of the procedure. The first abortion regulations in the early 1800s were filed under "poison control" (Reagan 2022, 10). Not because they ended pregnancies but because abortifacients sometimes killed the individuals who took them (Reagan 2022, 10). These legislations were therefore not designed to hinder women from receiving abortions nor to criminalize, but to provide better safer forms of care.

Abortion and the American Medical Association

Historians argue that the crusade against abortion began to protect the U.S. as a white nation by forcing White women to give birth (Riley et al. 2022; Reagan 2022). During the 1800s, abortion care and other reproductive health practices were provided by a female healer or practitioner. In 1848 the AMA was created to raise the standard of practice in medicine (Haynes 2005). However, they achieved this goal by using political

steps to create boundaries on who could become a qualified physician. Around ten years after its creation, the AMA began the movement to make abortions illegal at every stage of pregnancy (Reagan 2022, 10). Research has shown that the AMA and physicians' campaign for anti-abortion legislation came from the desire to remove reproductive health care out of the hands of female homeopaths and into their own domain (Reagan 2022, 11). One method was to increase the qualifications required to become a 'medical professional'.

In the early 1900s, the AMA sponsored Abraham Flexner, an American educator interested in reforming higher education, to develop a report on all one hundred fifty-five medical institutions at the time to develop a uniform curriculum of what should comprise medical education. In 1910, when his report was released, his work was used to support the elimination of medical schools who did not conform to the biomedical model of care, which caused the closure of many women's and racial minority medical schools (Beck 2004). These closures aided the transition of obstetrics and gynecology as female-dominated health fields to a male dominated workforce (Barkin et al. 2010). Meanwhile, immigrants were having more children than White middle-and upper-class Protestant women, creating a perfect storm.

Abortion in the 20th Century

In the Roaring Twenties, some Americans became obsessed with Darwin's theory of evolution (Spiegel 2019). Known as eugenicists, they believed that Darwin's theory could be used to enhance the genetic makeup of the country and further protect the U.S. as a white nation. This so called "social darwinism" began the eugenics movement, a

scientific and legal campaign to further the idea that white abled bodies were superior to others (Rudman and Saud 2020). Eugenicists did this by promoting ‘good’ breeding and sterilizing ‘immoral’ or ‘poorly bred’ individuals. This movement became so influential that the Supreme Court upheld a Virginia statute to forcibly sterilize institutionalized individuals deemed "feebleminded" without their consent, to "prevent our being swamped with incompetence" (Holmes 1927). This case, *Buck v. Bell,* 274 U.S. 200 (1927*),* is responsible for the sterilization of over 70,000 individuals (Berry 1998; A. Cohen 2017).[4] It was the American eugenics program that influenced the German Nazi party’s theories of Aryan racial superiority and was used to support the genocide known as the Holocaust (Spiegel 2019; Fischer 2012).

The eugenics movement is connected to anti-abortion policies not only through them both being forms of reproductive oppression, but through Planned Parenthood. Margaret Sanger, founder of the first birth control clinic later known as Planned Parenthood, is often associated with the eugenics movement. Critics of Planned Parenthood and Sanger believe her to be a eugenicist because she was an advocate of the “Negro Project”, an effort to provide family planning education and birth control to Black populations (Valenza 1985; D. Roberts 2017). However, scholars have argued against this claim. First, the birth control movement was separate from the eugenics movement. Sanger and advocates wanted to increase the acceptance and access to contraception to

[4] It is important to note that at the time of writing, *Buck v. Bell* has not been overturned. Thus, it is still technically legal within the U.S. to forcibly sterilize certain individuals without their consent. This case rises in popularity every few years when unethical sterilization practices hit the news such as Judges shaving jail sentences of inmates willingly to sterilize themselves or when reports came in that Immigration and Customs Enforcement sterilized individuals within their care without their consent (S. Burke 2015; Derek Hawkins 2017; J. White 2020).

prevent unwanted pregnancies. This is because abortions at this time were dangerous for pregnant people. In comparison, eugenicists wanted to promote the birth of white able-bodied Christian children and prevent the reproduction of others who did not fit this profile. While the eugenics movement was popular, the birth control movement did not garner as much support since it supported females' bodily autonomy over their reproduction which the eugenics movement did not support (Valenza 1985). Despite these differences, the anti-abortion side has often employed this as proof that abortion and Planned Parenthood clinics harm their communities (Cooper 2023; Foust 2022).

During the 1950s, after two world wars, psychiatrists began to question the strict regulation and criminalization of abortion. After seeing the emotional distress of their pregnant patients, they began to see how fluctuating hospital policies that lack clear standards of care were anxiety provoking (Reagan 2022, 218). In 1955, Planned Parenthood hosted their first conference that included physicians and legal professionals advocating for reforming abortion and contraceptive bans. However, this meeting left out pregnant people's perspectives. Instead, the conference discussed how restrictions could be alleviated to "free physicians from the restraints of laws and committees" (Reagan 2022, 220). It was this perspective and movement that influenced the decision in *Roe v. Wade*.

In contrast to this professional movement, nonprofessional coalitions were forming all around the U.S. in the early 1960s. These were influenced by the second wave of feminism and their movements arose in response to abortion related deaths that occurred each year. These groups, like the Society for Humane Abortion, also known as

"Jane", advocated for the ability to choose (Reagan 2022, 223-228). The sexual revolution in the late 1960s also led to the radicalization of the feminist movement. This changed the frame to one of freedom from sexual oppression. They argued that since no birth control method was 100% effective, to outlaw abortion was the state forcing motherhood and preventing sexual liberation since without the ability to guarantee a way to avoid pregnancy, these individuals could not enjoy sex (Reagan 2022, 229). While Black feminists were often uncomfortable with the way their White peers articulated this issue, it was these events that led to a string of reproductive-issue Supreme Court cases in the 1960s and 1970s that finally ended in *Roe v. Wade*.

Other U.S. Supreme Court's Abortion Cases[5]

Many argue that contemporary abortion politics begins with the U.S. Supreme Court case, *Roe v. Wade*, 410 U.S. 113 (1973*).* The plaintiff, Jane Roe[6], brought the case against the Dallas County, Texas district attorney Henry Wade. Roe challenged a Texas law that made abortion illegal unless to save a pregnant person's life. Roe and her lawyer alleged that this legislation infringed upon her right to privacy ("Roe v. Wade," 2024). The court ruled in favor of Ms. Roe in a 7-2 decision. Justice Harry A. Blackmun wrote the majority decision and described how implicit within the word liberty mentioned in the due process clause of the Fourteenth Amendment is a "right to privacy" as established in

[5] It is essential to note here that faults in the Judicial branch's design will permeate through these decisions. For example, reading below you will find discrepancies, ambiguous details, and at times may question to yourself "why" or "what does this mean". Unfortunately, there is no legislation, regulation, or professional code of conduct that stipulates that the Justices cannot write esoteric decisions to avoid confusion. Hence, there is drastic inconsistency in not just abortion case decisions, but in the other aspects of the law. In other words, if you think something is vague or perplexing, there are attorneys who agree with your conclusion.
[6] Jane Roe was a pseudonym for Norma McCorvey.

previous cases[7]. Blackmun, and the concurring Justices, argued that this right to privacy protects a pregnant person's relationship with their doctor to decide whether to have an abortion (1973). The decision also set up a framework for what abortion restrictions are constitutional, called the trimester framework (Blackmun 1973).

Legal scholars still consider it one of the most "controversial" decisions the court has ever made because they believe that *Roe v. Wade* drastically changed the legality of abortion. Before *Roe*, most states had outlawed abortion; however, overnight this monumental ruling made abortion one of the most protected rights. Many anti-abortion and pro-choice individuals say it was an attempt to usher in an increased social acceptance of abortion care (Bachiochi 2016; Regan 1979; Chang et al. 2023). Even well-known supporters of abortion rights like Supreme Court Justice Ruth Bader Ginsburg were critical of this decision. They described how the reasoning and articulation of *Roe* made it vulnerable to being overturned (A. H. Gupta 2020). Ginsburg believed that the right to an abortion is better instituted through the equal protection clause of the Fourteenth Amendment saying that anti-abortion policies discriminate on the basis of sex (1978). Thus, rather than protecting the right of the patient-doctor relationship to privacy *Roe v. Wade* would have protected an individual's right to obtain an abortion.

In general, legal experts found the decision to be a compromise between pro-choice and anti-abortion perspectives (Ziegler 2022; Grossi 2021; Olsen 1989). This is

[7] In the decision of the Supreme Court case *Griswold v. Connecticut*, the majority argued that implicit within the substantive due process clause of the Fourteenth Amendment is the right to privacy. The court argued that this right is also implied in the First, Third, Fourth, and Fifth Amendment. As well, the Ninth Amendment says that not all fundamental rights are enumerated in the Constitution hence, the right to privacy is a fundamental right. Additionally, it supported that the right to privacy involved issues of procreation since it established the right of married couples to obtain contraceptives (Douglas 1965).

because in Justice Blackmun's "trimester framework" he established that the state had the ability to moderate abortion after viability but before then, there is no "compelling state interest" in protecting the fetus (Blackmun 1973, 163 &156).

Roe v. Wade was weakened in the Supreme Court case, *Planned Parenthood of Southeastern Pa. v. Casey,* 505 U.S. 833 (1992). While the court reaffirmed *Roe*'s "essential holding"[8], it stripped away certain protections instilled by *Roe v. Wade* (O'Connor, Kennedy, and Souter 1992, 846). The court contended that states' do have legitimate interest from the onset of pregnancy to protect the health of the fetus as long as there were exceptions to protect the life and health of the mother. Rather than the trimester test, the Justices said that legislation that did not impose an "undue burden" on the pregnant person to access an abortion were constitutional (O'Connor, Kennedy, and Souter 1992, 874). However, the decision neglected to specify what constituted an undue burden outside of the specific law being challenged in the court.

Roe was further reduced in *Gonzales v. Carhart,* 550 U.S. 124 (2007), when the Partial-Birth Abortion Ban Act of 2003 was brought to the court. In this ruling, the majority claimed that *Roe* and *Casey* were still good law (Kennedy 2007). However, they reduced the right to privacy to the lowest protection level for government oversight and ignored *Casey*'s claim that all abortion restrictions must have an exception for life and health of the pregnant person. In Justice Thomas's concurrence, he states: "I write separately to reiterate my view that the Court's abortion jurisprudence, including *Casey*

[8] *Roe*'s essential holding was that women have the right to terminate a pregnancy. However, there is discrepancy in whether O'Connor, Kennedy, and Souter also meant here that this right was still fundamental (Claeys 2022; Schwartz 2000; Grossi 2021).

and *Roe v. Wade*, 410 U. S. 113 (1973), has no basis in the Constitution" (Kennedy 2007, 169). Justice Thomas wrote an identical sentence in his dissent of the *Whole Woman's Health v. Hellerstedt* decision (Breyer 2016).

The *Whole Woman's Health v. Hellerstedt,* 579 U.S. 582 (2016), decision reaffirmed *Casey*'s undue burden holding and specified what constituted an undue burden. The court described proper legislation as one that is germane to protecting maternal health otherwise it constituted an undue burden (Breyer 2016). Therefore, abortion restrictions placed to protect pregnant people must have evidence that such restrictions aids in promoting the health and life of the mother. Despite reaffirming *Roe v. Wade* and *Casey*, lawmakers in states like Arkansas and Alabama continued to pass full abortion bans (Eckholm 2013; Klasing 2019). Even before the *Dobbs v. Jackson* case was brought to the court, the Justices of the court were primed to overturn (Bachiochi 2016). Conservative justices were waiting for the court to change before they took it on.

The Issue of Access

Despite *Roe v. Wade*'s widespread protections and establishment of a legal right to abortion, this ruling did not promise people *access* to abortions. Legal rights in the United States only go as far as protecting individuals from the government prohibiting this type of healthcare since Constitutional rights in the U.S. are negative rights or liberties. Thus, the right to abortion did not provide individuals with practical access to abortion or guarantee the support needed to receive abortion. This is why financial barriers, travel times, child-care restrictions, lack of accurate sexual education, and other barriers existed before the *Dobbs* decision (Jerman et al. 2017; Fung 1993). For example,

take the Hyde Amendment. Passed by Congress in 1976, this bill banned the use of federal funds for providing abortion care. Thus, individuals on Medicaid, a federally funded healthcare program, cannot have abortion care covered by their health insurance (Solinger 1994). Furthermore, ethnographic work has shown that a national discourse on abortion care can create barriers to care through stigma and anticipated barriers to accessing care (Ostrach 2017). Together, these barriers create a hostile environment for having abortion care and means so even when people have access to abortions they are 'unchoosable' options (Kimport 2021). Understanding the consequences of this inability to access care and what creates boundaries outside of the legal sphere has become a point of research, such as in the *Turnaway Study* (Foster 2021).

It is important to note, that the *Dobbs* decision did not ban abortion. Rather, it allowed states to legislate abortion restrictions or bans. However, even before *Dobbs* thirteen states had "trigger bans" which stated that when *Roe* and *Casey* were overturned, laws banning abortion would automatically or swiftly take effect (Nash and Guarnieri 2022). Hence, the overturning *Roe* immediately ended abortion access in some states. Currently, fourteen states have full abortion bans, seven have gestational limits[9], and three states have their bans currently being challenged in their respective court system. In comparison, twenty states have also increased protections of abortion within the state (The New York Times 2024). States with abortion bans are primarily "red" states, or states that largely vote Republican, in the South, Southeastern, and Midwest portion of

[9] A gestational limit is a limit where the length of the pregnancy determines when the person can get an abortion, often these time frames are correlated with assumed development of the embryo/fetus such as "fetal heartbeat" laws (Carlisle 2022; Irvine 2021; Rettner 2021; Gersen 2019).

the United States (Kruesi and Mulvihill 2023). While many states have exceptions to these abortion limitations, patients rarely experience them. Doctors in these states fear prosecution if they provide abortion care, even if they fall within the exception categories (Goodman 2023). Various women have sued the states due to these laws for putting people's lives at risk in a new legal forefront in the aftermath of *Dobbs v. Jackson* (Felix, Sobel, and Salganicoff 2023). Since *Dobbs v. Jackson*, public support for abortion has increased, which is evidenced by some Republican-led states struggling to pass anti-abortion legislation (Mohamed et al. 2022; Duster 2023; Lysen, Ziegler, and Mesa 2022).

Inequity in who can access abortion care is not limited by geographic boundaries. Even within the same states there is a differential impact of who can receive abortion care. People of color, people with low incomes, trans and non-binary individuals, immigrants, adolescents, and individuals living with disabilities are all more likely to encounter barriers to accessing abortion care (Fuentes 2023; Redd et al. 2021). There are many factors that contribute to this discrepancy such as lower levels of health insurance coverage of abortion services (Dehlendorf et al. 2010; Charlton et al. 2020; Upadhyay et al. 2018). However, while before *Roe* these disparities existed, the increase in barriers and bans post-*Dobbs* have exacerbated these inequities (Fuentes 2023; Gilbert, Sanchez, and Busette 2022; Damante and Jones 2023).

Abortion & Mental Health

In 2007, Justice Anthony Kennedy speculated about the mental health impact of abortion in his majority decision of *Gonzales v. Carhart*: "Whether to have an abortion requires a difficult and painful moral decision…While we find no reliable data to

measure the phenomenon, it seems unexceptionable to conclude some women come to regret their choice…Severe depression and loss of esteem can follow" (2007, 159). This was a popular misconception for a long time, that no matter if a person wanted an abortion, people would regret their decision. However, recent studies have dispelled this myth. Dr. Diane Greene Foster created *the Turnaway Study* to examine the results of having an abortion and not being able to receive care. She collected data on everything from individuals' mental health and economic status in this longitudinal study. Her research found that people who receive abortions are not at an increased risk for mental health concerns such as anxiety and depression (Biggs et al. 2017; Biggs, Gould, and Foster 2013; Biggs et al. 2020; S. C. M. Roberts, Berglas, and Kimport 2020). Her scholarship concluded that persons who receive abortion care are more likely to have reduced stress levels due to financial reasons, better job security, and rarely regret their decision to obtain an abortion five years after. Individuals who did have feelings of regret spoke mostly about how they felt they violated sociocultural norms rather than the abortion being the wrong decision. Hence, stigma plays a large role in regret regarding abortion rather than feeling that having an abortion was a personal moral failure (Horvath and Schreiber 2017; Rocca et al. 2021).

Additionally, people who do not receive abortions often cite lower happiness levels, are less likely to have children in the future, and are more likely to not be happy when their child is happy—a measure of affection and bonding between parent and child (Foster 2021). Individuals denied abortion care reported higher stress levels, higher anxiety levels, and lower self-esteem than their peers who were able to receive care (E.

G. Lewis and Dave 2021). This is concerning considering individuals seeking abortions are more likely to have poorer mental health (Ogbu-Nwobodo et al. 2022). A reason for lower mental health status has to do with the fact that a large portion of the people seeking abortions are low-income and people of color, or marginalized individuals who have lower levels of emotional health in general (Jerman, Jones, and Onda 2016).

Social, Cultural, and Religious Context of Abortion Care

In the earlier days of the anti-abortion movement, religious discourse tied to Christian[10] morals were commonly employed to support the cause. While the anti-choice movement in some iteration has been around since the 1800s, the contemporary movement came after *Roe* (F. D. Ginsburg 1998; Linton 1989). During this time, anti-abortion advocates began to organize with the goal of overturning *Roe*. Around this time, various prominent Christian leaders began speaking about how abortion violated their religious beliefs and constituted a mortal sin (Stevenson 2021b; Pope Paul VI 1974).

However, the anti-choice movement hit its political stride in the 1980s during Ronald Reagan's first presidential campaign. Regan was one of the first conservatives to run on 'family values' which included being anti-abortion (Jeffries 2018; F. D. Ginsburg 1998; Dowland 2009; Moen 1990). His campaign gave political support to religious institutions and practitioners who were worried about threats to Christian values. Thus,

[10] While not all Christian denominations take anti-abortion stances, many religions who stand against abortion come from the Christian tradition (Masci 2016). When *Roe* was passed it was mostly Roman Catholics who advocated against it for religious reasons. However, this changed in the 1980s with the aid of evangelical preachers such as Francis Schaeffer and C. Everett Koop (F. D. Ginsburg 1998). Today several traditions take vehement anti-abortion stances. Additionally, even within these conservative religious groups there are practitioners who disagree with Church doctrine in this area.

the social conservative was born. Besides, it cultivated the ‘Christian Right’ voting bloc whose concerns encompass school prayer, anti-evolution, anti-LGBT rights, along with anti-abortion positions (Dowland 2009).

While the contemporary anti-choice movement has changed its overt religious undertones, recent polls from the Pew Center of Research show that the largest subgroup of anti-abortion supporters are White evangelicals and most ‘pro-life’ advocates tie their stance to their religious convictions (Deckman et al. 2023; Mohamed et al. 2022). This differs from the assumption that there was a divorce between religion and abortion that many prominent anti-choice advocates claim. They have done this by removing religious iconography and loaded terms like "sin" and “amoral” from their movement’s literature (Bloomer, Pierson, and Estrada Claudio 2018; Peach 1993; Koppelman 2022; L. Rose 2012; Andersen 2022). Now they employ scientific misinformation, legal arguments about fetal rights/personhood, and women’s and human rights discourse (Armitage 2010; Solis 2021; Halva-Neubauer and Zeigler 2010; Desanctis 2022; Watson 2022). However, this rhetorical conversion does not mean, however, that those ideas do not persist.

Applied Theories

During this thesis, I employed various interdisciplinary theories to understand the data collected. Below are the pertinent ones to this research and analysis conducted.

Stigma

At the heart of this social issue is stigma. The term was coined by American sociologist Erving Goffman, as an "attribute that is deeply discrediting…[it] spoils" the identity of the individual (1963, 3). There are four main types of stigma: "public stigma,

self-stigma, stigma by association, and structural stigma" (Bos et al. 2013, 1). Public stigma is the "discrimination and devaluation by others" (Pattyn et al. 2014, 232). Whereas self-stigma is an internalization of such attitudes (Bos et al. 2013, 2). Stigma by association is when an individual becomes stigmatized due to associating with a stigmatized person or action (Bos et al. 2013, 4). Structural stigma describes the ways in which institutions aggravate or perpetuate stigma (Bos et al. 2013, 4). All these forms of stigma interact fluidly with each other and contribute the way attributes like disability, class, and/or race influence how people perceive their reproduction (Susman 1994; Williams 2009; Howarth 2006; Ostrach 2016).

Theories and Research on Power and Reproductive Health

To understand the interconnectedness of social justice issues, I explore the black feminist scholar bell hooks's term white-supremacist capitalist patriarchy to explain how multiple forms of oppression are combined. In *Ain't I a Woman?: Black Women and Feminism* (1981), hooks began exploring how liberation movements in the U.S. would benefit if they recognized how the same power that oppresses individuals by class disenfranchises people based on color, gender, and other marginalized identities. She used the term white-supremacist capitalist patriarchy to describe what she considered "interlocking systems" of oppression (hooks 1981). For her, this novel idea of interconnectedness explained why conversations around racism and classism in the U.S. need to be included in ones around feminism and capitalism. By combining white-supremacy, capitalism, and patriarchy into a singular noun, hooks symbolically shows the

unified nature of such forms of oppression. For intellectuals after her, the term functioned as way to and study American society:

> It allows us to historically see both the racial and class lines that traverse feminism, as well as the patriarchal and class drives that run through the Black movement, through African American families and communities, marking and maintaining globally the “US imperialist economic domination” (Rudan and Battistini 2023).

This theory is beneficial for understanding how RJ relates to other SJ and why an intersectional lens was essential for my informants.

In Chapter Four, I explore feminism as a form of feminism that centers the experience of White, cisgender, heterosexual, and able-bodied 'women'. In this process, white feminism perpetuates a white supremacist hegemony which describes how society is articulated to assume that white is the superior race. It does this through social and cultural practices which promotes this belief through conveying them as the people who should or do have the power in society (Miller 2022). White feminism does this by positioning white 'women' as the only victims of patriarchal power relations while neglecting to hold White women accountable for other injustices like supporting white supremacy ideology (Moon and Holling 2020; DiMiele 2021). This form of feminism has been criticized for its narrow perspective on women's issues (Daniels 2015; Liska 2015; McFadden 2011). For example, the second wave of feminism, which often employed white feminism ideas, focused on women in the workforce. In Betty Friedan's *The Feminist Mystique* (1963) she claims that women have been removed from the workforce and forced to reside at home. While this is reflective of the white middle-class experience, at this time many low-income and women of color held jobs outside of the

home because they were not financially able to be homemakers like their White peers (Lumsden 2009; Schuller 2021). Therefore, by claiming working outside the home as a sole form of liberation it neglects these other groups labor in the workforce.

Black feminists like Kimberlé Crenshaw developed theories to explain how and why feminism needs to be approached from a different perspective, one that includes other people's perspectives. Crenshaw called this idea intersectionality to describe how an individual's multiple identities result in unique forms of oppression and privilege (Crenshaw 1991; 1989). Compared to white-supremacy capitalist patriarchy, intersectionality is not about recognizing a uniform power of oppression, but rather how this oppression is experienced. Intersectionality examines how multiple identities interact with each other and play out within the legal and social field. Intersectionality examines how multiple identities reshape the ways in which oppression and power are experienced. Crenshaw herself was interested in ways in which the U.S. judicial system, while protecting White women, made Black women more vulnerable to sexual violence (Crenshaw 1991). In other words, intersectionality is not a listing of identities but a theory on how these identities reconstruct the ways in which marginalization occurs.

RJ originated as a framework for activism that wanted to push beyond an abortion focused framework (Ross and Solinger 2017). Black feminists at the 1994 Illinois Pro-Choice Alliance in Chicago defined the term when discussing how the RR framework, posited the issue of abortion as pro-choice vs. pro-life, lacked intersectional and historical perspectives (A. Smith 2005). Specifically, they wanted a word that encompassed more issues than just abortion and one that considered the many ways that different bodies'

reproductive capacities are oppressed. From here they built the three tenets of RJ. Reproductive justice stands for the right 1) to have children, 2) to not have children, and 3) to parent one's children as one wishes in a safe and healthy environment (Ross and Solinger 2017; D. Roberts 2015). Since then, RJ has been applied to reproductive health scholarship, especially action research that aims to create positive social change (Morison 2021; A. A. Eaton and Stephens 2020).

By including more than just abortion, RJ calls attention to the fact that different people's reproductive choices are limited in contradictory ways. In a term popularized by anthropologists Rayna Rapp and Faye D. Ginsburg, stratified reproduction describes "power relations by which some categories of people are empowered to nurture and reproduce, while others are disempowered" (1995, 3). What Rapp and Ginsburg are describing to is the ways in which reproductive capabilities are valued. Often when people conform to hegemonic norms and ideals, their reproduction is valued and encouraged. However, persons who deviate from this like by being a person of color, low-income, being disabled are discouraged from reproducing and their bodies are devalued. Scholars have considered stratified reproduction as the reason why policies like Temporary Assistance for Needy Families (TANF) can have a 'family cap' and USAID only provides long-acting contraceptive devices (LARCs) family planning options in low-income countries (Patel and Shrivastava 2023; Masters, Lindhorst, and Meyers 2014; Senderowicz and Valley 2023). Thus, stratified reproduction undergirds reproductive policy decision-making and often limits vulnerable groups autonomy.

Entrenched in white-supremacy capitalist patriarchy is capitalism and neoliberalism. Like Marxists, scholars who acknowledge and oppose the white-supremacist capitalist patriarchy advocate for a complete revolution of the capitalist system to end exploitation (Marx and Engels 1979; hooks 1981). This is because hooks believed that all the ‘isms’ of oppression, that she described as the white-supremacist capitalist patriarchy, are used to perpetrate capitalism. Therefore, to examine intersectional reproductive oppression, one must also explore capitalism and neoliberalism.

Neoliberalism is a political and economic philosophy that believes in the strength of the free-market, reduced government oversight, and increased privatization (“Neoliberalism” 2023). While hooks uses the term "capitalist" which has a different definition, these terms are intertwined. This is because capitalism is the economic system associated with neoliberalism (Boettke and Heilbroner 2023). One major tenet of neoliberalism is the preference for individual responsibility. In this way, neoliberalism conflicts with collective action. This is essential to note since collective action is important for solidarity and activism and advocacy work (Lynch and Kalaitzake 2020). However, neoliberalism plays an odd role in the context of abortion. While abortion is repeatedly framed as an individual decision, many neoliberals have advocated for anti-abortion policies.

Why then would neoliberalism—a political philosophy defined by individual choice and smaller government—become associated with the expansion of government oversight to restrict individual choice over abortion? This is due to neoliberal icon,

Ronald Reagan. During his first campaign, Reagan ran on not just social conservatism but economic conservatism (Moen 1990; Jeffries 2018). This allowed the Christian Right to tie nationalist concerns to economic, social, and religious fears (Bean 2016).

Reproductive politics anthropologist Sophie Bjork-James considered this focus on capitalism and abortion a "reproductive righteousness" project in which the government can only be considered righteous if it reproduces both neoliberal ideas and a “righteous” standpoint on abortion (Bjork-James 2023, 1). For them, neoliberalism was not only part of a productive economy, but a morally justified obligation to be a good Christian. Social conservatives often do this by isolating abortion as the main ethical concern. The reproductive righteous argue that the government must use all its resources, time, and concerns to eliminate abortion despite neglecting the other social issues (Bjork-James 2023). The movement is then able to maintain two contradictory ideas: to make the government stay out of people's pockets but within their uteruses. Neoliberalism’s emphasis on individualism and U.S. abortion politics connects with the white-supremacist capitalist patriarchy historically through White evangelical Christians’ racist and misogynistic goals like preventing the increase of a non-White, non-patriarchal America (Braunstein 2021; Balmer 2022; 2021; R. P. Jones 2020).

Hence, the ideology of neoliberalism is also in direct conflict with goals of RJ, collective agency, activism, solidarity, and any other movement that believes in the union of bodies and minds for collective effort towards a goal. Those who oppose white-supremacy capitalist patriarchy critique the neoliberal hegemony of American society and culture that has dominated our histories and policy endeavors (Share and Douglas 2009).

Reproduction & Power Theories at Work

Many medical anthropologists like Dána-Ain Davis, Lynn Morgan, Daisy Deomampo, and Natali Valdez have dedicated their work to understanding how race and oppression have facilitated violent encounters within reproductive health-care system (D.A. Davis 2019; Morgan 2015; Valdez and Deomampo 2019). And like many forms of violence, these encounters have contributed to massive inequities in reproductive health outcomes for people of color including increased rates of traumatic and negative birth experiences and high levels of maternal mortality and morbidity (Dmowska et al. 2023; Minehart et al. 2021; Vilda et al. 2019; Roth and Henley 2012).

These scholars have demonstrated that these forms of violence derive from racial stigmas. For example, Davis coined the term "obstetric racism" to describe how anti-black racism within the field of obstetrics and gynecology have led to disparities in maternal mortality levels (D.A. Davis 2019). Specifically, she shows how healthcare providers devalue Black women's pain and concerns leading them to address health complications in emergency phases rather than before they transpire. In comparison, Deomampo's work in India has shown how Americans rationalize the devaluing of Indian surrogates' bodies and labor to have children (2016). What all these anthropologists show is that social and cultural conditions, such as racism, impact people’s reproductive health.

Their work indicates how important qualitative research is to discussions of reproductive inequities. Statistics of how many per thousand are impacted by policies or die lack the intersectional analysis to show how and why these disparities exist. It is essential for anyone performing RJ or intersectional research to understand that the way

in which we structure arguments and facts can lead to conclusions that do not address structural issues. By not saying that racism within reproductive healthcare is the cause for the high rates of black maternal morbidity and mortality rates, one can begin to postulate harmful truths like Black bodies are inherently bad at having babies.

My research is grounded in RJ not just because it is about RJ A&A but rather because it addresses these nuances as to why health inequities occur. For example, in my first sub-argument I show how it is not being young that makes these RJ A&A susceptible to poor mental health after *Dobbs*. Rather, I articulate how young adults could not ameliorate mental health stress because systemic issues related to access of contraceptives, such as income create barriers that prevents people within their age group from accessing certain forms of birth control.

Linguistic Theories and Scholarship

Chapter Six addresses abortion discourse. Essential to this discussion is French philosopher Michel Foucault theory that power is exerted in discreet ways, such as through discourse[11]. Foucault argues that the language has the power to reaffirm dominant social groups and thinking. He used the concept of power/knowledge to show how power is deployed through acceptable forms of knowledge or structure (Foucault 1980). Often Foucault discussed power/knowledge through language to examine how it can be used to support or subvert forms of power. For example, in the abortion debate, language as power is exemplified by the usage of different terms and symbols by both

[11] Discourse is "the use of language to communicate in speech or writing, or an example of this" or another word for a formal discussion or debate (The Cambridge Dictionary 2023).

sides to discuss the same things. The terms “pro-life”, “unborn”, and “fetal personhood” are constructed and employed to reinforce specific perspectives and anti-abortion ideologies. Individuals who use these terms do so to focus on the existence of the fetus and draw the listener away from the pregnant person and provoke an emotional response. This is most clear with the term “partial-birth abortion”, a term coined by the National Right to Life Committee (NRLC) in 1995, to describe a surgical intact dilation and extraction (D & E) of a fetus from the womb (Rovner 2006)[12].

Similarly, Erving Goffman, believed that language was a tool for shaping our realities. In his book, *Frame Analysis* (1974), Goffman explored how language was used to articulate culturally informed ideas of reality. In his theory named problem framing, he described how people employed frames to aid our ability to interpret facts and experiences, especially new ones (Goffman 1974). Goffman believed that knowledge of problem framing could be used to aid our understanding of others or as a tool in social movements and politics (Goffman 1974, 38). Goffman’s and Foucault’s theories agree that language conveys power to control how people think about reality.

While political theorist George Lakoff says he was not based on Goffman's problem framing, he certainly builds on his idea by applying it to political issues (Sullivan 2023). Lakoff elaborates on how conservatives “reframe” issues to make the public more sympathetic to their perspectives about contentious issues, including

[12] D&E “is a surgical abortion procedure that takes place after the first trimester of pregnancy. Similar to a first-trimester surgical procedure, the patient’s cervix is dilated and suction is used to remove the fetus. Depending on a variety of factors (including gestational age, the extent of dilation, and providers’ training and preference), the provider might also use surgical instruments as a primary or secondary part of the procedure” (Donovan 2017).

abortion. He shows how terms like “partial-birth abortion” and "late term" pregnancy[13] reconstruct the image of pregnancy without a pregnant person (Lakoff 2004). Scholars from various backgrounds have discussed the impact of such words through their adoption in legislation, public policy, and impact on reproductive healthcare access (Annas 2022; Armitage 2010; Halva-Neubauer and Zeigler 2010).

Where Foucault differs from Goffman is intentionality. While Goffman was interested in how framing is used to help people communicate, Foucault believed that these messages were subliminal exercises of power (Foucault 1980; Goffman 1974). Foucault did not believe that people chose specific language to exercise power but did it thoughtlessly. Goffman however, believed that problem framing was a rhetorical tool like Lakoff. Additionally, while Goffman is optimistic on the applications of problem-framing, Lakoff's work in conservative politics makes framing seem more sinister. This may be because Goffman's work is theoretical while Lakoff's is based in real-life political applications. Despite this, all three linguistic theories agree that language employed in a discourse conveys certain forms of knowledge. It is essential for us to know how language functions within a discourse to analyze its power and influences on the issue.

Furthermore, this is supported by the media’s language when discussing abortion. The media’s adoption of the discourse has led to a wider exposure of these words in which contributes to the ways people understand abortion care policies in this country (Halva-Neubauer and Zeigler 2010). Despite everyone using the same words, we are not

[13] This is a pregnancy after 21 weeks or when the fetus is viable outside the womb. It constitutes around 1% of abortions within the U.S. (KFF 2019).

all on the same page. Research has recently shown that despite widespread use of the word abortion, there is a lack of unified consensus on what constitutes an abortion in the general population (VandeVusse et al. 2023). Without a singular understanding of abortion, individuals writing, enforcing, and examining legislation may unknowingly restrict access to services they may wish to protect. To illustrate, some argue that emergency contraception is an abortion pill despite the FDA and other advocates saying differently (Simmons-Duffin 2023; Press 2022).

Overall, to understand abortion access and realities requires an analysis of abortion discourse. One cannot examine abortion as an issue without looking at the surrounding language. I plan to explore this further in my sixth chapter.

Biopolitics & Structural Violence

Foucault's theory of biopolitics emerges from his analysis of the transformation of sovereign power during the transition from monarchies to modern capitalist nations, shifting power from the act of taking life to promoting life (1990). This is important to acknowledge because almost all public health initiatives and many concerns of public well-being revolve around the government's assumed responsibility to promote life (Faubion 2000). Media and politics frequently frame this control of the government as beneficial, citing how it increased life expectancy. However, they neglect to acknowledge how this control requires the population's subjugation ("Buckling up to Save Lives: UN Celebrates Five Decades of Seat Belt Laws" 2023; Contributed Content 2023).

To be a recipient of beneficial or malignant public health policies means to first be under the authority of the government or policy's power. Foucault describes the

government's ability to produce willing subjects of its power as governmentality[14] (2013). In comparison to previous forms of punishment and power structures, governmentality is associated with willing participation. Rather than fear of punishment, subjects here actively participate in their own discipline or governance. Subjects participate in their own governance through self-surveillance and the desire to achieve the norm. Foucault called the bodies who accepted their subjection and embodied the decisions of the state, docile bodies (1995). Going to the gym is an example of this compliance. Individuals who regularly work out at gyms subscribe to biomedical ideas of what makes someone healthy, particularly regarding their weight, and frequently also perform these actions to strive to fit hegemonic aesthetic standards related to the body. While individuals do these actions on their own accord, cultural attitudes related to health, obesity, and fitness create the desire for the individual to endure the routine (N. S. Rose 2010).

Biopolitics is more than the integration of life and politics, but the rationality of the government claiming authority over practices that encourage particular forms of life. By acquiring authority over the reproductive power of the population, the government declares its entitlement to control the behaviors and bodily functions of its citizens. Scholars commonly discuss biopolitics in conversations around abortion since it takes on a literal sense of making life (Annas 2022; Inhorn 2009; Millar 2015; Martinez Mateo 2020; Foucault 1990). I introduce these ideas here, even though, these will not be the

[14] For more details on governmentality and related topics, I suggest reading Foucault's *The History of Sexuality, Vol. 1: An Introduction* (1990) and *Lectures On The Will To Know (1970–1971)* (2013).

focus of my analysis. Due to the nature of my study and the plethora of work on biopolitics and abortion, I find it to be more beneficial to focus on the less acknowledged connection between power/knowledge, framing theory, and abortion in future chapters. Ergo, while biopolitics will be embedded in my discussions I will more explicitly examine the role that power/knowledge plays in abortion discourse.

Structural violence is a term defined by sociologist Johan Galtung to describe when social structures[15], such as governments, implicitly or explicitly prevent people from meeting their basic needs, causing harm (1996). Paul Farmer adapted this term to medical anthropology to describe how political and medical systems in Haiti perpetuate inequality by exposing people to violence (Farmer 1996, 199). Scholars studying structural violence focus on experiences of suffering and the prevalence of undue health risks. Experts often attribute this form of violence to government action or inaction. A government can subject its citizens to structural violence through either ignoring their needs or by exposing them to forms of violence. Often the forms of violence cited in these locations include avoidable deaths, injuries, and illness, and a lack of agency to change these structural problems that creates and sustains these inequalities (Rylko-Bauer and Farmer 2016). Abortion restrictions may also be a form of structural violence.

Structural violence is an apt theory to apply to abortion care since it captures the implicit acceptance of ‘everyday violence’ (Krüsi et al. 2016; Scheper-Hughes and Bourgois 2007). At the heart of structural violence is the acceptance of the way

[15] Social structures are "social relations and arrangements—economic, political, legal, religious, or cultural—that shape how individuals and groups interact within a social system" (Rylko-Bauer and Farmer 2016, 47).

intersecting structures enact harm and chalking it up to the status quo. Moreover, both abortion inequities and structural violence disproportionately affect marginalized groups such as low-income individuals and people of color (Nandagiri, Coast, and Strong 2020; Fuentes 2023).

Scholars have cited how legislation, stigma, and structural violence inform who has access to safe abortion care (Ostrach 2016; Ellison 2003; Getgen 2008). People have more recently become concerned with how anti-abortion legislation that prevents people from accessing safe and legal abortions has become a form of structural violence since it subjects these people to suffering and puts their health at risk (Nandagiri, Coast, and Strong 2020). These policies put individuals capable of pregnancy at risk by forcing them to seek healthcare outside the bounds of the biomedical system, delaying treatment, and by creating a psychosocial burden to those seeking abortion care. Society creates a psychosocial burden through the cultivation of perceived barriers[16], criminalization, and stigma around such forms of care. This burden, I will argue in future chapters, is an under-discussed form of structural violence since it is a government action that puts people's lives and health at risk (Biggs et al. 2020).

Scholars frequently acknowledge that anti-abortion policies disproportionately affect marginalized groups such as women, people of color, and people living in poverty (Phan 2022). Similar, Farmer emphasized the role that gender plays in structural

[16] "Perceived barriers" are barriers to care that are expected to be there or "perceived" by a person who may want to receive care. Whether or not there are actual barriers, such as legal issues, does not matter since many individuals may just assume there is a barrier and seek other opportunities to get care or just not seek care in general.

violence. Farmer attributed the disproportionate impact of structural violence on women to structural inequality within Haitian culture (1996). The patriarchy here, and in the U.S., produces gendered forms of violence (Farmer 1996).

While acknowledging that biopolitics and structural violence are separate concepts, both theories describe the sociocultural and political system of reproductive care. Through the U.S. government's adoption of biopolitics as a method of subjugation of bodies, it allows the government to put reproduction within its domain. By promoting anti-abortion policies, whether by passing of anti-abortion legislation or the lack of support for abortion policies, state governments not only force life, but makes the potentially pregnant population vulnerable to violence. When examining abortion policies and perceptions in America, one must investigate the trickle-down impact of government policy to lived experiences but also the interplay between policy and experience. It is not enough to do one or the other since both these topics work in conjunction. One example of this has been through the detention of pregnant migrants. U.S. policies regarding pregnant migrants involves pro-life and anti-immigration discourse. They simultaneously advocate for the birth of migrants but wish to prevent entrance of these infants and mothers to U.S., negating all social support that is usually provided for citizen mothers and infants (Leach 2022). Hence, pregnancy offers a unique way to perceive the violence of general migration policies.

Theories on Group Formation & Activism

While there are multiple forms of resistance employed by RJ/RR A&A, my research focuses on two major types: biosolidarity and youth activism. In this section, I

explore these topics which I will argue are essential to understanding how persons exert agency[17].

Biosolidarity builds on anthropologist Paul Rabinow's theory of biosociality (1992). Rabinow coined the term biosociality to conceptualize how the biological becomes social, especially in the field of genetics (1997). Biosociality has frequently been applied in reproductive anthropology by scholars interested in how people navigate kinship formation around artificial reproductive technologies (Inhorn 2009; E. F. S. Roberts 2007; Mutlu 2023). However, the theory can be applied to describe any type of social group formation that is based on shared biological characteristics such as an illness or losing an organ (Petryna 2013; Scheper-Hughes 2004). Rabinbow's theory is not only broad in what constitutes a shared biological characteristic, but in what is the goal for the group formation.

Bridget Bradly expanded on biosociality through her theory called biosolidarity to describe biosocial relationships which maintain their group through community activism (2021). Biosolidarity offers a productive lens to examine the RJ/RR A&A in this study because it connects how shared biological characteristics—in this case the ability to become pregnant—facilitates group formation for the purpose of activism and advocacy. As I will explain in Chapter Five, participants' biology was essential to their formation as RJ/RR A&A. Further, they connected with others on this basis. Additionally, biosolidarity offered a way for me to interact with my participants as not only a researcher but as a member of their group. Informants often referenced me and asked me

[17] Agency is the ability to have "control over actions and their consequences" (Moore 2016).

my own thoughts on some of the questions I proposed to them because of the intense biosolidarity nature of RJ/RR A&A.

Youth[18] activists and advocates[19] offer a unique vantage point regarding abortion. Most of these my participants were college students. Research has shown that college students today are more likely than past generations to become civically engaged since this type of activism fits in with generational goals of creating change (D. L. Morgan 2022). Young adult's activism and advocacy work often centers SJ[20] to help increase marginalized group's agency. Additionally, this work helps them build skills and global awareness which they deem important for their personal development.

Recent ethnographic studies with youth activists also cite how important activism is for fostering community building by helping individuals locate others who reaffirm their viewpoints on topics and by facilitating inclusion (Carey et al. 2021). While this may make it seem like all youth activists and advocates within a group are the same, like most communities, this is not true. Individuals within the same group are not homogenous in their backgrounds, identities, perspectives, and sometimes zeal for the same issue (Friedman and Rodríguez Gustá 2023; García 2022). For example, a group

[18] Youth Activism is defined as activism performed by individuals under the age of 25 ("Youth in Action," 2024). While my participants were all over the age of 18 and not minors, they were under the age of 25 and therefore considered youths. This discrepancy between youth being below the age of 18 may be due to youth activism research focusing on Gen. Z which is aging progressively beyond what we think of youth (Carnegie 2022).

[19] The difference between an activist and an advocate is that while an activist acts on "behalf of solving social and political issues" and advocates goal is to "speak and learn about social and political issues. It is to bring attention to an injustice"(E. Lewis 2016). Both work together towards positive change.

[20] Often cited as a movement, social justice is a social, political, economic, and legal goal to seek equity and fairness within society. This work mainly focuses on helping achieving equity, inclusion, and fairness for historically or currently marginalized and oppressed groups and individuals (Oxford English Dictionary 2023c; Duignan 2023).

hoping to increase voter turnout may comprise individuals with varying political affiliations and diverse opinions but who are united in the importance of voter turnout. Youth activism organizations do more than foster community engagement by offering a way for individuals to gain power and agency (Nicholas, Eastman-Mueller, and Barbich 2019). By forming groups with unified goals, young adults can create change through collective actions.

Despite the abundance of research on youth activism in general, there is a lack of research focused on youth activism in the RJ movement (Luna and Luker 2013). However, this lack of research does not mean there is no young A&A within RJ. There is extensive youth activism and advocacy work on both sides of the abortion issue. For every Center for Reproductive Rights there is an Americans United for Life[21]. Additionally, this work, on both sides of the issue, is important to pay attention to since there is evidence that activism and policy influence each other (Coffman and Beer, 2024; Crow and Lawlor 2016; Stachowiak 2013). For instance, policy changes can increase the amount of activism within a certain camp. This activism can then influence policy decisions. For instance, following the *Dobbs v. Jackson* decision, pro-abortion access sentiments have skyrocketed and organization formation among A&A fighting for abortion access has increased (Mohamed et al. 2022; Kishi 2022). Theories on how activism creates policy change vary from increasing the profile of an issue through media

[21] Center for Reproductive Rights and the Americans United for Life are pro-choice and anti-abortion groups respectively.

attention to grassroots activists' ability to focus legislators' attention on addressing their issue (Coffman and Beer, 2024; Crow and Lawlor 2016; Stachowiak 2013).

Collective agency is when many individuals band together to work towards a goal together. Many social movements have used collective agency to enact change (Lockie 2004; Millward and Takhar 2019). Collective agency has also been essential for SJ movements that work to empower those who often have the least amount. It is often successful when large enough groups of people come together to create structural change, especially regarding health and human rights (C. Campbell and Cornish 2021). Researchers have also cited collective agency as an essential component of any form of intersectional social change since it highlights the voices of those often spoken over (Logie et al. 2022). Additionally, collective agency to promote social justice has been shown to improve the mental health of young adults (Lorimer, Knight, and Shoveller 2022, 142). This improvement is because of the ways that collective agency not only fosters group formation but because of the freedom to create change it offers participants (Lorimer, Knight, and Shoveller 2022, 152).

Conclusion

In the following chapters, I tie my arguments to these analytical frames and histories of reproductive oppression. This information is essential to understanding the contemporary context of abortion policies, politics, and discourse. By grounding the contemporary landscape within these historical and theoretical frameworks, I am better able to analyze and understand how the *Dobbs v. Jackson* ruling impacted the health of young RJ/RR A&A in the United States.

CHAPTER THREE: METHODS

I'd ask her questions, like how many pregnancies and kids she had. I wonder if she knew where her kids were and how she met him. But I'd also want to know what her favorite color was[22].

This is a quote from one of my only in-person participant observation events and one of a few quotes that haunted me. It preoccupied my mind during coding, analysis, and writing. It comes from a conversation I had with a woman while at an art exhibit illuminating the medical experimentation done on enslaved Black women. The works are attempts to reckon with the notion that a man who medicine has claimed as a pioneer of gynecology, should not be revered. While medical texts may remember his name, his victims' names are mostly unknown. Only three names have survived: Lucy, Betsy, and Anarcha (Cronin 2020). The exhibit focuses on this moment in history but acknowledges that this is just one of many times when medical experimentation on reproductive bodies occurred (Cooper Owens 2017; D. Roberts 2017; Wolinetz and Collins 2020). A woman named Gloria[23] shared this sentiment at the end of my visit to this exhibit. It was her non-profit that raised the money for the creation of six of the pieces of art on display, one of which I am examining from across the room as she speaks. We are talking about Anarcha who, at the age of seventeen, has been operated on thirty times without anesthesia (Cronin 2020). The conversation is focused on Anarcha's thoughts and experiences that have been lost to history. I ask Gloria what she would like to know Anarcha about her life and this is what she shares. I already decided I wanted to do a RJ focused study, but it is

[22] The following quote is paraphrased from a field note excerpt from June 27th, 2023. This is not a word-for-word quote but it an attempt to accurately capture the speaker without a recording.
[23] All names used are pseudonyms I gave to my participants.

moments like these confirmed this decision. The things that I may deem important, that I may care about, that I planned to examine, may not be what people with different identities, experiences, or beliefs may find important. I thought about Anarcha's thoughts, feelings, experiences which I would have asked about if I went back in time. I forgot that Anarcha is not just a subject of a painful moment in American history, but a person who had a favorite color.

Research Plan

This study was designed with a RJ lens to examine my research question within its historical context and with an intersectional perspective. As such, the goal of this scholarship was to not only to fill the gap in the literature, but to keep SJ issues in mind.

This study went through the Boston University Chobanian and Avedisian School of Medicine Institutional Review Board (IRB). I told the IRB that I was going to collect participant observation data from interactions over Slack[24] with TurnUP, a non-profit organization that works to motivate young adults to take civic action through increasing youth voter turnout and engagement in political issues. From January to July of 2023, I worked with the organization to aid them with the development of a RJ curriculum and to launch an online forum to discuss current reproductive justice issues with their interns. I planned to supplement this with archival data from Slack forums about RJ/RR, and related TurnUP company Zoom meetings. Field notes from these events were important for helping me participate in this and to comprehend how discourse frames issues of

[24] Slack is a cloud-based communication platform that the organization functioned through.

public policy, perceptions of health, and sentiments related to RJ/RR activism or advocacy work. Additionally, these participant observations aided my design and implementation of the semi-structured interviews I planned to conduct via Zoom. The study protocol was determined exempt by the IRB from further review due to the data collection methods, such as all interviewees were over the age of consent, and that all data collected would be fully de-identified. Nevertheless, I obtained verbal consent from each of my participants before the interviews.

Due to the nature of my recruitment and the lack of geographic confinement of my subjects, Zoom allowed for a user-friendly way to conduct interviews. As a RJ scholar, making the interviews user-friendly and open to any participant who qualified was essential to making sure a variety of voices were able to participate. It is also why I planned to give my participants $20 Amazon gift cards for their time. It was important to me that these individuals were compensated for their time and opinions, especially since research has shown that women are expected to perform more unpaid labor compared to their male counterparts (Seedat and Rondon 2021)[25].

Study Site

This research was conducted primarily online using Zoom events and the TurnUP company-wide Slack forums. Members of the TurnUP community are responsible for weekly group tasks which educate them on contemporary political issues or provide background information on how the government works. These individuals are called

[25] While not all of my participants may identify as women, in a country in which many people conflate sex with gender, those who are presumed feminine still may fill this role (Parker, Horowitz, and Brown 2022).

interns and are encouraged to bring their TurnUP work into the real world by engaging with their local community. Weekly they are also responsible for attending organization wide Zoom events. These are often with individuals whose jobs or hobbies put them close to policy decision-making, including Congressional staffers, international refugee aid workers, and environmental justice (EJ) activists.

Outside of their required work, interns were encouraged to participate in several other interest related forums and activities. These forums, also called channels, included disability justice, voting rights, and a RJ forum. Within these channels interns posted news stories and made comments to each other on the respective issue facilitating a dialogue. These forums and Zoom events made my site-level events. However, I supplemented these with outside RJ organizations events.

Sampling Strategy and Recruitment

I planned on conducting this study with people 18-29 years old living in the United States, who have or had the capacity to become pregnant, and are interested in or involved in RJ/RR activism or advocacy work to discuss how the current political climate in the wake of the United States' Supreme Court's *Dobbs v. Jackson Women's Health Organization* related to their own feelings of civil duty and health.

I aimed to purposively sample and recruit these individuals from a TurnUP. Prior to recruitment, I planned to engage their members through their company-wide Slack forum and use this as an online form of participant observation. My internship leader wanted me to discuss RJ during an organization-wide Zoom speaker event and suggested that I could begin my recruitment process by introducing my study after the meeting. She

felt this was important for me to establish credibility and put face behind the messages sent through the company-wide Slack since our interactions primarily were done online. After the event, I expected to send out the same recruitment message to anyone who missed the event. This message would allow for anyone who missed the information during the discussion to contact me. My goal was to achieve a minimum of 5 interviews and had the budget for up to 20 participants. I planned to send this same recruitment message the second week of every month until I reached theoretical saturation (Charmaz 2006).

Reproductive Justice Ethics

In keeping with a RJ and SJ orientation to this study, I anticipated being as open as possible to the individuals I talked to and allowing my participants to control much of the conversation during interviews and paying them for their time. As such, all study material sent out was gender neutral. During interviews, I asked people how they wanted to be conveyed in this text, such as pronouns, identification factors, and other facets of themselves that they feel are important to representing them. Moreover, topics of conversation that participants spoke vehemently about were probed to encourage discussion around things they felt were important. Participants were offered towards the end of interviews to share things that they found were important that were missing from the conversation. This interviewing style elucidated a focus on mental health and neoliberalism, which originally were not subjects I planned to delve into.

Furthermore, during my recruitment, I spoke openly about my passion for RJ and thoughts on current reproductive policies. It was also an essential part of my positionality

as an anthropologist and researcher, especially as someone who grew up in a predominantly anti-abortion area.

Growing up, sanctioned conversations about reproduction, like the ones had in school and with my parents, were heavily influenced by social and cultural norms relating to sexuality and peppered with the Catholic anti-abortion beliefs. However, as I began having these discussions with friends and other individuals, I questioned these ideas until and as a young adult I quietly began to distance myself from these them, removing myself from church groups and environments that openly advocated for the 'pro-life' agenda. I kept my ideas reserved until I was in college and was exposed to RJ. For the first time, I learned how abortion related to other forms of reproductive oppression and the importance of having difficult conversations about these issues. It was at this time that I began to understand the importance of sharing these beliefs, as these experiences became outlets for people to express contentious beliefs in a safe environment.

I ascertained from these moments that being open about this may allow for participants to feel more comfortable sharing these intimate details about their personal life, especially to someone who they may not know. Additionally, previous research has shown that talking about abortion is one way to defuse the stigma around it and so I thought that my conversations could help reduce the barrier by talking about something that for many people lurks in the shadows of their lives (Simon 2023; Danner 2022).

While it may not be "objective" in a study to convey my personal beliefs on these issues, it was more important to convey my disagreement with these policies. These issues do not exist solely within intellectual pursuits but have real-life consequences.

Contributing positively to a social movement for me was more important than impartiality, which it turned out helped me with recruitment, as a few participants mentioned my beliefs during their interviews as motivation for speaking with me[26].

Review of Outcomes

In the process of this project, I completed six interviews, exceeding my minimum sampling goal but not the maximum. There were several reasons I only completed six interviews. Primarily, this is because within a day or two after the recruitment meeting, around seven people reached out to me about participation, of which only six made it to the interview phase. Recruitment for this project was set back due to unforeseen delays in the IRB process and scheduling that postponed the recruitment to the middle of July from early June. Delays in the project meant that less time for recruitment was available and since by the sixth interview, similar patterns of responses occurred between the participants. I determined this as theoretical saturation since interview responses in were not providing additional data (Glaser and Strauss 1967). While it was not the goal of sampling, it is important to note that participants reflected several backgrounds and perspectives. If I had more time and funds, I wish I could have included certain groups not represented in this sample, however this does not invalidate the nature of this study.

While interviews were structured to ascertain impressions of RJ/RR advocacy and activism goals, perception of reproductive health policies on one's own personal health and decision-making, and how young adults discuss their position within the intersection of these issues, interview responses elucidated results I did not envision. For example,

[26] For more information on RJ please see the Background chapter.

while I anticipated that participants would discuss how the decision impacted their reproductive health, almost every participant spoke in-depth not about their reproductive health but about their mental health. Only one participant mentioned making a decision about their reproductive health in relation to the Supreme Court's decision. She qualified it by saying she was always going to make that decision, but the overturning of *Roe v. Wade* urged her to do it now rather than wait (for more information on this, see Chapter Four). This is why I conducted semi-structured interviews, so I could ensure flexibility and space for participants to share information that would lead to results grounded in what informants' thought were important and allow for their concerns to emerge beyond what I directly asked about.

Further, I collected six online participant observation field notes from specific events TurnUP performed and forty pages of archival data from their Slack channel. Since I did not gather as much participant observation data as I estimated from TurnUP, I decided to include an additional six participant observation field notes from other RJ events with different organizations. All except two were conducted online via Zoom.

Additionally, I performed a media analysis to triangulate data from interviews and participant observation events with contemporary news stories. Informants often discussed current political and policy interventions during interviews and events and over Slack. I also began to recognize that the same news outlets were repeatedly mentioned in interviews and in the Slack Archive. I chose *The New York Times* (*NYT*), *NPR, AP News* (*AP*), *CNN, BBC, and Fox News* (*FOX*) since stories from these outlets were shared more than once in the Slack archive and participants mentioned them during interviews.

Additionally, these reflect varying bias according to the AllSlides website (2024). *NYT*, *NPR*, *AP*, and *CNN* were chosen because they were the four most shared and discussed media outlets. I chose the other two outlets not only because they were mentioned but because they reflect varying perspectives.

All outlets except the *BBC* and *FOX* were considered to have a slight left bias (AllSlides 2024). *BBC* was included due to it having a center bias and because I wanted to include one non-U.S. based news network. Finally, *FOX* has a hard right bias and was chosen since it was the most often identified news outlet that reflected opposing bias (AllSlides 2024). Since no slight right leaning outlet was mentioned, I omitted it from the media analysis. Participants mentioned several times that they would read *FOX* stories to ascertain the opposing viewpoint on abortion news stories. Therefore, both *FOX* and *BBC* offer a comparing bias.

I selected six different news stories that each news outlet covered. These stories were chosen because they related to changing abortion or reproductive care policies and were mentioned either in the Slack archive or during interviews. These stories include: the leak of the *Dobbs* decision draft opinion, the actual *Dobbs v. Jackson Women's Health* decision, when Kansas voters' rejection of a ballot measure to tighten abortion restrictions within their state, the *Alliance of Hippocratic Medicine v. FD*A ruling on mifepristone access, California's cutting their relationship with Walgreens due to them dropping mifepristone from their pharmacies, and the FDA approval of over-the-counter birth control pills. News stories ranged in time from May 2022, a month before *Dobbs*, till July 2023. Three out of the six news stories happened during the year long period of

data collection; they reflect the changing landscape of abortion during this research endeavor.

This process yielded a total of thirty-six individual articles to analyze. I came to this number because I wanted to ensure that all my media data were grounded in my initial interview and participant-observation data collection. This is why the articles chosen had to be mentioned by more than one person.

I decided to forgo a social media focused media analysis since the majority of TurnUP members did not share information from these sources. This was affirmed in my interviews when most of my informants spoke openly about using major news websites to learn about current events. Moreover, they mentioned some of the outlets chosen for this media analysis as some of their "go-tos". Additionally, this analysis was chosen to not only triangulate the data but also because previous scholarship has shown that the media plays an important role in the way abortion is portrayed and how access to this form of health care is perceived and actualized (Heymann et al. 2022; J. Sherman 2022; Ostrach 2017; Annas 2022). Therefore, I felt it was necessary—especially after interviews elucidated how important the media was to mental health to include a media analysis to better grasp how the news consumption contributed to participants' feelings on abortion care and politics (for more information on these topics see Chapter Four and Six).

In total, I collected six interviews, thirteen separate participant observation events, over one hundred-twenty comments of archival data, and thirty-six news stories from six different news outlets.

Summary of Results

Of the six interview participants, three identified as White, one as Indian, one as Indigenous South Asian, and another as Vietnamese. They ranged from 18 to 23 years old, with five being college-educated or currently in college and one who was high-school graduate matriculating into college in the fall. Five identified as women, with one participant previously identifying themselves as a woman, but explained how she was experimenting with non-binary identification. Each participant was also asked their preferred pronouns, which are respected in the discussion of each of them. Two participants also identified as part of the LGBTQIA+ and one identified herself as straight, while the rest did not share their sexual preferences and were not asked to do so. The participants lived in six different states with ranges of different legal access to abortion care.

At the time of writing this, one lives in a state with a complete abortion ban, two in states with gestational limits on abortion between 15-18 weeks, two lived within states that added new protections to abortion access since the *Dobbs* decision, and one lives in a state whose abortion ban is currently being blocked by the state's Supreme Court (The New York Times 2024). Interviews ranged from just under an hour to an hour and forty-five minutes. Each interview was conducted over Zoom, where we could both visualize and hear each other. They were audio-recorded, and later transcribed and de-identified. Each participant was told they could stop at any point during the interview, redact any information, and ask me any questions to ensure transparency and comfort with this process, especially since abortion is a contentious and stigmatized topic. No participant

was asked whether they received abortion care in their lifetimes. This question was out of the scope of my inquiry and presented ethical conflicts such as whether these procedures were legal or illegal that I felt it was important to dismiss, even hinting at asking this question.

Data Collection

Participant observation data was collected over a six-month span from January 2023 to June 2023 through Zoom meetings offered by RJ, RR, or reproductive health focused organization and TurnUP. Non-TurnUP events were publicly accessible to any member of the public who wished to attend. Archival data includes messages sent from September 2021 to July 2023 over TurnUP's organization-wide Slack channels. All archived data were messages sent and can be viewed by anyone within the company. No private messages from any two individuals were included.

Data Analysis

I used a naturalized transcription style to capture all the pauses, repeats, and sounds expressed by my participants and to increase the context of when and how the words were conveyed. In order to perform a critical discourse analysis of the interviews I believed this form of transcription would be crucial for understanding the perceptions of health and wellness and individuals developed meaning within social, political, historical, and cultural contexts of around abortion and reproductive care (Oliver, Serovich, and Mason 2005; C. Davidson 2009). It was essential for me to understand when participants qualified their statements, such as pausing and restarting a sentence with "I think". Despite following these words with provocative and intelligent thoughts these informants

often felt the need to ensure that these statements may not accurately represent the world, which reflects previously found data that women often have less confidence about their abilities than their male peers while performing the same in intellectual based tasks (Michalak, Rysavy, and Wessel 2017).

By the end of June, I developed a codebook that I used to analyze my participant observation, archival data, and news articles. I modified the codebook as I progressed therefore, I went over all of the data twice to ensure everything was coded evenly. I used coding and continuous memoing during this process to draw out themes from the collected data. To establish the objectivity of the data and the conclusions I drew from it, I paused my background reading during this time to ensure a grounded theory approach in which I was drawing conclusions from my data and not projecting themes onto the information itself (Shaw 2013). While previous literature and research did inform some conclusions I made, I also wanted to be open to finding new things in my data, especially things that conflicted with readings. I then proceeded to use this same codebook to code my interviews post-transcription. All coding was performed using NVivo due to its ability to run wide statistical analysis with the data and this included storing memos with direct reference to the documents that they are talking about.

During this time, I conducted an analysis of the thirty-six news articles. Then applied the codebook to these articles and memoed on the trends seen between articles and outlets. While coding was focused on individual word choice, memos reflected on how these words constructed meaning. For example, how could two articles with differing bias use the same quote to emphasize different perspectives and ideas? Bias of

these articles was determined using the AllSlides website, however the media analysis and reading of the article was used to determine the author's framing of abortion (2024).

I did this by searching the articles for various things. This includes their inclusion of quotes from either side, which I did to see how what quotes were chosen, by whom, and if articles included more quotes from one perspective or another. Additionally, I counted how many articles shared statistics on 'women's health' to see how these statistics related to how these authors framed the abortion issue. I also searched to see if authors mentioned someone who received an abortion. I did this because I was interested to see if these names or stories were used to help authors frame the debate. Finally, I searched for an counted any instance that referenced the in-utero entity or pregnant person and wrote which term they used. Word choice was essential in my determination for whether the author was using anti-abortion or pro-abortion framing since scholarship has shown the differences in both sides' language (Armitage 2010; Annas 2022). For more information on the data collected during this process please see the appendix.

Theoretical Frameworks

Before the coding process, I read about several forms of discourse analysis and decided to consider using a Foucaultian or critical discourse analysis when analyzing my data and codes for themes. This analysis was essential due to my employment of power/knowledge in which both words and power are linked since what we consider being knowledge only exists within a specific power system that deems these forms of knowledge to be 'true' (1980). When designing and analyzing a study about reproduction regarding political policy and perceptions of access to health, it is impossible to not

include Foucault's theories on power. Furthermore, when talking about abortion, language is a tool used to frame the debate that has political and personal consequences (Lakoff 2004; Janiak and Goldberg 2016; Armitage 2010; Abrams 2012). It seemed natural to use Foucault's theories on power and to examine the language employed by participants in a study focusing on abortion policies and perceptions of health.

During field work, I also read more than just Foucaultian[27] works but other ethnographies that focused on reproduction and books on RJ as a social and academic process. I did this in conjunction with checking multiple news sources every day for current events about abortion care and other reproductive policies. Articles were found by searching the front page for the terms "abortion" or "reproduct[28]". Articles were then quickly scanned to determine if they were related to my topic, such as stories about human reproduction, RJ, abortion policies, etc. If they were, I then read the article to stay abreast on current issues.

As a RJ scholar, it is important to me that this research does not exist within a theoretical academic vacuum. One way I attempted to do this was by contextualizing my data and the conclusions I drew within the current events. While the dynamic nature of abortion care in the United States means that not all my information will be the most up to date or accurate by the time of completion, continual adjustments were made during this project to stay up to date. Additionally, I finalize the thesis by writing about several

[27] I also read Foucault's *The History of Sexuality, Vol. 1: An Introduction* to better understand his theory of biopower and *The Archaeology of Knowledge: And the Discourse on Language* to understand how to better perform a critical discourse analysis on the data I collected.

[28] "Reproduct" is short for "reproduction", "reproductive justice", "reproductive health", "reproductive rights" or any term in relation to this.

social justice informed policy solutions to address the critical gap in care created by the *Dobbs* decision.

For results of the analysis of this data collection, please see subsequent chapters for the emergent themes and my usage of other critical theories.

CHAPTER FOUR: RESULTS #1

Fieldnote Excerpt:

Roxane is my last interview for the day. Her dark hair is messy, but stylish, conveying a youthful, vivaciousness even before she speaks. The aesthetic of her hair matches her oversized t-shirt—also trendy, something you could buy from Urban Outfitters. Also dark, she is almost swimming in it. During the entire interview she continues to stretch, move, and adjust the collar. I try to track when she is playing with it more than normal, but it seems so natural I begin to doubt whether following it means anything and decide she's just an antsy person trying to focus. Roxane identifies as queer South Asian and part indigenous woman living in Texas who uses she/they pronouns. Like many of my participants, Roxane seems to be in a college dorm. I recognize the claustrophobic geography of bed, desk, and closet, the bland uniform wood furniture, and XL twin bed hiked up to its tallest setting for storage. Above her bed is a smattering of what seem like personal photos.

From the distance and angle of her camera it is hard to make out, but from her disposition, it is easy to assume she has lots of friends. Alone in her room and talking to someone she barely knows, I am surprised she does not seem nervous. I surmise this from her inclusion of things like sexual pleasure and personal anecdotes that are outside of the scope of my questions but reveal a vulnerable side to her. Roxane is unapologetic when asking me to repeat questions or explain further. She discusses the role her family played in her development as a reproductive justice (RJ) advocate and activist. She speaks frankly, succinctly, and with deep consideration of her words, often pausing to reflect and

ask if I understood what she is trying to convey. Roxane connects various themes and topics to share her thoughts. Her large smiles and giggles make me forget we have never met in-person. After mentioning the Dobbs v. Jackson decision several times, I ask her how she felt when she learned about it, and how she still feels about that day:

> *I think I just felt like this overwhelming sadness, because it's something that's so above me…but how I felt was like, honestly, fucking awful. That's it. And I literally had to block it out for a long time. Like, I did not get on social media about it, like I did not talk about it either. Like some of its like can you believe it? Like, yes. In America, anything is possible (giggles), including the worst-case scenario.*

Roxane[29] was not the only participant who spoke about the impact the *Dobbs* decision had on their emotions when asked about how the decision impacted their health. While I originally anticipated informants would examine their reproductive health, I was surprised that they focused on the emotional toll of learning or expecting the overturning of *Roe v. Wade*. They described their emotions, as "overwhelming sadness" and "distraught" when proposed this question. This revelation supports the idea that *Dobbs* affected people's mental health.

In this chapter, I argue that the *Dobbs v. Jackson* decision had affected young people's mental health due to anticipated barriers to access abortion care. There were two temporal frames that participants cited distress in, the now and in the future. First, I will examine how at the current time, the *Dobbs* decision stressed participants. Informants cited feeling stress about access to contraceptives and abortion care and about being engaged with the media. This stress about the media I will show worked in a cyclical

[29] For more information on the individuals interviewed, please see the "Summary of Results" portion of the Methods chapter.

manner which made it hard for individuals to take a step back to mend their mental health. While many people may feel overwhelmed by the news, the positionality of being a RJ/RR A&A may make it harder for these individuals to take a break from the news compared to other groups (See Figure 1 for diagram of cycle). Next, I examine how the future was articulated by my interlocuters. There were two dominant ways that anxiety of the future was expressed which I called the *fictionalized future* and the *historical future*. Participants created these imagined futures to ascertain the 'worst case scenarios' that may happen. Despite discussing anxiety about the future through these motifs, every informant was hopeful for the future. This is essential to acknowledge, especially when discussing mental health, because hope and optimism may provide protective factors for mental health distress.

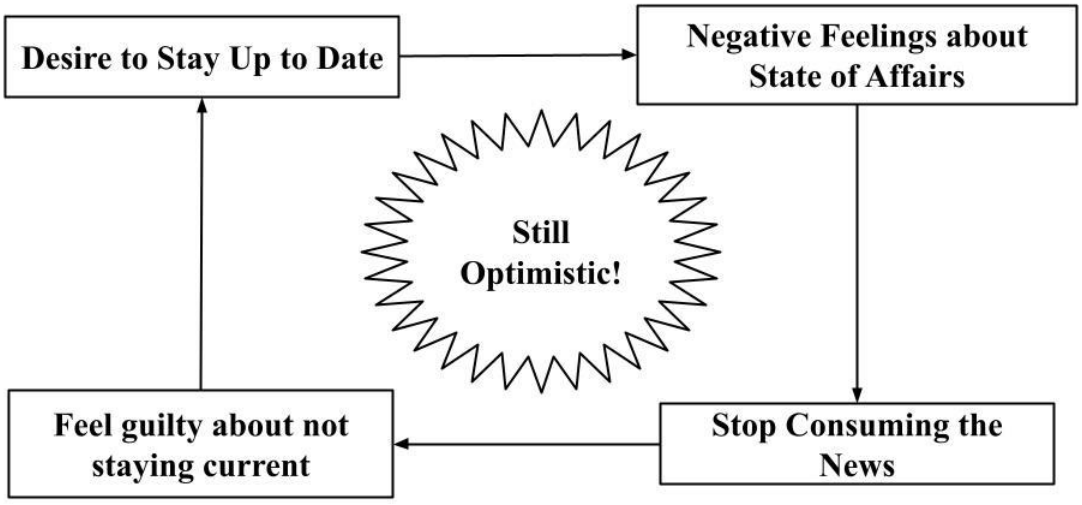

Figure 1. Diagram media distress cycle described in this chapter.

As I will show, Roxane was not the only person who described this distress. For example, Margaret, a White college student in Florida, recalled "when *Roe* was overturned…I was just, like, distraught". Another participant, Angela spoke similarly. A college student who spent school years in a state which lost access to abortion care after-*Dobbs* and summers in one that reaffirmed protections, Angela offered a unique perspective: "I wasn't surprised…And so when the day came around, I was upset. I was pissed off, but nowhere near as much as it was the day of the leak…so much of that emotional process had already been completed on my part." Angela was the only participant for whom the leak represented a warning sign, alerting her that anything may happen. This may be due to her involvement in a Congressional political campaign during that time: "whenever *Roe v. Wade* got overturned, I was in shambles. I was "Oh my god" like, I was just so stressed". Before I even approached *Dobbs*, I asked Roxane how she felt about her activism and advocacy work related to her health and well-being, she sighed, "Living in America is exhausting."

These emotions may be related to trepidation on whether they would be able to access abortion care if they needed it. While no participant said whether they had tried to access abortion care since *Dobbs*[30], many framed the issue as hypotheticals and "what ifs". This was most explicit for my participant Mary. The youngest of anyone I interviewed, she was still in high school. In her discussion of unplanned pregnancies, she ruminated on people she had seen in school who got pregnant. They fell into two major

[30] I decided to not ask this question to help my participants feel safe and comfortable during the interview. Additionally, I told my participants they could also omit to answer a question if they did not want to. I did not want any participant to feel obligated to maybe share information that in certain instances could be incriminating.

categories—those who continued their pregnancies and those who terminated. I never asked Mary if she had a plan or thought about what she would do if she got pregnant, but when I asked if the *Dobbs* decision impacted any healthcare decisions, she framed it to looking ahead.

> *I guess we'll never know in the future if something happens, and we'll see [if] we can fly out somewhere. I don't know what the best solution [or] the safest solution [is] if no one can get it done. And like there's more restrictions on abortion because I know there's like waiting periods and everything like that in Arizona (where she lives). I think the safest one would be to fly out somewhere.*

In addition, these informants related negative emotions to feeling like they now lacked control over their own lives. Mary used the word "control" often when she discussed her inability to access care in a hypothesized future where she unintentionally became pregnant:

> *My major frustration is…if I get myself in that situation, or something happens, then I know that I won't be backed up by anyone and that I could even face jail time...So it's kind of scary that we won't have control in this country over, like what I do or what anyone else does.*

She found it incredulous that people with uteruses "have no control over our bodies". "This is so stupid. We're the ones supposed to be in control of our body," she huffed out after a long rant that followed the question of how she got involved in RJ/RR. She began by detailing her own work in a domestic violence club at school that included reproductive related issues, developing her overall interest in this topic. She ended by venting her frustrations on her advocacy work, the Supreme Court make-up, and the contemporary political atmosphere regarding RJ/RR issues "and I feel like, every time a woman gets something back, she gets it taken away immediately by this country."

Furthermore, interlocuters discussed how the decision not only impacted their hypothetical futures but the overall future of the country: " I never would have thought that would happen. It just kind of made me think, well, what's next?…Like what's being taken away next?" Margaret stated and then discussed their feelings on the overturning of *Roe v. Wade* "And I have just been feeling like society is going backwards." After sharing thing sentiment during interviews, informants commonly dwelled on the overall social, political, and cultural atmosphere that they felt they currently lived in. In the next chapter, I will expand on how uniform feelings of powerlessness were related to their activism and advocacy work. However, it is important to note here that anxiety and fear are not necessarily about the current moment or their own lives. Sometimes they were articulated not only through their own lives but the impact it has on the lives of other people also impacted by the decision[31].

Since the emotional anxiety related to the *Dobbs* decision was expressed through anticipated barriers to care I asked if they made any other decisions to mitigate this anxiety, such as changes in contraception usage. With the exception of one participant, most did not change their method of pregnancy prevention for a multitude of reasons. A few mentioned how contraindications to oral contraceptives or financial barriers to more effective forms of contraception prevented them from practicing "safer" sex. This was unsurprising since a few participants also discussed how their interest and research in RJ/RR expanded into sexual health. For example, for some their exploration into RJ/RR

[31] See Chapter Five for further analysis on this sense of community.

began by trying to understand their own reproductive health. For instance, when I asked Roxane about her sexual education growing up, she mentioned that:

> *I think the only reason I was able to learn more was because I was just like someone that liked to read and listen to a whole bunch of podcasts and stuff…I grew up in the Middle East, [so] the kind of the simple message is always abstinence. And my mom, she didn't really give us like the birds and the bees talk…But that's also like a cultural thing. I think the way my education came with was just like me, going through a lot of like, feminist theory and feminist literature, and it led me down that [RJ/RR] road. And I was always interested in that. And that was just something I like, accidentally stumbled upon.*

Angela was the only participant who mentioned adjusting her pregnancy prevention methods. She shared that her decision to do it was influenced by the *Dobbs* decision and knowing that her state would probably restrict abortion access, despite having thought about it for some time.

Roxane cited adverse side effects to birth control pills led her to using condoms as her primary form of contraception:

> *I cannot for medical reasons take The Pill…Birth control for me was very tough to be on physically and mentally, and so it just did not work for me. It's bad, because I've been very relaxed about the way that I look at contraception, but…I will always use condoms and whatnot…*

While having strong reasons that prevented her from using more effective methods of contraception, it did contribute to her anxiety regarding the hypothetical unplanned pregnancy that participants mentioned,

> *I think because of the limitations that I'm put on, even what kind of contraception and stuff…I've just been afraid…And it's really tough, but I have a lot of worry [about]. I have a lot of fear now when I look at sex, for sure. And I always try to keep the Morning After Pill*[32] *and stuff with me and whatnot.*

[32] "Plan B" pills or "the Morning After" pills are the colloquial name for levonorgestrel, a form of emergency contraception that can be taken the morning after unprotected sex. The name "Plan B" comes from the most popular name brand of these pills. This drug is considered birth control pills or oral

She expanded on how, despite her method of contraception not changing, she "wouldn't have to have thought about this before."

Margaret, who also primarily used condoms, she discussed her inability to access birth control for financial reasons.

> *It is very scary to me. Personally, I've never taken any oral contraceptives. I have one method and…we just pray. I've always just used condoms. Because to me, I think that was the most accessible and easy thing to do. But it is very scary. I do think that if that ever failed me. I don't know what I would do. I don't know if I could do anything. Because I know that I have privileges in some areas, but like on the other end, I'm also low income. And that is part of the reason I never tried to get birth control…I think the main thing is that like, if God forbid, like I did get pregnant, I don't know if I would be able to seek an abortion. Because personally, that's definitely what I would do in that situation…Like, I wouldn't know where the nearest clinic is. I have no idea. But I also know the biggest thing that comes to my mind is just actual, like laws and policy. Especially because I live in Florida. I know we don't have a complete ban, but I know it keeps getting lower and lower and lower…Like, would I find out on time? Would I be able to do it legally, or like, would I be able to travel? Because again, I don't have money like that.*

In contrast, Angela did change her pregnancy prevention method. However, she qualified this decision by claiming that it was something that she was planning on doing, and that *Dobbs* just made it the right time to go through with it.

> *I actually got sterilized last year, in the light of the Dobbs v. Jackson decision.…since I was 13, 14, it's been in the back of my mind that I don't want kids. I don't want to be pregnant. That's never been something that I have really wanted. And, you know, when the decision came out, and sort of realizing that, oh my God, depending on where I live, depending on the political landscape, in months, years, whatever, might be forced to have kids. That was terrifying. And so, I made the decision to have my tubes removed.*

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contraceptives because they prevent pregnancies. However, since Plan B pills are taken after sexual encounters people sometimes view them differently.

I was surprised when she shared this with me unprompted. When I asked her questions about her decision, she framed it positively. Angela explained how she thought as a young woman she would struggle to convince a physician to perform the operation. However, she was happily surprised by the support her OB/GYN provided her. Calling the surgery "the best decision" she could have "made for herself", this choice can be seen as an exertion of bodily autonomy and a way to relieve stress related to *Dobbs*. Angela also spoke about her stress levels and how she was diagnosed with a generalized anxiety disorder before the COVID-19 pandemic, and how the *Dobbs* decision amplified her anxiety.

In contrast to Angela, those who were not able to change their birth control methods for a multitude of reasons reported increased levels of distress. This distress appeared to come from the knowledge that the inability to transition to a more effective contraceptive may put them at more risk for an unintended pregnancy, one that they could not or may not be able to end due to anti-abortion legislation. For both Margaret and Roxane conversations around contraceptive changes were directly tied to preventing unplanned pregnancies and the potential struggle to get an abortion. This aligns with previous research that contraceptive usage reduces stress (Johnston, Courtot, and Kenney 2017). The anxiety reduction function of contraception is especially apparent for individuals experiencing other forms of stress or those who have lower levels of mental health (Hall et al. 2015).

Despite there being a multitude of contraceptive attributes[33] that contribute to a person's contraception decision, these participants overwhelming discourse about *Dobbs* made it unsurprising that they tried to or made family planning decisions in light of the legal ruling and a political atmosphere that threatens abortion access (Madden et al. 2015; Mann, Chen, and Johnson 2022). While some people using birth control may not have been influenced by changes in U.S. policy, the hypervigilance of reproductive politics due to their activism and advocacy work may contribute to this population re-examining their family planning decisions. Moreover, not until recently has contraception been politicized the way abortion has (Manning 2023; Kenen and Ollstein 2022; Messerly 2023). Therefore, persons not involved in RJ/RR work may not have seen the connection between the two issues. In other words, these individuals may not have thought that abortion politics could have impacted their contraceptive usage. This may be because, this population may neglect to see or understand how contraceptives are connected to abortion care in reproductive politics (Douglas 1965; Salganicoff and Ranji 2023; Minow 2023; Mihic 2023).

Overall, this finding supports other research on how the *Dobbs v. Jackson Women's Health* decision impacted contraceptive decision-making, including how important the ruling is to contraceptive choice (Hennessey et al. 2023; S. Gupta, Perry, and Simon 2023; Datta et al. 2022). My findings reconfirmed this scholarship, that there is an increasing preference for more effective forms of birth control after the decision

[33] Elements of contraceptives that people consider when deciding what forms of birth control, they use. These include safety, affordability, and efficacy to name a few (Madden et al. 2015).

(Mann, McLennan, and Broussard 2024; Thornton and Arora 2023). However, some articles have also shown that there is a gap between these preferences, and the ability to make changes to one's contraceptive usage (Kavanaugh and Friedrich-Karnik 2024; Wallsten, VanSickle-Ward, and Hayes 2024).

These findings includes an increase in requests or abortion medications for future use after the *Dobbs* decision (Harris 2024). Further inquiry could be beneficial in understanding how to mitigate anxiety over unplanned pregnancies, especially in areas where abortion access is restricted. It is also pertinent to point out here that both Roxane and Margaret live in states where access to abortion is limited and policies limiting access to contraception also exist (The New York Times 2024). Therefore, they may be thoroughly considering ways to prevent the hypothetical unintended pregnancy compared to others who live in states where they still have access to abortion care.

Media and Mental Health

In this section, I unpack the role that the media played in the mental health of RJ/RR A&A after the *Dobbs* decision. I explore what types of media these individuals consume. Then, I expand on how they described the media and why these feelings appeared to arise. I explore how these feelings regarding the media along with their identity as A&A facilitates a negative cycle that leaves them in perpetual distress on abortion politics. This section ends by examining how the one person who used a different form of media also felt it influenced their mental health, but in other ways.

Five out of the six interviewees used traditional major news outlets[34], such as the *NYT*, *Reuters*, and *FOX*, to learn about current events. This differs from current data that shows that this age group uses social media to get their news on a variety of different subjects (Edgerly 2017; Liedke and Gottfried 2022; Galan et al. 2019). This discrepancy may be attributed to an interest in politics. However, it is more likely that it has to do with a felt need to find "reputable" information, as Alice put it. Alice, a straight White college student in Washington state used the term “accurate” to describe the sources she gravitated towards. She said she wanted to read ones that contained “facts.” The perceived ability to trust played a role in what news sources were read, watched, or listened to.

While nobody spoke about their processes of determining what made a news outlet accurate, all the participants who used these types of sources spoke openly about the role of their education. They mentioned how their college courses introduced them to RJ/RR and facilitated their education on current policies. The sources their professors shared with them played a role in whether certain outlets were deemed credible. These experiences influenced their news habits. Alice, for instance, discussed how she asked her professors for recommendations on where to get her news.

It is essential to note that many individuals also discussed commonly reading or watching certain news outlets to ascertain how one side constructed abortion. Often these outlets were right leaning according to AllSlides, a website that discusses and rates bias

[34] Traditional major news outlets are outlets, such as television and newspapers, that existed before the internet that are considered widely recognized according to a Pew Research Center report on news consumption (2014).

in the media outlets (AllSlides, 2024). For these outlets, the logic behind reading them ranged from staying up to date to finding out facts. These news sources projected biases that differed from their favorites and contradicted their own beliefs. For this reason, the goal in reading these articles was to see how people who held anti-abortion beliefs articulated certain positions. When assessing these outlets, accuracy and facts were not mentioned, but rather honest portrayal of anti-abortion sentiments. As Angela put it, "I will occasionally indulge in whatever *Fox News* is saying just to be aware of the other side of the aisle".

While the goal of staying abreast of current issues was to be informed, participants did not speak about how reading the news made them educated on abortion issues. Alice characterized reading the news as "overwhelming" or like a "double-edged sword". Toni referred to it as "heartbreaking sometimes, and sometimes heartwarming." Angela delved into how the media dictated her stressors:

> *I realistically know that listening to the media is not healthy. And I should not allow it to have that sort of power over my life. And yet, I am not a perfect human, and I am not good at necessarily having that complete separation of anxiety…it influences what I stress about.*

For her, the media, while not the origin of the stress, amplified the feeling. When Roxane was asked how being overwhelmed by the news impacted her, she said "if you start looking at it for too long, it's gonna drive you insane". All these quotes articulate some of the negative feelings from the news. However, it was not just the events in the news that facilitate these emotions. Rather there were three main things that led to this distress: 1) the "grotesque" policies themselves, 2) reading both sides and biases on the

issue, despite being articulated in a distasteful manner, and 3) the constant need to stay up to date.

“Sometimes the news is like, “Hey, there's a new abortion ban” in whatever state, and it's more grotesque than all the other ones that have come out so far. And it's like, wow, that hurts,” exclaimed Angela about the news. Compared to the other participants, Angela was the most descriptive in her conversations around policies and expressed the most extensive knowledge on the current political debate around abortion. Her intimate knowledge of politics from her work experience may amplify her distaste because she knew how policies that she opposed could negatively impact her health. Even a course of action which others have framed positively, her experience in politics may have allowed her to understand how beneficial policies without "teeth" are ineffectual. Therefore, for her, it makes sense that not only what a policy stood for, but it's implementation and quality could influence her mood.

Similarly, Toni, a recent college graduate and Vietnamese immigrant living in Minnesota who also works in politics, said, “I do think it is very frustrating to see certain news outlets publishing something that is contradicting my belief”. Others also commented on the practice of reading news sources that shared opinions outside their own. While some like Angela tried to focus on the more “palatable” options, despite these news stories holding a bias that disagreed with their own. Others, like Toni, found opposing views “interesting”. Toni’s comment sums up how they may have internalized the difference in opinion as an attack on their autonomy. Since these individuals spoke passionately and openly about their work for RJ/RR, it is understandable that when

articles contended that they should not have control over their own bodies, it negatively impacts their mental health.

Finally, the pressure to constantly stay current with the news amplified stressful feelings in conjunction with the news. All participants obtained their news digitally, through their cell phones and computers. Hence, they had easy access to massive amounts of information. However, the fluctuating dynamic of abortion policies made abortion a consistent news story. In the last year, a multitude of abortion policies have been proposed, passed, rejected, overturned, reaffirmed just to name a few things that happened. It is therefore unsurprising that some participants like Alice found this to be "overwhelming" to keep up with.

It is important to note that research shows that that many individuals feel overwhelmed and stressed by the constant access to digital media (Mannell and Meese 2022; Jain 2021). These negative feelings associated with the news, have been of particular concern since the recent COVID-19 pandemic. However, the cyclic nature of stress may not be evident in all groups. My study participants explained that their positionally as RJ/RR A&A led them to stay up to date, despite the negative effects. Others who do not identify as A&A may, in contrast, may be able to take a break from the news or media without feeling that guilt.

Alice, Angela, Toni, and Roxane all discussed the importance of taking breaks from the news for their mental health. Both Toni and Roxane described it as a form of tolerance, like there were some frustrations they could take, but there was a limit to it. Toni called it a "capacity…to process" when discussing when she took breaks. Once she

hit her limit, it was time to take a break. Roxane described it temporally rather than by dosage: “I can't take all of this at once.” While there may be differences in the ways each participant articulated their limit, or how many opposition articles they could read before they reached their ceiling, all these individuals did reach a point where it was necessary for their mental health to step back.

Most participants discussed the benefits of taking a break; however, others felt like this aggravated their mental health. Some participants like Alice sensed that part of their role as a RJ/RR A&A was to stay informed. They explained it was important so that they could have open discussions on abortion and to express to others their commitment to this issue. Therefore, these participants became stuck in a cycle of poor mental health in relation to the media—one which begins with them wanting to learn more, followed by being upset with what they read or watched in the media. These negative feelings caused them to take these breaks to preserve their mental health. Then while they were paused from staying up to date, they began to feel guilty for not staying informed, which caused them to come back to consuming the sources that deteriorated their mental health in the first place.

However, it was not all bad. Some participants like Toni expressed conflicting beliefs about the media. While they discussed the detriment it could cause to their mental state, they also expressed how they felt it mitigated feeling like they lacked control over their lives. “I just like knowing more. Having more information makes me feel a little more secure. Even if it's like negative kind of news,” Toni said before calling the media “heartbreaking.” This phenomenon has been found in many individuals when facing

serious health conditions. Often, they use information to alleviate feelings of stress and anxiety in relation to their condition (Ziebland et al. 2004; Slevin et al. 1996; Ridgeway and Mathews 1982; Michie et al. 1996). Thus, it is not improbable that in this situation, some participants, especially A&A, also use following the news and research to deal with the stress of living in a country without abortion protections. At the same time, this process of following the news causes them more stress.

While most of the participants discussed how their mental health was affected by traditional major news sources, Mary, the youngest participant, cited using only social media to learn about current events. Similar to others, she also spoke about the negative impact of the media. She preferred social media sites like Instagram and TikTok, since they succinctly shared information that she deemed important. However, her feelings were different than for those who primarily used other sources. The interpersonal nature of social media was at the forefront of this participant's struggles with social media. While other participants were able to digest their news without hateful comments, social media was a minefield for Mary, who was bombarded with vitriolic commentary when she was on social platforms looking at RJ/RR issues. She focused on how these comments affected her rather than the policies themselves:

> *I feel the…like a lot of people are posting the same thing. And then there's this one person that posts something stupid. It obviously means that they're not caught up with the news…But even if someone posts something disrespectful like…one of my friends posted, "Fuck women, it's their fault. They're such sluts" or something like that. They don't post a face. It was just like a black screen, just a screenshot on their [Instagram] story. And I'm like, well, I'm definitely unfollowing you.*

When I asked her how she felt about these remarks she responded "I feel like it makes me upset. I feel with the whole thing going on, obviously those feelings are there." These were not just silly comments shared on the web. The language itself is designed to be antagonistic as represented by the lack of accountability by posting a black screen. While this person may have these feelings, they may believe these sentiments would be unpopular and hurtful, so they remove any identification markers from the message.

In conclusion, whether through social media or traditional major media sources, the media facilitates negative stress and anxiety about reproductive politics. This finding is concerning, as more research has consistently shown that this age group (18-24 years old) has significant mental health struggles, ones that have been amplified by living through a pandemic (Czeisler et al. 2020; Reese et al. 2022). According to a recent report released by Harvard University's Making Caring Common Project, young adults are twice as likely as teenagers to say that they struggle with anxiety and depression (Weissbourd et al. 2023). Additionally, females tend to report higher levels of symptoms of depression and anxiety compared to their male peers (Zhang, Walkover, and Wu 2021). These feelings may contribute to the higher incidences of nonfatal suicidal behavior[35] among this population as well (Pesta and Peralta 2021). Furthermore, research coming out of the recent COVID-19 pandemic has shown that negative news stories increase symptoms of certain mental health conditions such as anxiety and depression (Strasser, Sumner, and Meyer 2022; Greenhawt et al. 2021).

[35] Suicidal thoughts, behaviors, and attempts that do not end with the death of the participant (Jena and Sidhartha 2004; Pesta and Peralta 2021)

While many have discussed the implication of the *Dobbs* decision on pregnant person's mental health, future research is needed to ascertain the mental health toll on other populations impacted by this decision (Londoño Tobón et al. 2023).While this relationship has been hypothesized by individuals such as The American Psychological Association president, due to the novel nature of the decision, there is lack of research on this topic (American Psychological Association 2022). Further, certain racial and ethnic groups are even more at risk. Black persons have worse mental health but less treatment and higher rates of abortions within the U.S. (Nguyen et al. 2022). Worsening mental health of Black persons is estimated to be due to experiences of racism within their daily lives (Nguyen et al. 2022). Amplified by their experiences of racism and violence during medical encounters, this community and others like it are at higher risks for potentially harmful mental health disorders in the advent of this decision (B. A. Davis 2020). Additionally, as this section displays, there is reason to believe that interrelationships between news about punitive reproductive policies and anticipated barriers to care can negatively impact the mental health of people that can become pregnant.

A Period of Mourning

Here, I examine how the *Dobbs* decision prompted a period of mourning among my participants. For them, this moment existed as the pinnacle of what was going on politically and culturally within the country. Following a period of "mourning", individuals began to look toward the future and into the past to see what will happen moving forward. Reframing the issue toward the future is essential for the adaptation of RJ/RR positionalities. This cognitive reexamination is pivotal because as RJ/RR A&A,

they began to not only see the potential worst case in the future but began to see hope within the rubble.

"The day of the leak…I don't want to assume anything about your social circle. But in my social circle, that was the day we started mourning *Roe v. Wade.*" Angela added when I asked her about her experience learning about *Dobbs v. Jackson*,

> *Like by that point, we knew that it was done. And so, I think that was in April or May, late April, early May…And so that gave me like a whole extra month and a half of processing to be like, okay, this is what the country is going to look like. This is what is going to happen. And so, it was a lot of talking with friends and family and… being not even productive…It was just a lot of personal, like, therapy outside of therapy. It was a lot of just trying to sort of come to terms with things.*

As I previously mentioned, Angela was the only one who spoke of the leak. However, her description of it was something that many touched upon. Because the *Dobbs* decision was about abortion, a highly 'personal' decision, feelings during this grieving period around *Dobbs* felt personal as well. Roxane described the aftermath of the decision as "awful," and Margaret shared how she shed tears after hearing the final decision. This emotional outpouring is a common experience. Many of the images of protestors outside the Supreme Court who were waiting for the decision, convey the emotional toll on both sides of the debate. As one *SkyNews* article put it, there were "tears of joy and despair" shared outside the Court that day (Pike 2022). However, what those articles miss is the length of this emotional toll. Periods of despair and distress as described by participants lasted longer than the moments after hearing the *Dobbs* decision.

Roxane shared the most about this period. She described it as a time of "moping," where she was nihilistic feeling saying that "nothing matters now". She also described

retreating into herself. During the isolation phase, she stayed inside and refrained from checking social media. This sorrowful chapter included the emotional processing as participants reflected on the decision and themselves. Participants grieving of the loss of bodily autonomy may be why they first conceived of the issue in relation to their own health before relating it to other individuals. While Roxane did not use the term bodily autonomy in her interview, she described her distaste of "someone telling me what to do, what they think is best for me" regarding reproductive decision-making. The ability to make decisions for one's health without external influence is commonly known as bodily autonomy and is considered one of the most fundamental components of healthcare within the U.S. (J. Lewis and Holm 2023; Herring and Wall 2017; Hill, Houghton, and Keogh Hoss 2023). It is therefore unsurprising that participants, when understanding that the *Dobbs* decision removed their bodily autonomy, found this to be egregious and mourned their loss.

The Fictionalized and The Future

One major concern about bodily autonomy outside of abortion care was the right to contraception. Many interlocuters, after grieving the loss of a fundamental right to abortion, began to refocus from the current to the future—specifically, a future where other rights might be revoked. Or, as Margaret said, "what's next to be taken away." Multiple informants expressed concern that the next right they would lose access to contraception. This fear may be because of Justice Thomas's concurrence [36] in the *Dobbs*

[36] It is important to note that one of the central cases that also uses the same reasoning of the Due Process clause protecting the right to privacy is *Loving v. Virginia*, 388 U.S. 1 (1967), which Thomas omitted in his discussion. This case prohibits any laws banning interracial marriage. Ironically, Justice Thomas, a black

v. Jackson ruling, in which he mentioned that the court should re-examine *Griswold v. Connecticut* (1965), along with two other cases, *Lawrence v. Texas* (2003) and *Obergfell v. Hodges* (2015) (Alito 2022). *Griswold* and *Eisenstadt v. Baird* (1972), which are also mentioned in Alito's majority *Dobbs* opinion, are Supreme Court cases that protect the right of an individual to use contraception. However, the extent of the protections in these cases recently were questioned in a different Supreme Court decision, *Burwell v. Hobby Lobby Stores, Inc.*, 573 U.S. 682 (2014). Many of the same Justices in the current court ruled in 2014 that companies who provide health insurance for their employees do not have to cover contraception within their policies (Alito 2014). It is therefore reasonable to ascertain that contraceptive access may be "what's next".

This was just one way the perspective shifted to what lies ahead. However, this temporal shift was complicated by what some participants felt was a reverting back in time. In a sense, the future was imagined as an attempt to revert to the past. Margaret made the most comments about this phenomenon. What Margaret and her peers were trying to describe was the opposition's projection of a future reminiscent of an idealized past. For example, take President Donald Trump's 2016 campaign slogan: "Make America Great Again". This slogan assumes there was a time in America's past that was "great". Some speculate that this "golden era" that he meant was the 1950s (Steinhorn 2022; J. L. Campbell 2018). While America did achieve economic prosperity during the 1950s, those who idealize this era forget that for those who were not White, middle-class,

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man, is married to a White woman. If included in this case here, he would be admitting that he believes the Constitution does not protect his own marriage.

able-bodied men, the 1950s was not so spectacular (Rowley 2021; Reyna et al. 2022). This is why many scholars would argue that the *Mad Men*-esque mental imagery that this bygone era conjures up is a falsehood (Sear 2021; Braunstein 2021; Bonikowski and Stuhler 2022; Cowe 2022)

Therefore, while cultivating a new future, these individuals were in a sense trying to recreate the past or 'moving back in time'. To describe the experience of the future being a struggle for progress or tradition, they equated this to the dystopian novel, *The Handmaid's Tale* (Atwood 1985). Novel turned television show,[37] the book details a future America which has been overtaken by Christian social conservatives. Gilead is the new patriarchal totalitarian theocracy that replaces the United States. In this society, fertility rates have dropped, and fecund women are forced to become handmaids or birthing vehicles for the rich, white, and powerful. Atwood wrote the book after seeing the backlash of the feminist movement in the 1970s and the rise in the Christian Right during Reagan's run for president in the 1980s (Stuart 2021).

Some scholars have also discussed this mirroring of fiction and reality through the lack of distinction between church and state and the encroaching power of conservative Christian doctrine in American law surrounding the abortion debate (Coleman 2023; Skidmore 2023). It is important to note that previous research after *Dobbs* found that people often mentioned this piece of fiction when discussing RR and abortion access in the U.S. (McDonald and Andalibi 2023). Additionally, protestors during many of the

[37] The TV show was released in 2017, a year after President Donald Trump was elected with large support of the "right to life" movement.

Supreme Court cases involving reproductive rights have donned the iconic red cloak and white bonnet that the handmaids in the book are required to wear (Hauser 2017; Jordan 2022; Martinez 2022; Logan 2022).

However, many intersectional and RJ A&A have criticized these comparisons and forms of protest for their "white feminist" approach. They argue that *The Handmaid's Tale* and protestors who perpetuate the novel's imagery are White feminists because of their universal approach to feminism and view of reproductive oppression (Niccolini 2018). By this they mean that *The Handmaid's Tale* perpetuates white feminism's idea of reproductive oppression. It neglects how reproductive oppression may differ for people of color, differently abled people, LGBTQIA+ people, and individuals within other marginalized communities. This book idealizes white feminism's goal and abandons intersectional themes of justice because the only form of oppression depicted is forced birth. It neglects to acknowledge in its satirical representation of the U.S. that certain bodies are discouraged to reproduce (Neville-Shepard 2023). White feminism and feminists fail to recognize how reproduction is stratified. While certain bodies are encouraged to reproduce while others are prevented from doing so.

People who adorn red cloaks and the A&A who describe their concerns using this imagery are both imagining a fictionalized future. In comparison, RJ protestors attempt to foretell not only how the *Dobbs* decision impacts White women's future but those who are ignored by white feminism. For my participants who self-identified as RJ A&A, their fear was not of a fictionalized future, but they feared a future that brick by brick, was a rebuilding of the past.

Motivation and Hope

The fear of the future was essential for cultivating newfound motivation to begin or continue fighting for RJ/RR. "I feel weird saying it motivated [me], because it's just like such a shitty thing that happened…But in a way, it's urgent. It makes the work…now it's more impactful" Toni mentioned when I asked how the *Dobbs* decision impacted her RJ/RR activism and advocacy work. Every participant shared how the decision made this work more compelling but what drove them to activism or advocacy. For example, for Alice, it led her to create an open-speaking forum to discuss RJ/RR on her campus.

Similarly, Angela and Roxane considered how *Dobbs* influenced them to continue protesting and attending RJ/RR focused events. Margaret mentioned how the decision increased her interest on the issue and led her to explore more classes on RJ/RR. Mary considered the decision to be central to her choice to study law in college. Every informant also, all implicitly or explicitly discussed how it spurred them to join TurnUP Activism. Many considered their time with the organization to be an example of their activism and advocacy work within the RJ/RR movement. During their internship, they were able to use the organization's resources to explore these issues or to build better skills as A&A. While many of my participants considered themselves to be novices within the RJ/RR movement, it did not stop them from becoming active members within their own communities or to engage with RJ/RR more thoroughly.

Within this experience they had highs and lows, the lows being experiences of "burnout" or disenchantment with the system while they still maintained a RJ/RR friendly future. Roxane and Angela spoke the most about the impact of burnout. This makes sense

considering they were also the only two whose RJ/RR work extended back before the overturning of *Roe*. Burnout was described as a major frustration. Roxane believed it to be common among A&A. While frustration and burnout impacted mental health, it differed from the distress and anxiety. Participants mentioned few ways to mitigate stress and anxiety about the situation. However, the ubiquity of burnout among A&A provided relief for those feeling disenchantment. Additionally, the communal nature of these emotions functioned as a form of group cohesion, as research has shown that shared feelings foster a sense of community (Munro 2021). Compared to the overwhelming feeling of stress, participants perceived frustration and burnout more as an annoyance or burden that could be dealt with. As Roxane put it,

> *I am constantly frustrated by the legislation. And truthfully, a lot of days, I just feel like, okay, this is just not it…being involved in activism and that kind of work, sometimes you just get burnt out. And I definitely feel that…there are a lot of individuals that feel the same way that I do. And that's kind of like, what gets me motivated to keep doing.*

Like Roxane, Angela's burnout or "funk" as she puts it also was precipitated by events that frustrated her.

> *I'm sort of in a funk. Like I yeah, I know getting people registered and getting people educated on the issues and going to rallies and all that stuff helps, but it feels so monumentally [long pause] ...It's such an uphill battle. That like, how does getting an extra person registered to vote help overturn terrible Supreme Court precedent? How does getting someone registered in a predominantly blue state, Minnesota, help the people in the state that I go to school, Iowa, get reproductive justice? Like, it's really, really hard to personally stay optimistic in that line of work.*

Despite these periods of burnout and frustration with activism and advocacy work within the RJ/RR movement, when I asked them whether they still had hope, every single participant said yes. While they were concerned with the potential of what could happen

or movement toward the worst case-scenario, many felt that this future could be avoided. Hope, as many described, made individuals able to continue to stay as A&A despite the current political climate. Regardless of a uniform hopeful perspective, there were a variety of reasons that made them feel that way. Participants cited their generation's large support of a variety of social justice issues, including RJ/RR, as reason to stay optimistic. Additionally, moments where interpersonal relationships were fostered through their activism played a central role. For example, Roxane considered situations in which she was able to use her knowledge of RJ/RR allowed the participants to offer support and aid to their friends and family as hopeful. Finally, Angela also mentioned seeing countries in Latin America create their own RJ/RR movement, known as the "Green Wave" as a reason to be optimistic. For her, this showed that countries with restrictions on abortion can always become more accepting.

While in the next chapter I will discuss more about the role of being an A&A for these individuals, it is important to mention that this hope may also prevent some of the negative impacts on participants' mental health. Research on young adults, hope, and mental health has shown that being optimistic reduces the risk for suicide and is associated with overall better mental health (Griggs 2017). In fact, hope is considered a better predictor of one's mental health than a diagnosis of a mental illness (Venning et al. 2011). Additionally, hope and personal agency are considered to be inextricably linked when talking about mental health. Feeling hopeful and optimistic while also having the agency to create a positive future has the greatest benefit on one's mental health (Gallagher and Lopez 2009). As A&A, these individuals attempt to influence the world

and exhibit their own agency. Therefore, in conversations around mental health with RJ/RR A&A, it is essential to consider hope as a mitigating or coping factor that can contribute positively to mental health outcomes.

Conclusion

In this chapter I explored how the *Dobbs v. Jackson's* decision impacted young adults active within the RJ/RR movements' mental health. Concerns for the present and future dictated how and what these people felt about these issues. When harping on the present and the future worst-case scenario, sullen voices, long pauses, sighs, and signs of exasperation were expressed along with recollection of intimate feelings and emotions of fear and anxiety. A multitude of factors were communicated in these moments such as access to contraception now and in the future, barriers to abortion care now and in the future, and the media's representation of political debate and culture around abortion. However, not all is lost. While concerns about the future fluctuated mostly related to the worst-case scenario, that did not mean that participants felt that these futures were inevitable. Hope and optimism for a future that grants more rights propels participants not only to be A&A but offers potential protective factors in an overall negative mental environment for these young adults.

It is thus, essential to discuss mental health when ascertaining the impact of *Dobbs v. Jackson*. While much of the scholarly work about the decision and health have revolved around reproductive health, there is clearly a need for further research into this phenomenon. I was surprised by the fact that my participants recognized mental health in questions relating to their health and the *Dobbs* decision. While it was not my intention to

discuss mental health with these questions, I was astounded when my questions elicited this type of reaction and how outspoken my participants were on a potentially stigmatizing topic. Furthermore, these conversations present current points of concern since data presented in this chapter supports that the decision contributed to worsening mental health in a population that already has high levels of mental distress. Future research is needed to address the intersection of mental health and reproductive health care access.

CHAPTER FIVE: RESULTS #2

*Fieldnote Excerpt**:***

Angela was my fifth and longest interview. Her vivacious presence burst on my computer screen as she shared her thoughts. She was the only participant who punctuated her thoughts with my name. Often referencing us together like a team— us against the world— despite this being our first meeting. As we spoke, she was laying on her bed in her parent's home in Minnesota, a midwestern state with many abortion protections. However, she spent most of her year in college in Iowa. Iowa in comparison, has been trying to restrict abortion since the Dobbs decision (New York Times 2024).

Angela's over all attire was casual. Her white-blonde hair was thrown in a messy bun and her blue eyes were framed by turquoise glasses that matched the walls behind her. She wore a sweatshirt with the name of the college she attended on it. But it was not just her appearance that showed she was relaxed. She moved around the white twin bed as we spoke, sometimes laying on her stomach with her feet in the air like we were friends sharing details about our day in an early-2000s rom com. Angela was one of the few participants who named theoretical influences. During our interview she listed important elements to RJ issues from intersectionality to capitalism. She ended these thoughts with community and opened about her sadness about how many people were apathetic to the world around them. I asked her to expand on how she felt community related to RJ and why she felt it was an essential component of the movement:

> *As someone who believes in the abolition of [the] system of oppression and the current status quo, I think the only way to do that is through collective action. And so, engaging with your neighbors, your friends, your co-workers, your family*

> *members, that is how you get that network of people that are going to be fighting with you to make positive changes for all of you…And [you can] fight a social justice issue that impacts you personally. Or you can fight with someone else, but ultimately, those are going to go forward to make an influence that is beyond any one of those two parts…They both work together to impact the community as a whole…But this is too big for any one of us…no one person is going to be able to make that change. And so, community reliance is really important. And the last thing that I will say is I think a lot of the lack of compassion within American spaces specifically, but overall in the world, is just sort of a lack of understanding and empathy and reaching out to people that you don't necessarily know or understand…Like, [we] live in a racist, misogynistic, xenophobic, insert other -isms and -phobics here…Your focus cannot just be on yourself, or the people that share experiences like you. So, community becomes really important. In that case, you have to explore people that aren't just you, and figure out what's missing for all of you.*

In this chapter, I focus on the politics of abortion in relationship with other social justice issues. The participant observation data I collected expressed the nuanced and tangled network of SJ issues, with informants connecting abortion to other contemporary issues important to them like book bans, climate change, and class struggles. Based on the narratives participants shared with me, I contend that despite the desire to have agency and autonomy over contemporary abortion politics, most A&A felt disempowered by U.S. society and politics. This experience led them to recognize this issue outside of themselves and to see how it impacted their community which motivated them to biosolidarity and collective action.

I argue that a RJ framework, not *RR*, facilitates an interpretation of the socio-political atmosphere where all SJ are inherently related to each other through the recognition of a unified form of oppression. Hence, everyone involved in an SJ movement is connected by participating in a fight against the same enemy: white-supremacy capitalist patriarchy. RJ's intersectional approach and its focus on a justice-

oriented platform allows for us to understand our ability to reproduce. Situating abortion within this larger framework allowed A&A to identify forms of structural power tied to neoliberalism and capitalism and distinguish how justice differs from rights in terms of structural factors. Based off my interview with Angela where she called the oppressor a "hetero-patriarchy capitalism", I applied bell hooks's theory of white-supremacist capitalist patriarchy to name the source of power and oppression in American society (hooks 1981). Recognizing structural forces as the relevant overarching societal ills was essential for respondents to understand how an issue of abortion, often perceived as related to individual agency or autonomy, necessitates collective agency to alleviate this and other societal issues tangentially related to abortion. This collective agency manifested through biosolidarity for RJ/RR goals, in which shared biological traits of being able to become pregnant drew people to the RJ/RR movement and led to their advocacy or activism work. Additionally, the overall SJ work was often posited in interviews as a generational project that challenged contested understandings of democracy.

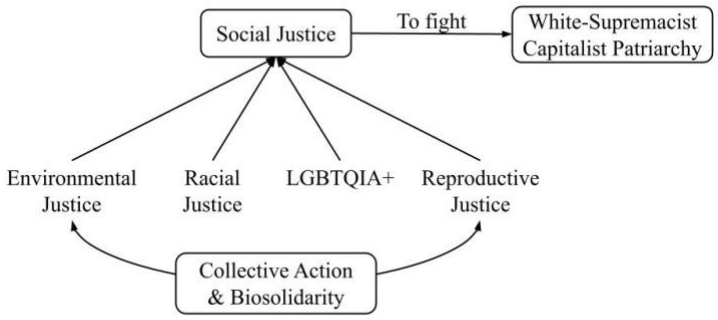

Figure 2. Diagram to show how biosolidarity and collective action are used in SJ work to fight white-supremacist capitalist patriarchy.

The Wealthy, The White, and the Neoliberal

One part of this system of oppression is the role of capitalism and neoliberalism. As I mentioned in the Background chapter, neoliberalism is a political and economic philosophy that believes in the strength of the free-market, reduced government oversight, and increased privatization ("Neoliberalism" 2023). In comparison, capitalism is the economic system run by free markets (Boettke and Heilbroner 2023). The biggest difference between the two is that neoliberal ideologies postulate that social ills are private matters and best treated as such, while capitalism makes no attempt to discuss these issues. Neoliberalism therefore stipulates that individuals themselves are responsible for dealing with poverty, homelessness, and health care inequities, not the government. While other private citizens and organizations may help, people should not be self-reliant on these groups. A capitalist system, like we have, projects a neoliberal philosophy. While two different terms, they discuss related yet distinct ideologies. However, my participants use them interchangeably. To clarify this, I will use the apt terms to discuss what my informants are describing. But sometimes when quotes use the word "capitalism" subsequent discussion may be related to neoliberalism since what they were describing is neoliberal attitudes rather than the free market system.

> *I really truly believe that selfishness and greed are learned traits based on the systems that we have given power, namely capitalism, but any sort of system of oppression works to foster that animosity between different people,*

Angela spit when I asked her to explain why American culture is so individualistic or "selfish" as she put it. Ironically, her distaste is not for the individual here but a "culture of individualism" she identified as it related to capitalism. For Angela, neoliberal focus

on individualism is one way that this system became “broken and flawed” with no “redeemable” qualities.

Themes of individualism permeated participants' comments about abortion politics and its intersections with neoliberalism. These remarks included mentions of ‘pulling oneself up by their bootstraps’ by Angela and Roxane. In addition, they attempted to unpack why America’s obsession with individualism and who this system benefited. Often conversations on individualism tied back to capitalistic ideals and concepts of individual responsibility. However, participants also mentioned that those in power benefited from maintaining the “status quo”, as Angela put it.

Roxane and Angela both agreed that those who benefited were the uber wealthy. Angela called them the “Elon Musks” and “Mark Zuckerbergs” of the world and Roxane referred to them as “wealthy One Percent”. “One percent” refers to individuals who are the top 1% of earners. However, Angela also implicitly touches upon something that Roxane expanded on—that money is not the only form of power and privilege. “In a bigger sense,” Roxane explained, “power is always given to White men, and then White women, and then men of color, and then women of color at the bottom. And then that's not even including trans folks.” Race, gender, sexuality, and able-bodied all are forms of social capital that contribute to the degree of influence one has within and over society. Roxane is hinting at how these attributes create intersectional identities and forms of privilege and oppression that are not always the same between people.

Roxane's obsession aligns with existing RJ scholarship and RJ A&A's critique of the RR movement (Ross and Solinger 2017; D. Roberts 2015). Specifically, that

intersecting identities leads to differing combinations of oppression and privilege (Crenshaw 1991). What Roxane lacks in her listing of groups from most powerful to least powerful is a description of how interdependent structures of power facilitate this power "hierarchy" as Angela described. Many intersectional scholars, including RJ ones, are critical when people reduce intersectional theory it to unique identity combinations. This concern comes from the fact that these disparities are not derived from the identities themselves but the infrastructure that creates inequities based on identities (Meghani 2024; Ken and Helmuth 2021; Ross 2017). However, both Angela and Roxane, as seen from the quote above, heavily consider identity and neglect to describe how systemic racism, sexism, etc. makes these populations vulnerable. Their inability to connect the how and the why may be because popular discourse heavily focuses on identity which forgets to acknowledge that social structures cause these forms of privilege and oppression and not the identities themselves.

While all identities are important in understanding intersecting forms of oppression, class plays a particularly important role because in a white-supremacist capitalist patriarchy capitalism is at the root of all oppression. This was emphasized by my informants who often attributed their own privilege or marginalization to class or income status. For example, Margaret mentioned how her low-income prevents her from accessing birth control pills. In comparison, Angela articulated her privilege by saying she came from an “upper middle-class home”. Therefore, class and income, which are distinctions in our capitalist system, are determinants of privilege and how individuals can navigate the reproductive health system.

This finding aligns with RJ's focus on access. While I will explore this in more detail in the following chapter, RJ's focus on access brought up conversations on barriers to abortion care. During which, cost was one of the most frequently identified barriers to reproductive care. Additionally, money was cited as a way to work around the system. While Roxane acknowledged that "few people have that amount of money…to kind of get whatever you want", Angela mentioned how the pooling of financial support was also a way to navigate barriers. She shared how "it's not unimportant to throw financials in there, like making donations to Planned Parenthood or other local and national sources of funding". Therefore, money restricts abortion and autonomy to those most privileged in a white-supremacist capitalist system.

The Social Justice League

SJ is defined as a social, political, economic, and legal goal to seek equity and fairness within society. SJ work mainly focuses on helping achieve equity, inclusion, and fairness for historically or currently marginalized and oppressed groups and individuals (Duignan 2023; Oxford English Dictionary 2023c). While the main focus of this research was RJ, participants mentioned various other SJ efforts in conjunction with the goals of RJ. As Margaret put it: "I feel like all of the categories of social justice tie into human rights. Like when we talked about, like, environmental justice, for example. Reproductive justice, gender inequality, racial justice, I think all of it ties into human rights". However, these issues were not just connected to human rights, but to a singular form of oppression.

For participants, RJ was just one focus in critiquing and challenging the white-supremacy capitalist patriarchy. All SJ issues were seen as part of a common endeavor, similar to the way Angela articulated it in the beginning of this chapter. For participants working within the RJ movement, they were working toward the same goal that those in other SJ movements were also fighting. When interlocuters discussed the interrelatedness of SJ issues, they are taking an intersectional approach and acknowledging the existence of the U.S. as a white-supremacy capitalist patriarchy. Here, I explore the ways in which other SJ issues are inextricably linked to RJ. While RJ scholars discuss how it connects to other SJ issues through the unified form of oppression, by understanding what and how participants within the movement conceptualize the association between SJ movements, one can better understand how RJ A&A came to the conclusion that collective agency, rather than individualism, was necessary to combat unified oppressive powers.

Participant observation events and interviews elicited several connections to specifically the BLM or racial justice movements, EJ efforts, and LGBTQIA+ movements, including issues with trans-rights and access to gender-affirming care. Most specifically, racial justice movements and the relatively recent BLM movement was seen as a primary reason why some participants, like Roxane, favored the term RJ over RR when discussing their positionality and interest in abortion rights. She described her reasons as “in America alone, rights don't look the same for everybody, especially within reproductive rights. The rights for White women look very different for a woman of color." Other participants also offered similar reasoning for using the term RJ over RR. This reasoning behind the preference for RJ reflects part of the history and development

of the RJ movement, as mentioned in the background chapter. Integral to its development was Black women feeling left out of the second and third wave of feminism and deciding to build a new movement that encompassed an intersectional understanding of reproductive oppression. Part of RJ's goal is to bring attention and solutions to issues like racial disparities in maternal health, abortion access, and infant mortality which Angela mentioned in her interview. She also included how race influenced not only access to certain forms of healthcare in the U.S. but also the quality of care. In her retelling of the process of undergoing a tubal ligation, she described her positive experience as unique. She mentioned how this experience could have been related to her being a White feminine-presenting woman:

> *At no point in that process, did I ever have to worry about being gaslit, being manipulated, being condescended to, because of my race. Like at no point. Did I have to face additional hurdles to any reproductive healthcare decision that I've ever made because of my race? No, and that is not something that I think every woman in this country gets to say.*

Angela is describing the fact that there are the racial inequities in reproductive health care experiences. As I mentioned in the Chapter Two, these disrespectful and violent experiences can have disastrous impacts on health outcomes leading to systemic racial inequities in reproductive health outcomes (Joudeh et al. 2021; D.-A. Davis 2019; Valdez 2022; Valdez and Deomampo 2019).

EJ was first connected with RJ during a Zoom event with the Planned Parenthood Federation of America (PPFA) about racial justice and the U.S. 's history of eugenics movements and Margaret Sanger's relationship to it. Shortly after a formal introduction of the digital organizers, Octavia, the woman who was running the event, took a moment

to break from her script. Making eye contact with the camera rather than a sheet of paper, she began by saying how she would be remiss if she did not acknowledge the smoke. In June 2023, Canadian wildfires raged, wafting massive amounts of smoke into the atmosphere creating a dystopian orange haze over major portions of the east coast. Octavia mentioned how the eerie visuals and first-time front page news air quality messages were something to be expected in a future without addressing climate change. However, she said that while the air quality impacted everyone, it especially affected "BIPOC (black indigenous people of color) and low-income folks". What Octavia was highlighting is that people who are most affected by abortion bans are also the same groups who are disproportionately impacted by climate change (Fuentes 2023; Morello-Frosch and Obasogie 2023; Deivanayagam et al. 2023; Redd et al. 2021).

Without prompting, Roxane also brought up this idea. When I asked her to talk about how intersectionality played a role in RJ issues the first thing, she mentioned was the reliance on single-use period products. She connected their singular use to 'period poverty,' the issue of the lack of access to safe and sanitary period products (Sommer and Mason 2021). She described how the high price of-single-use items drained money into products not only "bad for the environment", but also for the wallet. She continued that period products' disposable nature causes massive amounts of waste since the majority are non-recyclable and non-biodegradable (Khorsand et al. 2023; Fourcassier et al. 2022; Munoz et al. 2022). Conversations around period poverty often revolve around the disgust of the menstrual cycle and how that facilitates our desire for single-use period products. Furthermore, stigma around menstruation makes it a neglected issue within

public health and EJ (Jaafar, Ismail, and Azzeri 2023; Alugnoa, Cousins, and Sato 2022). Roxane's example of period poverty shows how EJ is related to RJ.

Participants often connected LGBTQIA+ issues into conversations of RJ. For example, Alice mentioned how the overturning of *Roe v. Wade* meant that LGBTQIA+ cases could be revisited and overturned by the Supreme Court:

> *That [Roe v. Wade] was 50 years of precedent of this is right. And to very suddenly have that overturned… I think for, for example, the LGBTQ community who have been fighting and advocating for a very long time to have the right to marry who they want, to have the right to be served at restaurants, or to be given a cake at a store, and to not be discriminated against. They've been fighting and advocating for that for so long and have started to see some fruits of that labor, some laws that protect that. I think it could be a really scary thing to see a precedent in another social justice issue overturned, because that means any of these laws, any of these precedents could potentially be overturned.*

What Alice does not consider is that these issues are vulnerable to being overturned since *Dobbs* due to them all being argued from the same precedent. This is because *Obergefell,* the case that protects the right to same-sex marriage, used the same argument as *Roe*. Margaret also mentioned how the same groups that fought to ban abortion in Florida support "Don't Say Gay" bills and have made Florida the state with the second most banned books[38] (Hart 2023). Book bans and Florida's governor's feud with Advanced Placement African American History course syllabi were also mentioned during an in-person event at an exhibit about medical racism and the exploitation of Black women during slavery. The exhibit served to acknowledge this neglected history in contemporary medical education. When the curator, Dana, was arguing why this exhibit

[38] Abortion, sexual content, and LGBTQIA+ content are among the major reasons why books in the United States were banned in the 2022-2023 school year (Hart 2023).

was important, she mentioned how part of RJ's focus on intersectionality is to re-examine history. Dana mentioned how it was important for these histories of reproductive violence on black bodies to be taught. She described how controlling this narrative of history to reflect hegemonic values discredited marginalized people's histories from society. By not teaching these histories, it facilitated the creation of groups like the Moms for Liberty and Florida's Governor Ron DeSantis's criticism of works on the AP African American History syllabi she argued. For people who support these restrictive measures, the idea that history and stories have multiple perspectives violates what they assumed from years of hearing the same stories in history class. Moreover, by neglecting other versions of history and only focusing on privileged persons' history, they implicitly reinforce these hegemonic values, showing that only one's worthy of being the protagonist of not only fiction but history.

Trans rights and contemporary political policies banning or supporting gender-affirming care were also brought up. In two separate events supporting RJ, the phrase "gender affirming care is reproductive justice" was mentioned. At one particular event, this was employed as the reason for its inclusion on a bill being proposed by a Massachusetts state Senator. However, issues related to trans-rights were more often discussed in the cultural narrative that implicitly connected "womanhood to motherhood" as Roxane described it. Several participants challenged that narrative by actively trying to avoid using gendered terms during their discussions on RJ issues. When I asked in interviews how gender played a role in abortion politics, participants waivered. Most acknowledged its liminoid position, saying it did and it did not. Informants like Roxane

articulated this through first establishing that pregnancy is often depicted as being only possible with ‘women’. Public attacks on abortion were focused on this cisheteronormative idea of pregnancy. However, many said the reason for gender-neutral language and their confusion on this issue is that people of various genders can become pregnant. Margaret articulates this public narrative versus real life disconnect the most succinctly:

> *You can be transgender, you can be non-binary, and you can still have what you need to get pregnant. And those people, especially, are left out of the conversation entirely…All you need to be able to be pregnant is the vagina and the uterus. You just need the system. So as long as it's working then you can get pregnant. And so, everyone who can get pregnant is not going to be a woman...I think it's important to talk about as well.*

The majority of these conversations on SJ were unprompted. Besides, various other SJ issues like disability justice were not included in these conversations. While this is not to say they are not interrelated to RJ and SJ issues as a whole; rather they were just omitted from participants' conversations on abortion. For interlocuters, abortion did not exist within a vacuum but reflected cultural attitudes and SJ issues. Their ability to seamlessly integrate RJ with the BLM movement, EJ, and LGBTQIA+ movements is because of their recognition that all these issues are dealing with a singular power. As previously mentioned, this power, white-supremacy capitalist patriarchy, is what creates all these SJ issues that are mentioned above. It therefore makes sense that these issues lack solid boundaries since problems that SJ A&A aim to address are large scale issues people address in specific SJ movements. In the following sections, I explain how feelings of individual powerlessness provide the perfect opportunity for collective action. This collective action is a form of protest against neoliberal ideas of individualism. While

abortion is often framed as a personal or individual issue, especially by those evoking the "My Body, My Choice" framework, RJ allows for this problem to be seen as a collective issue needing a community to provide a solution.

Who's Got the Power?

Participants several times mentioned how they felt they lacked political power to create the changes they wanted to see on their own. As I mentioned earlier, money was perceived as one way people gained or had power. However, race also played a role in who had power or the social capital to make changes to the system. Margaret called this the "social hierarchy" and Roxane elaborated on how this dynamic works. She believed that "power is always given to White men and then White women, and then men of color, and then like women of color at the bottom." As a self-identified woman of color who grew up in poverty, Roxane is placing herself at the bottom of this hierarchy.

In comparison, some participants, like Angela and Alice, recognized that they had some privileges due to their identities. “I understand that I have power in some ways” Angela shared,

> *I am a White person from an upper middle-class home from well-off, well-respected families. In that sense, I know I have more social power and dare I say more social capital, then a lot of other people in this country, namely people of color and non-US citizens, non-English speakers, physically disabled people, what have you. I understand that I have that privilege there. And therefore, the power that I as an individual am able to wield in that system in those systems is greater.*

However, this did not mean that Angela thought that this social capital was enough to facilitate change alone.

> *I don't think any [average] individual holds any real, discernible political or social power…of course, the Mark Zuckerbergs, the Elon Musks, even the Beyoncés of this country that have the money, the power, the wealthy influence, to start a social movement, to create their own company, to lobby politicians to make certain political decisions. I am not that person. Let's be real… And most people in this world, in this country, are not that person. And I think the whole American dream, pull him up by the bootstraps, you can be whoever you want to be in this country is a lie, and a scam. You, the individual power, barely have it to change your own life, much less the lives of everybody in your community. This country is not as great as you would like to think it is.*

Angela, and a lot of my participants, would agree that in a neoliberal system, financial capital is the one real way an individual can create change. While things like race, gender, able-bodied and other identities can be leveraged for financial capital, they alone may not be enough to create the changes they wished to make themselves. Interestingly, Angela included Beyoncé in her list of who she deems privileged here. While a Black woman, Angela is trying to point at Beyoncé's social influence and monetary compensation that Beyoncé has acquired through being a Grammy-winning musician. This may sometimes mitigate the lack of social capital traditionally she has as a Black woman. However, these are not always protective factors. Several Black celebrities have discussed their own traumatic experiences during childbirth, Beyoncé included (Jimmerson 2023; Shapiro 2018; Arion 2022; Lockhart 2018). While my participants mostly did not see themselves as powerful individuals due to their financial status and racial, gender, and other identities, it does not mean they did not use different methods to gain agency and power to facilitate change.

Agency and Autonomy

In the abortion debate, the terms agency and (bodily) autonomy are often thrown around. While some people may use them interchangeably, they are distinct forms of action. Here, I will define both terms and explain how they describe forms of participation within the abortion debate. Then, I will explain why activism and advocacy is a form of both agency and autonomy through bodily solidarity.

Agency is the ability to act or exercise power while autonomy is the ability to govern oneself (“Agency” 2023; “Autonomy” 2023). Therefore, to have agency over a situation is to exert outward change while autonomy is the ability to make inward decisions or changes. Abortion in the U.S. involves both since public health policies, such as anti-abortion ones, inhibit one's autonomy. However, to make changes to these policies one needs agency. Conversations regarding activism are often entrenched within the conversation of agency; however, for abortion, autonomy is brought up. This is primarily because abortion in the ‘pro-choice’ or RR framework is often considered an issue of bodily autonomy. By framing abortion in this way, abortion is seen as an individual issue. This is problematic because framing abortion as an individual issue or right neglects the systemic issues that prevent access to abortions and promotes the neoliberal notion of individualism (Smyth 2002; Pinto 2023; Katz and Tirone 2015; Ostrach 2017). For RJ A&A fighting against abortion policies is a fight for autonomy and agency in that they deserve a say in public policies that dictate what someone does with their body.

As people capable of pregnancy, my participants tried to make this argument through the usage of biosolidarity; the ability to connect with a people or an issue through shared biological characteristics that in turn leads to activism and advocacy. In this instance, the shared ability to get pregnant and/or receive an abortion offers a unique connection between the participants since they are able to embody the shared fear associated with an unwanted pregnancy or reproductive governance over their own anatomy. Due to the nature of this physical embodiment, discourse around their solidarity and activism was often positioned within their own bodily functions. For example, Mary discussed how she could empathize with people in restrictive abortion states since she knew that if she lived there or got pregnant, she too would also not be able to travel to get an abortion. As such, this facilitates a form of "what ifs" that culminated in fear[39]. This fear was a driver for wanting to take action on public policy, hence acquiring agency. However, individual agency was not something that participants felt they had. Rather, they felt that the American culture of neoliberalism and white-supremacist capitalist patriarchy inhibited their ability to enact change. Therefore, in efforts to mitigate this, participants resorted to collective action and community work that not only combats neoliberalism's focus on individualism but also allowed them to be agents of change.

"I Don't Believe in Individualism"

This section heading is from an interview with Roxane. I had asked her what gave her hope as the final question of the interview, something that I did with all my

[39] For more details, see previous chapter.

participants. She trailed on about various topics, such as seeing younger individuals interested in social change, the ability to meet people who shared similar thoughts on RJ, and the idea that both her "ancestors" and "non-existential kids" deserve a better society. In every aspect of this response, Roxane situated her hope within other people. Like gas in an engine, she seemed to feed off of the people around her, physically and emotionally. This is why I was not surprised when she ended by saying she did not believe in individualism. While taken out of context this can mean several different things, but for Roxane it is evident that the individual exists within the masses.

Participants often cited their motivation to join TurnUP Activism and other community events to combat notions of individual agency. For them, American neoliberalism that has fostered extreme forms of individualism over community engagement, neoliberalism did this to keep certain people in power, but also to prevent people like them from being able to make substantial change. They felt they had more power to create change by using “collective action” as Angela put it. Collective action is when an organized group takes on social or political action for a shared interest or goal (Louis 2009). The best way to imagine collective action is to visualize an ocean. In relation to the whole ocean or population a person is a single drop. Alone, the drop of water can do almost nothing. It cannot be a home to fish, a method of transportation for boats, nor can it provide the water needed to sustain life on Earth. However together, as a mass of water, our oceans provide us with all of these functions.

Collective action has been commonly cited in RJ literature as one of the main components to the movement and essential to its intersectional nature (Ross and Solinger

2017; Luna and Luker 2013; Daniel 2021). It is one critique the RJ movement has of the RR movement since *Roe v. Wade* protected the individual, rather than the collective. This is evidenced on in the Supreme Court's *Harris v. McRae,* 448 U.S. 297 (1980), ruling on the Hyde Amendment which said that federal Medicaid funding could not be used for abortion care. Five justices found the provision legal since while *Roe* protected a person's freedom to choose to have an abortion, but it does not require the government to give everyone the full range of choices (Stewart 1980). In other words, women as a group are not protected. The U.S. government will not protect a group's (like people who use Medicaid) ability to access abortion. Instead, *Roe* is situated to prevent the government from interference with individuals and private systems regarding abortion.

For Roxane, Angela, and Toni, collective action is the antithesis of individualism. Angela explained how it required "empathy" and "compassion for other people…to respect people as individuals". Toni also mentioned how collective action had a "domino effect. If you believe in one thing, you push on it, another person believes in it, and then [it] becomes a big group, and then you push it out to public policy". Thus, part of collective action is also individual action. The person must be able to join, foster, and engage with the collective to become part of it. While collective action can be used for better leverage on a national scale to achieve goals, it is imperative that small scale work be done to keep communities, and their communal nature, alive (Olzak 1989; Matta and Alavalapati 2006; González-Cacheda and Outeda 2021).

Hey, Hey, What Can I Do?

Over half of all the interviewees contemplated their own positionality as A&A during the recruitment or interview process. When I asked them why they felt they were or were not A&A, they often framed the reasoning because they worked within their own community, or their actions lacked the serious undertone that they assumed activism required. Instead, they framed it more as a form of biosolidarity between reproducing bodies. Or they situated these actions as things done to be a good friend.

Every participant mentioned how they offered emotional or physical support for their friends using the knowledge they had accumulated as a RJ/RR A&A. Over half mentioned the intimacy of being friends allowed them to have conversations around sexual and reproductive health with these individuals. Others mentioned morning runs for Plan B pills and to the local Planned Parenthood. Toni offers us a perfect glimpse into this mindset, when I asked her whether RJ plays a role in her personal life she explained how:

> *Sometimes [we] would go to Planned Parenthood together and kind of support them in that sense or pick up Plan B from the schools… school gives out contraceptives like condoms and other stuff. And also Plan B for cheaper, much cheaper than the drugstore. So, we get that for each other and kind of go into Planned Parenthood. We're very open about talking about our reproductive health. And just actually having a conversation about it. I recently had a conversation with my friend, and he was thinking of getting HIV testing. And we just go through all options, whether it's necessary and stuff and all those stuffs.*

However, after telling me this she paused before asking if she could ask me a question instead. Surprised, I asked if everything was okay. She giggled and said she was curious whether other people shared similar anecdotes. As the last participant I interviewed, I was

able to confirm that yes, many participants had similar experiences. She let out a small smile before continuing:

> *Yeah, [I'm] super glad to hear that. I think…I guess it's just trying to support my friend [going to Planned Parenthood or the school's clinic]. I don't think of it as activism…it [is] just my friend has a problem, I might have an answer, we could find out an answer together. For me it's more of a friend thing, rather than an activism thing…We make it like a hangout*[40]

Despite her saying it is a "friend thing" I interpreted it as more than that. Later on, in the interview Toni described going to Planned Parenthood with a friend as a form of emotional support and boundary between them and the protestors they knew were positioned outside of the clinic. Ironically, earlier she mentioned how she applied to Planned Parenthood to work as a clinic escort, this would entail similar work, however Toni would be supporting strangers. This however she explained was a form of RJ activism. Therefore, it is not the actions that inhibited these individuals from seeing their work as activism but their intimate personal relationships with the people they were working with. They felt since they were doing something for someone they knew, it invalidated those actions as forms of activism for them. However, as I previously mentioned, fostering relationships is part of collective action, activism, and advocacy. Therefore, being friends with someone you are aiding should not make the action any less a form of activism.

These conversations and actions were also dictated by shared somatic characteristics. During Roxane's interview, I asked whether the conversations on sexual

[40] When I asked what made it a hang out Toni explained how often between grabbing contraceptives at the clinic her and her friends would grab coffee and discuss their personal lives. Seemingly, stopping by the clinic/Planned Parenthood was just one excursion of how she spent time with her friends.

health and liberation she had with friends ever included people without the capacity to become pregnant. Roxane claimed these "rarely" and that these conversations were "very different" than the ones she had with her peers with uteruses. Moreover, the second most common form of biosolidarity mentioned was going to a clinic like Toni described above. These trips were often to get certain forms of contraception taken by pregnancy capable bodies like Plan B and oral contraceptives. Not a single time when people mentioned going with a friend to get forms of birth control were condoms mentioned. While anyone can purchase condoms, in comparison, Plan B often requires the pharmacist to speak with the person taking the drug and oral contraceptives need a prescription even in the most relaxed states (Bell, Camacho, and Velasquez 2014; ellaOne® 2020; Zuniga et al. 2020). Therefore, people on these adventures must have been those with the capacity to become pregnant.

Additionally, informants' conversations about RJ and their personal relationships often elicited giggles and smiles as participants shared anecdotes from their lives. Just the thought of the experiences of sharing sexual information elicited a chuckle from Alice. Roxane was the only participant who called these conversations activism. When she discussed the conversations she had with her friends, she said they mainly focused on "things that are pleasurable or things that are liberating to them". Roxane also used liberation when she talked about her RJ advocacy and activism work and how she often felt like a source of knowledge for her friends as well. Roxane shared how much of her interest in RJ stemmed from spending nights in her childhood bathroom reading about sexual health to answer her friends' questions. I would then expect that she would find

having liberating conversations about sex with her friends as a form of activism since it was integral to her development as a RJ A&A. As someone who read RJ literature often, Roxane may have been able to understand how fostering community is a form of activism that others related to neighborliness.

It is important to note that these positive experiences sharing information may also be essential to the group formation aspect of biosolidarity. Having fun and sharing one's enjoyment of life, especially regarding sexual experiences, has been cited in literature of feminist activism as a form of social cohesion (Erchull and Liss 2013; Sowards and Renegar 2006; Reedy and Haynes 2023). Sharing these intimate details of pleasure may operate in two ways. The first being that it offers a form of vulnerability to other group members. Due to the stigmatized nature of sexuality, especially for those with uteruses, sharing these intimate details may subject someone to criticism. By everyone enjoying themselves and not criticizing the storyteller, it displays a form of acceptance of stigmatized behaviors. Additionally, conversations around sexuality and these experiences implicitly reaffirm their shared biological characteristics therefore facilitating the biosocial nature of their relationship.

However, while conversations with friends included mentions of "pleasure," as Alice and Roxane put it, not all forms of activism and advocacy were congenial. Participants also shared their frustration with the difference they were making. Informants like Angela reconciled that while she facilitated change within her own community, such as among her friends, she struggled to be more "effective" despite the importance of working within her community:

> *As a 21-year-old, I will fully confess and concede that I sort of have grand plans of what I might like to do to help the community. But I am 21, I am new to the field, and there are absolutely limitations to what I as an individual, can provide financially and intellectually. Like with my experience, it's limited. I understand that…But again, maybe my ego [is] in the way here, maybe my ego isn't of what all is possible for me as an individual to do that can truly make a difference and reproductive justice work. But you know, I really do think that [it is] important for individuals to make that difference in their community when it's possible.*

Angela was the most vocal about this desire to be the agent of change on a larger scale. As I have previously mentioned, she was the only one with political experience working on a state Congressional campaign. Working on a larger scale project could be one of the main reasons why Angela had this desire despite recognizing the importance of her community work.

Overall, the importance of community work cannot be understated. RJ scholarship emphasizes the importance of local and community work (Ross and Solinger 2017; Luna and Luker 2013). As a grassroots movement[41], they find it essential to build from the ground up to ensure that people's perspectives, ideas, and feelings are not left out the same way Black women's voices were omitted from the second wave of feminism (Gantt-Shafer 2020; Ross 2017). However, for those with large aspirations or those who understand the national landscape, there can be anxiety related to not doing enough like I previously. As many interlocuters also see those in their generation foster national change, it can be frustrating to not be able to participate in such a way.

[41] Grassroots movements mobilize individuals to create change through collective action. Often, they are community based and focused on inclusiveness and resilience (Bergan 2023).

My Generation

Informants mentioned during their conversations on activism how it was something they felt was innate to their generation. Often labeled as "Gen Z" they saw others' efforts and their own work as part of a renegotiation with society to feel like they have more agency. One way they do that is through collective action. Together, participants felt that they could enact change that would be impossible to do as an individual. As Roxane put it, "the power that I have, is not being able to reach millions of people like they can or influence systems. But I think the power that I do have, and I do hold, and I tried to assert is within building community". While Roxane did not clarify what she meant by community, conversations elicited two types of community: the local and the generational. While most of the participants did work within the local community, they situated this work within their generational community.

Participants believed that there was a shared desire among their generation to fight the white-supremacy capitalist patriarchy and that is why so many different individuals got involved in social justice work. Mary was the most explicit about how other social justice movements and work, also gave her hope that people would stand for change:

> *There is a lot of kids in my group [generation] trying to fight for similar things and everything. So, I feel like now there's like a whole new generation coming up and we're ready to fight for what's in front of us…I'm pretty sure Gen Z feels more [responsible] about this than an older generation… I definitely think that [we have] different mindsets e because we're still young. [It] is what brings hope.*

In comparison, Angela pinpointed Argentina's recent victories in abortion access as proof of younger generations' propensity for change. Messaging from TurnUP

community Slack archives also shows that people believed that their generation had a predisposition and responsibility for creating political and social change. For example, a TurnUP member once shared a *Washington Post* article about a member of Gen-Z for Change, a "collective for activists that leverage the power of social media to drive progressive change" who used a hateful tweet by Representative Matt Gaetz about her to raise over two million dollars for abortion funds (“Gen-Z for Change” 2023; Jeong 2022; Getahun 2022). Comments flooded in about how "proud" individuals were to be part of the same generation. As one person remarked:

> *It is amazing to see how Julianna* [the activist], *as well as our entire generation, were able to turn a negative situation into a positive outcome. Raising $1.3 million*[42] *for abortion rights is truly incredible and it gives me faith that our generation will be able to make some kind of change within this country.*

As I have been alluding to, one importance of this generational goal is that it gives hope for the future, one with RJ. Research on group solidarity has shown that collective action has led to more optimistic outlooks on their futures; this optimism, or hope is essential for resilience and led to more sustained actions (Thomas et al. 2022; Badaan et al. 2020). Collective agency plays a huge role in these feelings of hope since without being empowered, groups often lose hope in achieving their goals (Hasan-Aslih et al. 2020). Hence, RJ's grounding in collective action and support may be essential to its success (Ross and Solinger 2017; Daniel 2021; Mandell, Israel, and Schulz 2019). Additionally, this may be why many RJ A&A see themselves as connected to other SJ A&A. The more movements and people that are connected, the larger the coalition,

[42] Since her comment, Julianna's campaign has raised over $2 million as mentioned above.

which makes them more powerful and therefore hopeful. This idea is supported by the fact that despite spending over an hour discussing things that upset these participants, every single one of them was hopeful for the future. Not only that, but each informant also offered examples to support this hope, such as other countries or people within the movement. This finding is vital to the RJ movement. If they hope to sustain a moment and to continue with their work, putting time and effort into the avenues could be essential for keeping them going.

Additionally, by finding hope and power through collective action these RJ A&A are directly opposing the neoliberal emphasis on individualism placed by these white-supremacy capitalist patriarchy. Discussions of intersectionality and oppression often feel hopeless and disempowering like how my participants mentioned they felt as individuals (Crenshaw 1989; Ross 2017; Luna and Luker 2013). By forming these networks of collective action and agency by participating in larger movements they are deconstructing one major way that white-supremacy capitalist patriarchy maintains power: by keeping the disenfranchised feeling hopeless. However, there is no evidence from the interviews that these individuals acknowledged their willingness to work in a group as a direct method to dismantling their oppressor. Rather it was framed as a power grab. Showing RJ and other SJ A&A how just by participating in collective action and agency through social movements they are taking their first step in critiquing and tearing down white-supremacy capitalist patriarchy may help lead to more successful matriculation into these movements.

Finally, hope and optimism offer protective mental health factors as I mentioned in the previous chapter. I also show here how individuals within the RJ/RR movement transform a disempowering policy into one that gives them agency through biosolidarity and collective action. This is essential to participants' mental health since agency gives hope providing some mental health relief (Gallagher and Lopez 2009). Toni summed this up beautifully when I asked her if she felt like she had agency after the *Dobbs* decision:

> *when it was passed, I did feel like I have less agency over decisions I make on my body. And that is just so scary to think about at that point in time…That's why I kept researching. And just, it makes me feel better. I know that and I start learning more about the movement, and it just more knowing that there are people out there who are feeling the same way who are working and pushing for this. Just all in that makes it a little less helpless.*

As evidenced by her transition from a self-identified feeling of "helplessness" to talking about the RJ movement, we see how collective agency provides power in a situation that may feel disempowering. While Toni uses the term "agency" to describe making decisions about her own body, this reflects other participants and literature's conversation on bodily autonomy. Therefore, we also see here how Toni reframed the issue of abortion from a bodily autonomy problem to a collective agency one. In this way hope was an essential product of obtaining agency through the RJ/RR movement, especially since it mitigates the negative health consequences associated with *Dobbs*.

If you learned nothing from these last two chapters, I hope to impress to importance of hope on you. Thus, to leave you as hopeful as my interlocutors, I will conclude with a quote by Roxane:

> *I have a lot of hope, put into my own generations or generation, and the younger ones in wanting to have that change. Like, I will say, it's very hard. But when I'm in spaces like this, like even just talking to you, that makes me hopeful because*

there's people, like… you're so far away from me, but you're concerned about the same thing that I am. We're complete strangers, but the fact that we're able to have this conversation and be like, this is a universal feeling, okay, this is something that we both think isn't right, or we both think needs [fixing]. Like, this [RJ] movement…gives me a lot of hope.

CHAPTER SIX: RESULTS #3

Fieldnote Excerpt:

Margaret was the first person to reach out to me for an interview and subsequently was my first participant. My own nerves loomed over the morning but dissipated when her blurry Zoom screen cleared, and a bubbly college-aged student appeared. While our connection never became crisp, my screen was clear enough to see her smile through the entire interview. Margaret had dark blonde hair, black glasses, brown eyes, and wore a gray t-shirt. To her left was a large Breville espresso machine with a cute glass of iced coffee next to it. Behind her was a chair covered in a beige colored blanket. The draping of the blanket was odd enough that it could be purposefully hiding something below it or simply rumpled and thrown into the chair so that it was at least not on the floor. Lying on top of the blanket was a ukulele positioned more like a decoration rather than an instrument, staring out at the onlooker.

Margaret is white and feminine presenting. However, at the end of the interview, she spoke about experimenting with identifying as non-binary but also called herself a woman. She spoke about entering her senior year of college, with a primary focus on the importance of her education for her development as a reproductive justice advocate. For a first interview she was the perfect participant: she was open, sharing intimate details and qualms throughout her life without prompting. She spoke in-depth and did not seem to veer off when answering her questions, peppering her answers with giggles, side-comments, and apologies when I asked her to expand on a topic. I tried to always reassure her that it was okay, that if anything it was my fault for not clarifying what I was

asking. As a Floridian college student, Margaret was one of my participants who was able to speak about how these policies most directly threatened her access to abortion. At the time of writing this, Florida has a ban on abortions after fifteen weeks of pregnancy (The New York Times 2024). As well, abortion clinics and access are reduced by targeted regulation of abortion providers (TRAP) laws. These laws require abortion clinics to maintain certain standards under the guise of protecting patients. Some such laws include requiring physicians to have admitting privileges at nearby hospitals and/or requiring clinics to have transfer agreements with them as well (Center for Reproductive Rights 2024). All of which have nothing for the health and safety of those seeking abortions (Coates 2021; Arnold 2022; Roth and Lee 2023). I thought it was pertinent to ask Margaret about what it is like living there. She explained "I know that our governor [Ron DeSantis] right now is very, very conservative. And I think that's definitely influencing a lot of these situations. I know that he is trying to protect fetuses (giggling)..." When I followed up about why that word made her giggle and why she used that word they explained,

> *I don't know. It's just to me (giggles)...it's not funny. I think, maybe, it just makes me uncomfortable. Because it's hard for me to try to put myself in someone's shoes that doesn't see it that way. Because to me, all I can think is I'm a living, breathing person. Like, there's a whole human being attached to the vagina and uterus (giggle). But I feel like other people don't see it that way. I mean, there's some places where, you know, even if it's rape or incest [you] still cannot get an abortion, and that's just really crazy to me.*

Margaret's giggle and revelation about the usage of the term 'fetus' in the abortion debate reflects how proponents on both sides use language to frame abortion to help convey a specific moral or ethical implication on the topic. As I will explain further in the chapter,

her explanation of why the word “fetus” makes her uncomfortable reflects a disconnect in her framing of abortion and the anti-abortion frame of abortion as immoral.

This chapter concerns the language involved in the conversations around abortion politics, not within the policies themselves. I examine discourse of the overall abortion coverage through a media analysis before focusing on how participants also reflected differing versions of abortion discourse such as the labeling of their own positionality related to abortion politics (pro-choice/pro-life or RJ/RR). I argue that abortion-related discourse is shaped by and reinforces the development of beliefs and ideas about abortion. Analysis of competing discourses reflects a lack of unified understanding of respective discourse and problem-framing. I contend framing plays an essential role in how abortion is socially and culturally constructed in the United States. Political and social movements, such as the RJ movement use framing theory in attempts to convey specific messages about abortion and challenge preconceived notions about abortion care. Applying this theory to both sides' language allows us to understand the implicit beliefs behind both groups' statements. From here I unpack the RJ movement's language. While this language conveys their beliefs, there is ill understanding some words mean. Next, I contend that RJ’s hyperfocus on access overlooks other abortion related issues like quality of care. Both create problems within the RJ movement now and in the future.

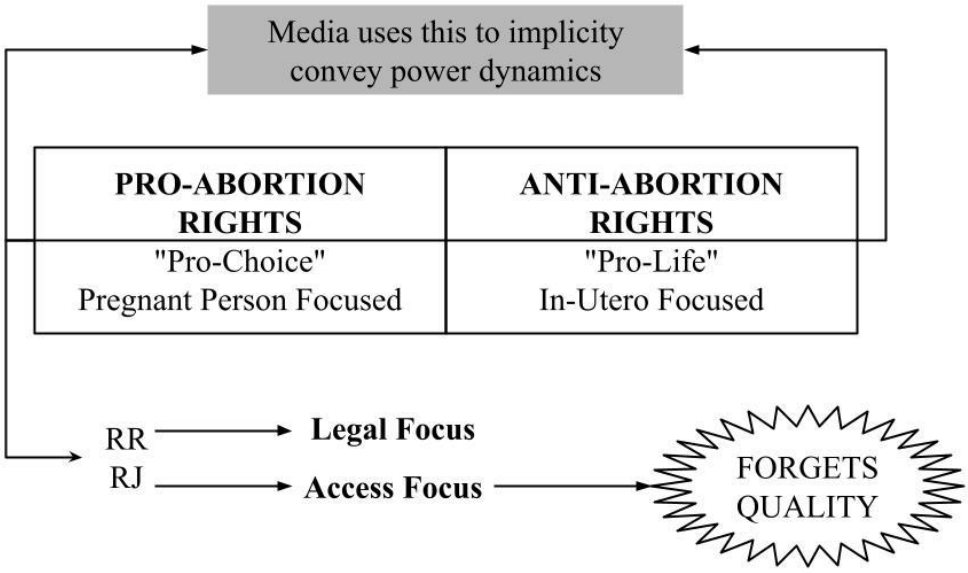

Figure 3. Diagram of the major differences in abortion discourses and frames.

A Quick Review

In this chapter I will explore several theories on discourse. While explained in more extensive detail in the background chapter, here is a brief overview. Several scholars have isolated theories on the usage of language in discourse and its importance. French philosopher Michel Foucault used his theory of power/knowledge to explain how people exercise power through delineating accepted forms of knowledge. Foucault also used this theory to show how people use language to subvert or reaffirm ideas of knowledge and power (1980). He believed language was integral to this issue since knowledge is shared through language. This language holds power through this sharing of knowledge. However, he did not believe that people purposefully used language to exercise power. But as speakers and writers, it was implicit in the ways we used language. In comparison, sociologist Erving Goffman's theory of problem-framing was

much more interested in the intentionality of the words used (1974). His theory recognized that often these seemingly hidden messages are intentional. Where they both agree is that discourse framing through language—whether intentional or not—constitutes the power of constructing reality. More simply, the power of language is often employed to determine how an issue is thought about a specific kind of problem.

Linguist George Lakoff built off these theories by exploring American politics in the early 2000s. Lakoff found that politicians used metaphors and symbols to explain political issues like the war in Afghanistan, taxes, and abortion. He argues that people use metaphors in language to explain complex phenomena in a way that conveys their perspective (Lakoff 2004). For example, he explained how using the term "death tax" rather than "estate tax" is one-way conservatives kill any taxation on inheritances. Lakoff's reasoning is that the term death made the tax seem more menacing rather than estate which emphasized the fact that those being taxed would be part of a certain aristocratic tax bracket (Lakoff 2004, 33). Lakoff's framing theory is a blend of Foucault's power/knowledge and Goffman's problem framing. This is because Lakoff recognizes although these terms and words are picked intentionally, they are supposed to unconsciously get individuals to support these ideas. Moreover, he reaffirms both Foucault and Goffman's ideas that language holds power by describing how it is used to keep politicians popular (Lakoff 2004).

With respect to abortion discourse in the U.S., I contend that all these theories are useful. I aim to show that this rhetoric has power. This is evident on the policy level in that the Supreme Court Justices in two major decisions utilized anti-abortion language,

like "abortionist" and "unborn", when overturning abortion policies (See Justice Kennedy's opinion in *Gonzales v. Carhart*, 550 U.S. 124 (2007) and Justice Alito's opinion in *Dobbs v. Jackson Women's Health Organization*, 597 U.S. 215 (2022) for more details). However, here I show how these forms of discourse are powerful in themselves. Therefore, these forms of rhetoric have real political consequences, ones that are employed consciously by those using them.

Media

Looking at the larger picture of the culture and media conversations is essential to comprehending abortion discourse and its power. Everyone who participates in either form of rhetoric, especially those with large platforms, influence their audience. Here, different sides of the media provide a platform for various discourse on abortion. Like a professional portrait, the mainstream media shows a cleaned-up picture of the culture. The media's goal is not only to be digested by the greatest number of people possible, but also to subvert or support people's positions on these topics. In this analysis of six news stories from six major outlets (N=36) below, I show how bias is evident through the language used by these sources. It is essential to identify the rhetoric a media outlet uses as a reflection of its bias. I determined an outlet’s bias using the AllSlides’s website (2024). However, I considered framing or implicit beliefs as the outlet’s perspective on the abortion issues. Therefore, the terms hard right and slight left refer to the general bias of the outlet while pro-abortion and anti-abortion reflect how the author articulated the abortion issue. During this analysis I found that both slight left bias and center bias outlets reflected pro-abortion access framing. This bias therefore may reflect the frame

employed which influences the audience's perspectives on abortion care and conveys the implicit beliefs.

The purpose of this media analysis is to triangulate how and why the media would contribute to a unique form of distress for RJ/RR A&A. As I argued in Chapter Four, participant interviews demonstrated a cycle of mental distress in relation to the news media. This cycle of distress is essential to this section because it shows the critical role the news plays in the mental health of RJ/RR A&A, whether they are currently reading the news or not. However, most RJ A&A got their news mainly from the mainstream news outlets. In this section, I am augmenting my argument to illustrate that this massive consumption of the media not only contributes to their mental health distress but also contributes to how these individuals perceive the overall issue of abortion within the United States. While Chapter Four was focused on how participants articulated the media's impact on their health and well-being, here I will examine the words themselves.

As I mentioned in Chapter Three, media outlets were chosen due to being mentioned in interviews and the Slack archives as ones that participants read. Further, news stories were picked based on their relation to reproductive politics and being mentioned in at least one interview. For a better understanding of how the media analysis was conducted please see Chapter Three. For more information on the results of the media analysis please see tables located in the appendix.

In this media analysis I found that there were significant differences in the ways that abortion policies were conveyed in their news stories from different outlets. These differences aligned with the bias ratings in that left-wing and centrist news stories often

framed the anti-abortion policies negatively and pro-abortion access policies positively. In contrast, *FOX*, the hard right-wing bias news source, was the only one that framed anti-abortion policies positively or neutral and pro-abortion access policies negatively. Authors were able to convey this framing by insinuating who has power over reproductive policies, whose voices they included in their articles, and who they considered at the focal point of abortion. These perspectives displayed different biases in the articles and therefore contributed to how readers thought about and perceived the issues they were reading about, aligning with Lakoff's framing theory. Interviews with young RJ/RR A&A showed that their mental health was directly impacted by how the media conveyed abortion (see Chapter Four for more details on this impact).

Authors expressed their bias through their choice of quotes to include. While articles from both sides of the aisle often include quotes and organizations from either side, they often choose specific ones that project confidence in their own beliefs and make the reader doubt the other side. For example, in a *NYT* article about the leaked *Dobbs* opinion, the author mentioned how they saw anti-abortion protestors holding a sign saying, "divest from big abortion[43] now" (New York Times Staff 2022). The author included quotes from scholars and presidents of reputable national abortion advocacy groups to highlight their opinion on the draft. By contrasting scholar opinions against fringe anti-abortion, it implies that the anti-abortion movement is cultivated by conspiracy theorists who some may consider crazy. By implicitly positioning the voice of

[43] "Big Abortion" is adapted from the term Big Brother from the George Orwell novel, *1984*. In the novel, Big Brother is the fictionalized character of the totalitarian government that controls and surveils the population. Often this term is used to imply that the people behind these groups have full control over the population that is impossible to oppose or even combat these entities such as Big Pharma and Big Tech.

well-respected individuals against more controversial statements of the opposition, it makes the anti-abortion movement seem like it is made up of its more fringe supporters, people who some may find irrational. In comparison, individuals who disagree with overturning *Roe* are perceived as rational and educated. Therefore, the reader will likely be more persuaded to align with this perspective rather than the anti-abortion one.

In news articles published by conservative media sources such as *FOX* (n =6), groups or people advocating for increased abortion access are portrayed as having the upper hand. For example, in one story, it described how a non-partisan coalition for RR in Kansas received large sums of funding from "a powerful left wing dark money group" (Morris 2022). Morris compared the out-of-state donations given to the RR group (22% of funding) to the amount of out-of-state money donated to the group supporting the ban (less than 1%). What Morris omits is the total funding for each group. They also neglect that many groups like Planned Parenthood, although they may not be headquartered in Kansas, do have locations within the state. By making it seem as though the RR is better funded by outside resources, Morris is implying that this issue is financed by outsiders who are part of a powerful group opposed to the state's interests—despite Kansas residents themselves voting to protect abortion. This framing implicitly situated those in Kansas who are against abortion as those with less or no power. By positioning themselves with less power, they may be able to incentivize action. This framing also helps anti-abortion proponents argue that while Kansas residents voted to protect abortion, this vote did not represent the public's interest since they were overpowered by outsiders.

In comparison, the *NYT* article about the same story mentioned how "registered Republicans far outnumber Democrats in Kansas" (M. Smith and Glueck 2022). Since Republicans are often implicitly considered the "pro-life" party this makes the story seem less like powerful invaders taking control over the state's abortion politics, and more like a David and Goliath story, where the underdog wins (Lipka 2022). Each side represents itself as disenfranchised by the other to obtain sympathy and allegiance to its own perspective. These losses also function as powerful motivators. By weakening their own position in their description of the loss, they implicitly call for more support. This process creates an expectation that with the reader's support, this side could overpower these powerful others. Therefore, by positioning their own side as less powerful, it can also operate as a call to action to get the audience involved.

Framing is most evident in abortion discourse by who the writer positions at the center of the problem: the fetus or pregnant person[44] (M. Rose 2011; Roberti 2021). Many have observed this framing in anti-abortion policies themselves and in the rhetoric of their proponents, however to my knowledge none have applied it to the media's representation of such policies. Additionally, there is little scholarship about RJ discourse that does more than highlight the differences between RJ and RR.

Anti-abortion authors often tend to implicitly or explicitly use language that casts abortion as nothing more or less than murder. In contrast, abortion access advocates emphasize how anti-abortion policies both hinder pregnant people's bodily autonomy and

[44] It is important to note that some anti-abortion rhetoric may say that anti-abortion policies are good for 'women'. However, as research has shown despite saying that, their arguments against abortion are not based on this, but rather how the in-utero entity is impacted by an abortion (M. Rose 2011; Roberti 2021).

put them at risk for various health complications. The main difference between these two perspectives is which entity is considered the center of the issue. Anti-abortion proponents center the fetus while pro-choice proponents focus on the pregnant person.

To focus on the fetus, anti-abortion A&A use terms like "unborn", "potential life", and terms relating to fetal personhood like "fetal heartbeat" (Blitzer and Laco 2022; Betz and O'Neil 2022). These terms emphasize the biological relatedness of the fetus to a fully developed infant. Despite the connotation of these words, they are inaccurate. Anthropologist Lynn Morgan discussed this in her book, *Icons of Life* (2009), where she unpacks how the development of embryology, the scientific study of human development from conception to birth, has helped the anti-abortion movement refocus its efforts on the fetus. She explains that specimens collected for this discipline became ammunition in abortion politics as the images became decontextualized and transformed from static moments of time to emblems of personhood.

Embryology also aided the anti-abortion movement away from religious framing to scientific framing, as evidenced in the contemporary anti-abortion movement slogan "pro-life is pro-science" (Morgan 2009; Facher and Thielking 2019). This is new framing is particularly interesting since the pro-abortion access perspective has often grounded their work in science and statistics, which I will examine later. Despite the anti-abortion movement claiming themselves as "pro-science", many of their claims are in direct conflict with dominant biomedical understandings of embryology. Take the "fetal heartbeat" discourse for example.

This term was popularized in 2021 by the "Texas Heartbeat Act" (SB8) which banned abortions after a fetal ‘heartbeat’ could be detected on an ultrasound, around six weeks of pregnancy (Haining, Keogh, and Savulescu 2022). However, despite what this abortion ban may say, there is no heart at that stage in development. Rather the rhythmic thumping that is picked up by ultrasounds is the sinus node, a singular portion of the heart (The American College of Obstetricians and Gynecologists 2023; Belluck 2019; Rogers 2019). Nicknamed the pacemaker of the heart, the sinus node is responsible for sending the electrical impulse to make sure our heart beats on pace. While this may seem like a small difference, it is much larger. When a physician places a stethoscope on a patient's chest to listen to the heart, they are not listening for the sinus node, rather they are listening to the cardiac valves, which are not formed until further on in development (Simmons-Duffin 2023). Moreover, at six weeks, a pregnancy is not even developed enough to be considered a fetus but is rather an embryo or conceptus[45] at this point (Hyun et al. 2020).

Comparatively, as I mentioned earlier, pro-abortion access media sources I reviewed and analyzed for this chapter (n= 18) tended to emphasize the pregnant person. They often describe abortion as "women's rights," "women's choice," or some variation thereof (Weisman 2022; Sneed, Vogue, and Biskupic 2022). Mentioning the pregnant person reminds the reader that for a pregnancy to occur, a person must be carrying that pregnancy. Furthermore, they often supplement this framing by including background

[45] Look familiar? The word conceptus derives from Latin and means "to conceive" (Dictionary.com, 2024). While the term can be used for any phase during the pregnancy, from conception to birth, biologists and physicians tend to only use it to describe the pregnancy from conception to eight weeks, the earliest phases of pregnancy (Hyun et al. 2020).

information on how abortion bans impact pregnant people. For example, in a *BBC* article about the *Politico* leak, the author concludes by mentioning how anti-abortion policies disproportionately impact people of color and people living in poverty (Zurcher 2022). Including this information focuses the reader on the pregnant person, and more generally, on who these policies are most likely to negatively impact.

The media has also debated on what to call abortion bans. More aggressive pro-abortion access authors and outlets have favored the term "bans", while others have preferred the term "limit" (The New York Times 2024; Choi and Cole 2023; NSF staff 2023; Schneider and Scherer 2023). As abortion scholar Jessica Valenti has noted, anti-abortion advocates have been trying to remove the word “ban” from the public vocabulary when talking about their policies (2023). Valenti explained that those who disagree with the word ban point out that most anti-abortion legislation includes exceptions to the laws. Therefore, they should not technically be considered bans (Caroline Vakil 2023; Valenti 2023). However, pro-abortion advocates have preferred "ban" since it emphasizes how few people can receive abortion care and how people who qualify for exceptions sometimes are still turned away from receiving abortions (Felix, Sobel, and Salganicoff 2023; Society of Family Planning 2023; E. Cohen and Bonifield 2022)

The "Itness" of Abortion

Despite these articles talking about abortion, not a single one defines what an abortion *is*. Americans have vastly differing ideas about what an abortion is, which contributes to our varying perspectives on it (VandeVusse et al. 2023). Part of this

confusion may be because of our reluctance to talk about this subject. Abortion is often considered taboo subject material—something to be kept secret, or whispered between intimate friends at most, rather than openly expressed (Sanger 2016). This discomfort is such an issue that Planned Parenthood has a webpage to cover how and why to talk about abortion (2024). In the scholarly literature, these feelings about abortion are often referred to as "abortion stigma" (Baird and Millar 2019; K. Brown et al. 2022; Hanschmidt et al. 2016; Cockrill and Biggs 2018; Anuradha Kumar, Hessini, and Mitchell 2009).

I saw this firsthand during visits home when my mother generalized my research topic to "women's health" or "reproductive health". In my Irish Catholic hometown, abortion is not only taboo, but also sacrilegious (USCCB Committee on Pro-Life Activities 2024). Combatting this stigma during this time was essential to my positionality as a RJ informed researcher. As I mentioned during in my Methods chapter, being open allowed for me to not only be honest but welcomed people to share vulnerable information on their beliefs around abortion. Most people did not inquire further when I shared, but for few this allowed for small discussion on reproductive politics that included various facets of reproduction, not just abortion. Hence, it was powerful and essential for me to call this scholarship what it is: abortion research.

Despite abortion stigma, politicians and newspapers often discuss abortion. This is because abortion here occupies a political domain rather than person centered one (Hooberman and Ozoguz 2022; Broussard 2024). For example, the people who receive or seek abortions are not named nor are they really the concerns of the stories (K. Woodruff

2019). The political domain is how abortion is debated 'objectively' in public. In a sense, when individuals talk about abortion in this domain it occupies an abstract reality, as if the debate, policy choices, etc. do not impact people's lives.

This is most evident by how news stories written with a pro-abortion framing occlude the individual. They do this by including statistics rather than personal stories about abortion. In other words, most articles with a pro-abortion access bias create their pregnant person focus through the inclusion of statistics about regnant people rather than sharing their names, stories, or images. By removing the faces and specific people, it makes the articles seem objective allowing them to politicize the issue.

When stories of abortions are shared, they must fit into the narrative of the 'acceptable abortion'. The acceptable abortion are abortion stories that dominate the political narrative because they juxtapose the morally contentious sanction of an abortion for ethical reasons or ones that conform to ideals of motherhood (Combellick 2023). Even though they make up the minority of abortions in this country, garner much more media attention (Combellick 2023). Often these are the abortions that are often performed not because the pregnancy was unintended but because biomedical reasons prevent the pregnancy from continuing, such as the life of the pregnant person or fetus (i.e. Amanda Zurawski).

However, in my media analysis, not a single article I examined named a person who had an abortion nor did anyone within the text claim to have received one either. However, at least one article from *AP News*, *BBC*, *CNN*, *NYT*, and *NPR* included a statistic on how the policy or issue at hand was going to impact people's health. Fox

News was the only outlet in which not a single article mentioned how reproductive policies impacted the population. Statistics like the ones I will mention shortly, allow these authors to speak about abortion without giving it a face. By framing abortion as political and objective, these authors effectively side-step the stigma, allowing themselves to talk about abortions in the news.

Nevertheless, for some, the stigma is insurmountable. So much so, the word abortion is even unmentionable. It occupies a hidden corner of reality and is only referenced as an 'it' or as the 'a word' (R. K. Jones and Jerman 2022; Simon 2023; Danner 2022). Recently, a Republican politician even came out saying he refuses to use the "a word" (Kaczynski and Steck 2024). When politicians refuse to say the word, abortion not only becomes even more monstrous and hidden, but also loses its influence as a contentious political debate topic.

The results of this media analysis further illustrate participants' concerns about the negative feelings they associated with reading the news. To recap, there were three main causes of these feelings. The first being the "grotesque policies" themselves, as Angela put it. The next is the attempt to read "the other side" like Toni commented. Finally, informants mentioned the fluctuation of policies which contributed to constant need to stay up to date as a cause of these bad emotions. The news stories chosen to demonstrate the fluctuating nature of abortion policy. Several of these news stories are still being fleshed out in real time like the *Alliance for Hippocratic Oath v. FDA* case which still has not been settled by the Supreme Court. Articles about this case also illustrate a "grotesque" policy. Many articles written about this lawsuit include some of

the most controversial quotes and comments about the decision. Authors include these harmful words to emphasize the egregious mistake made by the judge or laud the controversial but right decision made, depending on the author's bias and framing. It is thus evident from the media analysis how and why these participants expressed feelings of stress and concern, particularly in relation to the media.

What is in a Name?

"Pro-life" and "pro-choice" are two self-ascribed terms for people on different sides of the abortion debate. I remember hearing these words for the first time as a young teenager and being confused. How could opposite sides of the same issue both be considered "pro"? Middle school English class set me up for debates where people were pro- or anti-lowering the voting age—not pro-middle school voting or pro-adults-only voting.

In this section I analyze the names behind these two abortion-related movements. While most of my interviewees identified themselves as RJ A&A, participant observation data from Slack forums around abortion issues at TurnUP revealed that often people framed their position on these issues within the pro-life/pro-choice framework. At least four individuals in company-wide Slack conversations called themselves pro-choice while none referred to themselves as RJ A&A. Additionally, over twenty-five members of the TurnUP community listed RR as an interest compared to two who wrote RJ. During interviews, it was only after prompting that my informants revealed their allegiance to RJ. Hence, it is worth examining these terms to understand why these individuals may be using pro-choice/pro-life instead of RJ to describe their positionality.

For full transparency, I should note that “pro-life” was only used once, in a clarifying sentence during my interviews[46]. However, it is essential to discuss its significance, as it still permeates many anti-abortion-rights media and organizations’ names. For example, one of the largest anti-choice groups, Students for Life, advertises itself as "one of the leading pro-life advocacy organizations in the world" (Students for Life of America 2023).

The phrase pro-life was first used in the 1960s to describe a form of parenting by an educator named A. S. Neill (Oxford English Dictionary 2023b; Merelli 2017). The term was used in defense of more progressive parenting techniques: "no pro-life citizen would tolerate our penal code, our hangings, our punishments of homosexuals, our attitude towards bastardy" (Neill 1964, 138). It was not until an article by the *Los Angeles Times* was published in 1971 that it referred to a stance against abortion (Oxford English Dictionary 2023b). Around this time, it also encompassed more than just abortion access. Pro-life was used to describe the position of people who were against not only abortion, but warfare, the death penalty, and euthanasia (Oxford English Dictionary 2023b). It was not until after *Roe v. Wade* in 1973 that the term was adopted by anti-abortion groups and became affiliated with just being anti-abortion (Merelli 2017). Pro-choice was adopted after pro-life. According to the *Oxford English Dictionary*, the term comes from a 1969 article in the *Oxnard Press-Courier* which opposed anti-abortion activists with pro-choice activists (2023a). This along with a 1972 memo sent during a study on abortion

[46] Toni during her interview spoke about what puzzled her on the anti-abortion front. She said it was that "so many women in…are pro-lifers or anti-choice".

that discussed what the counter to the "pro-life" movement should be called gave birth to the term pro-choice (Greenhouse and Siegel 2010).

What is often omitted is how the usage of these terms frames the conversation. The words pro-choice and pro-life imply the existence of opposing anti-choice and anti-life sides. By doing this, each side gives themselves the moral high ground since they are taking positive positions on the issue, something that scholars have been talking about for years (Safire 1979). However, what is often neglected from this framing is who each side is centering. The "life" that anti-abortion rights activists are talking about is the pregnancy, not the pregnant person. And the choice that the abortion rights side is considering is the decision of the pregnant person. Both sides differ in who this issue should focus on. Remember, newspapers who carry these biases also frame their articles in similar ways. Authors who support abortion rights include how these issues are impacting pregnant people while those who do not tend to obscure the pregnant person. In a *BBC* article, for instance, about the overturning of *Roe v. Wade,* the author concluded by stating, “Limiting abortion access will most intensely affect poor women, researchers say, and they are already more likely to seek an abortion in the first place. Women in their 20s account for the majority of abortions - in 2019 about 57% were in this age group. Black Americans get abortions at the highest rate - 27 per 1,000 women aged 15-44” (*BBC* 2022).

Additionally, by including statistics that particularly examine how various groups are disproportionality impacted by abortion restrictions, the author applies an intersectional analysis that shows how multiple SJ issues are intertwined with abortion.

These statistics implicitly signal that anti-abortion activists are ageist and racist (and depending on the statistics, classist). However, that may not be the intention but the result of applying SJ and RJ premise to abortion. RJ's intersectional analysis and A&A positioning SJ as one expression of the anti-white-supremacist capitalist patriarchy will consistently position anti-abortion proponents into these categories because they connect RJ to the larger theme of SJ (for more information on this see last chapter).

While the labels pro-choice/pro-life are essential to the debate, they have also become less popular in recent years (Jensen 2019). Many A&A refuse to use the term associated with the opposing side to not perpetuate the frames associated with the opposing side. As such, RJ and RR A&A tend to refer to those who self-identify as pro-life as anti-choice. Additionally, even individuals on the same side of the issue may oppose using the same labels. For example, many RJ A&A have opposed the term "pro-choice" because of the realization that abortion care is a single issue that is a part of a system of infringing upon multiple forms of reproductive health care access (Ross 2006a; Ross and Solinger 2017). Abortion care is one portion of a whole realm of reproductive care that is impacted by abortion policies (Vilda et al. 2021; Rajkumar 2022; Fuentes 2023). For example, as I explained in Chapter Four, anti-abortion policies were interpreted to threaten other forms of reproductive health access, especially ones that prevent pregnancy. Additionally, a recent ruling in Alabama that restricted in-vitro fertilization were the result of the anti-abortion movement's sentiment that life begins at conception and the *Dobbs* ruling allowing multiple avenues to change access for reproductive care services (Marquez 2024).

In the next sections, I analyze language commonly used in the media that was also evident in my data. I will show that this framing is still an issue in the abortion debate, no matter the words employed.

In Utero

The words used to describe the pregnancy often differ in the discourse. Anti-abortion advocates humanize the in-utero entity through the terms: babies, unborn, preborn, and fetal personhood. The terms implicitly equate the in-utero entities as full humans. This framing is further emphasized by anti-abortion groups positioning abortion as a human rights issue[47], relating to the pregnancy rather than the pregnant person ("National Right to Life" 2024; Students for Life of America 2023). For example, the Students for Life website has listed abortion as a "human rights atrocity" (2023). This is useful to their cause. If fetuses are humans, they are eligible for the rights and protections that these groups are seeking.

In contrast, abortion-rights proponents tend not to reference the fetus. They do this because they want to keep the spotlight on the pregnant person, not the pregnancy. When pro-choice A&A do mention the pregnancy, they prefer technical and scientific terms to describe the pregnancy, like embryo and fetus. The word fetus was only used in three articles. This was often it was in direct contrast to the term "unborn" written in the *Dobbs* ruling and commonly employed by anti-abortion advocates ruling (Levinson-King

[47] The term "human rights" often refers to the positive rights I discussed in the Background chapter (Donnelly 2013). Therefore, the RJ and anti-choice side both employ human rights rhetoric but differ on which person's rights they are advocating for: the in-utero entity or the pregnant person. However, the American RR social movement frames abortion rights as negative right. Read "The ABCs (Access and Barriers to Care" section for more information on how RR differs from RJ in the U.S. context.

2023; Sneed, Vogue, and Biskupic 2022; de Vogue et al. 2022; Alito 2022). Often, they were pointing to the difference in *Roe* and *Casey*'s ruling that used the term fetus and protected abortion rights in comparison to *Dobbs* which overturned *Roe*. By using scientific terms, like embryo and fetus, it projects an air of intelligence, but also offers a dispassionate way to discuss the in-utero entity which emphasizes the lack of a personhood of a pregnancy.

Margaret's giggle and explanation highlights this distinction. Her usage of the term "fetus" aligns with her position as someone who is pro-abortion rights. Her explanation does so as well. Her explanation shows the difference between both the pro-abortion rights and anti-abortion framing. First, because Margaret is unaccustomed to talking about the fetus rather than the pregnant person. Moreover, even though Margaret is discussing the in-utero entity, they opt for a scientific term rather than the commonly used words by the anti-abortion movement like 'unborn' or 'preborn'. Data from my participant observation corroborates this. One such example is comments made at a fundraising event for a Massachusetts based RJ group.

Located at a new brewery during post-work happy hours, individuals from the organization donned a millennial mixture of professional casual—tee shirts underneath blazers. Most of the shirts had pro-abortion rights quips. Things like "Girls Just Wanna Have Fun-damental Rights" and "Women's Rights are Human Rights" were written in pink and orange script. The cute designs and pint glasses gave the event a friendly atmosphere. Taylor Swift's "Shake It Off" blasted from the speakers before being faded out. The mood shifted, as a representative from the organization introduced herself and

the fundraiser that occupied a corner of the bar. She said the goals of the fundraiser were to protect and promote RJ-focused legislation—that is, legislation that "protects people's right to the full spectrum of reproductive health care". While birth and reproductive care were central to the objectives of the event, not once was the word pregnancy or baby mentioned. In not a single event, interview, or Slack comment was the in-utero entity referenced.

For organizations, movements, advocates, and activists, there is a power in putting the pregnant person in focus. Without even conveying stakeholders' positionality, centering abortion policies and the general issue on the pregnant person communicates that abortion is about pregnant people. Journalists purposefully do this when they include further information in their articles about how policies impact people with uteruses. By framing the issue this way, statistics about how many people are denied care, the reduced maternal health outcomes, and the 'brain drain[48]' not only reinforce the framing but also become important to the conversation. Abortion becomes the link between why these statistics happen and matter. Abortion-rights stakeholders use this information and language to construct a specific reality of reproductive politics. Specifically, that abortion politics is about pregnancy-capable people, not the fetus. In comparison, stakeholders promoting anti-abortion policies neglect these realities.

[48] Recent statistics have shown that young people with uteruses are less likely to go for higher education in states with restrictive abortion policies (Nietzel 2022; Mermin-Bunnell et al. 2023). Additionally, anti-abortion policies have caused the closing of many reproductive health care clinics and driven medical practitioners away from wanting to practice in these states, resulting in a care gap in many of these locations (Rovner 2023; Callahan 2023). TurnUP Activism, the organization I worked with, even had a campaign to encourage students not to apply to colleges and universities in states with abortion bans.

For anti-abortion proponents, centralizing the fetal occupant not only reframes the issue's stakeholders but gives power to the images they include on their website. As one consequence of the field of embryology was the general fascination of the analogous structures between the embryo and a fully developed human (Morgan 2009). For example, one of the most famous pictures is the "Spaceman" as it depicts the fetus at eighteen weeks floating in an abyss (Cosgrove and Nilsson 1965). From this image one can see a nose, two ears, and closed set eyes. Enlarged to fit the front page of *Life* magazine, despite this fetus's nickname it looks less like a space traveler and more like an infant. This is how these analogous structures are often used by anti-abortion proponents to argue for the personhood of in utero entities. However, what is omitted from these conversations is the extreme magnification necessary to get a glimpse or that these fetuses are not alive when the images were captured (Morgan 2009; Jansen 2019)

While this use of analogous structures to represent humanhood can create a multitude of problems (i.e. what structures are necessary for personhood) it also reflects Foucaultian ideas of power/knowledge. For example, I previously mentioned fetal heartbeat laws. Although I critiqued the use of the word “heartbeat” in these forms of legislation, there is rhetorical power in conveying it as a heartbeat. The heart holds resounding cultural, philosophical, and biological significance. In history, it has been considered the seat of intelligence and also emotional life. We still see this today in our attachment to the purported connection between our circulatory organ and our capacity to love, despite science telling us that our emotions are seated in our brain (Andrews 2023; Yalom 2018). Likewise, the heart is considered one of the major organs keeping us alive.

Emergency-response training teaches all levels of professionals to first check for a pulse, to determine whether someone is alive (Garg et al. 2017).

Anti-abortion proponents capitalize on this cultural knowledge that the heart is responsible for emotional and biological life when they equate a "heartbeat" with life and fetal personhood. These stakeholders utilize the fact that most of the public voting for abortion legislation are fluent in these cultural conceptions of the heart. In addition, most are ignorant to the fact that the heart is not fully developed during this stage of the pregnancy. In this way, both anti-abortion and pro-abortion rights proponents use language and/or imagery to leverage power to convey their perspective.

The ABCs (Access and Barriers to Cares)

My analysis of my participant-observation data and of Slack archives related to RJ issues around abortion care showed similarities in their use of language. Unlike anti-abortion proponents' focus on the fetus, these A&A centralized the pregnant person. Due to the nature of TurnUP as a civic activism organization, it was unsurprising that issues of reproductive health intersected with political issues. For example, TurnUP members mentioned how abortion care impacted “women’s rights” and “women’s autonomy”. Some discussed how anti-abortion policies related to “anti-women” attitudes in general society.

In this section, I delve into the language permeating RJ platforms. Two words or phrases almost solely used by RJ A&A were “access” and “barriers to care”. While these terms were thrown around in participant observation events, Slack archives, interviews, and articles written about abortion, the phrases themselves were not defined. Every single

interviewee used the term “access” in relation to abortion care when I asked what the goals should be for a RJ-invested future. Following this question, I inquired each person to what “access to abortion care” meant. Here, I attempt to discuss why these terms are so favored by RJ A&A and will operationalize them. I will then elaborate how and why conversations dominated by “access” and “barriers to care” obscure issues RJ A&A may care about but ignore in their conversations.

RJ scholars’ focus on access and barriers to care critiques RR frameworks that neglect such factors. Rather than focusing on the practicality of obtaining abortion care, RR frameworks emphasize the right to abortion care through legal or legislative solutions. RJ A&A criticize this positioning of the issue since it neglects the fact that making abortion care legal is only one measure helping people receive abortion care (Ross 2006a; Luna and Luker 2013; Ostrach 2017; Morgan and Roberts 2012). As previously mentioned, this is best evidenced through the Hyde Amendment and subsequent Supreme Court Case, *Harris v. McRae,* 448 U.S. 297 (1980). To recap, the *McRae* decision found that the government had no obligation to guarantee a person an abortion by providing funding to Medicaid recipients. Rather, as stated in *Roe*, the government's obligation lay in not placing obstacles in the way of people wanting to receive abortions.

Accordingly, RJ A&A have moved outside the courtroom to discuss how certain groups of people are more likely to be denied an abortion for a multitude of reasons. By positioning abortion as an access issue, it reframes it as being more than political. Furthermore, it positions abortion (and all sexual and reproductive issues) as an

inherently social problem that oppresses all marginalized groups differently (Bakhru 2019). Through this reframing it changes the main question at hand from: do people have the *right* to an abortion to do people have *access* to abortion.

For informants, access and barriers to care are different sides of the same coin. When asked what access was, this often led to participants listing the types of barriers that would have to be eradicated. Margaret, Roxane, Alice, and Angela all mentioned some form of cost or the expense of care as barriers when asked to describe what they meant by the term “access”. Margaret, Angela, and Toni alluded to "community" or geographic barriers related to travel distances to clinics for care. For example, Toni mentioned how her school's clinic did not offer the full range of reproductive care services. This required her and her friends to sometimes find outside clinics to get health care. Roxane, Alice, and Toni also brought up over-the-counter contraceptives as potential solutions to barriers to access since oral contraceptives and many other forms of birth control require specific health practitioners' guidance. But Angela came the closest to giving an actual definition. She let out a held breath before saying, "access is not just having a high number of things. It's making sure people that need resources get them." Margaret nailed the issue on the head when she said that "everything" could be a barrier to access.

I was used to this mid-answer sigh that Angela gave, especially in response to this question. Describing something as abstract yet real as access, was frustrating for my informants. It is this reason why I believe they listed barriers rather than describing access. Likewise, they found it hard to articulate what complete access to reproductive

care would look like. This difficulty may be because few things in life are completely accessible, let alone reproductive care. However, Angela called access as a central principle of RJ. When I asked her to describe access and she listed barriers. I tried to push further by asking what reproductive health care would look like if there *were* RJ.

> *I never think it's truly possible. Like I feel like it's such a utopian ideal that I don't…I will do my best, but I feel like it will still be woefully inaccurate and insufficient, because that very reality of having reproductive justice would be like, it wouldn't even be a big deal, it wouldn't even be something that you, at that point even have a word for it, because it's just the lived reality of everyone having access to things… And it is an absence of factors and laws that take away not just personal autonomy and personal and community health and satisfaction, but anything that could conceivably get in the way that sort of utopian ideal of reproductive justice, I...you got my brain spinning, there's so many things that need to change to even get to that point.*

Sometimes, it is easier to list what something is not, than express what it is. Even listing barriers to care, to describe what access is, can be difficult. After a moment's thought, Margaret shared that "everything" could be a barrier to care, but specifically pointed to race, cost, and age. However, it is important to be able to name and describe these barriers to care.

In contrast, Roxane was the only person to mention that education, or lack thereof, inhibits individuals from being able to advocate for themselves and the type of care they might want to seek:

> *Access to me looks like education. Being educated about my choices, my options. Also being educated about what it would take to get to those positions. For me, access is education. It is something I've noticed…Like sexual education. If you do this, this is what it might lead to. And not in an abstinence point of view at all. No, like, I believe in everyone's sexual liberation, but in the sense of, so this is what could happen, if you went down this route. And I think that education would help a lot of people make those choices on their own. The one [thing] that is the most powerful in that it [education] gives you so much knowledge. And I think a lot of*

> *times a lot of people are disadvantaged, because they're not taught. So, for me, education would be number one.*

Roxane's acknowledgement of education to create avenues of access to reproductive care reaffirms how knowledge is power. Roxane describes how advocating for one's health is a useful tool in the healthcare experience. For example, take a common barrier to pregnancy prevention: obtaining oral contraceptives. Currently, to obtain such forms of birth control, a person must consult with a healthcare professional. As the gateway to the medication, the practitioner holds most of the power in this situation—a power they have acquired through meeting certain standards of professional and intellectual competence according to the biomedical system. This gives them the power to not only dispense said contraceptives, but also to decide which ones to give. The patient can either become compliant in this decision or advocate for certain alternatives. The only way they can show their concern is through exhibiting knowledge of the alternatives. Although new practices in medicine have been trying to change this power dynamic, the reality is that biomedical knowledge is leverage for power over their own reproductive health (Cadena, Chaudhri, and Scott 2022; Harper et al. 2023; K. O. White et al. 2022).

Therefore, to obtain power in this encounter, individuals often educate themselves on alternatives. As Roxane put it, education in relation to access was "to know that there is another path." Hence, by educating themselves, they are also subverting traditional forms of power so that they could advocate for themselves. Roxane and all my other participants mentioned how conversations with friends included sharing information on

their own health statuses and tips and tricks for navigating health care settings. For example, Alice described a specific moment when she had conversations with friends about different contraceptive options:

> *When I started college, I had friends asking me if I was on birth control, and then suddenly I was the one who had more information about it (in high school she was the last to go on oral contraceptives)...[I was] able to talk to them and be like, this is what I'm on but here are these other options. And oh, why would you be on birth control? Okay, well, here's why I chose to be on birth control. But there are other benefits and there are other, you know, it might mess with your hormones, that could be a negative.*

These moments show how individuals become education resources for their peers in the effort to expand their alternatives. Often college was framed as a time when individuals, now out of their parents' purview, were able to make contraceptive decisions considering their own desires rather than their parent's. Furthermore, by sharing additional information, like other options, they helped prepare each other for the health care encounter so that they could become advocates for their health.

To summarize, access is the ability to obtain care—in this case, abortion care—if one wishes. Barriers are anything that may block access. In the American context, often barriers like cost are thrown around due to the high cost of healthcare in this country (Baker and Mathis 2022; Kimport 2022; Fuentes 2023; Upadhyay et al. 2022). However, I employ a broad sense of the word. Anything can become a barrier to care. For example, not being able to reach the receptionist to book an appointment at the clinic, because your lunch break overlaps with theirs or they do not speak the same language as the receptionist, *can* prevent someone from accessing care. This would make, scheduling would be a barrier. But as my informants observed, they are flip sides of the same coin.

Although access and barriers to care is a major problem with abortion care in this country, the hyperfocus on access hides other issues often forgotten from the conversation.

One issue is that while access is central to RJ discourse, it is ill-defined as demonstrated by my participants' inability to describe access. Despite this, access is heralded as the ideal for RJ. Alice and others described the goal of RJ as when all reproductive health care is "*accessible…to all women in the community.*" Several other participants recited similar goals in the Slack archive. In over one hundred and twenty comments analyzed, twenty times was the term access used when talking about reproductive policies. Even though, I defined access earlier, this definition does not come from my interlocutors. Like I mentioned, participants attempted to define it in its absence, and I had to infer the operationalization of access. Their inability to describe access is a problem. RJ A&A cannot define it, how will they know it when they see it?

Additionally, Angela's quote about how a world with RJ "wouldn't even…at that point even have a word for it" demonstrates the power in naming and describing something. The ability to name and describe a phenomenon is the ability to bring something into being. Regarding social movements, it is essential to be able to name these problems as it allows us to see that these issues exist (Chadwick 2023; Foucault 1980). Therefore, language can not only convey the knowledge that something exists but also gives these movements power. This power can facilitate change by enabling both sides to recognize the issue at hand. The first step in solving a problem is acknowledging

that there is a problem. Therefore, the inability to describe and name what fair access looks like would offer validation and power to the RJ movement.

The other problem is that conversations that centralize access neglect the importance of quality of care. Interviews, such as Angela's about her sterilization procedure, demonstrated that quality of care was important. However, not a single person mentioned it as a goal of RJ-informed reproductive care.

The World Health Organization (WHO) and other international bodies of governance have discussed the importance of receiving the highest attainable forms of health care (World Health Organization 2023; *International Covenant on Economic, Social and Cultural Rights* 1966; *Universal Declaration of Human Rights* 1948). However, these discussions of quality of care in abortion centralize issues like service-delivery and health-outcomes and have often neglected people's personal experiences with these forms of healthcare (Darney et al. 2018). Despite this, research has shown that quality of care, access, and stigma together contribute to negative health outcomes of those who receive abortion care (Foster 2021; L. J. Ralph et al. 2019; Miller, Wherry, and Foster 2020). Furthermore, many scholars have suggested that without addressing the stigma, misogyny, and racism associated with anti-abortion sentiments it makes it difficult for people to advocate for safe and legal abortions (Sorhaindo and Lavelanet 2022; Alspaugh et al. 2023; Ostrach 2016). Therefore, as an intersectional framework, quality of abortion care should therefore take a foreground role. If people have access to low-quality care, is that really achieving RJ?

Some RJ studies mention low-quality care to expose how characteristics like race and income inform quality of care which impacts health outcomes (Burger, Evans-Agnew, and Johnson 2022; Morcelle 2022). This is important but not the whole picture. Poor healthcare experiences are enough to validate the need for better quality of care, whether or not they lead to negative health outcomes. Other RJ scholars have tried to emphasize this by advocating for person-centered models of care (McReynolds-Pérez et al. 2023; Dehlendorf et al. 2021). These models center people's values, experiences, and desires to guide the experience (Coulter and Oldham 2016).

Thus, while conversations around access to abortion care open the discussion to understand the reality of abortion experiences in the U.S., quality is a word often neglected in RJ discourse. While quality of care may be implicit in these conversations around abortion care, the lack of a unified definition of quality, and complete lack of an understanding of what access means makes it hard to understand if these are things that some RJ A&A consider.

Why Language Matters?

As I mentioned in the beginning, the focus of this chapter is not to examine policy. However, it is important to note that research has shown that A&A's language influences policy decisions. For example, a Morning Consult poll showed that not only did most Americans not understand that "Obamacare" and the Affordable Care Act (ACA) were the same thing, but also people were less likely to vote for the conservative dubbed Obamacare (Dropp and Nyhan 2017). Additionally, these rhetorical techniques are also being used within the policies themselves. Moreover, these language devices are

also contributing to restricting abortion. From *Gonzales* to *Dobbs*, anti-abortion Supreme Court decisions have been littered with anti-abortion language like "abortionist" and "unborn" (Kennedy 2007; Alito 2022). As the judges of the highest court in the land, they also set precedent for what is acceptable in judicial hearing.

In the case *Alliance for Hippocratic Medicine v. U.S. Food and Drug and Administration (FDA)* (2023), federal judge Matthew Kacsmaryk used vehement anti-abortion language in his ruling. The case was set to decide whether the FDA was egregious in its approval of mifepristone, a drug in a two-part regimen used for abortions. In his decision, he attempts to overrule the FDA approval, spewing counterfactual information. He claimed the drug "ultimately starves the unborn human until death" (Kacsmaryk 2023, 2). By saying the in-utero entity "starves" he anthropomorphizes it. He makes the pharmaceutical seem like a torture device when it is a hormone blocker (Center for Drug Evaluation and Research 2023).

Conclusion

All in all, in this chapter I asserted that 1) language plays a pivotal role constructing positionalities in abortion discourse, 2) both sides use language as a tool, 3) the RJ movement uses language to focus on different issues compared to the RR movement, and 4) RJ's language may compound certain problems in understanding the issues that the movement is working against. I applied several linguistic theories, such as Foucault's theory of power/knowledge, Goffman's theory of problem-framing, and Lakoff's theory of framing to the media analysis I conducted, and to an analysis of participant-observation and archival data, to ground this argument in scholarly work and

demonstrate that language reveals information about power and politics. Although many individuals in these social movements pay attention to the content of their arguments, I argue that more attention needs to be provided to language choices that are being made and the implicit meanings they convey.

Without addressing the language and how it is being increasingly politicized and used, anti-abortion advocates will garner more and more power over the conversation. This is because anti-abortion advocates have taken a political problem-framing approach, purposefully choosing, or renaming to manipulate it to agree with their ideas around abortion care (Armitage 2010; Annas 2022). Additionally, the words will begin devolving, slowly losing their scientific meaning, and become entrapped by connotations associated with their new terms. RJ A&A need to assert how they are using this language to better show the reality of abortion.

RJ A&A also need to become more accountable for their own discourse. Parroting others does not help their cause. Rather it disenfranchises it by making A&A who are unable to debate the merits of their own standpoints and recognize how to make progress. Leaders within the RJ movement should take the time to educate newer members on their goals and their importance. Additionally, RJ A&A need to make more space for conversations around the quality of care. While access is essential to providing care, ethnographies of reproductive healthcare experiences have shown us that just having care does not support having positive health outcomes (D.A. Davis 2019; Suh 2021; Bridges 2011). Poor quality of care is also most likely to disproportionately impact people of color, low-income people, and other marginalized groups (Frederiksen et al. 2021; Shukla

et al. 2022). As well, younger individuals are more likely to receive poor quality of care due to their lack of agency in their reproductive health care decisions (Brittain et al. 2022; Ostrach 2022). If the goal of RJ is to protect these populations and to embrace equitable and intersectional approaches to health care, quality must take a seat at the table.

CHAPTER SEVEN: CONCLUSION

Within this thesis I have demonstrated the wide-scale impact of the historic *Dobbs v. Jackson* ruling. I emphasized that, for my participants, this decision was more than a legal/human-rights-based cataclysmic event. Instead, it sent ripples disrupting the social and political implications of reproductive health care in the United States. I have argued that the *Dobbs v. Jackson* decision that overturned *Roe v. Wade* had a wide impact on youth RJ/RR A&A's perceptions of their health and wellbeing. While the decisions directly affected some persons' access to abortion care, interviews and participant observation data collected over a year-long period showed that people's mental health was also affected by the decision.

First, I showed that the media's portrayal of the issue, anticipated barriers to forms of reproductive care, and a sense of powerlessness originating from the decision all contributed to feelings of fear and anxiety in young RJ A&A. However, it is important to note, *Dobbs* did not destroy all these individuals' hope and optimism.

Next, I expanded on how participants often found the U.S.'s political and health care system to be disempowering. I assert that participation in collective action is a way that RJ A&A try to navigate around this power barrier. Descriptions of collective action were juxtaposed against American cultural norms instituted to protect the most privileged individuals. Biosolidarity fostered collective action to facilitate local and potentially larger scale change by individuals with limited agency.

Finally, I contended that language framing is essential to the development of how abortion is portrayed. All in all, abortion discourse is limited by the language employed,

by both anti-abortion and abortion rights advocates. Both sides' goal is to portray their beliefs the most sympathetically. While this contributes to the disconnect between the two sides, it also becomes problematic as it isolates specific issues to be addressed as overarching solutions while obscuring other problems of abortion care in America.

If there is one thing to take away from this study, it is that *Dobbs* affected more than just people's ability to get the abortion services they need. Reproductive health care researchers are still trying to describe, analyze, and total the impact. Moreover, abortion stigma and the clandestine nature of this form of healthcare, especially since the decision, will make it hard to ever grasp its influence fully. Questions about how many lives lost, destroyed, or even just changed will not be fleshed out in its fullest for many more years. This document will serve as a small portion of understanding the *Dobbs* decision's crater-like impact.

Potential Policy Solutions

As an anthropologist working on a topic that directly impacts life, health, and death, it is necessary to do more than just describe what happened after *Dobbs*. While it is academically advantageous to grapple with these problems analytically, it offers little to the individuals whose lives are directly impacted by these problems. Research should never be for research's sake: but rather should justify the time, energy, and effort spent by the participants. Otherwise, the researcher would be nothing more than an intellectual voyeur. Therefore, in this section I attempt to move beyond the books and offer policy solutions to the problem at hand. Here, I take inspiration from medical anthropologists

Philippe Bourgois and Jeff Schonberg's concept of "good-enough critically applied anthropology" (2009, 298).

This term builds from Nancy Scheper-Hughes's "good enough ethnography". She uses this phrase to describe how ethnography is the "most crucial tool in our efforts to use our situations to recognize and witness suffering, to refuse to legitimate it, and to find our own forms of meaningful work in relation to it" (Scheper-Hughes 2009; D. Eaton 2006, 90). Bourgeois and Schonberg's addition of the words "critically applied" puts an additional tool in their repertoire: the ability for anthropologists to use their work and data to offer practical policy solutions, employing their understanding of theory and experiences dealing with those who are suffering. Therefore, policy solutions are directly informed by my theoretical underpinnings but also experiences talking with individuals who expressed various forms of suffering. Below I list five policy solutions, most of which take a focus on state level government actions. Due to the lack of federal protections and the United States having a federalist division of power, states have more opportunities to provide concrete aid to abortion distress. Additionally, I want to echo what I mentioned in my last chapter. While most of these policy solutions address issues of access, quality of care is often neglected. This does not mean it is not important. Rather I take a page out of the WHO's book. In these solutions, I am describing ways that would hopefully increase access to what the WHO would call "respectful abortion care[49]" (WHO, 2024). Because abortion (and all forms of health care) impacts the social and

[49] The WHO has a report that is over two hundred pages that discusses what qualifies as respectful abortion care. For more information on what that entails please see *Abortion Care Guideline* (WHO 2022).

mental health of individuals, quality is a pillar of what is needed to protect and support peoples' health.

Reproductive Justice Recommendations

However, RJ A&A who have been in the movement for some time need to have this conversation with their younger and/or newer members. As I showed in the last chapter, the inability to describe access or include quality in conversations around health care will do little to ensure policies decisions reflect RJ goals. Leaders within the RJ should increase access to resources such as free Zoom conversations about contemporary RJ issues; providing literature to these individuals may help get individuals on a more unified platform. These resources should include how and why quality care is necessary. While many social movements have those who are less knowledgeable and articulate, one of the major successes in the anti-abortion movement is their ability to argue their position. RJ A&A need to be able to convey, to those who doubt their position, why these issues matter for any type of policy solution to be effective.

State Constitutional Protections of Abortion Rights

While *Dobbs* rules that the federal Constitution does not protect a person's right to an abortion, it does not mean that state constitutions cannot protect this right. Currently, seventeen states (and Washington D.C.) have legal protections for abortion care, only three of which are constitutional (Guttmacher Institute 2023a). By placing the right within their state constitution rather than passing legislation, it prevents courts from challenging the status of the law. Additionally, constitutional amendments can be

designed to protect various other related reproductive decisions. For example, a right to abortion described as a right to bodily autonomy not only helps protect people obtaining abortion services, but also protects individuals from other biopolitical interventions such as forcible sterilization.

When writing these constitutional amendments, RJ's three major tenets[50] should remain the focus since abortion is a singular way in which reproductive oppression exists within the United States. The right to abortion is just as important as the right for incarcerated individuals and those with substance use disorders to be parents to their children. Simply constituting protections as the right to an abortion lacks the critical understanding of how reproduction is stratified across American society.

Even if every state protected the right to abortion, it would lack the intersectional analysis and continuously contribute to problems around abortion care that persisted even before the *Dobbs* decision. Interlocuters were clear that an intersectional approach to any solution was necessary to combat reproductive health inequities related to abortion care. This is why they included intersectionality in conversations of other SJ issues during conversations of RJ. As RJ A&A have claimed for years, a right to abortion does not protect nor promise someone access to quality reproductive care and not everybody's reproductive liberation come from being able to have an abortion (Ross and Solinger 2017; Luna and Luker 2013; Ross 2006b). The emphasis on community support and collective action supports this ideal of collective liberation rather than the individual one

[50] See Background chapter for tenets.

framed by the RR or pro-choice framework (see Chapter Five for more details on community).

If one wants to address legal abortion federally, there are very limited ways to do so. Due to the current Supreme Court make-up and the unpredictable nature of who will be the next president, Congress becomes the only other option in passing such reform. Specifically, I suggest the passage of the Women's Health Protection Act of 2023 (WHPA) (Chu 2023). WHPA offers an avenue of making abortions federally protected, a small step in addressing the problems associated with abortion access however, still a step in the right direction.

Allocate Funding for Abortions and Contraceptives

One of the major barriers to abortion care is financial. The procedure itself on average costs $550 before factoring time off from work, travel, childcare, and all the other miscellaneous expenses associated with receiving an abortion (Witwer et al. 2020). A recent article by the *New York Times* pointed out how much the price has increased as more barriers to care have been erected in some states (McCann 2022). Abortion restrictions have increased the distance people need to travel and the amount of time for people to receive care. These barriers have inflated the price of an abortion (McCann 2022). When factoring that those seeking abortion care are more likely to be low-income, expecting individuals to cough up thousands of dollars for healthcare is just unrealistic (Rachel K. Jones, Chiu, and Kohn 2023; Dehlendorf, Harris, and Weitz 2013). Participants were particularly concerned with the cost of health care. Some shared how their low-income status was a barrier to a variety of reproductive health services, abortion

included. During conversations on access, the most common barrier cited by informants was cost.

By allocating funds specifically for abortion care, governments can provide practical support for it. Additionally, these funds can be used to improve infrastructure problems associated with abortion, like building clinics in care deserts, or it can also be given directly to individuals seeking care. Moreover, with the current state of affairs, funds must be accessible to everyone obtaining care within the state, not just in-state residents. By limiting who can use these funds, residency status and potentially citizenship status, depending on how the statute is framed, can become possible barriers to people trying to get care. Additionally, this would be particularly useful for young adults, such as my informants, many of whom lived in a state where they were not residents while in college. By framing the policy and funds as only accessible to in-state residents, governments would be exacerbating structural inequities for out-of-state residents trying to obtain abortion care.

Moreover, there should be an increase in financial support for low-income individuals seeking contraceptives. This is particularly important as evidenced by my research as participants felt that effective contraceptives were one way to reduce the risk of needing an abortion in a landscape where abortion access was indeterminate. While the U.S. has the Title X program which has provided family planning services to low-income individuals since the 1970s, their ability to provide care has been recently undermined. In 2019 the Trump administration changed regulations which prevent providers within the program for alerting pregnant patients that they provided abortion services (Gerson

2021). This dramatically changed the program's impact slashing its network in half and choked off access to an estimate 1.6 million individuals, the majority of whom are 20-29 years old, like my population (Gerson 2021; Dawson 2021). While the Biden administration rolled back this regulation, this did not bring back the clinics that left the program. Therefore, federal and state governments need to increase the financial support to programs to address this divide.

RJ groups can also aid these programs by providing free resources and education on these programs and contraceptives for their members and the public. This would be essential to building back the program and allowing more people to access these services. Furthermore, RJ organizations can also consider providing contraceptives such as emergency contraceptive pills, as many of the companies that produce these pills donate low-cost or free samples of their product ("Julie For All" 2024; "Community Impact" 2024). Therefore, RJ organizations can become an essential link in connecting people to the care they need by sharing and providing options that are already available but are unknown.

Additionally, funding should give preference to clinic where patient-led contraceptive counseling is provided as research has shown that contraceptive decision-making has largely reflected physician preferences rather than patient preferences (Dehlendorf et al. 2010; Gomez et al. 2019). In other words, physicians' preferences for certain contraceptive attributes and methods have out-weighed patients' preferences. This has led a push to provide contraceptive counseling that allows the patients to make decisions about their reproductive health, called patient-led contraceptive counseling (K.

O. White et al. 2022; Cannon et al. 2021; Manzer and Bell 2022). This is essential to ensuring quality health care experiences as this mode of counseling allows for patient's concerns to best be addressed and considered by their providers. Additionally, it allows individuals to have access to birth control methods that can ameliorate their stress associated with *Dobbs v. Jackson* decision.

Expand Public and Private Insurance Coverage of Abortion

Despite the Affordable Care Act's attempt to provide everyone with health insurance and regulate what forms of health care are covered by their insurance, there are still gaps. Roughly 7.9% of the nonelderly population, or around 26 million people, are uninsured (Peter G. Peterson Foundation 2023). In particular, surveys show that one of the largest uninsured age groups is young adults, like my population (Conway 2020). This issue is exacerbated by the fact that the same groups who are more likely to be uninsured are also those who are more prone to seek abortion care and most disproportionately impacted by abortion restrictions (Tolbert, Drake, and Damico 2023; Fuentes 2023). Half of my participants mentioned insurance in relation to cost barriers to abortion or contraceptive services. Hence, expanding access will help reduce the out-of-pocket expense of insurance. One large way to reduce this number is to allow undocumented individuals to be able to get Medicaid or be able to buy insurance on the marketplace as the Health Equity and Access under the Law (HEAL) Act proposes.

And even for those with health insurance, cost is a barrier to care. As I mentioned earlier, the out-of-pocket cost of an abortion has risen exponentially in the last few years as restrictions have increased. One way to reduce the cost of abortion is by expanding the

types of health insurance plans that cover abortion care. Only seven states have legislation requiring private health insurance plans to cover abortion services and many more have restrictions for public and private insurance coverage of abortion care (Guttmacher Institute 2023b).

However, this must be a concerted effort between the federal and state governments as the federal government provides the funds for Medicaid, Medicare, and Children's health Insurance Program (CHIP). Currently, this money is prohibited from covering abortion care under the Hyde Amendment. While some states have decided to provide their own funding to cover abortion, not all have done so. Currently, seventeen[51] states and Washington D.C. do not cover abortion care in their public health insurance programs due to the Hyde Amendment[52] (Guttmacher Institute 2021). Therefore, the federal government must remove the Hyde Amendment from all annual spending bills. This is especially pertinent as we know that those seeking abortion services are more likely to be low-income. Additional research has shown that lack of funds increases logistical barriers such as finding a provider (Salganicoff, Sobel, and Ramaswamy 2021; Foster and Kimport 2013). One method of getting rid of the Hyde Amendment is through the Equal Access to Abortion Coverage (EACH) Act. This bill proposes that every health insurance plan covers abortion care and prevents "political interference" on abortion access for private insurance plans (All* Above All 2021).

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[51] Nine of these states are required to offer abortion care due to a court order (Guttmacher 2021).

[52] It is important to note that overturning the Helms Amendment should also be a goal. The Helms Amendment prevents the usage of foreign assistance from the U.S. to be used to cover abortions (Moss and Kates 2022). As one of the largest contributors to sexual and reproductive global health initiatives, the U.S. government not only hinders access to reproductive care nationally, but globally through this paternalistic policy (KFF 2024).

Investing In Community Support Measures

This would include providing funds and support for abortion clinics, their staff, and the community as a whole. These resources would go directly into protecting clinics and their staff from harassment without the need for law enforcement. These measures can include, but are not limited to, providing a physical space around clinics to ensure that patients and staff can entire the premise without being harassed by protestors. Additionally, to secure the safety of those at an abortion clinic, financial resources can be essential in providing clinic escort programs and de-escalation training to staff members. Often community needs such as protection and security are deemed the responsibility of the police. However, police intervention can prevent those with marginalized identities, such as undocumented persons, from accessing the clinic. Therefore, by investing in these community-based solutions, individuals can feel safe and supported when in or nearby an abortion facility.

Additionally, as I showed in Chapter Four, mental health is a major concern for participants. Community mental health supports are essential for addressing the toll that the *Dobbs* decision had on individuals. Health practitioners should inquire about their patient's mental health and well-being during visits. These individuals should be open to not only addressing health concerns but how policies may be impacting their patients' health as more policies affect the health and well-being of their patients. Even public health professionals have begun adopting the term political determinants of health to describe how policies such as *Dobbs v. Jackson* are directly impacting the health of individuals (Londoño Tobón et al. 2023).

One option for doing this is to integrate mental health and reproductive health services. For example, this could include increasing the amount of Planned Parenthood clinics that provide in-person or online mental health services. But more importantly, it requires us to re-examine *Dobbs* and other policies as not only reproductive health decisions but also as mental health decisions. There are already some individuals who have begun doing this research, even before *Dobbs,* and their work will be essential in addressing this health crisis (Foster 2021; Biggs et al. 2017; Londoño Tobón et al. 2023).

Addressing the Rise of Misogyny Implicit in U.S. Society

Finally, money, time, and effort need to be examined along with the rise of misogyny in American society. Several scholars have begun exploring these trends especially with the creation of the incel, or involuntarily celibate, and the rise in fame of people like Andrew Tate who call for the absolute domination of "women" (O'Malley, Holt, and Holt 2022; Halpin et al. 2023; Wescott, Roberts, and Zhao 2023). While abortion does not impact all women and not everyone who can become pregnant identifies as a woman, abortion and reproduction are commonly associated with feminine presenting identities. As I mentioned in a previous chapter, my participants struggled to discuss this aspect of abortion discourse. As people like Mary shared, they often had run-ins with individuals whose disgust with abortion stemmed from their assumption that only women get pregnant and their misogynistic beliefs on women.

More and more anthropologists are seeing how these misogynistic beliefs are impacting reproduction, as more women call for an egalitarian society that men seem to not buy into. For example, reproductive anthropologist Marcia Inhorn's new ethnography

on egg freezing trends in the U.S. and U.K. found it is not the rise in women's education of salaries that is driving more women to the egg banks but the inability to find a partner willing to share in an equal partnership (2023).

To address the seemingly skyrocketing acceptance of sexism, I echo the American Civil Liberties Union (ACLU)'s legal scholar Nadine Strossen that counterspeech is key. Strossen has been an advocate against censorship for years and wrote a book on how inhibiting hate speech[53] fosters future harm and discrimination by putting it into hiding rather than addressing the issue at hand (2020). In this book, Strossen argues on how facilitating open conversations with the goal of sharing information, which she calls counterspeech, is more productive than inhibiting hate speech. While Strossen has often applied her work to anti-Semitic or homophobic discourse, it can be applied to the current sexism problem. By opening the dialogue to include information sharing with the goal of exchanging honest information, we can begin to ask ourselves why these ideas persist. One participant, Alice, organized a similar event at her school and discussed its success. In a day and age where information is exchanged at a rapid rate without any concerted effort to make sure that it is accurate and precise, it may make sense to step away from the screen to get to the center of the issue.

All in all, these policies attempt to address abortion related health inequities. As we move further away from the *Dobbs* decision, more people will be confronted with the reality that abortion care is expensive, inaccessible, and may not be at a quality standard.

[53] Hate speech is not the same as hate crimes. While facilitating freedom of speech offers opportunities for recognition of humanity in each other, actions that purposefully harm others based on a specific race, religion, creed, belief etc. is not something I believe should be protected.

Now is the time to confront these systemic health care issues. Now is the time to fight anti-abortion legislation and refute the cultural attacks of abortion care. Now is the time to recognize that without these protections people will not receive the care they deserve and need.

APPENDIX

Table 1. Part one of the tabular representation of results from media analysis.

Media Analysis Chart									
Media Outlet	**Title**	**Bias/Implict Belief**	**Number of Pro-Access Quote**	**Number of Anti-Access Quote**	**David & Goliath (Example & Total)**	**Woman/Pregnant People Mentioned (*included in a quote)**	**Number of Statisitics**	**In-Utero Mentioned (*included in a quote)**	**Name**
AP News	"Report: Supreme Court Draft Suggests Roe Could be Overturned"	Slight Left/Pro-Abortion Access	4	4	3	3	1	0	0
AP News	"Supreme Court Overturns Roe v. Wade; States can Ban Abortion"	Slight Left/Pro-Abortion Access	2	2	1	6	4	0	0
AP News	"Kansas Voters Resoundingly Protect their Access to Abortion"	Slight Left/Pro-Abortion Access	4	3	3	2	1	Unborn (2)*	0
AP News	"Access to Abortion Pill in Limbo After Competing Rulings"	Slight Left/Pro-Abortion Access	3	3	2	2	2	0	0
AP News	"California to End Walgreen Contract After Abortion Dispute"	Slight Left/Pro-Abortion Access	3	2	1	1	1	0	0
AP News	"First Over-the-Counter Birth Control Pill Gets FDA Approval"	Slight Left/Pro-Abortion Access	4	0	2	7	2	0	0
BBC	"Roe v. Wade: US Supreme Court may Overturn Abortion Rights, Leak Suggests"	Center/Pro-Abortion Access	4	2	1	3	2	Unborn (1)*	0
BBC	"Roe v. Wade: US Supreme Court Ends Constitutional Right to Abortion"	Center/Pro-Abortion Access	4	4	2	4	1	0	0
BBC	"Kansas Abortion Vote: Major Victory for Prochoice Groups"	Center/Pro-Abortion Access	2	2	1	1	0	Babies (1)*	0
BBC	"Mifepristone: US Abortion Pill Access in Doubt After Rival Rulings"	Center/Pro-Abortion Access	4	2	2	3	2	Unborn (1)* Fetus (1)	0
BBC	"US Fight Escalates Over Abortion Pill, Mifepristone, at Pharmacies"	Center/Pro-Abortion Access	1	2	2	3	5	Unborn (1)*	0
BBC	"US Considers Over-the-Counter Birth Control Pills for First Time"	Center/Pro-Abortion Access	3	0	1	2	1	0	0
CNN	"Supreme Court Draft Opinion That Would Overturn Roe v. Wade Published by Politico"	Slight Left/Pro-Abortion Access	3	3	2	5	2	Fetus (2)	0
CNN	"Supreme Court Overturns Roe v. Wade"	Slight Left/Pro-Abortion Access	5	3	1	7	3	Unborn (2)* Fetus (2)	0
CNN	"What the Kansas abortion Surprise does (and does not) Mean for November"	Slight Left/Pro-Abortion Access	3	0	1	2	2	0	0
CNN	"Democrats Slam Texas Abortion Ruling as Republicans Mostly Go Quiet"	Slight Left/Pro-Abortion Access	9	1	2	2	0	0	0
CNN	"Newsom to Shut Walgreens Out of California State Business Following Abortion Pill Decision"	Slight Left/Pro-Abortion Access	4	2	1	1	0	0	0
CNN	"FDA Advisers Vote Unanimously in Support of Over-the-Counter Birth-Control Pill"	Slight Left/Pro-Abortion Access	5	1	1	7	3	0	0

Table 2. Part two of the tabular representation of results from media analysis.

Media Analysis Chart									
Media Outlet	**Title**	**Bias/Implict Belief**	**Number of Pro-Access Quote**	**Number of Anti-Access Quote**	**David & Goliath (Example & Total)**	**Woman/Pregnant People Mentioned (*included in a quote)**	**Number of Statisitics**	**In-Utero Mentioned (*included in a quote)**	**Name**
NPR	"Leaked Supreme Court Draft Opinion Renews the Political Debate Involving Abortion"	Slight Left/Pro-Abortion Access	0	0	1	1	1	0	0
NPR	"Supreme Court Overturns Roe v. Wade"	Slight Left/Pro-Abortion Access	1	1	1	3	2	0	0
NPR	"Abortion Rights Activists Win Big In Kansas (And Other Primary Results)"	Slight Left/Pro-Abortion Access	0	0	1	1	1	0	0
NPR	"Judges' Dueling Decisions Put Access to a Key Abortion Drug in Jeopardy Nationwide"	Slight Left/Pro-Abortion Access	3	3	2	1	1	0	0
NPR	"California will Cut Ties with Walgreens Over the Company's Plan to Drop Abortion Pills"	Slight Left/Pro-Abortion Access	2	1	1	1	0	0	0
NPR	"FDA Approves Opill, the First Daily Birth Control Pill without a Prescription"	Slight Left/Pro-Abortion Access	1	0	0	2	0	0	0
NY Times	"Supreme Court Roe Draft Draft Supreme Court Opinion Would Overturn Abortion Decision"	Slight Left/Pro-Abortion Access	7	6	2	4	0	Unborn (1)*	0
NY Times	"In 6-to-3 Ruling, Supreme Court Ends Nearly 50 Years of Abortion Rights"	Slight Left/Pro-Abortion Access	7	6	1	12	0	Unborn (1)*	0
NY Times	"Kansas Votes to Preserve Abortion Rights Protections in Its Constitution"	Slight Left/Pro-Abortion Access	5	4	4	7	2	Babies (1)*	0
NY Times	"Abortion Ruling Could Undermine the F.D.A.'s Drug-Approval Authority"	Slight Left/Pro-Abortion Access	8	0	2	0	0	0	0
NY Times	"Walgreens Loses Contract With California Over Stance on Abortion Pill"	Slight Left/Pro-Abortion Access	1	2	1	0	0	0	0
NY Times	"F.D.A. Approves First U.S. Over-the-Counter Birth Control Pill"	Slight Left/Pro-Abortion Access	5	1	0	15	3	0	0
FOX	"Supreme Court Set to Overturn Roe v. Wade, Leaked Draft Opinion Shows: Report"	Hard Right/Anti-Abortion	1	1	3	1	0	Unborn (2) Innocent life (1)*	0
FOX	"Supreme Court Overturns Roe v. Wade in Landmark Abortion Decision"	Hard Right/Anti-Abortion	2	7	2	3 (2 times in a quote*)	0	0	0
FOX	"Kansas Abortion Constitutional Amendment Rejected by Voters"	Hard Right/Anti-Abortion	1	0	2	2 (1 time in quote*)	0	0	0
FOX	"Federal Judges Issue Dueling Decisions on Abortion Drug Mifepristone"	Hard Right/Anti-Abortion	1	1	1	0	0	0	0
FOX	"Newsom Blasted for Declaring 'We're Done' with Walgreens for Restricting Abortion Pills: 'Utter hypocrite'"	Hard Right/Anti-Abortion	7	7	1	5*	0	0	0
FOX	"FDA Sonsidering Approval of First Over-the-Counter Birth Control Pill"	Hard Right/Anti-Abortion	0	0	2	2	0	0	0

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