

# UC Riverside

## UCR Honors Capstones 2023-2024

### Title

WOMEN'S REPRODUCTIVE HEALTH: MORE TO LIFE THAN MOTHERHOOD

### Permalink

<https://escholarship.org/uc/item/6wx423tz>

### Author

Wood, Isabella V

### Publication Date

2024-07-24

WOMEN'S REPRODUCTIVE HEALTH: MORE TO LIFE THAN MOTHERHOOD

By

Isabella V. M. Wood

A capstone project submitted for Graduation with University Honors

March 15, 2024

University Honors  
University of California, Riverside

APPROVED

Dr. Jade Sasser  
Department of Gender and Sexuality Studies

Dr. Richard Cardullo, Howard H Hays Jr. Chair  
University Honors

## ABSTRACT

Women's reproductive health encompasses more than just pregnancy. There are many factors that play crucial roles in the health and well-being of women, such as contraception, abortion, the struggles of infertility, and most importantly, gaining access to proper care to maintain overall health. However, as we have seen throughout history, women in the United States have had to overcome many challenges and fight for the right to be able to govern their own bodies and healthcare. The immense impact that lack of proper care, such as denied access to abortion, birth control, and fertility treatments, has on women daily is all too often overlooked, and this is not due to lack of research. This project studied women's reproductive health in terms of the history of access to contraception and abortion, the impact of values of others on public policy, and advocacy of reproductive justice to better understand the disparities that exist in women's healthcare and explain how they came to be. These topics were explored via a literature review and analysis of previous scholarly work on the subject. Women's reproductive health contains aspects, such as abortion and contraception, that have had political conflict surrounding them for a very long time. It was the goal of this project to understand and spread awareness of the impact that political turmoil has had on comprehensive women's health, and how some of those impacts can be remedied.

## ACKNOWLEDGEMENTS

I would like to acknowledge and express my immense gratitude to my University Honors Faculty Mentor, Dr. Jade Sasser, who made this capstone project possible. Her guidance and advice saw me through all the stages of researching and writing this project. I would also like to thank the University Honors program staff and faculty for providing support and promoting critical thinking during my research.

TABLE OF CONTENTS

Introduction.....5

History of Access to Abortion and Contraception.....8

The Impact of Values and Beliefs on Public Policy.....12

Advocacy for Reproductive Justice.....17

Conclusion.....20

References.....22

## Introduction

Women's reproductive health is essential for the overall health and well-being of women. During the International Conference on Population and Development in 1994, reproductive rights were further established as a human right by increasing awareness of the significance of reproductive health and rights in society (Wright et al., 2015). Reproductive rights and reproductive justice may appear similar, but they are different in terms of what they focus on in terms of reproductive health. In terms of reproductive rights, we're referring to the constitutional rights that women have to make choices regarding their own reproductive health. This includes having access to contraception, abortion and the right to be protected from reproductive coercion, such as coerced sterilization. Reproductive rights primarily address freedom and the ability to choose with regard to reproduction. This stresses the need to protect these decisions from interference or restrictions imposed by the government and other outside forces. By comparison, reproductive justice looks at all opportunities of access for, and barriers to, services in a more holistic view. For reproductive justice, these factors include race, social class, and even socioeconomic status. Reproductive justice goes beyond legal rights in that it recognizes the fact that the possession of the rights by marginalized communities might not be sufficient if they do not have the required resources and support system to exercise those rights. Reproductive justice as a whole addresses economic and racial justice in relation to reproductive health. The three pillars of the reproductive justice movement are as follows: the right to have a child, the right to not have a child, and the right to parent a child in a safe and healthy environment (Hyatt et al., 2022).

Throughout history, American women have faced numerous obstacles in their battle for the freedom to make their own decisions regarding their bodies and their healthcare. The concept

of reproductive justice is deeply rooted in concern over the issues of social inequality of reproduction health services. Social inequality largely dictates who has access to reproductive health care. When confronted with a lack of insurance coverage, a lack of appropriate healthcare facilities, and the presence of discriminatory practices, barriers arise for low-income women and women of color. When women are unable to regulate their reproduction as intended, these differences might add to the cycle of disadvantages faced by particular demographic groups (Dehlendorf et al., 2010). These groups include women of low socioeconomic status and racial and ethnic minorities (Dehlendorf et al., 2010). Such inequalities can have long-lasting impoverishment, continuing the cycle of disenfranchised in addition to ostracizing vulnerable female populations. These inequities affect women, their children, and society in significant short- and long-term ways. The longstanding connection between prejudiced attitudes toward poor and minority populations and some family planning programs and policies, such as unauthorized sterilization of mentally ill, poor, minority, and immigrant women and insistent family planning programs, serves as an example of the influence of discrimination on the relationship between these communities and providers (Dehlendorf et al., 2010).

Perhaps the most prominent source of these disparities and social inequalities that give rise to reproductive justice is the restrictive nature of conservative politics. Conservatism and its effects on reproductive rights have been of great concern amongst American women throughout history. This conservative ideology often stems from extreme religious beliefs and the desire to preserve “traditional American” values not shared by all conservative Americans (Osborne et al., 2022). Most conservatives consider life starting at the time of conception; thus, they consider abortion to be immoral (Osborne et al., 2022). “Traditional American” family structures are often weaponized as important to the conservatives. They assert, usually based upon election cycles,

that a sound family is directly linked to a sound society (Osborne et al., 2022). They believe that unrestricted reproductive health care could undermine these values by promoting promiscuity or weakening marital relationships (Wunderlich, 2020). Conservatives also claim that individuals should not be forced to provide funds to finance procedures they think immoral. Conservative politicians usually support policies that are restrictive in the female population's access to necessary reproductive services such as birth control and abortion. Not only does this hinder the rights of women, but these policies also pose grave implications for such women's health and welfare. This project explores the historical context of reproductive justice movements and how conservative political ideologies shape public policy regarding women's reproductive health in terms of abortion, contraception, and infertility. Using an extensive literature review of both historical and contemporary sources, the goals for the project were to gain an understanding of the impact that restrictive politics have had on women's reproductive health throughout history and raise awareness of the ongoing challenges and conflict women still experience today due to this impact.



## **History of Access to Abortion and Contraception**

The history of access to contraception and abortion in the U. S can be regarded as a complex and controversial issue in the evolution of these services throughout the years. In the last 51 years, abortion has moved from being an illegal practice to one that is legal in American society, even though variable access levels to reproductive health services and government interference have still been wreaking havoc on women in our society. This section focuses on the crucial moments and turning points of the ongoing battle for reproductive rights in the United States.

One of the earliest landmark legislative actions that set the pace and direction of the history of access to services of reproductive health for women in the United States was the enactment of The Comstock Act in 1873. The Comstock Act was a federal law intended to suppress the dissemination through mail of material which included and described anything related to contraception, deeming it “obscene” (Bailey, 2010). It was named the Comstock Law after its most prominent supporter, Anthony Comstock, and this legislation implemented heavy limitations on reproductive freedom and rights. It also prohibited both advertising campaigns and public talk of abortion (Bailey, 2010). The law indirectly restricted access to vital reproductive health information for women and rendered them incapable of making decisions about their own bodies. Additionally, the Comstock Act discriminated against women by denying them access to contraceptives and reproductive health care. For instance, the availability of information regarding abortion and birth control was restricted by the Comstock Act due to the belief of those supporting the law that this information would encourage premarital sex and promiscuity (Horowitz, 2000). Despite the many protests of the Comstock Act, it remained intact until about halfway into 20<sup>th</sup> century, after which the law was slowly dismantled by further rulings of

Supreme Court and legislative changes (Furgerson, 2022). However, its inciting legacy lives on, sparking passionate debates around freedom of speech and reproductive rights today. Although it sought to promote the government's vision of public morality in the beginning, it became a hindrance to freedoms and forms a basis for inequality within society. The eventual erosion of this law signaled an important milestone in the campaign to valuable personal autonomy concerning sexual and reproductive issues.

The 1960s marked the beginning of a new period in US demographic history, defined by dramatically decreased fertility rates and fewer children per family. What triggered these alterations is the US Supreme Court's decision in *Griswold v. Connecticut* in 1965, which overturned Connecticut's contraception law and impacted regulation and enactment across the country (Bailey, 2010). Following this decision, state legislatures actively altered their legislation to allow the selling of contraception to married women. While this decision did not explicitly overturn the Comstock Act of 1873, it rendered the laws that were passed as a result of it useless and irrelevant (Horowitz, 2000). Above a certain threshold, the birth control pill lowered the cost of preventing births (Bailey, 2010). The acquisition of the birth control pill is strongly associated with the number of births desired to be prevented, and since younger women may want to prevent more births, they are more likely to access an oral contraceptive (Bailey, 2010). The court's ruling in *Griswold v. Connecticut* was groundbreaking because it established a constitutional right for privacy. The justices contended that people are constitutionally guaranteed the right to make decisions concerning their private lives which should not be subject to unjustified interference by the government (Bailey, 2010). This ruling was also significant in that it extended beyond contraception laws. It created a legal precedent for future cases regarding

the right to reproduce, while at the same time broadening our knowledge concerning the notions of constitutional liberties such as sexual privacy and autonomy.

Another landmark Supreme Court case, *Roe v. Wade*, established a precedent in 1973 that changed American society by allowing a woman in the United States to possess the right to an abortion protected under the U.S. Constitution (Rose, 2007). It also established that the decision of whether a woman should have an abortion should be made between the woman and her physician (Rose, 2007). This decision generated not only heated discussions concerning the ethics and lawfulness of abortion but also gave rise to different legal statutes attempting to control or limit the often-necessary procedure. Even though abortion was made legal by this ruling, it has become evident over time that many women throughout the United States still have restricted access to this procedure even though it is both legal and safe in a clinical setting (Rose, 2007). After abortion became legal, politicians began adopting the mindset of abortion being legal and available, but not to be utilized unless medically necessary. This mindset was based on the concern that this change would cause abortion to be seen as another form of birth control, not a medical procedure. The general consensus was that abortion was not something to be celebrated, and that the only way pro-life and pro-choice individuals would find common ground was to avoid unintended pregnancies (Rose, 2007). Since then, abortion rates had been decreasing, but it was unclear why. A theory presented as a possible explanation is that some groups of women had been experiencing challenges in gaining access to this procedure due to new limitations at both the federal and state level. An example of this is the Hyde Amendment, which barred the use of federal funds for abortions, except in cases where a woman's life was in danger or if the pregnancy resulted from rape or incest (Hyatt et al., 2022). It considerably restricted abortions from poor women who depended on government-funded healthcare facilities,

such as Medicaid (Hyatt et al., 2022). This is also possible due to a shift in the focus of restrictive reproductive policies from women's health to protection of the fetus (Rose, 2007). Despite this opposition, abortion remained legal and *Roe v. Wade* remained intact until *Dobbs v. Jackson* in 2022.

The United States Supreme Court ruled in *Dobbs v. Jackson Women's Health Organization* on June 24, 2022, overturning 50 years of established precedent that had protected the country's constitutional right to an abortion by overturning *Roe v. Wade* and upholding a Mississippi law that outlawed abortion after 15 weeks of pregnancy (Kaufman et al., 2022). This caused an unprecedented and devastating setback in the reproductive justice movement and eliminated all the progress that had been made since *Roe v. Wade* was decided in 1973. This decision effectively put the legality of abortion in the United States into the hands of the state governments, so women's rights to an abortion now vary from state to state and are constantly in jeopardy (Kaufman et al., 2022). It is becoming increasingly evident with the new laws and restrictions of abortion that women's reproductive health has become stigmatized, and the focus has been shifted away from the fact that abortion is a medical procedure and is often medically necessary for the survival of women across the country. This shift in focus and stigmatization that have ultimately led to the current circumstances are continuously endangering the lives of expectant mothers all over the United States and endangering the livelihood and careers of those who provide access to the procedure and are attempting to facilitate the procedure amid the political debate.

## **The Impact of Values and Beliefs on Public Policy**

Conservative political values and beliefs can significantly influence the accessibility of reproductive healthcare, in terms of views and formulation of public policy. Women's reproductive health has always been tied to politics, and hence women's rights to control their reproductive abilities have been hindered by such conservatively politicized reproductive care in terms of availability and accessibility. To be able to ensure that there is reproductive justice and that every woman enjoy the same level of high quality comprehensive reproductive health care, regardless of the current political realities, an analysis of the role of conservative political values is necessary.

Women's right to choose how their own bodies are governed have further evolved the abortion debate. Abortion has become an integral argument for political discourse surrounding reproductive health. This is largely due to the conservative view of abortion as immoral, or a more religious question, rather than a necessary medical procedure and discussion between a woman and her care provider (Ruhl, 2002). Extremists behold abortion not as a privilege and not a right. It is evident that conservative and traditional politics and beliefs have played a major role in the overturn of *Roe v. Wade* and the restriction of abortion access following this decision. Donald Trump's thoughts and actions on abortion rights were a critical factor in gaining conservative support and voters during his 2020 presidential campaign (Compton, & Greer, 2022). During Donald Trump's presidency, he added three justices to the Supreme Court whose political view and values aligned with his own: Brett Kavanaugh, Amy Barrett, and Neil Gorsuch. These politically driven behaviors have shaped public policy as well as the political environment within the Supreme Court and Congress for an indeterminate period of time. This is an example of political overreach and abuse of one's political power for the sake of currying

favor within a specific voting class. Women can no longer govern their own bodies and personal health decisions without fear of reprisal in the form of criminal charges. The question becomes, should they prioritize their own life over that of an unborn fetus? These restrictive accesses and punitive actions, now being imposed by many red states across the country, are tantamount to minimizing the value of a woman versus a man (Coen-Sanchez et al., 2022).

In the 2007 book, *Pregnancy and Power*, by author R. Solinger, the author shares a cultural and political perspective around the vast disparities between women in minority cases (Solinger, 2007). Politics regarding reproductive issues have long revolved around who has the final say—legislators, the judiciary, the clergy, medical professionals, or women themselves. In these discussions, authorities have seldom ever prioritized the demands and interests of women. Instead, they've crafted reproductive laws and regulations to address a range of social and political issues, with results that have a variety of effects on the lives of women from various groups. When slaveholders came up with "breeding" plans, when the US government removed Native children from their homes in the eighteenth century, and when physicians pushed Latina women to get sterilized in the 1970s, reproductive policies were in motion (Solinger, 2007). This book expands the concept of reproductive freedom by tracing the primary stories of women's reproductive life. It's historical review places race and class at the forefront of the long-term efforts in America to control sex and pregnancy. This updated version of the book examines these themes again more than ten years after its original publication and shows the progress the reproductive rights movement has made, as well as the new challenges it is currently facing. Even after almost 50 years of "reproductive rights," a wave of new laws and regulations restricts access and imposes penalties on many people who want to make reproductive choices for themselves (Solinger, 2007). With the balance of the Supreme Court changing radically in 2020

thereby leaning to the extreme religious conservative viewpoints, criminalization of women began in mass.

While abortion availability and legalization is an important area of reproductive healthcare, it is equally as important to address prejudice in infertility care. When limiting legislation is handed down by the United States Supreme Court or an individual State's governor, removing access to planned parenthood, birth control, and even infertility treatments, the message is a resounding one of disparity based on class, races, and age (Ceballo et al., 2015). Many of today's conservative politicians inflict their own ideologies into their platforms and thereby into their jurisdiction's rules of law. They have created an attitude toward the value of services available to all classes of women. These values separate and divide women financially by minority classes in impoverished areas and further develop physiological challenges for women needing access to infertility services. The socio-political landscape can impact access to fertility treatments, healthcare support, and policies related to family planning. In the article, *Not Yet a Woman: The Influence of Socio-Political Constructions of Motherhood on Experiences of Female Infertility*, the authors help us understand the diverse experiences of women facing infertility and that it is crucial in addressing the intersectionality of socio-political influences. Employment policies, influenced by socio-political decisions, can impact women's ability to balance work and fertility treatments (Wells & Heinsch, 2020). Societal constructs often contribute to the stigma surrounding infertility. The socio-political landscape can significantly impact women's experiences with infertility, influencing their support needs in various ways. Socio-political factors, including healthcare policies, can affect women's access to fertility treatments and reproductive healthcare. Examining the infertility experiences of women who are not conforming to traditional motherhood norms has shown how medicalization is a process

embedded in dominant ideals that act as a barrier, dictating who should and shouldn't become a mother (Bell, 2009). It is critical to emphasize that women of color and low-income women are disproportionately affected by infertility, which has significant ramifications for their access to reproductive healthcare. This is due to the extremely high cost of infertility treatments and insurance coverage exclusions that are often the result of systemic discrimination (Pendo, 2005). For example, women of color are more likely to face prejudice and discrimination from healthcare professionals, insufficient treatment, and delays in diagnosis (Pendo, 2005).

In the United States, there is a large racial and socioeconomic disparity in the availability reproductive health services. Common arguments link this gap to financial accessibility issues brought on by costly expenses and limited insurance coverage (Pendo, 2005). Although all women experience challenges fighting for their reproductive freedom to a certain extent, women of color experience these challenges much more strongly, especially in combination with other struggles such as poverty. In the May 2, 1927, decision in *Buck v. Bell*, the U.S. Supreme Court upheld Virginia's statute permitting state-enforced sterilization by a vote of 8 to 1 (Lombardo, 2008). Following her upbringing by her foster parents and her supposed sexual assault by their nephew, Carrie Buck, was determined to be incompetent and indecent (Lombardo, 2008). It has never been reversed, even though Buck set the foundation for over 60,000 forced sterilizations in the US, predominantly on women of color (Lombardo, 2008). There was no concrete proof that Carrie or her mother were mentally troubled, but due to the court's view of her as feeble-minded and promiscuous, she was sterilized to prevent the possibility of her passing on these traits that were believed to be hereditary (Lombardo, 2008). This decision made it easier for states to sterilize women of color without their consent by labeling them as "moral imbeciles". When you look at the history of cases like *Buck v. Bell* and forced sterilizations of women of color,



especially those who are also uneducated and of low socioeconomic status, the government has been allowed to make decisions on behalf of these women. These decisions were made with no regard for the personal rights or freedoms of these women. Generally, this issue is derived from the views and ideologies of conservative politics. The injustices brought on by these conservative views and ideologies in women's reproductive health and rights greatly contributed to the eventual creation of the reproductive justice movement.

## **Advocacy for Reproductive Justice**

What does advocacy for reproductive justice look like? Advocacy of reproductive justice should adhere to the three pillars of this movement: the right to have a child, the right to not have a child, and the right to parent a child in a safe and healthy environment (Hyatt et al., 2022). Maybe, it comes in the form of raising awareness and keeping the conversation open without reverting to tribal behavior between political parties. This could involve educating society on the reproductive justice movement and how the injustices on many women throughout history have brought about this movement. For example, emphasizing the three pillars of the reproductive justice movement in this education and elaborating on their relevance to reproductive justice could change society's perspective on many issues in women's reproductive health. Maybe, the conversation is more private, between a female and her healthcare provider. This could involve a provider educating their female patients about all of their options and emphasizing that they do indeed have options in terms of their reproductive health. For example, in a scenario involving an unwanted pregnancy, a provider can inform their female patient that she has resources no matter what path she decides to take to navigate the situation in a way that is best for her. Maybe, we stop treating women and their bodies like property and more like an egalitarian partner to their male counterparts. This could involve the third pillar of the reproductive justice movement in that parenting a child in a safe and healthy environment would be more possible if women were not seen as inferior to men. For example, men could be better educated on how to best support expecting mothers and women with children in order to create a society that has less inequality and more unity.

To advocate for women's rights, one must speak out and promote the health and well-being for all women and girls. In order for anything to change in the landscape of restrictive

access to women's health services, such as abortion, birth control and infertility resources, women and girls must band together against conservative party politics. That doesn't mean we all must share the same position in these services. We do not. What we must do is agree that we have a basic birthright to the same level of decision making as our male counterparts. The legal roadblocks placed in the way of women receiving needed services, by mostly white middle-aged men in the government, must be dismantled by the liberal younger generation who do not need someone else making personal health decisions for them and telling them how to live their lives. While we all appear to be equal, given the same vote, given the right to own land, have our ability to accelerate in our careers, we are fundamentally still less than that of a man. That basis is found in this conservative position of controlling a woman's body. Women's rights continue to get blended with the arguments that have nothing to do with the fundamental right to manage one's own health and wellbeing.

A possible step in the right direction could be promoting advocacy for reproductive justice at the clinical level via doctors, nurses, and health educators. This effort to communicate based on science and not personal or religious beliefs could help women and girls make the decision that is right for them, not for someone else. Reproductive justice issues, including lack of access to reproductive care, are impacted by social, medical, and economic constraints (Gilliam et al., 2009). Access is hindered by experiences with stigmatization or prejudice, fear of legal proceedings like jail or deportation, and language and cultural obstacles. Similarly, women with disabilities often do not receive proper gynecologic treatment because of a lack of specialized facilities and equipment to perform gynecological examinations and operations, as well as physicians' insufficient knowledge about their unique sexual and reproductive needs (Gilliam et al., 2009). Members of professional organizations have the ability to raise awareness

within the medical community by educating people on these stigmas and discrimination within reproductive health care as well as the goals of the reproductive justice movement. If possible, it may be beneficial to include such education in the curriculum of medical schools within the United States. Clinicians can address the social and economic realities that impede their patients' ability to exercise their sexual and reproductive rights by advocating for clinical practices and public policy (Gilliam et al., 2009). By doing so, clinicians will effectively be reestablishing reproductive healthcare as a medical necessity and combatting the politicizing of reproductive healthcare. Decades of social and gender discrimination could end with a few committed changes and positive actions.

To help achieve reproductive justice, there must be a layer of support built within the framework of the United States. Social workers could be an ideal advocate or connected tissue between a woman and her healthcare community. However, there are other ways to help promote reproductive justice. Expanding a more comprehensive sex education program in the public and private schools to promote safe and healthy sexual activity and practices at that level is key to controlling unwanted pregnancies. Addressing inequities in infant mortality rates based on race and impoverished women who become pregnant unexpectedly and have no ability to raise or appropriately care for a baby is equally important. Social programs must be created to foster the ability to have safe pregnancies for even younger persons to give birth, and to help in the raising of children. Addressing the roots of injustice, through education and eradication of racism, misogyny, and other forms of marginalization, are key to the underlying need of advocacy and reproductive justice.

## Conclusion

Reproductive justice refers to the fight for a woman's right to control her own reproductive function and decisions. The question of does a government have the responsibility to develop safe and healthy environments for raising children, and who gets to decide the number of children each family should have never been a question in the United States. Until now, the question of should a person face prosecution for having an abortion, even in a case of rape or incest, had not been a reality since before Roe v. Wade in 1973. With today's largely conservative Supreme Court and policymakers, these questions are once again women's reality depending on the state in which they live. The aim of this project has been to understand the relationship between politics and reproduction, depicting the history of access to reproductive health services and how conservative political views and ideologies impact the structure of women's reproductive rights. Conservative politics are characterized by restrictive policies and traditional family values in regard to women's reproductive health and rights. The reproductive justice movement was started in response to reproductive oppression in terms of access to reproductive healthcare services such as abortion, contraception, and infertility treatments. When women's reproductive health is restricted, this is an infringement upon women's reproductive rights and provides grounds for reproductive justice. Marginalized communities, such as women of color and of low socioeconomic status, feel the effects of this infringement on women's reproductive rights more strongly.

The history of the abortion debate provides some of the earliest signs of the connections between conservative ideologies and political forces. The most prominent characteristics of conservative politics as it relates to women's reproductive health are restriction, coercion, and traditional family values. It seems that as time has gone on and conservative political ideologies

have become more prominent in society, more setbacks have arisen in the reproductive justice movement and reproductive rights have been further hindered despite the immense progress made through landmark events such as Roe v. Wade and Griswold v. Connecticut. The experiences within these political conflicts show the reality of women's reproductive choices and rights as a result of political decisions. In addition, with these setbacks come heated discussions about this issue, which have created a significant divide in American society over time. In general, the making of legislative decisions within the judicial branch directly affects the rights of women as it either substantiates or eliminates women's reproductive rights. It is important that women of marginalized communities participate in advocacy for reproductive justice to bring to light the infringements on their rights and the injustices they experience consistently. This essay is a call to action, reminding readers of the stakes behind political decisions and the value of political engagement in the democratic process: raising awareness on the current situation and calling for change. This change could include policy reforms, cultural shifts, amendments to the healthcare system, further research, and community support and awareness. We have the ability to create a culture where every woman has the autonomy to make decisions about their bodies, families, and futures by ridding society of systemic barriers, bringing discriminatory practices to light, and advocating for equitable access to reproductive healthcare.

## REFERENCES

- Bailey, M. J. (2010). "Momma's Got the Pill": How Anthony Comstock and Griswold v. Connecticut Shaped US Childbearing. *The American Economic Review*, 100(1), 98–129. <http://www.jstor.org/stable/27804923>
- Bell, A. (2009). "Beyond (financial) accessibility: Inequalities within the medicalisation of infertility." *Sociology of Health & Illness*, 32(4): 631-646. doi: 10.1111/j.1467-9566.2009.01235.x
- Ceballo, R, Graham, T, Hart, J. (2015). "Silent and infertile: An intersectional analysis of the experiences of socioeconomically diverse African American women with infertility." *Psychology of Women Quarterly*, 39(4): 497-511
- Coen-Sanchez, K., Ebenso, B., El-Mowafi, I. M., Berghs, M., Idriss-Wheeler, D., & Yaya, S. (2022). Repercussions of overturning Roe v. Wade for women across systems and beyond borders. *Reproductive health*, 19(1), 184. <https://doi.org/10.1186/s12978-022-01490-y>
- Compton, & Greer, S. L. (2022). What overturning Roe v. Wade means for the United States. *BMJ (Online)*, 377, o1255–o1255. <https://doi.org/10.1136/bmj.o1255>
- Dehlendorf, C., et al. (2010). "Disparities in Family Planning." *Am J Obstet Gynecol*, 202(3): 214-220 doi: [10.1016/j.ajog.2009.08.022](https://doi.org/10.1016/j.ajog.2009.08.022)
- Furgerson. (2022). *The battle for birth control : exploring the lasting consequences of the movement's early rhetoric*. Lexington Books.

- Gilliam, M. L., Neustadt, A., & Gordon, R. (2009). A call to incorporate a reproductive justice agenda into reproductive health clinical practice and policy. *Contraception (Stoneham)*, 79(4), 243–246. <https://doi.org/10.1016/j.contraception.2008.12.004>
- Horowitz, H. L. (2000). Victoria Woodhull, Anthony Comstock, and Conflict over Sex in the United States in the 1870s. *The Journal of American History*, 87(2), 403–434. <https://doi.org/10.2307/2568758>
- Hyatt, EG, McCoyd J, Diaz, M. (2022). “From Abortion Rights to Reproductive Justice: A Call to Action.” *Feminist Inquiry in Social Work*, 37(2). <https://doi.org/10.1177/08861099221077153>
- Kaufman, Risa, Brown, Rebecca, Martínez Coral, Catalina, Jacob, Jihan, Onyango, Martin, Thomasen, Katrine (2022). Global impacts of Dobbs v. Jackson Women’s Health Organization and abortion regression in the United States. *Sexual and Reproductive Health Matters*, 30:1, DOI: 10.1080/26410397.2022.2135574
- Lombardo. (2008). *Three generations, no imbeciles: eugenics, the Supreme Court, and Buck v. Bell*. Johns Hopkins University Press.
- Osborne, D., Huang, Y., Overall, N. C., Sutton, R. M., Petterson, A., Douglas, K. M., Davies, P. G., & Sibley, C. G. Abortion Attitudes: An Overview of Demographic and Ideological Differences. *Political Psychology*, 43, 29-76. <https://doi.org/10.1111/pops.12803>
- Pendo, Elizabeth A. (2005). The Politics of Infertility: Recognizing Coverage Exclusions as Discrimination. *Connecticut Insurance Law Journal*, 11, 293–499.



Rose. (2007). *Safe, legal, and unavailable?: abortion politics in the United States*. CQ Press.

Ruhl, P. L. (2002). Disarticulating Liberal Subjectivities: Abortion and Fetal Protection. *Feminist Studies*, 28(1), 37–60. <https://doi.org/10.2307/3178494>

Solinger, R. (2007). *Pregnancy and Power*. New York, NY: NYU Press.

Wells, & Heinsch, M. (2020). Not Yet a Woman: The Influence of Socio-Political Constructions of Motherhood on Experiences of Female Infertility. *The British Journal of Social Work*, 50(3), 890–907. <https://doi.org/10.1093/bjsw/bcz077>

Wright, Rachel L., Bird, Melissa, Frost, Caren J. (2015). Reproductive Health in the United States: A Review of the Recent Social Work Literature. *Social Work*, Volume 60, Issue 4, Pages 295–304, <https://doi.org/10.1093/sw/swv028>

Wunderlich, C. M. (2020). On the permissibility of abortion (Order No. 27961988). Available from ProQuest Dissertations & Theses A&I; ProQuest Dissertations & Theses Global. (2414447060). Retrieved from <https://www.proquest.com/dissertations-theses/on-permissibility-abortion/docview/2414447060/se-2>