

Charles Phelps Taft Research Center
at the University of Cincinnati
Graduate Summer Fellowship Award

Each section (I-III) should be placed at the start of a new page. All required materials must be included in a single document, uploaded to the electronic submissions system, no later than 5PM on the published day of the deadline. Departmental review is required for this program, as well as a letter of support. Applicants should submit their application with enough time to receive review prior to the close of the deadline. Taft does not accept an obligation to review applications that have not received intradepartmental review by the close of the deadline.

I. General Information

- a. **Name:** XXXXXX
- b. **M#:** MXXXXXXXXX
- c. **Department:** XXXXXX
- d. **Project title:** Current Practices and Future Promises of the Demedicalization of Abortion: A Qualitative Study
- e. **Project Location:** Texas, Washington, Maine
- f. **Probable Results of a Grant (such as publications, working papers, and presentations):** Conference Presentations, Publications
- g. **Have you already or will you in the future apply for other grants for this travel, including departmental support?** I will apply for support from GSGA.

II. Taft Grant History

This is my first submission to Taft; I have not received any previous Taft funding.

III. Project Narrative

Media platforms have been awash with stories warning the public about the return of the 'back alley abortion' in recent years. While the phrase typically conjures up images of the coat hanger that came to symbolize the pre-*Roe* era, the new back alley abortion utilizes a safer method: misoprostol, also known as the abortion pill. Still, the discourse in many of the stories shared by popular media perpetuates stigma and fuels fears about the return of self-induced abortions, or those secured outside of traditional medical settings.

For example, in 2015, multiple news outlets detailed how Purvi Patel was sentenced to twenty years in prison after allegedly taking misoprostol purchased online to terminate an unwanted pregnancy (Bazon, 2014; Chowdhury; 2014). One year prior, the *Atlantic* documented how women were purchasing misoprostol in Mexico and then selling it at flea markets in Texas (Hellerstein, 2014). In 2016, multiple articles traced an increase in google searches for "at-home" abortions to states with increased anti-abortion legislation (Culp-Ressler). More recently, though, platforms have featured stories that have taken a positive spin and explore the ways women feel empowered by inducing their own abortions (Presser, 2018; Shugerman, 2019).

The surge in these stories correlates with an increase in anti-abortion legislation and rhetoric. Between 2011 and 2017, 401 anti-abortion laws were passed in the United States accounting for 34% of all restrictions passed since *Roe v Wade* ("Policy Trends," 2018). Anti-abortion laws have primarily been enacted at the state level; however, the 2016 election of Donald Trump ushered in an expansion of policies limiting aid to organizations that provide or discuss abortions and led to the installation of several anti-choice judges that threaten the enforcement of the right to an abortion.

At the same time, studies have linked increased anti-abortion legislation to clinic closures and restricted access to abortion care in traditional medical settings (Grossman et al., 2017; Quast et al., 2017). This is concerning given that anti-abortion legislation has historically impacted low-income women, undocumented women, and women of color disproportionately. As a growing amount of anecdotal evidence suggests more people, particularly those from these vulnerable communities, are choosing to self-induce their own abortions as access to clinics shrinks, the need to critically examine this understudied phenomenon also grows.

As such, activists and researchers alike are considering whether reproductive rights and justice advocates working to ensure access to clinical care should also be fighting for the right to abortions outside of clinic locations. That is, should they be supporting access to and the decriminalization of safe self-induced abortions? And if so, what form would this activism take?

This project will question whether advocating for self-managed abortions furthers the goals of reproductive justice by challenging the medicalization of abortions and disrupting the assemblage of neoliberal, patriarchal, colonial, and capitalist processes that have rendered abortion increasingly difficult to access within traditional health care settings. Therefore, the goal of this research is to push the boundaries of the reproductive rights and justice movements as they work to eliminate barriers to abortion access. Moreover, it challenges the cultural norms and values associated with abortion and health care.

Using case studies and interviews, this project seeks to explore the feasibility, safety, and accessibility of self-induced abortions in Texas, Maine, and Washington. These sites were

selected in order to understand what is happening among a range of communities and to examine whether differentially situated populations, with very different vulnerabilities, are able to utilize the resources needed to self-manage abortions safely and equitably.

For example, the Texas case study will highlight the ways that undocumented communities are navigating abortions outside of clinical settings while studies in Maine and Washington will explore how the use of telemedicine assists rural and low-income people in procuring abortions. In comparing and contrasting the practices in these disparate sites, this project will explore the risks and potential benefits associated with self-induced abortions. Importantly, it will also consider what we can learn from these sites that can be extrapolated and applied to larger populations.

This project will rely upon an interdisciplinary theoretical framework as it expands upon the preexisting research on self-induced abortion across the United States and Canada (Grossman et al., 2010; Ojanen-Goldsmith & Prager, 2016). Colen's theory of stratified reproduction, that women manage their reproductive tasks differently based on race, socioeconomic status, documentation status, etc., drives this project to study communities disproportionately impacted by abortion restrictions (Colen, 1990). Likewise, theories of social epidemiology that explore how policy and political events shape public health outcomes influence the contextualization of self-induced abortions within the current and historical political landscape (Krieger, 2001). Similarly, theories on the interrelationship between globalization, neoliberalism, and women's health inequities will greatly impact the trajectory of this project (Baru, 2018; Crane, 2005).

Finally, theories of transnational feminism connect localized events to systemic and historical problems, demand attention to the oft overlooked agency and power of vulnerable communities, and encourage cross-community organizing against oppressive systems (Mohanty, 2003). This framework will underpin the entirety of this research. In drawing from a broad range of theory, this project will create a rich analysis of self-induced abortion within the United States, counter the stigma associated with it, and imagine a way forward in which it may be a liberatory tool for reproductive health and justice advocates.

Role of the project in degree program

This project will fulfill the Department of Women's, Gender, and Sexuality Studies' requirements for MA students. All MA students in this department are required to develop a final project or article for publication. The research I conduct over the summer will be utilized in the development of two articles for publication.

Current status and expected outcomes

Currently, I have drafted a research proposal, initiated a literature review, and developed a committee. My committee is being chaired by Dr. Michelle McGowan who has expertise in ethics and reproductive technologies and can provide valuable insights into this research area.

Moreover, I have written an abstract which I have submitted to two conferences. As such, I have been accepted to present my initial research at the University of New Mexico's Graduate Student Conference on March 23, 2019 and plan to use this opportunity to receive feedback and network with people who can advise me as I develop my research over the summer. I am waiting to hear back regarding the status of the second conference submission.

Additionally, I anticipate applying to present at one more conference and submitting two articles for publication. I plan to submit one article to a journal geared towards feminist studies and the social sciences and an additional article to a journal focused on reproductive, sexual, and public health. By writing two articles for two different types of publications, it is my hope that multiple communities will find my research engaging and useful to their work.

Impacts on intellectual development

My previous work in the field of reproductive health care has taught me that language is powerful and that advocates must always be vigilant so as not to perpetuate abortion stigma unintentionally. Still, this project has already challenged me to be mindful of the language I use to speak about self-induced abortions. Moreover, it has pushed me to think about the fields of reproductive health care and advocacy in new ways.

After earning my master's degree, I plan to return to work for a research-orientated and/or social justice organization. This project will provide me with invaluable experience in designing, implementing, and executing research studies. Moreover, the conclusions that I draw will help me to formulate new ideas regarding the types of projects and organizing efforts that reproductive health care advocates can implement.

Bibliography

- Baru, R. & Mohan, M. (2018). Globalisation and neoliberalism as structural drivers of health inequities. *Health Research Policy and Systems*, 16 (S1), 1-29.
<https://doi.org/10.1186/s12961-018-0365-2>
- Bazon, E. (2015, April 1). Purvi Patel Could Be Just the Beginning. *The New York Times*. Retrieved from <https://www.nytimes.com/2015/04/01/magazine/purvi-patel-could-be-just-the-beginning.html>
- Chowdhury, J. (2015, March 31). Indiana Sentences Purvi Patel to 20 Years for Feticide. *NBC News*. Retrieved from <https://www.nbcnews.com/news/asian-america/indiana-has-now-charged-two-asian-american-women-feticide-n332761>
- Colen, S. (1990). "Housekeeping" for the Green Card: West Indian Household Workers, the State, and Stratified Reproduction in New York. In R. Sanjek and S. Colen (Eds.), *At Work in Homes: Household Workers in World Perspective* (89-118). United States: American Anthropological Association.
- Crane, B. B. (2005). Safe Abortion and the Global Political Economy of Reproductive Rights. *Development*. *Houndmills*, 48 (4), 85-91.
DOI:10.1057/palgrave.development.1100183
- Culp-Ressler, T. (2016). MAP: Google Searches for 'Self-Induced Abortion' Track Almost Perfectly with Anti-Choice States. *ThinkProgress*. Retrieved from <https://thinkprogress.org/map-google-searches-for-self-induced-abortion-track-almost-perfectly-with-anti-choice-states-c6c01db3e692/>
- Grossman, D., Holt, K., Peña, M., Lara, D., Veatch, M., Córdova, D.,...Blanchard, K. (2010).

Self-induction of Abortion Among Women in the United States. *Reproductive Health Matters*, 18(36), 136-146. https://ac-els-cdn-com.proxy.libraries.uc.edu/S0968808010365347/1-s2.0-S0968808010365347-main.pdf?_tid=ddd34697-8106-429f-b7b3-6e093e15c642&acdnat=1550855875_95c82995896ce4bcd53664fe8f239443

Grossman, D., White, K., Fuentes, L., Hopkins, K., Stevenson, A., Yeatman, S., Potter, J.E. (2015, November 17). Knowledge, Opinion, and Experience related to Abortion Self-Induction in Texas. Retrieved from <https://liberalarts.utexas.edu/txpep/files/pdf/TxPEP-Research-Brief-KnowledgeOpinionExperience.pdf>

Grossman, D., White, K., Hopkins, K. (2017). Change in Distance to Nearest Facility and Abortion in Texas, 2012-2014. *JAMA*, 317 (4), 437-439. doi:10.1001/jama.2016.17026

Hellerstein, E. (2014). The Rise of the DIY Abortion in Texas. *The Atlantic*. Retrieved from <https://www.theatlantic.com/health/archive/2014/06/the-rise-of-the-diy-abortion-in-texas/373240/>.

Krieger, N. (2001). Theories for Social Epidemiology in the 21st century: an Ecosocial Perspective. *International Journal of Epidemiology*, 20, 668-677.

Mohanty, Chandra Talpade. (2003). 'Under Western Eyes' Revisited: Feminist Solidarity through Anticapitalist Struggles. *Signs*, 28(2), 499-535.

Ojanen-Goldsmith, A., & Prager, S. (2016). Beyond the Clinic: Preferences, Motivations, and Experiences with Alternative Abortion Care in North America. *Contraception*, 94(4), 398-399. <https://doi.org/10.1016/j.contraception.2016.07.062>

Policy Trends in the United States, 2017. (2018). *Guttmacher*. Retrieved from <https://www.guttmacher.org/article/2018/01/policy-trends-states-2017>.

Presser, L. (2018, March 28). "Whatever's your darkest question, you can ask me.' A secret network of women is working outside the law and the medical establishment to provide safe, cheap home abortions." *The California Sunday Magazine*. Retrieved from <https://story.californiasunday.com/abortion-providers>

Shugerman, E. (2019, January 4). What Back Alley? These Women Say DIY Abortion Can be Empowering. *The Daily Beast*. Retrieved from <https://www.thedailybeast.com/what-back-alley-these-women-say-diy-abortion-can-be-empowering>

Quast, T., Gonzalez, F., Ziemba, R. (2017). Abortion Facility Closings and Abortion Rates in Texas. *The Journal of Health Care*, 54, 1-7. Doi 10.1177/0046958017700944 journals.sagepub.com/home/inq

V. Additional funding sources

I am also applying for funding from GSGA. Moreover, I have applied for and received professional development funds from the Ohio Policy Evaluation Network (OPEN), for which I am currently a research assistant. These funds are being used for conference travel in March 2019.