Narratives on Reproductive Healthcare and Abortions Among College Age People

Caitlin Founfelter

Faculty Sponsor: Dr. Darci Thoune, Department of English

ABSTRACT

This research project seeks to better understand the narratives of college age people having to seek reproductive healthcare and/or abortion access. The author sent out a confidential, online survey with questions relating to the respondent's familiarity with abortion laws, support systems, and abortion costs/financial resources. After collecting responses, the author found common themes including disclosure/privacy concerns, support systems or lack thereof, and plans of action. These themes helped put into perspective the thoughts and feelings of reproductive healthcare and abortion access amongst college age people.

INTRODUCTION

As a college-aged woman, I fear that something bad will happen to me every day. One of those fears is getting pregnant. I am not in a position in my life to raise a kid, but the ability to choose is in jeopardy. Before Roe vs. Wade, between the 1950s to 1960s, the number of illegal abortions was between 200,000 and 1.2 million (Gold, 2003). Even before Roe vs. Wade, people were getting abortions despite being illegal. They were willing to do whatever it took not to be pregnant. In an article from *The Guardian* (Pires & Considine, 2022), they interviewed a few women who got abortions before they were legal. Trudy Hale got an abortion when she was 18 in Tennessee. After inducing an abortion inside a friend's kitchen using a tube, she describes:

> We scraped together $8 for a single room and my friend snuck me in. It was eight hours of pain. I was beating my head against the wall while he brought me towels to soak up the blood. Finally, the fetus came out. I was shocked when the placenta came out after; I thought it was twins.

She was willing to risk pain and sepsis for an at-home abortion to no longer be pregnant. Her determination is just one of many stories to occur before the legalization of abortion. If abortion is illegal, it does not stop them from happening. It just makes them unsafe and can severely harm people. Having access to abortions, and reproductive healthcare is important not only to me, but the millions of others so they don't have to resort to what Trudy did. Doing this research is important to make sure abortions stay legal and accessible.

LITERATURE REVIEW

Abortion has been a prevalent topic in politics for decades and in recent news with the overturning of Roe vs. Wade in the United States Supreme Court in 2022. With the overturning, many are invested in this topic, especially amongst younger generations to preserve abortion rights. Some states have banned abortions and many others have imposed restrictions on abortions, with restrictions continuing to be on the rise since the overturning. A recent example would be the banning of the abortion pill in Wyoming, "Wyoming on Friday became the first state to explicitly ban the use of pills for abortion, adding momentum to a growing push by conservative states and anti-abortion groups to target medication abortion, the method now used in a majority of pregnancy terminations in the United States" (Chen & Belluck, 2023). This is after the Texas Heartbeat Bill, passed in 2021 which bans abortions after six weeks when a fetal heartbeat can be detected (Irvine, 2021). Many of these bans are in part due to religious implications, which lawmakers and supporters claim are saving an unborn child from death by banning and restricting abortions. Because of this there are many seeking abortions who need to cross state lines to receive care. For those who do travel, even though it is inaccessible for some, the ability to do so is now under scrutiny. With the recent overturning of Dobbs vs. Jackson Women's Health, it is surmised that "In short, that means the only difference between the right to privacy and the right to travel is how many current Supreme Court justices still support it" (Cahn et al., 2022). If the U.S. Supreme Court finds that the right to travel is not supported by the constitution, the ability to seek healthcare in another state could be revoked and people could even be prosecuted for doing so. This is all an effort to completely ban abortions or at least leave that decision up to the states.

It is important to have access to reproductive healthcare. There are many who do not catch pregnancies early enough to seek abortions in their state, hence the reason for travel. In a study conducted by White et al. (2021), they found:

> People's need for abortions ≥ 12 weeks' gestation may be higher in communities with limited access to reproductive health services and among those living in areas with greater economic disadvantage. State laws that narrow gestational limits would increase long-distance travel for later abortion care, and disproportionately affect those with fewer resources.

Abortions will always be available for those who have the economic means, such as the means to travel, seek a doctor, have money to pay for hotel, airfare, food, etc. But for those who do not, restrictions on reproductive healthcare affect them disproportionately. They must travel at great cost themselves to get such care. From *Planned Parenthood*, the abortion pill can cost up to $800, an in-clinic abortion can cost up to $800 in the first trimester, and in the second trimester can range anywhere from $715 earlier in the second trimester to $1,500-2,000 (Attia, 2022). This is further supported in an article from *Business Insider*, where they found the cost of an abortion can go anywhere from $535 to $895 ranging from medication abortions and surgical ones; including travel costs such as hotel, airfare, food, childcare, and car rentals, Americans can shell out up to $10,000 for the procedure (Dzhanova & Lalljee, 2022). Traveling to get an abortion can be incredibly expensive and time consuming, which is why this is an important factor to consider when talking about the legality of abortions. The narratives surrounding abortion are even more crucial in terms of accessibility and how that adds to the debate and stress levels of abortion seekers.

It is also a point of interest to understand that banning abortions puts people's lives at risk. In an article from the University of Colorado, one study found, "My conservative estimate found that the annual number of pregnancy-related deaths would increase by 21% overall, or 140 additional deaths, by the second year after a ban" (Stevenson, 2021). Banning abortions increases the risk of those who can be pregnant, and it can be difficult to see the full scope of after-effects caused by these bans. One thing is for certain, banning abortions does not stop them from happening. There are many who travel across state lines to seek such care, or seek them out outside legal medical professionals, but it can be hard to find an accurate dataset due to the nature of this topic's sensitivity. Some research that's been done consists of case studies of those crossing state lines. In one study published in *Contraception,* it looked at those traveling across state lines for abortions in Texas; they found it did not prevent those interviewed from seeking them out. It states (Fuentes et al., 2016):

> Eight women were delayed more than 1 week, two did not receive care until they were more than 12 weeks pregnant and two did not obtain their desired abortion at all. Five women considered self-inducing the abortion, but none attempted this.

Despite the added difficulty of finding access, their participants were still determined to get an abortion. A crucial point to mention is the importance of having access to abortions amongst college age people. In an article from *The New York Times*, they found "A majority of abortion patients are in their 20s. Just 9 percent are under 20, and around a third are over 30" (Sanger-Katz et al., 2021). This is a special point of interest as people of this age are just beginning their lives as adults. The effects of this need to be studied more, as the demographic it affects are the most amount of people who seek abortions. One powerful way to understand how access to reproductive health care particularly affecting college age people is to listen to their stories.

Narratives can help us better understand important issues by looking at how policies and procedures affect people. In a research article from *Violence Against Women,* the author explored how important successful stories of resisting rape and assault in women's self-defense were. One of their important findings was (Cermele, 2010):

> [Resistance] narratives are valuable for the women who tell them, as well as for all who hear them. Women vary in the ways in which they report and conceptualize their own experiences of resistance as successful and unsuccessful, and the outcomes of the assault as related or not related to their own actions. Telling their stories creates an opportunity for constructing, and reconstructing, their narratives in ways that are both more accurate and more beneficial for the women themselves.

Having successful stories of overcoming major challenges, like attempted assault from Cermele's research, is valuable for people to hear. Voices need to be heard, and by telling their stories we can make personal connections to create empathy and feel victorious for the person. This will compel us to create change from the vulnerability of the person from their stories. That is why it's important to hear narratives of people who are college age, since they are the demographic who are most likely to get an abortion. Narratives can persuade others with their influence, just as they were when legalizing, and later overturning, Roe vs. Wade.

METHODS

To study abortion narratives amongst college age people and their perspectives, I decided to conduct an online confidential survey. My focus was to look at the stories of people having to cross state lines to find reproductive healthcare, and their views in general. Some of my questions included:

- How does reproductive healthcare/abortion access affect college age people?
- How difficult is it to seek abortion care among college age people?
- What is the impact of having to seek abortion care in another state?

I reached out to a few women's organizations through the University of Wisconsin - La Crosse. ALANA (Asian, Latinx, African, Native American) Women and College Feminists sent out a link to my survey, as well as Dr. Sara Docan-Morgan to her CST 334: Gender Communications class and Dr. Darci Thoune to her ENG 413: Capstone class. The group I Am That Girl was not holding active meetings during the current semester, so their Co-Chair gave me access to their email list to send my survey. I also relied on word-of-mouth snowball sampling for those who were interested in participating. This research received approval from the Institutional Review Board of the University of Wisconsin – La Crosse and participants had to acknowledge the statement of informed consent to proceed with the survey.

RESULTS

Of the 21 respondents, ages ranged from 18-25. 18 identified as White or Caucasian, one as German American, one as Biracial (White and Asian) and one identified as White (Hispanic). 16 listed their state of permanent residence as Wisconsin, one as Colorado, one as Illinois, and three as Minnesota. I discuss the responses of participants grouped by content into four sections, consisting of *Familiarity with Laws, Support Systems, Abortion Costs/Financial Resources,* and *Plan of Action*.

Familiarity with Laws

Of the 21 survey respondents, 18 said they were either a bit or very familiar with the abortion laws in their state of permanent address. Of those whose state of permanent address is Wisconsin, the majority were aware of the abortion bans/restrictions. With one (Wisconsin, aged 23) saying, "Abortion used to be legal in Wisconsin but the overturning of Roe v Wade put a stop to that." Minnesota residents knew they had access, although with some limits. One (MN, 21) reported:

> Minnesota has changed quite a bit, but when I was 16 I got my abortion and had to receive parent permission along with multiple appointments that did not directly relate to the abortion, such as preappointments and post appointments asking if this was right for me. I forged my parents signature. It would've ruined my family if they found out.

Knowing the general knowledge of abortions that my participants had was crucial for my research and their understanding of the issue.

Support Systems

In response to the question: "If you decided to have an abortion, do you have a support system? Who would it be?" Participants had varied answers. Four participants had negative answers, saying they would not have a support system. 11 participants listed family in some capacity, whether that be their mom or sisters, or a brother, and friends. Responses seemed to go from one extreme to the other. One participant from Minnesota who got an abortion at age 16 said, "At the time no, I was in an abusive relationship at the time." On the other end of the spectrum, one respondent from Wisconsin, age 19, stated "No I do not." The majority of answers were in the middle, such as (WI, 20):

> My parents would not support me, nor would any of my extended family unless they had to remove the baby due to a medical emergency. I have a friend group and my brother who would support me emotionally, but I would have nobody to support me financially.

Another response less on the extreme end, aged 23, from Colorado, stated, "I don't have a support system that I feel like I could 100% rely on. I believe my mom would be potentially supportive as she is someone who has had to have abortions due to health concerns."

There seemed to be a gray area between not having a support system and having some who might. On the other hand, one respondent (WI, 23) reported, "Yes. I have many friends who would be supportive. Ultimately, I think my family would be supportive, but would prefer if I did not have an abortion (specifically my parents)."

The rest of respondents reported their friends and family would support them without many further details.

Abortion Costs/Financial Resources

I asked participants to guess how much an abortion would cost. Answers varied greatly from anywhere from $200 to $8000 without insurance, with most answers guessing somewhere between $200 and $600. I followed up by asking if they would have the financial resources to seek reproductive healthcare or an abortion: five responded no, nine said maybe, and four said yes. One respondent (WI, 22) said "I have no idea, but if one had to cross state lines, possibly buy a hotel room, amongst other things, it could increase in price very quickly depending on one's situation."

Plan of Action

In regard to being asked, "What would your plan be if you found out you were pregnant? Why choose that course of action?" responses varied greatly. 10 respondents said they would seek an abortion, three said they would carry the pregnancy to term and either put the child up for adoption or raise it, three said it would depend on the circumstances of their life when they got pregnant, and for the remaining participants the question did not apply. From respondents who would seek an abortion, one (CO, 23) said:

> If I ever found out I were pregnant right now, I would need to get an abortion. I feel that I am not mentally nor physically prepared to give birth and care for another human being. I also feel that I'm not financially ready since I don't have a career/job yet, and my job will most likely require heavy use on my body that I would not be able to do if I were pregnant. I also don't know the family history for pregnancy and how well it would go if I were to follow through. It's added stress on my life, even though I would have the support of my boyfriend alongside me. Yet, financially, we would still be in a bad place. Being pregnant would throw off so many plans I have set.

Another (WI, 23) reported:

> If I found out that I was pregnant today, I would immediately start looking for abortion care. I am not in the right place financially, emotionally, mentally, or physically to care for a child. I also know that our foster care system is overwhelmed, so to me, the best course of action for the fetus and myself would be to terminate the pregnancy. I do eventually want to have children, just not right now.

As well as one (WI, 21) stating, "I am not completely sure. I would probably seek an abortion and not tell anyone. The stigma surrounding abortion would make me feel too scared to share with anyone."

Others were not sure if they would seek one out. Reasons varied from how the pregnancy occurred, such as if it was an accidental pregnancy or rape, would affect their decision. This can be seen through the respondent (WI, 19), who stated, "I would probably get an abortion. I am lesbian and so it would for me, likely mean that something bad happened to me." The rest of respondents said they would keep the child, stating an abortion was against their personal morals, with one saying (WI, 21) saying they felt they were with the right person and would not feel the need for an abortion.

ABORTION NARRATIVE ANALYSIS

In addition to the survey data I gathered, I also analyzed abortion narratives from secondary sources. The results I acquired matched the rhetoric found in other scholarly articles on perspectives of seeking abortion care. After analysis, I noticed different themes which I saw most commonly occur: disclosure/privacy; support systems, or lack thereof; and logistics of getting an abortion.

Disclosure/Privacy

From an article published in *PLoS One*, researchers interviewed women affected by the recent Texas abortion restrictions. One of their biggest findings was the discussion of these women having to disclose their pregnancy and want of an abortion. In an interview with one participant, they said (Baum et al., 2016):

> I had to find someone I had to confide in about the situation and let them know if they could watch the kids… I basically [had to] disclose information about the situation that [I didn't] necessarily want to, I mean, that's kind of–that's disturbing.

This is similar to what some of my participants said. One of which (WI, 21) saying, "I am not completely sure [what my plan of action would be]. I would probably seek an abortion and not tell anyone. The stigma surrounding abortion would make me feel too scared to share with anyone." Across both studies, it's clear that people don't want to disclose their need of an abortion. Their word choice is similar; the stigma and increasing restrictions surrounding abortion indicate this concern for privacy.

This rhetoric of disclosure and privacy regarding abortion is further corroborated in an article from the *Journal of Reproductive and Infant Psychology*. Researchers wanted to study "the preferences for psychological treatment after abortion among college students who experienced psychological distress and desired mental health services…" (Curely & Johnston, 2014); they found, "Guilt may have been further compounded with maintaining secrecy of the

abortion from parents or significant others." The rhetoric surrounding abortions as something to be kept secret can produce feelings of shame. Not being able to disclose such important information affects how people view abortions and those who get them. Having people share their stories and find similarities could cut down this narrative of shame and guilt. But it's clear the stigma surrounding abortions has impacts on those who seek them out.

Support Systems

Another theme that was similar from my research and others was from Baum et al. (2016). In an interview with one of their participants, they state:

> Feeling that she had the support of someone in her life with whom to share parenting, as well as concern about how far along she would be in her pregnancy by the time she could return to the clinic for the procedure, she decided not to return for the abortion.

This rhetoric is consistent with the responses of some of my participants. One participant (WI, 22) in reference to if they would get an abortion said, "I would probably talk things over with my support system…" and another saying (WI, 23) "If my [significant other] were pregnant, I'd try to be as supportive as possible regardless of their choice. It's a difficult situation, I wouldn't want to make it any harder for someone." Another respondent (WI, 21) said, "If I were pregnant right now, I would choose to keep the baby, only for personal reasons like my financial state and my life timeline. I feel like I'm also with the right person." The rhetoric was similar to the articles I found as they both concluded carrying a pregnancy to term is a stressful decision and could be impacted by having a good support system. Being able to have someone to rely on to raise a child is crucial, as well as when wanting to terminate a pregnancy. A support system can determine how people deal with unplanned pregnancies. This was further corroborated in a study from *Health* Communications, where researchers conducted a case study by looking at the rhetoric on the website *Abortion Changes You.* They found, "… women communicated their personal choice to have their baby; yet, their choice was negated by family and friends who advocated that abortion was necessary" (Rafferty & Longbons, 2021). This further supports that having a support system, or the people in said system, can influence someone's decision and if they feel can support a child.

This is further explored in the article from Curley & Johnston which states, "These transgressions may have included engaging in pre-marital sex, incurring an unintended pregnancy, and then having an abortion. For example, several participants in this study reported that their families did not believe in abortion, which may have compounded guilt" (2014). When participants stated they had a good support system, they felt more comfortable saying they would seek an abortion or keep a pregnancy in their language use. On the other hand, when participants stated their family would not support their decision to have an abortion, the language used made their decision seem more urgent than their counterparts. Either way, the decision to carry a pregnancy to term was influenced by the support the individual felt they had. The commonalities between the article and my research show this correlation.

Logistics

A final theme I found consistent between the articles and my research is the logistics of obtaining an abortion, whether that be financial costs, distance traveled, maneuvering the laws around abortion, etc. In the study by Baum et al. (2016), one of their participants described an appointment they went to: "During my first visit when I was discussing the procedures, [the counselor] told me that I couldn't take the pill. And I really did not want to do the vacuum [procedure] unless it absolutely came down to that." Another participant from Baum et al. (2016) described:

> I had this job and they really didn't give me a lot of hours. I didn't have a lot of money and my boyfriend doesn't make a lot of money. I had to pay for the gas and I know maybe it's only like 40, 50 dollars but that's a lot when you're not making that much. (24 years old, surgical abortion in Dallas/FtWorth, traveled 50 miles)

These themes match up to the findings of my survey. One participant (WI, 24) said, "I would pursue an abortion, even if I had to cross state lines. I have absolutely no wish to have a child, I would be a horrible parent and I don't have the patience for it at all." Another noted (WI, 24), "I would have to go to Minnesota to get an abortion and probably take out a loan to be able to afford it." Both mention the affordability of seeking an abortion and the willingness to travel for one. My participant's narratives are consistent with those of past researchers. The urgency in their word choices shows how crucial an abortion would be for them. They don't want their lives to stop to carry out a pregnancy to term and raise a child, and for them an abortion is a way out of a potentially bad situation, which can be seen from (MN, 16) who got pregnant in an abusive relationship and (WI, 19) who is a lesbian and if they were to be pregnant, it is likely something bad happened to them.

Other themes I found in articles included navigating the restrictions in place, distance traveled, and number of clinics visited to obtain an abortion, such as from Baum et al. (2016). All these factors compound and can make obtaining an abortion extremely challenging. This research is valuable to understanding the narratives of abortions

and reproductive health care about college age people. The common themes explored and their similarities to my research findings show just how important these narratives are to continue to protect abortion rights in the U.S.

Overwhelmingly, my data suggests that there is a wide diversity in people's experiences for reproductive healthcare and want for an abortion, and it is critical to not erase the individual. Many of my respondents said they could not raise a child at this time in their life. One respondent who got an abortion at 16 (MN, 21), said:

> Abortion was the only option and honestly, it saved my life. I was in a very physically [abusive] relationship and when he found out I was pregnant, he beat me and kicked my stomach in an alleyway. I couldn't have the child, my future was on the line and honestly my ex would've killed us both if I had the child.

Even though some respondents said they would have the baby if they found out they were pregnant, they would still have to raise the child, and unless their significant other or parents were to help them, there would seemingly be no consequences for the other parent to do the same. Even with different life experiences, reproductive healthcare and abortions are still important because no two people are the same. That is why it is crucial to hear the narratives of people who are college age, as these are the people who are most likely to get an abortion if they become pregnant. By making personal connections to their stories, empathizing with them as the people they are and not reducing them to a statistic, access to abortions and reproductive healthcare may be protected.

LIMITATIONS

Due to the nature of this topic, finding respondents was a huge obstacle. The sensitive subject made my research vulnerable to potential hate or criticism. Because of this, I had to be strategic in who I was reaching out to send my survey in hopes of finding potential respondents. The women's organizations and similar groups on campus I reached out to were not only an attempt to find my target audience, but make sure I was finding responses that were relevant to my research. However, this was a limited pool of potential respondents, and is not representative of the larger population of people who have gone across state lines to seek care. Out of my 21 respondents, 13 had received reproductive healthcare of some kind, but only one had noted they had received an abortion and did not have to cross state lines. Finding people to talk about this sensitive topic was more difficult than expected and can be reflected in the number of respondents who did not have any experiences getting reproductive healthcare or an abortion. It is suspected people were less likely to participate due to the current political climate.

FURTHER RESEARCH

Due to the limitations, I am going to continue researching the narratives about traveling across state lines, and the narratives of seeking such care among college age people in general. The narratives surrounding abortions are crucial as they give insight into a human experience that can greatly affect the trajectory of one's life. My findings show just how important these narratives are, and where there is room for further research. Abortion is a complex issue, and one that half the population can be affected by. I want to put into understanding these narratives in a way to better define the experiences of not having access to such care, and how it can affect people. The study from *Health Communication* by Rafferty & Longbons (2020) says, "…no singular narrative fully encapsulated or defined what women experienced during and after their medication abortion." This just further proves how crucial it is to continue research into this topic. With abortion rights being under fire recently, narrative research which delves into these stories would help spread awareness. Providing further research on college age people who seek abortions, whether that be in state or across state lines, would accomplish this goal. In the future, I will work towards conducting more qualitative interviews to better target and understand the people these bans affect the most. These interviews will make up for the shortcomings of finding my target audience to get the results most applicable to researching abortion narratives and crossing state lines amongst college age people.

CONCLUSION

After conducting my survey and analyzing abortion narratives from secondary sources, I noticed different themes which most commonly occur: disclosure/privacy; support systems, or lack thereof; and logistics of getting an abortion. By making personal connections to abortion and reproductive healthcare narratives, we can empathize with them as the people they are and not reducing them to a statistic. This strategy can help protect access to abortions and reproductive healthcare. Finding respondents to the survey was a big obstacle, and there is a need for further research for abortion narratives amongst college age people.

ACKNOWLEDGEMENTS

A big thank you to my Capstone group, Jessica Fitzgerald, Esther Hammen, and Branden Schultz for helping me stay on track and bring this project to fruition. Another big thank you to Samantha Mohn for being a wonderful study buddy and keeping me sane throughout the writing of this project. Not to mention my wonderful mentor, Dr. Darci Thoune, for helping me get this project off the ground to make something I can be proud of.

REFERENCES

Attia. (2022, April 29). *How much does an abortion cost?* Planned Parenthood. https://www.plannedparenthood.org/blog/how-much-does-an-abortion-cost

Baum, S. E., White, K., Hopkins, K., Potter, J. E., & Grossman, D. (2016, October 26). Women's Experience Obtaining Abortion Care in Texas after Implementation of Restrictive Abortion Laws: A Qualitative Study. *PloS One, 11*(10), e0165048–e0165048. https://doi.org/10.1371/journal.pone.0165048

Cahn, N., Carbone, J., & Levit, N. (2022, July 11). *Is it Legal to Travel for Abortion After Dobbs?* Bloomberg Law. https://news.bloomberglaw.com/us-law-week/is-it-legal-totravel-for-abortion-after-dobbs

Cermele, J. (2010). Telling Our Stories: The Importance of Women's Narratives of Resistance. *Violence Against Women, 16*(10), 1162–1172. https://doi.org/10.1177/1077801210382873

Chen, D. W., & Belluck, P. (2023, March 17). *Wyoming Becomes First State to Outlaw the Use of Pills for Abortion.* The New York Times. https://www.nytimes.com/2023/03/17/us/wyoming-abortion-pills-ban.html

Curley, M., & Johnston, C. (2014). Exploring treatment preferences for psychological services after abortion among college students. *Journal of Reproductive and Infant Psychology, 32*(3), 304–320. https://doi.org/10.1080/02646838.2013.879566

Dzhanova, Y., & Lalljee, J. (2022, June 24). *Gas, food, and a hotel: Americans seeking an abortion out of state already shell out up to $10,000 for the procedure. Experts warn that cost could rise.* Business Insider. https://www.businessinsider.com/abortion-costs-roe-v-wade-out-of-state-supreme-court-2022-5?op=1

Fuentes, L., Lebenkoff, S., White, K., Gerdts, C., Hopkins, K., Potter, J. E., & Grossman, D. (2016, April 1). Women's experiences seeking abortion care shortly after the closure of clinics due to a restrictive law in Texas. *Contraception, 93*(4), 292–297. https://doi.org/10.1016/j.contraception.2015.12.017

Gold, R.B. (2003, March 1). *Lessons from Before Roe: Will Past be Prologue?* Guttmacher Institute. https://www.guttmacher.org/gpr/2003/03/lessons-roe-will-past-be-prologue

Irvine, B. (2021, September 2). *Why "heartbeat bill" is a misleading name for Texas' near-total abortion ban.* The Texas Tribune. https://www.texastribune.org/2021/09/02/texas-abortion-heartbeat-bill/

Pires, C., & Considine, C. (2022, June 16). *'I got in the car and he blindfolded me. I was willing to risk death': five women on abortions before Roe.* The Guardian. https://www.theguardian.com/us-news/2022/jun/16/five-women-on-abortions-before-roe-v-wade

Rafferty, K. A., & Longbons, T. (2021). AbortionChangesYou: A Case Study to Understand the Communicative Tensions in Women's Medication Abortion Narratives*.* *Health Communication, 36*(12), 1485–1494. https://doi.org/10.1080/10410236.2020.1770507

Sanger-Katz, M., Miller, C. C., & Bui, Q. (2021, December 14). *Who Gets Abortions in America?* The New York Times. https://www.nytimes.com/interactive/2021/12/14/upshot/who-gets-abortions-inamerica.html

Stevenson, A. J. (2021, September 22). *Study shows an abortion ban may lead to a 21% increase in pregnancy-related deaths.* Colorado Arts and Sciences Magazine. https://www.colorado.edu/asmagazine/2021/09/22/study-shows-abortion-ban-may-lead-21-increase-pregnancy-related-deaths

White, K., Sierra, G., Evans, T., & Roberts, S. C.M. (2021). Abortion at 12 or more weeks' gestation and travel for later abortion care among Mississippi residents. *Contraception, 108*, 19-24. https://doi.org/10.1016/j.contraception.2021.11.003