# THE ANATOMY & AUTONOMY OF SEX:

## Reclaiming Reproductive Rights in an Era of Restriction

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## INTRODUCTION

Reproduction is perhaps one of the most personal, intimate journeys that the human experience has to offer. But, in a day and age where reproductive rights are under siege in the United States, those experiences have become public, as reproductive choices become scrutinized and regulated. Those who are able to get pregnant are held to rigid expectations about what to do with their bodies: they are expected to use birth control, instead of those who can get others pregnant; they are expected to keep their pregnancy, even if they are physically, financially, or mentally unable to do so. These expectations are often at odds with each other. Despite reproduction's inherently scientific nature, many deliberations concerning reproductive choice revolve around societal expectations and values. What happens when we ground our arguments about reproductive choice in scientific fact? Can a better understanding of the anatomy of pregnancy prevention provide those with uteri more autonomy? As reproductive rights continue to be contested, it is important to be grounded in a shared understanding of the processes of contraception and abortion. This issue guide highlights key points for consideration on these topics.

## TERMS TO KNOW

**AUTONOMY:** The capacity to make an informed, uncoerced decision, and have control and determination over oneself

**REPRODUCTIVE RIGHTS:** The right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities

**SEXUALLY TRANSMITTED INFECTIONS (STIS):** Infections that are passed from one person to another during vaginal, anal, or oral sex, or skin-to-skin sexual contact

**PATRIARCHY:** A social system in which men hold primary power and predominate in roles of political leadership, moral authority, social privilege and control of property

**PRO CHOICE / PRO ABORTION:** The word for those who believe abortion should be legal

**PRO LIFE/ANTI CHOICE:** The word for those who believe abortion should be illegal

## A NOTE ON GENDER INCLUSIVITY

Not all women can get pregnant and not all those who can can get pregnant are women. However, because of the historical and societal connection between womanhood and pregnancy, laws that seek to restrict reproductive choice still have patriarchal intent and affect. In this issue guide, we use the phrase "those who can get pregnant," aiming to be representative of all groups personally affected by restrictions of reproductive rights.

# AUTONOMY AND CONTRACEPTION

Access to and information about different forms of contraception greatly differs across the United States based on geographic, economic, racial, religious, and political factors. The National Institute of Health reported that **only half of American adolescents receive school education about contraception before they first have sex.** 20 states require that schools share information on contraception, and 20 states and the District of Columbia require that sexual education in schools be factually accurate. On the other hand, 27 states require that schools stress abstinence.
The issue of contraception and pregnancy prevention is controversial and often tied to religious and political values. Because of this, there is a significant gap in quality of sexual education across the United States. For instance, Oregon requires sexual education which encourages students to openly discuss the intricacies of sexual boundaries and the different types of contraception, whereas Delaware requires that education "stresses the benefits of abstinence from risky behaviors." (1)

## BIRTH CONTROL METHODS

A crucial element to increasing autonomy over individuals' contraceptive decisions is making all the information available and accessible. Therefore, the following table details some (of many) birth control methods. Find out more at plannedparenthood.org/learn/birth-control (2).

| BIRTH CONTROL TYPE | PERCENT EFFICACY | PREVENTS STIS? | HOW IT WORKS |
|---|---|---|---|
| IUD (Intrauterine Device) | 99% | No | Flexible T-shaped plastic shaped, implanted into uterus; serves as physical barrier for sperm; releases hormones estrogen and progesterone to prevent ovulation and thicken cervical mucus. |
| Birth Control Patch | 91% | No | Thin, sticky piece of plastic worn on the belly, butt, or back; releases estrogen and progesterone into the body which stop ovulation and thicken cervical mucus. |
| Birth Control Pill | 91% | No | Most comonly, a pill containing estrogren and progesterone; taken daily to prevent ovulation and thicken cervical mucus. |
| External Condom | 85% | Yes | Generally a latex sleeve that fits over the penis, serving as a physical barrier. |
| Internal Condom | 79% | Yes | Generally a latex sleeve that lines the vagina, serving as a physical barrier. |
| Diaphragm | 88% | No | Silicone cup which caps the cervix, serving as a physical barrier. |
| Outercourse/ Abstinence | 100% | Depends on other sexual acts | Not having internal sex mitigates risk that sperm will enter through the cervix. |

# AUTONOMY AND CONTRACEPTION

## COMMUNITY CONCERNS

Sex and patriarchy being taboo and controversial creates a lack of adequate knowledge on how to engage in safe, consensual sex, and a stigma around contraceptives. In talking to community members and affected groups, we learned that individuals hold a lot of anxiety and uncertainty about contraceptives and safe sex.

**Here are some of the concerns we heard:**
- Public school children to not receive comprehensive sex education
- There is a lack of education on the use of contraceptives in queer sex
- Contraceptives are inaccessible in certain areas
- There is shame and stigma surrounding those with different sexual practices
- Puritanical and patriarchal values heavily influence American sex education

## WHAT CAN BE DONE ABOUT THEM?

### 1 INCREASE EQUITABLE SEX EDUCATION FOR YOUTH

- Redesign sex education curricula to include information about contraceptives, queer sex and consent
- Have pediatricians share information about different contraceptive choices with their patients
- Encourage parents to educate their children about pregnancy prevention from an early age

**TRADEOFFS, THINGS TO CONSIDER, AND POTENTIAL CONSEQUENCES:**

- Those who are not in school would be excluded from this education
- Not everyone has access to healthcare and doctors, such as low-income individuals
- Parents might have biased or false information

### 2 MAKE CONTRACEPTIVES MORE ACCESSIBLE

- Have governments increase access to free public healthcare
- Make all healthcare cover a wide range of contraceptives
- Public funding for reproductive health clinics in underserved areas

**TRADEOFFS, THINGS TO CONSIDER, AND POTENTIAL CONSEQUENCES:**

- Some individuals might not want their tax dollars funding contracetives and sex education
- Government bureaucracy would take time to build and fund new clinics
- Needs in some areas are different than needs in others - there is no universal solution

### 3 PROMOTE EQUAL SEXUAL EXPECTATIONS FOR ALL GENDERS

- Government funding research on male-led birth control options (such as the male birth control pill)
- Teach all genders the same information about the importance of contraceptives
- Create media campaigns about getting rid of gender roles in sexual relationships

**TRADEOFFS, THINGS TO CONSIDER, AND POTENTIAL CONSEQUENCES:**

- Men might not be willing to take a birth control pill
- Cultural shifts happen slowly and are hard to predict or manufacture

# AUTONOMY AND ABORTION

## HISTORY OF ABORTION

Abortion has been practiced since antiquity (3). Dating back to the Middle Ages, women used a variety of herbal, pharmaceutical, and abortifacient treatments to terminate their pregnancies, as well as various late-term surgical interventions. **Despite its historically prevalent practice, however, abortion has long been subject to government restrictions and social stigma.** The move to ban abortions in the late 19th century came as a result of backlash against the growing women's rights movement, and restricting abortion quickly became a tool to control women and confine them to a traditional childbearing role (4). In addition to being shaped by misogynistic norms, crackdowns on abortion access were rooted in racism and white supremacy (5). Nevertheless, women continued to surreptitiously perform abortions, including dangerous self-abortions; poor women and women of color, who could not access safe reproductive care, suffered disproportionately from these restrictions.

## REPRODUCTIVE RIGHTS IN 2021: THE MISSISSIPPI ABORTION LAW

Even after decades of progress for women's rights, abortion continues to be criminalized, and women's ability to exercise reproductive choice remains subject to conversations happening in the courts. One such conversation is occurring right now in the Supreme Court (6). As of last Wednesday, Dec. 1st, the Supreme Court in **Dobbs v. Jackson Women's Health Organization** seemed inclined to uphold a **Mississippi law that bans abortion after 15 weeks, about two months earlier than Roe v. Wade and later decisions allow.** This debate comes after another abortion law in Texas, which bans most abortions after six weeks of pregnancy (7). If the Supreme Court upholds the Mississippi law and thus overturns Roe, abortion access would be restricted in about half of U.S. states. The overturning of Roe would disproportionately impact women of color, who are more likely to live in states with more restrictive abortion laws and face barriers to reproductive and maternal health services.

## WHAT KIND OF PROCEDURES ARE USED TO TERMINATE A PREGNANCY? (8)

### MEDICAL ABORTIONS (UP TO 11 WEEKS)

Performed by taking 2 pills:
a) **mifepristone**: blocks progesterone, which the embryo needs to implant in the uterus and grow; **OR** **methotrexate:** cancer drug that stops embryonic cells from multiplying.
b) **misoprostol:** makes the uterus contract

### VACUUM ASPIRATION (UP TO 16 WEEKS)

Uses gentle suction to pull the fetus and placenta out of the uterus.
Often used in the first trimester, or early on in the second trimester.

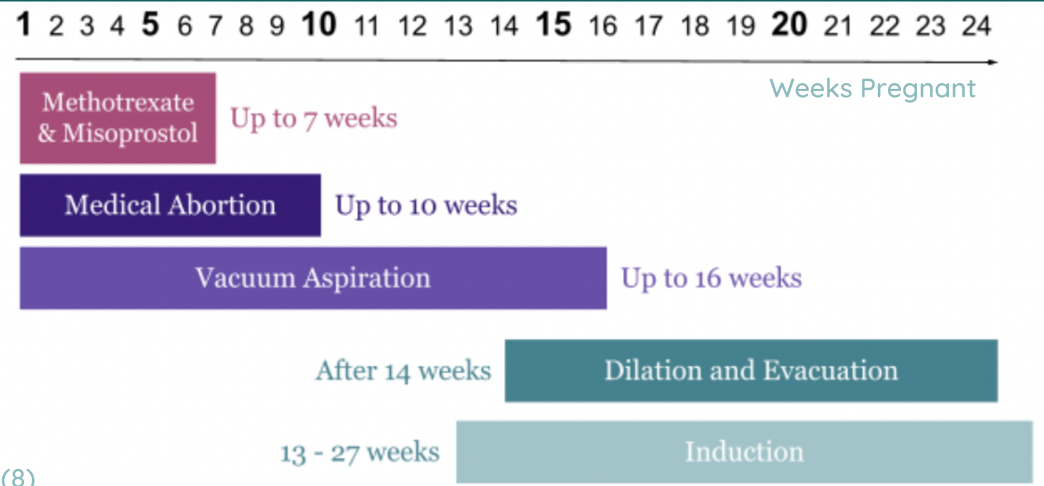
### DILATION AND EVACUATION (AFTER 14 WEEKS)

Uses a combination of vacuum aspiration, forceps, and dilation and scooping over a two-day period.

- On the first day, the cervix is widened.
- On the second day, fetus and placenta are removed by suction and scooping instrument.

### INDUCTION ABORTION (13-27 WEEKS)

Induces contractions to release the pregnancy. Suction and scooping instruments can also be used.




Carrying a pregnancy to term is **33x** riskier than having an abortion.

The mortality risk of carrying a pregnancy to term is **>3x** as high for non-hispanic Black women compared to non-Hispanic white women. (9)

# WHEN DOES LIFE BEGIN?

Debates over the legality of abortion, like the current one in the Supreme Court, all boil down to one central question: when does life begin? Does the government have the power to interfere with bodily choices before gestational viability is confirmed? The question of life, however, is debated not only ethically, but scientifically as well.

## WHEN LIFE BEGINS, ACCORDING TO SCIENCE, POLITICS, & PHILOSOPHY (10)

| STAGE OF EMBRYONIC DEVELOPMENT | DESCRIPTION | LIFE BEGINS HERE ACCORDING TO | WEEKS PREGNANT |
|---|---|---|---|
| Fertilization (10) | The fusion of a sperm and an egg to form a zygote, occurring up to 24 hrs after intercourse. | Christianity | 0 |
| Implantation (10) | The embedding of the pre-embryo in the uterine lining, occurring around 2 weeks after fertilization. | Laws in Great Britain, Singapore, and other countries (11) | 0 |
| Gastrulation (12) | Two-layered embryo is converted into a three-layered embryo. Zygote becomes an "ontological individual," meaning it can no longer become two individuals. | No particular law or belief system | 3 |
| Cardiac Activity (13) | When the embryo's heart begins to beat. | 2021 Texas Abortion Law | 5-6 |
| "Quickening" (14) | The moment that a pregnant person feels their fetus's movements. | Debates in the Roman Catholic Church in the 16th century (15) | ~18 |
| Viability (16) | The ability to survive without medical intervention. This is also when human-specific brain-wave patterns emerge. | Roe v. Wade; 2021 Mississippi Law* (17) | 24 |
| Ensoulment or Personhood (18) | The capacity for rational thought or consciousness. | Pro-life individuals: ensoulment occurs at conception; Pro-choice individuals: personhood occurs at birth* | Debated: conception or after |

45% of pregnancies are unintended (19)

66% of legal abortions occur within the first eight weeks, and 92% within first 13 weeks (20)

The rate of abortions decreases when it is available, and increases when it is not (21)

# AUTONOMY AND ABORTION

## COMMUNITY CONCERNS

Looming threats of increased restrictions to abortion in the U.S. have created an environment of anxiety for those who can get pregnant, especially among vulnerable populations. Minors, low-income people, and people of color are at particular risk. Lack of access to abortions could threaten individuals' capacity to make reproductive choices for themselves.

**Here are some of the concerns we heard:**

- Community stigma surrounding getting an abortion and shame toward those who do not want to keep their pregnancy
- Lack of access to abortion in particular locations, specifically conservative states and rural areas
- Lack of access to abortion due to some health care plans not covering the procedure
- Increased health risks for individuals who experience complications during pregnancy
- Lack of open conversation surrounding the nuance of abortion and when life begins

## WHAT CAN BE DONE ABOUT THEM?

### 1 DE-STIGMATIZE ABORTION

- Launch social media campaigns that share stories of people who have had abortions to normalize the procedure and end silence surrounding the subject (e.g. #ShoutYourAbortion)
- Encourage teachers and administrators to facilitate open dialogue in schools and workplaces to inform those who cannot get pregnant about abortion and its prevalence

#### TRADEOFFS, THINGS TO CONSIDER, AND POTENTIAL CONSEQUENCES:

- Those who have had abortions may not want to share their experiences, especially if they are traumatic
- Parents or school administrators in certain areas may present barriers to openly discussing abortion

### 2 INCREASE EQUITABLE ACCESS TO REPRODUCTIVE CARE

- Pressure government officials to publicly fund clinics that offer abortion services and other reproductive health care, via petitions or demonstrations
- Pressure local government officials to legally protect abortion, especially in the case that federal protections are gutted
- Individuals share resources about where and how to access abortion to friends, family, colleagues and others

#### TRADEOFFS, THINGS TO CONSIDER, AND POTENTIAL CONSEQUENCES:

- Governments take time to pass laws due to bureaucracy and polarization
- Values, resources, and law vary from state to state. Increasing equitable access requires mobilization in local communities

### 3 RECOGNIZE ABORTION AS AN INTERSECTIONAL ISSUE

- Historically, women's rights movements have overwhelmingly excluded women of color and failed to recognize intersectional identities. This is particularly harmful when discussing abortion, as people of color disproportionately face barriers to receiving reproductive health care (22).
  - Write and propose local legislation in tandem with reproductive health coalitions (such as All Above All) to expand state-funded healthcare coverage for individuals excluded from Medicaid (such as undocumented immigrants)
  - Create intersectional curricula that contextualizes reproductive health through racial and socioeconomic lenses

#### TRADEOFFS, THINGS TO CONSIDER, AND POTENTIAL CONSEQUENCES:

- Creating intersectional curricula takes time and may require a complete overhaul of pre-existing curricula
- Governments take time to pass legislation due to bureaucracy and polarization

# CONCLUSION

The underlying value informing the fight for reproductive rights is individuals' freedom to do what they wish with their bodies; and while the state of reproductive rights in the United States is fragile, doctors, scientists, educators and activists all across the country are standing up for equal information, medical access, and legal autonomy. A key tenant of bodily autonomy is understanding the intersection between reproductive science, history, and culture. With the issues presented in this guide, we hope to contribute to understanding of pregnancy prevention and empower individuals to take control of their own reproductive journeys.

# RESOURCES

## TAKE POLITICAL ACTION

Planned Parenthood
Center for Reproductive Rights
National Abortion Federation
ACLU
NARAL
All Above All

## GET HEALTHCARE & INFORMATION

Planned Parenthood
National Network of Abortion Funds

## LEARN MORE

Planned Parenthood
Guttmacher Institute
NARAL

# FOOTNOTES

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