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Feminist Public Health as Abortion Pedagogy: Building Space for Reluctant Students

The culture of silence and shame surrounding abortion, combined with deeply held student beliefs for and against abortion access, make teaching about it a challenge even for experienced feminist educators. Faculty rightly fear negative student evaluations of teaching, public attacks from conservative politicians, and (further) erosion of feminist studies programs (Alonso Bejarano & Soderling, 2021; Boggs & Mitchell, 2018). Moreover, the ever-growing adjunctification of the academic labor force and the assaults on tenure make the stakes of teaching about abortion tenuous for many educators. Yet, in our post-Roe landscape, teaching about abortion is more important than ever. This commentary draws on over ten years of experience teaching about abortion through a feminist public health framework. I developed this approach as a critical public health scholar who has mainly taught in Women's, Gender, and Sexuality Studies. I have used it in classrooms big and small, introductory and advanced, at public and private institutions, and in politically progressive and conservative areas of the US. "Public health" is a broad discipline that draws on the social, behavioral, and biomedical sciences and is concerned with promoting the health of the population, from small communities to entire nations. Feminist approaches to the discipline emphasize an attention to power relationships, a focus on social transformation, and the use of intersectionality and reflexivity in research, policy making, and practice.

A main tenet of a feminist public health pedagogy is that regardless of personal or moral beliefs about abortion, outlawing, restricting, or stigmatizing access to care does not promote health. Educators need not be trained in public health to use this approach but can use it as an entryway that allows students to check some of their baggage at the door and engage with abortion at a population level. This pedagogy acknowledges that abortion is a potentially divisive and deeply personal issue, but that regardless of a student's individual beliefs they should have accurate, research-based information about it. This generative pedagogy creates a "pedagogical container," or learning space, that holds students' affective reactions to abortion while they analyze the topic from a population health perspective. It does not pretend that abortion (or any healthcare) is apolitical, but rather builds the scaffolding necessary for later exploration of the ethical or personal dimensions of abortion. Studying data on the distribution and determinants of abortion access *appears* neutral to students but is actually enabling them to be active learners in understanding how abortion connects to power and inequality. After the pedagogical container holds their feelings, I find that students are more comfortable engaging in difficult conversations, such as small group discussions using the National Network of Abortion Fund's Heart-to-Heart Conversation Cards (<https://abortionfunds.org/cards/>).

In the spirit of feminist reflexivity, educators may wish to name and own their personal views on abortion. I say, "As a scholar I know that a lot of research has demonstrated that outlawing abortion is bad for your health, and for that reason I support access to legal abortion." This statement is a *significant* downplaying of my actual political investments around abortion, but communicates to abortion-resistant students a professional, rather than personal, rationale for both the class content and abortion access itself.

A feminist public health abortion pedagogy begins by meeting students where they are in terms of knowledge of and comfort with abortion. Regardless of how the learning experience is structured (i.e., large lecture course or small seminar), I always include a) basic clinical

information, b) basic epidemiology, and c) the health effects of criminalizing abortion. First, I discuss the differences between medication and vacuum aspiration abortion, the two main types of abortion care. This is critical information for students' or their loved ones' health needs that also helps combat stigma. Having accurate clinical knowledge about abortion care helps to demystify the procedure and understand it as a regular part of reproductive health care. Additionally, this is an opportunity to note that all major medical and public organizations (e.g., American Medical Association, American Public Health Association) advocate for safe, legal abortion access as a crucial part of reproductive health care.

Next, I review data about abortion care in the United States and globally (Guttmacher, n.d.). I use graphics depicting demographics of abortion patients (age, race/ethnicity, number of children, religious affiliation, etc.), trends in abortion rates over time (abortion rates have mostly fallen in the US), and the medically low-risk nature of safe abortion (less risky than having your wisdom teeth removed). This is an opportunity to clear up stigmatizing misconceptions (e.g., that most people who have abortions are teenagers without children) and to teach about the politics of data collection and interpretation. I ask students: What do you see happening here? What does this data tell us? What can it *not* tell us? Why? For instance, the politicized nature of abortion hinders routine data collection and US states are not required to report information on abortion to the Centers for Disease Control and Prevention. Similarly, despite a growing understanding that transgender people have abortions, existing epidemiological surveillance on abortion assumes that all patients are cisgender women. All of this is clearly about power, but the focus on population health data enables students to reach that understanding on their own. Because students are in the analytic driver's seat, it protects against accusations of faculty "pushing" abortion politics on them.

Finally, I review the mountains of research demonstrating that criminalizing abortion is bad for population health. For example, research has found that outlawing or restricting access to abortion does not reduce its incidence: countries with more restrictive abortion laws have higher rates of abortion than do countries with fewer. Criminalizing abortion *does* increase morbidity and mortality due to unsafe procedures or lack of follow up care. Similarly, the US-based longitudinal project *The Turnaway Study* is useful for teaching about the mental health, physical health, and socioeconomic consequences of having an abortion compared to carrying an unwanted pregnancy to term (Foster, 2020). The study found that having an abortion is not associated with an increase in poor mental health, but being *denied* an abortion is associated with elevation in stress, anxiety, and lower self-esteem. The research demonstrates to students the power relations inherent to abortion access through an emphasis on population health that even the most abortion-resistant students find difficult to argue against.

To reiterate, a feminist public health abortion pedagogy is not apolitical. Health is always political, and abortion is especially so. Rather, the pedagogy gives students space to learn about abortion that feels more neutral or objective, helps them analyze how power is related to health, and opens up possibilities for deeper connections to the topic. My experience with anti-abortion students is that while they don't necessarily leave class ready to volunteer at the local abortion fund, they do have a newfound sense of curiosity and a more nuanced analysis of abortion—and they don't run to administrators to report me as a biased instructor. Students who were already open to or politicized about abortion leave with a new set of tools to engage members of their families and communities in talking about health and abortion.

Feminist public health as abortion pedagogy supports student learning while simultaneously protecting faculty and instructors from institutional retaliation.

References

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