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One Step Forward, Three Steps Back

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One Step Forward, Three Steps Back

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ABSTRACT

Access to comprehensive and equitable sexual and reproductive health care is an ever-growing subject of discussion, especially in countries such as the U.S. where this right is constantly threatened by factors including, but not limited to, social, political, and economic status. Studies show that comprehensive sex education and services, such as contraception, STD prevention and treatment, pregnancy care, including abortion, encourage healthy adolescent development and have well-documented positive effects on societies world-wide. Unfortunately, too many people in the U.S. encounter unnecessary barriers to the sexual health information and services they need to be healthy and make safe decisions regarding their bodies. This disparity disproportionately impacts some people more than others with young adults, people in historically disenfranchised and underserved communities and those with lower socioeconomic status carrying the burden of inequity. In this paper, I explore the history of sexual and reproductive health rights while highlighting the challenges college-aged women face when trying to access services starting on our own college campus.

Eighty-six years ago, Joyce Hubbard found out she was pregnant again at the age of 25. After the stock market crash of 1929, her family of four living in Missouri could barely feed themselves and were experiencing homelessness. Joyce decided to have an abortion, which was illegal at the time. That decision would kill her and tragically mark the lives of her kids who were sent to live with relatives as their father battled poverty, alcoholism, and depression. Joyce's story resembles that of countless women in the past, present, and future given the Supreme Court's desire to backtrack on women's reproductive rights. In this paper, I argue that the lack of comprehensive reproductive and sexual health is due to systems of oppression such as white supremacy, gender inequality and structural racism deeply embedded in our society. Today more than ever, access to reproductive and sexual health is crucial for the well-being of millions of women in the U.S.

Sexual and reproductive health is not only about physical wellbeing—it includes rights including but not limited to: healthy and respectful relationships, health services that are inclusive, safe, and appropriate, access to accurate information, effective and afford-

able methods of contraception, and access to timely support and services in relation to unplanned pregnancy. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence. According to The National Intimate Partner and Sexual Violence Survey, approximately 1 in 6 women, an estimated 19.2 million, experienced sexual coercion such as being worn down by someone who repeatedly asked for sex, or sexual pressure due to someone using their influence or authority at some point in their lifetime (Smith et al., 2018). These instances highlight the need for comprehensive sexual and reproductive health in which women acquire the knowledge needed to identify harmful patterns within relationships and establish clear boundaries. For sexual health to be attained and maintained, the sexual rights of all people must be respected, protected, and fulfilled. As stated by the World Health Organization (2022), reproductive and sexual health is an integral part of overall health, well-being, and quality of life. Safe sex practices are important for the sexual and reproductive health of sexually active people of all ages. Access to accurate, impartial, and up-to-date sexual and reproductive health information, services such as HPV vaccination, cervical screening tests, and screening for sexually transmissible infections is also essential. For this paper, I will be focusing on the sexual and reproductive health of college-aged women in America with emphasis on the experiences by students at SUNY Geneseo.

The lack of reproductive and sexual health prevents people from making informed and meaningful decisions about their sexual well-being, such as their sexual orientation, relationships, sexual activity, family planning and/or their bodies. Consequences include but are not limited to: the spread of sexually transmitted diseases such as HIV, stigma surrounding sex and sexual health, perpetuating harmful gender norms and stereotypes, unplanned pregnancies, and unsafe sex practices. First, the spread of sexually transmitted diseases is one of the most pressing issues among young people aged 18-24 who account for half of the nearly 20 million new sexually transmitted infections that occur each year in the United States (Centers for Disease Control and Prevention, 2016). Of these people, most of them do not have any symptoms which only allows individuals to continue engaging in behaviors such as binge drinking, sex without a condom or protection, multiple sexual partners, and drug use – all risk factors that contribute to high rates of STIs in this population. Even worse, most college students are often unaware of key information regarding STIs including the symptoms, prevention methods, and treatment options. In a study researching the knowledge and attitudes about sexually transmitted infections among college students, less than 50% knew about other STIs than HIV (Subbarao and Akhilesh, 2017). Teachers, internet, and media were the primary sources of information for most of the participants which exposed that the quality of knowledge available to them was inadequate. The information given to these students also depends on the personal beliefs of the people and organizations they trust who may have a skewed understanding of sexual and reproductive health too. This article's findings show that it is important to

orient the students about sexual health and safe sex products as it will go a long way in prevention and control of STIs.

Along the same lines, stigma towards sex and sexual health significantly influences college students' decisions to seek resources such as testing for sexually transmitted infections. In a study done 20 years ago, researchers conducted in-depth, semi-structured interviews to survey 41 college students aged 18-23 about factors that influenced decisions about seeking sexual and reproductive services on their campus. Barth et al. (2002) asserts that perceived negative consequences were among the most mentioned reasons for rejecting STI tests with the greatest concern respondents expressed centering on what other people would think (p. 155). Participants were specifically worried about being seen as "loose," "dirty," "irresponsible," and "not caring about yourself" when they were not properly educated on how to protect themselves before, during and after sex. The effects of gossip were mentioned a lot and most participants said that women were judged more harshly than men were. This problem also extends outside the realm of practicing safe sex because it touches on the social stigma linked with having a sexual relationship in the first place. For example, one woman stated, "someone who has herpes is going to be avoided more than the person who has mono...STIs are disgusting; they are not something you want people to know about," when discussing how societal expectations or norms impact one's willingness to get help (Barth et al., 2002, p. 156). Social norms dictating whether women are allowed to sexually explore their bodies is perpetuated by gender norms and rooted in patriarchal values.

As such, stigma related to accessing sexual health services prevents service use as students feel a range of emotions when going to the clinic including discomfort, frustration, and shame. One student expressed that she didn't like to see other students at the clinic, especially if she was there for sexual health reasons. She says, "I've had bad experiences in the past where they would say out loud that I'm there for a pap test. And it's a small place. So, people in the waiting room could hear that. And it just made me uncomfortable" (Cassidy et al., 2018, p. 8). She explained how these trips to the health center would impact her social status or how others perceived her which is an issue many women face when accessing sexual and reproductive services. The study also brought up an important fact that female students feel more obligated to seek resources for themselves and their partners when it should be both their responsibilities (Cassidy et al., 2018). This highlights the societal pressure women experience that places the blame on them rather than on a system that enables men to lack accountability for their actions and willingness to educate themselves. Invariably, we end up condemning women for the actions of men because the patriarchal society we live in allows it.

Gender norms can cause harm and impact millions of individuals from all different identities worldwide, restricting them basic human rights such as health, education, and more. In turn, gender roles can create a lifelong cycle of inequality. In terms of sexual and reproductive health, gender stereotypes impede women's access to contra-

ceptive information, services, and abortion, thus stripping them of their autonomy which reinforces gender hierarchies in society. Ideologies such as children, especially girls, shouldn't be taught about sex coupled with poor sex education in schools set people up with a weak knowledge on sexual and reproductive health. From 1998 to 2009, federal funding for sex education focused almost exclusively on ineffective and scientifically inaccurate abstinence-only-until marriage (AOUM) programs (Schalet et al., 2014). In doing so, schools contributed to the problem instead of resolving it. Education institutions play a crucial role in promoting adolescent sexual and reproductive health as millions of children and young people rely on them as their only source of knowledge outside of their households for the first years of their lives. Especially for students who are enrolled in public elementary and secondary schools across the country, it is imperative that they have access to health information and services that will benefit them and others for the rest of their lives. Across the socioeconomic spectrum, public schools can inform youth who may not have access to education and services elsewhere. They also have the potential to positively influence children's understanding of sexuality and healthy relationships with others, two factors that promote bodily agency. In providing a more comprehensive sex education curriculum for students, it can tackle the health and social disparities experienced by young people, which brings up the social determinants of health.

Factors such as health care access, social and cultural norms, health insurance, economic status, educational level and health literacy primarily affect some women more than others. Women of color and those belonging to any marginalized community experience far greater injustices when it comes to accessing sexual and reproductive health services. According to the Planned Parenthood Federation of America, African Americans encounter more challenges when obtaining sexual and reproductive health services than non-Hispanic white Americans. Consequently, African Americans experience higher rates of reproductive cancers, unintended pregnancy, and sexually transmitted infections than most other groups of Americans (Planned Parenthood, 2015). For one, African American teens aged 15–19 have higher rates of unintended pregnancy, birth, and abortion than non-Hispanic white teens, which showcases that some groups of women need much more resources, including education, on the topic (Wiltz, 2015). Another startling statistic was that despite accounting for only 12 percent of the U.S. population in 2010, African Americans made up 44% of new HIV/AIDS infections which points to a lack of knowledge surrounding safe sex practices and sex education in general (Kaiser Family Foundation, 2020). However, there is a cultural component that explains why these disparities exist. Within communities of color, certain factors that hinder access to sexual and reproductive health resources, such as social stigma, are amplified. Stigma is upheld throughout generations on the premise that women should not know of these things until marriage, if at all. These unfair gender expectations paired with social determinants of health, like access to health insurance and low socioeconomic status, make it so that poor women of color carry the burden of inequality. Systems in place, such as structural racism, further disproportionately affect women of color who don't have the opportunity to pursue

higher education or even complete high school in many cases. This ultimately leads to women being unwilling or hesitant to visit sexual and reproductive health clinics. Even when doing so, medical racism continues to be prevalent in the U.S. Examples include: refusal to listen to the experiences of women of color, deciding on what someone thinks is best for them rather than consulting with them, and taking away bodily autonomy or even being flat out racist during patient-provider interactions. As such, it is pivotal to educate future medical providers about these social determinants so that they can work to mitigate the resulting disparities, thereby improving the health of patients and their communities.

There have been many instances in which politics has deliberately targeted women's reproductive and sexual health rights. From the lack of contraceptive and abortion access to policies that control adoption and surrogacy options, interference on all levels is an issue. Laws such as the Texas' Senate Bill (S.B.), the Hyde Amendment, and the 2003 abortion ban represent the U.S.' desire to control women's bodies above all. For one, the Texas' S.B. 8 bans abortion at around six weeks of pregnancy which is before most women even know they're pregnant. It has a "sue thy neighbor" scheme that encourages any person in the state to sue people who help someone get an abortion which is not only a complete violation of privacy but incredibly harmful for women who just need help (Planned Parenthood, 2022). Since September 1st of last year when the Supreme Court passed the bill, stories of heartbreak, crisis and chaos have traveled from Texas across the nation. Nearly 14 million women currently living there must now come up with alternatives to accessing sexual and reproductive resources in their communities. People who have the resources are forced to either travel long distances to get an abortion or remain pregnant (Planned Parenthood, 2022). Other states have started to mimic Texas with similar bills as most of the Supreme Court continues to stand behind it.

Similarly, the Hyde Amendment is a discriminatory law passed every year since 1976 that restricts federal health programs like Medicaid from covering abortion (Planned Parenthood 8). This is especially harmful to low-income women of color who do not have the means to afford procedures outside of their insurance. In fact, African American women are more likely to be uninsured or under-insured than white women and they often are forced to delay care because they lack the resources to pay for it (Planned Parenthood, 2022). As one of the most influential social determinants of health, insurance acts as a barrier to accessing essential sexual and reproductive services. Likewise, in 2007, an abortion policy took effect that criminalized certain safe abortion procedures in the second trimester of pregnancy (Totenberg, 2007). In doing so, these policies have completely cut women off from the resources they need to make their own decisions. Now, there are two active Supreme Court cases that could change the trajectory of our future as a society and the lives of countless women. In 1973, the Supreme Court enacted *Roe v. Wade* which made access to safe and legal abortion a constitutional right. Today, that freedom is at risk like never before. The Supreme Court has never been this close to upholding a ban that so shamelessly ignores the precedent set forth by *Roe v. Wade*. The makeup of the Supreme

Court is to blame for this. The addition of Neil Gorsuch, Brett Kavanaugh, and Amy Coney Barrett has swayed the Supreme Court towards more conservative ideals. *Roe v. Wade*'s core principle, that the Constitution protects a person's right to make their own private medical decisions, was upheld by decisions in key abortion rights cases including *Planned Parenthood of Southeastern Pennsylvania v. Caset* and *Whole Woman's Health v. Hellerstedt* (Planned Parenthood, 2022). However, after hearing arguments in *Dobbs v. Jackson Women's Health Organization* in December 2021, it seems possible that most justices may overturn nearly half a century of precedent and overturn *Roe v. Wade*. The court's decision is expected by the end of June 2022. This decision will affect every single woman in the United States, obviously some more than others, as half of the people who can become pregnant in America live in states that could quickly move to ban abortion if the Supreme Court overturns *Roe v. Wade* (Cai et al., 2022). In doing so, we would be regressing to a period where stories like Joyce's would become prevalent.

With the onset of COVID-19, reproductive and sexual health services have been greatly affected. The pandemic has affected global supply chains and service provisions for sexual and reproductive health with 9.5 million women and girls losing access to these resources (Rilet et al., 2020). This loss in health support has led to 3 million unintended pregnancies and 2.7 million unsafe abortions worldwide because women are unable to access these healthcare services (The Equality Institute 1). It is deemed less important to provide reproductive and sexual health services during emergency situations and disease outbreaks as resources are diverted for other needs. In addition, gendered discrimination and injustices are exacerbated by COVID-19, affecting the sexual and reproductive health of women and girls around the world (The Equality Institute 3). For example, the world's largest condom and IUD factories have both shut down (United Nations Population Fund, 2020). Even in countries where these contraceptives are being produced, shipping and air freight routes have made it extremely difficult for these products to reach countries that need it.

As stated before, women of color are disproportionately affected by the lack of reproductive and sexual health education and services. Factors such as race, socioeconomic status, class, language, and culture continue to act as barriers towards comprehensive resources that will benefit the lives of many marginalized women. For instance, immigrant women, transgender women and low-income women encounter more challenges when trying to access these services. Immigrant women are less likely to have coverage or use sexual and reproductive health services than U.S.-born women, which may increase their risk of negative outcomes according to a study done by The Commonwealth Fund (Hasstedt et al., 2018). It goes without saying that immigrant women of reproductive age in the U.S. experience more challenges accessing comprehensive and affordable care. Systemic barriers such as policies, procedures and practices that unfairly discriminate against these women make it so that they don't have a choice in what to do with their bodies and health. In Regina Austin's "Sapphire Bound!" (1989), she mentions about the "healthcare system does not deliver adequate birth control, abortion, or family planning services" to women of color which only causes

greater hardships (p. 431). The healthcare system in the U.S. has failed and continues to fail the LGBTQ community especially women in terms of major disparities in sexual and reproductive health care. Limited health services and discrimination from providers and insurance problems, can all be exacerbated by racism and intersecting oppressions (Dawson & Leong, 2020). A solution to these problems includes tailoring sex education in schools to be more inclusive and to address barriers to health. Reproductive justice takes an intersectional approach to resolving these issues. Women of color activists demand “reproductive justice,” which requires the protection of women’s human rights to achieve the physical, mental, spiritual, political, economic, and social well-being of women and girls (Ross 5). Reproductive justice extends beyond the pro-choice movement’s right-to-privacy-based claims to legal abortion, as required and limited by the U.S. Supreme Court. Reproductive justice is the integration of reproductive rights into a human rights and social justice framework that is used to combat all types of injustice that deny women’s rights.

For my capstone project, I focused on the sexual and reproductive rights of college students in SUNY Geneseo that identify as women. This topic was chosen shortly after the news broke that *Roe v. Wade* would be overturned, and as a low-income woman of color, I realized the severity of that. As a college student at SUNY Geneseo, I started looking at the sexual and reproductive services my campus offered to its students, and I was shocked to know that it provided a wide range of options. From gynecological exams, pap smears, birth control to emergency contraception, breast exams and STI/STD testing, Lauderdale in collaboration with the Livingston County Health Department offers these resources to its students. Rape kits, according to the website, can be obtained at Strong Memorial Hospital, within 96 hours. Although all these resources were provided, I found another problem while conducting my research that highlighted the reasons why women were not accessing these services. For one, the lack of knowledge about the services among students was first on the list. In conducting my research, I sent out a Google Doc asking self-identifying women on our campus about the level of reproductive and sexual health knowledge they have, whether they have accessible services, and how their experience was at Lauderdale. When asked about the resources Lauderdale provided, 86% (43) of women could only name 2 services (contraceptives and Plan B) as resources offered at the health center. This points to an issue of awareness in which students are not aware of the options being offered by the school and community. Tied to this statistic is one reason. I asked why they thought they didn’t know of all the services available and over 90% of 50 people said because “they are not advertised enough.” Other women cited stigma and previous bad experiences at Lauderdale as reasons why they didn’t go out of their way to know about these services. “It’s just kind of embarrassing to walk into Lauderdale and ask for any kind of information on sexual or reproductive health...like what if they think I’m just being irresponsible with my life?” said one female student who expresses her unwillingness to visit Lauderdale for any reason, especially if it related to her sexual or reproductive health. As a follow up question, I asked if she had previous bad experiences with accessing services there to which she responded, “Not really, I’ve gotten everything that

I've needed at the moment like Plan B but it's definitely come with a cost." She cited her own cultural norms as an explanation to her feelings of embarrassment which I found that other students empathized with. "I grew up in a Hispanic household that still doesn't talk about these things...it's really *machista* and conservative in the way my family thinks about sex and sexuality," said one student who highlights the influence of harmful gender expectations.

Harmful male standards in the home can impact whether women reveal their pregnancies, as well as whether they seek abortion care. Men and fathers' roles in the family, such as ultimate or authoritative decision-makers, might influence women's health-seeking behaviors. According to the Getting to Equal report, whether a woman feels compelled to keep her pregnancy a secret from a man for fear of their reaction, interference, or abandonment has a significant impact on some people's decisions about abortion, the secrecy and urgency of the procedure, and the level of risk assumed. Men who play supporting roles as decision-making partners, on the other hand, might utilize their position to encourage safe abortions by offering knowledge, financial resources, and emotional support. Men and teenage boys who follow detrimental masculine standards are less likely to use condoms, have more sexual partners, and are more likely to get STIs. These statistics emphasize the importance of sexual and reproductive health for all people but especially women. Something else that I found was that only 44% (22) of women have sought reproductive and sexual services at Lauderdale. Of those, only 8 women were satisfied with the service Lauderdale provided. Apart from the survey I shared, I also conducted semi-structured interviews with a couple of women ranging from 18-22 years of age and different ethnicities. Participant A, a 21-year-old straight, cisgender woman shared that Lauderdale was "incredibly difficult to get in contact with..." The first time she went, they sent her to Wegmans for a pill they should have had which exposes the lack of resources even Lauderdale has regardless of their advertisement on the same pills. Perhaps they were out of stock for that medication but another participant, a 22-year-old bisexual cisgender woman said, "I went in for an UTI and the nurse basically shamed me for having sex even though I had just started my sex life. She also told me I should practice better personal hygiene after sex, but I didn't even know what that meant." When hearing her statement, I immediately thought of how other students shared the same concern towards being judged which points to an issue within the healthcare system. Participant C, a 20-year-old transgender woman, reinforced this problem by sharing, "The one time I went to Lauderdale for counseling, I was struggling with a toxic relationship. My partner at the time would say some homophobic statement and I didn't know how to call him out on it, so I decided to seek help. The counselor told me she didn't have experience in 'that field' so she couldn't help me." This statement revealed how services tailored to LGBTQ+ women were lacking in comprehension and inclusivity because it fully ignores many of the experiences unique to these women. As such, it puts them in a position of even less knowledge of sexual and reproductive rights.

Solutions to combating these issues include spreading awareness on reproductive justice. This could be anything from learning about safe sex practices to promoting resources that encourage women's autonomy both in medical spaces and society in general. Destigmatize reproductive and sexual health starting in our families and on our campus. Toxic norms regarding sex and sexuality dictate many of the decisions women take towards their health, many of which result in poor health outcomes throughout their lives. By starting with our family members, we can tackle barriers like stigma in our homes and educate the people around us on the importance of sexual and reproductive health for all people but specifically for women. Supporting or joining organizations on our campus or outside such as Planned Parenthood can make a difference on different levels. By far, educating ourselves in whatever form we choose is and continues to be the best way to foster sustainable change. Visiting websites such as the ACLU Reproductive Freedom Project or following accounts on social media that raise awareness on these issues and even listening to podcasts online on reproductive justice can change the trajectory of our society's future.

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