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Listen When She Speaks: Young Women on Arriving at Reproductive Rights Opinions

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While a significant amount of time has been devoted to researching and analyzing existing opinions about reproductive rights, few have aimed to identify how young women, between the ages of 18 and 35, have arrived at those opinions. This project includes a literature review, an analysis of a series of interviews with young women, and an in-depth discussion about the importance of understanding their experiences. Above all else, it suggests that there are several common points of interest and demands for change from women all across the spectrum on reproductive rights issues, and critical similarities in the ways that they have come to craft their opinions over time.

Keywords: women, opinions, reproductive rights, influences, communication, media

I huddle close to a few friends as we wait for the annual Women’s March to start, rubbing our gloved hands together and pressing them to our damp cheeks trying to subdue the cold sting. It’s January 18, 2020, and it’s snowing in downtown D.C., but the crowd is full of so many people sloshing through the melted ice with their vibrant posters and banners that the area somehow looks slightly tropical. To my left, a child is perched on their guardian’s shoulders holding a sign that says, “Earth is not for single use,” and to my right are three or four adults holding a banner that reads “Behind every strong woman are more strong women.”

But as I glance from one sign to the next, my line of sight is interrupted by a very large, highly saturated print of what appears to be a human fetus gripped between a pair of medical tongs with the words “abortion is murder” emblazoned across the top and “choose life” at the bottom. The man holding it up is just on the other side of the barricade between the march attendees and the road and appears to be shouting at nearby protestors; they shout back, and both parties point fingers at each other over the slab of concrete keeping them apart. I’m too far away to hear their exchange, but I suspect it’s much like the back-and-forth we have all probably witnessed on loop. One says, “My body, my choice.” Another says, “Not your body, not your

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choice.” Someone shouts, “I have a right to choose if and when I become a parent.” A response is offered: “Parenthood is a gift; you can’t just decide not to accept it.”

When I first started planning my approach to this project, I wrestled with how to go about getting to the root of what I was interested in—reproductive rights opinions among young women—without centering abortion. Abortion access is a critical part of comprehensive healthcare, and discussing it directly is essential, but *reproductive rights* are numerous and encompass far more than abortion; they are often entwined in complex ways (e.g., access to contraception may prevent STIs or an unwanted pregnancy, but access is not equal across types of contraception or availability). Further investigating opinions on abortion leads us back to analyzing public discourses, and trying to keep with major changes to laws that increase or decrease access is essential; but such research doesn’t tell us how young people have arrived at their opinions in the first place, nor does it help us develop a better idea of how abortion fits under the dynamic umbrella of reproductive rights.

By centering young adult women and digging into how they perceive their reproductive rights opinions have been formed over time, we can make richer, more nuanced observations about a conversation that is often reduced to abortion alone without consideration for other areas of focus that are often overlooked (e.g., sexual education). As a young woman myself, I find that valuing the voices of other young women and viewing my peers as people who will determine what the future holds is something that yields multiple benefits; we can sit down together and share vulnerable information without judgment, focus on the bigger picture of growing up to be adults who will likely exercise reproductive rights, and identify experiences unique to young women in a society that often pushes their opinions under the rug. By asking young women to share their perceptions about how they arrived at their opinions on reproductive rights, a space for the inclusion and amplification of their voices opens up and future conversations become possible. In this

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study, I asked young adult women to discuss their perceptions of how they arrived at their reproductive rights, the influences that may have shaped their opinions, and what changes they would like to see moving forward.

Literature Review

Defining Reproductive Rights

Nailing down a definition of reproductive rights can be challenging. Many ideas about reproductive rights stem from answers to questions such as “What is life, and when does it begin?” or “Who should be a part of decision-making processes?” But there is no simple nor universal answer to those queries, so it is unsurprising that there is no consensus on what is considered a *reproductive right*. Nevertheless, it is important for scholars, professionals, politicians, and private citizens alike to try and determine what these rights are so that our country can maximize the physical, mental, and emotional health of sexually active people. If these rights are inextricably bound up in both personal choice and the restrictions of the law, it follows that opinion will likely be shaped by a combination of political holdings, contemporary discourses, and the experiences one undergoes at personal and community levels.

For the sake of contextualizing the literature presented here and also providing a framework for participants’ answers, the following definition of reproductive justice is used as a guide: Reproductive rights include “(1) the right *not* to have a child; (2) the right to *have* a child; and (3) the right to parent children in safe and healthy environments ... [(4) the right to] sexual autonomy, and [(5) the right to] gender freedom for every human being” (Ross & Solinger, 2017, p. 9). Reproductive rights also include the right to pursue procedures such as IVF treatments, hysterectomies, tubal ligations, and vasectomies. Thus, because reproductive rights are complex, the ways in which young adult women develop their opinions about various reproductive rights are important to consider, as are the unique conditions in which they arrive at those opinions.

Opinion Formation in Young People

The opinion climate today is very different from that of just two decades ago, due largely to the introduction of social media into young people’s regular media diets and the resulting shift towards a blend of interpersonal and mass media messages (Neubaum & Krämer, 2017). Now family and friends are delivering and reinforcing messages in-person *and* online, mixing the media messages from traditional outlets (i.e., news channels, magazines) with those from social media influencers and people from one’s personal life. In addition to messages received from family and friends, exposure to lessons and arguments from academic educators, religious leaders, and politicians also have the potential to shape opinions and behaviors (Bronfenbrenner,

1979). In short, people do not form opinions in a vacuum. Instead, by communicating with others and taking in messages, they form opinions in a complex environment full of influential ideas.

Scholars who study the socialization that young people go through, specifically in familial and peer group settings, often find that children and teens are not just taking in knowledge from those in their circles, but they are also playing an active role in examining that knowledge and crafting their own unique beliefs (Corsaro, 1997). This process is known as *self-directed development*. Those who study this phenomenon point to the influence of parents—one of the most frequently mentioned perceived sources of influences in this study—as critical in childhood development. However, they also note that this influence is typically moderately overshadowed by self-directed development as children grow up. This idea that young people take on the task of being in charge of their own development is key when considering individuals' roles in forming their own opinions.

When it comes to the formation of reproductive rights opinions, some opinions and influences on opinion are more well-documented than others and often vary from one reproductive right to the next. For example, opinions on tubal ligation operations may be impacted by the medical opinion of a surgeon in ways that choosing to use a condom may not. In a study conducted by Lawrence et al. (2011), 59% of physicians reported that they would discourage a 26-year-old ciswoman, married to a cisman, from seeking tubal ligation if her husband was not in agreement with her decision. However, the decision to use (or not use) over-the-counter contraceptives such as condoms or dental dams does not *require* consulting with a healthcare professional and is more likely to be impacted by other sources of influence, such as having been taught about safe sex by a guardian or educator.

Opinions on reproductive rights in the United States are also likely to be shaped by public discourses, such as debates between groups who hold pro-choice and anti-abortion stances; changes to laws that restrict abortion or contraceptive access; societal stigmas against people having spaces to speak about miscarriages even though over a quarter of all pregnancies result in a miscarriage (Dugas & Slane, 2022); and the alarmingly high maternal mortality rate of “23.8 deaths per 100,000 live births” as of 2020 (Hoyert, 2022, p. 1), despite the country's abundance of advanced medical institutions.

Emerging Adult Women

Though there are many demographic factors that may impact opinions on reproductive rights, this study hones in on the perspectives of young adult women ages 18 to 35 as a group with an important and often overlooked set of viewpoints. Women are not the only people who can give birth—many nonbinary and transgender folks who were assigned female or intersex at birth can get pregnant and have children as well (Moseson et al., 2021).

However, people who identify as women in this age range (18-35) are highly likely to be sexually active, give birth, and/or seek access to contraceptives, IVF treatments, abortion, or procedures such as hysterectomies or tubal ligation (Bolton & Juhlin, 2022), and will have different experiences in terms of access to and reception by healthcare professionals than non-binary and transgender people. Recent data indicates that “99% of sexually active American women between the ages of 15 and 44” use contraception (excluding natural family planning approaches) and 24% of American women have had an abortion by 45 (Guttmacher Institute, 2022a, 2022b). Despite the clear salience of reproduction and reproductive rights in the lives of young women demonstrated by such data, opinions on reproductive rights among this group that are not inferred from political election outcomes are harder to find.

One aim of this study is to listen critically to women as they discuss the formation of their opinions on reproductive rights, a courtesy rarely extended directly to them. Instead of focusing on politicians, parents, or any other opinion leaders on the subject, this analysis highlights the experiences that young women have had during a critical time of development and choice as humans with opinions about life, rights, and perceptions of womanhood. With this analysis, I begin to answer the research question “How do young women perceive that they have arrived at their opinions about reproductive rights?”

Method

Ten young cis-women participated in a series of in-depth, semi-structured interviews about how they have arrived at their opinions on reproductive rights. All were within the selected age range, 18 to 35, and came from various regional, socioeconomic, and ethnic backgrounds. Some interviews were conducted face to face while others were facilitated over the phone, but all gave written and verbal consent to be audio recorded and have their responses reported anonymously. Interviews lasted an hour on average. Participants were offered confidentiality in exchange for their willing participation and were assured that any identifying information would be removed, as they did disclose personal information, such as age and sexual orientation. In order to protect their identities while honoring the integrity of their answers, all participants have been given pseudonyms (see Table 1). Importantly, it must be noted that these interviews were conducted prior to the overturn of *Roe v. Wade*.

Table 1. Participant profiles based on self-reported demographic information

Pseudonym	Age	Ethnicity	Sexual Orientation	U.S. Region
Amelia	29	White	Straight	North
Bridget	23	Latina, Asian, Hispanic	Queer	South
Catherine	24	White	Straight	North
Elizabeth	22	White	Straight	South
Eva	24	Latina, Hispanic	Straight	South
Jennifer	21	White	Straight	South
Laura	26	White	Preferred not to disclose	North
Margo	22	White	Preferred not to disclose	South
Monica	23	White, Hispanic	Preferred not to disclose	Midwest
Oli	22	White	Straight	South

The Interviews

Half of the participants indicated that reproductive rights include access to health care services, such as contraceptives, and half also stated their beliefs that such rights belong specifically to women. These commonalities align with some of the elements present in the definition provided, but the lack of consensus among participants highlights the variations that make each individual’s definition of, or association with the phrase *reproductive rights*, unique. Importantly, six interviewees indicated that such rights involve “choice” or “deciding,” which are actions rooted in opinion. One may decide based on ideas of right or wrong, religious beliefs, personal experiences, or a variety of other factors associated with opinion.

The themes presented below aim to identify the ways that the young women in the study have taken in information about their rights, life events, and relationships that have impacted their feelings about the topic and how they perceive they arrived at their opinions on reproductive rights. The following sections highlight areas of influence that participants identified as playing influential roles in their reproductive rights opinion formation, including educational spaces, family and peer interactions, and societal discourses about reproductive health and justice.

Coming of Age & Educational Influence

According to The American College of Obstetricians and Gynecologists (2016), comprehensive sexual education is essential for young people to feel equipped and empowered as they head into adulthood. Access to accurate, thorough sexual education can be included under the umbrella of reproductive rights because one cannot make informed decisions about sexual activity without learning about concepts like contraceptives and consent. For many, exposure to sex ed—if any exposure occurs at all—takes place at school. Four

of the interviewees believed that middle school was likely the time that they began to build opinions on the subject, while another four implicated their high school years. The two remaining participants had difficulty pinpointing an age or grade that they associated with this process. Laura, 26, reflected on what seemed to be an opinion that she had held for as long as she could remember: “I’ve never really been pushed any certain way to have an opinion on it,” she said. “It was always just something, you know ... if you’re in this circumstance, you have the right to choose.” Conversely, Elizabeth, 22, recalled that reproductive rights have “become more of a ‘red letter topic’” as she has gotten older, meaning that she finds the subject to be seemingly forbidden—that it was “kind of in the shadows, and it’s now coming more into light.” Others reminisced about experiences that they had during their years in school. “I think, definitely, growing up in a household where it—reproductive rights—was promoted and then having to go to school where they told us it was wrong probably made me a little bit more ... tough about it, and responsive about it,” said 29-year-old Amelia. She continued:

I went to a Catholic school, and it was very conservative. I saw quite a few girls who didn’t get proper sex ed ... [and] ended up having to leave the school because they got pregnant ... Had they just had access to birth control and education, they wouldn’t have had to do that.

Catherine, 24, shared a similar experience in Catholic school: “March for Life was a big event that happened when I was in college. And so, around that time of year, we would sort of, in passing, discuss [these issues] because it was something that was happening that day.” Catherine went on to describe her experience with sexual education curriculum:

A lot of what was taught in sex ed curriculums at [my] school was ... I found to be, in some ways, a little backwards. So, I was sort of comparing what I was learning there to [other] discussions ... some parts of the curriculum I agreed with, other parts I didn’t.

Some interviewees expressed that their schools’ abstinence-only curricula had left a lasting impact. Oli, 22, shared what it was like to be a young woman in a southern U.S. high school:

I was part of one of the programs where they literally passed a rose around the [high school] gym ... and then by the time they were done, they would hold up the rose and be like, ‘Now, tell me: would you want this rose when everybody else has touched it and pulled off petals?’ ... I never see a lot of good balance in any sort of curriculum ... it’s like, ‘these are our values, and you better stick to them’ ... On the other end of the spectrum is completely robotic, all biological language, but absolutely no meaning ... But you miss all of the practicality and what it’s like to actually live in reality.

Similarly, Monica, 23, said that she could “remember the atmosphere that was there [in middle school].” When learning about sexual health, she felt that “it was like ‘it’s a secret’” and she remembered “being really confused.” She went on to describe its lasting effect: “I mean, it stuck with

me. And that was ... the last time ... until college [that I received] some sort of education like that. And it was abstinence only ... 'We don't talk about that... it's not clean'."

Elizabeth suggested, like Oli, that curriculum designers may be out of touch with reality, particularly in high school: "Contraception should be available to young girls ... we all know that girls in high school are having sex, so it's better [to] be adequately prepared than to just teach abstinence ... It's important to teach both." Margo, also 22, mentioned further suggestions for improvements to curricula that paralleled Elizabeth's:

I don't know that it was ever defined for us, what our rights are ... what we have the ability to say 'no' or 'yes' to. And I think that that education could be expanded on, and the conversation could be more open ... like, less touchy and more education[al].

Essentially, participants implied that curricula that demystifies and destigmatizes sex, explains why consent is important and how it works, and provides students with practical tools and information about STIs, contraceptives, and decision making could be well-received and effective, which is in line with previous research regarding effective comprehensive sexuality education (The American College of Obstetricians and Gynecologists, 2016).

While most expressed disappointment in their middle and high school sex ed lessons, evidence of impactful experiences at the collegiate level provided hope for positive educational influences. Bridget, 23, shared that she had taken a class at her undergraduate institution on gender in communication. Before the class, she said that she "had a social opinion around reproductive rights, [but] didn't have much of an educational background on the plight of what it took to get to where we're at and how the fight is not over at all." She continued, "It's getting that kind of educational background, I feel, [that] helped me construct more of my opinions on why I believe and what I believe." When asked what it is that she believed would be a more efficient curriculum, she replied:

Birth control access applies to any and all sexual orientations. It goes beyond being informed to being aware of what applies to you. Queer women need to be a part of the space and topic [of sex-ed] because sexual health is not just for white, heterosexual women.

The notion that learning about access is crucial was echoed by 24-year-old Eva:

I think education ... [and learning] what happens to my body and also what decisions and opportunities I have ... [Knowing] what happens in the rest of the world has just given me that bigger picture of how society's structure affects the lives of individuals.

Notably, sexual education varies greatly from one curriculum to the next, may look very different based on the grade or time at which it is introduced, and may be greatly impacted by what is permitted to be taught in each school system or state; however, its importance is not lost on emerging adult women who have found, in retrospect, that it could have changed their perceptions later on.

Memorable Experiences

While it is obvious that each person leads a unique life, many of the stories that these women told stuck with them because they were rooted in sympathy or empathy. One does not need to experience having or lacking access to resources directly in order to see how such a situation may impact others, nor does one have to look far for peers and neighbors who have tried—and succeeded or failed—to exercise reproductive rights. As Catherine explained:

I know that my perspective might be different than some others because of differences in our experiences. Like, who knows? Somebody might come and talk to you [about] this issue and would have, like, a completely different perspective, which comes from, you know, a different life experience than mine.

Other participants confirmed Catherine's suspicions. For example, Bridget remarked: "I [might be influenced by] young women who I could easily step into their shoes and see myself in [their] place and think, 'Wow, this is kind of a hopeless situation, it sounds like, at times.'" When asked about her own story of arriving at her opinions on reproductive rights, she admitted that "navigating that as [a] queer woman—[has] been hard." Bridget shared that it was especially difficult "to constantly have to tell people what you need and have those needs be evaluated as if you don't think about it... as if it's not your body and your decision." Just as Bridget's experiences as a queer woman have further shaped an already complicated process of forming opinions, Oli's story of adoption has molded hers:

I'm adopted... so I would say my birth mother ... has definitely influenced, kind of, what I believe ... because she was—she is pro-life—and that's the reason that I am here. So, you know, there's a lot of nuance there. I'm sympathetic to the pro-life movement, especially [be]cause I think, like, deep down, that's kind of what I would do as a personal choice. ... In terms of contraceptives, I definitely think that those should be widely available because I would not want my birth mother to go through ... that again.

Laura recounted the personal choices her own mother had made: "I know that [my mom] had an abortion, that was never a secret. So, there was never a stigma attached to it for me." Elizabeth, in a similar vein, reflected on the

choices of her aunt:

As I've gotten older, [my aunt] has been more open with me ... when I was a kid, I was like, 'why aren't you having kids? I want cousins to play with.' But as I've gotten older ... she [said], 'We talked about it, and we didn't want our genes and our difficulties passed on to somebody else.' I think that's ... influenced me as well.

Even situations that seem to be removed from the immediate circle of influence for these women became key memories. Monica noted that her "high school had several teenage pregnancies." She admitted to thinking "maybe if we had been talking about it, you know, this wouldn't be happening." Participants' responses seem to indicate that removing the stigma around reproductive rights conversations and speaking constructively, and openly, could potentially change the trajectory of emerging women's adolescence.

Circles of Influence

Parental Influence

It is no surprise that these young women made frequent mentions of the parental figures in their lives. As discussed in the literature review, children often begin to take responsibility for their own development—including that of opinions—as they transition into adolescence. When asked to think about this phase of life, participants recalled conversations with figures who listened critically and gave them the power of choice. "My mom," Margo said, "has always given me the opportunity to say, 'I think this would be healthy for my body,' like with birth control. She let me decide what I want to do with the information that I have been given." Monica remembered similar conversations with her own parents: "My mom was always cool because whenever I had issues ... my mom was always quick to be like, 'oh, let's talk about it.' [She] has always been there to listen to me ramble about what I think ..." As an indicator of the importance of such conversations, it is worth noting that "almost any information about boys came from [her] parents." Elizabeth also expressed the lasting impression of a conversation with her father:

A thing my dad said to me a long time ago that has really stuck with me— like, I don't believe in abortion and neither does he—but, he said that if my mom or I were ever raped and child was to come of it, and neither of us could stand the thought of giving birth to that child, that he would rather there be legal establishments and appropriate doctors in order to get the abortion than us do it in some back alley with some crazed lunatic.

Some interviewees spoke of their parents as a unit, such as Amelia. “I was raised by parents who ... wanted to ensure that their children kind of understood their reproductive rights, like sexual health and women’s rights and everything,” she explained. “My mom always promoted women’s reproductive rights, but she’s seen some stuff from when she was younger, and she’s told [my siblings and me] about it.” Catherine recounted memories from her childhood, particularly that “there was never any sort of thought that [she] couldn’t do something because [she] was a girl.” Now, she says, “I think that ... general outlook about being able to do whatever I wanted ... trickled over into my views on reproductive rights.” Laura also touched on the theme of female empowerment: “I was raised by a ... free-spirited mother and very strong women. ... It has never ... been something that I question[ed] ... I know [my mom] believes in the right to choose.”

While many remembered positive experiences with their parents that may have informed their opinion-building processes, others shared with deep seriousness the ways that they struggled to converse with their mothers about these topics. Oli recalled:

My mom ... was never really good at talking about sexual ethics and things that I should be doing. Now that I’m, like, trying to seek those services—and I have to call ... and ask her about health insurance—I have to tell her what I [am] up to. ... In a lot of ways, that opened the door for us to talk about it more.

Eva, 24, echoed a similar sentiment. “I know there [are] a number of things that I cannot talk to [my mom] about,” she said. “She’ll get very emotional, and she’ll just be like, ‘no.’ My mom cries every time I even ... bring up the topic of, like, going to the doctor or a relationship or something.” There is much to consider regarding the difficult dynamics of parent-child conversations about reproductive rights, even when children advance into adulthood, including family history, how parents themselves were taught, and the difficulty that many may have with seeing their children as mature enough to be sexually active. However, addressing these complexities in future research may encourage a better, safer experience for emerging adult women as they aim to exercise their rights.

Friends as Influences

Young people often spend a lot of time with and care very deeply about their circles of friends—being in classes and clubs together, living with roommates, and interning or working with one another can create strong bonds. During this life stage, it is also likely that one may lean on friends for support and advice when deciding what to believe and considering newly formed opinions. Such conversations may allow young people to begin self-directing and bouncing ideas off of one another, like Oli:

I didn’t really date [in high school], but my friends did.
Watching them go through that was really when I probably

started asking these questions [about reproductive rights] ... You really, *really* shouldn't start [those conversations] with friends, you should start with your parents or an institution that you trust... That could have been a disaster. A bunch of middle school girls talking about all that ... could've been much worse.

While Oli reminisced on the coming-of-age experience that she had with her high school friends, Catherine expressed gratitude for her friends now: "My friends and I are a pretty open group of people. You know, even if we don't necessarily agree with each other, we know that we can still have respectful, open conversations about controversial topics." Eva echoed an appreciation for the openness of her friends. "[I might be influenced by] people that I've met through [college]," she guessed. "People are a little bit more open in discussing women's rights and empowerment movements and things like that."

Religious Influence

For many, choosing to engage in sexual activity may be a decision that is informed by religious or spiritual beliefs about abstinence, pre-marital or intramarital sex, and what they have been taught to believe that sex may mean symbolically. This particular type of influence was unpacked by several participants: "I think [one] major thing [that might have influenced me] is my Christian faith ... definitely my church," declared Jennifer. Hers was just one narrative about the impactful experiences she has had as a member of a church or during conversations with people of faith. Likewise, Margo explained that "being around the church a lot and understanding that things are temporary, and that our opinions and things aren't necessarily things that change other people's opinions, [might have influenced her own opinion]." Knowing "people who have a strong foundation and a really good understanding of who they are," she said, "[helped me] see the privileges that we do get to have with modern medicine and all of the things like that ... and using those for good instead of for evil." Margo's positioning of modern medicinal practices as a conductor for good or evil reflects the enduring public discourse around reproductive rights as an ethical issue rather than an issue of healthcare access that remains pervasive in many faith communities. On the other hand, Oli found that her congregation's conversations about reproductive rights seem to inspire more questions than answers:

[In high school], I did the True Love Waits Program. I think the faith conversation is important. ... For me, I think the kind of faith groups that I'm a part of now seem to recognize that there is importance to these questions ... but that we're kind of in this period of change. ... And in a period of change ... you need to be representative of love and mercy in the world.

As Oli appealed to the character of God, Elizabeth remarked on his image: “My love for the Lord and my Christian faith has obviously shaped my opinions. I believe that women should have the right to do with their body ... this is where it’s weird and, like, the gray area,” she confided:

I agree that women should have the choice, but at the same time, every human being—whether you be a little bitty fetus or ... a hundred- and five-year-old grandma—is beautifully made in God’s image. We shouldn’t take away their right to live as well.

When asked to explain what it was like to wrestle with these two beliefs while forming her opinion, Elizabeth paused. After a moment of careful thought, she decided that she stands on the fence: “I don’t believe abortion is right because we’re all beautifully and wonderfully made in God’s image. But, at the same time, women should have the right to choose,” she said. After mulling that over for a bit, she continued:

I feel like it’s more of a personal choice ... that you should have the right to whether you want to have kids or not. I don’t think that all these women should have abortions, but ... there are other options—you could put the baby up for adoption ... those kinds of things.

Importantly, pursuing post-birth alternatives to keeping and parenting a child, like adoption, still require that pregnant people give birth, which may already be a step beyond what they choose as the best option for themselves, as pregnancy itself is a major life event. Similarly, though adoption may seem like a viable option on paper, women who intended to seek but could not access an abortion struggled greatly with the emotional toll of facilitating the adoption of their babies after going through the physical and mental challenges of pregnancy, more so than women who decided instead to parent their children when they could not get an abortion (Foster, 2020). Research indicates that women who sought and were denied abortion access experienced an increase in health and well-being concerns as well as a significant decline in socioeconomic stability, meaning that being forced to pursue options such as adoption/foster care placement are not without harm to the mother simply because the baby is birthed (Miller et al., 2020).

Beyond being in close proximity with members of church communities, listening to dialogues that the church is leading is a key part of information gathering. Ironically, most women who shared information about their religious experiences noted that the topic of reproductive rights seemed to be a rare one for their places of worship: “I think that most of the conversations that I know of [within the church] are, like, when people have a situation that they’ve gone through,” recalled Margo. “I think that would spark the conversation. I don’t know that it’s ... coming from the pulpit.” Elizabeth remarked that there was evidence of statements being made from the pulpit, but not a lot of room for response: “I definitely feel like the people at [my

church] have a stand-firm belief in no abortion. I feel like there's not a lot of conversation about it." Oli believed that when these conversations do happen, they "revolve around 'what does life mean?' and 'where do the unborn child's rights start?' ... and faith is very much a part of that conversation." When asked if this strained dialogue was worthwhile, she replied "So, it's very painful and very difficult, but necessary." Religious institutions have a unique opportunity to reimagine conversations about reproductive rights and how they can welcome and support emerging adult women searching for community during a time of great transition.

Media Influence

The most contemporary influence for these women—who belong to the Millennial and Gen Z generations—is that of the media. While parents and educators have impacted the ways that young women arrive at their opinions for centuries, modern technology has allowed women to engage with the internet and, by proxy, social media: "I think social media is just, like, how you get your opinion on what culture thinks of [these issues] and maybe even politics and what politicians say," explained Margo, "Not that that's how I get my knowledge of it ... But that's what makes me think 'That's really stupid. Why would they say that?' or 'That's really great. I wish they would push that more,' or things like that." Bridget also noted that she often paid attention to "narratives of women who have either been turned away, who can't get reproductive health through services that are unbiased or [that] don't try to force some, like, weird agenda on them" on social media.

Some interviewees identified specific topics and people that they were attentive to in the media. "It was comparing what I was learning [in school] to some of the discussions that were happening in pop culture around, you know, birth control and reproductive rights and *Roe v. Wade* and *Me Too* and stuff like that," said Catherine, "[That] sort of helped me form my own opinion and position myself where ... it sort of helped me stake out my own space." Much like Catherine mentioned *Roe v. Wade*, the governmental involvement that Monica mused about was the work of politicians and their appearances in the media:

There are several politicians that are on my 'not very nice list' because they ... have loud opinions about women's rights, but they are not women themselves. ... I don't know that they are aware of what it's like to ... be a woman, and ... hear ... that.

Two other interviewees mentioned media influencers by name: "I'll tend to listen to somebody who's really outspoken and has credentials," said Amelia, "so, Dr. Jen Gunter on Twitter is an excellent example." Eva, who reported frequent use of books, YouTube, and podcasts, listens to Hannah Witten, who she described as "a British Youtuber, radio broadcaster, [and] podcast administrator—she's like a content creator that focuses on sexual health

and education ... she also talks a lot about reproductive rights and things like that.” Other figures or organizations that were mentioned by name in reference to media were Bernie Sanders, the American Civil Liberties Union (ACLU), and Planned Parenthood.

Lacking Access: “Back Alley” Abortions, Limited Options, & Monetary Costs

One of the topics that came up in several interviews was that of access to reproductive health services. Amelia remarked that “as somebody who has taken advantage of services in other countries where reproductive [healthcare] access is more freely available, [she struggled when she] had to come [to the United States] and have [her] options limited and restricted by cost.” She commented on how access is “a key in international development ... If people have smaller families,” she explained, “they’re more likely to educate their daughters.” Even though Amelia saw the potential for development across the world, Catherine considered the domestic potential for such an argument:

When women have access to all of the healthcare [they] need ... it helps save money, which might seem contrary to what a lot of people ... think. Let’s say I go and get this back-alley abortion and now ... I have some crazy infection, which means that now I’m in the hospital for three months ... We could have saved a whole lot more money, stress, and my health had I just had access to a safe, reputable abortion service.

What about that “safe, reputable abortion service” that Catherine imagined for herself? The only place performing the procedure that participants mentioned by name was Planned Parenthood. When asked about organizations that might have shaped her opinion on reproductive rights, Monica paused, and carefully considered her experience:

Planned Parenthood—I know that a lot of people just think they do abortions ... a lot of my friends who come from low-income families go there for their women’s exams and mammograms and stuff because they can do [them] for free or at a lower cost ... Even though there’s kind of a stigma about going there, you know, I just don’t think it’s that big a deal ... I mean, my friend works, like, three jobs and that’s the only place she gets her women’s exams from and her birth control.

Like Monica’s friends searching for contraceptives, Oli noted that trying to gain access to birth control had broadened her perspective: “I’ve found that during this time where I’m seeking those services ... even just going to Planned Parenthood’s website has been very helpful because they’re very thorough with all their information,” she disclosed. “Even if I’m not planning on using them as an organization, I find their resources very helpful.” One participant had a different opinion about the organization; Margo shared the ways that the media has shaped her impression of the group: “I think the media, in regard to abortion,— like, the undercover videos from Planned Parenthood that people discover and post, exposing them— that

gives me insight because a lot of times it's really raw." It's when "the media is doing stuff like that," she said, "when they can show me ... it builds my opinion more strongly when I'm being shown real testimonies of it ... real experiences." It is important to note that the "undercover videos" that Margo mentioned contained out of context images of a fetus that were quickly debunked by professionals who asserted that the videos had been "heavily edited" and "thoroughly discredited" (Griffin & Fitzpatrick, 2015). This particular comment suggests that more research into how media literacy training and/or exposure to manipulated content may impact the process of opinion formation in young women is necessary.

One testimony of a very different "real experience" was that of Oli, who shared about access to adoption, which some may also consider a reproductive right: "Adoption is ... removed enough from people's experiences that it kind of gets used as a tool—I don't want to say 'weaponized,' even though I think there are definitely times where it has done that—for different debates." She then described seeing "posters [about adoption] at both the Women's March and pro-life marches" but argues that it is "its own unique thing." It helped her "put the whole debate into perspective where it's not just these two opposing sides, but it's really just a spectrum of options and services that are available to women, even before conception and after birth." Oli elaborated on how she understands adoption access as a reproductive right, saying:

There's just so many different options and services available—I say 'available'—maybe not necessarily *accessible*, but available ... They exist, and I think that has informed so much more of my worldview because adoption can't be reduced to one side or the other.

Like Oli's parents, Elizabeth is considering adoption:

I would rather adopt than have kids. ... I do go through swings where I'm like, 'Wow, that would be really cool to experience what growing a human being would be like. This is an experience that, obviously, the Lord has blessed me with as a female.' ... I also know that there's just so many kids in this world that don't have, you know, loving parents and I would like to be that for somebody.

What else do young women have to consider when it comes to access? Bridget, who is currently conducting health communication research in the southern United States, described a particular kind of struggle for access:

My research stems from the idea that it would be harder for women who are queer to conceive—obviously because of biological bounds—but also because of the systemic and societal misconceptions and opinions that are placed on them. And it's ... really, really hard for queer women of color.

The "biological bounds" described by Bridget were only the beginning of medical considerations among participants: "I work in the healthcare

field,” explained Monica, “so if I had endometriosis, or if I had a kid, that’s something that would affect my everyday life. So, to me, reproductive rights for women are really important because, you know ... we live it every day.” Jennifer, also a healthcare professional, mentioned that her opinion might be influenced by “being a nurse and understanding ... more fully than the average human being who’s not a nurse ... what all’s going on with the body and all that is entailed in reproducing.” Thus, more effective health and anatomy education may be an important part of reproductive rights education that is presently lacking or missing for some.

Perceived Flexibility of Opinion

Finally, one of the last key elements from the interviews was the perceived flexibility of opinion among participants. Based on literature about opinion formation and expression, it is normal for people to hold opinions or attitudes about an entity or idea at differing levels of conviction; those who have a high degree of attitude certainty believe they are *correct* about the issue and often maintain a firm stance (Matthes et al., 2010). The complexities behind the term *reproductive rights* and associated behaviors/outcomes yield mixed results when it comes to flexibility, with some people feeling drastically different from one item under the umbrella of reproductive rights to the next.

In this study, Bridget and Laura both claimed to be totally inflexible, and nearly all other participants remarked that they had a low degree of flexibility but weren’t totally set in stone. Eva described herself as “mostly flexible,” and some identified specific issues on which they had different levels of wiggle room; for example, Margo noted a moderate degree of flexibility on issues of birth control access, but a low to nonexistent amount of flexibility on the right to have an abortion. Importantly, I must remind you that these participants reported their opinions about reproductive rights prior to the overturn of *Roe v. Wade*, and their responses may not reflect changes in opinion that could have been brought about by an increase in public discourses about abortion, more restrictions on access (e.g., near total abortion bans, “heartbeat laws” that go into effect when the first electrical impulses of a fetus are detected, etc.), and growing concerns that even those who want to have children may struggle to do so as the economy, climate, and general safety/well-being of women and children continue to be at risk.

One major takeaway from participants’ responses about the perceived flexibility of their opinions is that even interviewees whose answers seemed to reflect a pretty stable opinion identified themselves as having a low—not nonexistent—degree of flexibility. Perhaps the way that young women communicate about reproductive rights is far more nuanced and dynamic than the typical pro-choice v. pro-life debate present in public discourses. If this is the case, it may be attributed to the difference in possessing a deeper understanding of reproductive rights brought on by a real, salient possibility

of needing access to reproductive resources such as contraception, pre-natal care, or abortion that could never be fully understood by people who cannot conceive. However, that is merely a conjecture and needs to be explored further. Similarly, the literature on reproductive rights opinion formation invites many opportunities for expansion across generations and via a wide array of methods.

Conclusion

It is apparent that regardless of where these women land on reproductive rights issues like access to abortion or contraceptives, impactful events with similar themes helped frame their opinions. For example, many suggested an improved sex education curriculum in schools, were deeply affected by the stories of women in their lives, or cited a circle of influence as one of the chief guiding forces shaping their personal views. One of the most surprising findings was that few interviewees indicated major media influence. This was unexpected considering the amount of time that people ages 18 to 35 tend to spend online or with devices. Those that did mention media noted specific influencers or had generally negative impressions of content. Interpersonal relationships with family, friends, and community members seemed to be the most impactful as interviewees formed opinions, regardless of what those opinions were.

For communications professionals, these findings imply that there is great value in providing information that speaks to the experiences of real people and models the intimacy of interpersonal communication. The “red letter topic” of reproductive rights, as Elizabeth called it, is something that young women must discuss with trusted loved ones. It is not enough for influencers, educators, or anyone distant to facilitate the conversation—it must involve vulnerability in a trusted relationship. Only then will circumstances like these allow young women to form opinions and attitudes without fearing judgment.

It also highlights that direct communication from lawmakers or politicians is not particularly influential to this demographic’s formation of opinion, and in fact, some mentioned that men preaching to them about issues that more directly impact women left a negative impression about the politician. This may suggest that a change in tactics on the part of (men) politicians seeking to curry favor with young women voters is warranted. Furthermore, the evidence suggests that young women consider their opinions to be somewhat inflexible by the time they reach the age range of this sample (18-35 years), so the time to shape opinions is in early adolescence. This reinforces the idea that educating younger women (e.g., 15 years old or younger) provides an opportunity to teach them about their rights and options before they are out in the world having to exercise them.

The main limitation of this study is the sample size, which was determined, in large part, by time constraints. Furthermore, though the

sample included women from a variety of backgrounds, more diversity is important for future research, including inviting non-binary and intersex people to speak on their experiences navigating reproductive rights. Finally, all participants attempted to self-report on opinion formation, meaning that they may have struggled to recognize and/or explain how they arrived at their opinions or felt a need to report socially desirable answers. Future interviews should also be conducted by folks with different demographic backgrounds; as a white, cisgender woman, I may have received responses from participants that might be different if the interviewer were, for instance, a person of color or non-binary. The replication of this study or the pursuit of similar research is important, now more than ever, in a post-Roe United States. Though there is still much work to be done, it is not unreasonable to propose that the collective experiences, influences, and memories described by the interviewees in this project provide insight into how the opinions that will shape society now and for years to come are formed.

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