

REPRODUCTIVE RIGHTS AND JUSTICE ADVOCACY IN
CENTRAL FLORIDA: WHO IS REPRESENTED?

by

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ABSTRACT

This thesis examines the racial understanding and social relationships of Planned Parenthood of Southwest and Central Florida staff and volunteers. As well, this research explores how Planned Parenthood supporters organize and promote diverse advocacy work to promote reproductive justice in social media and volunteer education. Planned Parenthood has been at the forefront of reproductive rights campaigns for over a century, and their work has often tied into contemporary feminist and political issues. Of note, feminists of color have called for a shift from advocacy for “reproductive choice” to “reproductive justice” as a way to identify the needs and predicaments of a wider range of women and to promote advocacy that is more representative of the population it aims to serve. Yet, how key non-governmental organizations such as Planned Parenthood engage with intersectional issues of ethnicity, race, sex, gender, and socioeconomic class in their advocacy work has been understudied. Using ethnographic methods of participant observation and semi-structured interviews, this research examines how volunteers and staff apply their understandings of racial disparities and inclusive advocacy efforts to better aid Central Florida’s marginalized communities and communities of color. This project contributes to the greater call for policy and organizational analysis through applied anthropology and feminist studies in the United States and addresses how organizations balance the desires of their funders against the diverse needs of their patients.

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CHAPTER 1: INTRODUCTION

There is a part of it that when we're going out and talking about activism, people may not necessarily agree with us and when we're coming from predominantly white middle-class experiences, that doesn't speak across the aisle to women of color. (Interview with Francis, September 2017)

The above quote from Francis, a white working class female volunteer with Planned Parenthood of Central Florida, points to the most challenging roadblock in reproductive advocacy, namely how to speak across class, race, and ethnicity. Reproductive rights advocacy in the United States has a long-standing history and goes back to the pioneering family planning work of Margaret Sanger more than a century ago. Planned Parenthood organization, which derives from those earliest efforts, has been in the forefront of providing reproductive health care, including abortion services, contraception, and sexually transmitted infections screening, and advocating for these rights. The services provided by Planned Parenthood are used by a wide cross-section of women and men. In 2013, Planned Parenthood reported that men and women under or at the poverty line make up 75 percent of their health care patients (Planned Parenthood: By the Numbers, 2014). Additionally, low-income African American and Latina women are at a greater risk for unintended pregnancies, higher rates of sexually transmitted infections, and lower access to reproductive educational outreach. Access to safe and legal abortion is of particular concern for minority women of lower socioeconomic means who are more likely to experience delays in accessing care due to lack of health insurance (World Health Organization, 2017). Planned Parenthood's low-cost services are therefore particularly important for these groups. Given this predominance of patients of color, a question emerges whether the racial/ethnic

representation of Planned Parenthood advocacy efforts and volunteers reflects the diversity of its clients. Feminists of color have called for a shift from advocacy for “reproductive choice” to advocacy for “reproductive justice” as a way to identify the needs and predicaments of a wider range of women and create an advocacy movement that is more representative of the population it aims to serve. Based on ethnographic research in the Summer and Fall of 2017, my research project examines how this question of representation is understood within Planned Parenthood advocacy, and how particular understandings of representation impact the organization’s strategies around funding and research. To what extent does Planned Parenthood identify as a reproductive justice organization? Are they providing reproductive justice through their advocacy efforts and volunteers, and if so, how do volunteers identify and work within the desired advocate mold that Planned Parenthood attempts to build upon?

In Central Florida, there is a diverse demographic spread of different ethnicities, education levels, income, religions, and sexual identities. These intersecting categories each influence an individual’s advocacy needs, and as noted by feminist historian and scholar Laura Briggs (2017, 4), “Reproductive politics are, in fact, powerfully central to everything else we talk about in the United States.” In our current political climate in which conservative politicians have called for defunding of Planned Parenthood, the organization has had to advocate now more than ever to protect reproductive access and to keep their doors open. Often promoting political activism in their volunteers and patients to combat the increase in Targeted Regulation of Abortion Providers or TRAP laws which aim to restrict abortion provision, the increase in conscientious objection by doctors and employers for birth control in the most recent Medicaid expansion, mandatory waiting periods, or required ultrasounds for abortion care (Andaya and Mishtal 2016). While Planned Parenthood’s political activism is important to protecting

reproductive access as a whole, questions arise to what extent the organization serves the local needs of Central Florida's diverse communities.

Based on my research, I argue in this thesis that Planned Parenthood is not a reproductive justice organization, but that they aspire to provide a version of reproductive justice by shaping volunteers through encouraged authority and responsibility in those that exemplify reproductive justice ideals. Those that are given authority within the organization are defined as volunteers who are familiar with 3rd wave feminist terms and tenets such as intersectionality, reproductive justice, and inclusivity or those that recognize the diverse racial and economic needs of the local Central Florida communities. Planned Parenthood continues to attempt to provide reproductive justice by promoting outreach to other local organizations within Central Florida such as QLatinx or Proyecto Somos Orlando, specifically targeting organizations with which to partner that will increase racial advocacy and outreach. This research contributes to an increasing need for research within the United States on reproductive access, and the role organizations may play in promoting equality through reproductive politics.

CHAPTER 2: LITERATURE REVIEW

History and Development of Reproductive Rights and Advocacy

There is a diverse background of anthropological and sociological research on the topic of reproductive rights, advocacy, and representation (Ginsburg 1989; Mishtal 2015; Rapp 2001; Ross 2016, 53-66; Solinger 2013). The history of reproductive rights has been complex and often reveals periods of fluctuation regarding legal policies and public perceptions of reproductive care. In the early 1800s abortion was a relatively common and accepted practice, so long as the abortion occurred before the time of “quickening,” which was fetal movement normally felt around the fourth or fifth month of pregnancy. Abortions were usually performed by midwives, homeopaths, abortionists¹, or local healers and usually consisted of generational knowledge passed on from mothers, daughters, sisters, aunts, and grandmothers. In 1857, the American Medical Association (AMA) saw this lucrative open market and sought to privatize and control it by making abortion illegal. By the 1900s, the AMA had successfully lobbied state legislatures into criminalizing any abortions performed outside of the professional medical setting. This criminalization had a dual purpose, bringing abortion under the authority of medicine and as a way to reduce access to abortions. Reducing access to abortion was implemented as a way to control the rapidly decreasing fertility rates of white Protestant women, who were seen as responsible for betraying the white race by using abortion or exerting family planning. As white American women’s fertility rates decreased from 7.04 to 3.56, controlling abortion information in the media and practice was seen by the nativist and social purity movement as a logical solution to maintaining the white race (Solinger 2013, 4-6; Ginsburg 1989, 27-28).

¹ Traditionally, abortionist was an early era term used to define a non-medical provider of abortion services. Once abortion was made illegal the term became associated with back-alley abortions and politicized by the pro-life movement as a derogatory term for any physician or individual who provides abortion services.

In 1914, Margaret Sanger coined the term “birth control” after spending years as a nurse caring for the women traumatized by unprofessional back-alley abortions that followed the criminalization implemented in 1900 (PBS 1999). She was determined to find a simple solution that could give women everywhere freedom to control their fertility, and in 1921 she founded the American Birth Control League, an early version of what is today the Planned Parenthood Federation (PBS 1999, Solinger 2013, 10-11). Even during the first years of the organization, health disparities in access to birth control based on race/ethnicity and socioeconomic status were an important hurdle in women’s family planning abilities. In 1930, the New York Urban League endorsed Margaret Sanger as she opened the first birth control clinic in Harlem. During this time, many upper-class and white women could still find access to safe abortion services. However, disadvantaged and low-income women struggled to find safe resources and lacked the health insurance and financial access to birth control. Therefore, criminalization of abortion care mainly stratified access to services. The introduction of these birth control clinics gave access to fertility control during a period when many black women were being denied access to health and social services (Planned Parenthood 2016a). Sanger’s work was an important start to the relationship between Planned Parenthood and minority representation. In the following years, women of color would play an important role in Planned Parenthood clinics across the country and the development of reproductive health. Individuals such as Dr. Thelma Patten, the first African American female physician, an obstetrician in Texas, promoted and worked alongside Planned Parenthood for 25 years. Others such as Dr. Louise Young, the first black woman to practice medicine in Maryland, opened her gynecological practice in 1932 but later operated Planned Parenthood centers and aided the Urban League and their partners (Planned Parenthood 2016a).

While Andaya and Mishtal (2016) have called for greater research and participation from the anthropological community on issues of abortion and reproductive rights, little else has been written by anthropologists on abortion within the United States for three decades. Anthropologist Faye D. Ginsburg offered a path-breaking study about abortion rights and advocacy in her 1989 book *Contested Lives: The Abortion Debate in an American Community* and her work still stands out as a major study to this day. She observes that in the late 1960s, an important divide begins to erupt within the feminist movement and the different organizations which had originally bonded together in support of the legalization of abortion. The National Organization of Women, the American Civil Liberties Union, and Planned Parenthood World Population joined in support of legal and safe abortion access. The combined power of these organizations helped pass *Roe v. Wade* in 1973, and the supreme court case invalidated all state laws which forbid a woman from getting an abortion in her first trimester, but still allowing states' interests to interfere the later into the pregnancy the woman is in (Singer 2013, 28). Despite this prevailing success, there were disparities within the groups regarding who had the right to choose versus who had realistic access to abortions services, in particular, poor women having the right to an abortion but no financial access to be able to afford one; an issue still evident within my current research and contemporary feminist movements. This controversy is steeped in challenging the medical control physicians had held over women since the American Medical Association had first campaigned to ban abortion access. Since then, doctors had used abortion committees, eugenics, and medical literature to maintain their control and status over women's bodies (Ginsburg 1989, 35-37). These new, aggressive reforms, lead the way for second-wave feminism into the 1970s and 1980s where racial and class divide begins to isolate and segregate feminist movements. Loretta Ross, a gender studies scholar and a co-founder of SisterSong Women of Color

Reproductive Justice Collective offered an important critique that, “The pro-choice movement, largely directed by middle-class white women, is oblivious to the role of white supremacy in restricting reproductive options for all women, and, as a result, often inadvertently colludes with it” (Ross 2006, 58). In the 1980s, the pro-choice movement’s failure to understand this relationship lead movement leaders to try to appeal to Southern conservative voters. For a brief period, a tentative truce was held between the pro-choice and those against the federal government's encroachment on privacy rights. By appealing to this conservative wing, an even deeper wedge was pushed between poor women of color and the pro-choice community as a racial and economic disparity began to appear within the actions and belief systems of the movement. This divide emphasized the expanse between the upper-middle-class white women’s perceptions of feminism versus that of low-income minority women’s views. Issues such as the abolition of the nuclear family², radical feminists³, sterilization⁴, sexist oppression⁵, and common oppression⁶ are just a few of the influential conflicts that continue to be debated and fragment the feminist movement (hooks 1984). These relationships, in particular, the concern that women of

² Second wave feminist theory often implied that a successful feminist movement would either begin, or end, with the abolition of the nuclear family. While many white women at the time experienced family as an oppressive institution, many black women find their families to be a source of support in their day to day life (hooks 1984, 38-39)

³ Radical feminism was about working to eradicate all elitism and domination in human relationships. Most women within the 2nd wave feminist movement were not comfortable with that level of total reform, and simply wanted social equality with men of their class (hook 1984, 20-21).

⁴ Sterilization has, and continues to be, used as a way to control poor women and women of color in the United States. A common tenet of feminism is that oppression and suffering are shared, when the reality is that black, Latina, and poor women have faced more reproductive oppression than the upper-class white women who lead the movement (Solinger 2013, 11-13).

⁵ Eradicating sexist oppression was viewed as the main agenda of the feminist movement and often placed any form of sexist policy or treatment as the worst kind of oppression. The movement believed that ending it would end all other forms of oppression. Within our society all forms of oppression are supported by traditional Western thinking, and much like with radical feminism, sexist oppression was something the movement could not see within the greater context of equality and race. As ending sexist oppression would not actually be an end all solution to income disparities, racism, or abuse (hooks 1984, 18-24).

⁶ Common oppression was the belief that women’s suffering was shared, and that women should be able to bond over this shared experience of oppression. However, the reality was that women experience oppression in different forms and ways, and that sustained bonding between women can only occur once these definitions are confronted (hooks 1984, 43-45).

color are not adequately represented in the reproductive rights movement, laid the groundwork for the term reproductive justice, which aims to be inclusive. While reproductive justice was an idea that women of color and transsexual communities have fought for years to obtain, the term was formally launched only in 1994. The International Conference on Population and Development in Cairo in 1994 concluded that the individual right to plan a family was central to global development. From this decision, a group of black women formed together to create the Women of African Descent for Reproductive Justice, who defined reproductive justice as “the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities” (SisterSong 2016, 1⁷).

In the wake of this push for greater reproductive representation and justice, Planned Parenthood has risen to the challenge of increasing their advocacy efforts to involve a more inclusive audience. Their “Generation Action” initiative is geared towards inclusive involvement on college campuses around the country to encourage political and volunteer involvement from all backgrounds and identities (Planned Parenthood 2016b). In the Central Florida region, Planned Parenthood clinics and events encounter a diverse background of both patients and volunteers. Volunteer coordinators may choose how Planned Parenthood volunteers will represent their organization by coordinating with other local groups and steering the message that the volunteers work towards, and ultimately, allowing each chapter to push towards or away from promoting reproductive justice.

Political Challenges and Online Advocacy

There have been several key events in the past three years that have shaped Planned Parenthood advocacy techniques that are relevant to my research. In July of 2014, the Center for

⁷ Page number obtained by copying online article into document.

Medical Progress released the first of a series of videos depicting Planned Parenthood allegedly selling fetal tissue. In August, a private research company confirmed the videos were faked, and the Texas court handling the legal case threw it out (Brandhorst and Jennings 2016, 723-724). Unfortunately, public opinion is often already formed before the outcome of a trial, and Planned Parenthood had to defend its legitimacy as an organization to the public. One advocacy tool identified in scholarship used during this struggle was a rhetorical tool called “values advocacy.” As public relations scholars, Bostdorff and Vibbert (1994) argue, values advocacy is used to enhance an organization's image and to deflect criticism. Organizations appeal to the shared values of a group, and in return, the public evaluates those shared values in regards to the organization's message. Brandhorst and Jennings’s (2016) research examined how Planned Parenthood uses facts and values in their advocacy dialog to legitimize their research and purpose. As Planned Parenthood uses facts and statistics to promote their advocacy efforts, my research provides an anthropological perspective from advocates own point of view on the advocacy efforts made by Planned Parenthood and examines how they use these facts to be inclusive to a wide demographic of clients of diverse races/ethnicities, and communities. These same advocacy efforts are seen within Planned Parenthood’s social media use and how they understand different demographics use different media platforms.

Reproductive Justice and Minority Women

Women with lower socioeconomic resources, women of color, immigrants, and adolescents are more likely to have difficulty obtaining contraceptives and access to family planning education (Solinger 2013, 19-26, 41-50). These women are also more likely to face restrictions on access to forms of transportation and ease of access to health care because of the need to get time off work for necessary medical procedures (Ostarch and Cheyney 2014, 1007).

The goal of reproductive justice is to acknowledge the different reproductive needs that women of various backgrounds may have. Planned Parenthood strives to fulfill that need with educational outreach, political campaigning, global advocacy, and complete medical care (Planned Parenthood Federation of America 2017). Over 75 percent of Planned Parenthood's patients are under the poverty line, as such, the organization must ensure their advocacy efforts are inclusive and active in multiple communities with a wide demographic range. They do this by enforcing an active and educated volunteer force, strong political and social media presence, and participating in community organizations. Unfortunately, there still appears to be a disparity in the representation found amongst their volunteer population across age, sex, race, or ethnicity, a topic I will explore in this thesis.

Reproductive Justice and Men

Increasingly, the push towards intersectional and inclusive feminism must begin to address new questions on the roles of men within feminism. Behar and Gordon in *Women: Writing Culture* (1994:289), pose this important question regarding the future of feminism as follow:

The most dominant form of postmodern feminism, for example, signifies alliances across identities and rightly privileges some alliances over others. It privileges alliances between women, most particularly now across racial and ethnic lines.

We would raise the question, nonetheless, of whether a postmodern feminism can afford, any more than modernist feminism, to be a project for women only.

Feminists of color have almost always claimed some alliance with progressive

men in their own racial or ethnic communities, but for most white feminisms men have been the most 'other' of all 'others.'

The authors' question points to a gap within feminism in the 1990s, and although this gap has been identified, it remains an understudied and unresolved issue of contemporary feminism. The question had been, and continues to be, where are men within the feminist movement? While 2nd wave feminism often revolted in radical anger at the thought of men taking on a feminist voice, 3rd wave feminism is beginning to increasingly see the benefits of educating and advocating towards men (Digby 1998; Holmgren and Hearn 2009). In the case of Planned Parenthood's advocacy techniques, men are often patients within the clinic, many are students, or are waiting for their partners to finish appointments. For Planned Parenthood to promote an inclusive reproductive justice title, they must advocate for increased sex education for men and a greater number of male volunteers. This inclusion is increasingly necessary in our political network as the voices of men who are understanding and informed on feminist issues could be a great aid in protecting and promoting Planned Parenthood services. In both cases of Planned Parenthood broadening their advocacy lens, great consideration must be taken on how feminist identities are shown through the volunteers and the organization.

Theoretical Considerations

Four theoretical concepts developed in anthropology and feminist studies that are of use to this research include intersectionality, reproductive governance, neoliberalism, and ordinary ethics. I will discuss these theories and how they relate to Planned Parenthood advocacy efforts below.

Intersectionality

A key theoretical concept relevant to reproductive justice is intersectionality. Intersectionality, as developed by bell hooks (1984) and later expanded by Kimberlé Crenshaw (2015), recognizes that oppressive institutions within society are interrelated and shaped by one another. Crenshaw argues that focusing on one subset of experiences is inadequate because “this focus on otherwise-privileged group members creates a distorted analysis of racism and sexism because the operative conceptions of race and sex become grounded in experiences that represent only a subset of a much more complex phenomenon” (Crenshaw 2015, 140). hooks (1984) uses intersectionality to explain why feminist movements have left minority men and women behind by pinpointing how a white middle-class dominated feminist movement cannot meet the goals and needs of different races, classes, and sexes. Intersectionality is, therefore, a key term of reproductive justice and contributes to how Planned Parenthood shapes their perceptions of advocacy and race/ethnicity. Intersectionality impacts how volunteers can give time to Planned Parenthood and the different types of volunteer efforts they may choose to commit resources to. Intersectionality is also recognized as a key term in modern 3rd wave feminism and marks an important shift in understanding how social, economic, political, or biological factors may interplay.

Reproductive Governance and Neoliberalism

American reproductive history is filled with cases of forced sterilization, coerced abortion, and racially encouraged “family planning” (Ginsburg 1989). The theoretical lens of reproductive governance as developed by Lynn Morgan and Elizabeth Roberts (2012, 241), traces political and religious involvement in reproduction and “provides a framework for

understanding what is marked as rational and irrational reproduction.” Reproductive governance is used alongside morale regimes, which refers to “the privileged standards of morality that are used to govern intimate behaviors, ethical judgments, and their public manifestations” (Morgan and Roberts 2012, 242). These two concepts – namely intersectionality and reproductive governance – are useful for the proposed research project in examining how political forces and moral regimes hold influence over public perceptions of abortion and reproductive health and may shape advocacy techniques and challenges faced by Planned Parenthood. When considering *Roe v. Wade*, reproductive governance is relevant when considering that states have the right to interfere with abortion the more developed a fetus is, increasing a state's interest in the potentiality of life. Reproductive governance is further influenced by neoliberal policies, which consistently reduce social services for the poor and disabled, directly impact the time or money men or women may have that allow them to sacrifice work time to volunteer. Neoliberalism is defined as “economic practices proposing that human well-being can best be advanced by the maximization of entrepreneurial freedoms within an institutional framework characterized by private property rights, individual liberty, unencumbered markets, and free trade” (Harvey 2009, 22). However, the very influence of neoliberal policy change exerts ethical decisions and interests made by the state onto the people. In examples such as Paul Farmer’s (2005) work in Latin America, neoliberal policies are seen to disenfranchise populations by retracting the necessary social services previously used but never offering a sufficient alternative. Farmer defines the neoliberal era as, “a time of looking away, a time of averting our gazes from the causes and effects of structural violence” (2005, 16). In dismantling social services, volunteers and patients are not only impacted in their ability to come to and from the clinic but also threaten the services that enable organizations like Planned Parenthood to be affordable in the first place.

This cycle, influences Planned Parenthood advocacy, in that the organization must make ethical decisions when considering where they should spend the money and time to advocate.

Ordinary Ethics

Ordinary ethics is often used to understand moral relativism and as an analysis of why people make the moral or ethical decisions that they make in their day to day life (Zigon and Throop 2014). Relevant to my research, ordinary ethics impacts the daily decisions volunteers make alongside Planned Parenthood. This relationship is taken from two different perspectives, first, how volunteers take moral actions that could be perceived as right versus wrong. For example, Antina Von Schnitzler's work (2014) reveals how South Africans in poor communities had to fight in court for what amount of water could allow for a dignified life. Therefore their subsequent use of too much or too little water than the designated amount had to be justified as still embodying a dignified life; they had to be able to prove that if they needed more water, it was for a justifiably ethical reason. Likewise, the work of Lynn M. Morgan (2015) shows that women in Argentina actively choose to view the right to abortion as a human right because it has been an effective advocacy approach in their historical and political context, despite the Western push to use terms like reproductive justice. Each case reveals how communities make moral decisions based on their available resources or legislation impacting their health. In my research, this often reveals itself through the question of whether volunteers cooperate with other volunteers, how they react to harassment by protestors, and whether or not they continuously volunteer with Planned Parenthood.

The second perspective is from the organization's angle in that Planned Parenthood expresses ethical decisions when deciding which volunteers may become authority figures. By

evaluating employee's knowledge and skill set, they set a moral standard for the behavior of other volunteers. For example, anthropologist and physician Carolyn Sufrin (2017) in her research in jails examine the ethical choices made by correctional officers, medical personnel, and prisoners themselves; the behaviors of each group set an expectation of acceptable moral behavior. Ordinary ethics is also seen in the chain of command, as shown in Miriam Ticktin's (2011) research in which refugees in France must navigate the political system, medical care, and social systems when considering refugee services, with ethical choices made by public service employees at each level. Again, emphasizing that people with authority exert ethical choices on others, in the case of Planned Parenthood staff and volunteers, this theoretical framework is useful when considering how responsibilities within the organization is placed and on whom, an analysis explored in this thesis.

Gaps in the Literature

Overall, since Ginsburg's 1989 book, there has been relatively little anthropological research on abortion in the US, yet the topic has been at the forefront and is of growing importance in light of recent political shifts threatening abortion access in the US.

Anthropologists have recently taken a stand on this issue - the Society for Medical Anthropology and Council on Anthropology and Reproduction released a Policy Statement in 2015 opposing the TRAP - Targeted Regulation of Abortion Providers - laws that are creating barriers to legal and safe abortion care in the US (Council on Anthropology and Reproduction 2015).

Additionally, a comprehensive review of anthropological scholarship in the US, conducted by Andaya and Mishtal (2016) demonstrates that "abortion research has largely moved to other fields with more narrowly defined research questions, in particular, public health, demography, sociology, and legal studies," and "a few studies that consider abortion as the backdrop to

prenatal genetic testing” (2016, 2). The authors call for renewed attention to abortion politics and experiences in the US.

Building on this body of scholarship, this research seeks to address the important question of representation in reproductive rights and health advocacy, in particular, abortion care and seeks to examine this issue from within the movement, both regarding how it is understood and how it shapes advocacy strategies. Furthermore, this research frames its purpose within the intersectionality and reproductive governance theoretical frameworks by recognizing the centrality of experiences and needs in advocacy work, and by paying attention to the larger political climate in the US in which reproductive governance continues to be at the forefront of efforts to restrict abortion rights.

CHAPTER 3: METHODOLOGY

This research was conducted through ethnographic study in the Summer and Fall of 2017 at two Planned Parenthood clinics in Central Florida. Below I will explain my research site selection, data collection methods, and document and media analyses.

Field Site Selection and Justification

The research site for this project consists of two central Florida Planned Parenthood clinics, to which I refer as Clinic A and Clinic B. Clinic A provides birth control, HIV testing, LGBT services, men's health, emergency contraception, pregnancy testing and services, STD testing, treatment, and vaccine, and women's health care. Clinic A is also the only Central Florida location that performs abortion services. Clinic B provides all the above services but can only give abortion referrals. My field site also consisted of additional locations away from the clinics while attending tabling events or group meetings, such as college campuses, social services building, and public parks. In the wake of the Pulse nightclub terrorist attack and hate crime (Peralta and Wertheimer 2016), the local Latinx organizations continue to be politically and socially active with Planned Parenthood to promote LGBTQ+ awareness and support. These same groups rallied during the horrific hurricanes in September and October of 2017 to help local communities in Orlando and to send resources back to Puerto Rico. This dominant Latinx and the LGBTQ+ population have made Central Florida an ideal location for analyzing how Planned Parenthood can diversify their advocacy techniques while also being politically and socially active and was especially important for my research on reproductive justice. They continue to promote their Orange County Leadership Action Team (LAT) group, which currently focuses on promoting sex education, supporting Planned Parenthood political initiatives, and

access to affordable or free menstrual products. Similarly, their Empowering and Organizing Latinx for Action (EOLA) group, examines ways to reach out to Orlando's Latinx communities to promote sex education and combat political policies that are more likely to harm lower-income communities or communities of color.

I had worked previously as a volunteer for Planned Parenthood in the Fall of 2016 while examining their advocacy practices for promoting Zika awareness. It was during this research that I became aware of the racial and sexual divide in volunteer representation and began to pursue and refine my research questions.

Research Design

For my data collection and methodological design, I explored how Planned Parenthood volunteers and employees understand reproductive justice and to what extent they reach out to a diverse demographic population to promote Planned Parenthood services. My specific research questions (RQs) were:

RQ1- How do Planned Parenthood advocates and volunteers in Central Florida understand the racial/ethnic representation in their work?

RQ2- How do these understandings shape Planned Parenthood's advocacy strategies?

To answer these research questions I used ethnographic data collection methods, including: (1) Participant Observation, (2) Semi-structured and Structured interviews, and (3) Literature and Media Analysis. I describe and justify each method below.

1) Participant Observation

My participant observation has consisted of approximately 100 hours observing volunteer escorts, tabling events, and LAT and EOLA meetings between June 2017 and October 2017. Participant observation is valuable as “learning to participate in a new context means acquiring a set of understandings and reactions, that, in fact, we may not fully appreciate until we begin analysis” (DeWalt and DeWalt 2011, 20). This definition of participant observation was especially relevant while working as my observations continuously offered feedback about how to adjust aspects of data collection and how to understand interview data in light of these observations. My ongoing observation of Planned Parenthood escort services also introduced me to a wider and more diverse array of possible research participants and forced me to address several of the assumptions regarding volunteer behavior. Any observational notes and demographic data is recorded in a field notebook over a span of approximately nine pages. Later, I typed up these notes to be analyzed alongside my interview data.

2) Semi-structured Interviews, Structured Interviews, and Informal Conversations

Overall I conducted seven semi-structured interviews, four structured interviews, and informal conversations with approximately 26 of Planned Parenthood volunteers or employees. One aspect of semi-structured interviews that aided my data collection was the freedom it gave the volunteers to express opinions on political or social policies currently impacting Planned Parenthood; this freedom also allowed them to voice their opinions on Planned Parenthood policies and management. My structured interviews, however, provided the bulk of my data. Formal interview guides played a necessary role in this data collection as most of the employees had limited time for interviews and this method insured I gathered all key data. Of the volunteers whom I held informal conversations with I recorded their observable demographic data including estimate age, race, and occasionally religious affiliation. The interviews lasted from 20 minutes

to two hours. All interviewees gave consent to be audio-recorded. The interviews were then transcribed on a password-protected Microsoft Word file. Based on the participant's location, we would meet at an agreed upon location to conduct interviews. DeWalt and DeWalt (2011, 139-140) recommend the practice of enabling participants to feel in control of interviews as part of building trust and the volunteer nature of human subject research. I encouraged this by allowing my participants to choose a safe public or private space to hold interviews, the time we may meet for the interview, and how long the interview would last. I then followed this with verbal and written consent forms for recorded interviews. I contacted participants before interviews to go over the kinds of questions I would ask, what my research will cover, and to clarify any questions they may have ahead of time. All participants were assigned pseudonyms. Participants were not given remuneration.

3) Literature and Media Analysis

During my participant observation, I collected on-site literature provided to the public regarding Planned Parenthood services. This information usually included a listing of Planned Parenthood services, available locations, resources in Spanish and English, and information on other local organizations that interact with Planned Parenthood. These data enabled me to see and later triangulate a top-down examination of advocacy techniques dispersed at a local level through Planned Parenthood staff and volunteers. I also examined media use by Planned Parenthood to gather data on their social media advocacy strategies. Media analysis is a relevant tool for my work as a great deal of public outreach is through electronic sources. I made fieldnotes of the links and information offered on the main Planned Parenthood website and watched Twitter, Facebook, and Tumblr media activity.

Sample and Recruitment methods

My recruitment involved purposeful and snowball sampling (Bernard 2006:192-3) to seek out research participants from among Planned Parenthood employees and volunteers. I recruited participants through face-to-face interaction and then determined who regularly attends events by making a note of reoccurring volunteers. I regularly volunteered at Planned Parenthood events and began to familiarize myself with re-occurring individuals who participated. In my sampling, I sought to provide as accurate of a representation of participants' demographics as possible (given the time and geographic restraints of fieldwork), and therefore my participant sample for interviews included a representation of a range of demographic characteristics such as ethnicity, gender, and sex. I excluded individuals under the age of 18.

Due to the high frequency of volunteer events and opportunities, I anticipated recruiting participants from a sample size of about 50 regular volunteers whom I had access to from my contacts at Planned Parenthood. The 34 volunteers who I interviewed and held informal conversations make up a majority of the repeat volunteers whom I met at events who continuously contribute towards Planned Parenthood events and maintain social contacts with the organization. This increased the success of my snowball sampling as it encouraged these volunteers to refer me to others that they felt could contribute to my research. I then provided these individuals with my email and phone number for them to contact me at their convenience. Of this population 18 were white women, 3 white men, 8 Latina woman, 2 Latino men, 1 Iranian American woman, 1 black woman, and 1 black male. While I went into this project anticipating a higher number of black women would be participating in the organization, I adjusted my research as needed once I realized that Orlando's Latinx population was more likely to be targeted by Planned Parenthood advocacy. It should also be noted that while Planned Parenthood

of Southwest and Central Florida did not have a large black volunteering population during this research, this would vary across the country in different communities. On a national scale, 38% of Planned Parenthood patients are people of color, “with more than 560,000 patients who identify as Latino and more than 380,000 patients who identify as black” (Planned Parenthood Federation of America, 2017).

I recruited approximately three employees of Planned Parenthood for structured interviews from a sample size of 10 staff members. In my previous contacts with these participants, I knew that they are often short on time, as such, I would normally only offer formal interviews, so I could ensure I was making the most of the valuable time they can give me. These employees included event and media coordinators, volunteer coordinators, and political representatives. As I have more contacts within the Planned Parenthood employees, I enforced these relationships through volunteering at the clinics, during which time I began to explain my research to possible participants and offer interviews to those who seem interested in participating. I continued data sampling until I hit a point of saturation on a particular topic, at which point I would find new ways to ask questions or search back through my notes for different talking points (Corbin and Strauss 2008, 148-153). I also used saturation as a sign it was time to find additional participants who did not fall into similar demographic identifiers as the previous group. I secured the Institutional Research Board approval for my research via UCF’s IRB review #SBE- 17-13079. Before launching my data collection, I also completed the CITI Training for research with human subjects.

Limitations

There are three limitations I have experienced in this project. The first was time and travel; I had a limited window of time to gather data and conduct research while working on my Master's degree. Ideally, for a project such as this, I would prefer to have had a larger window of opportunity and the ability to travel to multiple clinics around the state to get a comparative analysis of my datasets. The issue of time was also an issue regarding access to volunteers, given that volunteers that I would meet at one event may never show up again, limiting my ability to develop rapport and ask for more interviews, something that could have been resolved with a larger window of time to meet more volunteers. My second limitation was the political climate, which increased the need for political advocacy and outreach while I was conducting my research. This often pulled attention in interviews away from how local clinics were advocating towards communities of color, and instead focused it on the political choices of the organization. The final limitation I experienced was the effects of Hurricane Irma and Hurricane Maria on Puerto Rico. Several of the reoccurring volunteers that I hoped to include in this research had family impacted by the destruction of the hurricanes, and as a result, many stopped volunteering to better aid their families and loved ones. In addition, as most of those members participated in EOLA, the group did not meet for over a month after the hurricanes.

Data Analysis

Once I gathered my data, I did a verbatim transcription of interviews and created text-based files, which I saved to a password protected file in Microsoft Word. I then began the coding and data reduction process. I examined and coded interviews for themes such as “male inclusion,” “Latinx outreach,” “volunteer disagreement,” and “racial and age divide.” I reviewed my field notes throughout my research process to find reoccurring and dominant themes to create an index of my initial theoretical framework. As this refined and I gathered new data, I began my

coding process. My data reduction began early on as significant themes began to appear, enabling me to refine my research questions and research (DeWalt and DeWalt 2011, 181-189). This process has used triangulation to analyze answers in light of my research questions and to fully understand the role an event or a person has on my questions (Fetterman 2010, 94-97).

Reflexivity

During my research, I often struggled to maintain a neutral and purely research perspective. While attending EOLA and LAT meetings, I found it difficult not to volunteer to help with additional projects that were outside of my research needs. I felt a sense of obligation, both as a white researcher in a position of power who may have more free time than the average volunteer and as someone who deeply cares about the organization I was researching. In some cases, this sense of not wanting to over-impose or thinking I needed to impose more helped build a more transparent relationship with volunteers. For example, I often wanted to participate in tabling events directed by the EOLA group, but I was concerned about taking up space that would be better suited to Spanish speaking volunteers. While this meant I missed certain events, the coordinators appreciated not having to work around me and were always willing to fill me in on the details of the events afterward. I found it challenging to simply come out and ask volunteers questions or ask for interviews. I often felt that I needed to do more or needed to build up a stronger relationship before it was appropriate to try and organize an interview time. While I believe this ensured I had more in-depth and longer interviews, it also hindered the numbers of people I could interact in a more one-on-one manner. A great deal of this anxiety stemmed from my concerns of being white in a space where perhaps I did not belong. Trying to ask men or women of color for interviews before getting to know them seemed invasive and dismissive of their struggles. I felt morally uncomfortable with the idea of obtaining a degree using the voices

of others, an issue with which I continue to struggle. I documented their frustrations with one another, with the limitations of Planned Parenthood, and their thoughts and feelings on our current political struggles. Many of these meetings deepened my understanding of social injustice issues that I had never considered or properly understood. I feel extremely privileged to have been welcomed so warmly by so many who fight every day to promote social justice and awareness.

However, it is important to note my positionality and how that has impacted my perception of Planned Parenthood staff and volunteers. While I have been a supporter of the organization for years, I do not believe that this support hindered my ability to analyze the policies and volunteers of Planned Parenthood critically. I have heard both sides of arguments in favor of Planned Parenthood services and against and went into this project knowing that the organization would not be an ideal beacon of reproductive justice. While I continue to support the organization I also believe that growth can only occur when honest critique is offered.

In the following chapters, I offer the results of my data organized into sections of findings and arguments. Following this, I will discuss my conclusions and examine the significance of these findings to the field of anthropology, and other social sciences, as well as to public outreach.

CHAPTER 4: AUTHORITY AND IDENTITY THROUGH PLANNED PARENTHOOD ADVOCACY

In this chapter, I will present how volunteers express their identities through advocacy work, how this identity impacts their relationships with other Planned Parenthood volunteers and employees, and how this shapes their authority as volunteers. These interactions are key to

understanding how volunteers express and develop their identities as feminists through advocacy work at Planned Parenthood, and how their advocacy work intersects with their race, class, gender, and life experiences. As I will discuss in the following sections, these demographic points impact several aspects of a volunteer's experiences while working with Planned Parenthood.

When volunteers start training with Planned Parenthood, the organization offers them a diverse swath of possible volunteer contributions they could make. These may include escorting services, phone banks, tabling events, working with the LAT or EOLA groups, condom crawls, or the Health Center Advocacy Program (HCAP). When people apply to volunteer online, they fill out a quick form with their contact information and select from different options on how they would like to contribute towards Planned Parenthood. These primarily involve options about contributing towards their local health centers or communities, but some also offer information about promoting phone banking and online advocacy services. After the applicants make their choice, a volunteer coordinator reaches out to them and attempts to schedule a volunteer orientation meeting. These can be one-on-one meetings, or they can be larger groups of possible future volunteers. These meetings are necessary as they help the coordinator understand where the volunteer may be best suited and ensure that the person interested in volunteering does not have any insidious intentions⁸. Once a volunteer makes it through the orientation, they usually sign up for more direct training related to their specific volunteer interest and begin to participate in the organization. This step is key to developing the relationship between volunteers and Planned Parenthood as it ensures a positive symbiotic relationship; volunteers get their needs met

⁸ While it is not a common occurrence, pro-life protestors can try to become volunteers. This can be very dangerous as it can be a threat to the safety of other volunteers but also patients. Planned Parenthood also tries to keep any online advocacy groups private or invite only to ensure protest groups cannot counter advocacy efforts.

by participating in their desired activity, and Planned Parenthood ensures they are applying resources where most needed.

From the very first decision that these volunteers make regarding how they would like to contribute towards Planned Parenthood, they are considering the different aspects of the volunteers' demographics that may intersect with the needs of the organization. For example, Spanish speaking individuals may prefer to apply their efforts towards EOLA to better aid Latinx communities where there may be a language barrier. For volunteers who have limited access to transportation, activity like escorting where they can sign up well in advance may be easier to plan, as compared to tabling events which change every week. These different demographics may impact how much free time volunteers can contribute, how far or often they can travel, language barriers they may encounter, or their ability to contribute spare resources to help affiliated programs through the LAT or EOLA. The decision of how they will volunteer with Planned Parenthood is also going to impact with whom they interact. For example, those who have the time to escort and continue to help on a weekly basis will be interacting with patients, health center employees, and other volunteers. Volunteers who only have their nights free may choose to participate in condom crawls, but they will likely only become familiar with other volunteers and coordinators, and volunteers who phone bank from home may never need to meet another volunteer or employee other than the coordinator.

The amount of free time a volunteer can commit to Planned Parenthood and the activities they choose to participate in, directly impacts whether they may develop as an authority figure within volunteers. This access to volunteering begins to shape their feminist identities. For example, their volunteer experiences can expand their understanding of 3rd wave feminist terms and social justice issues. However, it can also be revealing of the demographic gaps between

volunteers that may result in friction during advocacy planning. When asked during my research if any of the volunteers felt they had learned something through volunteering that aided in understanding racial representation and communication, many expressed having not known they should use words like Latinx when referring to Latino communities as it is a gender-neutral term and does not pre-suppose the gender of an individual. For example, in an interview with Ava, a young Latina student who has been volunteering with Planned Parenthood for the last couple years, she revealed that she was unfamiliar with the term Latinx. “When I first came in I didn’t know anything. So I definitely experienced that, cause I did know reproductive justice but I didn’t know Latinx, I didn’t know about female condoms. I didn’t know a lot of things! And those terms I picked up by going to meetings and learning” (Interview with Ava, October 2018). The use of Latinx also coincides with most volunteers learning to state their preferred pronouns when first introducing themselves to other volunteers. For example, when attending any meetings, if new volunteers state their name and preferred pronouns. Both are used to emphasize a more inclusive and gender-neutral environment for volunteers. However, volunteers are not forced to use these terms. Volunteers explained how they were never directly taught to use Latinx; it was simply something they picked up by observing the language used by the more experienced volunteers. Respecting preferred pronouns is promoted by supportive volunteers and Planned Parenthood staff, but the representation seen in volunteers impact both forms of demographic identifiers. While encouraging the use of proper expressions comes up in most volunteer orientations, if volunteers are not participating in events where these words may need to be used they often do not learn the terminology. Ava states that she learned these concepts by attending meetings and she participates in a diverse selection of volunteer opportunities, therefore increasing the chances she will absorb new terms.

This spread and use of particular terminology is a form of vernacularization, theorized by anthropologists Peggy Levitt and Sally Merry (2009). Levitt and Merry argue that global women's rights terms and strategies are adopted and adapted by local groups to their context-specific needs and cultures. Vernacularization highlights the diverse ways in which concepts reach and are appropriated by communities, however new language may or may not succeed in instilling social change. When looking at terms such as intersectionality and reproductive justice, one volunteer referred to them as "beginning to feel like buzzwords" (Interview with Bruce, October 2018). Cleo, a young Hispanic employee, spoke to how intersectionality, "will be thrown around" without the user understanding the meaning. Reproductive justice was a concept that had long existed before it was coined in the 1990s, especially for black women and indigenous women who recognized that institutions might negatively impact their abilities to control their reproduction. However, it was not until the term was popular enough within the black feminist movement that it diffused into 2nd wave feminist groups and began to advance activism towards the 3rd wave. While Levitt and Merry are primarily focusing on the diffusion of terms and concepts on an international scale, the idea remains the same when examining a group, such as feminists, who may hold diverse and at times polarizing views on issues. They argue that, "wherever they land, these ideas and strategies connect with the ideologies already in place, adding new dimensions and perspective" (Levitt and Merry 2009, 442). It is these new dimensions and perspectives, specifically those coming from black and Latinx communities, that are shaping the contemporary feminist movement, and shaping the trajectory of Planned Parenthood advocacy techniques. Furthermore, Levitt and Merry also examine the important position of power that the messenger of these concepts may hold and note that "social relations and networks strongly influence the path and impact of cultural circulation. Moreover, we found

that the social position of the messenger is key. Centrally placed elite actors (either individuals or organizations) adopt culturally legitimate innovations early on by customizing them” (2009, 444). While the idea of reproductive justice has not departed from its original form, Planned Parenthood seeks to instill a level of authority on those who understand and use these concepts to emphasize and enforce the ideals behind the concepts. This is reinforced by rewarding those volunteers who exhibit leadership with paid trips to Planned Parenthood conferences, which can be an investment in the volunteer’s future as a potential employee or socio/political actor who can promote the organization. The conferences are an opportunity for volunteers to take the initiative and attend events that specifically address racial inequalities. Wayne, a young white male volunteer, explained how he saw the conferences as an opportunity to improve his understanding of racial inequalities as follows:

I went to conferences, that was when Black Lives Matter was happening and Ferguson. Like I made it a point when I went to conferences that I took events like navigating diversity and that was a Planned Parenthood conference so that is something they are offering. Like the biggest thing is learning, don’t be condescending, don’t levy pity. Don’t come in like this great white hope. But they do offer education options like that, but it wasn’t in the major trainings like I had to put in the effort and show the leadership qualities for us to invest in paying for you to go to this conference and learn these skills (Interview with Wayne, November 2017).

Wayne’s experience is unique in that his volunteer work was impacted enough by the Black Lives Matter movement—a majority black group that is specifically trying to address the need of the black community and racial injustice—to actively seek out ways to better address

black patients and volunteers within the organization. Planned Parenthood recognized his leadership and the need to expand his understanding of intersectionality and choose to invest in him as a future supporter by sending him to the conference.

However, the distribution of this authority is dependent on their knowledge of Planned Parenthoods social and political trajectory and, in certain cases, their race or sex. For example, several volunteers expressed to me during interviews that conversations about race and inequalities were needed, but that they felt it would be inappropriate for them to lead those discussions as they were white. Francis, a young white female volunteer who holds a position of authority within Planned Parenthood advocacy work, explains as follows:

I just know that if it's a conversation that happens, I don't want to lead it. I would rather it be a person from that race leading it. I just feel like it would be a little condescending coming from me. It should really be people from that community. I think that's why there's so much education from the Latinx community 'cause we have all these members from EOLA so we have lots of representation from them but not so much from black communities. (Interview Francis, September 2017)

While Francis is aware that conversations about marginalized communities and that outreach geared towards black women is important, she feels personally uncomfortable with the idea of taking the lead on these conversations, despite her position of authority. She argued that ultimately, greater representation within the volunteer population is needed to hand the conversation over to these women of color.

In another interview, when asked if they believed advocating for women of color should be different than advocating for white women, Leema, herself a woman of color and employee, explained, “I think, really, the only way it is different is that for it to be authentic in advocating for the rights of women of color, it should really be women of color be the voice of it. It can seem very imperialistic, lectury or entitled if it’s an older white woman telling a black woman what she needs. Like I just don’t think that’s appropriate” (Interview Leema, October 2017). It is important to note that this was a sentiment usually expressed by younger men and women, between the ages of 20 and 30, usually either Latina women or white. When I asked older volunteers whether advocacy efforts should be different for black or Latinx communities, most still subscribed to the 2nd wave feminist notion that the experiences of all women could be unifying despite cultural differences or privileges. For example, Abby, an older white woman who regularly volunteers as an escort, responded to the same question that she did not think advocating for the rights of black women was any different than white women, stating, “cause I think we’re all in this together, we’re all people, we’re all women and regardless of whether you are black, Hispanic, Asian or Native American. We’re all in this together” (Interview with Abby, August 2017).

While Abby’s perspective has a constructive intent, it is revealing of the existing gap between the 2nd and 3rd wave feminist currently volunteering with Planned Parenthood. The common oppression that Abby brings up has been explored by bell hooks and other scholars, and was a major selling point to the women’s liberationists in the 1960s. Despite the appeal of the notion of sisterhood, hook’s points out that the belief that all women could be united through our shared experiences and suffering functions to conceal the fact that many upper-class women exploited other women of their race (hooks 1984, 44). In other words, by claiming they held

shared oppression they were attempting to unify women to their cause that previously would have no reason to support them because of existing class and racial injustices. The white upper-class women who led these feminist movements at the time had been exploiting their privileges over others and were not necessarily fighting for a movement that would serve the needs of all women across race and class. The notion of shared oppression masked these important power relations. While nothing from my research supports the idea that any of these volunteers who hold the belief of common oppression do so to mask their exploitations, the lingering effects from this belief still influence their perceptions of feminist issues. While the concept of a shared oppression that is not problematized fully is now antiquated, it still influences older volunteer perceptions of advocacy work and pushes Planned Parenthood to provide greater opportunities and authority to volunteers who can see social and racial issues in an inclusive light.

Being Latinx and Being a Volunteer

In certain cases, the ethnic identity of a volunteer is intentionally used by Planned Parenthood to recruit additional volunteers or supporters. For example, when asked if they felt certain advocacy techniques are geared toward a particular race or ethnicity, Ava replied, “Like, asking people to participate in different clubs, like EOLA is for everybody but a lot of the issues focus on Hispanic people and Latinx issues. So with that type of trying to get people involved, like I’m a person of color, and if I see a person of color I might then invite them to EOLA. So having the person as the advocate is kind of an advocacy technique to recruit people of color” (Interview with Ava, October 2017). Spanish speaking volunteers are key members of the Planned Parenthood community as they are the ones who bridge the gap for any local affiliate trying to reach out to Hispanic communities, and Hispanic men and women constitute one of the main populations that use Planned Parenthood services. According to a study conducted between

2008 and 2014 by the Guttmacher Institute on abortion demographics, per 1,000 women ages 15-44, Hispanic women make up 18.1 percent of women who pursue abortion services; the second highest rate after black non-Hispanic (see Figure 1).

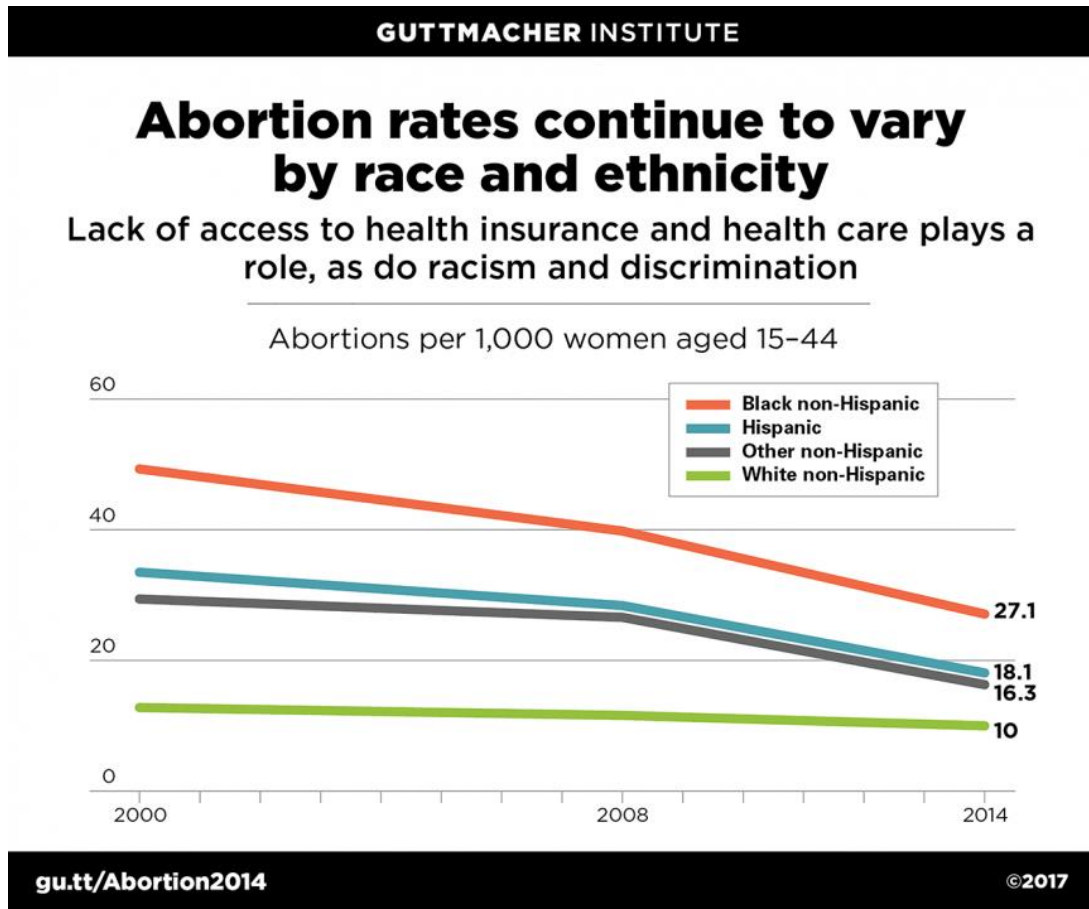


Figure 1. Abortion Rates by Race and Ethnicity 2008-2014 Guttmacher Institute (Jones and Jerman 2017, 1906)

Planned Parenthood health centers see over 500,000 Latinx patients every year, and each local affiliate applies appropriate advocacy techniques to connect with these groups. For example, Planned Parenthood Federation of America implemented The Raíz program (Spanish for “root”) in Arizona, Colorado, Nevada, New Mexico, and Texas. The organization’s aim is explicitly stated as: “The Raíz program is Planned Parenthood’s national effort to work with the Latino community on fights for reproductive health, sex education, and access to care. The Raíz

program began in 2014. Organizers have worked on voter registration, Medicaid expansion, immigration reform, and passed a comprehensive sex education reform” (Planned Parenthood Action 2017, pg2). In addition to Hispanic men and women forming a sizable demographic of Planned Parenthood patients, Hispanic communities tend to have greater social stigma regarding conversations around sex, reproduction, and sexual identity. For example, a 2012 study by physicians Kristen Shellenberg and Amy Tsui at the International Pregnancy Advisory Service (IPAS) examined stigma of having received an abortion by different racial and ethnic groups. Their comprehensive analysis compared internalized and perceived stigma across white non-Hispanic, black non-Hispanic, and Hispanic women, and found that, “Hispanic women had increased odds of perceiving stigma from others or from friends and family if they were Catholic, were foreign born, had private health insurance, and lived in the southern and western regions of the USA” (Shellenberg and Tsui 2012, 155). Hispanic women were more likely to experience perceived stigma from their medical providers if they lived in the western, southern, and midwestern hemispheres. They also perceived stigma in cases where their male partners were unaware of the pregnancy and intended abortion.

The question of sexual and reproductive stigma and associated gendered power relations in the Latino community is important for Planned Parenthood advocacy efforts with Latinx and LGBTQ+ members in Central Florida. Useful to understanding stigma is the theoretical concept of reproductive governance as analyzed by Morgan and Roberts in the context of Latin American countries and the control of reproductive behavior through particular moral regimes (2012). For example, reproductive governance is often used by political and social actors in countries where abortion is illegal to ensure desired reproductive behavior. The discourse around reproductive governance often revolves around the natural or social rights of parents or citizens versus the

presumed rights of the fetus. The opposite end of this stigma spectrum is studied in Cuba examining the commonly accepted use of abortion as a form of fertility regulation, where abortion is discussed openly between families and friends (Bélanger and Flynn 2009). Significant research exists addressing the impact of cultural norms on Latin American women within the United States and their perception of sex and reproduction, in particular how stigma impacts cervical cancer screening among Latina women (Luque et al. 2010; Chavez et al. 1995). Social pressures for Latina mothers to place the needs of the family before themselves, distrust of medical systems, and income inequalities have all contributed to higher rates of cervical cancer amongst Latina women. In addition, a great deal has been written showing how social stigma faced by HIV positive Latin men influences delayed testing and how research can contribute to future stigma interventions in communities (Grieb et al. 2016; Rio-Ellis et al. 2015; Lin et al. 2012). Every volunteer who identified as growing up in a Latino community discussed the challenges of talking about sex or sexual health with their parents, friends, or even medical providers.

The issue of eradicating stigma is the main goal of the EOLA organization, which seeks to empower the Latinx community through education and awareness. For example, in July 2017, EOLA held a sex trivia night titled “But Are You Coming.” The goal of the event was to debunk some common myths around sex, sexuality, and reproduction while being in an inclusive Spanish and English-speaking environment. The event included trivia rounds and winner’s prizes which included sex toys. Each guest was given a goody bag for attending, which included condoms, lube, literature in Spanish and English on services Planned Parenthood provided and local support groups for LGBTQ+ needs. Similarly, many of EOLA’s goals have included providing information on Medicaid to Spanish speaking communities, fighting and protecting the

rights of families affected by the Deferred Action for Children Arrivals (DACA)⁹, and supplying aid to Latinx communities impacted by hurricane Irma. Some volunteers involve themselves in both the LAT and EOLA, depending on their free time and interest in the groups' current projects. However, volunteering with both groups is more typical of Hispanic volunteers than white volunteers, unless the white volunteers are bilingual in Spanish and English.

The experiences and expectations of Latinx Planned Parenthood volunteers are distinctly unique for them. They must strive to meet the needs of a community that can be structurally harder to reach out to, while simultaneously working as beacons of representation for other volunteers of color. An addition, EOLA's outreach campaigns can often stretch outside of the United States into Puerto Rico, increasing the workload and barriers the volunteers may encounter. However, the Latinx volunteer population adds a crucial branch of outreach to Planned Parenthood affiliates, particularly here in Central Florida.

Age, Language, Sex, and Volunteering with Planned Parenthood

While race and access to volunteering are both major contributing factors to how volunteers express their feminist identities and develop institutional authority within Planned Parenthood, age is another factor that Planned Parenthood volunteers and staff must account for in advocacy work. The following incident occurred during my summer research at a LAT event. This event was far better attended than previous weeks, with close to 15 people volunteering compared to the more typical 5-10. There was also a larger number of relatively older women during this meeting, all white and most were in their 50s. During this meeting, the group was discussing plans for a Halloween themed event that would discuss menstruation and emphasize

⁹ DACA defers deportation proceedings for two years for qualified individuals who were brought to the United States illegally as children. President Trump announced a wind-down of the program and since then congress has been trying to find a bipartisan solution (Robertson 2018).

the economic and class issues surrounding access to menstrual products. Planned Parenthood has done several similar events through their different volunteer groups, and volunteers were discussing how payment on entry to the event would be handled. Some were suggesting it should be a free event with strongly encouraged donations of money or sanitary pads and tampons. Teal, one of the older women, suggested that women should get into the event for free, but any men that wanted to come would have to bring pads. She then laughed with several of the older women, commenting on how, “If they want to get in, they have to get over their dumb fear of periods.” Several of the volunteers laughed along and rolled their eyes at the humor of men being afraid of something like a period until one of the younger volunteers piped up near the front of the table. “I actually don’t think we should do that, ‘cause we don’t want anyone to have to identify their gender just to get into the event. We should make sure we make the event open and inclusive to people who may not want to say if they are a man or a woman.” “Right.” Agreed another young volunteer, “and what about gender non-conforming people?” After these points, the joke quickly died down, and the group agreed that strongly encouraged donations would be a more lucrative request for entry. After this, the volunteers spent the remainder of the meeting assigning jobs and duties for the party. No further discussion occurred about the apparent miscommunication and exclusive nature of the conversation.

As a researcher, I had a moment of striking clarity at how uncomfortable men may feel when inhabiting feminist spaces. Having grown up in a predominantly male and highly patriarchal household, I spent most of my youth trying to prove I was anything but a “girly girl.” I was obsessed with reptiles, played sports, cussed, and beat up the neighborhood boys, but I also had a highly feminine mother who did everything in her power to counter that. I took ballet for years, performed in theater, was given as many Barbies and dolls as she could throw at me, and

helped her with the more ‘traditional’ cooking and cleaning in the house. Being raised like this helped me feel comfortable in both male and female social spaces and made it easier for me to understand the different perspectives that each gender may be encountering. While the main point of this interaction is that forcing men to buy menstrual products would force people to identify their gender when entering the event, I was more interested in the lack of outreach for educating men. If the stereotype is that cisgendered¹⁰ men are not comfortable talking about periods or handling feminine hygiene products, why would we hold an event that is supposed to be about menstrual education, but does something that would likely discourage men from coming? During interviews, I would always ask how volunteers and employees felt about advocating for men sexual health and increasing male volunteer numbers, and responses were often mixed. Most thought that it was a necessary and important aspect of promoting sex education in an inclusive and intersectional manner. Abby responded to my point by saying, “Oh, I think it’s a great idea! You know guys go in and get condoms and it’s like great! Good for you! And you know they are the other half of the equation and they need to understand this stuff and getting guys to come into the clinic is just another way to reach out to them” (Interview with Abby, August 2017). Others also discussed the social issues that reproductive justice could inform and educate men about, “Great! Yea, like reproductive justice isn’t just for women. It involves issues of masculinity and like the cultures within that. Like you can’t tackle reproductive justice without tackling the way men are almost programmed in society to think about sex and consent and reproduction, cause they are also part of the reproductive system” (Interview with Ava, October 2017). These interviews imply a deeper understanding of how advocacy work on feminist issues is changing. Women who volunteer with Planned Parenthood

¹⁰ Cisgendered is defined by Merriam Webster (2018) as, “Of, relating to, or being a person whose gender identity corresponds with the sex the person had or was identified as having at birth”.

may understand that men need to play a role in the discussion but may not see how they can be unintentionally ostracizing them.

Had I been a cis male within the space at the time of this conversation, I would have immediately felt uncomfortable and unwelcome. Some male volunteers expressed during interviews that they could feel attacked or unwelcome in some advocacy spaces, particularly if they did not already have a foot in the door when it comes to understanding feminist issues. For example, Leon who is another white male who used to be highly active in the organization talked about how some spaces can feel unwelcoming to men. “Like some guys go there and they feel like they don’t belong, or they get attacked. Especially with the language. They don’t want to be made fun of for not knowing the language. Like people accusing you of not belonging in the space if you aren’t already educated. And I think that information can be harder for men to be educated on” (Interview with Leon, August 2017). When I asked Leon why he felt men had a harder time gaining access to this information, he expanded on how men may feel they do not need to be informed on issues of gendered inequality if it does not directly impact their lives. As well, when I asked how he felt about Planned Parenthood advocating towards men he responded by saying, “It doesn’t feel like it’s for you. But like understanding that they do provide services for men, like STD tests and condoms. But that also comes from this idea of masculinity, and not wanting to go to Planned Parenthood because it is so associated with women’s needs and LGBTQ+. The male support is nice ‘cause it is half the population, and when you get in those spaces where you are no longer the majority, you learn so much.” While Planned Parenthood does advocate towards men on issues regarding STI and STD tests, condoms, vasectomies, and promoting sex education, their big brand name as a feminist organization may be hindering their ability to reach out to cisgendered men.

Male volunteers who participated in other advocacy efforts, such as escorting to directly aid the clinics, often found themselves harassed by protestors who screamed out to the women walking into the clinics, “You’re going to let a man help you abort your baby?!” or “Don’t let that man tell you it’s okay to murder your baby!” The protestors were attempting to use a technique that paints the male partners of women seeking abortion care as oppressive. On escort days where men volunteered, these very gender-specific types of accusations were used against male escorts to paint them as sexist men trying to encourage women to have abortions. This is an interesting example of pro-life protestors possibly subscribing to a first wave feminist ideal or using it strategically for their campaign. Most of the leaders of the original women’s rights movement were anti-abortion, as it was believed that abortions were just another way men could get away with cheating on their wives and encouraged sexual deviance in men (Ginsburg 1989, 23-14). However, female volunteers often discussed feeling safer when male volunteers were helping with the escorting, especially if male protestors showed up. During one escort day in the summer, a more established male escort discussed being concerned about coming off as intimidating to the young women walking into the clinic. As escorts, we wear brightly colored orange vests that say, “Clinic Escort” across the front and back. Typically, when the patient exits her car, we walk towards her as she begins to walk to the clinic and strike up a conversation, at which point we greet them and ask if they would like an escort into the clinic. Some escorts preferred to be more passive and did not approach patients until they were a short distance from the clinic entrance, while others may behave more protectively and walk up to people as they exit their cars. Most of the men preferred the more passive positions and would only approach cars on days when protestors were highly active. Behaviors seen by both male escorts and male volunteers at advocacy events typically reveal men are holding back opinions and being highly

conscientious of their physical presence. They tend to keep quiet at meetings and wait to give others the floor before speaking. At one event I attended, smaller discussion groups had formed regarding the topic of abortion, but the two men in my group would not participate unless asked for their opinion or until everyone else had shared and I made prolonged eye contact with one of them. The men who did speak had valuable insight, but also spent a great deal of time trying to qualify their opinions by talking about how they could not imagine having to go through that experience or how since they were not women their opinion may not be accurate.

Unfortunately, the focus of my research was not able to address where this behavior is learned. Does something happen, like in my interview with Leon, where a male volunteer is called out or snapped at for not letting women speak first or not knowing a term? Regardless of where the behavior comes from, older women volunteers are more likely to question the presence of cisgendered men at volunteer events and to challenge their views on feminism, even though these women may themselves exhibit outdated views on feminist issues.¹¹

This question of how to address older generation feminists, and how to include them in the advocacy picture while simultaneously educating them and supporting their ideas and enthusiasm, sits at the core of Planned Parenthood's advocacy struggles. During my interview with Leon, we discussed the LAT event, and he explained how frustrating situations like that could be for him. "The people that go to those things, like they have a lot of passion and care, but they also have a lot of anger. And I think it's just this outrage inside them and it's hard when you're outraged at people in your support group. Finding a way to respectfully tell someone why that's a bad idea without ostracizing them and to continue to encourage them to put ideas down on the table and not feel left out." In another interview with Ava, she explained her privilege as a

¹¹ The question of how these gendered perceptions emerge and are reinforced may be a fruitful topic for future research.

Latina woman and how having the privilege of free time to commit to volunteering is what discourages so many women of color:

Like when they hold events, and they're in a really far part of town, and people don't have the gas or the gas money to go and do these events. And I think about how privileged am I that I am able to take the time off on a Saturday and drive to downtown. And that's something so small, but that is kind of put aside to get things done. So we get people out or get tabling done, or lobbying efforts. Like you want to bring people of color but then you have to work around their schedules, and then they can't make it to a lobbying meeting. And so you end up with these stay at home mothers, who are usually white and can go to these meetings. And so she [the white women] can lobby for these rights, but she's not normally lobbying for everybody's rights. (Interview with Ava, October 2017).

White women, older white women in particular, are such a necessary and powerful element of Planned Parenthood advocacy. Many of the older escorts talked about their desire to be an escort when they volunteered because they remembered what abortions were like before the passing of *Roe v. Wade*. These women are a passionate and empowered force that contributes to Planned Parenthood political and financial success, but they are not always the most educated group when it comes to questions of social issues. How does an organization like Planned Parenthood, which can benefit from volunteers across the age spectrum, teach people to see outside of their paradigms and become aware of how other people's situations may affect them on an intersectional level? More importantly, how can Planned Parenthood educate these groups without placing the responsibility of playing the role of an educator on the shoulders of women of color, while also ensuring that the accuracy and perspectives of women of color are

included? And finally, how to do all this while simultaneously reaching out to the marginalized groups that need greater resources?

All these questions are brought up in one form or another by authorities within the LAT or EOLA and by coordinators, which is why volunteers who are aware of social inequalities and how these inequalities may impact advocacy efforts are so valuable. Volunteers who express these leadership skills make informed educators for other volunteers as they can express their feminist identities through the work they promote. This behavior is the basis for why Planned Parenthood invests in their volunteer population if the above criteria are met, as these authority figures lead by example and set a standard for volunteer behavior. Many of these volunteers are offered the chance to attend conferences with the hope that they may grow from the experience and continue to teach incoming volunteers greater social perspective and racial awareness, and ultimately becoming future ambassadors of Planned Parenthood at a political or social level or even future employees of the organization. Choosing to allow the more authoritative volunteers to fulfill the role of educators is not an effective solution, and the passivity of this decision paints Planned Parenthood as a neoliberal organization. Anthropologist Ilana Gershon's work (2014) on corporate personhood is relevant here. She examines how corporations prefer employees to have malleable personalities and identities that are fashioned like typical Euro-American personas. When applied in the context of social media, new employees are constantly trying to enhance their online personas to appear authentic to potential employers and must maintain this persona across all platforms. Gershon speaks of the impact this has as, "this constant enhancement is produced by the kind of reflexivity that neoliberalism encourages- the self as reflexive manager" (2014, 291). The idea that Planned Parenthood volunteers are expected to maintain a similar level of reflexive manager persona offers a useful parallel. Planned Parenthood does not enforce

additional training or educations of their volunteer pool, and therefore a great deal of that education must fall on the shoulders of the volunteers themselves or those volunteers who reflect the expectations of Planned Parenthood. While volunteer coordinators often attend the events that volunteers plan or participate in, they are not always required to be in attendance if a responsible volunteer is there. Volunteers need to exhibit a certain level of self-leadership and an interest in social institutions before Planned Parenthood recognizes their potential for leadership positions and how they may develop from attending the conferences. This idea of Planned Parenthood as a neoliberal organization runs counter to the very services and clientele whom they provide for as most of their marketing and funding goes towards making services low-cost. However, for an organization spread thin by political attacks and lack of funding, taking a neoliberal stance on their volunteer population may be the only economic choice they have.

However, as I discuss in my next chapter, Planned Parenthood affiliates are in a constant state of fluctuation between managing funds to keep their doors open and trying to reach out to marginalized communities. I will discuss the tools incorporated in their online advocacy work and the different demographic groups they reach out to through social media.

CHAPTER 5: KEEPING THE DOORS OPEN AND BRINGING THE FIGHT ONLINE

During interviews, volunteers and staff expressed the challenges Planned Parenthood has had to face on a political scale and how these events have impacted advocacy work. Several interviewees brought up the 2015 video attacks against Planned Parenthood, where videos were

released that reportedly showed Planned Parenthood clinic staff negotiating the price for selling fetal tissue. Planned Parenthood denied the claim and was able to prove that there was nothing illegal discussed and that any fetal tissues used are always a donation (Cabanis and Gillan 2015). Florida is not one of the five states that participate in the fetal donation program. However, the smear campaign was successful in bringing the abortion discussion in America back to the forefront of political debate. When I asked if volunteers felt certain advocacy techniques have been pushed to the side in favor of focusing on staying open, Leon explained his experiences starting as a new volunteer and dealing with phone banking. He said: “Well, I was in a weird space because I started up with the videos came out, like we became a demonized thing, even though it was on the back burner. Like I remember doing the phone banking, and we were calling people in Texas, and I remember trying to explain things and people saying they were only answering the phone so they could argue with us. And once that died down things got back to normal.” A staff member recalling the same impact that the 2015 video scare had talked about how they tried to use that experience to reach out to communities of color in Central Florida:

For me, that was when I realized in Florida that there was a lot of infrastructure that was not built working with communities of color. Cause we found ourselves in a place where it was like, who can we call out that can be of assistance to us that’s a different group that can stand up and say Planned Parenthood is important. Cause if you talk about how much work we do addressing the health concerns of communities of color than you would hope there would be people in those communities that you could reach out to. For me, working at Planned Parenthood, I’ve always prioritized patient stories and the power of volunteers. So in that regard, we did have more people step up and share their stories to help

break the myth and stigma of Planned Parenthood. We had a volunteer group that created a Facebook page called Humans of Planned Parenthood, and it got like 4,000 Facebook likes in 2 days and kind of became a platform for people to share their Planned Parenthood stories and demonstrate their support of Planned Parenthood. So that was an example of a moment that was led by people, by patients, and they maintained its presence. So that was pretty cool and a good example of an organizing tactic with marginalized communities. But once that crisis kind of subsided, was like lets intentionally build these coalitions and help others speak to this work in ways that only they can (Interview with Leema, October 2017).

The video events of 2015 changed the way Planned Parenthood reached out to supporters and organized events. The impact was twofold. On the one hand, some supporters of the organization lost faith in Planned Parenthood, as in the example mentioned by Leon, where people who had once donated in favor of Planned Parenthood were no longer supportive. On the other hand, Planned Parenthood also saw a surge in volunteers appearing for orientations. In that same conversation about the videos, Leon went on to say, “but it’s a double-edged sword, cause I remember we actually had to rent out a meeting hall for the volunteer orientations cause when those videos came out, people get angry and they sign up to volunteer cause they want to support us, so it’s great in that respect. And then things calm down, and people return to their regular lives, and volunteer numbers drop back down.”

The increase in volunteers seen as an effect of the smear campaign appears in other advocacy and supporter trends. For example, in the mere weeks after president Trump won the 2016 election, Planned Parenthood received over 80,000 donations, a majority of which were

made out in Mike Pence's name to speak out against the threats to abortion and reproductive rights that both the president and vice-president had made (Time 2016, 1). There was also an increase in questions about family planning to medical providers and insertions of intrauterine devices (IUD) after the 2016 election, and new data suggest that this spike was likely a result of fear women had that they would lose birth control coverage with the repeal of the Affordable Care Act (Kliff 2017, 2). The appeal of an IUD is that while it can be more expensive, an IUD requires a single payment for years of pregnancy prevention with a lower rate of failure compared to a recurring monthly expense of birth control pills. In spite of an IUD's appeal, this method of birth control (invented in the 1960s) has been unpopular in the US as compared to Europe, mainly due to persistent misconceptions about its safety and appropriateness for first time users despite efforts from the scientific community to educate the American public (Sonfield 2007). Therefore, a sudden increase in patients' requests for IUDs following threats to reproductive rights in the US is noteworthy.

Planned Parenthood of Southwest and Central Florida responded on their Twitter and Facebook to this rise in IUD sales with their advocacy work geared around education for this method of birth control (see Figure 2 & 3).



Figure 2. Retweet and comment “Demand increases 900 percent for IUDs” (Planned Parenthood of Southwest and Central Florida, Twitter, 2017)



Figure 3. Facebook comment and sharing of educational article on IUDs (Planned Parenthood of Southwest and Central Florida, Facebook, 2017)

Both online advocacy attempts may appeal to users or potential patients for different reasons, but each fulfills an important role when considering how the 2016 election may impact Planned Parenthood. The retweet of an article examining the rise in IUDs is a reminder that even local Planned Parenthood affiliates are still political entities. By commenting on how women are becoming more demanding of access to birth control, they indirectly link the legislative fight that is about to come into play as Republicans attempt to repeal the Affordable Care Act. This is a subtle but important reminder that only political action will protect reproductive rights and access. The Facebook post takes an alternative route by referencing educational material in anticipation that more of Planned Parenthood patients may be seeking information about IUDs. However, both forms of social media use these platforms to not only educate supporters and respond to relevant political developments but also to inform them that they provide IUDs at the clinics (see Figure 4).



Figure 4. IUD Cookies and #NationalCookieDay, make an appointment today! (Planned Parenthood of Southwest and Central Florida, Twitter, 2017)

This same post was shared to the local affiliate Facebook and Twitter profiles and attempts to normalize conversations about IUDs with the fun idea of National Cookie Day, while also letting people know they can schedule an appointment for an IUD. Another notable aspect of this tweet is the use of emojis to convey a racially inclusive message. If Planned Parenthood is beginning to change the trajectory of their feminist identity, this transition would also need to be seen through their social media outreach. By using a values advocacy model (Brandhorst and Jennings 2016), my findings here show how social media posts form moral connections towards reproductive justice. These connections are usually evident in being more racially inclusive, discussing a diverse array of intersectional issues, and forming links between political activism and how to combat prejudiced institutions or policies. The following tweet for the Planned Parenthood Action Fund is an excellent example of the moral connections that Planned Parenthood attempts to make between its organization and the idea of reproductive justice (see Figure 5).



Figure 5. Miscarriages in Flint: Everyone deserves to live in a safe, healthy environment. (Planned Parenthood Action Fund, Twitter, 2017)

One of the key points of reproductive justice is that everyone has the right to parent her or his children in safe and sustainable communities. The Flint water crisis is a useful example of how disparities in access to clean water or safety often impact poor communities of color in different ways than higher income or white communities (Gostin 2016). In commenting on an article that directly discusses the way racist institutions have handled the Flint water crisis and noting the direct link this may now hold to successful reproduction, Planned Parenthood is making a shared moral connection between its organization as the commenter and the values of reproductive justice. It should be noted, however, that local affiliates do not always take on a more political role in their online advocacy. The Planned Parenthood Action Fund (the author of this tweet) is considered the more political aspect of the Planned Parenthood organization. So much so that donors can choose to earmark their money to go directly towards the action fund or local affiliates and their medical services. However, while the action fund is not affiliated with advocacy at the local level in the same way that clinics are, it does not mean that their advocacy exists within a vacuum. The political outreach and education that the action fund contributes towards impact clinics and the provision of care across the country. Leema helped explain the way clinics are able to maintain their independence but also share political space as follows:

So legislative work has its own entity that leads it, and we [the local affiliate] just have our own goals and objectives that we create every year that we feel could add to our proactive approach to building power in the state to help our patients. But at the end of the day, it's always about our health centers, and that is always going to be the priority, but because of the aggressive political climate, it meant we had to get involved in the legislative also. But if we were in a state or a country where people were totally fine with abortion access, and it wasn't

something that is always under attack, then we could commit more to being a social service organization versus one of social mobilization. But I do think that today, in the Trump administration, more and more organizations are looking towards social mobilization to take more concrete action to empower their client, versus just providing direct services. Cause they do realize, A: that their funding sources are under attack but also B: a homeless shelter is never going to help get someone out of homelessness unless there is a plan to empower them and get them into a house. So I would argue that our model is something worth replicating so others could consider not just keeping their doors open but let's also talk about dismantling the systems of oppression that have led to their clients being homeless in the first place, and again, that often takes changes in policies. And for us it's a lockstep but we always prioritize what's best for our health centers and best for our patients (Interview with Leema, October 2017).

Leema emphasizes that the priority is always keeping clinic doors open, but that Planned Parenthood recognizes the institutions that make their services necessary in the first place, and the need to address the problem at the source. This requires maintaining a political presence, and in states where reproductive rights are constantly under attack, this also means that local affiliates must engage in political advocacy. Volunteer coordinators send weekly volunteer update emails that include information on how they can get involved with Planned Parenthood. This email includes the sign-up sheet for escorting, information on local events that Planned Parenthood representatives will attend, and other plans and event information. The emails also include political updates on current legislative battles that impact issues of reproductive rights, immigration, the voting

process, and anything else that may target or impact low-income or marginalized communities. Twitter and Facebook are again used at the affiliate level to reach out with information regarding services they provide but also how political events may affect the clinic or patients' needs (see Figure 6).



Figure 6. Rally in Downtown Orlando for DACA. (Planned Parenthood of Southwest and Central Florida, Twitter, 2018.)

The above image is an example of how the present day political events are evident in the outreach conducted by the Central Florida Planned Parenthood affiliates. While Planned Parenthood clinics in Central Florida can choose to focus their online advocacy purely on education and to advertise the services their clinic provides, they recognize the political and social impact the Deferred Action for Childhood Arrivals (DACA) would have on their Latinx patients and families. This is especially relevant given that patients do not need to provide proof

of legal citizenship to use Planned Parenthood clinics, and approximately 4% of DACA recipients live in Florida (Robertson 2018, 2).

Local advocacy is unique for Planned Parenthood affiliates' use of Facebook and Twitter compared to the Planned Parenthood Tumblr pages, which they use as a broader source of education and outreach. Tumblr tends to appeal towards a younger demographic and is considered a safe space for LGBTQ+ communities and communities of color. These younger segments of the public influence how Planned Parenthood uses Tumblr to advocate for their patients and education, as the younger and more "open-minded" users allow Planned Parenthood to expand their advocacy techniques. Significantly, the values advocacy technique in promoting reproductive justice is especially prevalent in their Tumblr advocacy given the higher rates of people of color who use the site (see Figure 7).



Figure 7. Every parent deserves to raise their child in a world free from gun violence (Planned Parenthood, Tumblr, 2018).

Using values advocacy, the organization's connection to gun violence against children makes a clear moral connection to the belief in reproductive justice that we deserve to parent the

children we have in safe communities. The Planned Parenthood Tumblr page also makes moral connections to LGBTQ+ rights, racial representation in media, health care access, suicide prevention, and provides live online chats with healthcare providers to answer questions or concerns. As the Tumblr page is not associated with specific affiliates, it has the freedom to work as an education resource and political voice to inspire the younger demographics who follow their page.

Planned Parenthood uses similar forms of outreach and intersectional advocacy in the literature provided at tabling events for people who approach the booths with questions (see Figure 8 & 9).

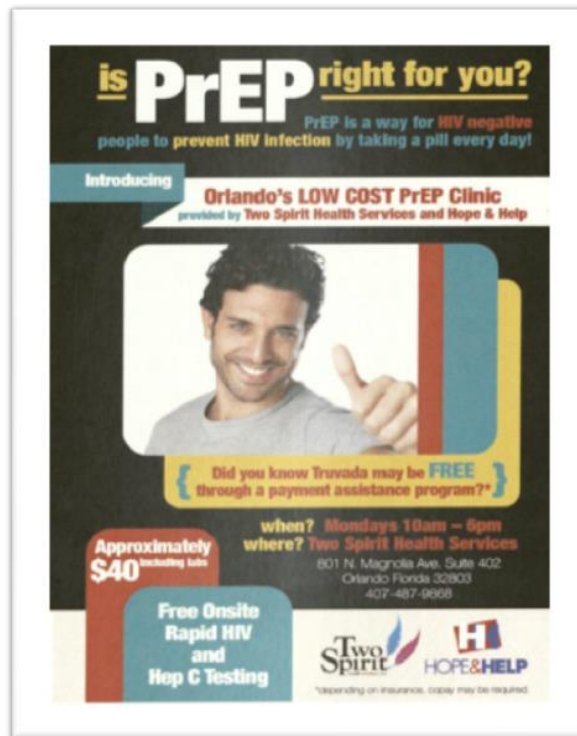


Figure 8. Two Spirit is PrEP right for you? (Two Spirit Health Services, Inc. 2017)



Figure 9. Proyecto Somos Orlando: List of services and aid provided to Orlando LGBTQ+ and Hispanic community (Hispanic Federation, 2017)

Both forms of literature were provided at a public event on a Planned Parenthood table during my Summer research, and both reveal the different organizations within the Central Florida region with whom the local Planned Parenthood affiliate has chosen to associate. This co-advocacy is the result of recognizing that Planned Parenthood may not be able to fulfill all the needs of the marginalized communities in Central Florida. The Proyecto Somos Orlando group is heavily affiliated with Planned Parenthood’s EOLA activism, and many of our meetings took place in the Hispanic Federation building, though this relationship has grown as a direct result of the Pulse nightclub shooting. Two Spirit Health Services provides resources to Orlando’s LGBTQ+ individuals who may be on disability or without health insurance, and the local Planned Parenthood clinics have been in association with them since 2012. Both relationships offer evidence of Planned Parenthood growing to understand diversity and providing inclusive medical services, particularly in the last few years. The growing relationships between service providers to marginalized communities in Central Florida are echoed in my interview with

Leema. When asked if she felt Planned Parenthood reflected the needs of women of color she answered, “I would say in the last five years, I mean we have made a conscious effort to do that, I don’t know if it’s perfect yet ... But Planned Parenthood stands in support of cultural programs who are more targeted than we are. And we just go out and support these groups and show our solidarity of all communities, even if it isn’t our main mission. Like we’ve been very vocal about DACA and making sure people know that we don’t check for documentation” (Interview with Leema, October 2017).

Leema makes the point that this is a newer trend in Planned Parenthood advocacy and that Planned Parenthood does not hold an interest in “owning” that advocacy, but simply helping to facilitate it for other organizations. It is these relationships and the flexibility of Planned Parenthood’s online advocacy that allows them to approach such a diverse array of topics for education and outreach. These relationships also expand how Planned Parenthood uses and needs adaptable online advocacy, as is evident from the 2015 video attack. Since there are so many potential or active supporters in the local community and online, Planned Parenthood creates key relationships to call upon local support during times of political backlash.

Given the intersectional work in their online advocacy and attempts to foster relationships with local organizations that reach out to marginalized communities, some would postulate that Planned Parenthood is a reproductive justice organization. However, as I will discuss in the next chapter, this is a contested point by both employees and volunteers.

CHAPTER 6: BEING VERSUS PROVIDING REPRODUCTIVE JUSTICE

Feminist authors, activists, and historians Loretta Ross and Rickie Solinger argue that the long-standing history in the United States reveals the prioritization of the reproductive rights, reproductive labor, and right to child rearing of white “virtuous” or well-off mothers, and the antinatalist policies specifically implemented to hinder the reproductive needs of Native American and black women (Ross and Solinger 2017, 17-36). This continued racial and class segregation of feminist and reproductive rights continues in our contemporary society, but it is this lack of equal access that has provided the impetus for the reproductive justice movement.

Being “pro-choice” has been the catchphrase for supporting a woman’s right to an abortion since *Roe v. Wade*, but choice is not distributed equally amongst women in the United States, and increasingly 3rd wave feminists are problematizing the term “choice” and prefer to identify as pro-reproductive access instead. For example, when I asked Cleo if she felt any of the volunteer training addressed how to interact with guests or patients more inclusively, she briefly touched on the movement away from “pro-choice” as follows: “We don’t use the term pro-choice anymore. Some people still use it, I steer away from it, cause there have been a lot of forced abortions, a lot of forced sterilization, a lot of forced reproductive decisions that people didn’t have control over. So, we don’t really say pro-choice but people who support abortion access, cause, yeah, those are two very separate things. And because we want to be supportive to peoples lived experiences” (Interview with Cleo, November 2017). As an employee of Planned Parenthood and a Latina woman, Cleo holds a great deal of responsibility on her shoulders regarding representation. By saying that she supports abortion access when in conversations with patients and volunteers, she is attempting to acknowledge the history of abuses that marginalized women in the United States have had to face. Ideally, this will present her, and the organization

she represents, as an inclusive and safe space for women of color and marginalized communities in general. It was evident in my fieldwork that this aspect of representing oneself in a manner characteristic of promoting reproductive justice is a choice that volunteers and staff must make for themselves as they interact with potential supporters.

When I asked during interviews if a volunteer or employee knew about the concept of and movement for reproductive justice, only half were familiar enough with the term to define it. However, it is notable that all the employees whom I discussed this topic were familiar with the term and its history. This is relevant as even though volunteers are the face of Planned Parenthood, the employees have a great deal of control over shaping the political and social trajectory of the organization. Moreover, terms such as reproductive justice, which are important for the mission and spirit of Planned Parenthood, are not being filtering down to the many volunteers on which the organization relies. Specifically, early on in my research, I noticed a distinctive divide between the participants who understood reproductive justice versus those who did not. I would define and explain reproductive justice to those who were not familiar with it, but when I asked if they felt Planned Parenthood provided reproductive justice through its services, they would typically say yes. Participants who were hesitant to say that Planned Parenthood provided reproductive justice were either women of color or employees. Many of these women of color spoke of reproductive justice as something that Planned Parenthood is aspiring towards, but that it does not yet provide universally. Cleo explained as follows:

I would say this depends on the people organizing it. Cause we do have set goals, like as organizers, but it's up to each person on how they execute those goals. So it's really particular. I would say overall, that we are working towards reflecting our communities better and fighting for reproductive justice more than just reproductive rights. More

people in authority and leadership positions have been talking about intersectional work and collaborating with other organizations. So, I think we're at the turning point, and that is where this is going. But I do think that there is a lot of work that needs to be done” (Interview with Cleo, November 2017).

For Cleo, the key work that Planned Parenthood has done to promote reproductive justice is new, and certainly not something seen on a national scale. This is an important point as it begins to refine the question of whether Planned Parenthood is a reproductive justice organization or simply aspires to the ideals of reproductive justice.

Reproductive justice has been defined and shaped by the experiences of black women and other women of color, and marginalized women across the country. “The first reproductive justice activists explained that the right to reproduce and the right not to—the right to bodily self-determination—is a basic human right, perhaps the most foundational human right... In addition, reproductive justice demands sexual autonomy and gender freedom for every human being” (Ross and Solinger 2017, 55-56, 63). To truly represent a reproductive justice prerogative, women of color need to be at the forefront of setting the agenda for an organization’s activism and advocacy work. The services provided need to reflect this diversity and the needs of marginalized communities, and recognizing those needs may often require the gaze and critical analysis of those from within that community. The consensus amongst the employees in my research was that Planned Parenthood aspires to provide reproductive justice, but is not yet a reproductive justice organization. In the interview with Leema, she pointed out how important the changes in the last five years have been for Planned Parenthoods advocacy when examined through the lens of reproductive justice:

That is just so important for Planned Parenthood, cause we are not a reproductive justice organization in the sense that all of our CEOs are not people of color and at the end of the day that's what it means to be a reproductive organization, is to be led by people of color. But ultimately, we are making intentional changes over the last few years and that is because we have employees who are people of color who have leverage in their positions to do that. I have friends of color at the national office who are actively using intersectional language and trying to set an intersectional agenda (Interview with Leema, October 2017).

She firmly believes that Planned Parenthood is not a reproductive justice organization and that they are beginning to grow into the role of providers of reproductive justice. Later in our conversation, Leema expanded on her views:

Mackenzie: You'd mentioned Planned Parenthood and reproductive justice earlier, but do you believe that Planned Parenthood does provide reproductive justice through its advocacy work? Or do you believe that until we see more of an institutional shift where there are more women of color brought into the workforce of Planned Parenthood that that won't be methodologically possible?

Leema: I would agree with that statement. I think that Planned Parenthood is a reproductive health and rights organization. I think that we are partners in reproductive justice work, but we are not the leaders of reproductive justice. To do that, we have to have this work be led by people of color. Maybe someday that will evolve to be so, but at this point, we are doing amazing work in the health and rights field, and we can be excellent partners to reproductive justice organizations. But it is those movements and those leaders that have experienced oppression the most, and it is their work to define and

enlist and we're there to help, but it would definitely be inappropriate for us to take up so much space and try to lead that work.

Leema's views on the role of Planned Parenthood as partners to reproductive justice organizations is shared by the employees I interviewed. Amongst volunteers, however, many felt that Planned Parenthood not only provided reproductive justice through their services but also felt that Planned Parenthood is leading as a reproductive justice organization. For example, when I asked Francis the same question, she felt confident that they not only provide reproductive justice services but are also leading the way: "Oh absolutely. I think it is kind of a result of the current times and kind of a reaction. I think it's been a huge focus and I think we're expanding what reproductive justice means. I think a year ago we wouldn't have even been talking about trans rights (Interview with Francis, September 2017). While Francis believes that this change has only been within the last few years, a sentiment echoed by several other employees, she also asserts that Planned Parenthood is expanding what reproductive justice means. Others had similar perspectives. For example, Wayne, who describes Planned Parenthood as being a dominant organization when it comes to providing reproductive justice argued:

Yea, I would say it does. It's like the one. Planned Parenthood is like the McDonald's of abortion. Like if people mention fast food you think of McDonald's. It's the same with Planned Parenthood and abortion. It like owns that space, so I think it does, but that doesn't mean it's the best at it or the only one. They are always lobbying; they are always fighting for those things. They are a huge organization that helps a lot of women out, and men. And I think it attempts to provide reproductive justice through its advocacy work, like when they do dorm storms. I think more of it is about drawing attention to reproductive

justice. Getting attention to your organization. So, it always feels like you're reeducating people of what Planned Parenthood offers, everyone just thinks they offer abortions. And the reproductive justice is also the vasectomies, the condoms, the birth controls, cancers screenings. But like, most of it feels like the staff do the medical procedures or office positions, and it's the volunteers position to go out and do the advocacy work and providing attention towards an organization that provides reproductive justice (Interview with Wayne, November 2017).

Both interviews point out that while these volunteers do believe that Planned Parenthood provides reproductive justice, and leads in reproductive justice spaces, it is not the only provider, or the best provider, of those services. For example, in an interview with Lizzy, a newer employee, and a younger white woman, she brought up an important concern regarding voting and the outreach that occurs during election seasons:

Planned Parenthood Action Fund really allows us to be political and support politicians or gear our outreach towards the electoral process. We'll do phone banks asking people to vote and providing registration information or transportation for voting. But we can still reach out and continue to educate marginalized communities or reach out to non-white communities, but the intention has to be there, or the resources have to be there. And during big elections, like the 2016 election, we were supporting Hillary for America, and we were doing a lot of advocacy work to get our own volunteer base to even contribute towards HFA, and it's very easy to get stretched thin. So the intention has to be there. And not just the intention but like, the impression you leave these communities. Like, making sure we aren't using people for their vote,

especially within those communities of color. We can't treat people like a checklist that we're never going to see again (Interview with Liz, December 2017).

Lizzy's interview points to concerns that the local affiliates have when trying to continue their outreach alongside meeting the political needs of the organization. Much like how Planned Parenthood called on their supporters in communities of color after the 2015 video attack, they have to ensure they are not using these marginalized communities simply when it is convenient for the needs of the organization. As is clear from these narratives, Planned Parenthood must be intentionally moving forward if it aspires to be a reproductive organization or simply a provider of reproductive justice through its services. In February 2018, Planned Parenthood of Southwest and Central Florida welcomed their new CEO and president, Stephanie Knight, a white middle-aged woman with advocacy experience in Ohio and California. While Ms. Knight is more than qualified for the position, my previous conversations with employees on how Planned Parenthood cannot be a reproductive justice organization until their CEO's are predominantly women of color now feels hollow. I spoke with employees and volunteers who worried about the volunteer population not reflecting the diverse demographics of the patients walking into the clinics, and I must wonder, no matter how qualified Ms. Knight is, were there no local Latina women just as qualified who could have fulfilled this important leadership position? If Planned Parenthood is shaping their advocacy efforts in a way that they hope will qualify them as providers or leaders of reproductive justice, they need to be just as intentional in their hiring process as in their political advocacy. For any organization aspiring to diversify their supporters, there can be no half-measure.

In my final sections, I will offer conclusions and discuss the contribution of my research to the field of anthropology and other fields, and address how my findings may contribute to understanding advocacy work of other Planned Parenthood affiliates.

CHAPTER 7: CONCLUSIONS AND SIGNIFICANCE

“The problem is not defining reproductive justice but achieving it” – this statement by Ross and Solinger (2017, 63) is particularly meaningful in elucidating the significance of reproductive justice for institutions that seek to address the needs of a diverse population. As my research shows, for Planned Parenthood of Southwest and Central Florida, this remains a still unobtained goal, but one that is not nearly as difficult to obtain as it may be for other affiliates. While older white volunteers reveal a disconnect between their understanding of their work with Planned Parenthood and the different marginalized communities that may impact, nearly all the staff and volunteers clearly recognized the important role that race and ethnicity played in advocacy work. In my research participants’ narratives, there was a consistent call for greater outreach to black and Latinx communities, signing up more future volunteers of color, and diversifying advocacy efforts and educational material to reach out to diverse ages, races, and educational backgrounds. Employee and volunteer understanding of this racial/ethnic and class impact shapes Planned Parenthoods advocacy strategies, and volunteers are consistently given the floor to collaborate with employees to grow this outreach. In addition, the local affiliate works alongside the national organization to promote a 3rd wave feminist identity through social media venues and associate themselves and the organization's agenda with reproductive justice.

However, this is not a universal strategy. The experiences, advocacy work, and the demographics of patients, employees, and volunteers of each Planned Parenthood affiliate augment and shape what strategies are the most effective for their needs. My findings support the assertion that that, while not yet achieved, Planned Parenthood of Southwest and Central Florida has an opportunity to set a standard regarding their advocacy and volunteer recruitment practices. Volunteer authorities constantly strive to educate themselves and those they work with on

intersectional issues and the needs of marginalized communities. Planned Parenthood coordinators and staff set initiatives and goals to reach out to more communities and hold a high standard of racial diversity in their advocacy groups. This places the Central Florida affiliates in an ideal position to take the practices of their coordinators, staff, and volunteer authorities to other states, counties, and clinics.

It would be remiss of me not to emphasize that their advocacy techniques are not perfect, and an effort in progress. While they have taken many steps towards advocacy that reflects their goals of being a reproductive justice organization, it is still far from reaching this aim. As noted in several interviews with staff and employees, continuing to develop and build upon trust in local communities is key, and it is imperative for Planned Parenthood to further their actions to protect and advocate for the needs of marginalized women and men.

In sum, Planned Parenthood of Southwest and Central Florida is not a reproductive justice organization, but they are providers of reproductive justice, and they are maintaining a trajectory to enhance their image as reproductive justice providers. As employees and volunteers discussed with me numerous times, there can always be more: greater public outreach, intentional political advocacy, refined educational materials, and fostering supportive communities with local organizations. These are particularly important goals that Planned Parenthood aspires to in light of the current political climate hostile to reproductive rights and as they continue to expand their reproductive justice outreach and services.

These findings are significant as this research addresses the important question of representation in reproductive rights and health advocacy, in particular abortion care, and examines this issue from within the movement, both regarding how it is understood and how it shapes advocacy strategies. Furthermore, this research frames its purpose within the

intersectionality and reproductive governance theoretical frameworks by recognizing the centrality of experiences and needs in advocacy work, and by paying attention to the larger political climate in the US in which reproductive governance continues to be at the forefront of efforts to restrict abortion rights.

Contributions to Scholarship

This research contributes to three major areas of knowledge, including applied/public anthropology, gender and feminist scholarship, and the literature on the work of nongovernmental organizations.

From an anthropological perspective, this research expands the arena of applied and public anthropology by providing an important case study that shows the continued need for greater racial awareness and representation in women's rights and health services in the United States. This research also supports the need for research that engages and reflects public interest and policy issues within the United States (Fiske 2006, 84). There is a greater need for renewed racial understanding on this topic, for the continued success of medical interventions in historically distrusting and abused minority communities and the improvement of stigma interventions on issues of sex, gender, and sexuality. This project also contributes to understanding how volunteers coordinate with large-scale organizations and create advocacy techniques that reflect the needs of local affiliate communities in a way that may address the issues that are missed by top-tier officials. Given the socio-political nature of Planned Parenthood, this research may contribute to similar applied research in examining how political power, public relationships, community health needs, and work relationships develop leadership positions and enhance an organization's collective strength. This research also expands the

growing need for an anthropological study into topics of abortion, race, and access in the United States, a vastly understudied area of focus and one that plays an increasingly important role in American politics today. By using reproductive governance as a theoretical lens, this research contributes towards an anthropological understanding of how governance impacts not only policy-level decisions on reproductive rights and healthcare structure but also how reproductive governance intersects with NGO level of provisions to care and access.

This study contributes to the gender and feminist scholarship by engaging with the analytical lenses of intersectionality as the core of reproductive justice. These findings are supportive of examinations that view participants of reproductive justice as deploying intersectionality through various outlets such as media, social networking, or public education. This also builds upon scholarship that examines the shift in advocacy away from purely providing services and aid, towards changing structural inequalities at a political level (Zavella 2016, 510). This research builds onto the argument and scholarship that reproductive justice and the concept of intersectionality are the core foundations to developing new and more effective ways to intervene in political opposition, protect, and advance women's rights.

Moreover, this research contributes to the literature on vernacularization by highlighting the difficulties organizations may encounter when trying to absorb a concept or term, such as reproductive justice, into their local advocacy. While Central Florida is an ideal location due to its diverse population for this context, there is still a challenge when applying it to wider use or to volunteers who may struggle to grasp the need for such diverse advocacy. Moreover, this work contributes to nongovernmental organizations by highlighting the individuality and nature of maintaining advocacy work at the local clinic level and examining whether strategies applied

to unique demographic locations could be applicable across the board to other Planned Parenthood affiliates.

Future Research

To build upon this fieldwork, future research could examine advocacy work at additional Planned Parenthood locations across the nation to conduct a comparative analysis of the advocacy strategies and challenges faced by different geographic clinics. Future research could also conduct ethnographic and survey studies with both the volunteers and staff, but also the patients. This could include data on patient perceptions of advocacy strategies such as emotional responses and opinions on how inclusive the content in such strategies may be. Future research would be improved by including a more top-down analysis of perceptions by CEOs of advocacy strategies compared to those of staff, volunteers, and patients.

APPENDIX A: IRB APPROVAL LETTER



University of Central Florida Institutional Review Board
Office of Research & Commercialization
12201 Research Parkway, Suite 501
Orlando, Florida 32826-3246
Telephone: 407-823-2901 or 407-882-2276
www.research.ucf.edu/compliance/irb.html

Approval of Exempt Human Research

From: **UCF Institutional Review Board #1
FWA00000351, IRB00001138**
To: **Mary M Hager**
Date: **May 15, 2017**

Dear Researcher:

On 05/15/2017, the IRB approved the following activity as human participant research that is exempt from regulation:

Type of Review: Exempt Determination
Project Title: Reproductive Rights and Justice Advocacy: Who Is Represented?
Investigator: Mary M Hager
IRB Number: SBE-17-13079
Funding Agency:
Grant Title:
Research ID: N/A

This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these changes affect the exempt status of the human research, please contact the IRB. When you have completed your research, please submit a Study Closure request in iRIS so that IRB records will be accurate.

In the conduct of this research, you are responsible to follow the requirements of the

On behalf of Sophia Dziegielewski, Ph.D., L.C.S.W., UCF IRB Chair, this letter is signed by:

Signature applied by Renea C Carver on 05/15/2017 03:56:25 PM EDT

IRB Coordinator

APPENDIX B: SEMI-STRUCTURED INTERVIEW QUESTIONS FOR
PLANNED PARENTHOOD VOLUNTEERS

PRELIMINARY INTERVIEW GUIDE

**Project Title: "Reproductive Rights and Justice Advocacy In Central Florida: Who is Represented?"
(After Informed Consent)**

Thank you for agreeing to talk with me today. I'm Mackenzie Hager, and I'm an anthropologist based at the University of Central Florida. In this interview, I'm interested in your experiences as a volunteer or employee of Planned Parenthood. All of the information you give me will be confidential – I will not ask you for your name or any information that could identify you. You will not be compensated for your time. The interview is voluntary and it will take 20-60 minutes. Can I audio record our interview or would you prefer I didn't? Would you like to start now?

Research Site: _____
Date: _____ Time: _____

Demographics:

I will begin with a few brief demographic questions:

- a.) Age (please state): _____
- b.) Education (please state the level): _____
- c.) Income (please state approximate income per month or year): _____
- d.) Employment (please state if full or part time, and type of work): _____
- e.) Ethnicity (please state, as self-identified): _____

Questions about Experiences and Perspectives:

Now I would like to ask you a few questions about your experiences.

- 1.) How did you first hear about Planned Parenthood?
[Probes: When did you decide you wanted to volunteer with them? How long have you been volunteering with PP?]
- 2.) What part of volunteering with Planned Parenthood appealed to you?
[Probes: What did you initially want to accomplish by volunteering? Have you done other types of volunteer training with them (escorting, condom crawls, tabling events, HCAP training?)]
- 3.) Do you think that Planned Parenthood activism reflects the needs of race minority women's needs?
[Probes: Do you know of any events or organizations that Planned Parenthood interacts with?]
- 4.) Do you think that advocating for reproductive rights and health for women of color is any different from reproductive health advocacy for others?
[Probes: if so, how? If no, then do you think that ethnic/racial representation in advocacy should matter at Planned Parenthood? Why or why not?]
- 4.) Are you familiar with the term reproductive justice?
[Probes: (If they do not know the term, I will define it for them): What does reproductive justice mean to you? Do you believe it is important to provide reproductive justice? Do you believe Planned Parenthood does provide reproductive justice through its advocacy work?]

Thank you very much for your time. Please don't hesitate to contact me if there's anything else that you would like to add that you have not had a chance to say during this interview. Here's my contact information: Mackenzie Hager, Phone: 727-612-4492 (call or text). Email: maryh@knights.ucf.edu. 1

PRELIMINARY INTERVIEW GUIDE

- 5.) Have you ever felt certain advocacy techniques are geared more towards people of a certain race or ethnicity?
[Probes: How do you feel about Planned Parenthood also advocating towards men? How do you feel about Planned Parenthood now offering hormone replacement therapy? Are you concerned about the new Republican Medicaid bill?]
- 6.) Do you think racial issues play into how you are trained to interact with guests (If they are an employee, ask if this applies to how they interact with patients)?
[Probes: Did racial issues come up in your initial training discussion? Do you think certain ethnically or racially geared advocacy techniques have ever been pushed to the side in favor of a different technique?]
- 7.) [if this topic has not come up naturally during conversation:] Have you ever gone to Planned Parenthood for their health services?
[Probes: Would you be comfortable answering which ones? Why did you choose Planned Parenthood for those services?]
- 8.) What would you say is the average demographic, such as ethnicity/race/ gender/ or age, you see at volunteering events?
[Probes: What about the demographics of people that come up to ask questions at events? Does this demographic change at different events? (If they have done HCAP training) Do you feel women and men of a certain race or ethnicity are more inclined to share their stories with Planned Parenthood than others?]

Thank you very much for your time. Please don't hesitate to contact me if there's anything else that you would like to add that you have not had a chance to say during this interview. Here's my contact information: Mackenzie Hager, Phone: 727-612-4492 (call or text). Email: maryh@knights.ucf.edu. 2

APPENDIX C: SEMI-STRUCTURED INTERVIEW QUESTIONS FOR
PLANNED PARENTHOOD STAFF

PRELIMINARY INTERVIEW GUIDE

**Project Title: "Reproductive Rights and Justice Advocacy In Central Florida: Who is Represented?"
(After Informed Consent)**

Thank you for agreeing to talk with me today. I'm Mackenzie Hager, and I'm an anthropologist based at the University of Central Florida. In this interview, I'm interested in your experiences as a volunteer or employee of Planned Parenthood. All of the information you give me will be confidential – I will not ask you for your name or any information that could identify you. You will not be compensated for your time. The interview is voluntary, and it will take anywhere from 20-60 minutes. Can I audio record our interview or would you prefer I didn't? Would you like to start now?
Research Site: _____
Date: _____ Time: _____

Demographics:

I will begin with a few brief demographic questions, we may skip any sections you would prefer to not answer:

- a.) Age (please state): _____
- b.) Education (please state the level): _____
- c.) Religious affiliation (please state): _____
- d.) Income (please state approximate income per month or year): _____
- e.) Employment (please state if full or part time, and type of work): _____
- f.) Ethnicity (please state, as self-identified): _____

Questions about Experiences and Perspectives:

Now I would like to ask you a few questions about your experiences.

- 1.) How did you first hear about Planned Parenthood?
[Probes: When did you decide you wanted to volunteer/ work with them? How long have you been volunteering/working with PP?]
- 2.) What part of volunteering with Planned Parenthood appealed to you?
[Probes: What did you initially want to accomplish by volunteering? Have you done other types of volunteer training with them (escorting, condom crawls, tabling events, HCAP training?)]
- 3.) Do you think that Planned Parenthood activism reflects the needs of racial minority women's needs?
[Probes: Do you know of any events or organizations that Planned Parenthood interacts with?]
- 4.) Do you think that advocating for reproductive rights and health for women of color is any different from reproductive health advocacy for others?
[Probes: if so, how? If no, then do you think that ethnic/racial representation in advocacy should matter at Planned Parenthood? Why or why not?]
- 4.) Are you familiar with the term reproductive justice?
[Probes: (If they do not know the term, I will define it for them): What does reproductive justice mean to you? Do you believe it is important to provide reproductive justice? Do you believe Planned Parenthood does provide reproductive justice through its advocacy work?]

Thank you very much for your time. Please don't hesitate to contact me if there's anything else that you would like to add that you have not had a chance to say during this interview. Here's my contact information: Mackenzie Hager, Phone: 727-612-4492 (call or text). Email: maryh@knights.ucf.edu. 1

PRELIMINARY INTERVIEW GUIDE

5.) Have you ever felt certain advocacy techniques are geared more towards people of a certain race or ethnicity?

[Probes: How do you feel about Planned Parenthood also advocating towards men? How do you feel about Planned Parenthood now offering hormone replacement therapy?

6.) Do you think racial issues play into how you are trained to interact with guests? (If they are an employee, ask if this applies to how they interact with patients)?

[Probes: Did racial issues come up in your initial training discussion? Do you think certain ethnically or racially geared advocacy techniques have ever been pushed to the side in favor of a different technique?

7.) [f this topic has not come up naturally during conversation:] Have you ever gone to Planned Parenthood for their health services?

[Probes: Would you be comfortable answering which ones? Why did you choose Planned Parenthood for those services?]

8.) What would you say is the average demographic, such as ethnicity/race/ gender/ or age, you see at volunteering events?

[Probes: What about the demographics of people that come up to ask questions at events? Does this demographic change at different events? (If they have done HCAP training) Do you feel women and men of a certain race or ethnicity are more inclined to share their stories with Planned Parenthood than others?]

9.) Do you ever feel there are communication issues between volunteers when one may subscribe to second wave (or white feminism) but the other follows a third wave feminism philosophy? Do you believe Planned Parenthood should play a more active role in educating volunteers on terms such as intersectionality, third wave feminism, or reproductive justice?

Employees:

10.) How do decisions regarding new advocacy techniques develop? [Probes: Do local chapters follow the same techniques as the national head or can each branch develop as needed? Have you ever felt advocacy techniques already in place were no longer effective or were outdated?]

11.) What is the relationship between the political climate and Planned Parenthood's advocacy work? [Probes: Does this have an impact on viewer perception of Planned Parenthood and how does Planned Parenthood find ways to balance the political needs of the organization alongside promoting medical aid and information to patients i.e. does this impact advocacy techniques to favor one over the other in times of need? Has Planned Parenthood historically been as involved in the political community?]

Thank you very much for your time. Please don't hesitate to contact me if there's anything else that you would like to add that you have not had a chance to say during this interview. Here's my contact information: Mackenzie Hager, Phone: 727-612-4492 (call or text). Email: maryh@knights.ucf.edu. 2

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