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The Impact of Policy and Perception on Women's Health Since 2010

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The Impact of Policy and Perception on Women's Health Since 2010

University Honors Program Capstone

University of Nebraska at Omaha

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Abstract

This project tackles the complicated relationship between policy and perception of women's health in the last decade. This was achieved through research on existing literature and semi-structured interviews with five professionals in various areas of women's health: mental health, public policy, sexual health education, and research. Literature reviews were conducted using University of Nebraska at Omaha Criss Library's databases, with dozens of articles analyzed. The goal of this research was to gain an understanding of how public opinion and perceptions can sway policy, which has created challenges and consequences for women and their health.

Keywords

Women's health, policy, perception, reproductive rights, public opinion, *Roe v. Wade*

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Introduction

The past decade has marked a historic period for women's health. Policies have been established and outlawed, protests have taken place across the United States, and overall, the discussion of women's health has skyrocketed in politics.

This project is driven by a fundamental question: How do current perceptions of women's health influence policy decisions, and on the contrary, how do policy interventions impact the perception and lived experiences of women navigating healthcare systems? Through a multidisciplinary lens, drawing upon insights from recent literature, interviews with experts, and analysis of recent policy developments, this project seeks to understand how women and their health are impacted by public opinion and policy.

Literature Review

I. Policy on Women's Health Since 2010

To start off the decade, the Affordable Care Act was signed into law by former President Barack Obama in March of 2010. Within this health care reform law was increased health insurance coverage for those with preexisting conditions or limited finances. The ACA offered new advantages for pregnant people or those on birth control, requiring most insurance plans to cover the cost of birth control.

Another notable breakthrough for health research for the general population, especially women, was the National Institutes of Health's SABV policy in January of 2016. Before this policy was put into place, considering sex as a biological variable (SABV) was not required or expected of researchers. The NIH's 1993 Revitalization Act emphasized the participation of

women and people of color in clinical studies, but the more recent policy extended these requirements. According to the NIH, “consideration of sex may be critical to the interpretation, validation, and generalizability of research findings” (National Institutes of Health, n.d.) This policy applies to research done on both animals and humans and is vital to research across various fields and professions. Unfortunately, the issue of women and people of color being excluded from medical research dates to the 1900’s, and the effects of this can still be seen today. A 2022 study from the Multi-Regional Clinical Trials Center found that clinical trial data often does not account for the intersection of race and sex, causing less representation and understanding for women of color (Bierer et al., 2022).

As the United States entered a new political landscape with the election of former President Donald Trump in 2016, the formerly mentioned ACA’s provisions on the right to birth control and abortion became at risk. In November 2018, the U.S. Department of Health and Human Services (HHS) finalized regulations extending religious and moral exemptions for employers, universities, and insurers opposed to providing contraceptive coverage (Ahmed, Phadke, Boesch, 2020). This ruling was struck down by multiple courts before turning up in front of the Supreme Court in July 2020, where the decision remained in effect. The implications of this were vast, leaving the ability to receive coverage for contraceptives up to a person’s employer or school.

Following this decision, access to women’s health resources began facing countless disputes and unjust rulings. In September of 2021, the “Texas Heartbeat Act” was put into place, banning abortion once a heartbeat can be detected in a fetus, with exceptions for “emergency situations”; however, pregnancies resulting from incest or rape were not considered “emergency situations” within this law. Texas is not the first state to enact a heartbeat law, but they are the

first to encourage private citizens to bring forth lawsuits against anyone who “knowingly engages in conduct that aids or abets the performance or inducement of an abortion” (Texas Heartbeat Act, 2021). The ambiguity of this statement allows for friends, family, healthcare staff, and even Uber drivers to be prosecuted if they provide services or advice to a person having an abortion. With backlash from reproductive rights and legal organizations across the country, the act was brought to the Supreme Court, where the block was declined with a 5-4 vote. The vote was representative of a freshly conservative Supreme Court structured by Donald Trump, imprinting his administration’s legacy of challenging women’s rights.

The Texas Heartbeat Act signaled only the beginning of a complete strike down of the right to abortion in the United States. In June 2022, *Dobbs v. Jackson Women’s Health Organization* decision overturned the long-standing *Roe v. Wade* and *Planned Parenthood v. Casey* rulings that protected the fundamental right to abortion. Immediately following the decision, states with trigger laws in place followed suit. On the other hand, states without trigger laws rushed to either protect or overrule abortion rights (Goldman, 2023). The impact of this was profound, causing millions of people across the United States to lose access to abortion in their residing state.

As of May 2024, abortion is banned in 14 states, prohibited after a certain number of weeks in 11 states, and legal beyond 22 weeks in 25 states. Most of the bans include exceptions for emergency health events, rape, incest, and fetal health anomalies (Kaiser Family Foundation, 2024). The impact of these restrictions and bans falls heavily on people of color, members of the LGBTQIA+ community, and those living in rural areas.

II. Perception of Women's Health Since 2010

In the past decade and a half, policy on women's health has been completely deconstructed, challenged, and altered to reflect a polarized political landscape. As with any seemingly controversial topic, the public forms opinions based on their values and upbringing. The perception of women's health and women in general is reflective of a world that does not believe or take their concerns seriously. 1 in 5 women have felt that their healthcare professional has ignored or dismissed their health concerns, and these numbers are likely higher for women of color, transgender folks, and non-binary people (Paulsen, 2020).

The health inequities seen today are rooted in racism, going back to where many modern-day medical practices started. Dr. J. Marion Sims, formerly referred to as the "father of gynecology," was known to complete experimental operations on enslaved Black women without anesthesia, due to false beliefs that Black people did not feel pain as much as white people did (Dayo, Christy, Habte, 2022). These dangerous systems of racism have created a plethora of problems, and many of the issues that Black women face in their health journeys can be attributed to it.

With the issue of women's health not being taken seriously, comes restrictions on reproductive health. People have many reasons for not wanting people with uteruses to have access to birth control or abortions, the most popular being religious or personal beliefs. While much of the anti-choice ideologies frequently shared in legislation and online seems to overpower all else, polls reflect a different narrative. In 2010, 24% of Americans across the political spectrum believed that abortion should be legal under any circumstances. In 2023, this number increased to 34%. This number is only reflective of those who say it should be legal

under any circumstance, while 61% of Americans say abortion should overall be legal, both with and without exceptions (Pew Research Center, 2023).

Even with this knowledge, policy seems to be going the opposite way. To understand why this is happening, it is important to look at the way public perception and opinion impacts policy, and vice versa.

III. How Policy and Perception Intertwine

Public opinion and policy share a complex relationship, and many scholars will agree that their impact on each other differs situationally. On one hand, policymakers can listen to their constituents and be influenced to vote a certain way, therefore being swayed by public opinion. On the other hand, policymakers may vote or create policy solely based on their own values and ideologies. Unfortunately, there is a lack of current literature relating to these topics, so information shared regarding this topic is limited.

Besides public opinion, there are two groups that can alter policy: politicians and interest groups. Political leaders hold the power to communicate their policy perspectives and attitudes to the voting public. Acting as mediators, interest groups bridge the gap between their members and politicians, while also leveraging their influence to press lawmakers into addressing their unique concerns through legislation.

Public opinion has been shown to affect policy 75% of the time, and policy impacted by public opinion was of substantial importance at least 1/3 of the time (Burstein, 2003). The more salient an issue is to the public, the more likely it is to be addressed with a policy change. Policymakers will always have the freedom to form policy based on personal values and experiences, but public perception of these policies can impact how this happens.

IV. How Policy and Perception Intertwine in Terms of Women's Health

The demonization of women's health has profound implications, decreasing the likelihood of women seeking preventive procedures and examinations. This trend is worsened by the prioritization of reproductive healthcare and rights primarily for white cisgender women, while women of color and other marginalized individuals with uteruses often find themselves overlooked.

Legislative decision-making regarding women's health is frequently done by uninformed lawmakers, who may be swayed by the demands of their constituents. Systems of oppression are ingrained in policy surrounding women's health and uneducated public opinion continues to fuel it. Many who share their voice often have opinions that stem from a personal or religious place, making it difficult to differentiate opinions from facts.

Additionally, if a person's community and policymakers are largely in opposition of reproductive rights and access, it would be difficult to not feel pressured to follow suit. Again, this solidifies the long-lasting systems of oppression that continue to isolate marginalized communities and their access to healthcare.

Methodology

For the interview portion of this project, I decided to interview five experts in various areas that impact women's health: medical research, mental health, public policy, and sexual health education. Interviewees were found using word of mouth recommendations, as well as searching social media and the Internet. These five professionals were contacted in the early months of 2024 and interviews took place throughout March and April on Zoom. Questions were

adjusted for each interviewee based on their field, but most followed a similar format to the prompts below.

1. Please share a little about your professional experience and current roles.
2. How does women's health impact your current role?
3. Do you believe policy can sway public opinion, and vice versa?
4. How do race, ethnicity, sexuality, and class play a role in women being able to access reproductive health?
5. From your perspective and with your experience in policy, how do you see it impacting women's health today?

Interviews

I. Dr. Diana L. Gustafson

The first interview took place with Dr. Diana L. Gustafson. Dr. Gustafson is an Honorary Research Professor currently working at Memorial University in Newfoundland, Canada. She began her career as a bedside nurse before shifting to education and received her Master of Education degree and PhD in sociology and equity studies. Dr. Gustafson is also a published author and has recently completed her M.F.A. in creative writing. *Reproducing Women*, her 2012 published book, argues that women experience reproductive health as a part of their entire life story, rather than as standalone issues. The book analyzes interviews across three generations and 24 families, working to understand the complexity of social and cultural aspects in reproductive health.

“The essence of the story that we have in *Reproducing Women*, is that women's reproductivity goes beyond simply conceiving, being pregnant, delivering, and breastfeeding babies. And that's what we tend to think about when we think about reproductive health, but these women were saying no, we actually don't just reproduce ourselves as individuals, we are also reproducing community. So, we are reproducing community through how we tell stories about women's lives and women's health, and how we practice those things in our everyday lives.”

Dr. Gustafson first became interested in the inequities between men and women's medical practices when she noticed that women had a separate surgical ward for medical interventions regarding reproductive organs. She was able to take a class with Vivienne Walters, who was one of the first researchers to share that women's health should not be solely focused on their reproductive health. In a sample of 356 Canadian women, reproductive health did not make the top three health concerns that women have (Walters, 1993). With this information, Dr. Gustafson continued to research and began to understand the social implications and reasons for why women's health was presented in such a narrow way. At the beginning of her career, she – and likely many other women – felt frustrated that “change takes time.” Soon, she began learning that this is because issues of gender inequity in health “are grounded in systemic problems of oppression and the intersections of race, class and gender.”

“If you look at the continuum of what makes change, policy development is probably the most effective way of bringing about change. But when you ask people what do we need to do people often say ‘well, we just have to educate people.’ Well, that might be the simplest

way to go about doing it, but there's evidence that educating people doesn't necessarily change what they do or how they do it or what they believe.”

II. Anne Hofer

The second interviewee was Anne Hofer, founder and owner of HerStory Mental Health Services based in Omaha, Nebraska. Anne is a psychiatric nurse practitioner and works with pregnant and postpartum women on medication management. After struggling with mental health throughout pregnancy, she decided to research antidepressant use for pregnant women, where she discovered that anything that can be done to improve the mother's mental health is in benefit of the child as well. Anne shared that a mother's mental health “eclipses” everything else, and that if a mom is not well, the fetus inside of her cannot be either.

“I was under the belief that I had to sacrifice myself or my baby – so I did, and it was not good. That is actually more of my driving force than anything else, I don't ever want a mom to believe that it's either her or her child because they're not mutually exclusive, they can't be.”

Anne practices reproductive psychiatry, defined as “a subspecialty of general psychiatry that focuses on the unique mental health needs and treatment of people who have psychiatric symptoms related to reproductive cycle transitions” (John Hopkins Reproductive Mental Health Center, n.d.). While the term “women's mental health” covers the span of a woman's lifetime, reproductive psychiatry encapsulates the unique mental health challenges that people who can get pregnant face as their hormones shift. Anne believes that medication treating mental health

can be a helpful tool for pregnant women and hopes to squash any misconceptions that medication does more harm than good.

Anne saw and experienced the need for professionals that were equipped to work with pregnant people who are facing challenges with their mental health. Within her first three years of business, she has built a large client base, many of which return after their time postpartum.

“In general, women and their health are seen as histrionic or anxious. And that's tough to watch, from the perspective that I have because I know how real this is and it is terrible.”

The mental health of many of Anne's patients suffered with the fall of *Roe v. Wade* in 2022; they worried that they would no longer have access to their birth control and would not have access to abortion in an emergency situation. Following the *Dobbs* decision, one in five people receiving an abortion traveled across state lines to do so, compared to the one in ten people that traveled for an abortion in 2020 (Forouzan, Friedrich-Karnik, Maddow-Zimmet, 2023). Anne believes that being able to go to another state and afford to pay for travel expenses to receive an abortion is a privilege that not many American women have.

III. Dr. Erin Feichtinger

The next interview that took place was with policy expert Dr. Erin Feichtinger. Dr. Feichtinger currently works as Policy Director at the Women's Fund of Omaha and has a background in special education and history. After teaching about 18th century social movements in undergraduate history courses for her PhD in Chicago, she realized she wanted to be involved within the movements that were happening.

“There's tremendous change that can be made when folks start to do things like change public opinion. If nonprofits and service organizations and people who are actually working with the folks who are impacted start making those steps to use their voice to advocate for change, public opinion follows that.”

Dr. Feichtinger gave the example of the 2023 movie *Sound of Freedom* as a way that public opinion can negatively impact policy. *Sound of Freedom* follows “the incredible true story of a former government agent turned vigilante who embarks on a dangerous mission to rescue hundreds of children from traffickers” (IMDb, n.d.). After watching this movie, many people decided to share and push their ideas on how to solve human trafficking, but with very little education on the topic outside of the movie’s plot. This caused the proposal of several bills that did little to nothing to help victims in trafficking cases. For example, Senator Rita Sanders of Bellevue, Nebraska proposed a constitutional amendment that would give those convicted of trafficking a minimum sentence of life in prison. Dr. Feichtinger shares that to the general public, Senator Sanders’ bill sounds and looks appealing. However, bills such as this one undermine the years of work that advocates do to educate policymakers on the complexity of the issue, and that this amendment may impact victims who would be wrongfully imprisoned. This example of human trafficking can be applied to multiple issues and situations, especially those related to women’s health. It is easy for public opinion to be influenced by pieces of media around them, and policy sometimes follows suit.

With Dr. Feichtinger’s extensive experience in public policy, she is aware of the line between a policymaker forming an opinion from personal experience and one who forms one

solely from the opinion of their constituents. While it is important for representatives to listen to those they serve, many vote simply to keep their job. This becomes a problem for hot-button topics such as transgender and abortion rights when the public becomes very vocal on their thoughts.

“Senators get to make these decisions and then walk away from the destruction and harm and chaos that it causes. I don't think that's right.”

IV. Lisa Schulze

The fourth interview for this project was Lisa Schulze, a sexual health education expert. Lisa currently serves as Education and Training Director at the Women’s Fund of Omaha, where she has been for about nine years. Lisa has a master’s degree of education and human sexuality and had previously spent 16 years as a sex educator at Planned Parenthood. At the Women’s Fund of Omaha, Lisa works with healthcare providers and educators with best and emerging practices and cultural responsiveness. In addition to this, she also works with Access Granted, a sexual health access initiative of the Women’s Fund of Omaha, to provide free STI testing, treatment, and condom disbursement across Omaha. Lisa shared that Women’s Fund of Omaha also does considerable work in sexual violence prevention, economic security, and housing justice.

In Lisa’s work with sex education, she has been able to teach across a diversity of subjects: kindergartners, maximum security prisons, rehabilitation facilities, and retirement communities. In recent years, Nebraska has faced pushback from parents on what their children are learning in school, and most of their concern lies among sex ed and inclusive terms. Lisa

shared that most parents and educators want their children to have complete, honest, and inclusive information. However, the most prominent voices seem to be the ones with opposing opinions and spreading misinformation.

“We also work to mobilize folks to really change that public narrative and create a culture where we can normalize conversations around sexuality and sexual health, where people feel comfortable asking for help, where people know where to get information. And that is information that serves diverse identities and all of our students in an affirming way to create those affirming learning environments.”

Through Lisa’s extensive career, she has been able to understand and educate others on changes that must happen within our conversations. When she began working 25 years ago, the world’s understanding of white privilege, power, racism, sexism, and inequity was limited. Her career has required a lot of unlearning and relearning, in order to best serve the new generations and provide comprehensive education and training.

“It’s really clear that sexism, misogyny – all of those systems of oppression – exist strongly and are designed to be very sustainable. So I believe it's really important that we really center equity and access at autonomy in our work and that we could hopefully use that influence for the greater good to dismantle those systems of oppression.”

V. Dr. Jodi Benenson

The final interviewee was Dr. Jodi Benenson of UNO School of Public Administration. Unlike the others, this interview took place over email due to scheduling conflicts. Dr. Benenson serves as an Associate Professor at the University of Nebraska at Omaha, where she uses theories of public policy, nonprofit management, social equity, and civic engagement to inform her teaching. She holds multiple degrees relating to social and public policy and has substantial experience in the research and service aspects of public policy.

Dr. Benenson shared a theory used in policy studies called policy feedback, which argues that “new policies create new politics,” and while this occurs, “policies also remake politics” (Herring 1935; Skocpol 1992). An example of this theory in action is the COVID-19 pandemic. The Roosevelt Institute analyzed three policies enacted because of the pandemic: child tax credit, emergency rental assistance, and student loan relief. By examining the political and public impact of each policy, Michener found that democracy-enhancing policy feedback is more likely when these four elements are incorporated: (1) longer durations of policy benefits; (2) immediate benefit without lags; (3) centralized and streamlined policy delivery; and (4) minimal administrative burden (Michener, 2023). These key components can be applied to women’s health policy as well. However, much of the recent policies regarding women’s health has created restrictions to access of essential reproductive rights, meaning “benefits” to some may come as a drawback to others.

“The more we have seen women be represented in the policy process, the more representative policy and political decisions have been around women’s health issues. However, our democracy and therefore policy process is not always as representative as it should be in thinking about who is involved in the process.”

Conclusion

Policy will likely continue to be a complicated topic, especially when intertwined with women's health. The past decade has witnessed a significant evolution in the landscape of women's health policies and perceptions in the United States. Beginning with landmark reforms such as the Affordable Care Act, to more recent developments such as the erosion of reproductive rights through court rulings and state legislations, the future is likely to continue this pattern of unbalance.

The intertwining of policy and perception in shaping women's health outcomes has been evident throughout this period. Public opinion, influenced by personal beliefs, cultural norms, and media portrayals, has played a crucial role in shaping policy decisions, sometimes leading to restrictive measures that disproportionately impact marginalized communities. Policymakers have the authority to enact policies based on personal ideologies or in response to constituent demands, further influencing public perception through legislative action.

The stories and experiences shared by experts from various fields represent the multifaceted nature of women's health and the complex factors that influence it. From Dr. Gustafson's insights into the societal implications of reproductive health to Anne Hofer's advocacy for mental health support during pregnancy and postpartum, each perspective sheds light on different facets of the issue. Dr. Feichtinger's examination of the interplay between public opinion and policy highlights the need for informed decision-making and the potential dangers of reactionary measures driven by misinformation.

Much of research done throughout this project has created more questions on the topic, specifically relating to what the future looks like for women's health policy. Regardless of these unanswered questions, it is essential to continue amplifying marginalized voices, advocating for

evidence-based policies, and creating inclusive environments where conversations about women's health are normalized and destigmatized. Only through collective efforts can the United States strive towards a society where every individual, regardless of gender identity, race, ethnicity, or socioeconomic status, has the opportunity to thrive and access the healthcare they need and deserve.

References

Ahmed, O., Phadke, S., & Boesch, D. (2020, September 10). *Women Have Paid the Price for Trump's Regulatory Agenda*. Center for American Progress.

<https://www.americanprogress.org/article/women-paid-price-trumps-regulatory-agenda/>

Balch, B. (2024, March 26). *Why we know so little about women's health*. AAMC.

<https://www.aamc.org/news/why-we-know-so-little-about-women-s-health>

Bierer, B. E., Meloney, L. G., Ahmed, H. R., & White, S. A. (2022, March 7). Advancing the inclusion of underrepresented women in clinical research. *Cell Reports Medicine*,

3(4)(100553). 10.1016/j.xcrm.2022.100553

Burstein, P. (2003). The Impact of Public Opinion on Public Policy: A Review and an Agenda. *Political Research Quarterly*, 56(1), 29-40.

<https://doi.org/10.1177/106591290305600103>

Center for Medicare & Medicaid Services. (2023, January 30). *Press Releases Biden-Harris Administration Proposes New Rules to Expand Access to Birth Control Coverage Under the Affordable Care Act*. CMS. <https://www.cms.gov/newsroom/press-releases/biden-harris-administration-proposes-new-rules-expand-access-birth-control-coverage-under-affordable>

Dayo, E., Christy, K., & Habte, R. (2022, December 10). Health in colour: black women, racism, and maternal health. *Lancet regional health, Americas*, 17(100408).

<https://doi.org/10.1016/j.lana.2022.100408>

Forouzan, K., Friedrich-Karnik, A., & Maddow-Zimet, I. (2023, December 7). *The High Toll of US Abortion Bans: Nearly One in Five Patients Now Traveling Out of State for*

Abortion Care. Guttmacher Institute. <https://www.guttmacher.org/2023/12/high-toll-us-abortion-bans-nearly-one-five-patients-now-traveling-out-state-abortion-care>

Goldman, R. (2023, August 2). *Abortion Rights and Access One Year After Dobbs*.

League of Women Voters. <https://www.lwv.org/blog/abortion-rights-and-access-one-year-after-dobbs>

Herring, E. P. (1936). Politics, Pressures, and the Tariff. By E. E. Schattschneider. (New York: Prentice-Hall Inc.1935. Pp. xi, 301.). *American Political Science Review*, 30(2), 374–375. doi:10.2307/1947268

John Hopkins Medicine. (n.d.). *Johns Hopkins Reproductive Mental Health Center*.

Johns Hopkins Medicine. <https://www.hopkinsmedicine.org/psychiatry/specialty-areas/moods/clinic-rmh>

Kaiser Family Foundation. (2024). *Abortion in the United States Dashboard*. Abortion in the United States Dashboard. <https://www.kff.org/womens-health-policy/dashboard/abortion-in-the-u-s-dashboard/#key>

Michener, J., & Tama, M. (2023, October 19). *Policy Feedback in the Pandemic: Lessons from Three Key Policies - Roosevelt Institute*. The Roosevelt Institute.

<https://rooseveltinstitute.org/publications/policy-feedback-in-the-pandemic/>

National Institutes of Health. (n.d.). *NIH Policy on Sex as a Biological Variable*. ORWH.

<https://orwh.od.nih.gov/sex-gender/orwh-mission-area-sex-gender-in-research/nih-policy-on-sex-as-biological-variable>

Paulsen, E. (2020, January 14). *Recognizing, Addressing Unintended Gender Bias in Patient Care*. Duke Health Referring Physicians.

<https://physicians.dukehealth.org/articles/recognizing-addressing-unintended-gender-bias-patient-care>

Pew Research Center. (2022, May 6). *On Abortion, Few Americans Take an Absolutist View*. Pew Research Center. <https://www.pewresearch.org/religion/2022/05/06/americas-abortion-quandary/>

Rodríguez, J. C. (n.d.). *Sound of Freedom (2023)*. IMDb. <https://www.imdb.com/title/tt7599146/>

Skocpol, T. (1992). State Formation and Social Policy in the United States. *American Behavioral Scientist*, 35(4-5), 559-584. <https://doi.org/10.1177/000276429203500412>

Texas Heartbeat Act, S.B. 8, 87th Leg., Reg. Sess. §§ 171.201–171.212

Walters V. (1993). Stress, anxiety and depression: women's accounts of their health problems. *Social science & medicine (1982)*, 36(4), 393–402. [https://doi.org/10.1016/0277-9536\(93\)90401-o](https://doi.org/10.1016/0277-9536(93)90401-o)