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Lisa H Harris

University of Michigan | U-M · Department of Obstetrics and Gynecology, Department of Women's Studies

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and ahortion complications: stories from three continents

ent pregnancy contributes to high maternal mortality rates in Sub-1 Africa. We explored stigma surrounding adolescent sexual and ctive health (SRH) and its impact on young Ghanaian women's family 1 (FP) outcomes. We conducted in-depth, semi-structured interviews

| 2/3/2020 Lisa H Harris   MD, PhD   University of Michigan, Ann Arbor   U-M   Department of  | of Obstetrics and Gynecology, Department of Women's St |
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| associated with sexual and reproductive health stigma among ent girls in Ghana  |  |
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| Stidham Hall · ( ) Emmanuel S K Morhe · ( ) Abubakar Manu · [] ·<br>ssa K Dalton  |  |
| e: Using our previously developed and tested Adolescent Sexual and active Health (SRH) Stigma Scale, we investigated factors associated ceived SRH stigma among adolescent girls in Ghana. Methods: We on data from our survey study of 1,063 females 15-24yrs recruited mmunity- and clinic-based sites in two Ghanaia     |  |
| ion of Abortion Stigma in the Workforce: Development of the I Abortion Providers Stigma Scale   |  |
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| A Martin · Jane Hassinger · Meghan Seewald · Lisa H   |  |
| es: We report on the development of a scale measuring abortion s' experiences of stigma. Study design: Using previous measures, ve data, and expert review, we created a 49-item question pool. We tered questions to 315 abortion providers before participation in the s Share Workshop. We explored the factor s         |  |
| nships between motivations for doing abortion work, attitudes patients and reported treatment of patients: findings from East and Latin America   |  |
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| 7 han Seewald · LA Martin · Jane Hassinger · Lisa H Harris  |  |
| talk: Voices of abortion providers  |  |
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| A Martin · Jane Hassinger · Michelle Debbink · Lisa H Harris  |  |
| thers have described the difficulties of doing abortion work, including thosocial costs to individual providers. Some have discussed the self-hip providers engage in to protect themselves and the pro-choice ent. However, few have examined the costs of this self-censorship to iscourse and social movements in the US |  |
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sived Discrimination Associated With Contraceptive Method Use

nd wellbeing. We explored associations between stressful life events the time of unintended pregnancy and physical and mental health.

| 2/3/2020 L                                      | Lisa H Harris   MD, PhD   University of Michigan, Ann Arbor   U-M   Departme  | ent of Obstetrics and Gynecology, Department of Women's St |
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| e suggests wo iving with HIV, as are disproport | outh Africa, but over half of abortions remain unsafe there. Omen who are (Black) African, of lower socioeconomic or residents of Gauteng, KwaZulu-Natal, or Limpopo ortionately vulnerable to morbidity or mortality from ative attitudes toward a |  |
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| e suggests wo iving with HIV, as are disproport | outh Africa, but over half of abortions remain unsafe there. Omen who are (Black) African, of lower socioeconomic or residents of Gauteng, KwaZulu-Natal, or Limpopo ortionately vulnerable to morbidity or mortality from ative attitudes toward a |  |
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|   | Sources for Primary and Mental Health Care: roductive Health Providers  |  |
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| Stidham Hall                                    | · Lisa H Harris · Vanessa K. Dalton   |  |
| es of primary alysis of the W                   | women's preferences for reproductive health providers and mental health care. Methods: This is secondary /omen's Health Care Experiences and Preferences  |  |

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oment of a scale to measure adolescent sexual and reproductive

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Ding Patient-Centered Teams: The Role of Sharing Stories About and Patient Care

/a Kahn · Melli Stidham Hall · Vanessa Dalton · [...] · Lisa A

und: Reproductive autonomy refers to having control over one's own lesires. Religiosity and identification in a religious community may woman's ability to make decisions surrounding family planning. r, little is known about how religious values and identification in a community influence reproductive autono...

# ses to the threat of fake patients among U.S. abortion providers

#### ence Paper

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|  | of Obstetrics and Gynecology, Department of Women's St |
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| y Youatt · Lisa A Martin · Michelle Debbink · [] · Lisa H  |  |
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| nund: U.S. abortion clinics are targets of coordinated, anti-choice "sting" ns, in which fake patients attempt to expose improper patient ing. The effects of this threat on abortion providers are unknown. s: We analyzed data from an online survey of 311 abortion providers at tion care centers nationwide. We exami   |  |
| planning and reproductive autonomy among highly religious  |  |
| : a qualitative study  |  |
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| ahn · Elin Torell · M. Zochowski · [] · Lisa H Harris  |  |
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| ing reproductive autonomy among highly religious women using   |  |
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| uctive autonomy: adapting a scale to account for religious   |  |
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| ion of the abortion provider stigma scale  4 A Martin · Jane Hassinger · Lisa H Harris  ing Stigma Among Abortion Providers: Assessing the Abortion ir Stigma Survey Instrument  A Martin · Michelle Debbink · Jane Hassinger · [] · Lisa H  : We explored the psychometric properties of 15-survey questions that id abortion providers' perceptions of stigma and its impact on providers'   |  |
| ion of the abortion provider stigma scale  4 A Martin · Jane Hassinger · Lisa H Harris  ing Stigma Among Abortion Providers: Assessing the Abortion ir Stigma Survey Instrument  A Martin · Michelle Debbink · Jane Hassinger · [] · Lisa H  : We explored the psychometric properties of 15-survey questions that id abortion providers' perceptions of stigma and its impact on providers' onal and personal lives referred to as the Abortion Provider Stigma |  |

n providers, stigma, and professional quality of life

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| A Martin · Michelle Debbink · Jane Hassinger · [] · Lisa H  |
| es: The Providers Share Workshop (PSW) provides abortion providers ace to discuss their work experiences. Our objectives were to assess in abortion stigma over time and explore how stigma is related to of professional quality of life, including compassion satisfaction, and compassion fatigue for providers part |
| udy: Physician Self-Disclosure of Intrauterine Contraception Use red With Usual Contraceptive Counseling  |
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| R Zapata · Fatima Jibril · Melissa K Zochowski · [] · Lisa H  |
| y as one third of female health care providers use intrauterine   |
| eption, but only 7.7% of U.S. women overall do. This begs the   |
| n: Might physician self-disclosure of intrauterine contraception use  |
| intrauterine contraception uptake among patients? However, the (or negative) effect of physician self-disclosure on i   |
| (or negative) effect of physician sen-disclosure of i   |
| d regulation of abortion providers (TRAP) legislation: Missed   |
| inities for pro-choice communities to combat abortion stigma  |
| ence Paper  |
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| A Martin ⋅ Michelle Debbink ⋅ Lisa H Harris ⋅ [] ⋅ Meghan orkko   |
| e: Half of US states have enacted Targeted Regulation of Abortion   |
| 's (TRAP) laws. We examined the role abortion stigma played in the  |
| tion, debate, and passage of recent TRAP laws in Michigan (HB5711)  |
| inia (SB 924). Methods: We conducted qualitative analysis of bills as   |
| ed and ultimately passed; pro-choice and  |
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| n providers as stigmatizers: provider judgment and stereotyping nts seeking abortion  |
| The cooking abortion  |
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| onnington · Lisa A Martin · Jane Hassinger · [] · Lisa H  |
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| Illy like children very much": The false dichotomization of n provision and motherhood  |
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| and pregnant affect attitudes towards teen pregnancy among women? A randomized controlled trial  |
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| ance · Lisa H Harris · V. Dalton · D. Patel  |
| ring paradox"? Abortion care and nursing staff   |
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| han Eagen-Torkko · Lisa A Martin · Jane Hassinger · [] · Harris  |
| in's HB5711: a case study of the role of abortion provider stigma abortion legislation   |
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| 3 H Harris Lisa A Martin Emily Youatt [] Michelle  |
| t, stigma and team cohesion among abortion providers ating in the providers share workshop   |
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| 3 A Martin ⋅ Michelle Debbink ⋅ Emily Youatt ⋅ [] ⋅ Lisa H   |
| ties in Abortion Rates: A Public Health Approach   |
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| stine Dehlendorf · Lisa H Harris · Tracy A Weitz   |
| of lower socioeconomic status and women of color in the United ave higher rates of abortion than women of higher socioeconomic nd White women. Opponents of abortion use these statistics to argue rtion providers are exploiting women of color and low socioeconomic and thus, regulations are needed to protect women |
| men are dying from unsafe abortion: narratives of Ghanaian n providers   |
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| lyn M Payne · Michelle Debbink · Ellen A Steele · [] · Lisa  |

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a, despite the availability of safe, legally permissible abortion services, as of morbidity and mortality from unsafe abortion persist. Through vs with Ghanaian physicians on the front lines of abortion provision, we describe major barriers to widespread safe abortion. Their stories the life-threatening im...

#### n politics and the production of knowledge

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H Harris

imon to think of scientific research and the knowledge it generates as and value free. Indeed, the scientific method is designed to produce 'e" data. However, there are always values built into science, as is of science and technology have shown over and over. The relevant is not how to rid science of values...

#### izing Conscience in Abortion Provision

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H Harris

#### and Abortion Complications in the United States

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H Harris

i is highly stigmatized in the United States and elsewhere. As a result, omen who seek or undergo abortion keep their decision a secret. In gions of the world, stigma is a recognized contributor to maternal

#### s, Doctors, and Legislators

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H Harris

# oment of the abortion provider's stigma sale

## ence Paper

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A Martin · Michelle Debbink · Meghan Eagen-Torkko · [...] · Harris

tion: Abortion stigma is prolific in US society. Few studies have ated its impact on abortion providers. We designed a new measure of stigma to assess how abortion stigma is perceived and experienced

Lisa H Harris | MD, PhD | University of Michigan, Ann Arbor | U-M | Department of Obstetrics and Gynecology, Department of Women's St...

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| Pregnant: a content analysis of a reality television program about ned teen pregnancy  |
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| ance · S. Wallett · B. Lorber · Lisa H Harris  |
| ement of stigma in abortion provision: The abortion provider scale   |
| 2 A Martin $\cdot$ Michelle Debbink $\cdot$ Jane Hassinger $\cdot$ [] $\cdot$ Lisa H   |
| k sexual practices and contraception in college freshmen   |
| 2 apata · F. Jibril · M. Zochowski · [] · R. Parvataneni   |
| alk about work, can't talk about my relationship": sexual minority n providers cope with stigma and identity disclosure  |
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| y Youatt · Michelle Debbink · Lisa A Martin · [] · Lisa H  |
| g connections: assessing the impact of the providers share op on abortion workers' disclosure of their stigmatized identity  |
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| ician-Gynecologists' Objections to and Willingness to Help<br>s Obtain an Abortion   |
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| H Harris · Alexandra Cooper · Kenneth A Rasinski · [] · rapkin Lyerly  |
| ribe obstetrician-gynecologists' (ob-gyns') views and willingness to help seeking abortion in a variety of clinical scenarios. We conducted a survey of 1,800 U.S. ob-gyns. We presented seven scenarios in which sought abortions. For each, respondents indicated if they would help n |

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nting the challenge of unsafe second-trimester abortion

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| H Harris · Daniel Grossman   |
| abortion accounts for approximately 13% of maternal deaths de-roughly 47,000 deaths per year. Most deaths from unsafe abortion low-resource countries. Second-trimester abortion carries a higher risk dity and mortality compared with first-trimester abortion and, although the comprises the minority of abortion pr |
| cs of stigma in abortion work: Findings from a pilot study of the rs Share Workshop  |
| H Harris · Michelle Debbink · Lisa A Martin · Jane Hassinger   |
| or abortion providers are not well understood, nor are there published s of tools to assess or alleviate its burdens. We designed The s Share Workshop to address this gap. Providers Share is a sixworkshop in which abortion providers meet to disc  |
| f Life: A Cultural History of Human Embryos (review)   |
| H Harris  a United States in which abortion was not contested. Women  ed it easily, and public and private insurance paid for it. Women who  rtions, and doctors who performed them, were understood to be moral  bectable, not tainted. Elections, health care reform legislation, and                                  |
| n-Possible And Impossible: Stigma And The Narratives Of an Doctors Who Provide Abortions   |
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| Martin · Michelle Debbink · Jane Hassinger · Lisa H Harris   |
| tract for this document is available on CSA Illumina. To view the ;, click the Abstract button above the document title.   |
| ent of early pregnancy failure: Does induced abortion training atter practices?  |
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stol in early pregnancy failure (EPF) care. We surveyed 308

Lisa H Harris | MD, PhD | University of Michigan, Ann Arbor | U-M | Department of Obstetrics and Gynecology, Department of Women's St...

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torial discusses the findings of a study which focused on the question - patients race/ethnicity and socioeconomic status (SES) affect physician endations for intrauterine contraception (IUC)? The studys stratified iate analysis using standardized patient videos showed that patient 3 SES do shape physician IUC re...

poon (Papio anubis) as a novel model of Chlamydia trachomatis inflammatory disease for testing intrauterine contraception

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r knowledge, attitudes, and treatment preferences for early

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essa K Dalton  $\cdot$  Lisa H Harris  $\cdot$  Katherine J Gold  $\cdot$  [...]  $\cdot$  A endrick

ght to describe health care provider knowledge, attitudes, and nt preferences for early pregnancy failure (EPF). We surveyed 976 sian/gynecologists, midwives, and family medicine practitioners on their lige and attitudes toward treatment options for EPF, and barriers to 3 misoprostol and office uterine evacuations....

ered lens on abortion work: Female providers' perspectives and al impacts on abortion provision

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elle Debbink Lisa A Martin Jane Hassinger Lisa H Harris und/Significance: Immediately after Roe v. Wade, physicians involved on work were predominantly male. Today, most physician providers are Abortion providers do societal dirty work, a stigmatizing situation that

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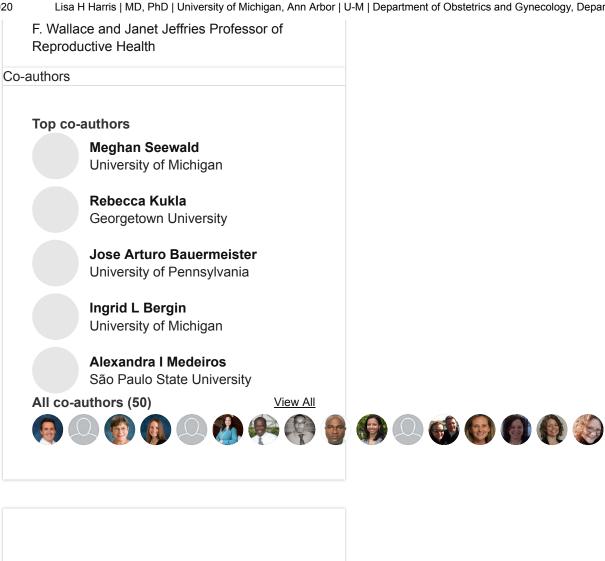
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