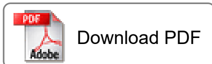

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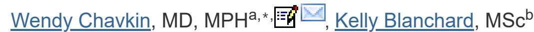

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Commentary

The Ellertson Fellowship: Advancing Reproductive Health Through Social Science and Public Health Research

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This supplement showcases and celebrates the work of an exciting group of social scientists and public health researchers who study abortion and reproductive health and rights. The authors were part of an innovative postdoctoral program, the Charlotte Ellertson Social Science Postdoctoral Fellowship in Abortion and Reproductive Health, designed to encourage social scientists to apply the full range of their methodological tools to better understand and inform policy on abortion and reproductive health. The Fellows bring varied disciplinary skills and perspectives and employ quantitative, qualitative, and policy-oriented approaches. Although their research shares the same overarching focus, the Fellows tackle diverse topics, confirming that these issues are widespread and manifest in different ways in different contexts. These varied manifestations all stem from the politically embattled position of abortion worldwide, which in turn derives from the persistent centrality of struggles over control over fertility and women's status. Although the ability to control fertility obviously profoundly affects individuals' opportunities, it simultaneously reflects and affects social views of gender and sexuality, population characteristics and policies, government obligations to the disenfranchised, and church–state relations. The Ellertson Fellows have chosen to study this terrain precisely because they appreciate its salience—despite its embattled nature. We are so glad that they have done so, because their attention to the social, political, and macro are critically needed complements to research that investigates clinical and biological aspects of these same issues. Because of the wide range of topics covered in this supplement, we have grouped them loosely into broad categories to highlight cross-cutting themes.

Two authors look at factors affecting decision making. Schalet argues on the macro level for paradigm change, and Kapadia focuses on individual decisions, and both anchor their analyses in social contexts. Schalet contrasts U.S. assumptions that adolescent sexual behavior is about irresponsibility, risk, and conflict with Dutch discourse that assumes teen sexual activity is normative and grounded in relationships. In doing so, she offers an empirical basis for an alternative policy vision to the U.S. abstinence model. Kapadia's investigation of the influence male partners have on the timing of abortion leads her to conclude that one cannot restrict the spotlight to the woman's concerns, but must simultaneously consider the social and relationship context within which she moves.

Of course, individual decisions can be frustrated by external obstacles. We are sadly familiar with barriers imposed by opponents of abortion and the disproportionate burden shouldered by those most in need. Roth clearly delineates the many barriers to abortion experienced by women incarcerated in the United States, a highly vulnerable and deprived population. In contrast, Becker and Bessett studied two of the "best case" scenarios: Mexico City, where abortion recently became legal and is available and free in the public sector, and Massachusetts, which pioneered universal health insurance coverage. Both authors find that barriers to access remain, but hope that these findings will have the intended impact of improving services in a range of contexts and stimulating policy change in other places. Kavanaugh uses her data to make recommendations about practical ways to integrate high-quality contraception services into abortion provision.

Some physicians create barriers by refusing to provide abortion or contraceptive care. De Zordo and Mishtal's work contrasts two countries where significant numbers of clinicians invoke religious belief as grounds for refusal to provide such care. In Poland, where abortion became highly restricted after having been legal and subsidized by the state for decades, a seemingly sizeable number of physicians complies with the restrictions and denial of care publicly, but clandestinely provides safe but costly abortions through a "white coat" underground. In Brazil, where access to abortion has long been greatly restricted, many women resort to self-induced abortions and many suffer serious complications, including death. The Brazilian physicians who have witnessed these tragedies seemed to be more conflicted about tensions between religious belief, women's rights, legal

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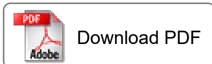

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