



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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options, and medical responsibilities than their Polish counterparts. Henderson shifts the focus to providers who have to negotiate complicated moral–legal situations. In Nepal, sex-selective abortion is illegal for reasons many of these providers support, yet they witness the immediate harsh consequences that women who deliver girl babies may endure. Henderson keeps her eye on the individual women and physicians, while suggesting remedies to tackle the underlying gender inequities at a systemic level. Jackson returns us to the United States and explores the potential for expanding the provider pool by allowing trained clinicians who are not physicians to perform abortions.

Several authors dig into methodologic and research design issues to inform further studies. They offer critiques of extant research, as Steinberg does regarding later abortions and mental health; they call attention to areas needing research and theoretical development, as Norris et al do, arguing that stigma is an under-researched and under-theorized domain; and they suggest how to incorporate the best of social science and political analysis into future investigations, as Price does, explaining that intersectional methodology affects the people and sources sampled and the questions posed, and Gipson et al do when they offer practical and concrete ways to implement culturally nuanced and sensitive research in varied countries.

Research in a contentious field highlights issues that affect all research—methodological rigor, sensitivity to political and social context, modesty about limitations. Research about these contentious topics—abortion, contraception, and reproductive health—underscores how important these issues are to how we understand women's health and rights and how different policies and service-delivery models affect women. Abortion and reproductive health and rights are embattled for a reason—and the reason is that they critically affect so many key aspects of life and society. Social scientists and public health scholars bring not only innovative methodological approaches, but also a keen awareness that these questions are inextricably social.

The richness and diversity of these articles confirm Charlotte Ellertson's vision when she established the Fellowship. Charlotte—whose career embodied many of the values and goals of the program—founded what was later named the Charlotte Ellertson Social Science Postdoctoral Fellowship in Abortion and Reproductive Health at Ibis Reproductive Health in 2003. Her own clinical and social science research on abortion, contraception, and HIV prevention technologies sought to increase access to products and services that would give women control of their reproductive health and lives. Charlotte used research techniques to generate data that would convince health care providers and policy makers to offer products and services that meet women's needs. She played a critical role in the approval of mifepristone for early medication abortion in the United States and was a key player in global efforts to improve provider knowledge and women's access to emergency contraception. Charlotte was passionate about women's health and rights and used her research training in creative ways to address challenging and controversial topics. Charlotte died of breast cancer in 2004. She is sorely missed, but her legacy lives on at Ibis Reproductive Health and in each of the Fellows as they become leaders in their fields.

Charlotte saw the Fellowship as an opportunity to recruit talented new researchers who are committed to women's reproductive health and rights and to provide them with the skills to be expert researchers and public spokespeople. The goals of the Fellowship have been to:

- Cultivate a cohort of promising social science researchers in abortion and reproductive health who can bridge the divide between research and policy and programs;
- Produce and publicize research that informs and defends policy improvement and program design in abortion and reproductive health; and
- Increase commitments and capacity of the host institutions to train and mentor new researchers and to conduct research that informs policy in abortion and reproductive health.

Social science researchers have a critical role to play in policy debates about abortion and reproductive health. Social science and public health can help us to understand how abortion, contraception, and other reproductive health decisions affect women's lives and what services best meet women's needs. They can also help us to evaluate the impact of policies and identify ways to improve them. As we have seen from work on abstinence-only sex education, social science research can be a powerful tool to understand which policies work and which fail, and can also help policy makers and the public to understand the risks and benefits of policy choices. The Ellertson Fellowship was designed to foster a community of scholars who will use rigorous social science methods to inform policy and public discussion about abortion and reproductive health.

In addition to conducting their own research, Fellows also participated in a clinical observation program that introduced them to clinicians working in the field and ensured that they saw first-hand how abortion services work. Each fellow has also spent a dedicated portion of her time working with advocacy groups to inform activists about research that might be useful to them, as well as to gain practical experience that can shape the Fellows' future research priorities. The Fellowship committed to supporting research that will inform policy and to supporting researchers who will play a role in advocacy and policy in the United States and globally.

The Fellows showcased in this volume come from diverse disciplines, with expertise in anthropology, political science, public health, psychology, and sociology. As you can see from this excellent series of papers, their research has addressed some of the most challenging and important issues of our time, and their diverse skills and backgrounds bring to bear a wealth of research tools and perspectives on neglected but critical issues for women's lives.

The Fellowship has aimed to legitimize and embed rigorous research on abortion and reproductive health in the social sciences. Ellertson Fellows have secured excellent positions at academic and nonprofit institutions. They continue to develop their own research and bring their skills and evidence to policy and public discourse on abortion and reproductive health. We are thrilled to present their work and look forward to all they will accomplish in the future.

We are grateful to many for their work during the Fellowship and in the production of this volume. Hats off to the Fellows who engaged in the research they share with us here and to the site directors and Ibis staff and advisors who supported and stimulated them along the way. We thank site directors Wendy Chavkin at Columbia University, Larry Finer at the Guttmacher Institute, Angel Foster at Ibis Reproductive Health, Cynthia Harper at UCSF, and Michelle Hindin at The Johns Hopkins University, as well as Sarah Jane Holcombe and Ulla Larsen who were fellowship directors at Ibis. We also are indebted to the

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Author Descriptions

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