

Public Issues

Exploring the Growing Body of “Reproductive Geographies”

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Engaging Public Issues

Introduction

Pregnancy brings with it the reality of abortion, a complex experience that can be accompanied by both relief and grief. Relief can signify the comfort of no longer being pregnant, or relief can signify aid. Grief can be felt as mourning a loss, or grief can mean harassment. The levels of relief and grief surrounding abortions vary by **discourse**, **spatiality**, and **mobility**: each experience a unique crossroads of politics, law, culture, and economics (Calkin et al., 2022, p. 1415). What is clear is that, regardless of the conditions of the crossroads, people will keep having abortions. Approximately 73 million induced abortions are recorded globally each year; an estimated 29% of all pregnancies (WHO, 2024). Nearly half of these are unsafe, resulting in serious consequences from mental health impacts to maternal mortality. In some countries/regions, abortions also carry with them the threat to condemnation and incarceration.

In the 20th century, abortion access and reproductive politics within predominantly European-, American-, and Christian-centric cultures were largely examined through medical, legal, and criminological lenses. Linda Gordon's 1976 work, *Woman's Body, Woman's Right*, marked a break from this tradition by addressing abortion in the context of gender equality, bodily autonomy, and personal agency. However, beyond Feminist studies, progress in integrating abortion as a focus across other academic fields has remained limited. More recently, geographers have highlighted the importance of including abortion within their discipline's growing interest in pregnancy and reproduction. This focus has gained traction, especially through studies on how pregnant women experience and navigate public spaces, with foundational work describing the body as "geography's closest in," a critical site for inquiry (Longhurst, 2000, cited by Calkin et al., 2022, p.1414). Since then, research in "reproductive geography" has expanded to explore uterine and placental geographies, the spatial dimensions of pregnancy, childbirth, parenting, and miscarriage. Yet, despite abortion's relevance as a reproductive experience, it remains largely overlooked as a core subject in this scholarship. Abortion tends to appear indirectly, often within legal and population geography or discussions on protest and citizenship politics, such as abortion clinic protests as case studies. The cultural shift that centred pregnancy and embodiment in geographic research has yet to fully integrate abortion, which is frequently treated as a peripheral topic rather than a primary focus in geographic studies of reproduction.

Taking this as a vantage point, this paper will discuss shift in **discourse** (the culture shaping abortion), **spatiality** (where abortion is, or is not accessible) and **mobility** (how accessible abortions are, or are not) of abortion in the last 25 years. I will be zooming into one case study, exploring it discursively to focus on the ways abortion is narrated and represented. A discursive approach

creates valuable analytical space, challenging the tendency to frame abortion solely as a private matter for women, shaping relevance as a public issue.

Where is Abortion, and Where is it Not?

The lack of focus on abortion in geographical studies, or its treatment as a background topic, is significant to study in its own right. The stigma (an aversion associated with a particular topic) and silence surrounding abortion has made studying abortion rare, despite the estimated 73 million abortions occurring globally each year (Calkin et al, 2022, p, 1415).

Studies on abortion stigma suggest the root of the stigma is related to disgust and fear, exploring the longstanding associations of abortion with imagery of blood, pain, harm, and death (Courtney & Cahill, 2013). The discomfort that these images provoke can amplify cultural fears and causes people to distance themselves or completely avoid the issue. While it is not indicated that feelings of disgust directly correlate with beliefs about abortion legality, they do predict negative political and ideological views on the issue, reinforcing discomfort and divisiveness (Ibid). This discomfort is introduced at an early age, when fear-based narratives about penis-in-vagina (PIV) sex and pregnancy are introduced at schools, at church, or at home (Sorhaindo & Lavelanet, 2022). Here, an unwanted pregnancy is portrayed as the worst-case-scenario outcome of PIV sex, with condom use and contraception emphasised as essential tools to prevent it. While I am not advocating for a casual approach to pregnancy risk, the intense fear surrounding pregnancy, felt disproportionately by women, becomes oppressive, especially considering that safe, effective abortion pills are now widely available (Endler et al., 2019). If abortion were understood as a normalised part of reproductive healthcare like other options of contraceptives, the pervasive fear of pregnancy might be replaced with greater reproductive confidence and less stigma as a result.

The scarcity of abortion-focused research within geography reinforces and perpetuates the broader societal stigma around it. Many geographers studying abortion encounter reactions like, “Oh god, abortion, how depressing!,” which reflects a long-standing view that the topic isn’t suitable for academic discourse (Calkin et al, 2022, p, 1415). The label that abortions, sex, and sexuality are private matters is an attitude which is likely to influence academic thought as well. Furthermore, the exclusion of abortion from geographic research is problematic due to abortion’s controversial nature as a political issue which is debated and regulated differently across the world. Geography scholars focusing on health and medicine illustrate how social and spatial inequalities impact health outcomes, and how health outcomes, in turn, reflect these inequalities. Excluding abortion from this research overlooks the critical role that inequalities in reproductive healthcare play, particularly for marginalised communities along racial, gender, and ability lines. As both an

essential healthcare procedure and a frequently criminalised act, abortion offers a valuable lens for examining the political forces shaping bodily autonomy.

Using the framework used in *The geography of abortion: Discourse, spatiality and mobility* by Calkin et al. (2022) to address this oversight, this paper examines Women on Waves (WoW), a Dutch non-profit organisation that has creatively navigated restrictive abortion laws. WoW's work highlights how discourse, spatial strategies, and mobility can reshape access to reproductive health services and challenge regulatory boundaries. Through this case study, I will explore how innovative uses of space and movement open up new possibilities for reproductive autonomy, pushing back against the cultural and legal restrictions that limit access to safe abortion.

Women on Waves

While working with Greenpeace in the 1990s, Dutch doctor, Rebecca Gomperts, encountered the severe limitations to reproductive healthcare. While on a ship in Latin America, she witnessed the extreme conditions faced by women seeking abortions in countries where the procedure was illegal. Many women in these situations were left with unsafe options, which led to high rates of injury and death due to complications from botched procedures. Deeply disturbed by this reality, Dr. Gomperts began to envision a way to circumvent restrictive laws and safely support reproductive healthcare. Inspired by the murky laws of "international waters" (areas that lie beyond the jurisdiction of any single country and thus are governed by the laws of the ship's country of origin), Dr. Gomperts created a "floating clinic" on a Dutch ship. Since The Netherlands had liberal abortion laws, procedures performed aboard the ship would technically be legal under Dutch law once it was in international waters.

Sailing Around Restriction

WoW completed their first campaign in 2001, using a ship equipped with a mobile clinic to sail close to the shore of Ireland where abortion was entirely banned. The organisation partnered with local feminist organisations to raise awareness about their arrival and set up meeting points from which they could board the ship and sail to international waters. Here, the onboard doctors could legally administer medication abortion. Medication abortion, also known as the abortion pill, combines mifepristone and misoprostol. It is a safe abortion method with 99% efficacy rate to terminate a first trimester pregnancy and is able to be taken at home without surgical intervention (Planned Parenthood, 2024).

Successes for Women on Waves

The first campaigns by WoW were successful, allowing pregnant women from places with restrictive abortion laws to have a legal abortion on the WoW boat. Predictably, WoW encountered

political pushback and cultural resistance upon arrival in the ports of the countries, triggering intense public outcry and scrutiny from the media. This intensified the conversation on reproductive rights in the countries where WoW docked, leading to protests from both pro- and anti-choice groups. In 2004, the Portuguese government went so far as to attempt a legal blockade to prevent the ship from docking, citing health and legal concerns (Women on Waves, 2012). However, WoW ultimately won the court battle against the Portuguese government, bringing greater visibility and, in turn, support to the cause. This was mirrored in Morocco, where government authorities blocked the ship, underscoring the tenacity of conservative resistance to reproductive freedom (Women on Waves, 2012).

Despite logistical and political hurdles, WoW has consistently managed to increase global action against the dangers of unsafe abortion. Beyond the direct abortion care provided, each campaign drew international media attention by challenging restrictive abortion policies and illustrating the lengths to which women, and those defending their right to choose, are forced to go. WoW has, in doing so, catalysed a shift in discourse, spatiality, and mobility in each country it has visited which, in cases such as Ireland, has built momentum toward legislative change (Women on Web, 2020).

Headwind for Women on Waves

Not all of the WoW boat missions were as successful. When Gomperts announced to local Feminist organisations in early 2004 of the plan to come to Argentina, it caused an uproar of newspaper headlines where Rebecca Gomperts was framed as inciting women to commit crime (Women on Waves, 2021). Abortion is forbidden and punishable by imprisonment in Argentina, except when the pregnancy is caused by a rape or when the mother's life is at risk. In these cases, a federal judge still has to give permission for the abortion. However, the extreme delays caused by the court system makes abortion, even in these rare cases, near impossible. Due to long waiting times, the pregnancy has often developed too far along by the time the judge makes this decision. Indeed, the 12-week gestation limit to use medication abortion creates an added barrier to accessibility. The pushback to WoW continued months later when Gomperts visited Argentina in December 2004 to speak at a conference hosted by the political party, Self-determination & Freedom (Ibid). Here, anti-abortion extremists came together to disrupt the conference while pushing and beating pro-choice activists, a materialisation of the news headlines from months prior. The police intervened which led to the cancelation of the conference. Here, a small group of anti-abortion protesters prevented the right to free expression and undermined the democratic debate about the consequences of illegal abortion in Argentina.

The urgency for Gomperts to work in Argentina was underscored by the local abortion statistics. In 2004, 400,000 illegal and unsafe abortions occurred per year in Argentina and 79,000 women were hospitalised for abortion-related complications, with 16,000 suffering permanent harm to the body (Women on Waves, 2021). What Gomperts stresses in her press reports is that this crisis disproportionately affects poor women who lack the resources for safer alternatives that wealthier women can afford, like private medical care or travel for legal abortions. The black market is often their only option to access abortion pills, where they face exorbitant prices, fake or expired pills, and no guidance. In a country where over half the population lives below the poverty line, this was, and still is, a dire injustice. Gomperts was not prepared to give up.

New Mobility: The Abortion Hotline

Inspired by successful initiatives in other countries, an abortion hotline was launched in Argentina in mid-2009. The hotline provided vital information on safely taking abortion pills, empowering women to make informed decisions about their bodies. The hotline's motto, "Abortion: more information, fewer risks," underscores the critical role of knowledge in reducing health risks and challenging restrictive abortion laws.

The hotline's launch turned public spaces into platforms for advocacy. It started as a press conference and ended in a street parade in support of safe abortion, drawing numerous feminist groups together with signs reading "The Right to Decide About Our Bodies," and "Abortion is Your Decision. Information at 15-66-64-78-70." Together, a crowd of at least 200 supporters marched toward the congressional plaza, with banners, drums, and a truck equipped with a sound system. This spatial presence extended to public visibility strategies; hotline-numbered stickers were plastered on walls, and activists sprayed stencilled graffiti to ensure that information reached marginalised communities across Argentina, transforming urban spaces into networks of support. Due to the media uproar about Gomperts and her efforts in 2004, photos of the hotline launch were circulated quickly by the media. The hotline embodies mobility both in its direct line to trusted information and in how it reaches people beyond popular cities, bridging geographic divides with calls pouring in from all over Argentina. The hotline's continued relevance globally shows how movement adapts to local contexts; operating at late hours or offering online chat functions, like Indonesia's Yahoo Messenger option, Malaysia's e-mail options, or Chile's Facebook messenger option, ensuring accessibility for those with various work schedules or resources.

Hotlines are a trusted way for many people seeking help to remain anonymous while receiving accurate help. However, anti-abortion misinformation disrupt this mobility. Fake hotline numbers circulate, especially in restrictive environments, exploiting fear to deter women from

seeking help which illustrates how discourse and spatial strategies resist efforts to mislead individuals. WoW and similar organisations now list verified numbers online to counter misinformation, and expose the fake numbers that they are able to find, this is only useful if you know about this list. Fear mongering is significant in the creation of anti-abortion narratives, and it happens all over the world.

New Mobility: Drones

In effort to increase visibility for cases such as these, WoW introduced yet another way to navigate restrictive abortion law by using unmanned aerial vehicles, known as drones, that can be remotely controlled. WoW controlled the drone from the German border, sending the abortion pills over the Shubice river to deliver the abortion pills to women on the receiving end. This way, the pills could be transported to Poland without the materiality of a person crossing the border, inviting an arrest for smuggling non registered medicines and mitigating liability. As the drone crossed the border, the German police intervened, though the drone pilot was able to safely land the drone in Poland on time. Two Polish women swallowed the pills while the German police confiscated the drone controllers for violating the Medicine Act. After an extensive investigation, charges were dropped in May, 2016. The use of the unmanned vehicle, in Poland and in Northern Ireland one year later, extends solidarity with people who face prosecutions for making a decision for their life that is right for them at that time.

New Mobility: Women on Web

While sailing ships, setting up hotlines, and flying drones show applications of modern technologies at the intersection of reproductive health, it was clear that the demand for safe, accessible abortion was far greater than the supply than these forms of care provision could provide. Overcoming these logistical demands, Dr. Gomperts founded Women on Web in 2005 which established an effective way to transcend national borders and reach the most restricted settings with a safe abortion postal service.

Through Women on Web's website, www.womenonweb.org, anyone can directly fill out a consultation form to order abortion pills, with a waiting time of maximum 48 hours to get confirmation. The website has an extensive Q&A section, covering all the know-how about abortion pills, abortion for Trans people, abortion complications, and so on. It allows pregnant people to have agency over their body, undetermined by waiting lists, the glare of a judgemental doctor, the harassment of anti-choice groups, the (sometimes impossible) journey to and from an abortion clinic, the obligation of agreement of the spouse or partner, or the risk of incarceration. WoW provides 24/7 care, albeit virtually, to make sure all the questions can be answered and advice can

be given throughout the procedure. WoW has also introduced ‘future provision’ abortion pills in 2022, meaning pills can be ordered in advance: “Advance provision of abortion pills is about being prepared and creating a safeguard against legal restrictions, unnecessary medical requirements, and other financial and logistical access barriers” (Women on Web, 2022).

To date, Women on Web has provided over 116,000 people with abortion pills and offers services in over 25 languages. Their support provides crucial care to those who might otherwise lack safe abortion options, with a sliding scale payment (meaning Women on Web provides pills even when someone can’t pay for them), advancing reproductive freedom across borders and filling gaps where abortion access is restricted.

Online Access & Attacks

This online model proved especially critical during the COVID-19 pandemic, when in-person consultations were limited. In response, 13 European countries temporarily allowed at-home medical abortion up to 9 weeks gestation using mifepristone and misoprostol; 8 countries extended the gestational limit to 11 weeks and 6 days; and 6 countries introduced telemedicine abortion services without requiring in-person visits (Moreau et al., 2020, p.5). In France and the United Kingdom, telemedicine abortion services have continued even after the pandemic restrictions lifted.

In other cases, online abortion access through telemedicine served as a threat to the existing national abortion restriction. For example, the Spanish government blocked WoW’s website in 2020. In response, Women on Web and Women’s Link Worldwide filed a lawsuit against the Spanish Supreme Court. Although Women on Web won the case in 2021, the website remains blocked in Spain.

Fake Websites

In addition to censoring WoW by blocking access to its official website, anti-abortion groups create fake websites designed to look like Women on Web’s domains. Examples include sites like www.thaiwomenonweb.org and www.womenonweb.pl. These sites are set up to deceive users, often selling fake pills or taking payments for pills that are never delivered. Women on Web actively monitors for these scams and works to protect users from being misled. The fake Polish websites have been a specific threat in the struggle for reproductive freedom.

Offline Harassment

In Poland, attacks to reproductive freedom extend beyond online censorship. In 2023, a Polish LGBTQ+ and pro-choice activist sought a self-managed abortion, ordering abortion pills online. Like many Polish women, she pursued this option discreetly, assured of her rights. However, two weeks after taking the pills, she faced a shocking betrayal: her psychologist, whom she had

trusted for support, reported her to the authorities. Two weeks later there was a violent pounding on her front door accompanied by police shouts. They confiscated her laptop, forcibly removed her from her home, and took her to two hospitals where she was subjected to invasive and degrading examinations without explanation. The authorities never explained what “crime” she had committed, leaving her in a state of fear and disbelief. Outraged by her treatment, she went public with her story, revealing how her rights had been trampled. The response was explosive, fuelled by fear-mongering and conspiracies. Media, politicians, and the public dissected her life, circulating intimate photos from her work as a performance artist to paint her as deviant and mentally unstable. State media ran segments demonising her as "Pani Joanna from Kraków," a mysterious, unstable woman. This label took on a life of its own, a fabricated persona onto which people projected their views.

Rather than shy away, she transformed "Pani Joanna" into a powerful figure in her art. Through a photography series, she invited people to complete the title “Pani Joanna from Kraków...” to confront their biases and prejudices. For some, Pani Joanna represented courage; for others, madness or evil. This forced public discourse about abortion laws in Poland, a topic often buried in stigma. Her case spotlighted the dangers that Polish women face under restrictive laws and the politicisation of reproductive rights. She faced profound hostility, and her story became a rallying cry for many, reminding Polish women of their rights amid a climate of fear.

Officially, only 744 abortions are reported annually in Poland, a country with a population of 38 million people. Estimates suggest at least 48,000 underground abortions occur each year, likely much higher due to limited sexual education and access to contraception. Some estimates suggest as many as 240,000 abortions are performed each year (44 per 1,000 women of childbearing age). There is a critical need for unbiased sexual education, accessible contraception, and the right to sterilisation—currently also banned. For WoW and Women on Web, Poland remains a high-priority country (World Abortion Policies 2013). To mention a recent victory, Women on Web partnered with activists in Poland on International Women’s Day 2024 to speak with the Polish Deputy Minister of Culture and National Heritage, the Minister of Education, and Minister of Equality about the importance of abortion in Poland.

Platform Censorship

During my work at Women on Web from 2019 to 2024, I observed firsthand the substantial obstacles that the organisation faced in online outreach due to platform censorship. This included the blocking of Women on Web’s Instagram and Facebook pages, both owned by Meta, key channels for people seeking abortion services online. "Platform censorship" on social media occurs

when posts are flagged or restricted for alleged “violations of community standards” or “promotion of hate speech or misinformation” (Cobbe, 2020). Meta’s Transparency Center states that these standards aim to “ensure everyone’s voice is valued” and to amplify “marginalised” perspectives (Meta Transparency Center, 2022). Despite these objectives, enforcement often stifles voices that confront dominant structures, like content related to abortion services.

Meta’s Content Moderation Process.

Meta’s content moderation team set the filters that algorithms use to sort and rank content on platforms like Facebook and Instagram. These algorithms assess, score, and display content based on its perceived appeal to users (Cobbe, 2020). When content is flagged for breaching community standards, it can be removed, and the page posting it may face temporary restrictions (The Digital Rights Issue, 2022). In effect, Meta’s power lies in the rules that govern these algorithms.

Censorship on Meta Platforms.

Women on Web encountered frequent censorship on Meta platforms, often with little to no explanation. For example, a Women on Web ad promoting safe abortion pills was removed for “violating community standards,” with no further clarification. This opaque moderation disproportionately affects female reproductive health topics, as research indicates that while men’s health ads (like those for Viagra) often go unchallenged, women’s health ads, especially those about abortion, face heightened scrutiny (Safronova, 2022; Walker et al., 2023). Such inconsistencies highlight a gendered disparity in Meta’s content moderation, reflecting a societal bias that tends to sexualise and police women’s bodies while associating men’s health with power and endurance (Preciado, 2013, p. 171).

Ad Replacement and Promotion of Anti-Choice Content.

When Women on Web ads are restricted, Meta frequently substitutes them with advertisements from higher-paying sponsors. The Center for Countering Digital Hate (CCDH) found that some of these substitute ads promoted “abortion pill reversal” (APR), an unapproved and potentially dangerous procedure claiming to counteract abortion pills by using high doses of progesterone. Unlike mifepristone, an FDA-approved medication abortion drug listed as essential by the WHO, APR lacks FDA approval and carries health risks (CCDH, 2021). Despite being classified as misinformation, APR was promoted on Facebook 92 times in 2020, reaching young users (aged 13-17) over 700,000 times, a clear violation of Meta’s policy against unsuitable content for minors (CCDH, 2021).

Meta’s selective censorship appears motivated by financial gain, prioritising ad revenue over public health and access to credible information. While Women on Web’s ads are restricted, Meta

continues to allow APR advertisements, reflecting an inconsistency in its community standards. This practice undermines the platform’s stated commitment to inclusive dialogue and safe, informed health choices.

Ultimately, accurate health information is crucial for individuals making reproductive choices. Meta’s current content moderation restricts access to such information, particularly affecting users seeking safe abortion resources. This selective censorship not only hinders informed reproductive decisions but also disproportionately targets pro-choice groups like Women on Web, emphasising the need for more transparent, equitable content policies.

Digital Strategies Against Censorship.

In response to platform censorship, Women on Web has employed strategies to continue sharing accurate abortion information. This includes creating “sibling accounts” with similar names to persist in delivering safe abortion information to those in need (Hellerstein, 2023). Additionally, they raise awareness about this hidden form of information control by promoting hashtags like #DigitalRightsAreHumanRights and #StopAbortionInfoSuppression. By encouraging followers to share content and tag tech companies like “@Instagram, @META, @TikTok, @YouTube, @Google,” WoW demands transparency and accountability from major platforms (The Digital Rights Issue, 2022). Hashtags, as York describes, serve as digital protests, uniting users under a common cause—similar to the way #BlackLivesMatter became a symbol of collective anger and grief over racial violence in the U.S. (2021, p. 37-38). WoW has also compiled a list of “Demands for Big Tech” advocating for updates to Google’s health content screening criteria, revised ad policies to fairly represent reproductive health information, accountability for misinformation around abortion care, and greater clarity on content moderation practices (Women on Web | @abortionpil, 2022).

Reflection

This paper has explored how WoW has navigated restrictive abortion laws through innovative methods such as providing medical abortion by boat, drone, hotlines, and online, and what forms of resistance were applied to these methods. These approaches demonstrate how discourse, spatiality, and mobility play critical roles in reshaping reproductive health access and challenging legal and cultural boundaries that seek to restrict it. Gomperts’ work serves as a compelling case study, showing how space and movement have enabled new possibilities for reproductive autonomy while directly confronting restrictive policies with the powerful message: that borders, both physical and ideological, are limited in their ability to control women’s bodies. Gomperts is “build[ing] an unstoppable movement of women and young people until women have

the right to control their own bodies,” a global push for reproductive justice that is resilient and tenacious.

Sara Ahmed’s insight that “resolutions can be problems given new form” offers a meaningful lens through which to reflect on this case. Ahmed uses this concept in the sense that resolutions, like a diversity team at a university, are problems of racism in a new form which merely patch up the leaking system rather than tackling why, how, and where the system is leaking (Feminist Killjoys, 2019). The work done by Women on Waves and Women on Web does not provide a resolution, but they show that the issues at stake can be given a new, temporary form. Sending abortion pills by ship, by drone, or by mail do not solve or answer the issue, but they plaster up the many, many leaks of the oppressive reproductive system. The impact of the plasters, however, are shaping new resolutions. The work is fundamentally challenging the framework of reproductive health access by subverting legal and cultural constraints, providing an example of how far people have to go to access an essential medicine. Rather than merely responding with benevolence, Gomperts and her teams have maintained a consistent, determined stance over the last 25 years, breaking taboos around abortion and creating avenues for public reflection on the global need for safe, accessible abortion services.

Current research by Dr. Gomperts does show resolution as a problem in a new form, where the research invests in using mifepristone as a potential weekly contraceptive method. This could revolutionise fertility management by offering a non-hormonal alternative to traditional birth control. This innovative approach, if successful, could redefine contraception, blurring the lines between birth control and abortion and challenging long-standing cultural distinctions.

Conclusion: The role of geography in abortion access

The oversight of abortion as a topic in geography reflects both societal taboos and a critical gap in academic research, one that limits understanding of how reproductive rights intersect with space, policy, and cultural narratives. Despite abortion’s significant impact worldwide, the scarcity of geographical research on the topic hints at an avoidance that perpetuates stigma and fails to address this vital intersection of health, legality, mobility, and autonomy. Geography, with its focus on space and place, is uniquely positioned to explore these intersections and could contribute greatly to a nuanced understanding of abortion’s role within social and spatial contexts.

WoW’s mission arose from the need to address unsafe abortion practices in restrictive countries, offering a creative, boundary-defying model for safe abortion access. Through their floating clinic, telemedicine consultations, and ongoing contraceptive research, WoW provides tangible care to people worldwide, helping them reclaim control over their reproductive health in

the face of oppressive laws. The organisation's impact goes beyond immediate care, sparking global conversations that influence social and legal change, as seen in Ireland and other countries.

Ultimately, WoW's work underscores adaptability in the face of challenges and exemplifies a model of resilience within reproductive rights activism. WoW's advocacy for safe abortion access serves as a reminder and as a demand that reproductive freedom is inseparable from health, autonomy, and humanity itself. By working to destigmatise abortion and offering safe, innovative contraceptive options, WoW addresses an immediate need and reimagines the future of reproductive health.

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