The Reality of Reproductive Justice: Analysing the Articulation of Reproductive Justice in Pro-Choice Activism, Using Planned Parenthood as a Case Study

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"I declare that this research was approved by the SPAIS Ethics Working Group."

Abstract

This dissertation examines how reproductive justice is articulated within contemporary pro-choice activism through a qualitative discourse analysis of Planned Parenthood communications in Florida. Situating the study in the aftermath of major legal changes to abortion access in the state, it explores how a prominent sexual and reproductive health service provider responds to restriction through public-facing discourse. Drawing on Black feminist reproductive justice theory, particularly SisterSong's distinction between reproductive rights, reproductive freedom, and reproductive justice, the dissertation uses this framework to assess whether Planned Parenthood's discourse moves beyond liberal feminist ideals of privacy, autonomy and individual choice. Using a dataset of press releases, website materials and legal case documents, the dissertation explores how Planned Parenthood constructs reproductive freedom through the language of bodily autonomy, privacy, medical authority and emotional testimony. The data reveals that these discourses present abortion restrictions not simply as legal barriers, but as forms of coercion, harm and illegitimate political interference in reproductive life. The dissertation argues that Planned Parenthood articulates reproductive justice primarily through a liberal feminist discourse of autonomy, privacy and personal decision-making. This discourse is given force through appeals to clinical expertise and emotional testimony that further shows the lived suffering produced by legal restriction.

By bringing discourse analysis into conversation with feminist reproductive justice scholarship, this dissertation shows that there is an important tension between justice and its operationalisation in organisational activism. Although Planned Parenthood adopts elements of a broader justice framework, its discourse does not fully realise the structural and intersectional vision developed by SisterSong. The dissertation, therefore, contributes to scholarship on abortion politics, feminist activism and reproductive justice by showing that contemporary pro-choice organisations may invoke reproductive justice while remaining constrained by more mainstream liberal frameworks.

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1. Introduction

Abortion in the United States has become one of the most contested sites of contemporary political debate (Ginsburg, 1989; Wesley, 2013). In the wake of the post-Dobbs period, states have been left to decide on their own abortion legislation ('Dobbs v. Jackson Women's Health Organisation', 2021), and abortion access has become increasingly difficult and confusing within a fragmented landscape. This is especially relevant in Florida, where state legislatures have passed extreme abortion restrictions (Guttmacher Institute, 2022; Kirstein et al., 2022; Berg and Woods, 2023). Consequently, activist organisations must justify and defend abortion access in environments that are often hostile and marked by legal rollback, conservative moral rhetoric and widening inequalities in healthcare access. Therefore, how reproductive justice is articulated is imperative because it could make the difference between whether those seeking abortions are treated with sympathy or suspicion.

This dissertation examines how reproductive justice is articulated within contemporary pro-choice activism through a case study of Planned Parenthood communications in Florida. In April 2024, the Florida Supreme Court ruled that the state constitution's privacy clause no longer protected the right to an abortion ('Planned Parenthood of Southwest and Central Florida et al. v. State of Florida et al.,' 2024). This legal change did not simply alter access to abortion. It also changed the discursive conditions in which Planned Parenthood works. This makes their communications that followed this change especially relevant. Moreover, as one of the most visible reproductive health and abortion-rights organisations in the United States, Planned Parenthood is both a healthcare provider and a public-facing political actor (Laguens, 2013; Planned Parenthood Federation of America, 2026). Its press releases, website materials and campaign messaging therefore offer a valuable way of examining how reproductive justice is translated into organisational discourse under conditions of increasing restriction.

The central research question is: how is reproductive justice articulated within pro-choice activism? This question is addressed through a qualitative discourse analysis (Fairclough, 1992) of Planned Parenthood Florida's public communications from 2022 onward. The concept of reproductive justice is central to this case study because it offers a broader framework than privacy, rights or individual choice alone. Emerging from Black feminist activism, reproductive justice insists that reproductive freedom cannot be understood apart from race, class, healthcare access, state power and the unequal social conditions that structure people's reproductive lives (Ross, 2006). It therefore provides a useful lens for asking whether contemporary pro-choice discourse moves beyond liberal rights-based feminism or remains largely organised by it.

This dissertation argues that Planned Parenthood articulates reproductive justice primarily through a liberal feminist discourse, most consistent with values such as bodily autonomy, privacy, and individual rights and freedoms. This dominant liberal feminist value framing is reinforced by appeals to medical expertise, emotional narratives of lived harm, and moral rebuttals to anti-abortion claims of protection. Planned Parenthood does at times acknowledge broader structural inequalities, particularly in relation to poverty, racialised health disparities and barriers to healthcare access, but these moments remain secondary to the dominant grammar of autonomy, healthcare and non-interference. Planned Parenthood therefore invokes reproductive freedom in ways that are politically effective and strategically

legible but does not fully realise the more structural and intersectional vision associated with Black feminist reproductive justice theory.

The dissertation does two main things. First, it pushes the study of abortion politics beyond legal rulings to the discursive practices through which abortion is publicly articulated, interpreted and contested. Rather than treating activist communications as secondary to law or policy, it analyses them as politically significant texts through which meanings of justice, care, harm and legitimacy are constructed. Second, it contributes to debates within feminist theory by examining the relationship between reproductive justice as a radical framework and its translation into the discourse of a major mainstream advocacy organisation.

Having defined the dissertation's contribution, the next section reviews literature on the construction of abortion in the United States, reproductive justice as theory, and scholarship on feminist activism and counter-discourse. The second outlines the methodological approach, justifies the use of qualitative discourse analysis, and explains the selection and analysis of the dataset. The third presents the findings, examining in turn the discourses of autonomy, medical expertise, emotional testimony and moral reframing that recur across Planned Parenthood's communications. It finishes with a serious consideration of Planned Parenthood's engagement with structural inequality. The final section draws these findings together and considers what they reveal about the relationship between reproductive justice as theory and its articulation within mainstream pro-choice organisational discourse. In doing so, it explores the tension between reproductive justice as a structural critique and its articulation within contemporary pro-choice activism.

At a time when abortion in the United States is being pushed ever more forcefully into the hands of hostile state-level governments and intensified ideological division, the analysis of activist discourse assumes particular significance. How abortion gets articulated matters because language shapes thought (Fairclough, 1992; Gee, 2014). It affects what people come to recognise as meaningful or true. This could be what arguments feel credible, or whose lived realities are made visible. By investigating Planned Parenthood of Florida's representation of reproductive justice, this dissertation considers both what contemporary pro-choice activism can make possible and what limitations there are to the ability of contemporary pro-choice activism to make abortion politically speakable within a hostile climate.

2. Literature Review

2.1. The Cultural, Religious and Legal Construction of Abortion in the U.S.

Abortion in the United States has never existed solely as a medical issue or private matter (Ginsburg, 1989; Vecera, 2014). Its meaning has been produced through legal doctrine, religious belief and cultural interpretation, all of which influence how abortion is understood, debated and regulated. For that reason, understandings of abortion are embedded within wider moral frameworks that organise public ideas about pregnancy, motherhood, sexuality and responsibility. This literature is important for understanding Planned Parenthood of Florida because it contextualises Florida's abortion politics within the larger cultural landscape that pro-choice organisations operate within.

Ginsburg's (1989) ethnographic study of abortion conflict in Fargo shows that abortion is not only interpreted through national ideology. Ginsburg's study reveals that local moral worlds affect abortion debates. The beliefs held within the community were influenced by the everyday beliefs about kinship, femininity, family and morality held by those around them. Her work is especially useful because it shows that abortion controversies are sustained through community values and social identities. This insight helps contextualise Florida, by suggesting that abortion politics there should be understood within a wider moral and cultural environment, in which ideas about religion, motherhood, family, and gender help shape how abortion is publicly debated. This is important because these kinds of cultural assumptions also shape how abortion is expected to feel. Siegel (2021) points out that feelings about abortion are not just personal reactions. In the United States, people are exposed to competing emotional scripts around abortion. They are invited into rival affective worlds. One codes abortion discourse with grief, guilt and attachment to foetal life, whereas another discourse may emphasise relief, empowerment or moral self-determination (Siegel, 2021: 475). This argument is valuable because it shows that abortion politics are not only contests over law or morality. They are also implicitly making assumptions about what people are expected to feel, and how those feelings are interpreted. Emotional meaning is therefore politically significant. For organisations involved in abortion advocacy, communication is not just about conveying information. It also involves constructing abortion as an experience that can be justified and emotionally understood in particular ways.

Legal scholarship likewise shows that law has played a constitutive role in public understandings of abortion. Vecera (2014) argues that Roe v. Wade (1973) did more than legalise abortion. It gave abortion a durable public vocabulary, one characterised by the language of privacy and constitutional rights. Law helps decide through what categories the issue becomes publicly intelligible. Extending this line of thought, recent scholarship considers the legal classification of abortion itself, including whether it is recognised as essential healthcare or treated as elective or treated as morally suspect (Gyuras et al., 2023). This point matters for the present dissertation because it helps explain why contemporary abortion discourse continues to rely so heavily on privacy, rights and state interference, even after the destabilisation of Roe v. Wade. The legal field has helped determine not only what protections exist, but also how abortion is imagined politically and morally.

Religion is equally a key organising force in abortion attitudes across the United States. Barkan (2014) shows that religiosity is one of the strongest predictors of abortion opinion and helps explain why women and men often hold similar views despite gendered experiences of reproduction. This finding challenges any simple assumption that abortion attitudes flow naturally from women's embodied interests. Instead, religious affiliation and intensity of belief strongly mediate opinion. Tamney et al. (1992) similarly identify belief that life begins at conception, religious commitment and social traditionalism as major influences on abortion attitudes. They also find that attendance at pro-life churches increases the likelihood that abortion will be used in making political decisions (Tamney et al., 1992: 32). This is particularly important in relation to Florida, where conservative Christian discourse remains visible in abortion related political debate (Moline, 2023). Taken together, this literature shows that abortion in the United States is produced through the interaction of law, religion and culture. Florida's abortion politics should therefore be understood as part of a broader national pattern in which activists must negotiate legal change, moral conservatism and deeply embedded social meanings.

2.2. Reproductive Justice as Theory

Liberal or choice-based feminism argues that the defence of abortion rests on the principle of bodily autonomy (Thomson, 1971; English, 1975). Thomson explicitly accepts the claim that all persons have a right to life, but she argues that 'having a right to life does not guarantee having either a right to be given the use of or a right to be allowed continued use of another person's body-even if one needs it for life itself' (Thomson, 1971: 56). Other liberal theorists, such as McDonagh (1996), also defend abortion as an extension of individual freedom. The political force of this is clear in the case of Roe v. Wade (1973), where the same framework can be applied in which abortions are defended on the grounds of women's constitutional right to privacy ('Roe v. Wade', 1973: 153). Ultimately, liberal feminist theory understands freedom primarily as freedom from external interference. This means that, in the context of abortion, the central political question becomes who has the authority to decide whether a pregnancy should continue. Privacy, therefore, is an important concept because it marks reproductive decisions as belonging to the individual rather than to government or other authorities. However, despite the important role liberal feminist theory plays across the reproductive rights political landscape, it tends to do itself an injustice by overemphasising choice.

Colker rejects earlier liberal theories and asserts that abortion cannot be understood adequately when treated as an isolated question of choice, privacy or bodily autonomy (Colker, 1992: 12-13). Colker's work is important because it pushes feminist abortion theory beyond the narrow defence of abortion as an individual right and toward an account of reproductive equality that treats abortion as a reproductive freedom that must be understood in relation to the wider social conditions that shape whether people can avoid pregnancy, continue a pregnancy, raise children, access healthcare and manage the unequal burdens of reproductive labour. In this sense, she challenges any framework that isolates abortion from the rest of reproductive life, since formal access to abortion does not by itself secure reproductive justice or equality. A woman may have the legal right to terminate a pregnancy, yet still lack the material support, healthcare access, economic security or social conditions necessary to exercise meaningful control over her reproductive life more broadly. Colker's approach is, therefore, valuable because it widens the analytic frame to include the substantive conditions under which reproductive decisions are made. This makes her a useful bridge between liberal autonomy-based accounts of abortion and later reproductive justice scholarship.

Markowitz (1990) similarly criticises autonomy-based arguments but for assuming that everyone meets abortion from the same starting line. She puts forward the argument that reproductive decisions are never made under equal conditions. Markowitz regards women's acquisition of control over their own reproduction not only as a necessary step to individual freedom and autonomy, but also as a fundamental condition to overcome patriarchal control and to improve the situation of women as a group. She positions her argument in direct critique against liberal theory, asserting that liberal theorists have failed to account for the conditions within which choice is exercised. Thinking with this critique in mind, Markowitz argues that abortion should be defended because forcing women to bear children in a patriarchal society deepens subordination (Markowitz, 1990: 3). Her argument, therefore, requires attending to a critique of autonomy when it is framed in highly individualistic terms, since this can obscure the fact that reproduction takes place within unequal social arrangements. Drawing on Jaggar's 'Right to Life Principle' (1994), Markowitz argues that abortion decisions should be controlled by those most affected by them and that no oppressed

group should be required to make sacrifices that reinforce their oppression (Markowitz, 1990: 5). By drawing attention to women's disproportionate burden in pregnancy, childbirth and child-rearing, Markowitz deepens liberal theory by putting reproduction within the context of gendered labour and inequality. Even so, structural feminist accounts also have limits. Structural feminism improves on liberal theory by foregrounding oppression, but it does not fully address the ways race, class, disability and immigration status produce different forms of reproductive vulnerability.

These concerns are taken up more fully within intersectional reproductive justice theory. Reproductive justice as a term first emerged out of Black feminist thought, insisting that reproductive freedom cannot be reduced to formal access or individual choice (Ross, 2006: 16). Crenshaw's (1989) concept of intersectionality showed that women cannot be treated as a homogeneous category, since race, class and gender interact to produce distinct forms of oppression. Building on this insight, SisterSong defines reproductive justice as 'the complete physical, mental, spiritual, political, social and economic well-being of women and girls' (Ross, 2006: 14). They distinguish between reproductive health, reproductive rights and reproductive justice, arguing that the latter is concerned with structural transformation and movement-building rather than services or legal access alone. Reproductive justice therefore addresses the conditions that make reproductive decisions possible, including poverty, racism, state violence and unequal access to care. This way of conceiving of reproductive rights is especially relevant when analysing mainstream pro-choice discourse because, as Ross warns, organisations may adopt reproductive justice language without fully centring the experiences of women of colour (Ross, 2006: 16). The issue, then, is that reproductive justice can be absorbed into mainstream rights discourse while losing the critique of racialised state power that makes it distinctive. Therefore, reproductive justice scholarship thus requires awarding attention to the racialised histories and political uses of reproductive discourse.

In summary, liberal feminist theory established the importance of privacy and bodily autonomy to the canon of feminist scholarship on abortion, but it often left inequality at the periphery of the analysis. Markowitz gives a richer account of gendered oppression, but reproductive justice extended this further by centring race, class and state power. This dissertation adopts the latter framework. However, despite the breadth of this scholarship, less attention has been paid to how reproductive justice is translated into organisational discourse. In particular, there is limited research on how groups such as Planned Parenthood articulate reproductive justice in specific political contexts. This dissertation addresses that gap by examining how Planned Parenthood in Florida mobilises the language of autonomy, justice and inequality within a highly contested legal and cultural environment.

2.3. Feminist Activism and Counter-Discourses: How Movements Articulate Reproductive Justice

While the meaning of reproductive justice has been contentious within feminism, as shown above, reproductive politics have been a bonding issue across feminist activist movements. The struggle for reproductive rights, freedom, and justice has formed the core of feminist reproductive politics for centuries (Neyer and Bernardi, 2011). The following literature on feminist movements is particularly useful for analysing where Planned Parenthood fits into this tradition, because it helps situate the organisation within a larger tradition of feminist communication while also opening space for critical reflection on the limits of that discourse.

One major theme in this literature is the political role of narrative control through the use of storytelling. This emphasis on activist communication appears in Laguens' discussion of Planned Parenthood as part of a next generation of feminist activists (Laguens, 2013). This work is useful because it situates Planned Parenthood not simply as a healthcare provider or legal advocate, but as an actor involved in public persuasion, movement-building and feminist political discourse. They are part of how abortion politics are sociologically constructed. This matters because it justifies the treatment of Planned Parenthood communications as analytically significant rather than as secondary promotional material. At the same time, Laguens' framing also prompts a critical question. If Planned Parenthood is presented as a contemporary feminist activist organisation, what kind of feminism is it advancing? It may employ the language of justice and inclusion, but this does not necessarily mean that its discourse fully reflects the structural and intersectional commitments associated with reproductive justice. In this respect, the literature is useful not only for placing Planned Parenthood within feminist activism, but also for questioning the political terms on which that activism operates.

Furthermore, the literature on counter-discourse gives weight to the view that feminist activist movements are required to do more than just preserve the legal right to have an abortion. Essentially, they have to challenge any moral authority claimed by pro-life discourse. The concept of 'femonationalism' offers a valuable analytical tool here because it demonstrates how appeals to women's protection can be appropriated by exclusionary or reactionary politics (Farris, 2017). In abortion politics, efforts to curtail safe access to abortion are often done so on the basis that they are protecting women or defending vulnerable life. This is what makes the appeal of protection rhetoric so analytically relevant. It has a uniquely moral political framing. Feminist activism therefore cannot rely on procedural arguments alone. It must actively engage with these moral debates by exposing and contesting the authority of counter discourse.

To further reinforce this, Wesley's (2013) examination of how progressive politics respond to right-wing conservatism, particularly when gender becomes a central site of ideological conflict, is most useful. The research explores the implications that well-financed ideologues who advance contested policies that undermine women's rights have for women, such as the immediate and long-term consequences of reproductive injustice. What makes this analysis useful is its recognition that feminist activism more than often emerges in direct opposition to reactionary narratives rather than independently of them. Rather than developing in a political vacuum, reproductive justice discourse is forged in response to counter-narratives. In this sense, reproductive justice can be understood as politically strategic language. Reproductive justice language, which is actively co-created and re-defined by the discursive terrain in which it operates, becomes clearer when set against research on anti-abortion and pro-life discourse. A qualitative analysis of testimony supporting South Carolina's six-week ban found that anti-abortion proponents relied heavily on scientific disinformation. They also tended to position their argument as taking a kind of moral high ground, which was achieved through the use of personhood language and the vilification of abortion providers and pro-choice advocates (Lambert et al., 2023). This is useful for the present dissertation because it helps to clarify the rhetorical terrain within which pro-choice organisations must operate. Attending to this terrain shows that feminist activism is required to justify and defend abortion access but also to counter misinformation and challenge anti-abortion claims to moral authority.

Overall, this scholarship builds a picture of abortion as culturally dependent, it sets the scene for reproductive justice as a theoretical framework, and it suggests that feminist activism is one way reproductive justice gains a public voice. But less attention has been paid to how reproductive justice is translated into the public facing discourse of mainstream pro-choice organisations, and what happens to the definition of reproductive justice when it is articulated against constraining and hostile political contexts.

3. Methodology

This dissertation studies how reproductive justice is articulated within pro-choice activism. In order to address the research question: How is reproductive justice articulated within pro-choice activism? The study adopts a qualitative research design using critical discourse analysis. The methodological approach is established in feminist standpoint epistemology and applies a multimodal analysis of both textual and visual materials. The analysis focuses on public communications produced by Planned Parenthood organisations in Florida in order to explore how reproductive justice narratives are constructed and communicated in response to contemporary anti-abortion rhetoric.

3.1. Research Design and Epistemological Framework

The research design employed to discover how reproductive justice is articulated was a qualitative research design centred on critical discourse analysis. Rather than measuring attitudes or behaviours, qualitative discourse analysis studies how opinions, values, and identities are produced through communication (Fairclough, 1992; Gee, 2014). In this research, discourse is understood as a system of language and meaning framing that forms how abortion politics is interpreted and debated within the public sphere. A qualitative research design approach is consistent with other analyses of abortion discourse in the context of six-week bans, including the employment of thematic coding to identify consistent argumentative strategies in publicly available documents (Lambert et al., 2023). While this research focuses on anti-abortion discourse rather than pro-choice organisation communication, they support the value of discourse analysis for examining how abortion politics are publicly framed and contested.

Furthermore, the analysis is informed by feminist standpoint epistemology. Feminist standpoint theory begins by opening up the concept of knowledge itself, arguing that knowledge is not neutral or detached, and instead emphasising that knowledge is socially situated and shaped by the experiences and positions of those producing it (Harding, 1991). Early feminist sociologists argued that traditional social science methodological approaches commonly marginalised or excluded women's experiences and perspectives (Smith, 1974). Feminist standpoint approaches therefore emphasise the importance of analysing knowledge production from perspectives grounded in feminist social movements and lived experience. There have been a wide variety of feminist discourse analyses across many different contexts (Brannan, 2019; Calkin, 2014; Tabatadze, 2023; Tang et al., 2026; Thompson et al., 2017). This dissertation follows this approach by treating Planned Parenthood as a feminist organisational actor operating within contemporary reproductive justice discourse. The analysis, therefore, recognises that discourse about abortion rights is embedded within wider political struggles over gender and bodily autonomy.

Working from a feminist epistemological framework, this research does not claim neutrality nor detachment from its subject. Rather, it interprets Planned Parenthood's communications as part of a larger feminist tradition of activism. Planned Parenthood has been identified before as being a part of a new generation of feminist activism responding to intensified attacks on reproductive rights (Laguens, 2013), and feminist scholarship has long utilised the role of narrative strategies such as storytelling in making reproductive experiences visible within public discourse (Gillette, 2012). As such, Planned Parenthood's contemporary messaging can be understood as part of a wider feminist communicative practice that contests dominant representations of abortion.

Critical discourse analysis supplies the primary methodological model for examining the dataset. Critical discourse analysis focuses on how language both reflects and constructs relations of power within society. It is used to examine how political actors construct particular meanings and contest opposing interpretations. Unlike other discourse analyses, critical discourse analysis encourages the researcher to take an 'explicit sociopolitical stance' (van Dijk, 1993: 252). This is because their work is ultimately political. Discourse plays a central role in producing and legitimising social orders, moral norms and values, as well as institutional authority. Thus, by analysing linguistic and narrative framing, strategies, and constructions through critical discourse analysis, the researcher can construct a critique of the powers that sustain, legitimate, condone, and/or ignore social inequality and injustice (Fairclough, 1992; van Dijk, 1993). Critical discourse analysis, therefore, provides an appropriate methodological tool for examining how reproductive justice narratives are articulated within pro-choice activism. Rather than attending solely to policy outcomes or regulatory systems, the analysis looks at how activists positionalise abortion rights through language and narrative framing. But considering the other compelling choices for activist groups that exist in Florida fighting for reproductive rights (Florida NOW, n.d.; Florida Access Network, n.d.), why choose Planned Parenthood in particular?

3.2. Case Selection

Planned Parenthood is one of the most visible organisational actors in the reproductive rights landscape in the United States (Planned Parenthood, 2026b). In just the first week of Florida's six-week abortion ban, health centres in the southwest region of the state navigated as many patients to other states as they did in the entire month of April. Moreover, Planned Parenthood sent over 300 patients to care options in other states outside the Southeast while representing less than one-third of licensed abortion clinics in the state (Planned Parenthood Florida Action, 2024). This goes to show what an instrumental role Planned Parenthood has in the state. They are relied upon to provide effective and trustworthy reproductive health services, and they have a range far beyond other organisations in a similar position. In addition to providing reproductive health services, the organisation also produces a wide range of advocacy materials, public statements, and media communications addressing abortion policy and reproductive freedom. This made the organisation a very data-rich choice and ideal for the type of research this dissertation undertook.

Following the Supreme Court's Dobbs v. Jackson (2021) decision, abortion legislation took a turn to the state level ('Dobbs v. Jackson Women's Health Organisation', 2021; Berg and Woods, 2023). Consequently so, Florida has become an important site of political contestation surrounding abortion rights, including the introduction of increasingly restrictive legislation. This context makes Florida an appropriate case study for analysing how pro-

choice organisations respond discursively to anti-abortion policy developments. This is because, by examining communications from Planned Parenthood's Florida affiliates, this dissertation is able to look at how reproductive justice is articulated within an environment characterised by intense legislative and cultural conflict.

3.3. Data Selection and Sources

The dataset is made up of publicly available materials and court documents involving Planned Parenthood of Southwest and Central Florida from 2022 onward. This time frame corresponds to a couple of important events, including the Supreme Court's Dobbs v. Jackson (2021) ruling and recent abortion legislation in Florida. These include both the introduction of a fifteen-week abortion ban in 2022 and the subsequent six-week ban signed into law by Governor Ron DeSantis in 2023 (The Guardian, 2022; BBC, 2023). These events prompted substantial responses from organisations looking to defend reproductive rights, including Planned Parenthood, which had a significant role in protesting the legislation and also in communicating its possible consequences (Planned Parenthood Federation of America, 2026).

Sampling was purposive. Materials were selected based on their relevance to the research question and their engagement with anti-abortion rhetoric or abortion policy debates. For example, some of the materials were selected because they directly addressed or responded to policy developments, allowing the analysis to examine how reproductive justice was articulated by pro-choice organisations within a highly contested environment. The aim was not to produce a statistically representative sample, but to gather a diverse set of materials which captured the range of discursive strategies used within Planned Parenthood communications.

The dataset contains several forms of communication produced by Planned Parenthood and related media coverage. These materials include press releases and official organisational statements responding to abortion legislation, policy commentary and advocacy materials related to reproductive justice and video materials, including campaign messaging and advocacy videos hosted on Planned Parenthood YouTube channels. In addition to these textual materials, screenshots and visual images associated with campaign messaging and social media posts were collected in order to analyse visual framing strategies. Furthermore, all of the materials used in the study were publicly accessible. The sources were identified through Planned Parenthood's organisational websites and affiliate communication channels, and video materials were located using keyword searches related to common discursive themes within reproductive rights debates, including protection, justice, bodily autonomy, and abortion bans. Data collection continued until data saturation was reached. This refers to the point at which additional sources do not generate substantially new themes or discursive patterns (Guest et al., 2006). In this context, it became apparent that the same rhetorical and emotive strategies, as well as narrative framings, appeared across materials. Once no new thematic categories emerged from the analysis, the dataset was considered sufficiently developed for the purposes of the study.

3.4. Data Preparation, Coding Process and Thematic Development

All materials were organised and analysed using NVivo qualitative analysis software. Textual transcripts from YouTube videos, legal files, press releases and website pages were imported as document files within NVivo. Case categories were created to differentiate between these communications. This structure enabled the analysis to compare how reproductive justice discourse was articulated within legal cases compared to how it was represented in the broader media discussions.

The analysis followed a three stage coding process. The first stage involved open coding of the dataset. During this phase, the materials were examined closely to find recurring linguistic patterns, rhetorical strategies, and personal and emotive narratives. Particular attention was given to framing devices such as references to protection, freedom, and rights, as well as the use of emotive language relating to fear, harm, solidarity, or empowerment.

The second stage involved axial coding. In this stage, the initial codes were grouped into expanded thematic categories that reflected recurring discursive strategies across the dataset. These categories included themes such as protection versus control, reproductive justice narratives, appeals to evidence and harm, autonomy and democratic rights, and the exposure of rhetorical co-optation within anti-abortion discourse.

The final stage involved interpretive thematic analysis. During this stage, the themes were examined in relation to feminist theory and existing scholarship on reproductive justice activism. The goal was to understand how these discursive patterns collectively articulated a larger feminist counter discourse to anti-abortion rhetoric.

Several important discursive themes emerged through this process. The theme of autonomy captured narratives that placed an emphasis on bodily agency and individual decision making. Meanwhile, the use of medical authority identified appeals to professional expertise and clinical legitimacy. Emotional narrative captured the use of emotive language that emphasised themes such as lived experience, fear, solidarity, and injustice. And lastly, the examples where structural inequalities were being drawn on in order to argue for a liberal notion of reproductive freedom were significant and were used as a way of judging Planned Parenthood's ideological positioning.

3.5. Reflexivity and Ethics

This dissertation drew exclusively on publicly available materials, thereby minimising the ethical risks associated with data collection. Ethical considerations were taken seriously throughout the research process. All materials were held securely, properly referenced and analysed with care. Reflexivity is also an important component of the research process. As the analysis is informed by feminist standpoint epistemology, the researcher acknowledges that interpretation is influenced by theoretical perspective and social position. Rather than claiming objectivity, the study adopts a reflexive approach that recognises the interpretive nature of discourse analysis.

3.6. Methodological Limitations

As with all qualitative research, the study has several limitations. Discourse analysis focuses on how ideas are represented within communication rather than the way in which audiences interpret or respond to those messages. The analysis therefore cannot determine how Planned

Parenthood's communications are received by different audiences. In addition, qualitative interpretation inevitably involves researcher judgement. While systematic coding procedures were strictly followed in order to ensure consistency, alternate interpretations of the data may exist. Moreover, because the research targets Planned Parenthood organisations in Florida specifically, the results cannot be applied to all cases of pro-choice activism across the United States. Regardless of these limitations, the methodological approach delivers the strongest framework to examine how feminist organisations respond discursively to contemporary abortion politics.

4. Findings

This chapter presents the findings of the qualitative discourse analysis of Planned Parenthood communications responding to abortion restrictions in Florida. Planned Parenthood of Florida's communications are organised around three recurring strategies: appeals to autonomy, reliance on medical authority, and the use of personal and emotional testimony. These strategies work together to defend abortion access by presenting restrictions as a violation of bodily freedom, an interference with clinical judgment, and a source of lived harm. This defence of abortion that emerges from these strategies is one framed largely through liberal feminist terms, with reproductive freedom being drawn on more so than reproductive justice due to the prioritisation of privacy, choice, and protection from state interference.

4.1. Private Decisions, Public Power

A central feature of Planned Parenthood of Florida's discourse is the presentation of an abortion rights activism that prioritises autonomy. Within this presentation, abortion rights are articulated as the right to make intimate medical decisions without state coercion. This articulation mirrors that of a reproductive freedom understood through liberal feminist discourse, which defines it as freedom from unreasonable intrusions by government in private matters. Working at the intersection of legal discourse and feminist activism, Planned Parenthood's emphasis on reproductive freedom can be understood as part of the post-Roe language through which rights-based arguments were brought into new prominence, and abortion became the way people thought and talked about reproductive justice (Vecera, 2014). Therefore, when Planned Parenthood of Southwest and Central Florida et al. v. State of Florida et al. (2024) ruled that the Florida constitution's privacy clause would stop protecting the right to an abortion ('Planned Parenthood of Southwest and Central Florida et al. v. State of Florida et al.,' 2024), it marked a significant change, not only for Florida law, but also the discursive landscape that reproductive rights exist within. In this example, the discourse of autonomy is being shaped by its legal context. One way this appears within Planned Parenthood's discourse is through their consistent construction of abortion as a private, intimate and deeply personal decision. This language is revealing because it presents the central harm of abortion restriction as the theft of private decision-making (see 'Planned Parenthood of Southwest and Central Florida et al. v. State of Florida et al.', 2022: 1), where the plaintiffs make the case that:

> 'For nearly 50 years, Floridians have been able to decide for themselves, based on their individual values, beliefs, and circumstances, whether to carry a pregnancy to term or to have an abortion prior to viability.'

And draw upon the Florida Supreme Court's earlier statement that the Florida Constitution (see 'Planned Parenthood of Southwest and Central Florida et al. v. State of Florida et al.', 2022: 17):

> 'Embodies the principle that few decisions are more personal and intimate, more properly private, or more basic to individual dignity and autonomy, than a woman's decision…whether to end her pregnancy. A woman's right to make that choice freely is fundamental.'

This is important because this emphasis constructs the pregnant subject as the rightful owner of reproductive decision-making authority. This reflects a liberal rights understanding of freedom in which reproductive freedom is conceived as freedom from interference (Thomson, 1971; English, 1975). In doing so, autonomy is reinforced as the central principle through which abortion is defended. Planned Parenthood is therefore using legal language in order to elevate abortion into a core expression of self-determination (Vecera, 2014), even at a moment when its constitutional basis is being withdrawn.

Alongside privacy, Planned Parenthood defines autonomy as freedom from unreasonable intrusions into private matters. Across the dataset, politicians are repeatedly constructed as external actors who intrude upon decisions that should properly be left to the individual and their physician. In one example (see Planned Parenthood of Florida, 2024, 36:03), in a YouTube video, it is stressed that:

> 'More than 70% of Floridians do not want government interfering in their personal decisions when it comes to abortion.'

The Reproductive Freedom Act is similarly drawn upon for purposes of legitimising autonomy, which is described as legislation that would ensure the freedom to make decisions about reproductive health care without government interference. The repeated juxtaposition between 'patients and their doctors' and 'politicians' ('Planned Parenthood of Southwest and Central Florida et al. v. State of Florida et al.', 2022; Planned Parenthood Florida Action, 2026b) makes the difference between the value of medical authority and state authority even clearer.

> 'The state may not deny or interfere with an individual's fundamental right to access reproductive health care.' (Planned Parenthood Florida Action, 2026b).

> 'Floridians need to understand the grave consequences of allowing politicians to control their private medical decisions.' (Planned Parenthood, 2024)

> 'We now urge Florida voters to support Amendment 4…in order to return these private medical decisions back to patients and those they trust, rather than meddlesome politicians.' (Planned Parenthood Florida Action, 2024).

Planned Parenthood ultimately presents the state as an invasive force exceeding its legitimate role when intervening in private reproductive decisions. This representation becomes especially forceful in Planned Parenthood's discussion of the 6-week ban. Here, the denial of abortion access is articulated as coercion. One of their YouTube videos (see Planned Parenthood of Florida, 2024c, 0:16) emphasises that the law takes effect:

> ‘When most women don’t even know they’re pregnant.’

While another (see Planned Parenthood of Florida, 2024a, 1:58) explains that:

> ‘Six weeks does not mean that you’ve known you’ve been pregnant for six weeks or that you’ve had six weeks to make a decision.’

These statements are important because they challenge the appearance of procedural fairness. They suggest that the six-week ban leaves little real opportunity for informed decision-making and therefore the law undermines genuine choice. This argument is made even more explicitly in legal language, where Planned Parenthood argues that the law robs patients of their autonomy to make informed decisions about how much risk to their own health to accept in the context of pregnancy and that forced pregnancies will violate patients’ bodily autonomy and impose serious and irreparable harm on them. Restriction is thus recast as coercion. The ban does not merely limit access. It forces people into pregnancy and birth against their will.

Taken together, these patterns show that Planned Parenthood mostly articulates reproductive justice through a traditional liberal rights-based discourse centred on bodily autonomy and individual right to privacy. Therefore, the kind of reproductive justice articulated here promotes an understanding of justice recognised primarily in terms of the loss of the right to make one’s own private decisions about one’s body, rather than in terms of the wider social conditions within which those decisions are made.

4.2. Who provides the Prescription for Legitimacy?

Alongside its emphasis on autonomy, Planned Parenthood consistently draws on medical expertise as a source of legitimate authority when opposing abortion restrictions or contesting pro-life arguments. Across website materials, court case testimony, press releases and video testimony, healthcare professionals are presented as the people who are best equipped to make decisions about pregnancy. Politicians and legislators, on the other hand, are represented as not only unqualified but also potentially a threat to women’s safety. In this discourse, abortion is framed as a matter requiring clinical judgement, nuance and case-specific care. When Planned Parenthood argues that decisions should be made by patients and their doctors, not politicians (Planned Parenthood Florida Action, 2026b), the doctor is not replacing the patient’s autonomy, rather, medical expertise is used to authorise and protect it. However, the very authority that strengthens this claim may also constrain it, insofar as abortion becomes most legitimate to the public when it is endorsed by doctors.

Planned Parenthood of Florida repeatedly presents pregnancy as medically complex. Planned Parenthood argues that because pregnancy is medically complex, it is imperative that assumptions that abortion can be governed through simple timelines are pushed back against, and categories that are restrictive are called out. In this way, Planned Parenthood effectively turns medical testimony into political critique, mobilising medical authority to expose laws that rely on misconceptions about pregnancy and abortion. This is important because it functions as a part of a wider discourse that positions clinical knowledge as capable of destabilising patriarchal assumptions or epistemologies that justify restrictions to women’s freedom.

This emphasis on complexity is reinforced by claims about professional judgement. In one YouTube video (Planned Parenthood, 2024a, 5:42), it is argued that:

> 'Exceptions are so narrow because the laws weren't written by doctors, they were written by, for the most part, male politicians that don't understand pregnancy.'

This is one of the clearest examples of how Planned Parenthood constructs medicine as contextual and interpretive, creating an interesting contrast to the law, which often treats medical science as rigid. Medical expertise is articulated as a form of situated and nuanced judgement capable of responding to uncertainty and changing circumstances. In this sense, healthcare professionals are recognised as the legitimate decision-makers precisely because pregnancy cannot be reduced to fixed legal rules. Against this, politicians and legislators are presented as both medically incompetent and as dangerous interveners whose lack of medical knowledge places women at risk, thus making them unfit to decide. Planned Parenthood therefore casts political intervention as both epistemically weak and materially dangerous.

This becomes especially clear in the organisation's treatment of legal exceptions. Planned Parenthood constructs abortion bans as medically unworkable by showing that statutory exceptions cannot capture the complexity of actual clinical practice. In one YouTube video, a Planned Parenthood doctor explains how complicated it is to use exceptions for life-threatening scenarios or fatal foetal diagnosis because of how vaguely they are written. They explain that the problem with exceptions is that they depend on evidentiary support and bureaucratic timelines for a patient to qualify. In cases of rape, for example, they explain that survivors may technically be permitted an abortion beyond six weeks, but evidentiary requirements can make that access almost impossible while police investigations or court proceedings remain ongoing (Planned Parenthood of Florida, 2024a, 4:37). In cases like this, the law does not provide meaningful flexibility. Instead, it produces a climate of risk management. The concept of risk colonization (Rothstein, Huber, and Gaskell, 2006) is useful here because it helps to show how risk comes to dominate how legal exceptions are understood. In other words, legal exceptions can function less as genuine routes of access than as mechanisms of institutional self-protection. In this case, abortion exceptions appear to manage the state's own political image while remaining so vague and narrow that, as Planned Parenthood shows, they are practically inaccessible to those who need them.

Planned Parenthood also uses medical evidence to rebut anti-abortion claims directly. It states that abortion is one of the safest medical procedures available in the United States and that complications are rare, and that abortion is much safer than continuing a pregnancy through childbirth ('Planned Parenthood of Southwest and Central Florida et al. v. State of Florida et al.', 2022: 4). For example, they warn against crisis pregnancy centres distributing fake medical advice, and they use medical studies to back up their statements (see Planned Parenthood of Florida, 2024a, 26:05).

> 'It's really important that we call people on making false narratives and frankly just overtly spreading misinformation.'

Having framed anti-abortion discourse as a form of misinformation, Planned Parenthood then strengthens this with claims made through clinical evidence. One example of this is that they make the argument that the risk of death associated with childbirth is twelve to fourteen times higher than the risk associated with abortion ('Planned Parenthood of Southwest and Central Florida et al. v. State of Florida et al.', 2022; Global News, 2025). In this example,

foregrounding clinical knowledge helps destabilise the claim that abortion must be restricted in order to protect women. In this way, the abortion debate is also an epistemic competition over credible forms of knowledge and authority. Planned Parenthood claims legitimacy through medical authority, while anti-abortion actors, including lawmakers and crisis pregnancy centres, only distort medical legitimacy through misinformation.

Overall, medical authority makes abortion most defensible when medically validated. Planned Parenthood uses this authority as a means of legitimising abortion through professional expertise and presents medicine as the proper site of authority against ideological legislation. Its discourse relies on a distinction between clinical judgement and political interference as it positions healthcare professionals as the actors most capable of responding to the complexity and contingency of pregnancy. Meanwhile, the implication of this is that it casts legislators as uninformed and ideologically motivated. Justifying abortion through expert medical knowledge is a clever political move, since it gives the justification legitimacy in terms of social credibility. However, while carrying authority, by legitimising abortion through medical expertise, the argument carries the risk of making abortion seem most defensible only when medically validated. As a result, a concept like reproductive justice becomes understood primarily in terms of medical legitimacy, and some conceptual richness is lost.

4.3. Planned Parenthood and the Political Work of Emotion

Through patient stories, clinician testimony and descriptions of fear, deterioration and loss, Planned Parenthood effectively constructs abortion bans as sources of embodied suffering and crisis. This carries out the political work of emotional framing, which is important because it turns legal restriction into something felt. With the legitimacy given by legal language and liberal feminist ideals, alongside the backing of medical expertise, Planned Parenthood shows how restrictive abortion legislation generates panic, grief, and harm in the lives of those affected by them.

A recurring feature of this discourse is the emphasis on fear, shock and confusion. In one press release, Planned Parenthood describes a patient who arrived at a health centre after learning she was pregnant during a hospital visit. She was found to be seven weeks and one day pregnant. The patient was ‘shocked’ to learn how far along she was and ‘even more terrified’ after learning that Florida’s six-week ban meant she could no longer obtain care in the state. Her only option was to travel elsewhere (Planned Parenthood Florida Action, 2024). A personal narrative of this kind is politically powerful because it shows how abortion discourse does not just describe feelings, it helps organise what abortion is expected to feel like, whether that’s politically or intimately. The employment of personal narratives of this nature can be understood through scholarship that treats emotion as more than a private feeling, but as something that is socially organised and politically communicative (Siegel, 2021). This helps show that Planned Parenthood is not merely describing how people feel. Rather, it is actively constructing an affective interpretation of abortion bans in which fear, grief and distress become central to how restriction is publicly understood and politically contested. Moreover, fear is not confined to patients. This emotional framing also extends to those providing care. It is distributed across the entire clinical setting, suggesting that abortion bans produce a climate of anxiety.

Alongside fear and confusion, Planned Parenthood’s discourse also foregrounds grief, trauma and bodily danger. Planned Parenthood uses highly traumatic examples to intensify its claim

that restrictive laws are unjust. One of the most striking examples is the testimony (see Planned Parenthood of Florida, 2024a, 11:24) of an OBGYN whose patient's pregnancy was not a viable pregnancy at 14 weeks, but had to tell her that:

> 'There's nothing that we can do.'

They go on to explain (2024a: 16:08) that the hardest part was:

> 'The mental trauma that…is being imposed on these women completely unnecessarily, completely arbitrarily, and that is not what Healthcare should look like…that's not what reproductive Freedom should look like.'

In this way, anti-abortion rhetoric that presents as care for women or unborn life is reconstructed by Planned Parenthood as violence, abandonment and state coercion. This shows that Planned Parenthood's discourse is not morally neutral. It engages in an active struggle over who gets to define protection, dignity and harm. The suggestion is that the ban is neither compassionate nor reasonable. Thinking with this discourse as a form of feminist counter-discourse shows how Planned Parenthood reclaims moral language from anti-abortion claims to protection (Farris, 2017; Wesley, 2013). Planned Parenthood's articulation of reproductive freedom therefore makes an explicit moral claim that abortion bans are not merely ineffective or misguided, they are ethically intolerable. However, this moral framing may reclaim moral authority, but it may also remain reactive to anti-abortion rhetoric.

Another personal account in a press release (see Planned Parenthood Florida Action, 2024) recounts the story of a patient who (after having her water break at 16 weeks) was denied abortion care under the six-week ban, and later delivered a stillborn baby in a hair salon bathroom, where she:

> 'Hemorrhaged so badly that she lost nearly half the blood in her body.'

In the same press release, Planned Parenthood also tells the story of a woman who was forced to carry a pregnancy for 13 more weeks after learning her baby had no chance of survival because she could not afford to travel for care, and doctors were unwilling to intervene because they were not certain the miscarriage management procedure was legal under the law. He died in her arms shortly after birth. These stories personalise the cruelty of delay and articulate anti-abortion legislation as directly implicated in avoidable suffering. Within these examples, storytelling is being used as a means of feminist strategy in order to render reproductive conflict publicly legible, something that has long functioned as a feminist technique (Gillette, 2012). Planned Parenthood's emotional discourse does exactly this. It uses affect, testimony and lived experience to make abortion bans legible as harm. Moreover, it transforms abortion politics into questions of a moral nature, making it difficult to understand the ban as morally neutral.

4.4. From Reproductive Rights to Reproductive Justice

As the analysis has shown, Planned Parenthood's articulation of reproductive justice discourse is organised primarily through liberal ideas of privacy, personal decision-making and healthcare access. Even where Planned Parenthood broadens its language beyond liberal conceptions, its dominant grammar remains one of autonomy, access and protection from state interference rather than structural transformation. There are, however, moments where

Planned Parenthood moves beyond abortion as an isolated legal issue. In these instances, reproductive freedom is articulated through suggestions of contraception, fertility, pregnancy loss, maternal health and wider healthcare provision. This is especially clear in statements from Planned Parenthood supporting the Reproductive Freedom Act (Planned Parenthood Florida Action, 2026b), where reproductive healthcare is defined as including:

> 'Preventing pregnancy, terminating a pregnancy, managing pregnancy loss, or improving maternal health' and as encompassing 'contraception, sterilization, preconception care, maternity care, abortion care, family planning, and fertility services.'

This is a meaningful broadening of the frame. It suggests that abortion is not being treated as a standalone moral controversy, but as one part of reproductive life as a whole. This wider framing begins to resemble a reproductive equality approach of the kind Colker (1992) advocates. Planned Parenthood's discourse moves somewhat in this direction when it links abortion to fertility, maternal health and other forms of care. Yet the engagement remains limited and relatively general. While the organisation gestures toward interconnected reproductive issues, there is no sustained dialogue with the social distribution of reproductive labour in a fuller sense Colker calls for, nor sufficient attention being paid to the material conditions of reproductive choice. Planned Parenthood is trying to move beyond abortion in isolation, but this move remains more gestural than fully developed.

A similar pattern appears in Planned Parenthood's treatment of structural inequality. The discourse does at times recognise that access to abortion is stratified and that reproductive vulnerability is not evenly distributed. In legal case filings (see 'Planned Parenthood of Southwest and Central Florida et al. v. State of Florida et al.', 2022: 2), a representative of Planned Parenthood states that:

> 'For complex societal reasons, a majority of patients seeking abortion care are Black, Indigenous, or women of color.'

They also note that these populations face disproportionately high rates of maternal mortality and pregnancy-related comorbidities. Likewise, it points out that most abortion patients are poor or low-income, and that poor and low-income patients are more likely to have inflexible work schedules, little notice of their hours, and have difficulty obtaining paid leave. Thus, Planned Parenthood acknowledges that choice is not experienced equally and that formal legality does not guarantee meaningful access. The clearest movement toward recognising this appears in Planned Parenthood's discussion of regional inequality and healthcare infrastructure. Some statements make clear that abortion access cannot be understood on a state-by-state basis alone. As one speaker (see Planned Parenthood of Florida, 2024b, 9:35) puts it:

> '[It is] just about impossible to talk about one state without some reflection on the other states.'

This is followed by discussion of Alabama's closure of birthing hospitals, the growth of maternity care deserts, and the reality that patients without the ability to travel will be left with few or no options. By articulating abortion access in this way, Planned Parenthood's discourse comes closest here to acknowledging that legal access means little without the material capacity to move, travel and obtain care across unequal healthcare systems.

Even so, these structural points are not central to the discourse. They tend to appear as supporting evidence for why choice is obstructed, rather than as the primary framework through which reproductive injustice is understood. Structural forces such as patriarchy, mass inequality and poverty, and racism are invoked only to further evidence why bans are harmful. They do not consistently ground or even reorganise the articulation put forward by Planned Parenthood. Put differently, Planned Parenthood does recognise that access is unequal, but inequality often appears as an add-on to autonomy rather than as the organising basis of its political vision. These tensions become clearer when read against Black feminist reproductive justice theory. SisterSong's distinction between reproductive health, reproductive rights and reproductive justice is especially useful. Reproductive freedom concerns service delivery, reproductive rights concern legal access, while reproductive justice focuses on movement building and on the conditions that make reproductive autonomy possible or impossible. It aims, in SisterSong's terms, to organise 'from the margins to the center' (Ross, 2006: 18). Therefore, reproductive freedom and reproductive justice should not be treated as equivalent. The distinction between the wording matters because Planned Parenthood explicitly invokes reproductive freedom and works to secure reproductive rights through legal routes, but does not always articulate reproductive justice.

This provides a critical benchmark for assessing Planned Parenthood's discourse. Does Planned Parenthood actually move from the margins to the centre? The answer suggested by this chapter is only partially. The organisation does sometimes acknowledge poverty, racial inequality, healthcare inequality and structural barriers. Yet even where it moves beyond choice, it still tends to invoke reproductive freedom rather than reproductive justice, focusing its goals on access, care, and healthcare legitimacy and organising its discourse largely through rights and personal decision-making. In this respect, Planned Parenthood may draw on structural inequality in order to validate reproductive rights and freedoms, but cannot embrace reproductive justice without fully centring the margins in the SisterSong sense.

5. Conclusion

This dissertation asked: how is reproductive justice articulated within pro-choice activism? Focusing on Planned Parenthood's communications in Florida, it examined how a major abortion rights organisation responded discursively to a rapidly changing legal and political context following the erosion of abortion protections in the state. Through qualitative discourse analysis, the dissertation has shown that Planned Parenthood does not articulate reproductive justice in a singular or fully coherent way. Instead, its discourse is organised through a set of recurring themes that together construct abortion restrictions as unjust, harmful and illegitimate. Across the material, reproductive freedom is invoked rather than reproductive justice, and this is articulated through a language that places bodily autonomy and privacy at its centre, with these claims further authorised by medical authority, backed up with emotionally charged testimony, and elevated through a morally oppositional framework to anti-abortion discourse.

Taken together, these findings illustrate that autonomy, medical expertise and emotional testimony work as mutually reinforcing components of Planned Parenthood's wider discursive strategy. Together, they position abortion restrictions as coercive, harmful, and illegitimate, while presenting abortion access as a matter of reproductive freedom. In this sense, Planned Parenthood's discourse is politically effective, but it remains more closely aligned with liberal reproductive freedom than with the fuller structural vision of reproductive justice. However, it is critical to recognise that Planned Parenthood has to adopt

a liberal discourse because of the cultural and legal terrain they operate within. In the United States, political claims are often made most politically recognisable through the language of rights, privacy, liberty and individual choice. Freedom is commonly understood not as collective transformation, but as freedom from interference (Wilson, 1997). In this context, abortion is most easily defended as a matter of constitutional privacy ('Roe v. Wade', 1973; Ziegler, 2014). Planned Parenthood's discourse, therefore, should be understood as a strategic response to the terms on which abortion becomes publicly persuasive within American political culture. With this in mind, despite not fully conceptualising reproductive *justice*, this does not negate Planned Parenthood's instrumental role in advocating for pregnant people's reproductive *freedom* or *rights*. Therefore, the conception of Planned Parenthood as a liberal feminist actor is only a criticism insofar as Planned Parenthood's ability to fully grapple with the conceptualisation of a society wherein the decision to become a mother (or not) is never performed 'in complete liberty' (de Beauvoir, 1953: 696), it is not a criticism of its political effectiveness in defending reproductive freedom and rights within a hostile legal and cultural terrain.

Ultimately, this dissertation may call for a fuller conversation with reproductive justice, but that does not diminish the importance of reproductive freedom and rights activism. What is needed is a broadening of the frame. This conclusion is significant because it clarifies both the strengths and the limits of contemporary pro-choice organisational discourse. At this moment when reproductive rights are being stripped away in the United States ('Dobbs v. Jackson Women's Health Organisation', 2021; Guttmacher Institute, 2022; Kirstein et al., 2022; Berg and Woods, 2023), analyses of discourse that counters anti-abortion rhetoric and strategies used to promote reproductive rights, freedoms and justice are critical. Planned Parenthood's language has political force because it is intelligible, convincing and responsive to a legal environment that has become hostile. Its focus on autonomy, expertise and harm gives it a strong defence of abortion access as restrictions continue to tighten, having detrimental impacts on the health and well-being of people who can become pregnant (ANSIRH, 2020). Yet the findings also suggest that adopting the language of reproductive justice does not necessarily mean fully centring the structural analysis from which that framework emerged. Black feminist reproductive justice insists that reproductive oppression is organised through race, class, state power and unequal social conditions, not simply through the denial of individual choice. Planned Parenthood's discourse acknowledges some of these issues but does not consistently organise its claims around them.

For this reason, the dissertation contributes to wider debates on abortion politics by showing that reproductive justice does not arrive in institutional discourse intact. It is a contested discursive practice that can be narrowed or reworked through institutional communication. Once translated into organisational communication, it becomes a site of tension. That matters because it helps explain how abortion rights are defended in the present, and what is left out of the discourse when reproductive rights are articulated through individual focused language only, which reduces a nuanced subject into simple terms of choice; to be able to have an abortion or not to have an abortion. But reproductive justice is not just about the choice to have an abortion. It is about the choice to have a baby as well, and all the structural constraints and material conditions that affect that choice.

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7. Appendices

7.1. Appendix A: Corpus of Planned Parenthood Materials Analysed

Item	Organisation	Date	Type	Description / Title	Relevance
1	**Planned Parenthood**	**Accessed February 2026**	**Web Page**	**Outlining the abortion care Planned Parenthood provides**	**Establishes the organisations role**
2	**Planned Parenthood**	**Accessed February 2026**	**Web Page**	**Summary of Planned Parenthood's role**	**Useful for advocacy / public image**
3	**Planned Parenthood**	**Accessed February 2026**	**Web Page**	**Outlines what the 6-week abortion ban is and the**	**Provides legal and political context**

				implications of the ban	
4	**Planned Parenthood Florida Action**	**Accessed February 2026**	**Web Page**	**In support of the Reproductive Freedom Act**	**Useful for autonomy framing**
5	**Planned Parenthood**	**September 9th 2024**	**Press Release**	**Outlines Planned Parenthoods awareness campaign for the 6-week abortion ban**	**Useful for autonomy framing**
6	**Planned Parenthood Florida Action**	**May 31st 2024**	**Press Release**	**Endorsement of Amendment 4**	**Useful for autonomy framing**
7	**Planned Parenthood Florida Action**	**January 29th 2026**	**Press Release**	**Effort to block Medicaid patients from accessing Planned Parenthood in Florida**	**Wider health landscape relevance / medical authority framing**
8	**Planned Parenthood Florida Action**	**January 22nd 2026**	**Press Release**	**State Lawmakers Introduce the Reproductive Freedom Act**	**Explains the Reproductive Freedom Act**
9	**Planned Parenthood of Florida**	**15th October 2024**	**YouTube video**	**Abortion care: What's at Stake?**	**Emotional framing / medical framing**
10	**Planned Parenthood of Florida**	**29th April 2024**	**YouTube video**	**The State of Abortion Access**	**Autonomy framing / medical framing**
11	**Planned Parenthood of Florida**	**5th April 2024**	**YouTube video**	**6-week abortion ban impact on patients**	**Legal and medical relevance**
12	**Planned Parenthood of Southwest and Central Florida**	**1st June 2022**	**Legal Filing**	**Complaint / Legal argument**	**Privacy / autonomy / constitutional framing**

7.2. Appendix B: Coding Framework

Initial code	Theme	Meaning
Privacy	**Autonomy**	**Abortion framed as private decision**
Patients and doctors	**Medical Authority**	**Clinicians as rightful authorities**
Cruel / Inhumane / Fear / Shock / Grief	**Emotional Narratives**	**Harms of restriction made affectively visible**

7.3. Appendix C: Source Extracts

Describes patient impact after one month of near-total abortion ban

WEST PALM BEACH – Today, the Florida Alliance of Planned Parenthood Affiliates marked one month of living under a near-total abortion ban with an official endorsement of Amendment 4, which, if passed in November, would limit government interference with abortion in Florida.

"In just one month under Florida's abortion ban Planned Parenthood health centers have already seen a tremendous amount of harm done to their patients," said Laura Goodhue, Executive Director of the Florida Alliance of Planned Parenthood Affiliates. "The opportunity for Floridians to end this government-manufactured public health crisis and get politicians out of our personal, private decisions once and for all by passing Amendment 4 couldn't come at a more pressing time."

The devastating impact of Florida's near-total abortion ban came into clear focus at Planned Parenthood health centers immediately. On May 1st, the day the ban took effect, they had a patient who was exactly six weeks pregnant. This patient had a previously scheduled appointment for several days prior to the six-week ban taking effect but could not get off work and had to reschedule, not realizing it would eliminate her options for care in Florida. Those few days made a world of difference. She missed her window for receiving abortion care and must now travel more than 500 miles to Virginia to access care. Most patients are being forced to travel to

Planned Parenthood (2024)
Source = Press Release

Miami-area Billboards and Digital Ads Highlight How the State's Six-Week Abortion Ban Takes Away Floridians' Ability to Make Private Medical Decisions

MIAMI – On Monday, September 9, 2024, Planned Parenthood of South, East and North Florida launches a powerful awareness campaign to shed light on how Florida's near-total abortion ban puts medical decisions in the hands of politicians instead of patients.

Two billboards on I-95, facing southbound and northbound traffic just south of the Golden Glades interchange, feature an ad depicting what should be a private patient experience in an exam room, highlighting the stark reality when politicians control these deeply personal medical decisions. Additionally, several digital street panels in Downtown Miami and surrounding areas will display the same ad.

Since May 1, 2024, Florida has enforced a law that bans abortion before many people even realize they are pregnant. The six-week abortion ban doesn't mean women have six weeks to seek care; it means they have only two weeks after a missed period to obtain an abortion before it is illegal in Florida. This extreme restriction, coupled with a forced delay period of 24 hours for patients seeking care, makes it virtually impossible to get an abortion.

Over 600 patients at Planned Parenthood of South, East and North Florida have been referred to out-of-state resources since May 1 because they exceeded the gestational limits imposed by the state. This near-total abortion ban also lacks any real exceptions for cases of rape, incest, or abuse—forcing survivors to obtain documentation before reaching 15 weeks of pregnancy to access care.

Planned Parenthood of Florida Action (2024)
Source = Press Release

Here for you.

We are proud to provide compassionate and non-judgmental abortion care. At Planned Parenthood of Florida we believe that decisions about whether to choose adoption, end a pregnancy, or raise a child are personal decisions that should be made only by the individual who is pregnant, their family, their faith, and with the counsel of their doctor or health care provider. We ensure that you have medically accurate information about all of your options. Planned Parenthood is here for you, no matter what.

Planned Parenthood (2026)

Source = Web Page

5:28
politicians in Tallahasse try to carve
5:29
out these exceptions for people who are
5:31
survivors of rape incest um you know if
5:35
the fetus isn't viable if the pregnancy
5:37
is just not you know the baby's not
5:38
going to make it or if there's a health
5:40
exception for the pregnant person um and
5:42
these exceptions are so narrow because
5:44
the laws weren't written by doctors they
5:46
were written by for the most part male
5:48
politicians that don't understand
5:49
pregnancy and so you know a rape
5:52
exception for example uh you have to
5:54
have
5:55
documentation uh that you were raped so

Planned Parenthood of Florida (2024a)
Source = YouTube

right now in Florida started went into
1:45
effect May 1 um this is an extreme ban
1:48
that makes it illegal for anyone to
1:51
access abortion care when they are
1:53
Beyond six weeks of pregnancy and let's
1:56
talk about that for a second because six
1:58
weeks does not mean that you've known
2:00
you've been pregnant for six weeks um or
2:02
that you've had six weeks to make a
2:04
decision what does six weeks actually
2:06
mean Dr Daniels if you want to kick us
2:08
off yeah absolutely thank you for um
2:11
having me and also that was the first
2:13
time that I've seen the um little intro
2:16
and I love that my cat made it in yes I

Planned Parenthood of Florida (2024a)
Source = YouTube

know what is a fatal fetal abnormality
11:52
because you know we've heard from women
11:54
like Deborah dorbert whose son survived
11:56
94 minutes outside of her womb and died
11:58
in her arm arms which she always knew
12:00
was going to happen but she couldn't get
12:01
an abortion we're seeing more and more
12:04
uh patients who are pregnant who um you
12:06
know end up having a non-viable
12:08
pregnancy are coming to us and are being
12:11
given I mean frankly the runaround by
12:13
physicians you know and other clinics
12:16
because they're afraid to touch you know
12:18
there's a chilling effect that this law
12:19
has created they're hesitant to touch

Planned Parenthood of Florida (2024a)
Source = YouTube

um and I can I I feel their pain and and
4:05
their confusion so acutely because it is
4:07
confusing and it is absolutely
4:09
terrifying that um the the state H has
4:13
put these people in and put all of us
4:15
into this just like vice grip um and and
4:19
it's just so inhumane and I I want to
4:22
get to what what the impact has been but
4:25
but on top of the fact that there's a
4:26
near total abortion ban there are other
4:29
barriers and obstacles in place Laura if
4:31
you can and share a little bit about the
4:32

Planned Parenthood of Florida (2024a)
Source = YouTube

22:10
putting on all of you and we're going to
22:12
make you involve the police and we're
22:14
going to make you involve a judge and
22:17
we're gonna make you involve a legal
22:18
team and a doctor oh and by the way you
22:21
have to do this all within this
22:22
arbitrary time limit we've set and it
22:24
just as like as a physician I think
22:26
about actually medically time sensitive
22:29
situations um and it's just it's it's a
22:32
yeah yeah I I urge our listeners to to
22:35
like just put this into perspective that
22:37
this was your your wife your spouse or
22:40
your sister your mother your cousin your
22:42

Planned Parenthood of Florida (2024a)
Source = YouTube

Title: The State of Abortion Access
Source: YouTube
Channel: Planned Parenthood of Florida
Date accessed: Wednesday 11 February 2026
Date released: 29 Apr 2024
Link: https://www.youtube.com/watch?v=S1bSKjYS4aw&list=WL&index=15

--- Transcript ---

the reality is that a six we ban is a total ban you'll hear over and over
0:05
again is how arbitrary this is and how it's not informed by doctors at all uh
0:10
these laws don't make sense because you happen to have a uterus you are somehow less worthy of
0:19
Health Care and less worthy of interventions for your health because you happen to have a uterus in in this
0:26
day and age that's essentially what what's happening in in Florida and in this country in this episode brought to you by
0:32
Planned Parenthood of Southeast and North Florida we dive into the state of abortion access in Florida and the

Planned Parenthood of Florida (2024b)
Source = YouTube

promote sexual Wellness all right well welcome everyone to our podcast birds bees bodies brought
1:24
to you by Planned Parenthood of Southeast and North Florida um we have been talking about all things sexual
1:29
reprodu Health in our last view podcast and I'm your host Michelle Casada I'm the vice president of communications we
1:36
are um very excited and anxious about the conversation we're about to have today which is about the state of
1:42
abortion access in Florida right now and joining me for this podcast we have Laura Goodhue who's our vice president
1:47
of public policy at our organization and we also have our staff physician uh Dr Shelley Tien so welcome to you both um
1:54
Laura if you want to start off just giving a brief background about yourself um and your work here at plann Parenthood
2:00
sure so thanks I'm so excited we're doing this this is fun I listen to podcasts all the time now I have another
2:05
one um no so I have been doing advocacy uh work in Florida primarily healthc
2:11
care advocacy for over um oh like 20 years and I've been with plan Parenthood for 10 years so I've seen a lot of

Planned Parenthood of Florida (2024b)
Source = YouTube

absolutely and um Dr Tien if you want to give a be brief background about yourself as well and your experience um
2:56
here in Florida and other states sure of course yes so I'm sh and I'm in um OBGYN
3:01
by training I have a sub specialty in Maternal Fetal Medicine um so I take care of patients with high-risk
3:08
pregnancies uh and I'm also a provider of abortion care uh so I've been with Planned Parenthood
3:15
for three years now um so I've provided care to patients in Florida um and seen
3:22
all the changes that have occurred in Florida over the last three years um and
3:28
prior to the dobs the ision um which is better known as the decision that overturn Row versus weade I provided
3:35
abortion care in Oklahoma and Alabama uh and then I also currently travel to Kansas to provide care um and then I'm
3:42
part-time with a Maternal Fetal Medicine uh Private Practice in Tucson Arizona and I'm glad you mentioned um the
3:48
overturning of roie Wade which is kind of you know what kind of spiraled everything across our country after
3:54

Planned Parenthood of Florida (2024b)
Source = YouTube

know at
15:38
the end of the day um Health exceptions pregnancy complications um you know it is a discussion between a patient in her
15:45
healthcare team there are many many many complicated um you know maternal health
15:50
conditions and also fetal conditions that can arise even in a patient that doesn't have you know who is otherwise
15:57
healthy and does not have any pre-existing conditions that warrant really tailored complex and Nuance
16:02
discussions that are left that should be left between patients and and their Healthcare team and so you know the
16:09
these exceptions are you know terribly inadequate um to address you know the
16:16
the Grays and the complexities of of medical Medical Care in addition you know these these exceptions um are
16:24
really antithetical to how we practice medicine and so in the care provision of
16:29

Planned Parenthood of Florida (2024b)
Source = YouTube

INTRODUCTION

For nearly 50 years, Floridians have been able to decide for themselves, based on their individual values, beliefs, and circumstances, whether to carry a pregnancy to term or to have an abortion prior to viability. The freedom to make such deeply personal decisions is enshrined in the Florida Constitution, which Florida citizens amended to provide a broad, fundamental right of privacy. The Florida Supreme Court has held, in decades of binding precedent, that this fundamental right of privacy protects Floridians' rights to make decisions about their families, bodies, and medical care, including decisions about pregnancy and abortion, free of government interference. Pursuant to those protections, for decades, Florida women have been able to obtain pre-viability abortions safely and legally in this state.

Earlier this year, in direct contravention of Floridians' constitutional rights, Florida legislators brazenly attempted to override the will of the Florida people by enacting House Bill 5,

'Planned Parenthood of Southwest and Central Florida, et al v. State of Florida, et al.' (2022) page 1.
Source = Legal case document / Motion for Temporary Restraining Order. Circuit Court of the

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[1] Plaintiffs are Planned Parenthood of Southwest and Central Florida (PPSWCF); Planned Parenthood of South, East and North Florida (PPSENFL); Gainesville Woman Care, LLC d/b/a Bread and Roses Women's Health Center; A Woman's Choice of Jacksonville, Inc. (AWC); Indian Rocks Woman's Center, Inc., d/b/a Bread and Roses; St. Petersburg Woman's Health Center, Inc.; Tampa Woman's Health Center, Inc.; and Shelly Hsiao-Ying Tien, M.D., M.P.H.

[2] Defendants are: the State of Florida; the Florida Department of Health; Joseph Ladapo, M.D., in his official capacity as Secretary of the Department of Health; the Florida Board of Medicine; David Diamond, M.D., in his official capacity as Chair of the Florida Board of Medicine; the Florida Board of Osteopathic Medicine; Sandra Schwemmer, D.O., in her official capacity as Chair of the Florida Board of Osteopathic Medicine; the Florida Board of Nursing; Maggie Hansen, M.H.Sc., R.N., in her official capacity as Chair of the Florida Board of Nursing;

'Planned Parenthood of Southwest and Central Florida, et al v. State of Florida, et al.' (2022) page 1.
Source = Legal case document / Motion for Temporary Restraining Order. Circuit Court of the

Plaintiffs are clinics and a physician who provide a variety of reproductive health services in Florida, including but not limited to pregnancy testing, contraceptive counseling and services, STI testing and treatment, cancer screenings, miscarriage management, and abortion care. Expert Decl. of Shelly Hsiao-Ying Tien, M.D., M.P.H. (hereinafter "Tien Decl.") ¶ 8, attached hereto as Ex. 1; Decl. of Stephanie Fraim[3] (hereinafter "Fraim Decl.") ¶¶ 4–5, attached hereto as Ex. 2; Decl. of Kelly Flynn[4] (hereinafter "Flynn Decl.") ¶ 5, attached hereto as Ex. 3; *see also* Complaint ¶¶ 12–19. Plaintiff Dr. Tien is a board-certified physician in obstetrics and gynecology and maternal-fetal medicine, a sub-specialty of obstetrics and gynecology involving advanced training and specialized practice caring for patients with high-risk pregnancies. Tien Decl. ¶¶ 1, 5; *see also* Curriculum Vitae of Shelly Hsiao-Ying Tien, attached as Ex. A to Tien Decl. Dr. Tien currently

'Planned Parenthood of Southwest and Central Florida, et al v. State of Florida, et al.' (2022) page 2.
Source = Legal case document / Motion for Temporary Restraining Order. Circuit Court of the

Abortion is one of the safest medical procedures available in the United States; complications from abortion are rare and rarely serious. Tien Decl. ¶¶ 23, 26–27. Abortion, including abortion performed after 15 weeks LMP, is much safer than continuing a pregnancy through to childbirth. *Id.* ¶¶ 23–27. Every type of medical complication associated with pregnancy is more common among women who give birth than among those who have abortions. *Id.* ¶ 26. Indeed, the risk of death associated with childbirth is approximately *twelve to fourteen times higher* than the risk of death associated with abortion,[6] and this disparity is even greater for Black women, who die from pregnancy-related causes at a rate of three times that of white women. *Id.* ¶ 25. In

'Planned Parenthood of Southwest and Central Florida, et al v. State of Florida, et al.' (2022) page 3.
Source = Legal case document / Motion for Temporary Restraining Order. Circuit Court of the

'Planned Parenthood of Southwest and Central Florida, et al v. State of Florida, et al.' (2022) page 4.
Source = Legal case document / Motion for Temporary Restraining Order. Circuit Court of the Second Judicial Circuit

Plaintiffs' patients seek abortion care for a wide range of deeply personal reasons. The decision to terminate a pregnancy is motivated by a combination of diverse, complex, and interrelated factors that are intimately related to the individual patient's values and beliefs, culture and religion, health status and reproductive history, familial situation, resources and economic stability, and plans for the future. Tien Decl. ¶¶ 28–31; *see also* Fraim Decl. ¶¶ 6–10; Flynn Decl. ¶ 6. Due to a range of factors, including lack of access to affordable health care, the majority of people obtaining abortion care nationwide (75%) are poor or low-income, and are already struggling to make ends meet. Tien Decl. ¶ 34; *see also* Flynn Decl. ¶¶ 6, 8. The majority of abortion patients nationally (approximately 60%) are also already parents and may seek abortions because they are concerned that they will be unable to adequately provide, materially or

56. It is "antithetical to quality patient care" to delay care and wait until a patient's condition has deteriorated to the point that they are at serious risk of becoming critically ill, *id.* ¶¶ 55–56, but that is what the Act effectively requires. Forcing providers to assess the precise "stage at which a deteriorating patient's condition qualifies for the life or health exception—at risk of a prosecutor or jury disagreeing with that assessment—puts providers in an impossible situation." *Id.* ¶ 56. The Act thus "robs patients of their autonomy to make informed decisions about how much risk to their own health to accept in the context of pregnancy," and does profound damage to the doctor-patient relationship, including by preventing providers who are treating patients facing complex and high-risk pregnancies from being able to care for their patients in ways consistent with their best medical judgment. *Id.* ¶ 57. In addition, some patients may feel rushed by the rapidly approaching cut-off under the Act to make a decision to have an abortion in order to preserve their health, rather than attempting further consultation with their doctors or seeking medical interventions that might enable them to safely continue a desired pregnancy. *Id.* ¶ 58.

'Planned Parenthood of Southwest and Central Florida, et al v. State of Florida, et al.' (2022) page 10.
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