

# [Thesis: Non-Medical Origins of Reproductive Health Solutions in the US](#) <sup>[1]</sup>

By: Horwitz, Rainey Keywords: [History of Health Solutions](#) <sup>[2]</sup> [History of Reproductive Health Care](#) <sup>[3]</sup>

Editor's note:

Rainey Horwitz defended her thesis titled "Non-Medical Origins of Reproductive Health Solutions in the US," in May 2018 in front of committee members Jane Maienschein, Carolina Abboud, and Alexis Abboud, earning her a Bachelor's degree from Barrett, the Honors College. <https://repository.asu.edu/items/48367> <sup>[4]</sup>

Abstract:

Prior to the legalization and [regulation](#) <sup>[5]</sup> of [abortion](#) <sup>[6]</sup> and [contraception](#) <sup>[7]</sup> in the late twentieth century, women could not readily access safe [birth control](#) <sup>[8]</sup>, [abortion](#) <sup>[6]</sup>, and other reproductive health options at clinics and doctor's offices. Thus, women sought out alternative means to control their reproduction that were often illegal, unreliable, and unsafe, often because they were provided by untrained reproductive health care providers. The untrained providers who performed unregulated reproductive health services during the 1800s through the mid 1900s were often referred to as "female physicians," despite not having any formal medical background. Those providers filled a demand to serve women who were not able to tend to unwanted pregnancies and other reproductive issues on their own, but their role in the history of women's health has not been well understood.

I have investigated the following questions: (1) How have women sought alternative non-medical approaches to managing reproduction, and (2) what historical patterns and situations can we see showing that non-medically trained people were active in the reproductive lives of women throughout the 19th and 20th centuries in the US? To study this, I have engaged in historical review methods to trace the [evolution](#) <sup>[9]</sup> of reproductive health care providers and educators. Specifically, I have examined historically active people, organizations, and events that involved women seeking alternative care and how the state of women's health care affected women's medical outcome. Through my investigation, I found a large number and variety of non-medical providers and approaches to women's reproductive health solutions due to an unmet need for reproductive healthcare and restrictive laws.

Women obtained concocted [birth control](#) <sup>[8]</sup> pills, illegal abortions, home-brewed menopause relief treatments, and learned how to give self cervical examinations from non-medical providers. In response to the rigidity of the male dominated medical field, non-medical forces intervened and women's healthcare evolved beyond the traditional male physician's office into supportive healthcare groups like Planned Parenthood. My findings are relevant in the ongoing political debates surrounding issues like [contraception](#) <sup>[7]</sup> and [abortion](#) <sup>[6]</sup> access. By demonstrating the struggle for sound standard of care for non-medical reproductive health care providers during the nineteenth and early twentieth century, this project emphasizes what the standards of reproductive health care for [abortion](#) <sup>[6]</sup> and [contraception](#) <sup>[7]</sup> might be like if the organizations that made them so readily available, like Planned Parenthood, were defunded or criminalized in our modern setting.

By demonstrating the struggle for sound standard of care for non-medical reproductive health care providers during the nineteenth and early twentieth century, this project emphasizes what the standards of reproductive health care for abortion and contraception might be like if the organizations that made them so readily available, like Planned Parenthood, were defunded or criminalized in our modern setting.

## Subject

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## Topic

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