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# Reproductive Rights Sit on a “Dangerous Precipice”: The Stakes of the Abortion Debate Playing Out in Idaho and Oregon

Christen Bryson

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## Introduction

- <sup>1</sup> In February of 2018, the Population Institute, an international non-profit organization that promotes “universal access to family planning information, education and services,” released its 2017 annual report card on reproductive health and rights in the United States (Population Institute n.d.). This was the sixth report of its kind. In the Population Institute’s 2016 Report Card, they noted that women’s access to reproductive information and services had been declining in the U.S. since 2014, causing the overall grade of the nation to fall from a C to a D+ (Population Institute 2016, p. 1). In the most recent report, this decline has continued, bringing the nation down yet further to a D- (Population Institute 2018c, p. 1). In 2016, the reasons for this change were said to be due to the U.S. House of Representatives attempts, seven in total, to defund Planned Parenthood; the U.S. House Appropriations Committee vote to end all funding for Title X,<sup>1</sup> which would limit women’s access to contraception and other reproductive services, like cancer screening; and the physical attacks made on reproductive service providers throughout the nation (Population Institute 2016, p. 1). Though the attempts by House legislators were countered in the Senate, the Population Institute believed the United States stood on a “dangerous precipice” (*Ibid.*). The fear that access to reproductive services would decline has been meted out as conservatives have taken hold of reproductive governance and moral regimes in the United States (Morgan and Roberts 2012, pp. 242-43).<sup>2</sup> Since January of 2017, conservative politicians have wielded control of the legislative and executive branches of the Federal government. In the nearly two years that they have been in power they have been able to undo the regulation that kept states from denying Title X

funding to abortion providers that was put in place by the Obama administration (Population Institute 2018c, p. 2). They have also been able to roll back the birth control provision of the Obama administration's healthcare reform in the Patient Protection and Affordable Care Act (ACA) (2010), also known as Obamacare, which stipulates that employers and insurers must provide birth control to their employees without charging co-pays, making birth control accessible to anyone with insurance (*Ibid.*). Employers may now opt out on religious or ethical grounds (*Ibid.*). While the overall grade of the nation has fallen, in 2016, Robert Walker, the Population Institute's President, pointed out that the poor performances of some states were "one of the reasons that the Institute gave the U.S. a lower grade [...]" (Population Institute 2016, p. 1). The politics and culture of each state have defined its moral regimes, which help for the meanings of reproductive rights to be codified in their laws. This is made manifest in a state's reproductive governance, or the ways in which they "produce, monitor and control reproductive behaviours and practices" (Morgan and Roberts 2012, p. 243). This article will take the states of Idaho and Oregon as examples of how the debate on reproductive justice is influenced by and influences these states' perspectives on sex education and access to abortion in hopes of exploring the ways in which reproductive governance represents political, ideological and geographical schisms within the American body politic. These two states are notable in that they are neighbors and yet, they take opposing positions in most cases on each of these issues. The purpose, then, in looking at the differences between Idaho and Oregon is to map the ideological, political, and geographical battleground that has come to represent the current reproductive justice debate in the United States and to look towards an uncertain future. If *Roe v. Wade* were overturned by a future Supreme Court decision,<sup>3</sup> there is little doubt that access to reproductive services in Idaho would be severely limited, while in Oregon, there would be little state-wide change. Idaho and Oregon exist on the opposite spectrum in the 2018 report. Idaho received an F, while Oregon received an A+.

## Sex Education

- 2 One might not naturally make a link between sexual education and reproductive justice. Sexual education is, after all, a means to simply expose children and adolescents to sexuality and its accompanying biology. However, it is also meant to help prevent unwanted pregnancies, so it is undoubtedly connected to reproductive justice on a practical level. As such, within the American context, sex education is an incredibly charged issue. In fact, in her book *Talk about Sex* (2002), Janice M. Irvine explains that "In part, sex education battles reflect different moral visions of the sort that have divided Americans [...]" (p.2). Irvine goes on to explain that sex education is but a microcosm of the fight to control the larger American body politic and its morals. This is quite evident in the way that both Idaho and Oregon have constructed their state's sexual education requirements and curricula.

## Idaho

- 3 Part of the Population Institute's report card focuses on what they call "prevention." It is under this umbrella that sex education falls. According to Idaho's 2017 report, Idaho is not effectively helping the state prevent pregnancy because it does not require sex education (2018, p.2). The moral regimes of the state's populous are very much reflected

in its legal positions on sex education. All of the laws on Idaho's statute books relating to sex education date back to 1970. In her master's dissertation in nursing, Annabeth Elliot explains the significance of this date in the history of sex education. Thanks in part to the social hygiene movement in the early twentieth century, sex education became part of the curriculum in public school as an attempt to provide moral and physical knowledge on sexuality (Elliott 2010, p. 13). At the end of the 1960s, conservative groups like the John Birch Society and the Christian Crusade took issue with the growing trend of public schools offering sex education, claiming that these courses encouraged sexual exploration (Donovan 1998; Elliott 2010, p. 13). They argued that sex education belonged in the home (Elliott 2010). Elliott recognizes the success of their efforts in noting that 17 state legislatures had adjusted their statutes in accordance with this argument by 1969. It is precisely this perspective that one sees in Idaho's statute on sex education. Law 33-1608 reads, "the primary responsibility for family life and sex education, including moral responsibility, rests upon the home" (Idaho State Legislature 2016 [1970]). In addition to charging the family with the task of educating children about family life and sexuality, the law stipulates that "the church and the schools" are only meant to "complement and supplement those standards which are established in the family" (*Ibid.*). The wording of the law indicates that the Idaho State Legislature sees sex education not in terms of reproductive health and rights, but instead as an extension of an individual family's values and morals. Nevertheless, the law allows for local school districts to decide whether or not they will provide sex education. In the event that a local school board decides to incorporate sex education into its curriculum, the legislature notes that it should continue to play a complementary role to the home. As part of this directive, sex education curricula should extol the role of the family home in relation to the larger social system, instruct young people about the role of American society in the home, and the responsibilities that accompany family life. Additionally, sex education in public schools is seen as providing young people with "scientific, physiological" understandings of sex and "its relation to the miracle of life, including knowledge of the power of the sex drive and the necessity of controlling that drive by self-discipline" (*Ibid.*). It is worth noting here that the Idaho State Legislature has codified religious language into this law in referring to the "miracle of life." In order to clear up any misreading of this definition of sex education, statute 33-1609 defines sex education as "the study of anatomy and the physiology of human reproduction" (Idaho State Legislature 2016 [1970]). The third and final parameter placed on sex education is how it should develop young people's "ideals," "standards and attitudes" that will influence their lives as teenagers and when they are establishing families of their own (Idaho State Legislature, 33-1608, 2016 [1970]). As sex education is seen as an extension of both the standards taught in the home and the church, the Idaho State Legislature explains that parents and school district community groups should play a role in planning, developing, and evaluating sex education curricula (Idaho State Legislature, 33-1610, 2016 [1970]). In the school districts that deem it appropriate to have sex educational instruction, whether or not their child participates remains at the discretion of parents and legal guardians. Any parent or legal guardian can have their child excused from such courses (*Ibid.*) It is evident that Idaho was unmoved by the national trend in the 1980s to implement comprehensive sex education in response to the HIV and AIDS epidemic as there has been no modification to the statutes since 1970 (Elliott 2010, p. 13).

- 4 The Idaho State Board of Education, however, did revise its health content standards in 2010 to be more in line with the Center for Disease Control's Health Education Curricula Analysis Tool and the national health education standards (*Ibid.*, pp. 14-15). These standards were adopted by the State Legislature and went into effect in the fall of 2010 (Idaho State Board of Education 2010). Sex education falls under two of the eight core concepts in the standards: Prevention and Control of Disease and Growth, Development and Family Life (Elliott 2010, p.14). These health standards are divided by grade level: K-2<sup>nd</sup> grade, 3<sup>rd</sup>-5<sup>th</sup> grade, 6<sup>th</sup>-8<sup>th</sup> grade, and 9<sup>th</sup>-12<sup>th</sup> grade.<sup>4</sup> Sex education is introduced at the youngest ages, in a relatively unspecific way. The following age group, grades 3 through 5, are specifically told about the contraction, transmission, prevention, and treatment of HIV and "changes that occur during puberty" (Idaho State Board of Education 2010, pp. 5-6). It is at this time that they are introduced to "Family Life," too, which includes STIs, development, and "healthy relationships" (*Ibid.*, p. 6). For grades 6-8, sexually transmitted diseases, HIV and AIDS are all considered "important components" of discussion on the Prevention and Control of Disease (*Ibid.*, p. 9). Growth, Development and Family Life includes sexuality in its discussion on healthy relationships (*Ibid.*, p. 10). Additionally, "consequences of sexual activity, encouragement of abstinence from sexual activity, pregnancy prevention, and methods of prevention" are all to be discussed (*Ibid.*). The only difference between sex education between grades 6-8 and 9-12 is that "Knowledge of [...] personal, legal and economic responsibilities of parenthood and other consequences of sexual activity" are added to the core concepts (*Ibid.*, p. 15). It is worth noting that from the earliest age, educators are encouraged to present "factual, medically accurate and objective information" as part of the Prevention and Control of Disease and the Growth, Development and Family Life.
- 5 In spite of the revision to the Idaho State Health Education Content Standards in 2010, local school districts and communities formulate sex education curricula. Annabeth Elliott notes that in Boise, the second largest school district in the state comprising nearly 10,000 students, the Independent School District of Boise prohibited teachers from instructing students about methods of preventing pregnancy, which appeared still to be the case according to the health curricula provided by the district's website in 2016 (Elliott 2010, p. 71; Independent School District of Boise 2016). The largest school district, West Ada School District, comprising some of Boise's suburbs, appears to comply with the Idaho State Health Education Content Standards (West Ada School District 2010). Though it is worth mentioning that after both the Prevention and Control of Disease and the Growth, Development and Family Life segments of their curriculum, there is a note stipulating: "Student-initiated questions related to prevention, transmission, risk, process and treatment will be answered in class in an age-appropriate and medically accurate manner. All other questions will be referred home. No discussion of intricacies of intercourse, sexual stimulation or erotic behavior. Questions about homosexuality will be answered in a non-biased, non-advocating, scientifically factual manner. Methods of birth control will be discussed as they pertain to risk and effectiveness. No demonstrations will be permitted" (*Ibid.*, pp. 22; 27).
- 6 Though on paper, Idaho appears to be moving towards comprehensive sex education, the state's laws allow for school districts to opt out of the program and do not mandate a state-wide program.

## Oregon

- 7 Oregon has approached sex education in a very different way. The Population Institute lauds the state for mandating comprehensive sex education, which includes instruction on abstinence, the prevention of disease and infection, as well as contraception (Population Institute 2018b, p. 2). One of the reasons that Oregon received a "+" was due to the fact that within their sexual education curricula, school boards provide information on sexual orientation and make sexual education inclusive of all sexual orientations (*Ibid.*). Oregon's sexual education program might be described as following in the vein of the International Conference on Population and Development's (ICPD) vision of sex education, which includes, "sexual health as part of the definition of reproductive health," and can be described as "the enhancement of life and personal relations, and not merely counseling and care related to reproduction and sexually transmitted diseases" (Nystrom, Duke, and Victor 2013, p. 90). Oregon's comprehensive approach to sex education has been an endeavor since the early 2000s, the larger goal has been to make sex education sex positive.
- 8 When one looks closely at Oregon's "Human Sexuality Education Law," it reads very differently from that of Idaho's. From the outset, Oregon differentiates itself from Idaho in that it requires all school districts to provide sex education in elementary and secondary schools (Oregon Administrative Rules and Oregon Revised Statutes n.d.). Additionally, those who write the curriculum—whether they be parents, teachers, staff, medical officials, or community members—are expected to take into account "[...] the latest scientific information and effective education strategies [...]" (Oregon State Legislature 2013). While sex education is mandated and there are science-based requirements for the curricula, what is perhaps the most fascinating aspect of Oregon's approach to sex education is the state's attempt to wade into the moral conundrums that often pervade its waters without positioning itself ethically. The Oregon Department of Education describes its pedagogical principles thus, "Building on the most current research and the National Health Education standards, they do not promote sexuality or impose a set of values, but, rather, empower the students to recognize, communicate, and advocate for their own health and boundaries" (Oregon Department of Education n.d.). While maintaining moral and secular distance from the issue of sexual education and health, the Oregon Department of Education and Legislature take the position that their responsibility is to provide students with the tools necessary to make their own decisions, to legitimize rather than castigate sexuality. Although it appears to be a more neutral position, it is important to keep in mind the ways in which sex education has been used to advance political and moral agendas. In looking at the construction of Oregon's comprehensive sex education laws through time, it becomes apparent that they too play a role in the ideological battle for reproductive justice.
- 9 According to Robert J. Nystrom, Jessica E.A. Duke, and Brad Victor, between 1994 and 2002, Oregon's sexual education program could have been qualified as risk-based. That is, it focused on abstinence, prevention of sexually transmitted infections, and was voluntary. If schools taught sexual education, they had to follow the parameters outlined in the law, but they were not required to teach sex ed (2013, p.90).
- 10 Because of mixed opinions about abstinence education and comprehensive education, and different stances amongst elected officials and the electorate, in 2005, the Governor's

Office set up an ad hoc committee that would lay out the next phase for teen pregnancy prevention in Oregon. The committee took this as the opportunity to review the scientific literature, work on creating a common strategy, and resolve moral quandries (*Ibid.*). This led to the creation of the Oregon Youth Sexual Health Partnership (OYSHP), which redirected the focus of sex education from teen pregnancy prevention to youth sexual health (*Ibid.*, p. 91).

- 11 Between 2005 and 2009, the OYSHP used youth action research, community forums, issue briefs, and a community opinion survey to gather data that would help inform the OYSHP's sexual health plan for Oregon's youth. In 2009, the state legislature passed a bill, ridding the state of its if/then clause, thus mandating age-appropriate comprehensive sexual education that "enhances students' understanding of sex as a natural and healthy part of human development" in Oregon schools, grades K-12 (*Ibid.*, pp. 91-94). When the federal government announced its intentions to fund teen pregnancy prevention programs in 2010, shifting away from abstinence-only education, Oregon was ready with its youth sexual health plan. Five state agencies were awarded grants at that time. One year later, the Confederated Tribes of Grande Ronde—the political and social organization of 26 Tribes and bands from western Oregon, northern California, and northern Nevada located to the southwest of Portland—also received a teen pregnancy prevention grant. Part of the plan's success is attributable to the participation of young people at every level of its development and implementation, from research to advocacy and outreach. Additionally as a joint effort between agencies and organizations, it is believed that the development of the plan has allowed for many to see how "family, income, age, race/ethnicity, gender identity, immigration status, sexual orientation, and geography" intersect to shape one's access to sexual education and health (*Ibid.*). Nystrom, Duke, and Victor claim not only is the Oregon Youth Sexual Health Plan an acme for state public policy, it is significant in its recasting of the issue of teen pregnancy within a larger framework that positively promotes young people's sexual health and comprehensive sexual education (*Ibid.*).
- 12 Idaho and Oregon have, thus, taken very different approaches to sex education. Patricia Donovan explained back in 1998 that these differences reflect the "controversy raging in many communities over what public schools should teach [...]" (188). Even though, one of the major aims of sex education is to prevent teen pregnancy and reduce the spread of STDs and STIs, comprehensive education proponents and abstinence-only or abstinence-plus advocates have fundamentally different priorities in the promotion of reproductive health (Donovan 1998).<sup>5</sup> Supporters of comprehensive sex education believe its purpose is "to give young people the opportunity to receive information, examine their values and learn relationship skills that will enable them to resist becoming sexually active before they are ready, to prevent unprotected intercourse and to help young people become responsible, sexually healthy adults" (*Ibid.*, p.190). Abstinence-only and abstinence-plus sponsors focus on how sex education can be used to promote values and morality that potentially conflict with those of the family and the church—prioritizing safe sex techniques and contraception over abstinence, promoting homosexuality, "teach[ing] young people how to have sex and undermine parental authority," for example (*Ibid.*). After having looked at Idaho's and Oregon's approaches to sex education, it is evident that each state has been swayed by one of these arguments more than the other.

## Abortion

- 13 Sex education is not the only major ideological and political difference between Idaho’s and Oregon’s positions on reproductive health and rights. So diametrical are these two states positions on abortion that the Population Institute’s report cards issued on the states of Idaho and Oregon might be looked at as indicators of what they meant when they claimed in 2016 that reproductive rights might be in peril of being drastically reduced or on the verge of expanding. These reports take four factors into consideration when evaluating a state: effectiveness, prevention, affordability, and access (Population Institute 2016, p.2).

### Idaho

- 14 Idaho scored well in “Effectiveness,” in preventing teen and unwanted pregnancies receiving 28.2 points out of 30. This is due to the fact that Idaho appeared to be moving towards the goal of having only 29 pregnancies per 1,000 women aged 15-19 by 2020 as the state teen pregnancy rate was 36 pregnancies per 1,000 (Population Institute 2018a, p. 2). The state had thus already reached 88.3% of the 2020 goal (*Ibid.*). This high score in “Effectiveness” is also attributable to Idaho’s rate of unintended pregnancies, 39%, which was lower than the Healthy People Objective 2020 set at 44%. The state received zeroes in nearly all of the sub-categories of “Prevention” and all those under “Affordability” because Idaho has no state-mandated sex education program; provides no legal protection for women’s rights to emergency contraceptives in the emergency room; has not expanded Medicaid<sup>6</sup> under the Affordable Care Act; has not included family planning services as part of its Medicaid plan; and provides no insurance coverage for abortions (*Ibid.*). Idaho does, however, have laws in place that allow minors to access contraception, which awarded the states five points under the “prevention” label for a grand total of five points out of twenty-five. In terms of “Access,” the state has not enacted any laws that are meant to impede providers from performing their jobs, known as TRAP laws, but it does require a 24-houring waiting period between abortion counseling and the procedure; parental consent for young women under the age of 18 seeking abortions; and clinicians to be licensed physicians (*Ibid.*). Additionally, Idahoan women’s access to abortion is limited according to their geographical location. 68% of Idaho women live in a county where there is no abortion provider. The Population Institute, thus, gave Idaho an F. The failing grade was due to the state’s inability to meet “prevention” and “affordability” standards (*Ibid.*, p. 1). Idaho is one of eighteen states to receive a failing grade. One of Idaho’s neighbors, Utah, also failed. However, Idaho also shares a border with two of the eleven states that received an A, Washington and Oregon.<sup>7</sup>

### Oregon

- 15 In conjunction with its comprehensive sex education model, Oregon promotes reproductive health and rights as basic human rights. Oregon scored lower than Idaho in its “Effectiveness” efforts. Like Idaho, Oregon’s teen pregnancy rate sits at 36 pregnancies per 1,000 women aged 15-19, however the rate of unintended pregnancies is higher, at 46% (Population Institute 2018b, p. 2). Oregon still has some work to do to reach the 44% target goal set for the Healthy People Objective 2020. Oregon received a near perfect score when it came to “Prevention,” “Affordability,” and “Access” as Oregon has

mandated comprehensive sex education in schools; provides women in Emergency Rooms with emergency contraception; has expanded Medicaid under the Affordable Care Act; and offers a Medicaid "waiver" to individuals who normally do not qualify for Medicaid to cover family planning services (*Ibid.*). Oregon likewise outperforms Idaho in the accessibility of abortion services: the state has no laws that make it "unnecessarily difficult" for women to have abortions; there are no TRAP laws; and 70% of Oregon women live in counties with abortion providers (*Ibid.*). The Population Institute gave Oregon an A+ for their efforts to provide comprehensive sex education, access to contraceptives, to make family planning more affordable and accessible statewide.

### Idaho Restrictions and Oregon Liberties

- 16 Where Idaho has implemented every type of law that Reed Boland and Laura Katzive have identified as threatening to reproductive rights<sup>8</sup> (2008, pp. 116-117), Oregon according to *The Washington Post* was the only state that "has not layered restrictions on top of the *Roe* decision" (Kliff 2013). Oregon does have a conscientious objection clause, however.

### The States' Moral Regimes Under Fire?

- 17 In the 2018 midterm elections both states have seen some challenges to their moral regimes. While Idaho has long resisted giving into the temptations of Obamacare, Idahoans were asked to expand Medicaid and the proposition passed with a 60.6% majority (Idaho Election Results 2018). This could allow for family planning services to be accessible to families whose income does not exceed 133% of the Federal poverty level, representing up to 62,000 Idahoans who are now covered under the expansion, if Idaho would incorporate family planning services into its Medicaid program (Galewitz 2018). In defending her support of the expansion, State Representative Christy Perry has been quoted as saying that Medicaid expansion "fits right into our morals and values," she explains those as including being "a conservative, Christian, right-to-life state" (*Ibid.*). While the implementation of ACA protections and benefits no longer seem to challenge the values of Idaho's citizens, this does not necessarily indicate that Idaho will ultimately upend its moral framework around reproductive services. President Trump carried the state by 32 percentage points (*Ibid.*). The fact that he has indicated on multiple occasions that this decision might be turned back over to the states and that an Idaho state representative wraps the state's identity around its position on abortion gives one pause on the future of reproductive rights for women in the state of Idaho.
- 18 Oregon, on the other hand, saw an attempt to erode its position on abortion access and services in the 2018 midterm elections. Ballot Measure 106 would amend the state constitution to "prohibit spending 'public funds' for 'abortion' or health benefit plans that cover abortion" (Ballotpedia n.d.).<sup>9</sup> Jeff Mapes with Oregon Public Broadcasting described this amendment as preventing "low-income women" from receiving aid for abortion services as well as keeping "public employees from receiving abortion coverage as part of their health insurance" (2018). Even though the measure was defeated by 64% of the state-wide vote, when one looks at a map of the state of Oregon and the way that votes were cast, it is evident that the state itself is quite divided on this issue. The entire eastern half of Oregon – as well as small pockets in the southwest – favored this amendment. Frequently between 60 and 75% of the voters in these areas wanted it to pass. The supporters of the measure argued that "they didn't think taxpayers should have

to pay for a procedure that they and many other people oppose on moral grounds" (*Ibid.*). In many ways, the fact that such a proposal wound up on the ballot, after three failed attempts, is indicative of a moral divide on this issue that is playing out largely between the state's urban and rural areas. Thus, Oregon might be seen increasingly as one of those states that has a gaping political, moral, and cultural chasm between its cities and countryside. While there is little concern over whether or not the state would restrict reproductive services in the event of an overturned *Roe*, this schism within Oregon presents its own political and ethical challenges for residents and the state government.

## Conclusion: Irreversible Trend towards Liberalization?

- 19 In 2008, Boland and Katzive concluded that their findings "[...] suggested [...] a trend toward [the] liberalization of abortion laws" and that this "should be hard to reverse" (Boland and Katzive 2008, p. 117). Given the gulf that exists between Idaho and Oregon when it comes to reproductive health and rights, it remains to be seen if this is truly the case. Before his inauguration in November 2016, President-elect Donald Trump stated in an interview on *60 Minutes*, "I'm pro-life. The judges will be pro-life. [...] Having to do with abortion – if it were overturned it would go back to the states" (as cited in Avila 2016). Since his inauguration, he has appointed Neil Gorsuch and Brett Kavanaugh, both constitutional conservatives. With these appointments in mind, it appears that the Population Institute's assertion that the U.S. stands at a "dangerous precipice" is more prescient than ever.

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## NOTES

1. Enacted in 1970, Title X intends to provide family planning services—affordable birth control, information about health care, testing and screenings—to people with low incomes” (Benson Gold 2001; Planned Parenthood n.d.).
2. Morgan and Roberts define these frameworks as providing different means to control legal access to reproductive health services as well as the perceptions of how these services benefit and harm individuals and societies.
3. Since President Trump’s appointments of the conservative justices, Neil Gorsuch and Brett Kavanaugh, it is believed, by abortion rights and anti-abortion rights advocates, that *Roe v. Wade* could be overturned the next time the court hears an argument on it.
4. K-2<sup>nd</sup> grade represents children from the ages of five to eight; 3<sup>rd</sup>-5<sup>th</sup> nine to eleven; 6<sup>th</sup> to 8<sup>th</sup> twelve to fourteen; and 9<sup>th</sup> to 12<sup>th</sup> fifteen to eighteen.
5. Abstinence-plus programs emphasize abstinence, but also give information on condom use and contraception to prevent the spread of disease and unwanted pregnancy.
6. Medicaid was created as a result of the 1965 Social Security Act. It provide government-backed health insurance to low-income individuals.
7. Idaho’s other neighbors, Nevada, Wyoming and Montana, received a C, a D, and a B-respectively.

8. Idaho allows for conscientious objection in the form of the Freedom of Conscience Bill for Health Care Providers (2010), has attempted to extend human rights rhetoric to the embryo and fetus in the Pain-Capable Unborn Child Protection Act (2013), has passed statutes 18-608 and 18-609 placing restrictions on facilities and providers, has limited certain types of medical technologies as was done in 2015 when Idaho's Governor C.L. "Butch" Otter signed a law that prohibits women from buying abortion-inducing medication on-line, and has created enough controversy around abortion that providers are few and far between, (Idaho has three abortion clinics [two in the Boise/Meridian area and one in Twin Falls, women in eastern and northern Idaho are thus required to commute for several hours to receive an abortion]) (Boland and Katzive 2008, pp. 116-17).

9. This measure closely resembled the wording and intentions of the Hyde Amendment, which passed at the Federal level in 1976. Its purpose was to restrict Federal funds from going to abortion, exempting situations in which a woman is raped, pregnancy is the result of incest or endangers the woman's life (Walrath 2018).

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## ABSTRACTS

Since the Supreme Court decision in *Roe v. Wade* (1973), states have been the staging grounds for the debate on reproductive rights. The politics and culture of each state have defined its stance on reproductive rights, which is made manifest in its policies on sex education and abortion services. This article will take the states of Idaho and Oregon as examples of how the abortion debate is influenced by and influences these states' perspectives on these issues. These two states are notable in that they take opposing positions in most cases on each of these issues despite the fact that they are neighbors. Researchers believed in the first decade of the 21<sup>st</sup> century that abortion laws were more likely to be increasingly liberalized around the globe. Yet, the differences between sex education and abortion services in the states of Idaho and Oregon demonstrate that the pendulum might swing the other way in the United States. In looking at the differences between Idaho and Oregon, one is able to map the ideological, political, and geographical battleground that has come to represent the current reproductive rights debate in the United States and its uncertain future.

Depuis la décision de la Cour suprême dans *Roe v. Wade* (1973), les États ont été au centre des débats sur les questions afférentes à la maîtrise de la fertilité, en adoptant notamment des politiques différentes en matière d'éducation sexuelle et d'avortement. La politique et la culture de chaque État définissent sa position en matière des droits reproductifs, ce qui est évident dans ses politiques d'éducation sexuelle et d'accès à l'avortement. Cet article s'appuiera sur une comparaison entre deux états, l'Idaho et l'Oregon, et étudiera la manière dont ils se positionnent par rapport à ces questions. Bien qu'ils soient voisins, l'Idaho et l'Oregon se démarquent en adoptant dans la plupart des cas des positions opposées sur chacune de ces thèmes. Au début du XXI<sup>e</sup> siècle, les experts estimaient que le pays allait vers moins de restrictions en matière d'avortement. Cependant, les différences entre les politiques sur l'éducation sexuelle et l'avortement dans l'Idaho et l'Oregon démontrent que le pays pourrait prendre une tout autre direction. Examiner les différences entre ces deux États nous permettra d'appréhender combien le débat actuel sur la maîtrise de la fertilité symbolise les conflits idéologiques, politiques et idéologiques de l'Amérique contemporaine.

## INDEX

**Mots-clés:** avortement, IVG, contraception, éducation sexuelle, Idaho, Oregon, justice reproductive

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