



**Speaking of Sisterhood: An Intersectional Exploration of College Students' Perceptions of
Women's Health Discussions as Acts of Feminist Solidarity**

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Abstract

This study examines the conversations female college students have surrounding women's health and how these interactions may be perceived as a form of feminist solidarity. Previous research has provided many definitions to the term "feminist solidarity" and has shown the effectiveness of friendships in accessing sexual and reproductive healthcare. For this study, 17 undergraduate students at a Jesuit university were interviewed and asked questions relating to feminist solidarity, peer interactions, and experiences surrounding conversations about birth control, abortion, and menstruation. To allow for the analysis of how feminist discourse differs between women of different races, the women were separated into focus groups by race (White, Black, and Asian). The findings supported literature about a feminist solidarity which is rooted in collective action and literature which has shown how friendships are important sources of reproductive and sexual health advice. Moreover, the identity of Asian and Black women were found to be key factors in how they engaged with and perceived feminism. In particular, the experiences of Asian women in this study have contributed to filling the information gap regarding the navigation of feminism and women's health by women of Asian descent.

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Introduction

“To experience solidarity, we must have a community of interests, shared beliefs and goals around which to unite, to build Sisterhood,” – bell hooks, 1986

In a time characterized by evolving social attitudes towards women’s reproductive rights and ongoing efforts to advance gender equality, young women attending college play a pivotal role in shaping the discourse around reproductive rights. They occupy a unique space in their lives where they are beginning to make decisions about their health independently, without the direct supervision of their guardians. Moreover, it is historically notable that women today are able to make decisions about their health for themselves without the supervision of their parents or spouse. Furthermore, college campuses can provide a forum for open and radical discussions about gender equality and reproductive rights (Reger, 2018), which may be topics that are new to young women, especially within gender studies departments (Shircliffe, 2000). From these conversations, ideas of collective action and feminist solidarity may come to light. The principles of mutual support and feminist activism which characterize these two concepts allow feminists to further the goal of gender equality and women’s rights.

Next, the entrance into university is a stage of life that marks a transition into adulthood and independence, which often entails new experiences (Arnett, 2014) and challenges relating to sexual and reproductive health. Moreover, college campuses provide an environment conducive to exploring one's identity (Kaufman & Feldman, 2004) and developing critical thinking skills. Here, women live with same-age peers and roommates rather than their families, which offers a new arena for conversations. Furthermore, after being exposed to a variety of perspectives and subjects, women may feel more comfortable sharing their own thoughts and experiences.

Despite the extensive body of research on reproductive rights, there exists a notable gap in the current literature pertaining to whether college-aged women perceive conversations about

birth control, periods, and abortion with their peers as a manifestation of feminist solidarity. Feminist solidarity in this context may be simply described as collective action which includes the shared goal and ongoing commitment to end sexist oppression and confront prejudices with the goal of a changed future. Additionally, it has not been explored whether such perceptions differ across racial lines in the United States due to historical racial exclusion within the mainstream feminist movement and racism within the medical community. Moreover, the intersection of racial and ethnic identities within this discourse remains an underexplored area of inquiry, particularly in the context of contemporary America, where the intersectionality of race, gender, and reproductive rights is of great importance. This research aims to address this gap by delving into the nuanced dynamics of these discussions, filling an important fissure in our understanding of the multifaceted relationship between college-aged women, their perceptions of feminist solidarity, and the role of race in shaping these perspectives.

This research will examine the perception young women have regarding conversations about birth control and abortion within their peer groups, aiming to discern whether these discussions are perceived as expressions of feminist solidarity. Through a series of focus groups, participants will be asked to reflect on their definition of and identification with feminist solidarity, discussions of reproductive health with peers, and the emotions they feel when engaging in such discourse. Additionally, the study seeks to explore how these perceptions may differ among individuals from various racial backgrounds and discern the reason behind these differences. By addressing these multifaceted aspects, this research aims to illuminate the intricate dynamics of feminist solidarity, the influence of cultural and racial factors, and the ways these elements intersect in discussions surrounding reproductive rights among college-aged women.

Literature Review

For the theoretical framework of this study, literature regarding the different definitions of feminist solidarity provide insight into how the idea of solidarity encapsulates the sense of shared identity, experiences, and goals among women, which may influence how they perceive and engage in discussions about their health. Furthermore, literature pertaining to collective action was chosen to understand the power of relationships in feminist activism and solidarity. Next, research about peer networks and health education recognizes the significance of informal networks in disseminating health information and support, which potentially shapes the perceptions of women's health discussions. Moreover, background considering the role of feminist activism on college campuses provides context to the identity of the participants in this study. Finally, information concerning intersectionality and the role of race in reproductive freedom clarifies the role that race has on the perceptions of feminism.

Feminist Solidarity

Solidarity has long been recognized for its power to create transformative political perspectives, bolster the political impact of feminists, and advance the struggle against all forms of oppression. Feminist solidarity in particular, creates alliances within the feminist movements to advance the fight against sexist oppression. There are many conceptions of feminist solidarity, many of which share similar themes that will be used to create a comprehensive definition that will be used to inform this study. Since 2016, there has been a noticeable resurgence of interest in solidarity as a principle of organizing (Vachhani & Pullen, 2019). Notably, solidarity has served as the groundwork for some of the most visible mass and transnational feminist movements, the 2017 Women's March and the Global Women's Strike. These feminist movements highlight the important motivating role that solidarity has played in contemporary

political mobilizations. But how can feminist solidarity be exactly defined? In the mid-1980s, bell hooks articulated her concept of solidarity among women as one that is based in bonding based on shared strengths and resources. hooks emphasized that this bond should be formed on the basis of a shared political commitment to a feminist movement that aims to end sexist oppression and that this commitment must be ongoing. hooks also notes that the women's liberation movement has historically served the interests of bourgeois white women at the expense of poor and working class women, many of whom are Black. Furthermore, hooks asserts that racism is a fundamentally feminist issue due to its interconnection with sexist oppression (hooks, 1986). Through this analysis, it becomes clear that racism is a barrier to solidarity among women and to build a mass-based feminist movement, women must work to overcome the alienation from one another that exists due to racism by confronting racism. Conceptions of one "sisterhood" which emphasizes unity and a common experience of women are not universal for all women. These notions must be replaced by focusing attention to power differences within and among the various communities of women. Ciccio et al. (2021) conceptualized this idea as "intersectional solidarity" which aims to integrate social inequalities into feminist politics while also interrogating its privileges and biases. Solidarity requires difference, so it also requires a sustained commitment to engage in and address conflict. Furthermore, Zaytoun & Ezekiel (2016) posit that solidarity must entail a sisterhood that is not rooted in the identity of its participants, but one that is "conceptualized as a political process, project, and struggle, built around lived experiences and consciousness" (p. 196). Historically, the concept of "sisterhood" has been one that has ignored diversity, thus making women of color strong critics of the idea of across-the-board sisterhood. Bonnie Thornton Dill (1983) suggests a pluralist approach instead; one that recognizes the differences among women and understands that political struggles are not only the

result of one's immediate priorities. There must be a shift in the sense of sisterhood or feminist bonding being based in classification to one that is rooted in "coalitional feminist goals and commitments that highlight the varying experiences among women in which gender is one among many socially constructed life situations," ((Zaytoun & Ezekiel, 2016), p. 204). A sense of solidarity that is rooted in a lived experience of coalitional consciousness, not just identity categories. This notion of a feminist solidarity which is rooted in collective action is founded on the belief that individuals can engage with others to bring about radical change by standing and acting together (Sweetman, 2013). Sweetman (2013) defines collective action among women as one that involves women discussing their lives, analyzing shared experiences of injustice and oppression, and developing common goals. A sense of "power with" others rather than individual action. By taking action collectively, women can draw on pooled skills, resources, and knowledge which reduces the risks of isolated resistance. For Amy Allen, solidarity can be viewed as a kind of collective power. This power "that grows out of action in concert, binds members of the feminist movement together, and enables feminists to build coalitions with other oppositional social movements," (Allen, 1999). Feminism certainly needs to create solidarity, but it may be created in multiple and different forms and spaces. It is necessary to draw on the resources available and make a wide array of alliances to open solidarity up to everyone in the feminist movement (Littler & Rottenberg, 2021). Shared experiences have also been researched as a way to enhance gender solidarity. Researchers have proposed that the belief in menstrual synchrony serves several functions which enhance gender solidarity. These functions include: reducing shame and taboo related to menstruation, constructing a modern "sisterhood" in a socially acceptable way, marking women's relationship to nature, and serving as a pathway to fight back against sexism and sexist ideas about menstruation (Fahs et al., 2014).

Feminist Activism in College

In college, sexist experiences are particularly present. Seventy-five percent of women in male-dominated majors and 72.5% of women in gender-neutral majors reported experiences of sexism within a two-week period (Lawson, 2020). Many women begin their participation in feminist activism in college and this can be an important site of political and identity development in emerging adulthood. As women spend more time in the college environment, commitment to feminist activism may increase as research has suggested that social support (Vincke & van Heeringen, 2002) and social gender identity development (Macalister, 1999) may increase during college. In particular, college can provide unique opportunities to explore one's identity. Social identity refers to an individual's membership to a social group and cognitive and affective associations with membership to this group (Hogg, 2003). Furthermore, enrollment in gender courses may increase the sense of solidarity women feel towards other women (Henderson-King & Stewart, 1999). Also, the development of social identity in young women may be influenced by encounters with discrimination. Women who identify strongly with their gender ingroup report a higher incidence of discrimination compared to those who do not (Major et al., 2003). Similarly, there is a correlation between sexual-orientation identity and experiences with heterosexist discrimination (Fingerhut et al., 2005). Analogously, there is a correlation with racial centrality and perceived racial discrimination (Sellers & Shelton, 2003). Clearly, experiences with group-based discrimination may enhance the importance of a social identity. Encountering group-based discrimination may foster close connections with ingroup members as a protective measure against such bias. These factors may lead to an increase in participation in feminist activism.

Peer to Peer Health Education

The college environment is also where many interpersonal relationships form and these relationships are an extremely important facet of most people's lives. Sociologists have noted that friends confer social capital that offers opportunities for emotional support and the dissemination of information (Greco et al., 2015), benefits which are uniquely important when discussing sensitive topics such as health and especially reproductive health. These social networks also have protective and supportive functions as they provide trust, emotional support, help, and advice (Cheetham, 2014) which is especially necessary when discussing issues in the health arena which may be particularly sensitive. The informality of these relationships may prove beneficial to health education as they are less daunting sources of information. The effectiveness of peer to peer health education and the role of friendships in accessing sexual and reproductive healthcare has been well studied. Researchers have found that friends, siblings, significant others, and peers are seen as being able to fulfill roles that more "formal" sources of health information cannot. These people can provide health information that is relevant to the individual's own situation (Powell, 2008). In a study of 401 young people from Cardiff, England, most of the female interviewees, aged 12-19 years old, concurred that friends were "the first people you go to," for advice or information concerning sex and relationships. Additionally, "peers were similarly seen as appropriate sources of information for going through puberty, 'because they are at the same age as you and will be going through the same problems you are.'" Family, and friends especially, were likely to be seen as trusted sources of information and advice which was important in "redressing some adolescents' state of relative health 'information poverty,' especially those 'young people that have difficulties accessing traditional health services,'" (Powell, 2008). Clearly, for young people, especially those who do not have

access to formal health education, friends and family serve as a valuable source of health information and advice. These people may also provide information as to how to access forms of sexual and reproductive healthcare. In the United Kingdom, young people can acquire “C-Cards” which allow them to access free condoms and sexual health advice from community-based outlets across the UK. In a study of 34 young people aged 14-18 who had C-Cards, it was found that the vast majority of young people applied for C-Cards with their friends (Cheetham, 2014), making friendship networks integral to accessing this form of sexual healthcare. In addition to simply being able to access healthcare and health information, friendships have been shown to strengthen through shared experiences with accessing sexual and reproductive healthcare. A study of 30 females aged 13-19 at a non-NHS sexual health clinic for young people in the North West of England found that friendship bonds seemed to strengthen through shared experiences in acquiring emergency hormonal contraception (Fallon, 2010). These experiences serve as a site of female empowerment and solidarity because they work as a form of co-responsibility (Cheetham, 2014). Friends assumed important supporting roles such as confidantes, advisors, and motivators to their friends accessing emergency contraception, which often included even physically accompanying friends to sexual health services. Friends acted as important sources of information, and often recommended emergency hormonal contraception itself. Some girls in this study discussed the acquisition of emergency contraception with their boyfriends, however, they were never the sole source of information. If a young woman discussed emergency contraception with her boyfriend, it was often in addition to discussing it with her friend or family member. Sharing the responsibility of accessing contraception was rare, and it was usually the girl that took responsibility for the access while some boyfriends “either absolved

themselves of any responsibility or simply agreed with decisions that they had already made,” (Fallon, 2010).

Collective Action

The social identity model of collective action (SIMCA) seeks to integrate three broad approaches to the sociopsychological foundations and driving forces behind collective action. These approaches are: the group efficacy approach; the injustice approach; and the identity-based approach. Individuals are inclined to take action when they experience intense emotional responses to injustice, have confidence in the efficacy of their group’s actions, and are a part of social groups that can organize collective efforts (van Zomeren et al., 2008) (Thomas et al., 2012). From a sociological perspective, the concept of collective identity has been used to explain how social movements create and sustain commitment and cohesion between players over time. There are many definitions of collective identity, but they can be understood to encompass “shared interests, ideologies, subcultures, goals, rituals, practices, values, worldview, commitment, solidarity, tactics, strategies, definitions of the ‘enemy’ or the opposition and framing of issues,” (Flesher Fominaya, 2010). Women’s social identity may affect their likelihood of engaging in collective action as research suggests that experiencing strong bonds with other women leads to an increase in their commitment to feminist activism (Liss et al., 2004).

When discussing feminist activism, some scholars have created a broad definition that includes both collective action and individual resistance (Kelly, 2015). In particular, transnational feminist networks exemplify the role of collective action in the feminist movement through exchanging information, engaging in mutual support and a combination of lobbying, advocacy, and direct action towards their goals of equality and empowerment for women as well

as social justice and societal democratization. These organizations network and coordinate their activities, engage in dialogue and cooperation, solidarity, and mutual support, and work among many different countries to realize their goal (Moghadam, 2000). Beyond taking action as a collective within just the feminist movement, collective action can traverse the boundaries of different social movements. Notably, LGBTQ+ activism is heavily intertwined with the feminist movement. Studies on sexual-minority youth indicate that engaging in activism can function as a platform for empowerment by using knowledge to make change, gain agency and a “voice,” and foster connections within the community (Russell et al., 2009). A complex variety of social and individual factors may influence women’s participation in and commitment to feminist collective action such as experiences with discrimination (Liss et al., 2004), social gender identity (Gurin & Townsend, 1986), and social support (Foster, 2000). Another important factor may be women’s membership in social groups. For example, sexual-minority women may be more inclined to participate in feminist activism than heterosexual women (White, 2006). Additionally, research on women of color and sexual-minority women has shown that they experience multiple forms of oppression and the combination of these forms of discrimination may lead to higher levels of interest and participation in feminist collective action (Friedman & Leaper, 2010) (Shorter-Gooden, 2004).

Intersectionality

Various forms of privilege and oppression such as race, sexual orientation, and gender do not exist independently of one another in society or in people’s experience of themselves. These forms of oppression and privilege are related to one another in ways that make it difficult to understand without paying attention to its connection to other forms of privilege and oppression,

so it is important to consider intersectionality when discussing feminist theory. This understanding challenges the idea that oppression is a binary concept, suggesting instead that oppression is formed through the convergence and interweaving of multiple systems. The concept of intersectionality, rooted in antiracist feminist critiques, emerges as a theoretical and political solution to address the complex nature of women's oppression. It aims to overcome "the most pressing problem facing contemporary feminism – the long and painful legacy of its exclusions," (K. Davis, 2008). Women of color, and Black women in particular, have historically been excluded from feminist movements, and the experiences of women of color are fundamentally different to those of white women due to interlocking systems of oppression.

Race and Reproductive Freedom

In *Killing The Black Body* (1997), Dorothy Roberts analyzes the reproductive freedom of Black women in the United States throughout its history. When discussing birth control, race changes the significance of birth control to reproductive freedom. While Margaret Sanger's original defense of birth control was very feminist, the movement veered from radical, feminist origins towards a eugenic agenda where birth control became a tool to regulate the poor, immigrants, and Black Americans. It was racism which helped to create the view of birth control as a means of solving "social problems." This phenomenon sowed distrust of birth control clinics. Black people were suspicious of white-controlled birth control programs, and white-controlled programs had no intention of allowing Black people to take the reins (Roberts, 1998). In 'Racism, Birth Control and Reproductive Rights,' Angela Davis argues that "Birth control – individual choice, safe contraceptive methods, as well as abortions when necessary – is a fundamental prerequisite for the emancipation of women," (Davis, 1982, p. 353). Furthermore,

Davis goes on to point out that “Since the right of birth control is obviously advantageous to women of all classes and races, it would appear that even vastly dissimilar women’s groups would have attempted to unite around this issue. In reality, however, the birth control movement has seldom succeeded in uniting women of different social backgrounds,” (353).

Firstly, the ranks of the abortion rights campaign did not include many women of color and the reason for this exclusion lay in the ideological underpinnings of the birth control movement itself. The movement had been known to advocate for involuntary sterilization which was a racist form of mass population control. Furthermore, the first call for birth control was associated with goals only rich women could achieve such as higher education. Since this initial advocacy for birth control was linked to goals which could only be achieved by women with material wealth, poor and working class women would find it difficult to identify themselves with the birth control movement. Moreover, birth control advocates in the early 1900s either accepted or supported new arguments positioning birth control as a way to prevent the growth of the ‘lower classes.’ In 1906, President Theodore Roosevelt equated the falling birth rates of native-born white Americans with the impending threat of ‘race suicide.’ As the birth control movement gained traction, class-bias and racism crept into it. Race suicide of white Americans could be prevented by the introduction of birth control to Black, immigrant, and poor communities. Black communities subsequently became suspicious of white-controlled birth control programs, and white-controlled programs had no intention of allowing Black people to take the reins (Roberts, 1998).

Methods

After reviewing the relevant literature, there is a gap regarding the specific relationship between everyday discussions of reproductive health and their perception as informal

manifestations of feminist solidarity. Additionally, it is unclear whether these perceptions and experiences differ by race. This study hypothesizes that college-aged women discuss these health issues with their peers and the extent to which these interactions are perceived as a form of feminist solidarity varies with respect to race due to present and historical racism within the medical community and feminist movement. The specific reproductive health issues this study focused on were the topics of birth control, abortion, and menstruation, as these seem to be the most salient issues facing women today.

Participants

Participants in this study were 17 women recruited from a Jesuit university in Massachusetts. All participants identified themselves as cisgender female college students and the participants ranged from 18-22 years old. Participants identified themselves as White (n = 5), Black (n = 6), or Asian (n = 6). Recruiting female-identifying college students for this study is justified for several reasons. College students represent a diverse and dynamic demographic at a transitional life stage where they are actively forming their identities, beliefs, and affiliations, making their perceptions of feminist solidarity particularly relevant. College campuses are hubs of social activism and fostering discussions about gender issues and feminism, so this demographic's engagement with these topics makes them suitable participants for these discussions.

Recruitment

Flyers, notices on electronic listservs of university Women's centers, and emails to students directed participants to a secure online survey. The first page of the survey included a

consent form with information about the study. Participants were asked to confirm that they understood the purpose of the study and typed their name to indicate their consent. After this page, they filled out demographic information about themselves which was used to select participants for the focus groups.

Measures

Following the completion of this survey, a series of focus groups were conducted over Zoom. Focus groups were chosen as the method of data collection for this study due to their unique ability to gain insights into the group dynamics surrounding discussions of women's health (Luker, 2008). These focus groups were racially-homogenous to allow for the analysis of how feminist discourse differs between women of different races. These focus groups lasted around 45 minutes and consisted of posing questions relating to feminist solidarity, peer interactions, and experiences surrounding conversations about birth control, abortion, and menstruation. To preserve the anonymity of the participants, pseudonyms are used.

Analytic Strategy

Data was analyzed by qualitative coding for themes related to: solidarity, sisterhood, feminist identity, and the exchange of health information. Specifically, a constant comparative method adapted from Glaser and Strauss (1999) was used to analyze the data. First, there was a comparison in a single focus group where each of the three focus group transcripts were initially subjected to open coding to generate a diverse range of preliminary codes. Codes were derived directly from participants' responses without preconceived categories, allowing for the emergence of unanticipated themes. The next stage involved axial coding where the initial codes

from each focus group were compared to each other and consolidated. Themes related to solidarity, feminist identity, and the exchange of health information were refined, and connections between codes were explored. Finally, selective coding was used to synthesize the most significant and recurring themes between focus groups that directly addressed the research questions (Glaser & Strauss, 1999). Codes and themes were examined within each racial group to identify unique perspectives and variations in the perceptions of discussions on birth control, abortion, and menstruation as a form of feminist solidarity.

Results

Following the data collection process whereby three focus groups divided by race were conducted, the data was analyzed to identify themes relevant to the objectives of this study. These objectives included: understanding how women of different races identify with the feminist movement and define themselves within it; understanding the types of information being discussed in conversations about reproductive health; and exploring how conversations surrounding reproductive health impacted friendships. Quotations from participants are included to support any inferences drawn from them.

Table 1. Summary of the main and sub-themes found in the focus group of white women.

Research Objectives	Understanding how women of different races identify with the feminist movement and define themselves within it	Understanding the types of information being discussed in conversations about reproductive health	Exploring how conversations surrounding reproductive health impacted friendships
Research Questions	<p>Do you identify as a feminist or with the feminist movement?</p> <p>a. Why or why not?</p> <p>Is race/racism a factor in your identification as a feminist?</p> <p>How do you define feminist solidarity/sisterhood?</p>	<p>What reproductive health topics do you generally speak about with your female-identifying friends?</p>	<p>How do you feel after discussing/debriefing health issues or asking for advice for health issues from your friends</p> <p>Do you feel as though this relationship is strengthened through this type of interaction?</p>
Main Themes	<ul style="list-style-type: none"> ● General identification as feminists due to historical oppression and want for equality ● Acknowledgement of race influencing ability to identify with feminism ● Feminist solidarity as support and challenging patriarchal norms 	<ul style="list-style-type: none"> ● Sharing period symptoms such as cramps ● Discussing abortion options ● Challenge of accessing birth control at school 	<ul style="list-style-type: none"> ● Less isolation ● Conversations as informative ● Importance of discussing reproductive health news ● Relationships strengthened and deepened ● Vulnerability and openness as key to conversations
Sub Themes	<ul style="list-style-type: none"> ● Previous hesitancy to identify as feminist ● Identity as a woman is more prominent than identity as white person ● Subconsciously easier to identify as feminist because traditional representations of feminism support white identity ● Ability to support women through shared identity ● Supporting not just individual actions of women, but supporting feminism and women as a whole ● Shared experience of life through a woman's perspective vs. male perspective 	<ul style="list-style-type: none"> ● Sharing struggles with different phases of menstrual cycle, pain symptoms ● Offering help when hearing about pain (Sisterhood) ● General openness with friends about sex lives, reproductive health, birth control options ● Casual references/jokes to period around friends 	<ul style="list-style-type: none"> ● Appreciate reducing taboo surrounding birth control ● Note that obtaining birth control at a Jesuit university is more difficult ● Still stigma around reproductive health conversations ● Shared experience helpful for discussing reproductive health ● Having a friend group to trust with these conversations is helpful when talking to a parent is uncomfortable ● Easy to talk to female friends, harder to talk to men ● Less stress when discussing with friends ● Opinions of friends is helpful ● Discussion of abortion rights with friends ● Talking about reproductive health topics that are frightening (e.g. pregnancy scares) deepens relationships ● Being able to talk about these topics with friends now means that they can rely on their friends in the future → getting an abortion ● Allowing yourself to be vulnerable with people about "taboo" topics strengthens relationships

White Women

Ease of Identifying as a Feminist

Overwhelmingly, when asked whether they identified as feminists, the participants in this focus group agreed that they did, however, when asked if race played a role in this identification, most participants agreed that their identity as white women did not influence their identity as a feminist.

“As a white person, my identity as a woman is more cognizant in my mind than being a white person.” (Claire)

Claire suggests that for her, her identity as a woman is more salient in her mind than her identity as a white person. This statement reflects the privileged position that many white women occupy, where gender becomes a primary axis of identity and overshadows the significance of race. This increased awareness of gender identity may allow for an easier embrace of feminism without needing to fully grapple with the racial dynamics of the feminist movement.

“My identity as a white woman doesn’t necessarily actively play a role in whether I choose to identify like that or not, but I also think that it makes it easier to identify as a feminist because I think traditional representations of feminism tend to support my identity. Whereas if I wasn’t white, that might not necessarily be the case.” (Spenser)

Here, Spenser highlights how traditional representations of feminism often align with the experiences and perspectives of white women which she believes makes it easier for her to identify as a feminist. Spenser also acknowledges that this ease of identification with the feminist movement would be different if she were not white.

“Historically, feminism obviously left out a lot of women of color and started as just focusing on goals for white women at the expense of putting down the goals for women of color. So I think

subconsciously, it does make it easier for me to identify (as a feminist) because it's a movement that's always been trying to support white women." (Daisy)

Furthermore, Daisy underscores the fact that throughout history, feminism has focused mainly on the goals of white women which may have contributed to a subconsciously easier alignment with feminism.

These anecdotes emphasize the privilege and challenges that come with white women's identification with feminism. While white women may find it easier to embrace feminism due to its alignment with their experiences and the historical biases within the movement, it is necessary for white women to also recognize and actively address the intersecting dynamics of race and gender which shape the experiences of women of color in feminist spaces.

Feminist Solidarity as Support

Next, when asked about their definitions of feminist solidarity, themes of solidarity as being a way of supporting other women arose. Particularly, Mary emphasizes the importance of solidarity among women who identify as feminists. This quote highlights how the shared identity of being women who embrace feminism can serve as a unifying force which fosters support and understanding among them. This shared identity recognizes the common challenges faced by women in a patriarchal society and emphasizes the importance of mutual support within feminist communities.

"Being able to support each other through the shared identity of all being women who identify as feminists." (Mary)

Additionally, Spenser expands on the notion of support among women by highlighting the importance of supporting women in their individual journeys. It acknowledges that while

women may not always agree with every choice made by other women, they can still extend support and solidarity to them. This focus on uplifting women as a whole rather than scrutinizing individual choices promotes a nuanced understanding of support among women and in feminist spaces.

“Women supporting other women in their journeys without necessarily agreeing with every choice that they make. So it’s not like you’re supporting every single action, but rather just women as a whole and supporting feminism as a whole.” (Spenser)

Daisy also points out the importance of identifying the ways in which societal pressures can cause competition between women. Identifying and rejecting these pressures is a way to support other women and create solidarity.

“Recognizing where society tries to pit women against each other.” (Daisy)

Finally, Claire notes that all women share a common perspective shaped by their experiences of navigating the world as a woman. This demonstrates the universality of the female experience and suggests that this shared perspective forms a basis for connection and understanding among women. By recognizing the commonality of their experiences, women can relate to each other’s struggles and triumphs which strengthens bonds between women.

“We all have the experience of life through a woman’s perspective, so we all can relate to that.” (Claire)

Shared Struggles

The support that entails solidarity not only entails supporting others through their own experiences, but also recognizing that sharing similar struggles can be a crucial part of living in solidarity with others.

“I was telling everyone about my struggles with ovulating at the moment and how it really hurt. And I shared all of that with all my roommates and all my friends.” (Daisy)

Here, Daisy shares her willingness to openly discuss personal struggles with ovulation pain with her roommates and friends. By sharing her experiences, Daisy not only seeks support but also creates an environment where others may feel comfortable discussing similar issues. This openness contributes to the normalization of conversations surrounding reproductive health within social circles which fosters empathy and solidarity among friends.

“We talk about when we’re on our periods it’s like ‘Ah, I gotta go change my tampon,’ and it’s another shared experience, where it’s cathartic.” (Claire)

The communal aspect of discussing menstruation is reflected in Claire’s statement. She describes it as a shared experience which can feel cathartic, suggesting that talking about menstrual challenges can be emotionally relieving. By having these conversations, Claire and her friends not only acknowledge the commonality of their experiences, but they also create a space for mutual support and understanding.

Seeking Advice

As spaces for support and understanding, it is important to note how friendships have become places to ask questions and seek advice. Claire highlights her reliance on conversations with friends to discuss her experiences with various forms of birth control. This suggests that friends play a significant role in providing support and understanding when it comes to navigating reproductive health decisions. Her openness about her struggles with birth control fosters a sense of solidarity and empathy among friends, contributing to a supportive social environment where individuals can share their experiences without judgment.

“As someone who has tried a lot of birth controls, I end up talking to my friends a lot about it.”

(Claire)

Furthermore, Kelsey’s statement speaks to the validation and advice-seeking behavior that often occurs within close friendships. By seeking her friend’s opinion on a stressful situation, Kelsey values their perspective and input, indicating a mutual exchange of support and advice. This illustrates the reciprocal nature of friendships, where individuals provide emotional support and guidance to one another, strengthening their bond and sense of connection.

“I feel like especially when talking to a friend, it's comforting to be like ‘I’m really stressed about this, this, and this. What do you think?’” (Kelsey)

Deepening and Strengthening Relationships

Beyond receiving valuable information and advice, these conversations had an emotional benefit to these women. When asked how participants felt about their relationships after discussions of their reproductive health, a common theme that emerged was the sense of deepening and strengthening of relationships after these conversations occurred.

“The only way you’re going to grow a relationship is by being vulnerable with each other.

Allowing yourself to be vulnerable and have these taboo, not really talked about conversations, you’re only strengthening your relationships.” (Claire)

Claire states that having conversations about reproductive health are spaces where people are very vulnerable and may be seen as taboo by others. Thus, when personal information is shared with others these relationships feel stronger after these interactions.

“Being able to talk about it with your friends now, you know that if something were to happen in the future, you would have someone that you can rely on. Like I know that if I ever needed to be driven to Planned Parenthood or anything like that, one of my friends would take me.” (Mary)

Notably, Mary emphasizes the value of being able to talk openly with friends about reproductive health matters. The mention of being driven to Planned Parenthood demonstrates the practical support that friends can provide in accessing reproductive health services. Also, this anecdote speaks to the fact that friends are not just companions for social activities, but also allies who can provide practical assistance and emotional support when necessary.

Table 2. Summary of the main and sub-themes found in the focus group of Asian women.

Research Objectives	Understanding how women of different races identify with the feminist movement and define themselves within it	Understanding the types of information being discussed in conversations about reproductive health	Exploring how conversations surrounding reproductive health impacted friendships
Research Questions	<p>Do you identify as a feminist or with the feminist movement? b. Why or why not? Is race/racism a factor in your identification as a feminist?</p> <p>How do you define feminist solidarity/sisterhood?</p>	<p>What reproductive health topics do you generally speak about with your female-identifying friends?</p>	<p>How do you feel after discussing/debriefing health issues or asking for advice for health issues from your friends</p> <p>Do you feel as though this relationship is strengthened through this type of interaction?</p>
Main Themes	<ul style="list-style-type: none"> ● Stigma surrounding identifying as a feminist ● Desire for deeper involvement in feminism ● Feminist movement made for white women ● “Girlhood” as community 	<ul style="list-style-type: none"> ● Sharing period symptoms and jokes ● Discussing different birth control symptoms with friends 	<ul style="list-style-type: none"> ● Bonding and trust ● Forming stronger connections ● Vulnerability
Sub Themes	<ul style="list-style-type: none"> ● Feelings of not participating in the feminist movement, but still identifying as a feminist and being vocal about being a woman ● Desire for more education about the feminist movement ● Parts of feminism has become extreme and has put men down ● Hesitancy to identify as a feminist because of the extremist parts ● Thought of feminist movement being for affluent white women which does not reflect their identity ● Contributions of Asian women to the feminist movement are not as prominent as those of white women ● To be white and female is different than being Asian and female ● Asian/Immigrant parents emphasizing assimilation over engagement with social movements ● Sisterhood as “girls supporting girls,” having each other’s backs ● Sisterhood as community and bonding over shared experiences 	<ul style="list-style-type: none"> ● PMS is a very easy topic to talk about with female friends, make jokes ● Abortion spoken about in two ways: moral/political or about pregnancy scares ● Speaking with other women has helped gain information on reproductive healthcare ● Friends as main source of information vs. health class or parents ● Friends who are more involved in feminist movement are important sources of information ● Birth control side effects and varieties, discussing different options and Googling new information 	<ul style="list-style-type: none"> ● Growing up in an Eastern country has instilled a sense of shame and nervousness when talking about reproductive health ● Talking to friends makes them feel safer and closer to them ● Talking to people with similar experiences with periods forms a special bond/connection ● If these conversations come up, they are comfortable with and trust that person ● Some find that people are disgusted by these topics, so it is important to know that they are close enough to someone to have these vulnerable conversations

Asian Women

Stigma Surrounding Feminism

When asked about whether or not they identified as feminists, participants in this group all agreed that they did. However, many brought up the stigma that surrounded the feminist movement and made it clear that they distanced themselves from the more radical forms of feminism that have been portrayed in the media.

“There’s one extreme that’s very much publicized and in the media and it stigmatizes the idea of feminism as a movement itself.” (Julianne)

Julianne suggests that there is a pervasive portrayal of feminism in the media which focuses on an extreme perspective. This portrayal likely focuses on radical or divisive elements of feminism which leads to the stigmatization of feminism as a whole. By highlighting this issue, Julianne acknowledges the negative impact media representation has on the public’s perception of feminism which could hinder broader acceptance or understanding of the movement.

“I think feminism has been altered, like its perception of it in society. And it used to just be this idea that, I think at its heart, it’s this idea that it’s supposed to uplift everyone. But it’s now viewed as something that’s like to raise women, we have to put down men and I don’t align with that part of feminism.” (Erica)

This quotation reflects the changing nature of feminism and its portrayal in society. Erica suggests that feminism has changed in how it is perceived, shifting from its original intent of promoting equality for all genders to a notion that it looks to elevate women at the expense of men. Erica rejects this aspect of feminism and indicates a desire for a more inclusive and balanced approach to gender equality advocacy.

Asian Identity in Feminism

While the focus group comprised of white women largely agreed that their racial identity did not affect their identification as feminists, the Asian women in this study had different experiences.

“I’ve always thought of the feminist movement to be made by affluent white women, and I’m not an affluent white woman.” (Jade)

Jade highlights her awareness of her Asian identity within the feminist movement. She perceives the movement as created by affluent white women which can make minorities such as Asians feel excluded or marginalized. This reflects a recognition of the lack of representation and acknowledgement of Asian voices and experiences within mainstream feminism.

“To be white and a female and Asian and a female, I think you’re totally treated differently. So I think it’s something that should be taken into consideration.” (Kelly)

Here, Kelly emphasizes the unique intersectionality that comes with being both Asian and female. She recognizes that her experiences are not only shaped by her gender, but also by her racial identity. This suggests an awareness of the complexities and nuances of navigating feminist spaces as an Asian woman, where stereotypes, race and gender-based discrimination intersect.

Cultural Stigma Surrounding Women’s Health

Even past just the lack of Asian representation found in feminism, the cultural differences that come with being the daughters of Asian families creates some tension around identifying as a feminist.

“I think race has a big impact on the way that I do feminism. Any type of movement that I think about, I think about how my parents would view it. They’re very much traditional and they’ve always taught me growing up in America that I should assimilate more and be more soft spoken with topics like these.” (Julianne)

This quotation underscores the influence that cultural expectations and familial upbringing had on Julianne’s engagement with feminism as an Asian woman. Julianne’s reference to her parents’ traditional views reflects the tension between cultural norms and feminist ideals, especially regarding issues of assertiveness and outspokenness. This highlights the need to navigate between honoring cultural heritage and advocating for gender equality as an Asian woman.

“I always get kind of nervous when I bring up topics like reproductive health to my parents or friends because it brings shameful feelings that I probably shouldn’t have, but growing up in Eastern countries, it’s inevitable.” (Fiona)

Here, Fiona discusses the cultural stigma surrounding reproductive health in Asian countries, which underpins her feelings of shame and discomfort when discussing such topics. This reflects the intersection of cultural taboos and gender norms within Asian societies, which can contribute to the silencing of women’s experiences. It stresses the importance of challenging cultural barriers and promoting open dialogue within Asian communities to address issues of reproductive health and gender equality.

Sisterhood as Community

When asked what sisterhood meant to them, the participants in this focus group relied on definitions focused around community and support.

“It’s a community of people who share the same values that have gone through the same experiences as you.” (Erica)

Clearly, the shared values and experiences are important in forming a sense of solidarity within feminism. It suggests that individuals within this community find solidarity and support within their shared understanding of certain experiences and values, such as gender discrimination or inequality. This sense of shared identity creates a supportive environment in which individuals can relate to one another and collectively work towards common goals.

“When I think of girlhood or the feminist movement, I think of community over anything else. Community and support.” (Julianne)

Julianne explicitly emphasizes the centrality of community and support within the ideas of girlhood and the feminist movement. She views community as paramount, prioritizing the sense of belonging and solidarity that it offers. This suggests that for Julianne, the essence of girlhood lies in the connections which are forged through shared experiences and mutual support. It is the communal aspect of feminism, where individuals come together to empower one another, which is so important.

Shared Experiences with Reproductive Health

Shared experiences can be an incredible way to promote a sense of solidarity among women, and Heather describes how reproductive health issues are ever-present in the minds of many women.

“Because our periods happen every month and it’s not just this week that you have it, it’s like the week before you PMS and the week after, so it’s the whole month. It basically takes up your whole mind. I feel like it’s a very easy topic to talk about with friends in terms of just how you’re

feeling, what kinds of experiences you have, and just making silly jokes about it as well.”

(Heather)

The experience of menstruation is not just confined to just the days of bleeding, but rather it also extends to the periods before and after the menstruation week. This cycle occupies a woman's thoughts throughout the month, making a significant impact on her life and mental state. Heather points to the ease of discussing menstruation with friends since there is a level of comfort and openness about peers in sharing similar experiences and feelings related to menstruation. Additionally, Heather mentions making “silly jokes” about menstruation. By incorporating humor into these conversations, individuals may look to ease discomfort or stigma associated with this topic which allows for a more lighthearted perspective.

Education by Friends

Jade and Kelly speak to the supportive and empowering nature of female friendships. Through conversations, with friends, individuals not only gain knowledge about reproductive health, but they also feel supported and validated in their experiences. This sense of community creates a safe space where individuals can openly discuss personal topics without fear of judgment or stigma. Friends contribute to each other's agency in making decisions about their reproductive health by sharing information and similar experiences.

“I had a conversation with one of my friends a few weeks ago about Planned Parenthood and how she gets her birth control from Planned Parenthood and doesn't have to pay for it. And I didn't even know that was an option, so I feel like the more that I talk about it with other women, the more I learn.” (Jade)

Jade's statement reveals the importance of open dialogue among friends in increasing awareness and understanding of reproductive health options. In this situation, by discussing their experiences with Planned Parenthood and birth control, friends like Jade's can inform each other about available resources and services. This exchange of information not only empowers individuals to make informed decisions about their own reproductive health but also helps destigmatize topics such as contraception and healthcare access.

"I think my main source (of reproductive health information) wasn't really talking about it with parents or in class, or even just looking at the news, but it's through all my friends that were more involved in the feminist movement than me, who were able to provide me the information through the conversations we had." (Kelly)

Kelly's statement demonstrates the significant role that friends who are involved in feminism play in providing reproductive health information. Instead of relying on traditional sources like parents or formal education, Kelly learns about reproductive health primarily through conversations with friends who are actively engaged in feminist discourse. This highlights the importance of peer education in disseminating information and promoting awareness of reproductive rights and resources.

Vulnerability and Connection

When asked how participants felt about their relationships after discussions of their reproductive health, a common theme that emerged was how vulnerable and connected participants felt. Fiona notes that navigating reproductive health with her friends made her feel

“safer and closer” to her friends while Erica points to how having these conversations is a milestone in a friendship.

“After talking with my friends about issues we met during our navigation of reproductive health, it made me feel a lot safer and closer to that friend.” (Fiona)

“After we’ve had that first conversation about our period or something related to this subject I’ll walk away and just be like ‘I feel like we are friends now.’ If we can talk about these things and feel like I know I’m comfortable with you and I trust you, and I know that we’re going to be friends.” (Erica)

Table 3. Summary of the main and sub-themes found in the focus group of Black women.

Research Objectives	Understanding how women of different races identify with the feminist movement and define themselves within it	Understanding the types of information being discussed in conversations about reproductive health	Exploring how conversations surrounding reproductive health impacted friendships
Research Questions	<p>Do you identify as a feminist or with the feminist movement? c. Why or why not? Is race/racism a factor in your identification as a feminist?</p> <p>How do you define feminist solidarity/sisterhood?</p>	<p>What reproductive health topics do you generally speak about with your female-identifying friends?</p>	<p>How do you feel after discussing/debriefing health issues or asking for advice for health issues from your friends</p> <p>Do you feel as though this relationship is strengthened through this type of interaction?</p>
Main Themes	<ul style="list-style-type: none"> ● General identification as feminists due to oppression of women in society ● Understanding diversity is important to feminism ● Solidarity as a shared struggle 	<ul style="list-style-type: none"> ● Sharing period symptoms ● Discussing different birth control symptoms with friends ● Female friends and family members as sources of advice 	<ul style="list-style-type: none"> ● Strengthening relationships ● Understanding and Connection ● Vulnerability
Sub Themes	<ul style="list-style-type: none"> ● Resonance with “Bad Feminism” ● Feminism as equity instead of equality ● Feminism in the media as being divisive instead of uniting ● Need to define what their definition of feminism is ● Particular importance of supporting black women due to their marginalization ● Important to understand how race affects experiences ● Importance of understanding others’ upbringing and culture to ensure harmonious coexistence ● Impossibility of separating race from feminism ● Discouragement of identifying as a feminist due to historical treatment of black women ● Necessary to be cognizant of diversity in the feminist movement ● Sisterhood as comfort, empathy, unconditional love, and support ● Solidarity as taking on causes that are not your own 	<ul style="list-style-type: none"> ● Discussions of birth control and various reasons why people are on it ● Sharing of women’s health struggles leading for support from friends ● Analyzing the health burden women must carry in relationships to ensure safe sex ● Negative effects of periods and birth control being common topics of discussion ● Observation of sisters used as a method of health education ● Self-navigation and navigation with friends to figure out optimal health ● Friends as a source of advice because their experiences are familiar ● The internet as a source of information ● Asking older female family members for advice 	<ul style="list-style-type: none"> ● Judgment surrounding the reproductive health decisions made ● Feelings of happiness when people approach with these topics ● Feeling seen, understood, and connected after conversations ● It feels like an honor to be asked for advice ● Relationships become stronger after these conversations ● Vulnerability is necessary to have these conversations ● Expressing yourself in an intimate way in these conversations ● Especially important when someone feels comfortable enough to discuss vulnerable topics in the current political climate which is trying to restrict reproductive freedom ● Sisterhood is strengthened through these interactions ● Hesitancy to discuss reproductive health with people who they do not feel comfortable with

Black Women

Stigma Surrounding Feminism

When asked if they identified as feminists, participants in this focus group all agreed that they did. However, many called attention to some of the stigma that surrounded the feminist movement and made it clear that they distanced themselves from certain aspects of publicized feminism and also historical discrimination within the feminist movement.

“I think nowadays, this has broadened into some ideas pitting genders against each other, which isn’t necessarily what I believe in. More so having equal opportunities for women in the workspace and in higher education.” (Dani)

Dani posits that there is a prevalent notion that feminism has expanded into encompassing certain ideas which seek to pit genders against each other, which is an idea that has expanded beyond feminism’s previous scope. Despite recognizing this potential gender conflict, Dani clarifies that she does not align with the notion of pitting genders against each other, but she does value the equal opportunities that feminism affords women.

“I think something that deterred me from identifying as a feminist for so long was the way that Black women in particular had been treated historically. It was something I had to overcome to really understand the core of what it means to be a feminist.” (Gabrielle)

Before understanding the fundamental mission of feminism, the historical mistreatment of Black women by feminist activists initially dissuaded Gabrielle from identifying as a feminist. Her awareness of the intersectionality of being a woman of color underscores the significance of acknowledging and addressing the mistreatment of marginalized people by the feminist movement.

Experiences as Black Women

“Because black women are the most marginalized group in general, it’s extremely important to just create that sense of solidarity and support for each other before facing whatever the world has,” (Veronica)

Here, Veronica emphasizes the importance of creating solidarity and support for Black women especially when considering their marginalized status in society. This speaks to the necessity of building community and fostering resilience in the wake of systemic inequality. Furthermore, this highlights the significance of having spaces where Black women can uplift and empower each other before facing challenges.

“I think especially for me, as a Black woman, I think it’s very pivotal to understand how different groups of people have to navigate the world differently.” (Ivy)

As a Black woman, intersectionality is especially important to Ivy, since race as well as gender shape her experiences. She recognizes that individuals navigate the world in different ways based on their intersecting identities which calls for empathy, awareness, and solidarity among marginalized groups.

“I have noticed that, as a Black person, as a Black woman, I take the extra time to learn about people’s cultures, how they interact, and what I need to do to make sure that we coexist harmoniously.” (Veronica)

Finally, Veronica reflects on her experiences as a Black woman and notes the effort that she puts into learning about other people’s cultures and interactions to ensure peaceful

coexistence. This underscores the value of respect and cultural competence in fostering positive relationships and social cohesion especially within the feminist movement.

Importance of Understanding Diversity to the Feminist Movement

In addition to sharing their experiences as Black women and how this informs their navigation of different cultures within life and the feminist movement, participants touched upon the great need to recognize and understand the diverse experiences and struggles faced by women from different backgrounds.

“It’s important to the feminist movement to make sure we mention our struggles and what we’ve had to face in general, so they can learn from us and be able to unite as a front to create equity.”

(Veronica)

Veronica stresses the significance of sharing and recognizing the struggles women have faced in order to create a sense of unity and belonging within the feminist movement. By openly discussing their struggles, women can educate each other and work together towards achieving equity. This shows a commitment to inclusivity and solidarity which acknowledges that collective action is essential for advancing the goals of feminism. Furthermore, Charlotte emphasizes the need of feminists to be conscious of the different perspectives that people of different races have.

“Race is important in the feminist movement because each race or ethnicity has different experiences and different perspectives on society. And I think it’s important that everyone is cognizant of that diversity.” (Charlotte)

Solidarity as a Shared Struggle

When asked about their definition of “feminist solidarity,” a common theme of solidarity being a struggle that is shared by a group of people arose. Notably, Gabrielle understands solidarity to include taking on the causes of others as if they were their own. Her viewpoint underpins the significance of allyship and cooperation in addressing systemic issues.

“I think I would say taking on others’ causes as your own and fighting for the things that they are struggling with, even if it’s not necessarily what you’re struggling with.” (Gabrielle)

Dani’s viewpoint furthers this idea of cooperation as she advocates for togetherness instead of being divided as a key point of solidarity. This perspective demonstrates the power of collective action in effecting change.

“I would say togetherness, just standing together, not against each other.” (Dani)

For Vanessa, solidarity involves not just political support, but also emotional support. Love and unconditional support are key to living in solidarity with others around you.

“I think a lot about love or unconditional support or just being a shoulder to lean or cry on, even if it’s just between you and the person next to you.” (Vanessa)

Shared Experiences

Beyond just discussing the facts of women’s health, participants shared that they often discussed their personal experiences with their health with their friends. Birth control and menstruation were common topics of conversation and women shared their experiences with their friends as a way to support them. Vanessa reveals the open communication that is present within her friendships regarding birth control. Clearly, this is a supportive environment where individuals feel comfortable sharing their experiences and opinions on birth controls.

“We talk a lot about birth control and why we’re on it, do we like it, how does it make us feel, our opinions on each other’s birth control.” (Vanessa)

Similarly, Veronica and her friends discuss not only menstruation as they experience it, but she also mentions how these conversations include informing each other about what support they need from each other during this time. This shows a level of empathy and consideration among friends as they may require that individuals may require different forms of support during this time, whether it is comfort, companionship, or space.

“I live with a lot of my friends, so we sync up on our periods so that’s a topic of conversation. Also the length of ours and what we need from each other during that time. One person could be a little snappy during their period and the person could just want comfort or just a friend to be around. So finding out each other’s during that time.” (Veronica)

Cultural Stigma Surrounding Women’s Health

Veronica and Ivy shed light on the challenges and consequences of cultural taboos and lack of education regarding women’s health, especially within immigrant families. Veronica discusses the stigma surrounding women’s health within immigrant communities and the idea of discussing topics such as menstruation openly with parents can be met with discomfort or silence due to cultural norms.

“From an immigrant parent’s point of view, the topic of women’s health is such a taboo idea. Even telling my mom I got my first period, it was a hush hush thing.” (Veronica)

Ivy had a similar experience with the lack of education and communication within families. She describes needing to learn about certain aspects of women’s health on her own, and

suggests that her mother avoided discussing these topics, perhaps out of a desire to prevent her from engaging in sexual activity.

“A lot of things I just had to learn by myself. I think my mom stayed away from the topic for me to not initiate any interest or do any sexual acts, but I think that education is important for any child growing up in the world so they know how to take care of themselves properly.” (Ivy)

However, Ivy recognizes the importance of education in empowering young women to take care of themselves and make informed decisions about their health.

Female Friends and Family Members As Sources of Information

Participants in this group offered insights into how they navigated conversations about personal and often sensitive topics related to health and development with their friends and also their families. Vanessa’s statement points to being more comfortable seeking advice from friends rather than parents. She knows the experiences of her friends and leverages this knowledge to find solutions to her own birth control issues which demonstrates the importance of peer support networks especially in areas where familial discussions may be challenging.

“I don’t really talk to my mom about it, but I do go to my friends for advice. But I think that’s just because I know about the lives and experiences of a lot of my friends. So I know if I’m having an issue with my birth control and they’ve been on other prescriptions before... I might be like ‘Did this happen to you? Because I know you were on it last year?’” (Vanessa)

For Dani, the inclusion of her stepmother made her feel more at ease discussing these topics since she did not feel as comfortable having these conversations with her father, especially during earlier times in her life.

“I’d say for early development, I had to learn by myself, mostly because I was living with my dad, so I didn’t want to have that conversation. But now I really talk to my stepmom about it because I feel more comfortable doing that.” (Dani)

Vulnerability, Connection, and Understanding

After being asked how participants felt about their relationships after discussions of their reproductive health, a common theme that emerged was how vulnerable, connected, and seen participants felt. Ivy notes the strength that it takes to bring up health issues and Dani highlights the vulnerability that is necessary to have these conversations.

“I feel happy when people come to talk to me about these issues because I think it takes a sense of strength to bring this up and seek advice from your friends. It’s not really something easy to talk about.” (Ivy)

“There’s this kind of vulnerability that you have to have in these conversations because you’re talking about your experience with your health, something that people don’t like to talk about.” (Dani)

Furthermore, Vanessa notes how seen and understood she feels after discussions of reproductive health, regardless of the other emotions that are felt during these interactions.

“I usually feel very seen after these conversations. My other emotions depend on the topic..., but regardless, I just feel very seen and understood by the end of them.” (Vanessa)

Discussion

This study has supported and expanded upon the existing literature concerning feminist solidarity, collective action, and peer to peer health education. More specifically, this study has extended the literature concerning how the friendships of college aged women offer a unique space for women's health discussions and education to occur. Additionally, the experiences shared by the Black and Asian women in this study were very notable, as their unique experiences as women of color and daughters of immigrants have propelled them to navigate women's health discussions and education through friendships rather than family. After selectively coding, four significant and recurring themes emerged among all three focus groups: support as a key facet of solidarity, shared struggles with reproductive health being a common topic of discussion, female friends and occasionally female family members being a common source of health advice, and these discussions being an opportunity for vulnerability and connection. Between the two groups of women of color, two significant themes emerged: cultural stigmas surrounding women's health are barriers to activism and education, and the rejection of radical forms of feminism which disparage men. One theme which appeared only in the group of white women was the ease of identifying as a feminist. Another theme which only emerged in the group of Asian women was the influence of Asian identity in feminism. Furthermore, two themes appeared in the group of Black women, but nowhere else: Black women have unique experiences in feminism, and the importance of understanding diversity to the feminist movement.

The findings of this study have strongly supported the literature concerning a feminist solidarity which is rooted in collective action. While there are many different definitions for feminist solidarity, the findings from this study most closely resemble a definition of feminist

solidarity which emphasizes collective action or power as the foundation for solidarity. Participants emphasized the importance of togetherness and support to their definition of feminist solidarity. This echoes the definition of Sweetman (2015) who defines feminist solidarity rooted in collective action as founded on the idea that individuals can engage with others to invoke radical change by standing and acting together. Moreover, the women in this study noted that common struggles with reproductive and sexual health are shared in these conversations with their friends. These insights resonated with the findings of Fahs et al. (2014) which demonstrated that shared experiences may enhance gender solidarity. Particularly, they found that believing in menstrual synchrony enhances gender solidarity by reducing taboo related to menstruation, creating a modern “sisterhood” in a socially acceptable way, noting women’s relationship to nature, and serving as a pathway to fight back against sexism and sexist ideas about menstruation. Menstruation was a common topic of discussion among participants, so the findings of Fahs et al. are especially relevant.

Next, the experiences of the participants in this study have further reflected the literature which discussed how friendships are important sources of reproductive and sexual health advice. Participants largely discussed experiences about sharing struggles with menstruation and finding the right birth control. Discussions of abortions were either highly hypothetical or more political in nature. Many participants noted that their friends were their main source of health advice because of their similar experiences. Their insights reflect the findings of Powell (2008) who found that adolescents see peers as appropriate sources of health information because of their similar ages and problems. Additionally, it was interesting to see how the focus groups offered a useful model for observing the dynamics of women’s health discussions among friends. Even though not all participants knew each other, it was common to see the women bouncing ideas off

of each other and sharing similar experiences to their fellow participants. Clearly, peers have the unique ability to offer relatable and empathetic advice due to their shared circumstances.

Moreover, participants across all three groups noted that the vulnerability, connection, and understanding necessary for conversations about women's health deepened and strengthened their friendships. Fallon (2010) found that friendship bonds seemed to strengthen through shared experiences in obtaining emergency hormonal contraception since friends assumed important supporting roles as confidantes, advisors, and motivators in accessing the contraception. In this study, the depth of vulnerability, connection, and understanding observed in discussions about women's health served to fortify the bonds of friendship, which echoes Fallon's (2010) observations of strengthened relationships amidst shared experiences in accessing emergency contraception.

The focus group of Asian women produced interesting results regarding the impact that their Asian identity had on their perception of the feminist movement. One participant shared that she thought of the feminist movement to be created by white women which makes other minorities such as Asians feel excluded. Even beyond the lack of Asian representation found in the feminist movement, these participants noted the cultural tensions surrounding being an outspoken feminist and discussing women's health issues. A study of 100 daughters of Korean and Vietnamese immigrants found that participants narratively construct Asian and Asian American cultural worlds to be patriarchal and resistant to change while mainstream white America is seen as the prototype of gender equality (Pyke & Johnson, 2003). This idea that Asian and Asian American cultural worlds are resistant to change was reflected in the sentiments of Fiona who noted that she felt nervous and shameful when bringing up women's health topics in front of her parents or friends due to her Asian upbringing. Pyke and Johnson's study also

found that respondents often described a pressure to conform with the idea of gender that they felt was expected in ethnic settings which directly conflicted with the white standard of femininity. This idea of gender that was expected in ethnic settings included acting reserved, shy, and passive, and this gendered behavior found in ethnic settings was largely described as performative while the femininity of the white mainstream was glorified as authentic. One participant, Julianne, noted that her parents taught her that while growing up in America, she should assimilate more and be “more soft spoken,” with topics such as feminism. This example directly connects to Pyke and Johnson’s findings that the idea of gender that was expected in ethnic settings included acting more reserved and passive. Julianne’s experiences highlight the influence that cultural expectations have on her engagement with feminism as an Asian woman which is one that is shared by many others.

The issue of cultural taboos regarding outright discussions of women's health also arose in the group of Black participants, with some participants sharing how the discussion of topics such as menstruation openly with their parents was met with discomfort due to cultural norms. The stigma surrounding women’s health in the homes of immigrants has pushed these women to seek health education elsewhere, either by learning themselves or learning from the peers around them. These experiences are reflected in a 2018 study of African immigrant mothers and their approach to reproductive health education with their American daughters. This study reported that myths and taboos about sexual issues are common in Africa and are passed down to control the sexual behavior of women. The mothers interviewed in this study shared that discussion of topics related to menstruation, sexual intercourse, pregnancy, and HIV/AIDS were extremely taboo. These cultural attitudes led to an overemphasis on abstinence for their daughters and mothers also reported that children were not expected to ask any questions about sex (Agbemenu

et al., 2018). These cultural attitudes could be seen clearly in the experiences of Veronica whose first period was described as a “hush hush thing.”

Moreover, the group of Black women shared how their experiences as Black women informed how they engaged with the feminist movement. Also, they emphasized feminists’ need to understand the diverse experiences and struggles faced by different women. While all the women in this group stated that they identified as feminists, these conversations point to a more womanist stance rather than traditionally feminist ideas. The term “womanism” was coined by American writer and social activist Alice Walker in the 1980s. This term was used to connect Black women to feminism and articulates the idea of Black women’s liberation (Brewer, 2020). In addition, womanism can further be defined as a concept which seeks to break down the class barriers to feminism and works to create a discourse which involves women from all classes (Butler, 2007). Participants stressed the importance of sharing and recognizing the struggles women have faced to create unity and belonging within the feminist movement. Additionally, respondents noted the particular responsibility feminists must be conscious of the unique perspectives women of color hold. These attitudes from the Black women in this study show a distinct connection to womanism which was not hypothesized. These results build upon research which showed that Black women in general are more likely to identify with the process of becoming a womanist (Boisnier, 2003). Furthermore, the study done by Boisnier showed that white women and Black women differed in the extent to which they identified with only one of the scales of feminist or womanist identity assessment scales. Boisnier concluded that their findings show the plausible reality that white women and Black women have more in common than not when it comes to feminist and womanist identity. This conclusion is also displayed in the findings of this study which showed that while these Black women identified themselves as

feminists, they also expressed many opinions about feminism which are similar to the ideas of womanism. These two philosophies may not be mutually exclusive for women of color, but illuminating this connection may require further research.

Limitations

When interpreting the findings of this study, several important limitations and considerations should be acknowledged. First, the small sample size employed in this research limits the generalizability of the findings to the broader population of college-aged women. The self-reported nature of the data introduces the possibility of social desirability bias. While racial differences were explored, the study did not comprehensively examine the influence of intersecting identities such as class and ethnicity on perceptions of feminist solidarity. To enhance the external validity of the findings, future research should aim for a larger and more diverse sample. Additionally, future research could investigate more identity factors to provide a more nuanced understanding of how various aspects of identity intersect and influence perceptions of feminist solidarity. For example, the identity that some women in this study held as daughters of immigrants arose as an important factor which mediated their experiences with health education at home. This aspect of identity could prove to be a very interesting part of how cultural background impacts women's experiences with reproductive and sexual health conversations. Furthermore, findings were specific to the context of this study, so future research should explore other settings to improve the external validity of the findings.

Conclusions

In conclusion, this study has contributed significantly to the existing literature on feminist solidarity, collective action, and peer to peer health education, especially within the context of friendships among college aged women. The findings of this study emphasize the importance of feminist solidarity rooted in collective action, where togetherness and support are foundational. Participants underscored the importance of shared struggles in reproductive and sexual health, in fostering solidarity among peers. Moreover, this study highlighted the central role of friendships as sources of reproductive and sexual health advice. Participants across all groups identified their friends as primary sources of support and information, highlighting the relatability and empathy that peers offer due to similar experiences. The experiences of Asian and Black women in this study were a particular strength of this study as they provided valuable insights into the intersectionality of feminism, cultural identity, and racial identity. Furthermore, there is a dearth of information regarding how women of Asian descent navigate feminism and reproductive health, so the comparison of the Asian women in this study with the more well-studied demographics of white and Black women is especially unique contribution to the literature. Overall, this study demonstrates the complex interactions between feminist solidarity, culture and race, and peer relationships in shaping women's health discussions. Further research is necessary to explore the nuanced connections between feminism and womanism among women of color, as well as the influence of cultural taboos regarding advice-seeking behaviors. By amplifying diverse voices and perspectives, future studies can contribute to more inclusive and effective approaches to women's health advocacy and education.

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