

Navigating Reproductive Justice: My Internship Journey at Midwest Access Project

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When I started working as an intern at Midwest Access Project (MAP), I was positioned at the intersection of advocacy, education, and healthcare. My job as an intern was to fully immerse myself in the complexities of reproductive justice and health care, a profession that demands both compassion and ongoing education.

One important task I had was to review current US abortion and pregnancy data from sources like the Guttmacher Institute to update MAP's documents, especially since the reproductive landscape has changed significantly after Roe v. Wade was overturned. This allowed me to not only increase my understanding of statistics but also grasp the real-world implications of reproductive health policies and access. Additionally, we hosted workshops this semester, such as the Self-Managed Abortion Support and Advocacy Workshop, Birth Work Advocacy and Support for LGBTQ+ Families Workshop, and Trauma-Informed Pelvic Care Workshop. I attended these workshops to take notes and gather quotes we could use in the future to attract more people to us. In addition, these workshops provided me with a broader perspective on the diverse needs and challenges within the community we serve. Another task I accomplished was making infographics such as the [Barriers and Inequities in Abortion Care](#) for our Instagram and [MAP's annual report](#) infographic. Each project, whether updating our documents or crafting infographics, improved my capacity to gather data and transform it into effective advocacy tools. Researching grants and funding opportunities taught me about demographic trends and the complexities of funding and strategy in non-profit work.

Reflecting on my internship at Midwest Access Project, I feel very grateful, accomplished, and excited for what's yet to come as I continue my internship in the summer. This experience enriched my knowledge and confirmed and strengthened my dedication to advocating for reproductive health care access.