

20 years

MRC/CSO Social and Public Health Sciences Unit



# Abortion: challenging and countering stigma

**Prof. Lisa McDaid**

MRC/CSO Social and Public Health Sciences Unit, University of Glasgow

FIAPAC 2018: Nantes, France

Saturday 15<sup>th</sup> September 2018

## **The stigmatisation of abortion: a qualitative analysis of print media in Great Britain in 2010**

Carrie Purcell<sup>a,b\*</sup>, Shona Hilton<sup>b</sup> and Lisa McDaid<sup>b</sup>

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*(Received 3 December 2013; accepted 18 June 2014)*

- Abortion is framed in negative language and associated with discredited social practices
- Evidence of distinction between the ‘good’ and ‘bad’ abortion
- Negative framing contributes to the stigmatisation of the procedure and women who have it
- Few positive framings and absence of any discussion of abortion as a legitimate choice

# Scottish women retain right to take abortion pills at home

Anti-abortion challenge fails as Westminster urged to follow Holyrood's example



▲ Scotland is the first part of the UK where the Guardian

The Scottish government's decision in their own homes has been Society for the Protection of

# Abortion pill can be taken at home in England, under new plan

🕒 25 August 2018

f 🗨️ 🐦 ✉️ Share



Abortion pill took effect

# Irish abortion referendum

🕒 26 May 2018

Irish abortion referendum



Returning Officer Barry Ryan delivered the results in Irish and English

The Republic of Ireland has voted overwhelmingly to overturn the abortion ban by 66.4% to 33.6%.

Abortion pill at home, end of the year.

Women must take two pills at a

with Scotland and Wales,

# Challenging and countering stigma

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- Understanding abortion stigma
- Stigma shaping the experiences of women and providers
- Evidence of challenging and countering abortion stigma
- How to shift the narrative and challenge negative social attitudes?

Carrie Purcell  
Karen Maxwell  
Lesley Hoggart  
Fiona Bloomer  
Sam Rowlands



## Rachel Wilson-Lowe (MSc Student)

### **Talking about abortion: support from family and friends**

- ✓ Have you had an abortion?
- ✓ Have you told at least one person about your abortion?
- ✓ Do you live in Scotland?
- ✓ Are you 18 years old or over?
- ✓ Can meet for a face-to-face interview or available for a telephone interview?



Contact **Rachel Wilson-Lowe** for further details  
Email: [r.wilson-lowee@sphsu.mrc.ac.uk](mailto:r.wilson-lowee@sphsu.mrc.ac.uk)  
Phone or text: 07912778300  
DM: @Rwilsonlowe

Travel will be reimbursed  
You will receive a £20 gift voucher to thank you for your time.

# What is stigma?

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- Stigma defined as “an attribute that extensively discredits an individual, reducing him or her from a whole and usual person to a tainted, discounted one” (Goffman 1963)
- First, particular attributes are ‘labelled’ as undesirable or negative
- Then, the labelled person suffers a loss of status and direct or indirect discrimination
- Stigma is context-specific and continually shaped at a systemic level, via legislation, political narratives, and the media
- Stigma is socially constructed and reproduced, perpetuated, and resisted across social groups and individuals
- Stigma drives (and is driven by) existing social inequalities

# Understanding abortion stigma

- Abortion stigma is a multifaceted phenomenon, impacting on the experiences of women who undergo abortion and the health care professionals involved in abortion care



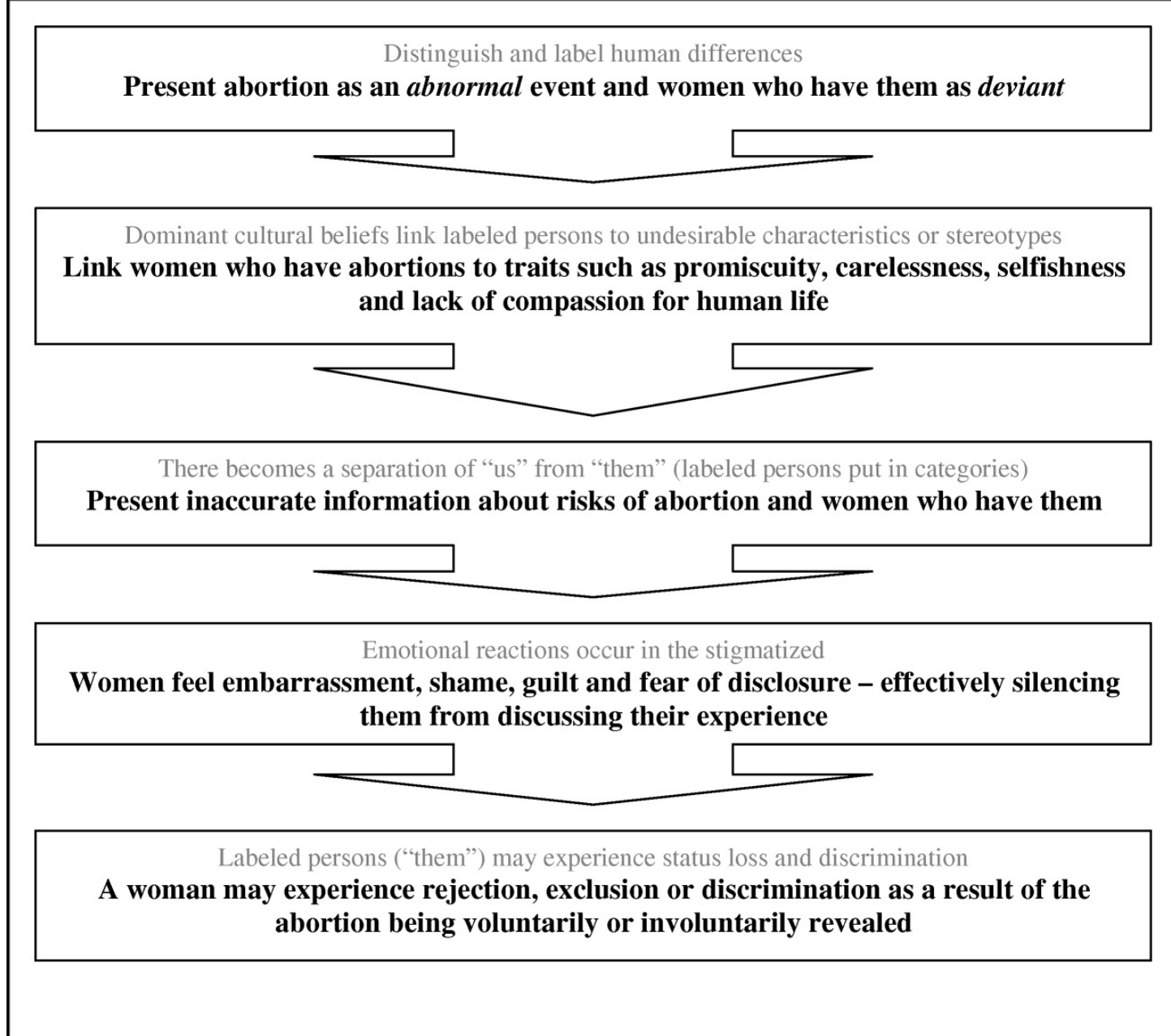


Figure 1. The social process of abortion stigma.

Adapted from (Gold *et al.* [2007](#), Link *et al.* [2004](#), Link and Phelan [2001](#))

Shellenberg *et al.*, *Global Public Health* 2011; 6:S111-S125

## WHAT IS ABORTION STIGMA? HOW DOES IT MANIFEST?

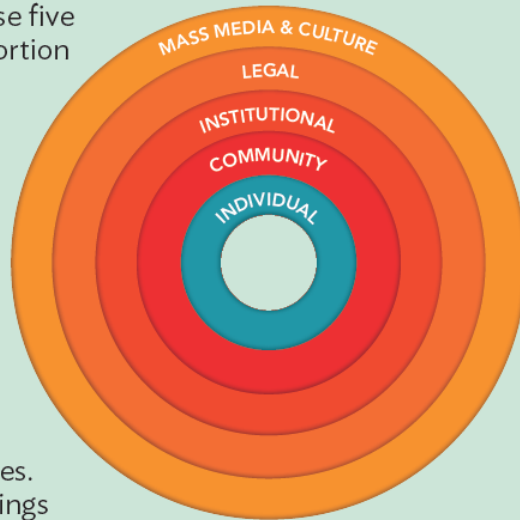
Stigma is both a social construct and a fundamental cause of population health inequalities.<sup>1</sup> Across health fields, stigma manifests itself in the co-occurrence of Labeling, Stereotyping, Separation and Discrimination.<sup>2</sup>



The drivers of abortion stigma are complex and embedded in societal norms and gender constructs that seek to control female sexuality, link female sexuality solely to procreation, and limit women's roles to that of mothers and nurturers. Because

sexuality, gender, and abortion intersect and interact in the abortion care environment, complex stigma can manifest at these five levels, impeding quality abortion care in a number of ways.<sup>3</sup>

Within a single geographical region or culture abortion stigma can also vary, becoming more limiting and rigid when compounded by other stigmas and socio-economic inequalities, disability, gender and sexuality discrimination, and geographic access issues. In addition to negative feelings and social isolation, abortion stigma exists and manifests itself at multiple levels compromising quality and leading to negative experiences, unsafe practices, ill-health, reproductive morbidity and mortality.



Abortion stigma:

“Embedded in societal norms and gender constructs that seek to control female sexuality, link [this] solely to procreation, and limit women's roles to that of mothers and nurturers”

From this perspective abortion can be seen as challenging to:

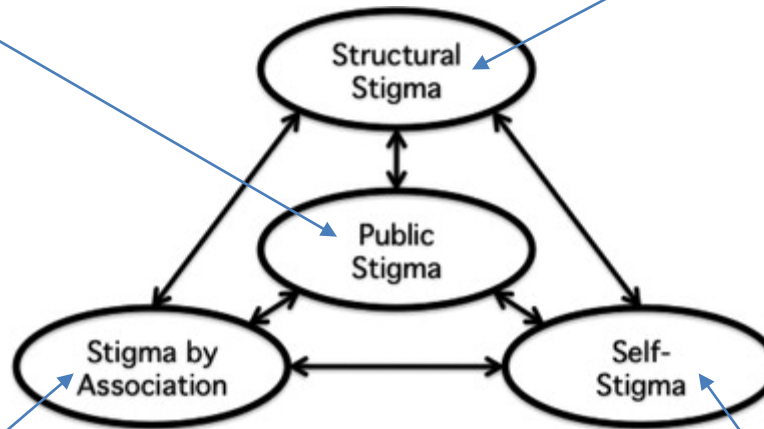
- notions of ‘responsible’ sexuality
- motherhood as the ‘normal’ outcome of pregnancy

Manifests across the individual, community, institutional, legal and cultural levels



“people's social and psychological reactions to someone they perceive to have a stigmatized condition”

“legitimatization and perpetuation of a stigmatized status by society's institutions and ideological systems”



“social and psychological reactions to people associated with a stigmatized person (e.g., family and friends) as well as people's reactions to being associated with a stigmatized person”

FIGURE 1 Four types of stigma (based on Pryor & Reeder, 2001)  
*Bos et al, Basic and Applied Social Psychology 2013; 35:1, 1-9*

“the social and psychological impact of possessing a stigma”

“people's social and psychological reactions to people perceived to have a stigmatized condition”

**Public attitudes**

“legitimatization and perpetuation of a stigmatized condition by nation states, institutions and ideological systems”

**Nation states**

Can clearly see the manifestation of these four types of stigma in the experiences of women and providers

“social and psychological reactions to people associated with a stigmatized person (Practitioners, friends) as well as people's reactions to being associated with a stigmatized person”

**Practitioners**

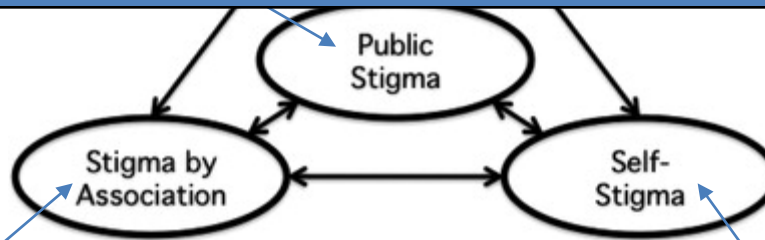


FIGURE 1 Four types of stigma (based on Pryor & Reeder, 2001)

*Bos et al, Basic and Applied Social Psychology 2013; 35:1, 1-9*

“the social and psychological impact of possessing a stigma”

**Women**

# ABORTION STIGMA AROUND THE WORLD: A synthesis of the qualitative literature

**inroads**  
International Network for the Reduction  
of Abortion Discrimination and Stigma



Journal  
**Women & Health** >

Volume 54, 2014 - Issue 7: Bringing Abortion Stigma into Focus

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## Abortion Stigma: A Systematic Review

**CONTEXT:** Although stigma has been identified as a potential risk factor for the well-being of women who have had abortions, little attention has been paid to the study of abortion-related stigma.

**METHODS:** A systematic search of the databases Medline, PsycArticles, PsycInfo, PubMed and Web of Science was conducted; the search terms were "(abortion OR pregnancy termination) AND stigma". Articles were eligible for inclusion if the main research question addressed experiences of individuals subjected to abortion stigma, public attitudes that stigmatize women who have had abortions or interventions aimed at managing abortion stigma. To provide a comprehensive overview of this issue, any study published by February 2015 was considered. The search was restricted to English- and German-language studies.

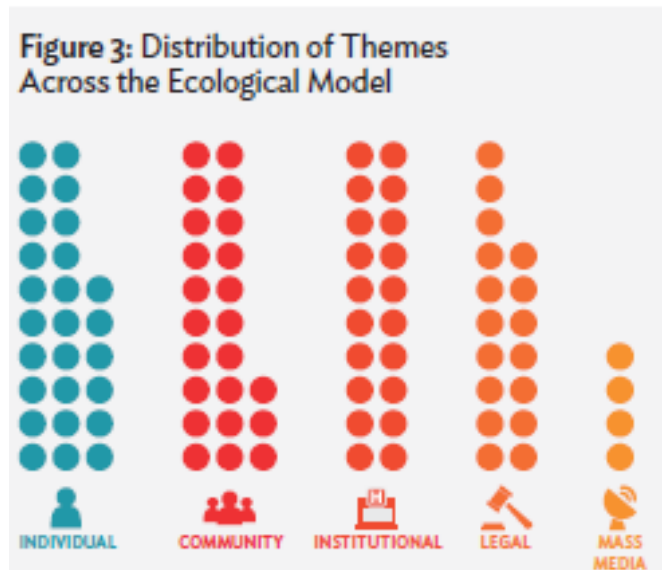
**RESULTS:** Seven quantitative and seven qualitative studies were eligible for inclusion. All but two dated from 2009 or later; the earliest was from 1984. Studies were based mainly on U.S. samples; some included participants from Ghana, Great Britain, Mexico, Nigeria, Pakistan, Peru and Zambia. The majority of studies showed that women who have had abortions experience fear of social judgment, self-judgment and a need for secrecy. Secrecy was associated with increased psychological distress and social isolation. Some studies found stigmatizing attitudes in the public. Stigma appeared to be salient in abortion providers' lives. Evidence of interventions to reduce abortion stigma was scarce. Most studies had limitations regarding generalizability and validity.

**CONCLUSION:** More research, using validated measures, is needed to enhance understanding of abortion stigma and thereby reduce its impact on affected individuals.

*Perspectives on Sexual and Reproductive Health, 2016, 48(4):169–177, doi: 10.1363/48e8516*

# Abortion stigma around the world

## Stigma evident across multiple levels



<b>Individual</b>	<b>Institutional</b>
Secrecy & isolation	Barriers to provision
Guilt & shame	Quality of care
<b>Community</b>	<b>Legal</b>
Centrality of motherhood	Legality of abortion
Female sexuality	Ambiguity
Community attitudes	Restricted settings
Perceived consequences	<b>Media</b>
Community-enacted consequences	Moral framing
Attitudes to abortion providers	Rights framing

# Hanschmidt et al: Systematic review 2016

**TABLE 1. Summary of quantitative studies investigating stigma related to abortion**

Study	Study design	Main outcome measures	Primary results
Cockrill et al. <sup>26</sup>	Cross-sectional; 627 women with abortion history; United States	Perceived and internalized abortion stigma; secrecy	<ul style="list-style-type: none"> <li>• Level of perceived stigma was low; level of internalized stigma was moderate to high.</li> <li>• Protestant and Catholic women reported more stigma than nonreligious women.</li> <li>• Black women were less worried about judgment than white women.</li> <li>• Stigma level was positively associated with risk of withholding information on abortion.</li> </ul>
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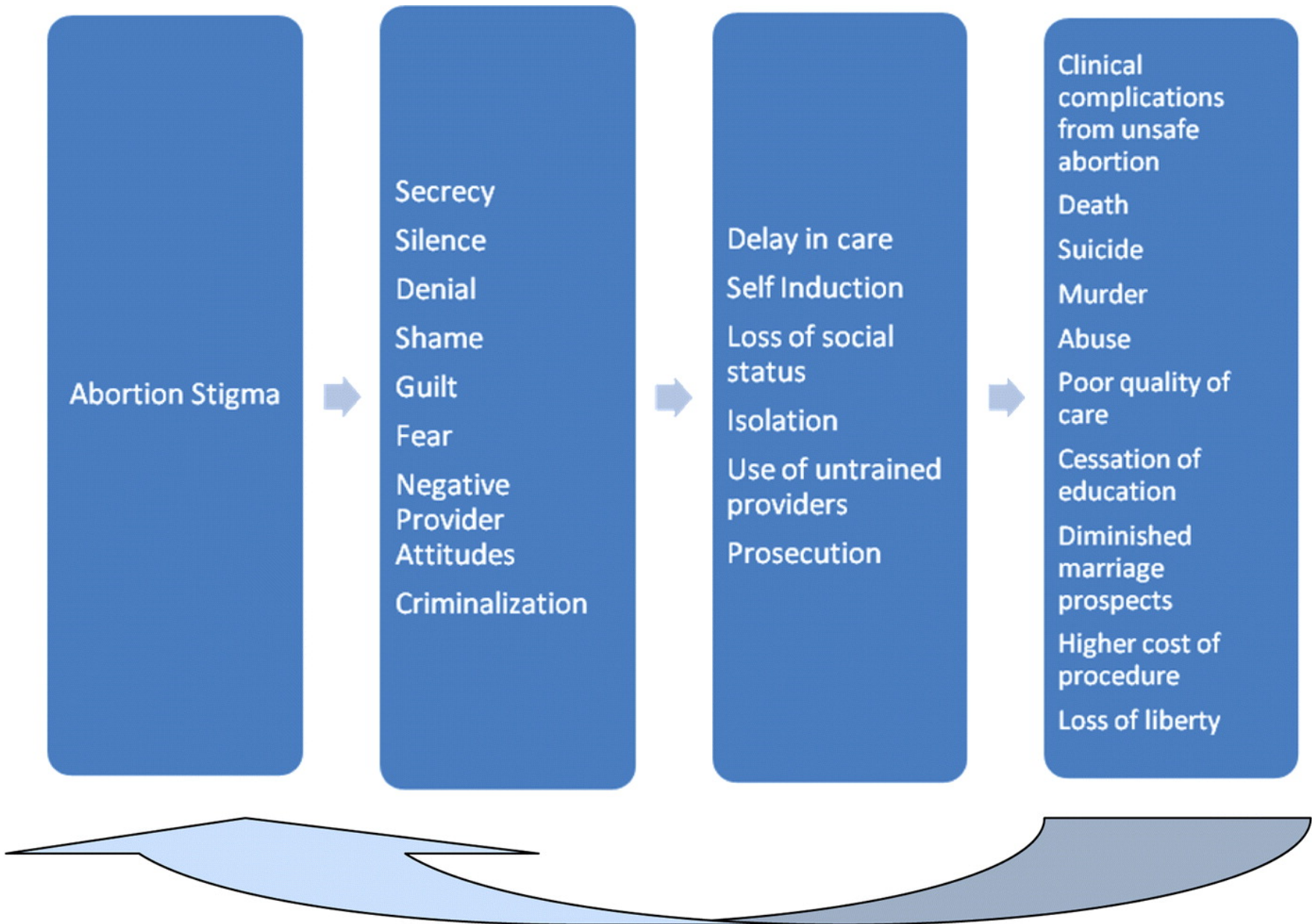


Figure 3: Hypothesised impact of abortion stigma on women's health; Kumar et al, Culture Health & Sexuality 2009

# Challenging and countering abortion stigma

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- Evidence of resistance, resilience and the opportunity for change
  - Abortion as a positive and powerful experience
  - Positive responses to disclosure
- How might we use these to counter abortion stigma?

# Sexuality and abortion stigma: secondary qualitative analysis study



## Scotland

Later abortion  
( $\geq 16$  weeks) - women

More than one  
abortion - women

Early medical abortion  
( $\leq 9$  weeks) - women

EMA - providers

Young people's  
attitudes

## England & Wales

London Abortion Study  
- women

London Abortion Study  
- providers

MSI Study - women

## Northern Ireland

Abortion Education  
Project - students

Abortion Education  
Project - educators

Abortion as a  
Workplace Issue –  
trade union members

# Positive accounts: in the minority



I was totally fine. And so, yeah, we decided to go through with it and I felt very **calm** and **at peace** with my decision. **I didn't feel like I was making the wrong decision.** Neither of us did. [...] I felt quite, totally just **free** about it, and it **didn't bother me.** It wasn't hindering me. **It wasn't like a weight on my shoulders** that I was keeping a **secret** or anything like that.

*(Isla, 22, no children, cohabiting, more than one abortion study)*

## Positive accounts: “I’m not ashamed”



That’s the thing, like, I’m **totally not ashamed** to talk about it. I’m **not, like, worried** about what people are gonna think of me. *(Yeah.)* I know that it is a taboo thing, and **it’s a shame it’s a taboo thing**. [But] there’s never been a ‘what if?’ yet. And I don’t think there is gonna be. I’m **quite content** [with] where I am just now and why I’ve made those decisions. And I don’t think I’m ever actually gonna **regret** them because, I mean, **so far, I’ve not regretted it and I’ve gone through it twice**.

*(Isla, 22, no children, cohabiting, more than one abortion study)*

# “Quite a good experience”



I went to [clinic] and spoke to them and they explained everything to me. *(Right, OK.)* And it was actually **quite a good experience**, I didn't feel like, y'know, **ashamed** of what I was doing, nobody made me feel kind of **bad** or **guilty** for what I was going through. Even though like they kept asking me [...] to be definitely sure that I hadn't been **pressurised** or anything and, y'know, **my husband's supporting me** and everything. So I mean, it was a **mutual decision**.

But they made me feel really **comfortable** and **explained everything** really well. So the whole experience was **actually OK**, I wasn't like **traumatised** by it [...] And they made me feel: “yeah, if that's what you think is **right** for you then that's **fine**, we're not going to be like ‘no, you're doing **wrong**.’”

*(Alisha, 21, no children, married, EMA study)*



## Positive accounts: “A happy story”

I speak with my friends about it. [...] **I feel free to speak about it because, you know, it's happened to other people.** In the leaflet I got in the hospital it says that one third of women in the UK will have a termination at some point. [...] But it's not a thing that people put on Facebook, so I didn't know who went through this, just like to [ask about] the procedure. [...] So that's why **I'm pretty happy to share it** and it's not taboo.

**I would not tell my *parents*** because they very much want to have grandchildren, I don't want to kill the hope, you know? But I'm definite that I don't want to... But I talked to my aunt and cousin and pretty much whoever shows interest [in] how I'm doing and what happening to me recently. I just say: “That's the story, but **it's a happy story because I feel very good now**, you know, it's with **a happy end.**”

*(Zara, 31, single, EMA study)*

# **Untroubling abortion: A discourse analysis of women's accounts**

**Siân M Beynon-Jones**

University of York, UK



*Feminism & Psychology*

2017, Vol. 27(2) 225–242

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DOI: 10.1177/0959353517696515

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- Importance of the language women use to talk about abortion
  - Assert certainty and legitimate choice
  - Invoke and then resist stigmatised positions
  - Emphasise individual agency
  - Explaining silence – context specific, socially problematic
- “...social contexts of talk about abortion shape women’s navigations of untroubled (i.e. unstigmatised) identities” (p.237)



# The benefits of sharing abortion experiences

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- Participants actively chose to disclose to members of their social network that they felt would respond in a positive, productive manner
- Some of the women disclosed in designated feminist spaces online as well as contexts in which pro-choice attitudes were anticipated

“And in smaller groups, we were talking about stuff. And we were talking about abortion statistics, and I can’t even remember the conversation but I just sort of casually dropped [my abortion], and there were other people talking about their experiences. And yeah it was not an uncommon thing.”  
(Sharon, 32)

- These spaces, outside women’s primary social networks, provided a place for some of the women to disclose their abortion experience with minimal risk

# The risks of sharing abortion experiences

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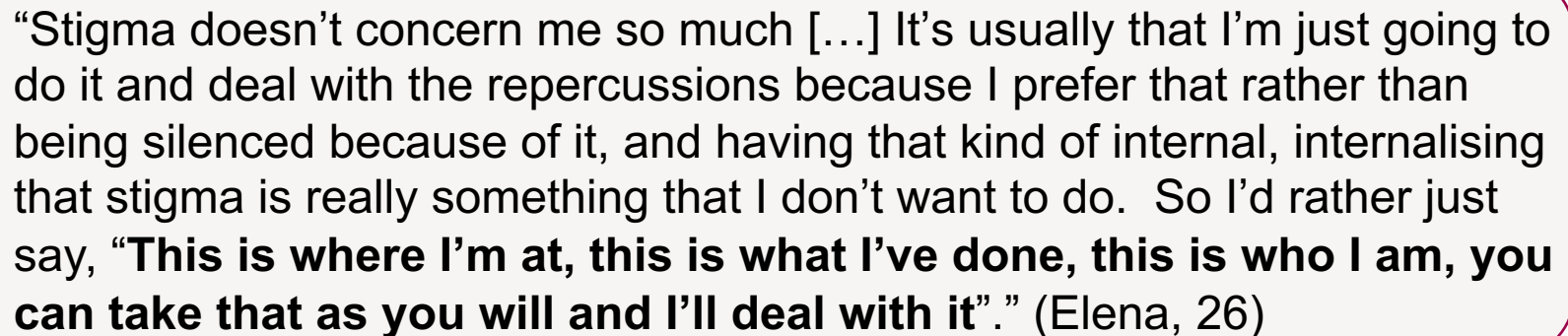
- Opinions on abortions are often unknown, as a result of the silence that accompanies stigmatized phenomena
- The potential stigma around abortion *can* make discussing it taboo

“You don't know how your friends feel about these things. I mean, none o' my friends are obviously religious but it doesn't mean to say that they necessarily approve. I mean, we have lots of interesting conversations but it's something people don't talk about.” (Joanne, 62)

# Rejecting abortion stigma

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- Anticipated stigma may factor into a woman's decision to disclose, whereas a conscious rejection of stigma may increase the likelihood of disclosure



“Stigma doesn't concern me so much [...] It's usually that I'm just going to do it and deal with the repercussions because I prefer that rather than being silenced because of it, and having that kind of internal, internalising that stigma is really something that I don't want to do. So I'd rather just say, **“This is where I'm at, this is what I've done, this is who I am, you can take that as you will and I'll deal with it”.**” (Elena, 26)

# **Internalised abortion stigma: Young women's strategies of resistance and rejection**

**Lesley Hoggart**  
Open University, UK

*Feminism & Psychology*  
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DOI: 10.1177/0959353517698997  
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- Stigma resistance: importance of gendered social norms – the ‘good mother’
- Stigma resistance: narratives of sexual responsibility – ‘its not my fault’
  - Contraceptive use
- Stigma rejection: no need for explanations; no sense of abortion as morally wrong; no sense of transgression

# Stigma is neither universal nor inevitable

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- Women's abortion decision-making, (and post-abortion feelings) indicate the importance of challenging abortion-related stigma
- Towards de-stigmatising abortion(s):
  - Providers/policy-makers should avoid talking about preventing abortion(s)
  - Everyone could help establish the ordinariness of abortion
  - Abortion story-sharing and activism

# Abortion activism

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**bpas**   
British Pregnancy Advisory Service

## Reproductive rights. Forwards – not back.



# Breaking the silence of abortion

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- Role for community based education - abortion framed in terms of health, welfare, social justice, and bodily autonomy – in problematizing silence and the moral and religious discourse, and in using lived experience to shift positions and challenge norms

“I really enjoyed the case studies....I was happy that these women now had voices and were breaking the silence and stigma around this issue. We need to have these conversations” (P11)

“We need to hear the voices of women in real situations and how the law has a detrimental effect on these women, especially working class women” (P18)

# Conclusions

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Can we shift the narrative and challenge negative social attitudes to abortion?

- The cultural and narrative constraints faced by individuals who wish to challenge systemic stigma are very evident
- Resistance, challenge and the opportunity for change are present, but still very much in the minority in women's own accounts of abortion

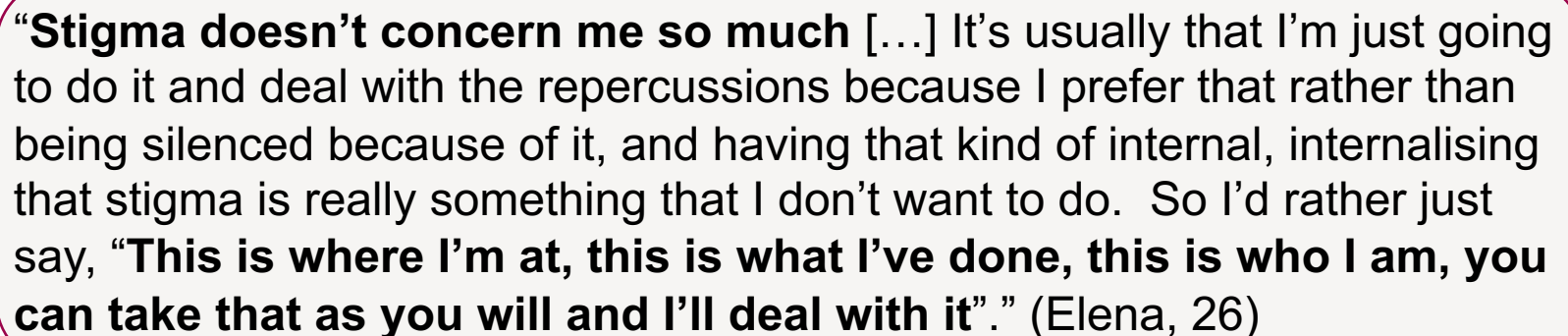


# Conclusions

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Can we shift the narrative and challenge negative social attitudes to abortion?

- There is much that we can learn from those who do step up, who do speak out



**“Stigma doesn’t concern me so much [...] It’s usually that I’m just going to do it and deal with the repercussions because I prefer that rather than being silenced because of it, and having that kind of internal, internalising that stigma is really something that I don’t want to do. So I’d rather just say, “This is where I’m at, this is what I’ve done, this is who I am, you can take that as you will and I’ll deal with it”.”** (Elena, 26)

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- All of the women (and men) who have shared their experiences and taken part in the studies referred to today

20 years

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