ABORTION STIGMA IN BRIEF:
WHAT IS ABORTION STIGMA?

Abortion stigma is a challenge for sexual and reproductive health care providers around the world. Stigma can lead to a policy environment where it is difficult, dangerous or even impossible to provide abortion care. Stigma also shames and silences women who seek abortion, marginalizes abortion providers, and contributes to myths and misperceptions about abortion in communities and the media. To combat this stigma, we must first define and understand it. In this brief we provide a definition of abortion stigma and describe how this stigma manifests across various levels of culture. Additional information about abortion stigma, stigma measurement and interventions can be found in our white paper: Addressing Abortion Stigma Through Service Delivery.

Abortion stigma can be defined as a shared understanding that abortion is morally wrong and/or socially unacceptable. The stigma of abortion manifests within multiple levels, including media, law and policy, institutions, communities, relationships, and individuals. Abortion stigma is experienced through a) negative attitudes, affect, and behaviors related to abortion and b) inferior status experienced by women who seek abortions or who have abortions, abortion providers, and others involved in abortion care. Abortion stigma leads to the social, medical, and legal marginalization of abortion care around the world and is a barrier to access to high quality, safe abortion care.

In 1965, American sociologist Erving Goffman described stigma as a mark or "attribute that is deeply discrediting" and that "reduces an individual from a whole and usual person to a tainted, discounted one." [i] Since Goffman's groundbreaking book on

LEVELS OF ABORTION STIGMA

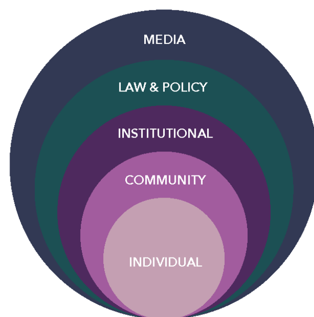

Figure 1: Levels of abortion stigma using the ecological health model

stigma, researchers and practitioners have applied his concepts to understand the experiences of lesbian, gay, bisexual and transgender individuals, the mentally ill, people living with HIV and AIDS, sex workers and other marginalized groups. In 2001, Link and Phelan expanded our understanding of stigma by conceptualizing stigma as a social process in which individuals are (1) labeled as different, (2) stereotyped or associated with negative attributes, (3) conceived of as an "other," and then (4) subjected to status loss and discrimination.[ii] Kumar, Hessini and Mitchell expanded on these models of stigma by applying them to the specific case of abortion. Drawing on the ecological health model, they also showed how abortion stigma manifests at different levels of culture. We summarize these levels below.

1. *Mass media and communications*
Mass media often frames abortion as controversial and taboo, and perpetuates stereotypes of women who have abortions as selfish, immoral, young, and childless.

2. *Law and policy*
State, federal, and global policies can create discriminatory practices that prevent access to safe abortion care.

3. *Institutions*
Institutions or institutional actors can employ practices that marginalize abortion. These practices may lead to poor quality care.

4. *Communities*
Community members can create and perpetuate social norms, hold prejudicial attitudes, and engage in negative behaviors toward individuals who use or provide abortion services.

5. *Individuals*
Individuals can experience stigma in the form of shame and guilt, worries about judgment from others, and experiences of discrimination or poor treatment.

The mark of abortion stigma can taint anyone who is associated with abortion, including women seeking abortions and individuals working in abortion care or advocacy.[iii, iv, v] Kumar, Hessini and Mitchell suggested that in seeking an abortion, a woman violates three social norms: that sex is only procreative, that motherhood is inevitable, and that women are inherent nurturers. Abortion care or advocacy workers, on the other hand, are stigmatized because their jobs fall into the category of "dirty work": professions associated with physical or social dirtiness.[vi]

For people seeking abortion care stigma can manifest as: (1) internalized stigma, or negative feelings toward oneself; (2) felt stigma, or perceptions of negative attitudes and concerns about stigmatizing behavior from others; and (3) enacted stigma, or actual discriminatory behaviors or negative interactions.[vii] When women expect or perceive stigma associated with abortion, they will often engage in stigma

management such as keeping an abortion secret or only telling a few people. If the strain of stigma and stigma management is particularly intense, some women can have difficulty coping following an abortion.[viii] Individuals who work in abortion care or advocacy experience abortion stigma as isolation, stress, fear, and burnout because of their experience of felt and enacted stigma.[ix, x] To manage these negative effects, workers often reframe the meaning of their work, refocus on prideful elements of their jobs, and seek integration into mainstream health care.[xi,xii] Although stigma management can help individuals avoid negative enactments of stigma, it can also perpetuate stigma by contributing to social silence and marginalization of the abortion experience.

In the next two summaries of our white paper, we will explore how abortion stigma can be measured at the various levels of culture and how practitioners and advocates can design evidence-based interventions to reduce the effects of stigma on target populations.

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[xi] Harris, et al., 2011

[xii] O'Donnell, et al., 2011

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