EXPLORING THE ROLE OF REPRODUCTIVE STIGMAS IN PREGNANCY DECISION-MAKING IN ALABAMA

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In this study we explored the role that reproductive stigmas (social norms and social judgement) play in decision-making when faced with an unplanned pregnancy among young low-income women in Birmingham, Alabama. In order to do this, we initially conducted six focus group discussions with young (aged 19-24) low-income women attending health department clinics and a community college (n=34). Using the focus group findings and our existing abortion stigma survey, we developed new questions that captured other reproductive stigmas (stigma around unplanned pregnancy, adoption, and keeping the baby), and pre-tested those items in 12 one-on-one interviews with young women in our target group. Finally, we conducted a self-administered iPad survey containing these reproductive stigma questions with 184 young women aged 19-24 recruited from health department clinics in Birmingham.

From the focus groups, we learned that unplanned pregnancy was perceived as a frequent occurrence in the participants’ communities. Participants reported that women faced with unintended pregnancies are expected to bear and raise their child, regardless of personal circumstances (education, money, relationships, etc.). Though all women faced with an unplanned pregnancy were seen as stigmatized to some degree, those who choose to have and raise their child received more positive social labels, such as “strong,” “responsible,” and “selfless”. Participants reported that adoption and abortion were perceived as less common and unacceptable alternatives, or acceptable only within very limited circumstances. Young women who chose these options were commonly defined as “irresponsible”, “weak”, and “selfish”. Because of these stigmatizing labels, participants felt these options were shameful, and women who chose these alternatives often chose not to disclose their pregnancy and related decision. The quantitative data confirmed that abortion and adoption were more frequently associated with negative labels (irresponsible, selfish, cold/heartless) and less frequently associated with positive labels (mature, strong) than having the baby and raising it yourself; and that these views differed among both White and Black young women in this setting.

In conclusion, we found that social norms, social judgment, and stigmatizing attitudes related to pregnancy and reproductive decisions impact individual women’s health decision-making. Young women are rewarded for conforming to social norms and risk the loss of social status (are stigmatized) when they make choices outside of what they perceive to be those norms. Results of this study can inform health care and public health advocates, and help them to empower young women to be more active participants in their own reproductive health decisions.