



The Reproductive Stigmas Faced by Low-Income Young Women in the Deep South

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Stigma refers to social views or treatment that undervalues people for having conditions like mental illness, or for engaging in behaviors such as substance abuse. Specifically, stigma happens when people express prejudicial views toward such vulnerable groups or take prejudicial actions. Individuals who are stigmatized may try to limit the effects of stigma by withdrawing from others, hiding aspects of themselves, or avoiding situations where their vulnerabilities may be revealed. Scientific studies increasingly find that worries about being stigmatized – along with actual experiences of stigma – adversely affect health and psychological well-being and keep vulnerable people from using preventive health care.

Even common experiences can make some people vulnerable to stigma. Although unintentionally becoming pregnant and having to make decisions about how to proceed with an unintentional pregnancy are issues that many American women face, these conditions can prove stigmatizing. Young women in the United States have especially high rates of unintentional pregnancy, and may worry about stigma for having an unexpected pregnancy in the first place, as well as stigmas related to the decisions that follow (parenting, adoption, or abortion). This may be a greater concern for women whose experiences are different from the norms within their communities.

A New Study of Reproductive Stigmas in the Deep South

Stigma around unintended pregnancies may be especially worrisome in the Deep South, given generally negative public attitudes about contraceptive use and abortion. This part of the United States provides very little political support for reproductive choice and ready access to reproductive health services.

Previous research has often explored stigma around isolated reproductive life events, such as abortion or contracting a sexually transmitted infection – but there are no recent studies investigating stigma around unintended pregnancies and all the decisions that flow from such events for women in the South. In order to advance available knowledge, we conducted a study of how young adult women in the U.S. South perceive unintended pregnancies and different pregnancy options, including the role that stigmas may play. From 2013 to 2015, we studied young, low-income women 19 to 24 years old, recruited from public health department clinics and a community college in Birmingham, Alabama. Initially, we conducted six focus group discussions attended by 34 women. Then we developed a survey to explore initial findings on a larger scale. Our survey was pretested in a dozen individual interviews and then completed anonymously by 184 young adult women using iPads.

What We Found

Participants in our research said that unintended pregnancy is a common occurrence for young women in their communities – and such pregnancies tend to be disapproved of by others unless they happen to monogamous married couples in stable financial circumstances. According to our participants, women who became pregnant outside of such approved circumstances tend to be viewed negatively, regardless of what they end up choosing to do about their unintended pregnancies. These women face stereotyping and negative attitudes.

What happens as southern women grapple with choices following unintended pregnancies? Participants in our study indicated that most young women who unintentionally become pregnant within their communities are expected to give birth and raise their child – and typically end up doing so, often without support from the baby's father. The young women who follow this approved script are usually viewed positively and labeled as

strong and mature, according to our respondents. In contrast, young women who end their pregnancies with abortions are viewed negatively – stigmatized as irresponsible, selfish, cold or heartless. Women who decide to put their babies up for adoption are reportedly viewed with a mixture of approval and disapproval.

Using data from the iPad surveys, we observed differences between black and white women in perceptions of abortion and other options for handling unexpected pregnancies. Compared to black women, white women were more likely to view adoption as “irresponsible” and “selfish.”

The Effects of Stigmas

Focus group discussions and interviews offered deeper insights into young women’s experiences of community pressures and the ways that women cope with them:

- Some participants discussed pressure from parents to get an abortion or have their child informally adopted by another family member, in order to hide an unintended pregnancy.
- Others reported influences from social groups beyond the family, including from pregnancy crisis centers. When unintended pregnancies occur, such centers encourage young women who are married to give birth and raise the child and press unmarried women to choose adoption. The centers strongly discourage abortion, partly through the use of misinformation and partly by providing temporary incentives for parenting.
- Reportedly, some women hide events that conflict with community norms, keeping secret unintended pregnancies, abortions, or adoptions, to avoid being negatively labeled, coerced, or judged by others. Some even kept secrets from their healthcare providers.

Significance and Implications

Our research suggests that reproductive stigmas may act to influence young women’s health decision-making and reproductive health outcomes in the Deep South. Worries about stigma and steps to avoid it can constrain young women’s reproductive autonomy, and keeping secrets to avoid stigma can delay abortions or needed prenatal health care. Our results suggest that efforts to counter stigma are vital to empowering young women to make well-informed reproductive health decisions.

Read more in Whitney Smith, Janet M. Turan, Kari White, Kristi L. Stringer, Anna Helova, Tina Simpson, Kate Cockrill, “Social Norms and Stigma Regarding Unintended Pregnancy and Pregnancy Decisions: A Qualitative Study of Young Women in Alabama,” *Perspectives on Sexual and Reproductive Health* (2016).