A critical commentary: Abortion stigma standing in the way of reproductive justice

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ABSTRACT

INTRODUCTION: Abortion is part of reproductive healthcare problematised within politically charged debates, leading to ongoing attempts to control access. The lens of reproductive justice encompasses the right to choose to have, or not have, a child, and the right to experience the enabling conditions to act on that choice. Abortion as part of health care is often limited by stigma, place and culture, as well as the regulatory environment.

APPROACH: In light of the recent changes to abortion law in Aotearoa New Zealand it is timely to review what is known about the impact of abortion stigma. Legal changes may improve access, but stigma endures. In a rapid literature review, we reviewed scholarly articles published between 2009 and 2023 that address abortion stigma.

FINDINGS: Our review identified two temporal frames: consistency of abortion stigma over time and changes over time. Within the frame of consistency over time, we identified three enduring themes in this body of literature, namely, the impact of religion/religiosity, the personification of the foetus, and secrecy. More recent scholarship addresses the intersectional dimensions of abortion stigma, abortion and the online environment, and the focus on the wider targets of abortion stigma.

CONCLUSIONS: Social workers benefit from an understanding of how various forms of stigma impact on the lives of people we support. Abortion stigma has similar impacts as stigma in mental health or disability and its elimination should be supported by social work.

Keywords: Abortion; abortion stigma; reproductive justice; reproductive rights

Recent social work scholarship has advocated for social work to affirm the principles of reproductive justice in social work education and practice (Beddoe et al.,2019; Beddoe, 2021; Goldblatt Hyatt et al., 2022; Lavalette et al.,2022; McKinley et al., 2023; Smith, 2017; Suslovic, 2018; Younes et al., 2021). The reproductive justice movement encompasses three primary principles: 1) the right not to have a child; 2) the right to have a child; and 3) the right to parent children in safe and healthy environments (Ross & Solinger, 2017). Ross (2006) argued for "the necessary enabling conditions to realize these rights," recognising that rights are insufficient for self-determination without access to resources (p. 4).

Over the last 10 years, we have seen abortion rights debated with many different outcomes across the globe. While more countries have legalised safe abortion, in other jurisdictions reproductive rights have been eroded and earlier gains lost (for example, in the USA, Poland and some other post-socialist Eastern

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European countries). Even where the right to abortion is protected in law, the exercise of this right can be prevented by socio-cultural, political, and religious beliefs and practices (IASSW Women's Interest Group on Abortion, 2023). Reproductive rights require the ability of pregnant people to access safe and legal abortion care without fear of judgment or punishment. In restrictive contexts, people may fear unwilling health providers who obstruct referral, judgment, and stigmatising attitudes, and may face the financial and logistical challenges of travelling for abortion care. Barriers to accessing abortion care, even when it is legal, can include fear of violence and reprisals, costs, lack of safe local services, and harassment outside facilities. As a result, people who are pregnant must travel regionally, or across state or national borders or, as a last resort, seek unsafe illegal abortion.

Such barriers and fears imbue the decision-making processes of abortion care with stress and anxiety (Mishtal et al., 2023). A recent editorial for the journal *Culture, Health and Sexuality* by Bateson and Mane (2023) introduces a collection of previously published papers that explore the experiences of people seeking abortion in contexts with restrictive abortion laws. Bateson and Mane describe the body of work presented in their retrospective collection with a focus on three themes relating to abortion access namely: autonomy, anxiety, and exile. These concepts are useful to consider framing of our introduction to this review. *Autonomy* refers to the right of people to make decisions about their own reproductive health without interference from the government or other institutions. Where people are forced to travel to other countries to access abortion care, there is a physical and emotional toll, and the experience may be imbued with feelings of *exile*. People who are forced to travel to other countries to access abortion care face isolation and loneliness in realising they cannot access care within their home country, where their support systems may be located. There are financial and logistical challenges inherent in traveling for abortion care raising levels of *anxiety*. There is a strong body of research on the impact of abortion travel (Bloomer & O'Dowd, 2014; Mishtal et al., 2023, Murray & Khan, 2020). In a recent article, Mishtal et al. (2023) reported on the experiences of 53 Irish women who travelled to England for abortion care in 2017 and 2018. Prior to 2018, abortion was banned in almost all circumstances in Ireland. These restrictive laws meant those wanting an abortion needed to keep their abortion decision and related travel a secret, often from friends and family, but significantly also from their healthcare providers in Ireland. Mishtal et al.'s study participants were forced to take a variety of steps to conceal their abortion travel, including using false names, paying for travel and accommodation in cash, and avoiding telling friends or family. They described feeling isolated, anxious, and ashamed while navigating the difficult financial and logistical travel arrangements to access abortion care in the UK.

Compounding all these logistical challenges to accessing a safe, legal abortion is stigma (Kumar et al., 2009). Recent law changes in Aotearoa New Zealand include decriminalisation, improved access to medical abortion, and some improvement in the protection from harassment of those seeking abortion care (Goodyear-Smith, 2023). In Aotearoa New Zealand research by Huang et al. (2019, p. 9) reported "from moderate-to-high support for legalised abortion regardless of the reason and high support for abortion when the woman's life is endangered". It is timely to examine abortion stigma to understand it better, as we propose that it is a significant continuing barrier to reproductive justice. Despite legal and social attitude changes in Aotearoa New Zealand, abortion stigma remains an element of healthcare that is of concern to social workers.

Method

This project has employed a rapid literature review, which—like a systemic review—is a holistic approach to the literature drawing on recent studies from which conclusions may be drawn in a systematic way, incorporating both recent materials and previous syntheses (Ganann et al., 2010; Siddaway et al., 2019). However, unlike a standard systemic review, a rapid literature review is conducted in a shorter time frame and is thus particularly suited to researching pressing and topical issues—such as reproductive justice (Ganann et al., 2010). Thus, over the course of three months, we sought to uncover the trends and changes in abortion stigma across time (i.e., 2009–2023), with a particular focus on identifying how scholars have changed their approach and understanding of abortion stigma in the past 5–10 years. To investigate this possibility, we conducted a sweeping literature scan of the abortion stigma research on Google Scholar. First, we aimed to uncover (a) the overarching themes of abortion stigma and (b) the stability of these themes over time. As such, to begin with, we did not constrain our search to any specific time point. Instead, we conducted a board search with various generic keywords, e.g., "abortion stigma" and "abortion attitudes".

Once we uncovered the overarching themes for our review (e.g., intersectionality), we started narrowing our research to more specific keywords, e.g., "abortion tourism". Likewise, because the main objective of this review was to reveal *change over time*, we subsequently restricted our search to only include research from the past 5 years (i.e., 2018–present). Our rapid literature scan gathered 35 journal articles. We then included a total of 20 articles that fit the scope of the present review (i.e., within the specified time frame, accurately discussed and defined themes and contributed to our understanding of either stability or change over time). We would like to note that these 20 articles informed our understanding and discussion of this paper's "abortion stigma themes". Additional foundational literature (e.g., Ross, 2006) was also drawn upon to provide a definitional basis for our discussion and provide further context throughout the paper. We argue that this method was the most relevant and effective for this commentary piece as it enabled a timely and holistic approach to understanding abortion stigma, whereby our literature search, themes and direction for the paper were guided by the emerging scholarship (rather than a predetermined objective). In this case, we are able to present an unbiased overview of the trends and changes in abortion stigma over the past 14 years.

Definitions of abortion stigma

In their 2009 review of abortion stigma, Kumar et al. reviewed international research and scholarship to develop an operational definition. Kumar et al. argued that abortion stigma is constructed locally through various sociopolitical processes. It is created across individual, community, institutions, government, and legislative levels and through discourses that frame it in particular ways. Kumar et al. (2009) proposed the following definition: abortion stigma is "a negative attitude ascribed to women seek to terminate a pregnancy that marks them, internally or externally, as inferior to ideals of womanhood" (p. 628). Womanhood may be variably denied but Kumar et al. suggested three constructs that are transgressed by abortion: sex purely for procreation, the "inevitability of motherhood", and an instinctual drive to nurture the vulnerable (p. 628). Abortion stigma challenges beliefs about women's capacity to make "life and death" decisions for themselves. The patriarchal structure of power that underlines the challenge to women's agency over their own bodies (Came et al., 2022) is one that is served by the perpetuation of abortion stigma.

Abortion is socially located in deep-seated beliefs about sexuality, gender, parenthood and family. Patriarchy is maintained by promulgating an idea of abortion as

exceptional (it happens rarely rather than being the most common gynaecological event experienced by women) and abnormal. One way of achieving this is by linking people who have abortions with the component of stigma that Link and Phelan (2001, p. 369) described as "a set of undesirable characteristics that form a stereotype". Kumar et al. (2009) noted that, once the exceptionality of abortion has been established, it is easier to delineate the undesirable characterisation of people who terminate pregnancies as unfeminine and monstrous. Silencing then operates to keep abortions secret thus reinforcing abortion as exceptional. Finally, overt discrimination is enacted stigma, achieved through obstructing access, judgmental responses, inaccurate information, fear of ostracism, and ultimately fear of violence and intimidation. At a global level, abortion stigma may result in psychosocial, physical and socioeconomic barriers to reproductive health care with a downstream negative impact on the health and well-being of millions around the world (Kumar et al., 2009). Even campaigns for change that use the language of advocating for abortion to be *safe, legal and rare* risk the "separation of some women's decisions as being morally distinct from or morally superior to the choices of other women, with stigmatising effects (Cullen & Korolczuk, 2019, p.16).

In the second review consulted, Norris et al. (2011) explored the discourses of "good" and "bad" abortions. Commonly, and unsurprisingly since often a majority of people support safe legal abortion (Huang et al., 2019), early abortions for reasons of health or foetal abnormality are deemed less "bad" while later and/ or repeat abortions are deemed "bad" with imprecations of the present person's moral character. Norris et al. (2011) rightly also pointed out that not all people who have abortions experience more than transient stigma, if any, and it may not impact their self-concept. Many women may feel absolutely no shame/regret about abortion and the stigma, for those women, is externally driven by abortion discourse. Moral distinctions about the decision to terminate may be made by women who have an abortion, regardless of their prior stance on abortion. Notably of course, abortion can generally be kept secret so the stigma may be largely "felt" rather than "enacted" (Scambler, 2009) unless disclosed.

Finally, it needs to be noted that abortion stigma is compounded by other injustices under patriarchal capitalism (Ross & Solinger, 2017). Poverty, racism, the consequences of colonisation, intimate partner and family violence, trans- and homophobia, and ableism meet reproductive health at the intersection of people's lives (Strong et al., 2023). The religious right-wing ideology that infects so much of the contemporary world employs abortion stigma as another tool of oppression to keep women and non-binary people in their place and control their agency.

Abortion stigma themes: Consistency over time

Religion

Arguably, the most consistent theme over time is the weaponisation of institutional religion to undermine access to abortion and perpetuate abortion stigma via Christian churches. Bloomer et al. (2023, p. 2), for example, noted that "[I]n Western countries the control of abortion which has gone hand in hand with religious morality typically stems from Catholic theology and evangelical Protestantism". Broadly speaking, people rely on the reverence of traditional family values and sexist gender roles to disparage women seeking abortions (Abrams, 2015; Bloomer et al., 2017). Indeed, motherhood is revered and seen as an innate role for women to uptake, whereby any deviance from that promotes the rhetoric of the *bad mother* or *bad women* such that women who do not uptake this role are criticised and demonised (Bloomer et al., 2017). In a

similar manner, because religion promotes "sexual purity", motherhood is often seen as a natural punishment for women's moral indiscretions (Norris et al., 2011). Notably, despite a move away from institutional religion in recent decades, the (Catholic) church still holds power. And it is this power that determines what is socially and politically acceptable (e.g., many of our policies are still influenced by Catholic theology; Bloomer et al., 2017; Cullen & Korolczuk, 2019; Sorhaindo & Lavelanet, 2022). As such, research has remained vigilant on the effect of institutional religion in producing abortion stigma over time.

The personification of the foetus

An interesting sub-theme of institutional religion is the personification of the foetus. While arguably a small sub-theme, this idea often emerged throughout the literature review as a natural by-product of Western Christian religious teachings. Indeed (Christian) religion typically highlights the sanctity of life, with the argument that life starts at conception. This rhetoric promotes the attribution of sentience to the foetus—for example, calling the foetus a "baby" and saying it can feel pain. Language such as "the unborn child" pervades the media, and doctors' offices, impacting attitudes to abortion (Mikołajczak & Bilewicz, 2014) and consequently promotes the *abortion is murder* discourse. Unsurprisingly, this works to stigmatise (a) women who seek abortions and (b) abortion providers (Hoggart, 2017; Norris et al., 2011). Notably, the personification of the foetus is typically associated with Western Christian religious teachings, with the scholarship largely negating the impact of other religious denominations or Indigenous teachings on abortion stigma. That said, there is some recent traction in considering the impact of intersectionality on abortion stigma (see the following themes in "change over time").

Secrecy

Another key theme that remains consistent over time is the secrecy of abortion. That is, abortion is a concealable experience that—for many reasons, including religiosity—women often hide. As a result—despite abortion being very common—abortions appear uncommon (Abrams, 2015; Bloomer et al., 2017; Norris et al., 2011). The overarching secrecy means that women who do disclose their abortions are seen as deviant. This creates a concerning cycle that perpetuates silence and stigma (Cockrill & Biggs, 2018). That is, because women fear being criticized for their abortions—and anticipate a non-supportive environment (Cockrill & Nack, 2013)—they stay silent. This suggests the need to highlight that "normal" women have abortions. Linking to the following themes, this form of resistance has been successful online and through popular media (Cockrill & Biggs, 2018). And, as with many of the following themes, emerging scholarship highlights that abortion silencing is more salient and detrimental to certain intersections of society. Intersectional research finds that silencing and misrepresentation of abortions is more harmful to those in lower socio-economic circumstances as they already have more restricted access to reproductive health care (as compared to those at more privileged intersections (see for example, Bloomer et al., 2017).

Abortion stigma themes: Change over time

Stigma online

There is an increased discussion regarding how abortion stigma is displayed—and resisted—online. Firstly, research has started to consider the ways in which popular media (e.g., television and films) depict abortion. Typically, popular media displays abortion in ways that (re)produce abortion stigma and focus on women suffering from post-abortion trauma (Sisson & Kimport, 2014). In tandem, because of the secrecy surrounding abortion, women struggle to gain support

from friends and family and consequently may turn to anonymous online forums to gain advice and support for abortions (Jones et al., 2023). As a result, more recent research focuses on the use of online forums to counteract abortion stigma, with Lands et al. (2023) suggesting that women gain a sense of community and (much-needed) emotional support from online forums. This is a refreshing divergence from the typically hostile and misogynistic discourse of online spaces. Nevertheless, it is important to remember that anonymous online spaces can still (and do) enable a space to perpetuate harmful abortion stigma. This represents an interesting duality (that is not present in other themes), whereby online depictions and discussions of abortion represent both the agent of stigma and change. Given the growing uptake of online spaces in the 21st century—and the new emergence of qualitative methods that enable the investigation of online spaces—we would argue that this is one of the most pronounced changes over time and will continue to be a rising area of research.

We also note that, given the positive effect of online forums in fostering a sense of support for those seeking abortions—and that most people gain their information from the news and/or popular media (Barthel et al., 2019; Matei, 2014)—it is important to consider the ways in which the popular media can be utilised to increase abortion support. That is, as opposed to myopically depicting post-traumatic abortion syndrome and traumatic abortions, we can display the more positive implications of abortion (for example, that show that many everyday women seek abortions) and subsequently rebut some of the secrecy—and associated stigma—of abortions. Indeed, reading about women having abortions increases abortion support and disclosure (Cockrill & Biggs, 2018). Even how we speak about abortion in the media can challenge abortion myths. For instance, using the word *foetus* instead of child/baby is anticipated to reduce the personification of the foetus, reduce abortion stigma and increase support for abortion (Mikołajczak & Bilewicz, 2014). Future research is needed to investigate how language and indirect online contact can reduce abortion stigma and increase abortion support.

Intersectionality and cross-cultural considerations

Initially, abortion stigma research focused mainly on Western, educated, industrialized, rich, and democratic (WEIRD) societies (Henrich et al., 2010), with a primary focus on the predictors and consequences of abortion stigma for middle-class, educated, and cis-gendered white women. After establishing some basic foundations of abortion stigma, researchers began to explore how abortion stigma changes at differing intersections of class, race, and gender identity. Emerging research suggests that—consistent with intersectional work in adjacent domains—abortion stigma is more salient for those facing more challenging intersections (e.g., poverty, violence, for women of colour; Kimport, 2019). Of concern, given the focus on WEIRD abortions, much of abortion activism has failed to consider the ways multiple identities interact to impact abortion access. While this approach has made activism more palatable to the public, it has failed to produce solutions and/or advocate for those who (typically) need safe access to abortions the most (e.g., those in low socio-economic positions or those who need to travel to access health care (for example, Cullen & Korolczuk, 2019; Mishtal et al., 2023). Thus, emerging research is attempting to investigate how to advocate for reproductive health care with an intersectional lens.

In addition, Strong et al. (2023, p.1584) noted that abortion policies are "embedded in historical, colonial, political, and social structures, which seek to control some peoples' reproduction while encouraging others". In the United States for example, Black women's experiences of abortion are

shaped by "normative frames placed on their lives and reproduction, including pressure to avoid pregnancy and use long-acting reversible contraception" (Strong et al, 2023, p. 1584, citing Brown et al., 2022). As such, colonialism's impact on reproductive health, justice, and cultural practice on Indigenous people is also the subject of significant recent scholarship (BlackDeer, 2023a, 2023b; Le Grice & Braun, 2017; Le Grice et al., 2022; McKenzie et al., 2022). For instance, considering that colonisation aims to push a Western Christian ideology (including the sanctity of life and personification of the foetus agenda) onto Indigenous communities, emerging work has started to explicate the tensions in Māori beliefs on abortion—many of which grapple the tension between protecting life and valuing the needs of a mother and whānau (Le Grice & Braun, 2017). In other words, the intersections of bodily autonomy may not always sit comfortably alongside Indigenous perspectives (especially in an ongoing colonial context) as Le Grice and Braun (2017, p. 57) noted, for some study participants "the concept of reproductive decision making in solitude was situated in tension". This is just one example of the emerging Indigenous research on abortion stigma. As noted earlier, we anticipate that this will continue to be a growing and fruitful area of research in the coming decade.

As noted in our introduction, emerging research is focused on abortion tourism—that is, the movement between states, cities, or countries to obtain an abortion. Unsurprisingly, research has consistently explored abortion tourism between countries where abortion was illegal (e.g., Cullen & Korolczuk, 2019). However, further research is exploring how people move within countries where abortion is legal, but where abortion access is not equitable across cities/populations (Mishtal et al., 2023). In other words, despite "progressive" laws, various intersections restrict abortion access (e.g., socio-economic or location constraints restrict abortion access). The recent reversal of *Roe v. Wade* has highlighted the relevance of this in egalitarian countries (or countries with more progressive legislation). Thus, while it is tempting to argue that abortion studies have always been interested in abortion tourism (see for example, Goodyear-Smith, 2023, on the Sisters Overseas Service in Aotearoa New Zealand), we have started to broaden our understanding of abortion tourism over time—namely, to encompass a more intersectional lens.

The target of abortion stigma

Research on abortion stigma began by investigating the impact of stigma on those seeking an abortion. For instance, research focussed on how factors such as abortion secrecy and religiosity provoked abortion stigma, undermined access to healthcare and produced poor health and well-being outcomes for those seeking abortions (Abrams, 2015; Bloomer et al., 2017). And, although this remains an important and sustained area of research, scholars have started examining the ways in which abortion stigma transcends those accessing reproductive health care to (a) the friends and family of abortion seekers and (b) abortion activists (Abrams, 2015; Norris et al., 2011). However, despite an increasing understanding that abortion stigma does (or is likely to) impact the friends and family of abortion seekers, the transcendence of abortion stigma is still an emerging area of research.

Noting that most scholarship on abortion stigma has focused on women who have abortions, Norris et al. (2011) extended their analysis to two further groups affected by abortion stigma, namely people who work in abortion health care and those who support people having abortions, partners, families, friends and advocates. Their support for, and participation in, abortion is mostly visible, although stigma might prevent openness in some situations. The first author of this article worked as a social worker in an abortion service and frequently made a

decision not to disclose her employment, in anticipation of negative or uncomfortable responses.

Of course, the experience of stigmatising interactions for providers is not only about encountering unpleasant judgments about the health care they provide. These interactions threaten the adequate provision of services. Abortion services were originally established separately to other health services in order to ensure sensitive care, but this separation has had unintended consequences. Separate clinics exposed patients, their support people and staff to offensive and often abusive anti-choice protests and signalled abortion as an aberrant aspect of health care. Notably, Janiak et al. (2018) found a comparable level of stigma between providers working in hospitals and freestanding clinics and noted that hospital-based care providers likely encountered stigma within the workplace (from other medical and nursing staff) while the clinic staff faced regular anti-abortion protests at the gate. While working in a women's health setting, the first author also worked in a neonatal specialist care unit. A senior doctor remarked that he could not understand how she could work in both abortion and neonatal care. He found it "disappointing".

In addition, given the increase in online activism and the increased prevalence of the abortion debate in online spaces—particularly following the *Roe v. Wade* decision—future research may want to investigate how abortion stigma extends toward online activism. Research has made a solid start in outlining how stigma extends to abortion providers, often documenting how this restricts a willingness to perform abortion services (Kimport, 2019; Norris et al., 2011). It is likely that abortion stigma impacts online activism in a similar manner (Lands et al., 2023). Further investigating this possibility is vital, given the current attack on reproductive rights and the associated need for sustained activism that ensures reproductive justice.

Conclusions

Returning to the work of Bateson and Mane (2023), it is useful to revisit their themes of exile, autonomy, and anxiety in concluding this review. Exile in the work we have discussed in this introduction can be seen to be operating on more than one plane of experience. Exile in the form of imposed abortion travel—across borders, whether local, regional, or international—or by the pressure for disguising identity imposed by having to run the gauntlet of anti-abortion protests, is both literal and symbolic. To have to hide one's abortion choice, to fear both interference in a personal choice and judgment, and the anxiety this fear engenders is the embodiment of the structural violence present in all forms of reproductive injustice. The need for secrecy is a potent reminder of abortion shame. Covering one's face, lying down in the back of the taxi, or having to lie to manage travel across borders signify a symbolic form of exile. The pregnant person is disempowered and forced to make their true self invisible, their bodily autonomy is denied. This is at the heart of abortion stigma.

In light of this body of research, we have reviewed, what are the implications for social work? The IASSW statement on abortion on International Women's Day stated:

> Social workers need to understand how to promote reproductive rights and reproductive justice at the individual and structural levels. Social workers need to understand and challenge the stigma of abortion and the trauma that can be experienced when having to have a legal abortion, which is further complicated in situations where an illegal abortion is the only option. (2023, n.p.)

Social work values emphasise rights and social justice. The Code of Ethics values statement Ngā Tikanga Matatika Pou in Aotearoa for example, stated: "We accept persons for who they are, with positive

regard and without judgement or moral or religious stricture" (ANZASW, 2019) and yet responses to discussions about abortion in online spaces has indicated that social work is not immune from stigmatising beliefs, and US research has highlighted the impact of social work religiosity on attitudes to abortion (Bird et al., 2018; Winter et al., 2016). In Aotearoa New Zealand, little is known about these impacts on social work practice. Further research is required to better understand social workers' attitudes and practices in relation to clients who seek or choose abortions. There is a role for the profession in leadership and education to centre reproductive justice in the social work curriculum with the intention to reduce stigma by situating abortion as healthcare and an essential part of reducing health inequalities (McKinley et al., 2023; Poehling et al., 2023). The very least we can expect of social workers is that they do nothing to perpetuate abortion stigma.

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