A Learning Agenda for Abortion Stigma: 
Recommendations from the Bellagio Expert Group Meeting

In June 2013, Ipas and UCSF's Advancing New Standards in Reproductive Health (ANSIRH) organized a meeting on abortion stigma, inviting experts from law, health care, the social sciences, and community organizing. Nineteen researchers, practitioners and advocates from 11 countries participated at the Rockefeller Foundation's Bellagio center in Italy. The main objectives of this meeting were to produce clear research, programmatic and advocacy objectives related to abortion stigma, and to identify a pathway for collective and global action. This paper summarizes our group process and recommendations.

Stigma discredits individuals, communities and institutions and marks them as inferior.¹ The stigma surrounding abortion plays a critical role in its social, medical and legal marginalization around the world.² Stigma shames and silences both women ending a pregnancy and the caregivers who help them.³ Stigma may affect a woman's willingness to disclose her abortion intentions and experiences to partners, parents, friends, or health-care professionals.⁴ It may contribute to health-care providers’ unwillingness to provide services or influence how and where services are provided.⁵ A fifth of the world’s women live in countries that criminalize abortion, resulting in its legal marginalization.⁶ Stigma may contribute to the permanency of restrictive abortion laws despite evidence of their significant negative impact. Abortion stigma is perpetuated by systems of unequal access to power and resources.

Abortion stigma is likely a major barrier to achieving the Millennium Development Goals, particularly goal 5 (MDG5), which calls for reducing the maternal mortality ratio by three quarters between 1990 and 2015, and achieving universal access to reproductive health by 2015. Nearly 20 million of the abortions performed around the world each year are clandestine; close to 47,000 women around the world die and many times that number suffer from unsafe abortions every year.⁷ Abortion stigma violates women’s most basic human rights including the right to be free from gender-based discrimination, the right to privacy and the right to the highest attainable standard of health.⁸

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stigma may manifest itself in extreme violence, including targeting and murder of health-care providers. Finally, abortion stigma results in the exclusion of abortion from many international efforts to promote gender equality and recognize women’s rights as human rights.

The Bellagio group began by reviewing the existing literature on abortion stigma and programmatic activities in the field designed to address abortion stigma. Based on the existing field of knowledge, participants worked to refine a conceptual framework for abortion stigma. In this framework, abortion is understood as a transgression of physical, moral, and ethical boundaries and social norms around gender, religion, kinship, and death. The framework recognizes that stigma operates at multiple levels moving from individual to systematic levels. These include: framing discourses and mass culture, government and laws, institutional and service delivery, community, and individual (see Diagram 1). Abortion stigma has both geographic and temporal dimensions and manifests itself different across different cultures and contexts and across time. The framework recognizes that stigma intersects with both stereotyping and prejudice, though has distinct elements as well. It also reflects that abortion stigma is inextricably tied to other forms of oppression, especially sexism, racism and socio-economic inequality. Finally, the model recognizes that not all negative reactions to abortion are stigma.

Diagram 1: Levels of abortion stigma

Based on this conceptualization, the group developed a learning agenda for addressing abortion stigma which includes both research and programmatic questions that need to be addressed in the immediate future:

1. **Framing discourse and mass culture**
   a. What is the role of language in creating and perpetuating stigma? What language is more or less stigmatizing? Does developing alternative language and vocabulary reduce stigma?
   b. What role does the popular media and its depiction of women, providers and the legal status of abortion play in abortion stigma?
   c. How does news coverage of abortion influence stigma?
2. **Government and Structural (including laws and policies)**
   a. What is the relationship between laws and regulations and abortion stigma? What role does criminal law play in stigmatizing abortion seekers and providers? How can law be used as a tool to counteract stigma?
   b. What is the relationship between legal and ethical guidelines, professional medical codes and abortion stigma?
   c. How do health-care providers and organizations interpret abortion laws in ways that stigmatize women and/or providers and deny or restrict services?

3. **Organizational and Institutional (including service delivery)**
   a. What is the relationship between stigma and the way that abortion services are provided?
   b. What is the relationship between abortion stigma and quality of care? While abortion providers are themselves stigmatized, how do they in turn stigmatize the women they serve? In particular, does improving quality of care decrease stigma and does reducing stigma improve quality of care?
   c. How do different service delivery models, such as the use of medication abortion, impact abortion stigma?

4. **Community**
   a. How do community members, including men, experience abortion stigma and how do their experiences differ from and interact with the experiences of women?
   b. How do community attitudes and actions related to abortion impact stigma or protect women against stigma?
   c. Which cultures and which elements within them accept abortion without stigmatizing? How can those elements be strengthened and what can we learn from them that could be transferred to other cultures?

5. **Individual**
   a. How does abortion stigma affect women socially, physically and emotionally?
   b. What individual attributes, types of social support and skills enable women or providers to resist stigma?
   c. What is the relationship between personal disclosure of abortion and abortion stigma?

The field of abortion stigma research is nascent and there is much to be learned and understood. Building knowledge in this area will require scholarship and programmatic work across multiple disciplines with varied methodological tools. We encourage those interested in the advancement of women’s reproductive rights, health and wellbeing to consider abortion stigma as a topic for research and programmatic intervention and to use the learning agenda above as a starting point. To further collaboration and coordination of these efforts, an Abortion Stigma Network is being created. For more information about the network, the tools available, and how to join it, please contact stigmanetwork@ipas.org