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Social Norms and Stigma Regarding Unintended Pregnancy and Pregnancy Decisions: A Qualitative Study of Young Women in Alabama

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Abstract

CONTEXT—Social norms and stigma may play an important role in reproductive health behavior and decision-making for young women in the U.S. South, who disproportionately experience unintended pregnancies. Research has yet to describe the presence and manifestations of social norms and stigmas around unintended pregnancy, parenting, adoption and abortion from the perspective of this population.

METHODS—Six focus groups and 12 cognitive interviews (n=46) were conducted with young (19-24), low-income women in Birmingham, Alabama from December 2013-July 2014, recruited from two public health department centers and a community college. Semi-structured interview guides were used to facilitate discussion around social perceptions of unintended pregnancy and subsequent pregnancy decisions. The sessions were audio-recorded, transcribed, and analyzed using a theme-based approach.

RESULTS—Respondents described community expectations for pregnancy to occur in the context of monogamous relationships, where both partners were mature, educated and financially stable. In contrast, participants reported that unintended pregnancy outside of those circumstances is common, and that the community expects young women to bear and raise their child when faced with an unintended pregnancy. Social views about women who choose to do so are more positive than those about women who choose abortion or adoption, which the participants generally

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perceived as unacceptable alternatives to parenting and discussed in terms of negative labels, social judgment, and non-disclosure.

CONCLUSIONS—Findings inform the development of interventions to reduce stigma and create the social environment in which young women are empowered to make the best reproductive decisions for themselves.

INTRODUCTION

Young women ages 18-24 have the highest rate of unintended pregnancy among all age groups in the United States.[1] Among this group, around 60% of unintended pregnancies result in childbirth, 40% in abortion,[1] and less than 2% in adoption.[2] Women's decisions at the time of an unintended pregnancy are constrained by multiple factors, including intimate partner relationships and socioeconomic resources.[3-5] Social norms and stigma surrounding unintended pregnancy and pregnancy options may also play an important role in how young women experience and respond to unintended pregnancy; however we know little about these psychosocial factors within this population.

Social norms communicate to us what behavior is accepted and expected by our community.[6] Relatedly, stigma is defined as social disgrace or disapproval, which functions as an informal control mechanism for those who do not adhere to socially defined norms.[7] Research has primarily explored social norms or stigmas related to isolated reproductive health behaviors or decisions, such as contraceptive use,[8,9] pregnancy,[10,11] childbearing,[4,12] and abortion.[13,14] Taken together, this literature suggests that these social norms and stigma have implications for pregnancy prevention and decision-making. However, studies have seldom simultaneously explored norms and stigmas around unintended pregnancy and all potential pregnancy decisions, despite the notion that women who have an unintended pregnancy may encounter perceptions of social norms and stigma surrounding both the pregnancy itself and subsequent pregnancy decisions.[15] Furthermore, women make decisions regarding pregnancy in part by contrasting pregnancy options in light of these norms and related stigmas.[3,16]

Two studies from over 10 years ago explored social norms and stigma related to unintended pregnancy and pregnancy decisions simultaneously. Edin and Kefalas found that, regardless of pregnancy intention, low-income black, white and Hispanic mothers in Philadelphia viewed childbearing as an inevitability and a necessity from which they derived identity and purpose, and viewed abortion and adoption in moral opposition to parenting.[4] In Ellison's study of middle-class white women in California who had an unintended pregnancy, findings indicated that attempts to avoid social stigmas influenced women's pregnancy experiences and decisions (inclusive of abortion, adoption and parenting).[17] While these are seminal studies, women's experiences may have changed over the recent decade.[18] Additionally, both studies examined reproductive norms and stigmas among adults broadly, and only Edin and Kelfalas presented results by race/ethnicity, despite prior research findings that rates of unintended pregnancy and reproductive norms and stigmas vary by age and racial/ethnic group.[1,10,19] Only the Edin and Kelfalas study included exclusively low-income women, given that this population bears a greater burden of unintended pregnancy and its

consequences, and reproductive norms vary by socioeconomic status. Moreover, both studies explored norms or stigmas among women who have been pregnant, and thus do not include the perspectives of women at risk for, but who have not yet experienced, an unintended pregnancy.

Finally, little research examines reproductive norms and stigmas within the southern U.S., where rates of unintended pregnancy are highest.[20] Two relatively older studies conducted in Georgia and Louisiana, respectively, suggested that culturally and socially defined fertility norms regarding the ideal circumstances for pregnancy shape intendedness.[5,21] Kendall et al. also explored women's perceptions of childbearing and abortion, and discussed the latter in harsh negative contrast to the former. This finding aligns with data reports of more hostile abortion attitudes within the South compared to other regions.[19,22] In view of these norms and attitudes, there is the potential for more reproductive stigma in the South. Past studies hypothesize that reproductive stigmas may be more salient in this region because of dominant tendencies of traditionalism and Christian religiosity.[19,23]

The specific aims of the current study were to explore perceptions of norms and stigmas related to unintended pregnancy, parenthood, adoption, and abortion, and to examine racial differences in these perceptions, among young low-income women in Birmingham, Alabama. Birmingham is a socially conservative area with substantial geographic concentration of poverty, racial residential segregation, and correlated health disparities.[24] More of Birmingham residents live in poverty (30%) relative to that of more densely populated southern cities of Atlanta, Georgia (25%) and New Orleans, Louisiana (28%).[25] The rates of Black, Hispanic and other minority groups living in poverty in Birmingham are over 2.5 times that of whites.[26] Consistent with national trends, minority women and women of low socioeconomic status in Alabama experience considerably higher rates of unintended pregnancy than average.[27] In spite of this local context, the state's decisions not to expand Medicaid under the Affordable Care Act[28] and to enact restrictive abortion policies[29] constrain access to reproductive health care, especially for women with limited resources. In fact, the only abortion facility in Birmingham was closed during the current study, contributing to the onus on women in Alabama to travel great distances to visit an abortion provider.[30] Studying reproductive norms and stigmas in Birmingham may provide insight to other metropolitan urban and rural environments.

METHODS

Study Design

An all-female study staff, consisting of the study principal investigator (JMT) and a team of six trained masters and doctoral students (including WS, KLS, and AH), recruited participants and collected data between December 2013 and July 2014. We approached potential participants at Birmingham public health department clinics and a local community college during business hours and posted fliers in the common areas (specifically, the Women, Infants and Children [WIC] Nutrition Program, Family Planning, and Sexually Transmitted Disease clinics). The study staff and fliers invited women to participate in a one-time focus group (FG) or cognitive interview at the first author's institution to discuss attitudes about family planning, pregnancy, and health decision-making. We screened

women recruited in-person for eligibility during initial contact and screened those who responded to fliers by phone. Eligibility criteria included being 1) an attendee of one of the study clinics/college serving mainly low-income populations, 2) 19 (age of consent for research in Alabama at time of the study) - 24 years of age, and 3) able to speak English. Pregnant women were not eligible. We invited eligible women to select from pre-arranged FG or interview times and locations (i.e., private meeting rooms at or near the recruitment locations). We recruited approximately 100 women, however roughly half did not participate due to schedule conflicts, lack of transportation, or inability to contact for scheduling.

We initially employed FG methodology, given its suitability for the exploration of sensitive issues when group members are relatively homogeneous and confidentiality is assured.[31,32] FG findings were also intended to inform the development of new quantitative measures of reproductive stigmas as part of an additional study aim.[33] We conducted six FGs, which included 34 participants, lasted 82 minutes on average, and were stratified by race (3 white, 3 black). For each group, we used a race concordant moderator and note taker. In some cases, young children were present during FGs, as we did not provide childcare.

The moderator used a semi-structured guide to pose questions to the group that were designed to elicit group norms and perceived stigma around unintended pregnancy and pregnancy options. Moderators used discussion probes to help the participants elaborate and verify their responses. Questions included, “in your view, when is a good time for a young woman to get pregnant?” “What do people in the community think about a young woman who has gotten pregnant when she wasn’t planning it” and “what do most young women in your community end up doing [following an unintended pregnancy]?” The guide also included three vignettes, each describing scenarios in which a young woman chooses abortion, adoption, or parenting following an unintended pregnancy, to offer standardized stories for the participants to discuss towards the end of the FGs. For example, one of the vignettes read:

> “I am 21 years old. I recently found out that I am pregnant. I can’t become a mother right now because I don’t have enough money to raise a child. I’ve decided that the best thing for me to do is to give the baby up for adoption.”

The vignette is followed with a series of questions including, “how do you think people close to her would react to this situation?” and “how do people in your community generally view a young woman who has given a child up for adoption?” The vignettes on adoption and parenting followed the same format.

We next utilized cognitive interview methodology to both a) test the theoretical ideas that emerged from the FG findings in a new sample using data triangulation,[34] and b) pretest quantitative measures we had developed from the FG findings. For the purposes of the current study, we sought to determine whether the individual perceptions of social norms and stigma expressed within the interviews corroborated our interpretation of the shared perceptions of social norms and stigma that arose from the FGs. Following preliminary data analysis from five FGs, we recruited 12 interview participants who were purposively sampled to include equal numbers of black and white women, a few interviewees of other race/ethnicity, and similar proportions of women from the health department and community

college locations, in order to ensure that a variety of experiences were represented. We did not match interview facilitators and interviewees by race. During the interviews, lasting 52 minutes on average, the moderator asked the interviewee to read and respond to prompts using a semi-structured interview guide designed to elicit individual perceptions of the same topics discussed in the FGs. Prompts included, “what do you understand by accidental pregnancy?” “Are there other common opinions about women your age who become pregnant accidentally that were not included as part of this question” and “What is the first thing that comes to mind when you think of abortion?”

The FG and interview guides were reviewed by experts at national reproductive health non-profits that were not directly associated with the study to assess face validity,[35] and the FG guide was also pre-tested to assess content validity,[36] prior to finalization and use. All FGs and interviews were audio-recorded and transcribed verbatim. Study staff obtained informed consent before each session, and participants received $30 for their participation afterward. The Institutional Review Boards of the first author’s university and county health department approved the study protocol.

Analysis

We developed codes using a-priori themes based on previous research,[6,37] and a thematic data analysis approach.[38,39] The codes included perceptions of other people’s behavior (*descriptive norms*), behaviors expected by others (*normative expectations*), as well as expressions of favor or disfavor (*attitudes*), and assigned responsibility (*blame*) regarding a stigmatized behavior or decision.[33] To refine the codebook and ensure consistency, the first and last authors individually coded initial FG transcripts, and reconvened to discuss their interpretation of codes and arrive at a shared understanding. Once we achieved thematic saturation, a revised codebook was developed and finalized. The first author analyzed all remaining transcripts using NVivo 10 software.[40] The coders iteratively presented preliminary findings to the research team and other colleagues as a means of peer debriefing for quality-control.[35]

RESULTS

The combined sample of forty-six FG and interview participants had a mean age of of 21 years. Roughly half of participants self-identified as black (52%), 41% white, and 7% identified as other race/ethnicity. A little over half of participants reported prior pregnancies (54.4%). Participant characteristics by data source (FG and interviews) and for the combined sample appear in Table 1. While interviewees and FG participants were recruited from the same locations, interviewees overall had more education, fewer marriages or divorces, and fewer prior pregnancies. Despite these differences, we found that interviewees shared many of the same perceptions of reproductive norms and stigma observed among FG participants.

Unintended Pregnancy

Participants across race, FGs, and interviews spoke of common expectations for educational attainment, financial stability, and personal maturity during or prior to pregnancy. However, women saw unintended pregnancy as a common occurrence in their reference networks,

often outside of those circumstances. A white interviewee with no pregnancies reflected multiple participants' views on unintended pregnancy when she stated, "Maybe you took precautions. Maybe you didn't. But something happened and you got pregnant." Numerous participants described unintended pregnancy at a young age as a growing phenomenon. A white FG participant who had one pregnancy commented, "It's like a chain reaction… I got pregnant, my sister got pregnant… my cousins got pregnant… There's something in the water… I don't know what it is, but my whole family got pregnant."

One of few areas where findings differed by race was in discussion of male involvement and marriage. Black participants varied in their expectations regarding relationships and pregnancy, whereas conversations among their non-black counterparts were more uniform. For example, one black FG participant who had no pregnancies stated, "I think she should be grown and married," to which another participant with no pregnancies responded: "I say nowadays [readiness is] just based on the woman. She should have her own job and be on her own because you can't depend on a man." Whereas a multiracial interviewee with no pregnancies voiced the opinion, "You shouldn't [get pregnant] before you are …married or in a definite relationship," a sentiment mirrored by several white participants in FGs and interviews.

A handful of respondents across FGs and interviews expressed that young women within their communities chose to marry the men involved in an unintended pregnancy, as one Asian interviewee who had no pregnancies shared: "My friends, [in] high school. They get married because they accidentally get pregnant." Contrastingly, some of the black participants shared experiences and observations that men "disappear" after the couple become pregnant, like this FG participant who had three pregnancies:

> "When it comes to a relationship, I've been through it. High-school sweethearts, … get ready for college, he dumped me. As soon as I told him I was pregnant. So, relationship status… don't mean nothing."

Common manifestations of social norms and stigma emerged from discussions when participants tried to reconcile community expectations for the circumstances surrounding pregnancy with lived experiences of unintended pregnancy. Norms were conveyed through the anticipated emotional responses of those close to a young woman in these circumstances (i.e., family, friends, etc.). If faced with an unintended pregnancy outside of the expected contexts, women described others being "mad," "worried," "disappointed," "upset" and "unhappy." The conversations turned to common stereotypes of the "kind of woman" in that situation. Participants expected that unintended pregnancy happened because of poor upbringing, promiscuity, irresponsibility, and lack of contraceptive use. Various young women shared attitudes that those who become pregnant unintentionally should have "known better," as expressed by a black FG participant who had no pregnancies:

> "I don't see why so many people are pregnant… when there's so much [contraception] out there that you can use, …and some people just having baby after baby, and I'm like, you didn't get the gist the first time?"

Within the participants' communities, young women faced with an unintended pregnancy were often deemed "fast" and labeled as "heathen," and "whore." Participants described how

such women can be the target of accusations and gossip regardless of their pregnancy decision. The judgment and blame for getting pregnant can affect women's self-perception, as a black FG participant with no pregnancies commented on her friend's experience, "some people make [her] feel… like a bad person because [she] had a unplanned pregnancy… when [she's] really not."

Women who experience unintended pregnancy can be shunned by friends and family members, often living in tight-knit communities. Several participants shared a common experience with former friends, who disappeared after their parents found out the participant was pregnant, as a black FG participant with one pregnancy commented, "Their momma snatch 'em up… [saying] 'it's in the water over there.'" Another black FG participant with four pregnancies shared her experience, "my momma put me out [of the home] …You've got parents that just… won't even care what they child do after they get pregnant." Participants in the majority of discussions described that young women who have unintended pregnancies often try to keep their pregnancies a secret for fear of backlash for non-conformity. A black interviewee with one pregnancy shared her own story of pregnancy non-disclosure, **"**Before I had my first son…I had not told anyone that I was pregnant. I did feel a little bit ashamed but at the same time, I knew better."

Parenting

Participants shared that young women faced with an unintended pregnancy *should* choose to parent, and that most women within their communities *do*. Accordingly, one black participant who had 3 pregnancies shared a mantra often echoed by others, "my mama, … she'd say if you laid down and have [sex], you're gonna take care of [the baby] …She don't say nothing about no abortion, [or] no adoption." In discussion of experiences observed within her community, a white participant with one pregnancy commented: "Most women I know of just have the baby. Everybody I know that's ever gotten pregnant, if they haven't lost it due to a miscarriage, have it." The perception of parenting as an inevitability repeatedly emerged within discussions of decision-making following unintended pregnancy. Along those lines, a black FG participant who had no pregnancies stated that women within her community, "see no reason for…abortion, adoption …because [parenting is] just so common." In fact, the women in our FGs and interviews often used the terms "pregnancy" and "have a baby" synonymously or in conjunction.

Parenting norms were also communicated by family and community reactions to the decision to parent, which most women described as positive, despite often mixed reactions to the pregnancy initially. In that vein, a white interviewee with no pregnancies shared:

> "My [relatives] would be happy that I kept the baby because they definitely wouldn't want an abortion or [adoption]… I know all my church family would be very upset…that I got pregnant… They would rather I had the baby than abort it, of course."

Some women expressed that parenting following unintended pregnancy was more accepted and celebrated than in the past. As a black FG participant who had one pregnancy describes:

> "Well in my community [unintended pregnancy is] so common… It's just like 'Oh she's pregnant, okay.' They're having baby showers, taking pictures, it's not even any shame in it at all anymore. Back when my mom got pregnant with me at 17…it was kind of like, 'Okay let's try to conceal it for a while' [and] she didn't even have a baby shower."

In their view, part of the reason that unintended pregnancy was less stigmatized than it once was is because of shifting norms whereby women can now make the socially acceptable decision to become a mother outside of the accepted circumstances.

Participants in each FG and several interviews voiced intentions to parent in the case of an unintended pregnancy, as a white interviewee with no pregnancy history indicated, "I would definitely keep the baby…no matter what the circumstances." Reinforcement of the norm to parent came from the expectation of personal fulfillment that comes from overcoming the challenges of early parenting and, in some cases, as a single mother. As one black FG participant with no pregnancies indicates:

> " [young mothers] feel accomplished, that they got through it, that they can take care of the child… I had a friend in high school and she got pregnant our tenth-grade year and …again our twelfth-grade year and she had both of her children … now she's finishing up in school and she loves her children to death and they motivate her to… continue to get her education, to work… she just basically feels accomplished and independent because the father is not really [there]."

The participants commonly shared feelings that women who adopt or abort are at a disadvantage in that they miss these and other motherhood experiences, such as milestones in their child's life.

Many noted the trying socio-economic circumstances that young mothers face. Respondents recurrently reported that young mothers experience difficulty with college completion because of competing responsibilities to earn a living and care for the child, as described in a FG by white participant who had 2 pregnancies:

> "With my first pregnancy I was 18… second pregnancy I was 19… going through school and working a fulltime job and having to provide… It's been tough. If I would have thought ahead I think I would have finished school, and been on my feet, and then I would have gotten pregnant."

Most participants felt that the choice to parent is an act of selflessness, strength, and responsibility regardless of socioeconomic circumstances. Conversely, a handful of participants shared their own and community judgments of young women who choose to parent outside of the expected contexts. In these discussions, participants expressed that it is selfish to bring a child into an unsafe home environment (i.e., homelessness, parental drug use, domestic violence, food insecurity). Young mothers also face blame and judgment for having a child "too young," for lacking resources, for entrapping the man involved in the pregnancy, and for being unmarried. For example, a white FG participant with one pregnancy shared the social consequences of her decision not to marry when faced with an unintended pregnancy: "Before I had [my son], people were already calling him a bastard…

telling me that he's going to be raised in sin… 'He's going to go to hell and you made it that way.'"

Adoption

Participants described formal adoption as an option that is rarely visible within their communities, as a black FG participant with no pregnancies shared, "adoption is not really common… A lot of girls where I live…don't really know [or] talk to anybody who ever had that kind of contact with anybody or anything like [adoption]. So I would say it's almost not existent… It's either abort or keep." In a few instances, participants divulged stories of friends who chose to place their child for adoption, as one white participant who had no pregnancies describes in a FG:

> "She thinks that's the best decision she ever made because she wanted better for that baby. And the people that adopted were able to give the baby everything that it needed… She said that she knew it would hurt but she knows that they're giving the baby a better life…"

In contrast, multiple participants described their own experiences with placed with a family member, living within foster care, or knew of such examples within their families or communities. These participants differentiated those experiences from legal "adoption," and described the circumstances as difficult and emotionally trying for those involved, particularly when the child is displaced from one or more homes. A black FG participant with no pregnancies emotionally shared her own experience with being raised by her grandmother from the time that she was born since her mother was unable to care for her. This participant characterized her circumstances as hurtful and "not good" because she became attached to her grandmother but was moved back with her mother, who was depicted as trying to "pop in and parent".

Some participants indicated that they would never consider (or could not support others who choose) adoption because of their personal beliefs, an expectation of emotional connection to the fetus, or concern about the wellbeing of the child. As one black FG participant with three pregnancies described:

> "If my child was to get pregnant and she wanted to give the baby up for adoption, I wouldn't feel comfortable with that because…it's a part of life… You expect me to just erase [or] give away to somebody? Not saying it's wrong, but…you never know what your child could be for you, and you might miss on it…because you feel like you can't do it."

Participants across multiple groups and interviews described adoption with a set of diverse and sometimes contradictory terms: difficult, brave, beneficial, damaging, irresponsible, and selfish. They expressed the belief that children are "a gift" and "a blessing," no matter the intendedness of the pregnancy or the life circumstances of the woman who becomes pregnant. Respondents generally viewed motivations for alternatives to parenting to be "an excuse," as one white FG respondent who had one pregnancy commented:

> "I don't get [adoption]. I was financially broke, didn't have no money and my kid's well-tooken care of. [The father of another participant's child] don't help her and

> that baby looks so healthy it ain't even funny… It might be hard, but there's things out there to help women to make sure their kid is tooken care of. So, I don't understand why women do that."

Correspondingly, participants told us that women may choose not to disclose having placed a child for adoption to protect the child from emotional harm, or to protect herself and her family from shame.

According to participants, women should cherish the ability to get pregnant, carry a pregnancy to term, and have a healthy child given that some women "can't have kids," and some pregnancies end in fetal or maternal death. Many participants shared their own and community views that parenting primarily and adoption subsequently are viewed as morally acceptable options. One black participant with no pregnancies described in a FG how adoption is perceived relative to other pregnancy decisions within her community:

> **"**At least you're keeping the baby alive; you get points for that but …I feel like most communities, if not all communities would still prefer that you keep your baby. But if you decide that adoption is the best option they still give you points… You didn't kill the baby…"

Abortion

Compared with parenting, abortion was also perceived as far less visible in participants' communities. The view that abortion was a common experience was shared by more of the black than white respondents. White participants were more likely to report that they did not know anyone who had an abortion, but speculated that abortion may happen "more often than people realize," as a white FG participant who had 2 pregnancies reflects: "There's probably more women that have had [an abortion], but it's something they might be ashamed of and don't tell anyone."

Numerous women said they have an abortion if faced with an unintended pregnancy. A white FG participant with one pregnancy offered the following explanation for her certainty:

> "I'm completely against abortion. If I'm going to sit here and do something that's going to cause me to have a child, then I'm going to sit here and I'm going to make it where I can afford and I can raise that child… So that's not even an option for me."

A minority of participants indicated that they would consider abortion in the context of unintended pregnancy, as one black FG participant with no pregnancies explained:

> "I wouldn't tell nobody to have an abortion, but… it would come across my mind, because… I see women in my family, [going to] school, good grades, doing all this stuff—had a child. All of it's over… my momma did that, had a child when she was nineteen, was in nursing school. Quit to take care of her children."

For most participants, the choice of abortion was only viewed as acceptable in "real trying circumstances," which encompassed rape, drug abuse, severe mental illness, and homelessness. Abortion was also deemed permissible when a woman's life is in danger or when fetal anomalies are detected, as a multiracial interviewee with no pregnancies shared:

> "[If] my kid is going to have [a] crippling deformity [that] I can get rid of it beforehand, that might be okay or you end up having two twins and like one of them is partially conjoined, you can remove the conjoined one before they are born. Or they can pick up Down Syndrome now so you can just quit the pregnancy."

Participants imagined community members would react negatively to finding out that a young woman had an abortion, as a black FG participant with no pregnancies stated: "Well like I'm from deep in the south… They kind of view it as a bad thing like you're killing your child. That's why most people in my community do keep their children because they really don't want to kill a baby." Young women who choose abortion and those involved in provision of abortion services were perceived as irresponsible and selfish, weak, cold-hearted, and immoral, as a white interviewee with no pregnancies shared, "I think it's horrible. I just wish they never created abortion clinics—the word abortion…I wish it never existed. I think it's ridiculous. I think it's all selfish."

Many of the white participants described interactions with crisis pregnancy centers, which provided them with free diapers, cribs, bottles, and "mommy money" for attending "classes and [watching] 15 minute videos." A white FG participant who had one pregnancy describes the message delivered by one such organization during a visit to her high school:

> "They try to get every girl to think that abortion is horrible, and if you're going to have the baby…put it up for adoption if you don't want it. 'Do not, do not have an abortion… Abortion is horrible, you'll get sick…'"

Multiple participants shared stories of friends and community members who kept their abortions secret. They voiced suspicions that women within their reference network who reported having a miscarriage really had "hidden abortion[s]." One white FG participant who had one prior pregnancy woman voiced a possible reason for doing so:

> "I know plenty of people that have had abortions that don't even tell their doctors… They're ashamed of it. They go [to abortion clinics] with a hood over their face … They know it's wrong, but they think that's what's best for them or the child that they already have… They just can't face the reality of going ahead and having another baby."

On the other hand, participants described situations in which young women were "made" to have an abortion by their parents so that their unintended pregnancies were disclosed. One black FG respondent with four previous pregnancies described her experience: "I done got pregnant in the eighth grade, and my momma, she made me have an abortion and then moved me to California, and didn't nobody know. My own daddy didn't even know". When prompted to discuss why parents might force their child to have an abortion, participants felt that the decision might be motivated by the desire to maintain social approval. In the discussion of one such experience, a white FG participant commented: "The parents are scared of what everyone else is gonna think… like, 'oh you have to have an abortion 'cause I don't want everyone in our community to think bad things of us.'"

DISCUSSION

Despite the importance of psychosocial factors in reproductive health behavior and decision-making, we know little about how young women in the U.S. South perceive social norms and stigmas around unintended pregnancy and pregnancy decisions. Our study revealed a number of themes related to social expectations for and assignment of social value to pregnancy and related decisions, as perceived by low-income young women in Birmingham, AL.

Women in our study reported unintended pregnancy to be common within their communities, despite social expectations to the contrary. This is consistent with other studies in which low-income adult women shared similar ideal pregnancy contexts incongruent with their lived experiences, and often shaped by social class and opportunity structures.[5,41] Our study participants perceived stigma around unintended pregnancy, confirming existing documentation of low-income adolescent and adult women's experiences in other settings.[11,12,17] Our findings also support existing literature reports of a social expectation to parent following unintended pregnancy, as was the predominant pregnancy option observed.[4,5] Also mirrored in prior literature among women of broader reproductive age and in different settings,[17,42] our results indicate that women in this setting receive social rewards for conformity to pregnancy and parenting expectations, and may be stigmatized for transgression of norms. By and large, these results as compared with the extant literature indicate that young women in this setting in the U.S. South share similar perceptions of reproductive norms and stigma with other low-income women in the U.S., regardless of age or location. However, the stigma around nonnormative behaviors may be more salient in the U.S. South compared to other regions as supported by the hostile climate for women's access to abortion,[43] and related public misinformation.[44]

Our findings also suggest some racial differences in social norms and judgment regarding these topics, specifically in expectations for male involvement following unintended pregnancy, and in norms around abortion. More of the black participants expressed expectations for single parenthood, whereas prior literature findings are mixed as to racial/ethnic differences in expectations for commitment with the male involved in pregnancy.[4,45] Additionally, white participants in our study were less familiar with the occurrence of abortion within their communities, possibly because of non-disclosure or infrequency of abortion among their social networks.[46] In our study, only white participants discussed experiences with crisis pregnancy centers, despite reported efforts by antiabortion activists to discourage black women in the South from using abortion services.[47] Notwithstanding these normative differences among black and white participants, they perceived similar manifestations of stigma (negative attitudes, stereotypes, blame, and discriminatory behaviors) around unintended pregnancy and pregnancy decisions. These findings are unique to this study, given than previous studies have not yet explored racial variation in norms and stigmas around unintended pregnancy and all pregnancy options in the South.

Understanding reproductive norms and stigma will have important programmatic consequences for professionals who support women's decision-making around pregnancy. Minimization of reproductive stigma may prevent potentially harmful reactions to stigma

such as psychological stress and avoidance of healthcare services.[48] Practitioners can use this research to counteract and support coping with reproductive stigmas in their regular patient interactions through self-education around its manifestations, adoption of self-reflexive interpersonal skills, and compassionate client interactions.[49] Findings may also inform the development of reproductive-stigma–reduction interventions. Individual-level interventions could include intrapersonal interventions targeting women who experience reproductive stigma through education, counseling, and values affirmation (i.e., intent to restore a sense of self-integrity related to cultural or other values, often socially marginalized). Intrapersonal interventions targeting the broader community may also involve educational approaches, which incorporate critical thinking about the alignment of social expectations, lived experiences, and related stigma.[50] These results are additionally relevant to research on the relationships among reproductive norms, stigmas, health behavior, and health outcomes. The authors have already used the current findings to develop questionnaire measures of reproductive norms and stigma for use in future research.

Limitations

These results should be interpreted in the context of study limitations. First, our findings may not represent all young, low-income women in Birmingham. Women who do not utilize health care services or attend community college might not have had the opportunity to participate in the study, and our study sample included few women outside of black or white race/ethnicity. Thus, we may have missed themes unique to or disproportionately experienced by these populations. Furthermore, we did not explicitly screen for income or verify self-reported age, so our sample might include women who self-reported to be in the age range 19-24 and were presumed to be low-income due to the recruitment location, but do not actually fit those demographics. Additionally, recent experiences of pregnancy and the presence of young children during some of the FGs may have might have influenced the responses expressed.[51] Lastly, we did not specifically ask FG participants about their own unintended pregnancy or abortion history, which could have provided further context to findings.

Conclusions

Our findings suggest that young, low-income women in Birmingham, Alabama perceive social expectations for pregnancy and parenting, and receive rewards for conformity. Transgressing these norms, particularly unintended pregnancy, abortion, and adoption, allows for susceptibility to social stigma, which can manifest as negative attitudes, stereotypes, blame, and discriminatory behaviors about a particular decision or individual woman. As such, young women may consider social norms and stigma in health decision-making, particularly disclosure of an unintended pregnancy and pregnancy decisions. These findings have important implications for healthcare providers, stigma-reduction interventions, and future research.

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TABLE 1

PERCENTAGE DISTRIBUTION OF STUDY PARTICIPANTS, BY SELECTED CHARACTERISTICS, ACCORDING TO A METHOD OF DATA COLLECTION* (N=46)

Characteristics	Focus Groups (n = 34)	Cognitive Interviews (n = 12)	Total (n=46)
Race/Ethnicity			
Black	52.9	41.7	52.2
White	47.1	41.7	41.3
Other	0	16.7	6.5
Highest Level of Education Completed			
<High School	5.9	8.3	6.5
High School/GED	29.4	25	28.3
Some College	52.9	25	45.7
College	8.8	16.7	10.9
Graduate School	2.9	25	8.7
Relationship Status			
Single[1]	58.8	58.3	58.7
Premarital Relationship[2]	23.5	41.7	28.3
Married	11.8	0	8.7
Separated/Divorced	5.9	0	4.4
No. of Pregnancies			
0	44.1	83.3	54.4
1	32.4	16.7	28.3
2 or more	23.5	0	17.4
No. of Children			
0	50	75	56.5
1	29.4	25	28.3
2 or more	20.6	0	15.2
Religious Affiliation			
Christian	88.2	66.7	82.6
Other	0	8.3	2.2
No Religion	11.8	25	15.2

*Mean age of participants: Focus groups - 21.09 years (range, 19 – 24); Interviews – 20.83 years (range 19-24);

[1]Single: not currently in a relationship;

[2]premarital relationship: in a relationship, cohabiting with a partner, or engaged.