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## **Sexual and Reproductive Health Matters**

### **Understanding the role of race in abortion stigma in the United States: a systematic scoping review**

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#### **Abstract**

The impact of abortion stigma is broad. Stigma impacts abortion providers, abortion patients, and the broader community. Understanding how race and culture affect aspects of abortion stigma may be an important piece of expanding access to and support of abortion. We conducted a systematic search for studies involving abortion stigma and race in PubMed, PubMed Central, Embase, PsycINFO, Sociological Abstracts, Social Services Abstracts, GenderWatch, and Ethnic NewsWatch on January 7, 2020. Articles were eligible for inclusion if they explored stigma and included participant race and/or ethnicity, were in English, and included original research. Thirty

studies were included in the final review, including 11 quantitative studies, 9 qualitative studies, 4 mixed methods studies, and 6 dissertations. Most studies provided basic racial and demographic data but did not provide racial differences in experiences of abortion stigma. Three quantitative studies found that women of color had different experiences of abortion stigma compared to White women. Non-peer-reviewed studies of qualitative PhD-level dissertation research found that race, culture, religion, and immigration had unique and complex effects on abortion stigma experienced by Latinx women. While abortion stigma is common, we found that there is a lack of research contextualizing the racialization of the United States. Quantitative studies found that women of color experience abortion stigma at lower levels compared to White women. However, qualitative analyses of experiences suggest that quantitative measures of abortion stigma may not capture unique aspects of abortion stigma as experienced by women of color.

**Keywords:** abortion, stigma, race, ethnicity, racism, reproductive health, abortion providers, attitudes, social norms, systematic review

### ***Introduction***

Abortion is one of the most common procedures in the US, yet accessing abortion is limited by an increasingly hostile anti-choice landscape. Nearly 40% of reproductive-aged women live in the 90% of US counties without an abortion provider. (1) State-level anti-abortion regulations also serve to decrease access to abortion. Restrictions on abortion care and the limited number of providers are reflective of the fact that abortion is highly stigmatized, and they can act to

perpetuate stigma. Abortion stigma, defined as “the shared understanding that abortion is morally wrong and/or socially unacceptable,” (2) also serves to limit women’s access to abortion care and services. Cockrill and Nack’s 2013 framework of abortion stigma further describes abortion stigma as internalized stigma, felt stigma, and enacted abortion stigma. Internalized stigma encompasses stigma that is internalized by women, including their own attitudes about abortion and feelings toward themselves after their abortion experience. Felt stigma reflects one’s understandings of others’ valuation of abortion, including concerns about poor treatment or damage to reputation if an abortion experience became known to others. Enacted stigma is defined as one’s experience of judgment of their abortion(s) and can include actual experiences that demonstrate this judgment such as discrimination, gossip, and physical abuse. (2) Abortion stigma can affect abortion providers, people who have abortions, people who support others who have abortion, and people who have the capacity for pregnancy and may consider abortion in the future. Abortion stigma leads to the social, medical, and legal marginalization of abortion care around the world and is a barrier to accessing high quality, safe abortion care. The impact of abortion stigma is broad and it ultimately serves as a barrier to reproductive right and healthcare.

Several abortion stigma scales have been developed to quantitatively measure stigma, with the most recent scale in 2015. (3,4) Because cultures, laws, and societal constructs of how abortion fits into people’s reproduction differ greatly, the definition and impacts of stigma vary greatly depending on the person. In a US-based context, race, religion, and region are just some of the social constructs that affect the experience of abortion stigma. Within the United States, people of color have a deeply complex and painful history of controlled reproduction. This history extends from slavery into the eugenics movement into today. (5) The reproductive justice framework was brought to life by twelve Black women who defined reproductive justice as the

right to bodily autonomy, to have children, not have children, and parent children in safe and sustainable communities. This framework (6,7) allows for understanding reproduction and reproductive opportunities in the context of a number of injustices. For example, multiple states have recently held policies that require the use of long-acting reversible contraception in order to qualify for welfare. (8) From 2005-2013, more than a quarter of women who underwent tubal ligation procedures were unlawfully sterilized without consent in California State Prisons, (9) a policy that disproportionately affected women of color. Multiple factors disproportionately impact women of color's right and ability to parent. Criminalization in pregnancy, disproportionate referrals to child protective services, forced deportation and separation of families, environmental injustice, and policing of Black communities are just a few examples. Current measures of abortion stigma may not capture the important racialized context in which stigma is embedded; for example, the fact that abortion experiences may vary by patient's racialized identities. Additionally, we know little about how intersecting identities and oppressions influence the experience of abortion stigma.

Anti-abortion messaging has targeted Black women by using racially stigmatizing messages claiming that abortion targets communities of color as a form of genocide. This messaging extends beyond billboards into pop culture. (10) In a qualitative analysis of abortion in Hip Hop, Premkumar and colleagues found that abortion was discussed as sinful, likened to Black genocide, and socially and morally devious. (11) Understanding how abortion stigma is experienced by providers and patients of different races has implications for protecting reproductive rights and for supporting and improving abortion care for people of color and those who provide this care. This article reviews how race is studied, discussed and contextualized in the abortion stigma literature in a US context.

## **Methods**

### **Search strategy**

We used a three-step search process for identifying studies for this review. First, term harvesting was conducted by identifying keywords and controlled vocabulary, including MeSH and Emtree terms, from key articles on our topic. Next, we developed a search strategy in collaboration with a clinical librarian (JBW) using an iterative process that involved testing search terms and examining the relevance of corresponding search results. Our search combined the concepts of abortion, stigma, and race. Boolean logic was applied by combining similar keywords and controlled vocabulary with OR and using AND between each concept: for example, (abortion) AND (stigma) AND (race OR ethnicity).

We conducted a systematic search for studies involving abortion stigma and race in PubMed, PubMed Central, Embase, PsycINFO, Sociological Abstracts, Social Services Abstracts, GenderWatch, and Ethnic NewsWatch on January 7, 2020. No date or language limits were used. Additionally, we searched the reference lists of included articles to identify additional studies, and the reviewers contacted experts to ensure that relevant studies were not missed. Detailed search strategies and a PRISMA-S checklist (12) can be found in Appendices 1 & 2.

### **Study selection**

One reviewer (KB) screened all articles based on title and abstract, and two reviewers independently double-screened all articles for full-text review (KB & RL). Discrepancies were discussed and resolved through group consensus. Studies were excluded if they were not in English, were not original research, were not conducted in a US setting, did not mention race or ethnicity, or did not include some form of abortion stigma. We did not require the use of an

official abortion stigma measurement for inclusion; studies were included if they discussed the concept of abortion stigma or its effects (e.g., abortion attitudes or cultural norms that led to abortion stigma).

### **Data extraction**

A standardized form was created to extract data in the following areas: study type and methodology, study question, study population, characteristics of the intervention (e.g. intervention type, duration, and outcome measures used), and study findings. Data extraction was completed by two reviewers (KB, RL).

### ***Results***

The literature search yielded 1075 articles. After excluding duplicates and identifying articles from additional sources, 841 articles were screened for inclusion based on title and abstract and 812 were eliminated because of their irrelevance to the topic. Two publications (one journal article and one published abstract) represented the same study population and question, and the abstract was thus excluded. An additional article was identified. Thirty studies were included in the final review, as indicated in the PRISMA chart (Figure 1).

### **Included studies**

Of the 30 included publications (Table 1), 10 reported participant race but did not provide information on how stigma varied by race. Eight reported stigma and race but provided no further context for their findings. Twelve publications reported race and levels of abortion stigma and offered some context of the findings.

Of the included studies, there were 11 quantitative studies, 9 qualitative studies, and 4 mixed methods studies published in peer-reviewed journals. We additionally included 1 quantitative study and 5 qualitative studies that were described in dissertations. Quantitative study methods included 7 cross-sectional studies, 3 longitudinal studies, and 1 controlled trial.

### **Abortion stigma among abortion providers**

Only 1 of the included studies focused on abortion stigma among abortion providers. Martin et al (13) conducted a 2014 study of the impacts of the Providers Share Workshop on abortion stigma by creating and assessing the Abortion Provider Stigma Survey. Abortion providers included anyone who helped provide abortion, including healthcare practitioners, clinic administrators, and counselors. They found that abortion stigma was common, 62% of providers felt unappreciated in their work and 54% felt that abortion care was marginalized in healthcare. Black providers had lower baseline abortion stigma scales (indicating less stigma), but this difference was not statistically significant. The authors did not discuss the role of race in their findings (13).

### **Abortion stigma among abortion patients**

Included studies of patients' abortion stigma used surveys and interviews to understand several types of stigma: internalized stigma through exploring their personal beliefs about abortion; enacted stigma through exploring others' reactions to their abortion disclosure; felt stigma through exploring their perceptions of providers' stigma and willingness to report history of abortion as a proxy, and the association between stigma and access barriers, decision rightness, and psychological distress. In general, findings by race were mixed with some studies reporting lower rates of stigma among Black and Latinx individuals (20) and others indicating higher levels of stigma compared to White individuals. (15, 17)



Most of the included studies assessed abortion stigma among abortion patients or those seeking abortion and found that abortion stigma is common. Simmons et al. found that abortion stigma was a common barrier in the decision-making process for women seeking abortion. (14) Black and Latinx individuals had more barriers to accessing abortion, but this study did not report any racial differences in abortion stigma. (14)

One study included the experiences of abortion stigma among abortion patients and partners of abortion patients. (15) Cowan et al. assessed enacted abortion stigma by conducting an analysis of women and men with personal experience with abortion using data from the American Miscarriage and Abortion Communication Survey. Latinx-identified individuals were more likely than any other group to perceive negative reactions to their abortion disclosures. The authors contextualized these findings in a body of literature around differences in norms around unintended pregnancy and religiosity. (15)

Brandi and colleagues explored contraceptive coercion at the time of abortion by conducting in-depth interviews with 31 abortion patients several weeks after their abortions; interview guides were informed by the Integrated Behavioral Model and the Reproductive Autonomy Scale. (16) Participants described pressure from providers to start contraceptive methods, specifically long-acting reversible methods, at the time of their abortion care. Contraceptive coercion was perceived as an attempt for providers to prevent future abortions and revealed abortion provider-enacted stigma. Within this theme, participants shared perceptions of their providers' beliefs around abortion, including the perceptions that providers are not supportive of abortion, participants "should" prevent unintended pregnancy, and that pressure to choose a contraceptive method was a form of judgment against their decision to have an abortion. This study population

was 52% Black individuals, but the authors did not report their findings by race or discuss the role of race. (16)

Although not directly focused on the experience of abortion stigma, one study compared reporting an abortion history via the National Survey of Family Growth (NSFG) in face-to-face interviews compared with audio computer-assisted self-interviewing (ACASI), a tool designed to increase privacy and reduce stigma. (17) They found that all women were more likely to report a prior abortion when using the self-interview. Latinx women had a higher differential in report of abortion compared to White women. Black and Latinx women had higher differentials of reporting prior miscarriages compared to White women, with a higher likelihood of reporting a prior miscarriage in the computer assisted self-report interview. This may indicate higher levels of abortion stigma for Latinx women and higher levels of miscarriage stigma for Black and Latinx women. This study also reported differentials in reporting of prior births and found that Black women had a higher differential in reporting prior births favoring more reporting with the computer interview. This difference was significantly higher for Black women compared to White women. (17)

Rocca et al. analyzed a number of factors correlated with decision rightness and emotional responses to abortion among a cohort of women who had received abortion care in the Turnaway Study, a longitudinal study whose overall sample included women that had received or been denied an abortion, (18) In this study, 60% perceived some level of abortion stigma (measured by a direct question indicating how much participants would be looked down upon by people in their communities if their abortion was known), but perceived abortion stigma was not positively or negatively associated with feeling that abortion was the right decision. At three years post-abortion, Latinx women had lower odds of reporting that abortion was the right decision

compared to White women. Abortion stigma was not the focus of this study, and the authors did not report differences in abortion stigma by race. (18)

Woodruff et al. also used data from the Turnaway Study to assess abortion attitudes among women who had received or been denied an abortion. (19) This paper did not specifically address abortion stigma but did touch on abortion attitudes that led to forms of abortion stigma. Overall, 20% of participants thought abortion was morally wrong. Participants who were denied an abortion were significantly more likely to think that abortion was morally wrong after six months than those able to receive an abortion. They found that women who identified as Black, Latinx, or mixed race were more likely than White women to feel that abortion was morally wrong. Additionally, women of color were less likely to support that abortion should be legal. (19)

Biggs et al. also used Turnaway Study data to assess abortion stigma and psychological distress among women who sought abortion, by asking two questions that measured perceived stigma. (20) They found that abortion stigma was more common in people who had an abortion near the gestational age limit of the clinic compared to individuals who had sought abortion but were turned away and went on to have a birth. Black women had lower baseline abortion stigma. (20)

### **Interventions to reduce abortion stigma**

Two studies of interventions to reduce abortion stigma showed some positive benefits. In one study, after participating in a book club in which they read and discussed a non-fiction book that included stories about abortion, participants had more accepting attitudes toward abortion and providers. (21) Another showed videos of women sharing their abortion stories with women at their post-abortion visit and found watching the video made them feel less isolated. (22) While both studies described race of participants, neither compared findings by race.

Hunt's dissertation work evaluated the role of an empathy-based media intervention on shifting attitudes and knowledge around abortion among Arkansas residents. (23) The author conducted a randomized controlled study of video interventions and assessed pre- and post-test knowledge, attitudes, and empathy. The video interventions told the stories of people seeking abortion care and varied the storytellers' race and the context of the reason they sought an abortion. The participants were mostly White. There was no difference in empathy scores by race of the person in the intervention video although overall there was the highest empathy scores for Black women who were seeking abortion because they had been raped. Hunt discussed whether these findings may exist because the study population over-sampled very liberal, well-educated people. The author also theorized that higher total empathy scores for Black woman who were raped may be reflective of the liberal-well-educated sample that understood marginalization of women of color. Hunt also posed the theory that this may have been a form of authority and paternalism - believing that being a poor Black woman who is raped is an "acceptable" reason for seeking an abortion. (23)

### **The broader community and abortion stigma**

Several studies assessed abortion stigma among the broader community, including people who have and have not had abortions in the past and people who have and do not have the capacity for pregnancy.

Mosley et al. conducted a survey in the US and South Africa and assessed if support for abortion correlated with support for social welfare programs. (24) This study utilized two national datasets from each country (the General Social Survey for the US and the South African Social Attitudes Survey) and assessed broadly if individuals supported abortion for a pregnancy

indication or for economic reasons. They did not find racial differences in abortion acceptability. (24)

### **Contextualizing race and abortion stigma: differences by race**

Several studies reported their findings by race and discussed the role of race in abortion stigma.

Bommeraju and colleagues conducted a cross-sectional survey to assess the role of race and abortion history in abortion and miscarriage among 306 new parents in Boston, MA and Cincinnati, OH. (25) They also assessed differences in abortion and miscarriage stigma by race. The study sample included English and Spanish speakers and was racially diverse with 50.7% Black, 38.6% White, 10.8% Latinx. White women perceived abortion to be more stigmatizing than Black and Latinx participants. Among participants who had previously had an abortion, Black women perceived miscarriage stigma to be higher than White women. Comparing the stigma of abortion to the stigma of a miscarriage, White women perceived higher stigma from abortion, where Black and Latinx women perceived higher stigma from miscarriage. The authors described these findings by understanding the role of stratified reproduction. They discussed that White women's pregnancies are given higher values in US society. When facing abortion, a White woman may face higher levels of stigma as they are defying traditional roles of motherhood and expectations of patriarchy. Women of color's pregnancies, on the other hand, are assigned a lower societal value. When facing a miscarriage, Black and Latinx women may perceive more stigma as they may be seen as having fault in the miscarriage. Higher miscarriage stigma was only found in Black and Latinx women who had previously undergone abortion. (25)

Cockrill et al. also found that Black people compared to White perceived less judgment around abortion. (3) They reported their development, validation, and use of an abortion stigma scale

among a diverse population across the United States. They identified four elements of stigma: worries about judgment, isolation, self-judgment and community condemnation. On the combined score that included all elements of stigma, the study found no racial differences in stigma scores. They found that Black women scored lower (indicating lower stigma) than White women on worries about judgment, but higher (indicating higher stigma) than White women on the isolation subscale. The authors posited that this may be because Black people are more pro-choice but discussed that further research on understanding the intersectional roles of gender and racism are important to finding these answers. (3)

Shellenberg and colleagues also found similar trends with Black women experiencing less abortion stigma compared to White and Latinx individuals. (26) Using a survey that included five questions focused on stigma, the authors assessed correlates of perceived and internalized abortion stigma by race and ethnicity among 3293 abortion patients at the time of their abortion. Among the total sample, 66% perceived stigma from others and 58% felt the need to keep the abortion a secret. Black participants reported lower levels of perceived and internalized stigma compared to White participants. White women were most likely to perceive stigma in general (75% among White women vs 52% Black and 67% Latinx). Latinx women were most likely to perceive stigma from friends and family (50% Latinx vs 27% Black and 44% White). Latinx women were also the most likely to need to keep their abortion secret (69% Latinx vs 47% Black and 58% White). This study also assessed perceived and internalized stigma by race, allowing for some nuanced understanding of intersectional identities including race, nationality, religion, age, and socioeconomic status. All participants reported more stigma from others if the man involved in the pregnancy did not know about the abortion. Black and Latinx participants from the West and South compared to those in the Northeast reported more stigma. Protestant religion

was associated with more stigma for White participants; however, among Black and Latinx participants there was no significant association between religion and abortion stigma from others. The authors noted these racial differences in stigma and call for further research to explore the basis for these differences. (26)

### **Contextualizing race and abortion stigma: racialized lived experience, culture & stigma**

As a part of their published dissertation research, Welter conducted a phenomenological study of Mexican-American women's experiences of abortion. (27) Welter found that women's understandings of culture and religion were deeply intertwined, and that multiple aspects may contribute to how women view their abortion experiences, including cultural and religious views of unplanned pregnancy and cultural norms of being secretive and private with personal affairs. Participants in this study found that sharing abortion stories did help with healing. While participants made abortion decisions for themselves, their cultural values drove interpretation of meaning of their abortion experiences which resulted in negative emotions around abortion, including shame and guilt, for many. (27)

Hernandez, also as part of dissertation work, conducted an in-depth analysis exploring the meaning of unintended pregnancy among 18-25-year-old English-speaking American-born Latinx participants in South Florida. (28) Hernandez found that stigma was tied to the social consequences of unintended pregnancy and connected to societal stereotypes of young Latinx women who have babies. Specifically, participants shared the stereotypes that Latinx women are hypersexual, frequently pregnant, and do not receive the same dignity and respect when seeking care for unintended pregnancy. The study found that participants made abortion decisions in the setting of stigma around unintended pregnancy. (28)

Stack's dissertation explored the role of abortion stigma and disclosure. In this study, the author conducted in-depth interviews with 18-25-year-old women who had undergone non-medically-indicated abortions within the past 10 years in the Midwest. (29) Stigma was related to stereotypes around race, class, sexuality and motherhood. The author specifically noted that White women commented on being the only White women when accessing abortion care. Stack contextualized her findings in a feminist history. The author described societal norms around motherhood and against abortion as an expectation that was placed on White women in the early 1900s in order to help expand the reproduction of White people in the face of a nation that was becoming increasingly diverse. (29)

Smith et al. did not find substantial differences in social norms and stigma around pregnancy between Black and White women who were aged 19-24 in Birmingham, Alabama. (30) The authors conducted a qualitative study using six focus groups and 12 in-depth interviews to explore social norms and stigma around unintended pregnancy and pregnancy decisions. While the study found that abortion was seen as a more common experience among Black participants, abortion was seen as acceptable only in particularly difficult circumstances among all participants. Participants of all races agreed that if they did have an abortion, community members would have negative perceptions of them. (30)

Deeb-Sossa and Billings report on barriers to abortion access among Mexican immigrant women in North Carolina. (31) This ethnographic study collected data from midwives, health project coordinators, women seeking abortion, and several community healers. This study did not specifically study abortion stigma as a construct but provided an in-depth analysis of the barriers to abortion and the ways in which stigma, race, and culture intersect with those barriers. In states requiring a parental permission or judicial bypass for minors seeking abortion, immigrant women



faced unique challenges navigating parents who lived outside the country and the judicial system, while also considering concerns of their parents and their own immigration statuses. Accessing abortion required simultaneously navigating stigma related to abortion in society and close communities, and stigma while accessing medical care in a system that was not built for non-English-speaking immigrant Latinx women. The stigmatizing beliefs of providers further marginalized immigrant women seeking abortion care. (31)

### *Discussion*

Abortion stigma is a common phenomenon that affects how women experience, access, and share experiences of abortion. This review provides an overview of the literature on abortion stigma and understanding the context of race in the United States. We identified 30 studies, which included 24 peer-reviewed studies of abortion stigma that included racial data. Eight peer-reviewed studies reported racial differences in stigma and provided a hypothesis or framework for understanding those racial differences indicating a need for further research in this area.

Multiple studies document abortion stigma as common - as an important element that impacts the ways in which patients view their pregnancies, access abortion care, disclose their abortion to others, and reflect on their abortions. The studies that included race without a deeper context of race had mixed findings on racial differences in abortion stigma. One study that found lower stigma among Black individuals compared to White individuals used a validated abortion stigma measure. (20) The two studies that suggest higher stigma among Black and Latinx individuals compared to White individuals use proxy measures of stigma (perceived negative reaction to abortion (15) and less self-report of abortion (17)), as opposed to validated direct measures of stigma. Only eight studies offer insights into the racialized context of abortion stigma. All of

these studies suggest that elements of racialized lived experiences impact how abortion stigma is experienced. These studies found racial differences in abortion stigma, with White women experiencing higher levels of overall abortion stigma compared to Black and Latinx women. (3,25,26) However, Shellenberg and Tsui found that Latinx women were more likely than Black or White women to perceive stigma from close loved ones and feel that they need to keep their abortions secret. (26) These three studies are concordant in their findings of stigma overall. There are however variations in racial differences with certain elements of abortion stigma. For example Cockrill et al (3) found that Black individuals had higher levels of isolation compared to White people and Bommaraju and colleagues found higher levels of miscarriage stigma among Black and Latinx individuals. (25) These differences are not contradictions in findings, but nuances in specific elements of abortion stigma. By conducting a stratified analysis, Shellenberg and Tsui's analysis gives some insight into how abortion stigma varies by intersecting identities. (26) Several qualitative in-depth analyses of abortion experiences and abortion stigma among Latinx women document complex levels of abortion stigma that encompass community and cultural expectations, religion, stigma of unintended pregnancy, and pervasive racial stereotypes against Latinx people. (27,28,31) We did not find any studies evaluating the role of race and culture among other racial groups. The quantitative (3,25,26) and qualitative (27,28,31) studies ask different questions about abortion stigma but may point to an important discrepancy in findings. When comparing people of color to White people, in aggregate the data supports that White individuals experience more abortion stigma. However, the in-depth qualitative analyses of Latinx people suggest that abortion stigma is very real for some Latinx people and that it is closely tied to their experiences as Latinx individuals in a racialized society. This suggests that quantitative measures of abortion stigma may not be capturing aspects of race, ethnicity and

culture that impact the way individuals experience abortion stigma. Future research should expand the definition and understanding of what abortion stigma is, how it is experienced, and how it impacts care to better understand the experiences of diverse populations, and should use a reproductive justice framework to understand abortion stigma in a larger context. Until the concept of abortion stigma and its definitions are revisited and reframed in these contexts, the experiences of people of color around abortion will continue to be ignored, misunderstood, and marginalized.

Interestingly, there was only one published study on abortion stigma with race data among abortion providers. (13) Similar to quantitative studies of abortion stigma among abortion patients, Black-identified abortion providers had lower levels of baseline stigma. There were no in-depth qualitative studies of experiences of abortion stigma and the role of race among abortion providers. Understanding abortion stigma and race among providers may be an important part of supporting a diverse workforce while navigating working in a highly stigmatized part of healthcare. Further research on the racialization of felt abortion stigma among abortion providers is needed.

This review has several strengths and limitations. To our knowledge, this is the first article that reviews racial differences in abortion stigma. This study includes peer-reviewed literature and a body of dissertation research that has not been previously summarized. Given the diverse mixture of included studies, we were not able to provide any summary statistics of abortion stigma. Additionally, our review focuses on papers studying abortion stigma and attitudes in the United States. The role of race as it relates to reproductive opportunities and abortion is complex and unique in the United States; therefore, the summary of these findings may not apply to abortion stigma in other countries, particularly those that were not built on the presumption of

racial inequality and White supremacy. This review focuses on the role of race on abortion stigma, but there are many other intersecting identities including gender, ability, and immigration status, that are also important to center in order to better understand abortion stigma and center marginalized communities in abortion care provision. Finally, our search was conducted in January 2020: abortion has become more restricted in the United States since then, and our review does not capture the impact of these restrictions or any articles published since 2020.

Understanding the stigma around abortion provides an important understanding for the ways in which abortion can be accessed, is experienced and provided. Understanding the racial context of abortion stigma will help provide a framework to providing better access to and support around abortion. Specifically, using a reproductive justice framework and placing abortion stigma and abortion in the context of broader reproductive opportunities, restrictions, and injustices may allow for a better understanding of abortion stigma in traditionally marginalized communities. Breaking down the elements of stigma is an important piece of providing high quality, respectful, and accessible abortion care.

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### **References**

1. Jones RK, Jerman J. Abortion Incidence and Service Availability In the United States, 2014. *Perspect Sex Reprod Health*. 2017 Mar;49(1):17–27.

2. Cockrill K, Nack A. "I'm Not That Type of Person": Managing the Stigma of Having an Abortion. *Deviant Behav.* 2013 Dec;34(12):973–90.
3. Cockrill K, Upadhyay UD, Turan J, Greene Foster D. The Stigma of Having an Abortion: Development of a Scale and Characteristics of Women Experiencing Abortion Stigma. *Perspect Sex Reprod Health.* 2013 Jun;45(2):79–88.
4. Cockrill K, Herold S, Blanchard K, Grossman D, Upadhyay U, Baum S. Addressing Abortion Stigma Through Service Delivery. p. 29.
5. Eichelberger KY, Doll K, Ekpo GE, Zerden ML. Black Lives Matter: Claiming a Space for Evidence-Based Outrage in Obstetrics and Gynecology. *Am J Public Health.* 2016 Oct;106(10):1771–2.
6. Ross LJ, Solinger R. *Reproductive Justice: An Introduction.* University of California Press; 2017.
7. *Our bodies, our lives, our voices: the State of Black women & Reproductive Justice.* In our own voice: National Black Women's Reproductive Justice Agenda; 2017.
8. Roberts, Dorothy. *Killing the Black Body.* Vintage; 1998.

9. Bartolone P. Calif. Seeks Answers On Questionable Prison Sterilizations [Internet]. NPR.org.
10. Tanne JH. US pro-life groups ask black women to avoid abortion, calling it genocide. *BMJ*. 2010 Mar 9;340:c1366.
11. Premkumar A, Brown K, Mengesha B, Jackson AV. Abortion and contemporary hip-hop: a thematic analysis of lyrics from 1990-2015. *Contraception*. 2017 Jul;96(1):30–5.
12. Rethlefsen ML, Kirtley S, Waffenschmidt S, Ayala AP, Moher D, Page MJ, Koffel JB. PRISMA-S: an extension to the PRISMA statement for reporting literature searches in systematic reviews. *Systematic reviews*. 2021 Dec;10(1):1-9.
13. Martin LA, Debbink M, Hassinger J, Youatt E, Eagen-Torkko M, Harris LH. Measuring Stigma Among Abortion Providers: Assessing the Abortion Provider Stigma Survey Instrument. *Women Health*. 2014 Oct 3;54(7):641–61.
14. Simmons MK. Examining the impact of social ecological factors on women’s pregnancy and parenting decision-making [Ph.D.]. Indiana University; 2017.
15. Cowan SK. Enacted abortion stigma in the United States. *Soc Sci Med* 1982. 2017;177:259–68.

16. Brandi K, Woodhams E, White KO, Mehta PK. An exploration of perceived contraceptive coercion at the time of abortion. *Contraception*. 2018 Apr;97(4):329–34.
17. Lindberg L, Scott RH. Effect of ACASI on Reporting of Abortion and Other Pregnancy Outcomes in the US National Survey of Family Growth. *Stud Fam Plann*. 2018 Sep;49(3):259–78.
18. Rocca CH, Kimport K, Roberts SCM, Gould H, Neuhaus J, Foster DG. Decision Rightness and Emotional Responses to Abortion in the United States: A Longitudinal Study. *PLoS One*. 2015;10(7).
19. Woodruff K, Biggs MA, Gould H, Foster DG. Attitudes Toward Abortion After Receiving vs. Being Denied an Abortion in the USA. *Sex Res Soc Policy*. 2018 Dec;15(4):452–63.
20. Biggs MA, Brown K, Foster DG. Perceived abortion stigma and psychological well-being over five years after receiving or being denied an abortion. *PLoS ONE*. 2020 Jan 29 [cited 2020 Jun 27];15(1).
21. Cockrill K, Biggs A. Can stories reduce abortion stigma? Findings from a longitudinal cohort study. *Cult Health Sex*. 2018;20(3):335–50.
22. Littman LL, Zarcadoolas C, Jacobs AR. Introducing abortion patients to a culture of support: a pilot study. *Arch Womens Ment Health*. 2009 Dec;12(6):419–31.

23. Hunt ME. Shifting abortion attitudes using an empathy-based media intervention: A randomized controlled study [Internet] [Ph.D.]. University of Arkansas; 2019.
24. Mosley EA, Anderson BA, Harris LH, Fleming PJ, Schulz AJ. Attitudes toward abortion, social welfare programs, and gender roles in the U.S. and South Africa. *Crit Public Health* [Internet]. 2019
25. Bommaraju A, Kavanaugh ML, Hou MY, Bessett D. Situating stigma in stratified reproduction: Abortion stigma and miscarriage stigma as barriers to reproductive healthcare. *Sex Reprod Healthc*. 2016 Dec;10:62–9.
26. Shellenberg KM, Tsui AO. Correlates of perceived and internalized stigma among abortion patients in the USA: an exploration by race and Hispanic ethnicity. *Int J Gynaecol Obstet*. 2012 Sep;118 Suppl 2:S152-9.
27. Welter LB. Mexican-American women and abortion: Experiences and reflections [Internet] [Ph.D.]. The University of Iowa; 2015.
28. Hernandez ND. An exploration of the meaning and consequences of unintended pregnancy among Latina cultural subgroups: Social, cultural, structural, historical and political influences [Internet]. 2014.



29. Stack K. I Had an Abortion: Midwestern Women, Stigma and Disclosure [Internet]. 2013.
30. Smith W, Turan JM, White K, Stringer KL, Helova A, Simpson T, et al. Social norms and stigma regarding unintended pregnancy and pregnancy decisions: A qualitative study of young women in Alabama. *Perspect Sex Reprod Health*. 2016 Jun 11;48(2):73–81.
31. Deeb-Sossa N, Billings DL. Barriers to abortion facing Mexican immigrants in North Carolina: Choosing folk healers versus standard medical options. *Lat Stud*. 2014 Autumn 23;12(3):399–423.
32. Gelman A, Rosenfeld EA, Borrero S. A qualitative assessment of anti-abortion attitudes among low-income women undergoing abortion. *Journal of General Internal Medicine*. 2016;31(2):S104-S105.
33. Gelman A, Rosenfeld EA, Nikolajski C, Freedman LR, Steinberg JR, Borrero S. Abortion Stigma Among Low-Income Women Obtaining Abortions in Western Pennsylvania: A Qualitative Assessment. *Perspect Sex Reprod Health*. 2017;49(1):29-36. doi:10.1363/psrh.12014
34. Turan J, Smith W, White K, Stringer KL, Simpson T, Cockrill K. Exploring the role of reproductive stigmas in pregnancy decision making in Alabama. *Contraception*. 2014;90(3):342-343. doi:10.1016/j.contraception.2014.05.173

35. Frohwirth L, Coleman M, Moore AM. Managing Religion and Morality Within the Abortion Experience: Qualitative Interviews With Women Obtaining Abortions in the U.S. *World Med Health Policy*. 2018;10(4):381-400. doi:10.1002/wmh3.289
36. Keys J. Running the Gauntlet: Women's Use of Emotion Management Techniques in the Abortion Experience. *Symbolic Interaction*. 2010;33(1):41-70. doi:10.1525/si.2010.33.1.41
37. Ellison MA. Authoritative knowledge and single women's unintentional pregnancies, abortions, adoption, and single motherhood: social stigma and structural violence. *Med Anthropol Q*. 2003;17(3):322-347. doi:10.1525/maq.2003.17.3.322
38. Rice WS, Turan B, Stringer KL, et al. Norms and stigma regarding pregnancy decisions during an unintended pregnancy: Development and predictors of scales among young women in the U.S. South. *PLoS One*. 2017;12(3):e0174210. doi:10.1371/journal.pone.0174210
39. Steinberg JR, Tschann JM, Furgerson D, Harper CC. Psychosocial factors and pre-abortion psychological health: The significance of stigma. *Soc Sci Med*. 2016;150:67-75. doi:10.1016/j.socscimed.2015.12.007
40. Bos K, Chor J, Hasselbacher L, Whitaker A. Risk factors for feelings of shame and guilt at the time of pregnancy termination. *Contraception*. 2014;90(3):302. doi:10.1016/j.contraception.2014.05.036

41. Margo JN. A qualitative study of women's experiences of professional referrals for abortion in South Carolina. 2016.

## **Résumé**

L'impact de la stigmatisation liée à l'avortement est étendu. Cette stigmatisation touche les prestataires de services d'avortement, les patientes qui interrompent une grossesse et la communauté élargie. Comprendre comment la race et la culture touchent des aspects de la stigmatisation de l'avortement peut être un élément important pour élargir l'accès à l'avortement et le soutenir. Nous avons effectué une recherche systématique des études concernant la stigmatisation liée à l'avortement et la race dans PubMed, PubMed Central, Embase, PsycINFO, Sociological Abstracts, Social Services Abstracts, GenderWatch et Ethnic NewsWatch le 7 janvier 2020. Les articles étaient admissibles s'ils étudiaient la stigmatisation et incluaient la race et/ou l'ethnicité des participants, étaient rédigés en anglais et comprenaient la recherche originale. Trente études ont été intégrées à l'examen final : 11 études quantitatives, neuf études qualitatives, quatre études à méthodes mixtes et six thèses. La plupart des études fournissaient des données démographiques et raciales, mais n'apportaient pas de différences raciales dans les expériences de la stigmatisation liée à l'avortement. Trois études quantitatives ont constaté que les femmes de couleur avaient des expériences différentes de la stigmatisation de l'avortement que celles vécues par les Blanches. Les études non évaluées par les pairs sur des recherches qualitatives de thèses du niveau du doctorat ont observé que la race, la culture, la religion et l'immigration avaient des effets singuliers et complexes sur la stigmatisation ressentie par les Latinoaméricaines ayant avorté. Si la stigmatisation de l'avortement est fréquente, nous avons

constaté un manque de recherche contextualisant la racialisation des États-Unis d'Amérique. Des études quantitatives ont montré que la stigmatisation liée à l'avortement vécue par les femmes de couleur s'établit à des niveaux inférieurs par rapport aux Blanches. Néanmoins, des analyses qualitatives des expériences suggèrent que les mesures quantitatives de la stigmatisation de l'avortement ne saisissent peut-être pas des aspects particuliers de cette stigmatisation telle qu'elle est vécue par les femmes de couleur.

## **Resumen**

El impacto del estigma del aborto es amplio. El estigma afecta a prestadores de servicios de aborto, pacientes de aborto y a la comunidad en general. Entender cómo raza y cultura afectan los aspectos del estigma del aborto podría ser un elemento importante para ampliar la accesibilidad y el apoyo del aborto. El 7 de enero de 2020, realizamos una investigación sistemática de estudios sobre el estigma del aborto con relación a la raza en PubMed, PubMed Central, Embase, PsycINFO, Resúmenes Sociológicos, Resúmenes de Servicios Sociales, GenderWatch y Ethnic NewsWatch. Los artículos eran elegibles para su inclusión si examinaban el estigma e incluían la raza y/o etnia de las participantes, estaban redactados en inglés e incluían la investigación inicial. En la revisión final se incluyeron 30 estudios: 11 estudios cuantitativos, 9 estudios cualitativos, 4 estudios de métodos mixtos y 6 tesis. La mayoría de los estudios proporcionaban datos raciales y demográficos básicos, pero no diferencias raciales en experiencias de estigma del aborto. Tres estudios cuantitativos encontraron que las mujeres de color tenían diferentes experiencias de estigma del aborto comparadas con las mujeres blancas. Estudios no revisados por pares de investigaciones cualitativas para tesis doctorales encontraron que la raza, cultura, religión e inmigración tenían efectos únicos y

complejos en el estigma del aborto sufrido por mujeres latinas. Aunque el estigma del aborto es común, encontramos que se carece de investigaciones que contextualicen la racialización de Estados Unidos. Los estudios cuantitativos encontraron que las mujeres de color sufrían estigma del aborto en niveles inferiores comparadas con las mujeres blancas. Sin embargo, los análisis cualitativos de las experiencias indican que las mediciones cuantitativas del estigma del aborto posiblemente no capturen los aspectos únicos del estigma del aborto tal como lo viven las mujeres de color.

Table 1. Included studies						
Study	Year	Study population	Methods	Primary findings	Race and abortion stigma findings	Context of racial findings
<b>Qualitative</b>						
Gelman <sup>32</sup>	2016	Low income women 18-45, recent abortion	Content Analysis	<ul style="list-style-type: none"> <li>• Women experience negative messaging on social media around abortion</li> <li>• Women held anti-abortion attitudes</li> <li>• Women's reactions may perpetuate abortion stigma</li> </ul>	<ul style="list-style-type: none"> <li>• 11/17 Black, 6/17 White</li> <li>• No report of experience by race</li> </ul>	None
Gelman <sup>33</sup>	2017	Low income women Pittsburg, Pennsylvania Currently pregnant or recent abortion	Content Analysis	<ul style="list-style-type: none"> <li>• Sources of anti-abortion attitudes: partners, family members, social networks, self</li> <li>• Anti-abortion attitudes: immoral, murder, belief that abortion uncommon and thus deviant, view of women who have abortions as selfish</li> <li>• managing anti-abortion views: keeping it a secret,</li> </ul>	<ul style="list-style-type: none"> <li>• 60% Black, 40% White</li> <li>• No report of experience by race</li> </ul>	None

				negative emotions, regret and guilt		
Brandi <sup>16</sup>	2017	English-speaking women >18yo	Modified Grounded Theory	<ul style="list-style-type: none"> <li>• Pressure from providers to choose contraceptive method at time of abortion</li> <li>• Pressure to use LARC</li> <li>• Counseling motivated by goal to prevent future abortions</li> </ul>	<ul style="list-style-type: none"> <li>• 52% Black, 19% White, 23% Latinx, 3% Asian</li> <li>• No report of experience by race</li> </ul>	None
Deeb-Sossa <sup>31</sup>	2014	Mexican immigrant women, midwives, community providers, folk healers, Mexican-American women who have experiences with abortion	Ethnography	<ul style="list-style-type: none"> <li>• Navigating judicial system</li> <li>• Navigating healthcare systems</li> <li>• Looking for folk healer</li> </ul>	<ul style="list-style-type: none"> <li>• Focus on experience of Mexican-American women</li> </ul>	Navigating judicial systems, healthcare systems, interactions with providers, and family expectations are interconnected with experiences of race and experiences of immigrants
Turan <sup>34</sup>	2014	Low income women Birmingham, Alabama	Thematic Analysis	<ul style="list-style-type: none"> <li>• Mixture of attitudes towards abortion. Stigmatizing attitudes include: poor upbringing,</li> </ul>	<ul style="list-style-type: none"> <li>• Race reported</li> <li>• No report of experience by race</li> </ul>	None

				<p>immorality, lack of contraception use. Keeping the baby is common and seen as the right thing to do.</p> <ul style="list-style-type: none"> <li>• Abortion and adoption seen as selfish and weak decision.</li> </ul>		
Littman <sup>22</sup>	2009	English-speaking women >18 yo, termination in past 2 months in New York City	Exploratory qualitative study	<ul style="list-style-type: none"> <li>• Sources of stigma: family, societal views, religious groups, media, friends, self</li> <li>• Abortion diaries intervention well-received, made women feel less alone</li> </ul>	<ul style="list-style-type: none"> <li>• No report of experience by race</li> </ul>	None
Frohwrith <sup>35</sup>	2018	Women at abortion clinics in Connecticut, Texas, Michigan, New Mexico	Qualitative	<ul style="list-style-type: none"> <li>• Religiously informed stigma is common</li> <li>• Felt stigma -- fears of religious community finding out and facing consequences.</li> <li>• Strategies for managing religious based abortion</li> </ul>	<ul style="list-style-type: none"> <li>• No report of experience by race</li> </ul>	None



				stigma: rejection of religion, personal exceptionalism, revising beliefs, challenge stigmatized status.		
Keys <sup>36</sup>	2010	Women who have had abortions	Constant comparative method and grounded theory	<ul style="list-style-type: none"> <li>• Stigma salient in participants abortion experiences</li> <li>• Stigma seen in word choice-- both trying to hide word abortion and in choice of words such s "murder".</li> </ul>	<ul style="list-style-type: none"> <li>• No report of experience by race</li> </ul>	None
Smith <sup>30</sup>	2016	English-speaking 19-24 yo in Birmingham, Alabama	Thematic Analysis	<ul style="list-style-type: none"> <li>• Abortion seen as acceptable only in very difficult circumstances</li> <li>• Negative perceptions of what community members would think</li> <li>• People who have abortion keep it secret</li> </ul>	<ul style="list-style-type: none"> <li>• All participants Black or White</li> <li>• Abortion as common experience described more among the Black participants</li> <li>• Similar experiences of stigma by race</li> </ul>	Describe similar experiences of stigma
<b>Mixed Methods</b>						

Cockrill <sup>3</sup>	2013	English and Spanish speaking women who had 1 prior abortion	Content Analysis/cross-sectional survey	<ul style="list-style-type: none"> <li>• Four factors related to abortion stigma: worries about judgment, isolation, self-judgment and community condemnation</li> </ul>	<ul style="list-style-type: none"> <li>• 39% white, 30% Black 20% Latinx, 5% Asian</li> <li>• Black women had less abortion stigma related to worrying about judgment compared to White women</li> <li>• Black women had higher levels of abortion stigma related to isolation compared to White women</li> <li>• Overall scale no racial differences</li> </ul>	Hypothesize Black women more pro-choice and thus perceive less judgment
Woodruff <sup>19</sup>	2018	English and Spanish speaking women, >15yo, seeking abortion	Prospective Longitudinal study	<ul style="list-style-type: none"> <li>• 80% supported abortion legality</li> <li>• 20% believed abortion is morally wrong</li> <li>• Women denied an abortion less likely to support the legal right to abortion at six months (62%) and 4.5 years (77%)</li> </ul>	<ul style="list-style-type: none"> <li>• Women of color more likely to believe that abortion is morally wrong</li> <li>• Women of color less likely to be in favor of legal right to abortion</li> </ul>	None
Ellison <sup>37</sup>	2003	White women age 22-72	Mixed Methods	<ul style="list-style-type: none"> <li>• Abortion to avoid social stigma of</li> </ul>	<ul style="list-style-type: none"> <li>• Study of White women</li> </ul>	Contextualizes reproductive experiences

				<p>pregnancy/single motherhood</p> <ul style="list-style-type: none"> <li>• Social stigma of abortion and secrecy</li> </ul>		through multiple eras. “Cult of maternity as civic duty” for White middle-class women.
Rice <sup>38</sup>	2017	Women age 18-24 Birmingham, Alabama	Mixed Methods	<ul style="list-style-type: none"> <li>• Stigma around parenting: higher among White women, University students</li> <li>• Stigma of adoption higher among minority women</li> <li>• Stigma around abortion higher among White women, religious women</li> </ul>	<ul style="list-style-type: none"> <li>• 45.5% Black, 39.5% White, 15.0% other</li> <li>• White women higher parenting and abortion stigma</li> <li>• Women of color higher adoption stigma</li> </ul>	None
Quantitative						
Cockrill <sup>21</sup>	2018	English speaking women, >18yo, already in a book club	Longitudinal cohort study	<ul style="list-style-type: none"> <li>• Abortion disclosure in 10/13 book groups</li> <li>• Book club intervention led participants to have more positive feelings toward women who have abortions and abortion providers</li> </ul>	<ul style="list-style-type: none"> <li>• 4 Black participants</li> <li>• No report of experience by race</li> </ul>	None

Shellenberg <sup>26</sup>	2012	English and Spanish speaking abortion patients	Cross-sectional study	<ul style="list-style-type: none"> <li>• 66% felt others would look down on them for abortion</li> <li>• 58% needed to keep abortion secret</li> </ul>	<ul style="list-style-type: none"> <li>• Black women less likely to perceive stigma</li> <li>• White women most likely to perceive stigma in general</li> <li>• Latinx women most likely to perceive stigma from friends/family and most likely to need to keep abortion a secret</li> </ul>	None
Mosley <sup>24</sup>	2019	Representative population English and Spanish speaking (in US and South Africa)	Cross-sectional study	<ul style="list-style-type: none"> <li>• US Sample, 49.3% felt abortion is always wrong if indication is poverty</li> <li>• 23.3% felt abortion is always wrong if fetal indication</li> <li>• Abortion attitudes not correlated with attitudes about social welfare programs</li> </ul>	<ul style="list-style-type: none"> <li>• No differences in abortion acceptability by race</li> </ul>	None
Rocca <sup>18</sup>	2015	English and Spanish speaking women who	Longitudinal cohort study	<ul style="list-style-type: none"> <li>• 60% perceived some abortion stigma</li> <li>• Abortion stigma not correlated with</li> </ul>	<ul style="list-style-type: none"> <li>• Latinx women less likely to think abortion was the right decision than White women</li> </ul>	None

		have had an abortion		whether abortion is the right decision		
Lindberg <sup>17</sup>	2018	US women 15-44yo, National survey of Family Growth	Cross-sectional study	<ul style="list-style-type: none"> <li>• More women report prior abortion using computer-based interview</li> </ul>	<ul style="list-style-type: none"> <li>• Latinx had greater difference in reporting prior abortion in computer-based interview compared to face-to-face interview</li> </ul>	Less threat of social stigma for privileged groups
Cowan <sup>15</sup>	2017	US adults, American Miscarriage and Abortion Communication Survey	Cross-sectional study	<ul style="list-style-type: none"> <li>• Reactions to abortion: 32.6% supportive, 40.6% sympathetic, 26.8% negative</li> </ul>	<ul style="list-style-type: none"> <li>• Latinx more likely to perceive negative reactions to abortion</li> <li>• Black individuals more likely to perceive mixed positive/negative reactions</li> </ul>	Religiosity and attitudes towards unintended pregnancy in Latinx community
Martin <sup>13</sup>	2014	Abortion providers and anyone who assisted with (ie administrators, etc) at the providers share workshop	Longitudinal cohort study	<ul style="list-style-type: none"> <li>• Stigma was frequent</li> <li>• 62% felt unappreciated, 71% felt media rarely takes balanced view, 54% marginalization within healthcare,</li> <li>• 66% worried about consequences of disclosure</li> </ul>	<ul style="list-style-type: none"> <li>• 56% White, 15% Black, 19% Hispanic, 4% Asian, 4% multi-racial, 2% other</li> <li>• No baseline difference in stigma scores by race/ethnicity</li> <li>• No change in scores overall</li> </ul>	None

Steinberg <sup>39</sup>	2016	Women 18 or older seeking abortion	Cross-sectional study	<ul style="list-style-type: none"> <li>• 37.4% perceived abortion stigma</li> <li>• Childhood adversity and abortion stigma associated with negative mental health symptoms</li> </ul>	<ul style="list-style-type: none"> <li>• 25.6% White, 20.7% Black, 27.9% Hispanic, 25.9% other</li> <li>• No report of experience by race</li> </ul>	None
Bos <sup>40</sup>	2014	Women who had undergone abortion	Retrospective study	<ul style="list-style-type: none"> <li>• 29.1% reported feelings of shame or guilt</li> <li>• Correlates of shame/guilt: religious beliefs, difficulty making decision</li> </ul>	<ul style="list-style-type: none"> <li>• Race not correlated with shame/guilt</li> </ul>	None
Bommaraju <sup>25</sup>	2016	English and Spanish speaking women, >18yo, recently delivered baby	Cross-sectional study	<ul style="list-style-type: none"> <li>• Among all women White women perceived abortion to be more stigmatizing than Black and Latina women</li> <li>• Among those who had had an abortion, Black women perceived miscarriage stigma to be higher than white women.</li> </ul>	<ul style="list-style-type: none"> <li>• See primary findings</li> </ul>	Stratified reproduction: Women exposed to differential valuation of pregnancy by race

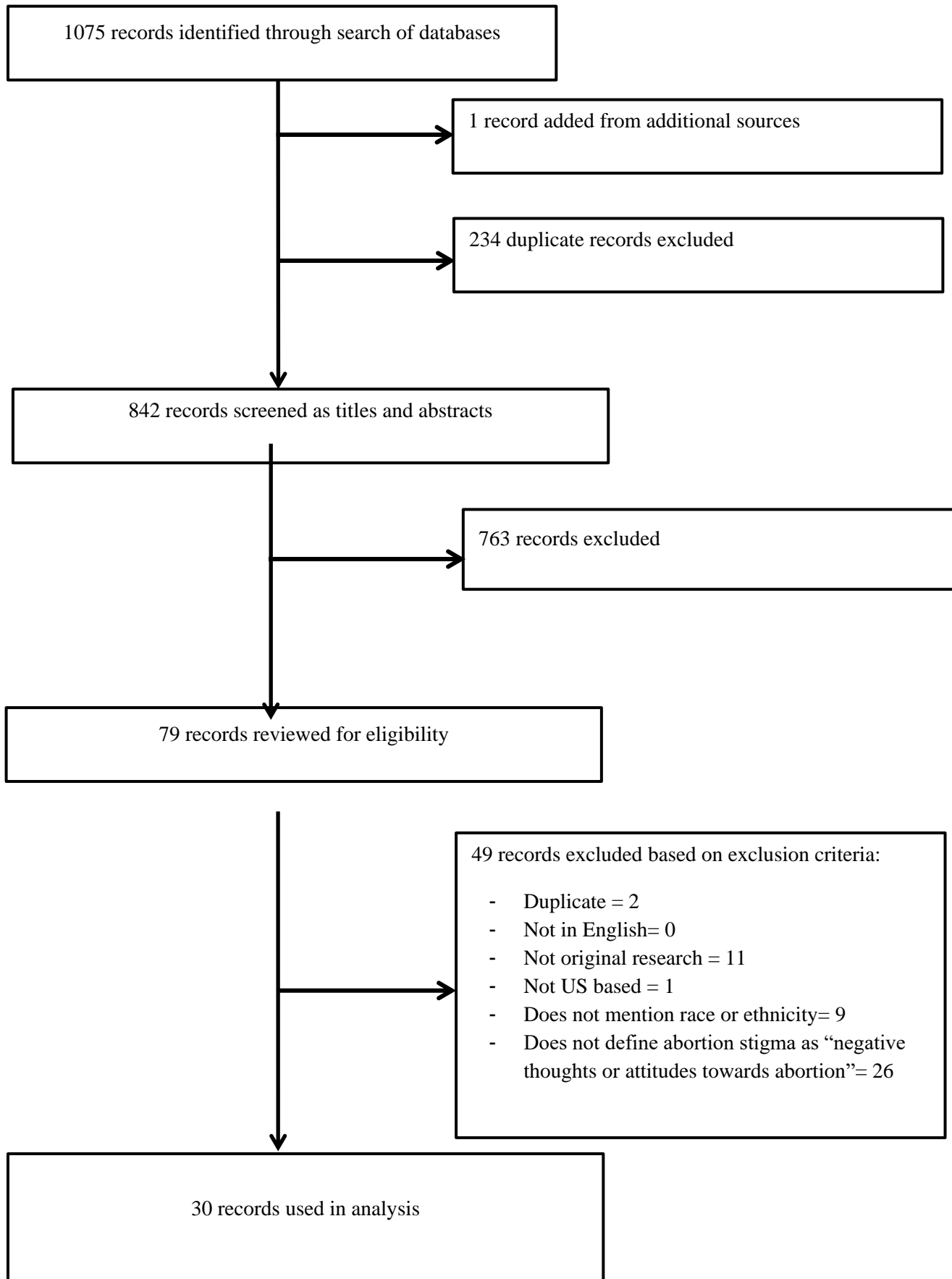
Biggs <sup>20</sup>	2020	English and Spanish speaking women seeking abortion across the US	Longitudinal cohort study	<ul style="list-style-type: none"> <li>• Higher perceived stigma among those who had an abortion near gestational age limit of clinic compared to those who were turned away and had a birth</li> <li>• Higher baseline stigma associated with higher psychological distress</li> </ul>	<ul style="list-style-type: none"> <li>• Black women had lower baseline abortion stigma compared to White, Latinx, and other race individuals</li> <li>• Among participants with no abortion stigma, Black patients had lower psychological distress compared to White patients</li> </ul>	Stratified reproduction: Women exposed to differential valuation of pregnancy by race
Non peer-reviewed Dissertation						
Margo <sup>41</sup>	2016	Women undergoing abortion in South Carolina	Thematic analysis, processing mapping	<ul style="list-style-type: none"> <li>• Stigma perceived when trying to organize life to access abortion</li> <li>• Judgment perceived from providers</li> <li>• Anticipation of stigma from providers prevented patients from stating intention for abortion with providers</li> </ul>	<ul style="list-style-type: none"> <li>• 70% Black, 25% White</li> <li>• No report of experience by race</li> </ul>	None
Hunt <sup>23</sup>	2019	Sample of general	Randomized controlled trial	<ul style="list-style-type: none"> <li>• Video-based intervention</li> </ul>	<ul style="list-style-type: none"> <li>• No difference in empathy scores by</li> </ul>	Relatively liberal sample, not

		population Arkansas		<ul style="list-style-type: none"> <li>Watching videos increased support for abortion</li> </ul>	race (of person in video intervention)	representative of state population
Simmons <sup>14</sup>	2018	People seeking abortion	Mixed methods	<ul style="list-style-type: none"> <li>Internalized and felt stigma challenges in decision-making process</li> </ul>	<ul style="list-style-type: none"> <li>Black and Latinx participants had more challenges accessing abortion compared to White individuals</li> </ul>	Not available
Hernandez <sup>28</sup>	2014	English-speaking US born Latinx women	Thematic analysis	<ul style="list-style-type: none"> <li>Stigmatization of unintended pregnancy is common</li> </ul>	<ul style="list-style-type: none"> <li>Religiosity</li> <li>Negative stereotypes around Latinx women regarding sexuality and pregnancy</li> </ul>	Contextualized in results
Stack <sup>29</sup>	2013	Women 18-25 who have had an abortion within last 10 years	Qualitative analysis	<ul style="list-style-type: none"> <li>How women experience abortion stigma: stereotypes, pro-life rhetoric, politics, religion, silence.</li> <li>Stigma very common</li> <li>Stigma directly related to disclosure.</li> </ul>	<ul style="list-style-type: none"> <li>Stigma related to stereotypes around race and class, sexuality and motherhood</li> </ul>	Contextualized in results
Welter <sup>27</sup>	2016	English and Spanish speaking Mexican-	Phenomenology	<ul style="list-style-type: none"> <li>Primary findings on race and abortion stigma see next column</li> </ul>	<ul style="list-style-type: none"> <li>Tension between religion and culture</li> <li>Abortion experience and decision more</li> </ul>	Contextualized in results



		American women 18-35yo, abortion last 1-10 years			complex for Mexican-American and Latina women. <ul style="list-style-type: none"><li>• Cultural values around sexual and reproductive health</li><li>• Cultural values around unplanned pregnancy</li><li>• Having an abortion seen as not taking responsibility</li><li>• Cultural norms of keeping things private, secret</li><li>• Practical considerations drove decision to have an abortion, but cultural values drove interpretation of meaning of abortion</li></ul>	
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**Fig 1.** PRISMA flowchart of included studies in the review.



**Appendix 1.** Search strategy details. All searches were run on January 7, 2020. No date or language limits were used.

Database	Search strategy	Number of results
PubMed (1966 - )	(abortion[tw] OR abortions[tw] OR (pregnan* AND terminat*))  AND  (stigma[tw] OR stigmatization[tw] OR stigmatized[tw] OR stigmatize[tw] OR stigmatizes[tw])  AND  (race[tiab] OR racial[tiab] OR ethnicity[tiab] OR ethnicities [tiab] OR ethnic[tiab] OR cultural[tiab] OR culture[tiab] OR white[tiab] OR black[tiab] OR "african american"[tiab] OR latina[tiab] OR latino[tiab] OR latinx[tiab] OR hispanic[tiab] OR mexican[tiab] OR asian[tiab] OR minority[tiab] OR minorities[tiab] OR "of color"[tiab])	74
PubMed Central	(abortion[Title] OR abortions[Title] OR ((pregnancy[Title] OR pregnancies[Title] OR pregnant[Title]) AND (termination[Title] OR terminate[Title] OR terminated[Title])))  AND  (stigma OR stigmatize OR stigmatized OR stigmatizes OR stigmatization)	303

	<p>AND</p> <p>(race OR racial OR ethnicity OR ethnicities OR ethnic OR cultural OR culture OR white OR black OR "african american" OR latina OR latino OR latinx OR hispanic OR mexican OR asian OR minority OR minorities OR "of color")</p>	
Embase (1947- )	<p>('abortion'/exp OR abortion OR abortions OR (('pregnancy'/exp OR pregnancy OR pregnancies OR pregnant) AND ('termination'/exp OR termination OR terminate OR terminated))) AND ('stigma'/exp OR stigma OR stigmatize OR stigmatized OR stigmatizes OR 'stigmatization'/exp OR stigmatization) AND and AND ('race'/exp OR race OR racial OR 'ethnicity'/exp OR ethnicity OR ethnicities OR ethnic OR cultural OR 'culture'/exp OR culture OR 'white'/exp OR white OR 'black'/exp OR black OR 'african american'/exp OR 'african american' OR 'latina'/exp OR latina OR 'latino'/exp OR latino OR latinx OR 'hispanic'/exp OR hispanic OR 'mexican'/exp OR mexican OR 'asian'/exp OR asian OR minority OR minorities OR 'of color')</p>	161
PsycINFO (ProQuest, 1887- )	<p>(abortion OR abortions OR ((pregnancy OR pregnancies OR pregnant) AND (termination OR terminate OR terminated)))</p> <p>AND</p>	73

	<p>(stigma OR stigmatize OR stigmatized OR stigmatizes OR stigmatization)</p> <p>AND</p> <p>(race OR racial OR ethnicity OR ethnicities OR ethnic OR cultural OR culture OR white OR black OR "african american" OR latina OR latino OR latinx OR hispanic OR mexican OR asian OR minority OR minorities OR "of color")</p>	
<p>Sociological Abstracts &amp; Social Services Abstracts (searched together via ProQuest, 1963- )</p>	<p>ab(abortion OR abortions OR ((pregnancy OR pregnancies OR pregnant) AND (termination OR terminate OR terminated)))</p> <p>AND</p> <p>(stigma OR stigmatize OR stigmatized OR stigmatizes OR stigmatization)</p> <p>AND</p> <p>(race OR racial OR ethnicity OR ethnicities OR ethnic OR cultural OR culture OR white OR black OR "african american" OR latina OR latino OR latinx OR hispanic OR mexican OR asian OR minority OR minorities OR "of color")</p>	198
<p>GenderWatch (1970- ) &amp; Ethnic NewsWatch (1959- ) (searched together via ProQuest)</p>	<p>ab(abortion OR abortions OR ((pregnancy OR pregnancies OR pregnant) AND (termination OR terminate OR terminated))) AND (stigma OR stigmatize OR stigmatized OR stigmatizes OR stigmatization) AND (race OR racial OR ethnicity OR ethnicities OR ethnic OR cultural OR culture</p>	266

	OR white OR black OR "african american" OR latina OR latino OR latinx OR hispanic OR mexican OR asian OR minority OR minorities OR "of color")  Exclude newspapers and magazines	
Total number of results		1075
Total number of duplicates identified via EndNote X9		234
Total number of results after de-duplication		841

## Appendix 2. PRISMA-S Checklist<sup>12</sup>

Section/topic	#	Checklist item	Location(s) Reported
<b>INFORMATION SOURCES AND METHODS</b>			
Database name	1	Name each individual database searched, stating the platform for each.	p 4, Appendix 1
Multi-database searching	2	If databases were searched simultaneously on a single platform, state the name of the platform, listing all of the databases searched.	Appendix 1
Study registries	3	List any study registries searched.	n/a
Online resources and browsing	4	Describe any online or print source purposefully searched or browsed (e.g., tables of contents, print conference proceedings, web sites), and how this was done.	n/a
Citation searching	5	Indicate whether cited references or citing references were examined, and describe any methods used for locating cited/citing references (e.g., browsing reference lists, using a citation index, setting up email alerts for references citing included studies).	5
Contacts	6	Indicate whether additional studies or data were sought by contacting authors, experts, manufacturers, or others.	5
Other methods	7	Describe any additional information sources or search methods used.	n/a
<b>SEARCH STRATEGIES</b>			
Full search strategies	8	Include the search strategies for each database and information source, copied and pasted exactly as run.	Appendix 1
Limits and restrictions	9	Specify that no limits were used, or describe any limits or restrictions applied to a search (e.g., date or time period, language, study design) and provide justification for their use.	p 4, Appendix 1
Search filters	10	Indicate whether published search filters were used (as originally designed or modified), and if so, cite the filter(s) used.	n/a
Prior work	11	Indicate when search strategies from other literature reviews were adapted or reused for a substantive part or all of the search, citing the previous review(s).	n/a
Updates	12	Report the methods used to update the search(es) (e.g., rerunning searches, email alerts).	n/a

Dates of searches	13	For each search strategy, provide the date when the last search occurred.	p 4, Appendix 1
<b>PEER REVIEW</b>			
Peer review	14	Describe any search peer review process.	n/a
<b>MANAGING RECORDS</b>			
Total Records	15	Document the total number of records identified from each database and other information sources.	Appendix 1, Fig 1
Deduplication	16	Describe the processes and any software used to deduplicate records from multiple database searches and other information sources.	Appendix 1