The stigma of having an abortion in the United States: A psychometric scale

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Background

Abortion is a common yet stigmatized health experience for women in the United States. In the absence of a valid measure, however, little is known about how abortion stigma affects women’s mental and emotional well-being, nor about effects on their subsequent reproductive behaviors or outcomes.

Our objective is to develop a theory-based, validated instrument to measure stigma among women who have had abortions in the United States.

Methods

Background research/item formation

On the basis of three qualitative studies of women’s experiences with abortion and a review of theory on stigma for other health and social issues, we developed a preliminary conceptualization of individual-level abortion stigma1 which included four manifestations:

Felt Stigma: Expectations for poor treatment because of abortion and perceptions of negative community attitudes toward abortion

Enacted Stigma: Experiences of discrimination or poor treatment because of abortion

Internalized Stigma: Negative attitudes directed at self because of abortion

Stigma Management: Behaviors to manage reputation or others’ knowledge of abortion

We began with a list of 66 items based on this research. After cognitive interviews with family planning clients at 3 Northern California clinics, we removed 24 items, added 14 items, and altered some answer categories and prompts. The final item pool included 56 items to be tested through survey and factor analysis.

Survey implementation

A survey containing the 56 stigma items and additional demographic, pregnancy history, relationship items and contraceptive decision-making items was programmed into iForm Builder to be self-administered by women on iPads. The abortion stigma items appeared on surveys for women at family planning clinics who reported one or more abortions. Between January and May 2011, the survey was taken by 652 family planning clients in six states—California, Colorado, Tennessee, New Jersey, Florida, and Michigan.

Analysis

We used principal components analysis with orthogonal rotation to identify factors and construct a reliable measure of abortion stigma. Cronbach’s alpha was estimated to assess consistency within each group of items and eliminate items that were inconsistent with the other variables in the same factor. We also eliminated three items because they were highly covariant with existing items in our subscales.

Results

Factor analysis revealed 4 Abortion Stigma Sub-Scales (50 items total; Alpha= 0.89)

Prompts:

**Anticipated Judgment**

1. Other people might find out about my abortion.
2. My abortion would negatively affect my relationship with someone I love.
3. I would disappoint someone I love.
4. I would be humiliated.
5. People would gossip about me.
6. I would be rejected by someone I love.
7. People would judge me negatively.

**Social Support**

1. I have had a conversation with someone that I am close with about my abortion.
2. I have open with someone that I am close with about the time of my abortion.
3. I talk to the people I am close with about my abortion.
4. I can trust the people I am close with to keep my abortion a secret.
5. I no longer talk to the people I am close with about my abortion.

**Self Judgment**

1. I felt like a bad person.
2. I felt selfish.
3. I felt guilty.
4. I felt I had made the right decision.

**Community Attitudes**

1. Abortion is always wrong.
2. Abortion is the same as murder.

Discussion

Our four-factor model overlaps but is not entirely consistent with our original conceptualization of the stigma of having an abortion. Our factor Self Judgment is consistent with our predicted factor Internalized Stigma. However, our analysis suggests that two elements of what we termed Felt Stigma are actually independent factors: Anticipated Judgment and Community Attitudes. Finally, we identified a fourth factor that we did not anticipate in our original conceptualization: Social Support.

Our analysis provides a better understanding of the experience of abortion stigma and a reliable instrument to assess that experience. This scale will enable us and other researchers to explore the predictors and consequences of abortion stigma. It will also enable advocates and health care providers to develop and evaluate interventions aimed at reducing stigma around abortion for women.

In future analyses, we will examine the sociodemographic determinants of abortion stigma and the long-term effects of abortion stigma on emotional and physical well-being.

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