Modern American Virgin: Stories of women's reproductive lives in Rural Communities

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Who is Missy Bird?

- PhD Social Work
- Researcher
- Writer & author
- Creator of passion
- Wife and mother
- Feminist
- Heavy metal enthusiast
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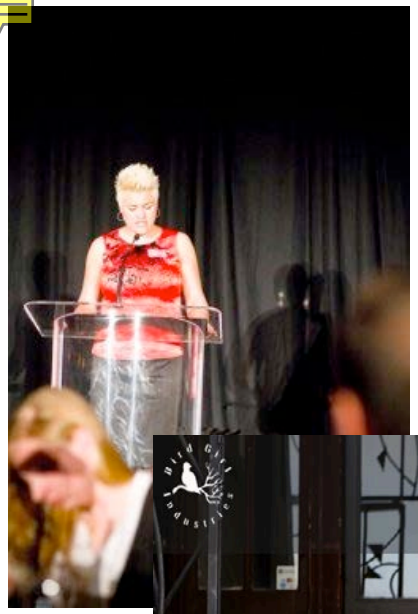

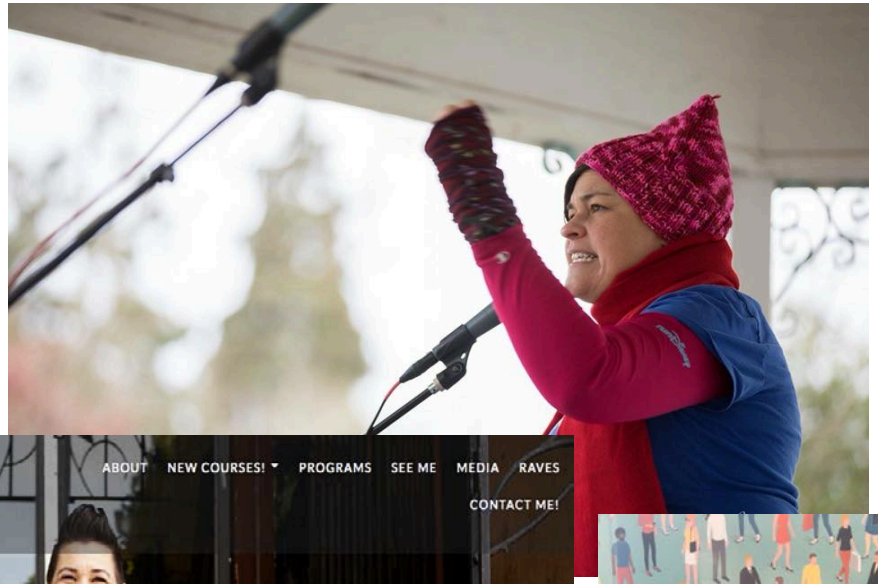

KIND
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LIFE GETS BETTER WHEN YOU'RE KIND TO YOURSELF

WRITER: MELISSA BIRD

OCTOBER 12, 2017 MELISSA BIRD

THE LETTER

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JULY 21, 2017 MELISSA BIRD

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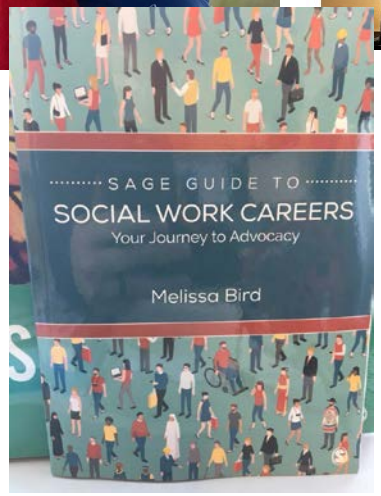

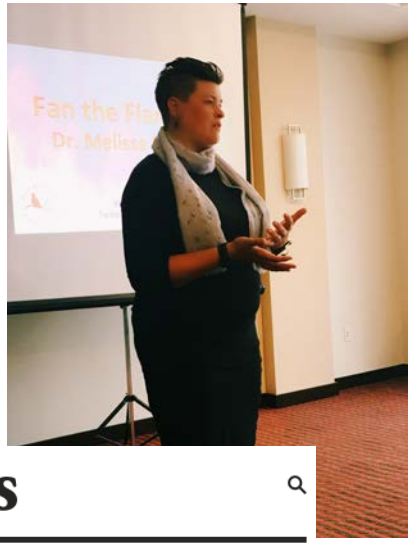

SECTIONS

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ANALYSIS LAW AND POLICY

Even in States With Progressive Policies, Shame Can Contribute to Reproductive Health-Care Obstacles

Dec 12, 2017, 11:20am Dr. Melissa Bird

Two Studies

1. Interviews with community leaders

2. Interviews with women

Study #1: Community Leader's Perspectives on Reproductive Healthcare

Specific aims:

- Increase understanding
- Identify factors that create barriers and facilitators
- Elucidate factors in prevention

Study #1: Community Leader Interviews

- 18 individuals were approached for inclusion in the study

- Final sample was 17 men and women
  - Withdrawal of 1 participant based on conflict
    - 3 elected officials
    - 2 members of clergy
    - 1 local community activist
    - 2 community educators
    - 9 agency employees

- 6 people were interviewed in pairs of 2
- Interview Script: 11 Questions
- Interview: 45 minutes-1 hour in length. Participant's chose location, Verbal consent

Data Analysis

- Professionally transcribed interviews entered into ATLASti
- Detailed analysis at the latent level
- Deductive process using Institutional Theory to organize findings
- Developed initial codebook
- Co-coder and PI independently and systematically applied the codebook
- Codebook was revised and final codebook was applied to entire dataset

Results: Cultural & Cognitive Issues

"I think what we're seeing at least now is the religious influence on women because most of the folks down here are Catholic. So, there's a big gap between what the church is telling them, what they want to do, and especially related to that abortion issue. So, one of the barriers is the influence of religion on somebody's decision making process because the Catholic Church is still adamant that we don't use contraception."

Results: Community Based Norms

"I think that also on some level there's some reputational issues around young women. You never want to be labeled as 'one of those girls.' It's almost an acknowledgement that if you're taking those active steps and saying, 'I'm going to have an examination. I'm going to be diligent about protecting myself from an unplanned pregnancy,' then there's the labeling."

Findings

- Greater understanding could lead to greater compassion
- Conservatism creates a discrepancy in knowledge
- Community leaders should address facilitators and barriers

Study #1: Implications ➡ Next Steps

Stigma around reproductive health care

Continuing to address reproductive health care as contentious and stigmatizing eliminates the ability to engage in thoughtful discourse on the issue and creates regulatory conflicts that cause institutional conflicts within communities

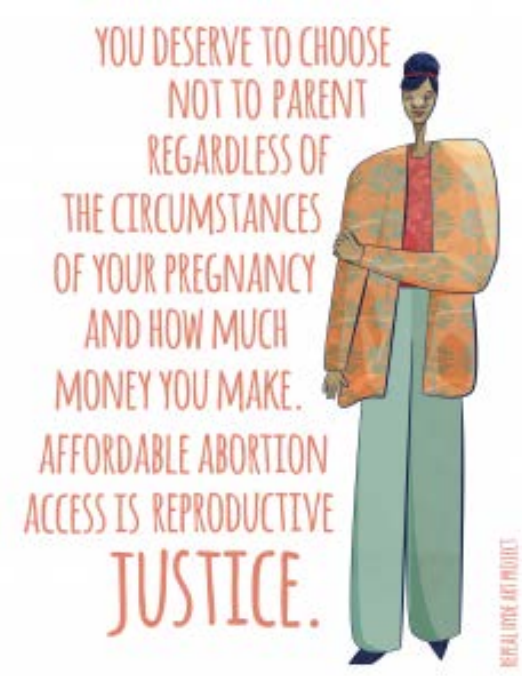
Stigma around contraception

The use/assumed use of contraception led judgment on the sexual lives of women resulting in barriers to care

Study #2: Women's Stories of Reproductive Life

Specific Aims:

- To understand access
- To explore religious, social, political, and cultural experiences
- Identify structural and policy changes



Sample

- 68 adult women (aged 18–44 years)
  - 20 interviews at CHC (6 in Spanish, 14 in English)
  - 23 interviews at PP Southwest
  - 25 interviews at PP Los Angeles

- Interview Script: 10 main questions; 8 contraception probes, 5 abortion probes
- Interviews: Semi-structured, 30 minutes-1 hour in length. Previously identified clinic locations, Verbal consent.

Methods

- Professionally transcribed interviews were entered into ATLASti
- Deductive thematic analysis
- Developed initial codebook
- Co-coder and PI independently and systematically applied the codebook
- Codebook was revised and final codebook was applied to entire dataset

Results

THEMES

1. Experiences of Individual and Family Level Stigma
2. Abortion Stigma
3. Religious Stigma
4. Information about Reproductive Health

Theme 1: Individual/Family Level Stigma

"It's just that they don't want us to get condoms because we're going to have sex more;
we're going to have more sex." (PP6)

Individual experiences of stigma have an impact on women's contraceptive and abortion behaviors and how they discuss personal experiences with others.

Theme 2: Abortion Stigma

"My mom is very Catholic. She's actually one of those ladies that would be out there protesting. They're a literal barrier to get through and they make you feel guilty about it. She's had a sign and the sign would be right there in front of the door and I would see it sometimes. Once I got into that situation myself where I had to make that choice, it's really not that big of a deal like they make it seem. I don't know what kind of life I would be giving this child because I'm not financially stable. And it takes more than love to raise a child right. So they do put a barrier." (PP4)

Theme 3: Religious Stigma

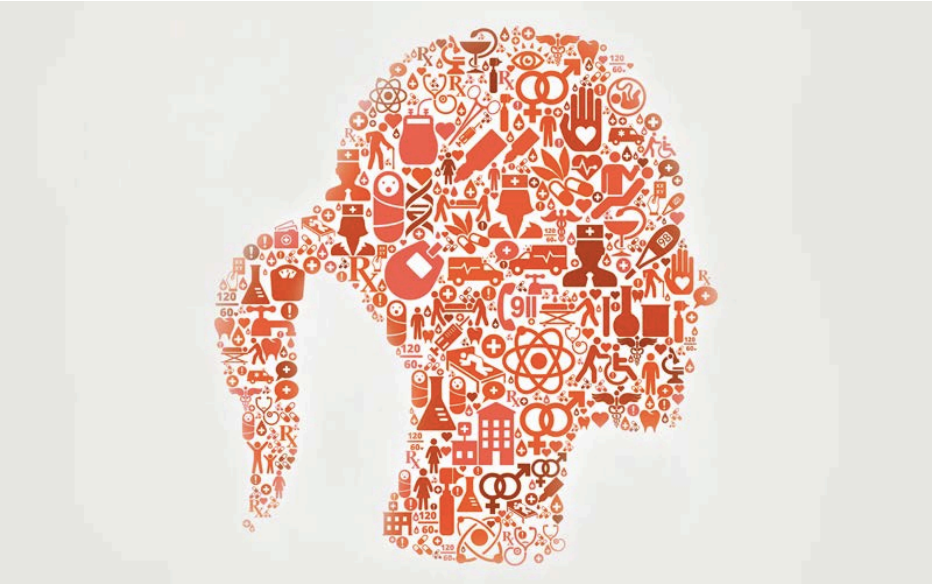
"Just to come here, it is very hard, or to support someone, but you have no control. Then, there's people outside making it even harder, judging you. It's just we don't know what people are going through.
You don't know the situation or the trauma or anything that's going on really."

Theme 4: Reproductive Health Info

"I found out I was pregnant and the doctor that I went to, she made a comment, "You're keeping your baby, right?" I was shocked. I said, "Well, yeah. That's not really any of your business" and she's like, "Because I'm against abortion." I said, "But you work in a women's clinic. You can't have a judgment on that." She's like, "Well, it's my personal belief. **If you're not going to keep it, then I can't be your doctor.**" I don't know if she told me because I knew her; how many people has she told that to?"

Results

- Women “take care of themselves”
- Stigma navigation beyond abortion
  - Individual and family level stigma
  - Contraception and providers
  - Religious barriers



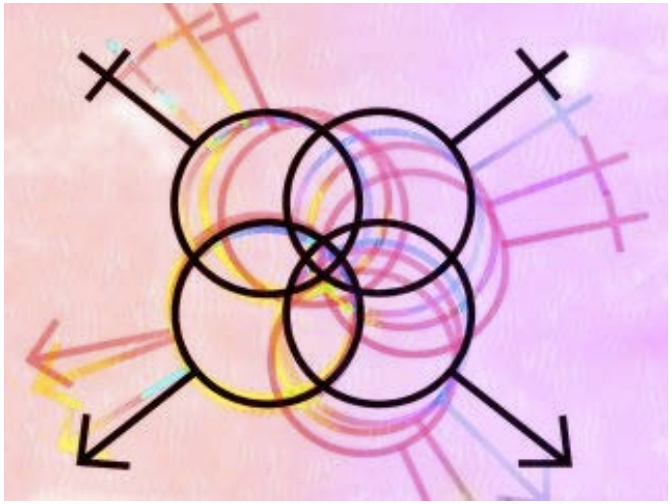
Implications

- The politics of abortion
- Stigmatizing language
- Policy advocacy

- Language around how we talk about women's reproductive health

This work shows…

- Women's promiscuity is a foundational narrative for women's lives
- Stigma is exacerbated by policy
- We must facilitate systemic change



Next steps

- Expanding research
- Work with reproductive health care agencies to change messaging
- Investigating contraceptive stigma
- Examine policy recommendations