Abortion Goes Mainstream: Abortion (De)stigmatization strategies in the eyes of activists

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Abstract

Abortion stigma is a multifaceted issue impacting both those seeking abortions and activists supporting them. Rooted in societal norms and power dynamics, this stigma reflects Goffman's concepts of moral and tribal blemishes. It manifests through negative discourse, structural fears, and internalized shame, exacerbating isolation and marginalization for clients. Activists face enacted stigma, including harassment and abuse, while working to destigmatize abortion. Transnational networks like Abortion Without Borders provide essential support, aiming to decriminalize abortion and shift public perception. Their efforts encompass both practical assistance and broader advocacy, challenging stigma and advocating for reproductive justice. This research, based on authography (personal experiences as an abortion activist), interviews, netnography and ethnography aims to explore the scope of the abortion stigma and the destigmatization methods. The implications of this research suggest that addressing abortion stigma requires both cultural and legal shifts. Destigmatization involves decriminalizing abortion, normalizing it as routine healthcare, and challenging the societal structures that perpetuate stigma. By reshaping public discourse and aligning reproductive rights with broader social justice movements, activists aim to foster greater societal acceptance of abortion and dismantle the power dynamics that restrict bodily autonomy.

Keywords

Abortion, Reproductive justice, Stigma, Transnational activists movement, Destigmatization

Context and Positionality

This research was conducted due to my deeply held belief that everyone has the right to make decisions about their own body, as well as years of experience with pro-choice activism. Back in 2020, in the middle of the pandemic, the government in my country (Poland) decided to change the abortion law, effectively banning the reason for 90 percent of abortions performed in Polish hospitals (Statista, 2023): fetal abnormalities. At the time, I was already living and studying in the Netherlands, but I felt a deep need to do something to help my fellow Polish citizens—and, in fact, anyone facing an unwanted pregnancy. During one of the protests in Amsterdam, I learned about the existence of Abortion Network Amsterdam and decided to join them as a volunteer. Over the years, I have gained significant knowledge about stigma, activism, and advocacy, which has culminated in this research.

The case I have researched is a delicate aspect of human life, playing on the edge between political and personal. Therefore, there are some ethical aspects I have taken into account. Firstly, I was conducting this research due to

my deep feminist views and belief that one should have full right to their body. Therefore, this research aims to show the experiences of women to break the taboo and spread information about abortion.

Introduction

On a cold, rainy evening at Amsterdam Schiphol Airport, I anxiously awaited Monika (a pseudonym to protect her privacy). Monika was in the late stages of pregnancy, traveling abroad alone for the first time, and facing an abortion the next day. Scared and unfamiliar with the language, she relied on the internet and strangers for guidance. I had gathered necessities—pads, light food, painkillers, and water—knowing she couldn't eat past midnight. When we finally met, she was terrified and confided, "I'm scared I won't leave the clinic alive. I read reviews calling it a slaughterhouse. What if there are major complications?"

It took an hour to calm her fears enough to send her to her hotel. Afterward, I felt emotionally drained and angry—angry at the Polish government for forcing women like Monika to travel so far for a procedure, angry at the patriarchy that restricted her choices, and angry at the abortion stigma that had terrified her into thinking she might die from a safe medical procedure.

This encounter deeply impacted me and became a catalyst for my research. I volunteer with Abortion Network Amsterdam (ANA), part of Abortion Without Borders (AWB), which provides comprehensive support for those seeking abortion care abroad. Over the past four years, I've heard countless heartbreaking stories from individuals denied access to safe abortions in their home countries. Motivated by these experiences, I dedicated my research to exploring reproductive justice, abortion stigma, and the transnational feminist movement.

My study examines how pro-abortion activists in the Netherlands work to destigmatize abortion—within themselves, with clients, and within the broader system. The current literature primarily focuses on the experiences of people obtaining abortions, their beliefs, and their struggles with stigma. However, this research aims to address a gap in the literature: while much attention has been given to the stigma faced by individuals accessing abortion care, the stigma experienced by pro-choice activists has been largely overlooked. This study seeks to fill that gap by exploring the origins of abortion stigma, how activists navigate it, and the strategies they employ to destigmatize abortion care. Additionally, I examine how community-based initiatives and support groups contribute to reducing stigma, as well as how activists cope with both internalized and external forms of stigma.

This research aims to answer the question: "How do abortion activists in the Netherlands cope with the stigma surrounding abortion, and what strategies do they employ to destigmatize abortion care?" To address this, I first focused on abortion narratives and the origins of abortion stigma, as understanding these foundations is crucial for exploring how stigma affects the lives and work of abortion activists. Building on this understanding, I investigated how community-based initiatives and support groups contribute to reducing abortion stigma and how activists manage both internalized and external stigma.

While my primary interviewees were activists working in the Netherlands, some had moved between organizations for various reasons. Moreover, the abortion activism network is transnational, so although most interviews were conducted with individuals working in the Netherlands, the findings should not be interpreted as exclusively rooted in the Dutch context.

While abortion is commonly associated with women's reproductive rights, it is important to acknowledge that it also affects all individuals assigned female at birth (AFAB), including transgender men and nonbinary individuals. For this study, "AFAB individuals" is used interchangeably with "women" to encompass the experiences of transgender men and nonbinary people.

Theoretical Framework

This research is grounded in three key sociological phenomena: stigma (and, by extension, abortion stigma), Foucault's concept of biopower, and the phenomenon of transnational advocacy networks.

The primary one is the concept of stigma, specifically abortion stigma. Goffman defines stigma as an attribute that discredits an individual, transforming their identity into a "tainted, discounted" one. Importantly, he emphasizes that stigma refers to the disgrace itself, not just its visible effects (Goffman, 1963). Stigma's impact extends beyond the individual to the broader group, with Das highlighting that it is perceived as contagious, affecting the collective and emphasizing its social nature (Das, 2001). Goffman's framework illustrates how stigma shapes social dynamics, influencing societal perceptions of individuals and their actions.

Abortion stigma, unlike an intrinsic truth, is a social construct sustained through various means within local contexts (Kumar et al., 2009). It is a label imposed on AFAB individuals who terminate pregnancies, marking them as inferior to societal ideals of womanhood. Kumar, Hessini, and Mitchell (2009) conceptualized this notion as the "circle of abortion stigma."

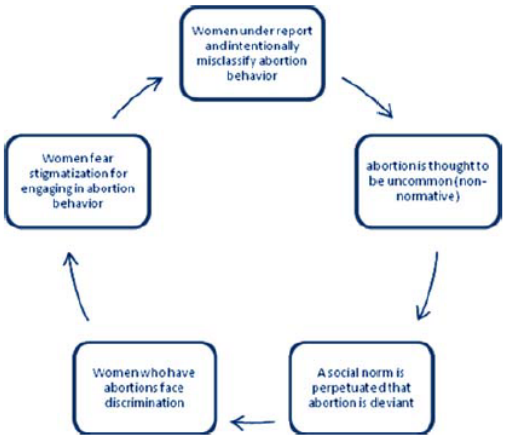


Figure 1. The prevalence paradox: the social construction of deviance despite the high incidence of abortion.

Figure 1. Circle of abortion stigma. Adapted from "Conceptualising abortion stigma" by Kumar, Hessini, & Mitchell, 2009, p. 629, in Social Science & Medicine, 73(5). https://doi.org/10.1016/j.socscimed.2011.06.032

Abortion stigma operates on five levels. At the discourse and cultural level, it associates individuals seeking abortions with negative traits, creating stereotypes (Kumar et al., 2009). Government policies and laws then embed this stigma into societal structures. On the institutional level, separating abortion services from general healthcare misses opportunities to address broader health needs, while insurance limitations reinforce stigma (Kumar et al., 2009). On the community level, stigma shapes local perceptions and behaviors. Finally, at the individual level, internalized stigma leads to shame and guilt, positioning abortion as "unnatural" and against cultural or familial expectations (Kumar et al., 2009).



Figure 2. Levels of abortion stigma.

Figure 2. Levels of abortion stigma. Adapted from "Conceptualising abortion stigma" by Kumar, Hessini, & Mitchell, 2009, p. 631, in Social Science & Medicine, 73(5). https://doi.org/10.1016/j.socscimed.2011.06.032

Abortion stigma manifests in three ways: enacted stigma involves overt and implicit prejudice; felt stigma is the awareness of stigma, prompting alignment with societal norms; and internalized stigma is the acceptance of stigma's legitimacy, regardless of the context (Kwiatkowska et al., 2023). Abortion stigma also shapes narratives around those seeking abortion. Historically, portrayals like the "helpless victim" have garnered support for legal abortion by fitting gendered expectations, while the "irresponsible pill user" reflects concerns about unregulated abortion pill access (Calkin, 2023). This dichotomy establishes "good" and "bad" reasons for abortion, reinforcing societal judgments about "good" and "bad" womanhood.

Abortion stigma is a "compound stigma," intertwined with other forms of discrimination and structural injustices. It leverages power to delegitimize a legitimate medical procedure, discredit those involved, and undermine advocates for legal and accessible abortion (Kumar et al., 2009). Stigma prompts coping strategies, such as portraying the fetus as innocent or framing the decision as morally right despite reservations about abortion. Hoggart (2017) explores these varied approaches, showing how individuals navigate stigma by aligning their decisions with notions of good motherhood or personal values around family and economic stability. Some manage internalized stigma by transferring it to healthcare professionals or advocates (Cockrill & Nack, 2013). Others hide their abortions to protect their reputations, while some address stigma openly, aiming to normalize their experience. Despite the hardships, negative attitudes often inspire individuals to advocate for improved abortion experiences (Cockrill & Nack, 2013).

In Poland, where abortion is heavily stigmatized and illegal in most cases, some doctors offer clandestine services, which Agata Chełstowska describes as "turning sin into gold." This intense stigma drives abortion seekers to clinics

abroad, often advertised in Polish with services like transportation to neighboring countries (Chełstowska, 2011).

Pro-choice activists also face stigma, though it is under-researched (Giovanneli et al., 2023). Activists report feeling dehumanized, labeled as immoral or selfish, and perceive themselves as targets of negative attitudes, particularly from anti-choice groups (Giovanneli et al., 2023). Despite these challenges, research shows that while some activists resort to self-censorship, most openly discuss their work and views on abortion. They see openness as a tool for asserting their identities, organizing life experiences, and encouraging personal agency (Giovanneli et al., 2023).

This research connects stigma to Foucault's concept of biopower. Foucault (2003) argues that sexuality lies at the intersection of individual bodies and populations, subject to both disciplinary practices and regulatory mechanisms, a concept known as biopolitics. Reproductive policies exemplify this intersection, involving both disciplinary power (control over individual bodies) and biopolitics (governance of populations) (Vivaldi, 2020). Restrictive abortion laws reflect this control by dictating reproductive choices, while abortion stigma acts as a societal mechanism that aligns individual behaviors with state objectives. Vivaldi (2020) further argues that individuals begin comparing themselves to scientifically generated norms rather than laws, reinforcing homogeneity and perpetuating stigma through normalization. Examining reproductive policies through the lens of Foucault's biopower reveals how disciplinary power and biopolitics shape abortion rights and sustain stigma.

Finally, the concept of transnational advocacy networks is crucial to abortion work and activism. Abortion Without Borders exemplifies this phenomenon, where relevant actors collaborate internationally on reproductive issues. These networks share values, discourse, and resources, crucially contributing to reproductive justice (Moghadam, 2022). Actors in these networks provide abortion pills, schedule appointments, offer financial assistance, and contribute to education and destigmatization efforts across Europe. They operate as "outsiders," collaborating with civil society organizations and supportive "insiders" to influence national and international policies (Moghadam, 2022).

Calkin (2023) expands this idea into the concept of a transnational abortion activist movement, identifying three roles for its members. First, they operate outside legal and political institutions to provide abortion medication and information on safe usage. Second, they engage with scientific authorities and lawmakers, leveraging years of experience in facilitating clandestine abortions. Lastly, they practice prefigurative politics, focusing on immediate change and building institutions that embody the transformations they seek.

Methodology

Data collection

My research employed a multi-faceted approach to explore abortion stigma and the experiences of activists combating it. I combined different qualitative methods such as interviews, participant observation, autoethnography and netnography to capture diverse perspectives and employed triangulation to enhance the depth of the study. The goal was not only to answer research questions but also to give voice and agency to the participants.

For data collection, I used snowball and convenience sampling methods. Snowball sampling involved distributing calls for participants via social media, email, and digital channels, while convenience sampling leveraged my position within Abortion Network Amsterdam (ANA) to identify interviewees. Informed consent was a priority—participants received detailed consent forms, and data was only used from those who signed after understanding the study's purpose.

Data analysis began with transcribing interviews, translating Polish interviews into English for consistency. I used a combination of on-the-fly notes and summary notes to document daily and weekly experiences within ANA, contributing to the autoethnographic aspect of the research. The next step was coding the data using in vivo coding, inspired by Leavy and Harris (2019), which focused on the participants' exact language to generate categories that structured the final results.

My research focused on activists within Abortion Without Borders (AWB), a cross-European initiative assisting people in Poland with abortion access. I interviewed volunteers from various collectives, including Abortion Support Network (ASN), Abortion Network Amsterdam (ANA), Samen Naar de Kliniek (which provides "buddies" for clinic visits), and Collectief Vrije Keuze (which works to destigmatize abortion through protests). These activists, with experience ranging from two to over twenty years, shared insights into how they confront abortion stigma and the challenges they face.

I conducted semi-structured interviews to understand the personal and professional challenges activists encounter in their fight against abortion stigma. These interviews revealed their resilience and strategies for addressing stigma, offering valuable insights into the struggle for reproductive rights. To protect participants' anonymity, they were given the choice during interviews to be identified by their real name or to select a pseudonym. However, all participants chose to keep their real names.

Stigma is also discussed extensively online. Netnography, a form of ethnographic study of online communities that relies heavily on observation (Bryman, 2016), was employed to explore these digital spaces. I monitored digital platforms, including the Women on Web forum and social media, to understand how stigma is addressed in online environments. This approach focused on the experiences of both activists and users of these forums and platforms. The primary reason for using this method was to gain insight into how stigma operates in digital spaces and how activists engage in efforts to destigmatize abortion online. Although this method was not my primary approach, it served to deepen my understanding of the issue. Incorporating autoethnography, I documented my experiences as an activist within ANA, reflecting on how stigma affects activists' lives, mental health, and coping strategies. This insider perspective deepened my understanding of the emotional labor involved in abortion activism and the cultural contexts that perpetuate stigma. Finally, participant observation allowed me to engage directly with activists and support seekers, gaining an immersive understanding of the logistical and emotional challenges these groups face. This method highlighted the resilience, solidarity, and innovative strategies activists employ to combat stigma and promote reproductive rights.

I decided to employ these methods for several reasons. One was to enhance the objectivity of the research. As noted, given my background in activism, personal beliefs, and the use of autoethnography as one of the methods, there was a risk that my views and results could be somewhat subjective. Methods such as interviews and netnography were incorporated to provide a broader perspective and to help me move beyond the informational bubble I might otherwise inhabit. Additionally, these methods complement one another, addressing gaps left by any single approach. For instance, the stigmatization experiences shared by digital platform users provided a valuable starting point for interviews with activists. Similarly, employing autoethnography offered an opportunity to compare and contrast my own experiences with those of other activists.

Methods to ensure objectivity and research limitations

Due to the use of autoethnography, my research is not entirely free from subjectivity. To ensure accurate representation, all participants were given the opportunity to review the final thesis and provide feedback. If participants did not respond within two weeks, despite my best efforts to contact them, I proceeded with the assumption that the insights were approved.

I have also used a consent form to ensure that every aspect of this research is conducted with the participants' full, informed consent. Additionally, this guarantees that their stories are represented accurately and respectfully, in a manner that aligns with their wishes.

The research faced several limitations. Due to time constraints and limited access, the study primarily involved individuals within my network, restricting broader generalization. Additionally, the rapidly evolving legal landscape around abortion may render some findings outdated over time. While this research focused on key issues experienced by activists, it acknowledges the complexity of abortion stigma and the need for further exploration of its cultural, societal, and psychological dimensions.

Results

To fully understand the spectrum of stigma surrounding abortion, it's essential to view it from two perspectives: the clients who face the stigma and the activists who work directly with them. Abortion stigma intersects with two of Goffman's (1963) types of stigma: blemishes of individual character, which suggest that someone who has had an abortion is morally bad, and tribal stigma, which marks and excludes individuals who have had the procedure.

Stigma is Power

When I spoke with Mara, a freelancer and one of the creators of the Abortion Support Network and co-founder of S.A.F.E, an organization supporting grassroots abortion activists, she emphasized a common thread between these types of stigma: power relations. Mara noted, "Stigma is anything that gives the minority of people who are against abortion (because that is the global minority of people who are against abortion) their beliefs power over abortion access." This view was echoed by many of my participants, highlighting that abortion stigma is rooted in power and biopolitics. It functions as a systemic tool of governance, intertwining personal beliefs and institutional power to control reproductive choices and maintain societal power dynamics.

The foundation of abortion stigma is deeply connected to female sexuality and societal norms (Kumar, Hessini, & Mitchell, 2009, p. 628). Women's bodies and sexuality are constantly politicized. They are held responsible for their bodies and actions, yet are simultaneously taught to be submissive, with their desires deemed unimportant (Angel, 2022). The societal ideal for women is to become mothers (Kumar, Hessini, & Mitchell, 2009). Abortion, in this stigmatic sense, signals something different: that the woman was not only sexually active but also chose to defy the "natural order" of motherhood by not continuing the pregnancy. This dichotomy results in the division of women into "good girls," who conform to societal norms, and "bad girls," who are sexually free and do not feel the need to fulfill these norms (Nack, 2002).

This division often leads to ostracism, prompting women seeking abortions to justify their reasons by categorizing them as "good" or "bad." Good reasons typically include financial difficulties, concerns about the future, or fetal abnormalities. On the other hand, "bad" reasons are often seen as no reason at all, such as simply not wanting to be a mother, which can lead to slut-shaming. As I have seen in numerous comments under articles about abortion, people often say, "If she didn't want a child, she shouldn't have opened her legs." Mara also touched on this, saying, "I often hear, 'I'm against abortion unless it's a 12-year-old, unless the woman was raped.' What you're really saying is, you're okay with abortion if she was a 'good girl' by your definition—if she 'earned' that abortion, if she didn't do something 'slutty' that we should punish her with a child for."

Tropes depicting abortion-seekers as "helpless victims" with culturally potent reasons for abortion—such as youth, poverty, or family pressure—have long been used to garner support for legal abortion. These narratives align AFAB individuals' reasons for seeking abortions with societal expectations and moral judgments about female sexuality (Calkin, 2023). Clients often emphasize that the pregnancy was wanted, trying to align with the "good girl" tribe, and that they sought an abortion due to unfortunate circumstances rather than being categorized as part of the "bad girl" tribe.

Manifestations of abortion stigma

One of the key aspects I want to focus on is the manifestation of stigma. As mentioned earlier, abortion stigma operates on several levels. One of these is framing discourses—the way abortion is talked about, leading to misconceptions, such as the notion that abortion clinics are dangerous or unsanitary. The goal is the "awfulization of abortion," portraying it as something more than just a medical procedure, but rather a life-threatening or morally wrong act (Calkin, 2023). Kasia mentioned that there is a widespread belief that abortion is carried out in some back alley, surrounded by imagery of coat hangers. "This is definitely part of the stigma," she said. "It is evident in the emails we receive after the procedure. Rarely does anyone express how humanely they were treated or how well they were cared for. They do not say it directly, but it clearly reflects their initial expectations."

On a structural level, there is often fear of being arrested or prosecuted upon returning to Poland after an abortion. These fears are usually the result of misunderstandings of the law and misinformation. While ending someone else's pregnancy is illegal in Poland, one can still end their own pregnancy abroad or with pills without legal consequences. However, this misunderstanding adds an emotional stressor, making another manifestation of stigma—internalization—even more apparent. Clients we work with rarely ask for someone to accompany them

to the clinics. They travel alone to other countries, not only because of financial reasons but also because they fear communal stigmatization and alienation after the procedure.

These fears are well-founded. Mara shared a story about a woman who sought help from her neighbor because she did not speak English and wanted an abortion. The woman asked her neighbor to accompany her, but the neighbor responded chillingly, threatening to expose her as a "baby killer" if she went through with the abortion and returned home not pregnant. In one of my interviews, a participant referred to such individuals as "abortion exiles," people who face stark realities, leaving behind support networks for distant, isolating journeys. This journey isn't just physical but also emotional and psychological, confronting condemnation and stigma. The term highlights their displacement and marginalization, emphasizing their fight for dignity and acceptance alongside medical care.

An important but often overlooked part of stigma is the language used to talk about abortion. Researchers Chełstowska and Ignaciuk (2023) describe this as a "lost battle for language," driven by the church and anti-abortion activists, affecting public discourse and medical practices. This has pushed many abortion services underground, and the stigma is so pervasive that women avoid the word "abortion" even in private, reflecting deep-seated fears and societal pressures. Clients of ANA often try to avoid using the word "abortion," instead asking for an "appointment" or referring to "what will happen after the action or procedure." This linguistic manifestation of stigma is also evident among medical professionals. Sterre shared her story of feeling unsupported by the medical system during her abortion: "I felt very lonely and unsupported by my then partner, but also by the medical system. Back then, you still had these five days that you had to take before you could get an abortion. So I had to go to the doctor, and the doctor was like, 'Yeah, of course, we can make an appointment at the abortion clinic for you, but you do have to think about it because sometimes people... they remove their baby.' She literally was like, 'removing a little child,' and that makes a really big impact on them." Sterre described this interaction as not only unhelpful but, in her view, unprofessional and traumatizing. It can be attributed to a lack of appropriate language to discuss abortion, as well as the use of language that perpetuated stigma.

These manifestations of abortion stigma significantly impact the role of activists. Our responsibilities extend far beyond providing financial assistance and scheduling appointments. Often, we find ourselves acting as therapists, medical advisors, legal specialists, or simply supportive friends who offer reassurance and comfort in moments of fear. Complicating matters further is the reality that many of us grapple with our own internalized stigmas and experiences.

Several activists I spoke with have experienced enacted stigma based on their support for people accessing abortion and their open advocacy for reproductive justice. Mara, for instance, mentioned being stalked, receiving hateful emails, tweets, and Facebook messages, and being portrayed as the face of the pro-choice movement within the "anti-abortion" environment. Similarly, Sterre, an activist from Collectief Vrije Keuze, spoke about the abuse of law and hate she faced from pro-life groups: "They have posted a few blog posts where they put a picture of me in there. They mentioned my name, including my last name. They were like, 'So she's part of a satanic sect, and they sacrifice babies.'" These behaviors, though they might seem like personal animosity, are largely driven by enacted stigma. Such phenomena expose the prejudice faced by those involved in abortion support: physical or

emotional abuse, discrimination, hate speech, verbal judgments, assumptions, avoidance, and even displays of discomfort, anxiety, or disgust (Cockrill and Nack, 2013).

Destigmatization of Abortion

A significant part of abortion activism, therefore, involves working towards the destigmatization of abortion. This is done through the transnational abortion activist movement, which I've focused on in this research, particularly groups like Abortion Without Borders (especially Abortion Support Network and Abortion Network Amsterdam) and their collaborators in the Netherlands, such as Samen Naar De Kliniek and Collectief Vrije Keuze. These networks are vital for several reasons. They facilitate knowledge sharing and practical tips for smoother client experiences and pool expertise and resources to enhance support capacity. Collaborative efforts help overcome individual limitations, providing a safety net that transcends geographical and financial barriers. This cooperative approach ensures clients receive timely, safe, and empathetic care regardless of their circumstances. Thanks to services like these, clients do not have to worry about finding themselves alone in a foreign country, grappling with an unfamiliar language, and feeling abandoned to fate. Moreover, they are often concerned about the financial burdens associated with the cost of the abortion and related travel expenses. Networks such as Abortion Without Borders ensure that these financial and logistical hurdles are addressed, making the process less daunting for the client.

Samen Naar De Kliniek goes even further by accompanying clients to appointments, providing emotional support, and ensuring safe transportation and accommodation in the Netherlands. This holistic approach addresses both practical needs and emotional well-being, reducing the isolation and anxiety clients may experience.

On a practical level, these organizations work toward two main goals: breaking taboos and empowering clients. When it comes to clients, they don't require justification for needing an abortion. Paraphrasing Nikki, they don’t make a big deal out of it. The core belief is that abortion is a human right, and clients are reminded that they deserve access to abortion services no matter the circumstances. Kasia from ANA emphasized that one of their goals is to transform stigma into empowerment by helping clients understand that the "problem" lies within the system, not with them. Sterre shared how her personal experience with abortion was the catalyst for her involvement in activism. Sterre's abortion experience had such a significant impact on her that it led to the creation of Collectief Vrije Keuze. She wanted to ensure that others would not feel as isolated and unsupported as she did during her own abortion.

Activists also address their own internalized stigmas. The transition from feeling ashamed to becoming an unapologetic abortion activist, as Nikki put it, involves a process of unlearning societal shame and embracing full support for abortion rights. Personal experiences, workshops, and engagement with supportive communities aid in this transformation.

Abortion Goes Mainstream

Another important aspect of destigmatization is incorporating abortion into mainstream discourse and connecting it with other movements, such as queer liberation. Nikki explained: "We are very much linked to queer liberation

movements. Not only straight or cis people have abortions. This is also related to stigma because we're working to normalize both abortion and the existence of multiple genders and sexualities." This approach, known as "frame extension" (Snow 1986), broadens the scope of advocacy to challenge biopower effectively by addressing both individual and group-level stigmas, expanding resources and goals.

Activists use various platforms, including social media, conferences, marches, and workshops, to disseminate information and normalize abortion—a process Chełstowska and Ignaciuk (2023) describe as "deawfulization." For example, the Abortion Dream Team uses engaging online content to challenge negative perceptions, while networks like AWB work towards broader societal acceptance and understanding. Demedicalization is another key focus, aiming to present abortion as a safe, routine healthcare procedure rather than a highly medicalized or dangerous act. Medication abortion activists strive for social decriminalization by educating the public and advocating for reduced medical oversight and destigmatized access. This shift in perception is crucial for legislative reforms that ensure accessible and compassionate abortion care. Through this autoethnographic journey, I've come to understand that advocating for abortion rights transcends providing services; it involves navigating vulnerabilities and affirming shared humanity. As we collectively work towards empowerment and understanding, it is imperative to dismantle misinformation and fear, crafting a future where personal health decisions are met with support, not scorn. Our stories serve as powerful calls for justice, demanding to be heard.

These organizations and activists aim not merely to facilitate easier access to abortion but to achieve the ultimate goal of decriminalization. By systematically challenging stigma, utilizing legal avenues, and reshaping perceptions, they work towards comprehensive legal and social reforms. As Calkin (2023) highlights, pro-choice activists, through the social decriminalisation are trying to change the social status of abortion from illicit to licit, even while it remains illegal. The ways mentioned above shift public perception, recognizing abortion as routine healthcare rather than a crime. As societal values evolve, increased public pressure can lead to policymakers reforming restrictive laws. This transformation in public opinion acts as a catalyst for legal changes, ensuring abortion becomes accessible and destigmatized for all who need it. By looking at the experiences and examples of the abortion stigma, as well as current rise of Global Right it is important to mention that pro-choice activism reaches more than just the local (in this case dutch) context. The very idea of transnational (abortion) activist network calls for collaboration on the global scale in support of people needing the abortion care. Therefore this article and it’s results should also be understood only as an example of tools and ways of working for the global context.

Conclusion

The discussion begins by exploring the origins of abortion stigma, particularly how it is shaped by societal control over female sexuality and traditional gender roles that primarily view women as mothers. This stigma is deeply rooted in beliefs about abortion and the power these beliefs hold, which creates societal categories of "good" and "bad" reasons for seeking an abortion. As a result, individuals facing unwanted pregnancies often feel isolated and view abortion as something shameful, leading to further stigmatization. Activists advocating for reproductive rights also face hostility and threats, as their work challenges not just individual beliefs but the complex web of power relations that sustain these views.

Fighting against abortion stigma is thus about more than just changing personal opinions; it involves confronting deeply ingrained structures of power that restrict women's autonomy. Activists work to raise awareness, change language, and mobilize support across society to uphold and respect bodily autonomy and reproductive choice. Despite the deep stigma, activists do not view their work as morally wrong. Instead, they use various strategies to combat stigma, including ignoring or ridiculing it, transforming it into motivation, and finding solidarity among fellow activists. This journey often involves confronting personal stigma and expanding understanding of its roots.

By examining the experiences and examples of abortion stigma, as well as the current rise of the global right, it is important to highlight that pro-choice activism extends beyond the local (in this case, Dutch) context. The concept of a transnational abortion activist network emphasizes the need for global collaboration in supporting individuals who require abortion care. Therefore, this article and its findings should be understood as an example of the tools and approaches that can be used within a global context.

Conflict of Interests

There were no conflict of interests that I am aware of.

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