

# **Model Coping Strategy To Face The Bad Women Stigma**

**Sulis Mariyanti<sup>1</sup>, Winanti Siwi Respati<sup>2</sup>, ErmanAnom<sup>3</sup>  
Esa Unggul University, Indonesia**

**Abstract.** Sex before marriage, pre-marital pregnancy and abortion are often seen as a distortion behaviour. Those actions are considered to be violation toward the norms existed in the society. Therefore, women as doer are often given bad judgements. This conditions will make women feel dirty, worthless, having no dignity and moral, and tend to judge herself as a bad women. In other words, women feel stigmatized and feel different from normal. The stigmatized can affect women's point of views toward their social environment, so the women experienced this feel cornered which will eventually can encourages the emergence of various behavioral strategies to deal with the stigma they feel. The purpose of the research is to obtain an overview of model of coping strategy to face the bad women stigmaby exploring various factors that are the causes of stigmatization that are attached to themselves and the views of women who are doer of premarital abortion to their social environment. The research design is qualitative with a phenomenology approach. Data gathering through depth interviews and non-participatory observations involving five informants. The informant of this study is a teenager abortionist due to pre-marital pregnancy with snowball sampling technique. Analysis of interview data was processed with an interpretive phenomenology analysis technique based on important themes that were felt and lived by abortion women due to pre-marital pregnancies who experienced stigmatized feelings. From this research it is obvious that the stigma of sex before marriage and abortion is a very heavy burden for woman living in a society that is filled with tight religious rules and social norms. Women who did pre-marital abortion are stigmatized as woman without moral, not an ideal woman and feel that most importantly a bad woman. However, this stigma did not made woman entirely given up to the whole judgement which oppressed her. Several strategies have been done in order to reduce psychological burden felt by this woman and set them free the stigma burdened them.

**Keywords: Abortion, Pre-Marriage, Stigma, Coping Strategy**

## 1 Introduction

Not all pregnancies will be welcomed, it can even be a heavy burden for women who are pregnant before marriage. As a result, some women who are pre-marital pregnant choose abortion to avoid negative judgments from their environment. The results of the BKKBN survey at the end of 2010 stated that there were around 51% of teenagers in the JABODETABEK area who had pre-marital sexual relations. 4% claimed to have had sexual relations from the age of 16-18 years and 16% at the age of 13-15 years ([www.bkkbn.or.id](http://www.bkkbn.or.id)). In 2016, there were surveys conducted in 9 cities in Indonesia, showing that unwanted pregnancies reached 37,000 cases and 27% of them were due to pre-marital sexual relations and 12.5% of the perpetrators were students ([regional.kompas.com](http://regional.kompas.com)). Meanwhile, a report from the Australian Concrete for Country Indonesia in 2013 said that 78% of abortions were carried out by urban women ([CNN Indonesia.com](http://CNNIndonesia.com)). In fact, in 2016 abortion cases were stated as the largest category in the Metro Jaya Regional Police ([Beritagar.id](http://Beritagar.id)). From the data, it was seen that pre-marital sexual relations and abortion were issues of concern, but this did not dampen their desire to do so. Whereas the results of the Hawari (2006) study suggest that the majority of women who have an abortion will experience emotional instability as a reaction to post-abortion stress and a more severe result is death.

From the research written by Anshor (2004) in a thesis entitled "Fiqih Aborsi Alternatif Untuk Penguatan Hak Reproduksi Perempuan Indonesia". In addition, the results of Wirawan (1999) research in a thesis entitled "Coping Stress Perempuan Yang Mengalami Aborsi Spontan Pada Kehamilan Pertama" said that, even though the abortion occurred spontaneously, the woman would still be the first person to be blamed by her husband and family. The issue of unwanted pregnancy and ending in abortion is not only experienced by married women but can occur in unmarried women. Those who do not have access to contraception, but are sexually active, are vulnerable to that risk. They also cannot be expected to protect themselves from promiscuity and unsafe sexual relations. In a study conducted by Psychology NinukWidyantoro about 405 teenagers who came to a clinic in Jakarta to have an abortion, it turned out that 50% of them were aged 15-20 years. Similarly, the Sembiring study found cases of 236 teenagers pregnant before marriage aged 14-21 years and from all of them came to have an abortion (Faraz, 2002).

The decision on abortion taken by teenagers can be thought of as a way to avoid the worse sanctions that might occur, related to fears of being expelled from school, fear of losing their right to attend education. In addition, they avoid family disgrace or avoid stigma as naughty women, women are troubled and not "right". Then, they also believe that the child will cause sin if it is not aborted. The decision to make a large abortion is likely to be a decision that is full of conflict,

because they feel there is no other choice. Abortion is forced to do because they are under pressure from family, society, religion, culture that oppresses and does not defend women.

Sex before marriage, premarital pregnancy, and abortion are seen as behavioral irregularities. All actions are considered to violate the norms of society so that women as perpetrators often get stigma. In the eyes of members of society in general, maternal status outside of marriage is a disgrace. Under these conditions, women can become victims and often in disadvantaged positions. Women will feel rejected, worthless so that conflicts arise that open up greater opportunities for abortion.

## 2 Literature Review

**Stigma.** Some psychologists define stigma as an individual characteristic that is believed to be able to bring a devalued social identity, personal characteristics that are in conflict with the norms, beliefs and behavior of the community as well as the characteristics of a person related to stereotypes and labels that are attached. Meanwhile, according to Erving Goffman (1986) in a sociological perspective, stigma is the result of social construction, namely reduced our mind from a whole and usual person to person, discounted and not quite human. In understanding stigma, it is necessary to look at stigma from a perspective, both those who give stigma and those who are stigmatized. From the perspective of a stigmatized person there are important differences that arise which are called enacted stigma and felt stigma. Enacted stigma refers to sanctions that are individually or group given to people who basically belong to special groups such as prostitutes. Meanwhile according to Green (1995) felt stigma refers to individual feelings about their condition and fear that other people will react to the condition.

Felt stigma can affect the views of abortion women towards themselves and the communities around them. Perception and fear of stigma given by others can encourage avoidance of social interaction. Felt Stigma allows individuals to be stigmatized by their abortion behavior, and experience suffering because of its impact, even without being stigmatized. Felt stigma often directs individuals to isolate themselves, because they anticipate the absence of support, rejection of themselves, and choose to separate themselves from social support.

**Coping Strategy.** The choice of women to have an abortion is a tough and very personal choice. No woman is happy to have an abortion, instead they often feel scared because they have to risk their lives. After abortion and surviving the risk of death, women still have to face various kinds of pressure both from within themselves in the form of feelings of guilt, immorality, sinfulness, tarnished feelings and from the social environment that demeans them. Experience and appreciation of the effects of abortion actions that have been done directs women

to try to find strategies that are able to make them free from pressure, labeling, the stigma of abortion they feel. Some strategies will be carried out by women to face and overcome the pressure they are feeling.

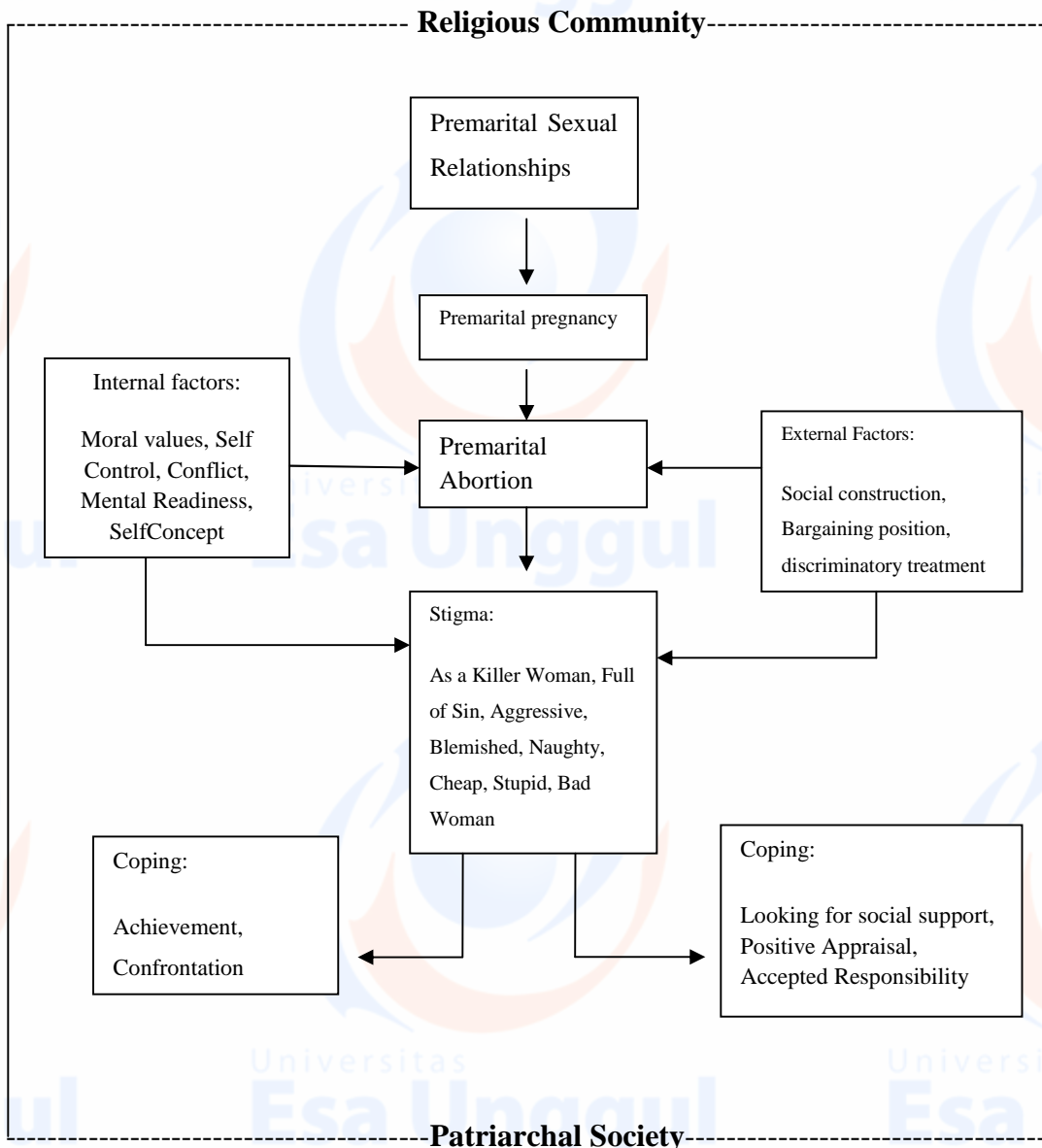
If this strategy is associated with the context of facing stigma over abortion that women have ever done, then in practice, the strategy taken is an action to deal with threats or disturbances that are felt to be stressful (stressor). Women who are stigmatized for abortions that they have done, feel they are worthless and have a low status that encourages them to respond, both in the form of emotional, cognitive, biological and behavioral responses. The response associated with the source of stress that is felt burdensome is called coping. According to Sarafino (2006) Coping is the process of managing the perceived discrepancy between the demands and resources they appraise in a stressful situation. Meanwhile, the similar opinion of Lazarus & Folkman (Taylor, 1999) states that coping is the process of managing demand (external or internal) that is appraised as taxing or exceeding the resources of the person (coping is a process that manages external demands or internal, which is judged to be beyond the sources of a person). From the definition above, it can be concluded that coping is a process in which there are efforts to overcome the demands of both internal and external by utilizing existing resources to deal with situations that are felt burdensome or stressful.

### **3 Method**

The research methodology is qualitative with a case study approach. The method of data collection is done through depth interviews and non-participatory observations involving five informants from adolescents aged 18-23 years abortionists, due to pre-marital pregnancy with a snowball sampling technique. Interview data is processed by interpretative phenomenology analysis techniques, based on important themes that are felt and lived by abortion women due to pre-marital pregnancy who experience a stigmatized feeling.

### **4 Result**

From the findings of the qualitative data that has been collected, there are five informants through depth interviews, researchers conduct data processing with phenomenological interpretative analysis techniques and arrange them into the models below:



**Figure 1. Coping Model Facing Stigma: Bad Women**

Patriarchal and religious societies tend to judge women as "good" and ideal only to women who have sexual relations in legal marriages and are not permitted to have abortion experiences. Therefore, women abortion due to pre-marital sexual relations will be positioned as women with burden some stigma. As women who have had premarital sexual relations, they will feel inferior to girls who are still virgins. Feelings lower than women who are considered ideal, which comes from the experience of premarital sexual relations and abortion has affected the appreciation of the subject to herself. All informants in this study felt that they were not good women, not pure and disrespectful. As humans who live in patriarchal and religious societies, women face many restrictions due to various rules, norms, threats and advice relating to their behavior. Premarital sexual relations are considered to violate the provisions of religion and moral standards

(Rollins, 1996). All informants felt scared and very guilty as a result of premarital sexual relations and abortions he had done.

Facing such a stigmatized condition, women will be very difficult and threaten women to be able to maintain their pregnancies. All informants said, on the one hand they were afraid of being rejected, afraid of being negative talk in the community, afraid of not being able to access education, fear of being expelled from home, and fear of being abandoned by their partners, and fear of hurting their parents. On the other hand, this informant also feels guilty and sinful if he has to remove the fetus in his womb. The conflict between the need to be accepted and the feeling of sin creates extraordinary fear. The fear he felt made all subjects forced to make abortion decisions. They think and consider, that with abortion life is getting better. By having an abortion, they will still be accepted by their family, their environment, their spouse and school. This means that the decisions of abortion made by all subjects of this study are ultimately more based on the importance of fulfilling their own needs (self center / selfish), such as the need to remain accepted and regain their sense of security (Gilligan, 1997).

In patriarchal and religious societies, women who engage in premarital sexual intercourse and abortion are in the position of "non-standard women", women who have premarital sexual relations are considered guilty, sinful and immoral. As a result, women experience deep conflict, namely that they not only feel fear, guilt and sin have violated moral standards as good or ideal women, but she also feels that she has become her own murderer. Beauvoir (2003) states that many community members consider that the happiness and suffering of women who give birth is a natural thing. However, if you have an abortion, you are accused of wallowing in sin and inhumanity as felt by the five informants. In addition, the experience of abortion has left a variety of feelings in all of these informants, ranging from deep sadness, regret and guilt.

Women who experience premarital pregnancy and abortion consider themselves impure, embarrassing and not ideal women. In that situation, they feel afraid of being rejected, ridiculed, underestimated and even all of the research informants worry that other men will not be attracted to her, even all of the research informants were worried that other men would not be attracted to her, and fear that her husband will divorce her after knowing the truth. Stigmatized conditions make them perceive themselves as women who are stained and have a bad past, so they tend to avoid social interaction. Link & Phelan (2001) states that stigmatized feelings cause someone to be anxious and afraid to meet other people, because of fears of a response from others.

Beauvoir (2003) explained that one of the efforts of women to achieve their transcendence was to keep learning to become members of the intellect. Academically, four informants had graduated from college and only one informant was still studying while working. With the provision of knowledge, women have the opportunity to develop themselves, feel themselves to be subjects, and have the

power to be able to access work in the public sphere. Academic achievement is a "door" that can give her freedom, because women who pass through that door will have independence to determine their lives. Achievement is something that can free her, because of achievement, women have the power to determine their lives independently (Beauvoir in Tong, 2005).

According to Lazarus & Folkman (1999), the stigma of abortion can be a psychological stressor for women who experience it. This situation can make women depressed, threatened, and uncomfortable, which in the end will overcome them by using the most appropriate coping strategies. The coping strategy in the form of aggressive confrontation is an attempt to change a pressing situation by confronting the situation directly. As was done by one of the informants in this study. She dared to affirm her status as a woman who had been pregnant and had an abortion into a social environment that humiliated her. This method is able to stop ridicule from the outside and ultimately alleviate the psychological burden of the stigma it feels.

Men as partners who contribute to abortion and psychologically partners also play a major role in making abortion decisions. Miller's research (in Rollins, 1996) found that couples are the most important people than others in making decisions and play a major role in the construction of unwanted pregnancies. Even the results of Torres & Forest's (1998) research state that more abortion performed by women occurs because couples want it. Meanwhile, in his research, Miller also stated that women who felt confident that they would get support from their partners turned out to have a more positive response to their abortion experience. It means that couples are the central of figures that can affect the psychological condition of women abortionists in living post-abortion lives. One informant in this study gained emotional psychological support from his partner when facing post-abortion slump. She has the opportunity to share grief and feel the strength of his partner who empathizes with him. Social or emotional support from their partners is able to relieve the emotional distress caused by the experience of abortion (Lazarus & Folkman, 1999).

One informant managed to overcome the feeling of being stigmatized by changing different judgments in the face of the stigma of abortion. She accepted her past which could not be changes but tried to improve her other side by increasing her spirituality (Lazarus & Folkman, 1999). He has an understanding that getting closer to God can create positive meaning from his past events. His presence can be felt closely, because religion is intended to nourish themselves (Salome, in Arivia, 1998). He has an understanding that getting closer to God in the matter of abortion can ultimately accelerate the recovery of his psychological condition. When guilty arise, this informant can calm herself that God loves and forgives her mistakes in the past. In this way the psychological burden of the perceived stigma is reduced and alleviates it.

## 5 Conclusion

Women who have premarital sexual relations and abortion feel cornered, ridiculed, and considered different from normal women. She feels different from other women who are virgins and different from married women in legal marriages. In other words, she was stigmatized by the difference between herself and women in general in society. This condition makes women who have had premarital sexual relations and abortions appear to develop feelings of inferiority and lack self-confidence. She interpreted herself as a tarnished woman, impure, not an ideal woman, and not a good woman. They see that good women are women who are still virgins, have never had premarital sexual relations, and have no experience of abortion. They also feel they have violated family and religious rules, so they feel guilty, sinful, immoral and feel inferior.

The conflict between her experience of enjoying sexual relations with her boyfriend, the desire to be accepted by her partner, and guilty feeling have violated the prohibition of religion and family, has encouraged women to make abortion decisions. They all think and consider that abortion can restore their sense of security. It means that moral considerations are made only based on their own needs (self-center), which is accepted again by their environment. They are forced to make abortion decisions to conceal disgrace, bad identity, and avoid sanctions from the community/family that will be expelled from their environment and demeaned and considered as not good women. They realize that they have taken actions that are prohibited by religion and its environment. They also realized the risk of extreme physical pain to death. However, women feel they have been cornered, they dare to take risks because they expect that their lives will be better. Abortion is indeed a way that can relieve a while and not feel inner conflict anymore. However, instead of being freed from the burden of a sense of sin, women continue to suffer because they have to deal with social judgment. Feelings of guilt, shame, immorality, dishonesty, tarnished, and feeling not a "good woman" became her stigma.

This research shows that in the extraordinary deterioration women try to overcome their discomfort as pre-marital abortionists and try to free themselves from stigma. One of their efforts to be able to alleviate and relieve psychological anxiety is by opening themselves to partners, friends and accepting their past as God's destiny that must be followed. Another effort is to build a new, more positive identity defined by women through understanding "my body is my business and the past is mine". In addition, build a positive self-concept through achievement is also able to increase its autonomy in determining the direction of her life.



## 6 Affiliations

Name, Surname 1: Sulis Mariyanti  
Institution : Esa Unggul University  
Address : Arjuna Utara road no.9, West Jakarta, Indonesia  
E-mail : [sulis.mariyanti@esaunggul.ac.id](mailto:sulis.mariyanti@esaunggul.ac.id)

Name, Surname2 : Winanti Siwi Respati  
Institution : Esa Unggul University  
Address : Arjuna Utara road no.9, West Jakarta, Indonesia  
E-mail : [winanti.siwi@esaunggul.ac.id](mailto:winanti.siwi@esaunggul.ac.id)

Name, Surname2 : Erman Anom  
Institution : Esa Unggul University  
Address : Arjuna Utara road no.9, West Jakarta, Indonesia  
E-mail : [erman.anom@esaunggul.ac.id](mailto:erman.anom@esaunggul.ac.id)

## 7 References

- Allgeir, E.R.(1991).Sexual Interaction.Toronto: D.C.Health & Co.
- Anshor, M.Ulfah (2004). Fiqih Aborsi Alternatif Untuk Penguatan Hak Reproduksi Perempuan Indonesia. *Thesis* tidak dipublikasikan: UI – Jakarta
- Baron, Robert A and Donn Byrne. (2003). Social Psychology. 10th ed.USA: PearsonEducation,Inc.
- Beauviour, Simone de. (2003). Second Sex. Terjemahan Toni B.Febriantono & Nuraini Juliastuti, Jakarta : Pustaka Prometheus.
- Boyle, M. (1997). Re-thinking Abortion: Psychology, Gender, Power & Law. London: Routledge
- Dowding, K.(1986).Power.Minneapolis: University Of Minnesota Press
- Falk, Gerhard.Stigma.(2001).How We Treat Outsider. New York: Prometheus Books
- Faraz, dkk.(2002). Fenomena Siswi Hamil di Indonesia.Yogyakarta: Ajisaka Penerbit & Percetakan.
- Flanders, CN.(1991). Library in a book: Abortion. New York: Facts on file
- Gilligan, C.(1982). Dalam Suara yang lain. Terjemahan A.S. Keraf. Jakarta: Pustaka Tangga
- Hyde, Janet Shibley. (2007). Half The Human Experience The Psychology of Woman. 7th.Boston: Houghton Mifflin Company.

- Kumar, A, Leeila Hessini.(2009). Conceptualising Abortion Stigma. *Journal of Culture, Health & Sexuality*. No.1 (1 – 15)
- Kartono,K.(1992). *Psikologi Wanita: Gadis Remaja dan Wanita Dewasa*. Bandung; Mandar Maju.
- Lazarus, R.S. & Folkman, S (1984). *Stress Appraisal and Coping*. New York: Springer
- Miller, Carol T & Cheryl R.Kaiser. (2001). A Theoretical Perspective On Coping With Stigma. *Journal Of Social Issues* Vol.57, No.1 (73-92)
- Ortiz, E.T.(1989).*Your Complete Guide to Sexual Health*. Englewood Cliffs. New York: Prentice Hall.
- Poerwandari, E.Kristi.(2007). *Pendekatan Kualitatif Untuk Penelitian Perilaku Manusia*. Depok : LPSP3
- Rollins, Joan H.(1996). *Women’s Minds Women’s Bodies the Psychology of Women in a Biosocial Context*. New Jersey: Prentice Hall.
- Tong, Rosemarie Putnam. (2005). *Feminist Thought*. Pengantar Komprehensif Kepada Arus Utama Pemikiran Feminis. Terjemahan Aquarini Priyatna Prabasmoro. Yogyakarta: Jalasutra
- Wirawan, Henny E (1999). *Coping Stress Perempuan Yang Mengalami Aborsi Spontan Pada Kehamilan Pertama*. *Thesis* tidak dipublikasikan, UI - Jakarta