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ORIGINAL RESEARCH

"For Some Reason, She Just Wasn't Able to Have an Abortion": Social Attitudes, Reproductive Autonomy, and the Taboo of Regret

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Abstract

Liberal abortion laws are crucial to the freedom of reproductive decision-making. However, even in countries like Iceland, which have high levels of gender equality and liberal abortion policies, women often feel constrained by socio-political rhetoric and traditional attitudes about motherhood. This paper examines the association between reproductive choice and potential regret in motherhood. Through in-depth interviews with 35 individuals in Iceland who can bear children, we investigate the tension between the decision not to have an abortion and feelings of regret about motherhood. Using thematic analysis, we explore three main themes relating to abortion attitudes: legitimacy and morality, the weight of responsibility, and the social and personal constraints to reproductive autonomy. The participants' personal narratives reveal how socio-political discourses and attitudes surrounding abortion complicate the process of reproductive decision-making. The results suggest that the complexity arises when women struggle with the decision to end a pregnancy, feeling they have no real choice without a legitimate justification for having an abortion. These experiences can serve to minimize the negative discourse and social stigmas that are commonly associated with abortion in the public discourse. The findings can assist clinical, medical, and social welfare professionals by fostering a deeper understanding of the importance of reproductive autonomy and support in reproductive decision-making processes.

Keywords Abortion laws · Pronatalism · Childfree choice · Pregnancy decision-making · Regretting motherhood · Reproductive justice

In many settings across the world cultural and social norms, along with abortion stigma, significantly limit reproductive decision-making for individuals confronting an unexpected pregnancy (Ashburn-Nardo, 2017; Cockrill & Nack, 2013; Donath, 2015; O'Reilly, 2022; Patev et al., 2019). Anti-abortion sentiments are not only evident in social attitudes but also drive restrictive laws and socio-political narratives (Bloomer & Turtle, 2024; Bloomer et al., 2019). In some Western countries, such as the United States and Poland, abortion rights are being rolled back. In contrast, in 2019 Iceland implemented more progressive legislation extending allowance for abortions from 16 to 22 weeks (Sigvaldason & Ómarsdóttir, 2022). The reformed policy aimed to enhance reproductive autonomy; however, it received intense opposition in parliament from conservative members who reinforced the social sentiment that seeking an abortion is inherently negative. As Sigvaldason and Ómarsdóttir (2022) note, many conservatives positioned abortion as a 'regrettable,' abhorrent,' or 'immoral' act, thereby contributing to its "awfulisation" (Hadley, 1997; Millar, 2017) and actively undermining reproductive justice (Kimport & McLemore, 2022).

The stigma surrounding abortion and the fear of regret are deeply intertwined with traditional feminist norms that pose motherhood as a core element of female identity (Bloomer et al., 2016; Stopler, 2008). These norms pressure women into conforming to expectations that may not align with personal aspirations, thus limiting reproductive autonomy. Purcell et al. (2020) highlight the complex interplay between negative cultural attitudes and abortion stigma, which profoundly influences the experiences of individuals seeking

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abortions (Kumar et al., 2009; Millar, 2020). This dynamic can create moral dilemmas in reproductive decision-making when unexpected pregnancies occur (Herold et al., 2024; Hoggart, 2017).

Moreover, the persistent belief that women who choose not to have children will regret their decision later in life (Ashburn-Nardo, 2017; Donath, 2015; Donath et al., 2022; Llewellyn, 2016; Nandy, 2019) fuels notions of abortion regret (Greasly, 2012). Thus, powerful social norms that continue to uphold motherhood as an essential feminine quality (Gústafsdóttir, 2013; Gústafsdóttir et al., 2010), inadvertently perpetuate warnings about regret. This environment not only stifles open discussions around abortion (Baird & Millar, 2019; Bloomer et al., 2016, 2023), but also obscures conversations about the potential regret associated with becoming a mother (Donath, 2017; Mustosmäki & Sihto, 2021).

In this study, we interviewed 35 women and individuals who can bear children from two distinct groups: those who have chosen not to have children and those who regret becoming mothers. Given that women are often disproportionately affected by abortion legislation (Osbourne et al., 2022), we suggest that socio-political attitudes, abortion stigma, and discourses of regret significantly influence reproductive self-determination and decision-making. Individuals who identify as childfree experience considerable social pressure to have children (Donath et al., 2022). When they unexpectedly become pregnant, they face a pivotal decision that weighs their personal and moral attitudes about abortion against the prospect of parenthood and potential regret. These two groups provide insight into how personal attitudes toward abortion influence reproductive autonomy.

In this article, we explore how abortion stigma and the taboo surrounding regret maintain traditional ideals of motherhood in a country known for its high levels of gender equality and progressive abortion laws. We examine the socio-political narratives surrounding motherhood and their effect on undermining reproductive self-determination through the negative portrayals of individuals who have abortions. Furthermore, building on Kimport and McLemore (2022), we argue that gender equality and reproductive justice are undermined when abortion is constructed as a decision that requires justification.

Pronatalism, Abortion Legislation, Anti-Abortion Discourse, and Reproductive Autonomy

At its core, pronatalist discourse assumes that women inherently aspire to childbirth and motherhood. Scholars like Rich (1986) and O´Reilly (2022) describe pronatalism and motherhood as institutions shaped by patriarchal discourses, which presume that all women will ultimately embrace the role of a mother. Similarly, Bajaj and Stade (2023) argue that pronatalism encompasses various patriarchal pressures—cultural, familial, religious, economic, and political that undermine reproductive autonomy. These pressures, in turn, weaken the argument for reproductive choice and women's rights, maintaining control over women's bodies and lives. Regardless of cultural, social, and political contexts, anti-abortion laws and discourses that prohibit, restrict, or infringe on reproductive rights are inherently pronatalist.

In 2019 the Icelandic parliament debated abortion rights to enhance reproductive autonomy. Previous laws from the 1970 s imposed strict conditions, allowing abortion only on social and medical grounds and requiring the consent of both a social and medical professional (Sigvaldason & Ómarsdóttir, 2022). The proposed legislative framework sought to permit terminations on request until 22 weeks, igniting a divisive debate, despite overwhelming public support for the bill (Brynjólfsson, 2019; Sigvaldason & Ómarsdóttir, 2022). The reformed policy meant individuals need only consult with their medical practitioner about the procedure, including in exceptional cases, and not with social services. The law states that abortions are only allowed after 22 weeks if the pregnant women's life is in danger or if the foetus cannot survive until birth. If the foetus cannot survive the full-term pregnancy, two medical doctors are required to confirm the foetus cannot survive (Abortion Law, 2019). Many who supported the Bill wanted to remove all restrictions. Opposition within parliament predominantly came from conservative members, who questioned the morality of those who seek abortions. Although the legislation aimed to normalize abortion, the debate reflected an effort to maintain traditional power structures and gender norms, further promoting abortion stigma (Millar, 2020; Sigvaldason & Órmasdóttir, 2022).

Globally, anti-abortion discourse has gained momentum, evident in the rescindment of abortion laws in countries such as the United States and Poland. Szczepańska et al. (2022) argue that conservative legislation in Poland promotes male dominance and enforces hierarchical structures, negatively impacting women's reproductive rights. In the United States, many conservative states have enacted legislation that outright bans abortion, while others mirror Poland's restrictions, allowing abortions only for specific or traumatic reasons (e.g., birth defects, risks to a woman's health, or cases of rape) (Osbourne et al., 2022). Public support for abortion often hinges on the perceived legitimacy of the reasons for termination; support is generally stronger for traumatic cases than for elective abortions based on personal, economic, or marital considerations. The study by Osbourne et al. (2022) on abortion attitudes in New Zealand and the United States reveals that significantly more individuals support traumatic abortions compared to elective ones.

While acknowledging that since the passing of the legislation in 2019 access to abortion in Iceland has been normalized through law and in social and medical domains, it continues to be one of the most divisive socio-political issues globally (Osbourne et al., 2022). Polarising socio-political narratives act as powerful barriers, restricting open discussions about abortion, reproductive rights, and bodily autonomy (Hoggart, 2017; Purcell et al., 2020). Myths surrounding abortion often dominate these narratives, perpetuating stereotypes about those who seek abortions, and attributing unfounded physical and mental health consequences to the procedure, which further stigmatizes abortion (Pierson & Bloomer, 2018).

As Pacilli et al. (2024) highlight, the moralization surrounding acceptable and unacceptable abortions forces women to justify their decisions, effectively "subjecting them to a state of self-silencing" (p. 9). From this perspective, our research aims to contribute to the existing literature by exploring the decision-making processes of individuals contemplating reproductive choices and examining the role anti-abortion discourse plays in undermining reproductive self-determination in a country with liberal abortion laws.

Regret About Having an Abortion, Not Having Children, and Motherhood

The myths surrounding regret over the decision not to have children have been debunked as baseless (Greasly, 2012). Historically, these myths have been fuelled by restricted access to legal abortion and patriarchal norms that tie femininity intrinsically to childbirth and motherhood. Although traditional narratives often portray women without children as unfulfilled (Peterson & Engwall, 2013), there is growing support for the childfree-by-choice movement and reproductive rights. Factors such as climate change and population growth are increasingly influencing the capacity for many to have children in safe environments. As the main tenets of reproductive justice align with women's actual desires to remain childfree or have fewer children, social attitudes that assume abortions will be regretted are potentially restrictive toward reproductive autonomy (Adair et al., 2024; Magennis, 2024; Nandy, 2019).

Greasly (2012) notes that literature and societal discourse report on abortion regret more frequently than regret over motherhood. This disproportionate focus on abortion regret provides moral ammunition for anti-abortion advocates (Greasly, 2012). The negative framing of abortion as a sorrowful, and guilt-laden act (Hadley, 1997; Steinberg, 2020) sets the stage for the regret discourse to take root. Indeed, Kimport and McLemore (2022) relate that the social circumstances in which the abortion takes place may contribute to post abortion emotions rather than the abortion itself. However, a study by Steinberg (2020) finds that 99% of individuals who have an abortion experience no regret five years after the procedure. According to Baird and Millar (2019), the scarcity of positive abortion narratives hampers its normalization and undermines reproductive decision-making.

Orna Donath's (2017) work on regretting motherhood effectively highlights how womanhood is normatively tied to motherhood. Donath references Meyers's (2001) criticism of motherhood as the "colonization of our imagination" (p. 9), a prescribed destiny that stifles alternative possibilities and traps women in passive decision-making and conventional life scripts (Donath, 2017). From this perspective, regretting motherhood is seen as abnormal and unmentionable, for fear of not meeting traditional ideals of womanhood and intense expectation of "good mothers" (O'Reilly, 2022) and fulfilled women.

Morality and Stigma Attached to Abortion

When personal reproductive decision-making is juxtaposed with moral ideals and traditional images of women as nurturing and self-sacrificing, exercising autonomy becomes increasingly complex (Hoggart, 2019). Although Iceland's legal framework for abortion rights aims to promote equality and support reproductive self-determination, opponents to the legislation often invoke traditional ideals of motherhood and question personal morality (Sigvaldason & Ómarsdóttir, 2022), which can undermine the reproductive decision-making process (Moreno et al., 2020).

During the parliamentary debate in Iceland regarding the legalizing of abortion up to 22 weeks, the leader of the People's Party harshly criticized women who sought abortions, making emotionally charged remarks such as, "we all know where babies come from" and "women should be more responsible" (Alþingi, 2018). This type of shaming reinforces the perception of women as irresponsible for becoming pregnant. Wielding political power and rhetoric to judge women in this manner silences alternative discussions, fostering a culture of secrecy in place of autonomy (Baird & Millar, 2019; Cockrill & Nack, 2013; Pierson & Bloomer, 2018).

Negative attitudes toward abortion serve to devalue women, portraying those who undergo the procedure as inferior and failures. Such attitudes frame women's sexuality primarily in terms of procreation, motherhood, and nurturing (Kumar et al., 2009). Cockrill and Nack (2013) outline three distinct types of abortion stigma: internalized, felt, and enacted. Internalized stigma reflects negative stereotypes that label women who have abortions as promiscuous and irresponsible. Felt stigma manifests as a lack of support and judgment from others, further silencing women who fear negative evaluations. Cockrill and

Nack (2013) describe enacted stigma as "moral surveillance" (p. 981), where individuals in dominant roles (such as medical practitioners) negatively assess those seeking abortions.

Millar (2017) argues that over-emphasizing abortion stigma reinforces negative experiences related to abortion. Moreover, Millar attests to the powerful cultural politics of abortion, where even in cases where women are free to choose their pregnancy outcomes, normative restrictions frame abortion as distressful and something that should be avoided: "The awfulisation of abortion and abortion stigma present motherhood as the only unproblematic outcome of pregnancy…" (p. 16). Similarly, Tyler and Slater (2018) explore the origins and purpose of stigma, emphasizing its role as a form of socio-political power that perpetuates inequality. In our current study, we conceptualize abortion stigma as a political and cultural economy used to uphold traditional ideals of femininity and motherhood, ultimately impinging on other life choices.

We assert that the socio-political construction of abortion stigma hinders progress in gender equality and reproductive autonomy in Iceland. Despite the county's high level of gender equality and liberal legal framework supporting reproductive self-determination, other discursive mechanisms are at play. Kimport and McLemore (2022) query those who make third party determinations about the legitimacy of abortions, such as anti-abortion advocates, politicians, and others unrelated to the pregnant person, noting that they lack the expertise to decide. From this perspective, we align abortion stigma, discourses of abortion regret, and questions of morality with pronatalism because it reinforces powerful social influences that uphold expectations of femininity and women as mothers that undermine reproductive autonomy (Bajaj & Stade, 2023).

Method

Participants

The data for analysis in this study derives from 35 in-depth interviews undertaken in 2020 and 2021. Thirty-two participants are residents of Iceland, and three live abroad. Participants were recruited from two distinct groups: those who have decided not to have children and those who have children and regret motherhood. The participants choosing to remain childfree range from 20 to 52 years of age. Four of the participants identify as lesbian, bisexual, non-binary/trans, and trans male, the remaining 15 participants identify as ciswomen. In the same group, five have diverse cultural and ethnic backgrounds and two have disabilities. Most of the participants in this group would be considered middle-class and live in the capital, Reykjavik. Nine are in relationships, and almost all have a bachelor's degree or are in the throes of completion.

Participants in the group who regret motherhood are all Icelandic with one exception who is of foreign origin. Their ages range from 22 to 75 years, and all identify as cis, heterosexual women. Each participant in this group has at least one child and a few have had three children. Three have stepchildren and two have given a child for adoption. Nine participants live in the capital, three reside abroad, and four live in regional areas. Participants with a foreign background are underrepresented in this group. The precarious situation of foreigners in Iceland might be the main deterrent, where the risk of being recognized caused them to feel too vulnerable to speak about regretting motherhood. Moreover, they may fear discrimination from Icelanders and peers from their communities (Johnson, 2019). Two participants were unemployed at the time of the interviews, one was retired, five were single, and 11 were in a relationship. Most participants are from middle-class backgrounds and have bachelor's and master's degrees.

The results of the current study focus on the experiences of nine of the 35 participants: four who are childfree by choice and five who regret motherhood. Although abortion was mentioned to some degree by all 35 participants, these nine cases were chosen as they typify the themes identified in the dataset.

Recruitment

The participants were recruited through Þjóðaspegill, a conference at the University of Iceland in late 2019, through interviews with the researchers that aired on two national radio stations, Rás 1 and Bylgjan, following the conference, and an online newspaper article. We sought to recruit participants from two groups – those who had decided to remain childfree, and those who have children and regret motherhood. To take part in the study, participants needed to be over 18 years and fulfil one of two criteria: they had decided to remain childfree or had had children and regretted their choice.

Participants in the group who had chosen to remain childfree were forthcoming with their participation and contacted the first author following the conference and circulation of the article. Snowball sampling was employed to recruit participants in the group who regretted motherhood. Although a few participants made contact following the conference and article, they were very few. As admitting to regretting motherhood is a sensitive issue, the risk of being exposed in a small society like Iceland can leave

Table 1 Participants' Characteristics

Pseudonym	Age	Childfree/Regret	No. of Children	Relationship Status	Identity	Education	Social Status
Amanda	30	Regret	2	Married	Cis Hetro	School Leaving	Stay-at -Home Mother
Diane	38	Regret	2	Married	Cis Hetro	Degree	Employed
Katherine	50	Regret	2	Married	Cis Hetro	Degree	Employed
Bettina	35	Childfree	0	Single	Cis Hetro	Degree	Employed
Sylvia	45	Regret	1 Biological/2 Step	In a Relationship	Cis Hetro	Degree	Part-Time Employed
Kelly	48	Regret	2	Single	Cis Hetro	Degree	Employed
Serena	32	Childfree	0	Single	Cis Hetro	Degree	Part-Time Employed
Tanya	58	Regret	3	Single	Cis Hetro	Degree	Employed
Hanna	42	Childfree	0	Single	Cis Hetro	Degree	Employed

women in a vulnerable position. Recruiting participants in this group was therefore reliant on word of mouth and references from others (Creswell & Poth, 2018). Two scheduled interviews from the group of participants who regret motherhood were cancelled before the meeting because they felt uncertain about offering their participation and therefore withdrew.

When the participants were informed about the purpose of the study, they gave their verbal consent in the knowledge that they were free to withdraw their contribution, in part or in full, at any stage if they desired. The Data Protective Authority for scientific study in Iceland does not require a license if the participants' identities are concealed with pseudonyms and the study does not relate case histories or biomedical information (Act on Data Protection & Processing of Personal Data, 2018). We sought permission for this study from the University of Iceland Science Ethics Committee who found the research is compliant with the University of Iceland's scientific regulations.

The nine participants represented in this study, in the order they are presented in the results, are all cis gender women aged 30–58 years who have chosen to remain childfree or regret motherhood (see Table 1).

Data Collection

The interviews took place in private spaces, either in a closed office space, at the participant's residence or a place of their choosing. The names and identities of the participants in this study are concealed with pseudonyms. A semi-structured interview guide directed the course of the interviews, which lasted one to one and a half hours. Both groups of participants responded to questions about their relationship status, gender identity, upbringing, and family background. We also posed questions about their reproductive attitudes, and the attitudes of their partners, families, and friends when and if they disclose their reproductive choices to remain childfree or if revealing they regret motherhood. Questions about birthing and post-partum experiences were posed to those who have children, and all participants, regardless of their gender identity, were asked about their attitudes toward abortion, whether they had an abortion, and whether they would do so if they unexpectedly became pregnant. The current study resulted from the participants' responses to questions around abortion and how that might play into reproductive decisions.

Researcher Positionality and Reflexivity

The first author is a PhD student whose research focuses on the choice to remain childfree and regret in motherhood. The second author is a specialist in abortion scholarship. The third author designed the initial research due to the declining birth rates in Iceland, and to examine the increasing discussion of the childfree choice and regretting motherhood in Iceland, after becoming familiar with Orna Donath's (2017) study, *Regretting Motherhood*. The current study arose following a short, collaborative conference in 2022 at the University of Iceland reflecting on changes to Icelandic, Irish and Canadian abortion laws, which was attended by all three authors. Following the conference, the first author realised the pivotal role abortion plays in the choice to remain childfree and regret surrounding motherhood choices.

Collectively, we are cisgender, white, middle-class women who are mothers and grandmothers. Our understanding of the findings is influenced by our perspectives as gender scholars and theoretical expertise. Our theoretical framework posits that motherhood is not an inherent trait for all women. Rather, it is a socially constructed response shaped by interactions with others and sociopolitical norms, not a defining aspect of female identity (West & Zimmerman, 1987). Moreover, the first author is a person of foreign origin living in Iceland and despite having lived in the

country for a substantial part of their adult life, operates from a diverse social outlook.

Data Trustworthiness

To establish trustworthiness, Lincoln and Guber (1985) offer four evaluative criteria: credibility, transferability, dependability and confirmability. Although engagement with the participants was limited to one-on-one interviews, over the period of a year the first author was able to build rapport with the participants and become familiar with their lived experiences. The participants were representative of the population where people from various cultural backgrounds, gender identity, and geographical locations participated in the research. Their perspectives enabled a broad understanding of difference, but it also meant preconceptions be kept in check. Although the interviews were recorded, a personal journal was maintained to record information unfamiliar to the first author's own personal experiences, which were discussed in meetings with peers and mentors experienced in qualitative research. These discussions enabled open conversations and the opportunity to debrief about potential misinterpretations and explore potential hypotheses from the data (Lincoln & Guber, 1985). Transferability was achieved through accumulating a robust data set with a wide range of information and detailed accounts of experiences from people who identified with complex motherhood experiences. The first author became familiar with the data while transcribing the interviews, which increased knowledge, description, and understanding.

Lincoln and Guber (1985) posit that data be presented for external audit and interpretive dependability. Material from this data have been presented on two occasions to attract peer review and external feedback, including an international conference where the preliminary findings were presented and a seminar among academic colleagues at the faculty of Political Science at the University of Iceland to present an earlier draft of this study. The attendees attending the seminar had the opportunity to read the draft and provide feedback on the findings, one of whom is a leading expert on abortion rhetoric in Iceland. Both seminars yielded valuable feedback, acting also as external audit, as none of the people in attendance were connected to the study (Creswell & Poth, 2018). One of the drawbacks of an external audit lies in allowing for interpretations that are made without the benefit of familiarity with the data (Creswell & Poth, 2018). Despite this, if colleagues questioned aspects of the data analysis, they were considered and reviewed.

For confirmability, a reflexive journal was maintained during the data collection and research process. As the sole conduit for the research, the first author also maintained self-awareness through recording notes after the interviews and to ensure recollection of information, especially relating to her assumptions and biases. As many of the interviews were conducted in Icelandic and transcribed into English by the researcher, the notes helped to clarify linguistic nuances.

Data Analysis

In the first stage, the data were transcribed. The interviews that were conducted in Icelandic were translated into English during the transcription stage and the interviews conducted in English were transcribed verbatim. In the second analytical stage, the data were categorized and coded using ATLAS.ti qualitative research software and applying thematic analysis (Braun & Clarke, 2006) to generate the initial codes and patterns. Several codes relating to social expectations, self-perception, individual regret, justification for choices, taboo surrounding abortion, and decision-making dilemmas were prevalent. In the third analytical stage, themes relating to abortion and attitudes toward having an abortion were mapped from the data to determine the main themes and sub-themes (Creswell & Poth, 2018). The present study's focus on abortion, regret, and social stigma emerged from the commonality of the themes throughout the interviews.

We analyzed the themes using a critical discourse analysis (CDA) approach to uncover elements of discourse, particularly those that relate to dominant ideologies and power dynamics in abortion specifically, and as a social practice (Van Dijk, 2015). Furthermore, the CDA approach acknowledges diversity and differences, aiming to reveal and challenge heteronormative narratives that perpetuate gender norms and conformity (Lazar, 2007) at the cost of social equality.

Results

Three primary themes emerge from our findings: *legitimacy and morality*; *the weight of responsibility*; and *silent self-determination* (see Table 2). When abortion is stigmatised and framed as a decision that requires justification, many women experience conflict about their reproductive choices. Concerns about potential regret and social pressures compel them to seek legitimate reasons for having an abortion, often leading to struggles with autonomy. Unexpected pregnancies increase the sense of responsibility in reproductive decision-making, which can result in feelings of relief when a miscarriage occurs. Additionally, cultural stigma further complicates reproductive choices for those who feel pressured by societal norms surrounding motherhood.

Table 2 Summary of Main Themes and Sub-Themes

Theme	Sub-theme	Sample quote
Legitimacy and morality	*No reason to have an abortion* Normative reproductive values pressure women to provide "legitimate" reasons for having an abortion	I was pregnant. I had just returned from a visit. I had lived in Britain for one year and I went for a visit a year later, and if I had wanted I could have had work there again in the same place I was working at a Bar and I could have and I could have had free accommodation and I was thinking about this quite a bit and then there was an acquaintance of mine was working with interviewing people from the airline for air hostesses and he was going to help me through the interview so I could get through that process and then I was pregnant and I really wanted to have a termination but I was scared. I was scared of what my family would say and also the larger extended family I was quite frightened of
	Women have children Participants struggle with their identities as women in relation to regretting motherhood and abortion	I just decided to myself that I wouldn't again have an abortion if the situation happened again that I would get pregnant…But being home with a baby wasn't something I had envisioned for myself. In reality, it happened straight away. Every day was a repeat of the day before and it just continued and the regret came, so regret, you know, that role, I didn't find myself in it
Weight of responsibility	*Be careful* Unexpected pregnancies bring about a significant burden of responsibility, impacting decision-making	I'm so conscious of all the facts but I don't know. Even though I would have been happy if it had happened earlier, but now I'm at that place if there was an accident then I would not, I would completely…(implies that she would not continue the pregnancy)
	That's a relief Some participants express relief when faced with the end of a pregnancy, highlighting the complexities of choice	I was pregnant at one time, and I have never been as relieved as when I lost it. I don't know if I would have had an abortion, all I can say is I didn't want to have a child
Silent self-determination	*Avoiding stigma* Cultural stigma surrounding abortion influences decision-making	Children are perceived as a blessing here (Iceland). It is widely considered a positive thing to be pregnant regardless of how I feel about it. But it isn't the same as a miscarriage where everyone partakes in shared grief And a person said to me, as a person who desperately wants children and is unable, I take great offence to anyone who has an abortion
	Internalizing stigma Participants feel pressured by societal norms to have children, which complicates their reproductive choices	I wasn't going to have children. I didn't understand the pulling power that little babies have because I was never going to have a child, so when I'd been with this man for 12 years and the pressure was from society and all around that I somehow just relented

Legitimacy and Morality

Normative reproductive values prevent women from making non-traditional reproductive choices. Some participants found they must have legitimate reasons to end a pregnancy. Amanda is a 30-year-old mother of two who regrets becoming a mother. Her first pregnancy ended in a miscarriage, and while the birth of their first child made Amanda and her husband happy, when becoming pregnant with her second child she struggled:

> When I got the news that I was pregnant I was half numb. I wasn't ready. I didn't want to have a termination, but I knew I couldn't do it. I had a bad pregnancy and I was sick the whole time. I vomited all the time and had bad pelvic floor problems. I was in a wheelchair most of the time, and my husband was working irregular hours, so I was alone quite a lot, and my family was away, and I remember sitting on the floor crying and I said to him (my husband), I need to have a termination I can't do this. But I thought I owed it to him (husband) to go through with it. I don't know why, we didn't have a lot of money and I'm a terrible housewife I can't cook and he was doing a lot of that work himself and he was upset when I said it. I thought I was just rubbish not being able to trust myself to carry the child because it's what all women do. I thought it was difficult.

Amanda revealed that her first pregnancy was also physically difficult but she suffered it in silence:

> Because I knew that once I had the child I would always love it and I would never forgive myself because I was in a position where I thought I should be able to accept it into the world, but I think the real reason behind that was because I could not think of myself having a termination.

Deeply instilled beliefs about "what all women do" and having an abortion significantly impacted Amanda's reproductive choice-making. Amanda knew she had no desire to partake in the role of a mother and housewife but was restricted by reproductive traditions:

> It is such a taboo, leaving a bad mark on those who have a termination. I was always meant to be so much stronger than I am… I had all this programming... so I wasn't the type of person who had an abortion.

Amanda reveals that her thoughts about having an abortion and having one herself differ. The social "taboo" surrounding abortion influences her decision-making more than her own physical and psychological ability to deal with the reality of pregnancy and childbirth. Amanda manages to salvage her image as a woman with high moral standing who follows socially ascribed expectations about her gender (Cockrill & Nack, 2013). The "type of person," further echoes her internalized stereotyping of women based on their reproductive choices. As Amanda relates when saying she was "meant to be stronger," which further reveals the internalized "programming" that women who have terminations are weak, or failures (Cockrill & Nack, 2013; Millar, 2020).

Diane, aged 38, married with two children, similarly expresses regret over motherhood. Despite never contemplating the prospect of motherhood, she didn't consider her non-maternal feelings adequate justification for having an abortion.

> My husband and I had been together for quite some time and we started feeling the pressure from society about when we were going to have children, which was unbearable. Still, everyone thought it was very well planned because I became pregnant on our honeymoon, but it wasn't like that at all I just made an error in judgment.

When asked whether the thought of having a termination had crossed her mind at the time:

> I thought that wasn't an option, when it became known I was pregnant I was just, OK, this is the next project and even though this has not been something that we had planned I thought to myself there is nothing that would stop me from having this child. I have a job, I can look after this child we have a house. There's just nothing to say that we shouldn't have this child, so I just did that.

Diane sees herself as the type of person who "should" have children because she has no socially acceptable reason not to. When questioned further, Diane revealed that terminations are acceptable when women have "legitimate" reasons:

> I think that there's always some reason as to why people have a termination, nobody does that for fun or uses it as some kind of birth control. I think that is fully understandable that women think about it if they are not in a position to have a child.

Although Diane has nothing against abortion, she finds it unthinkable to consider it for herself simply because she believes being "in a position to have a child" disqualifies her from having a valid reason for termination.

Katherine, just over 50 years old, also regrets motherhood. She has two children and reveals she could not legitimately end her second pregnancy despite knowing she did not want to have more children. At the time, she was in a relationship and had stopped taking contraception thinking she was too old to fall pregnant. She says she missed the 12-week check-up because she hadn't noticed she was pregnant:

> Yes, then came all these questions, monitors, and vaginal tests that I had heard about and I thought, no! If I'm going to have a child with Down syndrome then I will just deal with it. I'm 38 years old, I would never have a termination because I had stopped taking contraceptives. I had extreme postpartum depression after I had my first child, it overwhelmed me. I had incredible depression through the (second) pregnancy and that was the first time I've ever heard that there was natal depression. I don't understand how I dealt with having that child.

For Katherine, questions of morality impaired her ability to consider her health and well-being. At the time of this pregnancy, abortion laws allowed for terminations up to 16 weeks, and although she was late to realize she was pregnant, there was time to make a decision. However, because she had ceased taking contraception, she felt the intense moral constraint to continue the pregnancy and, even if the termination was based on traumatic grounds, she felt her reason for needing or wanting an abortion was not sufficiently legitimate.

The Weight of Responsibility

Choosing not to have a child embodies a level of reproductive self-determination that can be compromised upon becoming pregnant. Taking care to avoid a pregnancy becomes an act of responsibility, aimed at preventing difficult decisions surrounding whether to become a mother or have a termination. The use of contraceptives is socially and politically normative (Millar, 2020), equating to responsible birth control and behavior. However, unexpected pregnancies present significant challenges, leading to complex decision-making dilemmas. In this regard, several participants revealed relief when they miscarried.

Bettina, aged 35, is childfree by choice with no regrets about her choice. She expresses her feelings when asked if she would consider an abortion were she to become pregnant:

> I suppose so, I mean, I know completely that if I had been pregnant that would have been one of the possibilities…I would think about it, I wouldn't just be I'm going to go and have an abortion, it would depend on the circumstances, it would depend on the father…I wouldn't want to be single with the child so that, God! I don't know, it really would depend on the circumstances.

The "circumstances" matter and are a salient factor when making reproductive choices. Renegotiating her stance on remaining childfree is one of a few "possibilities" (Donath et al., 2022; Hayfield et al., 2019). Not wanting to be a single mother and raise a child on her own are important considerations for Bettina, as is the father's involvement. Bettina has no objection to having a termination but is "careful" not to fall pregnant:

> I have taken the day-after pill a few times, three or four times I recall, but I've never had to have an abortion, I've never been in this situation but, exactly had this panic that I needed to, because of protection, I needed to take the day after pill.

Bettina has not been in a situation where she has viewed motherhood as a possibility. In taking the morning-after pill, Bettina assumes the responsibility of not having to make decisions over terminations, remaining childfree, or becoming a mother under conditions that she might later regret. Evident here is the attention needed 'to be careful' and that the onus of responsibility is experienced only by her and not her partner.

Sylvia, a 45-year-old woman with one child by birth and two step-children, regrets motherhood. She had a termination when her first child was 5 months old and her partner at the time had left her for another woman. When asked if she regretted the decision she replied instantly with: "No! oh my god, not at all." Sylvia mentions the type of reception she received from the clinic at the time:

> I said it was my second child and I didn't tell her (the medical clinician) why because she started by saying that it wasn't very clever (falling pregnant) and it wasn't very good, but I didn't care.

Cockrill and Nack (2013) describe this type of interaction as "enacted stigma" (p. 981) where medical practitioners who play a dominant role project moral surveillance by judging the character of those seeking abortions. In not caring about being judged as not "very clever" or "good," Sylvia was relieved that she didn't have to raise two children as a single mother. Later, however, Sylvia unexpectedly fell pregnant when in a relationship with her second husband and was worried because she said, "It wasn't the plan" to have another child. She explains what occurred:

> I didn't understand, it happened in the shower. I had pain and wanted to go to the shower and then I thought something was happening. The doctor came and he said yes, you are losing the feotus... and I was fuck! That's a relief!

Having regretted motherhood with her first child and being morally judged for making the decision to have an abortion with the second pregnancy, the relief of not having to decide was a godsend for Sylvia. She continues with her story that her husband and the doctor just looked at her, shocked that she was so happy over the miscarriage. She adds: "I mean of course it wasn't fabulous. I

did not want to be pregnant that would have been a complete trauma." Despite loving her husband and children, Sylvia knew she regretted motherhood and did not regret her abortion. Having more children "wasn't the plan" for Sylvia and her husband. In miscarrying, she didn't have to face the dilemma of not knowing whether her husband would change his mind and want to continue with the pregnancy, choose to have another abortion and experience potential stigma, or feel obliged to have another child and experience further regret in motherhood.

Kelly is in her late forties, single, and has never wanted children. She has also never had a termination but has experienced a miscarriage. When she unexpectedly fell pregnant, she didn't feel she could have a termination. She was in upper secondary school when she became pregnant and decided against having a termination:

> I fell pregnant when I was 18 years old. My boyfriend at the time didn't want to become a father, and said he wasn't ready and I was inclined to agree with him. I was waiting to have the pregnancy check-up. At that time you had to have some type of permission to have an abortion, some kind of social reason.

Kelly is referring to the legal framework for abortion provision that existed before the current 2019 law, where a social worker and medical professional had to agree to the termination (Sigvaldason & Ómarsdóttir, 2022). Women were never denied terminations despite the stringent laws, but this environment acted as a level of authority and deterrent for young women who felt conflicted about their situation. In Kelly's case, her boyfriend had decided he wasn't ready to be a father but the onus of responsibility for the abortion lay in Kelly's lap:

> I went through the process and just didn't feel good about it, I didn't feel good about having an abortion, I had some connection to the little thing in there, so my mother was going to help me. But then I woke up one night and I was bleeding, miscarrying I understood from the doctor and needed to go to the hospital. So I have this experience and these feelings and understand what other women are talking about.

Kelly says she has no regrets and looks back on that time with a sense of relief. She relates that although she was a little bit depressed after the miscarriage, she also sees that in hindsight she was finishing school and had other contributing influences that she attributes to her heavy mood following the miscarriage. She relates: "I realised later that I didn't have the means to work through the experience and I wasn't allowed to tell anyone." When asked if someone suggested she remain silent about the miscarriage, Kelly admitted it was her choice to keep it secret but doesn't know why.

While there is a sense of relief in not having to face decisions over whether or not to continue an unexpected pregnancy, the sense of responsibility felt by the participants marks the complexity of making reproductive choices.

Social and Personal Constraints to Reproductive Autonomy

Even though some women exercise their autonomy and feel no regret about their reproductive decisions, they feel unsupported and cautious not to speak openly about their choices when they don't align with normalized discourses (Baird & Millar, 2019). When asked in the interview environment whether they openly spoke about their reproductive choices, nearly all women reported that they didn't feel confident to discuss their choices worrying about outside influences, pushback, and judgment from others. Although self-determination over one's reproductive choice is recognized in Icelandic law, open discussions about reproductive autonomy haven't gained socio-political ground.

Serena is childfree by choice and uncertain what she would do if she were to fall pregnant. She is in her early thirties, single, and says she is careful not to fall pregnant. When asked whether she had a strong stance on terminations:

> No, not at all. I would probably think very carefully whether it would be perhaps an opportunity that I should take, whether I would give the child up for adoption, or whether I would have a termination.

Serena outlines several potential choices that she admits she would give "careful" consideration. It seems that choosing not to have children and become a mother is negotiable if an unexpected pregnancy presents itself. Becoming a mother herself, acting as a surrogate for adoption.

Serena expresses an overt degree of self-determination, where she would make choices depending on the circumstances. However, in a similar vein to those who don't speak openly about their abortions to avoid public scrutiny, pondering one's choices when discussing future potential decisions about whether or not to have an abortion could be likened to the same management strategy those who have had an abortion employ to deflect abortion stigma (Peterson & Engwall, 2013). In this regard, keeping all options open to avoid uncomfortable conversations over reproductive choice-making is equally seen as a strategy to maintain a "good reputation" (Cockrill & Nack, 2013, p. 983) in an environment where choosing to remain childfree is also stigmatized (Donath et al., 2022).

Tanya regrets becoming a mother. She is in her late fifties at the time of the interview but had her first child at age 20, her second child at 26 and her third at 42. She has had two abortions, one before her first child when she was 19, and the

second after her second child. When asked if she regretted either of the abortions Tanya replies:

> No, none what so ever, none what so ever, I didn't go through any grief or any feeling of loss it was a deliberate decision and one that I made for my welfare and the welfare of the potential child…no regrets whatsoever.

In making a "deliberate decision" to benefit the "welfare of the potential child," Tanya exercises self-determination without remorse. By her admission, Tanya explains the decision to abort the first pregnancy was taken in agreement with her parents who supported her throughout the process. She regretted motherhood and the decision to abort the second pregnancy was taken in the knowledge that she regretted motherhood. She became aware of the third pregnancy late-term and gave the child up for adoption. Today, access to legal abortion allows her the freedom to exercise her choices freely, however, she doesn't speak openly about her reproductive choice-making even though she advocates for reproductive autonomy.

Hanna is 42, childfree by choice and single. In the extract that follows she emphasises the "expectation" to have children and the complexity of anticipating potential regret for not being able to have a termination:

> Many women have had this happen and you know been completely upset, I know one of my girlfriends was in a situation, she loves the child and all of that, that is not the problem, but she was completely beside herself and absolutely changed all of her plans. For some reason, she just wasn't able to have an abortion and she lost herself. She was so desperately upset that this could happen and her life took a completely different direction… and people who judge women for doing that (having an abortion)… it is over-the-top interference.

Hanna is describing her girlfriend who was unable to have an abortion and consequently experiences regret in motherhood. The "over-the-top interference" represents the social power abortion stigma exercises over reproductive autonomy. Equally, the comment "for some reason she just wasn't able to have an abortion" underscores the complexity of reproductive decision-making and the weight those decisions carry.

Hanna has ended two pregnancies saying that they were both accidents and she had no regrets about her decision.

> I have seldom been as relieved as I was after that was done with. I've always been quite grateful that I've had a situation where I could respond as I wanted to.

Referring to the legal environment in Iceland where women are legally afforded self-determination, Hanna offers gratitude for a system that protects her human right to be self-determined in her life choices. However, she is harsh in her judgment of herself when she relates:

> You know I have thought about how horrible it would have been and how much it would have changed my life if I had you know, because of a momentary carelessness and stupidity.

With this comment, Hanna echoes the traditional discourse and sentiment towards women who have abortions as "careless" and "irresponsible" with their sexuality. Later in the interview, Hanna elaborates on the "carelessness" and "stupidity" by adding that she felt shameful: "…not shameful to have the termination, shameful to have this happen." becoming pregnant in the first place. As she says: "…you know, to have been so clumsy." She never told anyone about the terminations, a strategy for managing the stigma of having an abortion (Cockrill & Nack, 2013). Moreover, in describing herself as "clumsy," and "shameful," and not speaking about her terminations and exercising autonomy, Hanna partakes in negative stereotypes about women who have abortions and inadvertently internalizes abortion stigma. She sums it up by adding:

> It's quite a privilege especially compared to so many other women, it's a privilege to be able to do this. It's also incredibly interesting this should be something that is absolutely taboo to talk about and women are judged for doing, the expectation that a woman would completely change her life when in this situation.

The consequences of living in a society that has a law that allows the "privilege" of reproductive self-determination on the one hand, yet stigmatizes and judges it on the other, undermines advancement in gender equality by perpetuating the ideal of women as mothers and caretakers who should sacrifice their desires to fulfill traditional expectations.

Discussion

Reproductive autonomy is significantly undermined when normative ideals of women as mothers, and the societal taboo surrounding regretting both abortion and motherhood are linked to questions of legitimacy and morality. The participants in this study express that the decision to end a pregnancy is a complex process heavily influenced by stigmas surrounding abortion (Cockrill & Nack, 2013). Even when legal frameworks support reproductive freedom, they are often insufficient to counteract pronatalist ideologies and the norms of women as mothers and homemakers. The choice to remain childfree and admission of regretting motherhood fundamentally challenge these norms (Donath, 2015; Donath et al., 2022). Exercising reproductive autonomy and admitting to aborting an unwanted pregnancy often necessitate justification. Some participants felt that even valid

justifications, such as health concerns, were insufficient grounds for termination.

Despite Iceland's legal support for reproductive autonomy (Abortion Law, 2019), the moral restrictiveness of abortion discourse remains a global issue. All participants supported the right to abortion but were keenly aware of the stigmas (Cockrill & Nack, 2013), highlighted by their explanations of legitimacy and acceptable abortions. For instance, Amanda and Diane did not see abortion as an option for them despite not wanting children because of the stigma and negative associations with women who have abortions, which eventually led them to regret motherhood and struggle with viewing themselves as the embodiment of conventional mothers.

In some cases, participants found miscarrying a relief from the responsibility of deciding whether to continue an unexpected pregnancy. This sense of relief underscores the perceived burden that unexpected pregnancies place on women who have not planned for children. A few participants indicated various factors influencing their decision to continue pregnancies, among them their domestic situations, partners' desires, the possibility of adoption, or reconsidering their childfree status. Despite their deliberations, as illustrated by Sylvia and Kelly's experiences, medical authorities often wielded significant authority over abortion decisions, passing judgment, and sometimes labeling them as "careless" for becoming pregnant. The authoritative gaze can deter individuals from choosing to have an abortion as they fear their circumstances will be subject to unwarranted scrutiny, rather than recognized as a routine medical procedure.

Participants who had undergone abortions did not express regret for their choice, contradicting the common belief that women will regret not having children later in life (Steinberg, 2020). Despite this, they felt unable to discuss their abortions openly due to stigma. Baird and Millar (2019) cite Australian writer Clementine Ford's advocacy against abortion stigmas and negative discourses that silence women's reproductive autonomy. Ford dismisses the notion that all women who have abortions should agonize over their choice and beg for societal forgiveness (See Baird & Millar, 2019, p. 1117). Hanna's admission of shame for becoming pregnant and seeking an abortion highlights the paradox of being supported by legislation that enables her to exercise reproductive autonomy and end an unexpected pregnancy on the one hand, yet must, as Ford reasons, "grovel for forgiveness" on the other. Both Hanna and Tanya felt no remorse for their abortions but were unable to discuss their autonomy openly for fear of being stigmatized, and placed on the defensive (Pacilli et al., 2024). Their internalized response to the "socio-historical production of stigma" (Millar, 2020, p. 6), renders them unable to challenge the injustice that abortion stigma perpetuates for fear of judgment. This, in turn, reinforces pronatalist discourses and socio-cultural norms linking feminity to motherhood.

Baird and Millar (2020) caution against the over-representation of abortion stigma in research, suggesting it may overshadow other structural inequalities (Kumar, 2018). Our analysis reveals that warnings of regret in reproductive choice align with abortion stigmas and taboos. Many women experience uncertainty in reproductive decision-making, even when not desiring motherhood. These ingrained social stigmas and the myth that abortions will be regretted (Bloomer et al., 2019) overshadow positive abortion narratives (Bloomer et al., 2016; Millar, 2017). Similarly, the inability to openly admit to regretting motherhood hinders more nuanced discussions about reproductive autonomy, slowing progress in gender equality. This issue is crucial not only in countries with high levels of equality, like Iceland, but also in regions where reproductive self-determination is vital for improving quality of life and advancing social justice.

Limitations and Directions for Further Research

Despite increased support for reproductive self-determination, research on the social acceptability of abortion in Iceland is limited. It remains unclear whether abortions for traumatic reasons are more socially acceptable or whether acceptability extends to individual discretion. This study suggests there are limits to such acceptability, especially concerning self-interest. Importantly, reproductive decisions are among the most significant life choices (Moreno et al., 2020), and socio-cultural norms around motherhood (Millar, 2020) and parenthood can undermine reproductive autonomy and progress in gender equality. As Moreno et al. (2020) attest, the highest abortion rates in Europe are among unmarried women. Notably, many of the single women in this study ended unwanted pregnancies, whereas those in relationships continued with their pregnancies and found they regretted motherhood. This might be attributed to the perpetuation of traditional ideals where single mothers suffer socio-economic constraints and social stigmas when raising children, as noted by Silvia when aborting her second pregnancy. However, the focus on abortion stigma in this study might inadvertantly overshadow other structural inequalities that affect reproductive autonomy. Future research should consider other factors influencing reproductive choices, such as socioeconomic status and access to health care.

The lack of "legitimate" reasons to end a pregnancy underscores how socio-historical and socio-political discourses negatively frame abortion and hinder individual reproductive autonomy and justice (Millar, 2020). However, our predominantly white middle-class sample suggests more research is needed to understand abortion stigma, especially along the lines of gender, class, race and ethnicity. A further limitation to this study is the lack of positive abortion narratives. Although some of the participants had no regret after ending a pregnancy, future research could explore positive

abortion experiences to counteract prevailing stigmas and contribute to a more balanced discourse around reproductive choice, autonomy and justice.

Practice Implications

Notably, narratives on choosing to remain childfree and regretting motherhood are a relatively recent social phenomena. Comparitavely, the discourse surrounding abortion has long been frought with negativity governed by public opinion, policy, and the expectation that all pregnancies should end in child birth (Kimport & McLemore, 2022). The need to justify an abortion when not wanting to have a pregnancy end in childbirth, impinges on reproductive decisions that could end in regret, as evidenced by several particiapnts in this study.

With this in mind, fresh approaches for bolstering reproductive decision-making are necessary to educate future generations. This may require a paradigm shift in social attitides and the belief that ending a pregnancy requires justification and is assumed to be something to be anguished over (Millar, 2017). Indeed, not all decisions to end a pregnancy are equal. Many social and structural inequalities may be the foundation for choosing not to continue a pregnancy. From this perspective, educational, legal, medical and welfare sevice professionals can act as supportive resources to accommodate autonomy in the lived experiences of those making reproductive choices.

Despite the progressive laws in Iceland, attitudes towards a woman's right to choose through access to abortion remains somewhat stigmatised. The first author is an educator of young students in gender studies and she recognises the importance of presenting educational material that focuses on the reality of unwanted pregnancies, access to abortion, and the responsibility of parenthood. Introducing and normalising discussions about reproductive autonomy through education could prove beneficial to understanding the diverse experiences that surround reproductive decisions, thus lessening unwarrented stigma. Creating educational programs drawn from a wide range experiences would equally benefit professionals working in the support services.

Conclusion

This study highlights the interplay between socio-political influences, traditional ideals of motherhood, and the potential for regretting motherhood in shaping reproductive autonomy. Despite the legal framework supporting reproductive rights in Iceland, deeply ingrained societal expectations that tie womanhood to motherhood continue to complicate reproductive decision-making processes. The findings underscore the importance of addressing stigma associated with abortion and the need for a more inclusive discussion around reproductive choices. As the study highlights, open discussion and validation of diverse experiences are essential for advancing gender equality and reproductive justice. Future research must continue to explore these themes across varied contexts, ensuring a wider representation of narratives are heard in the discourse surrounding reproductive autonomy.

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Declarations

Ethical Approval Iceland does not require specific permission. However, the research is sent to the academic research ethics committee to which we received the following response.

Conflict of Interest "After examining the application and attached documents, the Ethics Committee on Scientific Research at the University of Iceland does not perceive any conflicts with scientific regulations and therefore finds no reason to deny the research."

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