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SYSTEMATIC REVIEW / SİSTEMATİK DERLEME

Women's Health and Stigmatization: A Systematic Review

Elif BALKAN [1], Nevin HOTUN ŞAHİN [2]

[1] Yalova University, Faculty of Health Sciences, Department of Obstetrics & Gynecology Nursing, Yalova, Türkiye; **ORCID:** 0000-0001-5815-8925
[2] Istanbul University-Cerrahpasa, Florence Nightingale Faculty of Nursing, Department of Women Health and Gynecology Nursing, İstanbul, Türkiye; **ORCID:** 0000-0002-6845-2690

ABSTRACT

Objective: To evaluate the results of studies dealing with the stigmatization experiences of women.

Materials and Method: A literature search was conducted in the databases of Pubmed, Web of Science, Wiley Online Library, ScienceDirect from March 10 to 20, 2022, using the keywords "women and stigma" in the article titles. Out of the 1,160 articles accessed, 839 were excluded based on the initial eligibility criteria. The contents of the remaining 321 articles were examined. From the 55 articles deemed suitable for the subject, those whose full texts were inaccessible or were written in languages other than English or Turkish were excluded. After applying the inclusion criteria, nineteen studies were included in the systematic review.

Results: It was determined that women face due to various issues, including obesity, sexual identity and orientation, infertility, sexually transmitted infections, pregnancy, childbirth and the postpartum period, abortion, and other related challenges. Furthermore, the stigma experienced by women contributes to feelings of hopelessness, depression, deterioration of interpersonal relationships, and increased vulnerability to violence.

Conclusion: It is crucial to enhance societal awareness regarding the prevention of the stigmatization of women by identifying the issues they face. Educating the public about stigmatization and its consequences is essential, as is the development and implementation of strategies to prevent discrimination against women in government policies and health services.

Keywords: Social stigma, women's health services, social discrimination.

Kadın Sağlığı ve Damgalanma: Sistematik Derleme

ÖZET

Amaç: Kadınların damgalanma deneyimlerini ele alan araştırmaların sonuçlarını değerlendirmektir.

Gereç ve Yöntem: Literatür taraması, makale başlığında "kadın ve damgalanma" anahtar kelimelerinin ikisi birden bulunacak şekilde aranarak 10-20 Mart 2022 tarihleri arasında "Pubmed, Web of Science, Wiley Online Library, ScienceDirect" veri tabanlarında gerçekleştirildi. Erişilen 1160 makaleden ilk uygunluk kriterine göre 839 makale dışlandı. Geriye kalan 321 makalenin içerikleri incelendi, konuya uygun olduğu değerlendirilen 55 makaleden tam metnine erişilemeyen ve Türkçe veya İngilizce dillerinden farklı dilde yazılan makaleler dışlandı. Dahil edilme kriterleri dikkate alınarak 19 çalışma incelemeye dahil edildi.

Bulgular: Kadınların obezite, cinsel kimlik/yönelim, infertilite, cinsel yolla bulaşan hastalıklar, gebelik, doğum ve doğum sonrası dönem, abortus ve diğer sorunlar gibi çeşitli sebeplerle damgalanmaya maruz kaldıkları belirlendi. Ayrıca kadınların maruz kaldığı damgalanmanın umutsuzluğa, depresyona, kişilerarası ilişkilerde bozulmaya ve şiddet maruziyetine yol açtığı saptandı.

Sonuç: Kadınların damgalanmayla karşı karşıya kaldığı sorunların tespit edilerek, kadınların damgalanmasının önlenmesi konusunda toplumun farkındalığının arttırılması oldukça önemlidir. Damgalama ve etkileri konusunda toplumun bilgilendirilmesi, devlet politikalarında ve sağlık hizmetlerinde kadına yönelik ayrımcılığın önlenmesine yönelik girişimlerin planlanması ve uygulanması gerekmektedir.

Anahtar Kelimeler: Sosyal damgalanma, kadın sağlığı hizmetleri, sosyal ayrımcılık.

1. Introduction

Stigma is defined as “a disgrace of a person, a disgraceful situation” (1). The people for whom the term stigma is used have a quality that is not accepted in society (2). Stigma can also be characterized as features or disorders that differentiate the individual from normal people and cause them to be described as "unacceptable" (3). Goffman (3,4) defined stigma as "the behavior of valuing the stigmatized individual less, people carrying this label are not perceived as less desirable and almost human", and stigmatization has three types: "hate of the body", "stigmatization of personality traits" and "stigmatization towards a despised group". There are various concepts associated with stigmatization in the literature. The common aspect of these concepts is that the stigma starts with "labeling" and ends with "discrimination and exclusion" (5). Many features such as the society where stigmatization takes place, the characteristics of the person exposed to the stigmatization, and the person's internalization of stigmatization affect the severity of stigmatization and its consequences (6).

Stigmatization is a phenomenon that has been seen since the first periods of history. The marks created by cuts on the bodies of slaves and criminals in ancient Greece were among the first examples of stigmatization (3). In addition, people with diseases such as leprosy, plague, syphilis, tuberculosis, cancer, AIDS,

Corresponding Author: Elif Balkan, Yalova University, Faculty of Health Sciences, Department of Obstetrics & Gynecology Nursing, Yalova, Türkiye
E-mail: elif.balkan@yalova.edu.tr **ORCID:** 0000-0001-5815-8925
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which are among the various diseases seen over the years, were stigmatized by being prejudiced by the society (5). It cannot be said that the stigma is based on a single cause. The culture, traditions, customs, religious beliefs, fears and prejudices of the society are effective in the formation of stigma (7,8).

Stigma can be divided into various types according to the different situations it is associated with (9). In line with the definitions and classifications of stigma in the literature, it is possible to classify stigma under the headings of "primary stigma", "secondary stigma", "structural stigma", "institutional stigma" and "social stigma". In this classification, "internalized stigma" and "felt stigma" can also be included in primary stigma (9).

Stigma generally occurs due to psychogenic, social and technological reasons (9). Emotions are at the forefront in psychogenic stigma. At its core are prejudices and negative beliefs (10). In social stigma, there is discrimination and exclusion of people who are outside the image we create in our imagination, according to the social classes of the society (11). In technologically induced stigmatization, news that can affect large masses in communication channels can be a trigger for stigmatization on people (5).

Stigma causes individuals to be exposed to "marginalization" in society. As a result of this marginalization and discrimination, the stress experienced especially in the case of illness increases and the quality of life is adversely affected. Stigma can cause people to avoid treatment, to be excluded from society, to be alone, and even to suicide. The internalized stigma experienced by the person can also lead to psychological problems and social isolation (3).

In the literature, it was seen that women are more exposed to stigmatization and therefore they isolate their lives by being excluded from society, and they try to cope with stigmatization along with diseases. It is known that women are exposed to stigmatization due to health problems such as; violence (12-15), sexually transmitted diseases (17-22), infertility (23-30), abortion (31-34), urinary incontinence (37,38), and gynecological cancers (39-42). Therefore they try to cope with problems such as violation of their rights, social isolation, exclusion from society and inability to access health care (43).

Stigma appears to significantly impact women's health. Royal College of Obstetricians & Gynaecologists (RCOG) has classified the situations that stigma may cause in women's health as follows:

(i) "Denial of care or unequal care for individuals or groups; for example, young people being denied comprehensive sexual and reproductive health services.

(ii) Labeling or stereotyping of patients or healthcare providers. For example, framing obese people as lazy or low-intelligence.

(iii) Poor mental and physical health, low self-worth, self-esteem, and shame among patients and healthcare providers; For example, people with stress incontinence or other gynecological conditions may become withdrawn or anxious about entering social situations.

(iv) Implementation of policies, guidelines, and care pathways that are inappropriate or overly burdensome for stigmatized groups or conditions; for example, introducing waiting periods or requiring spousal consent for abortion" (44).

Considering the effects of stigma on women's health, it is important to determine the situations in which women are exposed to stigma in order to better understand stigma. Studies in the literature are generally studies that evaluate the stigmatization of women in a certain situation (e.g. obesity stigma, mental health stigma). However, no general study has been found that covers all situations together. Therefore, in this systematic review, it is aimed to access all current studies in which women experience stigmatization and to collect these situations under a single heading, unlike the studies in the literature. In this context, this systematic review, it was aimed to examine the results of studies involving women's stigma experiences.

2. Material and Method

This study is a systematic review to examine women's stigma experiences. For the purpose of the review, the research questions are as follows:

- What are the factors that contribute to the stigmatization of women?

- What experiences does stigma create for women?

2.1. Literature Search

For literature review, the keywords "women and stigma" were searched in the article title between 10-20 March 2022 in the databases of "Pubmed, Web of Science, Wiley Online Library, ScienceDirect". Inclusion criteria in the systematic review were (i) published in the last five years, (ii) the language of the article is English or Turkish, (iii) it is a research article, (iv) the full text of the article can be accessed, and (v) the women's experiences in line with the purpose of the study. The criteria for evaluating a stigma issue were taken into account. A critical appraisal checklist (45) was used to evaluate studies that assessed stigma and met the inclusion criteria. Table 1 presents the results of the quality assessment (Table Appendix 1).

2.2. Data Analysis

A data summary form was developed for analysis, which included author information, the year and location of the study, the type of study, sample characteristics and size, as well as the main findings. PRISMA guidelines were followed (Figure-1).

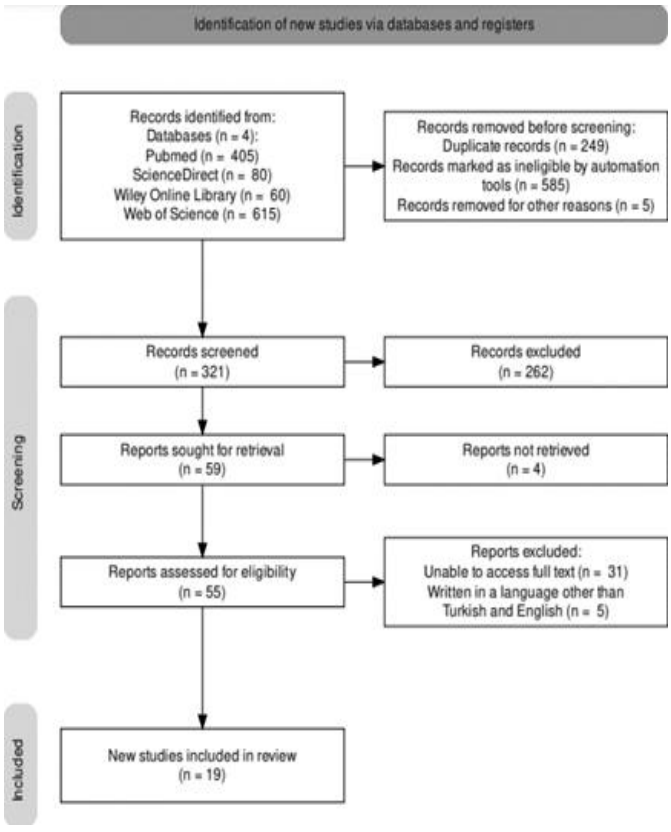

Figure 1. Preferred reporting items for systematic reviews and meta-analyses (PRISMA) flow chart

3. Results

3.1. Characteristics of the Studies

In this systematic review, nineteen articles that were published between 2017 and 2022 and met the inclusion criteria were accessed. Four of the articles were descriptive, four were cross-sectional, nine were qualitative and two were mixed method studies. Six of the studies were conducted in the USA, three in India, two in the Dominican Republic, two in Canada, one in Malaysia, one in Turkey, one in Spain, one in Kenya, one in Ireland and one in India and Kenya. The sample characteristics of the studies revealed that the sample sizes ranged between a minimum of 9 (46) and a maximum of 1422 (47) women. In the qualitative studies, semi-structured interviews, in-depth interviews and focus group interviews were employed. In the quantitative studies, in addition to the forms developed by the researchers, several standardized instruments were utilized, including the "Stigmatizing Situations Inventory", "Ecological Momentary Assessment (EMA) Protocol", "Abuse Assessment Scale", "Perceived Stress Scale", "Stigma of Fertility Problems Scale", "Infertility Stigma Scale", "Beck Hopelessness Scale", " Coping Orientation to Problems Experienced (COPE) Inventory", "Center for Epidemiologic Studies Depression Scale 10 (CES-D 10)", "Human Immmunodeficiency Virus (HIV) Stigma-Short Form", "Everyday Discrimination Scale-Racism", "Everyday Discrimination Scale-Sexism", and "Abbreviated Heightened Vigilance Scale (AHVS)". Table 1 presents the characteristics of the nineteen studies included in the systematic review (Table Appendix 1).

3.2. Challenges That Cause Women to Experience Stigma

3.2.1. Obesity

Three studies have addressed stigmatization associated with overweight and obesity. According to the study of Jimenez-Loaisa et al. (46), overweight women were blamed by other people for their weight and faced discrimination due to their deviation from societal ideals of body image. According to Panza et al. (48), all participating women had experienced stigma due to obesity at least once in their lives, while 24% stated that they experienced stigma following the European Medicines Agency (EMA) protocols. In cases of stigma related to obesity, women stated that the reason for stigmatization was their weight and another minority identities (eg, sexual orientation). Incollingo-Rodriguez et al. (49) reported that one out of every five women experiences obesity stigma within healthcare institutions. During their visits to healthcare facilities, these women felt judged, shamed, and guilty about their weight. Additionally, they expressed discomfort when seeking assistance from healthcare professionals regarding breastfeeding.

3.2.2. Gender Identity/Orientation

Two studies focused on women who were exposed to stigmatization due to their sexual identity and orientation. Budhwani et al. (50) conducted researchwith transgender women and found that about 25% of women were sexually abused, 12.3% were tortured and 20.3% attempted murder. The study revealed that those who experienced psychological abuse were three times more likely to attempt suicide than those who did not. On the other hand, Milner et al. (51) examined transgender women working as sex workers and found that participation in sex work was associated with low social support and quality of life, as well as increased experiences of stigma, discrimination, and abuse. The study indicated that transgender women perceived less social support, experienced conflicts with individuals other than their parents, and lost their friendships.

3.2.3. Infertility

Two studies reviewed focused on infertile women. According to Ozturk et al. (52), who compared stigma, stress levels, and exposure to violence between fertile and infertile women, infertile women experience high levels of stigma and moderate stress. Furthermore, one out of every five infertile women is exposed to emotional or physical violence. Kaya and Oskay (30) assessed the stigma, hopelessness, and coping abilities of infertile women and reported that they had mild stigma and minimal hopelessness. Additionally, these women utilized religious coping more frequently, which is one of the emotion-focused coping strategies.

3.2.4. Sexually Transmitted Diseases

Three of the studies focus on sexually transmitted diseases. According to Brooks et al. (53), "trans woman" identity is associated with HIV stigma. It has been determined that individuals receiving Pre-Exposure Prophylaxis (PrEP) treatment are often perceived as HIV-positive and are thought to engage in high-risk sexual behaviours, which leads to negative labels being assigned to them. According to Mehta et al. (54), 81% of women receiving HIV treatment experienced stigma in their daily lives, while 41% reported facing discrimination. Among these women, 50.3% have been exposed to domestic violence, while the majority of them have experienced physical violence; approximately one-quarterhave experienced sexual violence. Stigma, discrimination, and domestic violence were significantly associated with unsafe sexual practices. Logie et al. (47) found that HIV-related stigma was associated with increased incidence of recent violence, and both stigma and violence were associated with increased levels of depression among women living with HIV in Canada.

3.2.5. Pregnancy, Birth and Postpartum Period

Of the studies reviewed, only one focused on pregnancy while the other concentrated on breastfeeding. A study conducted in Ireland examined the stigma experienced by single mothers. According to this study, although there have been positive social changes at the community level, the pregnancy and motherhood of single women continue to be stigmatized. This stigma adversely affects women in their daily lives (55). Bresnahan et al. (56) found that women who chose not to breastfeed experienced minimal personal and social stigma. However, they stated that mothers who cannot breastfeed experience more internalized stigma and are perceived by others as unsuccessful.

3.2.6. Abortion

Three studies have examined women's experiences with abortion. According to Mohamed et al. (57), perceived stigma is the most important psychosocial barrier that women face when seeking abortion and post-abortion care. As a result of this stigma, women often prioritize their own health needs over the concerns of others, placing themselves in the background. Makleff et al. (35) reported that most women had little prior knowledge of the services available before undergoing an abortion. They feared being judged during their care and were concerned that the services they received might be ineffective or lead to negative health consequences. Women also reported that society's disapproval of abortion, along with factors such as a woman's age or marital status could worsen the judgment faced. The women reported that they preferred not to disclose their abortion experiences to avoid this trial. Negative stories that women had heard, abortion-related secrecy, perceived stigma, social norms, and fear of potential sanctions were identified as contributing factors to women's fears of abortion and low expectations of care.

According to LaRoche et al. (58), factors such as relationship status, the level of support from family and friends, financial status, health status, previous reproductive health, experiences with pregnancy and abortions, and the desire to become a parent influence a woman's decision to terminate a pregnancy. Women have reported experiencing intense feelings of shame related to their decisions to undergo multiple abortions as well as experiencing both internalized and externalized stigma.

3.2.7. Other Problems

In other studies, different problems than those mentioned in the above subheadings were examined. Karupiah et al. (59) evaluated the stigmatization of widowed and remarried women in Malaysia and found that widows experience both social and internalized stigma, leading to their exclusion from certaincultural and religious rituals. It is a fact that when widows engage in flirtation, it undermines their status as that remarriage of women with children is often perceived as a relinquishment of their responsibilities toward their children. Widowed women stated that making the decision to remarry was particularly challenging due to criticism from others and the internalized stigma they faced during this process.

Budhwani et al. (60) examined the stigmatization and depression experienced by Muslim women and found that individual factors, such as education, household income, and exposure to physical abuse and sexual abuse, were associated with depression in these women.

Mukerji and Turan (61) who evaluated the stigmatization experienced by women receiving tuberculosis treatment, found that the stigma associated with tuberculosis primarily affects women through social isolation and avoidance, driven by fears of contagion, gossip, verbal abuse, unmet marriage expectations, and neglect from family members. The consequences of stigma identified by women included non-disclosure, feelings of guilt, and mental health problems, such as suicidal ideation. Positive coping strategies used by these women included positive reframing, praying, talking to other patients, focusing on academic work, and relaxation techniques. Conversely, negative coping mechanisms were identified as self-imposed social isolation, and anger. Frieh's study (62) which involved women treated in psychiatric hospitals, indicated that trauma heightens the significance of stigma and increases the risk of re-traumatization. The study revealed significant differences between the narratives of traumatized and non-traumatized women.

4. Discussion

In In this systematic review, studies examining women's experiences of stigmatization were compiled to address the following questions: "What are the factors that contribute to the stigmatization of women?" and "What experiences does stigma create for women?". Nineteen studies examining women's experiences of stigma were included in the review. The studies examined were qualitative, descriptive, cross-sectional, and mixed-methods design. It was found that the sample sizes in the included studies ranged from a minimum of nine women to a maximum of 1,422 women.

In the studies examined, it was found that women were exposed to stigma due to obesity, sexual identity/orientation, infertility, sexually transmitted diseases, single pregnancies, widowed/remarriage, breastfeeding, abortion/curettage, mental health problems, tuberculosis and religious beliefs. These findings indicated that the problems leading to stigmatization among women were mostly related to women's sexual and reproductive health. This stigmatization can be attributed to culture, beliefs, and societal norms that deem these issues morally inappropriate. Situations such as sexually transmitted diseases, diverse sexual identities and orientations, and sexual intercourse outside of marriage may be perceived negatively by the society, often regarded as "hidden, shameful, or forbidden". The frequent stigmatization and discrimination that women encounter regarding sexual and reproductive health issues also underscore a social structure rooted in the desire to control female sexuality in a way that conforms to acceptable norms by the majority of society. While this social structure seeks to regulate women's sexuality, it causes problems in women's access to sexual and reproductive health services. Fearing that they do not meet societal expectations regarding issues such as sexually transmitted diseases and unintended pregnancies, women often refrain from seeking care at health institutions unless in emergencies. Consequently, they may receive services from unqualified providers in unsafe conditions, potentially leading to serious complications (63). In addition, some laws prohibit or restrict access to health services that women may seek, such as premarital pregnancy care and optional abortion. Considering that these laws are gender-based, it can be argued that they violate human rights provisions aimed at combating gender discrimination, in alignment with evolving human rights principles (64).

Although genetic, socioeconomic, and environmental factors play a role in the development of obesity, society has adopted negative beliefs that portray obese individuals as lazy, irresponsible, and lacking self-discipline (65). These negative attitudes towards obese individuals cause a negative stigma that leads to prejudice and discrimination (66). Health professionals as well as the public may believe that obese women lack self-control when it comes to weight control and physical activity. Such attitudes among healthcare workers may cause a decrease in the respect offered to women seeking health care and may perpetuate anti-fat sentiments (41). In addition, socioculturally mainstream beauty ideals also create discrimination against women regarding body image (67). Especially in Western countries, it is seen that the ideal female body should be "thin", and diet and exercise are encouraged to achieve this body (68). In fact, today the ideal female body has changed from a thin woman to a fit and muscular body ideal (69, 70). Therefore, the idea that the ideal female body in society is thin and fit (71, 72) may cause women to internalize this situation and have a critical attitude towards their own bodies or the bodies of other women (73, 74). Thus, overweight and obese women are likely to be stigmatized by society, considering that they do not fit the "ideal female body". In the studies examined in our systematic review, it was found that obese women faced stigmatization not only from the society but also from healthcare professionals. The stigma imposed by both society and healthcare professionals adversely affects the patient-caregiver relationship, resulting in delayed and unequal access to healthcare services. (75). For this reason, healthcare professionals should adopt an understanding approach to care for obese women, treating them on par with all other individuals. This approach should respect individual preferences, promote cooperation, ensure quality communication with patients, and demonstrate empathy and unconditional respect (76,77).

Individuals whose sexual identity or orientation is different from that of the majority of society are often subject to stigmatization (78,79). Gender identity/orientation stigma can cause mental problems, substance use and stress (80). Verbeek et al. (81) found that transgender women experience higher levels of social stigma and a greater decrease in their social status compared to transgender men, highlighting the importance of social and peer support for women. In their comprehensive review, Hatzenbuehler et al. (82) concluded that stigma causes negative health outcomes within the LGBTQ+ population. They identified factors such as self-stigma, healthcare-related issues, social isolation, financial challenges, family and relationship dynamics as additional influences on this stigma. In a qualitative study evaluating the stigma experienced by LGBT individuals, it is stated that LGBT individuals are frequently subjected to stigmatization and violence, that they are perceived as sick, perverted, and dangerous by the society, and that individuals also stigmatize themselves due to this hostility towards LGBT individuals (83). In our review, it was observed that transgender women were exposed to sexual abuse and torture and attempted suicide. At the same time, it was found that transgender women working as sex workers receive less social support from their environment and face problems in their relationships. As seen in these studies, women are exposed to stigmatization due to their sexual identity and orientation being perceived as different from that of the general population. This situation is caused by

society's tendency to regard sexual identities and orientations other than heterosexuality as "abnormal". Therefore, increasing society's awareness and acceptance of non-heterosexual orientations and identities is crucial in preventing stigma related to sexual orientation.

Infertility can lead to various negative outcomes, such asexclusion, divorce, isolation, and social stigma, which in turn can cause psychological problems (83). Although it affects both sexes, women are often blamed (84). This situation causes infertile women to feel guilty and their self-confidence is threatened (85). According to Taebi et al. (86), infertile women face social and self-stigma that threatens their psychosocial well-being and self-esteem. They use defense mechanisms and social support to mitigate these effects. Xie et al. (87) found that the stigma faced by women with infertility causes significant mental pressure and negatively affects their quality of life by creating a psychological burden. In the studies discussed in this review, stress, exposure to violence, hopelessness, and coping strategies of infertile women were examined, and it was determined that infertile women experience varying levels of stigma, violence, and hopelessness (30,52). The stigma experienced by infertile women can be attributed to their inability to fulfill the societal expectation of "motherhood", which is highly valued. To prevent infertility stigma, healthcare providers should be aware of its negative effects on infertile women, evaluate them as soon as possible to assess the harm caused, and identify viable solutions to minimize the impact (88).

Stigma against sexually transmitted diseases is common in society (89). In the studies discussed in this review, it was found that the identity of transgender women is associated with HIV positivity and that women receiving HIV treatment are exposed to violence, discrimination, depression and stigma (51,53,54). It can be said that society's perspective on sexuality is an important factor in the stigmatization of sexually transmitted infections (STIs).

In the study examining the stigma of single pregnancy, it was found that single mothers were excluded by society (52). Single pregnant women and single mothers are known to face stigma due to government policies, social pressures, religious beliefs, and reproductive health services (90). The results of the study discussed in this review align with the existing literature.

If a mother is unwilling or unable to breastfeed, society may label her as a "bad mother". Since breastfeeding is considered the gold standard in infant nutrition, women who do not breastfeed or cannot breastfeed are often perceived as failing to provide the best for their babies. This situation can lead to self-blame and societal blame (91). Furthermore, mothers who use formula instead of breastfeeding have reported that medical professionals are hesitant to provide them with information on this issue (92, 93). The study examined in this review shows that women who choose not to breastfeed, as well as mothers who cannot breastfeed, experience stigma (56). This finding aligns with existing literature.

It is well-known that abortion causes stigma in women (33). In the studies discussed in this review, it was observed that women experienced abortion stigma and had prejudices toward post-abortion care (32). In addition, it was determined that many factors contribute to abortion stigma. The views and attitudes of healthcare providers, as well as societal attitudes, play a role in this stigma (94). Approximately half of healthcare professionals avoid providing abortion services because they consider abortion to be "not approved by the society" and a "dirty job" (32). On the other hand, 4.3 million sexually active women worldwide have poor/limited access to reproductive health services, and this causes women to experience gender-based violence, unwanted pregnancies, abortions, poor maternal care, and increased mortality and morbidity (95). It can be said that abortion remains largely disapproved of, single women's pregnancies are viewed as unusual, and negative narratives surrounding abortion, coupled with social pressures, contribute to this situation.

In some societies, being widowed is considered more than just a change in marital status. While married women are seen as auspicious and exalted, widowed women may face some social changes and exclusion from social rituals. As a result, widows and remarried women are often subject to various forms of stigma and discrimination (55,96). The study examined in this review found that widows experienced both social and internalized stigma and were excluded from certain cultural and religious rituals. This finding was consistent with the existing literature.

Studies in the literature indicate that the stigma surrounding tuberculosis is often linked to the risk of transmission. In addition, tuberculosis patients are often associated with factors such as HIV, poverty, and low social class. The stigma of tuberculosis affects women, the poor, and less educated communities more severely, leading to health inequalities (97). Although tuberculosis stigma also affects men, women are more vulnerable to TB stigma since they are facing other forms of social disadvantage and oppression, such as living in patriarchal settings (98,99). In the study discussed in this review, it was found that women with tuberculosis were exposed to stigma, which caused social isolation and avoidance. Misinformation and negative attitudes about tuberculosis contribute to this stigma.

Mental illnesses are health problems that are not widely accepted by the public. Society often believes that individuals with mental illnesses, compared to those with physical illnesses, cannot control their conditionsand do not deserve help. In addition, individuals with mental illness may also self-stigmatize (100). The literature suggests that trauma particularly experienced in childhood, increases stigma (101). The study discussed in this review similarly found that the traumas experienced by women in a psychiatric hospital heightened the salience and severity of stigma.

A stigma against immigrants exists globally, often due to perceived threats to economic, cultural, and social security. Similarly, Western societies tend to hold negative views of people with Muslim religious beliefs due to issues such as economic problems, increased crime rates, the influx of refugees, and links to terrorism. The stigma against Islam stems from the belief that this religion is not compatible with gender equality. Especially women's use of headscarves in accordance with their religion makes it easier for them to be stigmatized. It is known that in Western societies, women who wear headscarves do not belong to their society, are considered suspicious and are excluded. Some states even ban the use of headscarves and contribute to the stigmatization of women in society (102). Such negative views can escalate into Islamophobia, resulting in exclusion and stigmatization of Muslims (103,104). Similarly, the study examined in this review found that Muslim women living in the United States experienced both stigma and depression.

4.1. Limitations of the Study

The use of freely accessible databases by researchers has created a limitation in accessing articles that may be included in other databases. Additionally, screening articles published only in English or Turkish is another limitation, as it excludes results published in other languages. Another limitation of the study is the lack of synonyms for the terms "woman" and "stigma" during the systematic scanning process, as well as the absence of an appropriate Medical Subject Headings (MeSH) term that would facilitate a single keyword combination search.

5. Conclusion and Recommendations

As a result, it was determined that women are exposed to stigmatization in various contexts, as discussed in studies

examined within the scope of this systematic review. Stigma can lead to negative outcomes such as hopelessness, depression, relationship deterioration, and exposure to violence for women. Therefore, it is recommended to raise societal awareness about stigma to help prevent the stigmatization experienced by women. In order to prevent stigma, in addition to raising awareness about stigma and its effects, social awareness should also be created in terms of prejudices, gender equality and gender roles, which are the main reasons that cause stigma. Thus, in a social structure based on gender equality and roles, the patriarchal sense of community can decrease, and women can be placed in a stronger position and the stigma they feel can be reduced.

It is important to educate society in terms of stigmatization and its effects, and to plan and implement initiatives to prevent discrimination against women in state policies and health services. In this context, the impact of stigma on women's health should be effectively communicated to the public. Free training sessions and seminars on this issue should be provided, support mechanisms for individuals affected by stigma should be established, and programs should be carried out to enhance empathy and interpersonal care skills among healthcare professionals in order to transform stigmatizing attitudes.

It is recommended that personnel who provide one-to-one services to women, families and children to evaluate stigma, provide care for women experiencing stigma, and provide solutions for the psychosocial problems experienced by women. Also, it is recommended that for the states to pursue policies based on gender equality in a protective and empowering manner for women.

6. Contribution to the Field

This systematic review highlights that women experience stigma in many areas of their lives, particularly in relation to reproductive and sexual health issues. Rather than concentrating on a single problem, this review reveals the variety of issues to which women are subjected to stigma. Our study differs from those focusing on a single problem by examining multiple situations in which women experience stigmatization. This approach sheds light on the numerous situations in which women face stigma. It was observed that restrictive and prohibitive policies related to women's health contribute to this stigma. Therefore, it can be suggested that state policies and laws should be reformed to ensure that women do not face discrimination based on gender. Healthcare professionals should assess the stigma they may inadvertently create, implement necessary initiatives, and adopt a stance that advocates for women's rights in legal changes related to women's health. To eliminate stigma in healthcare settings, healthcare professionals must first recognize the stigma they may perpetuate, whether intentionally or unintentionally, and understand its impact on women's health. Training on this subject can be provided to healthcare professionals to help them reflect on their thoughts and behaviors regarding stigmatization and raise their awareness.

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Conflict of interest

There is no conflict of interest regarding any person and/or institution.

Authorship Contribution

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Table Appendix 1. Characteristics of included studies

	Authors	Year	Title	Place	Type	Sample size	Scales/Questionnaires	Main Findings	Quality Score (0-15)
1	Panza, et al.	2020	Characterizing Lifetime and Daily Experiences of Weight Stigma among Sexual Minority Women with Overweight and Obesity: A Descriptive Study	U.S.A	Descriptive	55 women with BMI > 25	Stigmatizing Situations Inventory Ecological Momentary Assessment (EMA) Protocol	All participants reported at least one lifetime stigma of obesity. During the EMA period, 24% of respondents reported at least one event. In most cases of obesity stigma, women stated that the stigma was due to their weight and another minority identity (eg, sexual orientation).	13
2	Brooks et al.	2019	Experiences of Pre-Exposure Prophylaxis Stigma, Social Support, and Information Dissemination Among Black and Latina Transgender Women Who Are Using Pre-Exposure Prophylaxis	U.S.A	Qualitative	19 black and Latino women	Semi-structured interviews	There is an underlying theme of HIV stigma in identifying participants as trans women. It was determined that PrEP users were perceived to be HIV positive, PrEP users were perceived to engage in high sexual risk behaviors, and negative labels attributed to PrEP users.	11
3	Budhwani et al.	2017	Transgender Women's Experiences with Stigma, Trauma, and Attempted Suicide in the Dominican Republic	Dominican Republic	Descriptive	Transgender 299 women	Questionnaire forms prepared by researchers	It was determined that approximately one fourth of the women were sexually abused, 12.3% were tortured and 20.3% attempted murder. Those who have been exposed to psychological abuse are three times more likely to attempt suicide than those who have not.	4
4	Ozturk et al.	2020	Stress, stigma, violence experiences and social support of US infertile women	U.S.A	Cross-sectional descriptive	786 women using social media/online support group	Abuse Assessment Scale Perceived Stress Scale Stigma of Fertility Problems Scale	It had been determined that infertile women experienced high levels of stigma and moderate stress, and one out of every five infertile women was exposed to emotional or physical violence. Compared with fertile women, infertile women had significantly higher perceived stress levels and were less likely to experience emotional or physical violence.	12
5	Frieh	2019	Stigma, trauma and sexuality: the experiences of women hospitalised with serious mental illness	India	Qualitative	55 women hospitalized in psychiatric hospitals	Semi-structured interviews	It had been stated that trauma increases the salience of stigma and the potential for re-traumatization. It had been determined that there were significant differences between the narratives of traumatized and non-traumatic women.	8
6	Kaya and Oskay	2019	Stigma, hopelessness and coping experiences of Turkish women with infertility	Turkey	Cross-sectional descriptive	278 infertile women	Infertility Stigma Scale Beck Hopelessness Scale COPE Inventory	The ISS score was 47.54 ± 18.60, the BDI score was 3.81±2.87, the COPE problem-focused sub-dimension score was 37.47±8.42, the COPE emotion-focused sub-dimension score was 47.95±6.28, and the COPE non-functional coping sub-dimension score was 37.63±6.18.	14

								It was determined that infertile women experienced mild stigma and minimal hopelessness, and they used religious coping strategy, which is one of the emotion-focused coping methods, more.	
7	Mehta et al.	2019	Stigma, Discrimination, and Domestic Violence Experienced by Women Living with HIV: A Cross-sectional Study from Western India	India	Cross-sectional descriptive	135 women treated for HIV	Validated forms consisting of semi-structured, open-ended questions.	While 81% of women perceived stigma in their daily lives, 41% reported that they were discriminated against. 50.3% of women had experienced domestic violence. While the majority of them experienced physical violence, a quarter of them experienced sexual violence. Stigma, discrimination and domestic violence were significantly associated with unsafe sexual practices.	10
8	Karupiah	2020	Stigma and widow remarriage: experiences of Malaysian Tamil women	Malaysia	Qualitative	13 women who remarried after their husband's death	In-depth interviews	Widows were subjected to social and self-stigmatization and excluded from some cultural and religious rituals. It had been stated that dating widows prevents them from being "good women" and remarriage of women with children means giving up their responsibilities towards their children. The decision to remarry had been very difficult for women as they had been criticized by others and experienced internalized stigma.	8
9	Mohamed et al.	2018	Stigma and agency: exploring young Kenyan women's experiences with abortion stigma and individual agency	Kenya	Qualitative	15 women who experienced abortion	Semi-structured interviews	Perceived stigma is the most important psychosocial obstacle faced by women in seeking abortion and post-abortion care. As a result of the stigma, women prioritized their own health needs over the concerns of others.	9
10	Milner et al.	2019	Sex work, social support, and stigma: Experiences of transgender women in the Dominican Republic	Dominican Republic	Descriptive	291 transgender women	Questionnaire forms prepared by researchers	It had been determined that participation in sex work is associated with low social support and quality of life and increased experiences of stigma, discrimination and abuse. It was determined that these women received less social support, had arguments and problems with people other than their parents, and lost their friendship.	11
11	Incollingo Rodriguez et al.	2020	Pregnant and postpartum women's experiences of weight stigma in healthcare	U.S.A	Mix	501 pregnant or postpartum women	Questionnaire forms prepared by researchers	About 1 in 5 women reported experiencing weight stigma in health institutions. Participants felt judged, embarrassed, and guilty for their weight	9

								during health visits. They also reported that they felt uncomfortable asking a healthcare professional for help with breastfeeding.	
12	Bradley and Millar	2021	Persistent stigma despite social change: experiences of stigma among single women who were pregnant or mothers in the Republic of Ireland 1996–2010	Ireland	Qualitative	12 single women who are pregnant/ mother	In-depth interviews	Despite positive social change, pregnancy and motherhood of single women continue to be stigmatized. This stigma affects women in daily life.	7
13	Budhwani et al.	2017	Muslim Women's Experiences with Stigma, Abuse, and Depression: Results of a Sample Study Conducted in the United States	U.S.A	Descriptive	373 Muslim women	Center for Epidemiologic Studies Depression Scale 10 (CES-D 10) Abbreviated Heightened Vigilance Scale (AHVS)	Among individual factors, education, household income, exposure to physical abuse, and exposure to sexual abuse have been associated with depression.	13
14	Bresnahan et al.	2019	Made to Feel Like Less of a Woman: The Experience of Stigma for Mothers Who Do Not Breastfeed	U.S.A	Mix	250 non-breastfeeding women	Questionnaires prepared by researchers and validated scales	Mothers who chose not to breastfeed reported little personal or social stigma, while mothers who could not breastfeed reported relatively more internalized stigma and other people saw them as failures.	12
15	Jimenez-Loaisa et al.	2019	Healthism and the experiences of social, healthcare and self-stigma of women with higher-weight	Spain	Qualitative	9 women undergoing bariatric surgery	Semi-structured interviews	Obese women were blamed by other people because of their weight, and they experienced discrimination because they were far from ideal body perception.	12
16	Makleff et al.	2019	Exploring stigma and social norms in women's abortion experiences and their expectations of care	India and Kenya	Qualitative	34 women receiving abortion care	Semi-structured interviews and focus group discussions	Most respondents reported that they had little prior knowledge of the service before having an abortion, that they were expected to be judged during care, and that they feared the service would be ineffective or have adverse health consequences. They reported that society did not approve of abortion and that a woman's age or marital status could worsen the judgment.	9
17	Mukerji and Turan	2018	Exploring Manifestations of TB-Related Stigma Experienced by Women in Kolkata, India	India	Qualitative	20 women treated for tuberculosis	In-depth interviews	The stigma of tuberculosis manifests itself mainly through social isolation and avoidance due to fear of contagion, gossip and verbal abuse, unsuccessful marriage prospects, and neglect from the family.	11
18	LaRoche	2018	Exploring Canadian Women's Multiple Abortion Experiences: Implications for Reducing Stigma and Improving Patient-Centered Care	Canada	Qualitative	41 women with abortion experience	In-depth interviews	Women described intense feelings of shame and both internalized and externalized stigma surrounding their decision to have multiple abortions.	12
19	Logie et al	2019	A longitudinal study of associations between HIV-related stigma, recent violence and depression among women living with HIV in a Canadian cohort study	Canada	Cross-sectional population-based study	1422 HIV positive women	CES-D10 HIV Stigma Scale Short Form Everyday Discrimination Scale-Racism Everyday Discrimination Scale-Sexism	It had been found that HIV-related stigma was associated with increased recent experiences of violence, and both stigma and violence were associated with increased depression among women living with HIV in Canada.	12