

Examining Intersections of Structural and Social Stigma in Perinatal Substance Use Service Delivery



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INTRODUCTION

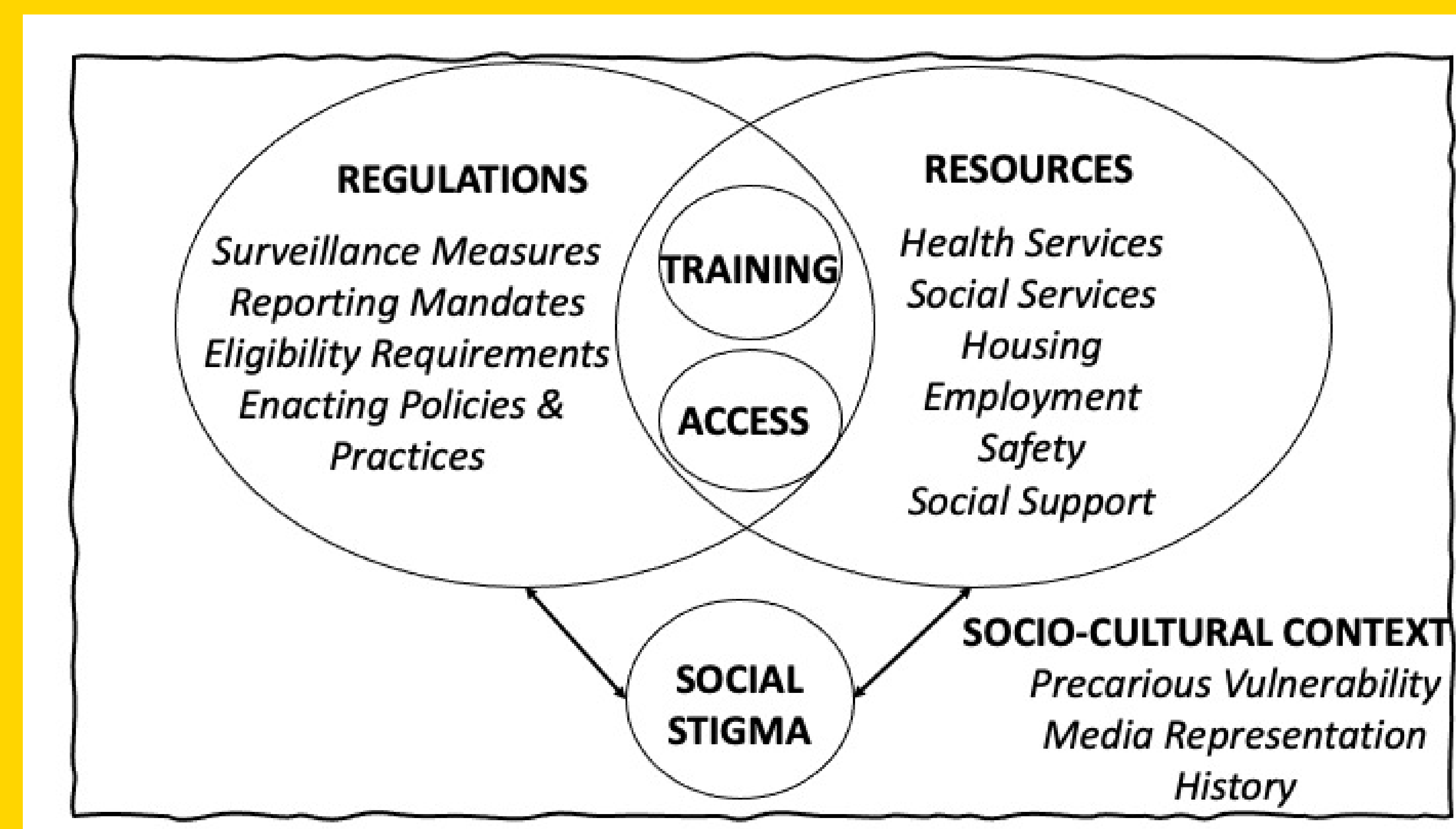
- Stigma is a barrier to critical health & social services
- Stigma occurs at nexus of self, social, & structural stigma
- Structural stigma is difficult to make visible
- Using an intersectional lens, we examined the interplay of social & structural stigma in perinatal substance use service delivery

METHODS

- Constructivist Grounded Theory
- Healthcare & Social Services Professionals in North Carolina
- Nov 2011 – Dec 2018
- Interviews & Focus Groups
- Participant Observations
- Document Review

CONCLUSIONS

- Intense and often contradictory requirements combined with limited resources are embedded in “the system.”
- Interconnected structural issues influence & are influenced by social stigma
- Most common response to stigma focuses on training professionals. In the absence of structural changes, **including funding for additional resources**, this is a form of structural stigma
- Precarious vulnerability exacerbates inequitable care engagement & outcomes



FINDINGS

Services may be fragmented, requiring a woman to negotiate a maze of service agencies to obtain assistance for housing, transportation, childcare, substance abuse treatment, vocational training, education, and medical care. In addition, many agencies have requirements that conflict with each other or endorse repetitive intake processes, including different forms that gather the same information. (NCPOEP Toolkit)

It is just tragic to see that the way that people understand it is...they just look at the person and say ‘well, they’re an addict and they’re just getting pregnant willy nilly’ and all these kinds of things without really understanding what’s really going on. There’s no easy solutions, but we know things that work. But people are not motivated to put money into it and fund it....because, frankly, a lot of people just don’t care... (Service Professional)