

# Uncovering Betrayal and Inequality in Fertility Clinics

Regina Townsend grew up believing she would have children someday.

But when she started fertility treatments at 41, it was already too late. Research shows that Black women begin seeking care in their 40s on average, [PCN 488 Topic 6 Case Study Mindy](#) to white women who typically start earlier. Insurance coverage is a big reason for these differences.

## Social Myths About Abortion Care

Many people fear abortion because they believe it is harmful for the fetus (referred to as “a baby” in this article for simplicity). This myth has no grounding in reality. Safe abortions, both surgical and medication-based, do not increase a woman’s risk of infertility or ectopic pregnancy or cause miscarriages in future pregnancies. Countless people who had abortions go on to have families, when they are ready.

Another myth is that women who [SOCS 185 Culture Essay Week 8 COLLECTIVE BEHAVIOR AND URBAN GROWTH](#) abortions regret their decision for the rest of their lives. Research shows that, in fact, most women do not regret their abortions. One study found that, out of a group of people surveyed five years after an abortion, 97% felt they made the right choice for them at the time.

In addition to being inaccurate, these social myths can create an inhospitable environment for people seeking abortion care. As a result, access to abortion care remains limited for people who need it most. This includes low income communities, racial minorities, and young women, who are disproportionately affected by states’ anti-abortion laws.

The good news is that [BUS 3040 Unit 3 Assignment 1 SAP’s Inclusive Approach to Recruiting](#) myths can be overcome with education and debunking. If more people learn the truth about abortion, we can work together to ensure that all people have access to this important health service. In the meantime, we must continue to support clinics that provide abortion care.

## Social Myths About Clinic Neighborhoods

As scholars have emphasized, social myths are commonplace in health care contexts. They influence people’s expectations for birth and miscarriage, feed ambitions to achieve a so-called perfect pregnancy, and shape beliefs about the efficacy of medicalization (Freidenfelds 2020). These myths can also influence facility considerations. For example, when seeking fertility treatment, some women assume that clinics in more disadvantaged neighborhoods provide less safe and effective care than those in [ENGL 2002 Week 2 The Importance of Effective Professional Writing Skills](#) areas (Miller 2005). Others may believe that STI clinics are shameful spaces that are best avoided.

In our study, the women who sought abortion care drew on similar factors when selecting their facilities for this sensitive and highly restricted care. They considered a clinic’s online reviews, name recognition, previous experiences at particular

facilities, and geographic proximity. Women also assessed the safety of unfamiliar neighborhood sites, with some considering racialized aspects of local communities in their assessments.

As these women navigated these constraints, they also anticipated and tried to mitigate risks associated with abortion care. Among the concerns they articulated were the possibility of judgmental medical staff, fraudulent clinics, and the risk of criminal charges for [BUS 3040 Unit 10 Human Resource Management Final Project Part 1](#) an illegal abortion. They hoped to find proficient doctors and clean facilities and to keep their decisions private. The fact that some of these clinics were located in disadvantaged areas did not deter them, as long as they offered quality and cost efficiency.

## **Social Myths About Clinic Staff**

A Texas couple has filed a lawsuit against a fertility clinic that allegedly used the wrong sperm in an embryo transfer process. Camille and Derrick Bryan claim the clinic hid errors in their DNA test results, leaving them with two children who do not belong to them.

A significant body of medical sociology literature shows that social myths shape care-seeking and clinic selection, influencing people's considerations and choices even in highly constrained health care contexts (Beck 1992; Giddens 1991). These social narratives depict the modern world as defined by risk, making it difficult for would-be patients to anticipate the risks associated with their care, including poor comfort, compromised privacy, or even illegality.

As with other health care settings, people consider a variety of factors when selecting facilities for abortion care, from proximity and convenience to name recognition and online reviews. Often, these considerations reflect people's strategies to mitigate the risks they [mha fpx 5012 assessment 3 financial leadership](#) with the facility and its staff. For example, a woman's previous experiences and her perception of the neighborhood informed her decision to select a clinic that "feels right," despite a longer travel distance. She also weighed whether the clinic's reputation and her previous experiences with staff could help her avoid a scenario where she might experience judgment or unprofessionalism. For her, these concerns trumped geographic proximity.

## **Social Myths About Clinic Procedures**

Social myths play a critical role in influencing care-seeking decisions. They frame how people perceive and evaluate risks associated with specific medical procedures, affecting whether they decide to seek treatment at all (Schoular et al. 2002). Myths about particular clinics are especially powerful in determining care-seeking behavior for health services that are stigmatized. For example, some people avoid seeking STI testing or treatment at facilities that exclusively provide those services because they imagine that STI clinics are "seedy places" for "seedy patients" (Chesney and Smith 1999).

Our interview data show that social myths about abortion clinics and their neighborhoods can influence the choices that would-be patients make regarding where to receive abortion care. Women considered a number of factors in selecting a clinic for their abortion, including previous experiences with the facility, online

reviews, name recognition, and clinic location. Some women also weighed the cost of travel and other factors when making their choice.

Women's assessments of unfamiliar areas were sometimes influenced by racialized social myths about neighborhood safety. For example, Lena described her two-hour trip to a national affiliate as "going into the ghetto," and Michelle described her two-hour journey to an independent clinic as "going out of the way." Such perceptions suggest that ominous perceived risks can shape decisions about where to seek abortion care, even when these fears are unfounded.