



Investigating women's greater support of the Affordable Care Act



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ABSTRACT

Healthcare reform has recently dominated the political agenda. There is a consistent gender gap in healthcare policy preferences, and women are more likely to support the Affordable Care Act than men. This study investigates two explanations for the origins of this gap, which connect to a larger debate in political behavior whether symbolic versus self-interest reasons drive public opinion. The humanitarian hypothesis tests whether gender differences on pro-social values, such as humanitarianism, account for the gender gap in healthcare attitudes. Second, the economic security hypothesis tests whether these gender differences emerge because of women's self-interest due to their higher levels of economic vulnerability. There is support for both hypotheses, and each partially mediates the gap. Together they fully mediate the gender gap.

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1. Introduction

During the 2008 presidential primaries, the 2008 Presidential General Election, and during President Obama's time in office, healthcare reform continues to dominate the political agenda, media coverage, and public opinion polls. Moreover, the issue of healthcare reform is salient and influential on elections, including the 2010 House and Senate elections (Nyhan, McGhee, Sides, Masket, & Greene, 2012). Since its passage, the Affordable Care Act continues to be attended to because of federal court challenges including the Supreme Court upholding its constitutionality in 2012, and the 2012 Presidential election. The Clinton Administration, through the work of Hillary Clinton as head of the task force, also spent significant political capital in a failed attempt at reform, and Hillary Clinton continued her efforts making healthcare reform a focal point of her 2008 presidential bid. Healthcare, however, has been an

important issue in politics since the Truman Administration with the government becoming increasingly involved with regulating the healthcare and health insurance industries as well as providing for these services to certain segments of the population, particularly the poor and elderly.

Given the public policy focus and debate of recent years, the public's opinion toward the recent Affordable Care Act deserves further attention. Past research indicates that an important determinant of public support for healthcare legislation is gender, and women are more likely than men to support government involvement in and provision of healthcare. Because of the gender gap in voting and with healthcare being a significant issue in recent years, a gender gap in attitudes toward healthcare reform is worthy of investigation. Furthermore, prior work fails to provide an explanation for why this gap materializes.

Gender gaps in attitudes as well as public opinion more broadly have important political consequences. Prior research extensively studies gender differences in voting, partisanship, and issue preferences. In theory, these three gender gaps are connected in that gender gaps on issues contribute to gender differences in partisanship and voting

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(Conover, 1988). Because the gender gap in party identification does not completely account for the gender gap in vote choice (Kaufmann & Petrocik, 1999), it is likely that a gender gap on a single issue, in particular a salient issue attended to by voters, could have political repercussions for voting. For example, existing work indicates that women's reliance on social welfare attitudes is predictive of support for Democratic candidates for President (Clark & Clark, 2008). A number of researchers demonstrate that shifting public opinion influences the decisions of policy makers on various policy issues (Page & Shapiro, 1983; Stimson, MacKuen, & Erikson, 1995; Zaller, 1992). Given the media attention and drawn out debate about healthcare reform during President Obama's time in office, it is likely that this issue is on the mind of voters and influential on their political decision-making.

Therefore, this study examines the origins of a gender gap in attitudes toward the Affordable Care Act using a 2010 online survey of Alabama residents. The analysis finds women are more likely than men to positively evaluate the ACA. Mediation analyses test two competing explanations for these gender differences. These two competing explanations connect to a larger debate in the political behavior literature as to whether symbolic versus self-interest reasons drive public opinion. The Humanitarian Hypothesis tests whether it is gender differences on pro-social values, such as humanitarianism, that accounts for the gender gap in healthcare attitudes. Second, the Economic Security Hypothesis tests whether these gender differences emerge because of women's self-interest due to their higher levels of economic vulnerability. There is support for both hypotheses; separately each partially mediates the gap and together they fully mediate the gender gap. This finding provides reason to reevaluate the debate in the political behavior literature between symbolic and self-interest causes of public opinion. Perhaps, instead of thinking of these as competing explanations, it is time to re-conceptualize them both as explanations of people's attitudes and why gender gaps materialize.

This study of political behavior is important because it identifies women as an important voting bloc. Studies of the gender gap are significant in American politics, not only to political parties and politicians, but also for a clearer understanding of the complexities of voting behavior and public opinion studies as a whole. Given the recent attention to and the much-debated nature of healthcare and the Affordable Care Act, a study of recent attitudes contributes to an understanding of public support more broadly on this issue. Focusing on the gender gap in support of healthcare at this time is of particular importance with respect to how gender has shaped public opinion, which in turn also influences the policy and electoral processes in recent years.

2. Gender gap on role of government and social welfare issues

Attitudes toward government involvement in healthcare likely relate to attitudes toward the welfare state. Presumably, support for a sizeable welfare state as well

as support for government spending on and/or reform of healthcare similarly involve beliefs about big versus small government and aid to the economically disadvantaged. In fact, studies on social welfare policies include attitudes toward healthcare spending and government provided health insurance for the poor as indicators of social welfare attitudes. The Affordable Care Act has the potential to aid the economically disadvantaged through increasing equitable access to health insurance (Kunz & Atsas, 2013). It is reasonable to suspect that if a gender gap exists on other social welfare policies, one should expect to find a similarly sized gap on healthcare policies. Therefore, extant findings on the gender gap on social welfare attitudes are of particular importance with respect to establishing and explaining the origins of a gender gap on healthcare attitudes.

There are reliable differences between men and women on attitudes toward size of government and general government involvement. Specifically, several researchers find that women are more likely than men to support a powerful, activist government (Clark & Clark, 1996; Howell & Day, 2000). Therefore, women's greater support for an activist government might extend to attitudes toward government involvement in healthcare producing a gender gap in this issue area.

Past research finds significant gender differences on attitudes toward the welfare state. Women are more supportive of social welfare policies to help economically vulnerable individuals (Shapiro & Mahajan, 1986). Research finds that women are more likely than men to support government spending on Social Security, the homeless, welfare, food stamps, child care, schools, government-provided health insurance, government guaranteed jobs, support for expanded government services, and government spending on the poor (Clark & Clark, 1996; Howell & Day, 2000; Hutchings, Valentino, Philpot, & White, 2004; Kaufmann & Petrocik, 1999; Schlesinger & Heldman, 2001). These gender differences vary in size and consistency across policy areas from a modest 3 to 4 percentage points to ones as large as 10–15 percentage points (Clark & Clark, 1996). Finally, these gender differences remain when controlling for partisanship and demographic factors (Cook & Wilcox, 1995; Eagly, Diekmann, Johannesen-Schmidt, & Koenig, 2004; Howell & Day, 2000).

It may seem as if it is already established that there is a gender gap on healthcare related opinions. However, much of the research to date combines healthcare with other indicators of social welfare attitudes. Therefore, it is difficult to know whether a consistent and sizeable gap on healthcare exists. Most of this research only reports gender differences on social welfare attitudes and not toward healthcare specifically. Moreover, much of the work that includes healthcare attitudes as part of social welfare attitudes uses questions from 40-plus year old polls. For example, Shapiro and Mahajan (1986) use data from Gallup polls conducted in 1969 and 1976. The most recent look is Norrander (2008), who includes government spending on healthcare along with several other measures of support for government services, and this piece does not investigate why a gender gap on healthcare emerges. Unlike prior work that fails to isolate it or explain its emergence, the present

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