



Abortion attitudes in context: A multidimensional vignette approach



Jason D. Hans^{a,*}, Claire Kimberly^b

^a Department of Family Sciences, University of Kentucky, United States

^b Department of Child and Family Studies, University of Southern Mississippi, United States

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ABSTRACT

The effects of relationship status, rationale for considering abortion (life circumstance versus health issue), and the male partner's wishes on abortion attitudes were examined using a multiple-segment factorial vignette with a probability sample of 532 Kentucky households. Respondents expressed strong opinions in the absence of contextual details, yet many shifted the direction of their strongly-held positions once contextual information was revealed that challenged their initial assumptions. Results confirm and extend prior research by indicating that attitudes are strongly held but are simultaneously highly responsive to context. The validity of surveys and polls that attempt to measure global attitudes toward abortion, such as pro-choice versus pro-life, in the absence of contextual details is therefore questioned. The full context of one's life and situation is weighed in the abortion decision-making process, and our findings indicate that attitudes toward abortion are largely responsive and reflective of that context as well.

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1. Introduction

Although often characterized as a polarized debate between those who support access to abortion services (labeled *pro-choice*) and those who do not (labeled *pro-life*), the majority of Americans are not entrenched at either of these extremes (DiMaggio et al., 1996; Evans, 2003). For example, national polling data typically indicate that 70–90% of Americans support abortion when the impetus for seeking an abortion is based on health-related circumstances, whereas just over one-third to one-half view abortion favorably when sought due to life circumstances (Bane et al., 2003; Pew Research Center, 2005). Attitudes also vary by gestational age—about 6 in 10 American adults support legal access to abortion during the first trimester, but that support drops by about half for each subsequent trimester (USA Today/Gallop Poll, 2012)—and the gestational timing of abortion often varies systematically according to several demographic factors (Finer et al., 2006). Thus, in addition to demographic predictors such as education, gender-role attitudes, and fundamentalist beliefs (Wang and Buffalo, 2004), attitudes also tend to be largely dependent upon the contextual circumstances that lead to abortion.

Existing survey approaches for assessing abortion attitudes fail to fully capture the nuanced opinions that Americans hold. Specifically, surveys of attitudes toward abortion are typically limited to a single item that attempts to elicit an overall attitude toward abortion, or a series of questions that query only a single broadly defined circumstance per question (see PollingReport.com, 2013), such as: “Do you believe a woman should be able to have an abortion if the pregnancy resulted from rape?” These acontextual and unidimensional approaches are limiting in that distinctions cannot be made in regard

* Corresponding author. Address: Department of Family Sciences, 315 Funkhouser Building, University of Kentucky, Lexington, KY 40514, United States.
E-mail address: jhans@uky.edu (J.D. Hans).

to which contextual circumstances are most salient vis-à-vis one another and among different respondents (Jelen and Wilcox, 2003). In this study, we use a multiple-segment factorial vignette to overcome these limitations and gain a richer understanding of the context-dependent nature of abortion attitudes than has previously been ascertained. Before describing the methodological approach and vignette in more detail, we review the literature on several contextual factors salient to abortion decisions and attitudes.

1.1. Contextual factors that affect decisions and attitudes

Contextual (as opposed to demographic) factors known to affect abortion decisions and attitudes include the (a) circumstances that led to pregnancy, (b) relationship status, (c) male partner's wishes and potential role as a father, (d) financial circumstances, (e) health of the woman, (f) health of the fetus, (g) family planning or timing issues, (h) demands on women for balancing work and family, (i) woman's developmental age, and (j) gestational age (Biggs et al., 2013; Bumpass, 1997; Finer et al., 2005). It is not feasible to include all of these issues in a single vignette, so for this study we chose to focus on relationship status, demands for balancing work and family, health of the woman and fetus, and the role of the male partner.

1.1.1. Relationship status

Relationship status, stability, and satisfaction influence many women's decisions to obtain an abortion, and the vast majority of unmarried women who obtain abortions report not ever wanting to have a child in common with the male progenitor (Finer and Henshaw, 2003; Santelli et al., 2006; Zabin et al., 2000). For example, Santelli and colleagues found that women who aborted pregnancies primarily attributed the decision to an aversion toward having and raising a child with the male partner. A study conducted with 1200 women who had abortions found similar results; 48% stated that their decision to abort the child was primarily based on not wanting to raise the child as a single mother or because of relationship conflict (Finer et al., 2005).

1.1.2. Balancing work and family

Compared to women not in the paid workforce, employed women are twice as likely to seek an abortion (Finer and Henshaw, 2003; Santelli et al., 2006), which can largely be attributed to economic necessity among the working poor (Jones et al., 2010) as well as work-family conflict and the dearth of family-friendly work policies (Bianchi and Milkie, 2010). Attitudes toward gender equality and abortion rights seem to be related (Cook et al., 1992; Emerson, 1996; Strickler and Danigelis, 2002). For example, compared to women in the paid labor force, women not in the paid labor force are more likely to classify themselves as pro-life (Jelen et al., 2002).

1.1.3. Health issues

Although health concerns associated with the woman or fetus are relatively uncommon rationales for obtaining an abortion (Bankole et al., 1998), they are important factors in some abortion decisions. The vast majority of Americans indicate that abortion should be an option available to a woman whose health is endangered by the pregnancy and when fetal abnormalities are detected (Bane et al., 2003). Religious tolerance for autonomous decision-making in these circumstances seemingly contributes to the widespread support, but some evidence suggests that support for health-based abortions has eroded in recent decades, particularly among Evangelicals (Hoffmann and Johnson, 2005).

1.1.3.1. Fetal abnormalities. Medical and technological advances enable early detection of an increasing number of developmental abnormalities in fetuses (Shaffer and Van den Veyver, 2012). Over a 26-year period, about three-quarters of Americans consistently expressed approval for abortion when genetic defects are detected in the fetus (Bane et al., 2003). Abortion behaviors largely mirror attitudes in the case of fetal abnormalities. Although the psychological effects on pregnant women and their partners upon learning of a fetal abnormality are complex (Bijma et al., 2007), and pregnancy termination rates vary according to diagnosis and study, a majority of fetuses prenatally diagnosed with a serious abnormality are aborted (see Hawkins et al., 2012, for a brief summary of the literature on abortion rates following detection of various chromosome anomalies).

1.1.3.2. Woman's health. Decades of national data indicate that roughly 75–85% of Americans support access to abortion when fetal abnormalities are detected or when the pregnancy resulted from rape, but support is strongest (roughly 90%) when a woman's health would be endangered by continuing a pregnancy (Bane et al., 2003). That said, health concerns are rarely cited by women in developed Western nations as an impetus for the decision to abort (Bankole et al., 1998), and Kirkman et al. (2009) reported some ambiguity in the literature whether abortion rationales such as “too old” should be considered a health concern or a life circumstance.

1.1.4. Male partner involvement

The role of male partners in abortion decisions ranges from being completely excluded from the process to taking full responsibility for the decision (Beenhakker et al., 2004; Reich and Brindis, 2006). Although some male partners voluntarily exclude themselves in deference to the woman's wishes, many want to be involved in the decision-making process (Reich

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