The Relationship Between Abortion Attitudes and Ratings of Responsibility for Unintended

Pregnancies

by

Amanda Tapscott

Presented in partial fulfillment of the requirements

for

Departmental Honors

in the

Department of Psychology and Counseling

Hood College

April 2019

Abstract

Previous studies have looked at correlations between ratings of women's responsibility for

unintended pregnancies and abortion attitudes. This study presents six vignettes describing

various causes of pregnancies and asks participants to rate the responsibility of women, men, and

external groups on a 7-point scale. I hypothesize that less religious, more liberal individuals will

approve of abortion and rate external groups as more responsible than the pregnant couple for

pregnancies caused by the inability to gain access to or afford birth control products or condoms

and birth control product or condom malfunctions. Results confirmed this hypothesis for the

former cause. The main implication of this study is that pro-choice individuals may believe that

birth control companies and the government could do more to make birth control products more

accessible or affordable and that the government could do more to prevent sexual assault.

Keywords: abortion attitudes, unintended pregnancies, responsibility, blame

The Relationship Between Abortion Attitudes and Ratings of Responsibility for Unintended

Pregnancies

Today, abortion attitudes tend to fall into two, main categories, pro-life or pro-choice,

with few exceptions. For example, Welch, Leege, and Cavendish (1995) and Patel and Johns

(2009) designed multistage surveys and found that those who disapproved of abortion tended to

make exceptions for cases of rape, incest, or danger to the mother's health. The national

controversy over abortion's legality has sparked protests and led some states to re-write their

abortion laws. For example, Iowa recently proposed a bill to make abortion illegal after six

weeks or upon the detection of a fetal heartbeat. Protests to nationalize restrictions by

overturning Roe vs. Wade have raised important questions for researchers. Who believes what

about abortion?

Abortion was legalized in the United States in 1973 following the Supreme Court's

decision in Roe vs. Wade. However, individual state legislature can impose a variety of

requirements and restrictions on the ability to obtain an abortion, such as parental consent for

minors, maximum gestational age or development, mandatory counseling, wait periods,

mandatory ultrasounds, allocation of public funding, and allocation of insurance. Some states

impose little to no requirements or restrictions.

Demographics and Experience

Researchers have looked at correlations between demographic variables, such as age, sex,

race, income, and education level, and abortion stance since Roe vs. Wade. Altshuler, Gerns

Storey, and Prager (2014) surveyed decision-making as it relates to sex, pregnancy, and abortion

and found that older and more sexually experienced participants were more in favor of abortion.

They concluded that adolescents disapproved of abortion more than young adults did, and that

people who had not had sex disapproved of abortion more than people who had. Using the 2008

Abortion Patient Survey, Thomas, Norris, and Gallo (2017) confirmed that younger ages

correlated with more disapproving attitudes, and Alvargonzález (2017) also confirmed that those

with more sexual experience were more approving of abortion. In contrast, Evans and Tonge

(2018) found that North Ireland election data did not support age as a significant predictor

variable, but the stricter abortion laws there could explain this difference.

Surprisingly, research has not found that sex is a significant predictor variable. Using

data from the 1972-1988 and 2012 General Social Survey (GSS), Lynxwiler and Gay (1994) and

Barkan (2014) did not find that sex correlated with abortion stance, as confirmed by Altshuler et

al. (2014) and Alvargonzález (2017) who also did not find that sex predicted abortion stance.

Some researchers have investigated the relationship between race or ethnicity and

abortion stance and found some mixed results. Lynxwiler and Gay (1994) did not find

differences in abortion stance between African-American and Caucasian women, but found that

African-American men were more disapproving than Caucasian men between 1972 and 1985.

However, they found no differences in abortion stance between African-Americans and

Caucasians between 1985 and 1988. Cowan (2016) used American Miscarriage and Abortion

Communication Survey data, 12% of which were African-American and 14% of which were

Hispanic, and found that Hispanics were more disapproving of abortion than African-Americans

and Caucasians. Cowan (2016) did not look at religious variables, but the difference could be

due to strong Catholic beliefs in the Hispanic community. Thomas, Norris, and Gallo (2017)

used nationally representative data from the American Miscarriage and Abortion Communication

Survey (AMACS) consisting of 29% African-American participants and 25% Hispanic

participants, and found that Hispanics and African Americans were more disapproving than

Caucasians. Again, differences in abortion stance between races could be explained by differences in religious beliefs.

Other researchers have investigated income and found that middle-class individuals were most approving (Cowan, 2016), and that low-class individuals were least approving (Thomas et al., 2017). This could be due to differences in personal goals or perceptions about having children, with middle-class individuals wanting to have a career before having children, high-class individuals knowing they can afford children, and low-class individuals wanting a family earlier in life than middle and high-class individuals.

Educational level is also correlated with abortion stance. Thomas et al. (2017) found that participants who had at least some college level education were more approving of abortion. Interestingly, Jones, Jerman, and Ingerick (2017) used abortion patient survey data and found that having a college degree is associated with a decreased likelihood of having a prior abortion. Jones and Jerman (2017) also surveyed abortion patients and found that those with college degrees who had had abortions were more likely to have had them in the first trimester, while those without college degrees were more likely to have had them in the second trimester. This could be due to those with college degrees being more confident in their decision to have an abortion and continue striving to meet their educational or career goals early on.

Experience with abortion also correlates with abortion stance. Alvargonzález (2017) found that having an abortion (direct experience) or knowing someone who has had one (indirect experience) both correlate with more approving attitudes.

Religion and Politics

Religious and political views tend to correlate with each other and with abortion stance, but there are some mixed results. Adamczyk and Valdimarsdóttir (2017) used the General Social

Survey to study the role of religion and religious context in abortion attitudes, and they found

that Catholics and conservative Protestants were more disapproving than moderate or liberal

Protestants, Jewish people, and the religiously unaffiliated, suggesting that religious affiliation

and political views can predict abortion attitudes. They also found that higher levels of religious

engagement correlated with more disapproving attitudes. Barkan (2014) and Evans and Tonge

(2018) both found that religious engagement, measured by frequency of religious attendance and

guidance in daily life, is a stronger predictor of abortion stance than religious affiliation alone.

Sahar and Karasawa (2005) gave out a questionnaire about abortion stance and found that high

religiosity, which was measured by religious attendance, religious guidance in daily life, and

political conservatism, correlated with disapproving attitudes. Bartowski, Ellison, Ramos-Wada,

and Acevedo (2012) conducted a CATI-assisted telephone survey and also found that religious

attendance was the strongest predictor of abortion stance, with regularly-attending conservative

Protestants being less approving and infrequently-attending Catholics holding similar attitudes as

the religiously unaffiliated.

Ratings of Responsibility

Other studies on abortion stance have investigated the correlation between attitudes on

abortion and attitudes on pre-marital sex, contraception use, same-sex marriage, and the death

penalty. These studies hypothesized that participants' knowledge and perceptions on fertility,

gender-roles, relationships, procreation, parenthood, marriage, and blame for women are related

to their abortion attitudes. Similarly to Adamczyk and Valdimarsdóttir (2017), Prusaczyk and

Hodson (2018) found that participants who were more conservative were more sexist and less

approving of abortion. Conservatives were also older, less educated, male, and more frequently

attended religious services. In addition, Moore, Singh, and Bankole (2011) used in-depth

interviews and focus group discussions and found that women and men who doubted their own fertility, meaning they had never been pregnant and were not sure if they could conceive a child, were less likely to use contraception. Thomas et al. (2017) added that those who were less likely to use contraception, even if they did not intend to become pregnant, were less approving of abortion. Olivari, Ionio, Bonanomi, and Confalonieri (2015) used video clips following a hypothetical 16-year-old girl's unintended pregnancy and found that 64% of participants split blame between the girl and her partner, 25% blamed only the girl, 11% blamed fate, and 1% blamed only her partner. Sahar and Karasawa (2005) found that those who are more likely to blame women are less approving of abortion.

In summary, more frequent religious attendance and more conservative religious and political views predict more disapproving abortion attitudes, and those who disapprove of abortion rate women as more responsible for unintended pregnancies. The purpose of this study is to investigate the relationship between ratings of responsibility for unintended pregnancies and abortion stance, specifically the degree of responsibility assigned to women, men, and external groups such as companies that make birth control products, doctors, teachers, parents, or the government, for six cases of unintended pregnancy. I hypothesize that less religious, more liberal individuals will approve of abortion and rate contraception companies, doctors, teachers, parents of the pregnant couple, and the government as more responsible than the pregnant couple for pregnancies caused by the inability to gain access to or afford birth control products and birth control product malfunctions.

Method

Participants

A total of 139 people aged 18-60 years old (median age=22; mean age=25) from the mid-Atlantic participated in the study. Participants were 15% male (*N*=21), 85% female (*N*=118), 79% Caucasian (*N*=110), 9% African-American (*N*=12), 2% Hispanic-American (*N*=3), 1% Asian-American (*N*=2), and 9% mixed race (*N*=12). The breakdown of religious affiliation was: 23% Catholic (*N*=32), 32% Protestant (*N*=44), 3% Jewish (*N*=4), 1% Muslim (*N*=1), and 1% Buddhist (*N*=1), 7% "other" (*N*=9), and 34% "none" (*N*=47). Participants' incomes ranged from $0-$150,000 (median income=$25,000; mean income=$31,894). In addition, 91% identified as heterosexual/straight (*N*=127), 7% identified as bisexual (*N*=9), 1% identified as gay or lesbian (*N*=2), and 1% identified as "other" (*N*=1). Participants received a link via Facebook or Twitter to an online questionnaire adapted from "Is the personal always political? A cross-cultural analysis of abortion attitudes" by Sahar and Karasawa (2005). Incentives included a chance to win a $30 gift card to Amazon.

Measures and Procedure

The college's Institutional Review Board (IRB) approved the study's proposal. The questionnaire was created using Qualtrics and contained 41 total items (see Appendix A for full questionnaire). Participants read and electronically signed the informed consent form. The first seven questions were multiple choice or write-in and dealt with demographic information (sex, age, marital status, race/ethnicity, sexual orientation, religious affiliation, and yearly income). The next four questions dealt with the types of birth control participants or their sexual partners have used. Eighteen questions then assessed participants' ratings of responsibility for men, women, and third-parties for six scenarios of unintended pregnancies on a 7-point, Likert scale

(1=Fully Responsible, 7=Not Responsible At All). The six scenarios were: not wanting to use or not using birth control products, not being able to afford or gain access to birth control products, birth control product malfunction, shortsightedness (not thinking ahead or planning), high sexual activity, and sexual assault. These questions were adapted from "Is the personal always political? A cross-cultural analysis of abortion attitudes" by Sahar and Karasawa (2005). Some of the scenarios' wording was manipulated or changed to less loaded terms, such as "low morals and promiscuity" to "high sexual activity" or "bad luck" to "birth control product or condom malfunction." Participants were then asked a series of eight questions related to their experience. The final four questions of the survey asked participants to indicate how much they were in favor of legal abortion, how often they attended a religious institution (church, synagogue, temple, etc.), how religious they considered themselves to be, and how liberal or conservative they were. These four questions were also adapted from Sahar and Karasawa (2005). At the end of the survey, participants received an electronic debriefing form.

Results

A total of 139 participants completed the survey. A total of 64 (46%) said that they never attend a religious institution (church, synagogue, temple, etc.), 21 (15%) said that they attend only on special holidays, 27 (19%) said that they attend a few times a year, 16 (12%) said that they attend once or twice a month, and 11 (8%) said that they attend once or twice a week.

A total of 69 (50%) of participants said that they were not religious, 45 (32%) said that they were very religious, and 25 (18%) said that they were somewhere in between.

A total of 50 (36%) said that they were liberal, 25 (18%) said that they were conservative, and 64 (46%) said that they were middle-of-the-road.

A total of 14 (10%) were against legalized abortion, 6 (4%) were somewhat against legalized abortion, 11 (8%) were neutral, 9 (7%) were somewhat in favor of legalized abortion, and 99 (71%) were in favor of legalized abortion.

When asked if they or their sexual partner had ever had an abortion, 13 (9%) of participants said yes and 126 (91%) said no. However, when asked if they knew someone (family member, friend, peer) who had had an abortion, 104 (84%) of participants said yes and 19 (15%) said no. An independent-samples' t-test did not find differences in attitudes toward abortion between those who knew someone who had had an abortion (*M*=5.76, *SD*=1.80) and those who didn't (*M*=5.21, *SD*=2.10): *t*(121)=1.19, *p*=0.235.

When asked if they or their sexual partner had ever used hormonal forms of birth control, 107 (77%) said that they had used birth control pills, 6 (4%) said that they had used The Patch, 14 (10%) said that they had used a vaginal ring (NuvaRing), 14 (10%) said that they had used the shot (Depo-Provera), and 19 (14%) said that they had used an implant (Implanon and Nexaplanon). When asked if they or their sexual partner had ever used barrier forms of birth control, 113 (81%) said that they had used a male condom, 4 (3%) said that they had used a female condom, 5 (4%) said that they had used spermicide, 1 (1%) said that they had used a sponge, 1 (1%) said that they had used film. No participants said that they had used a diaphragm or cervical cap. A total of 21 (51%) said that they or a sexual partner had used an Intrauterine Device (IUD), and 19 (14%) said that they or a sexual partner had used natural family planning as a form of birth control.

Data were analyzed using Pearson correlation coefficients. Frequency of religious attendance (*r* =-.29, *p* =.001), degree of religiosity (*r* =-.42, *p* =.001), and political conservatism (*r* =-.51, *p* =.001) were negatively correlated with more favorable abortion attitude. This means

that the more one attended a religious service, and the more they rated themselves as religious

and conservative, the less they were in favor of abortion.

An independent-samples' t-test found statistical differences on attitude toward abortion

between those who had children (*M*=4.74, *SD*=2.14) and those who did not (*M*=5.88, *SD*=1.73):

t(137)=-2.77, *p*=0.006. Those who had children were less in favor of legal abortion than those

who did not have children.

Four of the six vignettes of unintended pregnancies correlated with abortion stance. In the

second vignette describing unintended pregnancy resulting from lack of access to birth control

products or condoms, there was a negative correlation between blaming women for not being

able to afford or gain access to birth control products and having a more favorable abortion

attitude (*r* =-.41, *p* =.001), as well as blaming men for not being able to afford or gain access to

condoms and having a more favorable abortion attitude (*r* =-.33, *p* =.001), but a positive

correlation between blaming birth control companies (*r* =.32, *p* =.001) and the government

(*r* =.40, *p* =.001) for a pregnancy caused by a couple not being able to afford or gain access to

birth control products and having a more favorable abortion attitude. There were no significant

correlations between blaming doctors (*r* =.10, *p* =.236), teachers (*r* =.04, *p* =.613), and parents

(*r* =-.03, *p* =.721) and abortion attitude (see Table B2 for means and standard deviations).

In the third vignette describing an unintended pregnancy resulting from birth control

(hormonal, IUD, or barrier) or condom malfunction, there was a negative correlation between

blaming the woman and having a more favorable abortion attitude (*r* =-.40, *p* =.001), as well as

blaming the man and having a more favorable abortion attitude (*r* =-.31, *p* =.001), suggesting

that the more participants blamed the woman and the man for birth control or condom

malfunction, the less they favored abortion. There were no significant correlations between

blaming birth control companies ($r =.10$, $p =.229$), doctors ($r =.13$, $p =.135$), teachers

($r =.06$, $p =.512$), parents ($r =-.06$, $p =.472$), or the government ($r =.15$, $p =.075$) and abortion

attitudes. However, the mean rating of responsibility for birth control companies was a 5.46 out

of 7, suggesting that most participants blamed birth control companies for pregnancies caused by

a birth control or condom malfunction (see Table B3 for means and standard deviations).

In the fifth vignette describing an unintended pregnancy resulting from high sexual

activity, there was a negative correlation between blaming the woman and having a more

favorable abortion attitude ($r =-.31$, $p = .001$), as well as blaming the man ($r =-.31$, $p =.001$) and

having a more favorable abortion attitude. There were no significant correlations between

blaming birth control companies ($r =-.09$, $p =.273$), doctors ($r =.04$, $p =.618$), teachers

($r =.08$, $p =.384$), parents ($r =-.06$, $p =.491$), or the government ($r =.10$, $p =.257$) and abortion

attitudes (see Table B5 for means and standard deviations). This means that the more participants

blamed women and men for a pregnancy caused by high sexual activity, the less they favored

abortion.

In the sixth vignette describing an unintended pregnancy resulting from sexual assault,

there was a negative correlation between blaming the woman for being sexually assaulted and

having a more favorable abortion attitude ($r =-.24$, $p =.004$), suggesting that the less participants

blamed the woman for the assault, the more in favor they were of abortion. There was no

significant correlation between blaming the man for sexually assaulting a woman and abortion

attitudes ($r =.05$, $p =.567$). However, it is worth noting that 119 (86%) of participants rated the

man as fully responsible (score of 7) for sexually assaulting a woman (see Table B6 for means

and standard deviations). This means that most participants blamed men for pregnancies caused

by sexual assault. In addition, there was a positive correlation between blaming the government

for a pregnancy caused by sexual assault and having a more favorable abortion attitude ($r =.21$, $p =.001$). This suggests that participants who blamed the government for a pregnancy caused by sexual assault might think that the government does not do enough to prevent sexual assault. There were no significant correlations between blaming birth control companies ($r =-.10$, $p =.227$), doctors ($r =-.08$, $p =.352$), teachers ($r =.03$, $p =.727$), or parents ($r =.05$, $p =.542$) and abortion attitudes.

In the first vignette describing an unintended pregnancy resulting from not wanting to use or not using birth control, there were no significant correlations between blaming the woman ($r =.00$, $p =.998$) or the man ($r =-.03$, $p =.771$) and abortion attitudes. There were also no significant correlations between blaming birth control companies ($r =-.00$, $p =.975$), doctors ($r =.04$, $p =.616$), teachers ($r =.07$, $p =.424$), parents ($r =.05$, $p =.563$), or the government ($r =.16$, $p =.057$) and abortion attitudes (see Table B1 for means and standard deviations).

In the fourth vignette describing an unintended pregnancy resulting from shortsightedness (not thinking ahead or planning), there were no significant correlations between blaming the woman ($r =.00$, $p =.913$) or the man ($r =.04$, $p =.676$) and abortion attitudes. There were also no significant correlations between blaming birth control companies ($r =-.10$, $p =.259$), doctors ($r =-.00$, $p =.982$), teachers ($r =.12$, $p =.174$), parents ($r =.02$, $p =.866$), or the government ($r =.08$, $p =.369$) and abortion attitudes (see Table B4 for means and standard deviations).

Discussion

The purpose of this research was to determine whether there is a relationship between ratings of responsibility for unintended pregnancies and abortion stance. I hypothesized that less religious, more liberal individuals will approve of abortion and rate external groups as more

responsible than the pregnant couple for pregnancies caused by the inability to gain access to or afford birth control products and birth control product malfunctions.

Pearson correlation coefficients confirmed some of these hypotheses. The more frequently participants attended religious services, the more they viewed themselves as religious and conservative, and the less in favor they were of abortion. In the first vignette, participants who blamed the pregnant couple for not being able to afford or gain access to birth control products or condoms were less in favor of abortion, and participants who blamed companies that make birth control products and the government for pregnant couples not being able to afford or gain access to birth control were more in favor of abortion. In the second vignette, participants who blamed the pregnant couple for birth control product or condom malfunctions were less in favor of abortion, but there were no significant correlations between blaming external groups and abortion attitudes. In the third vignette, participants who blamed the woman for being sexually assaulted were less in favor of abortion, and participants who blamed the government more for a pregnancy caused by sexual assault were more in favor of abortion. There was no significant correlation between blaming men or external groups for a pregnancy caused by sexual assault and abortion attitude. In the fourth vignette, participants who blamed the pregnant couple for being highly sexually active were less in favor of abortion, but there were no significant correlations between blaming external groups and abortion attitudes.

In contrast, we did not find significant correlations between blaming the pregnant couple or external groups and abortion attitudes in the remaining two vignettes (not wanting to use or not using birth control products or condoms, shortsightedness). In these vignettes, the pregnant couple was blamed more than external groups regardless of participants' abortion stance.

Perhaps these two scenarios were perceived as most preventable or controllable by the pregnant couple and least preventable or controllable by external groups.

Consistent with past research, religious attendance, degree of religiosity, and political ideology were all strong predictors of abortion stance. In the past, Bartowski et al. (2012) found that religious attendance is the strongest predictor of abortion stance, Adamczyk and Valdimarsdóttir (2017) found that higher levels of religious engagement correlated with more disapproving attitudes, and Sahar and Karasawa (2005) also found that high religious attendance, religious guidance in daily life, and political conservatism, correlated with disapproving attitudes. Barkan (2014) and Evans and Tonge (2018) both found that religiosity is a stronger predictor of abortion stance than religious affiliation alone. In this study, high attendance predicted high religiosity and high conservatism, all of which were predictors for disapproving attitudes; attendance was the weakest predictor and political ideology was the strongest predictor.

Ratings of responsibility for unintended pregnancies have not been isolated and extensively researched, but Sahar and Karasawa (2005) did look at correlations between ratings of responsibility, blame, controllability, sympathy, anger, and abortion stance and found that participants who held women more responsible for unintended pregnancies had more conservative religious views and were more disapproving of abortion. Sahar and Karasawa (2005) only asked participants to rate women. This study looked at ratings of responsibility but asked participants to rate women, men, and external groups in all six scenarios. Results showed that participants who rated women as more responsible than men for a pregnancy caused by sexual assault were less in favor of abortion.

Some of this study's results were inconsistent with past research. For example, Alvargonzález (2017) found that knowing someone who has had an abortion correlates with more approving attitudes. In this study, however, even though 104 (84%) participants said they knew someone who had had an abortion, there were no differences in abortion stance between those who did and those who did not. This could be because of the smaller sample size (N=139 vs. N=1,025).

There were a few limitations to this study. First, the sample population was not random. Participants were reached through the researcher's social media and college e-mail outlets. This means that most of the participants knew the researcher personally or knew someone who knew the researcher personally. Due to the location of the researcher, racial minorities are underrepresented. In addition, there is a self-selection bias in those who choose to participate in abortion studies. In this study, more women chose to participate compared to men, suggesting that women are more comfortable or interested in expressing their abortion attitudes than men.

This study was also limited by the lack of measurement validity. The six scenarios used in this study had been used before, but some of the questions were manipulated or changed to contain less loaded terms. For example, the "low morals and high promiscuity" scenario was changed to "high sexual activity." It does not seem that this change in wording significantly affected the results for this scenario or any others, since the results of this study were similar to the original study; however, these questions were also applied to men and external groups.

If this study were to be replicated, it would be helpful to rephrase some nominal answer options into interval scale options so that more correlations could be calculated. For example, whether participants had children or not was answered as "Yes," "No," or "Prefer Not to Answer," rather than asking them how many children they had, and whether they had ever had

an abortion or knew someone who had had an abortion could have been changed to how many. In addition, questions that asked about gestation periods, types of abortion, or cases of pregnancy that were used as exclusion criteria could be included to broaden the range of abortion stance.

One main benefit of this study is that it asked participants to rate not only women's responsibility but also men's and external groups' responsibility for unintended pregnancies. This allowed us to see whom and how much participants find responsible, if not women, for all six scenarios of unintended pregnancies but especially the three scenarios where women are found significantly less responsible. It also allowed us to see discrepancies between ratings of responsibility of women and ratings of responsibility of men within the same scenario. It is important to know that pro-choice individuals blame birth control companies and the government for lack of access to birth control products, and that pro-choice individuals blame the government for pregnancies caused by sexual assault, perhaps because they do not believe the government does enough to prevent sexual assault. Birth control companies and the government could use this information to make birth control products more available in places that they are not and to make greater efforts to reduce sexual assault, even in cases that do not involve rape.

Future research might ask participants why they rate certain people or groups as more or less responsible than others. Researchers could also ask participants to rate responsibility based on a pregnant couple's demographic information, such as age, race, or SES. We might expect that women in the "high sexual activity" vignette who are 15 years old will be held less responsible than women in the same vignette who are 25 years old. Researchers might also ask participants to split the responsibility for people and groups in each scenario into percentages that add up 100. This would provide a clearer picture of how responsible each person or group is in each scenario.

It is important that research on abortion stance continues as time goes on and the political climate changes. There has been a push in the United States to overturn Roe vs. Wade, pass more restrictive abortion laws, and defund Planned Parenthood. Knowing that certain religious and political views are still strong predictors of abortion stance, and that they are correlated with ratings of responsibility, helps us predict who is more likely to vote in favor of or against legal abortion when new state-wide bills, ore even national bills, are proposed. Thus, we could predict where abortion laws will be more or less strict. This knowledge could help law makers figure out where to focus their campaign efforts.

The results of this study and future studies could also help reduce the stigma surrounding women and abortion. Knowing that men and women are blamed somewhat equally for most scenarios of unintended pregnancy and that external groups are also blamed for things like lack of access or lack of prevention could decrease negative judgments of those who support legal abortion or of women who chose to have an abortion. The decrease in stigma could lead to an increase in shared perceptions of responsibility and attitudes on abortion, which could mean the end of the national controversy over abortion law in the United States.

References

Adamczyk, A. & Valdimarsdóttir, M. (2017). Understanding Americans' abortion attitudes: The

    role of the local religious context. *Social Science Research, 71*(2018), 129-144.

Altshuler, A. L., Gerns Storey, H. L., & Prager, S. W. (2014). Exploring abortion attitudes of US

    adolescents and young adults using social media. *Contraception, 91*(1), 226-233.

Alvargonzález, D. (2017). Knowledge and attitudes about abortion among undergraduate

    students. *Psicothema, 29*(4), 520-526.

Barkan, S. E. (2014). Gender and abortion attitudes: Religiosity as a suppressor variable. *Public

    Opinion Quarterly, 78*(4), 940-950.

Bartowski, J. P., Ellison, C. G., Ramos-Wada, A. I., & Acevedo, G. A. (2012). Faith, race-

    ethnicity, and public policy preferences: Religious schemas and abortion attitudes among

    U. S. Latinos. *Journal for the Scientific Study of Religion, 51*(2), 343-358.

Cowan, S. K. (2016). Enacted abortion stigma in the United States. *Social Science & Medicine,

    177*(1), 259-268.

Evans, J. & Tonge, J. (2018). Partisan and religious drivers of moral conservatism: Same-sex

    marriage and abortion in Northern Ireland. *Party Politics, 24*(4), 335-346.

Jones, R. K. (2010). Perceptions of male knowledge and support among U. S. women obtaining

    abortions. *Women's Health Issues, 21*(2), 117-123.

Jones, R. K. & Jerman, J. (2017a). Characteristics and circumstances of U. S. women who obtain

    very early and second trimester abortions. *PLoS ONE, 12*(1), 1-15.

Jones, R. K., & Jerman, J. (2017b). Population group abortion rates and lifetime incidence of

    abortion: United States, 2008-2014. *American Journal of Public Health, 107*(1), 1904-

    1909.

Jones, R., Jerman, J., & Ingerick, M. (2017). Which abortion patients have had a prior abortion?

      Findings from the 2014 U. S. abortion patient survey. *Journal of Women's Health, 27*(1),

      58-63.

Lynxwiler, J. & Gay, D. (1994). Reconsidering race differences in abortion attitudes. *Social*

      Science Quarterly, 75(1), 67-84.

Moore, A. M., Singh, S., & Bankole, A. (2011). Do women and men consider abortion as an

      alternative to contraception in the United States? An exploratory study. *Global Public*

      Health, 6(S1), S25-S37.

Olivari, M. G., Ionio, C., Bonanomi, A., & Confalonieri, E. (2015). Female adolescent attitudes

      and decision-making towards a hypothetical unplanned pregnancy: An exploratory

      research. *Journal of Child & Family Studies, 24*(2015), 2934-2943.

Patel, C. J. & Johns, L. (2009). Gender roles attitudes and attitudes to abortion: Are there gender

      differences? *The Social Science Journal, 46*(2009), 493-505.

Prusaczyk, E. & Hodson, G. (2018). Left-right differences in abortion policy support in America:

      Clarifying the role of sex and sexism in a nationally representative 2016 sample.

      Personality and Individual Differences, 127(2018), 22-25.

Sahar, G. & Karasawa, K. (2005). Is the personal always political? A cross-cultural analysis of

      abortion attitudes. *Basic and Applied Social Psychology, 27*(4), 285-296.

Thomas, R. G., Norris, A. H., & Gallo, M. F. (2017). Anti-legal attitude toward abortion among

      abortion patients in the United States. *Contraception, 96*(2017), 357-364.

Welch, M. R., Leege, D. C., & Cavendish, J. C. (1995). Attitudes toward abortion among U. S.

      Catholics: Another case of symbolic politics? *Social Science Quarterly, 76*(1), 142-157.

Appendix A: Questionnaire

1. Sex:
   a. Male
   b. Female
   c. Other: _____
2. Age: _____
3. Marital Status:
   a. Single
   b. In a Relationship
   c. Married
   d. Separated
   e. Divorced
   f. Widowed
   g. Other: _____
4. Race/Ethnicity:
   a. Caucasian
   b. African-American
   c. Hispanic-American
   d. Asian-American
   e. Mixed-Race
5. Sexual Orientation:
   a. Straight/Heterosexual
   b. Bisexual
   c. Gay or Lesbian
   d. Other: _____
6. Religious Affiliation:
   a. Catholic
   b. Protestant
   c. Jewish
   d. Muslim
   e. Hindu
   f. Buddhist
   g. Other: _____
   h. None
7. What is your yearly income? _____
8. Have you or a sexual partner ever used a hormonal form of birth control? Select all that apply.
   a. Birth Control Pills
   b. The Patch
   c. Vaginal Ring [NuvaRing]
   d. Shot [Depo-Provera]
   e. Implant [Implanon and Nexplanon]
   f. None
   g. I Don't Know
9. Have you or a sexual partner ever used an Intrauterine Device (IUD)?
   a. Yes

    b. No
    c. I Don't Know
10. Have you or a sexual partner ever used natural family planning as a form of birth control?
    a. Yes
    b. No
    c. I Don't Know
11. Have you or a sexual partner ever used a barrier form of birth control? Select all that apply.
    a. Male Condom
    b. Female Condom
    c. Diaphragm
    d. Cervical Cap
    e. Spermicide
    f. Sponges
    g. Film
    h. None
    i. I Don't Know
12. How responsible is a woman for not wanting to use or not using birth control products or natural family planning and getting pregnant? [1=Fully Responsible, 7=Not Responsible At All]
13. How responsible is a man for not wanting to use or not using condoms or natural family planning and impregnating a woman? [1=Fully Responsible, 7=Not Responsible At All]
14. How responsible are the following groups for a pregnancy caused by a pregnant couple not wanting to use or not using birth control products or natural family planning?: [1=Fully Responsible, 7=Not Responsible At All]
        i. Companies that make birth control products
       ii. Doctors
      iii. Teachers
       iv. Parents of the pregnant couple
        v. Government
       vi. Other: _____
15. How responsible is a woman for not being able to afford or gain access to birth control products and getting pregnant? [1=Fully Responsible, 7=Not Responsible At All]
16. How responsible is a man for not being able to afford or gain access to condoms and impregnating a woman? [1=Fully Responsible, 7=Not Responsible At All]
17. How responsible are the following groups for a pregnancy caused by a pregnant couple not being able to afford or gain access to birth control products?: [1=Fully Responsible, 7=Not Responsible At All]
        i. Companies that make birth control products
       ii. Doctors
      iii. Teachers
       iv. Parents of the pregnant couple
        v. Government
       vi. Other: _____
18. How responsible is a woman for a birth control product malfunction (hormonal, IUD, or barrier) that resulted in pregnancy? [1=Fully Responsible, 7=Not Responsible At All]

19. How responsible is a man for a condom malfunction that resulted in pregnancy? [1=Fully Responsible, 7=Not Responsible At All]
20. How responsible are the following groups for a pregnancy caused by a birth control product malfunction (hormonal, IUD, or barrier/condom)?: [1=Fully Responsible, 7=Not Responsible At All]
    i. Companies that make birth control products
    ii. Doctors
    iii. Teachers
    iv. Parents of the pregnant couple
    v. Government
    vi. Other: _____
21. How responsible is a woman for being shortsighted (not thinking ahead or planning) and getting pregnant? [1=Fully Responsible, 7=Not Responsible At All]
22. How responsible is a man for being shortsighted (not thinking ahead or planning) and impregnating a woman? [1=Fully Responsible, 7=Not Responsible At All]
23. How responsible are the following groups for a pregnancy caused by a pregnant couple's shortsightedness (not thinking ahead or planning)?: [1=Fully Responsible, 7=Not Responsible At All]
    i. Companies that make birth control products
    ii. Doctors
    iii. Teachers
    iv. Parents of the pregnant couple
    v. Government
    vi. Other: _____
24. How responsible is a woman for being highly sexually active and getting pregnant? [1=Fully Responsible, 7=Not Responsible At All]
25. How responsible is a man for being highly sexually active and impregnating a woman? [1=Fully Responsible, 7=Not Responsible At All]
26. How responsible are the following groups are for a pregnancy caused by a pregnant couple's highly sexual activity?: [1=Fully Responsible, 7=Not Responsible At All]
    i. Companies that make birth control products
    ii. Doctors
    iii. Teachers
    iv. Parents of the pregnant couple
    v. Government
    vi. Other: _____
27. How responsible is a woman for being sexually assaulted and getting pregnant? [1=Fully Responsible, 7=Not Responsible At All]
28. How responsible is a man for sexually assaulting and impregnating a woman? [1=Fully Responsible, 7=Not Responsible At All]
29. How responsible are the following groups for a pregnancy caused by sexual assault?: [1=Fully Responsible, 7=Not Responsible At All]
    i. Companies that make birth control products
    ii. Doctors
    iii. Teachers
    iv. Parents of the pregnant couple

       v. Government
      vi. Other: _____

30. Have you ever engaged in straight/heterosexual sex?
    a. Yes
    b. No
    c. Prefer Not to Answer

31. Have you or a sexual partner ever used Plan B/Emergency Contraception?
    a. Yes
    b. No
    c. I Don't Know
    d. Prefer Not to Answer

32. Do you have any children?   Yes   No

33. Do you know someone (partner, family member, friend) who has had an abortion?
    a. Yes
    b. No
    c. I Don't Know
    d. Prefer Not to Answer

34. Have you or a sexual partner ever had an abortion?
    a. Yes
    b. No
    c. I Don't Know
    d. Prefer Not to Answer

35. If yes, which kind of abortion? Select all that apply.
    a. Methotrexate and Misoprostol (Pill Abortion)
    b. Medical Abortion (Surgical Abortion)
    c. Vacuum Aspiration
    d. Dilation and Evacuation
    e. Induction

36. If you have had an abortion, did you feel pressured by anyone to have it?
    a. Yes
    b. No
    c. I Don't Know
    d. Prefer Not to Answer
    e. I Have Not Had an Abortion

37. If yes, by who? Select all that apply.
    a. Sexual Partner
    b. Family
    c. Friends
    d. Clergy
    e. Other: _____

38. What is your attitude toward legalized abortion? (1=Strongly Against, 7=Strongly In Favor)

39. How often do you attend a religious institution (e. g. church, synagogue, or temple)? (Twice or More a Week, Once a Week, Twice a month, Once a month, A Few Times a Year, On Special Holidays, Never)

40. How religious of a person do you consider yourself to be? (1=Not Religious at All, 7=Very Religious)
41. How would you describe yourself politically? (Very Liberal, Liberal, Slightly Liberal, Middle-of-the-Road, Slightly Conservative, Conservative, Very Conservative)

Appendix B: Inferential and Descriptive Statistics

Table B1

Correlations Between More Favorable Abortion Attitudes and Ratings of Responsibility for Groups in Vignette 1: Not Wanting to Use or Not Using Birth Control Products, Condoms, or Natural Family Planning

Group	r	p	M	SD
Woman	.00	.998	5.50	1.62
Man	-.03	.771	5.66	1.59
Birth Control Companies	.00	.975	2.04	1.66
Doctors	.04	.616	2.38	1.63
Teachers	.07	.424	2.32	1.65
Parents of the Pregnant Couple	.05	.563	3.06	1.84
Government	.16	.057	2.18	1.6

Note. The maximum rating is 7, fully responsible.

Table B2

Correlations Between More Favorable Abortion Attitudes and Ratings of Responsibility for Groups in Vignette 2: Not Being Able to Afford or Gain Access to Birth Control Products or Condoms

Group	r	p	M	SD
Woman	-.41	<.001	3.88	1.97
Man	-.33	<.001	4.25	2.00
Birth Control Companies	.32	<.001	4.43	1.89
Doctors	.10	.236	3.44	1.94
Teachers	.04	.613	2.04	1.51
Parents of the Pregnant Couple	-.03	.721	3.21	1.88
Government	.40	<.001	4.69	2.01

Note. The maximum rating is 7, fully responsible.

Table B3

Correlations Between More Favorable Abortion Attitudes and Ratings of Responsibility for Groups in Vignette 3: Birth Control Product or Condom Malfunction

Group	r	p	M	SD
Woman	-.40	<.001	2.35	1.70
Man	-.31	<.001	2.64	1.70
Birth Control Companies	.10	.229	5.46	1.49
Doctors	.13	.135	3.13	1.91
Teachers	.06	.512	1.84	1.40
Parents of the Pregnant Couple	-.06	.472	1.86	1.5
Government	.15	.075	2.63	1.88

Note. The maximum rating is 7, fully responsible.

Table B4

Correlations Between More Favorable Abortion Attitudes and Ratings of Responsibility for Groups in Vignette 4: Shortsightedness (Not Thinking or Planning)

Group	*r*	*p*	*M*	*SD*
Woman	.01	.913	5.97	1.32
Man	.04	.676	5.97	1.33
Birth Control Companies	-.10	.259	1.56	1.26
Doctors	.00	.982	2.42	1.69
Teachers	.12	.174	2.63	1.86
Parents of the Pregnant Couple	.02	.866	3.18	1.97
Government	.08	.369	1.81	1.43

Note. The maximum rating is 7, fully responsible.

Table B5

Correlations Between More Favorable Abortion Attitudes and Ratings of Responsibility for Groups in Vignette 5: High Sexual Activity

Group	r	p	M	SD
Woman	-.31	<.001	5.47	1.62
Man	-.32	<.001	5.56	1.59
Birth Control Companies	-.10	.273	1.88	1.47
Doctors	.04	.618	2.20	1.65
Teachers	.08	.384	2.17	1.53
Parents of the Pregnant Couple	-.06	.491	2.87	1.92
Government	.10	.257	1.71	1.26

Note. The maximum rating is 7, fully responsible.

Table B6

Correlations Between More Favorable Abortion Attitudes and Ratings of Responsibility for Groups in Vignette 6: Sexual Assault

Group	r	p	M	SD
Woman	-.24	<.004	1.22	.84
Man	.05	.567	6.47	1.56
Birth Control Companies	-.10	.227	1.28	.85
Doctors	-.08	.352	1.40	1.04
Teachers	.03	.727	1.62	1.30
Parents of the Pregnant Couple	.05	.542	1.95	1.64
Government	.21	<.001	2.34	2.01

Note. The maximum rating is 7, fully responsible.