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College of Humanities and Sciences Virginia Commonwealth University

This is to certify that the thesis prepared by Alexis Lora Ruffin entitled The Social Construction of Abortion has been approved by her committee as satisfactory completion of the thesis requirement for the degree of Master of Science.

Diana H. Scully, Ph.D., Director of Thesis

Judith B. Bradford, Ph.D., Committee Member

Stephen G/Lyng, Ph.D., Director of Graduate Studies

Jøseph A. Marolla, Ph.D., Committee Member Chair, Department of Sociology/Anthropology

David R. Hiley, Ph.D. Dean, College of Humanities and Sciences

Licensus 10,1992

The Social Construction of Abortion

A thesis submitted in partial fulfillment of the requirements for the degree of Master of Science at the Virginia Commonwealth University

By
Alexis Lora Ruffin
B.A., Virginia Commonwealth University, 1987

Director: Diana Scully, Ph.D.

Associate Professor Department of Sociology and Anthropology

Virginia Commonwealth University Richmond, Virginia December 1992

DEDICATION

This thesis is dedicated to my sister, Karen Marie Ruffin.

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My thanks must first go to my mother, Karen, without whom this endeavor would not have been possible. Her grace and intellectual fortitude in the face of hardship have made me what I am today. The unconditional confidence of my grandfather, George Ruffin, has made all the hard work manageable.

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Abstract

The essential socio-political question abortion raises is twofold: within whose legitimate province is the abortion decision to be made and what are the salient factors in determining subsequent resolutions over access. The answers speak to perceptions of legitimate authority, which are fundamental to the social construction of abortion.

The disparate literature on abortion was examined to develop a typology of perspectives on abortion. Theories from feminist sociology and social psychology were employed to examine the impact abortion access and the subsequent negotiation over legitimate authority have on the social order. The underlying hypothesis of this research is that abortion is socially constructed through competing perspectives' delineation of authority. Three perspectives on abortion were culled from the literature on abortion rights to create an index of attitudes: Feminist, Traditional, and Population Control. Coupling this index with a measure of attitudes toward access to legal abortion and a measure of the consignment of legitimate authority to women, an overall typology of abortion attitudes was hypothesized. The research questions at hand were: 1) Do attitudes concerning abortion access support an index of attitudes; Feminist, Traditional and Population Control; and, to further construct the typology, 2) where does each perspective locate the authority to make the abortion decision?

This study was designed to explore the definition of abortion, as delineated above, by men and women entering adulthood under liberalized abortion and contraceptive laws. In order to uncover the social construction of abortion, this study focused on the audience of the rhetorical debate over abortion, instead of the activists as is done in most of the literature on abortion attitudes. A seven page questionnaire was administered to a nonprobability sample consisting of 397 undergraduate students at a large public urban university in the Southeast and was used for exploration into the social construction of abortion.

The Feminist and Population Control dimensions were expected to resemble each other on the abortion attitudes measure, but differ with respect to legitimate authority. Conversely, the Traditional and Population Control dimensions were expected to perform similarly on the legitimate authority measure, but differ on attitudes about access to legal abortion. Additionally, it was postulated that personal experience with abortion has the effect of making one more empathetic, and, therefore, more supportive of legal abortion. The expected pattern of responses to the abortion attitudes and legitimate authority measures were confirmed for two of the three dimensions; Feminist and Traditional. The Population Control dimension failed to correlate with either dependent variable. Finally, it appears that this study was not able to capture any influence that experience with abortion might have on one's attitudes toward abortion access.

Chapter I

INTRODUCTION

Statement of the Problem

Competing perspectives on abortion utilize vastly different ideologies and assumptions to define abortion. An exhaustive search of the literature on abortion access revealed three distinct perspectives on abortion: feminist, traditional, and population control. This research hypothesizes that the various perspectives on abortion access differ fundamentally in the perceived location of the authority to make the abortion decision. The literature on abortion access suggests that within the feminist perspective the authority to make the abortion decision resides with the individual woman. For traditionalists, religious and familial structures are the domain for the abortion decision. Finally, population control advocates locate the legitimate authority for abortion access and policy with the state. Reproductive control is fundamental to women's autonomy (Daly 1973). Consequently, women are rendered reproductive minors through the harnessing and co-option of their generative powers by the prevailing social system. Women's subordinate position is maintained in a system where women are primarily referred to and defined by their potential childbearing and their relationship to men (Klein 1981; Corea 1986; Overall 1987). The abortion debate in many regards exemplifies the differing definitions and approaches to changing gender roles (Luker 1984). Both abortion opponents and abortion rights advocates acknowledge that abortion options enable women to reframe

the sexual politics which serve to maintain patriarchal presentations of sexuality, the family and motherhood (Petchesky 1990).

Fried (1988), in examining the symbolic nature of the abortion debate, suggests that the perspectives of activists of both pro-choice and anti-choice positions are not polar opposites. Rather, they differ fundamentally and in nature. This is in part why there appears to be no plausible compromise by activists on ideological grounds or with respect to abortion access policy issues. Luker (1984) too finds that activists differ in world perspectives. Conduit (1990) further suggests that the struggle over the rhetorical definition of abortion underlies the debate more than approval or opposition to abortion.

Abortion rights advocates present the issue in terms of civil liberties and personal autonomy. Emphasis is placed on women's reproductive rights, women's bodily integrity, and the control of one's body and life course. The potential mother is considered to be best equipped to evaluate and determine her capacity to carry a pregnancy to term. In fact, some feminists (Rich 1977; Dworkin 1983; MacKinnon 1987) take the position that abortion is a life/death issue but that women should have complete sovereignty over their bodies and pregnancy states.

Opponents of abortion frame the abortion decision as one of life and murder (Brennan 1983). Often their arguments for restricting abortion access rest on religious assumptions about the primacy of the family and conception as the beginning of meaningful human life (Harrison 1983; Luker 1984; Neitz 1991). The primary actor in the 'pro-life' scenario is the fetus. The assumption is that women should

serve the fetus' best interests. Supposed conflicts of interest should be resolved in the potential child's favor (Patterson 1974).

A third perspective on abortion access comes from the population control establishment. The emphasis in this context is on limiting population growth globally. Reducing birth rates, in some cases at any costs, is primary. Issues of informed consent and the health and bodily integrity of women are secondary and, as Hartman (1987) reveals, are sometimes treated as impediments to the goal of worldwide population control. International family planning agencies which receive funding from the United States, in compliance with funding guidelines, are currently unable to provide abortion, abortion counseling, or referral for abortion. This reality is a reflection of the Reagan, and now Bush, administration's assault on abortion rights and is not consistent with what is considered to be a comprehensive family planning agenda. Racist and classist implications exist as a means of advocating abortion access solely for the purpose of population control. Abortion rights issues and population "quality" control, or eugenics agendas, have been, and currently are, often conflated in the media and by anti-choice activists.

Controlling the construction and distribution of knowledge is one of the primary ways in which existing power structures maintain the continued ability to 'define the situation' and mold experiential realities (Berger and Luckman 1966). In the United States, the primary and most pervasive power structure is the patriarchally modeled distribution of control. In concert, sexism serves to support and perpetuate an ideology that presupposes male primacy and female subordination (Hubbard 1983;

Lipman-Blumen 1984). Respective to the abortion debate it is important to note that, "the control of women's reproductive capacity is a primary and causal aspect of sexism. The organization of reproduction, like the organization of production, is a determining feature of any society, and what we think of as personal is neither private nor apolitical" (Klein 1981: 67).

Abortion is a unique medical procedure. Other medical practices are performed to cure or ameliorate a disease state. The "disease state" abortion "cures" is pregnancy, which is a positive or negative event depending on the woman's desire for the pregnancy (Rothman 1989). Abortion, more than most medical routines, involves social meanings and poses a number of social dilemmas for all participants (Adler 1979; Callahan and Callahan 1984). Pregnancy is becoming problematic as the medical community increasingly views the fetus and potential mother as separate and competing patients (Lenow 1983; Mangel 1988). It is within this context that the debate over access to abortion reveals that, respective to their reproductive lives, women are not entrusted to make abortion decisions. This is further reflected in arguments advanced by anti-choice and population control activists when advocating policies that would compel women to behave in a way consistent with their respective agendas. Additionally, a variety of social institutions such as the family, medical, religious, and scientific communities serve to perpetuate the social reluctance to consign the abortion decision to women.

Abortion also differs from other medical procedures in that essential restrictions rest on moral and religious grounds, not on medical grounds. The primary way in

which abortion is understood and discussed is through existing access restrictions or those that some believe should be in place. In the context of restriction there exists room for contention over the acceptable or 'forgivable' reasons that warrant access to the procedure. The law does not permit unconstrained access so reasons must be developed and assessed to justify a procedure that, according to abortion opponents, violates the natural and social order. To violate cultural motherhood, justifications and aligning language (Stokes and Hewitt 1976) are employed to maintain the institution of motherhood in the face of rejecting pregnancy. Additionally, pro-choice and anti-choice proponents attempt to co-opt language and 'define the situation' (Conduit 1990). Pro-choice advocates try to defuse the murder argument of anti-choice advocates by drawing attention to the numbers of women who died in the United States when abortion was illegal and who currently die world wide from illegal abortions. Anti-choice proponents use civil liberties language in literature that states a fetus is subject to the death penalty with "No judge, no jury" (WEBA ND).

Significance of the Problem

Since January 22, 1973 United States women have had access to abortion with few barriers. The 1979 Hyde amendment, which denied the use of Medicaid funds for impoverished women's abortions, and the trimester guideline established in *Roe v Wade* exist to temper women's complete access to abortion on demand. The availability of legal abortion is relatively recent and remains a political and social uncertainty. The continual reference to 'legalized abortion' indicates that abortion is still taboo and stigmatized; other medical procedures are not qualified by their legality, such as 'legalized tooth extraction' or 'legalized vasectomies.' In the last ten years, challenges to the legality of abortion have been mounting and the Supreme Court appears prepared to hear cases designed to undo the Constitutional right to privacy inherent in the abortion decisions of *Roe v Wade* and *Doe v Bolton*.

College aged women and men have access to liberalized abortion and available contraception. This generation has never before experienced the stigma and fear attendant with sexual activity and unexpected pregnancy in a context of limited options for pregnancy resolution. It is this fact that makes this generation historically unique. Examining their views on abortion and abortion access will reveal something of the social construction of abortion. Not only does abortion, in practice and in theory, challenge traditional theories of sexuality, it also enables women to explore sexuality on their own terms, and in so doing redefine those terms. Davis (1984) writes, "Women must now actually make reproductive choices instead of accepting

the drift into motherhood. Whether individual women personally choose abortion is irrelevant to my argument. Its mere legal availability alters women's understanding about their reproductive choices-indeed, it now forces choice with all its agonies and resistances. Under this ethical arrangement, not to choose abortion is as much a determined choice as making a decision for abortion (pg. 9)."

Further implications stemming from the denial of women's bodily integrity include sterilization abuses, forced cesarean sections, and an advance of fetal protection policies (Martin 1987). Entire fields of study and medical practices are developing premised on the supposed competition of rights and interests between pregnant women and their fetuses (Oakley 1979; Huckle 1982). This results in the further erosion of women's civil liberties and promotes the segregation of women into separate legal statuses depending on their pregnancy state (Cole 1990). Cases of prenatal abuse and variable incarceration rates for pregnant women are testament to the legal precedent that the separate rights argument is setting.

The social-psychological literature suggests that advocates for the two positions on abortion actively maneuver the construction of the abortion debate such that it is consistent with their world perspective. Exploration into the attitudes of non-activists will provide a less biased picture of the social construction of abortion since these respondents are removed from the active negotiation and attempted advancement of a political and policy agenda related to abortion access. Importantly, the social scientific literature contains a plethora of research on activists involved in the abortion debate, but little is explored about the audience, namely those impacted by the

decisions made in the evolution of abortion access. It appears that social resolution on this issue is not imminent, in fact young voters will increasingly be faced with this issue.

Chapter II

REVIEW OF THE LITERATURE

History

Luker (1984) and Mohr (1978) indicate that during the 19th century laws regarding abortion greatly shifted and by century's close every state in the U.S. had restrictive abortion laws. Gordon (1990) and Adler submit that one reason for this shift was the mobilization on the part of physicians to "professionalize and control the practice of medicine" (1979, 101). It is interesting to note the change in role of the medical community, initially as an opponent of legal abortion and later as advocate for re-legalization.

Luker (1984) reveals the initial efforts to criminalize abortion focused not on the 'rights' of the fetus, but on the danger that women faced as a result of the procedure. Close to a century later the danger attending illegal abortions propelled many, doctors included, to demand that abortion be removed from the crime culture and reinstated as a medical procedure, again for the protection of women (Granberg and Denny 1982). The success of medicalizing the issue has not been lost on anti-choice activists who are attempting to medicalize a 'Post Abortion Syndrome' in order to suggest that abortion has dangerous emotional consequences for women.

James Mohr (1978) identifies the concern over declines in the upper and middle class white population and a corresponding increase in the immigrant populations in the United States as fueling the campaign to criminalize abortion in the mid 18th century. According to Muldoon (1991), the concern over increases in the immigrant

population compelled ministers to join anti-abortion forces. Abortion policies were explicitly used to compel white women to bear more children to offset the population growth of immigrants and minorities. By the 1960's the population agenda in the United States expanded to concerns about overpopulation in general. Pronatalist policies were identified as out of step with environmental issues and the global imperative to limit population growth. The concerns around overpopulation influenced policy decisions as well as judicial considerations. In the Supreme Court decision Roe v Wade which legalized abortion, Justice Blackmun cites the role of population growth as one which complicates the subject of abortion (Rubin 1987). Although privacy is the fundamental right advanced in Roe v Wade, the social climate of the time emphasized overpopulation pressures and the threat of ensuing environmental problems. Internationally, governments were taking action respective to aggressive population control policies. In the overall context of abortion law reform, access to legalized abortion was not solely premised on a woman's right to bodily control, but was also advanced as a mechanism of social control to limit overall population growth.

There exists no discrete moment or singular reason why a movement to repeal abortion laws began. Granberg and Denny (1982) suggest that such action was initiated in a time of beginning unrest about the Vietnam War, advances in contraceptives, renewal of an active women's liberation movement, and population expansion concerns, all contributed to a social climate conducive to the challenge of restrictive abortion laws.

Three Perspectives

Abortion exists within a political, cultural, and legal framework. Feminists have identified the abortion struggle as about control and power; control over bodily integrity and power to navigate as autonomous beings in the social realm. Other frequent participants in the abortion debate are those who maintain biological deterministic and religiously justified reasons for their antagonism toward abortion access. Their opposition is grounded in religious doctrines which speak to the beginning of life, God's intentions and the patriarchal placement of the father as the spiritual and social head of the family (Patterson 1974; Dworkin 1983). Population control advocates purport to support abortion access for women, but abortion is used as a means to an end to attain a desirable population size, not as a way to empower women (Mumford 1977; Hartman 1987).

Kristin Luker (1984) identifies the basic difference between the anti-choice and pro-choice perspective as primarily that of world view. Essentially anti-choice proponents subscribe to the idea that biology is destiny, from which arose the traditional gender division of labor. Conversely, pro-choice advocates do not believe that biology is the sole social directive. Furthermore, they tend to identify traditional patterns of gender divisions of labor as problematic. The population control establishment and women's rights advocates have formed uneasy alliances (Davis 1981; Baehr 1990; Petchesky 1990). The population control contingency has the political agenda of reducing growth; beyond that, the means are not as important as the final outcome. This has lead to the implementation of past and present coercive

policies. In fact, the population control establishment participates in compelling women to bear more children as readily as it compels them to refrain (Shapiro 1985). Contemporary France and Romania, in the immediate past, are but two examples of under-population projections influencing public policy initiatives that compelled, through a combination of incentive and decree, women to bear more children to increase native population size (Stockwell and Groat 1984). China stands as an example of the other end of the spectrum whereby childbearing is limited through social disincentives and community ostracization.

Feminist Perspective

Feminist treatment of the abortion issue points to the need for integrating women's experience into the debate and the provision of abortion services. To make sexual and social choices independent of reproductive choices affords women some amount of social autonomy and control which contributes to the further emancipation of women (Lerner 1986). "Abortion is not simply a 'neutral medical service,' but one which is or is not available depending on historical and political circumstances. Therefore, ensuring every woman's right to abortion (whether she chooses to have one or not) is a central tenet of contemporary western feminism" (Ruzek 1986, p. 186).

In the fight to maintain gains in abortion access since 1973, attention has shifted from women's experience of abortion to a defensive position. This is illustrated by pro-choice activism that centers on maintaining the limited access that *Roe v Wade* permitted, instead of continuing the initial fight for abortion law repeal that

characterized the early reproductive rights campaign (Baehr 1990; MacKinnon 1989). Rhetoric such as 'abortion on demand' has been replaced by the less radical slogan of 'Keep Abortion Legal.' The idea that abortion should be in the *unlimited* control of women is absent from much of today's debate (McDonnell 1984). Increasingly, feminists are expanding on the essential right to control childbearing and calling the question of why some women encounter unwanted pregnancy, while other womens' childbearing rights are challenged. Pointing to the control of contraceptive research and the structure of gender interactions, feminists suggest that if women were recognized as equal autonomous beings and respected on those grounds in the public and private arena, they would be better able to control their sexual alliances and reproductive outcomes (Dworkin 1983; McDonnell 1984; MacKinnon 1989).

Furthermore, complete reproductive choice would change the social order in ways that expand beyond an individual woman's life and family experience. Feminist visions include one in which Adrienne Rich writes, "The repossession by women of our bodies will bring far more essential change to human society than the seizing of the means of production by workers. The female body has been both territory and machine, virgin wilderness to be exploited and assembly-line turning out life. We need to imagine a world in which every woman is the presiding genius of her own body. In such a world, women will truly create new life, bring forth not only children (if and as we choose) but the visions, and the thinking, necessary to sustain, console and alter human existence-a new relationship to the universe. Sexuality, politics, intelligence, power, motherhood, work, community, intimacy will develop

new meanings. Thinking itself will be transformed. This is where we have to begin" (as cited in MacKinnon 1989:155).

Traditional Perspective

The radical transformation described above is just what proponents of a traditional position warn against. Although the abortion issue as a whole is treated with solemnity, the significance of abortion access in the lives of women is often trivialized by anti-choice proponents and reduced to frivolous material desires. One anti-abortionist writes, "What is it? Are the thirty-five and forty year olds tired of human horticulture and ready to kill a baby for a trip to Japan?" (Patterson, 1974:110).

The anti-choice treatment of abortion illustrates the resiliency of a biological deterministic view of the world as the underpinning for social relationships. New scientific and technological advances are used in arguing that meaningful life begins at the moment of conception and that it is unnatural for a potential mother to deny such life. DNA is offered as proof that "all he or she (the fetus) needs is growth."

(Ervin, 1985:65) From the incorporation of recent scientific breakthroughs with traditional depictions of women's 'natural' instinct emerges a revisiting of the anti-choice's basic contention that abortion violates the natural order of male/female relationships. Feminists have long since acknowledged that women's reproductive control disrupted traditional arrangements between men and women. It is precisely this, feminists contend, that emancipates women from complete dependence on men. Anti-abortion activists advancing traditional gender roles maintain that the traditional

gender division of labor works and that social dislocation and shifting family patterns are a result of the disruption of this division (Morgan 1975; Shafly 1977).

The anti-choice approach to reproductive issues, abortion specifically, adopts a protectionist stance toward women and children. It is from this vantage point that feminists, sex education classes, and birth control clinics are accused of misguiding women and children. Support groups for women who have had abortions and now regret them have been established under the names Women Exploited By Abortion (WEBA) and American Victims of Abortion. The implication from the names and literature is that women have been taken advantage of and tricked into denying their most basic instincts. One WEBA director is quoted, "We are going to have to prepare society for an epidemic of broken women" (Ervin, 1985:16). Eisenstein writes, there exists "a contradiction between a non-interventionist state (cutting social services) and an interventionist state (legislating family morality) which poses serious problems for its [social conservatives] pro-family program" (1982:587). Within a protectionist framework this contradiction poses no problem for those who subscribe to the idea that men, husbands and fathers, have women's best interest in mind and will take care of them in politics and in the family. Andrea Dworkin (1983) identifies this as the promise of the New Right in the 1980's.

The conservative right rejects arguments for the need of global population control on the grounds that "the greatest resource is the human resource." Furthermore, Julian Simon (1981) suggests that future generations will bring geniuses who will be able to solve present day technological and environmental problems. Advocacy

groups such as the National Right to Life maintain that overpopulation concerns are the fabrication of 'pro-abortionists' and further maintain that a surplus of couples exist who want to adopt, but must wait because there aren't enough available children.

Population Control Perspective

In the population control literature, world population expansion is characterized as having escalated to the point that a woman's right to continue or terminate a pregnancy might have to be suspended to avert catastrophic results from uncontrolled childbearing. Population expert Mumford writes, "Indeed, it is a historical irony that, after a long international struggle to establish individual's freedom of choice in controlling their own fertility, that freedom should immediately be challenged in the name of the population crisis. Irony or not, there is no cause to be surprised by such a course of events. The history of human liberty is studded with instances in which, for a variety of reasons, it has been possible to say that liberty is a vital human good and yet that, for the sake of other goods, restriction of liberty seems required" (1977:74).

Mumford further warns that if intervention is not swift, subsequent ameliorative measures will require coercion. He explicitly proposes intervention of the United States military to enforce population control measures on the grounds that world population growth poses a national security problem. Mumford recommends that the Department of Defense be enlisted to develop legislation and research on contraception and be further entrusted with "mounting a national social engineering

effort (1) to eliminate all pronatalist influences in American culture and (2) to promote compliance with national population laws" (1977:140).

Aggressive sterilization programs in the developing world and in the United States have been the primary option advanced by the population establishment to counteract and control population growth. The insidious message in abusive sterilization policies has not gone unnoticed by feminists and birth control advocates. Policies which provide subsidized sterilization but not abortion mandate the most dramatic measure of birth control as a 'choice,' but expression of personal control (financial option for abortion) over childbearing is rendered inaccessible (Davis 1990).

Population policy reflects certain class biases which fail to address the apparent contradiction that while some women struggle against coercive policies, which in effect would mandate motherhood, impoverished women's right to bear children is challenged (Klein 1981; Davis 1981). The singular mission of controlling population growth has been implemented primarily in the reproductive care of impoverished women and women of color (Hartman 1987). The charge levied against the population establishment has been that it implements a hidden agenda of class and race control (Davis 1981; Shapiro 1985). This grows from the eugenics movement of the early 19th century which advocated social engineering to curtail childbearing of those who were portrayed as socially unfit to reproduce.

Chapter III

THEORETICAL FRAMEWORK

The question that this research addresses is whether differences in abortion access attitudes are basically differences in the assignment of authority to make the abortion decision. The competing perspectives on abortion access employ varying rhetoric to align their views along corresponding perceptions of social reality. Social reality is non-negotiable between the groups as they appeal to authority structures which are irreconcilable. Established avenues of legitimate authority are preserved by the institutional order which employs traditional gender definitions to allocate social power and authority. Abortion access challenges the institutional order by providing women the recourse to act on their own authority and determine whether or not to accept the social role of motherhood. Traditional authority structures are not readily available to women, however, with the abortion decision available, women can rely on their personal authority. Wrong writes, "Legitimate authority is a power relation in which the power-holder possesses an acknowledged right to command and the power-subject an acknowledged obligation to obey. The source rather than the content of any particular command endows it with legitimacy and induces willing compliance on the part of the person to whom it is addressed. Legitimate authority presupposes shared norms. These norms do not prescribe the context of the commands issued by an authority - they prescribe, rather, obedience within limits irrespective of content (1979; p. 49)."

The stability and preservation of the social order requires that mechanisms exist to reinforce the existing structure. Peter Berger and Thomas Luckman (1966) expand on Max Weber's work on legitimation to suggest that institutional order is justified and preserved through four forms of legitimation. They write,

First, the totality of the institutional order should make sense, concurrently to the participants in different institutional processes...Second, the totality of the individual's life, the successive passing through various orders of the institutional order, must be made subjectively meaningful...the individual biography in its several successive, institutionally predefined phases, must be endowed with a meaning that makes the whole subjectively plausible...The third level of legitimation contains explicit theories by which an institutional sector is legitimated in terms of a differentiated body of knowledge...Symbolic universes constitute the fourth level of legitimation. These are bodies of theoretical tradition that integrate different provinces of meaning and encompass the institutional order in a symbolic totality (1966; 92-95).

Berger and Luckman's emphasis on the importance of biography can be expanded by looking at the 'line of fault' Dorothy Smith (1987) suggests women experience when comparing the reality of their personal experiences with the gender definitions imbedded in society. Women generally are left out of direct participation in the institutional structures of society and are not able to negotiate beyond the micro level. The institutional order is created using the template of one gender (male) and does not accommodate negotiation by women. Furthermore, the contemporary gender definition of women does not include active social agency by women.

The subjective experience of women does not match the objective presentations of being a woman in this society. The symbolic universes composed to buttress the theories that explain and justify the institutional order serve to alienate women from their biographical experiences. For these reasons Berger and Luckman's four forms

of legitimation are not consistent with how women experience social reality. Instead they experience social reality as 'Other' (De Beauvior 1952). Smith writes, "This inquiry into the implications of a sociology for women begins from the discovery of a point of rupture in my/our experience as woman/women within the social forms of consciousness-the culture or ideology of our society-in relation to the world known otherwise, the world directly felt, sensed, responded to, prior to its social expression. With this as the starting point, the next step locates that experience in the social relations organizing and determining precisely the disjuncture, that line of fault along which the consciousness of women must emerge (1979; 135)."

Smith (1979) further suggests that a social and intellectual dissonance is created for those experiencing reality in a society that primarily validates an 'objective and neutral' reality to which they (women) have no access. Indeed in this context, it is men's realities that are put forth as objective and neutral and women's that must be mediated. Traditionally, women have not had sufficient access to claims of legitimacy to speak with authority. If men and women live in gendered worlds and the institutional order is constructed to validate only the objective (male) reality then all else is other than objective, hence invalidated and illegitimate. In exposing the gendered and political element of objective truths, the 'neutral' becomes suspect and is revealed as "covertly masculine" (Smith 1987). In challenging many social institutions feminist sociology has questioned from where the source of authority emanates. In stressing the importance and appropriateness of considering the biography and contextual nature of experience Dorothy Smith writes, "It is this

essential return to the experience we ourselves have directly in our everyday worlds that has been the distinctive mode of working in the women's movement-the repudiation of the professional, the expert, the already authoritative tones of the discipline; the science, the formal tradition, and the return to the seriously engaged and very difficult enterprise of discovering how to begin from ourselves (1987:58)."

The social power to impose one's meanings and subjective experience in the negotiation of social reality is contingent upon the social status that an individual commands either as an individual or as a member of a powerful group. Arlie Hochschild (1983) writes of the concept of status shields which are social constructions that are a form of social power with which one's feeling and perceptions are protected from negative interpretations. Social predispositions play to the capability and social strength one can bring to bear in negotiating an accepted version of reality and defining that which is important. Women's relative lack of social strength renders them with weak status shields which make claims to authority all the more inaccessible. Ralph Turner's (1962) work on role-taking serves to underscore the consequence of women's reduced status shield. Essentially there exists no social premium on role-taking with women or accepting the social perceptions of those of 'Other.' Furthermore, women's reduced status shields renders it difficult for women to deflect social assault and leaves them open to humiliation on many interactional fronts, one being in the realm of negotiating personal and social legitimacy.

Jean Lipman-Blumen elaborates on the cultural presentations of men and women and further discusses the institutional maintenance of the status quo which further

impedes women's access to claims of legitimate authority. She writes, "Women and men alike are socialized from infancy to accept the traditional definition of gender roles. Both sexes believe in the gender definitions created by their forbearers and inculcated by their parents and other adults through word and deed. They are repeatedly taught through control myths about the supposedly innate nature-that is, differentiation-of males and females (1984:50)."

She defines a series of "control myths," cultural and social beliefs, which serve to perpetuate differing expectations of the two genders and indeed serve as prescriptives for behavior. Of particular relevance here are five control myths: "women as weak, passive and dependent...; women as more altruistic, nurturant and thus more moral than men...; men as smarter than women...; women's sexuality as inexhaustible, uncontrollable and even dangerous to men...; and finally that men have women's best interest at heart and can be trusted to protect their (women's) welfare" (1984:96). These control myths serve as powerful mechanisms of social control in so far as they restrict women's ability to actively re-negotiate the sexual social order.

Abortion access violates these control myths and undercuts the social sexual order by locating the abortion decision within the province of women's personal authority. Mechanisms to define and shape sexuality and reduce personal agency are undercut by abortion access when women need not conform to social expectations that render them dependent and self-sacrificing. Abortion access locates the authority to make life altering decisions within the personal lives of women. This is contrary to the gender images and proscribed gender roles that exist within our society today.

Chapter IV

METHODOLOGY

The intent of this research was to explore the social construction of abortion by hypothesizing a typology of abortion attitudes with three dimensions, Feminist, Traditional and Population Control, that serve to frame the abortion debate in the popular media and scholarship on reproductive rights. Undergraduate college students were surveyed to assess their attitudes toward abortion and to determine if these attitudes correlate with statements that were classified as Feminist, Traditional, and Population Control. It was hypothesized that the Feminist and Population dimensions would correlate positively with abortion attitudes, whereas, the Traditional dimension would correlate negatively. Furthermore, the Traditional and Population dimensions would be associate with reduced legitimate authority for women.

The Sample

Respondents were enrolled in three classes at a large public university in the Southeast; two introductory sociology classes and one human sexuality class.

Voluntary participation in the survey was solicited before the class with the assurance of complete anonymity and confidentiality. The survey was one of convenience; students and classes were selected out of availability and not randomly selected. This hampers attempts to generalize beyond the given sample (Babbie 1983; Guy et al. 1987). The sample was potentially biased in another way, in so far as students self-select into classes, the population enrolling in a human sexuality class potentially differs from the general student body. Furthermore, the human sexuality students

were already exposed to sexuality issues in class by the time the instrument was administered. Additionally, the administration method varied slightly for one of the introductory sociology classes. In two of the classes the instrument was distributed and collected during the same period; whereas, in one of the introductory sociology classes students received the survey and were encouraged to return it during the next class session. Although there was implied sponsorship from the professor (Miller 1991), the return rate was dramatically reduced in the class with the delayed return. Approximately half of the respondents were drawn from the human sexuality class (45.1%), a slightly lower percentage from the introduction to sociology class where the survey was returned during the same class session (43.6%), and the remainder (11.3%) were enrolled in the introductory sociology class where the survey was returned to the professor at a subsequent class meeting.

A total of 397 students completed the survey; two additional surveys were discarded due to blank or illogical completion. The respondent population appears fairly homogeneous. Homogeneity has the potential to reduce correlations due to the 'restriction of range' as correlations are dependent on the variability of differences (Anastasi 1988). Respondents where overwhelmingly single, caucasian and female; 86.1%, 74.9%, and 67.4% respectively (see Table 4.1). The majority have no children (93.9%), identify themselves as middle class (83.0%), and report their political affiliation as Liberal (30.5%) to Moderate (49.4%). Additionally, respondents were in the first half of their undergraduate career with 61.9% reporting their academic standing as First year or Sophomore (see Table 4.1).

Table 4.1: Selected Background Variables

Marital Status, Question 4 (Missing = .3%)						
N = 396	Single	Married	Cohabit	Separated	Divorced	
Frequency	341	30	17	2	6	
Percent	86.1	7.6	4.3	.5	1.5	

Race/Ethnicity, Question 12 (Missing = 4.5%)						
N = 379	AfricanAm	Caucasian	Hispanic	AsianAm	Other	
Frequency	69	284	5	20	1	
Percent	18.2	74.9	1.3	5.2	.3	

Academic Standing, Question 1 (Missing = .5%)						
N = 395	First Year	Sophomore	Junior	Senior	Graduate	
Frequency	111	134	70	76	4	
Percent	28.0	33.9	17.7	19.2	1.0	

Religious Affiliation, Question 9 (Missing = .3%)						
N = 396	Baptist	Catholic	Protestant	Other	None	
Frequency	115	75	47	88	60	
Percent	29.0	18.9	11.8	22.2	15.1	

*Note: Evangelical (0.5%) Jewish (2.3%) are not included in table but were answer options on the instrument.

Personal Proximity to Abortion, Question 53 (Missing = 4.0%)						
N = 381	Very Close	Somewhat Close	Close	Not Very Close	Not Close At All	
Frequency	81	43	85	74	98	
Percent	21.3	11.3	22.3	19.4	25.7	

Respondents were equally distributed along the spectrum of experience with abortion. Approximately the same proportion of respondents reported that their experience with abortion had been 'very close' 21.3%, 'close' 22.3%, or 'not close at all' 25.7% (see Table 4.1).

The Instrument

The questionnaire was seven pages, including a cover letter of introduction. See Appendix A for a copy of the questionnaire in its entirety. The first page of questions included general demographic questions, a departure from the convention of placing standard demographic questions at the end of a questionnaire (Judd et al. 1991; Miller 1991). In order to increase the comfort level of the respondent, potentially sensitive questions were asked toward the end of the questionnaire, similar to the interview technique for sensitive topics (Brannen 1988; Sudman and Bradburn 1989). Six questions on the saliency of the issues studied, abortion, women's rights, and world population, were asked. A "funneling down" technique was employed with the placement of the issue saliency questions and the attitudes toward abortion scale (Judd et al. 1991). This technique is designed to offset a potential context effect in the order of the questions by asking general before specific questions (Schuman and Presser 1981; Sudman and Bradburn 1989). Respondents were asked to indicate the importance of the issues above before probed for their specific opinions on the availability of legalized abortion.

The three hypothesized dimensions, Feminist, Traditional, and Population, comprise the primary independent variables. An existing scale of abortion attitudes

was administered as the primary dependent variable. A secondary dependent variable was created from questions regarding to whom a pregnant woman should have to provide a reason for her abortion; these questions were used as the legitimate authority measure.

The Pretest

A pretest was conducted by distributing the questionnaire at a meeting of a grass roots pro-choice clinic access organization. The organization was selected for reasons of availability and the predictability of the members' views. The respondents were asked to complete the questionnaire and to indicate areas that were unclear or ambiguous. Minor modifications to the questionnaire were made as a result of the pretest which included spacing adjustments and instruction clarifications. Visual examination of the results supported the claim of face validity for the index; frequency breakdowns of the traditionalism index were as predicted of liberal respondents. No response bias was detected. The primary suggestion from the pretest was that the introductory paragraph on the question of the respondents' proximity to abortion needed further clarification. It is important to note that the instrument was not pretested with groups known to be anti-choice or socially conservative.

A second pretest was conducted to test the final draft of the instrument.

Respondents were prompted about the possible intrusiveness of the question on the proximity of the abortion experience. No respondents reported the final question to be unduly intrusive.

Human Subject Protection

Although no questions were asked of the respondents that would require divulging information regarding intimate relationships or illegal activity, the subject and/or experience of abortion is stigmatizing and disturbing to some. Measures were taken to reduce the intrusiveness of the instrument and to be sensitive to the emotional state of respondents (Brannen 1988; Judd et al 1991). Questions about abortion were kept general and non-threatening (Babbie 1983). The question addressing respondents' experience, or those close to them, with abortion was prefaced with; a statement further assuring that their responses would be protected, a brief explanation why the question was asked, an explicit statement that the question was voluntary, and the assurance that the question was not designed to judge individual's actions.

In an effort to remove any possible negative after-effects a respondent might experience from answering the questionnaire, respondents were encouraged to write comments on the back of the survey if they felt they had anything they wanted to share. This offer was extended in the letter of introduction and at the end of the survey. The offer was not an attempt to solicit further information from the respondents, rather it was designed to provide an open place for them to respond to the survey or share feelings that they might not feel comfortable being identified with.

Finally, if approached by a student who appeared overly disturbed by the questionnaire I was prepared to distribute the number and procedure for contacting the student counseling service. There was not occasion to do so during any of the survey administrations.

The survey was reviewed by the university's Committee on the Conduct of

Human Research to ensure that it met the standards of ethics in human research and
to determine if a signed letter of consent was required from each respondent. The
letter of introduction informed potential respondents on the nature of the survey.

Completion of the survey indicated implied consent.

Independent Variable: Index of Traditionalism

A Likert-type scale was developed with three dimensions; Feminist, Traditional, and Population control. To increase reliability and validity, multiple indicators were used to construct each dimension (Judd et. al 1991). An advantage of the Likert-type scale is that strict unidimensionality is not required (Judd et. al 1991). Instead, items comprising each dimension need only measure the same continuum (Nie 1975; Isaac and Michael 1981). The primary disadvantage to a Likert-scale is the lack of rank order between items and the incapacity to predict an item response if some responses are known. The response categories ranged from 'strongly agree' to 'strongly disagree' with the neutral position removed to force a loaded response.

Table 4.2 provides the distribution of responses for each indicator within the three dimensions.

A summated score was calculated for each dimension using SPSS compute statements simply adding the indicators. Each respondent received a score for each of the three dimensions. The compute statements were:

Compute FEMINIST=Q14F+Q17F+Q20F+Q22F+Q27F Compute TRADTION=Q15T+Q16T+Q19T+Q23T+Q26T Compute POPULATE=Q13P+Q18P+Q21P+Q24P+Q25P

Table 4.2: Distribution of Indicator Responses* within Dimension Independent Variables: Feminist, Tradition, and Populate

INDEX OF TRADITIONALISM (Questions Q13 though Q27)							
Dimension/Indicators** See pg 31 for dimension construction	Strongly Agree	Agree	Disagree	Strongly Disagree			
FEMINIST DIMENSION							
Career women can have warm and secure relationships with their children.	28.8%	49.0%	17.4%	4.8%			
Premarital sex not wrong b/t consenting adults.	39.9	39.7	13.0	7.4			
A woman's job should be held for her to go back to after she has had a baby.	54.9	40.3	3.8	1.0			
If a husband wants children, but the wife does not, it is okay for her to refuse.	25.1	50.8	21.0	3.1			
Unmarried women's lives can be happy.	37.3	48.5	12.2	2.0			
TRADITIONAL DIMENSION							
Men can make long range plans for the future, but a woman has to take things as they come.	1.3	7.8	43.8	47.1			
Women who don't want at least one child are selfish.	2.5	4.8	43.9	48.7			
Highest reward for a woman is her children.	8.2	33.8	43.6	14.4			
Sex education in the schools violates parents' rights to control what their children learn.	1.8	6.1	51.5	40.7			
Biology explains difference in social roles.	3.1	20.2	51.2	25.6			
POPULATION DIMENSION							
World is experiencing a population problem.	21.5	62.8	14.7	1.0			
Due to world overcrowding, people need to limit the number of children they have.	10.2	44.9	39.0	5.9			
People should not have more children than they can support.	70.6	27.2	1.0	1.3			
The wrong people having too many children.	23.8	42.5	27.1	6.6			
It's hardly fair to have children with the way things look for the future.	2.8	14.3	68.5	14.3			

^{*}Missing values were less than 2.0% for each indicator.

^{**}Note: See Appendix B for exact question wording and order of traditionalism index.

The three dimensions, Feminist, Traditional, and Population control were operationalized by constructing a composite index comprised of five items for each dimension, totaling 15 items in the index. The scoring was 1 through 4 for each indicator; 1 indicating complete agreement with the statement, 4 complete disagreement with the statement. A total dimension score of 5 indicates that the respondent affirmed all of the statements/indicators contained in that dimension. A high score, 20, reflects a rejection of all the statements/indicators for that dimension. To guard against a response bias, the indicators measuring the three dimensions were arranged such that a predictable pattern did not emerge.

Dependent Variable

A Guttman scale of abortion scenarios was used to measure the circumstances a respondent feels a woman should be able to obtain a legal abortion. The primary advantage of a Guttman scale is that there exists an inherent order to the items from which a predictable response pattern emerges. This scale, which has been reported to be an unidimensional scale with a coefficient of reproducibility greater than .90 (Gillespie 1988), was taken from the General Social Survey (Davis and Smith 1988) and consists of 7 items. The original GSS scale was administered, as well as two additional scale items. Much of the literature employing this scale excludes analyses on the item "If a woman wants it for any reason." It is included here.

The scale items include situations where there is a physical indication for an abortion, such as an existing defect in the fetus, and distinctly social reasons for an

abortion, such as the pregnant woman's family is poor. Arney and Trescher (1976) refer to the physical and social reasons as "hard and soft" reasons. Gillespie et. al. (1988) criticize the inconsistent way this scale has been reported in the literature; at times it is treated as a single unidimensional scale and others it is analyzed as two unidimensional scales, physical and social. Using a Mokken model for scale analysis, Gillespie et al. conclude that the six GSS items form a single unidimensional scale, but do separate the physical and social reasons for discussion. For the research purposes here it is sufficient that this scale is established as unidimensional. In response to changing attitudes about sexuality, Gillespie et al. (1988) suggest offering different vignettes in the abortion scale to accommodate shifts in the social acceptance of behaviors. The abortion scale used in this study has two items that were not on the GSS. Instead of only one scenario where the pregnant woman is single, three single situations were presented; the original GSS scenario in which the woman did not want to marry the man, another in which the man did not want to marry the woman, and a third in which the woman was no longer involved with the man with whom she became pregnant.

The total scale is comprised of nine items measuring the acceptability of access to abortion in separate situations. Each item is coded 1 for a 'yes' response or 2 for a 'no' response. A score of nine indicates a liberal view of abortion access, whereas a score of 18 indicates a conservative view. A scale score was calculated which was compared with responses to other items in the survey. (See Chapter V: Results)

Table 4.3 presents the distribution of responses to each item on the abortion attitudes scale in order of support. As is consistent with other findings, physical reasons for abortion garnered greater support from respondents than did social reasons. The majority of respondents supported access to legal abortion for all of the presented reasons.

Table 4.3: Distribution of Responses on the Abortion Attitudes Scale

Do you think a woman should have access to a legal abortion					
REASON (See Appendix A for item order)	M*	Yes	No		
If the woman's own health is endangered by the pregnancy?	1.04	95.9	4.1		
If the pregnancy is the result of rape?	1.05	94.2	5.8		
If there is a strong chance of serious defect in the baby?	1.11	88.1	11.9		
If the family has a very low income & cannot afford more children?	1.27	72.3	27.7		
If the woman is not married and the man does not want to marry her?	1.37	62.3	37.7		
If she is not married and does not want to marry the man?	1.37	62.1	37.9		
"If the woman is no longer involved w/ the man she became pregnant?	1.41	58.3	41.7		
If the woman wants it for any reason?	1.42	57.6	42.4		
If she is married and does not want any more children?	1.44	55.4	44.6		
*Indicator score range for mean: 1-2					

[&]quot;Items added to original General Social Survey scale

Note: The missing value was not >2% for any one item. Reported valid %.

Scales

Summated scores were calculated from the three index dimensions; FEMINIST, TRADITION, and POPULATE. Five separate scales were calculated from the abortion items. ABORTION1 contains the original six items that appear on the GSS and are commonly reported in the literature. ABORTION2 complies the original six items, the 'a woman wants it for any reason' item, as well as the two additional single items; the woman is not married and the man does not want to marry her, and the woman is no longer involved with the man with whom she became pregnant. The physical and social reasons were broken out into separate scores; PHYSICAL contains questions on serious birth defect, rape, and woman's life endangerment. SOCIAL1 contains the social reasons for abortion that are commonly reported in the literature, questions family too poor, woman married but does not want more children, and woman does not want to marry man. SOCIAL2 includes the above three reasons for abortion in addition to questions; man does not want to marry woman, woman no longer involved with man, and woman wants abortion for any reason. The last calculated scale is INFORM which is used as the legitimate authority measure. Responses to questions 44-48 are summed (scoring scheme, 1 for 'yes' and 2 for 'no', is the same as the abortion scale) to generate a score for 'to whom a pregnant woman should be required to provide a reason for her abortion.'

Table 4.4 reports the mean score and reliability measure for all of the constructed scales. Although the alpha coefficients for the index dimensions are lower than the accepted convention of .80 and higher (Anastasi 1988) there is

Table 4.4: Scale Means' and Reliability

Scale Name (item number)	N	Mean**	Std Dev	Alpha				
Index of attitudes								
FEMINIST (n=5)	382	9.1	2.2	.49				
TRADITION (n=5)	383	15.6	2.2	.55				
POPULATE (n=5)	380	10.7	2.0	.54				
Abortion Attitudes								
ABORTION1 (n=6)	388	7.3	1.6	.81				
ABORTION2 (n=9)	383	11.5	2.8	.90				
PHYSICAL (n=3)	393	3.2	0.6	.76				
SOCIAL1 (n=3)	390	4.1	1.2	.85				
SOCIAL2 (n=6)	385	8.3	2.5	.93				
Legitimate authority								
INFORM (n=5)	389	7.7	1.6	.72				
*Note: scales means are based on different scoring schemes and item totals. See pgs 29-32 for scoring discussion of IVs and DVs.								
"Score ranges: Feminist 5-20/Tradition 5-20/Population 5-20/Abortion1								

^{6-12/}Abortion2 9-18/Physical 3-6/Social1 3-6/Social2 6-12/Inform 5-10

indication that the index dimensions are measuring the same continuum which is the principle requirement for Likert-type scales. The Spearman-Brown formula is typically used to determine the effect of lengthening a test (Cronbach 1951). When applying this formula $[r_{nn}=nr_n/l+(n-l)r_n]$ to the dimensions; the Feminist alpha, the Traditional alpha, and the Population alpha would be raised if five indicators were added to each corresponding dimension, .65, .73, and .70 respectively. This applies only for the addition of indicators that measure within the dimension continuum. Although to increase the dimension alphas the number of indicators would need to

double, reliability tests indicate that the individual index dimension's alpha would not be greatly increased if one particular indicator was removed. This lends credence to an acceptance that the dimension indicators are measuring the same continuum

Hypotheses

Seven hypotheses were developed which examined the relationships between the independent and dependent variables. The basic expectations were that Feminist and Populate dimension would behave the same way on the Abortion measure.

Conversely, the Tradition and Populate would behave similarly on the legitimate authority measure. Feminist and Tradition dimensions were expected to demonstrate contrasting patterns with both dependent variables. Finally, experience with abortion was expected to be positively related to support for legal abortion.

Hypothesis 1: Support for the Feminist dimension will be associated with support for legal abortion.

Hypothesis 2: Support for the Traditional dimension will be associated with a lack of support for legal abortion.

Hypothesis 3: Support for the Population Control dimension will be associated with support for legal abortion.

Hypothesis 4: Acceptance of the Feminist dimension will be associated with support for women's legitimate authority in making the abortion decision.

Hypothesis 5: Acceptance of the Traditional dimension will be associated with

support for requirements that a woman inform designated

persons before she is able to obtain an abortion.

Hypothesis 6: Acceptance of the Population Control dimension will be

associated with support for requirements that a woman inform

designated persons before she is able to obtain an abortion.

Hypothesis 7: Respondents reporting close proximity to the abortion

experience will demonstrate greater support for legal abortion.

Data Analysis Techniques

Individual questionnaires were visually examined for extraneous marks which were removed. A record number was assigned after the questionnaire had been collected, as well as a code indicating in which class the questionnaire was answered. Data from the questionnaires were entered into two separate text files using WordPerfect5.1 and compared after data entry with a DOS file comparison utility. The data were stored in an account on a HP3000 mainframe and accessed by SPSS software for statistical analysis. After data inconsistencies were reconciled, preliminary frequencies were generated from the SPSS system file to check for anomalies within the dataset before data reduction or analysis occurred (Fowler 1984).

Chapter V

RESULTS

The results section contains all of the data reduction and separate discussions of the independent (IV) and dependent (DV) variables, as well as an examination of the relationship and interaction between them. These relationships will determine the viability of the hypotheses proposed earlier. The chi-square (x^2) statistic was used to determine variable independence; t-tests were employed to compare means within independent variables; the Pearson correlation coefficient (r) was used to determine the strength of relationships between variables. Significance levels at p < .05 were accepted as indication that the observation was significant.

Independent Variables (IV)

Although, as noted in the previous discussion of the scales employed in this research (see Table 4.4), the alpha levels for the dimension variables were low, the dimensions were accepted as reliable and serve as the primary IVs in the data analysis. In addition, the self-reported proximity to abortion (PROXIMITY) serves as a secondary independent variable. The correlation coefficients between the IVs were also low and not significant except between the FEMINIST and TRADITION dimensions (see Table 5.1). Although there appears to be a strong relationship between FEMINIST and TRADITION the direction (negative) indicates a differential weighting; high scores on one dimension would be associated with low scores on the other dimension.

14	ole 3.11. Correlation	ons between mu	ependent variabi
IVs	TRADITION	POPULATE	PROXIMITY
FEMINIST	47 p<.001	.03 p=.244	.01 p=.375
TRADITION		.05 p=.159	09 p=.036
POPULATE			10 p=.023
PROXIMITY			

Table 5.1: Correlations between Independent Variables

The lack of variability in the distribution of values for the separate dimensions notwithstanding (see Table 4.2), a dichotomy was forced for each dimension, FEMINIST, TRADITION, and POPULATE. The break was determined by the expected results had there been a normal distribution of responses along dimension. Although constructing the dichotomy such that each group contained approximately 50% of the respondents would have yielded larger cells, it would not have been as meaningful. Total dimension scores 5-12 were designated as an affirmation of the dimension and scores of 13-20 a rejection of the dimension (see pg 31 for a discussion of dimension scoring). This results in very small cells for those rejecting the FEMINIST dimension, affirming the TRADITION dimension, and rejecting the POPULATE dimension (see Table 5.2).

Table 5.2: Distribution of Respondents in Forced Dichotomies within Dimensions

	FEMINIST		TRADITION		POPULATE	
	Affirm	Reject	Affirm	Reject	Affirm	Reject
Frequency	359	23	23	360	305	75
Percent	90.4%	5.8	5.8%	90.7	76.7%	18.9
Missing	15 / 3.8%		14 / 3.5%		17 / 4.3%	

Crosstabulations with a chi-square statistic were generated to determine if the dichotomized independent variables were related to each other. Chi-square statistics after Yates correction are used with the two by two tables. This may result in a lower x^2 , however, the correction is designed to improved the estimate of the p value (Norusis 1987).

The crosstabulation between the dichotomized FEMINIST and TRADITION dimensions reveal that those affirming the TRADITION dimension equally affirmed and rejected the FEMINIST dimension. However, those rejecting the TRADITION dimension were far more likely to affirm the FEMINISM dimension (see Table 5.3).

The chi-square analyses indicate that the FEMINIST and TRADITION dimensions are related. The chi-square was 66.05043 and the corresponding p value was < .001. The chi-squares in both crosstabs for POPULATE by FEMINIST and POPULATE by TRADITION were low and not significant. The chi-square coupled with extremely low correlation coefficients (see Table 5.1) suggest that the POPULATE dimension is not related to either the FEMINIST or the TRADITION dimension. Nevertheless, the relationship between the FEMINIST and TRADITION dimensions is further evidenced by the direction of the crosstabulations of both the FEMINIST and TRADITION dimensions by the POPULATE dimension. Both the POPULATE groups (affirm and reject) overwhelmingly affirmed the FEMINIST dimension and rejected the TRADITION dimension (see Table 5.2).

Table 5.3: Crosstabulations with Chi-square of Dimensions

Count/Row/Column	TRADITI	ON	Chi-square
FEMINIST	Affirm	Reject	x ² 66.05043
Affirm	12 3.4 52.2	338 96.6 96.6	D.F. 1
Reject	11 47.8 47.8	12 52.2 3.4	p < .0001
	TRADITI	ON	
POPULATE	Affirm	Reject	x ² .0000
Affirm	18 6.1 81.1	278 93.9 80.1	D.F. 1
Reject	4 5.5 18.2	69 94.5 19.9	p = 1.0
	FEMINIS	ST	
POPULATE	Affirm	Reject	x ² .02026
Affirm	280 94.3 80.9	17 5.7 77.3	D.F. 1
Reject	66 93.0 19.1	5 7.0 22.7	p = .886

*Chi-square calculated with Yates correction

Note: Over 20% of the cells in each crosstab had an expected cell frequency < 5 which can cause the observed significance level to be unreliable.

The proximity to abortion variable (PROXIMITY) and the three dimensions are not related as the corresponding correlations are all very low (see Table 5.1) and

the x² are all low with correspondingly high significant p values. However, the dimensions crosstabulated by the PROXIMITY variable reveal that regardless of proximity to the abortion experience, very close to not very close, overwhelmingly within the PROXIMITY measure, the FEMINIST dimension was affirmed, as was the POPULATE dimension, whereas, the TRADITION dimension was rejected.

Dependent Variables (DV)

The majority of the sample was classified as prochoice, 60.2%, with 37.6% classified as anti-choice and 2.1% missing. A dichotomy was created for the abortion attitudes scale (ABORTION). Scores of 9-12 were classified as pro-choice and scores of 13-18 were classified as anti-choice (see page 32 for the discussion of dependent variable scoring). This allowed a respondent to answer 'no' to no more than half of the 'social' reasons for abortion and still remain classified as 'pro-choice'.

The legitimate authority measure (INFORM) was collapsed into three categories, conservative, moderate, and liberal. Scores 5-6 were designated as conservative (requiring notification), 7 Moderate, and 8-10 were liberal (not requiring notification). The majority of respondents fell into the liberal category, 55.2%, whereas less than one third were classified as conservative, 25.7%, 17.1% as moderate, and 2.0% were missing. There is a significant negative correlation between the abortion attitudes measure and the legitimate authority measure, r = -.50 p < .001. Pro-choice scores are associated with high scores (liberal) on the legitimate authority measure.

Correlations Between IVs and DVs

The dichotomized IV dimension variables were crosstabulated with the two dichotomized dependent variables. The t-tests provide an opportunity to examine the difference between the mean scores on the dependent variable of the two groups within dimension created by the IV dichotomization. Additionally, the IVs and DVs are correlated to set the groundwork for an examination of the hypotheses.

Abortion Attitudes: Despite small cell sizes in Table 5.4, it is notable that the majority of respondents rejecting the FEMINIST dimension were classified as anti-choice (59.1%), whereas, the majority of those affirming the TRADITION dimension were likewise classified in the anti-choice category (68.2%).

Table 5.4: Abortion Attitudes by Dimensions

Count/Row/Col	FEMI	NIST	TRADITION		POPULATE	
ABORTION Attitudes	Affirm	Reject	Affirm	Reject	Affirm	Reject
Pro-choice	242 96.4 69.7	9 3.6 40.9	7 2.8 31.8	244 97.2 70.1	207 82.8 69.5	43 17.2 59.7
Anti-choice	105 89.0 30.3	13 11.0 59.1	15 12.6 68.2	104 87.4 29.9	91 75.8 30.5	29 24.2 40.3
r* (p)	.30 (.00)		27 (.00)		.12 (.00)	
x ^{2**}	6.63613		12.20946		2.08604	
D.F.	1		1		1	
p	.0100		.0005		.1487	

*Note: Correlations are based on whole scale comparisons and not dichotomized variable.

^{**}Chi-square calculated with Yates correction.

The chi-square analyses indicate that both FEMINIST and TRADITION are related to abortion attitudes (ABORTION). The chi-square for POPULATE and ABORTION was small and not significant.

Legitimate Authority: Significant correlation coefficients and chi-square statistics suggest that the FEMINIST and TRADITION dimensions are related to the legitimate authority (INFORM) in the expected directions; whereas, the POPULATE measure does not appear to be related to INFORM (see Table 5.5).

Table 5.5: Legitimate Authority by Dimension

Count/Row/Col	FEMI	NIST	TRAD	TRADITION		LATE
Legitimate Authority	Affirm	Reject	Affirm	Reject	Affirm	Reject
Conservative	88 88.0 24.9	12 12.0 57.1	14 14.3 63.6	84 85.7 23.8	79 79.0 26.3	21 21.0 28.4
Moderate	60 90.9 17.0	6 9.1 28.6	4 6.1 18.2	62 93.9 17.6	57 86.4 19.0	9 13.6 12.2
Liberal	205 98.6 58.1	3 1.4 14.3	4 1.9 18.2	207 98.1 58.6	164 78.8 54.7	44 21.2 59.5
r* (p)	33 (.00))	.33 (.00)		03 (.24)	
x ^{2**}	16.03073		18.60732		1.91072	
D.F.	2		2		2	
p	.0003		.0001		.3847	

*Note: Correlations are based on whole scale comparisons and not dichotomized variable.

[&]quot;Chi-square calculated with Yates correction.

T-tests were conducted to compare the means on the dependent variables and the 'affirm' and 'reject' groups of the independent variables. The difference in means was small between the dichotomized groups of the independent variables (FEMINIST, TRADITION and POPULATE) with both of the dependent variables (ABORTION and INFORM). The FEMINIST and TRADITION dimensions had significant t-tests with the dependent variables ABORTION and INFORM. The POPULATE dimension t-test results were not significant (see Table 5.6).

Table 5.6: T-test Results; Dichotomized IVs and ABORTION and INFORM

		Attitude	s toward A	Abortic) n	Legitir			timate Authority		
Ind. Vars.	М	sd	t-value	df	2-tail prob	М	sd	t-value	df	2-tail prob	
Feminist											
Aftirm	11.40	2.8				7.80	1.6				
Reject	13.7	3.2	-3.29	23	.003	6.42	1.5	4.06	22	.000	
Tradition											
Aftīrm	13.40	3.1				6.50	1.6				
Reject	11.44	2.8	2.89	23	2.89 23 .008	.008	7.81	1.6	-3.64	23	.001
Populate											
Aftīrm	11.40	2.8				7.71	1.6				
Reject	12.26	3.2	-2.09	99	.039	7.70	1.7	.06	104	.951	

Table 5.7 provides the correlation coefficients and corresponding significance values between the dimension independent variables, FEMINIST, TRADITION, POPULATE, and the proximity to abortion variable, PROXIMITY, and the two dependent variables, abortion attitudes(ABORTION) and legitimate authority

(INFORM). Although the PROXIMITY variable correlations with the dependent variables are significant at the .05 level, the coefficient is very small and indicates a weak relationship. The POPULATE dimension did not correlate with either of the dependent variables. The FEMINIST and TRADITION dimensions both correlated with the dependent variables with significant levels at the .001 level. Of particular note is that the corresponding correlation coefficients for FEMINIST and TRADITION are of the approximately same size but in opposite directions, which speaks to the different nature between the respective variables.

Table 5.7: Correlations between IVs and DVs

	FEMINIST	TRADITION	POPULATE	PROXIMITY
Abortion	r = .30	r =27	r = .12	r = .15
Scale	p = .000	p = .000	p = .007	p = .001
Legitimate	r =33	r = .33	r =03	r =16
Authority	p = .000	p = .000	p = .249	p = .001

Hypotheses Results

There is sufficient indication from corresponding correlations and crosstabulations to accept that the FEMINIST and TRADITION dimensions are associated in the expected directions with attitudes toward legal abortion (Hypotheses 1 and 2) and the legitimate authority measure (Hypotheses 4 and 5). Respondents affirming the FEMINIST dimension supported access to legal abortion and the consignment of legitimate authority to women making the abortion decision. Those affirming the TRADITION dimension did not support access to legal abortion, nor did they support

women making the abortion decision independent of requirements that they inform designated people about the abortion. Neither the POPULATE dimension nor the PROXIMITY variable correlated with the abortion attitudes or the legitimate authority measure. It is inconclusive whether there exists the relationships hypothesized in hypotheses 3, 6, or 7; population control support positively related to abortion attitudes and negatively related to legitimate authority, proximity to legal abortion positively related to support for legal abortion.

Chapter V

DISCUSSION

Although this research does not bear out evidence for the entire typology of attitudes toward abortion proposed, certain components are supported. The Feminist and Traditional dimensions correlated in the expected directions on the abortion attitudes scale and with the legitimate authority measure. That is to say, supporters of the Feminist dimension supported access to legal abortion and did not support requirements that pregnant women be required to inform designated people of their pending abortion. Conversely, supporters of the Traditionalist dimension did not support access to legal abortion, but did support disclosure requirements. Not expected, but observed, was that the correlations above, Feminist and Traditional with abortion attitudes and legitimate authority measures, were of equal strength, in addition to opposite directions. Further support for the Feminist and Traditional components rest in the relationship demonstrated with one another, a negative correlation, indicating that as support for one dimension increases, support for the contrary dimension decreases. This coupled with the performance on the abortion attitudes scale and the legitimate authority measure, suggests that the two dimensions tap different perspectives. Although nothing conclusive was demonstrated with the Population control dimension, there was a patterned difference in the interaction between the Population control dimension with the Feminist and Traditional dimensions. Supporters of the Population dimension were inclined to support the Feminist dimension, but not the Traditional dimension. Additionally, the Population

dimension supporters resembled the Feminist dimension on the abortion attitudes, which was expected, and on the legitimate authority measure, which was counter-hypothesized. The overall typology was dependent on; establishing the attitude dimensions; correlating the dimensions with attitudes about access to legal abortion; and correlating the dimensions with legitimate authority for women. The Feminist and Traditional dimensions were confirmed for the typology; whereas the Population dimension needs further development.

Demographic variables frequently correlated with abortion attitudes include; educational attainment, religious affiliation, race, and gender. Consistently educational attainment is cited as one of the strongest predictors of abortion attitudes (Arney and Trescher 1976; Granberg and Granberg 1980; Finaly 1981). The educational attainment was relatively uniform and virtually controlled for in this research as the majority of respondents were in the first half of their undergraduate career. It is possible that the educational attainment of the family of origin members might serve as an influence on abortion attitudes. That measure is beyond the scope of this discussion.

The majority of respondents across religious affiliations were classified as 'pro-choice.' The most support for abortion within religious groups came from the Jewish and Catholic groups; the 'pro-choice' Jewish proportion was higher than the 'None' category. However, the overall relationship between religious affiliation and support for legal abortion was weak. Contrary to what Arney and Trescher (1976), Combs and Welch (1982), and Benin (1985) found, religious affiliation was of no less

influence on respondent's attitudes toward abortion than self-reported religiosity. Here the majority again was 'pro-choice,' although there is a distinct pattern of decreasing support for abortion as the respondent becomes more 'religious.'

Conflicting results have been reported in various studies examining the influence of race on abortion attitudes. Although there were no substantive differences between racial categories in this study, previous research suggests that African Americans report less support for abortion (Hall and Ferree 1986). Combs and Welch (1982) suggest, however, that most racial differences are a function of other demographic variables, such as educational attainment and occupational/income status, that serve as confounding variables. Wilcox (1990) has found that racial differences in support for abortion appear to be decreasing.

There does appear to be some difference in response patterns between men and women on the index of traditionalism. Women were more supportive of the Feminist dimension; whereas, men were slightly more supportive of the Traditional dimension. This is consistent with the finding of Barnett and Harris (1980), Granberg and Granberg (1980), and Finaly (1981), who separately suggest that gender role ideology is a stronger predictor of abortion attitudes for men than for women. Wright and Rogers (1987) found female and male undergraduates to be equally supportive of abortion. Female respondents in this survey were twice as likely to be 'pro-choice' (66.5%) than 'anti-choice' (33.5%); whereas, male respondents were about equally split between 'pro-choice' and 'anti-choice', 52.5% and 47.5% respectively.

Respondents Comments

Approximately 40% of the respondents provided comments on the survey, one drew a schematic. Length ranged from a few words to a full page; the narrative ranged from a highly personal account to standard pro-choice and anti-choice rhetoric. The themes of the dimensions explored in this study can be found in the comments of the respondents. Some of the comments mixed feminist and population control language in addressing abortion access. The traditional comments appeared as stand alone comments and did not draw on other issues. This lends anecdotal credence to the typology hypothesized in this research. Following are selected comments categorized by the dimension they represent.

Feminist:

- "I feel very strongly that women should have the right to terminate a pregnancy w/out having to 'get' permission or qualify her reasons."
- "I believe that a woman should feel free to make her own decisions and should not have to seek anyone's permission but her own."
- "A woman has the right to do what she wishes. I am not for abortion, however, I as a man have the right to do anything to my body she should have that right and the ability to make a choice."

Traditional:

"I feel that the woman's movement has hurt the way many men look at women. Many women cry about how their rights are always violated and make a big deal out of nothing. If women want equal rights they should be able to do equal work. Women are physically unable to do equal amounts of work as men do. Not only are they not as 'able' to do this, most women refuse to do the 'dirty' work. I would like to see the women staying in their place and quit complaining. Women like to blame men for everything but if it is closely looked at, the woman is the one who doesn't compromise."

"The fact that people today value adult women's lives more than fetal or embryonic life seems very wrong to me. Many people would lay down their lives for a child, but fetuses are 'expendable'."

"Totally disagree and is against all my beliefs in religion and 'LIFE' --> Abortion is murder in my book."

Population Control:

"In areas where the population is large and the community poor I think they should be educated to control their population. And when their economy has improved they will know how to balance a family with an income."

"The Blacks mainly." Written in the margin next to question 18 (With world overcrowding the way it is people need to limit the number of children they have).

"U.S. Population too high

Limitations of Current Study

A non-probability design coupled with a small sample size resulted in a homogeneous survey population. This produced limited variance within the sample which might have masked real differences. The lack of anti-choice respondents was less damaging to the exploration of the hypotheses than was the omission of social conservatives. Inclusion of more social conservatives would have enabled a more definitive conclusion regarding the relationship between traditionalism and abortion attitudes. The lack of social conservatives in the sample is evidenced in the small percentage of respondents who affirmed the tradition dimension.

The index of traditionalism had not been validated before the administration in this study. Further testing and development on the index is necessary before it can be used as a reliable measure. Particularly deficient is the population control measure. Effort to elaborate on the dimensions without creating overlapping indicators is required.

The student population surveyed entered adulthood post-Roe v Wade. Without surveying pre-Roe adults, it is not possible to determine if the attitudes reported by the respondents are generational unique, and, as such, are due to maturing under liberalized abortion access laws and increased women's rights.

Although there was a relatively even distribution of students with differing self-reported degrees of proximity to the abortion experience, there was no way by which to distinguish the type of experience or whether the experience negatively or positively impacted attitudes toward abortion.

Suggestions for Future Research

Attitudes toward abortion are complex and tap sometimes contradictory views. The personal organizing of attitudes is fraught with inconsistencies. Crude analyses of attitudes will not distinguish the source of the inconsistencies. Further exploration into non-activists might reveal a logical pattern within the structure of such inconsistencies. An interview design might better identify the structure of abortion attitudes. In the context of personal narrative, respondents would have the opportunity to self-identify antecedents to their abortion attitudes. Research on this

topic should also distinguish between global attitudes and beliefs about personal behavior. As medical technology further presents society with questions of personhood and the beginning and end of meaningful life, thus creating a 'cultural lag', it becomes increasingly important to determine the use of such arguments in the social control of women and men.

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My name is Alexis Ruffin and I am a graduate student at Virginia Commonwealth University in the Department of Sociology. My Master's thesis is an exploration into current attitudes about contemporary family, gender and sexuality issues. As a way to do this I am asking students to complete this questionnaire.

Participation is completely voluntary and anonymous. Participation or nonparticipation will in no way influence your standing in this class. The responses you give cannot be linked to you personally. To ensure this please do not put any identifying marks on the survey. To answer a question simply circle the number to the left of the answer that most closely reflects how you feel. Please give only one answer for each question. The survey takes about ten minutes to answer.

If you have any comments or thoughts that you would like to share please feel free to write on the back of the survey.

If you decide to participate in this study by completing the questionnaire, keep in mind that there are no right or wrong answers.

Your participation in this survey would be greatly appreciated, however, if you choose not to answer it, please return a blank survey.

Thank you,

Alexis Ruffin

Please read each question carefully and circle only ONE answer.

	What is your curr 1) First year udent	ent academic 2) Sophomo		3) Junior	4) Senior	5)	Graduate
2	Age (write in age)	:	3	Sex: 1) Fema	ale 2) Male		
4	What is your curr 1) Single 2) Ma			4) Separated	5) Divorced	6) W	/idowed
5	Do you have any	children'?	1) Yes	2) No			
6	What do you thin! 1) none 2)		number of 3) two		a family to hav 5) four o		e
	There is a lot of tould you place			erals and con	servatives. On	this s	scale where
			2) Liber	•			
			3) Mod	erate, Middle	of the Road		
			,	servative emely Conserv	entines.		
			S) Extre	emery Conserv	alive		
	If you were to uselong to:			_		ould y	ou say you
	1) Lower/Working	ciass 2) i	Middle Class	3) Up	per Class		
9	What religious de 1) Baptist 2) Cath				Protestant 6)	Other	7) None
10	If you attend relig 1) never 2) above				en do you go? 4) weekly		
11	Which of the followin general?		nts comes cl			ionshij	o to religion
	1) I am deeply relig	gious		2) I am mode	rately religious		
	3) I am not very re	ligious		4) I am not re	eligious at all		
12 an	. What race/eth	nicity do	you cons	ider yoursel	f? Please	write	in your

Please indicate your level of agreement with the following statements by selecting one of the four responses:

Strongly Agree	(1)
Agree	(2)
Disagree	(3)
Strongly Disagree	(4)

Circle the number that corresponds to your answer. Please circle only **ONE** answer for each question.

		Strongly Agree	Agree	Disagree	Strongly Disagree
13	The world is experiencing a population problem.	1	2	3	4
14	A woman with a career can have as warm and secure a relationship with her children as one who does not work outside the home.	I	2	3	4
15	A man can make long range plans for his life, but a woman has to take things as they come.	1	2	3	4
16	Women who do not want at least one child are selfish.	1	2	3	4
17	Premarital sex is not wrong between consenting adults	1	2	3	4
18	With world overcrowding the way it is people need to limit the number of children they have.	1	2	3	4
19	The highest reward a woman can get is from her children.	1	2	3	4

Circle the number that corresponds to your answer. Please circle only \mathbf{ONE} answer for each question.

		Strongly Agree	Agree	Disagree	Strongly Disagree
20	A woman's job should be held for her to go back to after she has had a baby.	1	2	3	4
21	People should not have more children than they can support.	1	2	3	4
22	If the husband in a family wants children, but the wife decides that she does not want any, it is alright for the wife to refuse to have children.	Î	2	3	4
23	Sex education in the schools violates parents' rights to control what their children learn.	1	2	3	4
24	The wrong people are having too many children.	1	2	3	4
25	It's hardly fair to bring a child into the world with the way things look for the future.	1	2	3	4
26	The difference between the social roles of men and women can be explained by the difference in biology.	I	2	3	4
27	A woman can live a full and happy life without marrying.	1	2	3	4

Circle the number that corresponds to your answer. Please circle only **ONE** answer for each question.

In your opinion, how important is the abortion issue?

28

	1) One of the most important
	2) Important3) Not important at all
29	How concerned are you personally about the abortion issue?
	1) Very concerned
	2) Concerned
	3) Not concerned at all
30	How important is the advancement of women's rights issue?
	 One of the most important Important
	3) Not important at all
31	How concerned are you personally about the advancement of women's rights?
	1) Very concerned
	2) Concerned
	3) Not concerned at all
32	How important of a problem is the world population issue?
	1) One of the most important
	2) Important3) Not important at all
33	How concerned are you personally about world population?
	1) Very concerned
	2) Concerned
	3) Not concerned at all
34	Would a politician's stance on abortion influence your vote for or against the candidate?

2) NO

1) YES

Do you	think a woman should have	e access to a le	gal abortio	on in the fo	ollowing situations?	
35	If there is a strong chance of serious defect in the baby?		1) YES	2) NO		
36	If she is married and does not want any more children?		1) YES	2) NO		
37	If the woman's own health is endangered by the pregnancy			1) YES	2) NO	
38	If the family has a very low income and cannot afford any more children?			1) YES	2) NO	
39	If the pregnancy is the result of rape?			1) YES	2) NO	
40	If she is not married and does not want to marry the man?			1) YES	2) NO	
41	If the woman is not married and the man does not want to marry her?			1) YES	2) NO	
42	If the woman is no longer involved with the man with whom she became pregnant?			1) YES	2) NO	
43	The woman wants it for any reason?			1) YES	2) NO	
Should the	a woman getting an abortion labortion?	ne <u>required</u> to te	ell the follo	owing people	e the reason she want	S
44 45 46 47 48	Abortion facility Doctor Lover Husband Parents	1) YES 1) YES 1) YES 1) YES 1) YES	2) NO 2) NO 2) NO 2) NO 2) NO 2) NO			
49 Sho	uld a woman be <u>required</u> to have an abortion?	get permission	from the r	nan she got	pregnant with befor	e
		1) YES	2) NO			
50 Sho abortio	ould a woman under 18 year n?			her parents	s before obtaining a	n
		1) YES	2) NO			
	ould a woman under 18 years obtain an abortion?	old be <u>required</u>	to get pe	rmission fro	om her parents befor	e
she car	i ootani an abortion?	1) YES	2) NO			
52 If a	woman has decided to have	an abortion but	her hucha	nd is agains	et it do you think ch	

1) have the abortion 2) not have the abortion 3) don't know

should...

Abortion has been legal in the United States for close to 20 years. Women have abortions for many different reasons. To get an idea of the current experience college students have had with abortion, this last question asks how closely the abortion experience has touched your life, either you personally or someone close to you. As is the case with all of the questions this one is optional. The answer you provide will never be linked with you personally and the question is not designed to judge anyone's actions.

An answer of '1' indicates that abortion has touched your life very closely. An answer of '5' would indicate that abortion has not touched your life at all.

53.

On the following scale please indicate how close the abortion experience has been in your life by circling the appropriate number.

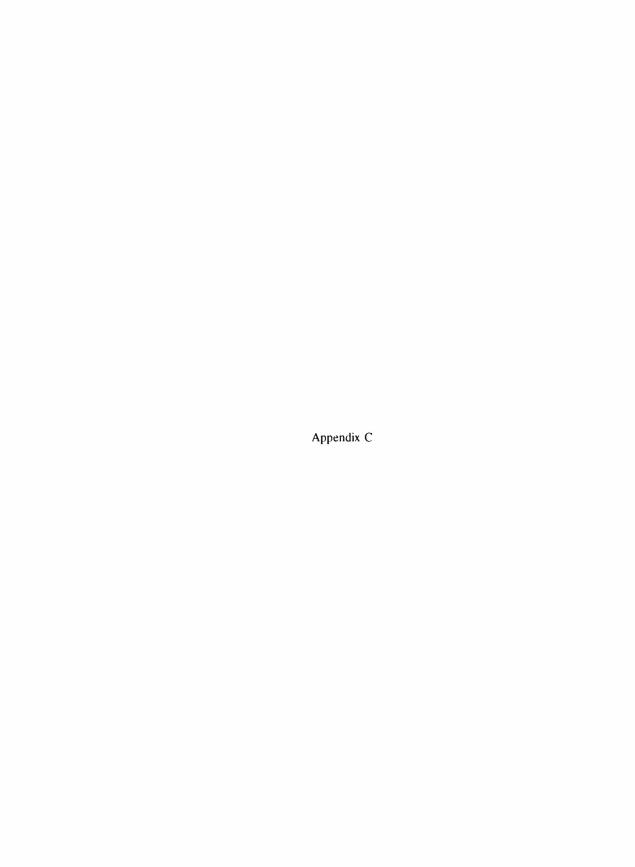
VERY	CLOSE	NOT CLOSE
CLOSE		AT ALL

If you would like to make any comments please feel free to write on the back of this page. Again, your participation in this study is appreciated. Thank you.



Index of Traditionalism

FEMINIST INDICATORS	TRADITIONAL INDICATORS	POPULATION CONTROL INDICATORS
Q 14. A woman with a career can have as warm and secure a relationship with her children as one who does not work outside the home.	Q 15. A man can make long range plans for his life, but a woman has to take things as they come.	Q 13. The world is experiencing a population problem.
Q 17. Premarital sex is not wrong between consenting adults.	Q 16. Women who do not want at least one child are selfish.	Q 18. With world overcrowding the way it is people need to limit the number of children they have.
Q 20. A woman's job should be held for her to go back to after she has had a baby.	Q 19. The highest reward a woman can get is from her children.	Q 21. People should not have more children than they can support.
Q 22. If the husband in a family decides that she does not want any, it is alright for the wife to refuse to have children.	Q 23. Sex education in the schools violates parents' rights to control what their children learn.	Q 24. The wrong people are having too many children.
Q 27. A woman can live a full and happy life without marrying.	Q 26. The difference between the social roles of men and women can be explained by the difference in biology.	Q25. It's hardly fair to bring a child into the world with the way things look for the future.



February 10, 1992



Dear Dr. Campbell:

I am currently a Master's student in the Department of Sociology. To satisfy the thesis requirement I am planning to administer a questionnaire to approximately 500 undergraduate students in introductory classes at VCU. My thesis topic is the social construction of abortion. Although the questionnaire I have constructed focuses on general opinions and not personal behavior, the subject matter might be controversial for some. I have taken measures in the construction of the questionnaire to protect the emotional state of the respondents, in addition to providing conventional methods of subject protection. The questionnaires do not contain any personally identifying information, individual questionnaires will be kept confidential and results will only be reported in the aggregate.

At the recommendation of my thesis committee, Dr. Diana Scully, Dr. Joseph Marolla, and Dr. Judy Bradford I am writing to request approval to be **exempt** from using a consent form. It is my understanding that consent forms are not required for questionnaires where the respondents will remain anonymous, however, due to the topic of my thesis, my committee thought it best that the questionnaire be reviewed by your office. As the questionnaire stands now individual students can not be identified. In fact, I will not be collecting any information on student names. For record keeping purposes, each questionnaire will have a record number assigned once they are off site. To fully guarantee anonymity and confidentiality I would prefer to have no records of individual students. Consent forms would in fact serve as a record of participation.

The areas of particular interest to your office would be pages 24, 28-31 of my thesis, the letter of introduction and pages 5-6 of the questionnaire. I believe that I have taken sufficient precautions to protect the respondents that will participate in my study. If I can answer any questions or provide further documentation please contact me at the contact my thesis director, Dr. Diana Scully, she can be reached at the contact my output the contact my thesis director. Thank you for your attention on this matter.

Sincerely,

Alexis L. Ruffin

ce: Dr. Diana Scully, Dr. Joseph Marolla, Dr. Judith Bradford

Vita