



University
of Glasgow

Contextual Differences in Abortion Stigma: Investigating the Influence of Disgust Sensitivity, Empathy and Just-World Beliefs

**WORLD
CHANGING
GLASGOW**

**Level 4 Honours Dissertation
Jessica Kenny**



Background – Abortion context and stigma

- Abortion stigma is “a negative attribute ascribed to women who seek to terminate a pregnancy that marks them, internally or externally, as inferior to ideals of womanhood” (Kumar et al., 2009, p. 628).
- This stigma is prevalent in societies across the world, regardless of its legality (Shellenberg et al., 2011), and is detrimental to psychological wellbeing and physical health (O’Donnell et al., 2018).
- However, research has shown that abortion attitudes are not fixed, and are subject to change depending on context, such as the woman’s reason or impetus for seeking abortion (Hans & Kimberly, 2014).
- The current study aims to expand upon this finding, by determining whether two abortion impetuses (life circumstance vs medical reason) elicit varying degrees of stigma.

Background – Predictors of abortion stigma

- Abortion is opposed by religious groups and individuals with conservative political and social views (Sahar & Karasawa, 2005) – however, few studies have investigated other individual differences as predictors of abortion attitudes.
- Sexual disgust has been found to predict increased stigmatising attitudes towards abortion (Patev et al., 2019). The current study aims to expand upon this by investigating the relationship between abortion stigma and all three domains of disgust – sexual, pathogen and moral.
- Abortion is perceived as a “cop-out” that helps “irresponsible people out of trouble” (Stone & Waszak, 1992, p. 56). Individuals who believe pregnancy is a consequence of one’s own actions may also hold negative abortion views – therefore just-world beliefs may be associated with abortion stigma.
- Empathy can be induced towards women who have sought abortion (Hunt, 2019), however the relationship between empathy and abortion stigma has not yet been determined. Empathic individuals may have varying abortion attitudes, depending on whether they are empathic towards the mother or foetus.



Research Questions

- **Do life circumstance and medical reason impetuses elicit different degrees of abortion stigma?**
- **Is abortion stigma predicted by disgust sensitivity, empathy or just-world beliefs?**



Hypotheses

- The life circumstance impetus will elicit greater stigmatising attitudes than the medical reason impetus.
- Greater disgust sensitivity and just-world beliefs will predict greater stigmatising attitudes towards abortion.
- Determining the relationship between empathy and abortion stigma was an exploratory aim.

Methods – Participants

- A sample of the general population was recruited through advertisements on Facebook and the University of Glasgow Psychology Participant Pool.
- Final sample size $N = 141$
- Age range 18-75 ($M = 26.3$, $SD = 9.9$)
- 87.2% of participants were female
- No other demographic information was collected to enhance anonymity.
- Participants completed an online survey on Experimentum (DeBruine, 2019).
- **Between-subjects design:** Participants were randomly assigned to one of two abortion impetus conditions*, detailed in a vignette:
 - **Life circumstance:** a child would interfere with her demanding career ($N = 68$)
 - **Medical reason:** pregnancy is risky due to a medical condition ($N = 73$)



Methods – Measures

- Participants completed the following measures in order:
- **Attribution Questionnaire** (Corrigan et al., 2003) – measured stigma towards the woman in the vignette.
- **Three-Domain Disgust Scale** (Tybur et al., 2009) – measured disgust sensitivity in three domains: sexual pathogen and moral.
- **Interpersonal Reactivity Index** (Davis, 1980) – measured two domains of empathy: empathic concern and perspective-taking.
- **Just-World Scale** (Rubin & Peplau, 1975) – measured just-world beliefs.
- Finally, participants gave demographic information (age and sex) before being debriefed.

Results – Abortion context and stigma

- The life circumstance impetus elicited a higher average stigma score than the medical reason impetus – therefore stigmatising attitudes towards abortion vary based on context.

| Variable | Abortion impetus | | | | | |
|--------------------|---------------------------------|------|----------|------------------------------|-------|----------|
| | Life circumstances ($N = 68$) | | | Medical reasons ($N = 73$) | | |
| | M | SD | α | M | SD | α |
| Age | 26.06 | 9.59 | - | 26.45 | 10.33 | - |
| Abortion stigma | 62.7 | 18.3 | .89 | 52.9 | 10.5 | .70 |
| Moral disgust | 27.9 | 8.9 | .84 | 28.4 | 9.7 | .85 |
| Pathogen disgust | 23.4 | 7.4 | .78 | 24.8 | 6.7 | .66 |
| Sexual disgust | 17.6 | 9.0 | .76 | 16.9 | 9.9 | .82 |
| Empathic concern | 21.0 | 5.1 | .75 | 21.8 | 5.1 | .75 |
| Perspective-taking | 20.4 | 4.6 | .76 | 20.3 | 4.8 | .74 |
| Just-world beliefs | 46.3 | 9.8 | .65 | 40.7 | 11.5 | .77 |

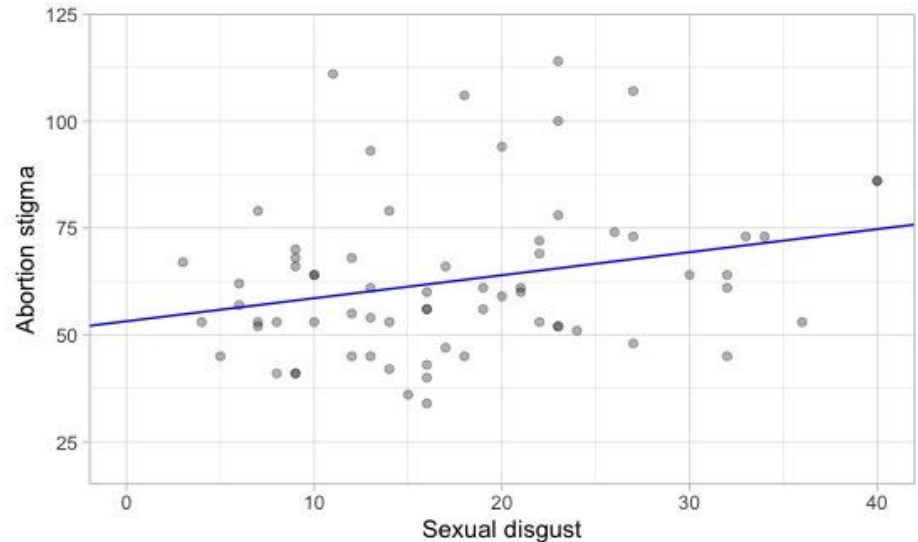
Note. M = mean, SD = standard deviation, α = internal consistency

- Results from a Welch two-sample t -test indicated the life circumstance impetus elicited significantly greater stigmatising attitudes than the medical reason impetus, $t(105.02) = -3.874$, $p < .001$.

Results – Predictors of abortion stigma (1)

Life circumstance impetus

- Sexual disgust correlated significantly ($r = .26$, $p = .03$) with abortion stigma in this context.
- Simple linear regression indicated that the model explained 7.0% of the variance ($R^2 = .070$, adjusted $R^2 = .056$) and significantly predicted stigma towards abortion sought due to life circumstances, $F(1,66) = 4.963$, $p = .03$.
- Sexual disgust contributed significantly to the model ($B = .539$, $p = .03$).

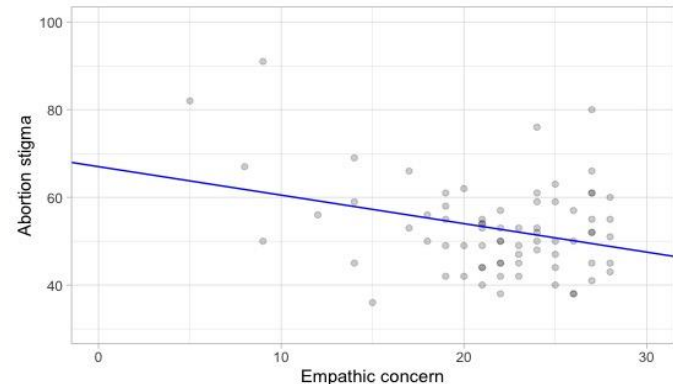
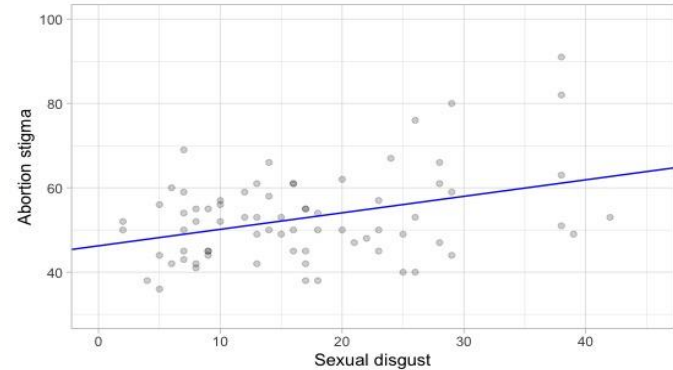
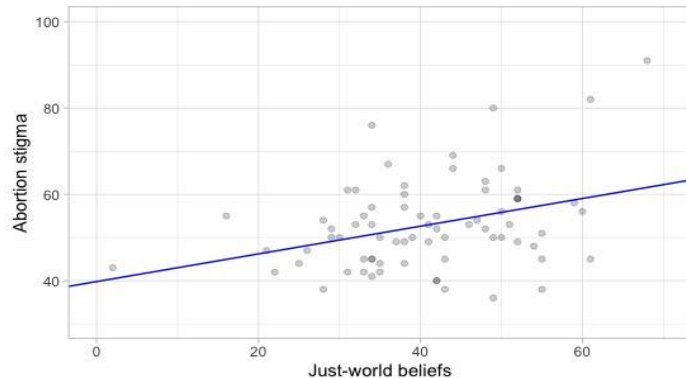


Note. Grey dots indicate individual scores and a regression line indicates line of best fit.

Results – Predictors of abortion stigma (2)

Medical reason impetus

- Three variables correlated significantly with abortion stigma in this context:
- Sexual disgust ($r = .37, p = .001$)
- Just-world beliefs ($r = .35, p = .002$)
- Empathic concern ($r = -.32, p = .007$)



Note. Grey dots indicate individual scores and a regression line indicates line of best fit.

Results – Predictors of abortion stigma (3)

Medical reason impetus

- Multiple regression indicated that the model explained 27.3% of the variance ($R^2 = .273$, adjusted $R^2 = .241$) and significantly predicted stigma towards abortion in this context, $F(3, 69) = 8.623$, $p < .001$.
- Sexual disgust contributed significantly to the model ($B = .349$, $p = .002$).
- Empathic concern contributed significantly to the model ($B = -.493$, $p = .03$).
- However, just-world beliefs **did not** contribute significantly ($B = .196$, $p = .06$).
- Multicollinearity was not present in the data, as tests showed tolerance values greater than .2 and VIF values below 10.

Discussion – Contextual differences in abortion stigma are evident

- Women who seek abortion due to their life circumstances are subjected to more stigma than women who make the same decision for medical reasons. This was expected and in line with past research:
 - 87% of Americans believe abortion should be an option for women whose health is endangered, and 75% in the case of foetal abnormality (Bane et al., 2003).
 - Only 25% of Americans support abortion when the woman believes a child would interfere with her career (Saad, 2002) – despite the fact that interference with work and/or education is the second most commonly reported reason for abortion across 27 countries (Bankole et al., 1998).
- Individuals who hold traditional views of gender roles show less support for abortion (Strickler & Danigelis, 2002).
- Therefore, women who seek abortion due to life circumstances may be more highly stigmatised because they are perceived to violate gender norms – specifically that women must desire to become mothers (Kumar et al., 2009).

Discussion – Sexual disgust as a predictor of abortion stigma

- Increased sexual disgust predicted greater stigma towards both abortion impetuses, replicating findings from Patev et al. (2019).
- Abortion is linked to promiscuity, which is regarded a deviant sexual behaviour (Kumar, 2018). Abortion therefore elicits sexual disgust in disgust-sensitive individuals, which may drive stigma.
- Pathogen disgust did not predict abortion stigma, which did not support the hypothesis.
- This may be because participants assumed vignette subjects had medical abortions instead of surgical abortions – medical abortions are more prevalent (Department of Health & Social Care, 2019), less invasive and perceived safer than surgical abortions (Berer, 2005).
- Moral disgust also did not predict abortion stigma, which did not support the hypothesis.
- This suggests participants do not consider abortion a violation of social norms or subscribe to traditional gender roles.
- This is likely, as the majority of participants were millennials, a generation known for their liberal views (Fisher, 2018).

Discussion – Empathic concern as a predictor of abortion stigma

- Increased empathic concern, but not perspective-taking, predicted more positive attitudes towards abortion sought due to medical reasons. This was a novel finding.
- This indicates that individuals can sympathise with women who have sought abortion, whether or not they are able to understand their perspective or reasoning behind it.
- When empathy is elicited in response to an abortion scenario, opinions of the woman seeking abortion are improved.
- Empathic concern predicted decreased stigma only in the medical reasons condition – suggesting empathic concern may be evoked to a greater extent in this scenario.
- Just-world beliefs did not predict abortion stigma, which did not support the hypothesis.
- Overall, Just-World Scale scores were low – this may indicate a belief that the world is random or unjust (Rubin & Peplau, 1975; Furnham & Procter, 1992).
- Therefore, the fact that just-world beliefs did not predict abortion stigma may be due to the fact that the sample did not capture many participants who believe in a just world.

The findings of this study may inform interventions which aim to reduce abortion stigma by increasing empathic concern or decreasing sexual disgust. Reducing negative attitudes towards abortion is imperative for protecting the physical and mental health of women who have abortions.

“Regardless of each person’s view on abortion, stigmatization serves no positive function in our society”

(O’Donnell et al., 2018, p. 232)

References (1)

- Bane, A., Brown, L., Carter, J., Cote, C., Crider, K., de la Forest, S., Livingston, M., & Montero, D. (2003). Life and death decisions: America's changing attitudes towards genetic engineering, genetic testing and abortion, 1972-98. *International Social Work*, 46(2), 209-219. <https://doi.org/10.1177/0020872803046002006>
- Bankole, A., Singh, S., & Haas, T. (1998). Reasons why women have induced abortions: Evidence from 27 countries. *International Family Planning Perspectives*, 24(3), 117-127. <https://doi.org/10.2307/3038208>
- Berer, M. (2005). Medical abortion: Issues of choice and acceptability. *Reproductive Health Matters*, 13(26), 25-34. [https://doi.org/10.1016/S0968-8080\(05\)26204-3](https://doi.org/10.1016/S0968-8080(05)26204-3)
- DeBruine, L. M. (2019). *Experimentum*. GitHub Repository. <https://github.com/debruine/experimentum>
- Department of Health & Social Care (2019). *Abortion statistics, England and Wales: 2018*. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/808556/Abortion_Statistics_England_and_Wales_2018_1.pdf
- Corrigan, P., Markowitz, F. E., Watson, A., Rowan, D., & Kubiak, M. A. (2003). An attribution model of public discrimination towards persons with mental illness. *Journal of Health and Social Behaviour*, 44(2), 162-179. <https://doi.org/10.2307/1519806>
- Davis, M. H. (1980). A multidimensional approach to individual differences in empathy. *JSAS Catalog of Selected Documents in Psychology*, 10, 85.
- Fisher, P. (2018). A political outlier: The distinct politics of the millennial generation. *Symposium: American Agonistes*, 55, 35-40. <https://doi.org/10.1007/s12115-017-0209-7>
- Furnham, A., & Procter, E. (1992). Sphere-specific just world beliefs and attitudes to AIDS. *Human Relations*, 45(3), 265-280. <https://doi.org/10.1177/001872679204500303>
- Hans, J. D., & Kimberly, C. (2014). Abortion attitudes in context: A multidimensional vignette approach. *Social Science Research*, 48, 145-156. <https://doi.org/10.1016/j.ssresearch.2014.06.001>
- Hunt, M. E. (2019). *Shifting abortion attitudes using an empathy-based media intervention: A randomized controlled study* [Doctoral dissertation, University of Arkansas]. ScholarWorks@UARK. <https://scholarworks.uark.edu/cgi/viewcontent.cgi?article=4814&context=etd>

References (2)

- Kumar, A. (2018). Disgust, stigma, and the politics of abortion. *Feminism & Psychology*, 28(4), 530-538. <https://doi.org/10.1177/0959353518765572>
- Kumar, A., Hessini, L., & Mitchell, E. M. H. (2009). Conceptualising abortion stigma. *Culture, Health and Sexuality*, 11(6), 625-639. <https://doi.org/10.1080/13691050902842741>
- O'Donnell, A. T., O'Carroll, T., & Toole, N. (2018). Internalised stigma and stigma-related isolation predict women's psychological distress and physical health symptoms post-abortion. *Psychology of Women Quarterly*, 42(2), 220-234. <https://doi.org/10.1177/0361684317748937>
- Patev, A. J., Hall, C. J., Dunn, C. E., Bell, A. D., Owens, B. D., & Hood, K. B. (2019). Hostile sexism and Right-Wing Authoritarianism as mediators of the relationship between sexual disgust and abortion stigmatising attitudes. *Personality and Individual Differences*, 151, 109528. <https://doi.org/10.1016/j.paid.2019.109528>
- Rubin, Z., & Peplau, L. A. (1975). Who believes in a just world? *Journal of Social Issues*, 31(3), 65-89. <https://doi.org/10.1111/j.1540-4560.1975.tb00997.x>
- Saad, L. (2002, January 22). *Public opinion about abortion – An in-depth review*. Gallup. <https://news.gallup.com/poll/9904/Public-Opinion-About-Abortion-InDepth-Review.aspx>
- Sahar, G., & Karasawa, K. (2005). Is the personal always political? A cross-cultural analysis of abortion attitudes. *Basic and Applied Social Psychology*, 27(4), 285-296. https://doi.org/10.1207/s15324834basp2704_1
- Shellenberg, K. M., Moore, A. M., Bankole, A., Juarez, F., Omideyi, A. K., Palomino, N., Sathar, Z., Singh, S., & Tsui, A. O. (2011). Social stigma and disclosure about induced abortion: Results from an exploratory study. *Global Public Health*, 6(sup1), S111-S125. <https://doi.org/10.1080/17441692.2011.594072>
- Stone, R., & Waszak, C. (1992). Adolescent knowledge and attitudes about abortion. *Family Planning Perspectives*, 24(2), 52-57. <https://doi.org/10.2307/2135466>
- Strickler, J., & Danigelis, N. L. (2002). Changing frameworks in attitudes toward abortion. *Sociological Forum*, 17(2), 187-201. <https://doi.org/10.1023/A:1016033012225>
- Tybur, J. M., Lieberman, D., & Griskevicius, V. (2009). Microbes, mating and morality: Individual differences in three functional domains of disgust. *Journal of Personality and Social Psychology*, 97(1), 103-122. <https://doi.org/10.1037/a0015474>