Race and Reproductive Rights: Understanding the Relationship Between a Woman's Race and Public Opinion on Abortion Access

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Abstract

Despite the prevalence of abortion in the United States, social stigmas persist which limit a woman's ability to receive an abortion. This study aims to identify whether the race of the woman seeking an abortion is one such factor that changes public support for abortion access by asking: Does public support for abortion access change based on the race of an individual seeking an abortion? While limited research has been conducted on this question, the history of race, reproductive rights, and social constructions support two distinct possibilities: public support for access to abortion will be higher for (1) Black women or (2) white women. Using a survey experiment, the relationship between a woman's race and public support for her access to abortion was examined. While further studies are needed to determine if there is a significant difference in public support, trends in this study suggest that while overall support for abortion access may be higher for Black women, public support resides with white women when strictly considering the morality of abortion.

Introduction

In the United States, roughly one in four women are estimated to receive an abortion by the age of 45 (Jones & Jerman, 2017). Despite the prevalence of the procedure, social stigmas persist which limit a woman's ability to receive an abortion and call into question society's view of a woman's role and the extent to which that role conflicts with women's bodily autonomy. These concerns speak to moral beliefs and social constructions, both of which heavily influence regulations. As abortion policy is a type of morality policy–that is, it is a type of policy that reflects a legitimization of fundamental values by the state–abortion policy debates envoke serious questions about not only the distribution of rights between mother and fetus but also a larger debate about a woman's role in society (McFarlane & Meier, 2001). The control of reproductive practices is the control of women and future populations, with punitive consequences for those subject to such rigid governing values (Kumar et. al., 2009; McFarlane & Meier, 2001).

An undeniable component of these underlying values that foster restrictive legislation includes societal views on race. Devastating policies have been enacted in the name of perverse normative beliefs, namely eugenics policies which have marred the history of reproductive rights in the United States and abroad (Farmer, 2008; Roberts, 1997). Distinct policies policed Black and white women's bodies with widely different intentions and results yet, despite, this undeniable link between race and reproductive control, the connection between the race of a woman seeking an abortion and public support for abortion access is rarely studied in a modern context (McFarlane & Meier, 2001; Roberts, 1997). Instead, abortion studies tend to focus on gender issues while race studies tend to focus on more traditional civil rights issues–such as criminal justice or affirmative action (Roberts, 1997). By exploring the connection between

abortion and race from the context of society's support for a woman's access to abortion, this study will explore how the idea of deservedness, morality, and motherhood interact when viewed across the racial divide, helping to not only further the knowledge gap on abortions access and race, but explore how social constructions and morality policies shape the way society views women and their dependents.

Identifying a connection between support for abortion and race may give clues as to whether barriers to abortion currently are–or could potentially become–more prevalent for women of one race than another. As public perception not only creates social stigmas surrounding abortion but also influences the creation or dismantlement of legislation that often guards abortion access, understanding how that perception impacts different groups provides information needed to protect those groups from unnecessarily burdensome barriers or systemic abuses that may mirror former eugenics campaigns. Thus, this research aims to answer the question: Does public support for abortion access change based on the race of an individual seeking an abortion?

In researching this question, a survey experiment will be administered to measure the US public's support for abortion access for women of different races. The respondents will be split into four different groups. Two of the groups will be assigned a vignette of a woman who is Black and two will be assigned a vignette of a woman who is white.[1] The respondents are then

[1] It is important to acknowledge the ongoing debate surrounding the capitalization of the word "white" when referring to race. While Black is widely accepted to be capitalized when referring to race, ethnicity, or culture, the capitalization of white when referring to race, ethnicity, or culture is more contentious and will not be capitalized throughout this study. There are two main reasons for this. First, white people do not have a history of being discriminated against on the basis of skin color so "white" does not represent a shared history or collective identity in the same way as "Black" does. Second, the capitalization of the word "White" is often used by white supremacy groups. Therefore, the adaptation of "White" may be interpreted as accepting the racist notion of white superiority. For these and other reasons, reputable sources–such as the Associated Press–also use capitalized Black and lowercase white when referring to people (Associated Press, 2020). Other sources–such as the American Psychological Association–capitalize both (American Psychological Association, 2019). This decision in this case was not made to discriminate against members of any race or ethnicity or to suggest a default race or ethnicity, but rather was made on the basis of what this author found to be most respectful.

asked various questions designed to gauge to what extent they support this woman having access to abortion services. This research will provide insight into an overlooked aspect of abortion access while speaking to how female autonomy is viewed and experienced through the lens of race. It will also look at how social constructions interact with morality policies to affect barriers to services, which could be expanded in later studies to areas beyond abortion services, such as welfare programs.

Literature Review

This literature review first provides general context regarding support for abortion by adults in the United States and definitions of key concepts related to abortion access in the US. Next, historical differences in reproductive opportunities by race will be explored before delving into the role of racially charged perceptions of motherhood and their connection with support for abortion services. Finally, recent studies will be examined and summarized to determine the gaps in current literature and define the role of this thesis. Throughout this review, and throughout this proposal, the races studied will be restricted to Black and white individuals.

Abortion Statistics and Key Concepts

Holding race constant, a Pew Research Institution study published in 2020 found that 61% of U.S. adults believe that abortion should be legal in all or most cases and 38% believe that it should be illegal in all or most cases. This marks the highest public support has been for abortion since the poll began in 1995. Of these adults, most take a non-absolutist position, meaning that they fall into a gray area between the two extremes; whether these adults believe access to abortion should be legal depends on the situational circumstances. In fact, 60% of U.S. adults fall somewhere in between the two extremes of believing abortion access should always

be legal or illegal. Within this middle ground, a variety of factors can influence whether a person is more or less likely to support abortion access. (Pew Research Institution, 2020)

To measure how a pregnant woman's race might change individuals' support for abortion, it is important to utilize non-extreme options for abortion restrictions (i.e., restrictions that neither entirely disallow nor unrestrictedly permit abortion). Support for administrative burdens is one way to measure support for non-extreme barriers put in the path of a woman seeking an abortion (Herd & Moynihan, 2018). Broadly speaking, administrative burdens are government regulations aimed at private behaviors or the requirements for individuals seeking public services that impose burdens on citizens (Herd & Moynihan, 2018). While abortion is not a service provided by the government, a number of government regulations concerning abortion do qualify as administrative burdens (Herd & Moynihan, 2018). These regulations–largely known as targeted restrictions of abortion providers, or TRAP laws–have learning, compliance, and psychological costs for women and providers; among the most common of these TRAP laws are abortion waiting periods, mandatory scripted counseling, parental notification, and complex health insurance limitations (Herd & Moynihan, 2018).

TRAP laws are often regressive, disproportionately burdening those within the lower class due to the time and money they require from women seeking an abortion (Herd & Moynihan, 2018). The acceptance of regressive TRAP laws by state and federal legislatures and the constituents that they represent suggests a trend already verified in public opinion polls: there is public support behind increased barriers to abortion access for those who would prefer not to have a child for financial reasons (Herd & Moynihan, 2018; Gallup, 2021). In fact, public opinion now ranks an inability to financially support children as the least supported common reason to have an abortion with only 36% of US adults saying abortion should be legal in this

circumstance and 61% saying that it should be illegal (Gallup, 2021). The lack of public support for abortion services when a woman is unable to afford a child is crucial in understanding how the race of a woman seeking an abortion may affect public support. Studies have found that individuals are far more likely to arbitrarily associate Black people with poverty than white people, which may contribute to the racist narrative of Black women–particularly those with children–as a drain on welfare programs and other government resources (Brown-Iannuzzi et. al., 2019). This phenomenon may lead to reduced public support for Black women to access abortion services when compared to white women.

History of Race and Abortion

While current opinions on abortion access may shift support away from Black women's ability to receive an abortion, historical trends show a very different view of abortion and race (Farmer, 2008; Nelson, 2003; Roberts, 1997). Eugenics-based policies rose in popularity in the US during the 1900s--specifically between the 1930s and 1970s; while these policies diminished in popularity after the 1970s, many continued to occur on a more discreet scale up through the 1990s (Nelson, 2003). Healthcare providers often targeted poor Black women for sterilization and long-term birth control, forcing these women to undergo procedures without their informed consent (Farmer, 2008; Nelson, 2003; Roberts, 1997). In fact, it was the Eugenics Society–which operated between the 1920s to the 1970s–that first began abortion advocacy within the US, targeting poor, minority women who were viewed as unfit to raise children (Farmer, 2008; Roberts, 1997).

The duality of abortion and sterilization in poor and minority communities as a means of population control and "race hygiene" throughout the 1900s contributes to the historic wariness and opposition of Black Americans to legal abortion (Farmer, 2008; Hall & Ferree, 1986;

Nelson, 2003; Roberts, 1997). During the late 1900s, while white women were fighting for the right to receive abortion access and birth control, Black women were fighting to restrict the ability to administer abortions and contraceptives due to the long-term, abusive population control practices directed at communities of color (Roberts, 1997).

It is unclear how the history of eugenics practices will affect the current public's support for abortion access between Black and white women. White eugenicists, and those who subscribe to their beliefs, historically favoring abortion may translate to modern white supremacists supporting abortion for Black women at a higher rate than they would for white women. As a contrary trend, the past connection between abortion and eugenics may result in a lack of public support by communities of color for a Black women's ability to receive an abortion due to concerns from past maltreatment.

Racist Perceptions

The ideas of the Eugenics movement were based on harmful, unfounded stereotypes of Black and white women that have existed for centuries (Roberts, 1997; Ingram & Schneider, 2005). The long-lasting, racist social constructions of Black women as "Jezebels"–sexually promiscuous, immoral women–and "Welfare Queens"–women who profit off of their ability to have children–contrast with the image of white women as "True Women"–chaste, morally superior women who carry the best of society's qualities (Roberts, 1997; Ingram & Schneider, 2005). Opposing mythologies perpetuate the idea that Black women are inherently unfit mothers while white women are uniquely qualified to raise future generations (Roberts, 1997; Ingram & Schneider, 2005).

While these constructions may lead to support for Black women's access to abortion services over white women due to the centuries-old mythology that Black women are unsuited to

be mothers, the effects may well be the opposite. As previously mentioned, current opinion polling has found that the public is least in favor of abortion access when a woman is financially unable to care for her child--a burden that falls disproportionally on Black women as Black people are more likely to be associated with poverty (Brown-Iannuzzi et. al., 2019; Gallup, 2021). In addition, public support for abortion is also lower than average when the reason for seeking an abortion is that the woman simply does not want to have a child (Gallup, 2021). This suggests perceived failings of the mother to take adequate measures to ensure she does not become pregnant or to ensure she has the financial ability to provide for her child are largely unsupported reasons for abortion by the public (Gallup, 2021). While the effects of these "Jezebel" and "Welfare Queen" stereotypes–where Black women become mothers due to a lack of money or a lack of ability to control their promiscuity–still exist, the public may instead support access to abortion for white women over Black women as they could see Black women seeking abortions as a result of a personal, moral failure for which they should have to face the consequences (Roberts, 1997; Ingram & Schneider, 2005; Gallup, 2021). Support for Black, pregnant women–who are often constructed within the social "deviants" category–to receive any government assistance–including the indirect reduction of burdens when seeking an abortion through more liberal abortion policy implementation–may be limited (Ingram & Schneider, 2005).

This theory of Black women being less supported in their access to abortion is partially supported by the information on the internalized stigma surrounding abortion. When examining the perceived stigma of abortion by abortion recipients, studies have found women of all races felt a social stigma about their abortions at a high level, but Black women did see a greater stigma when compared to white women in some categories, namely judgment and isolation

(Cockrill et al, 2013; Shellenberg et al, 2012). This increased perceived stigma felt by Black women may hint at real differences between public acceptance of abortion based on the race of a woman seeking an abortion (Cockrill et al, 2013; Shellenberg et al, 2012). If this internalized stigma is felt as a result of societal perceptions of Black women seeking an abortion, this stigma differential indicates that society is less supportive of Black women having access to abortion services in general.

Research Question

After conducting this literature review, it is clear there is a lack of research on the relationship between the race of a woman and public opinion on whether that woman ought to be able to get an abortion. While there exists an abundance of research on public support for abortion, as well as research on public support for different reasons to seek an abortion, there is almost no research on whether the demographic of the woman seeking the procedure changes public support (Pew Research Institute, 2020; Gallup, 2021). In fact, existing research on race and reproduction has noted the lack of explorations between abortion and the race of women seeking an abortion, citing research on how abortion often ignores racial disparities and focuses on gender and feminism, while research that focuses on racial disparities often overlooks abortion access in favor of more traditional civil rights concerns (Roberts, 1997). While this literature has made clear the indisputable link between race and reproductive rights throughout history, it has not given a clear suggestion as to the answer to the question studied here: Does public support for abortion access change based on the race of the woman seeking an abortion? Many contradictory theories have been explored throughout this review, but further studies are needed to determine the effect of a woman's race on the public's support for her abortion access.

Hypothesis

This study hopes to explore whether the race of the woman seeking an abortion is one such factor that can independently affect the non-absolutist target population's support for the ability of a woman to access abortion services. Given the history of race and reproductive rights coupled with the social construction of Black and white women, two contractionary and distinct hypotheses are partially supported by the literature. Specifically, 1) public support for Black women's access to abortion services will be higher than that of white women or 2) public support for white women's access to abortion services will be higher than that of Black women. The first of these scenarios continues on the trend of eugenicist beliefs which suggest that the Black population ought to be limited, therefore increasing support for abortion access for Black women. This also could be due to the construction that white women, unlike Black women, are uniquely fit to be mothers and should birth and raise children, resulting in reduced support for white women seeking abortions. Furthermore, the idea of the Black mother as a "Welfare Queen" may increase public support for abortions for Black women as individuals may believe that these women are having children in order to obtain taxpayer-funded welfare benefits.

The second alternative–that white women will have more public support in gaining access to abortion–is also based in large part on social constructions. This theory relies on the construction of white women as "good" and "deserving", which entitles them to services such as abortions. The opposite construction of Black women as sexually promiscuous, immoral women may mean that the public does not believe these women deserve access to abortion and instead should have to live with the consequences of their actions, in this case a pregenancy resulting from engaging in sexual activity. Additionally, this outcome would likely be influenced by the

association of Black communities with poverty and the existing lack of support for abortion access when financial instability is the reason for seeking out the procedure.

While the literature is unclear on which of these outcomes is most likely, this author does expect that public support for abortion access will change based on the race of the individual seeking an abortion–although what that change may be remains unclear.

Research Design

In researching the relationship between public support for abortion access and the race of a woman seeking an abortion, data was collected through a survey experiment. This method of data collection was chosen because it allowed this researcher to collect a high number of responses to gauge public perceptions. The anonymous nature of a survey also reduced the potential impact of social desirability bias while allowing a larger pool of respondents compared to other methods used to study public perceptions, such as interviews or focus groups.

For this experiment, four different forms of the survey were utilized with each form being identical except for the name of the woman receiving the abortion. Two of the forms use names associated with Black women and two use names associated with white women. Each respondent was only eligible to take one form of the survey, so no respondents answered questions pertaining to more than one of the fictional women. The names were chosen based on existing literature on the top names which suggested race for Black and white women; this name-based approach to suggesting race mirrors practices used in audit studies that looked at the relationship between race and employment (Levitt & Dubner, 2005; Pager, 2017; Kline, et. al., 2022). The race of the women was suggested through the name rather than explicitly told to the respondents as mentioning race directly may enable respondents to correctly guess that this survey is meant to measure responses based on race, influencing the results through social desirability bias.

The effect of social desirability bias for opinions on abortion was also considered but ultimately dismissed as there are strong moral campaigns for supporting and not supporting abortion access. Both pro-life and pro-choice movements are accepted in society and individuals are typically unashamed of these self-selected identities. Furthermore, as was previously stated, using a survey as the data collection method will limit social desirability bias as the respondents are anonymous.

In the survey vignettes, the information provided to the respondents varied by only one factor: the name of the woman seeking an abortion. This meant that there was one experimental condition (white or non-white) that was randomly administered to the participants. The four vignettes–one per survey–read as follows:

Imani is pregnant and has recently been looking for abortion services.

Jada is pregnant and has recently been looking for abortion services.

Emily is pregnant and has recently been looking for abortion services.

Kaitlyn is pregnant and has recently been looking for abortion services.

The vignettes are intentionally short, giving no information about the woman beside her name and the fact that she is pregnant and looking for abortion services. This is so that the respondent will have to assume all information about the woman and her circumstances based on her name and therefore her race. Following this vignette, the participants are asked to confirm the woman's name via textbox entry to ensure that they pay attention to this vital detail. From there, the respondent is asked about what they think the woman's experience receiving an abortion should be like utilizing categories taken from a Vox public opinion survey on abortion (Kliff, 2018). These categories–affordability, burden, and comfort–are explored through situations that women must consider when seeking an abortion such as how much they are able to pay and how they

will get to the clinic. Answers to these questions are on a sliding scale, so that small differences in support for abortion access can be measured between the different surveys even if differences between survey results are not extreme; for example, using sliders one can measure if there is 88% support for Black women versus 90% support for white women even though both women are supported in having access to abortion.

The next block of questions details different policy proposals which might affect the woman receiving an abortion. These questions ask about a variety of real TRAP laws and were adapted from a 2021 Gallup public opinion survey on abortion. These questions also utilize a sliding scale measuring whether the respondent strongly disagrees (0) or strongly agrees (100) with each of the proposals.

The third block asks about the morality of abortion in different circumstances, such as when the mother does not want the child for any reason or when the pregnancy is a result of rape or incest. Once again, a sliding scale was used for the response ranging from immoral (0) to moral (100). These questions were also adapted from the 2018 Gallup Abortion survey. Utilizing questions that either directly copied or closely mirrored previous Gallup questions allowed this author the opportunity to build upon past research as these questions were peer-reviewed to ensure that they did not bias the respondents and that they got to the root of the respondent's opinion on abortion access.

The fourth block asked two short-answer questions:[2]

What are your thoughts on XXX's current circumstances?

What factors affected your responses about XXX's access to abortion? What, if anything, should she have done differently? What should she do now?

[2] "XXX" is replaced with the name of the woman (Imani, Jada, Kaitlyn, or Emily) in the four different surveys. This is the only difference between the surveys.

This comment section allowed the respondents to share their thoughts on the woman and her experience. These responses were intended to be analyzed for coded language which indicated that the woman's race was a factor in their previous responses.[3] This is the only section of the survey which sought to look at *why* race affects public support for a woman's access to abortion services rather than *if* it affects public support for a woman's access.

Finally, the respondents were asked about their views on the morality of abortion regardless of the woman seeking the procedure. This was meant to determine how swayable the respondent was based on factors such as race. This question was adapted from a 2020 Pew Research Center Public Opinion poll on Abortion.

Once respondents completed the blocks pertaining to access to abortion, they were asked to fill out their demographic information in order to analyze the data by group. The respondents were asked to submit their age, gender, race, level of education, and political leanings.

Throughout the survey, the back button was disabled so that participants could not go back and alter their answers, especially after the comment portion of the survey when it was most likely that participants would realize that the intention of the survey was to measure the effect of the woman's race. This also maximized the likelihood that participants would answer with their gut instinct and not overanalyze the questions, therefore more effectively capturing the initial effect of the woman's race on the respondents' levels of support for her access to abortion services.

As this study hopes to determine the American public's perception of abortion access, the unit of analysis is individual and the population is the entire adult population of the United

[3] Due to the low quality of the qualitative responses–most of which were either unrelated to question of each woman's access to abortion services or entirely nonsensical–the qualitative responses were not coded and are not included in the following findings section. Future studies may utilize a larger sample size to gain meaningful responses as to how and why race affected each respondent's support.

States. Due to the infeasibility of surveying the entire US adult population, a sample of US adults will be used to draw conclusions about the broader population. To allow for a confidence rate of 95%, the estimated response size for this study is n=504, which allows 126 responses for each of the four survey forms. The surveys were hosted on Qualtrics and administered online through MTurk to get a larger and more diverse sample group than this author's personal contacts would allow. While using MTurk is not the most ideal sample given that it is a convenience sample rather than a probability sample, it is the most appropriate option for this type of undergraduate research.

Conducting this survey over MTurk means that the sample completing the survey will have some systematic differences from the overall population. Because MTurk is a service that pays its respondents, users are likely of lower average income than individuals within the population (Hitlin, 2016). In addition, MTurk respondents are younger and more educated than the average population, which could impact this study as younger, more educated individuals are overall more likely to support abortion than older, less educated individuals (Hitlin, 2016; Pew Research Insitute, 2020). While these are important differences between the MTurk sample and the US adult population, this avenue of survey distribution still offers data that is more representative of the overall population than using one's private connections. In addition, filtering which participants are allowed to take part in this study through MTurk will allow participants to be more--although not entirely--reflective of the general population.

Findings

Data Preprocessing

Three-hundred and eighty-three usable survey responses were collected.[4] Divided by survey subject, n =73 responses were analyzed for surveys asking about Imani's access to abortion services, n=90 for those about Jada, n=109 for those about Kaitlyn, and n=111 for those about Emily.

To conduct data analysis, this author first cleaned the data sets. Of the n=504 surveys which were collected, n=120 were discarded before analysis as these surveys were incomplete or contained an answer other than the name of the woman seeking an abortion for the first question, *"What is the name of the woman seeking an abortion?"* Answering this first question incorrectly suggests that respondents (1) were not paying attention to the survey questions or (2) intentionally chose to answer the question incorrectly. Either of these reasons is grounds for discarding that respondent's survey as the name of the woman was the only element of the survey that suggested race and individuals who did not know her name would not have been able to consider race when answering the subsequent questions on abortion access. It is possible that some of these respondents did know the woman's name and simply chose to answer the question incorrectly, but it is impossible for this author to distinguish between those who did and those who did not know the name; thus, all incorrect answers resulted in the discarding of that respondent's entire survey.

Once all unusable surveys were removed, leaving n=383 usable surveys, responses were divided first by the independent variable, the race of the woman in the vignette, and then were

[4] This author must acknowledge the possibility that some of the data collected and analyzed throughout these findings may have been a result of AI web scraping where AI identified and completed the survey through the MTurk platform. Some of the responses, particularly the qualitative responses–which are not included in this findings section due to the poor quality of the results, suggested possible AI interference. For this reason, this author recommends that the survey be re-run with added security measures–such as a CAPTCHA test–to ensure that the findings are based entirely on human responses.

split into a dichotomous variable; the Black women–Imani and Jada–were classified as 0 and the white women–Kaitlyn and Emily–were classified as 1. Then responses were divided by the name of the woman with Imani defined as 0, Jada defined as 1, Kaitlyn defined as 2, and Emily defined as 3.

Next, each respondent's age, gender, race, level of education, and political ideology were categorically coded. Dummy variables were assigned to gender (male respondents were defined as 0 and female respondents were defined as 1) and race (non-white respondents were defined as 0 and white respondents were defined as 1). The remaining characteristics required more than two variables so they were coded categorically. Age contained six coded ranges (0 denoting the youngest and 6 the eldest); level of education contained nine coded options (0 representing the least and 9 the most educated); and political ideology contained three categories (0 indicating Democrats, 1 indicating Independents, and 2 indicating Republicans).

Finally, the dependent variable–or the respondent's support for the woman's access to abortion services–was cleaned. The questions which measured support throughout the survey were presented on a sliding scale so that respondents could select a number between zero and 100 to represent their answer for each question.[5] The questions regarding abortion access were recalculated so that, on the 100-point scale, 0 was always defined as the respondent being very in favor of the woman having access to abortion services and 100 was always defined as the respondent being very opposed to the woman having access to abortion services. The use of the dichotomous independent variable and the scaled dependent variable allowed this author to use logistic regressions to analyze the data.

[5] See Appendix 1: Sample Survey for the questions measuring support for aboriton access (the dependent variable) and the manner presented to the respondents to answer such questions.

The data was then imported to STATA from Excel for analysis. This author utilized logistic regressions to determine if a relationship exists between the race of the woman seeking an abortion and the level of support that respondents expressed for that woman's access to abortion services. The relationship between respondents' demographic characteristics and the rate of support for abortion access was also explored. These regressions were created through ordinary-least squares (OLS) estimates, a statistical technique that minimizes the sum of squared residuals. With the method-of-moments estimation serving as a generalization of OLS, the logistic regression model fits a line to the data that sets both the average prediction error (E[u]) and the average product of the error and the independent variable (E[u|x]) to zero. By applying this method, this author was able to assess the causal impact of the independent variable, in this case, the race of the woman seeking an abortion.

Analyzing Individual Questions

The survey comprises 30 questions: one question asking the respondent to confirm the name of the woman in the vignette, one question about the respondent's view of abortion independent of the woman in the vignette, five questions about the respondent's demographics, and 23 questions designed to gauge the respondent's support for the woman in the vignette's access to abortion. In this section, those 23 questions will be analyzed to determine if there are differences in support for abortion access depending on if the woman seeking the abortion is Black or white.

Using STATA, this author regressed the respondents' support for abortion access (dependent variable) on the race of the woman seeking an abortion (independent variable). Using the subsequent p-value, the significance was determined between support for abortion access and the race of the woman seeking the abortion. In addition, the coefficient was used to determine the

direction of any trend found through the regression–i.e. whether support for abortion access was generally higher when the woman seeking an abortion was Black or when she was white.

The results of the regression analysis of each individual question on the race of the woman seeking an abortion can be found in Table 1.

Table 1: Regression Analysis of Individual Questions [6] [7]

QUESTION	Coefficient	P> |t|	95% Conf. Interval
ALL QUESTIONS	**21.75644**	**0.442**	**-33.86417 – 77.37705**
Woman's Experience			
AFFORDABLE: What % of her abortion should she be mandated to cover out of pocket?	5.832404	0.041	.2385278 – 11.42628
BURDENSOME: How many HOURS must she wait between her primary appointment and the procedure?	.8223648	0.779	-4.925777 – 6.570506
BURDENSOME: What is the farthest DISTANCE she should have to travel in order to receive the abortion?	1.380284	0.629	-4.225174 – 6.985743
COMFORTABLE: She should be able to bring an individual to the appointment with her.	-.4217234	0.862	-5.172598 – 4.329151
COMFORTABLE: Her anonymity should be ensured (clinic will not report any of her data to the State government).	-.5156721	0.839	-5.505061 – 4.473717
COMFORTABLE: A car service should be provided for her to ensure safe and discreet transportation to and from the clinic.	.0712772	0.979	-5.147903 – 5.290457
Do you favor or oppose each of the following proposals for XXX?			
Doctors are required to inform her about alternatives to abortion before performing the procedure.	3.117764	0.215	-1.813932 – 8.049459
Doctors must encourage her to obtain birth control after an abortion.	4.77217	0.080	-.5750188 – 10.11936
If her abortion is comprised of two oral pills, she must visit her doctor's office when taking the first pill.	2.053179	0.440	-3.173774 – 7.280132
If her abortion is comprised of two oral pills, she must visit her doctor's office when taking each pill.	-.605159	0.825	-5.978597 – 4.768279
The health clinic that provided her abortion services is prohibited from receiving any federal funds.	-.7597881	0.802	-6.724493 – 5.204917
Her doctor must inform her about certain possible risks of abortion before performing the procedure.	6.988232	0.003	2.396228 – 11.58024
She must be shown an ultrasound image of her fetus at least 24 hours before the procedure.	.3381205	0.910	-5.543429 – 6.21967
She must wait 24 hours before having the procedure done.	3.88285	0.183	-1.838762 9.604462
If she is under 18, she must get parental consent for any abortion.	2.640463	0.368	-3.118283 – 8.399209
If she is married, her husband must be notified if she decides to have an abortion.	.5900725	0.849	-5.507814 – 6.687959
Regardless of whether or not you think it should be legal, please tell me whether you personally believe that Imani's abortion is morally acceptable or morally wrong in each of the following situations.			

[6] Throughout Table 1, "XXX" is used as a placeholder for the name of the woman seeking an abortion. Depending on the survey form, "XXX" was replaced with "Imani", "Jada", "Kaitlyn", or "Emily" for each survey.
[7] Each question was regressed independently in its own model and then the results of each separate regression were compiled in Table 1.

When she does not want the child for any reason.	-3.08971	0.271	-8.595055 – 2.415635
When her pregnancy was caused by rape or incest.	-.4015337	0.889	-6.075563 – 5.272496
When her life is endangered.	-2.946933	0.275	-8.247578 – 2.353713
When her child would be born mentally disabled.	-1.724456	0.550	-7.389108 – 3.940196
When her child would be born with a life-threatening illness.	-.2677635	0.922	-5.664133 – 5.128606

Twenty-one out of the 23 questions do not yield statistically significant results. Two of the questions do yield statistically significant results at a 95% confidence level; these questions are highlighted in yellow in Table 1. The question "*What % of her abortion should she be mandated to cover out of pocket?"* has a p-value of 0.041 and a coefficient of 5.832404. The p-value signifies that there is a 95.9% probability that the difference found between the level of support for Black women and white women is not due to random chance. The coefficient being positive signifies that Black women (who are coded as 0 while white women are coded as 1) receive greater support for abortion access than white women. In this instance, the public specifically finds that Black women should be mandated to pay less, on average, in out-of-pocket expenses for abortion coverage. This means that the public supports abortion services being less expensive and therefore more accessible for Black women when compared to white women.

The second significant difference is found in the question: "*Do you favor or oppose each of the following proposals for XXX? Her doctor must inform her about certain possible risks of abortion before performing the procedure."*[8] When analyzing this question, the data yields a p-value of 0.003 and a coefficient of 6.988232. Once again, this p-value falls within the 95% confidence level required for significance as there is a 99.997% likelihood that the conclusion that there is a difference in responses because of the race of the woman seeking the abortion is correct. Additionally, the coefficient is positive which means that public support for abortion

[8] See footnote 3.

access is higher when the woman seeking the abortion is Black compared to when the woman is white. In this case, respondents were more in favor of doctors informing white women of "certain possible risks of abortion" than Black women, which creates an additional barrier for white women to receive an abortion. In simpler terms, the public finds that abortion should be more accessible for Black women when compared to white women.

Analyzing Question Groups

After analyzing each question individually, this author moved to create groups of questions that each targeted an aspect of abortion access. Through STATA, a reliability test was run using Cronbach's alpha formula to determine the internal consistency of responses within groups of questions. This test yielded a scale reliability coefficient which measured the strength of the consistency between questions for each group. In this study, only groups with a scale reliability coefficient of ≥ 0.85 were accepted. The common standard for an accepted scale reliability coefficient in social sciences is > 0.70, but the standard was set higher for this particular study due to the inherent similarities in the questions which would elicit consistent results (Cortina, 1993).

Using this scale reliability coefficient, three distinct groups were created: Cost, Distrust, and Morals. From here, this author aggregated the results for each of the three groups into a new variable and used regression analysis to determine the impact of the race of the woman seeking an abortion (independent variable) on support for abortion within each newly-created question group (dependent variable). The groups, along with their scale reliability coefficients, the questions that comprise each group, and the coefficient and p-value results of the subsequent regression analysis can be viewed in Table 2.

Table 2: Regression Analysis of Question Groups[9]

Group	Scale Reliability Coefficient	Questions	Coefficient	P> |t|
All Questions	0.8374		21.75644	0.442
Cost	0.8649	1. AFFORDABLE: What % of her abortion should she be mandated to cover out of pocket? 2. BURDENSOME: How many HOURS must she wait between her primary appointment and the procedure? 3. BURDENSOME: What is the farthest DISTANCE she should have to travel in order to receive the abortion? 4. COMFORTABLE: A car service should be provided for her to ensure safe and discreet transportation to and from the clinic. 5. If her abortion is comprised of two oral pills, she must visit her doctor's office when taking the first pill. 6. If her abortion is comprised of two oral pills, she must visit her doctor's office when taking each pill. 7. The health clinic that provided her abortion services is prohibited from receiving any federal funds. 8. She must wait 24 hours before having the procedure done.	12.67741	0.405
Distrust	0.8700	1. BURDENSOME: How many HOURS must she wait between her primary appointment and the procedure? 2. Doctors are required to inform her about alternatives to abortion before performing the procedure. 3. Her doctor must inform her about certain possible risks of abortion before performing the procedure. 4. She must be shown an ultrasound image of her fetus at least 24 hours before the procedure. 5. She must wait 24 hours before having the procedure done. 6. If she is under 18, she must get parental consent for any abortion. 7. If she is married, her husband must be notified if she decides to have an abortion.	18.37987	0.216
Morals	0.8949	1. When she does not want the child for any reason. 2. When her pregnancy was caused by rape or incest. 3. When her life is endangered. 4. When her child would be born mentally disabled. 5. When her child would be born with a life-threatening illness.	-8.430396	0.474

The first group, Cost, is composed of abortion access questions that impact the financial direct and indirect cost of obtaining an abortion; in short, these questions capture not only the direct cost of the procedure but also costs related to travel and taking time off of work for multiple appointments. The Cost group has a scale reliability coefficient of 0.8649, suggesting a relatively high internal consistency between questions assigned to this group. In addition, the p-value is 0.405 and the coefficient is 12.67741. As previously stated, the p-value is not low

[9] Each group–which is a variable holding each of the questions listed in the third column of Table 2–was regressed independently in its own model and then the results of each separate regression were compiled in Table 2.

enough to conclude that the race of the woman caused a change in attitude on abortion access. However, the coefficient still provides valuable information as the trend within this data set shows that respondents favored less expensive abortion services for Black women than white women. This means that the respondents in this survey found that, on the basis of financial cost, abortion should be more accessible for Black women than for white women.

The second group, Distrust, contains questions that suggest a lack of trust in the pregnant woman's ability to correctly choose whether or not to obtain an abortion. These questions range from requiring waiting periods to parental or spousal notification; policy proposals such as requiring the woman to see an ultrasound of the fetus are also included in the Distrust group. This group has a scale reliability coefficient of 0.8700, reflecting a high degree of similarities in responses. The p-value is 0.216, which is not statistically significant, and a coefficient of 18.37987. This coefficient signifies that the respondents are less likely to subject Black women to these measures which indicates relative distrust in the decision-making of white women seeking an abortion when compared to Black women. Once again, this means that abortion is more accessible to Black women than to white women.

The final group, Morals, comprises different situations in which the respondent must determine whether obtaining an abortion is a moral act–such as in the case of rape or incest or when harm may come to the mother or child. These questions have a scale reliability coefficient of 0.8949, indicating that these responses have the highest internal consistency of the three groups. Once again, these findings are not statistically significant with a p-value of 0.474. This group differs from the other, however, when discussing the coefficient and trend. With a coefficient of -8.430396, this is the only group in which the respondents find abortion should be more accessible for white women than for Black women. In the context of this group

specifically, the respondents ranked white women's abortions as more moral than Black women's abortions regardless of the reason for obtaining the abortion.

Trends in Data

While few findings yield statistically significant differences in support for abortion access based on the race of the woman seeking an abortion, trends in results that are not statistically significant can still shed light on how specific respondents in this study were affected by race. This analysis was conducted with a limited sample size which may contribute to the lack of significance, so further studies with larger data collections are needed to determine if the trends discussed here may be reflective of significant findings which would reflect the general population of U.S. adults. Still, understanding the direction of support for abortion access in this sample serves as foundational research to inform future studies.

Based on the regression analysis and coefficients displayed in Table 1, it is clear that there is a strong, though statistically insignificant, tendency to favor easier access to abortion for Black women when compared to white women, specifically when access is measured through the woman's experience and the opposition to policies which make abortions harder to obtain. Of the 16 questions in these first two categories, 12 show respondents favoring easier abortion access for Black women. Both of the questions with statistically significant results–which are in these two blocks–also indicated that access to abortion has more public support when the woman seeking the abortion is Black.

The third category of questions contains five scenarios asking about the morality of abortion. All five of these questions show that respondents find abortions obtained by white women to be more morally right than abortions obtained by Black women.

When considering this finding alongside the statistically significant difference in the results to the aforementioned question, "*Do you favor or oppose each of the following proposals for XXX? Her doctor must inform her about certain possible risks of abortion before performing the procedure.*"[10] a potentially troubling trend emerges. Although this analysis of this question shows that there should be fewer barriers to abortion for Black when compared to white women, the fact that this barrier leads to better-informed patients–as the doctor must inform women of "certain possible risks of abortion"–begs the question of the role of informed consent and knowledge in abortion access.

Based on the literature, a connection between a public desire for increased information for white patients over Black patients–in almost any medical field but especially when discussing reproductive or abortion services–displays startling similarities between public opinion on modern abortion access and prior eugenics beliefs. Beyond the fact that restricting information on the abortion procedure blurs the line between informed, consensual abortions and uninformed, non-consensual population control, this possible evocation of eugenics beliefs also plays at the racist social constructs regarding Black versus white motherhood. This possibility is especially concerning when considering the two statistically insignificant trends found in the data: (1) support is higher for Black women's access to abortion services and (2) abortion is viewed as more morally right when obtained by white women.

Conclusion

This study aims to answer the question: Does public support for abortion access change based on the race of the woman seeking an abortion? Although analysis of the data does not allow for a definitive conclusion to this question to be drawn, the split trends between respondent

[10] See footnote 3.

support for abortion access for Black women and the morality of abortion access for white women create an interesting puzzle. Further studies are needed to conclude if the race of the woman obtaining the abortion has a significant effect on public support for abortion access, to delve into whether public prioritization of safety and informed consent in abortion services may be contingent on the race of the woman obtaining the abortion, and to determine the reasoning behind any differences in public support for abortion access. Within the sample, abortion being less moral but more accessible for Black women and more moral but less accessible for white women points to eugenics and morality policies as integral to current public opinions on abortion access. While alarming, understanding the impact of racist social constructions on the current abortion debate is essential to protecting women's interest in advocating for and crafting abortion regulation.

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APPENDIX 1: SAMPLE SURVEY [11]

Start of Block: XXX

XXX is pregnant and has recently been looking for abortion services.

What is the name of the woman seeking an abortion?

_____

Page Break

If XXX decides to have an abortion, should her experience be affordable?

0 10 20 30 40 50 60 70 80 90 100

What PERCENT of her abortion should she be mandated to cover out of pocket? ()	*SLIDING SCALE*

Page Break

If XXX decides to have an abortion, should her experience be burdensome?

0 10 20 30 40 50 60 70 80 90 100

How many HOURS must she wait between her primary appointment and the procedure? ()	*SLIDING SCALE*
What is the farthest DISTANCE she should have to travel in order to receive the abortion? ()	*SLIDING SCALE*

[11] "XXX" is replaced with the name of the woman (Imani, Jada, Kaitlyn, or Emily) in the four randomized survey sections. This is the only difference between the sections.

Page Break

If XXX decides to have an abortion, should her experience be comfortable?

	Strongly Disagree	Neutral	Strongly Agree
	0	50	100
She should be able to bring an individual to the appointment with her. ()	*SLIDING SCALE*		
Her anonymity should be ensured (clinic will not report any of her data to the State government). ()	*SLIDING SCALE*		
A car service should be provided for her to ensure safe and discreet transportation to and from the clinic. ()	*SLIDING SCALE*		

Page Break

Do you favor or oppose each of the following abortion proposals for XXX?

	Strongly Oppose	Neutral	Strongly Favor
	0	50	100
Doctors are required to inform her about alternatives to abortion before performing the procedure. ()	*SLIDING SCALE*		
Doctors must encourage her to obtain birth control after an abortion. ()	*SLIDING SCALE*		
If her abortion is comprised of two oral pills, she must visit her doctor's office when taking the first pill. ()	*SLIDING SCALE*		

If her abortion is comprised of two oral pills, she must visit her doctor's office when taking each pill. ()	*SLIDING SCALE*
The health clinic that provided her abortion services is prohibited from receiving any federal funds. ()	*SLIDING SCALE*
Her doctor must inform her about certain possible risks of abortion before performing the procedure. ()	*SLIDING SCALE*
She must be shown an ultrasound image of her fetus at least 24 hours before the procedure. ()	*SLIDING SCALE*
She must wait 24 hours before having the procedure done. ()	*SLIDING SCALE*
If she is under 18, she must get parental consent for any abortion. ()	*SLIDING SCALE*
If she is married, her husband must be notified if she decides to have an abortion. ()	*SLIDING SCALE*

Page Break

Regardless of whether or not you think it should be legal, please tell me whether you personally believe that XXX's abortion is morally acceptable or morally wrong in each of the following situations.

	Morally Wrong	Neutral	Morally Acceptable
	0	50	100

When she does not want the child for any reason. ()	*SLIDING SCALE*

When her pregnancy was caused by rape or incest. ()	*SLIDING SCALE*
When her life is endangered. ()	*SLIDING SCALE*
When her child would be born mentally disabled. ()	*SLIDING SCALE*
When her child would be born with a life-threatening illness. ()	*SLIDING SCALE*

Page Break

What are your thoughts on XXX’s current circumstances?

_____

Page Break

What factors affected your responses about XXX's access to abortion? What, if anything, should she have done differently? What should she do now?

_____

End of Block: XXX

Start of Block: Morality of Abortion

For all woman, abortion should be…

	Illegal in all cases	Illegal in most cases	Legal in most cases	Legal in all cases
	0	25	50	75	100
Abortion should be... ()	*SLIDING SCALE*			

End of Block: Morality of Abortion

Start of Block: Demographics

Please answer the following about yourself.

How old are you?

- Under 18 (1)
- 18-24 years old (2)
- 25-34 years old (3)
- 35-44 years old (4)
- 45-54 years old (5)
- 55-64 years old (6)
- 65+ years old (7)

How do you describe yourself?

- ○ Male (1)
- ○ Female (2)
- ○ Non-binary / third gender (3)
- ○ Prefer to self-describe (4) _____
- ○ Prefer not to say (5)

Which of the following best describes you?

- ☐ Asian or Pacific Islander (1)
- ☐ Black or African American (2)
- ☐ White or Caucasian (8)
- ☐ Hispanic or Latino (3)
- ☐ Native American or Alaskan American (4)
- ☐ Multiracial or Biracial (5)
- ☐ Other (please specify) (6) _____

☐ Prefer not to say (7)

What is the highest degree or level of school you have completed?

○ No schooling completed (1)

○ Nursery school to 8th grade (2)

○ Some high school, no diploma (3)

○ High school graduate, diploma or the equivalent (for example: GED) (4)

○ Some college credit, no degree (5)

○ Trade/technical/vocational training (6)

○ Associate degree (7)

○ Bachelor's degree (8)

○ Master's degree (9)

○ Professional degree (10)

○ Doctorate degree (11)

Generally speaking, where do you consider yourself politically?

○ Republican (1)

- ○ Democrat (4)
- ○ Independent (5)
- ○ Other (please specify) (6) _____

End of Block: Demographics

Start of Block: Random ID

Here is your ID number: ${e://Field/Random%20ID}

Please copy this number. Once you've copied your ID, click Submit to finish the survey.

End of Block: Random ID
