Religiosity and Attitudes Toward Induced Abortion: An Elaboration of The Relationship*

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This study, using a sample of 821 college students at three different universities, attempted to elaborate the relationship between religiosity (ideological commitment assessed by a five item Guttman-type scale) and attitudes toward induced abortion for seven situational conditions (woman's health endangered, rape, serious defect in child, low income, unmarried, want no more children, and incest). Controls for sex (as gender) and two Guttman-type scales designed to measure attitudes toward other types of fertility control (one scale dealt with coercive controls on fertility while the other assessed a more traditional endorsement of the preventive and educational orientation), produced expected results on the zero-order relationship between ideological commitment and attitudes toward induced abortion.

An unwanted pregnancy can be prevented by contraception. The fact that Americans have been relatively unsuccessful in this matter has been thoroughly documented. As Bumpass and Westoff (1970:10) indicate: "... one-fifth of all births and more than one-third of Negro births which occurred from 1960-1965 were unwanted." An unwanted birth can be avoided by induced abortion. But herein lies the source of a great deal of dissonance for a large number of Americans. While intervention in the conception process can be successful without the need for a rationale for neutralizing possible guilt—stopping the growth and development of a fertilized egg has "moral" implications that cannot be glibly ignored. These moral reactions are generally thought to be a function of our internalization of cultural norms which are anchored in the Judeo-Christian tradition.

Therefore, we should expect that commitment to the ideological tenets of Christianity should be closely related to opposition to abortion, regardless of the extenuating circumstances. In addition, because the Christian ethic has become so thoroughly enmeshed with what has been called the American

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ethos, we would expect some opposition to abortion even among those who are not high in their commitment to the Christian ideology. While the ideas outlined above have an intuitive logic to them, they have not been uniformly supported by research.

In a study which utilized a multidimensional approach to religiosity, Finner and Gamache (1969) found that the religious effects dimension (consequential in the Glock-Stark [1965] typology) was significantly related to attitudes toward induced abortion at the .05 level (r = .257). A composite weighted index of religious commitment including all five of the dimensions of religiosity was also significantly related to the dependent variable ($r = .183$, $p < .05$). The ritualistic and religious self definitions sub-scales were related to attitudes toward abortion at the .10 level with r values of .160 and .169 respectively. Finner and Gamache (1969:11) conclude by stating that: "Although this study finds some significant relations between religious commitment and attitudes toward induced abortion, the proportion of variation in attitudes toward abortion accounted for is relatively low, and other factors that might be related to attitudes toward abortion should be explored. One such investigation might include questions concerning attitudes toward other aspects of fertility control."

The dimension that Finner and Gamache found weakly related to attitudes toward abortion was the ideological or religious belief (only religious knowledge proved to be of lesser predictive ability). This was surprising since ideological commitment has consistently been more strongly related to such things as premarital sexual permissiveness than the other dimensions (see Cardwell, 1968; Ruppel, 1970; Clayton, 1971). If attitudes toward abortion are at all congruent with attitudes toward other types of deviant behavior, then the religious correlates to the two should produce similar configurations. With this in mind, we decided to examine the relationship between religiosity as evidenced by ideological commitment and attitudes toward induced abortion. The hypothesis was: *As religiosity increases, the willingness to endorse abortion as appropriate decreases.* The expectation then was for the two variables to be inversely related. A discussion of the methodological procedures and sample follows.

Sample, Methods, and Variables

The sample consisted of 821 students enrolled in sociology classes at three schools that, on the *surface* at least, would appear to differ on several salient characteristics. The schools were Georgia Southern College at Statesboro, the University of Kentucky at Lexington, and Illinois State University at Normal (see Table 1). As these data indicate, 59 percent of the sample was female and one-half of the sample consisted of freshmen. Our initial fear that differences inherent in the recruitment patterns at the three schools might render the religiosity-attitudes toward abortion relationship spurious was not justified. That relationship held even when school attended, classification (fresh-

TABLE 1.
BACKGROUND DATA FOR RESPONDENTS BY SCHOOL

	Schools in Sample			
	Georgia Southern (n=204)	University Kentucky (n=352)	Illinois State (n=265)	Total (n=821)
SEX				
Male	97(47.5)	144(40.9)	99(37.4)	340(41.4)
Female	107(52.5)	208(59.1)	166(62.6)	481(58.6)
CLASSIFICATION				
Freshmen	42(20.6)	209(59.4)	156(58.9)	407(49.6)
Other	162(79.4)	143(40.6)	109(41.1)	414(50.4)
BIRTH ORDER				
First and/or only	87(42.6)	130(36.9)	88(33.2)	305(37.1)
Second	63(30.9)	113(32.1)	102(38.5)	278(33.9)
Third and higher	54(26.5)	109(31.0)	75(28.3)	238(29.0)
SIZE OF COMMUNITY				
Under 2,500	36(17.6)	34(9.7)	68(25.7)	138(16.8)
2,500 to 9,999	46(22.5)	68(19.3)	38(14.3)	152(18.5)
10,000 to 49,999	58(28.4)	73(20.7)	75(28.3)	206(25.1)
50,000 to 249,999	31(15.2)	91(25.9)	61(23.0)	183(22.3)
250,000 or more	31(15.2)	83(23.6)	23(8.7)	137(16.7)
No answer	2(1.0)	3(1.0)	0( )	5(.6)
PARENTAL ANNUAL INCOME				
Under $10,000	67(32.8)	89(25.3)	82(30.9)	238(29.0)
$10,000 to $14,999	61(29.9)	97(27.6)	89(33.6)	247(30.1)
$15,000 or more	63(30.9)	151(42.9)	75(28.3)	289(35.2)
No answer	13(6.4)	15(4.3)	19(7.2)	47(5.7)
RESPONDENT'S RELIGIOUS AFFILIATION				
Baptist	75(36.8)	63(17.9)	12(4.5)	150(18.3)
Methodist	45(22.1)	31(8.8)	48(18.1)	124(15.1)
Other Protestant	32(15.7)	123(34.9)	83(31.3)	238(29.0)
Catholic	12(5.9)	64(18.2)	83(31.3)	159(19.4)
No religion	40(19.6)	71(20.2)	39(14.7)	150(18.3)
FREQUENCY OF CHURCH ATTENDANCE				
Frequently	40(19.6)	95(27.0)	103(38.9)	238(29.0)
Occasionally	60(29.4)	59(16.8)	53(20.0)	172(21.0)
Seldom or never	102(50.0)	195(55.4)	109(41.1)	406(49.5)
No answer	2(1.0)	3(1.0)	0( )	5(.6)

man, other), birth order, church attendance, S.E.S., size of community of residence and religious affiliation were separately introduced as control variables. Thus, while there are some seemingly important differences among the three schools with regard to distribution on the background characteristics listed in Table 1, they did not necessitate any alteration in the focus of this paper or our interpretations.

The independent variable was *religiosity* or *ideological commitment.* Five items from the Faulkner-DeJong (1966) 5-D scales were used.[1] The item marginals ranged from 15 percent (view of the Bible) to 81 percent (God in history), thus slightly violating the conventional 20 to 80 percent limits of acceptability for Guttman scales. However, the scale more than adequately met all of the minimum criteria of this scaling technique with a proportion of pure scale types of .87, a coefficient of reproducibility of .97, and an error ratio of .24.

The dependent variable, *attitudes toward induced abortion,* consisted of situational conditions that might affect the "appropriateness" of abortion as perceived by the respondents. These conditions were used by Kantner (1958) in public opinion polls conducted for the Population Council in 1965 and 1967 and by N.O.R.C. in a 1965 study of attitudes toward legal abortion. The seven situational conditions were: (1) woman's health seriously endangered, (2) pregnant as a result of rape, (3) strong chance of serious defect in the baby, (4) very low income and cannot afford more children, (5) not married and does not want to marry the man, (6) married and does not want more children, and (7) pregnant as a result of incest. The response categories were yes, don't know, and no.

In order to elaborate empirically the zero-order relationships between religiosity and attitudes toward induced abortion, three control variables were introduced. Gamma was chosen as the measure of association due to the ordinal level data involved and because it provides an assessment of the proportionate reduction in error. In addition, even though the assumptions for chi-square were not met, the chi-square values are reported for heuristic purposes.

The first control variable was *sex of respondent.* It was expected that the relationship between religiosity and attitudes toward induced abortion would be specified, that is, stronger for females than for males.

The second and third control variables were Guttman type scales designed to measure *attitudes toward other aspects of fertility control.* The scales were developed in response to Finner and Gamache's (1969) suggestion that such attitudes may mediate the influence of religiosity on attitudes toward abortion. The scales evolved in the following manner.

1. Attitudinal items were developed for the specific proposed solutions to the population problem in the U.S. as outlined by Jaffe (1969). Jaffe said that these "potential population policies" could be organized under four categories: (a) *social constraints* that have a universal impact; (b) *economic deterrents/incentives* and (c) *social controls* that have a selective impact depending on socio-economic status; and (d) measures predicated on an

[1]The items used from Faulkner and DeJong (1966) were, from most difficult to endorse to least difficult: (1) view of the Bible, (2) the creation story, (3) a belief in the miracles, (4) view of the Deity, and (5) the role of God in history.

existing motivation to prevent unwanted pregnancy. Eventually 70 items were constructed, 64 of which were listed by Jaffe in an abbreviated form (e.g., postpone marriage) under the four categories mentioned above.

2. The 70 items were factor analyzed by the principal axis method with varimax rotation. Fifteen factors were extracted of which 8 had eigenvalues above unity. The first two factors accounted for 59 percent of the variance. Beyond the first two factors a problem arose with variable complexity (i.e., when an item loads heavy on more than one factor). Consequently, a decision was made to focus on the first two factors for further analysis.

3. From the 17 items which loaded above .30 on Factor 1 (*social constraints and coercive control*) and the 19 which met this criterion on Factor II (*delivery of contraceptive education/materials*), six and five items were selected respectively to see if they would fit the Guttman model.[2] As the data in Table 2 indicate, both of these scales more than adequately met most of the minimum criteria of Guttman scaling. The expectations were that these two variables would filter the influence of religiosity on attitudes toward induced abortion since they represent attitudes toward different strategies of fertility control.

Analysis of Data

Zero-Order Relationships: Religiosity and Attitudes Toward Induced Abortion. As hypothesized, the data in Table 3 indicate that religiosity was rather significantly related to attitudes toward abortion, with gamma values ranging from -.39 for "low income" to -.48 for when the "health of the mother" was at stake. It should be noted that gamma values are almost always higher than corresponding r values when the same data are used. Nevertheless, these zero-order correlations are considerably higher than those obtained by Finner and Gamache, especially when it is noted that the ideological scale was the least predictive of their dimensions of religiosity. In addition, the more orthodox differ significantly from the less orthodox in

[2]The items used for the Factor I scale were, from most difficult to endorse to least difficult: (1) The U.S. government should encourage individuals to postpone marriage because early marriages produce larger families. (2) The federal government should institute a substantial marriage tax as one means of reducing the population. (3) It should be a policy of the U.S. government to encourage individuals to avoid marriage. (4) As a means of population control the minimum legal age at first marriage should be 25. (5) As a means of population control, couples should have to apply to the federal government for permission to bear children. (6) As a means of population control all males should be sterilized at the age of 25. It should be noted that an endorsement of these items was indicated when "Strongly Disagree" was checked. The items used for the Factor II scale were, from most difficult to endorse to least difficult: (1) the U.S. government has no right to send educational materials on contraceptives to individuals through the mail. (2) Educational materials on contraceptives should be provided each newly married couple upon application for a marriage license. (3) The federal government has no right to promote family limitation through television programs. (4) The federal government should provide educational materials on contraception to all mothers of newborn children before they leave the hospital. (5) The federal government should provide educational materials dealing with contraception to every married couple in the childbearing period.

TABLE 2.
MEASURES OF INTERNAL CONSISTENCY AND ENDORSEMENT MARGINALS FOR RELIGIOSITY (IDEOLOGICAL COMMITMENT), FACTOR I SCALE (SOCIAL CONSTRAINTS AND COERCIVE CONTROL) AND FACTOR II SCALE (DELIVERY OF CONTRACEPTIVE EDUCATION/MATERIALS).

	Religiosity	Factor I	Factor II
Measures of internal consistency:			
Item Error (mean)	.05	.03	.08
Proportion of Pure Scale Types	.87	.61	.69
Coefficient of Reproducibility	.97	.93	.94
Coefficient of Scalability		.67	.74
Error Ratio	.24	.42	.57
Endorsement marginals[a]:			
Item 1	15	21	18
Item 2	27	31	31
Item 3	55	39	55
Item 4	67	49	70
Item 5	81	58	81
Item 6		69	

[a]See footnotes 1 and 2 for wording of items by order of difficulty.

their attitudes toward induced abortion with the chi-square values beyond the .01 level for health of mother and beyond the .001 level for all other reasons.

Religiosity and Attitudes Toward Induced Abortion, Controlling on Sex. Our expectation was that sex of the respondent would be an antecedent condition specifying the original relationship, with the partial values higher for females than for males. As the data in Table 4 indicate, this expectation held for all of the situations except "serious defect." In that particular case, sex did not specify the relationship; in fact, this variable did not appear to appreciably influence the original relationship at all. In the remaining situations, ideological commitment proved to be a better predictor of attitudes toward induced abortion for women than for men. In comparison with Finner and Gamache, again, it should be noted that even with the control on sex, the correlation between religiosity and attitudes toward induced abortion never dropped below .32.

Religiosity and Attitudes Toward Induced Abortion, Controlling on Factor I (Social Constraints and Coercive Control Scale). While it is obvious, it is necessary to note that abortion is an *ad hoc* effort to terminate the results of an action that was involuntary (result of rape and/or incest), potentially damaging to the mother (health involved or status as unwed mother), perhaps damaging to the unborn fetus (probably serious defect), or perhaps the result of ascribed status due to external factors (low income or want no other children). Regardless of the reasons involved, a decision for abortion is

TABLE 3.
ZERO-ORDER RELATIONSHIPS: RELIGIOSITY (IDEOLOGICAL COMMITMENTS) AND ATTITUDES TOWARD INDUCED ABORTION

Items	More Orthodox	Less Orthodox	Chi-Square	Gamma
1. Health of mother				
Yes	410(92)[a]	361(97)		
Don't know	21(5)	7(2)		
No	15(3)	4(1)	9.87[b]	-.48[c]
2. Result of rape				
Yes	377(84)	348(94)		
Don't know	39(9)	9(2)		
No	33(7)	15(4)	19.61	-.45
3. Serious defect				
Yes	338(76)	333(90)		
Don't know	52(12)	21(6)		
No	56(13)	18(5)	26.24	-.45
4. Not married				
Yes	230(52)	275(74)		
Don't know	56(13)	37(10)		
No	160(36)	60(16)	47.04	-.44
5. Result of incest				
Yes	291(65)	305(82)		
Don't know	75(17)	33(9)		
No	80(18)	32(9)	30.42	-.40
6. Want no more children				
Yes	200(45)	250(67)		
Don't know	62(14)	42(11)		
No	182(41)	80(22)	43.09	-.40
7. Low income				
Yes	249(56)	281(76)		
Don't know	66(15)	36(10)		
No	131(29)	55(15)	35.41	-.39

[a]Percentages are in parentheses (not always equal to 100% due to rounding error).

[b]All chi-square values are significant at $p<.001$, except for "health of mother" which is significant at $p<.01$.

[c]All gamma values are significant at $p<.001$, except for "health of mother" which is significant at $p=.0011$.

generally considered a serious and drastic action. Those respondents who are high on the Factor I scale are much more willing to endorse drastic measures of population control, measures that smack of social constraint and coercive control by agencies external to the individuals involved. Thus it was expected that this control variable would intervene between the general attitude religiosity and attitudes toward induced abortion. Given the distinctions made above about voluntary and "needed" abortion versus involuntary

TABLE 4.
RELIGIOISITY (IDEOLOGICAL COMMITMENT) AND ATTIDUES TOWARD INDUCED ABORTION: SEX CONTROLLED

Items	MALES More Orth.	MALES Less Orth.	FEMALES More Orth.	FEMALES Less Orth.	Zero-Order Gamma
Health of mother					
Yes	147(91)[a]	171(97)	263(92)	190(97)	
Don't know	8(5)	4(2)	13(5)	3(2)	
No	6(4)	2(1)	9(3)	2(1)	
Chi-square	4.40[b]		5.80		
Gamma	-.46[c]		-.52		-.48
Result of rape					
Yes	138(84)	162(92)	239(84)	186(95)	
Don't know	15(9)	5(3)	24(8)	4(2)	
No	11(7)	10(6)	22(8)	5(3)	
Chi-square	6.48		15.26		
Gamma	-.32		-.58		-.45
Serious defect					
Yes	120(75)	158(89)	218(77)	175(90)	
Don't know	25(16)	10(6)	27(10)	11(6)	
No	16(10)	9(5)	40(14)	9(5)	
Chi-square	12.85		14.70		
Gamma	-.45		-.45		-.45
Not married					
Yes	87(54)	127(72)	143(50)	148(76)	
Don't know	18(11)	23(13)	38(13)	14(7)	
No	56(35)	27(15)	104(37)	33(17)	
Chi-square	17.50		32.2		
Gamma	-.38		-.48		-.44
Result of incest					
Yes	100(62)	138(78)	191(67)	167(86)	
Don't know	26(16)	18(10)	49(17)	15(8)	
No	35(22)	20(11)	45(16)	12(6)	
Chi-square	10.97		22.29		
Gamma	-.35		-.48		-.40
Want no more children					
Yes	77(48)	120(68)	123(43)	130(67)	
Don't know	17(11)	19(11)	45(16)	23(12)	
No	66(41)	38(22)	116(41)	42(22)	
Chi-square	16.22		26.34		
Gamma	-.38		-.41		-.40
Low income					
Yes	91(57)	128(72)	158(55)	153(79)	
Don't know	18(11)	18(10)	48(17)	18(9)	
No	52(32)	31(18)	79(28)	24(12)	
Chi-square	10.83		27.17		
Gamma	-.33		-.46		-.39

[a]Percentages are in parentheses (not always equal to 100% due to rounding error).

[b]All chi-square values are significant at $p<.001$, with the following exceptions: "serious defect" (males), "incest" (males), and "low income" (males) are significant at $p<.01$; "rape" (males) is significant at $p<.05$; "health of mother" (males), and "health of mother" (females) were not significant.

[c]All gamma values are significant at $p<.001$, with the following exceptions: "health of mother" (males), "health of mother" (females), and "rape" (males) are significant at $p<.05$.

TABLE 5.

RELIGIOSITY (IDEOLOGICAL COMMITMENT) AND ATTITUDES TOWARD INDUCED ABORTION: FACTOR I SCALE CONTROLLED

Items	FACTOR 1–LOW More Ortho.	FACTOR 1–LOW Less Ortho.	FACTOR 1–HIGH More Ortho.	FACTOR 1–HIGH Less Ortho.	Zero-Order Gamma
Health of mother					
Yes	189(92)[a]	204(96)	219(92)	156(98)	
Don't know	7(3)	5(2)	14(6)	2(1)	
No	9(4)	3(1)	6(3)	1(1)	
Chi-square	3.79[b]		7.37		
Gamma	-.37[c]		-.65		-.48
Result of rape					
Yes	174(85)	193(91)	199(83)	154(97)	
Don't know	19(9)	7(3)	29(8)	2(1)	
No	12(6)	12(6)	20(8)	3(2)	
Chi-square	6.41		17.66		
Gamma	-.26		-.71		-.45
Serious defect					
Yes	161(79)	192(91)	175(73)	140(88)	
Don't know	23(11)	8(4)	29(12)	13(8)	
No	21(10)	12(6)	35(15)	6(4)	
Chi-square	12.32		15.02		
Gamma	-.42		-.46		-.45
Not married					
Yes	100(49)	157(74)	129(54)	117(74)	
Don't know	33(16)	19(9)	23(10)	18(11)	
No	72(35)	36(17)	87(36)	24(15)	
Chi-square	28.30		21.75		
Gamma	-.46		-.42		-.44
Result of incest					
Yes	137(67)	178(82)	153(64)	130(83)	
Don't know	40(20)	17(8)	35(15)	16(10)	
No	28(14)	21(10)	51(21)	11(7)	
Chi-square	15.34		18.57		
Gamma	-.35		-.45		-.40
Want no more children					
Yes	94(46)	150(71)	106(45)	99(62)	
Don't know	29(14)	2(10)	32(13)	20(13)	
No	81(40)	40(19)	100(42)	40(25)	
Chi-square	27.56		13.54		
Gamma	-.45		-.33		-.40
Low Income					
Yes	112(55)	166(78)	136(57)	114(72)	
Don't know	33(16)	19(9)	33(14)	17(11)	
No	60(29)	27(13)	70(29)	28(18)	
Chi-square	26.67		9.35		
Gamma	-.47		-.30		-.39

[a]Percentages are in parentheses (not always equal to 100% due to rounding error)

[b]All chi-square values are significant at p<.001, with the following exceptions: "serious defect" (low), "low income" (high), and "no more children" (high) are significant at p<.01; "health of mother" (high) and "rape" (low) are significant at p<05; "health of mother" (low) is not significant.

[c]All gamma values are significant at p<.001, with the following exceptions: "health of mother (high) and "low income" (high) are significant at p<.01; "health of mother" (low) and "rape" (low) are significant at p<.05.

and "unneeded" abortion, it was expected that the Factor I scale would specify the relationship. The relationship was expected to be stronger for those high on Factor I when the health of mother, rape or incest and serious defect were the extenuating circumstances and weaker when low income, unmarried, or no more children desired were the contingencies. The data in Table 5 support these expectations in every case. The suggestion made by Finner and Gamache that attitudes toward other measures of population control are salient to understanding how religiosity affects attitudes toward abortion is supported by these data.

Religiosity and Attitudes Toward Induced Abortion, Controlling on Factor II (Delivery of Contraceptive Education/Materials Scale). Those respondents high on the Factor II scale would endorse the preventative orientation to the "population problem" (i.e., provide contraceptive education and /or materials to those who do or might need them). However, it should be noted that 48 percent (210) of those high on Factor II (n=436) were also high on the social constraints and coercive control scale (Factor I). Those low on the Factor II scale would reject the preventative orientation but not necessarily be opposed to population control since only 51 percent of those low on Factor II (n=385) were also low on Factor I.[3]

With these delimiters in mind it was predicted that the religiosity-attitudes toward abortion relationship would be specified by the Factor II scale. The relationship was expected to be stronger for those low on the Factor II scale since a sizable proportion of the total sample was low on both of the population policy scales (n=197 or 24 percent of 821 low-low). These persons would be the "traditional" individuals who might resist even innocuous change. The data in Table 6 strongly support these expectations since the relationship was specified for all seven conditions for abortion. Again the idea that the influence of religiosity on attitudes toward induced abortion is mediated by attitudes toward other measures of population control was supported by these data.

Conclusions

There are a number of conclusions to be drawn from viewing ideological commitment as predictive of attitudes toward induced abortion. Our expectation of an inverse association between these variables was substantiated, as was the feeling that this dimension of religiosity would be a better predictor of abortion attitudes for women than for men (except for the situation of a possible serious defect in the child). Similarly, controlling on attitudes to-

[3]What these data indicate is that the two scales are orthogonal (uncorrelated) and when the data are collapsed there are large numbers of respondents with mixed scores. For example, when both scales are dichotomized as they were in Tables 5 and 6, 188 or 23 percent of the total sample was high on I and low on II while 226 or 28 percent were low on I and high on II. The gamma correlation between the two scales with the data ungrouped was -.04, with the data dichotomized into low and high the gamma value was -.01.

TABLE 6.

RELIGIOSITY (IDEOLOGICAL COMMITMENT) AND ATTITUDES TOWARD INDUCED ABORTION: FACTOR II SCALE CONTROLLED

Items	FACTOR II-LOW		FACTOR II-HIGH		Zero-Order Gamma
	More Orth.	Less Orth.	More Orth.	Less Orth.	
Health of mother					
Yes	201(87)[a]	150(98)	209(97)	211(96)	
Don't know	16(7)	1(1)	5(2)	6(3)	
No	13(6)	2(1)	2(1)	2(1)	
Chi-square	13.79[b]		.08		
Gamma	-.75 [c]		+.06		-.48
Result of rape					
Yes	181(79)	146(95)	193(89)	202(92)	
Don't know	27(12)	4(3)	12(6)	5(2)	
No	22(10)	3(2)	11(5)	12(6)	
Chi-square	20.60		3.11		
Gamma	-.69		-.16		-.45
Serious defect					
Yes	156(68)	134(88)	182(84)	199(91)	
Don't know	32(14)	12(8)	20(9)	9(4)	
No	42(18)	7(5)	14(7)	11(5)	
Chi-square	21.13		5.27		
Gamma	-.53		-.28		-.45
Not married					
Yes	96(42)	104(68)	134(62)	171(78)	
Don't know	37(16)	21(14)	19(9)	16(7)	
No	97(42)	28(18)	63(29)	32(15)	
Chi-square	28.49		14.84		
Gamma	-.47		-.36		-.44
Result of incest					
Yes	131(57)	119(78)	160(74)	186(85)	
Don't know	49(21)	19(13)	26(12)	14(6)	
No	50(22)	14(9)	30(14)	18(8)	
Chi-square	18.92		8.55		
Gamma	-.44		-.32		-.40
Want no more children					
Yes	72(31)	90(58)	128(60)	160(73)	
Don't know	40(18)	21(14)	22(10)	21(10)	
No	117(51)	42(27)	65(30)	38(17)	
Chi-square	29.34		10.62		
Gamma	-.46		-.29		-.40
Low income					
Yes	101(44)	106(69)	148(69)	175(80)	
Don't know	41(18)	20(13)	25(12)	16(7)	
No	88(38)	27(18)	43(20)	28(13)	
Chi-square	25.25		7.38		
Gamma	-.45		-.27		-.39

[a]Percentages are in parentheses (not always equal to 100% due to rounding error)

[b]All chi-square values are significant at p<.001, with the following exceptions: "health of mother" (low), "no more children" (high) are significant at p<.01; "incest" (high) and "low income" (high) are significant at p<.05; "health of mother" (high), "rape" (high), and "serious defect" (high) are not significant.

[c]All gamma values are significant at p<.001, with the following exceptions: "incest" (high) and "low income" (high) are significant at p<.01; "serious defect" (high) is significant at p<.05; "health of mother" (high) and "rape" (high) are not significant.

ward other aspects of fertility control produced results consistent with our expectations. Ideological commitment was a stronger predictor of abortion attitudes for those individuals willing to endorse drastic measures of population control when abortion was perceived as "needed," and a weaker predictor for such individuals when abortion was perceived as "unneeded." And, ideological commitment was a better predictor of abortion attitudes for individuals who were more traditionally inclined with respect to the preventative orientation (i.e., contraception) to population control.

Two direct comparisons can be made with respect to Finner and Gamache's study. Perhaps the most obvious difference between their research and ours is present in sample composition. We think it fair to assume that college students represent a more liberally oriented collectivity than "middle-aged, married, high school graduates" as studied by Finner and Gamache. It is interesting to note, however, that differences in the endorsement of abortion were not always consistent with this assumption (especially as regards the situation, incest), but were generally supportive.

A second comparison is seen in the manner in which Finner and Gamache treated the dependent variable, attitudes toward induced abortion. Their consideration of abortion as a total attitudinal orientation, using a Likert technique, differs substantially from our approach which dealt with this variable as essentially multidimensional. We preferred to regard each abortion situation separately, thereby noting the extent to which individuals were or were not willing to endorse induced abortion under a variety of conditions. We speculate that the low correlations between the various dimensions of religiosity and abortion attitudes produced in Finner and Gamache's study might have been enhanced through a more elaborate treatment of the dependent variable. Since we have agreed that religiosity is multidimensional, it is reasonable to make a similar assumption concerning attitudes toward induced abortion.

In addition, data from national surveys suggest that, speaking generally, attitudes toward the appropriateness of induced abortion are becoming more permissive—perhaps "tolerant" is a better term. This change is especially apparent in those situations where abortion is perceived as "unneeded" (i.e., low income, not married, want no more children). Where abortion has been generally perceived as "needed" (i.e., rape, incest), the amount of change in attitudes has been less dramatic. Therefore, the tendency for a majority of our sample, given its limitations, to endorse abortion in "unneeded" situations seems to reflect a rather high sensitivity to the abortion issue.

Because abortion has been traditionally seen as a form of deviant behavior, it would be premature for us, given the limitations of our sample, to signal a substantial shift in society's sentiments favoring this behavior. However, other recent research findings provide some support for such a contention. In a nationwide survey conducted by the Opinion Research Corporation in 1971, one-half of the sample believed that abortion should be decided solely by the couple and their doctor during the early months of pregnancy and that abortion should be permitted when parents have all the children they want (Lipson and Wolman, 1972). This survey *also* showed that 60 percent of the respondents favored legalization of abortion in circumstances other than just that of saving the mother's life, and 66 percent of those couples who favored the permission of abortion when no more children were wanted agreed that the government should make abortion available to women who wanted it (i.e., 38 percent of the O.R.C. sample favored this abortion situation). A more recent Gallup Poll (June, 1972) was consistent with these findings in that 64 percent of the sample agreed that "the decision to have an abortion should be made solely by a woman and her physician" (NEWS: Planned Parenthood-World Population, 1972). The recent benchmark ruling by the U.S. Supreme Court (January 22, 1973) that a decision for abortion during the first trimester is the legal domain of a woman and her physician should further increase the endorsement of this condition for abortion.

Even with the above evidence, it must be kept in mind that our major intention has been to indicate how attitudes toward induced abortion are a function of ideological commitment and part of a larger syndrome, which at least includes sex as gender along with attitudes toward other dimensions of population control. What remains for future research is more complete exploration of the relationships between the multidimensions of religiosity with those of abortion. We must also simultaneously consider other factors (e.g., such as the educational attainment[4] of the respondents) which operate within such a multivariate design. Both Lipson and Wolman's research and the Gallup poll cited above reflected the extent to which this variable is positively associated with attitudes toward induced abortion. Therefore, research which deals with topics such as attitudes toward induced abortion and utilizes college student samples must be especially sensitive to the apparent liberalizing influence of the educational experience and how the latter affects interpretations made and conclusions drawn.

[4]Our thanks to Professor Olgert Pocs for his suggestion with respect to the possible filtering influence of educational attainment on the analytical model proposed.

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