

The Impact of Information about Abortion Safety on Texas Voters' Opinions about Restrictive Laws

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INTRODUCTION

A substantial gap exists between the scientific evidence demonstrating the safety of abortion in the United States and public opinion about abortion safety. For example, several studies have shown that reproductive-aged women overestimate the risks of abortion and often view childbirth as safer than abortion. In fact, the exact opposite is true: women are 14 times more likely to die as a result of giving birth than having an abortion.¹ The risks of minor complications as a result of a first-trimester abortion are also uncommon and serious complications are extremely rare.² Recent studies suggest that it may be possible to change perceptions about health issues that are based on misinformation.

In this study,³ the authors report on results from a statewide survey of Texas voters' views regarding the two provisions of Texas House Bill (HB) 2 that were ultimately struck down by the Supreme Court as unconstitutional: requiring all abortion facilities to meet the standards of ambulatory surgical centers (ASCs) and requiring physicians providing abortion care to have hospital admitting privileges within 30 miles of the facility.

As part of an online survey about abortion laws in Texas, 1,200 registered Texas voters were randomized to receive or not receive information describing the safety of office-based abortion care and physician practices. The authors compared the association between receiving safety information and awareness of recent requirements and beliefs that ambulatory surgical center requirements for abortion facilities and hospital admitting privileges requirements for physicians would make abortion safer. They also measured support for the requirements. The authors used Poisson regression, adjusting for political affiliation and views on abortion.

KEY FINDINGS

- > Nearly half (46%) in the group that received information (the information group) and 56% in the group that did not receive information (the comparison group) believed that the ASC requirement would improve abortion safety
- > 41% in the information group and 54% in the comparison group believed that admitting privileges would make abortion safer.
- > After multivariable adjustment, the information group was less likely than the comparison group to report that the ASC and admitting privileges requirements would improve safety; the information group was also less likely to support these requirements (*see figure*)
- > Having previously heard of the provisions had differing impacts on views of abortion safety, depending on who received the messages.
 - > Participants who identified as conservative Republicans and who believe that abortion is morally wrong and should be illegal were *more likely to report that the ASC and admitting privileges requirements would make abortion safer if they had heard of the provisions* than these same groups who were unaware of the requirements
 - > In contrast, participants with more liberal political views and who believe that abortion is morally acceptable and should be legal were *less likely to believe that the requirements would make abortion safer if they had heard of the provisions* compared to these same groups who had not heard of the requirements.

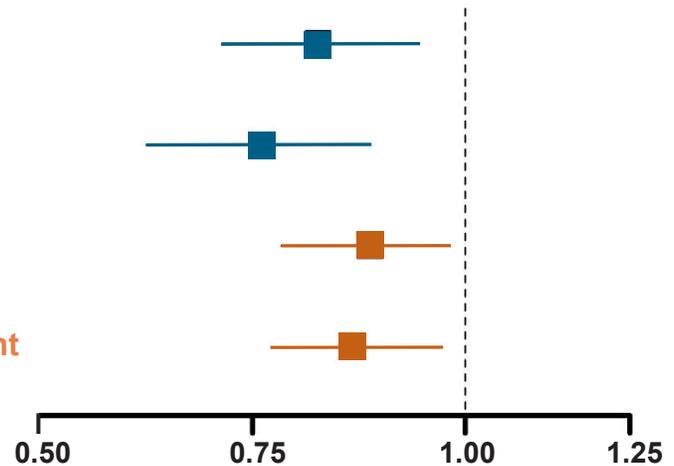
EFFECT OF INFORMATIONAL STATEMENTS ON PERCEPTIONS OF SAFETY AND SUPPORT FOR AMBULATORY SURGICAL CENTER (ASC) AND HOSPITAL ADMITTING PRIVILEGES REQUIREMENTS

ASC requirement would improve safety

Admitting privileges requirement would improve safety

Supports ASC requirement

Supports admitting privileges requirement



This figure³ shows that voters who received informational statements about the ASC and admitting privileges requirements were **less likely** to believe they would improve abortion safety or to support the requirements, compared to voters who did not receive the informational statements.

Numbers less than 1 mean that the outcome is less likely for those who received the information statements compared to those who did not. Models adjust for factors such as age, gender, awareness of the requirements, and views on abortion. Boxes represent the prevalence ratio point estimates and the lines are the 95% confidence intervals.

POLICY IMPLICATIONS

Messages aimed at correcting misinformation about the medical necessity of the ASC and admitting privileges requirements significantly reduced perceptions that these measures would make abortion safer, as well as reduced support for the requirements. These results suggest that messages about abortion safety and the impact of restrictive laws may be effective at changing misperceptions among the majority of voters. In the absence of support from government agencies to educate the public about abortion safety, researchers could partner with community-based organizations to develop and disseminate accurate information about abortion through community forums or online materials. In addition, these results – particularly that voters in favor of abortion rights were less likely to support the restrictions if they had previously heard about them – point to the opportunity for abortion rights advocates to reach voters early with accurate information about abortion safety and the impact of restrictions on access to care.

ABOUT THE AUTHORS

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REFERENCES

- ¹Raymond, E.G. & Grimes, D.A. (2012). The comparative safety of legal induced abortion and childbirth in the United States. *Obstetrics & Gynecology* 119(2):215-219.
- ²White, K., Carroll, E. & Grossman, D. (2015). Complications from first-trimester aspiration abortion: A systemic review of the literature. *Contraception* 92(5):422-428.
- ³White, K., Grossman, D, Stevenson, A.J., Hopkins, K, & Potter, J.E. (2017). Does information about abortion safety affect Texas voters' opinions about restrictive laws? A randomized study. *Contraception* 96(6): 381-387.

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