PREGNANT ON CAMPUS:
THE STIGMA OF UNDERGRADUATE PREGNANCY

AN ABSTRACT
SUBMITTED ON THE SEVENTH DAY OF JULY 2017
TO THE DEPARTMENT OF PSYCHOLOGY
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
OF THE SCHOOL OF SCIENCE AND ENGINEERING
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FOR THE DEGREE
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MASTER OF SCIENCE
BY

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Abstract

Gendered social stigmas including those surrounding pregnancy, abortion, and adoption are pervasive, as it is estimated that a majority of women will experience one or more throughout their life course. Seeking to explore the social norms and mechanisms surrounding pregnancy and pregnancy-related choices in the demographic of elite private university students, the present study investigated how undergraduate students perceive pregnancy amongst their fellow unmarried undergraduate peers. Specifically, this study examined whether an undergraduate woman’s decision to have an abortion, carry to term and raise the child, or carry to term and place the child for adoption affects others’ perceptions of the woman herself. The findings are complex, as results suggest than an unmarried undergraduate woman may be judged differently depending on her pregnancy and her subsequent choices regarding that pregnancy, with the most extreme differences emerging between a woman who chooses carry to term and raise the child and a woman who chooses abortion. Furthermore, the results suggest that a pregnant undergraduate woman, regardless of whether she chooses to have an abortion or to carry to term, may face negative judgment from her peers. Whereas a woman who chooses to have an abortion is perceived as less moral and warm than a woman who chooses to raise her child, a woman who chooses to raise her child is perceived as having lower career aspirations than a woman who has an abortion. Moderation by abortion approval and religiosity were also examined. Findings are discussed in light of a stigma tradeoffs model.

*Keywords:* social stigma, pregnancy, abortion
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Pregnant on Campus:
The Stigma of Undergraduate Pregnancy

Of the nearly 4 million children born in the United States in 2014, 40.2% of those children were born to unmarried women (Hamilton, Martin, Osterman, Curtin, & Matthews, 2015). In 2014, birth rates declined to record lows for both females aged 15-19 and women aged 20-24 to rates of 24.2 births and 79.0 births per 1,000 women, respectively (Hamilton et al., 2015). Additionally, the mean age of a mother at first birth rose to a record high of 26.3 years (Hamilton et al., 2015). A cursory review of these birth statistics from the *National Vital Statistics Reports* suggests that increasing numbers of women, including college-aged women, are consciously choosing to delay childbearing. However, despite this interesting trend, these data fail to capture the broader scope of pregnancy prevalence in the United States, as birth rates are lower than pregnancy rates.

Nearly half of all pregnancies among American women are unintended, as determined by retrospective survey questions, and approximately 40% of these unintended pregnancies are terminated by induced abortions (Finer & Zolna, 2016). Extending the research beyond the context of unintended pregnancies, nearly 20% of all pregnancies in the United States (excluding miscarriages) are terminated through abortion (Jones & Jerman, 2014). Interestingly, abortion rates are highest among women 20-24 years old (Guttmacher Institute, 2016). These birth statistics and abortion data indicate
that some women, specifically those enrolled in traditional four-year college programs, may experience unexpected pregnancies during the course of their undergraduate studies.

When faced with an unexpected pregnancy, women face two choices: abortion or carry to term. In the context of elite private universities, it is likely that the stigmatization of pregnancy itself is a salient factor that influences both a woman’s pregnancy-related choices and her peers’ perceptions of her character and aspirations. For unmarried undergraduate women, it can be proposed that an unplanned pregnancy creates a stigma dilemma, such that both the choice to carry the child to term and the choice to have an abortion are decisions that carry stigmatizing consequences. To test this prediction, the present study examined how undergraduate students, both male and female, perceive pregnancy amongst their fellow unmarried undergraduate peers, looking specifically at whether the decision to have an abortion or carry the child to term affects their perceptions of the woman herself. Moreover, the present study explored whether this potential stigmatization of pregnancy can be moderated by several factors, namely abortion approval, abortion knowledge, and religiosity.

**Social Stigma**

Goffman (1963), in his classic conception of stigma, defined stigma as “an attribute that is deeply discrediting;” this stigma reduces the target individual “from a whole and usual person to a tainted, discounted one” (p. 3). Jones et al. (1984) further emphasized the idea of stigma as an attribute through the use of the term “mark” to describe a condition that has been defined as deviant by the social environment. Similarly, Crocker, Major, and Steele (1998) proposed that the process of stigmatization functions when an individual is deemed to possess, or be marked, by “some attribute or
characteristic that conveys a social identity that is devalued in a particular social context” (p. 505). These devalued or stigmatizing marks are socially constructed in that they depend on both relationship and context. Additionally, the sources of social stigma may be controllable or uncontrollable, visible or invisible, and linked to group membership or appearance (Major & O’Brien, 2005; Yang et al., 2007)

Over time, “marks” describing deviant conditions become associated with widely held stereotypes and negative evaluations (Jones et al., 1984) and serve as a mechanism for excluding members of a society. To function, stigma must instill negative or discriminatory consequences upon those individuals who possess the stigmatized “marks” and thus, the process of stigma production and maintenance depends upon the use of social and political power (Link & Phelan, 2001; Yang et al, 2007). Despite the cultural factors underlying social stigma, some cross-cultural commonality in types of stigmatized attributes emerge, such as those that, according to Goffman (1963), convey abominations of the body, blemishes of individual character, or tribal stigma such as race, nation, or religion. Goffman’s three types of stigmatizing attributes correspond with Jones et al.’s (1984) three guiding metaphors of interaction with stigmatized others; the metaphors are: 1) “illness-disease”, 2) “the child among adults,” and 3) “the moral deviate,” as discussed by Walton et al. (1988). In addition to cross-cultural commonality in types of stigmatized attributes, in most cultures, stigmatized individuals tend to experience negative character judgments on traits such as warmth and competence (Fiske, 1998).

As proposed by Major and O’Brien (2005), there are four primary mechanisms whereby stigma affects the target. First, through discrimination, members of stigmatized
groups experience negative treatment in a variety of domains, which directly affects their psychological well-being, opportunities for social advancement, and physical health. Second, negative stereotypes can lead to expectancy confirmation processes. Third, automatic-stereotype activation behavior can result in the activation of negative-in group stereotypes leading stigmatized individuals to behave in ways consistent with that stereotype. Fourth, the experience of stigma can serve as a threat to a target’s identity.

**Pregnancy stigma.** One especially pervasive social stigma is that of pregnancy. It is estimated that approximately 80-90% of women will, at least once during their life course, undergo the transition to motherhood and as a result, endure a period of stigmatization arising from their temporal pregnant identity (Johnson, 2008; Morgan, Walker, Helb, & King, 2013). By its very nature, pregnancy is a highly visible attribute linked to appearance that makes the target different from others (Goffman, 1963). Pregnancy changes a woman’s identity so that she no longer represents only herself, but also the child in her womb. As a result of the social construction of norms and values surrounding pregnancy in the United States, the physical attribute or characteristic “mark” of pregnancy can convey a devalued social identity and be associated with negative evaluations or stereotypes. If a pregnant woman fails to comply with social norms or fulfill traditional female roles, she could lose social status as a result of her identity with that particular social group (Nack, 2002).

Role congruency theory suggests that prejudice can occur when there is a perceived discrepancy between the actual behavior and the expected behavior of members of a social group (Eagly & Karou, 2002). If an individual perceives an inconsistency between a member of a stereotyped social group and an incongruent social
role, this inconsistency leads to a lowered evaluation of that group member as an “actual or potential occupant of the role” (Eagley & Karou, 2002, p. 574). Gender roles can function as a type of social role that encompass commonly held beliefs about the desirable attributes in men and women. These gender roles convey both descriptive norms, which are expectations about the actual behavior of group members, and injunctive norms, which are expectations about the ideal behavior of group members (Eagly & Karou, 2002). Additionally, individuals perceive a correspondence between the behaviors that group members engage in and their dispositions such that individuals frequently make inferences about targets’ character and personal qualities based upon a sampling of observed behavior (Eagly & Karou, 2002).

Building upon the idea of social norms influencing the behavior of pregnant women and drawing upon theories of ambivalent sexism and role congruency, Hebl, King, Glick, Singletary, and Kazama (2007) investigated the conditions under which a pregnant woman may encounter hostile and benevolent reactions in the workplace. Hebl et al. proposed that pregnant women will experience different reactions depending on whether they are engaging in traditional behaviors (such as a store customer asking for help) or engaging in nontraditional or gender-incongruent behaviors (such as applying for a job). In two field studies employing a controlled survey paradigm, female confederates posed as either job applicants or customers at retail stores; pregnancy was manipulated through the use of a pregnancy prosthesis. The results of the first study demonstrate that pregnant women receive polarized reactions depending on the specific role that they enact. More specifically, pregnant job applicants received more hostile behavior than non-pregnant applicants, but pregnant customers received more patronizing, benevolent
treatment than non-pregnant customers. The results of the second study extend these findings such that pregnant women applying for traditionally masculine or gender-incongruent jobs, such as corporate lawyer, janitor, or high school math teacher, were found to experience more hostile reactions than pregnant women applying for traditionally feminine or gender-congruent jobs, such as family lawyer, maid, or kindergarten teacher. Interestingly, there was no effect of gender of the perceiver, which suggests that both men and women can exhibit bias towards pregnant women. Overall, this research found that women in traditional roles experience benevolent sexism whereas women who engage in gender-incongruent behaviors experience hostile sexism, which suggests that pregnant women may be dissuaded from pursuing employment opportunities that violate socially constructed gender norms due to this “system of complementary interpersonal rewards and punishments” (Hebl et al., 2007, p. 1499).

The stigma surrounding pregnancy is complex because of the gender norms surrounding motherhood. Pregnant women who do not adhere to stereotyped feminine roles and engage in nontraditional behavior, as evidenced in research by Hebl et al. (2007), are likely to experience role incongruence as a result of the discrepancy between their actual behavior and the socially defined ideal behavior. Similarly, an example of a nontraditional or gender-incongruent behavior that a pregnant woman might engage in is attending college during the length of her pregnancy. It may be that social and gender norms surrounding pregnancy are incompatible with the social and gender norms surrounding college attendance. As a result, pregnant college students will be perceived as nonconforming because they violate the gender role of motherhood.
A related aspect of stigma and social roles is stereotypes. Fiske, Cuddy, Glick, and Xu (2002) propose that the dimensions of both “flattering” and “unflattering” stereotypes result from intergroup and interpersonal interactions. During interactions, people want to know others’ intent and their capacity to pursue their goals. Thus, Fiske et al.’s (2002) stereotype content model (SCM) proposes that two factors important to intergroup relations – warmth and competence – predict dimensions of the stereotype. The SCM predicts that women will be divided between two mixed-valence stereotype clusters, reflecting the conception that women are either liked or respected, but not both (Cuddy, Fiske, & Glick, 2004). The first stereotype cluster characterizes housewives as high in warmth and low in competence, thus eliciting paternalism and affection (Bridges, Etaugh, & Barnes-Farrell, 2002). The second stereotype cluster characterizes female professionals as high in competence and low in warmth, thus eliciting envious prejudice, respect, and resentment (Bridges et al., 2002). A limitation of the housewife–female professional dichotomy is that it does not account for the phenomenon of working mothers. Research by Cuddy et al. (2004) investigating the stereotypes of working mothers found that working women trade perceived competence for perceived warmth when becoming mothers and that employers are less willing to hire, promote, and educate working mothers relative to childless women. Overall, the results from this research demonstrate that working mothers are hindered by their associated stereotypes, as the gain in perceived warmth following their transition from working woman to working mother cannot compensate for their loss of perceived competence (Cuddy et al., 2004).

A second potential limitation of the housewife-female professional dichotomy is that it does not account for the phenomenon of student mothers. Given the high rates of
pregnancy amongst women aged 18-24, it is plausible that some college women are making the choice to carry to term, thus transitioning their identity from student to that of student mother. If the female college student stereotype is similar to that of the female professional stereotype, will pregnant students trade perceived competence for warmth, similar to the finding by Cuddy et al. (2004) for working mothers? It is plausible to extend this literature to propose that pregnant students who choose to carry to term will be perceived first and foremost as mothers, thus eliciting the incompetent but warm stereotype, whereas pregnant students who choose to have an abortion might be perceived similarly to female professionals, thus eliciting the competent but not warm stereotype, as they have made the decision to focus on their studies and may appear more career-oriented than the student who chooses to carry to term.

Additional research examining the role of stereotypes in eliciting specific behavioral intentions and the social stigma of pregnancy has focused on helping and avoidance behaviors. With regards to helping behavior, research by Walton et al. (1988) found that pregnant women receive significantly more assistance than non-pregnant women, that unaccompanied pregnant women receive more assistance than those accompanied by a man, and that females rarely assist pregnant women. These findings suggest that pregnant women, seen as requiring special assistance, are placed in a dependency role. This role can be partially explained by “the child among adults” metaphor proposed by Jones et al. (1984), in which interactions with pregnant women follow a script much like what you would expect between a child and adults, such that pregnant women are given special courtesies, assistance, and experience endearing behavior (Walton et al., 1988). There exists an inconsistency between this role and the
college student role. Thus, a pregnant undergraduate woman is likely to experience role incongruence as a result of the discrepancy between the socially defined roles of a dependent pregnant woman and an independent, career-minded college woman.

In Goffman’s original conceptualization of stigma, he argued that stigma is inherently contextual; what is stigmatizing in one context may or may not be stigmatizing in another context (1963). For example, some of the social norms surrounding pregnancy may conflict so that in one situation or context, a pregnant woman may be stigmatized whereas in a different situation or context, the same pregnant woman may possess a higher-value status (Walton et al., 1988). A particularly salient social norm surrounding pregnancy is that it should occur in the context of a mature, monogamous relationship in which both the man and the woman are financially stable and well educated (Smith et al., 2016). For example, an unmarried pregnant teenager may experience stigma that another pregnant woman may not due to her age, lack of educational attainment, or marital/relationship status. Because the process of stigmatization involves making assumptions and relying upon stereotypes, unmarried pregnant teenagers may be associated, merely by their identities as members of the target group, with irresponsibility, ignorance, stupidity, promiscuity, and welfare dependency (Eshbaugh, 2011; Whitehead, 2001). These, or similar assumptions and stereotypes could also function for college-aged women, as the social norms surrounding college students and motherhood may be perceived as incompatible, leading a pregnant undergraduate to feel caught between two stigmatized choices.

Pregnant undergraduate women face a choice when confronted with pregnancy–carry the child to term or have an abortion. Both of these choices are potentially
stigmatized and thus these women must choose between stigmatized options. Although it is important to consider the strength of the stigma associated with each option in the particular context, a woman may not choose the weaker of the two stigmatized actions, as her decisions regarding the pregnancy could depend upon a variety of personal and situational factors. Although for one woman, these personal and situational factors could motivate her to carry the child to term, for another woman, these factors could motivate her to choose an abortion, an act that also carries a unique social stigma.

**Abortion stigma.** Abortion is a common procedure in the United States and it is estimated that one in three women will have an abortion during their reproductive years (Jones & Kooistra, 2011). Despite these statistics, abortion remains highly stigmatized in the United States (Cockrill & Nack, 2013; Kumar, Hessini, & Mitchell, 2009; Major & Gramzow, 1999). Thus, Goffman’s (1963) conceptualization of stigmatization can be applied to abortion. Behavior does not need to be visible to be stigmatized, as Goffman’s (1963) conceptualization of behavior can “[apply] more to the disgrace itself than to the bodily evidence of it” (p. 2). Abortion is a stigmatized act that is deeply discrediting and taints and individual’s identity (Kumar et al., 2009). Cockrill and Nack (2013) propose that abortion stigma can fall under two of Goffman’s types of stigma: blemishes of character and tribal stigmas. Abortion has traditionally, and continues to be, characterized by many as a sinful act that stains a woman’s character (Cockrill & Nack, 2013). In addition, abortion represents a failure to fulfill the feminine paradigm and can function to lower a woman’s social status (Kumar et al., 2009). With regards to tribal stigmas, although their conception has been primarily confined to racial stigma within the psychological literature, the sociological literature expands their conception to include
stigma associated with one’s affiliation with other socially defined groups. Focusing on women’s social status, Nack (2002) proposed that gendered sexual norms have formed two “tribes” of women: the “good” or higher status tribe representing women who adhere to traditional gender norms and the “bad” or lower status tribe representing women who have failed to comply with social expectations of femininity. Women who have abortions can thus experience stigma associated with their identity as a member of the “bad” tribe of women (Cockrill & Nack, 2013; Nack, 2002).

Kumar et al. (2009) provide a succinct and widely used definition of abortion stigma. Abortion stigma can be defined as “a negative attribute ascribed to women who seek to terminate a pregnancy that marks them, internally or externally, as inferior to the ideals of womanhood” (p. 628). This conceptualization of abortion stigma is socio-interactional in nature and context-specific, as the ideals of womanhood vary temporally and cross-culturally (Kumar et al., 2009). Abortion stigma, like any social stigma, depends upon power dynamics governing access to resources and ideology, such as those governing sexuality, sexual activity, motherhood, and femininity (Kumar et al, 2009).

Many women who have an abortion perceive stigma; Shellenberg and Tsui (2012) found that two-thirds of abortion patients felt that other people would look down upon them if they knew about their abortion and more than half of abortion patients expressed the need to keep the abortion a secret from their close friends and family. Major and Gramzow (1999) also found that women who felt stigmatized by their abortion were significantly more likely not tell their family friends about the procedure, leading to increased psychological distress. The individual abortion stigma management strategies such as secrecy and concealment that are used by women who have abortions contribute
to the “collective social silence around abortion” and perpetuate the stigma (Cockrill & Nack, 2013, p. 987). While research has shown that contextual factors influence the extent to which pregnancy is stigmatized, it is unclear how contextual factors influence the stigmatization of abortion, in part because of the secrecy surrounding abortion. The dynamics underlying abortion stigma are complex and are, in many ways similar to those underlying pregnancy stigma. To date, no research has directly compared the stigma of women’s decisions to have an abortion to women’s decisions to carry to term. In order to further understand the intersection of abortion and pregnancy stigmas in the context of an elite private university, the stigma faced by an unmarried undergraduate woman who chooses to carry a child to term must be compared to the stigma faced by an unmarried undergraduate woman who chooses to have an abortion.

**Birthmother stigma.** A second interconnected feature of pregnancy stigma is birthmother stigma. While adoption is a highly visible family structure in the United States, with nearly 64% of the population affected by adoption in some capacity (as an adopted child themselves, an adoptive parent, a birth parent, or as a family member or friend of an adopted person), the experiences of all three members of the adoptive triad – birth parents, adoptive parents, and adopted child – indicate that some stigma may still be attached to adoption (Baden, 2016; Donaldson Adoption Institute, 2002; Fisher, 2003). While a large proportion of the US population continues to be affected by adoption, rates of placement of children for adoption for specific groups of women, specifically white women, have decreased as a result of the increased acceptance and visibility of single parenthood among women of all races and ages (Fisher, 2003). For example, about 40% of children born to unmarried white women in the United States were placed for adoption
in 1963, but this figure dropped to only 1.7% by the end of the century (Donaldson Adoption Institute, 2002). In contrast, racial minorities in the United States have not traditionally engaged with the formal adoption process (Fisher, 2003). Despite these figures, self reported acceptance of adoption continues to increase and is generally held in high regard (Fisher, 2003). Yet, how can adoption be both well regarded and a source of social stigma?

Adoption, if examined under Goffman’s (1963) definition of stigma as a discrediting attribute that reduces a person to a tainted individual, may fail to rise to the threshold of stigmatized status due to society’s generally positive attitudes towards adoption. However, if a more contextualized view of stigma is adopted, such as that proposed by Crocker et al. (1998), actual behaviors regarding adoption reveal that adoption remains a source of stigma. Adoption is devalued in the sense that it is considered to be less ideal than having biological children, a last alternative for unmarried women, and has experienced decreased take-up rates over the past several decades (Fisher, 2003). With regards to prospective adoptive parents, adoption may be frequently discussed, but is seldom chosen (Fisher, 2003). Similarly, teenagers report that adoption is the right choice for their peers if they were to become pregnant, but research by Daly (1994) suggests that these positive attitudes towards pregnancy stand in contrast with the teenagers’ projected behavior, as the majority reported that they would not choose adoption if they were to become pregnant.

In this way, placing one’s child for adoption has arguably remained highly stigmatized, with the title “birthmother” conveying a devalued social identity, despite society’s shift towards single parent households (Fisher, 2003; Henney, French, Ayers-
Lopez, McRoy, & Grotevant, 2011). Women may be reluctant to disclose their identity as birthmothers due to the associated stigma. Societal attitudes often depict birthmothers as sexually promiscuous women, as uncontrolled teenagers, as irresponsible individuals engaging in inadequate choices which result in poverty, or as impoverished women in foreign countries (Baden, 2016; Sweeney, 2012). Birthmothers may also be fearful that others with perceive them as inadequate for failing to fulfill the feminine ideal of motherhood, as they are often inaccurately portrayed as callous individuals who have rejected or abandoned their biological children (Henney et al., 2011; Leon, 2002). Similarly, images of adoption in the mass media often portray birthmothers negatively (Kline, Karel, & Chatterjee, 2006).

While birthmothers are a diverse group, research comparing women who chose to place their children for adoption to similar women who chose to parent their children found that women who place their children for adoption tend to be disproportionately white, of higher socioeconomic statuses, from intact families that are supportive of the adoption decision, and generally perform better in school and have increased career and educational aspirations (Fisher, 2003). An overlooked and understudied population of birthmothers is college students, specifically unmarried undergraduate students at elite private universities. Might these women, many of whom express high career and educational aspirations, choose adoption for their child over parenthood? Due to the limited research on undergraduate birthmothers, this research will examine the stigma faced by an unmarried undergraduate woman who chooses adoption compared to the stigma faced by an unmarried undergraduate woman who chooses to raise her child or to have an abortion.
Moderating Factors

In addition to understanding the intersection of abortion, pregnancy, and birthmother stigmas, it is necessary to investigate how individual differences may moderate reactions to pregnant women and the choices that they make. Since the U.S. Supreme Court decisions in *Roe v. Wade* (1973) and *Doe v. Bolton* (1973), which legalized abortion, research has focused on the variables that predict attitudes towards abortion. The variables most commonly focused on are gender, religion, and religiosity (Esposito & Basow, 1995). With regards to gender, findings have been inconsistent, with some studies finding that males are more approving of abortion (Moore & Stief, 1991), some studies finding that females are more approving of abortion (Westfall, Kallail, & Walling, 1991), and still other studies finding no gender difference (Esposito & Basow, 1995). With regards to religion, findings have been more conclusive and, in fact, in a comprehensive review of the literature, Jelen and Wilcox (2003) found religion to be one of the most powerful predictors of abortion attitudes. Looking specifically at the effect of religion upon members’ approval of abortion, conservative Protestant denominations were found to be, on average, more pro-life than mainline Protestant denominations and Catholics, while Jews and atheists tended to be the most supportive of abortion (Hoffman & Miller, 1997; Jelen & Wilcox, 2003).

Abortion approval. One factor that may moderate individuals’ reactions to pregnant women and the choices that they make is abortion approval. For both men and women, attitudes towards the acceptability of abortion in specific contexts significantly predicts their support for abortion more generally, such that individuals with more positive attitudes towards abortion in a variety of circumstances are more likely to
express general approval of abortion, as in cases where the health of the mother is at risk (Edlund & Edlund, 2014). With regards to trends in public attitudes towards abortion, using data obtained from the General Social Survey from 1977-2012, approximately 7.2% of Americans identify as completely pro-life, rejecting abortion for all reasons and 30.0% of Americans identify as completely pro-choice, supporting abortion for any and all reasons (Smith & Son, 2013). Despite this polarization, the majority of Americans hold moderate opinions on the abortion issue. The Americans holding moderate positions tend to differ in their support for abortion in more personal and social contexts such as when a woman does not want to have more children, as opposed to in more polarizing contexts such as rape, where the majority of Americans support legal abortion (Smith & Son, 2013). These individual differences in approval of abortion in specific circumstances indicate that people who are approving of abortion in a greater number of contexts might hold more positive attitudes towards a woman who chooses to have an abortion as compared to people who have are approving of abortion in a lesser number of contexts. Consistent with the literature, it was expected that high abortion approval across a variety of contexts would predict greater approval and more positive attitudes towards a woman who chooses to have an abortion. In contrast, it was expected that low abortion approval across a variety of contexts would predict greater approval and more positive attitudes towards a woman who chooses to carry a child to term.

**The role of knowledge.** Abortion-related knowledge is a second factor that may moderate individuals’ reactions to pregnant women and their pregnancy related choices. For numerous attitudes, such as attitudes towards AIDS victims, more accurate knowledge is related to more positive and empathic attitudes towards the victims (Royse,
Dhooper, & Hatch, 1987). Similarly, Esposito and Baslow (1995) hypothesized that more accurate abortion-related knowledge would be associated with more positive and empathic attitudes towards those seeking an abortion. In their study, participants completed the Abortion Knowledge Test as a measure of the accuracy of their knowledge of abortion-related information in both the legal and psychological domains and then answered a questionnaire assessing their approval or disapproval of abortion in seven common scenarios. Results from the study indicate that attitudes towards abortion were significantly predicted from knowledge of abortion-related information such that individuals with more accurate abortion-related knowledge were more likely to approve of abortion. Thus, it was hypothesized that accurate abortion-related knowledge would predict more favorable attitudes towards a woman who chooses to have an abortion. Additionally, it was hypothesized that accurate abortion-related knowledge would predict less favorable attitudes towards a woman who chooses to carry to term.

**Religiosity.** A third factor that may moderate reactions to pregnant woman and the choices they make regarding their pregnancies is religiosity. Researchers have established a link between individual religiosity and abortion attitudes; these attitudes, in turn, shape access to abortion and abortion restrictions (Adamczyk, 2008). Level of religious participation is perhaps more important than religious identity, as investment in religion through actions such as regular attendance at services is associated with low levels of support for abortion (Harris & Mills, 1985). It was expected that high levels of religiosity would predict more favorable attitudes towards a woman who chooses to carry her child to term. Additionally, it was expected that high levels of religiosity would predict less favorable attitudes towards a woman who chooses to have an abortion.
Study Overview

The present study sought to examine how undergraduate men and women perceive pregnancy amongst their fellow unmarried undergraduate peers. More specifically, I investigated whether pregnancy itself is stigmatized amongst this demographic and whether this stigma differs depending on the pregnant woman’s decision to have an abortion or to carry the child to term and either raise or place the child for adoption. Although research examining the intersection of pregnancy and abortion stigmas in this population is limited, the topic is of great importance. Understanding the social dynamics and norms surrounding pregnancy in unmarried undergraduate women and their subsequent decisions regarding that pregnancy has implications for understanding the mechanisms whereby pregnant undergraduate women are stigmatized. In addition, it is necessary to investigate how pregnant undergraduate women may be further stigmatized by their choice to either have an abortion, in and of itself a stigmatized action, or to carry the child to term, which is also a stigmatized, action.

Predictions

Consistent with the literature on stigma, role congruency theory, and social norms surrounding pregnancy, it was predicted that an unmarried undergraduate woman who chooses to carry her child to term would be perceived as having lower career and educational aspirations than a woman who chooses an abortion, as having a career is more inconsistent with the roles of pregnancy and motherhood than abortion. It was also hypothesized that participants would desire the greatest social distance from the woman who chooses to carry her child to term, which would indicate that carrying a child to
term, as opposed to having an abortion, may be the more stigmatized action. Similarly, it was hypothesized that a woman who chooses to carry her child to term would be perceived as less likeable and competent than a woman who chooses an abortion. Additionally, based on research suggesting that women who have abortions are viewed as sinful (Cockrill & Nack, 2013), it was predicted that a woman who chooses to carry her child to term would be perceived as more moral and pure than a woman who chooses an abortion. As the carry to term and adoption condition was exploratory, no predictions were made regarding whether perceptions of a woman who chooses carry to term and raise would differ from perceptions of a woman who chooses carry to term and adoption.

**Method**

**Participants**

Two hundred thirty seven Tulane University undergraduate students enrolled in psychology classes participated for partial course credit. The majority of participants identified as White (73%) followed by Asian/Asian American (16.5%), Black/African American (5.5%), “other” (3.0%), and Latino(a)/Hispanic American (2.1%). The sample was predominantly female (74.3%) and participants’ ages ranged from 18 to 23 ($M_{age} = 18.92, SD = .92$). There were no significant interactions between gender and the manipulation on any of the dependent variables; thus gender is not reported in the analyses.

**Design**

The study employed a one-way between subjects design with four conditions (Target Condition: Non-pregnant, Abortion, Carry to Term + Raise, Carry to Term + Adoption). Participants were recruited through SONA, the Department of Psychology’s
online recruitment website and were randomly assigned to one of the four experimental conditions.

**Procedure**

Upon arriving in the lab, participants were met by either a male or female experimenter dressed in clothing typical to college students and consisting of either pants or shorts and a non-logo shirt, or a casual dress. Between one and three participants were run during a single study timeslot, each in a separate cubicle within the lab space. The participants run during a single study timeslot could be mixed gender. To begin, participants were told that the researchers were interested in how people process and perceive information in social media. After providing consent, participants were instructed to read excerpts from blog posts and answer the questions that followed the blog posts. The entire study took place on the computer.

Participants read and answered questions about excerpts from two different blog posts. Both blog posts were modeled after posts featured on *The Odyssey*, a popular social media platform specifically targeting millennials and popular with undergraduate students. In the blog serving as the experimental manipulation of target condition, the participant read a fake blog post from *The Odyssey* by an undergraduate woman at Emory University. In the blog, she expressed her surprise at discovering that she was six weeks pregnant. These experimentally manipulated blog posts are identical except for information about the author’s decision regarding her pregnancy: she either chose to have an abortion (abortion), chose to carry her pregnancy to term and raise her child (carry to term + raise), or chose to carry her pregnancy to term and place her child for adoption (carry to term + adoption). In the control condition, the author incorrectly thought she
was pregnant, but realized she was not pregnant at the present time (non-pregnant). The purpose of describing the nature and circumstances of the woman’s sexual encounter in her blog post was to convey to the reader that the author’s sexual partner was not in the picture at the time she discovered she was pregnant. Thus, it was clear to the reader that the decision regarding her pregnancy was hers alone, as opposed to a mutual decision made with her partner. See Appendix A for all stimuli

After reading the blog, participants answered dependent measures. The dependent variables were presented in a fixed order and comprised of the following measures: social distance, likeability, trait adjectives, career aspirations, and appropriateness of pregnancy timing (see Appendices B-F).

In the other blog post presented first, which served as filler to reduce suspicions as to the true purpose of the study, participants read a different fake blog post from *The Odyssey* by an different undergraduate woman at Emory University. In this blog, the author wrote about scuba diving (See Appendix G). After reading the filler blog post, participants completed the likeability and trait adjectives measures described above. These data were not analyzed, as their purpose was to bolster the cover story that the researchers are interested in how people perceive and process information in social media.

After reading both the filler blog and manipulated blog, participants completed two measures of potential moderating variables: abortion knowledge and religiosity (see Appendices H-I). Included in prescreening measures administered to all eligible students at the start of the semester through the Psychology Department was a third moderating measure: abortion approval (see Appendix J). Lastly, participants completed a
demographic questionnaire (see Appendix K). After completing the study, participants were debriefed and awarded partial course credit for their participation in the study. In the event that a participant felt distressed as a result of participating in the study, informational handouts were available which provided information regarding counseling services available to Tulane University students (see Appendix L). The study took less than 30 minutes to complete.

**Measures**

**Trait adjectives.** Participants responded to 19 trait adjectives by indicating the extent to which each adjective described the blog’s author. Of the trait adjectives, three were related to competency (e.g., confident, independent), three to morality (e.g., moral, principled), three to purity (e.g., pure, disgusting), four to femininity (e.g., compassionate, warm), and four to masculinity (e.g., assertive, ambitious). Three other trait adjectives were unrelated and included as filler (e.g., organized, athletic). Responses were provided on a seven-point Likert-type response scale ranging from 1 (*not at all*) to 7 (*very*).

In order to construct scales for use in the analysis, I conducted a factor analysis using maximum likelihood estimates, Oblimin Rotation with Kaiser Normalization, and extracted four factors with Eigen values greater than 1. See Table 1 for the pattern matrix. The Eigen value for the first factor was 6.36 and it accounted for 39.77% of the variance. Five traits (principled, moral, wholesome, trustworthy, pure) had factor loadings at or above .50 on this factor and were averaged to create a reliable scale ($\alpha = .88$) measuring moral judgment. The Eigen value for the second factor was 1.80 and it accounted for 11.23% of the variance. Three traits (compassionate, sympathetic, warm)
had factor loadings above .50 on this factor and were averaged to create a reliable scale ($\alpha = .86$) measuring warmth. Outlier analysis revealed that there was one individual who scored more than three standard deviations below the mean so the warmth scale was windsorized. The Eigen value for the third factor was 1.34 and it accounted for 8.32% of the variance. Two traits (assertive, aggressive) had factor loadings above .50 and were averaged to create a two-item composite ($\alpha = .58$) measuring assertiveness. The Eigen value for the fourth factor was 1.14 and it accounted for 7.16% of the variance. Four traits (confident, independent, incompetent, ambitious) had factor loadings at or above .49. Item 13 was reverse coded so that higher scores indicate greater competence. The four traits were then averaged to create a reliable scale ($\alpha = .68$) measuring competence. See Table 2 for descriptive statistics for trait measures and Table 3 for a summary of correlations among trait measures.
Table 1

*Pattern Matrix*

<table>
<thead>
<tr>
<th>Trait</th>
<th>Factor 1</th>
<th>Factor 2</th>
<th>Factor 3</th>
<th>Factor 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Principled</td>
<td>.80&lt;sup&gt;a&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Pure</td>
<td>.75&lt;sup&gt;a&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Moral</td>
<td>.66&lt;sup&gt;a&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Wholesome</td>
<td>.59&lt;sup&gt;a&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Trustworthy</td>
<td>.49&lt;sup&gt;a&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Compassionate</td>
<td></td>
<td>- .79&lt;sup&gt;b&lt;/sup&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Sympathetic</td>
<td></td>
<td>- .73&lt;sup&gt;b&lt;/sup&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Warm</td>
<td></td>
<td>- .62&lt;sup&gt;b&lt;/sup&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Feminine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Assertive</td>
<td></td>
<td></td>
<td>.59&lt;sup&gt;c&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>11. Aggressive</td>
<td></td>
<td></td>
<td>.56&lt;sup&gt;c&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>12. Disgusting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Confident</td>
<td></td>
<td></td>
<td>- .63&lt;sup&gt;d&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>14. Independent</td>
<td></td>
<td></td>
<td>- .58&lt;sup&gt;d&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>15. Incompetent</td>
<td></td>
<td></td>
<td>.48</td>
<td>.49&lt;sup&gt;d&lt;/sup&gt;</td>
</tr>
<tr>
<td>16. Ambitious</td>
<td></td>
<td></td>
<td>- .49&lt;sup&gt;d&lt;/sup&gt;</td>
<td></td>
</tr>
</tbody>
</table>

*Note.* Traits with common superscript indicate loading at or above .49 for the relevant factor. Only factor loadings above .45 were included in the table.

**Social distance.** Participants responded to ten items ($\alpha = .96$) indicating how much social distance they desired from the blog’s author. Items were partially adapted from Bogardus (1933) who developed the items to measure people’s willingness to participate in social contact and interactions in varying circumstances. This measure of social distance is an accepted measure of social stigma (Link, Yang, Phelan, & Collins,
Examples of items include: “I would feel comfortable having the blog’s author as a close friend” and “I would feel comfortable if the blog’s author sat by me in class.” Responses were provided on a seven-point Likert-type response scale ranging from 1 (strongly disagree) to 7 (strongly agree). Outlier analysis revealed that there were three individuals who scored more than three standard deviations below the mean so the scale was windsorized. See Table 2 for descriptive statistics for dependent measures and Table 3 for a summary of correlations among measures.

**Likeability.** Participants responded to eleven items (α = .92) measuring how likeable they perceived the blog’s author to be. The items were taken from Reysen (2005) who developed them as the first comprehensive measure of likeability specifically measuring the degree of likability towards an individual target source. Examples of items include: “This person is friendly” and “I would like this person as a coworker.” Responses were provided on a seven-point Likert-type response scale ranging from 1 (not at all) to 7 (very much).

**Career aspirations.** 10 items measured participants’ perceptions of the blog author’s career aspirations. The items were adapted from O’Brien (1996) and Gray and O’Brien (2007) who developed the Career Aspirations Scale (CAS) to measure levels of commitment to achievement within one’s career, including both educational and leadership aspirations. Examples of items include: “She hopes to become a leader in her career field” and “She would like to pursue graduate school in her occupational area of interest.” Responses were provided on a seven-point Likert-type response scale ranging from 1 (not at all true) to 7 (very true). Before creating a composite scale, I reverse coded participants’ responses on Items 3, 4, 7, and 10 so that higher scores indicate
greater career aspirations. A reliability analysis revealed that Item 3 had a negative item-total correlation and thus was dropped, with the remaining nine items averaged to create a reliable scale ($\alpha = .85$). Outlier analysis revealed that there was one individual who scored more than three standard deviations below the mean so the scale was windsorized.

**Appropriateness of pregnancy timing.** Participants responded to six items measuring their beliefs as to when it is an appropriate time for the woman in the blog to have a child. Examples of items include: “College is a good time for the woman in the blog to have a child” and “The woman in the blog should have a child whenever she wants.” Responses were provided on a seven-point Likert-type response scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). Before creating a composite scale, I reverse coded participants’ responses on Items 1 and 2 so that higher scores indicate that the woman should wait to have a child. A reliability analysis revealed dropping Item 4 increased the reliability of the scale and thus the remaining five items were averaged to create a reliable scale ($\alpha = .69$). Outlier analysis revealed that there were two individuals who scored more than three standard deviations below the mean so the scale was windsorized.
**Table 2**

*Descriptive Statistics for Dependent Measures*

<table>
<thead>
<tr>
<th>Variables</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moral Judgment Traits</td>
<td>4.44</td>
<td>1.19</td>
</tr>
<tr>
<td>Warmth Traits</td>
<td>4.89</td>
<td>1.19</td>
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<tr>
<td>Assertive Traits</td>
<td>3.55</td>
<td>1.35</td>
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<tr>
<td>Competence Traits</td>
<td>5.65</td>
<td>.88</td>
</tr>
<tr>
<td>Social Distance</td>
<td>5.70</td>
<td>1.10</td>
</tr>
<tr>
<td>Likeability</td>
<td>4.64</td>
<td>1.07</td>
</tr>
<tr>
<td>Career Aspirations</td>
<td>4.86</td>
<td>.92</td>
</tr>
<tr>
<td>Appropriateness of Pregnancy Timing</td>
<td>5.00</td>
<td>1.16</td>
</tr>
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</table>

**Table 3**

*Summary of Inter-correlations*

<table>
<thead>
<tr>
<th>Measure</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
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</thead>
<tbody>
<tr>
<td>1. Moral Judgment Traits</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>2. Warmth Traits</td>
<td>.69*</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>3. Assertive Traits</td>
<td>.04</td>
<td>-.11</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>4. Competence Traits</td>
<td>.50*</td>
<td>.47*</td>
<td>.13</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>5. Social Distance</td>
<td>.55*</td>
<td>.44*</td>
<td>-.08</td>
<td>.44*</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>6. Likeability</td>
<td>.70*</td>
<td>.67*</td>
<td>-.07</td>
<td>.50*</td>
<td>.68*</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>7. Career Aspirations</td>
<td>.35*</td>
<td>.29*</td>
<td>.23*</td>
<td>.52*</td>
<td>.38*</td>
<td>.52*</td>
<td>—</td>
<td>—</td>
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<tr>
<td>8. Appropriateness of Pregnancy Timing</td>
<td>-.18*</td>
<td>-.12</td>
<td>.08</td>
<td>-.14*</td>
<td>-.27*</td>
<td>-.27*</td>
<td>-.06</td>
<td>—</td>
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</tbody>
</table>

*Note.* †p < .05, *p < .01
Moderators

**Abortion knowledge.** Six items measured participants’ knowledge of abortion information. Items were adapted from Esposito and Basow (1997) who used them to measure how knowledge of abortion-related information predicts attitudes towards abortion. The statistics included in the measure reflect the most recent abortion data available through the Center for Disease Control and Prevention (2016) and the Guttmacher Institute (2016). Each item used a four-point multiple-choice response format. Example of items include: “Approximately what percentage of abortions are performed within the first trimester? (A = 30%, B = 50%, C = 70%, D = 90%).” As the average participant answered less than two of the six questions correctly (\(M = 1.91, SD = 1.00\)), the items did not form a reliable scale (\(\alpha = -.10\)) and thus Abortion Knowledge was not analyzed as a potential moderator variable.

**Religiosity.** Four items measured participants’ level of religiosity (\(\alpha = .92\)). Items were partially adapted from Huber and Huber (2012) and used a seven-point Likert-type response scale with varying anchors to measure the level of influence that religion has upon the participant’s life. Examples of items include: “How frequently do you pray?” and “How much does religion influence your decision-making?” See Table 4 for descriptive statistics for moderation measures.

**Abortion approval.** Participants responded to nine items (\(\alpha = .97\)) indicating the extent to which they agree or disagree that a pregnant woman should be able to obtain a legal abortion in various circumstances. Items were adapted from Smith, Marsden, and Hout (2011) who included them in the General Social Survey to measure trends in public attitudes towards abortion. As these items were included in prescreening measures, data
collection error and missing data resulted in a reduced sample size of 189. Examples of items include: “If there is a strong chance of serious defect in the baby” and “If having a child would interfere with her educational or career aspirations.” Responses were provided on a seven-point Likert-type response scale ranging from 1 (strongly disagree) to 7 (strongly agree).

Table 4

*Descriptive Statistics for Moderation Measures*

<table>
<thead>
<tr>
<th>Variables</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religiosity</td>
<td>2.76</td>
<td>1.61</td>
</tr>
<tr>
<td>Abortion Approval</td>
<td>5.48</td>
<td>1.76</td>
</tr>
</tbody>
</table>

**Results**

**Hypothesis Testing**

First, I conducted a multivariate analysis of variance (MANOVA) in which the dependent measures were moral judgment, warmth, assertiveness, competence, social distance, likeability, career aspirations, and appropriateness of pregnancy timing and the between-subjects independent variable was target condition. This analysis was significant, Wilks’ $\lambda = .64, F(24, 656) = 4.62, p < .001, \eta^2 = .14$. In order to interpret the
MANOVA and to test the primary hypotheses, one-way between-subjects analyses of variances (ANOVA) were conducted to determine whether the four target conditions (Non-pregnant, Abortion, Carry to Term + Raise, Carry to Term + Adoption) vary on each of the dependent measures.

**Moral judgment.** Results indicated a significant effect of target condition on perceived moral judgment traits, $F(3, 233) = 4.03, p < .01, \eta^2 = .05$. Post hoc comparisons using the Tukey HSD test revealed that a woman who chooses carry to term and raise her child ($M = 4.79, SD = .97$) is perceived as significantly more moral than a woman who chooses to have an abortion ($M = 4.10, SD = 1.40 p < .01$). All other comparisons were not significant.

![Figure 1](image_url)

*Figure 1.* Mean level of moral judgment as a function of target condition.
Warmth. Results indicated a significant effect of target condition on perceived warmth traits, $F(3, 233) = 13.41, p < .001, \eta^2 = .15$. Post hoc comparisons using the Tukey HSD test revealed that a woman who chooses to have an abortion ($M = 4.24, SD = 1.48$) is perceived to be significantly less warm than a woman who chooses carry to term and raise her child ($M = 5.45, SD = .75, p < .001$) or carry to term and adoption ($M = 5.13, SD = .85, p < .001$). Additionally, a woman who chooses carry to term and raise ($M = 5.45, SD = .75$) is perceived to be significantly more warm than a non-pregnant woman ($M = 4.72, SD = 1.19, p < .01$). All other comparisons were not significant.

*Figure 2.* Mean level of warmth as a function of target condition.
**Assertiveness.** For perceived assertiveness traits, results indicated that the effect of target condition was not significant, $F(3, 233) = .62, p = .60, \eta^2 = .01$.

**Competence.** Results indicated a significant effect of target condition on perceived competence traits, $F_{(3, 233)} = 4.08, p < .01, \eta^2 = .01$. Post hoc comparisons using the Tukey HSD test revealed that a non-pregnant woman ($M = 5.31, SD = .96$) is perceived to be significantly less competent than a woman who chooses to have an abortion ($M = 5.75, SD = .86, p = .03$), carry to term and raise ($M = 5.78, SD = .87, p = .01$), or carry to term and adoption ($M = 5.73, SD = .74, p = .04$). All other comparisons were not significant.

Figure 3. Mean level of competence as a function of target condition.
Social Distance. The results of the ANOVA on social distance did not yield a significant effect, $F(3, 233) = .57, p = .64, \eta^2 = .01$.

Likeability. For likeability, results indicated that the effect of target condition was not significant, $F(3, 233) = 1.90, p = .13, \eta^2 = .02$.

Career aspirations. Results indicated a significant effect of target condition on perceived career aspirations, $F(3, 233) = 4.80, p < .01, \eta^2 = .06$. Post hoc comparisons using the Tukey HSD test revealed that a woman who chooses carry to term and raise her child ($M = 4.58, SD = .94$) is perceived to have significantly lower career aspirations than a woman who chooses to have an abortion ($M = 5.06, SD = .79, p = .02$) or who chooses carry to term and adoption ($M = 5.09, SD = .86, p = .01$). All other comparisons were not significant.
Figure 4. Mean level of career aspirations as a function of target condition.

**Appropriateness of pregnancy timing.** Results indicated a significant effect of target condition of perceived appropriateness of pregnancy timing, $F(3, 233) = 3.04$, $p = .03$, $\eta^2 = .04$. Post hoc comparisons using the Tukey HSD test revealed that participants indicated that the timing of the pregnancy was significantly more appropriate for a woman who chooses carry to term and raise her child ($M = 4.73$, $SD = 1.38$) as compared to a non-pregnant woman ($M = 5.30$, $SD = 1.05$, $p = .03$). All other comparisons were not significant.
Exploratory Moderator Analyses

To test whether the significant effects of target condition on moral judgment, warmth, assertiveness, competence, social distance, likeability, career aspirations, and appropriateness of pregnancy timing can be partially explained by factors known to predict attitudes towards abortion including religiosity and abortion approval, exploratory moderator analysis using multiple regression were conducted. More specifically, I conducted hierarchical regression analyses. The four conditions were dummy coded with the carry to term and raise condition as the reference group. In Step 1 of each analysis, the centered moderator variable and the three dummy coded predictors comparing the
carry to term and raise condition with the remaining target conditions were entered. In step 2 of each analysis, all of the relevant interaction terms were entered.

**Religiosity.** As religiosity was measured after the manipulation instead of during prescreening, I first checked to make sure the manipulation did not have an effect on participants’ reports of religiosity. The manipulation of target condition did not significantly affect the religiosity moderator variable, $F(3, 233) = .93, p = .43, \eta^2 = .01$. Religiosity significantly moderated the effect of the manipulation on warmth. Step 1 of the regression model was significant ($R^2 = .14, F(4, 232) = 10.35, p < .001$). More importantly, the increase in $R^2$ from Step 1 to Step 2 was significant ($\Delta R^2 = .04, \Delta F(3, 229) = 3.41, p = .02$). There was a significant interaction between religiosity and the dummy variable that compared the abortion condition to the carry to term and raise condition, ($\beta = -.21, t = -2.41, p = .02$). No other interaction terms were significant. I conducted simple slopes tests in the abortion condition and the carry to term and raise condition in order to understand the relationship between religiosity and warmth in each of these conditions (Aiken & West, 1992). Tests of the simple slopes revealed that warmth was negatively related to religiosity in the condition where a woman chooses to have an abortion ($\beta = -.38, t = -3.29, p < .01$), but unrelated to religiosity in the condition where a woman chooses carry to term and raise ($\beta = .03, t = .24, p = .81$).
Religiosity did not moderate the relationship between the manipulation and any other dependent variables ($\Delta F_s \leq 1.62$).

**Abortion approval.** Abortion approval significantly moderated the effect of the manipulation on warmth. Step 1 of the regression model was significant ($R^2 = .15$, $\Delta F(4,184) = 9.05, p < .001$). More importantly, the increase in $R^2$ from Step 1 to Step 2 was significant ($\Delta R^2 = .04, \Delta F(3,181) = 2.87, p = .04$). There was a significant interaction between abortion approval and the dummy variable that compared the abortion condition to the carry to term and raise condition, ($\beta = .21, t = 2.00, p = .05$). No other interaction terms were significant. I conducted simple slopes tests in the abortion condition and the carry to term and raise condition in order to understand the relationship between abortion approval and warmth in each of these conditions (Aiken & West,
Tests of the simple slopes revealed that warmth was positively related to abortion approval in the condition where a woman chooses to have an abortion ($\beta = .44, t = 3.31, p < .01$) but unrelated to religiosity in the condition where a woman chooses carry to term and raise ($\beta = .03, t = .19, p = .85$).

Abortion approval also significantly moderated the effect of the manipulation on social distance. Step 1 of the regression model was significant ($R^2 = .03, \Delta F(4,184) = 2.62, p < .04$). More importantly, the increase in $R^2$ from Step 1 to Step 2 was significant.
(ΔR²=.10, ΔF(3,181) = 7.00, p < .001). There was a significant interaction between abortion approval and the dummy variable that compared the carry to term and adoption condition to the carry to term and raise condition, (β = -.30, t = -2.49, p = .01). No other interaction terms were significant. I conducted simple slopes tests in the carry to term and adoption condition and the carry to term and raise condition in order to understand the relationship between abortion approval and social distance in each of these conditions (Aiken & West, 1992). Tests of the simple slopes revealed that social distance was positively related to abortion approval in the condition where a woman chooses carry to term and raise (β = .33, t = 1.99, p = .05), but unrelated to abortion approval in the condition where a woman chooses carry to term and adoption (β = -.17, t = -1.50, p = .13).

Figure 8. Simple slopes of condition predicting social distance at 1SD below and 1SD above the mean of abortion approval.
Abortion approval did not moderate the relationship between the manipulation and any other dependent variables ($\Delta F$s $\leq 2.48$).

**Discussion**

The present study explored undergraduate men and women’s perceptions of pregnancy amongst their fellow unmarried undergraduate peers. Specifically, it was hypothesized that although pregnancy itself is stigmatized in this demographic, the stigma would differ depending on the pregnant woman’s decision regarding her pregnancy – abortion, carry to term and raise, or carry to term and adoption. The findings from the study are complex, as results suggest that an unmarried undergraduate woman may be judged differently depending on her pregnancy and her subsequent choices regarding that pregnancy. The most extreme differences are between a woman who chooses carry term and raise and a woman who chooses abortion. A woman who chooses to carry to term and raise her child is perceived as more moral and warm than a woman who chooses to have an abortion. Results from the moderation analysis reveal that both religiosity and abortion approval may be partially driving the warmth finding. The finding of decreased warmth towards a woman who chooses an abortion is particularly true for individuals with high religiosity and individuals with low abortion approval. Results also demonstrate that a woman who chooses carry to term and raise is perceived as having lower career aspirations than a woman who chooses abortion. Thus, these findings suggest that a woman, regardless of whether she chooses to have an abortion or to carry to term and raise her child, may face negative judgment from her peers which results in changes to her perceived warmth, morality, and/or career aspirations.
Interestingly, a woman who chooses carry to term and raise is perceived as more warm than a non-pregnant woman and participants indicated some support for her decision to carry to term and raise, as demonstrated by their ratings for the pregnancy timing measure in which the timing of the pregnancy was perceived to be significantly more appropriate for a woman who chooses to raise her child than for a non-pregnant woman. Additional findings regarding the choice to carry to term and adopt reveal that a woman who chooses to carry to term and place the child for adoption is perceived as more warm than a woman who chooses abortion. Importantly, a woman who chooses carry to term and adoption is perceived as having higher career aspirations than a woman who chooses carry to term and raise. Taken together with the finding from the moderation analysis which demonstrates that participants’ desire for social distance from the woman who chooses carry to term and raise is partially dependent on their level of abortion approval, these results demonstrate that there are important differences between the two carry to term conditions.

Notably, a woman who chooses to raise her child as opposed to placing her child for adoption is perceived to have decreased career aspirations. This finding is consistent with research by Fisher (2003), which found that women who place their children for adoption tend to perform better in school and have increased career and educational aspirations than similar women who choose to raise their children. Interestingly, the finding of increased perceptions of warmth for a woman who chooses carry to term and adoption contrasts the birthmother stigma literature in which birthmothers are perceived as callous individuals who have abandoned their children and failed to fulfill the feminine ideal of motherhood (Henney et al., 2011; Leon, 2002). One possible explanation for this
interesting finding is that undergraduate women who choose carry to term and adoption may be perceived as having made the “correct” choice in that they are carrying to term, but are not derailing their educational and career aspirations by choosing to raise the child. If the roles of mother and student are arguably incongruent, one way in which a pregnant undergraduate student may be able to reconcile this discrepancy is by choosing carry to term and adoption.

Employing the framework of Fiske et al’s (2002) stereotype content model, it is surprising that the results of the present research do not match previous findings which suggest that women trade perceived warmth for competence when becoming mothers (Cuddy et al., 2004). While it was predicted that extending the housewife-female professional dichotomy to the college student demographic would result in a student who chooses to carry her child to term eliciting the incompetent but warm stereotype and a student who chooses to have an abortion eliciting the competent but not warm stereotype, the results of the present study indicate that a pregnant student, irrespective of the choice she makes regarding her pregnancy, is perceived as significantly more competent than a similar non-pregnant student. One potential explanation for this finding is that participants’ responses in the three pregnant conditions were influenced by overcompensation bias. A second potential explanation for this finding is that participants perceived a woman who had a pregnancy scare (the non-pregnant condition) as less competent than a woman who was correct in her suspicions that she was pregnant (the pregnancy conditions). In contrast, the findings for career aspirations, a factor related to competence, were more aligned with the predictions resulting from SCM and role congruency theory. Specifically, SCM and role congruency theory predict that the
decision to carry to term and raise is incongruent with the role of a college student. This incongruence would result in the perception that a woman who chooses to carry to term and raise her child has lower career aspirations that a similar woman who chooses to have an abortion or to place her child for adoption. The measure of career aspirations is arguably a more fine-tuned measure of competence and in the present study, the career aspirations measure may be more accurately measuring participants’ perceptions of the target woman’s competence. This is particularly evident when comparing competence and career aspirations ratings in the three pregnant conditions to ratings in the non-pregnant condition, as both SCM and role congruency theory suggest that differences in a woman’s competence should emerge between the carry to term and abortion conditions, not between the pregnant and non-pregnant conditions. This thus demonstrates that future research should use a different measure of competence in order to more fully understand the effect of a undergraduate’s pregnancy-related choice upon her perceived level of competence.

It is similarly surprising that target condition did not significantly affect participants’ desire for social distance from the woman in the blog. As desire for social distance is an accepted measure of social stigma (Link et al., 2004), it was predicted that participants would desire the greatest social distance from the woman who chooses to carry to term and raise her child, as this was proposed to be a more stigmatized action than the choice to have an abortion. One possible explanation for why no differences in desire for social distance emerged in the present study is that true differences might be obscured by other factors, as demonstrated by the finding of the moderation analysis in which participants’ desire for social distance was partially dependent upon their level of
abortion approval. Similarly, no differences in likeability of the target women were found across conditions. In order to more fully investigate potential differences in social distance and likeability, future research might examine a broader array of moderators, including, but not limited to: social traditionalism, opinion on when life begins, belief in privacy rights, and a more accurate measure of abortion knowledge (Esposito & Baslo, 1997; Tamney, Johnson, & Burton, 1992).

Overall, the present research found partial support for the hypothesis that pregnancy itself is stigmatized among unmarried undergraduate women and that this stigma differs depending on the choice the target woman makes regarding her pregnancy. Each of the choices a pregnant woman can make – have an abortion, carry to term and raise, or carry to term and adopt – carries a unique social stigma. By employing a stigma tradeoffs model, it is evident that regardless of the choice a undergraduate woman makes concerning her pregnancy, she will experience negative judgment, as evidenced by her peers’ altered perceptions of her ambition and character. In this way, pregnancy is a Catch-22 for an unmarried undergraduate woman. Will she make the decision that results in the sacrifice of perceptions of warmth and morality in favor of gains in career aspirations (i.e. abortion)? Or will she choose the option that reflects increased warmth and morality, but a loss of perceived career aspirations (i.e. carry to term and raise)? Might she even choose the least commonly selected path that returns increased warmth without sacrificing career aspirations (i.e. carry to term and adopt)? This research is an important first step in understanding the social dynamics and norms surrounding pregnancy in unmarried undergraduate women and the mechanisms whereby these women are stigmatized by their pregnancy related choices.
Limitations and Future Directions

One limitation of the present research is that the findings may be context dependent. For example, the characteristics of the woman presented in the blog posts as well as the circumstances surrounding her sexual encounter and the subsequent conception may affect individuals’ perceptions of her and the choice she made regarding her pregnancy. The characteristics of the study population may also result in findings that are unique to college campuses similar to Tulane University, such as those that are predominantly white, secular, private, privileged, and/or religiously diverse.

A second limitation concerns the nature of the analyses conducted. For the moderation tests, the carry to term and raise condition was selected as the reference group because it was theoretically interesting and useful in answering the overarching research question. However, any of the other three conditions – abortion, carry to term and adopt, or non-pregnant – could have alternatively been used as the reference group. The decision to use a condition other than carry to term and raise as the reference group may help to further illuminate the complex nature of pregnancy stigma in this demographic, specifically with regards to how this stigma differs depending on a woman’s decision regarding her pregnancy. Also related to the issue of analysis is the opportunity for Type I error, as the large number of tests conducted might have resulted in the discovery of a significant relationship for one of the dependent variables when in fact, no relationship exists.

Despite the study’s limitations and the exploratory nature of some of the analyses, several directions for future research emerge. First, due to the finding that the dynamics and strength of pregnancy stigma depends not only on the choice the woman makes, but
on the characteristics of her peers, future research should investigate whether the same pattern of results hold for different participant samples, such as those at other private secular universities, religiously-affiliated universities, and public universities. Second, additional research could examine a broader variety of moderators in order to more fully understand the mechanisms that drive pregnancy and related stigmas, with emphasis on the differences between the stigmas associated with the decision to raise versus adopt. Third, future research could investigate the means through which pregnancy, abortion, and related stigmas may be reduced and whether commonly employed stigma and discrimination reduction strategies, such as empathy-induction (Pettigrew & Tropp, 2008) and perspective taking (Galinsky & Moskowitz, 2000), would be effective for combatting pregnancy stigma. Fourth, although the present research cannot speak to this issue specifically, it would be interesting to explore whether these pregnancy stigma dynamics might be self-perpetuating in that pervasive negative judgments of pregnancy related decisions may function to influence other pregnant undergraduates’ choices to either have an abortion, carry to term and raise, or carry to term and adopt.

**Conclusion**

In conclusion, the present study contributes to the body of literature on social stigma by examining the intersection of pregnancy and abortion stigmas amongst the demographic of unmarried undergraduate students. Results from the present study provide evidence that a pregnant undergraduate woman, regardless of whether she chooses to have an abortion or to carry to term, may face negative judgment from her peers that results in changes to her perceived character or aspirations. Given the increasing numbers of women attending college and the public health data which reveals
the high rates of abortion among women aged 18-24, it is important for future research to explore, in greater detail, the dynamics of pregnancy stigma and social norms surrounding pregnancy amongst this demographic, as this pregnancy stigma may lead a pregnant undergraduate woman to be caught between three stigmatizing choices – have an abortion, carry to term and raise her child, or carry to term and place her child for adoption.
At Emory University

**Unplanned**

November 12, 2016

You know the game “two truths and a lie,” the classic icebreaker employed by professors, students organizations, and HRL alike as a get-to-know-you game? Well, let’s pretend it’s my turn: 1) I’m an honors sophomore neuroscience major, 2) I’ve been skydiving, and 3) there’s a chance I may be pregnant. I’m sure you’re thinking the third statement must be the lie, so let me explain what happened.

It was a regular Friday night, my friends and I went out; it seemed like everyone went out that night. We went to the bar where we all had a few drinks. I met a guy who was mutual friends with one of my lab partners, we hit it off, and I went back to his dorm. Yes, it was consensual. Yes, we used protection. I went home the next morning and honestly didn’t think much more about it, or him for that matter. That is, until I began to suspect that I was pregnant.

I don’t know about you, but before now, I’d never bought a pregnancy test. Sure, you’ve probably seen them in the aisles at the grocery and convenience stores and I feel we can all name at least a few TV shows or movies where we’ve watched a character anxiously await the results of her home pregnancy test as she paced back and forth across the bathroom. Imagine one of those characters. That was me. While I was waiting, so many thoughts kept running through my head. Was I pregnant? If I was, what would I do? After what seemed to be hours of waiting, I looked down and saw two pink lines. That was it. I’m pregnant.

There, I’ve said it. I’m pregnant. I can’t be more than 6 weeks along. I feel like a weight has been lifted off my shoulders by putting these words to paper.

Unplanned. That is the single word that most accurately describes this experience. Although I may be unexpectedly pregnant, I’m going to have an abortion. That’s what’s best for me right now.

And just to set things straight, I’ve never been skydiving.

---

**Emily**

Passionately pursuing one dream at a time.
At Emory University

**Unplanned**

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At Emory University

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There, I’ve said it. I’m pregnant. I can’t be more than 6 weeks along. I feel like a weight has been lifted off my shoulders by putting these words to paper.

Unplanned. That is the single word that most accurately describes this experience. Although I may be unexpectedly pregnant, I’m going to carry to term and place my baby up for adoption so that he or she can be raised by another family. That’s what’s best for me right now.

And just to set things straight, I’ve never been skydiving.

---

Emily

Passionately pursuing one dream at a time.
Note. There are four pregnancy-related blogs, which alter information of pregnancy presence and choice regarding the pregnancy (if applicable) for each scenario.
Appendix B

Social Distance Measure

Instructions: Using the following scale, please indicate the extent to which you agree or disagree with each item.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Somewhat Disagree</th>
<th>Neutral</th>
<th>Somewhat Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

1. I would feel comfortable if the blog’s author was my lab partner.
2. I would feel comfortable having the blog’s author as a close friend.
3. I would feel comfortable if the blog’s author sat by me in class.
4. I would feel comfortable if the blog’s author was a member of a student organization I am a member of.
5. I would feel comfortable if the blog’s author lived in my dorm.
6. I would feel comfortable if the blog’s author worked in the same place that I do.
7. I would feel comfortable if the blog’s author and I had mutual friends.
8. I would feel comfortable working in a group on a class project with the blog’s author.
9. I would feel comfortable having lunch together on campus with the blog’s author.
10. I would feel comfortable being in the same study group as the blog’s author.
Appendix C

Likeability Measure

Instructions: Using the following scale, please respond to the items by indicating how well each statement describes the blog’s author.

<table>
<thead>
<tr>
<th>Not at all</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
</table>

1. This person is friendly.
2. This person is likeable.
3. This person is warm.
4. This person is approachable.
5. I would ask this person for advice.
6. I would like this person as a coworker.
7. I would like this person as a roommate.
8. I would like to be friends with this person.
9. This person is physically attractive.
10. This person is similar to me.
11. This person is knowledgeable.
Appendix D

Trait Adjectives Measure

**Instructions:** Based on the limited information that you have received about the blog’s author, please indicate the extent to which you think that she is:

<table>
<thead>
<tr>
<th>Not at all</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>Very</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Organized</td>
<td>10. Ambitious††</td>
<td>16. Wholesome*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Warm**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note. Items with * formed the final moral judgment scale, items with ** formed the final warmth scale, items with † formed the final masculinity scale, and items with †† formed the final competence scale.*
Appendix E

Career Aspiration Measure

Instructions: Using the following scale, please respond to the items by indicating how well each statement describes the blog’s author.

<table>
<thead>
<tr>
<th>Not at all True</th>
<th>Moderately True</th>
<th>Very True</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. She hopes to become a leader in her career field.
2. When she is established in her career, she would like to manage other employees.
3. She would be satisfied just doing her job in a career she is satisfied in.
4. She does not plan to devote energy to getting promoted in the organization or business she is working in.
5. When she is established in her career, she would like to train others.
6. She hopes to work up through any organization or business she works in.
7. Once she finishes the basic level of education needed for a particular job, she sees no reason to continue in school.
8. She plans on developing as an expert in her career field.
9. She would like to pursue graduate school in her occupational area of interest.
10. Attaining leadership status in her career is not that important to her.

Note. Item 3 was not included in the scale.
Appendix F

Appropriateness of Pregnancy Timing Measure

Instructions: Using the following scale, please indicate the extent to which you agree or disagree with each item.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Somewhat Disagree</th>
<th>Neutral</th>
<th>Somewhat Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

1. College is a good time for the woman in the blog to have a child.
2. The woman in the blog should have a child whenever she wants.
3. The woman in the blog should not have a child until she has completed her education and is no longer a student.
4. The woman in the blog should not have a child until she is married.
5. The woman in the blog should not have a child until she is employed with a steady income.
6. The woman in the blog should not have a child until she is older.

Note. Item 4 was not included in the final scale.
At Emory University

Add Scuba Diving to Your Bucket List

August 24, 2016

I can still remember my first dive as if it were yesterday. It was 2012 and I was visiting Cancun for summer vacation. Beneath the water’s surface, I discovered a brand new world. There is something surreal about being so close to wildlife. It’s hard to put into words.

One moment you could be swimming with a school of tiny multi-colored fish when you happen to stumble upon a stingray camouflaged in the sand. You might turn around and find a conch slowly crawling upon the ocean floor while the coral sways gently from its perch on a rock. A sea turtle could slowly make its way past you as you investigate a lobster and sea urchin sharing a crevice in a rock.

Part of the beauty of diving is that no two dives are ever the same. You can dive in the same place two days in a row and see completely different things. There are also dive spots all over the world and once you’ve received your certification, you can dive anywhere. If you’ve ever wanted an excuse to travel, this is it! There is no better way to experience a place than from underwater.

It’s hard to believe there is a whole world out there to explore and it’s just waiting for us. Some people may say you can get the same experience by going to the aquarium, but there’s something about experiencing this marine life first-hand in its natural habitat. If you’ve always dreamed of scuba diving, go for it! Take the plunge, get the training, and begin the adventure. I promise you won’t regret it! If you’ve never even given it a thought, let me encourage you to add scuba diving to your bucket list! Once it’s on the list, I promise it’ll become one of the first things you want to cross off!

Carolyn
Adventure-seeker, granola-enthusiastic, and Friends-fanatic with a passion for biology.
Appendix H

Abortion Knowledge Measure

Instructions: Please answer the following questions.

1. Approximately what percentage of abortions are performed within the first trimester?
   a. 30%
   b. 50%
   c. 70%
   d. 90%

2. Abortion rates are highest among women _____ years old.
   a. 15-19
   b. 20-24
   c. 25-29
   d. 30-34

3. In 2011, approximately what percentage of all pregnancies (excluding miscarriages) ended in abortion?
   a. 10%
   b. 20%
   c. 30%
   d. 40%

4. According to Roe v. Wade, the state’s interest in regulating abortions during the second trimester is based on a need to:
   a. limit birth defects
   b. respect a woman’s privacy
   c. respect a woman’s decision to control her own body
   d. protect maternal health

5. In 2014, approximately what percentage of abortions were obtained by patients who had had at least one previous birth?
   a. 20%
   b. 40%
   c. 60%
   d. 80%

6. What percentage of newborns are placed up for adoption?
   a. 1%
   b. 3%
   c. 5%
   d. 7%
Appendix I

Religiosity Measures

Instructions: Please respond to the following items:

1. What is your religion/ideology?
   ___ Agnostic            ___ Hindu
   ___ Atheist            ___ Islam
   ___ Buddhist           ___ Protestant/Nondenominational Christian
   ___ Catholic Christian ___ Sikh
   ___ Jewish             ___ Other, please specify: ______________

2. How frequently do you pray?

Never                        More than once per day

1          2            3          4          5          6          7

3. How often do you attend religious services?

Never                        More than once per week

1          2            3          4          5          6          7

4. How important is faith in your daily life?

Not important                Very important

1          2            3          4          5          6          7

5. How much does religion influence your decision-making?

Not important                Very important

1          2            3          4          5          6          7
Appendix J

Abortion Approval Measure

Instructions: Please indicate the extent to which you agree or disagree that a pregnant woman should be able to obtain a legal abortion in each of the following circumstances.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Somewhat Disagree</th>
<th>Neutral</th>
<th>Somewhat agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

1. If there is a strong chance of serious defect in the baby.
2. If she is married and does not want any more children.
3. If the woman’s own health is seriously endangered by the pregnancy.
4. If the family has a very low income and cannot afford any more children.
5. If she became pregnant as a result of rape.
6. If she is not married and does not want to marry the man.
7. If she doesn’t want others to know she has had sex or is pregnant.
8. If having a child would interfere with her educational or career aspirations.
9. If the woman wants it for any reason.
Appendix K

Demographic Measures

Instructions: Please respond to the following demographic items.

1. Are you:  ____ Male  ____ Female  ____ Other: ________________________

2. How old are you? _____

3. How would you describe your race/ethnicity? (Please check all that apply).
   ___ Asian/Asian American  ___ Black/ African American
   ___ Indigenous Nation / Native American  ___ Latino(a) / Hispanic American
   ___ White/Caucasian American  ___ Other: ________________________

4. Please indicate your highest level of education
   ___ First year/Freshman  ___ Fourth year/Senior
   ___ Second year/Sophomore  ___ Fifth year + beyond
   ___ Third year/Junior

5. What is your major? ________________________________

6. What country were you born in? ________________________________

7. If you were born outside the U.S., how long have you lived in the U.S.? ____________

8. How would you describe your party affiliation?
   ___ Green Party  ___ Independent
   ___ Democrat  ___ Republican
   ___ Libertarian  ___ Other, please specify: ________________________

9. How would you describe your political views?

<table>
<thead>
<tr>
<th>Very Conservative</th>
<th>Moderate</th>
<th>Very Liberal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>4</td>
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<tr>
<td>7</td>
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</table>
Appendix L

Perceptions of Social Media Study Information

Now that you’ve completed the study, we’d like to tell you a little more about the study. We are interested in how people evaluate a student who is pregnant and whether or not the choices she makes about her pregnancy influence how people feel about her. There are actually four different versions of the second blog post you read that described the blog author’s reactions to her pregnancy. Some participants read a version of the blog in which the blog’s author was pregnant and made the choice to carry to term and raise her child, whereas some participants read a version of the blog in which she was pregnant and made the choice to carry to term and place her child for adoption. Other participants read a version of the blog in which the blog’s author was pregnant and made the choice to have an abortion. Other participants read a version of the blog in which the blog’s author was not pregnant.

The purpose of this study is to investigate how the different choices a female undergraduate student can make about her pregnancy, whether to have an abortion or to carry to term and either raise her child or place her child for adoption, affects how she is viewed by other people, specifically her peers. This research is important for understanding how undergraduate students perceive pregnancy amongst their unmarried undergraduate peers and the norms surrounding pregnancy in undergraduate women.

In the event that you are feeling distressed as a result of participating in this study or for any other reason, counseling services for Tulane University students are available through Tulane Counseling and Psychological Services (CAPS). The office is located in the Science & Engineering Lab complex and they can be reached at 504-314-2277.
List of References


Biography

Meagan Magaldi received a B.S. in Psychology and a B.A. in Sociology from Tulane University in May 2016. She will graduate again from Tulane University in 2017 after completing a Master of Science in Psychology. Beginning in August 2017, Meagan will attend the University of Florida Levin College of Law.