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Measuring, Comparing, and Predicting Knowledge Related to Reproductive Healthcare in the United States

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ABSTRACT

This study explores public knowledge of US reproductive healthcare policies through the measurement, comparison, and prediction of different knowledge items. The topic is important since previous research links knowledge to support for reproductive freedom (Buyuker et al. 2023; Jozkowski et al. 2023), and little research has been done on predicting reproductive healthcare policy knowledge. In April 2024, a representative sample of 775 Americans were surveyed. Employing descriptive statistics, statistical measurement techniques, and logistic regression, the study analyzed knowledge across four questions related to reproductive healthcare. Findings reveal significant gaps in knowledge about current events. Despite topical similarities, the questions lack statistical interrelation, challenging the prospects for latent measures of policy knowledge. Further, diverse predictors for each knowledge question suggest the need for nuanced educational campaigns tailored to specific knowledge items and demographic groups or attitudinal positions. This research initiates inquiry into the public's understanding of governmental actors' roles in reproductive healthcare policies.

KEYWORDS

Abortion; reproductive health; reproductive policy knowledge; hostile sexism

In May 2024, almost two years after the Supreme Court of the United States' (SCOTUS) decision in *Dobbs v. Jackson Women's Health Organization*, 597 US 215 (2022) removed the federal right to an abortion, a poll showed that 17% of voters blamed President Joe Biden for ending the precedent set by *Roe v. Wade*, 410 US 113 (1973) (Miller, Igielnik, and Sanger-Katz 2024). The poll results also showed that respondents reported that protecting abortion rights remained a salient issue among prospective voters. These two observations highlight an incongruity: despite considering abortion rights important, respondents demonstrated limited understanding of the primary actors shaping reproductive policy. Further, this poll showed that partisanship and education influenced this knowledge. The poll revealed a strong partisan divide, with 22% of Republicans blaming Biden compared to 12% of Democrats. Education levels further widened this gap, as many low-education Trump supporters held Biden responsible for the overturning of precedent. The findings prompt consideration of additional variables that may correlate with knowledge about reproductive rights.

This study examines knowledge about reproductive healthcare topics in the United States (US). Given that reproductive policies, such as the legality of abortion, remain salient political issues, it is important to explore both knowledge about reproductive health and the predictors of this knowledge. Research has shown that greater information about reproductive healthcare practices, such as abortion, is associated with increased support (Buyuker et al. 2023; Jozkowski et al. 2023). Concurrently, studies confirm that knowledge about abortion among the electorate is relatively low, with few individuals fully understanding the consequences of various state laws limiting abortion or the overturning of *Roe v. Wade* (Jozkowski et al. 2023; White et al. 2016). Therefore, an investigation

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into the predictors of knowledge about reproductive rights would be particularly valuable for interest groups promoting women's reproductive healthcare freedom.

The data for this survey were derived from a representative sample of American citizens who were asked a short module containing four multiple-choice knowledge questions about reproductive healthcare topics. The analysis measures, compares, and predicts each of the different knowledge items. The results revealed considerable differences in the percentage of respondents correctly answering each question. Additionally, correlation tests and factor analysis indicated that the knowledge items were not interrelated, highlighting the need for careful consideration when developing indices to measure knowledge of reproductive healthcare issues. Differences were also observed in the predictors of each of the four knowledge items. No single predictor was statistically significant across all four models. These findings suggest the need for a more nuanced understanding of the predictors of various facets of knowledge about reproductive rights and recognition that items might be measuring different aspects of knowledge. Campaigns by supporters of reproductive freedom should consider the specific information they aim to convey, the demographic groups they are targeting, and the relationship between other attitudes and knowledge.

General political knowledge

Weitz-Shapiro and Winters (2023) find that knowledge of various social rights correlates with conventional political knowledge measures. Thus, it is reasonable to expect that the broader literature on political knowledge can be applied to identify predictors that may also be linked to knowledge of reproductive healthcare. Indeed, many of the predictors of general political knowledge are also associated with attitudes toward reproductive healthcare. For example, previous research demonstrates that higher socio-economic status is associated with greater political participation, which, in turn, is related to higher levels of political knowledge (Verba and Nie 1972; Verba, Schlozman, and Brady 1995). Education similarly plays a significant role in predicting greater political knowledge (Lau and Redlawsk 2006; Verba, Burns, and Schlozman 1997). Based on these findings, we anticipate that individuals with higher income and education levels will possess greater knowledge of reproductive healthcare.

Regarding other socio-demographic factors, gender gaps in political knowledge have been documented across traditional knowledge questions (Burns, Schlozman, and Verba 2001; Dassonneville and McAllister 2018; Dolan and Hansen 2020; Kraft and Dolan 2023; Lau and Redlawsk 2006; Mondak and Anderson 2004). However, these gaps tend to disappear when respondents are asked about gender-specific topics (Dolan and Hansen 2020; Goenaga and Hansen 2022; Hansen and Goenaga 2024; Kraft and Dolan 2023). Given that reproductive healthcare primarily affects women, it is reasonable to expect that this might be an area where women have greater knowledge of related policies.

Delli Carpini and Keeter (1996) found that white respondents tend to exhibit higher levels of general political knowledge. However, as with gender gaps, racial disparities in political knowledge have been shown to narrow when minority groups are asked about issues more salient to them (Abrajano 2015). Given that research indicates abortion restrictions disproportionately affect minority groups, such as African Americans and Hispanics (Wolfe and van der Meulen Rodgers 2022), we might expect these individuals to have greater knowledge about reproductive healthcare.

There are several additional factors that predict political knowledge. Lau and Redlawsk (2006) find that political ideology and partisanship influence how individuals process relevant information during election campaigns. Therefore, we might expect differences in knowledge based on the salience of issues shaped by these factors. Moreover, Jerit (2009) and Jerit, Barabas, and Bolsen (2006) demonstrate that while education is a predictor of political knowledge, its effect is conditioned by the amount of information available about a topic in the mass media. These studies suggest that increased media

coverage of an issue reduces knowledge disparities. Consequently, individuals who pay more attention to politics may be better equipped to answer current events knowledge questions.

Building on this last point, the broader literature on political knowledge emphasizes that the content of knowledge questions can yield varying results. Ferrin, Fraile, and Garcia-Albacete (2018) demonstrate that predictors of political knowledge differ when comparing current versus noncurrent knowledge. Dolan (2011) and Dolan and Hansen (2020) show that the salience of question content can lead to knowledge gaps between different groups. Barabas et al. (2014) identify that such gaps can arise depending on whether a knowledge question is policy-specific or general. Furthermore, Delli Carpini and Keeter (1996) distinguish between questions about the rules of governance, the substance of politics, and the people or parties central to politics, each representing different types of knowledge. In sum, scholars should be mindful that variations in the content of knowledge questions can affect both the levels of knowledge and the predictors associated with it.

Knowledge about reproductive healthcare policies

While the bulk of the research on public opinion and reproductive healthcare concentrates on support for abortion and issues such as contraception, it is crucial to investigate the public's knowledge about these topics to assess the salience of these issues and the stability of related attitudes. As the poll mentioned prior indicates, there exists reason to believe that segments of the public know very little about government institutions and their impact on reproductive healthcare policies. In this section, the findings from a few recent studies are summarized. It is worth noting that several of these measures of reproductive healthcare knowledge differ conceptually based on the type of knowledge they assess (e.g., awareness of specific laws, impact of policy language, or influence of personal experiences).

Research on knowledge about reproductive healthcare highlights several dimensions of public awareness and attitudes. White et al. (2016) conducted an online statewide survey in Texas that explored support for stricter state abortion laws among women. Notably, less than one-third (31%) of the respondents supported these restrictions. However, there was a significant gap in awareness: a majority of respondents (55%) reported that they were either not very aware of recent Texas laws (36%) or had never heard of them (19%). This study specifically examines legal knowledge of state policies, highlighting how awareness of restrictive laws, or the lack thereof, can significantly alter public attitudes. Awareness of the laws drastically decreased support, with only 19% of women aware of the laws supporting them. Much of this support could be explained by misperceptions about the laws increasing safety, which means that misrepresenting knowledge about safety could increase support.

Building on the theme of public awareness and its impact on attitudes, Buyuker et al. (2023) employed a mixed-methods study, including interviews and a 2018 survey, to explore the relationship between moral feelings toward abortion and its legality. Their research found that knowledge about *Roe v. Wade* (i.e., historical legal precedent knowledge) influenced views on the case, but the correlation between abortion acceptability and support for *Roe v. Wade* was moderate. The authors also highlighted that survey item phrasing significantly affects public opinion measures, suggesting that researchers should avoid ambiguous terms when studying abortion views due to a lack of knowledge about these terms. This study emphasizes the complexity of public attitudes toward reproductive health, the importance of precise language in surveys, and the need for educational campaigns to improve knowledge about reproductive health.

Beyond educational campaigns, a recent study demonstrated how shared experiences can increase knowledge about reproductive healthcare. Kim and Steinberg (2023) conducted a web and mail survey in Delaware and Maryland to examine changes in abortion knowledge and attitudes between 2016 and 2020. The study surveyed women aged 18–44 throughout this time period. The authors found that personally knowing someone who had an abortion was associated with more favorable views toward abortion safety and pro-choice attitudes. This study highlights that personal connections and experiences, in comparison to purely legal or factual knowledge, can positively influence knowledge about

abortion and reduce stigma. The findings suggest that sharing personal abortion experiences could be a powerful tool for increasing public understanding of reproductive healthcare and shifting perceptions.

Finally, a new study specifically explored knowledge about recent events. Jozkowski et al. (2023) investigated public knowledge and attitudes surrounding the potential impact of overturning *Roe v. Wade* and state laws on abortion. In particular, this study explores knowledge about recent, high-profile legal changes. The authors found that people had relatively little knowledge about these legal changes and that the Dobbs decision did not significantly impact attitudes in the immediate aftermath. The researchers concluded that the intense media response to the Dobbs decision did not reflect the general public's reaction, indicating a disconnect between media coverage and public awareness. The study highlighted the need to increase public knowledge about reproductive healthcare policies through means beyond the news media, such as interest group campaigns and other advocacy efforts.

In sum, the studies reviewed here highlight distinct dimensions of reproductive healthcare knowledge: factual awareness of legal restrictions, understanding of legal precedent, experiential knowledge gained through personal connections, and awareness of recent legal changes. Recognizing these differences is crucial for understanding how reproductive healthcare knowledge is acquired and shapes public attitudes. Collectively, the studies illustrate the evolving nature of public knowledge and emphasize the impact of personal experiences, the importance of precise language in research, and the gap between media narratives and public awareness. These findings suggest that improving public education on reproductive health policies and promoting the sharing of personal experiences could help bridge knowledge gaps and foster more informed and empathetic attitudes toward abortion procedures.

Predictors of reproductive healthcare policies

While it is not expected that predictors of support for reproductive healthcare policies will necessarily translate into predictors of knowledge about reproductive healthcare topics, it is worth briefly reviewing the literature on attitudes to provide an initial framework for this investigation. As the previous section demonstrated, there is a link between knowledge and attitudes, so the two might share some predictors. Therefore, this section highlights trends in attitudes and variables that correlate with them.

Recent research shows prevailing support for abortion across various surveys (Jozkowski et al. 2023, 2023; Norrander and Wilcox 2023). Post-Dobbs decision polling indicates a record 69% of Americans support access to abortion in the first three months of pregnancy (Saad 2023). Attitudes toward abortion can significantly influence voter behavior, as demonstrated in presidential elections (Abramowitz 1995; Smith 1994). Although the impact of abortion attitudes on vote choice may have diminished over time, the issue's salience remains high post-Dobbs (Buyuker et al. 2023).

Similar to predicting general political knowledge, several demographic variables have been found to correlate with support for abortion. Age is negatively correlated with support, likely due to generational differences in the acceptability of abortion (Baker, Epstein, and Rodney 1981; Cook, Jelen, and Wilcox 1993). Conversely, higher levels of education and income, indicative of higher socioeconomic status, are positively associated with support for abortion, possibly due to greater awareness of the safety of procedures (Baker, Epstein, and Rodney 1981; Jozkowski, Crawford, and Hunt 2018). Women consistently show more support for abortion, given the issue's greater personal relevance (Barkan 2014; Kreitzer 2015; Lizotte 2015).

Race and other socioeconomic factors also play a role in abortion attitudes. Marginalized groups tend to be more supportive of abortion due to higher likelihoods of seeking abortion services (Hout, Perrett, and Cowan 2022; White et al. 2016). Parenthood negatively correlates with support for abortion, as parents may be more inclined to consider the positive aspects of having a child (Clarke, Sibley, and Osborne 2023). Additionally, personal experiences related to abortion, such as hearing personal accounts or knowing someone who has had an abortion, are positively associated with

support for abortion (Cockrill and Biggs 2017; Kim and Steinberg 2023). As previously mentioned, personal experiences are among the factors that the literature has identified as contributing to increased knowledge about reproductive healthcare (Kim and Steinberg 2023).

Further, attitudinal predictors significantly influence abortion attitudes. A self-reported liberal ideology correlates with greater support for abortion, illustrating the issue's salience on a unidimensional ideological spectrum (Baker, Epstein, and Rodney 1981; White et al. 2016). The importance of partisanship has grown over time, with notable gender gaps within partisan groups, especially among Republicans (Barnes and Cassese 2017; Carmines and Woods 2002). Recent studies highlight the increasing significance of partisanship, driven largely by a rise in Republican women opposing abortion (Deckman et al., 2024). However, partisan disparities in support for abortion narrow in extreme circumstances such as rape or incest (Doherty 2022).

Gender attitudes and sexism also play a critical role in shaping abortion attitudes. Hostile sexism, which involves overtly negative attitudes toward women, is a significant predictor of pro-life attitudes (Cizmar and Ozan Kalkan 2023). In contrast, benevolent sexism, characterized by seemingly positive but ultimately patronizing attitudes toward women, emerges as a stronger predictor of decreased support for women's reproductive rights in some studies (Huang et al. 2016; Osborne et al. 2022). Here, it is important to explore whether there is a link between either hostile or benevolent sexism and knowledge about reproductive healthcare topics, a relationship that has not been investigated before.

Religiosity is one of the most robust predictors of attitudes toward abortion. Extensive research has demonstrated its influential role in shaping these attitudes, often overriding other predictors (Barkan 2014; Jelen and Wilcox 2003; Pacheco and Kreitzer 2016). Religion's significant impact on abortion attitudes is attributed to moral stigmatization of the practice (Frohwrth, Coleman, and Moore 2018). Deckman et al. (2023) further demonstrated that religious beliefs often dominate other influential predictors of abortion attitudes. Complexities within these relationships are evident, such as among Latinos where religiosity is a stronger predictor for men than for women (Holman, Podrazik, and Silber Mohamed 2020). Therefore, studies should investigate whether religiosity also influences knowledge about reproductive healthcare.

Although the correlational analysis in this study is primarily exploratory, it would be important to determine whether predictors of support for reproductive healthcare freedom also translate into greater knowledge about the topic. Since greater knowledge about reproductive healthcare predicts positive attitudes toward reproductive freedom, an analysis that explores knowledge could be beneficial for groups seeking to increase awareness among the public. Thus, understanding the multifaceted relationship between predictors of abortion support and knowledge about reproductive healthcare remains crucial in the context of evolving reproductive healthcare policies.

Data and method

This research surveyed 793 individuals in the United States to explore their knowledge on topics related to reproductive healthcare. Conducted April 8–9, 2024, the survey required respondents to give informed consent and allowed them to skip questions or leave at any point. After accounting for non-responses, the final sample size was 775. No systematic patterns were found in the non-response data. Participants, who were US residents aged 18 or older, were selected via an online panel. They received an average compensation of \$13.76 per hour, nearly double the federal minimum wage. The median survey completion time was 7 minutes and 51 seconds. The study met all Institutional Review Board guidelines.

The stratified sampling strategy aimed to reflect the US population based on key socio-demographic factors such as age, gender, education, and income. To verify data quality, socio-demographic responses from the survey were compared with data previously provided to the company during recruitment. The comparison showed complete consistency between the responses and the previously provided data.

There is one instance where the sample deviates markedly from a population parameter. The percentage of respondents identifying as Republican partisans, when coding all “leaners” as partisans, was lower than the percentage in the US population. Given the potential partisan differences in attitudes toward women’s reproductive health, this discrepancy needed to be addressed in correlational analyses. Consequently, survey weights were calculated and applied in regression analyses.¹ Since the dependent variables are binary, indicating whether respondents answered each multiple-choice question correctly (0 = incorrect, 1 = correct), logistic regression models are estimated.

Dependent variables

The dependent variables in this study consist of knowledge questions included in a module for a survey, which also featured a preregistered experiment on the framing of women’s reproductive policy issues and support for various policies. Initially, these measures were intended to be used as indicators of knowledge about reproductive healthcare topics, either individually, additively, or through the estimation of a latent variable. The measure(s) of knowledge would then serve as a predictor of attitudes toward these policies. However, due to incompatibility among the measures, it was not possible to satisfactorily estimate a latent variable. Additionally, the individual and additive measures of knowledge were not predictive of policy positions. Thus, the results highlighted the need for further inquiry into measuring knowledge about reproductive healthcare policies, underscoring the importance of this study.

There are four multiple-choice questions used as measures of knowledge about reproductive healthcare topics. Multiple-choice questions were employed based on Mondak’s (2001) finding that open-ended questions often do not yield reliable measures. The multiple-choice format is considered suitable for assessing knowledge because it minimizes respondent burden and enhances data reliability. Given the prominent role of federal and state courts in upholding or striking down state laws related to reproductive healthcare, each question is tied to recent court decisions or issues the courts were addressing at the time of the survey. The importance of understanding key judicial decisions and policy issues in the context of reproductive rights is underscored by research on political knowledge, which emphasizes the salience and relevance of such topics (Barabas et al. 2014; Ferrin, Fraile, and Garcia-Albacete 2018). These issues were highly publicized and politicized, prompting prominent politicians to take stances or justify their previous positions. Each of these questions is directly related to citizens’ reproductive healthcare rights and to governmental decision-making. For each question, respondents were offered four distinct choices, and the order of these options was randomized.

The first item represents a historical question that inquires into SCOTUS decisions on laws regulating abortion: “Which 1973 US Supreme Court case created a national protected right to have an abortion?” The respondents were offered the choices: ‘Miranda v. Arizona,’ ‘Roe v. Wade,’ ‘Obergefell v. Hodges,’ and ‘Dobbs v. Jackson,’ with Roe v. Wade being the correct choice. The second question similarly measures knowledge about SCOTUS’ decisions on laws regulating abortion, asking about the most recent SCOTUS case: “Which 2022 US Supreme Court case ended the national protected right to have an abortion?” For this question, the same four choices were provided as when asking about the 1973 case, with Dobbs v. Jackson being the correct choice. The other two choices are cases that share a similar level of notoriety. Obergefell v. Hodges is the 2015 case in which SCOTUS ruled that the 14th Amendment mandates states to permit same-sex marriage. Miranda v. Arizona is the 1966 precedent in which SCOTUS ruled that individuals must be informed of their rights (Miranda Rights) before being questioned by law enforcement. While Obergefell v. Hodges is a more recent decision that respondents might remember, Miranda Rights are a cultural reference that permeates US media and entertainment.

Why ask about case names? In current political discourse, case names have become shorthand for policy positions on reproductive healthcare. Democrats often refer to the rights established by “Roe” or the end of those rights in “Dobbs,” while Republicans frequently mention “Dobbs” when discussing how states’ rights over reproductive policy has been restored. Studies have shown that

political knowledge measures are shaped by socio-political contexts and that case-related questions are appropriate for assessing knowledge about policies (Jerit 2009; Jerit, Barabas, and Bolsen 2006). Knowledge of these case names is essential for understanding political debate and dialogue. Moreover, identifying the cases that have shaped citizens' reproductive policy rights helps clarify the link between government and the policy-making process on this issue, without requiring extensive legal or policy expertise.

The third knowledge question aims to measure general knowledge about reproductive healthcare by asking about prescription abortion medication. Specifically, the question addresses Mifepristone, the most used abortion prescription medication in the US. Mifepristone received extensive media coverage following the April 2023 Texas District Court ruling in *All. for Hippocratic Med. v. US Food & Drug Admin.*, 668 F. Supp. 3d 507 (ND Tex. 2023), which suspended the Federal Drug Administration's (FDA) approval of the drug. After the April decision, the case proceeded to the US Appeals Court for the Fifth Circuit, and at the time of the survey, it was pending before the Supreme Court. In June 2024, the Supreme Court ruled that the Alliance for Hippocratic Medicine did not have standing to bring the suit. However, prior media coverage had highlighted the potential unavailability of the medication. The question posed to respondents was: "Which of these medications is the most utilized abortion prescription medication in the US?" The options provided, in random order, were "Opill," "Doxycycline," "Mifepristone," and "Prednisone." Opill recently gained media attention as the first nonprescription daily oral contraceptive approved by the FDA. Doxycycline is widely recognized as one of the most commonly prescribed antibiotics. Prednisone received national attention for its potential, though ultimately disputed, ability to mitigate the effects of COVID-19.

Compared to the preceding three questions concerning reproductive health issues involving the federal courts, the final knowledge question pertains to a recent state court decision. A little less than a month before the survey was disseminated, the Alabama Supreme Court ruled in *LePage v. The Ctr. for Reprod. Med.*, No. SC-2022-0515 (Ala. May 3, 2024), that embryos created through in vitro fertilization (IVF) should be considered children. The court specifically ruled that individuals who destroy frozen embryos can be liable for wrongful death under Alabama's Wrongful Death of a Minor Act, originally enacted in 1872. The question states, "Recently, a state supreme court ruled that frozen embryos are children under that state's law. In which state did this ruling occur?" The respondents could choose from the options "Alabama," "Arkansas," "Louisiana," and "Mississippi." These states were selected because most attempts/successes to pass restrictive reproductive healthcare laws have occurred in southern states where Republicans control the government. This range of selections aimed to mitigate deductive guessing by choosing four states that fit these criteria.

By asking this range of questions, the survey aligns with the established political knowledge frameworks outlined by Delli Carpini and Keeter (1996), which categorize knowledge into governance, policy, and people-based measures. Specifically, two of the questions pertain to governance knowledge by assessing awareness of Supreme Court decisions that have shaped reproductive rights. The third question measures policy knowledge, focusing on the regulation and use of Mifepristone, a key issue in reproductive healthcare policy. The final question captures state-level governance and judicial knowledge, emphasizing how state court rulings impact reproductive healthcare. This structured approach offers a detailed view of respondents' knowledge as it relates to reproductive healthcare governance and policy.

However, it is important to recognize how these questions may differ and, consequently, tap into different types of knowledge. While both Supreme Court questions ask respondents to identify precedent-setting cases, one refers to a substantially older case. Thus, education may be more strongly related to the historical question, whereas attention to news or politics may be more relevant to the recent case. The third question refers to the drug mifepristone, the focus of a pending Supreme Court case, which received less mainstream media coverage than the two precedent-setting cases. Additionally, this question asks about a medication rather than a case name, so respondents may rely on different associations to answer correctly. Finally, the fourth question asks about the state where a case was decided, not the name of the case itself. Like the mifepristone case, this one received

less media attention and may be less salient to respondents. Overall, these four questions tap into a range of knowledge related to reproductive policy and its connection to the judicial system, a branch of government increasingly involved in reproductive healthcare policy following the Dobbs decision.

Independent variables

While descriptive statistics will reveal useful trends in reproductive healthcare knowledge, multivariate tests using predictors will help elucidate how this knowledge, or lack thereof, is generated. Therefore, in the analysis models are provided accounting for important individual-level predictors of interest. Several measures are employed as predictor variables in the empirical analysis due to their known relationships with attitudes toward reproductive healthcare or because they are common controls in the broader American political science literature on political knowledge. Specifically, multiple regression analysis includes several socio-demographic variables such as age, gender, income, education, and race. One expectation is that a gender gap will exist, with women showing greater knowledge support after accounting for all other predictors, as these issues disproportionately affect them. It is also reasonable to anticipate that individuals with greater socio-economic resources, such as higher income and education levels, will possess more awareness of these issues. Additionally, a predisposition toward consuming news is included. Respondents were asked how frequently they paid attention to political news. The expectation is that individuals reporting higher rates of political news consumption will have greater knowledge about current reproductive healthcare issues.

The analysis also included four attitudinal variables. First, respondents' self-reported political ideology on a left-right unidimensional ideological scale is included. Generally, it is important to control for political ideology when investigating issues where ideological gaps exist; however, there are no clear expectations regarding the predictor's relationship with knowledge. Second, partisan identification is included as a predictor variable. Partisanship has increasingly acted as an important predictor of a range of attitudes over time in the US, including issues that could be considered gendered. Again, when it comes to political knowledge, there are no clear expectations borne out in the literature. In this analysis, respondents who indicated that they lean toward a party were coded as partisan identifiers of that party. This choice was made to avoid overinflating the impact of partisanship by including only strong identifiers as partisans. It was also made to limit degrees of freedom issues given the number of observations in the dataset. Third, a latent variable representing a measure for hostile sexism is accounted for in the empirical analysis. The latent variable was created through the estimation of factor analysis based on levels of agreement with three statements on women and society (see, [Appendix A](#)). Fourth, the respondent's self-described religiosity was incorporated into the analysis since religious individuals commonly hold strong negative attitudes toward abortion and might therefore have heightened awareness of the issues.

It is important to note that several predictor variables were excluded from the final analysis due to their lack of statistically significant relationships with the dependent variables and/or issues with multicollinearity. For instance, when controlling for religiosity, including a religious affiliation variable did not yield statistically significant or meaningful inferences. Additionally, a latent variable representing benevolent sexism was not a statistically significant predictor of knowledge for any of the questions and was moderately correlated (0.42) with hostile sexism. The coding and descriptive statistics for all variables used in the analysis, as well as those used only in robustness checks, are presented in [Appendices A and B \(Tables B1-B5\)](#).

Descriptive statistics: knowledge of Reproductive Topics

In [Table 1](#), the percentages of respondents who accurately responded to four specific questions are delineated. Particularly noteworthy is the question concerning the identification of the 1973 case that established a national right to abortion – *Roe v. Wade* – which garnered the highest accuracy rate among respondents, with an overwhelming majority (93.3%) providing

Table 1. Abortion Knowledge Questions.

Question	Correct
Which 1974 US Supreme Court case created a national protected right to have an abortion?	93.30%
Which 2022 US Supreme Court case ended the national protected right to have an abortion?	52.15%
Which of these medications is the most utilized abortion prescription medication in the US?	61.95%
Recently, a state supreme court ruled that frozen embryos are children under that state's law. In which state did this ruling occur?	65.66%

the correct answer. This significant accuracy can be attributed to several factors: the long-standing precedent set by *Roe v. Wade* spanning nearly five decades, its central role in the ongoing political discourse surrounding abortion rights, its status as firmly established law among advocates, and the rigorous scrutiny faced by Supreme Court nominees concerning their positions on this landmark ruling. Moreover, the case's pivotal role in establishing a right to privacy implicitly recognized in the US Constitution ensures its prominent inclusion in American government curricula from middle school through university levels. In sum, very few individuals would not have heard of the case. Thus, the case is widely known among the general populace.

The disparity between the correct response rate for the *Roe v. Wade* question and the second highest was considerable, with a difference of 27.64% points – equivalent to over a quarter fewer respondents answering correctly. Specifically, 65.66% of participants correctly identified Alabama as the state where the State Supreme Court ruled that embryos should be treated as children. Interpretations of this figure could vary. On one hand, the fact that only two-thirds of respondents were aware of a recent and significant legal decision, made only a few weeks before answering the survey, may raise concerns. Conversely, the outcome could be viewed in a favorable light, given that a majority of respondents correctly identified a legal ruling from a state supreme court, of which there are 50 in the nation. Individuals residing in geographically distant areas from Alabama may not have engaged with the news due to perceived lack of relevance to their circumstances. If so, advocates for women's reproductive rights must improve communication regarding how state laws can influence national-level policies, prompting greater public awareness and engagement across different states.

The question with the third highest rate of correct responses pertained to the most prescribed abortion medication in the US, namely Mifepristone, identified correctly by approximately 62% of respondents. The heightened awareness of this medication may be attributed partly to prior media coverage and personal experiences with its use. Significantly, statistically more women (67.5%) correctly identified Mifepristone compared to men (55.6%). Nonetheless, the substantial proportion of correct responses among men underscores the significance of awareness about this medication among individuals who are less likely to have personally used it. The finding suggests that the general population may be increasingly aware of the potential far-reaching societal implications of the SCOTUS decision discussed earlier, which was pending at the time of the study but has since been decided.

The most concerning result pertains to the question with the lowest correct response rate. Only slightly more than half of the respondents (52.15%) correctly identified *Dobbs v. Jackson* as the SCOTUS case that, less than two years prior, ended the nationally protected right to have an abortion. This result is consistent with the poll mentioned in the introduction, which indicated that a significant proportion of individuals could not accurately identify the governmental actors responsible for overturning the precedent set by *Roe v. Wade*. The result highlights a significant concern for advocates of reproductive freedom, who aim to clarify the relationship between policy, SCOTUS decisions, and the importance of electing a president who supports their position. Clearly, further efforts are needed to highlight specific SCOTUS legal cases by these groups. Additionally, it is important they emphasize the implications of electoral outcomes on SCOTUS nominations and, consequently, future SCOTUS decisions.

Table 2. Knowledge Questions – Correlation Matrix and Factor Analysis.

Correlation Matrix	Roe v. Wade	Dobbs v. Jackson	Mifepristone	Alabama
Roe v. Wade	1.00	0.18	0.08	0.16
Dobbs v. Jackson	0.18	1.00	0.19	0.19
Mifepristone	0.08	0.19	1.00	0.21
Alabama	0.16	0.19	0.21	1.00
Cronbach's Alpha	0.44			
Factor Analysis	Loadings			
Roe v. Wade	0.32			
Dobbs v. Jackson	0.47			
Mifepristone	0.40		SS Loadings	Prop. Var.
Alabama	0.47		0.70	0.17

Measurement and knowledge of reproductive topics

The initial purpose of the survey's four-question knowledge module was to develop an additive or latent measure of knowledge about reproductive topics, which could be used to predict attitudes toward reproductive healthcare policies. However, an assessment of the relationship between the four knowledge questions revealed their incompatibility. Consequently, further investigation into the relationship between these measures and their predictors became necessary.

Table 2 displays the results of statistical tests investigating the relationships between the four knowledge questions. At the top of the table, a correlation matrix is presented, indicating generally weak relationships between the four variables. The highest correlation (0.21) is between the question asking respondents to identify Alabama as the state where the supreme court ruled embryos are people and the question identifying Mifepristone as the most prescribed abortion medication. This correlation is considered weak according to the standard criterion that any correlation below 0.3 is to be classified as such. The lowest correlation (0.08) is between identifying Mifepristone and correctly selecting Roe v. Wade as the 1973 case that guaranteed a nationally protected right to an abortion. All correlations between the variables are low, suggesting that the predictors of one piece of knowledge do not necessarily predict another piece of knowledge. Additionally, the Cronbach's Alpha score (0.44) is unremarkable, given that generally acceptable scores range from 0.7 to 0.95.

The results from factor analysis using a principal factor solution with promax rotation are presented at the bottom of Table 2. The factor analysis confirms that the four knowledge variables do not exhibit moderate or strong statistical relationships with one another, as all variable loadings are below 0.5. Additionally, the SS loadings value of 0.7 is below the standard benchmark of a value greater than 1, used to evaluate the overall latent variable. Furthermore, the proportion of variance score is 0.17. A proportion of variance score of 0.17 indicates that only 17% of the variance in the latent variable is explained by the underlying factor(s). The low value suggests that the variable does not share much common variance with the factor and is, therefore, not a strong or reliable indicator of the underlying latent construct of knowledge about reproductive healthcare topics.² The factor analysis results offer another illustration of the weak relationship between the knowledge questions, thereby reinforcing the need for further investigation into potential predictors. As highlighted prior, the differences between the knowledge items likely contribute to variation in how respondents answer them with different factors influencing the level of knowledge and types associations respondents rely on.

Predictors of knowledge of reproductive topics

The outputs from the logistic regression models predicting the likelihood of successfully answering each of the four knowledge questions are presented in Table 3. The first notable aspect of the outputs is that no single predictor is statistically significant in predicting the correct response to all four items. Given the previous section's findings that the knowledge items did not correlate with one another, the results presented here indicate that the determinants or correlates of correctly answering the

Table 3. Regression Analysis Predicting Correct Abortion Knowledge Questions.

	Roe v. Wade	Dobbs v. Jackson	Mifepristone	Alabama
Constant	0.71 (0.85)	-0.73 (0.42)	-1.19** (0.43)	0.93* (0.43)
Age	0.02 (0.01)	-0.01 (0.01)	0.01 (0.01)	-0.01 (0.01)
Woman	-0.12 (0.38)	-0.41* (0.17)	0.48** (0.18)	-0.05 (0.18)
Income	-0.01 (0.05)	-0.00 (0.03)	0.05 (0.03)	-0.04 (0.03)
Education	0.16 (0.12)	0.13 (0.07)	0.09 (0.07)	0.16* (0.08)
White	0.85* (0.37)	0.45* (0.19)	0.35 (0.20)	0.03 (0.20)
Political Interest	0.31 (0.21)	0.43** (0.11)	0.38** (0.11)	0.27* (0.11)
Religiosity	-0.11* (0.05)	-0.05 (0.03)	-0.02 (0.03)	-0.01 (0.03)
Party ID - Independent	0.16 (0.47)	-0.21 (0.21)	-0.65** (0.21)	-0.20 (0.22)
Party ID - Republican	-1.02 (0.53)	-0.23 (0.30)	-0.75* (0.30)	0.07 (0.31)
Political Ideology	0.16 (0.09)	-0.01 (0.05)	-0.00 (0.05)	-0.12* (0.05)
Hostile Sexism	-0.85** (0.20)	-0.20* (0.10)	-0.19 (0.10)	-0.24* (0.10)
Observations	775	775	775	775
Log Likelihood	-176.09	-493.97	-468.35	-463.07
Akaike Inf. Crit.	376.18	1,011.93	960.69	950.14

* $p < 0.05$; ** $p < 0.01$; standard errors parentheses; survey weights incorporated.

knowledge items are also distinct. To discuss the results more systematically, they will be analyzed based on the predictors across models rather than discussing each model's output individually.

There were only a few instances where socio-demographic variables were statistically related to correctly answering the knowledge questions. As previously discussed in the descriptive statistics section, women were significantly more likely to identify Mifepristone as the most prescribed abortion medication, even when controlling for other factors. In contrast, women were less likely to identify the name of the case that ended the nationally protected right to an abortion. This finding aligns with previous research indicating that women are less likely to correctly answer political knowledge questions that are mechanical or resemble trivia, but are equally likely to correctly answer other types of knowledge questions (Dolan and Hansen 2020; Kraft and Dolan 2023).

Education was statistically and positively related to correctly answering the question regarding which state supreme court had recently ruled that embryos are children. This relationship is likely indirect and mediated by factors such as political interest, as the decision occurred relatively recently before the survey was launched. Indeed, mediation analysis was estimated as a robustness check and provided some support for political interest acting as a mediator for the impact of education.

White respondents were more likely than nonwhite respondents to correctly identify the two SCOTUS cases but were not more likely to answer the other two questions correctly. The relationship between race and knowledge of reproductive healthcare issues is unclear and not developed in the literature. This could be an area for future research.

Political interest was a statistically significant and positive predictor for the three knowledge questions related to events from the last two years. Respondents who reported a higher interest in political news were significantly more likely to identify Dobbs v. Jackson as the case ending the national right to abortion, Mifepristone as the most prescribed abortion medication, and Alabama as the state with the supreme court that ruled embryos are children. This relationship is intuitive, as individuals with greater attention to politics and the news are more likely to answer knowledge questions about current or recent events. However, political interest had no impact on identifying

Roe v. Wade as the case that created the national right to abortion. This lack of relationship is most likely because over 90% of respondents correctly identified the case.

There were three attitudinal predictors, each of which only predicted one of the four knowledge questions. Religiosity was negatively related to identifying Roe v. Wade as the case that established a national right to abortion. This result may be attributed to differences in messaging between pro-life and pro-choice groups, with religious individuals more likely to identify as pro-life. Pro-choice groups emphasize “defending Roe” and “Roe as good precedent,” while pro-life groups do not make the court case a focal point of their messaging, instead focusing on the potential life. Pro-life groups tend to make potential life, babies, and infants the focal point of their campaigns rather than women or the right to an abortion established by the precedent.

The impact of partisan identification was evident only in the context of correctly identifying Mifepristone as the most prescribed abortion medication. Both independents and Republicans were less likely to answer this question correctly, likely due to the greater salience of the Mifepristone case among Democrats. Democratic politicians, including the Biden administration, have been more vocal about the consequences of a potential SCOTUS decision restricting access to the medication and the need to protect it. In contrast, a liberal ideology was correlated with being less aware of the state supreme court ruling that embryos are children. The finding may be explained by the greater geographic concentration of liberals in areas distant from the state where the ruling occurred, thus making the issue less salient or likely to be covered in the local news.

Hostile sexism attitudes were correlated with incorrectly answering three out of the four knowledge questions. The only question where hostile sexism did not predict an incorrect response was about the most prescribed abortion medication. This finding aligns with previous research showing that individuals with high levels of hostile sexism are less likely to support women’s reproductive freedom. Here, the results indicate that individuals with high levels of hostile sexism are also less likely to identify SCOTUS and state supreme court cases that have consequences for women’s reproductive rights. It is logical that those unconcerned about women’s rights would be less attentive to governmental decisions affecting them. This finding highlights an area for future research to investigate whether hostile sexism influences individuals’ knowledge of other gender-related political topics.

Conclusion

This study provided an analysis examining public knowledge concerning reproductive healthcare policies in the United States, emphasizing the importance of understanding both the level of knowledge and its determinants. Previous research has shown a positive correlation between informed awareness of reproductive healthcare practices, such as abortion, and support for related policies (Buyuker et al. 2023; Jozkowski et al. 2023). The current study finds persistent gaps in knowledge among the general population, particularly concerning recent legal developments impacting reproductive rights. These findings underscore the relevance of investigating predictors of knowledge to inform advocacy efforts aimed at promoting women’s reproductive healthcare freedom.

Using data from a representative sample of 775 American citizens surveyed in April 2024, this study employed logistic regression models to analyze respondents’ knowledge about four key reproductive healthcare questions. The results revealed varying degrees of accuracy across questions, with no single predictor significantly influencing all knowledge items. For instance, women were more likely to correctly identify Mifepristone as the most prescribed abortion medication, while white respondents were more likely to correctly identify SCOTUS cases that impacted abortion rights. These contrasting findings suggest that tailored educational campaigns addressing different demographic groups are essential for improving public understanding of reproductive healthcare issues.

Furthermore, the study’s factor analysis and correlation tests demonstrated that the four knowledge questions examined were not strongly interrelated, highlighting the complexity in measuring and predicting public knowledge about reproductive healthcare topics. The differences between the questions likely explain the variation in respondents’ answers, as each measure may tap into different types of knowledge,

such as historical versus current event knowledge. Factors such as political interest, partisan identification, religiosity, and attitudes toward gender roles (specifically hostile sexism) each showed varying impacts on different aspects of reproductive healthcare knowledge. Notably, higher levels of political interest were associated with greater awareness of recent legal cases, whereas attitudes of hostile sexism correlated negatively with identifying key legal decisions impacting reproductive rights. These findings underscore the multifaceted nature of public knowledge on reproductive issues and suggest avenues for future research to explore additional variables influencing awareness and understanding.

In conclusion, this study provides valuable insights into the state of public knowledge regarding reproductive healthcare policies in the United States. First, the study demonstrates that a large proportion of respondents lack knowledge about important questions related to reproductive healthcare and its link to the government. Second, it identifies gaps and disparities in knowledge among different demographic groups, underscoring the need for targeted educational efforts and policy advocacy to bridge these gaps. Third, by exploring predictors of knowledge and highlighting the complexity of public attitudes toward reproductive rights, this research identifies areas of inquiry for developing informed strategies aimed at promoting greater awareness and support for women's reproductive healthcare freedoms within the political landscape.

Notes

1. The analyses were conducted using R statistical software 4.3.2. To create and implement the survey weights, the “survey” package was utilized. The data was adjusted by weighting it according to the average percentages of partisanship categories found in national-level surveys.
2. The results from this analysis could be compared with those in Table B3 of Appendix B, which presents the factor analysis results used to construct the hostile sexism predictor variable, demonstrating a sound application of factor analysis.

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Data availability statement

Code and data upon request.

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Appendix A. Variable Coding

Variable Used in Empirical Analyses

Age – continuous, respondent’s age

Gender – binary, 0 = man; 1 = woman

Race –binary, White = 1; Other races = 0

Education – continuous, 0 = did not graduate from high school; 1 = high school graduate/GED; 2 = some college, but no degree (yet); 3 = 2-year college degree; 4 = 4-year college degree; 5 = postgraduate degree; 6 = doctorate

Income – continuous, 0 = Less than \$10,000; 1 = \$10,001–\$20,000; 2 = \$20,001 - \$30,000; 3 = \$30,001 - \$40,000; 4 = \$40,001 - \$50,000; 5 = \$50,001 - \$60,000; 6 = \$60,001 - \$70,000; 7 = \$70,001 - \$80,000; 8 = \$80,001 - \$90,000; 9 = \$90,001 - \$100,000; 10 = \$100,001 - \$150,000; 11 = greater than \$150,001

Religiosity – continuous 10-point scale, 0 = not at all important to 10 = to a great degree important

Partisan Identification – nominal, Democrat; Independent; Republican; leaners coded as partisans

Political Ideology – continuous 10-point scale, 0 = very liberal to 10 = very conservative

Political Interest – continuous scale, how frequently pays attention to political news, 0 = hardly at all; 1 = only not and then; 2 = some of the time; 4 = most of the time

Hostile Sexism – factor scores of three measures, 1. Women seek to gain power by getting control over men. 2. Women exaggerate problems they have at work. 3. Once a woman gets a man to commit to her, she usually tries to put him on a tight leash. Continuous, level of agreement from 0 = completely disagree to 5 = neither disagree nor agree to 10 Completely agree.

Variables Used in Robustness Checks

Benevolent Sexism – factor scores of three measures, 1. Women should be cherished and protected by men. 2. Women, compared to men, have a superior moral sensibility. 3. Every man ought to have a woman whom he adores. Continuous, level of agreement from 0 = completely disagree to 5 = neither disagree nor agree to 10 Completely agree.

Abortion Encounter – binary, Do you know anyone that has voluntarily terminated a pregnancy (including yourself, if applicable)? 0 = no; 1 = yes.

Appendix B. Descriptive Statistics

Variable Used in Empirical Analyses

Table B1. Descriptive Statistics – Independent Variables.

Variable	Min	Median	Mean	Max	SD
Age	18	39	41.33	83	12.83
Education	0	4	3.49	6	1.35
Income	0	6	6.38	11	3.42
Political Ideology	0	4	3.98	10	2.82
Political Interest	0	2	2.1	3	0.83
Religiosity	0	2	3.76	10	3.78
Variable	Dem	Ind	Rep		
Party ID	52.33%	25.10%	22.57%		
Variable	Men	Women			
Gender	48.46%	51.54%			
Variable	White	Non-White			
Race	68.86%	31.15%			

Table B2. Hostile Sexism.

Hostile Sexism	Mean (SD)
Women seek to gain power by getting control over men.	3.09 (2.69)
Women exaggerate problems they have at work.	3.10 (2.66)
Once a woman gets a man to commit to her, she usually tries to put him on a tight leash.	3.18 (2.79)

Table B3. Hostile Sexism – Correlation Matrix and Factor Analysis.

Correlation Matrix	Control Men	Exaggerate Problems	Tight Leash
Control Men	1.00	0.64	0.73
Exaggerate Problems	0.64	1.00	0.66
Tight Leash	0.73	0.66	1.00
Factor Analysis	Loadings		
Control Men	0.84		
Exaggerate Problems	0.76	SS Loadings	Prop. Var.
Tight Leash	0.87	2.04	0.68
Cronbach's Alpha	0.86		

Note: SS Loadings less than 1; acceptable Cronbach from 0.7 to 0.95.

Variables Used in Robustness Checks

Table B4. Descriptive Statistics – Robustness Check Variables.

Variable	No	Yes
Abortion Encounter	41.74%	58.26%

Table B5. Benevolent Sexism.

Benevolent Sexism	Mean (SD)
Women should be cherished and protected by men.	6.40 (2.87)
Women, compared to men, have a superior moral sensibility.	4.27 (2.69)
Every man ought to have a woman whom he adores.	5.19 (3.25)

Appendix C. Alternative Models

Table C1. Alternative Models.

	Roe v. Wade	Dobbs v. Jackson	Mifepristone	Alabama Embryo Decision
Constant	0.56 (0.68)	-0.99* (0.40)	-1.50** (0.41)	0.44 (0.39)
Age	0.01 (0.01)	-0.01 (0.01)	-0.00 (0.01)	-0.02** (0.01)
Woman	0.30 (0.34)	-0.28 (0.17)	0.61** (0.17)	0.12 (0.17)
Income	-0.03 (0.05)	-0.01 (0.03)	0.03 (0.03)	-0.05 (0.03)
Education	0.09 (0.12)	0.12 (0.07)	0.10 (0.07)	0.17* (0.07)
White	1.13** (0.34)	0.54** (0.18)	0.36 (0.19)	0.07 (0.19)
Political Interest	0.28 (0.20)	0.42** (0.11)	0.39** (0.11)	0.27* (0.11)
Observations	777	777	776	777
Log Likelihood	-203.94	-508.31	-488.70	-483.72
Akaike Inf. Crit.	421.87	1,030.62	991.39	981.44

* $p < 0.05$; ** $p < 0.01$; standard errors parentheses; survey weights incorporated.