Creating Demand for Abortion Service:
A Content Analysis of Chinese Television Abortion Advertisements

A thesis submitted to the College of Communication and Information of Kent State University in partial fulfillment of the requirements for the degree of

Master of Arts

by

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August, 2015
CHINESE TELEVISION ABORTION ADS

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Acknowledgements

This thesis is something that I could have never done without the support and help from my professors, family and classmates. I would like to take this opportunity to express my gratitude to them. I want to thank Dr. Catherine Goodall, my advisor, for her guidance and help during my graduate study at Kent State University. She supported me so much through the thesis, my graduate study, and the daily emotional ups and downs. She was always there whenever I needed help. Thank you, Cat! I will miss working so closely with you.

Also, I want to thank my other committee members, Dr. Jihyun Kim and Dr. Jennifer McCullough. I appreciate your encouragement and your confidence in me. I’ve learned about how to look at and research one issue from different angles from you. I will very much miss being your student.

To my classmate Xuejun Chen who helped me a lot during the coding process, thank you so much! You sacrificed your time and energy to do the coding work again and again. I cannot finish this study without your support. I also want to thank KSU Communication Studies as a whole. It is my most precious memory to be a member of this team!

My deepest gratitude goes to my parents and my boyfriend. You are my hope, my power, and my strength. You are my all!
Creating Demand for Abortion Service:
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Chapter I
Introduction

China has the largest annual abortion and unsafe abortion rates in the world. According to the China Population Communication Center (CPCC, 2013), China's annual abortion rate in 2013 was 11.3 million people, which was 25% of reported global abortions in 2012. This number excludes an estimated additional 4 million unsafe abortions done illegally at home or by unqualified private clinics (Sina.com, 2012; Xinhua News Agency, 2013). At the same time, the infertility rate in Chinese women keeps rising. As reported by Xinhua News Agency (2013), about 12.5% of childbearing aged women cannot get pregnant naturally in today’s China, and 80% of such cases are caused by prior unsafe abortions or repeated abortions. Additionally, unsafe abortion is closely related to various complications, including haemorrhage, sepsis, peritonitis, trauma to the cervix, vagina, uterus, abdominal organs, ectopic pregnancy, premature delivery, and even death (World Health Organization, 2014). In terms of social and economic impacts, unsafe abortion results in considerable financial burden on the national public care system and household economic well-being. This can contribute to a large number of problems, including a decline in national economic stability, marital and relational complications, and the difficulty of survival of an individual life in a stratified society (Moore, Jagwe-Wadda, & Bankole, 2011; Singh, 2010; Varkey, Balakrishna, Prasad, Abraham, & Joseph, 2000). Thus, unsafe abortion is not only a public health problem in modern China, but also a sensitive social problem closely tied to national economy, cultural norms, family/relational stability, and public-policy making.
As the new generation has grown up with more relaxed attitudes towards sex, Chinese unmarried females have become the main stream of abortion seekers. A report by the National Research Institute for Family Planning (NRIFP, 2012) showed that more than half (65%) of all abortion surgeries done in Chinese public hospitals are performed on unmarried females under 29 years old, meaning, more than 6 million Chinese single women, including teenagers, have abortions each year. Compared to married females, unmarried females are more likely to put themselves in serious risk by undergoing unsafe abortions. As NRIFP (2012) reported, of all unsafe abortion cases taking place in China each year, about 80% occur among unmarried females.

However, the risk of unsafe abortion should be largely avoidable - women are able to seek safe abortions from public hospitals because safe abortion service is financially, technically, and legally available in today’s China. Unfortunately, not all women seek safe abortion services - there are still millions of unsafe abortion cases taking place each year (Xinhua News Agency, 2013).

A variety of reasons are cited as to why women fail to seek safe abortion service. Most commonly reported is a lack of sex education, the social stigma of premarital pregnancy, the consideration of personal privacy, and the absence of protective public policy. Considering the cultural resistance, sex is a taboo subject in China. Self-education is the primary means of sex education among Chinese young people. And, mass media, in this process (notably the prevalent abortion advertising), plays a leading role in informing individuals of abortion services, and shaping their beliefs about unregulated abortions (Zhang & Li, 2015; Zhang, Li, & Shah, 2007; Zheng, 2010). Therefore, it is of prime importance to understand the nature of current media coverage of abortion.
Although the topic of abortion is rarely referred to in Chinese news coverage or entertainment media, it has been a heavily advertised issue over the past 10 years. Abortion advertisements, which are mainly made by private hospitals and clinics, frequently appear on various local television shows, constantly stimulating consumers’ demand for the recommended abortion services (Han, 2013). However, the quality of abortion services offered in these institutions is constantly questioned by the Chinese public and news media. Actually, public officials, news media, and scholars have universally attributed the widespread practice of unsafe abortion in today’s China to the presence of biased information in abortion ads (Bai & Yue, 2014; Chen, 2013; Dong, 2014; Lu, 2011; Phoenix, 2012). They believed that abortion ads overemphasize the benefits consumers receive by taking the recommended abortion service, while ignoring the risks, and therefore may oversell the values of abortion service in ways that conflict with promoting public health (Bai & Yue, 2014; Chen, 2013; Dong, 2014; Lu, 2011; Phoenix, 2012; Wang, 2014; Zhang, 2012).

However, so far, no one has quantitatively analyzed claims made in television abortion ads, how they attempt to appeal to consumers, or how they portray the role of safe abortion and safe sex in achieving good reproductive health. As limited quantitative evidence and unclear sampling information was provided in previous studies, it remains unclear about the extent to which health information framing is biased in Chinese abortion ads.

Given the significant influence abortion advertising may have on public health, it is necessary to gain a comprehensive understanding of the unsafe abortion messages provided in Chinese abortion ads. The current study is designed to characterize and analyze Chinese ads of abortion-related issues over a three-month period from a sample of television ads. Based on framing theory (Entman, 1993; Iyengar, 1991) and the Extended Parallel Process Model (EPPM,
Witte, 1992), the purpose of this study is two-fold. First, it is to identify the dominant emotional appeal adopted in Chinese abortion ads. The second purpose is to outline how fear is framed in Chinese abortion ads by identifying the four key variables of the EPPM - the severity of a threat, the susceptibility to a threat, self-efficacy, and response efficacy. Due to the lack of quantitative content analyses of Chinese abortion advertising messages in the research literature, the current study can serve as the foundation, and first step to systematically examine the content of Chinese abortion ads, offering insight into the potential impact of abortion ads on Chinese people, especially unmarried females.

Chapter II

Literature Review

Unsafe Abortion as Public Health Problem

Abortion, as defined by Grimes and Stuart (2010), is the termination of pregnancy by removing or forcing out a fetus from the womb before it is able to survive on its own. It could take place spontaneously, as in the case of miscarriage; or be purposely caused in which case it is often called induced abortion. The term abortion in this article refers to the induced abortion of a human pregnancy.

The practice of abortion has a long history. Ancient people adopted various methods of induced abortion, including herbal medicines, massage, the use of sharpened tools, and even witchcraft (Joffe, 2009). Modern medical treatments include medications and surgical methods of induced abortion. Technically speaking, most induced abortion could presently be prevented through sexuality education and the use of effective contraception. But, the fact is, the worldwide need for induced abortion has continuously increased over the past three decades. Speidel, Harper, and Shields’s (2008) report indicated that about 38% of pregnancies around the world
were unintended ones due to failed contraception, of which 50% were ended in abortion. The total number of abortions increased from 41.6 million in 2003 to 43.8 million in 2008 (Sedgh, Singh, Shah, Ahman, Henshaw, & Bankole, 2012). Nearly half of these abortions worldwide are unsafe ones (Guttmacher Institute, 2012). That means millions of women are still suffering short-term or life-long complications from unsafe abortion in the world every year.

The World Health Organization (WHO) defines unsafe abortion as “a procedure for terminating a pregnancy performed by persons lacking the necessary skills or in an environment not in conformity with minimal medical standards, or both” (Ganatra, Tuncalp, Johnston, Johnson Jr, Gulmezoglu, & Temmerman, 2014, p.155). However, whether the persons, skills and medical standards for terminating a pregnancy are safe enough or not depends on the abortion methods (medical abortion or surgical abortion, the duration of the pregnancy, and the development of advanced technology, Ganatra et al., 2014).

Unsafe abortion is associated with a series of short and long-term risks to a woman’s physical and mental well-being. On the one hand, morbidity rates of unsafe abortion are high. The proportion of unsafe abortions that took place across the world rose from 44% in 1995 to 49% in 2008 (Sedgh et al., 2012). There are around 2.2 million unsafe abortion cases taking place worldwide each year (WHO, 2014). According to Grimes, Benson, Singh, Romero, Ganatra, Okonofua, and Shah (2006), about 20-50% of women who undergo unsafe abortions are hospitalized for complications, many permanent; 20-30% of unsafe abortions lead to reproductive tract infections, and 20-40% result in upper-genital-tract infections and infertility. There are more than 5 million women hospitalized as a result of unsafe abortions annually, and over 3 million women with abortion complications cannot receive timely and effective care (WHO, 2014). The possible risks caused by unsafe abortions include haemorrhage, sepsis,
peritonitis, trauma to the cervix, vagina, uterus, abdominal organs, ectopic pregnancy, and premature delivery. Life-threatening sepsis or haemorrhage might result in a hysterectomy or even death. Most tragically, unsafe abortion is one of the five major contributors to maternal mortality (Guttmacher Institute, 2012). Death due to unsafe abortion accounts for 13% of all maternal deaths (WHO, 2014). About 68,000 deaths are caused by unsafe abortion each year, which is eight deaths per hour and 367 deaths per 100,000 unsafe abortions (WHO, 2014).

Additionally, women may experience various psychological problems after unsafe abortions due to enduring complications and the stigmatization societies place on women who have abortions (Charles, Polis, Sridhara, & Blum, 2008). The negative mental health outcomes include depression, anxiety, guilt, grief, and even suicidal ideation or attempts (Broen, Moum, Bødtker, & Ekeberg, 2005; Reardon, Ney, Scheuren, Cougle, Coleman, & Strahan, 2002; Rees & Sabia, 2007). These health problems can lead to lower productivity, inability to take care of children, as well as adverse impacts on sexual relations (Family Care International, 2003).

As with unsafe abortion, the disparity between the health of women in developed and developing countries is great (WHO, 2011). Unsafe abortion mainly endangers women in developing countries (Grime et al., 2006). About 56% of abortions are unsafe in the developing world, compared with 6% in the developed world; meanwhile, 98% of worldwide unsafe abortions are taking place in developing countries (Guttmacher Institute, 2012). This gap is widening, as the number of abortions keeps falling in developed world, but continues increasing in developing countries (Sedgh et al., 2012). Further, WHO’s report (2011) indicated that the unsafe abortion rates of Africa, South-Eastern Asia and Latin America are relatively higher than other regions, where the abortion rate is more than 25 per 1,000 women aged 15-44 per year. However, under-reporting is routine, as abortion is stigmatized and illegal in some areas.
Meanwhile, even though it is acknowledged that unsafe abortion is a serious health problem in Eastern Asia (Grime et al., 2006; Sedgh et al., 2012), the statistical evidence of unsafe abortion from Eastern Asia is often negligible in WHO’s reports (Sedgh et al., 2012). Hence, the current situation of unsafe abortion taking place in Eastern society is still somewhat unclear.

**Unsafe Abortion as Social Problem**

Unsafe abortion as a major cause of ill health among women has attracted broad attention in the world in recent years. A large number of studies are focusing on this issue, even though these studies are of variable quality. However, unsafe abortion also has other significant impacts which most researchers do not pay much attention to. These include economic consequences, the impact on families and communities, and the influence on individuals’ social lives.

**Economic consequences caused by unsafe abortion.** It is acknowledged that unsafe abortion takes a considerable financial burden, not only on a country’s public care system, which affords both the immediate costs and longer-term costs of providing medical care for abortion complications, but also on individual and household economic well-being, resulting in a decline in national economic stability (Singh, 2010). In some countries, women who have had unsafe abortions “account for half of gynecological admissions at hospitals while the traditional treatments often require several days of hospital stay, significant staff time, blood transfusion and general transfusion” (Family Care International, 2003).

According to Vlassoff et al. (2008), the global health-system cost for post-abortion care (PAC) is estimated around $4 billion per year, but still does not meet the need for PAC; it costs $6 billion to treat all post-abortion infertility cases and $23 million to treat minor complications of unsafe abortion in the world annually. Further, Family Care International (2003) pointed out that women and their families also bear huge financial burden given that they need to cover fees
for services, medicine, supplies, transportation expenses, and the lost income from missing work on their own. The report conducted by Vlassoff et al. (2008) estimated $400 million out of pocket expenses for income lost in the process of abortion-complications treatment globally per year. Additional findings from Sundaram, Vlassoff, Mugisha, Bankole, Singh, Amanya, and Onda’s study in Uganda (2013) showed that “73% of women reported that they had lost wages because of unsafe abortions, 60% reported that their children had less to eat, were unable to attend school or both, and 34% experienced a decline in the economic stability of their household.”

Aside from the direct treatment cost, the indirect financial burden of unsafe abortion on national economy and household incomes have also been examined by researchers. Vlassoff et al. (2008) reported that about $922 million economic cost in lost income is caused by long-term disability due to infertility and pelvic inflammatory disease (PID) resulting from unsafe abortion.

**Marital problems caused by unsafe abortion.** Both Varkey et al.’s research (2000) and Moore et al.’s study (2011) support unsafe abortion as one cause of marriage breakdown. Varkey et al.’s research (2000) indicated that one third of married Indian women underwent abortions without consulting with their partners to avoid family conflict and maintain marital stability. Moore et al. (2011) reported a consistent phenomenon in Uganda, finding that women may keep abortion as a secret from their husbands because once husbands know, they may abandon their wives out of suspected infidelity. Therefore, these circumstances often force married women to choose unsafe abortion and suffer the negative consequences of unsafe abortion alone. In addition, couples often feel depressed and guilty when they experience a loss because of abortion (Brier, 1999; Speckhard & Rue, 1993). This negative feeling could impact all aspects of lives and potentially harm their marriages. Unmarried women may also experience similar negative
consequence of unsafe abortion as married women do in many Eastern countries. Although they have fewer family obligations than married women, the stigma single abortion seekers face in Eastern society is also serious (He & Wu, 2013; Wang, 2011; Wang, 2010; Wang & Li, 2001). Many news sources report that unmarried females with infertility caused by unsafe abortions are less likely to get marriage commitments from boyfriends because continuing the family line is a primary function of marriage in these countries (e.g., Li, Ming, & Jiang, 2013; Ye & He, 2013).

Unsafe Abortion in Chinese Society

Unsafe abortion has a very long history in China. It was used for birth control in some parts of Chinese rural society in the ancient times, and has been associated with Chinese population and birth policies since 1949 (Qi, 2014; Sommer, 2010; Tencent, 2012). To better understand the unsafe abortion issue taking place in China currently, it is worth reviewing the long history of abortion practice in this country.

Unsafe Abortion before 1949. The earliest historical record of induced abortion in China was in the Han Dynasty, and it was used for birth control in the Tang and Song Dynasties in Chinese rural society. There was a folk statement “生子不举” in Song Dynasty, which means some families killed their new babies or aborted fetuses because of poverty or the traditional preference for sons (Sommer, 2010). However, because of the traditional anti-abortion bias, abortion techniques had not been studied and trained. Therefore, the induced abortions taking place in the long Chinese history were unsafe ones in modern eyes. But its potential for harm was actually limited because of the low acceptance and adoption of induced abortion in the prior two thousand years of Chinese history.

From 1949 to 1962. As the population in China declined sharply during the war against Japan and the Liberation War from the 1920s to 1940s, the Communist Party introduced policies
to boost fertility in 1949 after the establishment of the new China. As a result of the Korean War in 1950, the need for population growth became greater. Therefore, China’s government announced more aggressive child-care policies to support young mothers in order to encourage women to have more children. Official statements of Chinese government indicated that abortion was only permissible in the following conditions: “when continuation of the pregnancy was medically undesirable, when the spacing of children was too close, or when a mother with a child under four months of age had again become pregnant and experienced difficulties in breastfeeding” (United Nations, 2015). In such cases, both an application from the couple and a certification from a physician were required before the abortion could be performed. In some cases, “special work or heavy work could also be used as a legitimate reason for an abortion,” but any abortion request had to be certified and approved by the responsible organization (United Nations, 2015). If accepted, abortion had to be performed as early as possible, no later than the second month of the pregnancy (United Nations, 2015).

However, results of the 1953 census made the central government realize the potential risk of childbirth encouragement, and hence changed their policies from pro-birth to birth control in order to reduce the rate of population growth. The Public Health Ministry implemented The Regulation of Contraception and Induced Abortion in 1953 which advocated birth control, but banned surgical abortion without permission. In April of 1957, the Public Health Ministry announced that “from that date, all applications for abortion or sterilization would be free of restrictions concerning age, number of children and approval procedures. However, an abortion could only be performed once a year, and was permitted only within the first 10 weeks of the gestation period. The government stressed the promotion of contraception as a preventive
measure, with abortion to be used mainly as a backup measure in cases of contraceptive failure” (United Nations, 2015).

Although the birth control policy of the Chinese government was inconsistent, induced abortion was always controlled under specific conditions (Qiu, 2014). As a result, the occurrence of unsafe abortion was extremely limited in this period (Tencent, 2012).

**From 1963 to 1978.** China experienced three years of natural disasters between 1958 and 1961 characterized by widespread famine. There were 15 million deaths in this period because of poverty and the shortage of food supplies (Ashton, Hill, Piazza, & Zeitz, 1984). In order to reduce the food demand, the Chinese government reinforced the existing policies of population control, and began trying forced sterilization and induced abortion because these methods resulted in faster national population decrease (Tencent, 2012). The Ministry of Health initially provided huge financial and technological support to ensure the safety of these medical treatments. But with the outbreak of the Cultural Revolution in 1965, the depopulation plan was out of control (Tencent, 2012). Millions of young people and intellectuals answered Chairman Mao’s call to go to China’s rural areas and learn from the peasants during the Cultural Revolution. All college education and professional training was ceased. As a result, the number of qualified abortion providers was extremely limited, and most induced abortions were done by unqualified quacks (Han, 2013). In 1974, Chinese Ministry of Health issued a “maintaining the quality of birth control operation on the notice,” which restricted induced abortion in the second trimester because of its high failure rate. The implementation of this policy indicated that there had been many cases of unsafe mid-term abortions at that time. According to China Population and Family Planning Yearbook in 2013 published by National Health and Family Planning Commission of the People’s Republic of China, there were about 5,000,000 abortion cases taking
place each year from 1972 to 1978. It would be no surprise if most of them were taken under unqualified medical conditions.

**From 1979 to 2012.** The Cultural Revolution ended in 1976, and China’s population had reached 1 billion by 1979 (Tencent, 2012). The food demand of the increasing population pressured China’s economic development. A new regime of Chinese leaders believed that forcibly restricting population growth would solve the economic crisis. Therefore, in the late 1970s and the early reforms of Deng Xiaoping, China’s coercive population control policies were developed. Thus, the One-Child Family Policy was born. It restricted ethnic Han Chinese families living in urban places to have no more than one child each. This policy was originally introduced as a temporary measure, but continued until 2012.

Since then, family planning policy has been implemented nationally with a family planning program that “includes a strong information and education component, free contraceptive services and a system of economic and social incentives and disincentives, which vary by province and between rural and urban areas” (United Nations, 2015).

Sex-selective abortion is to terminate a pregnancy based on the predicted sex of the baby (Goodkind, 1999). China has a cultural preference for sons over daughters because sons have a higher wage-earning ability and take the responsibility to continue the family line in traditional Chinese society (Mundigo, 1999). Prenatal ultrasound imaging could help Chinese couples identify and abort female fetuses so that they could try to have a male baby. But the problem becomes complicated when the sex-selective abortion meets the One-Child policy, which bans fetus gender checks and sex-selective abortion strictly. Therefore, no public hospitals would provide these illegal services to couples. In order to avoid regulation punishment, Chinese couples had no choice but to accept unqualified and illegal abortion services after identifying
their fetuses as girls. According to National Population and Family Planning Commission of China (2011), there were about 30,000 female fetuses aborted illegally in China each year. That means at least 30,000 unsafe abortion cases took place in China annually during that period.

However, unsafe abortion was not viewed as a serious public health issue in China until 1995 when the Fourth World Conference on Women took place in Beijing. Organized by United Nations, this meeting recognized that safe and legal abortion is women’s right, while unsafe abortion threatens the lives of a large number of women, representing a grave public health problem. A *Beijing Declaration and Platform for Action* was reached at this conference, which emphasized governments’ responsibility to offer safe abortion services to women, protecting women from unsafe abortions, and providing qualified medical treatments for complications arising from unsafe abortions (Galli, 2012).

**From 2013 to present.** As China’s labor supply tightened and the aging population grew, the Chinese government relaxed the One-Child Policy in 2013 by allowing couples to have two children if either parent is an only child (Bloomberg News, 2014). Meanwhile, the birth idea in Chinese society also has been reshaped by the One-Child Policy in the past three decades. Son preference is not as common as it was before, especially in economically developed areas. Accordingly, unsafe abortion cases caused by sex-selective abortions are shrinking greatly in present China. This trend will continue as more Chinese couples will be allowed to have more than one child in the coming years. However, it does not mean that unsafe abortion is minimized. As the largest abortion country in the world, China still has 4 million unsafe cases each year (Sina.com, 2012).

**The face of unsafe abortion in today’s China.** Previously abortion was associated with married women regulated by the country’s One-Child Policy. However, as the society rapidly
changes, the face of abortion in China is also changing. According to NRIFP’s report in 2012, 65% of all abortion surgeries done in public hospitals are taken by unmarried females under 29 years old; there are 600 million single women, including teenagers, having abortions each year. More and more abortion takers are unmarried females. It is a clear trend in today’s China.

Even though unmarried females are beyond the control of the One-Child Policy, it does not mean they have no access to safe abortions. Actually, the safety of abortion should not be a problem in China. First, China has very tolerant policies on abortion. The *Criminal Code of China* enacted by the National People’s Congress on July 1st, 1979 “does not contain any provisions under which abortion, performed with the consent of the pregnant woman, constitutes an offence” (United States, 2015). Early abortions are allowed to be treated in a clinic by using the vacuum aspiration technique while second-trimester abortions can be performed in a hospital by qualified physicians. Although most unwanted pregnancies are terminated in the early months, Chinese government permits abortions to be performed up to six months of gestation. The public hospitals, which provide various qualified abortion services, including medical abortion and abortion surgeries, are found across Chinese Mainland. The cost of per abortion at public hospitals is average 500 yuan, or about $65 (Yardley, 2007). Almost everyone can afford it without difficulties. Besides, abortion services are provided by the government of China as a public service. A woman can get two-week paid sick leave for a first-trimester abortion and 30-day paid leave for an abortion performed after the first trimester. In some areas, more sick leave is allowed if a woman has an intrauterine device inserted or is sterilized after an abortion. However, there are still millions of unsafe abortion cases taking place every year, 80% occurring among unmarried females (NRIFP, 2012).
So, why is it that abortion is legal in China, yet unmarried females are still exposed to the risk of unsafe abortions?

**Social Context of Unsafe Abortion in Today’s China**

Studies in public health and behavioral science have indicated that social variables such as poverty, low socioeconomic status, unhealthy lifestyles, and unpleasant working conditions have a strong connection with population health (Cockerham, 2007). Regardless of whether the disease is genetic, infectious, or degenerative, social behaviors and conditions shape individuals’ exposure and susceptibility to certain diseases, and further influence the disease’s course and outcome (Holtz, Holmes, Stonington, & Eisenberg, 2006). Based on this statement, Mundigo (2006) explored the main social determinants of unsafe induced abortion in developing countries. His findings suggest that abortion decisions directly result from those individual factors that lead to unwanted pregnancy and abortion decision-making, such as failure to use of contraception, and inability to raise a baby. However, in the decision-making process, according to Mundigo (2006), systemic determinants (social determinants) “more generally influence individuals’ choice for a safe or unsafe pregnancy termination” (p. 51). They include access to reproductive knowledge and health services, as well as social, economic, and policy factors.

Many researchers have explored how social determinants work against women’s intention to continue or terminate an unwanted pregnancy safely in Chinese society. One social factor is the social stigma against single or unwed motherhood (Leiber, Chin, Li, Rotheram-Borus, Detels, Wu, & Guan, 2009; Lin, Shi-Zhong, Xiao-Qing, Min-Xiang, and Pullum, 1995; Mundigo, 2006; Yang, He, & Li, 2012). Chinese women are often socialized with traditional feminine values such as virginity and chastity (Liu, 2012). Premarital sex is not traditionally acceptable, even though it is legal. A single woman who has sex outside of marriage or has a
child out of wedlock is seen as disgraceful, and often endures rejection from parents and
discrimination from neighbors. Therefore, being a single mother is considered the last position a
woman would want to put herself in. This external social pressure drives many unmarried
females who have unwanted pregnancy because of brief affairs to take measures to remain
undiscovered. In this process, abortion, as an effective method to hide unmarried pregnancy and
alleviate their shame, is widely adopted. Given that society responds to premarital sex and
unwanted pregnancy so negatively, confidentiality becomes a major concern when single women
choose abortion services (Mundigo, 2006).

Public hospitals are the main credible providers of abortion services in China. But these
hospitals are usually impersonal and crowded, and some operating rooms are equipped to
perform more than one abortion at once (Yardley, 2007). What’s more, women seeking an
abortion here during the first trimester of their pregnancies are screened by family planning
clinics and hospital records (Mundigo, 2006). If a single woman seeking abortion services is
under 18, public hospitals often require a parental notification before an abortion can be
performed. Therefore, although safe abortion techniques are accessible, unmarried abortion
seekers are reluctant to undergo abortion in public hospitals because of privacy considerations.
Instead, hundreds of unqualified private clinics and quacks across China’s mainland have
become single women’s first choice for their promises of strict confidentiality (Yardley, 2007).
Considering the terrible social stigma of unmarried pregnancy and those unqualified but popular
abortion providers, it should be unsurprising that unmarried females have comprised the main
body of unsafe-abortion victims in today’s China.

Besides, many scholars have provided deeper explanations for this phenomenon. They
argued that newly liberal attitudes towards premarital sex and lagging sex education contribute to
the rising number of unmarried pregnancies (Dong, 2014; Hu, 2013; Xiao, 2011). Premarital sex was illegal in China until 1997 (Duenas, 2014). Since then, sex has no longer been considered taboo among young people. More and more youth have been unmoored from the values, and inhibitions, of traditional culture, accepting premarital sex as a way for pleasure. The Survey of Youth Access to Reproductive Health in China (Zheng, 2010) showed that the sexual attitudes and behaviors the new generation holds in China are liberal and permissive: 60% of Chinese youth (15-24 years’ old) have relaxed attitudes towards premarital sex, 22% report engaging in premarital sex.

Despite this positive attitude towards premarital sex, there is one problem facing young people in China: they have very limited access to basic knowledge about safe sex and safe abortion. According to Xinhuanet (2012), there are 13 million abortions performed by public hospitals in China, 50% of which are unwanted pregnancies resulting from failure to use contraception. NRIFP’s survey (2012) also shows that 77% of single female responders feel confused about different kinds of abortion methods and have little understanding about abortion services provided by hospitals.

Particularly concerning is that many people consider abortion to be a contraception method (Yardley, 2007). This fact reflects the lack of basic knowledge of sex, pregnancy and abortion among Chinese unmarried females. That, in Hu’s (2013) and Xiao’s (2011) view, is why Chinese single women are so vulnerable to unexpected pregnancy and unsafe abortion. Therefore, they believe the effective way to resolve unsafe abortion problem is to educate single women about safe sex and abortion (Hu, 2013; Xiao, 2011). Although this view is widely held, there is little evidence that reproductive education can be well obtained by the target audiences. In fact, Cowan (2002) has already pointed out that sex education competes with other health
issues for limited resources and individuals’ attention, and therefore is often poorly conducted. In China, it is acknowledged that there is a blind spot of safe sex and safe abortion education among teenagers and unmarried females (Yardley, 2007). While most of Chinese government’s resources, funding, and policies have focused on the reproductive lives of married women, the attention and efforts on unmarried females having abortions remains limited (Lin et al., 1995, p. 338). As the youth generation’s attitudes towards sex change, sex education and public policy lag behind. As such, there is no surprise that the number of unsafe abortions keeps rising among Chinese unmarried women.

By putting all these statements together, there comes a general picture about the social context in which the unsafe abortion problem is spreading. Various social agents engender unmarried women’s exposure to health-damaging conditions, and therefore determine consequences of ill health among this disadvantaged group.

Mass media, from the micro-level, also plays an important role in this process. Because of cultural resistance, families, schools and the government have paid far less attention to educating individuals about sex and abortion. Self-education is the primary means of sex education among Chinese young people, and mass media has become their leading information source about sex and abortion issues (Zhang & Li, 2015; Zhang, Li, & Shah, 2007). According to Zheng’s investigation in 2010, Chinese youth mainly use books/magazines (79%), Internet (56%) and film/TV (52%) for sex information; the use of mass media for sex-education purpose increases with age (Zhang & Li, 2015). Besides, past studies have also suggested the ways in which mass media frames abortion may have important implications for unsafe abortions. For example, 2012 news coverage by Phoenix (an online website of a media station in Hong Kong) indicated that mass media is the main source for knowledge acquisition about abortion methods,
process and consequences among female audiences who had unexpected pregnancies.

Meanwhile, abortion information delivered via mass media has been shown to influence individual’s sex attitudes and behaviors (Dong, 2014; Zhang, 2012). Given the important impact that media messages may have on the public’s response to abortion, it is of prime importance to understand the nature of current media content on abortion.

**Abortion Ads as A Social Determinant of Unsafe Abortion**

Abortion is rarely talked about openly in Chinese news coverage or entertainment media, as it is a cultural taboo. But it has probably become the most over-advertised issue of the past 10 years. Anyone who watches television or reads newspapers in modern-day China cannot help but notice the huge number of abortion ads. Han’s research in 2013 showed that there were 98 abortion ads broadcast on a local TV channel from 8:00 pm to 10:00 pm each day, and the same advertisements got repeated at least five times.

Abortion ads are mainly provided by private hospitals and clinics which have a need to stimulate consumer demand in an ever more competitive marketplace (Han, 2013). As most unmarried females are reluctant to have abortions in public hospitals because of privacy considerations, those private clinics find a way to win more consumers by marketing their abortion services with promises of strict confidentiality. Even though the quality of their abortion services is questionable, these advertised providers have directly benefited from this promotional strategy. Accordingly, current abortion ads dominating Chinese media are not broadcasted for promoting public health. Instead, it is a marketing approach used by abortion providers to attract consumers. However, because these private clinics are ultimately responsible to their shareholders, not to patients, and shareholders’ desires for increased sale often go against
public’s needs for safe and rational treatment, there is an unsolved and inherent conflict (Wikes, Bell, & Kravitz, 2000).

Several news sources have suggested that most abortion providers in private clinics are unqualified, while those “new and improved” abortion technologies promoted in abortion ads actually never exist; which have led to millions of unsafe abortion every year (Bai & Yue, 2014; Wang, 2014). Therefore, in order to protect the consumer from false or misleading promotional materials, advertising agents, publishers, and the information they provide about abortion services should be regulated strictly.

In 1995, with the passage of the Advertisement Law of People’s Republic of China, the National Industrial and Commercial Administrative Bureau was given authority over medical advertisements. In 2014, this Advertisement Law got revised. The new law allows no information of unscientific effectiveness, recovery rate, and celebrity or patients testimonials in medical ads. China’s National Industrial and Commercial Administrative Bureau and the Ministry of Health revised Medical Advertisement Regulation in 2007, requiring that medical ads should be approved by government censors before being published. According to this regulation, the only content allowed in medical ads is the name, address and ownership of the medical organization, diagnosis subjects, contact information, the number of beds and consultation hours; no medical technology information, therapeutic methods, promises of cure rates, unscientific statements, and celebrity or patients testimonials are permitted. But there is no specific guideline for abortion ads. Some representatives of the National People’s Congress are calling for more detailed regulation of abortion ads and cosmetic ads these days, however, their suggestions have not yet been adopted (Xinhuanet, 2014). As the qualification of abortion providers are not required to be clarified in commercials, consumers are unable to distinguish between regulated
and unregulated abortion centers. Besides, the State Administration of Press, Publication, Radio, Film and Television of the People’s Republic of China and the National Industrial and Commercial Administrative Bureau issued a notice in November of 2006, banning the publication of abortion ads in newspapers. But abortion advertising is still available through other media. Obviously, current controls over abortion advertising are not sufficient to safeguard audiences from biased information about sex and abortion.

**Content Analysis.** Studies have shown that abortion ads target consumers with various persuasive tactics. Chen published an article in 2013 talking about the current phenomenon of abortion ads in China. According to Chen (2013), advertising themes used in today’s abortion ads fall into four categories: (1) emphasizing that pregnancy is a trouble, a stumbling block for the romantic relationship which should be solved as soon as possible; (2) regarding induced abortion as a safe and fast consumption process; (3) convincing males to believe that bringing their girlfriends to undergo an abortion surgery is a way of demonstrating love; (4) exaggerating the safety and efficiency of technology while hiding possible risk. As few consumers have the clinical and pharmacologic background to properly understand and evaluate abortion ads, this framing, in Chen’s (2013) view, blinds audiences from the potential risk and threat that induced abortion might bring to pregnant females, and therefore might have negative influence on individuals’ risk perceptions and decision making about abortion. However, as no methodological information was introduced or explained in the article, the validity and credibility of Chen’s arguments are questionable.

A relatively convincing content analysis on Chines abortion ads was done by Dong in 2014. In Dong’s study, 30 female students from a few universities in Nanjing were randomly selected to record all abortion advertising messages that they were daily exposed to for one
month in 2013. By analyzing 132 abortion ads gathered by participants from magazines, newspapers, social media, and television, Dong (2014) reported that there were seven messages often highlighted in abortion ads - hospital, abortion provider, technology, price, discount, contact information and advertising pictures. She also examined the coding preference of advertising themes in abortion ads, and found that the most common appeals used in abortion ads were claims of the high credibility of the hospital or clinic, the safety of their abortion services, low price, and the abortion hotline they provided. The risk of the recommended abortion service and the hidden fee behind it were ignored in this process (Dong, 2014). Consistent with Dong’s (2014) analysis, Dong (2012) did a case study on one single abortion ad published by the Second Affiliated Hospital of Zhengzhou University and claimed that that persuasive information provided in abortion ads contained statements with flowery words and traps, which might misguide young women when they looked for abortion service. But it should be noted that the abortion ad case chosen in this study does not necessarily represent the overall condition of current Chinese abortion ads.

In brief, past studies support the assumption that abortion ads emphasize the benefit that abortion seekers can receive by accepting their abortion services while ignoring the risk that individuals might take, and therefore may oversell the values of abortion service in ways that conflict with promoting public health. However, very limited quantitative evidence was provided in those studies. The sampling information was also under-described in their articles. In hence, the extent to which health information framing is biased in Chinese abortion ads is still unknown.

**Impact on Consumer.** Even in the absence of direct empirical evidence, both officials and scholars blame the biased information provided by abortion ads for the widespread practice of unsafe sex and unsafe abortion in today’s China. Chen (2013) argued that abortion ads misled
audiences seriously by exaggerating the safety and efficiency of technology, while hiding possible risk. Phoenix (2012) specified this adverse impact of abortion ads as misdirecting abortion seekers to believe that induced abortion could be adopted as an effective solution to unexpected consequence caused by unsafe sex, and further making audiences have a prudential attitude towards abortion and a tolerant attitude towards unsafe sex. Dong (2014) and Zhang (2012) suggested that the spread of abortion ads was a leading cause of unsafe abortions, teen abortion and the increase of abortion rate among unmarried females in Chinese society. Lu (2011) pointed out that abortion ads have been shown to influence family education and social morality in a negative way as well (Lu, 2011). Unlike adherents to negative influence of abortion ads, other scholars (Dong, 2014; Dong, 2012) suggested that abortion ads have increased public concern over the abortion issue and have successfully raised this topic into the political agenda. But they also acknowledged the adverse impact abortion ads have brought to the public, and called for stricter controls on the content and medium of abortion ads.

Although the debate about the advantages and disadvantages of abortion ads have increased in the past ten years, all statements researchers have already made are only based on one untested hypothesis - the content of abortion ads is biased and misleading. No one has empirically examined the abortion information provided by abortion ads or the potential influence of abortion advertising on people's abortion decision-making, neither have they explored the relationship between those media messages and health outcomes caused by abortion. Therefore, the nature and the influence of abortion ads is still little understood.

Given the important influence that abortion advertising may have on public health attitudes and policy, it is important to understand the nature of current ads of abortion service. If under- or over-advertising of particular abortion issues (such as the risk of unsafe abortion and
the way to do safe abortion) can be identified, the finding would provide a basis for studying how such inaccuracies are related to perceptions and decision making about unsafe abortion. Moreover, the results could inform media advocacy and public affairs efforts directed at changing such framing, and hence risk perceptions, personal behavior and perhaps social policy.

Chapter III

Theoretical Framework

Framing Theory

The way in which abortion advertising reveals or conceals, highlights or overshadows certain aspects of an issue can be explained by framing theory. Framing is defined as "a central organizing idea or story line that provides meaning to an unfolding strip of events" (Gamson & Modigliani, 1987, p.143). It is used to unify information, arguments, pictures, statistics and metaphors that messages provide to audiences (Bryant & Oliver, 2009). As a "selection and salience" (Entman, 1993, p32) approach is applied in the information framing process, some sides of a perceived reality would be selected and highlighted while other aspects of truth would be covered or overlooked in the given context. In this way, receivers’ responses to certain issues could be influenced by framed messages (Iyengar, 1991; Nabi, 2003).

Framing theory has been applied in several research contexts, including how news framing influences individuals’ perceptions of health problems such as obesity, diabetes, immigrant health, and smoking (e.g., Thorson & Wilkins, 2011); how political news coverage shapes the public’s view about political processes (e.g., Cappella & Jamieson, 1997); and the relationship between news framing patterns and individuals’ perceptions of both the causes and resolution of social problems (e.g., Iyengar, 1991). These studies all indicated that individuals' perception is frame-dependent.
Some scholars explain the mental mechanism through which framing effects occur as a cognitive process of information applicability and accessibility (Igartua, Moral-Toranzo, & Fernández, 2011; Nabi, 2003; Scheufele & Tewksbury, 2007). Applicability refers to the effect that salient stimuli of media coverage activate certain concepts that have already been stored in people’s cognitive system during message processing (Matthes, 2007; Price & Tewksbury, 1997). Accessibility refers to the effect that the highest excitation concepts relevant to the situation are more likely to be used for judgement when an evaluation is called for (Matthes, 2007; Price & Tewksbury, 1997). To illustrate, Iyengar (1991) argued that media makes certain issues or certain aspects of issues easier to notice, remember, and recall, and thereby encourage individuals to use predominant frames as standards when forming perceptions, beliefs, attitudes or behaviors for someone or something. Scheufele and Tewksbury (2007) argued that news coverage presents certain connections between events, concepts or people. With exposure to the messages repeatedly, audiences accept these connections and therefore keep their judgements or attitudes consistent with them (Scheufele & Tewksbury; 2007).

Meanwhile, other researchers have addressed emotion’s framing function by incorporating functional emotion theories into framing research (Nabi, 2003, 1999). Studies found the prevalence of emotional appeals used in various advertising contexts. To name a few, Forsch, Krueger, Hornik, Cronholm, and Barg coded U.S. medication ads during evening news and prime time hours in 2007 and reported that 95% of pharmaceutical advertising relies on some sort of emotional appeal, such as losing and regaining control over a certain aspect of life; by analyzing 147 food commercials targeting to children on U.S. broadcast networks, Page and Brester (2007) found that 85% of children’s commercials either explicitly or implicitly addressed the theme of fun or happiness; Johnston and Kaid (2002) reviewed 1,213 television political ads
for U.S. presidential elections from 1952 to 2000, and their findings highlighted that 34% of image ads are dominated by emotional appeals by focusing on the trustworthiness or credibility of the candidate. Given that so much advertising is to elicit an emotional reaction, it makes sense to analyze advertising frames from an emotion as frames perspective.

**Emotion as Frames**

Emotions, defined by Ortony, Clore, and Collins (1988), “are generally viewed as internal mental states representing evaluative reactions to events, agents, or objects that vary in intensity (p.289)”. “They are generally short-lived, intense, and directed at some external stimuli” (Ortony, Clore, & Collins, 1988, p. 289-290). Although academic concentrations on emotion study are various, theorists basically agree that emotion is a psychological construct with five components: “(1) cognitive appraisal or evaluation of a situation; (2) the physiological component of arousal; (3) a subjective feeling state; (4) a motivational component, including behavior intentions or action readiness, and (5) motor expression” (Nabi, 2010, p.154).

Based on this foundation, there are two theoretical models of emotion dominating current emotion research: dimensional and discrete (Nabi, 2010). Dimensional perspectives regard emotion as a linear motivational state characterized by negative/ positive, approach/withdraw, pleasure/displeasure, or high/low activation dimensions (Nabi, 2010). However, some scholars believed that only conceptualizing emotion in terms of degree and valence is not enough (Goodall, 2013; Roseman, 1984), so they introduced discrete emotion theories into this field (see Dillard & Nabi, 2006; Nabi, 1999, 2002b, 2003, 2010). Discrete views are rooted in functional emotion theories (Nabi, 1999), and emphasize categorical emotional states evoked through person-environment interactions (Nabi, 2003, 2010). Such perspective holds that the subjective emotional experience is based on individuals’ appraisal of the person-environment relationship
That means, perceptions of an object or event begin from appraising its relevance to one’s personal goals (Dillard & Nabi, 2006). A particular appraisal pattern leads to a certain state of action readiness or tendency (Nabi, 2010). These action tendencies can arouse, sustain, and direct physiological changes that influence future perceptions, cognitions, attitudes and behaviors, and keep those changes in accordance with the emotion’s particular action tendencies (Nabi, 2002a, 2010). In this way, unique emotions relate certain appraisal patterns and outcomes together, and therefore help us predict the onset and outcomes of certain emotional experiences effectively (Nabi, 2002a). When an individual judges the environment to contradict his or her goals, negative emotions will result; and vice versa (Dillard & Nabi, 2006). For example, if one experiences air accidents, one is likely to feel fear when taking a flight. If one loses his or her best friend, he or she is likely sad. If one cheats on his or her parents or partner, he or she may feel guilty. By knowing the emotional state resulting from one’s judgement between personal goals and the environment, we can further predict the attitude, belief or behavioral outcomes (Dillard & Nabi, 2006). For the first example, we could anticipate avoidance behavior (such as, avoiding air travelling); for the second, a mourning behavior could be expected; and for the last one, we can expect an act of contrition or compensation. With these outcomes, the persuasive function of emotion can be supported.

Being different from the dimensional perspective, discrete views hold that each particular emotion has unique appraisal pattern, subjective experience and action tendency (Nabi, 2003). Even two emotions of the same valence (e.g., negative emotions of fear and anger) have markedly different effects on individual’s perceptions, attitudes, beliefs and behaviors (Nabi, 1999, 2010). Therefore, those emotions with unique onset-outcome approaches are considered as discrete emotions. Contemporary research has clearly demonstrated that fear, anger, sadness,
disgust, guilt and joy are discrete emotions (Nabi, 2002b). For instance, anger and fear, although both negative emotions, are associated with different patterns of information accessibility and information processing depth (Nabi, 2003). Fear comes when individual face threats, and thus elicits protective responses, while anger, which is evoked when facing the obstacles or offences, often motivates individuals to fight against the source of transgression or interference (Nabi, 2002a, 2010). In addition, they also have different impacts on risk assessment, with fear resulting in more pessimistic judgments, and anger resulting in more optimistic perceptions (Lerner & Keltner, 2001). Anger and sadness, posited by Small and Lerner (2008), cause different policy preferences. Disgust is generally believed to be generated from the ingestion of a noxious idea or object, and encourages individuals to turn away from the object; while anger arises from offense or goal blockage, and results in retributive action (Nabi, 2010).

Based on the functional emotion approach, Lazarus (1991) proposed that emotions have a core relational theme which works as an important eliciting factor and predictor of individuals’ emotional response (e.g., the core theme for fear is “concrete and sudden danger of imminent physical damage,” for anger it is “demeaning offense against me and mine,” for sadness it is “physical or psychological loss or separation,” for disgust it is “objects or ideas that are either organically or psychologically spoiled” (see Nabi, 2002b, 2003). Once a certain emotion is activated, according to functional emotional theories, its associated action tendency will arise with a goal to realize one’s emotional goal as well, and eventually shape the way in which individuals process information (Nabi, 2003). Therefore, if a message contains key features that can evoke particular emotions, then, “repeated pairing of certain emotions with particular ideas or events” (Nabi, 2003, p. 227) could work exactly as message framing -- particular emotion patterns are infused into messages, which promote the salience of selected pieces of information
over others and thus encourage different problem definitions, causal interpretations, and
treatment recommendations (Entman, 1993; Nabi, 2002b).

Within this paradigm, several emotional appeals that are widely used in various
advertising contexts could be considered as discrete. According to Lazarus (1991), persuasive
messages with emotional appeals work effectively to introduce audiences a set of negative
emotions (e.g., fear, guilt, sadness) and positive emotions (e.g., happiness, relief, and hope), Nabi
(2002b) reviewed previous theoretical and empirical work that is related to each emotion, and
provided a systematical map for emotional appeals in persuasion context.

Based on Nabi’s research (2002b), the emotion of fear is aroused when people believe
that they are threatened physically or psychologically, and the situation is perceived to be out of
control. Fear appeal is the most thoroughly studied emotional appeal in persuasion context. Also,
it was used as the main theoretical framework for this study. Therefore, more details about this
appeal were discussed in next section. By comparison, other negative emotions such as guilt and
sadness have not gained enough attention from communication scholars yet. Guilt is aroused
when people violate their internalized moral, ethical or religious code (Nabi, 2002b; Lazarus,
1991). It is usually experienced in the context of interpersonal relationship and has a positive
influence on relationship-enhancing behavior (Nabi, 2002b; Tangney, Miller, Flicker, & Barlow,
1996). The action tendency associated includes making reparation for the harm done and seeking
punishment for one’s wrongdoing (Izard, 1977; Nabi, 2002b). Sadness arises from a loss or
failure, either physical or psychological, either real or imagined (Izard, 1977; Lazarus, 1991;
Nabi, 2002b). It elicits the action tendency of inaction or withdrawal into oneself for comfort or
careful thought about that which is lost (Frijda, 1986; Izard, 1977; Lazarus, 1991; Nabi, 2002b).
Sadness has positive influence on social cohesion and social bond maintenance by forcing people
to seek solutions or help from others (Izard, 1977; Lazarus, 1991). But chronic sadness may lead to maladaptive outcomes (Nabi, 2002b).

In terms of positive emotional appeals, happiness, relief, and hope have been identified as message-relevant discrete emotions that could be intentionally evoked by a specific occurrence in a persuasive context. *Happiness* comes from the state of gaining or making progress towards what one desires (Nabi, 2002b). It could be elicited by achievement, familiar objects, and the reduction of negative affect, but also is associated with personality, cognitive differences and cultural factors (Lazarus, 1991). As “happiness generates feelings of confidence, expansiveness, and openness, and it promotes trusting and sharing behavior” (Nabi, 2002b, p.296), it is often used to promote or maintain strong social bonds for a persuasion purpose (Izard, 1977). *Relief*, according to Lazarus (1991) and Nabi (2002b), can be seen as a state of the alleviation of emotional distress. It is a unique positive emotion taking place after the trouble has been resolved or the adverse situation has been reversed. The action tendency associated is inaction - “a slumping of the body with the release of tension and cessation of vigilance” (Nabi, 2002b, p.297). *Hope*, as relief, roots in negative circumstances, representing a better expectation for the future than what currently is (Lazarus, 1991). It is often associated with the feeling of yearning, approach response, and the desire of positive outcomes (Nabi, 2002b). Although hope helps to mitigate mental stress and emotional distress, the excessive pursuit of a better situation would keep one from the realistic world (Nabi, 2002b).

**Fear Appeals**

As mentioned above, there are very few studies on abortion ads in China in literature. Even less attention has been paid to the advertising messages communicated. However, the limited studies done by Chinese communication scholars do indicate that the fear appeal is one
of the most used persuasive strategies in Chinese abortion ads. For example, Chen’s qualitative study on this topic in 2013 showed that one of the dominant advertising themes often used in abortion ads emphasizes the threat of unexpected pregnancy particularly to the romantic relationship. So, given the emergence of the threat theme in this context, it must be instructive to investigate how threat is portrayed in these advertisements. As we know that fear is elicited by a strong and relevant threat, fear appeal theory, namely, the Extended Parallel Process Model has been selected as the theoretical framework for this study.

According to Nabi (2002b), fear is often evoked when individuals are threatened physically or psychologically, or both, and when threats are out of control. “Threat situations might be learned or innate, and individuals’ response to threats are determined by biological factors and sociocultural context as well as individual differences and experiences” (Izard, 1977, see Nabi, 2002b, p.291). Once fear’s action tendency is generated by a threat agent, maladaptive or adaptive behaviors would be activated based on the desire for protection (Hale & Dillard, 1995; Nabi, 2002a, 2002b).

As one of the most common negative emotions across cultures, fear has received great attention from media researchers and message producers. Hovland, Janis, and Kelley started the research of the effects of fear arousal on attitude change in 1953. Since then, numbers of theoretical models addressing the cognitive influences of fear have been proposed (such as family-of-curves model, parallel processing model, protection motivation theory; see Nabi, 1999). Tomkins (1984) considered fear the most “compelling persuader” (p. 10). Izard (1993) depicted its influences on individuals’ behavioral pattern through “organizing and directing cognitive process.” Besides, producers of media messages also believe the persuasiveness of fear-eliciting information on health promotion. For instance, Freimuth, Hammond, Edgar, and
Monahan examined the content of public service announcements (PSAs) on AIDS in 1990 and found that 26% of the PSAs included fear-appeal elements. Backer, Rogers, and Sopory interviewed 30 message producers of health communication campaigns in 1992 and found that some of them believed strongly in the persuasiveness of fear appeals. Therefore, the use of fear appeals to persuade is widespread in the media world (Hale & Dillard, 1995).

A fear appeal is a means of persuasion that highlights the physical, psychological, or social negative consequences one person will suffer if he or she fails to comply with message recommendations (Hale & Dillard, 1995; Thornton, 2005). For example, an anti-drug advertisement with fear appeals could threaten the audience with the negative influence of drug use (such as death, financial loss, social ostracism). The main emotion evoked by fear appeals is fear, but the feeling of shock, anger, sadness or disgust may also be induced based on the way it is framed in an advertisement (Thornton, 2005).

The basic structure of a fear appeal, according to Hale and Dillard (1995), generally includes two components: threat and efficacy. Threat is used to arouse the emotion of fear. It should entail a truly physical or social harm caused by not complying with the appeal’s recommendations (it could be defined as severity, addressing the seriousness and magnitude of a danger), as well as a personalization of the risk to the target audience (it could be defined as Susceptibility, aiming to make audience feel vulnerable or susceptible to the harm) in order to accomplish fear arousal. Efficacy addresses the agent to comply with message recommendations, comprising self-efficacy which concerns individual’s belief about whether he or she has the ability to apply message recommendations, and response efficacy, which highlights the ability of message recommendation to reduce or eliminate the threat. These components can be organized and framed in various ways within a persuasive message. For instance, it can be classified into
fear-only appeal, fear-partial relief appeal, and fear-relief appeal pattern in terms of whether
efficacy components are included in an advertisement (Thornton, 2005); it can also be
categorized as low-, moderate-, and high-fear appeal based on the severity of negative
consequence depicted in a message (Hale & Dillard, 1995).

However, as the relationship between fear and persuasion is complex, the fear-
persuasiveness correlation cannot be identified in every situation. Communication researchers
agree that an effective fear appeal must include all components listed here, namely, a severe and
recognizable threat, vulnerability of individuals to the threat, personal efficacy, and response
efficacy (Hale & Dillard, 1995; Nabi, 2002b; Witte, 1992). For example, Hale and Dillard (1995)
recommended a problem-solution pattern as the most effective way to organize those
components in a persuasive message. The problem portion of the message should address the
threat and the perceptions of vulnerability to the threat, while the solution portion of the message
should recommend solution and accessibility to avoid/eliminate the threat. This fear-appeal
pattern, explained by Hale and Dillard (1995), is easy for audiences to understand and follow,
therefore, works well to persuade individuals to accept recommended messages. At the same
time, Job (1984) argued that addressing threat information without suggesting what could be
done in its place does not provide direction to healthier behavior; instead, it might cause
audiences to minimize or ignore the threat as a coping mechanism (Jani & Feshbach, 1953).
Leventhal (1971) posited that fear-arousing content triggers two cognitive process in audiences -
fear (threat) control and danger control. Fear control refers to a need to reduce the emotion of
fear while danger control refers to a need to reduce the negative consequences depicted in
message. Targets of fear appeals can be engaged in either, or both. All these assumptions and
models indicate a consistent and predictable mechanism behind the effect of fear appeals, but do
not map the conditions under which intended, unintended, or no persuasiveness of fear appeals occur (Hale & Dillard, 1995).

**The Extended Parallel Process Model (EPPM): The Theoretical Framework**

Witte (1992) constructed the Extended Parallel Process Model (EPPM) to explain conditions under which fear appeals may succeed or fail to persuade individuals. Grounded in Leventhal’s (1970) danger/fear control framework, the EPPM adopts the concepts of threat and efficacy as the key constructs (Witte, 1994, 1992). It also posits that a fear appeal initiates two appraisals - fear control and danger control.

According to EPPM, two distinct processes might occur when fear is aroused by health risk messages (Leventhal, 1971; Witte, 1992; Witte, Meyer & Martell, 2001). They are fear control process and danger control process. Fear control could be activated if persons’ appraisal of threat or harm elicits moderate or high fear. Then, individuals are motivated to do the second appraisal, evaluating the efficacy of the message recommendation. The extent to which danger control could be activated depends on the perceived efficacy of persuasive messages. If people believe the recommendation is an effective way to avoid or avert threat, they would comply with these recommendations. But if they are not confident with their own ability or the effectiveness of recommendations, which means if the perceived efficacy is low, people would choose to cope with their fear instead. In brief, both perceived threat and perceived efficacy influence the persuasiveness of the message. High perceived threat and high perceived efficacy lead to a problem-solving process by complying with the recommendation of the persuasive message; high perceived threat and low perceived efficacy lead to a problem-avoiding process by engaging in maladaptive responses (e.g., denial, avoidance, distraction); with low-perceived-threat
messages, neither threat control nor danger control would be triggered because it will not evoke the emotion of fear (Witte & Allen, 2000).

Accordingly, four factors (Witte, 1992) are identified in the EPPM to decide which process would prevail over the other: the severity of threat, the susceptibility to threat, self-efficacy and response efficacy. In this study, all the four factors are examined and discussed in the context of abortion advertising messages. A severity message shows the negative consequences of not accepting the recommended abortion service; for example, “complications after unsafe abortion cause 13% of maternal deaths.” A susceptibility message tries to convince the audience that they are at risk (Shi & Hazen, 2010); an extreme example would be “every year, 10,000 women suffer abortion complications by taking unsafe abortion surgeries and lose the ability to work.” For two efficacy factors, self-efficacy refers to audience’s belief that they are able to perform the recommended abortion service to avoid potential risks; response efficacy refers to the effectiveness of the recommended abortion service (Shi & Hazen, 2010; Witte, 1992). For instance, the message works on building self-confidence by saying “you can do it” or demonstrating emotional support from boyfriends or sisters are appealing to self-efficacy improvement; the message claiming that “the recommended abortion service is quick, painless, safe, and has no negative influence on physical health” addressing response efficacy.

To address the purpose of this study, the four key variables of the EPPM were used to outline how fear appeals are depicted in Chinese abortion ads. Even though the persuasion process of Chinese abortion ads remained untested here, the findings do have implications for how people might process and respond to the ads.
Chapter IV

Research Questions

By reviewing literature of framing theory, fear appeals and the EPPM, it is seen that researchers and practitioners can predict whether persuasive strategies used in advertising or marketing practice would be successful in achieving the communication goals or not. Thus, these frameworks are useful to assess the extent to which ads include messages about abortion that would prompt young women to adopt the recommended abortion services in this study.

According to Nabi (2002b, 2003) and Entman (1993), discrete emotions could be infused into messages and work as frames by promoting the salience and accessibility of selected pieces of information, and thus activate certain problem definition, causal interpretations, and treatment recommendations. Therefore, learning about emotion patterns framed in Chinese abortion ads would help to predict the target’s attitude and behavioral response to this persuasive method. Given that, I address the first research question as follows:

RQ1: What is the dominant emotion framed in Chinese abortion ads?

According to Nabi (2002b), Witte (1992, 1994) and Hale and Dalliard (1995), fear appeals are the most commonly used emotion patterns framed in persuasive messages. But the relationship between fear and persuasion is complex (Job, 1984; Leventhal, 1971; Hale & Dalliard, 1995). Either maladaptive responses, adaptive behaviors or adiaphoria might be generated from fear’s action tendency based on what structure and components of fear appeals are addressed in the persuasive process (Hale & Dillard, 1995; Nabi, 2002a, 2002b). In hence, mapping out the main fear-appeal patterns used in Chinese abortion ads is the premise to evaluate its persuasive effects.
Witte (1992, 1994, 2000) proposed EPPM as a theoretical approach to detect the relationship between fear appeals and persuasion. According to the EPPM, strong fear appeals coupled with high-efficacy messages produce the greatest behavior change, and the opposite results if strong fear appeals are coupled with low efficacy messages (Ngondo, 2009). Therefore, in order to learn about how fear appeals are framed in abortion ads, it is necessary to examine to what extent the persuasive messages covering in abortion ads address the threat- and efficacy-related information.

For threat, Witte (1992, 1994) posited that it is comprised of two underlying dimensions - perceived severity of the threat which refers to the significance and magnitude of the danger, and perceived susceptibility of the threat, which refers to the audience belief about their vulnerability to the harm. One well-known use of fear appeals emphasizes a harmful physical consequences of failing to adopt the recommended belief, attitude or behavior (Hale & Dillard, 1995; Thornton, 2005). Meanwhile, negative psychological influences and social influences are also often stressed. In the context of Chinese abortion ads, the risk or threat the target audience is facing is unexpected pregnancy taking place because of premarital sex, or the negative influence of unsafe abortion. So clarifying how negative influence of unexpected pregnancy and unsafe abortion is described in ads is a good way to examine how this threat is framed in Chinese abortion ads. Therefore, RQ2 was developed as follows:

RQ2: To what extent do Chinese abortion ads address physical, psychological and social harms of unexpected pregnancy or unsafe abortion?

At the same time, perceived susceptibility of the threat also matters a lot to individuals’ perception and cognition of threat-related messages (Hale & Dillard, 1995). According to Witte (1992), if the message demonstrates a negative outcome of the threat, but the target cannot relate
this harm to him or herself, then the fear appeal would fail. Hence, it could be predicted that, if the negative influence of unexpected pregnancy was not personalized to make the audience feel vulnerable or at risk, the persuasiveness of abortion ads would be weakened. Based on this assumption, RQ3 was asked as below:

RQ3: To what extent is the threat of unexpected pregnancy personalized in Chinese abortion ads?

Witte (1992) posited the two dimensions underlying efficacy as self-efficacy and response efficacy. In terms of self-efficacy, which refers to individuals’ beliefs about whether they can perform the message recommendation, the EPPM theory (Witte, 1992, 1994) states that if individuals’ belief about self-efficacy are high, they would like to deliberately and cognitively confront the threat, and apply what persuasive messages recommend into practice; if they believe themselves incapable of doing so, message rejection would be expected. Accordingly, self-efficacy components in a persuasive message can also influence individuals’ judgements and responses greatly. Therefore, RQ4 addresses how the self-efficacy component is framed in Chinese abortion ads:

RQ4: to what extent is self-efficacy addressed in Chinese abortion ads?

Response efficacy refers to individuals’ cognitions about the effectiveness of the message’s recommendations in avoiding or eliminating the threat. If the audience is confident about the recommended solutions, persuasive messages would be accepted. If not, persuasive messages would be rejected. Therefore, for efficacy examination (RQ5), it is important to know how the response-efficacy component is framed in Chinese abortion ads:

RQ5: to what extent is response efficacy addressed in Chinese abortion ads?
Chapter V

Methodology

Study Sample

Content analysis was used to evaluate how fear appeals and other emotional appeals appear in Chinese abortion ads. Advertisements included in this study sample were drawn from television advertisements directed at females with abortion needs on Youku.com. Established in 2006, Youku.com is the first-most-visited video-sharing website in China (Alexa, 2015). It includes millions of user-uploaded videos, as well as professionally produced licensed content from more than 65 Chinese TV channels (Youku, 2015). Therefore, Youku.com could be used as an online archive of abortion ads developed by various agencies and institutions in China.

Four key phrases were entered into Youku’s search engine: (a) “流产+广告” (abortion + advertisement), (b) “人工流产+广告” (induced abortion + advertisement), (c) “人流+广告” (induced abortion + advertisement), (d) “堕胎+广告” (induced abortion + advertisement). We got 432 initial outcomes and viewed all of them during the 3-month period from September through November in 2013. After excluding duplicates (n=84) and non-advertisement videos (n=162), we obtained 186 abortion advertisement clips. We then tried to download them, but 15 videos were deleted by their providers, resulting in 171 videos of abortion advertisements.

\[\text{The categories of (b), (c) and (d) are the same when translated into English, but they are different Chinese characters: “人工流产” is the professional term of induced abortion; “人流” is the abbreviation of “人工流产; “堕胎” is a more traditional way to say induced abortion.}\]
Table 1

<table>
<thead>
<tr>
<th>Region</th>
<th>AD Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shanxi</td>
<td>21</td>
<td>12.3%</td>
</tr>
<tr>
<td>Shandong</td>
<td>16</td>
<td>9.4%</td>
</tr>
<tr>
<td>Zhejiang</td>
<td>12</td>
<td>7.0%</td>
</tr>
<tr>
<td>Liaoning</td>
<td>11</td>
<td>6.4%</td>
</tr>
<tr>
<td>Guangdong</td>
<td>10</td>
<td>5.8%</td>
</tr>
<tr>
<td>Jiangxi</td>
<td>10</td>
<td>5.8%</td>
</tr>
<tr>
<td>Sichuan</td>
<td>9</td>
<td>5.3%</td>
</tr>
<tr>
<td>Anhui</td>
<td>8</td>
<td>4.7%</td>
</tr>
<tr>
<td>Fujian</td>
<td>8</td>
<td>5.3%</td>
</tr>
<tr>
<td>Hunan</td>
<td>7</td>
<td>4.1%</td>
</tr>
<tr>
<td>Gansu</td>
<td>6</td>
<td>3.5%</td>
</tr>
<tr>
<td>Henan</td>
<td>6</td>
<td>3.5%</td>
</tr>
<tr>
<td>Hubei</td>
<td>6</td>
<td>3.5%</td>
</tr>
<tr>
<td>Guangxi</td>
<td>5</td>
<td>2.9%</td>
</tr>
<tr>
<td>Jiangsu</td>
<td>5</td>
<td>2.9%</td>
</tr>
<tr>
<td>Jilin</td>
<td>4</td>
<td>2.3%</td>
</tr>
<tr>
<td>Hebei</td>
<td>3</td>
<td>1.8%</td>
</tr>
<tr>
<td>Heilongjiang</td>
<td>3</td>
<td>1.8%</td>
</tr>
<tr>
<td>Tianjin</td>
<td>3</td>
<td>1.8%</td>
</tr>
<tr>
<td>Xinjiang</td>
<td>3</td>
<td>1.8%</td>
</tr>
<tr>
<td>Chongqing</td>
<td>2</td>
<td>1.2%</td>
</tr>
<tr>
<td>Guizhou</td>
<td>2</td>
<td>1.2%</td>
</tr>
<tr>
<td>Neimenggu</td>
<td>2</td>
<td>1.2%</td>
</tr>
<tr>
<td>Yunnan</td>
<td>2</td>
<td>1.2%</td>
</tr>
<tr>
<td>Beijing</td>
<td>1</td>
<td>0.6%</td>
</tr>
<tr>
<td>Ningxia</td>
<td>1</td>
<td>0.6%</td>
</tr>
<tr>
<td>Shanghai</td>
<td>1</td>
<td>0.6%</td>
</tr>
<tr>
<td>Shaanxi</td>
<td>1</td>
<td>0.6%</td>
</tr>
<tr>
<td>Untold</td>
<td>3</td>
<td>1.8%</td>
</tr>
<tr>
<td>Total</td>
<td>171</td>
<td>100.9%</td>
</tr>
</tbody>
</table>

Note. a. There are 34 province-level administrative divisions in China, classified as 22 provinces, 4 municipalities, 5 autonomous regions, 2 Special Administrative Regions, and the claimed Taiwan Province. Regions not listed in this table include Qinghai Province, Hong Kong Special Administrative Region, Macau Special Administrative Region, Tibet Autonomous Region, Hainan Province and the claimed Taiwan Province.

b. Guangxi, Neimenggu, Ningxia, and Xinjiang are also called Guangxi Zhuang Autonomous Region, Inner Mongolia Autonomous Region, Ningxia Hui Autonomous Region, Xinjiang Uyghur Autonomous Region.

c. Beijing, Tianjin, Chongqing, and Shanghai are the four municipalities.

d. Since the figures in the table are rounded to the nearest one decimal place, the total percentage exceeds 100.0%.

Based on the TV stations’ logos and the address information of recommended medical institutions in each advertisement, it was determined that all 171 abortion advertisements had been broadcasted on Chinese terrestrial channels. Table 1 shows the regional information of these 171 abortion ads included in this analysis. This collection represents a wide variety of ads from nearly 80% of the province-level administrative divisions of China, including all divisions
with the highest populations (see Table 1, Appendix A). Although we recognize that this sample of ads is not exhaustive, we are confident that they represent the types of abortion ads being viewed by a large proportion of the Chinese population. Of these 171 advertisements, 45 were 15-sec, 8 were 60-sec, and the vast majority, 116, were 30-sec advertisements. Two (1.2%) had lengths over 60 seconds.

**Recording Units**

The aim of this study is to assess emotional appeals adopted in Chinese abortion ads in the framework of the EPPM and framing theory. For each ad, any verbal message or image-based performance was examined if depicting (1) emotional themes; (2) the severity of the threat, which addresses the negative consequences of unexpected pregnancy or unsafe abortion; (3) the susceptibility of the threat, which indicates the likelihood that an individual might suffer the negative consequences of an unexpected pregnancy; (4) self-efficacy, which is the personal belief that members of the target audience are able to perform the recommended abortion service to avoid potential risks; (5) and response efficacy, which is the belief that the recommended abortion service is an efficacious solution. Therefore, the unit of analysis could be words, phrases, sentences, paragraphs, or images that refer to any of these thematic categories.

**Coding System**

The content analysis categories used in this study were all derived from previous content analysis research studies. Cohen, Shumate, and Gold (2007), Stephenson’s (2002), and Freimuth (1990)’s categories were combined and adjusted based on the nature of this sample for affective appeal and fear appeal operationalization.

**Target audience.** The target audience was defined as the population to which one abortion advertisement appeals. The category scheme is based on previous study and a review of
abortion advertisements in the sample. The categories within the scheme were mutually exclusive and exhaustive. Each abortion advertisement was coded only once for a target audience of “married female with an unexpected pregnancy,” “married male whose wife gets an unexpected pregnancy,” “a married couple,” “unmarried female with an unexpected pregnancy,” “married male whose partner gets an unexpected pregnancy,” “an unmarried couple,” “female with an unexpected pregnancy, but not sure she is married or not,” “male whose partner gets an unexpected pregnancy, but not sure he is married or not,” or “a couple, but not sure they are married or not.” Cues used to determine the target audience included direct references (e.g., if you experience unexpected pregnancy due to premarital sex), and the relationship between the people indicated in advertisements (e.g., a couple fell in love with each other, and the female found herself pregnant two months later). If it is depicted that the woman looked for the abortion service on her own, then the target audience of this advertisement was coded as “unmarried females with an unexpected pregnancy”). If no specific audience was identified, it was coded as “general (not sure who it is aimed at).”

**Affective appeal.** Coders were also asked to identify the affective appeal framed in the entire advertisement. If multiple affective appeals were presented, all of them were coded. According to Nabi (2002b), emotional appeals adopted in the persuasion context could be divided into two general categories: negative emotions and positive emotions. Negative emotional appeals include: (a) *fear*, which is characterized by indicating that one’s physical or psychological self is threatened or hurt, and the threatening situations are out of one’s control (Nabi, 2002b, p. 291). Therefore, abortion advertisements with the aim to frighten were coded into this category. For example, an abortion ad may highlight that “there is a high physical and mental cost involved and many of the young women who have unsafe abortions are not always
fully aware of these consequences.” (b) guilt, which is characterized by a gnawing feeling that one has done something wrong as well as an action tendency to atone or make reparation for the harm done (Nabi, 2002b, p. 292). Ads were coded as guilt appeal if wrongdoing and reparation plots were both framed. For example, an ad may show that the male partner blamed himself when he got his girlfriend pregnant unexpectedly in ads. (c) sadness, which is characterized by a feeling of isolation, wistfulness and a sense of unhappiness, with an action tendency of inaction or withdrawal into oneself to solicit comfort or dwell on that which was lost (Nabi, 2002b, p. 294). Therefore, advertisements that showed an emotionally unhappy scene to elicit heartache or anguish were coded into this category (Cohen, Shumate, & Gold, 2007). For example, an ad may demonstrate that a couple feels distressed and sad due to the unexpected pregnancy because they will never enjoy the pure pleasure and love again.

Positive emotional appeals include: (a) happiness, which is characterized as an emotional state of “gaining or making progress towards what one desires” (Nabi, 2002b, p. 295). Advertisements aiming to put receivers in a happy state were coded into this category. For example, an ad may demonstrate a couple hugging, laughing and kissing each other after taking the recommended abortion service. (b) relief, which “occurs after a goal-incongruent condition has been resolved” (Nabi, 2002b, p.297) and accordingly is associated with “the alleviation of emotional distress” (Nabi, 2002b, p.297). Advertising messages that presented a trouble-resolved scene to relieve stress were identified as relief appeal. For example, a woman in an ad says “I’m so relieved after taking the recommended abortion service at XXX hospital”. The difference between the relief appeal and the happiness appeal is the presentence of emotional distress caused by unexpected pregnancy or unsafe abortion. Advertising messages were coded as relief as well as happiness if both of the emotional distress and the trouble-resolved scene were clearly
described. The only presentence of the trouble-resolved scene without emphasizing the emotional distress was coded as happiness. (c) hope stems from negative circumstances and represents a desire for a better situation when the odds are against a positive outcome (Nabi, 2002b, p. 297). It is often associated with uncertain future expectation and a feeling of yearning (Nabi, 2002b, p. 297). Therefore, advertisements that demonstrated negative circumstances and an expectation of the desired outcome were coded into this category. For example, when a woman feels sad or scared because of the unexpected pregnancy, she is told that XXX hospital could help her solve this trouble easily.

Those ads that cannot be identified as any subcategory listed above were coded as “other effective appeals” with brief descriptions about the specific emotional appeal adopted.

**Severity.** Severity was operationally defined as any reference (either verbal arguments or visual depiction, or both) to seriousness or danger of a threat (Goodall, Sabo, Cline, & Egbert, 2012; Shi & Hazen, 2012). Accordingly, abortion ads were coded to indicate whether reference was made to negative consequences of unexpected pregnancy or unsafe abortion. If presented, ads were also coded to indicate whether they made reference to (a) physical suffering (harm physical health, e.g., haemorrhage, sepsis, peritonitis, trauma to the cervix, vagina, uterus, abdominal organs, ectopic pregnancy, and premature delivery), (b) social consequences (e.g., ruin future career achievement, economic difficulties, moral judgement, lose or hurt family/friend/partner), or (c) emotional suffering (e.g., guilt, sadness, anxiousness, helplessness, depression, or frustration when experiencing unwanted pregnancy).

**Susceptibility.** Susceptibility was defined as any reference to the likelihood that an individual might suffer the negative influence of a certain threat. To examine the susceptibility of suffering negative consequences of an unexpected pregnancy mentioned in Chinese abortion ads,
coders looked for the following messages addressed in abortion ads: (a) *factual example*, which indicates stories or cases that “did happen and was witnessed” (Huber & Snider, 2006, p. 72) (e.g., shows that a couple were unhappy because they found the woman got an unexpected pregnancy); (b) *hypothetical example*, which “refers to narratives based on certain given setting but did not happen yet” (Giovannoli, 2000; Quick, 2010; Shi & Hazen, 2012), (e.g., ask audience “have you ever thought about what you should do if you get an unexpected pregnancy”); (c) *statistics*, which refer to “numbers or quantitative summary of a large number of instances” (O’Keefe, 2002, p.229), (e.g., say “50% of pregnant women suffer various complications caused by unsafe abortion each year”).

**Self-efficacy.** Abortion ads were also coded to determine if they helped strengthen target audiences’ beliefs that they are able to perform the recommended abortion service to avoid potential risks. The subcategories for self-efficacy include: (a) *self-confidence building*, promoting self-confidence emotionally (e.g., say “you can do it!” or demonstrate emotional support from boyfriends or sisters); (b) *information accessibility*, “recommending ways to access help/treatment/more knowledge (e.g., call 800xxxxxx)” (Shi & Hazen, 2012, p.68); (c) *security*, claiming that patients’ work, security and privacy will not be affected, (e.g., say the recommended abortion service “does not affect the life and work, without any side effects”); (d) *economic appeals*, providing price or discount information (e.g., students have discount).

**Response efficacy.** Consistent with Witte (1992), response efficacy was coded if the effectiveness of abortion services were talked about in ads. The subcategories are: (a) *effectiveness*, claiming that the recommended abortion service is quick, painless, safe, and has no negative influence on physical health; (b) *social-psychological enhancements*, showing that the recommended abortion service helps target audience to enjoy their romantic relationship and
guilt-free pleasure effectively by solving the burden of unwanted pregnancy; (c) *technology appeals*, highlighting the advanced technology used for abortion treatment (e.g., technology from USA, Germany, Japan, Korea, Australia, Britain, France); (d) *expertise*, displaying the high professionalism and rich experience that abortion providers have (e.g., 20 years of experience, all female physicians, experts on women’s health, hundreds of operations without any medical accidents); (e) *reputation*, indicating the high reputation of the recommended medical institution (e.g., contract hospitals with health insurance, recommended by National Reproductive Health Project, National one-child planning professional institution, the member of British Royal Maternity Association, or a "Grade-III Class-A" hospital).

All the categories and subcategories listed above are not mutually exclusive because it is entirely possible that each abortion ad covers more than one category. For instance, it can address both severity and response-efficacy simultaneously. It can also mention the high reputation of the recommended medical institution as well as the advanced medical technology they provide at the same time. Figure 1 (Appendix A) is the overall design of this content analysis.

**Procedure and Reliability**

Ads in the sample were labeled numerically, from 1 to 171, in order to be identified easily in the coding process. The development of the coding sheet was based on Shi and Hazen’s (2012) study, wherein they content-analyzed 2008 Chinese anti-smoking campaign posters under the guidance of the EPPM. The coding book was originally developed in English and was translated into Chinese by the author. Using the “back translation” technique suggested by Brislin (1980), the quality of the translation was examined by having another native Chinese graduate student from Kent State University translating it back into English. The two English
versions were compared and analyzed. Differences were resolved after two translators’ brief discussion.

The two translators were trained as coders in this study, and the Chinese coding book was used for coding work later. Twelve ads were selected from the sample for coding-training purpose, using a table of random numbers (Frey, Botan, & Kreps, 2000; Shi & Hazen, 2012). These 12 ads were excluded from the final analysis for the concern that coders’ judgements in the actual coding process would be impacted by their first decisions on coding categories (Riffe, Lacy, & Fico, 2005; Shi & Hazen, 2012). Therefore, the number of abortion ads used for analysis in this study is 159.

These two coders were trained to use the coding instrument together first. They then watched 12 abortion ads and discussed the operationalization of each variable listed in the coding book. The coding book was modified to clarify some categories during this training period (Cohen, Shumate, & Gold, 2007). In the next one week, two trained coders viewed and coded 40 abortion advertisements in the sample separately with the revised coding list. For each coding disagreement, they watched the advertisement together, and discussed each case until consensus was reached. The intercoder reliabilities were calculated before the disagreements were discussed (Quick, 2010). After excellent reliabilities were reached, the author solely coded the remaining abortion ads.

To test the intercoder reliability, Krippendorff's alpha (1970) was adopted. According to Hayes and Krippendorff (2007), Krippendorff’s alpha generalizes across scales of measurement and can be used regardless of the number of observers, the absence of missing data, sample size and the level of measurement. The intercoder reliability was .86, for target audience, .82 for emotional appeals, .88 for severity, .94 for susceptibility, .92 for self-efficacy, and .91 for
response-efficacy. According to Capozzoli, McSweeney, and Sinha (1999), “values greater than 0.75 or so may be taken to represent excellent agreement beyond chance, values below 0.40 or so may be taken to represent poor agreement beyond chance” (p.6).

**Data Analysis Strategy**

SPSS 16.0 was employed for data collection and analysis. Chi square tests were conducted to examine whether each factor differed in frequency.

**Chapter VI**

**Results**

**Descriptive Statistics of Content Sample**

Of the 159 Chinese television abortion ads examined, 39.6% (n = 63) targeted female audiences who had unexpected pregnancies, 16.4% aimed at couples (n = 26), and 11.9% (n = 19) chose males whose girlfriends or wives had unexpected pregnancies as their target population (see Table 2). Additionally, 32.1% ads (n = 51) did not clarify the target consumer population of their abortion services. The marital status of the target audience cannot be clearly identified in most abortion ads. Only two advertisements in the sample clearly claimed that their abortion services were mainly provided to married females or couples.

Table 2 also shows that emotional appeals were used frequently in Chinese television abortion ads (83.0%, n = 132). Fear appeals were identified in 116 ads (73.0%), while hope appeals were used in 102 ads (64.2%). The emotions of happiness (46.5%, n = 74), sadness (36.5%, n = 58), and relief (28.9%, n = 46) were also addressed frequently. Guilt was addressed the least amount - only 10.1% of the 159 Chinese abortion ads (n = 16) contained guilt appeals.

The EPPM construct was adopted prevalently in Chinese television abortion ads (see Table 2). About 68.0% of ads in the sample (n = 108) included all the severity, susceptibility,
self-efficacy and response efficacy messages in a single ad. Results also show that for the 159 Chinese television abortion ads analyzed, severity messages were the least likely to be mentioned (73.6%, n = 117), followed by susceptibility messages (81.8%, n = 130). Almost all abortion ads examined included self-efficacy (98.7%, n = 157) and response efficacy information (98.7%, n = 157) about the recommended abortion services.

Table 2

Content Sample Descriptives (n = 159)

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target Audience</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female(^a)</td>
<td>63</td>
<td>39.6%</td>
</tr>
<tr>
<td>General</td>
<td>51</td>
<td>32.1%</td>
</tr>
<tr>
<td>Couple(^b)</td>
<td>26</td>
<td>16.4%</td>
</tr>
<tr>
<td>Male</td>
<td>19</td>
<td>11.9%</td>
</tr>
<tr>
<td><strong>Emotional Appeals</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fear</td>
<td>116</td>
<td>73.0%</td>
</tr>
<tr>
<td>Hope</td>
<td>102</td>
<td>64.2%</td>
</tr>
<tr>
<td>Happiness</td>
<td>74</td>
<td>46.5%</td>
</tr>
<tr>
<td>Sadness</td>
<td>58</td>
<td>36.5%</td>
</tr>
<tr>
<td>Relief</td>
<td>46</td>
<td>28.9%</td>
</tr>
<tr>
<td>Guilt</td>
<td>16</td>
<td>10.1%</td>
</tr>
<tr>
<td>Other(^c)</td>
<td>20</td>
<td>12.6%</td>
</tr>
<tr>
<td><strong>Messages with EPPM Components</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severity</td>
<td>117</td>
<td>73.6%</td>
</tr>
<tr>
<td>Susceptibility</td>
<td>130</td>
<td>81.8%</td>
</tr>
<tr>
<td>Self-efficacy</td>
<td>157</td>
<td>98.7%</td>
</tr>
<tr>
<td>Response efficacy</td>
<td>157</td>
<td>98.7%</td>
</tr>
<tr>
<td>All four types</td>
<td>108</td>
<td>67.9%</td>
</tr>
</tbody>
</table>

Note. \(^a\) Among all Chinese abortion ads targeting female audiences, one advertisement (0.6%) specifically aimed at married females. \(^b\) Of all Chinese abortion ads targeting couples, one advertisement (0.6%) specifically aimed at married couples. \(^c\) Other emotional appeals used in Chinese abortion ads include anxiety (n=13), depression (n=3), anger (n=2), and love (n=2).

**Research Question 1**

The first research question sought to find out the most common emotional appeals used in Chinese television abortion ads. Table 2 shows that fear appeals were the dominant emotional
 frameworks adopted – 73.0% of ads in the sample (n = 116) addressed the emotion of fear, and of which, 93.1% (n = 108) were featured with all four constructs of the EPPM.

**Research Question 2**

Research question 2 focused on how severity of unexpected pregnancy or unsafe abortion was addressed in Chinese television abortion ads by examining the extent to which Chinese abortion ads include physical, psychological, and social harms of unexpected pregnancy or unsafe abortion. Results of RQ2 are presented in Table 2 and Table 3.

Overall, the severity of unexpected pregnancy or unsafe abortion was discussed frequently in Chinese television abortion ads (n = 117). Of such advertisements, a majority (87.2%, n = 102) described the emotional sufferings of unsafe abortion or unexpected pregnancy (e.g., fear, anxiety, guilt, depression, and sadness), 40.2% (n = 47) mentioned the social impacts of unsafe abortion or unexpected pregnancy, and fewer than 30.0% of abortion ads in the sample (n = 34) referred to physical risks of unsafe abortion.

Four specific social costs were developed under the “social suffering” category (see Table 3). The results show that the negative influence of unexpected pregnancy on romantic relationship was highlighted frequently in abortion ads. Of the 47 abortion ads with social influence information, 89.4% (n = 42) focused on the deterioration of romantic relationships caused by unexpected pregnancy. Followed is *gender norms* - 29 abortion ads (61.7%) expressed or implied that male partners would be under great moral pressure if their girlfriends or wives had unexpected pregnancies, and they should take the main responsibility of this “man-made trouble.” Additionally, 3 abortion ads (6.4%) discussed the negative influence of unexpected pregnancy/unsafe abortion on career development, and 2 ads (4.3%) described the financial burden that unexpected pregnancy and child-bearing would bring to individuals.
For physical suffering messages, 14 abortion ads talked about the minor physical injuries caused by unsafe abortion (e.g., tummy ache and uncomfortable conditions which do not require hospitalization or professional care), 12 abortion ads discussed complications of unsafe abortion (e.g., haemorrhage, sepsis, peritonitis, trauma to the cervix, vagina uterus, abdominal organs, ectopic pregnancy, and premature delivery that do require hospitalization or professional care), 12 abortion ads highlighted the life-threatening physical injuries caused by unsafe abortion (e.g., sepsis and haemorrhage that lead to infertility or even hysterectomy). No advertisement referred to the case fatality rates due to unsafe abortion.

Table 3

<table>
<thead>
<tr>
<th>Characteristics of Severity Messages in Chinese Television Abortion Ads (n = 117)</th>
<th>Frequency</th>
<th>Valid Percent</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical suffering</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minor injuries</td>
<td>14</td>
<td>42.4%</td>
<td>12.0%</td>
</tr>
<tr>
<td>Complications</td>
<td>12</td>
<td>36.4%</td>
<td>10.3%</td>
</tr>
<tr>
<td>Life-threatening injuries</td>
<td>12</td>
<td>36.4%</td>
<td>10.3%</td>
</tr>
<tr>
<td>Death</td>
<td>0</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Social influence</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ruin future career achievement</td>
<td>3</td>
<td>6.4%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Economic difficulties</td>
<td>2</td>
<td>4.3%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Gender norms</td>
<td>29</td>
<td>61.7%</td>
<td>24.8%</td>
</tr>
<tr>
<td>Lose or hurt partner</td>
<td>42</td>
<td>89.4%</td>
<td>35.9%</td>
</tr>
<tr>
<td><strong>Emotional suffering</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td>6</td>
<td>100.0%</td>
<td>5.1%</td>
</tr>
</tbody>
</table>

*Note. Others include “claiming that unexpected pregnancy seriously interferes with normal life (no specific impact was identified)” (n = 4), and “claiming that unsafe abortion has the long-term harm to women (no specific harm was identified)” (n = 2).*

**Research Question 3**

Since the EPPM indicates that severity and susceptibility together reflect threat, RQ3 focused on the extent to which the threat of unexpected pregnancy was personalized in Chinese television abortion ads. Results of RQ 3 can be found in Table 2 and Table 4.
Results show that the majority of Chinese television abortion ads (n = 130) in the sample contained susceptibility messages. Three types of susceptibility evidence were used in these ads (see Table 4). The factual examples (n = 81) are employed most to convince audiences that the likelihood of unexpected pregnancy is high. Forty-five ads used hypothetical examples to personalize the risk of unexpected pregnancy. Only 1 advertisement referred to the “quantitative summary of a large number of instances” (O’Keefe, 2002, p. 229). Table 4 shows the frequency results.

Table 4

<table>
<thead>
<tr>
<th>Characteristics of Susceptibility Messages in Chinese Television Abortion Ads (n = 130)</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Factual example</td>
<td>81</td>
<td>62.3%</td>
</tr>
<tr>
<td>Hypothetical example</td>
<td>45</td>
<td>34.6%</td>
</tr>
<tr>
<td>Statistics</td>
<td>1</td>
<td>0.8%</td>
</tr>
<tr>
<td>Other evidence</td>
<td>7</td>
<td>5.4%</td>
</tr>
</tbody>
</table>

Note. Other evidence refers to the qualitative summary of a large number of research findings or academic results.

Additionally, result from a one-sample Chi square test with comparison level of 50% showed that a significant difference was found among the employment of severity messages (n = 117) and susceptibility messages (n = 130) in Chinese television abortion ads, $\chi^2 (1, N = 159) = 51.056, p < .001$. Susceptibility messages were presented significantly more frequently than severity messages.

**Research Question 4**

The fourth research question focused on the presence of self-efficacy messages in Chinese television abortion ads. Results of RQ4 are shown in Table 2 and Table 5.

Findings indicate that the majority Chinese television abortion ads (n = 157, 98.7%) in the sample contained self-efficacy messages (see Table 2). All 157 ads aimed to strengthen
viewers’ effort to perform recommended abortion services by increasing the accessibility of abortion service information (e.g., providing health hotline/address/website information in ads). Additionally, 57 abortion ads adopted other women as role models or demonstrated emotional support from friends to promote self-confidence. Economic barriers were mentioned and refuted in 22 ads to convince audiences to carry out behaviors. Only 9 ads persuaded audiences to adopt recommended abortion services by stating the thorough privacy policy they provided to patients.

Table 5

Characteristics of Self-Efficacy Messages in Chinese Television Abortion Ads (n = 157)

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Valid Percent</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Self-confidence building</strong></td>
<td>57</td>
<td>100.0%</td>
<td>36.3%</td>
</tr>
<tr>
<td><strong>Information accessibility</strong></td>
<td>157</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td><strong>Privacy</strong></td>
<td>9</td>
<td>100.0%</td>
<td>5.7%</td>
</tr>
<tr>
<td><strong>Economic appeals</strong></td>
<td>22</td>
<td>100.0%</td>
<td>14.0%</td>
</tr>
<tr>
<td>Clear information on price</td>
<td>17</td>
<td>77.3%</td>
<td>10.8%</td>
</tr>
<tr>
<td>Clear discount information</td>
<td>1</td>
<td>4.5%</td>
<td>0.6%</td>
</tr>
<tr>
<td>No detailed price information</td>
<td>4</td>
<td>18.2%</td>
<td>2.5%</td>
</tr>
</tbody>
</table>

*Note. Seventeen ads provided clear price information of their abortion services. The lowest price is 30 RMB (about 5 USD), the highest price is 580 RMB (about 95 USD), and the average price is 335.1 RMB (about 55 USD).*

For the 22 ads with *economic appeals*, 17 ads provided clear price information for their abortion services; the lowest price was 30 RMB (about 5 USD), the highest price was 580 RMB (about 95 USD). One ad had a student discount. Other ads did not have clear information on price or discount.

**Research Question 5**

RQ5 investigated the frequency of response efficacy messages in Chinese television abortion ads. Results in Table 2 shows that almost all of the 159 ads (98.7%, n = 157) worked on response efficacy building.
Five primary strategies were used to promote perceived response efficacy in Chinese television abortion ads (see Table 6). Most ads (89.2%, n = 140) gave specific introduction of recommended abortion services, followed by technology information (77.1%, n = 121), and messages that make people believe that they could enjoy their romantic relationship and guilt-free pleasure effectively by solving the burden of unwanted pregnancy (74.5%, n = 107).

Additionally, 51 ads (32.5%) built high perceived response efficacy in the way to display the high professionalism and rich experience their abortion providers have, while 43 ads (27.4%) did so by indicating the high reputation of the recommended medical institution.

Table 6

<table>
<thead>
<tr>
<th>Characteristics of Response Efficacy Messages in Chinese Television Abortion Ads (n = 157)</th>
<th>Frequency</th>
<th>Valid Percent</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Effectiveness</strong></td>
<td>140</td>
<td>100.0%</td>
<td>89.2%</td>
</tr>
<tr>
<td>Quick</td>
<td>74</td>
<td>52.9%</td>
<td>47.1%</td>
</tr>
<tr>
<td>Painless</td>
<td>116</td>
<td>82.9%</td>
<td>73.9%</td>
</tr>
<tr>
<td>Safe</td>
<td>108</td>
<td>77.1%</td>
<td>68.8%</td>
</tr>
<tr>
<td>No complications</td>
<td>47</td>
<td>33.6%</td>
<td>29.9%</td>
</tr>
<tr>
<td>Day-to-day life will not be influenced</td>
<td>8</td>
<td>5.7%</td>
<td>5.1%</td>
</tr>
<tr>
<td>Others</td>
<td>18</td>
<td>12.9%</td>
<td>11.5%</td>
</tr>
<tr>
<td><strong>Social-psychological enhancements</strong></td>
<td>117</td>
<td>100.0%</td>
<td>74.5%</td>
</tr>
<tr>
<td><strong>Technology appeals</strong></td>
<td>121</td>
<td>100.0%</td>
<td>77.1%</td>
</tr>
<tr>
<td>Say the name of the technology</td>
<td>114</td>
<td>94.2%</td>
<td>72.6%</td>
</tr>
<tr>
<td>Say it is from developed countries</td>
<td>28</td>
<td>23.1%</td>
<td>17.8%</td>
</tr>
<tr>
<td>Say the function of technology</td>
<td>26</td>
<td>21.5%</td>
<td>16.6%</td>
</tr>
<tr>
<td><strong>Expertise</strong></td>
<td>51</td>
<td>100.0%</td>
<td>32.5%</td>
</tr>
<tr>
<td><strong>Reputation</strong></td>
<td>43</td>
<td>100.0%</td>
<td>27.4%</td>
</tr>
</tbody>
</table>

Note. Other information about effectiveness include green technology (n = 6), high cure rate (n = 5), quick recovery (n = 4), good to health (n = 2), and comfortable (n = 1).

Five specific functions were developed as sub-categories of *effectiveness* to explore the understanding of discourses of response efficacy. Table 6 suggests that *painless* and *safe* were mentioned frequently in Chinese television abortion ads, followed by *quick* (n = 74), and *no*
complication (n = 47). Only 8 ads indicated that the abortion services they recommended would not influence day-to-day work and life.

For technology information introduced in Chinese television abortion ads (n = 121), 114 cases in the sample had the name of abortion technology involved; 28 ads claimed that the abortion technology they used was imported from other richer countries; and only 26 ads gave the detailed explanation of the recommended abortion technology.

Additionally, result from a one-sample Chi square test with comparison level of 50% showed that no significant difference was found among the employment of self-efficacy messages (n = 157) and response messages (n = 157) in Chinese television abortion ads, $\chi^2 (1, N = 159) = .026, p = .872$. That means, where response efficacy messages were presented, self-efficacy messages were presented as well.

By grouping “severity” and “susceptibility” as “threat”, and “response efficacy” and “self-efficacy” as “efficacy,” a clearer picture of abortion advertising content could be seen. One-sample Chi square test shows that the employment of threat messages (n = 111) and efficacy messages (n = 155) in Chinese television abortion ads were not significantly different from each other, $\chi^2 (1, N = 159) = .052, p = .819$. Both “threat” and “efficacy” were addressed prevalently in these ads.

Chapter VII

Discussion

The purpose of the present content analysis is to examine and identify the content constructs of Chinese television abortion ads through the lens of emotional appeals and the Extended Parallel Process Model. Various emotional appeals (fear, guilt, sadness, happiness, relief, and hope) and four factors of EPPM (the severity of threat, the susceptibility of threat,
response efficacy and self-efficacy) were used as coding categories in this study to explore the persuasiveness of current advertising content of abortion service in China. Findings are summarized in this section, followed by the discussion of the implications, research limitations, and future recommendations for academic study and public health practice in this area.

Summary and Implications

Overall, there were four major findings from the current study:

First, emotional appeals were adopted as a common persuasive strategy by Chinese abortion providers in their television abortion ads. A majority (83.0%, n = 132) of abortion ads used emotional persuasive strategy. Meanwhile, they offered limited evidence to support claims of recommended abortion services. For example, only 8 out of 159 abortion ads in the sample demonstrated research findings of potential physical risks caused by unsafe abortion or unexpected pregnancy; fewer than 30 ads (21.5%, n = 26) provided detailed explanation of the treatments and technologies used; no abortion ads explicitly defined the specific situation in which people are truly at risk and in need of recommended treatments. These findings indicate that Chinese television abortion ads attempt to convince audiences with emotional promotion rather than rational analysis of “medical costs and benefits” (Frosch et al., 2007, p.12). However, unlike media promotions of other products, such as soap or shampoo, the service/treatment abortion ads market is associated significantly with the public health. If consumers utilize advertising information in their abortion decision making, the educational value of abortion ads should be involved and demonstrated scientifically in advertising content with the purpose to “raise the awareness of consumers toward the risks, warnings, and benefits of the specific abortion treatment” (Bell, Wikes, and Kravitz, 2000; Wolfe, 2002). Based on this argument, the
use of emotional promotion with limited scientific evidence and guidance might mislead audiences and prompt requests for abortion services that are unneeded or risky in reality.

Second, fear was the dominant emotional appeal (73.0%, n=116) in Chinese television abortion ads, and of the fear appeals present in the sample, most (93.1%, n = 108) adhered to EPPM recommendations for fear appeal message design. Specifically, about two thirds of Chinese television abortion ads in the sample employed the four EPPM constructs thoroughly and adequately. As Witte (1992) suggests the EPPM’s effectiveness is associated with the balanced presence of threat and efficacy components, the research findings imply in a way that the persuasiveness of an abortion ad might be strengthened greatly with all four components addressed equally and powerfully (LaVioe & Quick, 2013). Although the intensity and frequency of threat and efficacy messages were not examined in this study, it is entirely possible that the needs of abortion services are highly motivated among audiences with unexpected pregnancies, when some of them may have alternative options rather than abortion to choose.

Third, despite 73.6% (n = 117) of the abortion ads emphasizing “severity” messages, the threat of unsafe abortion or unexpected pregnancy was not demonstrated adequately and appropriately. The negative relationship between unexpected pregnancy and emotional/social harms (87.2%, n = 102; 40.2%, n = 47) was heavily highlighted in Chinese television ads to elicit fear among audiences, while the physical suffering of unsafe abortion was relatively ignored (29.1%, n = 34). The problems of this design are twofold. First, abortion ads describe negative feelings, social burden, relationship breakup, and gender pressure as the natural and direct consequences of unexpected pregnancy. This description gives viewers the illusion that unexpected pregnancy is a terrible man-made trouble that should be dealt with as soon as possible. This implication is of particular concern because it is well known that unexpected
pregnancy is not necessarily sad news for individuals or couples. Instead, it is often treated as a gift in many families. The stigmatization of unexpected pregnancy as a great tragedy in abortion ads refers to an irrational prejudice or discrimination towards groups with unintended pregnancies. What’s more, with the limitation of unsafe abortion information presented in abortion ads, people may have no idea about the potential risk of unsafe abortion, let alone the awareness to accurately assess the qualifications of recommended abortion services.

Finally, an overwhelming large number of efficacy messages are addressed in Chinese television abortion ads. These efficacy messages, especially strong and comprehensive response efficacy messages (98.7%, n=157) easily convince viewers that the recommended abortion service is a natural and effective way to avert the “danger” of unexpected pregnancy by demonstrating the effectiveness of abortion service (89.2%, n = 140) and the sophisticated technology adopted (74.5%, n = 107). However, birth control is a far more complicated issue than was demonstrated in these abortion ads. According to Contracept.org (2015, June 23), as women obtaining abortion are at high physical or psychological risk, “using abortion as birth control is not a mature or responsible approach”. Although contraception and induced abortion could be used as alternative means to do population control, given the risks involved, induced abortion is better to be adopted as a backup choice, and should not be over-promoted among the public. Based on this analysis, we could conclude that advertising abortion as an effective method of birth control conflicts with the benefits of public health, therefore must be strictly examined.

Limitations and Strengths

Despite some important findings uncovered, several flaws remain regarding sampling and measurement.
One of the biggest limitations is sampling bias. First, as mentioned above, abortion ads used in current study are all television ads, while in reality, people tend to collect abortion information from various media sources. As individuals’ exposure to other types of abortion advertising source (e.g., newspaper, leaflet, and website) are excluded, the generalization of these research findings might be limited. The second sampling problem is that the entire sample of abortion advertisements are captured from the Youku.com database. However, there is no evidence to show that we have captured all abortion advertising videos in this website. Due to “the internet’s mobile, fluid, and internet features” (Paek, Kim, & Hove, 2010, p. 1098), it is entirely possible that some representative and important abortion ads were missed in this study. Another sampling weakness is that, majority ads \( n = 135 \) in the sample were from Central and Eastern China, while the number of abortion ads from Western China was relatively limited. Although there is no evidence to suggest that abortion services would be advertised differently in different areas, it should be noted that abortion advertisements are designed and disseminated by local hospitals and clinics, and their target audiences are mainly local citizens.

Another limitation is that the measurement of the EPPM in this study did not take the intensity and frequency of threat and efficacy messages into consideration. As Witte and Allen (2000) pointed out, fear appeals are more successful when high-threat and high-efficacy messages are contained and repeated. The levels of threat and efficacy should be varied and coded in future research to identify whether some abortion ads stress more threat or efficacy (Peinado, 2009).

Finally, it should be acknowledged that television audiences might not interpret these abortion ads in the same way. The two coders in this study watched all the 159 abortion ads carefully, repeatedly, and closely based on their own beliefs and personal experiences. However,
viewers might have totally different experience of abortion-ads watching in their homes, with lower attentions and interests due to numerous distractions and various (even opposite) personal beliefs.

Thus, the generalization of the research results is limited. These findings should be interpreted and used with caution.

Although these limitations are highlighted, this study does provide an exploratory research base for both scholars and practitioners. As mentioned in the introduction part (Chapter One), this study functions as the starting point of abortion advertising studies in China by outlining the persuasive structures of current Chinese television abortion ads within the theoretical framework of the EPPM. Besides, the descriptive findings about EPPM components in Chinese abortion ads can assist media managers to regulate abortion ads. For public health officials, this study uncovers a concerning but ignored social problem in today’s China – the excessive abortion marketing free from government regulation. In addition, it may also suggest a better way to introduce and translate safe sex issue to mass media and the public.

**Future Directions**

**Recommendations for abortion advertising information regulation in China.** By applying the EPPM to this study, it is found that not only threat information, but also model behaviors and self-efficacy messages were demonstrated thoroughly in Chinese television abortion ads. These findings indicate that the Chinese television abortion attempt to convince viewers that unexpected pregnancy is a terrible man-made trouble with great social and physiological harms, and therefore should be dealt with rapidly. What’s more, the response efficacy information emphasized in Chinese abortion ads also helps convince people that abortion is a natural and effective step when women have unexpected pregnancy. As a result,
they may create greater demands for abortion needs, especially among couples who are unprepared or unwilling to be parents.

However, considering the possible health and emotional harms abortion may bring to females, abortion services should not be regarded as advanced and effective solutions for unexpected pregnancy problems caused by unsafe sex. Instead, it should be used as the last choice made under compelling circumstances for females’ benefits. Unfortunately, as the risk of unsafe abortion and the possible side effect of the recommended abortion services are not clearly stated in these abortion ads, audiences have very limited understanding of the problematic consequences that may occur. Besides, as mentioned above, the qualifications of practitioners and facilities are untold in abortion ads. It is really difficult to evaluate the abortion risk one might take by undergoing abortion at the individual advertised providers.

These findings suggest that, although abortion advertising is a common marketing strategy used legally by abortion providers in current China, it should be regulated differently than other types of consumer advertising such as shampoo selling. As Frosch et al. (2007) mentioned, poor choice of shampoo brand may have few health consequences, while abortion choice determines population health (p. 12). Based on this view, we would like to say that the media guidelines for abortion ads are not clear enough in China. More detailed regulations should be implemented to require specific content in abortion ads, including clearly stating the qualification of abortion providers, the risks of unsafe abortion, the possible health harms of recommended abortion services, who may be at risk of abortion complications, non-pharmacological treatment explanation, and “the likely efficacy of alternative treatments based on current scientific evidence” (Frosch et al., 2007, p.12).
This analysis is also a reminder to media producers and public health organizations in terms of how health related messages should or should not be framed and presented to the public. On abortion advertisements, broadcasting authorities should tighten their control and verify enterprises’ qualifications before disseminating their commercials. For public health campaign, safe abortion should also be promoted as well as safe sex to educate audiences that contraception instead of abortion is the most effective way to solve unexpected pregnancy, while unsafe abortion could bring great health, psychological, and social harms on individuals.

**Recommendations for future research.** The goal of this study is to detect how emotional appeals are adopted and whether the four components of the EPPM are presented in Chinese Television abortion ads. These two purposes have been served adequately despite of some limitations. However, as mentioned above, this is only the first step in examining the influence of abortion advertising messages on individuals’ beliefs and behaviors. Future studies should be built on the research findings provided in this study, avoiding the limitations and furthering the applications.

Researchers should first notice that, not only the presence but also the quality and the amount of severity, susceptibility, self-efficacy, and response efficacy messages matter a lot for persuasion. Therefore, the future content analysis on abortion advertising messages should focus on the further exploration of the EPPM structure adopted in Chinese abortion ads by detecting the levels of severity, susceptibility, self-efficacy, and response efficacy messages framed in Chinese abortion ads.

Second, a controlled experiment study should be conducted in the future to investigate viewers’ responses to Chinese abortion ads, and “the variety of attitudinal and behavioral
consequences that abortion ads generate among audiences” (Hove, 2010, p. 1098), especially unmarried young audiences.

Further, if abortion advertising information and viewers’ responses could be gathered and more systematically investigated from the perspective of persuasion models, we could have a better understanding about how abortion beliefs are generated, and how they function among Chinese audiences.

Finally, great changes are taking place in China. The advertising discourses of abortion may have been changed a lot due to the rapid social, cultural, and economic transformations. Actually, the Chinese Advertisement Law has been revised and will be implemented in September of 2015. Although abortion ads are not addressed, the new measures in the forthcoming regulation will include stricter management and administration of medical advertising. Accordingly, future changes of abortion ads could be predicted. Therefore, we want the public health research on safe sex and abortion in China to be recognized and analyzed by taking both individual-level differences and social-level changes into consideration in further study. Content analyses on Chinese abortion ads could be done annually to map out how the abortion discourse is changed with the rapid transformation of the society.

Conclusion

Although it is acknowledged that mass media is an important tool to disseminate health information to the public, this exploratory research reveals that media coverage of safe abortion has received limited attention and regulation at least on television in China. Chinese television abortion commercials provide compelling promotion messages with limited educational values about safe abortion: first, we find that abortion ads often attempt to persuade audiences with fear appeals rather than “rational consideration of medical cost and benefits” (Frosch et al., 2007,
p.12); second, there is a balanced presence of threat (severity & susceptibility) and efficacy (self-efficacy & response) in Chinese abortion ads. The effectiveness of a fear appeal might be strengthened within such a comprehensive EPPM model. Third, the benefits of abortion service are oversold in ways that conflict with promoting public health in these abortion ads. For instance, unexpected pregnancy is often described as a man-made trouble which might result in terrible social and psychological problems (e.g., relationship breakup, financial burden, and gender pressure), while the potential physical harms of abortion and unsafe abortion have been ignored; abortion is described as a natural and effective way to avoid parenting duty for couples who are unprepared or unwilling to be parents while the possible alternative treatments (e.g., contraception) have been overlooked. These findings indicate that Chinese television abortion ads may mislead audiences and prompt requests for abortion services that are unneeded or performed by unqualified practitioners. Therefore, it is recommended that more specific regulations should be developed and implemented on abortion ads, and safe abortion health campaigns should be aired clearly and commonly as safe sex campaigns. As the public is more likely to seek health information from various types of media, future research on the nature and the impact of abortion media messages is becoming definitely imperative.
Footnotes

¹The categories of (b), (c) and (d) are the same when translated into English, but they are different Chinese characters: “人工流产” is the professional term of induced abortion; “人流” is the abbreviation of “人工流产”; “堕胎” is a more traditional way to say induced abortion.
Appendix A

Figure 1 Overall Design of the Content Analysis

<table>
<thead>
<tr>
<th>Target Audience</th>
<th>EPPM</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Married female</td>
<td>Severity</td>
</tr>
<tr>
<td>• Unmarried female</td>
<td>• Physical suffering: Minor injuries; Non-life threatening complications; Major injuries; Death</td>
</tr>
<tr>
<td>• Female (not sure she is married or not)</td>
<td>• Social consequence: Ruin future career achievement; Economic difficulties; Gender norms; Lose or hurt partner</td>
</tr>
<tr>
<td>• Married male</td>
<td>• Emotional suffering</td>
</tr>
<tr>
<td>• Unmarried male</td>
<td>Susceptibility</td>
</tr>
<tr>
<td>• Male (not sure he is married or not)</td>
<td>• Factual example</td>
</tr>
<tr>
<td>• Married couple</td>
<td>• Hypothetical example</td>
</tr>
<tr>
<td>• Unmarried couple</td>
<td>• Statistics</td>
</tr>
<tr>
<td>• Couple (not sure they are married or not)</td>
<td>Self-efficacy</td>
</tr>
<tr>
<td>• General</td>
<td>• Self-confidence building</td>
</tr>
<tr>
<td></td>
<td>• Information accessibility</td>
</tr>
<tr>
<td></td>
<td>• Security</td>
</tr>
<tr>
<td></td>
<td>• Economic appeals: Clear information on price; Clear discount information; Claiming that they have cheap price, but no detailed information is given</td>
</tr>
<tr>
<td>Dominant Emotional Appeals</td>
<td>Response-efficacy</td>
</tr>
<tr>
<td>• Negative Emotion</td>
<td>• Effectiveness: Quick; Painless; Safe/noninvasive; No harm to physical health/complications; Day-to-day work and life will not be influenced</td>
</tr>
<tr>
<td>Fear</td>
<td>• Social-psychological enhancements</td>
</tr>
<tr>
<td>Guilt</td>
<td>• Technology appeals: Saying the name of the technology used for abortion service; Saying it is from other developed countries/ explaining the function of technology</td>
</tr>
<tr>
<td>Sadness</td>
<td>• Expertise</td>
</tr>
<tr>
<td>• Positive Emotion</td>
<td>• Reputation</td>
</tr>
<tr>
<td>Happiness</td>
<td></td>
</tr>
<tr>
<td>Relief</td>
<td></td>
</tr>
<tr>
<td>Hope</td>
<td></td>
</tr>
<tr>
<td>• Other</td>
<td></td>
</tr>
</tbody>
</table>
Appendix B

Chinese TV Abortion Ad Coding Instructions (English Version)

- **Ad #:** __________ (Look at the list of three digit numbers assigned)
- **Coder #:** ______ (Use the following numbers: Eva = 1, Rebecca = 2)
- **99** is to be entered when the information is missing

**A. Target Audience:** To whom does this advertisement appeal? Statements may be explicit (e.g., as a responsible man, you should protect your girlfriend from the suffering of unsafe abortion) or inferred from story elements (e.g., a couple fell in love with each other, and the female found herself pregnant two months later. If it is depicted that the woman looked for the abortion service on her own, then the target audience of this advertisement was coded as “unmarried females with an unexpected pregnancy). Each advertisement can fit into one and **ONLY** one category.

1. Married female with an unexpected pregnancy
2. Unmarried female with an unexpected pregnancy
3. Female with an unexpected pregnancy but not sure she is married or not
4. Married male whose wife gets an unexpected pregnancy
5. Unmarried male whose girlfriend gets an unexpected pregnancy
6. Male whose partner gets an unexpected pregnancy but not sure he is married or not
7. A married couple
8. An unmarried couple
9. A couple but not sure they are married or not
99. General (not sure who is aimed at)
B. Affective Appeal: What kind of emotional response does this ad aim to arouse among its audience. All emotional appeals framed in the entire advertisement should be coded. If multiple affective appeals are present, all of them should be coded.

B1. Fear, which is characterized by indicating one’s physical or psychological self-threatened or hurt, and the threatening situations are out of one’s control.
E.g., say “there is a high physical and mental cost involved and many of the young women who have unsafe abortions are not always fully aware of these consequences”.

1. Yes
2. No

B2. Guilt, which is characterized by a gnawing feeling that one has done something wrong and an action tendency to atone or make reparation for the harm done. Ads were coded as guilt appeal if wrongdoing and reparation plots were framed.
E.g., the male partner blamed himself when he got her girlfriend pregnant unexpectedly.

1. Yes
2. No

B3. Sadness, which is characterized by a feeling of isolated, wistful and a sense of unhappiness, with an action tendency of inaction or withdrawal into themselves to solicit comfort or dwell on that which was lost. Advertisements that present an emotionally unhappy scene to elicit heartache or anguish were coded into this category.
E.g., a couple feel distressed and sad due to the unexpected pregnancy because they will never enjoy the pure pleasure and love.

1. Yes
2. No

B4. Happiness, which is characterized as an emotional state of “gaining or making progress towards what one desires”. Advertisements aiming to put receivers in a happy state were coded into this category.
E.g., the couple are hugging, laughing and kissing each other after taking the recommended abortion service.

1. Yes
2. No
**B5. Relief,** which occurs after a goal-incongruent condition has been resolved and accordingly is associated with the alleviation of emotional distress. Advertising messages that present a trouble-resolved scene to relieve stress were identified as relief appeal. E.g., it shows that all the depression and troubles have disappeared after the woman take the recommended abortion service, or the woman says “I’m so relieved after taking the recommended abortion service at XXX hospital”.

1. Yes
2. No

**B6. Hope,** which stem from negative circumstances and represents a desire for a better situation when the odds are against a positive outcome. It is often associated with uncertain future expectation and a feeling of yearning. Therefore, advertisements that demonstrate a negative circumstances and an expectation of the desired outcome were coded into this category.

E.g., when a woman feels sad or scared because of the unexpected pregnancy, she is told that XXX hospital could help her solve this trouble easily.

1. Yes
2. No

**B7. Other emotional appeals used**

1. Yes
2. No

**IF B7 IS YES, THEN CODE B7a.** Briefly describe the **emotional appeal** used.

If B1 is coded as 1, please continue this coding work. If B1 is coded as 2, please stop.
C. Severity of Threat:
The negative influences of unexpected pregnancy are explicitly stated or inferred. If a threat presents, ads should also be coded to indicate whether they made reference to

C1. Physical suffering (harm physical health)
E.g., say "unsafe abortion might cause terrible complications such as haemorrhage, sepsis, peritonitis, trauma to the cervix, vagina, uterus, abdominal organs, ectopic pregnancy, and premature delivery".

1. Yes
2. No

IF C1 IS YES, THEN CODE C1a-C1d: Type of injury suffered:

C1a. Minor Physical injuries such as tummy ache, uncomfortable (good condition) that are non-life threatening and do not require hospitalization or professional care. Minimal intervention is necessary.

1. Yes
2. No

C1b. Complications from unsafe abortion including haemorrhage, sepsis, peritonitis, trauma to the cervix, vagina uterus, abdominal organs, ectopic pregnancy, and premature delivery (fair condition) that do require hospitalization or professional care. Non-life threatening.

1. Yes
2. No

C1c. Major physical injuries such as life-threatening sepsis and haemorrhage that result in infertility or even hysterectomy.

1. Yes
2. No

C1d. Death.

1. Yes
2. No
C2. Social influence
E.g., ruin future career achievement, economic difficulties, moral judgement, lose or hurt family/friend/partner.

1. Yes
2. No

IF C2 IS YES, THEN CODE C2a-C2e: What type of Social influence is mentioned or indicated.

C2a. Ruin future career achievement
E.g., say “unsafe abortion has great negative influence on the normal work and life”, or “unexpected pregnancy affects normal work a lot”.

1. Yes
2. No

C2b. Economic difficulties
E.g., one couple say “we don’t want the baby, we are unable to feed it”.

1. Yes
2. No

C2c. Gender norms
E.g., say “a good man should take the responsibility and resolve the trouble of unexpected pregnancy for the woman he loves most”. This statement indicates that a man doesn’t have responsibility if he doesn’t take his girlfriend to do the recommended abortion service.

1. Yes
2. No

C2d. Lose or hurt family/friend/partner
E.g., a couple are going to break up because of the unexpected pregnancy.

1. Yes
2. No

C2e. Other

1. Yes
2. No
IF C2e IS YES, THEN CODE C2e1. Briefly describe the social influence mentioned or indicated ________.

C3. Emotional suffering
   E.g., feel guilt, sad, anxious, helpless, depressed, or frustrated when getting an unwanted pregnancy.
   1. Yes
   2. No

C4. Other information about the severity of a threat mentioned or indicated.
   1. Yes
   2. No

IF C4 IS YES, THEN CODE C4a. Briefly describe the severity of a threat mentioned or indicated ________.
D. Susceptibility:
Any reference to those indicating the likelihood that an individual might suffer the negative influence of a certain threat.

D1. Factual example, which indicates stories or cases that did happen and was witnessed E.g., a couple were unhappy because they found the woman got an unexpected pregnancy.

1. Yes
2. No

D2. Hypothetical example, which refers to narratives based on certain given setting but did not happen yet E.g., ask audience “have you ever thought about what you should do if you get an unexpected pregnancy”.

1. Yes
2. No

D3. Statistics, which refers to numbers or quantitative summary of a large number of instances E.g., say “complications after unsafe abortion cause 13% of maternal deaths globally”.

1. Yes
2. No

D4. Other information about the susceptibility of a threat mentioned or indicated

1. Yes
2. No

IF D4 IS YES, THEN CODE D4a. Briefly describe the information about the susceptibility of a threat mentioned or indicated ________.
E. Self-efficacy:
Information that helps strengthen target audience’s belief that they are able to perform the recommended abortion service to avoid potential risks.

E1. Self-confidence building, promoting self-confidence emotionally
E.g., say “you can do it!” or demonstrate emotional support from boyfriends or sisters.

1. Yes
2. No

E2. Information accessibility, recommending ways to access help/treatment/more knowledge
E.g., say “call 800xxxxxxx for detailed information about our abortion service”.

1. Yes
2. No

E3. Privacy, claiming that personal and private information will not be divulged.

1. Yes
2. No

E4. Economic appeals, providing price or discount information.
E.g., say “students have low discount”.

1. Yes
2. No

IF E4 IS YES, THEN CODE E4a-E4c: Briefly describe Economic appeals mentioned or indicated.

E4a. Clear information on price (e.g., the price of the recommended service abortion is only 420 yuan)

1. Yes
2. No

IF E4a IS YES, THEN CODE E4a1. Provide price details ____________________.

E4b. Clear discount information (e.g., 50% discount will be available to students)

1. Yes
2. No
IF E4b IS YES, THEN CODE E4b1. Provide discount details ______________.

E4c. Claiming that they have cheap price, but no detailed information is given.

1. Yes
2. No

E5. Other self-efficacy information mentioned or indicated.

1. Yes
2. No

IF E5 IS YES, THEN CODE E5a: Briefly describe other self-efficacy information mentioned or indicated ________.
F. Response efficacy

The effectiveness of abortion services are talked about.

F1. Effectiveness, claiming that the recommended abortion service is quick, painless, safe, and has no negative influence on physical health.

1. Yes
2. No

IF F1 IS YES, THEN CODE F1a-F1f: The type of Effectiveness mentioned or indicated

F1a: Quick (e.g., say “the recommended service works within 3 minutes”)

1. Yes
2. No

F1b: Painless

1. Yes
2. No

F1c: Safe, noninvasive

1. Yes
2. No

F1d: No harm to physical health, no complications

1. Yes
2. No

F1e: Day-to-day work and life will not be influenced

1. Yes
2. No

F1f: Other

1. Yes
2. No

F1f1: If F1f is yes, then describe it briefly ___________.

F2. Social-psychological enhancements, showing that the recommended abortion service helps target audience to enjoy their romantic relationship and guilt-free pleasure effectively by solving the burden of unwanted pregnancy.

1. Yes
2. No

F3. Technology appeals, highlighting the advanced technology used for abortion treatment. E.g., say “technology from USA, Germany, Japan, Korea, Australia, British, France”.

1. Yes
2. No

IF F3 IS YES, THEN CODE F3a-F3c: What kind of technology information is mentioned or indicated:

F3a. Say the name of the technology used for abortion service (e.g., SHE’S technology, or WEIWEI technology).

1. Yes
2. No

F3b. Say it is from other developed countries

1. Yes
2. No

F3c. Say the function of technology

1. Yes
2. No

F4. Expertise, displaying the high professionalism and rich experience that abortion providers have. E.g., say “20 years of experience, all female physicians, experts on women’s health, hundreds of operations without any medical accidents”.

1. Yes
2. No

IF F4 IS YES, THEN CODE F4a: Please describe the information of Expertise briefly
__________________.
F5. Reputation, indicating the high reputation of the recommended medical institution. 
   E.g., say “contract hospitals with health insurance, recommended by National 
   Reproductive Health Project, National one-child planning professional institution, the 
   member of British Royal Maternity Association, or a "Grade-III Class-A" hospital”.

1. Yes
2. No

IF F5 IS YES, THEN CODE F5a: Please describe the information of Reputation briefly 
__________________.

F6. Other response-efficacy information mentioned or indicated.

1. Yes
2. No

IF F6 IS YES, THEN CODE F6a: Briefly describe other response efficacy information 
mentioned or indicated ________.
References


