Abortion referendums: Is there a recipe for success?

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Abstract: The topic of abortion has been among the most salient and polarising issues on the European continent since the 1960s. However, abortion referendums have not received much attention from political scientists — to date, there is no comparative analysis of such popular votes. This paper goes beyond the usual models of single case/country analyses and examines nation-wide referendums on this policy in four European countries from the last four decades. The analysis focuses on twelve referendums and aims to identify the factors behind the pro-choice or pro-life[2] outcome of a referendum by exploring the impact of relative consensus within the parliament, support of the head of government and medical experts, and the level of secularisation of the country. The findings suggest that these factors have a substantial influence on the outcome.

Keywords: abortion, legality, referendum, relative consensus, secularisation, Europe, QCA.

Introduction

Moral issues are highly divisive and emotionally charged in their nature, touching upon strong personal values. Mooney (2001, 675) notes that policies with a moral dimension 'are not less than the legal sanction of what is right and wrong, the validation of a particular set of fundamental values'. There is some consensus among scholars that morality policies represent a distinctive field, encompassing such diverse issues as abortion, divorce, same-sex marriage, capital punishment, euthanasia and assisted reproductive technology (Studlar, Cagossi, and

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[2] While medical terminology around the abortion issue is rather static, social and political terms for abortion have evolved. This paper uses the original terminology of *pro-life* versus *pro-choice* policies. These terms were coined in the 1970s and dominated the abortion discourse. Admittedly, these labels are considered to be loaded, and various alternative terms have appeared in the last decades: *abortion rights*, *anti-abortion*, *anti-choice*, *pro-reproductive rights*, and *reproductive justice*. However, these alternative terms can often appear too broad or vague. For instance, *pro-reproductive rights* also implies access to birth control and sex education, which exceeds the scope of the current study. Moreover, the cases included in the analysis date back to the 1970s and 1980s, and thus, the terms *pro-life* and *pro-choice* depict the discourse most accurately.

Duval 2013). The controversial character of these issues and the potential conflict involved make it difficult for them to be handled exclusively within the legislative body since dissatisfied groups challenge the decisions via other institutional means, such as judicial systems or referendums (Studlar 2001). Thus, referendums on moral issues have become more frequent in recent years, both in Eastern and Western Europe (Silagadze and Gherghina 2020). This is partially explained by the fact that more and more countries are resorting to direct democracy to ensure legitimacy over contested decisions (Gherghina 2017).

Post-war history of Western Europe shows that, among morality issues, abortion is the topic most subjected to multiple decision-making arenas and the one that has caused division among the largest number of parties (Studlar, Cagossi, and Duval 2013). Its saliency is reflected in over a dozen national referendums on this policy since the 1970s, largely due to the availability of the procedure in Catholic countries (Silagadze and Gherghina 2019). It also coincides with the sexual revolution and the second wave of feminism. The topic uniquely represents an interplay of various ideological collisions, including national identity versus Europeanism, religion versus secularism, and women's (second-class) citizenship versus rights of the 'unborn' (often) under male dominance. Several issues concerning women that once were perceived as controversial — property rights, suffrage, right to education, and protection from domestic violence — have become broadly accepted around the globe (Boyle, Kim, and Longhofer 2015, 882–883). However, this is not the case with abortion. According to the Center for Reproductive Rights (2019), out of 193 countries, abortion on request is legally provided in only around 60 countries; almost one-third of the world's female population lives where abortion is either prohibited (26 countries) or allowed only in cases in which it would save the mother's life (45 countries). Given the high relevance of the topic and possible future referendums on it, this paper offers a valuable scientific contribution.

This article goes beyond the usual models of single case/country analyses and offers an explanation for the adoption of pro-choice or pro-life policies in referendums based on a comparative approach. In an attempt to overcome the limitations of the previous studies, this paper aims to compare and contrast all twelve nation-wide referendums on abortion that have been held in Europe. For assessing multicausality for a given outcome, the Qualitative Comparative Analysis (QCA) method is applied. The analysis includes four countries (Italy, Ireland, Portugal, and Switzerland) and encompasses four decades (1977–2018). I argue that four conditions explain the adoption of pro-choice or pro-life policies: relative consensus in the parliament, support for the head of government, support for medical experts, and level of secularisation.

The remainder of this article proceeds as follows. The next two sections review the literature on the discourse around abortion and referendum process, and derive four testable hypotheses. Then, the following section describes the research design with a particular focus on case selection, criteria for operationalisation, and the QCA method. Next, the main findings

of the analysis are presented. The final section discusses the key findings, potential implications, and avenues for further research.

Abortion Discourse

The issue of abortion has been discussed from a variety of perspectives: social, medical, ethical, religious, legal, and feminist, to name a few. It would be safe to assume that the only aspect of abortion that is not contested is its multifaceted nature. The abortion debate differs across countries since this topic involves historical and cultural meanings, reflects different stages of demographic transition and struggles over gender roles as well as relations between church and state (Kulczycki 1999). For instance, in Portugal, debate around the right to terminate a pregnancy has centred around a 'question of modernity' and 'fulfilment of the democratic promises' of the 1974 revolution by allowing the people to have the final say on such an important matter (Manuel and Tollefsen 2008). In Italy, the debate was seen as a manifestation of a 'bottom-up' democracy, where women's movement groups forced political institutions to discuss social and gender issues (Calloni 2001). In Ireland, there has been a general debate on the legitimacy and appropriateness of the law dealing with social issues such as abortion (Cacciaguidi-Fahy 2005).

Until the 1930s, abortion was criminalised in all Western countries. Historically, Western Europe, together with the USA, played a vanguard role in abortion law reform. Western societies have progressed greatly in this issue: abortion is no longer viewed as a criminal act, while access to safe abortion is seen as a human right. However, abortion remains a sensitive and ethically contentious issue, even in countries where the procedure has been legal for decades (Jones and Chaloner 2007). The rights of prospective fathers have become an increasingly recognised aspect of the topic (Hill 2001), as well as sex-selective abortions (Muižnieks 2014), or provisions for conscientious objection to performing abortion that are available, for instance, in most EU countries and many US states (Bertelsen 2013; Savulescu and Schuklenk 2017).[3]

The multi-sided issue of abortion is also heavily debated in the political sphere. In the United States, the two established political parties have been volleying over the abortion issue for decades: Democrats generally being in favour of abortion rights while most Republicans remain against. It is noteworthy, however, that a sizeable share of Republicans and Democrats alike does not agree with their party's dominant position on the issue (Diamant 2020). In Poland, where one of the strictest abortion legislations is in force, the topic remains a political football match played by the church and state, with serious implications for women and society. Throughout the world, political parties have significantly influenced abortion politics

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[3] For more detailed information please consult the Global Abortion Policies Database from the World Health Organization at https://abortion-policies.srhr.org/?mapq=q29d.

and debate along with doctors, philosophers, and theologians (Kulczycki 1999). Moreover, as one comparative study on abortion policies shows, it is not the (changing) public opinion on the topic that serves as a key element explaining variation in legislation across countries but rather the political influence of the main actors involved (Blofield 2008).[4]

In most countries, the issue of abortion has been resolved within the legislative body, however, in some cases it has been via referendum. Despite the voluminous research on abortion devoted to the latter path, to date, there is no comparative study of abortion referendums investigating the reasons behind the adoption or rejection of this specific type of policy. This is rather surprising since referendums differ significantly from other decision-making processes — referendums are accompanied by longer campaigns, have a higher likelihood of unforeseen events, and political parties are often internally divided over the policy (LeDuc 2002; de Vreese and Semetko 2004). Moreover, previous research acknowledges that the very nature of the policy type put to a popular vote influences the whole referendum process and its outcome. This is because every topic voted upon brings a distinct package of attributes. For instance, a referendum on a new nuclear power plant and a referendum on same-sex marriage would set completely different argumentation lines and result in variant modes of campaigning, actors involved, perceived political pressure for parties, levels of societal saliency, and degrees of emotions (Silagadze and Gherghina 2019). Therefore, earlier studies have analysed referendums separately, including EU/NATO membership referendums (Hobolt 2009; Qvortrup 2016), constitutional popular votes (Tierney 2012; Anckar 2014), ethnic/sovereignty referendums (Qvortrup 2014; Mendez and Germann 2018), and fiscal/budget referendums (Feld and Matsusaka 2003; Kriesi 2012). In spite of the consensus regarding the peculiarity of both the topic of abortion and the referendum process, the cross-country dynamics of abortion referendums have been largely neglected. This study addresses this gap in the literature and explores all referendums that have been held on this topic in Europe by combining factors from both referendum research and abortion discourse. A comparative study on abortion referendums that allows for going beyond idiosyncratic national context is an important endeavour precisely because abortion is a multi-dimensional contemporary issue, and referendums are more frequently than ever used for resolving contentious issues.

Abortion and the referendum process

From cross-country studies on popular votes, we know that the role of political parties in referendums is pivotal, although their level of control varies depending on the type of referendum and context (LeDuc 2003; Rahat 2009). Referendums may serve as a crisis–solving mechanism for the political parties enabling them, for instance, to decouple a controversial topic from the upcoming election. In addition, parliament's highly divisive decisions might not

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[4] The current study does not account for changing public opinion among the analysed countries since there is no available data in regard to abortion attitudes among the population for older cases.

be regarded as fully legitimate until they are contested in a referendum (Björklund 1982; Morel 1993, 2007). There is increasing evidence that referendums are often instrumentalised by political parties and used primarily as an electoral strategy to promote the political agenda of the initiator, increase their popularity and weaken the position of political opponents (Gherghina 2019; Hollander 2019). Parties play a central role not only in the campaigning and outcome of the referendum, but also in the subsequent stage of implementation of the people's will — there have been a series of adopted referendums that have never been implemented (Muntean, Pop-Eleches, and Popescu 2010; Bassanini 2012) or attempts to overturn an inconvenient result, as in the case of Brexit.

There are various mechanisms that allow political parties to influence the referendum process regardless of its initiator. One of the components of parties' clout over the vote are the cues that they provide to citizens. When parties take a clear stance over the referendum topic, they perform best in mobilising their electorate for the issue at stake as opposed to being internally divided (de Vreese and Semetko 2004). Division may occur when a party sends mixed signals to their voters, and thus diminishes their influence or even discourages individuals from voting due to political ambiguity increasing uncertainty among citizens. Not surprisingly, referendums that are accompanied by clear and coherent political cues are more likely to be adopted compared to those with inconsistent messages (Silagadze and Gherghina 2018). Yet divisions within a party over an issue is one of the most frequent reasons for calling a referendum in the first place (LeDuc 2002).

Closely related to party cues, the size of parliamentary majority in favour of the proposal is another influential element for the outcome of a referendum. Initiators with a comfortable majority in the parliament are five times more likely to succeed compared to the initiators from the parliamentary minority (Silagadze and Gherghina 2018). However, referendums often occur precisely because of the lack of parliamentary majority in favour of a proposition. A consensual referendum that is backed by all parties is an exception rather than a rule (Henderson 2004). Consequently, to leave parties completely out from the analytical framework in cases where there is no formal majority would be a drastic oversimplification of the studied phenomenon. This is especially true in regard to divisive and contested moral policies, including abortion, which provoke most conflicts within parties and where reaching consensus is highly challenging (Mooney 2001; Engeli and Varone 2012).

The lack of parliamentary majority for a certain topic does not necessarily mean the absence of any kind of consensus among the parties. Political actors have strong incentives to attract as many allies as possible in referendum campaigns. Since, in referendums, the political elite do not control the outcome, their best chance to influence the polls is to form a large camp that effectively campaigns either for or against the ballot measure (Bernhard 2019). Hence, the factor that is being tested in this paper is *relative consensus* within the parliament for the issue at stake. Relative consensus is defined as a similar position echoed among at least three out of five of the largest parties, thus, probably not qualifying for the formal majority

necessary to push through the legislation, but, nevertheless, exhibiting powerful support for the issue by potentially mobilising the electorate behind the chosen position. The very nature of the referendum, which represents a decision between two alternative policies, pushes parties towards building consensus; on many occasions, several parties align on the same side, even if they are fierce competitors in other settings.[5] Moreover, parties have a strategic impetus for reaching relative consensus if they perceive similar opportunities from the referendum and aim at maximising their chances for success. The more parties in favour of a referendum proposition, the higher the chances are for it to be adopted. Cross-party coalitions enjoy enhanced influence over their voters as they naturally tend to activate more constituents in the support of their position. The mechanism is twofold. First, parties and politicians are elected representatives who enjoy a certain degree of authority and standing among their voters. Accordingly, voters tend to follow their recommendation or at least consider it as a source of information. Second, considerable resources and funds (apart from staff, volunteers, know-how, and reputation) that parties have at their disposal fuel the campaign in combination with an increased media presence.

The role of political consensus for the outcome of a referendum has been widely acknowledged in previous research (Henderson 2004; Hobolt 2009; Kissane 2009). Political actors ultimately aim to win direct-democratic votes; consequently, they have a strong incentive to build relative consensus within the parliamentary arena that later evolves into intra-party coalitions during the referendums campaign, targeting the maximum number of voters. In their analysis of all referendums and initiatives voted on in Switzerland since 1947 — 1.485 acts in total — Trechsel and Sciarini (1998) conclude that there is a straightforward dependency between the level of consensus that was reached in the parliamentary process and the chances for an adopted referendum. Similarly, Kriesi (2005, 2006) showed that the chances of success at the polls increased the larger a given camp was. Strategic coalition forming during a referendum tends to continue beyond parliamentary walls. Often parties and movements organise themselves together and campaign on the same side. Establishing and expanding links with movements enriches a party's support base (de Vreese and Semetko 2004; Hobolt 2006). If routinely minority governments are assigned with the task of ruling over the entire country, would it be unreasonable to assume that the same constellation of powers has significant influence over the outcome of a single referendum? In line with these arguments, I hypothesise that:

H1: Relative consensus within the parliament on a referendum question favours its adoption.

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[5] Some countries practice multi-option referendums, although an overwhelming majority of popular votes provide merely a binary choice. It is noteworthy that the concept of 'relative preference' has been used in the referendum context referring to the 'deciding question' in a multi-option referendum that serves as a run-off between two approved change proposals (Wagenaar 2020, 198).

After studying popular votes in 39 countries from the period between 1975 and 2000 LeDuc (2003) infers that 'in referendums, as in elections, the messenger often matters as much as the message'. Although there are no candidate names on the ballot, the arguments are delivered by established political leaders, most prominently by the head of government. Their messages have an impact on voters for two interconnected reasons. First, 'the heuristics, shortcuts and cues a voter can use in an election are not different in principle from those that can be used in popular votes', implying that voters rely on shortcuts provided by the parties and their leaders during the referendum campaign (Lutz 2007, 631). Secondly, the premier often enjoys a distinguished degree of media coverage, thus, having a substantially higher influence on the voters' choices. In general, senior officials and party leaders receive a high level of visibility since mediated politics is vastly personalised and tends to merely focus on a few important figures (Mazzoleni and Schulz 1999; Rahat and Sheafer 2007).

Various studies suggest that the position of prime minister could have a significant influence on voters due to the high media presence and authority that this statesman enjoys. This happens due to, i.a., political standing and seniority — head of the cabinet and its members, as well as party leaders receive additional coverage in television, newspapers, and radio during elections and routine periods across countries (Van Aelst *et al.* 2008). Furthermore, the premier has the 'incumbency bonus' that guarantees vast attention from the media on a variety of issues well beyond the referendum topic (De Swert and Walgrave 2002). Consequently, compared to other political actors, the head of government has a significant edge in articulating their position on a plethora of occasions. This leads to the second hypothesis:

H2: Support from the head of government for a referendum proposition favours its adoption.[6]

Earlier studies have emphasised the powerful interests within the medical community in the issue of abortion (Sheldon 1997; Stetson 2001; Latham 2002). Physicians articulated their claim on a monopoly on abortion as early as the nineteenth century as part of the strategy to safeguard the professionalisation of medicine and secure their supremacy over midwives (Mohr 1978). Historically, abortion was seen primarily as a medical issue, rather than political or social, thus, the medical community[7] determined its regulation (Sheldon 1997). In some countries, doctors' associations played a vital role in the initial liberalisation of abortion laws, in others they were united to oppose the first reforms (Blofield 2008). An analysis of the reproduction policies in France and Switzerland upholds the distinctive role that the medical

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[6] In the case of Switzerland, the paper takes into account the position of the President of the Swiss Confederation — the highest office in the country, since the post of prime minister is non-existent there. Switzerland's executive branch is represented by all seven members of the Federal Council also known as *les sept sages* (the seven wise ones). The Federal Council, cabinet, is the collective head of state; the President of the Swiss Confederation is elected by the Federal Assembly from the Federal Council for a term of one year (Church 2004).

[7] Medical community in the context of the abortion issue mostly encompasses physicians, obstetricians, and gynaecologists.

community has played, successfully imposing numerous preferences in regulating abortion since the 1970s (Engeli 2009).

Doctors are experts in the field of reproduction, holding retaining social authority, prestige, and trust. They are the ones who perform the procedure, and are therefore, in most cases, the first and last points of visit for women seeking assistance. Furthermore, the topic of abortion is often framed within medical terminology and reasoning, so physicians tend to stand between feminists and religious actors in the debate and are present in the whole referendum campaign, keeping in mind their corporate interests and maintaining their medical authority on the issue (Engeli and Varone 2012). Medical experts remain at the forefront of abortion debates because their expertise is considered indispensable, even by the political elite (Grießler and Hadolt 2006).

> The intervention of the medical community was legitimized by their scientific expertise and their social prestige. Being at the same time the main implementer of the regulation and the tenants of the technological development, the medical community benefited from both consequential institutional and prestige resources. (Engeli 2012, 340–341)

This suggests a highly influential role of these experts in the abortion discourse, and I expect:

H3: Support of medical experts for the referendum question favours its adoption.

According to Inglehart's research (1977, 1990) on postmaterialism, a 'silent revolution' took place in Western societies manifesting in gradual value change. Postmaterialism is a broad term that has many layers, but, in essence, it can be boiled down to two main aspects: the shift away from materialist values and the empowerment of an individual. This article focuses on the latter concept. As Inglehart (2000, 224) explains, 'the postmodern world view is linked with declining acceptance of rigid religious norms concerning sex and reproduction and a diminishing need for absolute rules', and modern Western societies emphasises individual freedom and self-expression. This suggests an incremental increase in the percentage of non-churchgoers in these societies, along with the decline of the church's influence over people's lives. However, the development is not so straightforward — while religion is declining mainly in economically developed countries, it is persisting and even increasing in poorer countries (Norris and Inglehart 2004).

Many Christian denominations, with their traditional values, consider various societal developments, such as same-sex marriage, artificial fertilisation, and the legalisation of abortion, to be morally unacceptable, and they openly oppose them. The Roman Catholic Church has been the most visible transnational actor in the abortion debate; its opposition to

liberalisation remains ferocious and constant (Kulczycki 1999).[8] Consequently, non-religious societies are likely to go in the opposite direction and allow for more liberal legislation. Existing literature confirms a strong correlation between the proportion of the population that is religious and the restrictiveness of abortion policy in the Western world (Cook, Jelen, and Wilcox 1992)[9]. Following this reasoning, I hypothesise that:

H4a: A high level of secularisation favours the adoption of the pro-choice referendum.
H4b: A low level of secularisation favours the adoption of the pro-life referendum.

Data and Method

This paper investigates under what conditions legality of abortion was upheld in a popular vote and when it was undermined. To test the above mentioned hypotheses, this article focuses on twelve national referendums from the last four decades in four European countries: four referendums in Ireland and Switzerland, two in Portugal, and one in Italy. In total, only five countries in Europe have ever held referendums on abortion, all of them predominantly Catholic. Other states have resolved the issue of abortion through regular legislative processes. Liechtenstein is not included in this analysis for two reasons. First, it is a monarchy in which the Prince of Liechtenstein is one of Europe's most powerful monarchs with extensive veto powers. Second, it is a microstate with less than 40,000 inhabitants and, within this distinct political system, direct democracy functions differently than in its neighbouring states (Marxer 2018). Moreover, Liechtenstein was not included in any of the surveys used for this article. Three further referendums were excluded from the analysis as they did not directly address the question of banning or legalising abortion. Rather, they dealt with the right to information relating to abortion and contraception and the freedom to travel for abortions abroad (Ireland 1992), and whether the performance of abortions should be restricted solely to public hospitals (Italy 1981). Accordingly, the entire universe of European abortion referendums is comprised of eighteen popular votes, out of which twelve are included in this analysis due to the outlined reasons.

Table 1 illustrates the twelve identified cases that exhibit diversity in their institutional design. In Ireland, all votes were mandatory and binding, in Switzerland and Italy they were bottom-up and binding, in Portugal they were top-down and non-binding. Moreover, the types of government vary: Portugal is a semi-presidential republic, Italy and Ireland are parliamentary democracies, and Switzerland is a semi-direct democratic federal republic. Out of the twelve

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[8] This study, when discussing 'church' or 'the Church', refers mostly to the Roman Catholic Church. Italy, Ireland, and Portugal are predominantly Catholic countries, whereas Switzerland has been traditionally divided between Catholic and Protestant confessions.
[9] In this study, the level of secularization of each country is discussed in terms of church attendance, and thus encompasses a broader range of denominations than only Roman Catholic.

referendums, five had pro-choice wording (see Appendix 2) and seven had pro-life wording, aiming at either banning abortion or tightening access to it.[10]

Table 1: Overview of cases

Country	Date	Referendum question[11]	Type		Legal impact	Outcome
Switzerland	25 September 1977	Allowing abortion in the first trimester of pregnancy	Pro-choice	Bottom-up	Binding	Rejected
Switzerland	28 May 1978	On a new federal law banning abortion	Pro-life	Bottom-up	Binding	Rejected
Switzerland	9 June 1985	Right to life	Pro-life	Bottom-up	Binding	Rejected
Switzerland (A)	2 June 2002	Amendment on abortion	Pro-choice	Bottom-up	Binding	Adopted
Switzerland (B)	2 June 2002	Popular initiative 'for mother and child'	Pro-life	Bottom-up	Binding	Rejected
Ireland	8 September 1983	Pro-life 8th amendment	Pro-life	Mandatory	Binding	Adopted
Ireland	25 November 1992	Right to abortion only in cases of endangerment of the mother's life	Pro-life	Mandatory	Binding	Rejected
Ireland	6 March 2002	Protection of human life in pregnancy	Pro-life	Mandatory	Binding	Rejected
Ireland	25 May 2018	Removing the 8th amendment	Pro-choice	Mandatory	Binding	Adopted
Italy	18 May 1981	Limiting abortion to cases of proven danger to mother	Pro-life	Bottom-up	Binding	Rejected

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[10] The data was compiled using comparative studies on abortion debate across the world, research articles and books devoted to the topic of abortion in each of the studied countries, as well as newspaper articles, country reports and official statements that shed light on the stance of government and party officials regarding the issue being voted on. Various surveys were used to determine the level of secularisation in each country: European Values Study and International Social Survey Programmes.

[11] It is not the exact formulation of the referendum question but rather its essence. For instance, in the 2008 Portuguese referendum, voters were asked: 'Are you in agreement with the decriminalisation of the voluntary interruption of pregnancy, if carried out, by the woman's choice, in the first ten weeks in a legally authorised health institution?' In the table it is designated in a more concise way: 'Abortion in the first ten weeks of pregnancy on request, pro-choice.'

Portugal	28 June 1998	Abortion in the first ten weeks of pregnancy on request	Pro-choice	Top-down	Non-binding	Rejected
Portugal	11 February 2007	Abortion in the first ten weeks of pregnancy on request	Pro-choice	Top-down	Non-binding	Adopted

Country context

Until 1978, abortion was illegal in Italy, and performing or receiving one was punishable with up to five years of imprisonment. In 1975, the small Radical Party, together with one influential feminist group (Movimento della Liberazione delle Donne Italiane), launched a successful signature collection for an abortion referendum. A year later, 50,000 women marched for pro-choice rights in Rome (Ginsborg 1990). The political parties were unwilling to put the issue on a referendum and, thus, adopted a law that allowed for voluntary termination of pregnancy (DiMarco 2009). In 1981, the Roman Catholic Church, in cooperation with right-wing parties, attempted to repeal the law in a popular vote, but the referendum was soundly rejected by citizens (Ginsborg 2003).

In Ireland, abortion had been illegal since 1861, however, the debate around this topic was politicised in a different manner than in other countries. In the United States and Britain, the topic became salient as a result of a pro-choice movement, whereas in Ireland, it occurred in the aftermath of a pro-life movement. The organisation, Pro-Life Amendment Campaign (PLAC), was actively engaged in convincing the leaders of main political parties of the need for a pro-life amendment to the Constitution. As a result, in the course of the 1982 general elections, the leaders of the two major parties, Fianna Fail and Fine Gael, pledged to initiate the amendment if elected (O'Leary and Hesketh 1988).[12] Thirty-five years after the first referendum on abortion in 1983, Ireland voted to remove the Eighth Amendment in 2018.

In Portugal, abortion was completely illegal until 1984. Later, the law allowed for abortion in four cases: rape, risk to the mother's life or her physical or mental health, or foetal malformation. In fact, hospitals and doctors interpreted the law in the most restrictive way: only severe mental illness was considered to be sufficient grounds for mental health risk. Besides, many hospitals did not perform legal abortions because of conscientious objection (Vilar 2002). Portuguese citizens were asked to vote twice on the matter of abortion. The first referendum, held in 1998, was rejected. Almost a decade later, another referendum granted women the right to terminate a pregnancy on request.

In Switzerland, the law from 1942 was in force, which stipulated a penalty of up to five years' imprisonment and a substantial fine for a woman terminating pregnancy unless in cases where a woman's health was in danger. However, the official ban was ignored in most of the Swiss

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[12] Professor Cornelius O'Leary was a founding member of PLAC.

regions, and no woman was convicted of an abortion-related offence since 1988 (*Swiss Info September 30*, 2002). It took four referendums over a span of 30 years until abortion finally was legalised in 2002.

When it comes to the referendum process and practice itself, these countries differ considerably. Apart from the two abortion referendums, Portugal has held only one national referendum in its modern history – in November 1998 on regionalisation. In sharp contrast, Italy and Ireland are one of the most frequent users of the referendum tool in Europe, whereas Switzerland is the world leader of the referendum practice. In case of Portugal, the reason behind rare use of referendums lies in the country's constitution. The 1976 Constitution made no provision for national referendums (Uleri 1996). Furthermore, Article 115 explicitly forbids the use of national referendums on laws or treaties already passed by the National Assembly (Freire and Baum 2003). Contrarily, in Italy, the referendum instrument plays a significant role in the political process. A substantial number of Italian referendums have been called on the basis of Article 75 of the constitution which allows for an 'abrogative referendum'. According to this article, a referendum requested by 500,000 citizens or five Regional Councils may repeal an existing law, in whole or in part. Additionally, Article 138 states that constitutional amendments – already passed by Parliament but not yet in force – may be put to a popular referendum when such request is made by one-fifth of the members of the Chamber of Deputies or the Senate, 500,000 voters or five Regional Councils (Uleri 2002).

In Ireland, according to the 1937 constitution, the referendum tool may be applied on two occasions. First, under Article 46.2, any amendment to the constitution requires approval of the people voting in the referendum on that particular issue. Second, Article 27 contains provision for a rejective referendum on ordinary legislation in the event of a clash between the Dail and the Seanad. All Irish referendums were held in accordance with the first provision, no rejective referendum has ever taken place (Gallagher 1996). Switzerland is known for a wide range of direct-democratic tools. To begin with, Swiss constitution provides for mandatory constitutional referendum (Article 123), according to which any changes to the federal constitution must be approved by a double majority – a simple majority of the people and a majority of the cantons. In addition, 30 000 citizens or eight cantons may ask for a rejective referendum on the law or decree. With 100,000 signatures a citizens' initiative can be launched. On the cantonal and local levels, direct democratic institutions are, in general, more elaborate (Trechsel and Kriesi 1996).

Qualitative Comparative Analysis (QCA)

Referendums represent a sophisticated process with numerous interfering variables and, thus, do not tend to be easily explained by a sole factor or individual case. To assess the causal complexity of referendum outcomes, QCA serves as an adequate tool since it allows for identifying, in a systematic manner, the configurational impact of various factors and assessing

the multicausality of a given phenomenon. QCA, based on Boolean algebra and set theory, integrates qualitative and quantitative research methods. It preserves the richness of an in-depth qualitative approach combined with formalised cross-case comparisons, hence, strengthening the capacity for generalisation (Ragin 2008). In a nutshell, QCA allows for abstraction from the idiosyncrasies of single cases and generates comprehensive explanations of social phenomena by identifying alternative combinations of conditions that can produce a given outcome (Legewie 2013). Crisp-set QCA is the most widely used technique within this method (Rihoux and De Meur 2009) and is applied to this study due to the nature of the data — most conditions are dichotomous.

Necessity and sufficiency are two central concepts within QCA terminology since the goal of QCA is to identify what conditions or combinations of conditions are necessary or sufficient for the outcome. Condition A is necessary for outcome Y if Y cannot occur in the absence of A, but A alone is not enough to produce Y (in QCA, terms, Y is a subset of A). Condition A is sufficient if Y always occurs when A is present, however, other conditions besides A may also produce Y (Rihoux and Ragin 2009). Empirically, it is quite rare to identify a necessary condition since factors usually influence the occurrence of an event or phenomenon in conjunction; hence, most conditions or combinations of conditions are 'quasi-necessary' or 'quasi-sufficient' (Ragin 2006; Legewie 2013).

The truth table analysis is the core element of the QCA data analysis, which serves to identify 'causal recipes' (combinations of conditions) that are sufficient for the outcome. The distinguished feature of the fs/QCA truth table is that it includes all the combinations with empirical correspondents as well as those combinations that do not appear in reality (logical remainders), thus providing a complete picture of the limited diversity, which researchers nearly always face. The software finds the complex, intermediate, and parsimonious solutions; the latter includes both empirical cases and logical remainders. The intermediate solution is recommended as the main point of reference for interpreting QCA results (Ragin 2008) and is the main focus of this study.[13]

Classic crisp-set QCA analysis consists of three consecutive steps. The first step is generating a truth table to get an overview of the data and possible patterns. The second step is the necessity analysis, which shows which conditions are necessary or sufficient. There is a relatively strict rule, according to which a high consistency score of at least 0.9 is a prerequisite for a necessary condition; for a sufficient condition, a benchmark consistency value of 0.75 is required (Schneider and Wagemann 2007). Consistency measures the degree to which a relation of necessity or sufficiency is met within a given data set, its values ranging from 0 to 1, where 0 indicates no consistency and 1 indicates perfect consistency (Ragin 2006). It resembles the notion of significance in statistical models (Thiem 2010). After the necessity or sufficiency relationship has been identified, the next step is a truth table analysis, which

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[13] It must be acknowledged that there is no consensus among QCA experts on which solution is the most appropriate (see e.g. Lucas and Szatrowski 2014). The complex and parsimonious solutions are presented in Appendices 7 and 8.

provides causal recipes for various outcomes. The software also displays the recipes' raw and unique coverage. Raw coverage shows to what extent each recipe can explain the outcome; the lower a coverage score, the less empirically relevant the causal recipe. Unique coverage illustrates the proportion of cases that can be explained exclusively by a particular recipe. In essence, coverage provides a measure of empirical relevance, analogous to R^2 in statistical models (Thiem 2010).

Operationalisation

This study sets out to explain the outcome of abortion referendums. In a referendum on the issue of abortion, the public could be asked two fundamentally different questions — whether or not to ban or liberalise abortion. Therefore, the outcome of such a referendum is operationalised as a dichotomy: 1 if it is pro-choice and 0 if pro-life. For instance, if a referendum directed at banning abortion is rejected, it is coded as a pro-choice outcome. This method of coding offers a more nuanced approach compared to simply viewing referendums as adopted or rejected regardless of the actual wording of the proposition.

Four conditions are also dichotomised according to relevant thresholds and coded based on pro-choice versus pro-life attitudes. *A relative consensus within the parliament (A)* is present when three out of the five largest parties in the parliament are in favour or against the referendum proposition, and absent if less than three of those parties are in agreement. For example, in a pro-choice referendum, if there were a relative consensus within the parliament for the pro-choice proposition, it would be coded as 1 (in the same direction as the outcome); if there were a relative consensus against it or no relative consensus, it would be coded as 0. If a party were divided over the issue, it would be counted as 0.5 points. If, for instance, out of five parties in the legislative chamber, two were united in favour of a proposition and two were divided (2*0.5 points), it would be counted as three parties in favour. Admittedly, this approach might seem somewhat unusual. However, first, we are dealing with the five *largest* parties that in most cases account for between 80% and 95% of seats. To completely disregard the role of parties that internally were not fully in accord, regarding the referendum question, would be to simplify the process dramatically and miss important insights. Although the effect of mixed party cues on voters is lower than the effect of clear party cues, it is not null (Higley and McAllister 2002). Second, there is some degree of inter-party conflict in the vast majority of all referendums, not only with polarising issues (Sinnott 2002). With the topic of abortion, which transcends traditional partisan cleavages, politicians tend to act according to their own personal belief system, their 'conscience'. Consequently, in referendums on issues linked to morality, it is not rare that prominent party members campaign for the opposite blocks. It is reasonable to assume that every elected representative can influence their voters, especially when they are visible in the media giving their opinion on a highly intimate question that divides even families.

The second condition is *support for the head of government (B)*, which is operationalised as 1 if they take a pro-choice stance and 0 if they choose a pro-life position.[14] The third condition is *support of medical experts (C)*. In a pro-choice referendum, if there were a consensus among the medical community in favour of the pro-choice policy, a score of 1 would be assigned. Any other constellation (divided or consensus against) would be coded as 0. In a pro-life referendum, (C) is coded as 0 if there is a consensus for the pro-life measure, 1 in any other constellation (divided or consensus against). The fourth condition is *a high level of secularisation (D)*. This is measured using survey questions about church attendance, as is typically done in debates about secularisation (Norris and Inglehart 2004). The condition is coded as 1 (favouring a pro-choice outcome) if more than 60% of respondents from respective surveys state that they never to go to church or go less frequently than several times a year, and as 0 if fewer than 60% respond in this way.[15] The detailed information on all sources used for the coding of conditions is provided in Appendix 1.

Analysis and results

The first step in the QCA analysis was generating a truth table (Table 2), which offers an overview of the data and allows detection of possible patterns (raw data and coding are available in Appendix 2). There are no contradictory configurations, i.e., instances where the same configuration of values leads to different outcomes. Moreover, we observe three 'perfect pro-choice cases': two referendums in Switzerland in 2002 and the 2007 referendum in Portugal, corroborating the theory that a value of 1 for all the conditions leads to an outcome of 1 (all pro-choice conditions leading to a pro-choice outcome). Our dataset does not include a 'perfect pro-life case', one in which all conditions have a value of 0, leading to an outcome of 0 (all pro-life conditions leading to a pro-life outcome).

Table 2: Truth Table

Case	A	B	C	D	Outcome
CH 1977, PT 1998	0	0	0	1	0
IE 1983	0	0	1	0	0
CH 1978	1	0	0	1	1
IT 1981	1	0	1	0	1
CH 1985, IE 1992, IE 2002	1	0	1	1	1
IE 2018	1	1	1	0	1

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[14] In theory, the head of government could have a neutral position on the issue. In reality, the head of government in all observed cases articulated a position either in favour or against the proposition.

[15] The following sources were used for this condition: European Values Study and International Social Survey Programmes (see Appendix 1). For older cases in Switzerland, a secondary source was applied (Lachat 2012) due to the fact that Switzerland was not part of the above-mentioned surveys. The threshold is set at 60% since this figure indicated the clear majority in the society. However, the analysis with thresholds of 51% or 55% exhibit the same results due to the nature of the data. For the selected cases, the share of non-churchgoers was either 60–70% or below 35%.

CH 2002 (a), CH 2002 (b), PT 2007	1	1	1	1	1

Source: compiled using Tosmana software

Note: CH=Switzerland, IE=Ireland, IT=Italy, PT=Portugal

Consider the 2008 Portuguese referendum. The debate over abortion heated up during the 2005 parliamentary elections as the new leader of the Socialist Party, Jose Socrates, promised to hold a new referendum if elected as premier. Consequently, the ruling Socialist party was united with the pro-choice prime minister, while the Social Democratic Party faced opposition from its members but remained in a pro-life camp together with the Christian Democrats. The Unitary Democratic Coalition (between Communists and Greens) and the Left Bloc were united in favour of reform (Manuel and Tollefsen 2008). Doctors were also organised in favour of abortion rights (Whitten 2009). The campaign was centred around compassion, communal values, and human suffering. Many citizens were terrified by the idea that women found guilty of abortion faced up to three years in jail or a 20,000-dollar fine. In addition, each year 10,000 (mostly poor) Portuguese women who could not afford to travel to Spain for abortions were hospitalised in the aftermath of back street abortions, many dying (Manuel and Tollefsen 2008). Moreover, a highly salient trial in the city of Maia showed the brutal picture of illegal abortions in Portugal. A nurse who performed abortions in her home was condemned to eight years in prison — a longer sentence than for sexual abuse (Vilar 2002). The 'Yes' side, which united feminists, doctors and most of the political parties, won the referendum with around 60%.

The second step in QCA analysis is a necessity analysis, which shows that condition A (relative consensus within the parliament) is both a necessary and sufficient condition for both pro-choice and pro-life outcomes with consistency and coverage values of 1.0 (See Appendices 3 and 5). Conditions C (support of medical experts) and D (high level of secularisation) exhibit a high level of consistency, 0.88 and 0.77, respectively.

Pro-choice recipes

The truth table analysis provides the following causal recipes for nine pro-choice outcomes:

AC+AD   (1)[16]

The first recipe can be understood as relative support within the parliament in favour of a pro-choice policy (A) together with either support of medical experts for pro-choice policy (C) or a high level of secularisation in the country (D), leading to the adoption of a pro-choice policy. Raw coverage, which shows to what extent each recipe can explain the outcome, is rather high for each recipe, 0.77 and 0.88, respectively. Both of the causal recipes have a consistency

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[16] A small letter indicates the absence of the condition and a capital letter signals its presence.

of 1, meaning that each of them is a sufficient, but not necessary, conjectural cause for the pro-choice outcome of a referendum, and therefore, the consistency of the entire proposition is also 1. The solution coverage, indicating what proportion of membership in the outcome can be explained by membership in the causal recipes, also equals 1 (See Appendices 4 and 7).

Pro-choice recipes in practice

In this subsection, two referendums that resulted in the adoption of a pro-choice policy are considered in more detail to shed light on how these recipes work in practice: the 1981 referendum in Italy and the 2018 referendum in Ireland, which follow the first recipe (AC), and the 1978 and 1985 referendums in Switzerland, which adhere to the second recipe (AD).

In 1981, the Roman Catholic Church in Italy attempted to repeal a law from 1978 that allowed for abortion on request. The referendum campaign was promoted by the Vatican, but only the Christian Democrats with Prime Minister Arnaldo Forlani and the neo-Fascists MSI supported it (Ginsborg 2003). Although the majority of doctors in Italy were male and Catholic, they were not united behind the Yes campaign (DiMarco 2009). The initiative was crushingly defeated with 67.5% of votes against. Despite the high level of religiosity in Italy, with one-third of population attending church services every week and only 15% replying never (*ISSP* 1988), the country took a more secular path in defining family by approving the right to divorce in 1974 and defending the right to abortion in 1981.

Thirty-five years after the first referendum on abortion, Ireland voted to remove the Eighth Amendment which granted an equal right to life to the mother and unborn. The country was not necessarily less religious, but rather preceding events and the general environment were different. In 2013, after an incident where a woman died in the aftermath of denied abortion during a miscarriage, the strict abortion law was amended allowing for abortion if doctors considered a woman's life to be at risk from pregnancy complications or suicide. In 2016, the UN called on Ireland to reverse its strict abortion provisions. One year later, a citizens' assembly established by the government recommended unrestricted access to abortion during early pregnancy (Henley 2018). The political landscape had changed too. Already during the 2016 parliamentary elections, various parties made explicit manifesto commitments to hold a referendum on repealing the Eighth Amendment, including Labour, the Greens, Social Democrats, Sinn Féin and the Workers' Party. Fine Gael took the alternative path by committing to convene the Citizens' Assembly to deliberate on the issue (Field 2018). The majority of the political parties in Ireland supported the Yes campaign, including Fine Gael, Sinn Féin, Labour, and the Green Party. Most politicians supporting the No campaign came from Fianna Fáil, though its leader Mícheál Martin and other prominent members supported the Yes campaign. The only registered political party to fully support the No side was Renua

Ireland, which received around 2% of votes in the previous elections (Field 2018). Prime Minister Leo Varadkar from Fine Gael, a fierce advocate of liberalisation, described abortion in Ireland as 'unsafe, unregulated and unlawful', and he had the full support of the medical community of the country (Henley 2018). In the end, the amendment passed with 66.4% approval.

Swiss citizens voted four times in a referendum on abortion over a 30-year time span until it was legalised in 2002. The constellation around the topic has changed with time, though the level of religiosity has remained low. According to ISSP (2000), almost half of the Swiss population was found to never attend church activities, whereas only around 12% did on a weekly or monthly basis. Earlier, the percentage of people who never attended religious services or attended less than several times a year was around 60% (*International Social Survey Programme* 1989). No precise data is available for the 1970s. However, according to a survey among voters, around 70% exhibited low church attendance, albeit, certain confessional differences were visible: among protestants, the share of frequent churchgoers was considerably lower than among Catholics as early as the 1970s (Lachat 2012).[17]

In Switzerland, the first referendum on abortion liberalisation was rejected in September 1977. After the initiative was defeated, both opponents and proponents were confronted with the question of how to deal with the law that was adopted by the Parliament in June 1977, allowing abortion for sociomedical reasons — in cases of life endangerment for a woman, or if pregnancy would result in a 'not otherwise preventable social emergency situation for a pregnant woman', requiring a social report and consent from two doctors (*BBl 1977 III 88,* Art. 3 & 4). The majority of the parliamentary parties viewed the legislation as an insufficient compromise. The Christian Democrats and the Evangelical People's Party supported the bill, while all other parties were against it (Schmitter 2014; Nebel and Hurka 2015, 75). The proposition had the full approval of the medical community and was also backed by the head of the Federal Council, Christian Democrat Willi Ritschard (Engeli and Varone 2012). However, the legislation was criticised by both conservatives and liberals: for one side it was too progressive, for the other it was not far-reaching enough (Gindulis 2003). In the end, the referendum was decisively rejected by Swiss citizens on 28 May 1978.

Another referendum on abortion took place in Switzerland in June 1985 as a result of the initiative 'Right to life' launched by various pro-life organisations advocating a ban on abortion. The only political party supporting the initiative was CVP with its President of the Federal Council Kurt Furgler, a professed opponent of abortion (Schmitter 2014). The Swiss parliament and government addressed the voters with the recommendation to vote against the proposition. The citizens followed this advice and rejected the initiative by nearly 70% (Gindulis 2003).

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[17] It is beyond the scale of this article to account for vote differences between Protestant and Catholic cantons. Moreover, it is noteworthy that two Swiss cantons did not allow women to vote until the early 1990s: Appenzell Ausserrhoden (1989) and Appenzell Innerrhoden (1991).

Pro-life recipes

There are three cases that resulted in the adoption of the pro-life policy. The analysis of the truth table reveals the following intermediate solution:

abc + abd   (2)

Absence of relative consensus in favour of a pro-life policy (a) together with a pro-choice standpoint of the head of government (b) combined with either absence of support from medical experts (c) or a low level of secularisation (d) leads to the adoption of a pro-life policy. Two cases follow the first recipe, the 1977 referendum in Switzerland and the 1998 referendum in Portugal. The 1983 referendum in Ireland follows the second recipe. The recipes' raw coverage ranges from 0.33 (abd) to 0.66 (abc), and both the solution coverage and consistency have a value of 1 (See Appendices 6 and 8). Admittedly, these recipes are somewhat puzzling since one would expect some of the mentioned ingredients to produce a pro-choice outcome. To begin with, one should be highly cautious about drawing any generalisations from only three cases. However, a possible explanation might be the time variable. It is striking that all three referendums that produced a pro-life outcome were the first popular votes held on this topic in the respective countries. It is safe to assume that the societies were more traditional and the Church enjoyed a higher influence in the 1970s and 1980s than in the 2000s. Moreover, pro-choice groups learned from their experience and were able to organise themselves more efficiently in the subsequent votes.

Pro-life recipes in practice

On 25 September 1977 Swiss citizens voted in a referendum on the full liberalisation of abortion, which was initiated by feminist groups. The federal Parliament was unable to agree on whether to recommend the proposal, thus, for the first time Swiss citizens voted on a private initiative without Parliament's advice (*The New York Times, September 24*, 1977; Gindulis 2003, 159). The government, Federal Council, however, recommended to reject the initiative without offering a counter-proposal (Schmitter 2014, 72). The head of Federal Council, Christian Democrat Kurt Furgler spoke out against the liberalisation. The opponents of the initiative had powerful financial resources at their disposal and support from various political parties including the Christian Democratic People's Party (CVP), the Swiss People's Party (SVP) and the Evangelical People's Party (EVP) (Schmitter 2014). The Liberals (FDP), Social Democrats opposed free abortion and favoured a more moderate liberalisation, and the medical community was divided (Engeli and Varone 2012). In the end, the initiative was narrowly defeated with 51.7% of votes against the liberalisation.

In February of 1998, the National Assembly of Portugal passed a bill that would provide for an abortion in the first ten weeks of pregnancy under certain conditions. However, Prime Minister Antonio Guterres, a pro-life Roman Catholic, was against the bill and called for a

referendum. The tactic of calling a referendum sparked a lot of controversy, some arguing that Guterres violated the Constitution since it did not explicitly allow for measures adopted by the parliament to be subjected to a popular vote (Freire and Baum 2003). Thus, the ruling Socialist party was divided with the pro-life prime minister and the majority of pro-choice MPs. The Social Democratic Party was mainly pro-life, Christian Democrats (People's Party) were united against liberalisation, and the Democratic Unity Coalition (between Communists and Greens) was in favour (Manuel and Tollefsen 2008). The medical community was divided, though the mainstream discourse among medical professionals was against abortion (Whitten 2009). In the end, the 'Yes' side lost by a 2% margin with a low voter turnout of 32%, suggesting that the Church had been successful in mobilising, whereas moderates opted for staying at home (Blofield 2008).

Even though abortion had been illegal in Ireland for over a century, a referendum on a pro-life amendment to the Constitution was held in 1983 as a result of the pro-choice movement. Fianna Fail campaigned in favour of the amendment. Fine Gael and Labour were not so unanimous. In fact, their members opposed each other in the campaign. However, shortly before the voting day, four party leaders addressed the nation with the following message: Haughey from Fianna Fail was for 'Yes'; Prime Minister FitzGerald from Fine Gael, as well as Labour's and Workers' party leaders were for 'No' (O'Leary and Hesketh 1988). The topic was highly divisive not only among politicians but doctors, lawyers, and many other professions were split and campaigned for opposite camps (O'Carroll 1991, 55). In the end, the amendment passed with 67% approval. The vote reflected the high level of religiosity in the country — more than 80% of the Irish population attended religious services on a weekly basis, suggesting a very low level of secularisation, which could be translated into a low acceptance of abortion rights (*EVS - European Values Study 1981 - Integrated Dataset* 2011). Moreover, it is important to note that in the preceding parliamentary elections, Fianna Fail gained 45% of votes, while Fine Gael and Labour gathered around 52% together, suggesting that even if the latter two parties were divided in their positions, the pro-life side would have had a clear majority.

Conclusion

The topic of abortion remains a salient issue since the idea that women have the right to terminate pregnancies has not yet reached the level of global institutionalisation, and future referendums on this issue can be expected. This article aimed to identify multiple factors that contributed to the pro-choice or pro-life outcome of referendums in Europe since the 1970s. The analytical framework accounts for the idiosyncratic nature of the abortion policy, by including level of secularisation and support of the medical community, and bridges it with the insights from referendum research, i.e., the role of consensus and position of the head of government. The findings indicate that relative consensus in the parliament, support of medical experts and level of secularisation play a major role in the adoption of a policy.

Accordingly, a referendum had a pro-choice outcome in cases when relative consensus within the parliament was in favour of a pro-choice policy together with either support of medical experts or a high level of secularisation in the country. No empirical evidence was found for support of the head of government.

These findings are relevant to the study of referendums since they provide first grounds to include the concept of relative consensus into future theoretical explanatory models. The factor of relative consensus explains the outcome in all referendums: it was the common denominator among all pro-choice outcomes, whereas its absence was the common denominator in all pro-life outcomes. So far, the concept of relative consensus has been applied in other fields (Miethe 1984; Cao et al. 2004) but has not found its way into political science due to its diffuse character. Relative consensus is different than parliamentary majority since in referendums there are usually only two sides, with all the votes reallocated to the 'Yes' or 'No' side. This means that the classic representation formula in the parliament or exact percentage of a party is not as important as its mobilisation effect, clear stance, and persuasive power.

Based on previous research about the relationship between consensus and adoption of a referendum (Trechsel and Sciarini 1998; Kriesi 2006), we know that in campaigns the number and variety of actors matter: the more, the better. This is because in popular votes it is about reaching the critical mass; the goal is to communicate with one voice through as many channels as possible. Consequently, a reshuffling of political forces occurs. It might seem somewhat simplistic, but, indeed, a referendum offers a simple choice with predominantly two single options. Thus, the whole electorate is divided not among all political parties competing with each other in elections, but rather between two groups with often heterogeneous team members. It might appear to be too early to seriously discuss the possibility of building a 'theory' or even a 'model' based on this factor. Nevertheless, it is plausible that relative consensus exhibits theoretical relevance by introducing another dimension to the study of referendums.

Admittedly, this article has some limitations. It considers a fairly restricted universe of cases, both in content and quantity and thus, some caution must be exercised when generalising the results. Moreover, the operationalisation of the relative consensus requires further elaboration, although the findings suggest the existence of certain threshold levels. This paper is merely a first tentative step in introducing this factor in the explanatory models of referendums. Another limitation of this study is the lack of control for interdependency and time. Interdependency of cases within a country refers to the possibility of one referendum affecting another. The time variable accounts for historical changes and the general process of modernisation of social relations, including the status of women in the family and society. In spite of the aforementioned points, the study serves as a good point of departure for future analyses that would expand the unit of analysis to popular votes on other moral issues, e.g., the death penalty, same-sex marriage and divorce. Another avenue for further research would

be to elaborate on the unexpectedly low influence of the head of government on the outcome of a referendum.

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Appendix 2: Raw data and coding

Nr.	Case	A	B	C	D	Outcome
1	CH 1977 (P)[18]	0	Against	No consensus	68%	Rejected
2	CH 1978 (R)	0	In favour	In favour	68%	Rejected
3	CH 1985 (R)	0	In favour	Against	60,9%	Rejected
4	CH 2002 A (P)	1	In favour	In favour	Over 60%	Adopted
5	CH 2002 B (R)	0	Against	Against	Over 60%	Rejected
6	IE 1983 (R)	1	In favour	No consensus	9%	Adopted
7	IE 1992 (R)	0	In favour	No consensus	70%	Rejected
8	IE 2002 (R)	0	In favour	Against	Over 60%	Rejected
9	IE 2018 (P)	1	In favour	In favour	32%	Adopted
10	IT 1981 (R)	0	In favour	No consensus	28%	Rejected
11	PT 1998 (P)	0	Against	No consensus	Over 60%	Rejected
12	PT 2007 (P)	1	In favour	In favour	Over 60%	Adopted

Case	A	B	C	D	Outcome
CH 1977	0	0	0	1	0

---

[18] P stands for permissive policy (=pro-choice), R stands for restrictive (=pro-life).

CH 1978	1	0	0	1	1
CH 1985	1	0	1	1	1
CH 2002 (a)	1	1	1	1	1
CH 2002 (b)	1	1	1	1	1
IE 1983	0	0	1	0	0
IE 1992	1	0	1	1	1
IE 2002	1	0	1	1	1
IE 2018	1	1	1	0	1
IT 1981	1	0	1	0	1
PT 1998	0	0	0	1	0
PT 2007	1	1	1	1	1

Appendix 3: Results of the necessity analysis for the occurrence of the outcome 1

	Consistency	Coverage
a	1.000000	1.000000
~a	0.000000	0.000000
b	0.444444	1.000000
~b	0.555556	0.625000
c	0.888889	0.888889
~c	0.111111	0.333333
d	0.777778	0.777778
~d	0.222222	0.666667

Note: a – condition A present; ~a – condition A absent

Appendix 4: simplifying assumption for outcome 1

A{1}B{0}C{0}D{0} +
A{1}B{1}C{0}D{0} +
A{1}B{1}C{0}D{1}
Number of Simplifying Assumptions: 3

Appendix 5: Results of the necessity analysis for the occurrence of the outcome 0

	Consistency	Coverage
a	0.000000	0.000000
~a	1.000000	1.000000
b	0.000000	0.000000
~b	1.000000	0.375000

c	0.333333	0.111111
~c	0.666667	0.666667
d	0.666667	0.222222
~d	0.333333	0.333333

Note: a – condition A present; ~a – condition A absent

Appendix 6: simplifying assumption for outcome 0

Simplifying Assumptions	A{0}B{0}C{0}D{0} +
	A{0}B{0}C{1}D{1} +
	A{0}B{1}C{0}D{0} +
	A{0}B{1}C{0}D{1} +
	A{0}B{1}C{1}D{0} +
	A{0}B{1}C{1}D{1}
	Number of Simplifying Assumptions: 6

Appendix 7: Solutions for Outcome 1

--- COMPLEX SOLUTION ---

frequency cutoff: 1.000000

consistency cutoff: 1.000000

	raw	unique	
	coverage	coverage	consistency
	----------	----------	----------
a*c	0.888889	0.555556	1.000000
a*~b*d	0.444444	0.111111	1.000000

solution coverage: 1.000000

solution consistency: 1.000000

--- PARSIMONIOUS SOLUTION ---

frequency cutoff: 1.000000

consistency cutoff: 1.000000

	raw	unique	
	coverage	coverage	consistency
	----------	----------	----------
a	1.000000	1.000000	1.000000

solution coverage: 1.000000

solution consistency: 1.000000

--- INTERMEDIATE SOLUTION ---

frequency cutoff: 1.000000

consistency cutoff: 1.000000

Assumptions:

c (present)

b (present)

a (present)

      raw   unique

     coverage   coverage consistency

   ---------- ---------- ----------

	raw coverage	unique coverage	consistency
d*a	0.777778	0.111111	1.000000
c*a	0.888889	0.222222	1.000000

solution coverage: 1.000000

solution consistency: 1.000000

Appendix 8: Solutions for Outcome 0

--- COMPLEX SOLUTION ---

frequency cutoff: 1.000000

consistency cutoff: 1.000000

       raw   unique

      coverage   coverage consistency

    ---------- ---------- ----------

	raw coverage	unique coverage	consistency
~a*~b*c*~d	0.333333	0.333333	1.000000
~a*~b*~c*d	0.666667	0.666667	1.000000

solution coverage: 1.000000

solution consistency: 1.000000

--- PARSIMONIOUS SOLUTION ---

frequency cutoff: 1.000000

consistency cutoff: 1.000000

```
          raw      unique
       coverage   coverage  consistency
      ----------  ----------  ----------
~a    1.000000   1.000000   1.000000
solution coverage: 1.000000
solution consistency: 1.000000


--- INTERMEDIATE SOLUTION ---
frequency cutoff: 1.000000
consistency cutoff: 1.000000
Assumptions:
~c (absent)
~b (absent)
~a (absent)


          raw       unique
       coverage   coverage  consistency
      ----------  ----------  ----------
~c*~b*~a   0.666667   0.666667   1.000000
~d*~b*~a   0.333333   0.333333   1.000000
solution coverage: 1.000000
solution consistency: 1.000000
```