*Social Work Student Attitudes toward Abortion*

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Abstract

**Purpose**: To explore social work student attitudes toward abortion and factors that may influence these attitudes.

**Method**: The authors designed a 41-item survey that evaluated personal and professional attitudes toward and knowledge of abortion, contraception, the HPV Vaccine and relevant NASW policy issues. Current undergraduate, graduate and doctoral social work students at the University of Kentucky (n=319, 310 and 36, respectively) were invited to complete an anonymous, online survey related to attitudes toward women's reproductive health. In addition to students enrolled at the main campus in Lexington, students enrolled in off-campus programs were also invited to participate. One hundred sixteen students submitted a completed survey, but one submitted survey had a great deal of missing data. For most analyses, there were 115 responses with data. Eighty seven respondents were enrolled at the main campus and 28 were enrolled in off-campus programs. One-hundred and fifteen participants provided responses to some or all of the survey items, which was available online for 17 days. This paper focuses solely on student attitudes toward abortion.

**Results**: Consistent with the authors' hypothesis, students who reported higher levels of religiosity demonstrated more conservative attitudes toward abortion and reported a decreased likelihood to provide a referral for or information regarding abortion to a client seeking to terminate her pregnancy.

**Conclusion:** The NASW Code of Ethics requires social workers to respect a client's right to self-determination, including making individual health decisions. In addition, the NASW Policy Statement on Family Planning and Reproductive Health states that social work as a profession supports clients' rights to choose whether or not to have children, when to have them and how many to have via access to family planning services, including abortion. This study explored social work students' attitudes toward reproductive health and their knowledge of the NASW Code of Ethics and Policy Statements. The results of this study can be used to assist the profession in understanding professional attitudes toward women's reproductive health issues and the possible association of these attitudes with services for clients. The study also highlights the potential for professional and religious values and beliefs to be in conflict with one another.

# SOCIAL WORK STUDENT ATTITUDES TOWARD ABORTION

## *Introduction and Review of the Literature*

Since the 1973 Roe v. Wade decision, the abortion debate has remained a highly politicized issue based on religious beliefs, gender roles, political ideology, personal responsibility and human rights. Despite increased state restrictions and the powerful pro-life movement's opposition, one-fifth of all pregnancies (Finer & Henshaw, 2003) and half of unintended pregnancies in the U.S. end in abortion (Henshaw, 1998). Surgical abortion remains one of the most common surgical procedures for women of reproductive age (Henshaw, 1998). The current U.S. policy toward abortion is considered a hindering policy in which states acknowledge a woman's right to make her own reproductive health decisions, but are not committed to enabling her to act on such decisions (Yishai, 1993). As abortion becomes increasingly restricted in state after state, attitudes toward abortion become more significant.

Researchers rarely consider the impact that interactions between health care workers and clients may have on the decision to obtain an abortion. Such factors as social stigma, personal embarrassment, financial ability, lack of transportation, and overall lack of knowledge make seeking advice regarding reproductive health issues or seeking services to obtain reproductive healthcare an accomplishment for many women. Those who come into direct contact with women seeking abortion services or crisis pregnancy counseling play a critical role in determining the outcome of these experiences. The social work profession was founded on social activism and advocating on behalf of disadvantaged and oppressed populations. As such, social workers have historically held more liberal views toward abortion than others working in such health-related fields as nursing and medicine (Rosen, Werley, Ager & Shea, 1974).

In the 1960's, the National Association of Social Workers (NASW) stated that it is every social worker's duty to give precedence to professional responsibility over personal interests (National Association of Social Workers, 2008). Since that time, however, dealing with ethical issues in social work has become more complex. The NASW Code of Ethics was updated in 1996 to address such complexities in professional practice (Reamer, 1998). While the Code of Ethics sets forth guidelines and recommended standards for professional social work practice, it must also allow for personal discretion and decision making. Once a client is in the presence of a social worker, the ways in which we perceive clients' needs, capabilities, and desires may greatly influence a client's decision making. We must ask: do social workers separate personal opinion from professional responsibility?

According to Wolfson (1999), there are several factors that enter into every social worker's practice. These factors include the social worker's personal values which are, necessarily, part of every clinical intervention. Another important dimension is the use of practice models and theoretical orientations. The social worker's stance on cultural norms and beliefs is also an important component of the social worker's practice. Finally, all of these dimensions are influenced by the practitioner as she interprets the process in a practical manner (Wolfson, 1999).

Clearly, social workers are not immune to cultural influences and societal norms. Many students and professionals of social work are simultaneously members of churches, families or communities that subscribe to values that are more or less at odds with those of the social work profession. Social work professional ethics were originally developed in 1947 by a group of educated individuals in urban settings, generally removed from the day to day lives, experiences and values of many social workers (Reamer, 1998). The NASW Code of Ethics is intended to

serve as a guide to the everyday professional conduct of social workers (NASW, 2008). It is not unreasonable to expect some divergence, at times, in one's personal values and the expectations of the Code of Ethics. Thus, it is imperative that social work education in college and university settings provide students the opportunity to explore their personal values and beliefs to determine what allowances or adjustments need to be made so that they do not violate the Code of Ethics in their future professional work. For example, those holding conservative views toward abortion may need to seek employment in a field which will not bring them into contact with women experiencing a crisis pregnancy, for example, gerontology, hospice, or male-specific treatment.

Research in developing countries highlights the social distance between women and health care professionals that gives rise to mistrust on both sides. It also reveals the gate-keeping activities of health care professionals that may reinforce this mistrust, and which may discourage women's clinic attendance (Ali & Cleland, 1995; Lago, Barbosa, Clackmann, Villela, & Gohiman, 1995; Rutenberg & Watkins, 1997; Stanback, Thompson, Hardee, & Janowitz, 1997). Issues that color clients' experiences in developing countries - mutual suspicion, embarrassment, judgmental attitudes, difficulties communicating across class, racial, and/or educational divides—are also relevant to clinical dynamics in the U.S., especially in healthcare matters that involve sexual behavior and decisions about reproduction (Rossier, 2007).

Current research refutes some of the more traditional views regarding abortion, and proposes other possible theories for what drives individual attitudes toward abortion. Such factors as beliefs about sexual morality and religious beliefs certainly shape abortion attitudes. Religiosity has traditionally been one of the most predictive factors in explaining attitudes toward abortion (Modi, 2002; Sahar & Karasawa, 2003; Cook, Jeler & Wilcox, 1992; Wilcox, 1990; Zucker, 1999) as have moral traditionalism and political conservatism (Granberg &

Granberg, 1980; Zucker, 1999). The more religious, morally traditional or politically conservative individuals are, the less they approve of abortion (Sahar & Karasawa, 2003). In addition, Luker (1984) found that the pro-life position was associated with the endorsement of traditional gender roles.

According to Finer and Henshaw (2003), 87% of U.S. counties did not have an abortion provider in 2000. Increasingly limited access to abortion services may make it an unrealistic alternative for many women, especially those who are poor and those from rural areas (Yishai, 1993). Kentucky is a predominantly rural state, with only one abortion provider in each of the two largest urban counties in the state – out of 120 counties statewide. According to the 2000 U.S. Census, 33.1% of single women in Kentucky live below the federal poverty level. This poverty rate greatly increases as women bear children: 43% of single mothers with children under 18 and 56% of single mothers with children under the age of five live below the federal poverty level. The cost of an abortion in Kentucky ranges from $450 to $2,200, depending on the type of procedure and the stage of the pregnancy (EMW Women's Surgical Center, personal communication, May 22, 2008). Clearly, these costs are a heavy burden for women living in poverty and often prevent poor women from obtaining an abortion, forcing them to bear children they cannot financially support.

It is especially disappointing that social work researchers and practitioners have not taken an interest in this area of research, given our profession's commitment to client self-determination and reproductive choice, and our extensive history of socially just clinical practice. Social workers are often the first point of contact for many women seeking help with an unintended pregnancy. Because of the many barriers inherent in the abortion decision (age, parental notification, mandatory waiting periods, transportation, costs, etc.), this study seeks to

determine social work student attitudes toward abortion and the likelihood these students will potentially help (provide access) or hinder (prevent access) a client choosing to terminate a pregnancy.

In 1963, President Kennedy convened the President's Appalachian Regional Commission (PARC) to analyze the status of Appalachia. The PARC argued that Appalachia differed from the rest of the country in the mid-1960s because of its terrain and limited accessibility, and because of the condition of its people, both socially and economically. The supporting statistical analysis showed how Appalachia was a region apart in socio-economic terms because of its low income, lack of urbanization, deficits in education, and deficits in living standards (Isserman, 1996). Fortunately, the findings of this report do not characterize the region as a whole today; however, stereotypes regarding Appalachia continue. Because religion is a persistent institution in Appalachia (Photiadis & Schnabel, 1977) and stereotypes exist that link Appalachian identity with conservative moral values, we hypothesized that students from Appalachia and students who reported high levels of religiosity would demonstrate more conservative attitudes toward abortion. Conceivably, such conservative attitudes could lead to professional behaviors that contrast with the NASW Code of Ethics and Policy Statements regarding client autonomy and reproductive health.

## Methods

The authors reviewed 95 questions from existing scales and measures (Davis, et al. 1998; Finlay, 1981). The final 41-item survey included Finlay's 1981 scale, seven items developed by Ely and 29 items developed by Akers. Permission to use particular items was granted by all authors whose scales/questions were incorporated in the present survey. These items tapped personal and professional attitudes toward such issues as abortion, contraception, the HPV

Vaccine and relevant NASW Codes and policies (See Appendix 1). An invitation to participate in this study was distributed via email to current undergraduate, graduate and doctoral social work students at the University of Kentucky, n=319, 310 and 36, respectively. The recruitment email was distributed by the UK College of Social Work's IT Manager, to protect subject privacy. The anonymous survey was administered by Surveymonkey.com. University of Kentucky students taking classes at five campuses were invited to participate: those on the main campus in Lexington, Kentucky (located in central Kentucky), students enrolled in the UK College of Social Work's off-campus programs at Northern Kentucky University (NKU) (located outside Cincinnati, in Highland Heights), Morehead State University (MSU) (located in Eastern Kentucky), Hazard Community College and Prestonsburg Community College (both located in southeastern Kentucky). Students from the Lexington and NKU campuses were categorized as "Urban" and students from MSU, Hazard and Prestonsburg Community Colleges in Appalachia were categorized as "Rural" to compare the attitudinal differences between these two groups. One-hundred and sixteen survey responses were submitted. One survey response had a great deal of missing data, and 115 participants provided responses to the majority of the survey questions. The survey was available online for 17 days. This study of student attitudes toward abortion is part of a larger study, the results of which are presented elsewhere.

## Results

### *Sample*

The majority of the sample was white, female and Protestant. Just over half were married or partnered and more than two thirds were graduate students. The majority did not self-identify as Appalachian. Table 1 presents descriptive statistics on key variables for subjects who were classified as urban and rural based on the location in which they were taking classes.

The UK masters of social work program is the only social work program available at each of the rural campuses (Morehead, Hazard and Prestonsburg). Thus, 100% of rural students were graduate students (n=23). At the two urban campuses (Lexington and Highland Heights), 40.2% of respondents were undergraduate students (n=37), 51.1% were enrolled in the masters program (n=47), and 8.7% were doctoral students (n=8). Not all respondents answered all questions, causing slight differences in the number of respondents for some variables and some analyses.

Table I

*Sample Demographics*

| | **Urban % (n)** | **Rural % (n)** |
|---|---|---|
| ***AGE: N=115*** | n=92 – 28.33 years | N=23 – 36 years |
| ***GENDER: N=114*** | | |
| Female | 85.7 (78) | 95.7 (22) |
| Male | 14.3 (13) | 4.3 (1) |
| ***RACE: N=115*** | | |
| Caucasian | 95.7 (88) | 100 (23) |
| African-American | 4.3 (4) | 0 |
| ***MARITAL STATUS: N=91*** | | |
| Single | 41.8 (38) | 17.4 (4) |
| Married | 31.5 (29) | 56.5 (13) |
| Living w/ Adult Partner | 23.1 (21) | 0 |
| Separated | 1.1 (1) | 4.3 (1) |
| Divorced | 1.1 (1) | 21.7 (5) |
| Other | 1.1 (1) | 0 |
| ***RELIGION: N=115*** | | |
| Protestant | 58.7 (54) | 95.7 (22) |
| Catholic | 13.0 (12) | 0 (0) |
| Jewish | 3.3 (3) | 0 (0) |
| Other | 6.5 (6) | 0 (0) |
| None | 18.5 (17) | 4.3 (1) |
| ***RELIGIOUS LEVEL: N=115*** | | |
| Not Active | 34.1 (31) | 26.1 (6) |
| Slightly Active | 27.2 (25) | 17.4 (4) |
| Moderately Active | 23.1 (21) | 34.8 (8) |
| Very Active | 15.4 (14) | 21.7 (5) |

*Findings*

Consistent with prior research, results of this study indicate religiosity had a statistically significant association with social work students' attitudes toward abortion. In addition, some students indicated a lack of knowledge regarding abortion laws and policies in Kentucky: fourteen students (12.5%) indicated that they thought abortion was illegal in Kentucky and 27 students (24.1%) were not sure if it was legal or illegal in the state. Additionally, 75 students (68.9%) indicated that they did not know where abortions were performed in Kentucky (See Table 2).

Table 2

*Sample Attitudes*

| **TOTAL SAMPLE, N=116** | **Agree** | **Not Sure** | **Disagree** |
|---|---|---|---|
| *A fetus should be protected because it cannot protect itself* | 31.6 (36) | 27.2 (31) | 41.2 (47) |
| *A fetus should have the same rights as a person* | 31.5 (35) | 27.0 (30) | 41.4 (46) |
| *Abortion is legal in Kentucky* | 63.4 (71) | 24.1 (27) | 12.5 (14) |
| *I know where abortions are performed in Kentucky* | 31.5 (35) | 26.1 (29) | 42.3 (47) |

| | **No** | **Yes** |
|---|---|---|
| *If a client asked me where to get an abortion, I would tell her where she could get one* | 49.1 (54) | 50.9 (56) |
| *A woman's decision to have an abortion is always justified* | 71.9 (82) | 28.1 (32) |
| *If a client asked me where to get an abortion, I would try to convince her abortion is wrong* | 99.1 (109) | .9 (1) |
| *I support legislation that bans abortion* | 84.8 (95) | 15.2 (17) |
| *Abortions should be banned* | 86.0 (98) | 14.0 (16) |
| *Abortion should be legal for any reason* | 50.0 (57) | 50.0 (57) |
| *Abortion is a legitimate health procedure* | 57.5 (65) | 42.5 (48) |
| *Abortion is the equivalent of murder* | 77.0 (87) | 23.0 (26) |

The authors also found that the 23 students who attended MSW classes at one of the off-site campuses in rural Appalachia (located in Morehead, Hazard and Prestonsburg), held more conservative views toward abortion than students who attended the two urban campuses (n=92) in Lexington and Highland Heights. (See Table 3.) Levels of religiosity are outlined in Table 4.

Table 3

*Urban vs. Rural Attitudes toward Abortion*

| | | UK Campus | |
|---|---|---|---|
| | | **Urban** | **Rural** |
| Abortion is a legitimate health procedure (p=.006) | No | 50.6 (45) | 82.6 (19) |
| | Yes | 49.4 (44) | 17.4 (4) |
| Abortion is legal in KY (p=.024) | Disagree | 9.0 (8) | 27.3 (6) |
| | Not Sure | 22.5 (20) | 31.8 (7) |
| | Agree | 68.5 (61) | 40.9 (9) |
| Abortion should be legal for any reason (p=.032) | No | 44.4 (40) | 69.6 (16) |
| | Yes | 55.6 (50) | 30.4 (7) |
| Fetus should be protected (p=.031) | Agree | 25.6 (23) | 52.2 (12) |
| | Not Sure | 27.9 (25) | 26.1 (6) |
| | Disagree | 46.7 (42) | 21.7 (5) |
| Fetus should have same rights as person (p=.011) | Agree | 27.3 (24) | 45.5 (10) |
| | Not Sure | 23.9 (21) | 40.9 (9) |
| | Disagree | 48.9 (43) | 13.6 (3) |

Table 4

*Sample Levels of Religiosity*

| **Total Sample N = 116** | **n (%)** |
|---|---|
| Not Active | 37 (32%) |
| Slightly Active | 29 (25%) |
| Moderately Active | 30 (26%) |
| Very Active | 19 (16.5%) |
| Missing | 1 (.5%) |

For the following analyses, the 110 students with complete information on all relevant variables were included. Four students indicated that they were unsure about whether they were Appalachian. For this analysis, students who chose “unsure” were recoded as Appalachian. The rationale for this is that students who were unsure presumably had some reason for thinking that they might be Appalachian. Because of that, we believed that it made more sense to include them in the Appalachian category than in the non-Appalachian category.

Table 5

*Appalachian Identity by Campus*

| | Urban Campus | Rural Campus | Total |
|---|---|---|---|
| Appalachian | 23 (20%) | 17 (15%) | 40 (34%) |
| Not Appalachian | 64 (55%) | 6 (5%) | 70 (60%) |
| Total* | 87 (75%) | 23 (20%) | 110 (95%) |

* 6 students were not included because of missing data.

As shown in Table 6, students who self-identified as Appalachian were likely to hold more positive attitudes toward abortion than those who did not. Mean attitudes toward abortion were higher on urban campuses than on rural campuses, with the group of Appalachian students attending classes on urban campuses holding the most positive views toward abortion of the four groups.

Table 6

*Mean Attitude toward Abortion Scores by Appalachian Identity and Campus Location*

| | Urban Campus | Rural Campus | Overall Mean** | N |
|---|---|---|---|---|
| Appalachian | 2.65 | 1.47 | 2.15 | 40 |
| Not Appalachian | 2.00 | 1.00 | 1.91 | 70 |
| Overall Mean | 2.17 | 1.35 | 2.00 | |
| N | 87 | 23 | 110 | 110* |

* n=110, 6 students were not included because of missing data
** Higher mean values indicate more favorable attitudes toward abortion

*Factor Analysis*

The authors developed eight items to determine attitude toward abortion. Five items were recoded such that higher scores indicated a more supportive attitude toward abortion and the recoded scores were used in further analyses. A factor analysis of these eight items was carried out to explore the possibility that a smaller number of items would tap the construct of attitude toward abortion more efficiently than the original eight items. A principal component analysis was done, using Varimax rotation with Kaiser normalization. Four of the eight items had factor loading scores above .5 on the first component and were chosen as the most parsimonious

approach to tapping the construct of "Attitude Toward Abortion." The results of the factor analysis are shown in Table 7. The four items selected for the final version of the attitude toward abortion scale are highlighted in yellow.

Table 7

*Results of Factor Analysis of Attitude toward Abortion Items*

| Candidate "Attitude Toward Abortion" Items | Factor Loading Score Component 1 |
|---|---|
| 1. Woman's decision is always justified | .662 |
| 2. No circumstances justify decision (recode) | .191 |
| 3. I support legislation that requires a waiting period (recode) | .417 |
| 4. Support legislation that bans Abortion (recode) | .351 |
| 5. Abortion should be banned (recode) | .206 |
| 6. Abortion should be legal for any reason | .791 |
| 7. Abortion is a legitimate health procedure | .600 |
| 8. Abortion is equivalent of murder (recode) | .552 |

To better understand the relationships among religiosity, campus location, Appalachian identity and attitude toward abortion, an analysis of variance was carried out, using attitude toward abortion as the dependent variable. To create the attitude toward abortion variable used for this analysis, student scores on the four items identified by the factor analysis as most strongly related to the construct of attitude toward abortion were added together and the total was used as each student's score on this variable. The other two variables have been described previously.

The overall model was highly significant, with an adjusted R Square of .300. Religiosity showed the strongest association with attitude toward abortion. Campus location was also significantly associated with attitude toward abortion, but much less strongly. Appalachian Identity was not significantly associated with attitude toward abortion. Religiosity clearly has the strongest association with attitude toward abortion and considering oneself to be Appalachian is associated with more positive attitudes toward abortion. It is more difficult to interpret the role of

campus location because of the different educational levels involved. Undergraduates and doctoral students were only enrolled at urban campuses, while masters students were enrolled at both rural and urban campuses. The association of campus location with attitude toward abortion could be related to educational stage as well as to the location.

Table 8

*Results of Analysis of Variance Demonstrating Association of Religiosity, Campus Location and Appalachian Identity with 4-Item Attitude toward Abortion Scale*

| Source | Df | F | Sig. | Partial Eta Squared |
|---|---|---|---|---|
| Corrected Model | 5 | 10.341 | .000 | .332 |
| Intercept | 1 | 136.792 | .000 | .568 |
| Religiosity | 3 | 17.541 | .000 | .264 |
| Campus Location | 1 | 9.349 | .012 | .060 |
| Appalachian Identity | 1 | 2.829 | .160 | .019 |
| Error | 104 | | | |
| Total | 110 | | | |
| Corrected Total | 109 | | | |

DV: Attitude Toward Abortion
R Squared = .332 (Adjusted R Squared = .300)

Appalachian Identity and Campus Location had only two levels, so no post hoc tests of significance were carried out for these variables. Religiosity had 4 levels: not active, slightly active, moderately active, and very active. Post hoc tests indicated the category of being very active in religious practice was significantly different from all other categories in predicting attitude toward abortion. The two middle categories were not significantly different from one another and the not active category was significantly different from the moderately and very active categories.

These findings are consistent with prior research regarding religiosity and attitudes toward abortion (Modi, 2002; Sahar & Karasawa, 2003; Cook, Jeler & Wilcox, 1992; Wilcox, 1990; Zucker, 1999) and support the authors' hypothesis that students who hold strong religious beliefs would have more negative attitudes toward abortion. The hypothesis that those from

Appalachia would hold more negative attitudes toward abortion was supported by the finding that students taking classes at Appalachian campuses held more negative attitudes toward abortion than their urban counterparts. However, this result was complicated by the finding that on their respective campuses, students who self-identified as Appalachian held more positive views toward abortion than those who did not self-identify as Appalachian. These findings suggest that "place" is more likely a predictor of values and attitudes than ethnic or regional identity and other factors, such as peer or community influence, may play a larger role in defining values, beliefs, and attitudes. In addition, this result suggests the need for further research to define Appalachian identity and the degree to which it overlaps rural identity.

## Study Limitations

This study explored social work student attitudes toward abortion at one university, at one point in time. Due to the convenience sampling of this research design, the results of this study cannot be generalized to other social work students at other universities or to the general population of social workers. In addition, it should be acknowledged that students respond to surveys for different reasons. Due to the controversial nature of this survey, respondents might not answer honestly or may hold personal views that are more extreme than the entire social work student body and may not be representative of the subject population. In addition, given the low response rate of 17%, it isn't possible to know whether the sample represents the population.

## Conclusion

The NASW Code of Ethics requires social workers to respect a client's right to self-determination, including making individual health decisions. This study explored current and future social worker attitudes toward reproductive health, including a woman's decision to obtain an abortion. This study provides a glimpse of some discrepancies between the Code of Ethics

and actual beliefs. These discrepancies may increase the probability that social workers will violate the Code of Ethics in these areas. These results may be useful to educational programs in planning curricula, instruction, and offering opportunities to resolve conflicts between beliefs and the Code of Ethics. It is important to recognize the dilemma of the professional social worker who is required to act in a way that violates her/his conscience. The potential for stress when one's beliefs are out of sync with one's professional ethics is an important factor that should be considered in future research.

While the results of this study indicate the majority of social work students sampled held attitudes toward abortion that are aligned with the NASW Code of Ethics and Policy Statements, many do not hold these beliefs and, in fact, hold views in opposition to the NASW Code of Ethics and Policy Statements. Twenty-six students (23%) believe abortion is murder, 17 students (15.2%) support legislation that bans abortion and, if asked where to get an abortion, nearly half of the sample (54 students or 49.1%) would not provide the referral. It isn't possible to know the degree to which students with these beliefs will present concerns in their future interactions with clients. Professional social workers are expected to provide comprehensive services to a client. Lack of information about the legality of abortion and/or where the procedure is performed are likely to make it difficult to carry out the expectation of providing comprehensive services. While these responses cannot predict how these current and future social workers would respond in the presence of a client faced with an unintended pregnancy, they certainly raise concern as to their lack of professional social work knowledge and potential personal bias. This represents an important disconnect between ethical codes, what is being taught educationally, and professional practice. Future research is needed to investigate the consequences of this apparent disconnect and to plan a proper response.

Despite these findings, the results of this study cannot predict the future behaviors of these students. In fact, social psychology literature suggests that there is frequently a discrepancy between attitudes and behavior, consistent with a general principle that beliefs do not always predict behavior (Firmin, Hwang & Wood, 2007). In general, strong attitudes toward a particular issue, along with a strong commitment to the issue are more apt to accurately predict behavior (Petokava, Ajzen & Driver, 1995). Thus, while one might believe that a student who holds views consistent with the NASW Code of Ethics would respond accordingly and that a student who holds inconsistent views would respond in opposition to this Code, none of these inferences can be garnered from these findings. In fact, the results of this study cannot predict with any certainty what a social worker is likely to do when faced with a client and her unintended pregnancy. It is also possible that social workers separate their personal beliefs from their professional behavior. Future research might investigate the potential or real experiences of social workers relevant to their personal beliefs to determine if a disconnect exists between client needs and personal values. Researchers should also consider the effects of such a discrepancy on the physical and mental health, job satisfaction, spirituality, and other life factors of social work students and professionals if it is demonstrated to exist.

## Author Note

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Appendix
Survey of University of Kentucky Social Work Students About Reproductive Health
Spring 2008

1. UK Campus: (select only one)
   - Lexington
   - NKU
   - Morehead
   - Hazard
   - Prestonsburg
   - Other _____

2. Student Classification:
   - Undergrad
   - Graduate
   - Doctoral
   - Other _____

3. Undergraduate Major: _____

4. Undergraduate Minor: _____

5. Undergraduate Institution: _____

6. How old are you? _____

7. County and State where your parents lived when you were born (or Country, if you were not born in the U.S.):
   - County: _____
   - State: _____
   - Country: _____

8. What do you consider your hometown/state (or country)? (this may or may not be where you were born, but where you consider "home
   - City/Town: _____
   - State: _____
   - Country: _____

9. Where did you graduate high school?
   - County: _____
   - State: _____
   - Country: _____

10. Would you describe yourself as Appalachian?
    - Yes
    - No
    - Not Sure

11. Gender:
    - Female
    - Male

12. Marital Status:
    - Single, never married
    - Living with an adult partner
    - Married
    - Divorced
    - Separated
    - Widowed
    - Other _____

13. Race/Ethnicity:
    - African American
    - Asian
    - Caucasian
    - Latino
    - Bi-racial
    - Other

14. Religious Preference:
    - Catholic
    - Jewish
    - Muslim
    - Protestant (Christian, Baptist, Methodist, etc.)
    - None
    - Other _____

15. Level of religious activity:
    - Very Active
    - Moderately Active
    - Slightly Active
    - Not Active

16. Have you ever worked in social services?
    - No
    - Yes
    - If yes, for how long? _____

17. Have you ever volunteered in social services?
    - No
    - Yes

    If yes, for how long? _____

*Please answer the following questions which pertain to abortion that occurs during the first trimester (90 days) of a pregnancy.*

18. Abortion should be: (select all that apply)
    - Legal for any reason
    - An alternative in the event of contraceptive failure
    - Banned
    - Available as a method of population control
    - Available for unmarried, pregnant teenagers
    - Restricted because of the psychological trauma it causes
    - Other _____

19. Abortion is: (select all that apply)
    - The equivalent of murder
    - Wrong, but necessary in our society
    - A legitimate health procedure
    - Other _____

20. Women who get an abortion: (select all that apply)
    - Should not be ashamed of their decision
    - Are selfish and unconcerned about others
    - Will have fertility problems later in life
    - Will suffer negative mental health effects
    - Are at higher risk for breast cancer
    - Other _____

21. Please choose the option which most accurately reflects your opinion:

    AGREE NOT SURE DISAGREE

    - A fetus should be legally protected against abortion since it cannot protect itself
    - More people would favor abortion if they knew more about it
    - A fetus should have the same rights as a person
    - The government should stop legislating women's bodies & their reproductive health care
    - Because abortion is legal, women use it as birth control
    - If barriers such as transportation & cost were no longer associated with getting an abortion, fewer women & families would live in poverty

22. In your opinion, which of the following circumstances justify a woman's decision to have an abortion? (select all that apply)
    - The pregnancy is the result of rape
    - The pregnancy is the result of incest
    - The woman is an unmarried 14-year-old
    - The woman is an unmarried 25-year-old
    - The woman is mentally retarded
    - The woman's life may be endangered by the pregnancy
    - The woman feels she cannot afford another baby
    - The woman simply does not want another baby now
    - The woman wants an abortion, but her husband disapproves
    - A fetal abnormality has been detected

- No circumstances every justify abortion
- A woman's decision to have an abortion is always justified
- Other _____

*Please answer the following questions which pertain to women's reproductive health policy.*

23. I support: (select all that apply)
    - A woman's right to make health decisions for herself
    - Legislation that requires a minor to obtain parental consent
    - Legislation that allows a minor to seek permission from a judge or court of law if her parents don't provide consent
    - Legislation that requires notification of husband/partner
    - Legislation that bans abortion
    - I do not support any of these
    - Legislation that requires a mandatory waiting period before getting an abortion

    How long should the wait be? (in days) _____

24. Please choose the option which most accurately reflects your opinion:

    AGREE NOT SURE DISAGREE
    - Any legislation that outlaws abortion is oppressive to women
    - Abortion is legal in KY
    - I know where abortions are performed in KY

    If yes, where? _____

25. Teen/adolescent Pregnancy:

    AGREE NOT SURE DISAGREE
    - Is a public health concern
    - Makes life more difficult for young mothers
    - Makes life more difficult for the resulting child

26. Birth control should be available to: (select all that apply)
    - All women, regardless of age or marital status
    - Married women only
    - Women under 18 only with parental consent
    - All men, regardless of age or marital status
    - Anyone who wants or needs it
    - No one
    - Other _____

27. I support government funding of:

    AGREE NOT SURE DISAGREE
    - Comprehensive sex education, including reproduction, STDs, HIV, teen pregnancy, safe sex practices, birth control, emergency contraception, adoption & abortion
    - Abstinence-only sex education
    - Health clinics that provide birth control/contraception in public schools
    - Family planning clinics that provide birth control/contraception
    - Family planning clinics that provide abortions

- I don't support government funding of any education or service related to reproductive health in public schools

28. Emergency Contraception (Plan B, the Morning After Pill) should be available over the counter, without a prescription to: (select all that apply)
    - Women over 18
    - Minors
    - Minors w/ parental consent
    - Minors only if they consult a doctor first
    - Anyone who wants or needs it
    - No one
    - Not sure

29. Emergency Contraception causes an abortion
    AGREE NOT SURE DISAGREE

30. Abortion is legal in the United States. As such, the cost of an abortion should be covered by: (select all that apply)
    - Private health insurance in cases of threat to woman's life, rape or incest
    - Private health insurance same as any other medical procedure
    - Medicaid in cases of threat to a woman's life, rape or incest
    - Medicaid the same as any other medical procedure
    - No one – it should be the responsibility of the woman and her partner
    - Other _____

*Human papillomavirus (HPV) is a sexually transmittede disease – particular strains of which can cause cervical cancer and genital warts. A vaccine was recently approved by the FDA for prevention of HPV, with the brand name "Gardasil." Please answer the following questions pertaining to the HPV vaccine.*

31. Based on your knowledge & opinions related to the Human papillomavirus (HPV) vaccine:
    AGREE NOT SURE DISAGREE
    - Cervical cancer affects many women under age 26
    - The HPV Vaccine prevents 70% of cervical cancer
    - Doctors recommend that girls as young as age 9 receive the vaccine
    - I would recommend the HPV vaccine to a client w/ a young daughter

32. The HPV Vaccine: (select all that apply)
    - Is a scientific breakthrough for young women
    - Is another way for the drug companies to make money
    - Gives young girls permission to have sex
    - Is safe
    - Is too expensive for most of my clients
    - Is available at a discount at local health departments
    - Should be added to the required list of adolescent vaccinations
    - Has not been studied long-term, so possible negative side effects are unknown at this time
    - Not sure
    - Other _____

33. I support requiring the HPV vaccine for: (select all that apply)
    - Girls
    - Boys
    - No one
    - I don't know

*Please answer the following questions from your perspective as a PROFESSIONAL SOCIAL WORKER. "Information" means that you would DISCUSS the issue with a client - provide written materials, brochures, etc. to ensure that your client is aware of all information regarding a particular service.*

*"Referral" means that you would take some ACTION on behalf of a client – make an appointment, drive the client to an appointment, provide a clinic phone number, etc. to ensure that your client receives a particular service.*

*"HPV Vaccine" refers to a vaccine for Human papillomavirus, an STD which causes cervical cancer and genital warts.*

*"Emergency contraception" refers to Plan B or the morning after pill.*

34. I would provide INFORMATION regarding:

| | AGREE | NOT SURE | DISAGREE |
|---|---|---|---|
| • The HPV vaccine to my clients regardless of my religious or personal beliefs | | | |
| • Emergency contraception to an ADULT client regardless of my religious or personal beliefs | | | |
| • Emergency contraception to a MINOR client regardless of my religious or personal beliefs | | | |

35. I would provide a REFERRAL for:

| | AGREE | NOT SURE | DISAGREE |
|---|---|---|---|
| • The HPV vaccine to my clients regardless of my religious or personal beliefs | | | |
| • Emergency contraception to an ADULT client regardless of my religious or personal beliefs | | | |
| • Emergency contraception to a MINOR client regardless of my religious or personal beliefs | | | |

36. If an ADULT client was facing an unplanned pregnancy & was not sure what to do, I would provide her with all options, including continuing the pregnancy to term to parent, adoption & abortion.

AGREE NOT SURE DISAGREE

37. If a MINOR client was facing an unplanned pregnancy & was not sure what to do, I would provide her with all options, including continuing the pregnancy to term to parent, adoption & abortion.

AGREE NOT SURE DISAGREE

38. If a client asked me where to get an abortion: (select all that apply)
    - I would tell her where she could get one
    - I would refer her to another professional that could make the referral
    - I would try to convince her that abortion is wrong
    - I would suggest alternative options such as adoption
    - Not sure
    - Other _____

39. How familiar are you with:

Not at all familiar  A little familiar  Somewhat familiar  Very familiar

- The NASW Code of Ethics
- The NASW Policy Statements

40. How much do you agree or disagree with the following statements?

Strongly Disagree  Disagree  Not Sure  Agree  Strongly Agree

- Social workers respect & promote the right of clients to self-determination
- Clients' interests are primary to the social work profession
- Social workers' primary responsibility is to promote the well-being of clients
- Social workers elevate service to others above self-interest
- Social workers strive to ensure access to needed information, services and resources, equality of opportunity, & meaningful participation in decision making for all people
- Social workers promote clients' socially responsible self-determination

41. Social workers believe that potential parents should be free to decide for themselves, without duress & according to their personal beliefs & convictions, whether they want to become parents, how many children they are willing & able to nurture, and the opportune time for them to have children.

AGREE  NOT SURE  DISAGREE

- This statement represents the NASW's position on women's reproductive health
- This statement reflects my professional views on women's reproductive health
- I am not familiar with this statement