

Baccalaureate Nursing Students' Attitudes Concerning Abortion

A Senior Honors Thesis Presented in Partial Fulfillment of the Requirements for the Degree of
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Abstract

Few studies have focused on college students' attitudes concerning abortion. No published studies were found that addressed baccalaureate nursing students' attitudes. This is an initial effort to investigate nursing students' attitudes concerning abortion. The research questions were: 1) what are baccalaureate nursing students' attitudes concerning abortion? and 2) is there a difference between the attitudes concerning abortion of sophomore, junior, and senior level students? A cross-sectional, cohort comparison, descriptive design was used to study a sample of baccalaureate nursing students at Ohio State. After obtaining exemption from the IRB, a cover letter and survey, developed by the investigator, were placed in the mailboxes of the 418 baccalaureate students in the College of Nursing. The actual sample was 110 students who returned completed surveys. The Abortion Attitude Survey instrument is comprised of 17 Likert-type items and 10 questions pertaining to background information of the participants.

The sample was predominantly white, females under 25 years of age, which is representative of the baccalaureate study body in the College of Nursing. Based on 13 of the 15 items in the survey, the findings indicated that the sample had an overall pro-life attitude concerning abortion. The two items for which the participants' scores indicated a pro-abortion attitude were if the female's health was in danger or if she had been raped. The only difference found between the three levels of students was for the item pertaining to including the male responsible for the pregnancy in the decision to terminate the pregnancy. Sophomore students had a significantly higher mean for this item than the junior level participants, while the senior level students' item mean did not differ from that of the sophomore and junior level participants. Overall the sophomore, junior, and senior students were similar in regard to their primarily pro-life attitudes concerning abortion.

Baccalaureate Nursing Students' Attitudes Concerning Abortion

January 27, 2003 marked the thirtieth anniversary of the monumental *Roe v. Wade* Supreme Court decision, which legalized abortion in the United States. Since the decision, abortions are considered legal if performed prior to the age of viability for the fetus. Since the decision was, "based on a right to privacy rather than on a First Amendment guarantee of freedom, *Roe v. Wade* does not grant women procreative freedom or the right to control their own bodies, nor does it permit abortion-on-demand," (Brannigan & Boss, 2001, p. 183). The legal status of abortion has been an intense subject of debate since the *Roe v. Wade* decision. Starting in the 1970s, there have been numerous laws passed in various state legislatures that limit abortion and regulate the type of abortion that is permitted. Public opinion as well has never been as divided about the issue of abortion as it is today (Brannigan & Boss, 2001; Zernike, 2003).

Abortion has been controversial, as it involves legal, ethical, religious, and political aspects. From a legal perspective a woman may be able to seek an abortion depending upon the circumstances; however, the legality of abortion does not indicate the woman has a moral right to have an abortion. Some of the ethical issues involved with the moral right of abortion include the question of when life begins and the controversy of woman's rights versus the rights of the fetus. The role of religious beliefs is another consideration, as most religious beliefs oppose abortion. From a political perspective, some of the issues surrounding abortion are related to the methods of abortion, as well as using federal or state funding to pay for some abortions. In essence, positions regarding abortion "range from the 'pro-life', or abolitionist view that all abortions are wrong except to save the life of the mother to the 'pro-

choice', libertarian view that abortion is morally acceptable at any time during the pregnancy," (Brannigan & Boss, 2001, p.187).

The abortion issue has an impact upon society as well as each individual. As an ethical and moral issue, each individual must decide what he/she believes is right. Abortion impacts society because the lives of potential human beings are terminated by abortion. The abortion issue affects nurses as they may be involved in caring for women who choose to have abortions. Depending upon the area of clinical practice, nurses may be called upon to: assist with the actual abortion procedure, care for the woman after she has an abortion, care for the woman experiencing side effects of the abortion, and administer medical abortion drugs to a woman seeking an abortion. The women receiving nursing care related to an abortion deserve unbiased and quality care. Therefore, nurses must be aware of their personal attitudes and beliefs in order to be able to provide the best, unbiased care to a woman who has had an abortion.

The behavioral research that has been done regarding abortions has focused on the incidence and characteristics of females who have had abortions, opinion polls regarding abortions, post-abortion emotional sequelae, and some studies regarding attitudes towards abortion (Craig, Kane & Martinex, 2002; Harvey, Beckman & Branch, 2002; Jones, Darroch & Henshaw, 2002; Kaiser Family Foundation, 2002; Lynxwiler & Gay, 1996). A few studies have focused on college students' attitudes towards abortion (Bailey, 1993; Carlton, Nelson & Coleman, 2000; Coleman & Nelson, 1999; Esposito & Basow, 1995; Nelson, Coleman & Swager, 1997). There is a need for research about nursing students' attitudes concerning abortion. This topic is important to examine because these students are the future nurses who will be in clinical practice. It is essential that nursing students understand their own attitudes about abortions. No studies were found that addressed the attitudes regarding abortion of college students enrolled in a baccalaureate nursing program. This study is important because

it is an initial step to examine baccalaureate nursing students' attitudes concerning abortion.

The purpose of the study is to investigate baccalaureate nursing students' attitudes concerning abortion. The research questions for the study are:

1. What are baccalaureate nursing students' attitudes concerning abortion?
2. Is there a difference between the attitudes concerning abortion of sophomore, junior, and senior level nursing students?

Literature Review

The literature review focuses on abortion; ethics related to abortion, and abortion attitudes, which includes college student's attitudes towards abortion. The literature review regarding abortion pertains to the history, legislation, and current debate surrounding the abortion issue. Next, ethics involved with abortion is presented. The last part involves attitudes regarding abortion as well as college students' attitudes towards abortion.

Abortion

In the literature review and proposed study, abortion refers to the intentional termination of a pregnancy that is an induced abortion. Selective abortion refers to aborting a fetus that is unwanted, generally because of some abnormality or for fetal reduction, even though the pregnancy is wanted. Elective abortions refer to aborting a fetus since the pregnancy is unwanted. There are multiple methods that can be used in performing abortions (Brannigan & Boss, 2001).

The abortion issue has evolved throughout history in the United States. In 1880, abortion was outlawed in every state, with the exception of the circumstance when a woman's life was at risk. Then, in the 1970's, interest arose with regard to allowing abortion under specific conditions. Following that, in 1973, in the cases of *Roe v. Wade* and *Doe v. Bolton*, the Supreme Court ruled that the fundamental constitutional right to privacy allows a woman the right to terminate her pregnancy before the point of viability. These rulings did however, allow

abortions to be banned after the point of viability (Branningan & Boss, 2001; Kaiser Family Foundation, 2002).

Following the *Roe v. Wade* decision, debate arose in the 1970's and anti-abortion groups made several attempts to overturn the decision. Discussion and an effort to restrict the conditions under which abortion is allowed have continued ever since the 1973 decision. Likewise, abortion legislation has also evolved in the past thirty years. In 1977, the Hyde Amendment ruled that no Medicaid funding would be provided for an abortion unless a woman's life was at risk. Next, in the 1980's and 1990's, many states passed regulations requiring girls under the age of 18 to notify their parents or receive parental consent before obtaining an abortion. However, these laws only went into effect if there was also a judicial bypass alternative available. In 1992 with the decision of *Planned Parenthood v. Casey*, the Supreme Court ruled that demanding a 24-hour waiting period before an abortion, a counseling requirement, and placing other limits on abortion are constitutional, as long as they do not impose an "undue burden" upon the woman seeking the abortion. In 1994, The Freedom Access to Clinic Entrance was enacted, to protect women seeking services at an abortion clinic from threatening, obstructive, and violent behaviors, aimed at interfering or injuring them while attempting to enter the clinic (Kaiser Family Foundation, 2002).

The current abortion debate is focused primarily on methods of abortion. From 1995-2000, Congress passed a bill three times outlawing dilation and extraction abortions, otherwise known as "D&X" or "partial birth abortions". President Clinton vetoed this bill twice and the Senate fell short of overriding the veto each time. As of 2002, 31 state legislatures have banned "partial birth abortion". In 2002 the "Born-Alive Protection Act" was passed and signed by President Bush, with the goal of protecting all infants born alive, including those born during an abortion attempt. Mifepristone (RU-486) was FDA approved in 2000 as the first medical abortion drug. The debate amongst lawmakers since Mifepristone's approval has centered

around regulation of medical abortion methods and the issue of insurance coverage for medical abortion methods (Kaiser Family Foundation, 2002; Steinbock, Arras & London, 2003).

Secondly, another primary focus on debate is about what constitutes “undue burden” in relation to laws attempting to limit abortion. Pro-life supporters as well as pro-abortion supporters disagree on exactly what “undue burden” includes. This is evidenced by the various laws and debate in each state concerning limits on abortion (Kaiser Family Foundation, 2002).

The interest and arguments regarding abortion are not limited to the lawmakers. The various state laws regarding abortion also reflect the differing opinions amongst the American public. As of 2002, 32 states (including Ohio) have regulated that state funding will only be provided for abortions under special occasions, such as in cases of rape or incest. Eleven states (including Ohio) prohibit insurance coverage for abortion for all public employees, with exceptions. The majority of states, a total of 43, (including Ohio) mandate parental consent or notification for girls under the age of 18 seeking an abortion. Finally, 23 states (including Ohio) require a waiting period and state-specified counseling before a woman is permitted to obtain an abortion (Kaiser Family Foundation, 2002).

The abortion issue will inevitably become more complex with expanding reproductive technology known as “reprogenetics”. In-vitro fertilization, sperm-banking, the increasing sensitivity of genetic testing, and genetically being able to modify embryos or gametes will lead to the emergence of more aspects of the abortion debate. Furthermore, as the age of viability decreases through advancements in medicine and life-saving procedures and instruments, the debate about the point at which abortion may be permitted legally will need to be addressed again (Steinbock et al., 2003).

In 2000, 25% of all pregnancies (excluding miscarriages) ended in abortion (Zernike, 2003). Based on the Alan Guttmacher Institute survey, abortion rates overall have decreased

11% from 1994-2000 for women between the ages of 15 to 44 years (Jones et al., 2002).

Females who experienced the greatest decline in abortion were among those ages 15-17, in the highest income category (300% over poverty level), and with no religious affiliation (Jones et al.). Abortion rates increased for females who were economically disadvantaged, including poor teenagers, unmarried, of black or Hispanic ethnic background, and between the ages of 18 to 29 years (Jones et al.).

The Alan Guttmacher Institute has conducted three large surveys of women who had abortions since 1987. The research regarding the number of abortions reported has shown that the incidence of abortion has declined overall in the last decade. More emphasis has been placed on examining the relationship of demographic characteristics of women who have abortions, in order to assist in developing interventions, particularly access to contraceptive services (Jones et al., 2002).

Ethics Related to Abortion

Two of the main ethical points involving abortion are: when does life actually begin and the conflict between a woman's right to autonomy versus the rights of the fetus. The pro-choice and pro-life groups have debated the question of when life begins since the legalization of abortion. The pro-choice group tends to believe that life begins at the point of viability, which is when the fetus is physiologically able to sustain outside of the womb, generally at 24 weeks gestation, or that it begins at birth (Pillitteri, 2003). They assert that before either of these points, the fetus is simply a fetus, with no attributes or rights of a person. During the time the fetus is in the womb, the fetus is not yet able to live outside the mother and therefore should not be thought of as a "person" or receive rights that are reserved for living people. On the contrary, the pro-life group believes that life begins at conception, and therefore, anything done to harm the zygote or fetus is harming life, and should be forbidden. Since a fetus' life

begins at conception, then the fetus should legally be protected from harm and given rights, just as a person.

An example illustrating the ethical debate about when life begins is evidenced by the fact that the Supreme court ruled that a viable fetus is a "person", and has rights and protection under child abuse laws, yet simultaneously the Supreme court also upholds the *Roe v. Wade* decision (Hewson, 2001). These two rulings are contradictory in and of themselves.

The point of viability is also a complex issue surrounding abortion. As stated earlier, it is also the point at which many pro-choice supporters validate that life or 'personhood' begins. The point of viability is significant because that is the point at which abortion is no longer legal. Since viability is directly related to the level of technology in society, the point of viability is ever decreasing and therefore, will be an ever-present complication in the issue of abortion (Gillon, 2001). Of growing attention is also the infertility issue and its implications for abortion, as related to in-vitro fertilization and "test tube babies" (Kissling, 2001). Kissling went further and contended that there is a growing idea of thinking of children as "products", to be born with the right characteristics. The ramification of genetic testing on abortion is certainly a component of the many ethical issues surrounding the abortion topic. Many disability rights groups argue that abortion is morally and legally objectionable (Gillon). They associate having an abortion for genetic mutations with discrimination towards those with disabilities.

A second major ethical issue involved with abortion is the question of woman's rights versus the rights of the fetus. Generally, the pro-choice side asserts that the fetus' right to life should not be taken into account over or instead of the woman's right to make her own decision about what she wants to do with her body. While the pro-life side claims that the fetus' right to life is of utmost importance and that the woman has an obligation to continue a pregnancy, even if the pregnancy is against what she wants to do with her body.

The growing ethical concern about the rights of the fetus, including what abortion means for the fetus is apparent. This concern relates to pain the fetus may experience, particularly in abortions occurring late in term (Furedi, 2001). Questions regarding pain the fetus may experience during an abortion may be related to the current effort to ban partial birth abortions, which occur later in the pregnancy, when the fetus is more developed (Furedi). The increase in ethical concern regarding rights of the fetus also involves the ethical issue of dealing with fetal remains and the appropriate way to handle the remains.

On the other hand, Hewson (2001) contended that denying a woman the right to an abortion is unethical, because it serves to subordinate women to a reproductive end. She asserted that the prospect of woman's forced suffering as the result of pregnancy is a moral issue in and of itself. Additionally, Hewson argued that a fetus' right should not interfere with a mother's right to autonomy. Also, Furedi (2001) contended that women do not have abortions for abstract reasons or reasons of principle; they have them because pregnancy is intolerable. Both Furedi and Hewson assert that pregnancy subjects a woman to a condition that is not bearable.

In Cignacco's (2002) study, done in Switzerland, to explore the emotional experience of midwives, their professional position, and ethical conflict, the midwives sampled revealed that they were in a state of professional confusion. The findings were that the participants suffered heavy emotional burden, including sadness, anger, helplessness, and contradictory feelings. The strongest feeling of uneasiness came from carrying out what the participants described as a 'purely mechanical' procedure. The midwives were confronted with an ethical problem of professional duty because they were called upon to fulfill the role of an abortionist (Cignacco).

There are many ways nurses may be faced with an ethical decision connected with abortion. One such way is that nurses must be aware of the new medications that serve as

primary or emergency contraceptives, such as Mifepristone/RU486. Additionally, nurses in the maternity or obstetrics/gynecology field may be confronted more with the issue of abortion; as they may need to assist with the actual abortion procedure, monitor and treat the side effects that a woman who had an abortion may experience, manage the pain after an abortion, and support a patient's emotional expression after having an abortion (Bourguignon, Briscoe, & Nemzer, 1999). Accordingly, nurses in these fields must be aware of their own biases regarding abortions. They must deliver unbiased and quality care to the woman, although they may not agree with her decision (Bourguignon et al., 1999).

Additionally, the abortion issues require nurses to be prepared to make a sound ethical decision about abortion. A growing number of doctors-in-training are choosing not to participate in the management of abortion. Specifically, many of these doctors are refusing to participate on the grounds of conscience (Furedi, 2001). The question of how nurses react to the call to assist in an abortion remains uncertain. The research in this area is lacking.

Attitudes Regarding Abortion

The Gallop Survey, conducted in 2001, reflects the many differing opinions Americans have towards abortion; a majority (51%) of Americans reported that abortion should be limited under some circumstances, 28% supported that abortion should be legal under all circumstances, and 19% favored that abortion should be illegal under all circumstances (Kaiser Family Foundation, 2002).

Craig et al. (2002) conducted two statewide telephone polls in Florida to assess the number of voters who have ambivalent attitudes about abortion rights. The sample was comprised of 1316 respondents who responded to a series of questions regarding abortion. The study showed that for reasons of "women's health", "rape", and "birth defect", abortion rights received widespread support (Craig et al., 2002). These three types of abortions were classified as "traumatic abortions" in the study. Many of the participants had ambivalent

feelings about abortion. Furthermore, ambivalence was related to the circumstances regarding an abortion. Voters who support abortion rights reported more ambivalence about elective abortions than traumatic abortions. Conversely, voters who were pro-life supporters reported more ambivalence about traumatic abortions than elective abortions (Craig et al.).

Lynxwiler and Gay's (1996) study, examined if there were any changes in the abortion attitudes of black women from 1972-1991. The researchers also wanted to delineate the variables that contribute to the women's attitudes and the degree to which these variables change over time. Their findings indicated the overall average level of support for abortion did not change over the two decades (Lynxwiler & Gay). In the 1970's, the variables that had a significant relationship with abortion attitudes were community size, southern residence, occupation prestige, and church attendance. The 1970s pro-choice attitudes of black women were likely to be greater in regard to living in a larger size of community, living outside the southern part of the U.S., and having higher occupational prestige. Additionally, black women who had lower pro-choice attitudes were more likely to have higher church attendance, a conservative attitude towards premarital sex, as well as perceiving a large family as ideal. By 1980, the variable southern location was no longer a factor in the women's attitudes towards abortion. The variables Protestant religion, never being married, and an increased length of parity at a young age were related to an increased support for abortion (Lynxwiler & Gay).

Harvey et al. (2002) conducted a study to examine the relationship between perceived attributes of medical abortion and the context of a woman's life. The sample was comprised of focus groups of 73 women, between the ages of 18 to 34, who were sexually active. The findings of the study demonstrated that a woman's perceptions of abortion and abortion method preference are grounded in the circumstances of her life, and that multiple factors enter into the decision making process. The participants in the study had the opinion that mifepristone/RU486 was more appropriate for women who were unwavering in their decision to

have an abortion. The participants felt that seeing the expelled products of conception may be more difficult for those women who were ambivalent about the abortion (Harvey et al.). Also, women who were Catholic and other women with strong faith were interested in RU486 as a means of abortion because it can be used early in pregnancy. RU486 was suggested to be the method of choice for rape victims. However, the study found that women of color were especially uncomfortable with RU486 because it was a new and unfamiliar method of abortion (Harvey et al.).

The research that has been done regarding abortion attitudes were opinion polls or studies of specific targeted groups about their attitudes towards abortion (Craig et al., 2002; Harvey et al., 2002; Kaiser Family Foundation, 2002; Lynxwiler & Gay, 1996). The overall findings of the studies are mixed in terms of abortion being morally right under some circumstances, abortion always being morally wrong, and abortion always being morally right. One study that used only registered voters had a biased sample (Craig et al.). Only one study considered ethnicity, black women, as a variable in examining changes in abortion attitudes over two decades (Lynxwiler & Gay). Across the studies, some of the variables that were related to abortion attitudes were religion, occupation, place of residency, and age. The majority of these studies generally sampled adults and did not consider college students in their analyses.

College Students' Attitudes Regarding Abortion

The abortion topic certainly is important to address in relation to college students. From 1994-2000, 56% of women who had an abortion were 20-30 years old (Jones et al., 2002). Few researchers have focused on college students' attitudes regarding abortion. Five studies were found regarding this population that were done in the past decade.

Bailey (1993) conducted a study to examine the abortion attitudes of college students in regard to their gender, attitudes toward women's rights and roles, and the variable feminism.

The sample was comprised of 207 students who volunteered from undergraduate psychology classes at Eastern Illinois University. In regard to sample characteristics, the mean age of the participants was 19.7 years, with an age range of 17 to 24 years, almost an equal number of females and males, and 30% were psychology majors. Data were obtained using an attitude toward abortion scale and an attitude toward women scale. The majority (78%) of the sample conditionally accepted abortion under some conditions, but not all. Only 18% considered abortion acceptable under all conditions. There were no differences between feminist and non-feminists in regard to abortion attitudes. There was no relationship between abortion attitudes and attitudes toward women's rights and roles. Likewise gender was not related to either of the other variables in the study.

Esposito and Basow's (1995) study of college students' attitudes toward abortion examined the relationship between knowledge regarding abortion and the demographic variables of gender, age, religious affiliation, and the degree of religiosity. The sample was obtained from volunteers at a private liberal arts college and a private, Catholic liberal arts college, both located in the northeast part of the United States. The sample of 454 had a mean age of 19.6; with an age range from 17 to 42 years, almost an equal number of females and males, predominantly white, and majority first or second year students. Data were obtained from an abortion information test developed by the researchers, an attitude questionnaire, and a demographic questionnaire. Using stepwise multiple regression analysis, the main finding was that these college students' polar attitudes toward abortion could be predicted 83% of the time, based on the degree of religiosity, age, religion, and knowledge of abortion, in that order (Esposito & Basow). Those who approved of abortion were more likely to have higher knowledge scores that were related to being older, reporting lower degree of religiosity, and being non-Catholic. Those in the disapproval of abortion were more likely to have less

knowledge about abortion, be younger, reporting higher degree of religiosity, and being Catholic. No gender differences were found in regard to the four variables.

Coleman and Nelson conducted three studies regarding college students' attitudes towards abortion. The first two studies were related to the level of male involvement in abortion decisions (Coleman & Nelson, 1999; Nelson et al., 1997). The first study, published in 1997, focused on determining if there was a difference in females' endorsement of males' involvement in abortion and the statement "abortion is strictly a women's issue" (Nelson et al.). The sample was comprised of 366 undergraduate students from a midsize southern university. In regard to demographics, 73% were females and 27% were males, majority between 18 to 23 years of age, 57% were first year students, and approximately 30% identified with the Catholic religion and 30% identified with a Protestant religion. Data were obtained by a survey developed by Coleman and Nelson that consisted of 11 items, including demographic data on sex, age, year in college, and religion. Six of the items regarding male involvement in the abortion decision were scored on a 5-point Likert-type scale with response that ranged from *strongly disagree* to *strongly agree*. The reported Cronbach alpha coefficient was 0.74 for the scale. The females in the study endorsed significantly lower levels of male involvement in abortion decisions compared to the male participants in the study. There was no difference between females and males in terms of agreement with the statement "abortion is strictly a women's issue". Over 80% of the males agreed that abortion is a decision in which the male partner had a right to assume an active role and that women should reveal their decision to abort. Almost 70% of the males agreed that it was acceptable for the man to encourage his partner to carry to term if he was willing to assume sole responsibility for the baby.

In the second study, Coleman and Nelson (1999) again focused on the role of males in abortion decisions. This time a larger sample of 1387 was obtained from the same university. Again the sample characteristics were similar as approximately one-third were males and the

other two-thirds were females, the majority were 18-21 years of age, and almost 60% were first year students. Data were obtained using a twenty item abortion attitude questionnaire with scoring by a 5-point Likert-type scale. Additional data was gathered from an interest in abortion survey, which consisted of a single Likert-type item, and a male involvement in abortion decisions scale that was comprised of eight 5-point Likert-type items. The reported Cronbach alpha coefficient was 0.94 for the scale. The majority of the sample had no first hand experience with abortion. Support for high male involvement in abortion decisions was predicted from having pro-life attitudes and low levels of agreement with the statement "abortion represents a strictly female issue". Likewise, favoring low male involvement in abortion decisions was predicted from having pro-choice attitudes and high level of agreement with the statement "abortion represents a strictly female issue".

Carlton et al. (2000) examined college students' abortion attitudes, level of commitment to the issue, and first hand experience with abortion. The sample was comprised of 1118 students, obtained probably from the same university as in the previous studies, approximately one-third were males and the other two-thirds were females, 705 were between 18 and 19 years of age and the majority of the sample were less than 21 years of age. Data were obtained from a 20-item attitude toward abortion 5-point Likert-type scale and a 14-item commitment to abortion 5-point Likert-type scale developed by the researchers. The Cronbach alpha coefficients for the respective scales were 0.94 for the attitudes scale and 0.81 for the commitment to abortion scale. The majority of the sample did not support abortion in most circumstances. The statistical analysis did not support that most of the sample would be pro-choice. Individuals with direct experience with abortion were more likely to be pro-choice compared to those without any direct experience. The data analysis indicated that the sample had a moderate degree of commitment to the issue of abortion and there was no difference in commitment between pro-life and pro-choice individuals. In addition, females were significantly

more committed to the abortion issue than males and the participants were most likely to endorse abortion in cases involving rape or physical or mental disabilities of pregnant women or the fetus. The college students were less likely to agree with choosing abortion if the reason for the abortion is either already having children to care for or that the birth of another child is perceived as a threat to the relationship (Carlton et al.).

Summary

Only a few research studies have been done regarding college students' attitudes towards abortion in the past decade (Bailey, 1993; Carlton et al., 2000; Coleman & Nelson, 1999; Esposito & Basow, 1995; Nelson et al., 1997). In these studies the majority of the students were first or second year students who predominately were under 19 years of age, with limited information about their college major. All of the studies used instruments that were developed by the researchers for their particular study. The variable of gender was not significant in two of the studies (Bailey; Esposito & Basow). Gender was a significant variable in regard to females endorsing lower levels of males' involvement in abortion decisions compared to the males. Additionally, high male involvement was predicted from having pro-life decisions and low levels of agreement about abortion being a strictly female issue (Coleman & Nelson; Nelson et al.). Only one study considered religion and religiosity in the data analysis and found significant results for the variables (Esposito & Basow).

Several gaps in the literature regarding college students' attitudes concerning abortion have been identified. No published studies have focused on students in baccalaureate or graduate nursing programs. None of the studies reviewed considered the variable, year in college, in data analysis. This variable may be important as students progress in their program of study with didactic and clinical experiences that may be related to the issue of abortion. Knowledge regarding abortion attitudes of students in baccalaureate nursing programs needs to be addressed. This topic is important since these students are the future nurses who will be

in clinical practice. This study will serve as an initial effort to identify the attitudes of nursing students' attitudes towards abortion.

Methods

The purpose of this study was to investigate baccalaureate nursing students' attitudes concerning abortion. The research questions were:

1. What are baccalaureate nursing students' attitudes concerning abortion?
2. Is there a difference between the attitudes concerning abortion of sophomore, junior, and senior level nursing students?

Design

A cross-sectional, cohort comparison, descriptive design was used to evaluate the attitudes of baccalaureate nursing students concerning abortion.

Sample

The target population for this study was baccalaureate nursing students. A convenience sample of baccalaureate nursing students enrolled in the College of Nursing at The Ohio State University was recruited. The potential sample was the 418 students. The inclusion criteria for this study was baccalaureate nursing students who are currently enrolled in The Ohio State University's College of Nursing who are sophomore, junior, or senior level students.

Exclusion criteria was students enrolled in the Registered Nurse baccalaureate completion program and individuals who are 'pre-nursing' students enrolled in the College of Nursing at The Ohio State University..

All of the baccalaureate nursing students were asked to participate in the study. Permission to recruit participants from the College of Nursing was obtained from Dean Elizabeth Lenz.

Human Subjects

The Ohio State University Social and Behavioral Sciences Human Subjects Review Committee approved the proposal as meeting the criteria for being exempt from full review for the protection of human subjects prior to conducting the study.

Procedure for Obtaining Participants

The investigator placed a poster in the lobby of the College of Nursing, asking the students to please check their mailboxes. Packets were distributed in the personal mailboxes of 418 baccalaureate nursing students who were the potential participants. The packet included a letter about the study, informing them that returning the completed survey implied consent to be in the study, and data would only be reported in the aggregate. Additionally, the Abortion Attitude Survey was part of the packet. A chocolate bar was also included as an incentive for completing the questionnaire. There was no code number on the packets so participation was strictly anonymous. Finally, an envelope was included in the packet to send the completed materials directly back to the researcher's mailbox.

Abortion Attitude Survey

The Abortion Attitude Survey was used to obtain data to answer the research questions. The survey is comprised of two parts: a 17 item Likert-type scale regarding attitudes concerning abortion and 10 questions pertaining to sociodemographic information of the participant.

The investigator developed the items for the Abortion Attitude Survey with the assistance of her mentor. The items were developed from a literature review and two instruments used in previous studies with college students (Coleman & Nelson, 1999; Esposito & Basow, 1995). The instrument was piloted with several college students and some revisions in wording were made. Three faculty members reviewed the instrument for face validity. Since this is an instrument developed for the proposed study, there are no reliability data available.

The attitudes concerning abortion scale had a Cronbach alpha coefficient of 0.94 from the data of the sample, showing internal consistency among the items in the instrument (Polit & Hungler, 1999).

The sociodemographic information part of the survey is comprised of 10 questions. This information was used to describe the sample and compare the characteristics of the participants in regard to level in the baccalaureate program. Some of the questions pertain to the participant's age, gender, ethnicity, religious preference, marital status, and having children. Several questions are about level in the baccalaureate nursing program, ethics courses, and any experience with abortion.

Data Analysis

For all of the sociodemographic data, descriptive statistics were obtained. A priori alpha-level of $p < 0.05$ was the significance level for the results (Polit & Hungler, 1999). For the two research questions, descriptive statistics and analysis of variance was used to examine the results.

Results

All of the students in the baccalaureate program in nursing received a letter and the Abortion Attitude Survey in their mailboxes at the College of Nursing on November 24, 2003. Out of the 418 surveys distributed, a total of 110 completed surveys were returned. This represents an overall return of 26 percent. The results of the study are presented in terms of sample characteristics of the participants and the research questions used to investigate baccalaureate nursing students' attitudes concerning abortion.

Description of the sample

Table One presents the frequencies and percentages for the background characteristics of the participants. In regard to gender, the majority of the students were female ($n = 102, 92.7\%$). The ages of the students ranged from 18 to 55 years, with the majority of the

students being 18 to 25 years of age ($n = 95$, 86.3%). In regard to ethnicity, the majority of students were Caucasian ($n = 98$, 89.1%). Most of the students were single ($n = 78$, 70.9%), 14.7% ($n = 16$) were married, and 11.9% ($n = 14.5$) were engaged. Most of the baccalaureate students did not report having children ($n = 95$, 87.1%) and 11.9% ($n = 13$) did have children. The religious preferences of the students varied with 38.2% ($n = 42$) of students reported a Catholic religious preference, 30.9% ($n = 34$) Protestant, and "other" religions, such as "non-denominational Christian" comprised 16.4% ($n = 18$) of the sample. No religious preference was reported by 13.6% ($n = 15$) of the students. More of the students have not taken an ethics course ($n = 62$, 56.4%) compared to 41.8% ($n = 46$) who have. Only 20% ($n = 22$) of the students had provided care for a woman who recently had an abortion, while the majority ($n = 79$, 71.8%) of the students knew someone who had an abortion.

The sample was subdivided according to level in the baccalaureate program. The sample was comprised of 34(30.9%) sophomore level students, 27(24.5%) junior level students, and 48(43.6%) senior level students. Table 2 presents a comparison of the characteristics of the sample in regard to the level in the baccalaureate program in nursing in which the sample is currently. Chi-square statistics were going to be used to ascertain if there were any statistical significant differences between the three levels of students and the characteristics. However, the statistical assumption of having no more than 20 percent of the expected cells 5 or less could not be met, so chi-square statistics were not done for most of the background characteristics (Polit & Hungler, 1999). Chi-square statistical analyses were done for the characteristics of having taken an ethics course, providing care to a woman who had an abortion, and knowing someone who had an abortion. There was a statistically significant relationship between the level of education in regard to having taken an ethics course ($X^2 = 21.98$, $df = 2$, $p = .001$). Compared to the sophomore and junior level students, a larger number of senior level students reported taken an ethics course. There was a

statistically significant relationship between the levels of students and having provided care to a woman who had an abortion ($X^2 = 12.72$, $df=2$, $p=.01$). More junior and senior level students reported having provided care to a woman who had an abortion as compared to the sophomore level students. There was no statistically significant relationship between the three levels of students in regard to knowing someone who had an abortion ($X^2 = .77$, $df = 2$, $p = .85$).

Research question one

Research question one is “what are baccalaureate nursing students’ attitudes concerning abortion?” The data from the 17 Likert scale items in the Abortion Attitude Survey were used to answer the first research question. Table 3 presents the degree to which the students agreed or disagreed with the abortion attitudes survey questions, as well as the mean and standard deviation of the results of the questions of the Abortion Attitude Survey. The mean scores from the 17 items ranged from 1.9 to 3.09. Primarily, a lower score would correspond to more pro-life views for 15 of the items. Two of the items, items 4 and 14, pertain to attitudes concerning abortion that are not necessarily pro-life or pro-abortion. The item with the highest mean ($m = 3.09$, $SD= 0.87$) was item 14, “the male responsible for the pregnancy should be included in the decision to terminate the pregnancy”, which indicated the participants agreed that the male should be involved in the abortion decision. Item 4, “governmental agencies should strictly regulate abortions” had the third highest mean as the participants mean score indicated agreement that government should have the authority to regulate abortions.

For the 15 items that pertained to pro-life versus pro-abortion attitudes, the mean scores ranged from 1.19 to 2.90. Only two items had mean scores that indicated pro-abortion attitudes, while the other 13 items were indicative of pro-life attitudes concerning abortion. Item number 6, “an abortion is indicated if a female’s own health is endangered by the pregnancy”

had the highest mean ($m = 2.90$, $SD = 0.92$), implying the strongest pro-abortion attitude. The second highest pro-abortion attitude result ($m = 2.64$, $SD = 1.00$) was for item number 7, "an abortion is indicated if a female became pregnant from being raped". The strongest pro-life attitudes were for item number one, "abortion should be a method of birth control" ($m = 1.19$, $SD = 0.52$) and item number ten, "an abortion is indicated if a woman is married and does not want any more children" ($m = 1.28$, $SD = 0.56$).

Research question two

Research question two is "is there a difference between the attitudes concerning abortion of sophomore, junior, and senior level nursing students?" The data from the 17 Likert scale items in the Abortion Attitude Survey were used to answer the second research question. Table 4 presents a comparison of the sophomore, junior, and senior level baccalaureate nursing students' responses. A one way analysis of variance statistical test was done for each item. For 16 of the 17 items there were no statistically significant differences between the three levels of students. However, item 14, regarding that the male responsible for the pregnancy be included in the decision to terminate the pregnancy, was statistically significant ($F = 4.048$, $p = .020$). A post hoc Scheffe statistical test was performed to ascertain the levels of students that were statistically different. The sophomore level group had a statistically significant higher mean ($m = 3.38$) than the junior level group ($m = 2.72$). The senior level group ($m = 3.06$) did not differ significantly from the sophomores and the junior level groups. Overall the three levels of students were similar in regard to their attitudes concerning abortion.

Discussion

The results of this study indicated that baccalaureate nursing students had primarily pro-life attitudes towards abortion. Furthermore, the sophomore, junior, and senior level students were similar in regard to their attitudes concerning abortion. However, the results need to be interpreted with caution due to the 26 percent return rate of the completed surveys.

The population for the study was the 418 students enrolled in the baccalaureate nursing program during autumn quarter 2003 in the College of Nursing at The Ohio State University. The low return rate might be due to the time in the quarter that the surveys were distributed, as they were distributed just prior to Thanksgiving, near the end of the quarter.

The actual sample is the 110 students who returned completed surveys. Data from the ACCN Survey for 2003-2004 was used to ascertain if the sample was representative of the baccalaureate student body. The sample is representative of the student body in terms of gender and ethnicity, as the majority of respondents were white females. In terms of the educational level in the program, senior students were over represented and sophomore and junior students were under represented.

In regard to sample characteristics, the sophomore, junior and senior level students were similar in regard to most of the background characteristics. The only two characteristics that were significantly different between the sophomore, junior, and senior students were having taken an ethics course and having cared for someone who had an abortion. Both of these differences are related to the usual progression in the program. The finding of more senior level students having taken an ethics course can be explained by the fact that all students are required to take an ethics course prior to graduation and most take the ethics course during their junior or senior year in the program. The finding of more junior and senior level students reporting having provided care to a woman who had an abortion is related to all students having clinical experiences in the maternity area during their junior year. Therefore, the sophomore students would most likely not have had the opportunity to provide care to a woman who had an abortion.

The responses of the sample indicate pro-life attitudes toward the majority of the abortion survey items. Only two of the fifteen pro-life versus pro-abortion items had mean scores that indicated pro-abortion attitudes, while the other 13 items represented pro-life

attitudes. Thus, the overall survey represented a pro-life view of the respondents. The item with the highest mean indicated the sample agreed that "the male responsible for the pregnancy should be included in the decision to terminate the pregnancy". In another study of college students, Coleman and Nelson (1999) found that favoritism of high male involvement in the abortion decision were predicted from pro-life attitudes and low levels of agreement were predicted from agreement with the statement that "abortion represents a strictly female issue". Although this study did not investigate the "female issue" of abortion, due to the fact that the majority of the students in this study also indicated pro-life attitudes and likewise supported that the male responsible for the pregnancy be included in the decision, this study shows findings similar to those by Coleman and Nelson.

In the 2001 Gallop Survey, it was found that the vast majority of the sample felt that abortion should be limited under some or all circumstances (70%) (Kaiser Family Foundation, 2002). In this baccalaureate study of nursing students, the students were in favor of governmental agencies strictly regulating abortions. This is congruent with the Gallop Survey results and corresponded to the overall pro-life stance the students indicated in their survey responses.

Additionally, two items with the highest mean scores, indicating the strongest pro-abortion attitude, were the questions about the indication of an abortion in the instances when "a female's own health being endangered by the pregnancy" and "if a female became pregnant from being raped". In the telephone poll by Craig et al. (2002) of adult voters, similar findings were shown as "woman's health" and "rape" were two of the three instances in which abortion rights received the highest support. In Carlton et al.'s (2000) study of college students, the responses to these items were similar. However, the baccalaureate study of nursing students did not find support for aborting a fetus that had a suspected mental or physical disability. Yet, in both of the other studies there was support for having an abortion if

the fetus had a "birth defect" (Craig et al., 2002; Carlton et al., 2000). Reasons for this difference in the baccalaureate nursing students supporting abortion in the cases of rape and woman's health, but not for the case of disabilities in the fetus, may be attributed to their nursing background and the all-inclusive philosophy of nursing that nursing students are taught.

The two items with the strongest pro-life support were for abortion as a method of birth control and abortion being done if a married woman doesn't want any more children. In Carlton et al.'s (2000) study, they showed that the support of abortion was less likely if the reason for the abortion was that the female already had children or if the birth of another child was perceived as a threat to the relationship. This study shows comparable findings.

These results are the first attempt to study the abortion attitudes of baccalaureate nursing students. Therefore, more studies investigating the abortion attitudes of baccalaureate nursing students are needed. This study differed from the majority of previous studies that investigated the attitudes towards abortion of college students in the fact that previous studies primarily had a sample that was under 21 years of age, while this sample of this study had a larger age range. Previous studies also had a larger percentage of male students in the sample than this study, which was a sample predominantly comprised of female baccalaureate nursing students. Finally, other studies included a component investigating abortion knowledge. However, this study did not as it was assumed that because the baccalaureate students are studying nursing, the students had baseline knowledge of abortion.

This primary study has implications for nursing education as well as for further research. Baccalaureate nursing programs should incorporate abortion issues into the curriculum. Various methods of incorporating the issue of abortion into the curriculum include case studies involving abortion and ethical topics in addition to enabling baccalaureate nursing students to exam their personal attitudes towards abortion. As this study showed, the sample

held a pro-life stance towards abortion. A subsequent research question could address if similar pro-life attitudes would be found in samples of other health care professional baccalaureate students, nursing graduate students, and baccalaureate students in other majors at The Ohio State University. Another topic for further research could be to examine the reasons behind attitudes towards abortion, whether pro-choice or pro-life. Abortion attitudes of baccalaureate nursing students in the western region of the country would also be interesting as Esposito and Basow's (1995) study assessed students at northeastern universities and Coleman and Nelson's (1997, 1999, 2000) studies involved students at a southern university. Abortion attitudes of nursing students with a more equally distributed gender sample would also be exciting to assess.

Conclusion

The overall findings indicate that the sample held pro-life attitudes regarding abortion, agreed that the male responsible for the pregnancy should be involved in the decision, favored governmental regulation of abortions, and supported that abortion is indicated in situations when the female's health was at risk or if the female had been raped. Some of the findings are similar to other studies, particularly those that have involved a sample comprised of college students. This study is different from existing studies as it is the first that studied baccalaureate nursing students, it includes a predominately female sample, and it encompasses a larger age span in its sample.

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Table 1 *Frequencies and Percentages for the Background Characteristics of the Baccalaureate Nursing Students*

Characteristic	N	%
Gender		
Female	102	92.7
Male	6	5.5
No Response	2	1.8
Age		
18-21	57	51.8
22-25	38	34.5
26-29	6	5.5
>30	8	7.3
No Response	1	0.9
Ethnicity		
Caucasian	98	89.1
Black	7	6.4
Hispanic	1	0.9
Asian	1	0.9
Other	2	1.8
No Response	1	0.9
Level in Program		
Sophomore	34	30.9
Junior	27	24.5
Senior	48	43.6
No Response	1	0.9
Marital Status		
Single	78	70.9
Engaged	13	11.8
Married	16	14.5
Other	2	1.8
No Response	1	0.9
Have Children		
Yes	13	11.9
No	95	87.1
No Response	1	0.9
Religious Preference		
Catholic	42	38.2
Protestant	34	30.9
Other	18	16.4
None	15	13.6

No Response	1	0.9
Taken an Ethics Course		
Yes	46	41.8
No	62	56.4
No Response	2	1.8
Provided care to a woman who had an abortion		
Yes	22	20.0
No	87	79.1
No Response	1	0.9
Knows someone who had an abortion		
Yes	79	71.8
No	28	25.5
No Response	3	2.7

Table 2 Comparisons of Sophomore, Junior, and Senior Baccalaureate Nursing Students

Characteristics

Characteristic	Sophomore		Junior		Senior	
	N	%	N	%	N	%
Gender						
Female	31	91.2	25	89.3	46	95.8
Male	2	5.9	3	10.7	1	2.1
No Response	1	2.9	0	0	1	2.1
Age						
18-21	24	70.6	20	71.4	13	27.1
22-25	3	8.8	5	17.9	30	62.5
26-29	3	8.8	2	7.1	1	2.1
>30	4	11.8	1	3.6	3	6.3
No Response	0	0	0	0	1	2.1
Ethnicity						
Caucasian	29	85.2	28	100.0	41	85.4
Black	3	8.8	0	0	4	8.3
Hispanic	0	0	0	0	1	2.1
Asian	0	0	0	0	1	2.1
Other	2	5.9	0	0	0	0
No Response	0	0	0	0	1	2.1
Marital Status						
Single	25	73.5	20	71.4	33	68.8
Engaged	2	5.9	2	7.1	9	18.8
Married	6	17.6	4	14.3	6	12.5
Other	1	2.9	1	3.6	0	0
No Response	0	0	1	3.6	0	0
Have Children						
Yes	5	14.7	2	7.4	6	12.5
No	29	85.3	25	92.6	41	85.4
No Response	0	0	0	0	1	2.1
Religious Preference						
Catholic	13	38.2	10	35.7	19	39.6
Protestant	8	23.5	11	39.3	15	31.3
Other	6	17.6	3	10.7	9	18.8
None	7	20.6	3	10.7	5	10.4
No Response	0	0	1	3.6	0	0
Taken an ethics course						
Yes	8	23.5	10	35.7	28	58.3
No	26	76.5	17	60.7	19	39.6

No Response	0	0	1	3.6	1	2.1
Provided care to a woman who had an abortion						
Yes	2	5.9	7	25.0	13	27.1
No	32	94.1	20	71.4	35	72.9
No Response	0	0	1	3.6	0	0
Knows someone who had an abortion						
Yes	23	67.6	21	75.0	35	72.9
No	10	29.4	7	25.0	11	22.9
No Response	1	2.9	0	0	2	4.2

Table 3 Baccalaureate Nursing Students Responses to the Abortion Attitude Survey Items

Item	N	Strongly Agree	Agree	Disagree	Strongly Disagree	Mean	Standard deviation
1. Abortion should be a method of birth control	110	0	6	9	95	1.19	0.52
2. An abortion should be done after the first three months of pregnancy	110	2	4	21	83	1.32	0.63
3. An abortion should be done for any reason	110	2	7	22	79	1.38	0.69
4. Governmental agencies should strictly regulate abortions	109	30	40	26	13	2.80	0.98
5. Abortions should be inexpensive and widely available	107	4	16	31	56	1.70	0.86
6. An abortion is indicated if a female's own health is endangered by the pregnancy.	108	31	46	21	10	2.90	0.92
7. An abortion is indicated if a female became pregnant from being raped.	108	23	42	24	19	2.64	1.00

8.	An abortion is indicated when the fetus has a suspected physical or mental disability.	109	5	13	48	43	1.82	0.82
9.	An abortion is indicated if a female perceives she cannot afford to have the baby.	108	1	8	29	70	1.44	0.67
10.	An abortion is indicated if a woman is married and does not want any more children.	107	1	3	21	82	1.28	0.56
11.	An abortion is indicated if a female does not feel emotionally that she would be able to care for the baby.	109	1	12	27	69	1.5	0.73
12.	An abortion is indicated if the female is an unmarried teenager.	109	1	8	32	68	1.47	0.67
13.	An abortion is indicated if the pregnancy is a threat to the couple's relationship.	109	0	3	28	78	1.31	0.52
14.	The male responsible for the pregnancy should be included in the decision to terminate the pregnancy.	105	37	47	14	7	3.09	0.87

15.	An abortion is indicated for an unplanned pregnancy that interferes with educational and career goals.	109	0	9	26	74	1.40	0.64
16.	I would be comfortable assisting with an abortion procedure.	108	3	23	19	63	1.69	0.90
17.	I believe that a female has the right to terminate a pregnancy.	107	21	24	25	37	2.27	1.14

Table 4 Comparisons of Sophomore, Junior, and Senior Level Baccalaureate Nursing Students Responses to the Abortion Attitude Survey

Item	Total	Sophomore		Junior		Senior		F	P value			
	N	N	Mean	S.D.	N	Mean	S.D.			N	Mean	S.D.
1. Abortion should be a method of birth control	105	32	1.25	.62	25	1.24	.60	48	1.15	.41	.466	.629
2. An abortion should be done after the first three months of pregnancy	105	32	1.22	.49	25	1.44	.65	48	1.35	.73	.868	.423
3. An abortion should be done for any reason	105	32	1.34	.83	25	1.48	.71	48	1.38	.61	.283	.754
4. Governmental agencies should strictly regulate abortions	104	32	2.66	1.00	25	2.84	.94	47	2.9	.92	.521	.596
5. Abortions should be inexpensive and widely available	103	31	1.65	.84	25	1.72	.94	47	1.72	.85	.085	.918
6. An abortion is indicated if a female's own health is endangered by the pregnancy.	103	31	3.03	.84	25	2.92	.91	47	2.87	.99	.280	.756

7. An abortion is indicated if a female became pregnant from being raped.	103	30	2.77	.97	25	2.52	1.00	48	2.71	1.03	.445	.642
8. An abortion is indicated when the fetus has a suspected physical or mental disability.	104	32	1.94	.91	25	1.68	.69	47	1.85	.83	.692	.503
9. An abortion is indicated if a female perceives she cannot afford to have the baby.	103	31	1.58	.81	25	1.44	.58	47	1.40	.65	.642	.529
10. An abortion is indicated if a woman is married and does not want any more children.	102	31	1.32	.70	24	1.29	.46	47	1.28	.54	.059	.942
11. An abortion is indicated if a female does not feel emotionally that she would be able to care for the baby.	104	32	1.53	.80	24	1.42	.58	48	1.54	.77	.246	.782
12. An abortion is indicated if the female is an unmarried teenager.	104	32	1.63	.83	24	1.50	.66	48	1.38	.57	1.309	.275

13. An abortion is indicated if the pregnancy is a threat to the couple's relationship.	104	32	1.28	.58	25	1.40	.58	47	1.30	.46	.411	.664
14. The male responsible for the pregnancy should be included in the decision to terminate the pregnancy.	101	29	3.38	.62	25	2.72	1.06	47	3.06	.84	4.048	.020
15. An abortion is indicated for an unplanned pregnancy that interferes with educational and career goals.	104	32	1.38	.66	25	1.44	.58	47	1.43	.68	.084	.919
16. I would be comfortable assisting with an abortion procedure.	103	31	1.65	.88	25	1.92	1.00	47	1.62	.87	.991	.375
17. I believe that a female has the right to terminate a pregnancy.	102	31	2.13	1.06	25	2.32	1.11	46	2.33	1.19	.320	.727
