A STUDY OF PUBLIC HEALTH NURSING STAFF'S ATTITUDES TOWARD TEENAGE ABORTION

A THESIS

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

FOR THE DEGREE OF MASTER OF SCIENCE

IN THE GRADUATE SCHOOL OF THE

TEXAS WOMAN'S UNIVERSITY

COLLEGE OF NURSING

BY

CHRISTIANA AKOMA, B.S.N.

DENTON, TEXAS

AUGUST 1982

DEDICATION

With love to

Uzor, my loving husband, for his understanding, support, and technical help with the preparation of this thesis.

My three children, Nnamdi, Rowland, and Obinna, for keeping quiet when I most needed quietude.

All my family friends, for emotional support constantly offered me.

ACKNOWLEDGMENTS

To the chairman of my thesis committee, Dr. Elizabeth Anderson, I wish to express my gratitude for her guidance, assistance, direction, and encouragement towards the preparation of this thesis.

To the members of my thesis committee, Dr. Carol Adamson and Dr. Donna Vokaty, I wish to express my gratitude for their guidance and assistance in the preparation of this thesis.

To the institution where this study was conducted, I wish to thank them for their cooperation.

TABLE OF CONTENTS

Chapter

LIST OF TABLES

Table

CHAPTER 1

INTRODUCTION

In the United States, the incidence of teenage pregnancy is on the rise as is the abortion rate. Evans, Selstad, and Welcher (1976) noted that the magnitude of the problem of teenage abortion is increasing with more than one million teenagers becoming pregnant every year. Abortion has become the most frequently selected choice of resolving an unwanted pregnancy by teenage women. The legalization of abortion by the United States government has contributed to the rise in the number of teenagers who seek abortion today.

Efforts to help pregnant teenagers and their families have largely been shared by nurses, doctors, and social workers in hospitals and health clinics. Since nurses assume much of the responsibility in the care of pregnant teenage women who are desiring or having abortions, these nurses must be ready to meet the challenge of providing quality nursing care regardless of the moral implications of abortion.

One important variable which has an effect on the quality of nursing care provided for teenage women seeking abortion is the nurses' attitudes toward abortion. Of

particular importance are the attitudes of the nurses who work at health clinics where they interact with many pregnant teens through family planning, planned parenthood, and the maternity clinics.

According to Harper, Marcom, and Wall (1972), individuals in a crisis stage, in this case those choosing to have an abortion, may be more vulnerable to the attitudes of persons who care for them. The type of influence exerted on such individuals "may not only ameliorate the outcome of their present crisis but may feed back into their ongoing personalities" (Harper et al., 1972, p. 327). It becomes necessary then for the public health nursing staff to hold attitudes that would influence pregnant teens positively so that their reactions to the stressful conditions may be lessened.

Statement of the Problem

The purpose of this study was to answer the following questions: (1) What are the attitudes of a public health nursing staff toward teenage abortion? (2) Is there a relationship between certain demographic characteristics and public health nursing staff's attitudes toward teenage abortion?

Justification of the Problem

Wright (1980) noted that more than two million teenage pregnancies have been terminated at a cost of nearly half a billion dollars. Abortion continues to be the most widely chosen alternative for resolving unwanted pregnancies. Faulkenberry and Vincent (1979) remarked that it seems unlikely that any existing programs like planned parenthood and family planning will significantly modify the increasing trend in teenage pregnancy and abortion. It therefore becomes important for anyone who cares for this group of women to be reconciled with his or her feelings regarding abortion so that effective care can be offered.

Nurses' embarrassment in communicating with pregnant adolescents, as well as their anxieties concerning adolescent pregnancy, abortion, and adoption, have led to inadequate nursing care (McMaster, 1971). Rosen, Werley, Ager, and Shea (1974) pointed out that such embarrassments and anxieties by nurses over abortion in particular have been attributed to the nurses' professional orientation toward preserving life.

Nurses are directly involved in abortion procedures from the initial pregnancy test and counseling to the actual abortion and after-care. With this close and direct contact, attitudes held by nurses about abortion

will be reflected in communications and interactions with this special group of patients (Berger, 1979). Berger also pointed out that negative attitudes could emerge in subtle and potentially harmful ways which might be barriers to effective care.

This study determined the attitudes of a public health nursing staff toward abortion in teenage women. The information gained from the study could be used as baseline data for future research, or used by nurse educators to add to the student nurses' knowledge about teenage abortion. Findings could also be used by in-service educators in hospitals and clinics to increase the nursing staff's understanding of teenage abortion.

Conceptual Framework

Because of the ethical, moral, social, psychological, and economic implications of teenage pregnancy and abortion, there is an inherent concern about the type of nursing care that is provided for teenage abortion patients. The basis for this conceptual framework is that teenage abortion patients receive lower quality nursing care because nurses may hold negative attitudes toward abortion resulting in less effective nursing care to these patients.

Attitudes, as explained by White (1978), come from previous experiences, values, and belief systems, and

therefore predispose persons holding them to certain select behaviors (favorable or unfavorable) when in contact with a particular attitude object. In a situation where negative attitudes are held, the individual may not know how to transform the negative attitude into a behavior that is professionally expected and appropriate because of the conflict between personal and professional values. The individual may behave in a way which explicitly reflects his or her negative attitude or, constrained by circumstances, may "go through" the motions of the proper behavior while covertly conveying negative or conflicting messages (White, 1978).

Nursing staffs who find themselves in an ambivalent situation when in direct contact with an abortion patient cannot create the warm psychological environment necessary for providing adequate or effective care to these kinds of patients. As Coletta (1978) noted, the nursing staff member is experiencing inner tensions caused by his or her negative attitude toward abortion and, consequently, feels uncomfortable and incompetent. The nurse has emotionally distanced himself or herself from the patient, thereby unconsciously substituting the therapeutic nurse-patient bond with an alienated attachment or bond.

According to Davis (1980), nurses who feel religiously and personally opposed to abortion suffer considerable

stress in attempting to resolve their ambivalence when they are coerced into participating in abortion procedures. Nurses have reported feelings of anxiety, depression, and anger toward patients seeking abortions (Davis, 1980). Davis explained that the personal, moral, and religious values of nurses who hold anti-abortion attitudes often outweigh their professional obligation for providing abortion patients with effective nursing care; hence the tremendous stress and anxiety that they feel when in contact with them.

A nurse's values of anti-abortion may actually color the teaching and information shared with abortion patients regarding their health (Coletta, 1978). The nurse's negative feelings about abortion become a hindrance in her professional ability to search and identify those teaching concepts and problems that relate and affect these patients' health (Coletta, 1978). The nurse also risks imposing her own values on the patients' value system rather than modifying her teaching to fit within the patient's value system (Coletta, 1978). Therefore, nursing staff members who hold unfavorable attitudes toward abortion run the risk of compromising quality nursing care to abortion patients.

Assumptions

The following assumptions underlay this study:

1. Public health nursing staff members are aware of the Supreme Court's ruling of 1973 which legalized abortion.
2. Each public health nursing staff member has basic knowledge about abortion.
3. Each public health nursing staff member has given direct care to pregnant teenage women.
4. Public health nursing staffs who work in the family planning, maternity, and planned parenthood clinics hold attitudes toward teenage abortion.

Hypotheses

The following hypotheses were examined in this study:

1. Public health registered nurses have more favorable attitudes toward teenage abortion than both the licensed vocational nurses and the clinic assistants.
2. The higher the educational levels of public health nursing staff members, the more positive the attitudes toward teenage abortion.
3. There is a positive relationship between years of experience in public health nursing and attitudes toward teenage abortion.

4. Age is inversely related to attitudes toward teenage abortion in public health nursing staff members.
5. Unmarried public health nursing staff members have more favorable attitudes toward teenage abortion than those who are married.
6. Public health nursing staff members who are religiously affiliated have less favorable attitudes toward teenage abortion than those who are not.
7. Public health nursing staff members who grew up in rural neighborhoods have less favorable attitudes toward teenage abortion than those who grew up in urban neighborhoods.

Definition of Terms

For the purpose of this study, the following terms were defined:

1. Abortion. Expulsion of an embryo or fetus prior to the stage of viability at about 20 weeks of gestation (Stedman's Medical Dictionary, 1976).
2. Attitude. A state of readiness; a tendency to act or react in a certain manner when confronted with certain stimuli (Oppenheim, 1966).
3. Attitude toward abortion. Degree of agreement or disagreement regarding an abortion statement as measured by Snegroff's Abortion Attitude Scale (Snegroff, 1978).

4. Educational level. Formal schooling years (kindergarten through college) completed.
5. Public health nursing staff. The registered nurses, licensed vocational nurses, and clinic assistants who work at selected public health clinics.
6. Religious affiliation. Belonging to a religious body.
7. Teenage. The years from 13 through 19; same as teenager.
8. Years of job experience. The number of years worked as a public health nursing staff member.

Limitations

The following factors may affect the generalization of the findings of this study:

1. Subjects may not have been completely honest in their response to the questions.
2. Since a convenience sampling technique was used, findings may not be generalized beyond the units studied.

Summary

The rise in teen pregnancies and abortions called for an investigation of public health nursing staff's attitudes toward teenage abortion since they have the most contact with this group of patients. Of particular concern was the

influence of certain demographic variables on the public health nursing staff's attitudes toward teenage abortion. A review of the related literature on abortion will be discussed in Chapter 2. Chapter 3 will explain the procedure for collection and treatment of data. Chapter 4 will discuss the analysis of data, and Chapter 5 will summarize the study.

CHAPTER 2

REVIEW OF LITERATURE

The technical organization of facts in the review of literature fall into six categories: attitude; the abortion controversy; trends in abortion; public attitude toward abortion; demographic influences on abortion attitudes; and summary of the chapter. A detailed definition of attitude will be given. Significant abortion related issues are presented. Some previous studies are presented to characterize the public abortion attitudes and to examine the influence of demographic factors on abortion attitudes. The chapter closes with a summary of its contents.

Attitude

Attitude is defined as "certain irregularities of an individual's feelings, thoughts, and predisposition to act toward some aspect of his environment" (Kiesler, 1971, p. 4). Another author defined attitude as a "relatively enduring organization of beliefs around an object or situation, predisposing an individual to respond in some preferential manner" (Rokeach, 1968, p. 120). According to Rokeach (1968):

> Those beliefs are arranged like physicist's electrons and protons, astronomer's moons and planets, or the

> geneticist's chromosomes and genes, which become somehow describable and measurable structural properties, which in turn have observable behavioral, or attitudinal consequences. (p. 1)

Sherif, Sherif, and Nebergall (1965) described attitude as a "stand" an individual upholds and cherishes about objects, issues, persons, groups, or institutions. The principal aspect of an attitude is the degree to which it is positive or negative (Kiesler, 1971). The response of an individual to a positive or negative attitude may be either verbal expression of ideas, or some form of non-verbal behavior (Rokeach, 1968).

Three components of attitude (all of them measurable) have been identified: the affective, cognitive, and the conative component. The affective component is the part of an attitude that includes the direction and intensity of one's attitude toward a particular object or situation (Greenwald, Brock, & Ostrom, 1968).

Greenwald et al. (1968) explained that the direction and intensity characteristics can be identified in the specific attributes of an object. An individual's beliefs are "capable of arousing effects of varying intensity centering around objects, persons, or groups; and also capable of taking on positive or negative position" (Rokeach, 1968, p. 113). Kiesler (1971) simply described this affective component as a person's "feelings."

The cognitive component of attitude is described as the "thought processes" of an individual. Greenwald et al. (1968) described the cognitive component of attitude as "the informational context and the time perspective of an attitude" (p. 16). The informational context of an attitude includes the "entire set of stereotypes, beliefs, and factual knowledge that a person possesses which are related to the attitude object" (Greenwald et al., 1968, p. 16). The time perspective of an attitude is defined as the "degree to which anticipated future events or developments regarding a particular attitude object play a part in the individual's present view of that object" (Greenwald et al., 1968, p. 16).

The third component of an attitude is the "conative." The conative component includes the courses of action a person takes when in contact with an attitude object (Rokeach, 1968). Rokeach labeled the conative component as the "behavioral" aspect of an attitude. The conative component of an attitude is referred to as the behavioral aspect because it is the part of an individual's attitude that can be overtly expressed when activated (Rokeach, 1968).

According to Sherif et al. (1965), having an attitude means that an individual is no longer neutral towards the

referents of an attitude object. An individual who has an attitude may be "positively inclined, or negatively disposed in some degree toward an attitude object" (Sherif et al., 1965).

Attitude influences behavior. Behavior may be demonstrated through actions, overtly or covertly (Sherif et al., 1965). When objects of one's attitude are encountered in specific situations, individual's behavior takes on a more characteristic and consistent, or predictive, pattern (Sherif et al., 1965). The outcome of such an encounter is the product of an underlying judgment process that occurs within the individual. The individual's beliefs and foreknowledge about the attitude object operate to determine his behavior when attitude objects are encountered (Sherif et al., 1965).

The Abortion Controversy

Although the abortion controversy was brought into sharp public focus in the U.S. during the 1960s, the underlying issues surrounding it had existed for several centuries (Sarvis & Rodman, 1974). During the 18th, 19th, and early part of the 20th centuries, abortion was explicitly an immoral act, a crime of nature committed against God and society (Hilgers, 1972). Callahan (1970) observed that laws that governed abortion were downright restrictive.

The implicit cultural purpose for the highly restrictive abortion laws that existed in the U.S. prior to the late 60s was primarily to promulgate the Christian belief in the right to life, and the necessity to preserve every life (Callahan, 1970). Callahan (1970) argued that many restrictive laws discriminated against the poor by making it difficult or impossible for them to obtain safe abortions.

Sarvis and Rodman (1974) noted that before the 60s, very few publications and research on abortion were available in the United States. Consequently, public awareness of the abortion problem was also limited. According to Sarvis and Rodman (1974), most publications on abortion were directed primarily at professional audiences like the American Medical Association. This was another reason for the limited public awareness of abortion problems before the 60s.

During the 60s an increase in public awareness of abortion issues occurred. According to Sarvis and Rodman (1974), the increase in public awareness of abortion problems occurred because many authors on the subject began to direct their writings at public audiences. Several books (Dickens, 1966; Granfield, 1969; Weinberg, 1968; Westoff, 1968) on the issue were then published. The mass media

reached greater numbers of people; consequently, abortion reform became a political issue in many states (Sarvis & Rodman, 1974).

In 1967, individuals, groups, and politicians began to agitate for changes in the states' restrictive abortion laws (Callahan, 1970). Before the end of the 60s, 13 states, beginning with Colorado, took steps to modify their restrictive abortion laws so that more legal abortion services were available to women (Callahan, 1970).

On January 22, 1973, abortion laws became liberalized in the U.S. after many political and legal fights between the states and the Supreme Court (Sarvis & Rodman, 1974). Two popular cases, Roe versus Wade, and Doe versus Bolton, surfaced in Texas and Georgia, respectively, and culminated into a nationwide abortion law reform (Sarvis & Rodman, 1974). The U.S. Supreme Court then ruled that the states' actions in the two cases were unconstitutional. The Supreme Court protected the rights of the women involved in those two popular cases by ruling that:

> No restrictions could be placed on a woman who wished to obtain an abortion performed by a physician in the first three months of pregnancy, that only conditions involving the pregnant woman's health could limit her right to obtain an abortion in the second trimester, and that even in the third trimester, when the fetus was viable, states could not prohibit an abortion when carrying a pregnancy to term might threaten the woman's health or life. (Granberg & Granberg, 1980, p. 251)

Further, the Supreme Court argued that a woman's decision to have an abortion (whatever her reasons) was encompassed by the fundamental right to privacy (Liu & Solomon, 1977). With respect to preserving the life of the fetus, the court upheld that a fetus was not a person, and therefore, not protected by the Fourteenth Amendment (Liu & Solomon, 1977). The Supreme Court then rejected the states' defense that a state could assert compelling force to protect life from the time of conception (Sarvis & Rodman, 1974).

According to Liu and Solomon (1977), the human status of the fetus was an issue of strong debate during the 1973 abortion ruling. Lack of agreement between the Supreme Court and the states on when life begins in the womb was the strongest legal weapon used by the court against the states. While the states argued in defense of the "fetal right to life" beginning at conception, the Supreme Court overruled by agreeing that the woman's "right to privacy" overrode the need to protect the fetus (Sarvis & Rodman, 1977).

Hilgers (1972) stated that the controversy over the human status of a fetus had a long historical origin. To explain this statement, he said:

> Prior to seventeenth century, the prevailing doctrine (about the origin of life) had been that of Aristotelian school. Aristotle taught that forty days after

> conception that the fetus underwent a transformation which made it human. This notion was successfully attacked in 1621 as a medical-nonsense by Paolo Zacchia in his Questiones Medico-Legales. Thereafter, the medical profession gradually accepted the view that there was no valid line to be drawn within the womb; the law slowly but surely followed the medical lead. (p. 107)

Sarvis and Rodman (1974) explained that the court did not accept the proabortionists' view that a woman had absolute right to abortion regardless of circumstances. The Supreme Court then upheld the right of the states to protect the fetus during the third trimester of pregnancy if the mother's health was not at stake.

One author (Noonan, 1979) criticized the action of the Supreme Court on the abortion issue and argued

> that the Ninth Amendment declared that power not expressly conferred upon the national government (of which abortion falls under) belonged to the People, thereby leaving to the People the protection of life, liberty, and property through the legislatures and courts of each state. (p. 6)

Because the Supreme Court had imposed its powers on the states by passing a ruling on abortion, Noonan (1970) identified three fundamental values that were violated. First, the recognition of the right of each human being to the most basic conditions was trampled. Secondly, the protection of the "right to live" was made ineffective. And third, the ethical standard of the physician as a life saver was debased.

Another criticism of the Supreme Court's 1973 abortion ruling was made by the United States Catholic Conference (1976). It argued that a broadly permissive legal policy on abortion would lead to an increase in abortion rates. Catholic heads in that conference warned that worldwide experience had shown that legalization of abortion increased both legal and illegal abortions. They feared that similar conditions would occur in the U.S. if abortion was made legal.

According to Callahan (1970), during the period that East Germany experimented with liberalization of abortion, there was an increase in pregnancies, births, and illegal abortions. In Hungary and Bulgaria, "there was an equally sharp rise in the total pregnancy rate, which was caused by a less careful and consistent practice of contraception" (Callahan, 1970, p. 252). When permissive legal policy was adopted, it was argued, women who would not have thought of engaging in abortions would be encouraged to obtain legal ones (United States Catholic Conference, 1976).

While the Catholic church took the firmest stand against abortion, other religious bodies were more liberal toward the abortion ruling. The National Council of Churches approved abortion on the basis of the woman's health; the Lambeth Conference (Episcopalian) recognized a "necessity" as a justification for abortion; and American

Baptists endorsed abortion on request in the first trimester of pregnancy. The Southern Baptist Convention allowed legalization of abortion under such conditions as rape, incest, mother's poor health, or evidence of fetal deformity (Saltman & Zimmering, 1973).

Proponents of abortion argued that legalization of abortion offered some social benefits. Van der Tak (1974) stated that the use of legal abortions in the U.S. to terminate unplanned and undesired pregnancies led to a dramatic decline in fertility rates. Lader (1973) observed that legalization of abortion provided a guarantee that no child comes into the world unwanted, unloved, and uncared for, thereby ensuring immeasurable gains in psychiatric and social health. Legal abortions decreased maternal mortality and illegitimate birth rates.

Callahan (1970) explained that gains in maternal health included a decrease in suicidal attempts by women. Often most women carrying unwanted pregnancies were depressed, but not suicidal, as long as they had hope of obtaining abortions. But, if abortions were refused, some pregnant women were reported suicidal, and required help in psychiatric institutions (Callahan, 1970).

Callahan's observations were supported by Hooke's 1966 study which was discussed by Barglow (1976). In an 8 to 10 year follow-up of 294 women who were denied

abortions, 24% had continued significant negative emotional sequelae (Barglow, 1976). Most of the women studied demonstrated pathologic reactions including frequent punitive hate reactions; 31% were judged to be providing an unfavorable environment for their children (Barglow, 1976).

Legalization of abortion also destroyed to a large extent the system of exploitation in which generations of women had been trapped (Lader, 1973). Lader (1973) explained the nature of the exploitation as:

> The savage ordeal of underworld abortions at exaggerated prices, the debasing secrecy and harrassment by police, and even the hypocrisy of the so-called therapeutic abortion where women crawled before doctors and hospital committees in order to have abortions performed. (p. 211)

Thus, the advance of legalized abortion gave the feminist movement an explosive boost. Abortion reform provided for the feminists a prime weapon against sexism--"the prison of unwanted childbirth which often brought social ostracism for its victims" (Lader, 1973, p. 210).

Soon after the legalization of abortion, the cause of abortion law reform became a rallying point for the feminists (Potts, Diggory, & Peel, 1977). In the social history of the feminist movement, abortion may have been as significant as a unifying goal to the movement, as the movement was to changing abortion attitudes in the United States (Potts et al., 1977).

Trends in Abortion

The formation and rise of a nationwide antiabortion movement was an expected aftermath of the 1973 Supreme Court ruling on abortion. The antiabortion movement was working toward creating a constitutional amendment which would reverse the 1973 ruling on abortion (Granberg & Granberg, 1980). The U.S. Congress was persuaded by the political opponents of abortion to cut off the federal funding of abortions for indigent women. This was achieved by the passage of the Hyde Amendment upheld in June 1980 (Granberg & Granberg, 1980). It was a first-step victory for the antiabortionists.

An estimated 295,000 Medicaid-financed abortions were performed in the U.S. prior to the passage of the Hyde Amendment (Abortion and the Poor, 1979). Eighty-one percent of the federally funded abortions were for life endangering situations; the rest of the cases were for chronic physical health problems, incest, and rape (Health Care Financing Administration, 1979). Even with the federal funding of abortions, it was estimated then that between 5 and 90 excess deaths would occur annually (Petite & Cates, 1977).

A group of co-authors reflected on the public health effects of restricting Medicaid-funding of abortions for indigent women by stating that:

> In 1972, the year prior to the United States Supreme Court decisions, illegal abortions had been responsible for 39 deaths nationwide, whereas five years later only two fatalities resulted from illegal abortions. We hypothesized that this favorable public health trend might be reversed if a large percentage of Medicaid-eligible women resorted to the options of self-induced or non-physician induced abortions. (Cates, Kimball, Gold, Rubin, Smith, Rochat, & Tyler, 1979, p. 945)

During the 18 months of restricted federal funding of abortions, the Center for Disease Control documented three deaths of Medicaid-eligible women trying to obtain illegal abortions (Gold & Cates, 1979). Henshaw, Forrest, Sullivan, and Tietze (1981) reported that restrictions on Medicaid-funded abortions compelled 18,000 to 30,000 women to have unintended births in 1978. The number of state funded abortions also fell in the same year (Gold, 1980).

Many pregnant women who needed abortions had been unable to obtain them. In 1973, more than one million women who needed abortions could not obtain one; in 1977 more than half a million women who needed abortions still could not obtain legal abortions (Forrest, Tietze, & Sullivan, 1978). A 1976 study of abortion services in the U.S. found that only 698 of the 3,104 U.S. counties were providing abortion services (Forrest et al., 1978).

One reason noted for the inaccessibility of abortion services in the U.S. was an unequal distribution of abortion centers. Forrest et al. (1978) found that inequity in abortion services was due to concentration of abortion

services in large metropolitan U.S. cities. A second reason noted for the inequity in abortion services was the unfavorable attitudes of some health professionals toward pregnant women who sought abortions. Seims (1980) noted that many obstetricians and hospital personnel had negative attitudes toward abortion and were unwilling to participate or provide abortion services.

In 1977, only 30% of all abortions performed in the U.S. were done in hospitals (Seims, 1980). Seims (1980) explained the disproportion of the number of abortion cases performed in hospitals by arguing that:

> In addition, many hospitals have not shown the kind of flexibility necessary for the successful provision of abortion services. For example, most do not offer abortions on an outpatient basis and many do not offer counseling or contraception, while they require parental consent for women under 18, insist on physician consultation, place residency restrictions on the total number of abortions permitted and have other inhibiting practices. (p. 99)

Ironically, the inequality in abortion services had not significantly slowed the rate of abortion in the U.S. The ratio of abortion per 1000 live births rose gradually from 200 in 1970 to 308 abortions in 1975 (Quick, 1978). The number of abortions increased by 7% between 1977 and 1978, and by 9% between 1978 and 1979 (Henshaw et al., 1981). Between 1973 and 1977, 1 out of every 11 women of reproductive age obtained a legal abortion (Forrest et al., 1978). Between 1967 and 1979, 1.4 million pregnant

women chose to terminate their pregnancies (Henshaw et al., 1981).

An estimated 736,000 pregnant women in 1978 and 641,000 in 1979 were unable to obtain legal abortion services (Henshaw et al., 1978). By 1979, 8 out of 10 U.S. counties had no facilities for legal abortion services. According to Henshaw et al. (1981), only 5% of legal abortions performed in 1979 were in non-urban areas were 26% of the pregnant women in need of legal abortions lived.

The number of abortion providers (hospitals, clinics, and physicians' offices) increased substantially from 1,627 in 1973 to 2,567 in 1976 (Forrest et al., 1978). The number of abortions performed in hospitals declined, while the number of non-hospital providers increased (Henshaw et al., 1981; Grimes, Cates, & Richard, 1981).

Women who obtained abortions varied in age, race, and marital status. Henshaw et al. (1981) observed that a woman who was likely to have obtained an abortion at least once was a teenage single, white woman. Other authors had a dissimilar observation on this point. According to Forrest et al. (1978), a single teenage, black woman was more likely to have obtained an abortion. Tietze (1977) was in support of the latter view. In 1977, Tietze found that legal abortions were more widely utilized as a method

of fertility control by non-white women than by white women. Between 1972 and 1974, the birth rate for 1,000 live births among black women in the U.S. was 329 abortions, with 213 for whites (Tietze, 1977).

Howe, Kaplan, and English (1979) observed that most women who had first abortions did not practice contraception. Abortion repeaters were more likely to have used contraception (Howe et al., 1979). Women who obtained abortions did not regard it as a back-up measure for contraception (Howe et al., 1979).

Freeman's study (1978) offered some support for Howe et al.'s (1979) observation above. Two hundred and fifty women of reproductive age were studied to determine their attitudes toward abortion (Freeman, 1978). Women who obtained abortions generally had not previously thought of the procedure as a technique of birth control (Freeman, 1978). Twenty-eight percent of Freeman's subjects said that they had expected to have abortions; 37% were certain that they would never have an abortion; 13% were uncertain about their decisions; 2% had no foreknowledge about abortion (Freeman, 1978).

Public Attitude Toward Abortion

There is a general tendency to relate the increase in the public awareness of abortion issues to the 1973 ruling

which legalized abortion. According to Granberg and Granberg (1980), the greatest change in the public opinion and awareness of abortion problems occurred in the 60s. The sharp change in the public abortion attitudes (to a more favorable state) occurred simultaneously with the campaigns of the 60s to liberalize state abortion laws. The 1973 abortion ruling only boosted levels of approval of abortion by Americans (Granberg & Granberg, 1980).

Snegroff (1978) assumed that many Americans have formulated definite attitudes for or against abortion. In disagreement, Granberg and Granberg (1980) characterized Americans as unstable in their attitudes toward abortion. Legislative maneuverings of abortion issues always boosted or plateaued levels of approval of abortion by Americans. An example was the 1977 passage of the Hyde Amendment following which average support for legal abortion declined (Granberg & Granberg, 1980). The National Election Surveys on the public abortion attitudes showed little indication of any substantial change in the public opinion of abortion issues since 1973 (Traughtt & Vinovskis, 1980).

The Center for Political Studies (CPS) of the Institute for Social Research at the University of Michigan conducted a series of surveys in 1972, 1976, and 1978. Subjects in those surveys comprised a representative sample of the

National Electorate (Traughtt & Vinovskis, 1980). In each survey year, 88 to 90% of respondents agreed that abortion should be permitted under at least some circumstances (Traughtt & Vinovskis, 1980).

Also in each survey year, 11% of the respondents said that abortion should be permitted; 45 to 47% said that it should be permitted only if the woman's health was in jeopardy; 16-17% said that they would permit abortion if the woman felt that she could not care for the baby (Traughtt & Vinvoskis, 1980). Of those subjects, 24 to 28% responded that abortion should never be forbidden (Traughtt & Vinovskis, 1980). The results of these surveys indicated that few Americans, up until 1978, favored outright prohibition of abortion.

Surveys done by the National Fertility Study Center between 1960 and 1970 showed that Americans opposed elective abortion (Blake, 1971). But in some groups of Americans, views and attitudes toward abortion were changing rapidly. Results of the national surveys done in the 60s found that 70% of American men and close to 80% of American women disapproved elective abortions (Blake, 1971).

The National Opinion Research Center (NORC) of the University of Chicago conducted nine national abortion surveys of American adults between 1965 and 1980. After a

significant drop in 1978, support for legal abortion rose to an average of 67% (Granberg & Granberg, 1980). Moral conservation and strength of Catholic and fundamentalist Protestant commitment were linked to disapproval of abortion by Americans (Granberg & Granberg, 1980).

In all nine of the NORC surveys, circumstances for abortion were characterized as soft and hard reasons for seeking abortion. A hard reason for seeking abortion included mother's poor health, defective fetus, and rape; soft reasons were economic hardships, being single, and unwillingness of the woman to marry her partner (Granberg & Granberg, 1980). Support for the so-called hard reasons averaged 85%, while support for the soft reasons averaged 50% in those nine surveys (Granberg & Granberg, 1980).

Two other studies (Arney & Trescher, 1976; Vadie & Hale, 1978) concluded that white Americans tended to be more liberal toward abortion than non-white Americans. In the large metropolitan Chicago area, Vadie and Hale (1978) studied attitudes of American youths toward abortion. White American youths were found more liberal toward abortion than the black American youths. In 1972, Arney and Trescher (1976) found more than 52% of a non-white sample of young Americans without high school diplomas disapproving of abortion.

Demographic Influence on Abortion Attitudes

In the literature, many researchers showed wide interests in finding the influence of demographic characteristics on one's abortion attitudes. Diner (1974) studied influence of religion on a group of Ottawa general practitioners. Catholic physicians were found less liberal toward abortion than the non-Catholic physicians. Jewish physicians were more liberal toward abortion than either the Catholic or the non-Catholic physicians. Protestant physicians, depending on their religious sect, were somewhat between the Catholic and the Jewish extremes. As anticipated, physicians reporting no religion were the most liberal in their abortion attitudes (Diner, 1974).

In another study, Catholic senior nursing students were found less approving of the 1973 abortion ruling than the non-Catholic ones (Elder, 1975). When reasons for abortion were examined separately within the two groups, Catholic students were found less permissive under all circumstances underlying abortion than their non-Catholic counterparts. Elder (1975) also found that 80% of the non-Catholic nursing students accepted all six circumstances given for a first trimester abortion.

A large sample of University of Toronto's college students was studied for abortion attitudes by Barret

and Fitz-Earl (1973). The Catholic students in that group were found less approving of legalized abortion than the Protestant ones (Barret & Fitz-Earl, 1973). Two other studies (Barret, 1980; Rosen, Werley, Ager, & Shea, 1974) had similar results.

Age and marital status were found to influence one's attitude toward abortion. Berger (1979) noted that our society had long held the belief that people become more conservative, more rigid in thought and behavior and less open to new ideas as they grow older. A report prepared in two Washington hospitals showed that older nurses were less approving of abortion than the younger ones (Allen, Shea, Riechelt, McHugh, & Werley, 1974). Nurses who were either married or divorced were less liberal toward abortion than the single nurses (Allen et al., 1974). A combination of older age and Catholicism influenced abortion attitudes even more negatively (Berger, 1979).

A higher education was positively related to attitudes toward abortion. According to Elder (1975), people with more years of education had a more permissive orientation toward abortion. Attitudes of baccalaureate, associate, and diploma student nurses toward abortion were compared in one study. More baccalaureate and associate degree student nurses approved abortion more than the diploma student nurses (Rosen et al., 1974).

Another study by Barret (1980) compared the attitudes of the Canadian University students and that of the general Canadian public. The university students were considerably more approving of abortion under all circumstances than the general public (Barret, 1980). Elder's study (1975) contradicted the positive relationship found between higher education and abortion attitudes. Elder studied the attitudes of student nurses toward the 1973 Supreme Court abortion ruling. The diploma nursing students were found more approving of the legalization of abortion than the baccalaureate ones (Elder, 1975).

Positive attitudes toward abortion and related laws were associated with womanhood. A study of abortion attitudes of a large population of Canadian University students found female students more approving of abortion than their male counterparts (Barret, 1980). In terms of legalization of abortion without restrictions, Conley and O'rourke's (1973) female subjects were more conservative in responses than the male subjects.

For health professionals oriented to life saving, the 1973 reversal in abortion policy caused them much painful soul-searching and sorting of values (Elder, 1975). A number of previous abortion attitude studies characterized some health professionals as negative toward abortion.

In Diner's (1974) study, general practitioners and the obstetrician-gynecologists were conservative on abortion issues. The physicians studied by Diner saw abortion as strictly a back-up procedure to other responsible means of family planning. Greater degree of approval of abortion was seen among the more recently graduated physicians. In explanation, Diner (1974) reflected on the fact that the new physician graduates began their careers when abortion laws were changing to conform with the demands of the society.

Fertel and Smith (1978) examined the attitudes of Hawaiian physicians toward reproductive health services for minors. Most of the respondent physicians showed negative attitudes toward providing reproductive health care for teenagers. Some of the physicians studied expressed misgivings and ambivalence about teenage sexual activities in general. Fertel and Smith (1978) explained that most of their respondent physicians feared that providing reproductive health services to minors encouraged promiscuity among teenagers.

A large sample of nurses was studied in regard to their attitudes toward providing contraceptive services for teenage women (Herold & Thomas, 1977). A majority of the respondent nurses expressed liberal attitudes toward

teenage abortion. More than half of the nurses studied agreed that the decision to obtain an abortion should rest between the woman and her physician. However, none of the nurses studied wanted anything to do with helping the patient decide for or against abortion. One half of the nurses sampled agreed that they were inadequately trained to work in the area of contraception and abortion (Herold & Thomas, 1977).

Potts, Diggory, and Peel (1977) reported the results of a 1970 study in which 93% of the nurses sampled approved abortion in cases of rape. Only 22% of those nurses approved abortion for the pregnant mother's convenience. Younger nurses, ages 20 to 29, were the most restrictive in their abortion attitudes (Potts et al., 1977).

Olson (1980) identified three possible factors why nurses experience inner conflict when in contact with abortion patients. One factor was the legalization of abortion which became a cultural change from which many nurses were still trying to recover. The second factor was that nurses expected abortion patients to feel guilt, shame, and sadness. Instead some abortion patients wore happy and guiltless countenances (Olson, 1980). The third

factor was that nurses who have had abortions themselves felt uncomfortable reliving the experience through contacts with abortion patients. Skipper (1971) emphasized that the further a patient deviated from the nurse's value system of what constituted ideal human character or behavior, the more psychological conflict the nurse experienced.

A group of researchers studied the attitudes of some nursing students and their faculty toward abortion (Rosen et al., 1974). A significant number of both the student nurses and the faculty were opposed to abortion on demand. In a sample of student nurses, Hurwitz and Eadie (1977) examined the psychological impact of participating in abortion and other stressful procedures. The number of dreams the student nurses had following each stressful experience was used to ascertain the psychological impact of their experiences. The student nurses reported having negative dreams following particpation in abortion procedures (Hurwitz & Eadie, 1977).

A study of the attitudes of Hawaiian nurses toward the abortion law found most nurses were opposed to the legalization of abortion (Branson, 1972). Branson explained that close to half of those Hawaiian nurses did not intend to work where abortions other than for therapeutic reasons were performed. Several of the nurses surveyed preferred

to concentrate their efforts on family planning and birth control (Branson, 1972).

Hendershot and Grim (1974) compared the abortion attitudes of nurses and social workers. The social workers were more liberal toward abortion than the nurses (Hendershot & Grim, 1974). The normative orientations of the two groups were implicated for the difference in their abortion attitudes. Hendershot and Grim (1974) explained the reason for the difference in the nurses' and social workers' abortion attitudes by stating that "social work aims at enabling its clients to cope with a wide range of problem situations while nursing aims at preserving the good health of its patients" (p. 440).

Rosen et al. (1974) also compared the abortion attitudes of medical, nursing, and social work students with that of their faculties. Nursing students and their faculty were found more opposed to abortion on demand than the medical and social work students and their faculties. Fewer nursing students and their faculty were willing to help a client seek an abortion if the pregnancy resulted from contraceptive failure (Rosen et al., 1974).

Harper, Marcom, and Wall (1974) studied the attitudes of two nursing staffs (in two separate hospitals) toward abortion, and the effect of their attitudes on the patients'

perception of the nursing care. In one hospital where the nursing staff viewed abortion less favorable, the abortion patients perceived the nursing care less satisfactorily than the non-abortion patients. In the second hospital, the nursing staff showed more favorable attitudes toward abortion. The abortion and the non-abortion patients in the second hospital were satisfied with the nursing care given them (Harper et al., 1974).

Wallace, Gold, Goldstein, and Oglesby (1973) investigated the unmet needs of the teenage pregnant women in the large U.S. cities. When asked which category of health professionals provided the most care for the teens, the nurse-midwife was rated the least by the respondent teenagers. The physician was rated the highest among the groups of professionals listed (Wallace et al., 1974).

In a similar study, Ryan and Sweeny (1980) asked a group of teenage girls whom they would select as the best person to talk with concerning contraception. The nurse was the least chosen from the categories of health professionals listed. Another study by Bracken, Klerman, and Bracken (1978) examined the degree of support from significant others received by women who had abortions. Among the significant others listed were parents, girlfriends, boyfriends, nurses, and physicians. The women studied

here reported receiving more support from their girlfriends than from the nurses and the physicians (Bracken et al., 1978).

The studies just reviewed picture nurses mainly as antiabortionists. During the early 70s, the Nurses Association of the American College of Obstetricians and Gynecologists sensed the possibility of nurses having trouble with abortion related nursing functions (Tyrer & Granzig, 1973). In an attempt to safeguard and direct the nurses' professional input on abortion cases, the association recommended principles and guidelines for the nurses' practice (Tyrer & Granzig, 1973).

Summary

The 1973 Supreme Court ruling on abortion was a breakthrough in the restrictive abortion laws that existed in the United States prior to that time. Proponents of abortion struggled to see the new law upheld by defending the woman's right of choice and privacy. But the opponents of the abortion law argued for the "right to life" of every being including the fetus. The passage of the Hyde Amendment was the aftermath of a continued struggle by the antiabortionists to reverse the liberalized abortion laws.

Despite the legal freedom of abortion laws, inequality in abortion services plagued many non-metropolitan U.S.

cities. Many indigent women were unable to obtain legal abortions. Ironically, the uneven concentration of abortion services had not significantly slowed the abortion rates. More women, especially teenagers, had abortions.

Legalization of abortion achieved some social benefits in the areas of maternal, neonatal, and psychiatric health. In addition, the feminist movement utilized the anti-sexist overtones of the liberalized abortion laws as a weapon against sexism.

Despite the social benefits of legalization of abortion, some religious groups, the public, and health professionals held conservative to downright negative attitudes toward abortion. Some demographic variables played major roles as negative or positive reinforcers of abortion attitudes of these groups.

CHAPTER 3

PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

A nonexperimental research design was chosen for this study. In nonexperimental research, the researcher collects data without trying to introduce any new treatments or changes; measurements are made concerning existing states, conditions, behaviors, or characteristics (Polit & Hungler, 1978). Data collection was made through a descriptive survey. According to Polit and Hungler (1978), the aim of a descriptive survey is to describe relevant factors or relationships of a problem which were formerly undetected.

Setting

City health department clinics located in various parts of a large metropolitan area in the southwest United States provided the setting for this study. There are 12 of these health clinics in the north, south, southeast, and northeast parts of the city. Health services provided by these clinics include family planning, immunizations, planned parenthood, maternity, and child welfare. The use of the services of these health clinics was extended to all residents, but the most users were the low income groups.

The study was conducted during clinic hours when family planning and maternity patients were seen. Many pregnant teenage women were seen in these clinics by both the nursing staff and physicians.

Population and Sample

The population for this study consisted of all registered nurses, licensed vocational nurses, and clinic assistants who worked in the health clinics. A convenience sample was chosen by limiting data collection to the nursing personnel at three health clinics. These three clinics were chosen because they were categorized as large clinics in terms of the number of nursing personnel who worked in them, as well as the number of patients who were seen daily. Approximately 38 nursing staff members worked in those health clinics.

All 38 nursing staff personnel who worked in the three clinics were asked to participate in the study. All have worked in the family planning, planned parenthood, and maternity clinics. The registered nurses and the licensed vocational nurses took patients' histories and did health teaching in addition to other nursing activities. The clinic assistants took the patients' vital signs, weights, and collected specimens. All these categories of the nursing staff members were included in the study

because they gave varying levels of direct care to pregnant teenagers.

Protection of Human Subjects

The human rights of the subjects and the agency were protected by the following:

1. The proposal and the research instrument for this study were presented to the Human Rights Committee of the clinics involved for inspection and approval (Appendix A).
2. Participation in the study was voluntary for all the subjects; return of completed questionnaire by a subject to the researcher represented consent to participate in the study.
3. No names or any identifying information were required on the questionnaires.
4. A cover letter accompanied each questionnaire and: (a) identified the researcher and the purpose for the study, and (b) emphasized anonymity for the subjects (Appendix B).
5. The research findings were made available to both the agency and the subjects.
6. Agency approval form (Appendix A) was obtained before the study was conducted.

Instrument

The Abortion Attitude Scale (AAS), developed, tested, and validated by Snegroff (1978) of Adelphi University, New York, was used to measure the respondents' attitudes toward teenage abortion. The instrument was tested on a population of undergraduate students. According to Snegroff (1978), development of the instrument from subject areas of family planning, moral, social, birth control, women's rights, legal rights of the unborn, and health provides content validity. The reliability coefficient for this instrument was computed by split-halves method and was reported as $\underline{r} = .91$ (Snegroff, 1978).

The scale consists of 30 abortion-related statements to which each subject was asked to respond. Subjects were asked to complete the information on the demographic information sheet (Appendix B). In statements where necessary, "teenage" was used to modify "woman" so that the instrument would measure what was intended by this study. The scale is a 5-point Likert-type summated rating scale. The subjects were asked to note their extent of agreement with each of the items, half of which were positive statements and half negative.

After the negative items were reversed, a total score for each respondent was obtained by summing the scores for all the items. The higher a subject scored, the more

favorable the attitude toward teenage abortion. The possible range of scores was a maximum of 150 to a minimum of 30.

Data Collection

The researcher met each respondent in the clinic area to elicit cooperation in the study. The questionnaires were then given to each willing subject. Accompanying each questionnaire were directions for answering the questions and instructions for the subject to return completed questionnaires within two days through interoffice mail at the supervisors' offices (Appendix B).

On the second day, the researcher collected the returned questionaires from the supervisors' offices at the three health clinics. Twenty-one of the 38 questionnaires were returned.

Treatment of Data

The following demographic data were collected and presented using descriptive statistics: age, religion, sex, race, years of experience in public health nursing, years of education attainment, marital status, and the type of neighborhood where the respondents grew up. Relationships between the demographic variables and the subjects' attitudes toward teenage abortion were determined by the following computations: type of neighborhood

and scores--Mann Whitney U test; age, educational level, years of public health nursing experience, and scores--Pearson r; race, religion, marital status, and scores--Kruskal-Wallis one-way analysis of variance (Polit & Hungler, 1978). Since the sample was all female, sex data were not analyzed.

Summary

Through a nonexperimental descriptive survey, attitudes of a public health nursing staff of a large southwestern city health department toward teenage abortion were measured. The data were collected during the clinic hours using the Abortion Attitude Scale developed by Snegroff (1978). Participation in the study was voluntary. The influence of certain demographic characteristics on the respondents' attitudes toward teenage abortion was analyzed by the appropriate nonparametric tests.

CHAPTER 4

ANALYSIS OF DATA

The investigation for this study was done through a nonexperimental, descriptive survey. The data were collected for the purpose of determining the influence of specified demographic variables on a public health nursing staff's attitudes toward teenage abortion. The variables studied were age, educational level, marital status, race, religion, occupational status, job experience, and the type of neighborhood where a subject grew up. Data analysis involved a quantitative description of the sample using frequencies and percentages. A systematic analysis of seven hypotheses was based on the statistical results of nonparametric tests of significance.

Description of Sample

Out of the 38 questionnaires distributed, 21 (55%) were returned. The sample was all female. It consisted of seven (33%) registered nurses, eight (38%) licensed vocational nurses, and six (29%) clinic assistants (Table 1).

Three categories of religion--Catholic, Jewish, and Protestants--were reported by the subjects (Table 2).

Table 1

Employment Status of Respondents to Attitude Toward Teenage Abortion Questionnaire

Employment Status	Number	Percentage
Clinic Assistants	6	29
LVNs	8	38
RNs	7	33
Total	21	100

Table 2

Religious Groups of Respondents to Attitude Toward Teenage Abortion Questionnaire

Religious Groups	Number	Percentage
Catholic	3	14
Protestant	14	66
Jewish	2	10
Non-affiliated	2	10
Total	21	100

More than half of the subjects were Protestants. Three subjects (14%) were Catholics, two (10%) were Jewish, and two (10%) stated no religious affiliation.

The mean age of the respondents was 42 years, with a standard deviation of 10 years. The youngest subject was 31 years of age, while the oldest was 74 years. Table 3 shows the age distribution of the respondents. Eleven (52%) of the 21 respondents were between the ages of 30 and 40; seven (33%) were in their 40s; two (10%) were in their 50s; and one (5%) was above 70 years of age. The calculated age range was 43 years.

Table 3

Age Distribution of Respondents to Attitude Toward Teenage Abortion Questionnaire

Range of Ages (Years)	Number	Percentage
31-40	11	52
41-50	7	33
51-60	2	10
61-70	0	0
71-80	1	5
Total	21	100

Eighteen (86%) respondents were black, while three (14%) were white (Table 4). Thirteen (62%) of the 21 respondents grew up in urban neighborhoods, and seven

Table 4

Racial Distribution of Respondents to the Attitude Toward Teenage Abortion Questionnaire

Race	Number	Percentage
Black	18	86
White	3	14
Total	21	100

(33%) in rural settings (Table 5). One person did not respond to this information.

Table 5

Neighborhood Distribution of Respondents to Attitude Toward Teenage Abortion Questionnaire

Type of Neighborhood	Number	Percentage
Rural	7	33
Urban	13	62
Missing data	1	5
Total	21	100

The educational level of the respondents ranged from 6 years in grade school to 17 years. The mean years of education attained by the respondents was 14 with a

standard deviation of 2 (Table 6). Five percent of the respondents reported a maximum educational attainment year of 6 to 10; another 5% reported a maximum educational attainment of 16 and over years. The range of years of education attained was 7. Ninety percent of the respondents completed high school; 90% also had some years in college.

Table 6

Distribution of the Educational Levels of Respondents to Attitude Toward Teenage Abortion Questionnaire

Years of Education	Number	Percentage
6-10	1	5
11-15	19	90
16 and over	1	5
Total	21	100

Seventy-one percent of the respondents were married; 24% were divorced, and 5% were single. Table 7 shows the distribution of the respondents' marital status.

Public health nursing experience of the respondents ranged from 2 through 22 years. Table 8 shows the distribution of the public health nursing experience of the respondents.

Table 7

Distribution of Marital Status of Respondents to Attitude Toward Teenage Abortion Questionnaire

Marital Status	Number	Percentage
Married	15	71
Divorced	5	24
Single	1	5
Total	21	100

Table 8

Distribution of the Public Health Nursing Experience of Respondents to Attitude Toward Teenage Abortion Questionnaire

Years of Experience	Number	Precentage
1-5	7	34
6-10	7	34
11-15	4	20
16-20	1	4
Over 20	1	4
Missing Data	1	4
Total	21	100

The mean years of experience in public health nursing calculated was 8, with a standard deviation of 5. Over half of the respondents (68%) had less than 10 years of public health nursing experience. One subject reported 22 years of experience in public health nursing.

The group was an all-female sample, most of whom were middle-aged. They were almost evenly divided among registered nurses, licensed vocational nurses, and clinic assistants. The majority of the respondents were black, and Protestant; grew up in urban neighborhoods, and completed some college.

Findings

The group mean attitude score from the Abortion Attitude Scale (AAS) was 82, with a standard deviation of 26. The minimum attitude score was 31; maximum was 115, with a range of 84 (Table 9). In the AAS used for this study, the mean score of 82 indicated that the respondents had "undecided" attitudes about teenage abortion.

The predetermined significance level chosen for all hypotheses testing for this study was $p \leq .05$. Hypothesis one stated: Public health registered nurses have more favorable attitudes toward teenage abortion than both the licensed vocational nurses and the clinic assistants.

Table 9

Distribution of the Range of Attitude Scores of Respondents to Attitude Toward Abortion Questionnaire

Range of Attitude Scores	Number	Percentage
31-44	2	9
45-58	2	9
59-72	5	25
73-86	1	4
87-100	4	18.
101-115	7	35
Total	21	100

The summated attitude scores for each category of the respondents were ranked and subjected to Kruskal-Wallis one-way ANOVA (Table 10). A value of $\chi^2 = 0.143$ was calculated with correction for ties at 20 degrees of freedom. Hypothesis one was rejected. This finding indicated that there is no difference in the attitudes of the three levels of staff toward teen abortion.

The second hypothesis stated: The higher the educational levels of public health nursing staff members, the more positive the attitudes toward teenage abortion. The Pearson product-moment correlation coefficient was used to measure the degree of association between attitude and level of education. A value of $\underline{r} = .135$ was calculated

Table 10

Distribution of the Attitude Mean Rank Scores of Respondents to Attitude Toward Teenage Abortion Questionnaire

Job Classification	Number	Mean Rank Scores
Clinic Assistants	6	11.58
LVNs	8	10.38
RNs	7	11.21

warranted a rejection of the hypothesis. The educational levels of the group did not significantly influence their attitudes toward teenage abortion.

The third hypothesis stated: There is a positive relationship between years of experience in public health nursing and attitudes toward teenage abortion. The scores for the two variables were subjected to Pearson product-moment correlation coefficient and yielded the value, $r = -.260$. No statistically significant relationship was established between the respondents' public health nursing experience and their attitudes toward teenage abortion.

The fourth hypothesis stated: Age is inversely related to attitudes toward teenage abortion in public health nursing staff members. The degree of association between age and attitude scores was statistically

determined by the Pearson product-moment correlation coefficient. The calculated value, $\underline{r} = -.046$ meant that no statistically significant relationship existed between age and the respondents' attitudes toward teenage abortion.

The fifth hypothesis stated: Unmarried public health nursing staff members have more favorable attitudes toward teenage abortion than those who are married. The Kruskal-Wallis one-way ANOVA was employed in computing the difference between categories of marital status and attitudes toward teenage abortion. The mean scores for the two variables were rank ordered (Table 11).

Table 11

Distribution of the Mean Rank Scores by Marital Status of Respondents to Attitude Toward Teenage Abortion Questionnaire

Marital Status	Number	Mean Ranks
Married	15	10.6
Single	1	5.0
Divorced	5	13.4

The Kruskal-Wallis test yielded the value, $\chi^2 = 1.749$ after correction for tied scores. The hypothesis was rejected based on this computed Chi-square value. There

is no statistically significant difference between the attitudes of the single and the married respondents toward teenage abortion.

In hypothesis six, it was stated: Public health nursing staff members who are religiously affiliated have less favorable attitudes toward teenage abortion than those who are not. The religious groups included were Protestants, Catholics, Jewish, and the non-affiliated. Calculations were performed according to Kruskal-Wallis one-way ANOVA and yielded the value, $\chi^2 = 4.207$. Tied scores necessitated the use of a tie correction factor. The hypothesis was rejected and it was concluded that there is no statistically significant difference between the attitudes of the different religious groups of respondents toward teenage abortion, as well as those who did not belong to any religious group.

The last hypothesis stated: Public health nursing staff members who grew up in rural neighborhoods have less favorable attitudes toward teenage abortion than those who grew up in urban neighborhoods. Calculations were performed using the Mann-Whitney U formula. Scores from the rural and urban groups were combined, single ordered, and ranked (Table 12). Because of tie scores encountered, the Mann-Whitney U test was transformed to yield a two-tailed z

Table 12

Distribution of the Mean Rank Scores by Type of Neighborhood of Respondents to Attitude Toward Teenage Abortion Questionnaire

Type of Neighborhood	Number	Mean Ranks
Rural	7	10.73
Urban	13	10.07
Missing Data	1	0.00

score of -.2380. This z score was not statistically significant. There is no statistically significant difference between the attitudes of the respondents who grew up in either an urban or rural neighborhood.

Race was not predetermined to influence the attitudes of the respondents toward teenage abortion. However, the influence of race on the respondents' attitudes toward abortion was determined by calculations using the Mann-Whitney U test. A value of $\chi^2 = .205$ at 20 degrees of freedom was obtained. This result was not statistically significant at $p \leq .05$ level, and it was concluded that there is no racial influence on the respondents' attitudes toward teenage abortion.

Summary of Findings

Three nonparametric tests of significance were employed to test the seven hypotheses predetermined for the study. Data collected on age, level of education, public health nursing experience, and abortion attitude scores were tested for degrees of association by the Pearson product-moment correlation coefficient formula.

The influence of growing up in an urban or rural neighborhood on the respondents' attitudes toward teenage abortion was tested by employing the Mann-Whitney *U* formula. Data concerning the influence of religious or non-religious affiliation, marital status, and employment status on the respondents' attitudes toward teenage abortion were subjected to Kruskal-Wallis one-way ANOVA test. All hypotheses were rejected at $p \leq .05$.

CHAPTER 5

SUMMARY OF THE STUDY

The problem for this study focused on determining the attitudes of a public health nursing staff toward teenage abortion. Investigation included a determination of the influence of certain demographic variables on the respondents' attitudes toward teenage abortion. This chapter summarizes the study and discusses the findings, conclusions, and implications. Recommendations for further study are suggested.

Summary

In this study, seven hypotheses were stated to determine the influence of specified demographic variables on the respondents' attitudes toward teenage abortion. The sample consisted of 21 all-female nursing staff members of a public health clinic. A 30-item Abortion Attitude Scale (AAS) was used to elicit responses from the respondents. The AAS is a summated rating scale which measures the participants' degree of favorableness toward teenage abortion.

The data collected on the predetermined demographic characteristics of the respondents were analyzed by the aid of frequencies and percentages. Each hypothesis was tested

by employing the appropriate nonparametric tests of significance. All the hypotheses were rejected at the $p \leq .05$ level of significance.

Discussion of Findings

In the literature many authors and researchers emphasized the negative stance that some health professionals take toward abortion-related issues (Fertel & Smith, 1978; Herold & Thomas, 1977; Hendershot & Grim, 1974; Hurwitz & Eadie, 1977; Olson, 1980). Nurses in particular were often pictured as being less favorable toward abortion issues. In contrast, the mean-attitude score of 82 obtained for this study characterized the subjects as being "undecided" toward teen abortions.

Contrary to expectations, religious affiliation had no influence on the respondents' attitudes toward teenage abortion. This finding may lend support to McCormick (1975) who found that it was the degree of religiousity that had influenced his subjects' abortion attitudes more than merely belonging to either Protestant or Catholic faith. In McCormick's study, the frequent church attenders were less favorable toward abortion than the infrequent attenders.

Another study by Granberg and Granberg (1980) augmented McCormick's findings. Based on the results of

nine National Opinion Research Center surveys conducted between 1965 and 1980, Protestant and Catholic approval of abortion decreased as religiousness increased (Granberg & Granberg, 1980).

The outcome of this study may have been affected, at least in part, by the black majority composition of the sample. Blacks comprised 86% of the sample for this study. Past studies (McCormick, 1975; Tietze, 1977; Vadie & Hale, 1977) consistently found blacks less liberal toward abortion than the whites. The calculated mean-attitude score for this study suggested that the black respondents may be more conservative than those in other studies.

Another factor considered to have affected the outcome of this study was the geographic residence of the subjects. In comparison with other parts of the United States, southerners were characterized as less favorable toward abortion (Granberg & Granberg, 1980). Along religious lines, disapproval of abortion for elective and economic reasons was higher among non-Catholic southerns than among Catholics in the country as a whole (Blake, 1971).

Conclusions and Implications

Several researchers on the abortion issue were more interested in studying abortion attitudes towards pregnant women per se. Few studies focused on the abortion attitudes

when the abortee was a minor. This study was conducted to gain information about attitudes of a public health nursing staff toward teenage abortion.

Based on the findings of this study, the following conclusions were made:

1. The calculated group mean-attitude score for this study implied that the participants were undecided toward the nine year old liberalized abortion laws.
2. The undecided attitudes of the participants toward teenage abortion may signify a state of ambivalence which they have toward their value or belief systems.
3. The literature review supports the idea that the professional value of nurses may be the exerting influence, and therefore the determining factor in the nurses' behavior toward abortion patients. Since the demographic variables studied did not significantly affect the respondents' attitudes toward teenage abortion, one explanation may be that their abortion attitudes are most influenced by their professional values.

In light of the outcome of this study, it may be stated that factors other than the demographic characteristics of nurses affected their attitudes toward teen abortions. One big factor considered was the nurses' professional values

which demand that they save all lives. Therefore, nurses need to reassess their professional behaviors toward teenage abortion patients in the light of their nursing philosophies and standards of care. Behavioral adjustments toward the abortion law and the patients who seek abortion may be desired results of such action.

Recommendations

Based on the findings of this study, two recommendations are made:

1. A replicated study using the same instrument on a larger sample of public health nursing staff in order to verify the uniformity of findings within a population of public health nurses should be done.
2. A study which would use the same sample to investigate the attitudes of public health nursing staff toward abortion by adult women, in order to establish a premise on which to augment or rule out potential prejudice of the nurses toward abortion of minors, should be done.

APPENDIX A

AGENCY APPROVAL

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING
DENTON, TEXAS 76204

DALLAS CENTER
1810 INWOOD ROAD
DALLAS, TEXAS 75235

HOUSTON CENTER
1130 M. D. ANDERSON BLVD.
HOUSTON, TEXAS 77030

AGENCY PERMISSION FOR CONDUCTING STUDY*

THE _____

GRANTS TO Christiana Akoma
a student enrolled in a program of nursing leading to a Master's Degree at Texas Woman's University, the privilege of its facilities in order to study the following problem:

A Study of Public Health Nursing Staff's Attitudes Toward Teenage Abortion

The conditions mutually agreed upon are as follows:

1. The agency (may) (may not) be identified in the final report.
2. The names of consultative or administrative personnel in the agency (may) (may not) be identified in the final report.
3. The agency (wants) (does not want) a conference with the student when the report is completed.
4. The agency is (willing) (unwilling) to allow the completed report to be circulated through interlibrary loan.
5. Other _____

Date: 1/22/82

C N A C I N G
Signature of Student

Signature of Agency Personnel

Signature of Faculty Advisor

* Fill out and sign three copies to be distributed as follows: Original-Student; First copy - agency; Second copy - TWU College of Nursing.

/bc

APPENDIX B

QUESTIONNAIRE PACKET

Dear Public Health Nursing Staff Member,

I am a Texas Woman's University graduate student of nursing, in the process of writing a thesis as a step toward completing the requirements for a Master of Science degree in nursing. I am requesting your willingness and cooperation in participating in my research (attitude toward teenage abortion) as a way of helping me to complete my thesis. YOUR PARTICIPATION IS STRICTLY VOLUNTARY AND IT WILL BE ASSUMED THAT COMPLETION AND RETURN OF THE QUESTIONNAIRE INDICATES YOUR WILLINGNESS TO PARTICIPATE.

As a community health graduate nursing student, I choose the problem of teenage abortion because of its reality, relevance, and implications to public health nursing. Results of this research will be available to you upon completion.

I will be very grateful to you if you will fill out the attached questionnaire and the personal data sheet and return them within two days (beginning today) through inter-office mail at your Supervisor's office. I will pick up the completed questionnaire and the data sheet from your Supervisor's office in two days. Do not write your name on the questionnaire. I assure you absolute confidentiality. You will not, and cannot be, identified. Your participation in my research will not affect your job in any way. The proposal for this research was submitted to your agency first for approval.

Thank you for helping toward my thesis. If you need any further information about this study, please call or write at my home address.

Sincerely yours,

C.N.Akoma.

Christiana Akoma, RN, BSN
7007 Rickergate Dr.
Missouri City, Tx. 77489
713/437-6721

Enc.

Demographic Data Sheet

Please fill in the following information:

1. Sex: Male _____ Female _____
2. Age: _____
3. Religion: _____
4. Race: Black _____ White _____ Mexican _____
   Mexican-American _____ Other _____
5. Marital Status: Married _____ Single _____
   Divorced_____ Widowed_____
   Separated____ Other _____
6. Neighborhood where you grew up as a child:
   Urban_____ Rural_____
7. Years of education: Please circle one:
   1 2 3 4 5 6 7 8 9 10 11 12
   College: 1 2 3 4 Other_____
8. Years of experience in public health nursing_____
9. Employment status: Please check one:
   Aide _____
   LVN_____
   RN_____

Attitude Toward Teenage Abortion Questionnaire

Following are 30 statements about abortion. They have been arranged in such a manner as to permit you to indicate the extent to which you agree or disagree with each statement. Remember, there are no correct or incorrect answers. Be sure to respond with your own feelings, and not as how someone else would expect or want you to answer. Read each statement carefully and proceed as rapidly as possible, indicating the extent to which you agree or disagree according to the following scale:

SA--Strongly Agree
A--Agree
U--Undecided
D--Disagree
SD--Strongly Disagree

Place an X through the response that most closely corresponds with your feelings about each statement.

1. Abortion penalizes the unborn for the mother's mistakes. SA A U D SD
2. Abortion places human life at a very low point on a scale of values. SA A U D SD
3. A teenage woman's desire to have an abortion should be considered sufficient reason to do so. SA A U D SD
4. I approve of the legalization of abortion so that a teenage woman can obtain one with proper medical attention. SA A U D SD
5. Abortion ought to be prohibited because it is an unnatural act. SA A U D SD
6. Having an abortion is not something that one should be ashamed of. SA A U D SD
7. Abortion is a threat to our society. SA A U D SD
8. Abortion is the destruction of one life to serve the convenience of another. SA A U D SD
9. A teenage woman should have no regrets if she eliminates the burden of unwanted child with an abortion. SA A U D SD
10. The unborn should be legally protected against abortion since it cannot protect itself. SA A U D SD
11. Abortion should be an alternative when there is contraceptive failure. SA A U D SD
12. Abortions should be allowed since the unborn is only a potential human being and not an actual human being. SA A U D SD
13. Any person that has an abortion is probably selfish and unconcerned about others. SA A U D SD
14. Abortion should be available as a method of improving community socioeconomic conditions. SA A U D SD
15. Many more people would favor abortion if they knew more about it. SA A U D SD

16. A teenage woman should have an illegitimate child rather than an abortion. SA A U D SD

17. Liberalization of abortion laws should be viewed as a positive step. SA A U D SD

18. Abortion should be illegal, for the Fourteenth Amendment to the Constitution holds that no state shall "deprive any person of life, liberty or property without due process of law." SA A U D SD

19. The unborn should never be aborted no matter how detrimental the possible effects on the family. SA A U D SD

20. The social evils involved in forcing a pregnant teenage woman to have a child are worse than any evils in dstroying the unborn. SA A U D SD

21. Decency forbids having an abortion. SA A U D SD

22. A pregnancy that is not wanted and not planned for should not be considered a pregnancy but merely a condition for which there is a medical cure, abortion. SA A U D SD

23. Abortion is the equivalent of murder. SA A U D SD

24. Easily accessible abortions will probably cause people to become unconcerned and careless with their contraceptive practices. SA A U D SD

25. Abortion ought to be considered a legitimate health measure. SA A U D SD

26. The unborn ought to have the same rights as the potential mother. SA A U D SD

27. Any outlawing of abortion is oppressive to teenage women. SA A U D SD

28. Abortion should be accepted as a method of population control. SA A U D SD

29. Abortion violates the fundamental right to life. SA A U D SD

30. If a teenage woman feels that a child might ruin her life she should have an abortion. SA A U D SD

REFERENCES

Abortion and the poor: Private morality, public responsibility. New York: Alan Guttmacher Institute Publications, 1979.

Allen, D. V., Shea, F. P., Riechelt, P. A., McHugh, H. H., & Werley, H. H. Factors to consider in staffing an abortion service facility. Journal of Nursing Administration, 1974, 4(4), 22-27.

Arney, W. R., & Trescher, W. H. Trends in attitudes toward abortion 1972-1975. Family Planning Perspective, 1976, 8(3), 117-124.

Barglow, P. Abortion in 1975: The psychiatric perspective. Journal of Obstetrics, Gynecology, and Neonatal Nursing, 1976, 5(1), 41-47.

Barret, F. M. Changes in attitudes toward abortion in a large population of Canadian University students between 1968-1978. Canadian Journal of Public Health, 1980, 71(3), 195-200.

Barrett, F. M., & Fitz-Earle, M. Student opinion on legalized abortion at the University of Toronto. California Journal of Public Health, 1973, 64(3), 294-299.

Berger, T. M. The relationship of age to nurses' attitude toward abortion. Journal of Obstetrics, Gynecology, and Neonatal Nursing, 1979, 8(4), 231-233.

Blake, J. Abortion and public opinion: The 1960-1970 decade. Science, 1971, 171(4319), 540-548.

Bracken, M. B., Klerman, L. V., & Bracken, M. Abortion, adoption, or motherhood: An empirical study of decision-making during pregnancy. American Journal of Obstetrics and Gynecology, 1978, 130(3), 251-261.

Branson, H. Nurses talk about abortion. American Journal of Public Health, 1972, 72(1), 106-109.

Callahan, D. Abortion: Law, choice, and morality. London: Collier-Macmillan Ltd., 1970.

Cates, W., Kimball, A. W., Gold, J., Rubin, G. L., Smith, J. C., Rochat, R. W., & Tyler, C. W. The health impact of restricting public funds for abortion, October 10, 1977--June 10, 1978. American Journal of Public Health, 1979, 69(9), 945-947.

Coletta, S. S. Values clarification in nursing: Why? American Journal of Nursing, 1978, 78(2), 2057-2063.

Conley, J. A., & O'rourke, T. W. Attitudes of college students toward selected issues in human sexuality. Journal of School Health, 1973, 43(5), 286-292.

Davis, A. J. Competing ehtical claims in abortion. American Journal of Nursing, 1980, 80(5), 1959.

Dickens, B. M. Abortion and the law. Great Britain: Macgibbon & Kee Ltd., 1966.

Diner, M. C. Survey of Ottawa area general practitioners and obstetrician gynecologists on abortion. Canadian Journal of Public Health, 1974, 65(5), 351-358.

Elder, R. G. Attitudes of senior nursing students toward the 1973 Supreme Court decision on abortion. Journal of Obstetrics, Gynecology and Neonatal Nursing, 1975, 4(4), 46-54.

Evans, J. R., Selstad, G., & Welcher, W. H. Teenagers: Fertility control behavior and attitude before and after abortion, child bearing, or negative pregnancy test. Family Planning Perspective, 1976, 8(4), 192-195.

Faulkenberry, J. R., & Vincent, M. L. Adolescent sexual behavior. Health Education, 1979, 10(1), 5-7.

Fertel, J. H., & Smith, R. G. Hawaiian physicians' attitudes and practices regarding reproductive health service for minors. Hawaiian Medical Journal, 1978, 37(2), 41-43.

Freeman, E. W. Abortion: Subjective attitudes and feelings. Family Planning Perspective, 1978, 10(3), 150-154.

Forrest, J. D., Tietze, C., & Sullivan, E. Abortion in the United States, 1976-1977. Family Planning Perspective, 1978, 10(5), 271-277.

Gold, R. B. After the Hyde Amendment: Public funding for abortion in FY 1978. Family Planning Perspective, 1980, 12(3), 131-134.

Gold, J., & Cates, W. Restriction of federal funds for abortion: 18 months later. American Journal of Public Health, 1979, 69(9), 929-930.

Granberg, D., & Granberg, W. B. Abortion attitudes, 1965-1980: Trends and determinants. Family Planning Perspective, 1980, 12(5), 250-261.

Granfield, D. The abortion decision. New York: Doubleday & Co., Inc., 1969.

Greenwald, A. G., Brock, T. C., & Ostrom, T. M. Psychological formations of attitude. New York: Academic Press, 1968.

Grimes, D. A., Cates, W., & Richard, M. S. Abortion facilities and the risk of death. Family Planning Perspective, 1981, 13(1), 30-32.

Harper, M. W., Marcom, B. R., & Wall, V. D. Do attitudes of nursing personnel affect the patients' perception of care? Nursing Research, 1972, 21(4), 327-330.

Health Care Financing Administration. Updated information on federal funded abortions. Washington, D.C.: Department of Health, Education, and Welfare, 1979.

Hendershot, G. E., & Grim , J. W. Abortion attitudes among nursing and social workers. American Journal of Public Health, 1974, 64(5), 438-441.

Henshaw, S., Forrest, J. D., Sullivan, E., & Tietze, C. Abortion in the United States, 1978-1979. Family Planning Perspective, 1981, 13(1), 6-8.

Herold, E. S., & Thomas, R. E. Attitudes of nurses to providing contraceptive services of youth. Canadian Journal of Public Health, 1977, 68(4), 307-310.

Hilgers, T. W. Abortion and social justice. New York: Sheed & Ward, 1972.

Howe, B., Kaplan, H. R., & English, C. Repeat abortions: Blaming the victims. American Journal of Public Health, 1979, 69(2), 1242-1245.

Hurwitz, A., & Eadie, R. F. Psychologic impact on nursing students of participation in abortion. Nursing Research, 1977, 26(2), 112-120.

Kiesler, C. A. The psychology of commitment. New York: Academy Press, 1971.

Lader, L. Abortion II. Boston: Beacon Press, 1973.

Liu, W., & Solomon, D. Abortion. Notre Dame: University of Notre Dame Press, 1977.

McMaster, A. I. Effective care of school-age mothers hampered by syndrome of failures. Hospital Topics, 1971, 49(2), 71-72.

McCormick, E. P. Attitude toward abortion. Massachusetts: D. C. Heath & Company, 1975.

Noonan, F. T. A private choice. New York: McMillan Publishing Co., 1979.

Olson, M. Helping staff nurses care for women seeking saline abortions. Journal of Obstetrics, Gynecology, and Neonatal Nursing, 1980, 9(3), 171-173.

Oppenheim, A. N. Questionnaire design and attitude measurement. London: Heinemann Educational Books, Ltd., 1966.

Petite, D. B., & Cates, W. Restricting Medicaid funds for abortion: Projections of excess mortality for women of childbearing age. American Journal of Public Health, 1977, 67(9), 860-862.

Polit, D. F., & Hungler, B. P. Nursing research. New York: J. B. Lippincott Co., 1978.

Potts, M., Diggory, P., & Peel, J. Abortion. London: Cambridge University Press, 1977.

Quick, J. D. Liberalized abortion in Oregon: Effects on fertility, prematurity, fetal death, and infant death. American Journal of Public Health, 1978, 68(10), 1003-1007.

Rokeach, M. Beliefs, attitudes, and values: A theory of organization and change. San Francisco: Jossey-Bass, 1968.

Rosen, R. A., Werley, N. H., Ager, J. W., & Shea, F. P. Some organizational correlates of nursing students' attitudes toward abortion. Nursing Research, 1974, 23 (3), 253-258.

Ryan, G. M., & Sweeny, P. J. Attitudes of adolescents toward pregnancy and contraception. American Journal of Obstetrics and Gynecology, 1980, 138(6), 358-366.

Saltman, J., & Zimmering, S. Abortion today. Illinois: Charles C. Thomas Publisher, 1973.

Sarvis, B., & Rodman, H. The abortion controversy (2d ed.). New York: Columbia University, 1974.

Seims, S. Abortion availability in the United States. Family Planning Perspective, 1980, 12(2), 88-101.

Sherif, C. W., Sherif, M. & Nebergall, R. E. Attitude and attitude change. Philadelphia: W. B. Saunders Co., 1965.

Skipper, N. G. The value judgement dilemma in patient care. New York: Springer Publishing Co., 1971.

Snegroff, S. The developement of instrument to measure attitudes toward abortion and knowledge of abortion. Saluda: Family Life Publications, Inc., 1978.

Stedman's medical dictionary. Baltimore: Williams & Wilkins, 1976.

Tietze, C. Legal abortions in the United States: Rates and ratios by race and age, 1972-1974. Family Planning Perspective, 1977, 9(1), 12-15.

Traughtt, M. W., & Vinovskis, M. A. Abortion and the 1978 Congressional elections. Family Planning Perspective, 1980, 12(5), 238-246.

Tyrer, L. B., & Granzig, W. A. The new morality, ethics, and nursing. Journal of Obstetrics, Gynecology, and Neonatal Nursing, 1973, 2(5), 54-55.

United States Catholic Conference. Documentation on abortion and the right to life, II. Washington, D.C.: The Author, 1976.

Vadie, E., & Hale, D. Attitudes of adolescent males toward abortion, contraception, and sexuality. Social Work in Health Care, 1977, 3(2), 169-173.

Van der Tak, J. Abortion, fertility, and changing legislation: An international review. Toronto: Lexington Books, 1974.

Wallace, H. M., Gold, E. M., Goldstein, H., & Oglesby, A. C. A study of services and needs of teenage pregnant girls in the large cities of the United States. American Journal of Public Health, 1973, 63(1), 5-11.

Weinberg, R. D. Laws governing family planning. New York: Oceana Publications, 1968.

Westoff, L. E., & Westoff, C. F. From now to zero. Boston: Little, Brown & Co., 1968.

White, C. M. The nurse-patient encounter: Attitudes and behavior in action. Journal of Gerontological Nursing, 1978, 3(3), 16-20.

Wright, C. H. The prevention of teenage pregnancy. Journal of the National Medical Association, 1980, 72(1), 11-13.