A Mixed Methods Investigation of Abortion and Social Work: Opportunities for Research and Education
Stephanie Begun, PhD Candidate, MSW

Overview

- Social workers frequently work in settings in which family planning topics, including abortion, are encountered (e.g., health promotion, counseling, education, policy, advocacy, etc.).
- Little is known about the extent to which social workers are knowledgeable about abortion, and a scarcity of research exists pertaining to social workers’ attitudes toward and training specific to abortion and family planning.
- Furthermore, the Council on Social Work Education does not include any mandates for social work education that promotes reproductive health education within its 2015 Educational and Practice Standards.
- In the one known study of social work students’ attitudes regarding abortion, researchers found that almost half of the students surveyed would not make a referral for an abortion and 41% did not know if abortion was legal in their state.
- In 2009, the National Association of Social Workers (NASW) issued a statement regarding family planning and reproductive choice, stating that the profession’s Code of Ethics requires that social workers, “promote clients’ socially responsible self-determination” and that this self-determination means that, “people can make their own decisions about sexuality and reproduction.”
- According to NASW, social workers who do not intend to fully inform their clients or who restrict information or services to their clients in any way are professionally obligated to, at a minimum, assist their clients in how to obtain comprehensive services elsewhere.

Results (Qualitative)

- Most common family planning topic(s) seen in practice?
  - Family planning decision-making discord among couples.

- How are family planning topics covered in social work education?
  - Avoided, because of stigma, but more training is greatly needed.

- Role of personal beliefs?
  - Navigating tensions between personal and professional ethics is often difficult.

Methods (Qualitative)

- Phenomenological, in-depth interviews of social workers (N=8) employed in a marriage and family therapy (MFT) setting
- IRB approval; purposive/convenience sampling; informed consent
- One-time, semi-structured interviews
- Open coding, followed by holistic “middle order” coding
- Second coder’s interpretation used to confirm findings/establish consensus before final focused coding to consolidate code list

Methods (Quantitative)

- Survey developed collaboratively by 10 social work sexuality scholars
- IRB approval; survey administered online
- Link to survey sent to student listers of collaborating scholars’ institutions (and of others who agreed to distribute)
- Survey link displayed on reproductive justice website/social media
- Data collected from late Spring 2014 to late Fall 2014

Research Questions & Study Design

- Using a sequential mixed methods design, qualitative interviews were conducted with marriage and family therapy social workers (N=8), followed by the development and administration of a nationwide quantitative survey of social work students (N=504). In both samples, participants were asked:
  - How do abortion and family planning topics appear in social work practice?
  - How are abortion and family planning topics covered in social work education and training?
  - What role(s) do your personal beliefs regarding abortion and family planning play in your engagement with these topics in social work practice?

Methods (Quantitative)

- Survey developed collaboratively by 10 social work sexuality scholars
- IRB approval; survey administered online
- Link to survey sent to student listers of collaborating scholars’ institutions
- Survey link displayed on reproductive justice website/social media
- Data collected from late Spring 2014 to late Fall 2014

Results (Quantitative)

- There were 107 responses to the survey.
- The data was analyzed using SPSS.

Implications

A “mismatch” is occurring between the amount of training/education devoted to abortion and family planning in social work and the reality that family planning topics frequently arise in social work practice settings of many kinds:
- CSWE should increase institutional/accreditation requirements to formally include sexual/ reproductive/family planning training in social work curricula
- Training of social workers should include policy, knowledge of resources/medical procedures/legality, etc.
- Classroom and field training should provide more opportunities for exploration of individuals’ personally-held beliefs in relationship to professionally-held values/Codes of Ethics (e.g., the profession of social work values social justice, client self-determination, medically accurate resource referral, and unimpeded access to comprehensive family planning services)

Limitations

Qualitative: only one geographic region/sub-field of social work (MFT) captured; depicts family planning in heterosexual, cisgender male-female relationships only

Quantitative: cross-sectional design; sampling bias (social work reproductive justice web/social media respondents perhaps more inherently pro-choice); sample was predominantly White, liberal-identifying, heterosexual, female

References


