regardless of specific circumstances (3.5 vs. 3.2), while the
two samples had similar scores on the conditional sup-
port (3.3 for each) and intention to act scales (3.4 and 3.3,
respectively).

Among the items included in the general support for
abortion provision scale, 70% of all students agreed that a
woman should have the right to decide for herself whether
to have an abortion, and 48% believed that the South Af-
rican government should provide abortions as part of free,
public health care (Table 2, page 157). Although 40% of
students agreed that safe, voluntary abortion should be
legal and accessible, 43% disagreed with this position.
Several items in the conditional support scale received
widespread support among students: belief that abortion
should be legal if a woman’s physical or mental health is
endangered by pregnancy (83% and 69%, respectively), if
the fetus has a congenital defect or malformation (65%),
if the pregnancy was the result of rape or incest (64% and
52%, respectively) and if a woman is not married (62%).
However, sizable minorities said they would impose vari-
sious restrictions on abortion provision or try to discour-
gage patients from having the procedure, and 22% of all stu-
dents believed that abortion should not be allowed for any
reason.

Among items included in the intention to act scale, 23% of students agreed with the statement “I intend to
provide legal abortion services to women once I am quali-
fied,” while 51% disagreed. Seven in 10 of all students said
they would refer patients for abortion services in situations
where they could or would not provide services them-
selves, and only 11% said they would not refer patients
under any circumstances. About a third of respondents
said they would not perform an abortion under any cir-
cumstances, and a third indicated that they would try to
discourage a patient from having an abortion. Nearly nine
in 10 respondents believed that providers who conscien-
tiously object to abortion should be allowed to refuse to
perform the procedure, yet seven in 10 agreed that such
providers should be required to refer patients to a provider
who offers abortion services. Regarding family and peer in-
fluences, 22% of students said their families had strongly
influenced their beliefs about abortion, whereas only 12% said their friends had been very influential in shaping their
views (not shown).

In comparisons of students’ beliefs and attitudes by
year in medical school, nearly two-thirds of first-year stu-
dents said they did not intend to provide abortion services
once they were qualified to do so, whereas 45–60% of
students in the other year cohorts had the same attitude
(not shown). Intentions regarding patient counseling var-
ed significantly by year. While 49% of first-year students
agreed or strongly agreed that they would try to discour-
gage a patient from having an abortion, only 13% of sixth-
year students stated this intention (p<.01). In addition,
students in the last year of medical school were more likely
than those in the first year to disagree or strongly disagree
with the statement “I would try to convince other health

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Strongly agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly disagree</th>
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</table>

*p<.05. **p<.01. †p<.10. ‡Includes 11 “other” cases. Notes: N=1,184. ref=reference group. na=not applicable.

TABLE 4. Average marginal effects from ordinal logistic regression analysis between
selected characteristics and belief that providers should be allowed to refuse to perform abortions

Multivariate Findings

In multivariate analysis, all three measures of support for
abortion provision—general and conditional support, and
intention to act according to attitudes and beliefs—were
positively associated with being female (coefficients, 0.1–
0.3), being in the third to sixth year of training (0.2–0.4),
being other than non-Catholic Christian (0.1–1.1), being
single and in a current relationship (0.2–0.3), and ever
having had sexual intercourse (0.3–0.4; Table 3). In con-
trast, the three support measures were negatively associ-
atid with being white instead of African or black (–0.2 for
each), and with increasing frequency of attendance at reli-
gious services (–0.3 to –0.4). In addition, being a medical
student at UCT rather than WSU was associated with a
higher probability of reporting general support for abor-
tion provision (0.3).

In ordinal logistic regression analysis, compared with
students enrolled at Walter Sisulu University, those at
the University of Cape Town had an increased probabil-
ity of strongly agreeing with the statement that providers
should be allowed to refuse to perform abortions (by 16
percentage points—Table 4); students who were white or
care providers not to perform abortions” (74% vs. 42%,
p<.001).