

CHAPTER 1

GENERAL INTRODUCTION

1.1 INTRODUCTION

Termination of pregnancy is a very sensitive issue as all people are not in favour thereof. The debate on whether it should be performed is still on, all over the world. It always depends on the ruling party of a particular country at a given time. If the ruling party is in favour of termination of pregnancy, it becomes legalised, despite the opposition of the other parties. This generate dissatisfaction on the other parties and all efforts are made to pressurise the government to reconsider its decision, but in most cases, the results are not positive.

This is confirmed by the Roe versus Wade case, in America, where a woman's decision to end the pregnancy was endorsed by the law and her right to choose, was protected. This case marked the beginning of the abortion controversy in America in the sixties (Craig and O'Brien, 1993:1). They further contended that the ruling of this case symbolised the end of one political era and the coming of a new era, where the abortion decision was removed from the woman to the government.

In South Africa, the Choice on Termination of Pregnancy Act (Act 92 of 1996) was passed after a short debate on the Termination of Pregnancy Bill. The religious movements are not at all satisfied with the passing of this act, as they advocate for the respect of the right to life of the foetus. According to these religious movements, termination of pregnancy is a sin. Despite their objection to termination of pregnancy, it is being practised in South Africa.

Termination of pregnancy is accompanied by psychosocial aspects that need to be attended to at the TOP clinic. As a result of these psychosocial aspects, women who are facing an unplanned and unwanted pregnancy require to be provided with a comprehensive service that is rendered by a multi-disciplinary team. By attending to these psychosocial aspects the women will be equipped to live with their decision and be able to focus on their future.

1.2 MOTIVATION FOR THE CHOICE OF THE TOPIC

The Choice on Termination of Pregnancy Act (Act 92 of 1996) does not have the provision for social work intervention, regarding the abortion service. As a result the team that is engaged in this service at the state hospitals/clinics do not include social workers. This was observed at GaRankuwa Hospital, in GaRankuwa, as well as Kalafong Hospital in Atteridgeville (Gauteng Province), where the team mainly consists of the medical staff only, namely, doctors and nurses.

From this observation the researcher realised that these women who undergo termination of pregnancy need social work intervention in the form of pre- and post abortion counselling. Although they choose to have their pregnancies terminated, they are not prepared for the possible implications, therefore, experience emotional trauma after the abortion, thus need social work intervention, to enable them to live with their choice. This motivated the researcher to do research on this topic, so that guidelines could be provided on how to help these women, from the social work perspective. According to the Pretoria News of 08 November 2001; 116000 legal abortions have been performed over the past three years in South Africa. It has also been established that approximately six (6) women undergo termination of pregnancy daily at Kalafong TOP Clinic, which indicates that a considerable number of women do not receive a comprehensive service.

Although termination of an unwanted pregnancy is each woman's choice, it could be accompanied by a variety of psychosocial implications. It is indicated in the literature that some women regret having had an abortion and blame their decision on their circumstances, a lack of information and inappropriate services. For example, a case was mentioned in Michels (1988:15), where a woman called Jennifer realised years after terminating her unwanted pregnancy, that if one person had told her more about abortion, she would not have gone through with it. This clearly shows that due to lack of appropriate services, specifically counselling for these women, they end up making uninformed decisions, which they later regret.

This is more applicable to the South African situation, where the Choice on Termination of Pregnancy Act (92/1996), makes provision for the general counselling services (Section 4), but in practice these services are not provided, most probably due to a lack of funds. Women end up undergoing

this traumatic procedure without any pre-abortion counselling or post-abortion counselling, which might have adverse consequences on their lives later on, as they were not given a chance to make an informed decision.

For this reason there is a need to have the psychosocial factors related to terminating an unwanted and unplanned pregnancy explored, so that guidelines for a comprehensive service can be provided, to ensure that these women receive a service that is responsive to their needs.

1.3 PROBLEM FORMULATION

Although the Choice on Termination of Pregnancy Act (92 of 1996) makes provision for counselling service in general, this is not done in practice, at the state abortion facilities. The researcher has established, through the discussion with the staff at the TOP clinics, specifically at GaRankuwa and Kalafong Hospitals, that women who opt for termination of pregnancy at these hospitals, do not receive any pre- or post abortion counselling from the social worker, to prepare them or enable them to deal with the psychosocial implications of the procedure. Women undergo the abortion procedure without any psychological preparation, which could have emotional problems later in their lives. Social workers do not form part of the medical team at the two TOP clinics, mentioned above, which consist mainly of the medical staff, namely doctors and nurses. As a result women are not provided with a comprehensive service at these abortion facilities, which could have serious emotional consequences on their lives in future. There is a need to have guidelines for social work intervention formulated, so that the women who undergo termination of pregnancy at the state hospitals are provided with a comprehensive service.

1.4 AIM AND OBJECTIVES

1.4.1 AIM

The aim of this study is to explore the psychosocial aspects related to termination of pregnancy on the women.

1.4.2 OBJECTIVES

The objectives of this study are:

- To investigate termination of pregnancy as a phenomenon.
- To describe the psychosocial factors related to termination of pregnancy on the women.
- To describe the legal aspects related to termination of pregnancy.
- To determine the psychosocial aspects related to having an abortion on the women, after the enactment of the Choice on Termination of Pregnancy Act (92 of 1996).
- To provide guidelines for social work intervention with female patients who opt for termination of pregnancy prior to the abortion procedure.
- To make recommendations for an improved social work service delivery, with regard to termination of pregnancy.

1.5 ASSUMPTIONS FOR THE STUDY

Assumptions formulated for this study as well as the hypothesis are as follows:

- Giving women a chance to make an informed decision with regard to termination of pregnancy, that is, providing them with pre- and post abortion counselling, would make the experience less traumatic.
- Women who opt for termination of pregnancy need to be provided with social work intervention, that is, pre- and post abortion counselling, to enable them to deal with the long-term implications of their choice.
- Although termination of pregnancy is each woman's choice, it does have negative psychosocial implications.
- Women who are not provided with a comprehensive service at the TOP clinics could regret their decisions later in life.
- If the women who opt for termination of pregnancy could be provided with pre-abortion counselling then their social functioning would be improved.

1.6 RESEARCH METHODOLOGY

The research methodology used in this study will be described briefly.

1.6.1 RESEARCH APPROACH

In this study, a combination of qualitative and quantitative approaches was used according to Creswell's dominant-less-dominant model (De Vos, 1998:360). According to this model the two approaches are used in one study, with one approach used more than the other, according to the demands of the study. The quantitative approach was used dominantly more than the qualitative approach.

A combination of the two approaches was used based on De Vos' (1998:358) argument that the phenomena which are investigated in the social sciences are so enmeshed that a single approach can most certainly not succeed in encompassing human beings in their full complexity. With this argument in mind it becomes evident that the complexity of the phenomena that are studied in social sciences warrants a combination of the two approaches, if one would like to capture all the needed data. Due to the fact that abortion is a very complex and sensitive topic, a combination of the two approaches was seen to be more appropriate.

1.6.2 TYPE OF RESEARCH

The type of research that was implemented in this study was applied research, as the aim was to provide improved service delivery. It is argued by Rubin and Babbie (1993:79), that applied research sets out to solve practical problems in social welfare. This is also in agreement with what is said by De Vos, Schurink & Strydom (1998:8), that the goal of applied studies is to develop situations for problems and applications in practice. This clearly indicates that applied research is aimed at arriving at solutions for the existing problems in practice.

Applied research was found to be relevant because the aim of this study was to explore the psychosocial factors related to termination of pregnancy on the women, so that, guidelines for social work intervention could be formulated. This will benefit the social work service delivery and also prevent future complications in women who opt for termination of pregnancy, because they would be provided with a comprehensive service.

1.6.3 RESEARCH DESIGN

A research design is defined by Royse (1991:43) as something like a blueprint which outlines the approach to be used to collect data. On the other hand Bless and Higson-Smith (1995:63) argue that a research design is a planning of any scientific research from the first step to the last step.

The above arguments indicate that a research design is a form of planning that has to be done by the researcher before a research project is undertaken. This implies that this planning is going to guide the research process from the beginning to the end.

As this study is both qualitative and quantitative in nature, the exploratory and descriptive designs were used. The exploratory design was used because there exists little knowledge on the topic, which was studied. According to Grinnell and Williams (1990:105), the idea of an exploratory research study is to explore, and nothing more or nothing less. They further contend that the exploratory design is used when little is known in the research area and the aim is to build foundation of ideas and tentative theories. It is argued on the other hand by Rubin and Babbie (2001:123), that the purpose of exploratory design is to examine a new interest, when the subject of study is relatively new and unstudied. This design was found to be suitable for this study, because of the recent legalisation of termination of pregnancy in South Africa. As a result of this reason, there is little information regarding social work intervention to women who opt for termination of pregnancy.

The descriptive design was used to describe what was observed. The purpose of the descriptive design is to describe situations and events, that is, to observe and then describe what was observed. (Compare Collins, 1990: 254; Babbie, 1992:91 & Rubin and Babbie, 2001:124.) Rubin & Babbie (2001:124), further indicate that because scientific observation is careful and deliberate, scientific descriptions are typically more accurate than causal descriptions. Thus this design enabled the researcher to observe and to describe what was observed in a scientific manner.

The two designs explained above were found to be relevant for this study because after exploring the experience of terminating an unwanted and

unplanned pregnancy, there is a need to describe the psychosocial implications on the women.

1.6.4 RESEARCH PROCEDURE AND STRATEGY

For the first phase of the study, a questionnaire, was used as a method of data collection. It was administered on a one-to-one basis with the respondents at the Kalafong TOP Clinic. The questionnaire was administered before the women could undergo the procedure. Using the purposive sampling method, a sample of eighty (80) women was drawn. The aim with this phase of the study was to establish the psychosocial aspects of terminating an unwanted and unplanned pregnancy from the women, before the procedure, so that these psychosocial aspects could be described.

For the second phase of the study, that is, after the procedure, the researcher aimed at interviewing the women sometime after the procedure, to establish the actual psychosocial implications and to have some case studies, to illustrate these psychosocial implications on the women. It was unfortunate that this did not materialize as the women who had contracted with the researcher for follow-up, did not keep their promise. Efforts were made to make a follow-up with these women, without any positive results. Letters were sent to them, using the addresses found on their hospital records, without any response.

In trying to get respondents for the interviews after the abortion procedure the researcher approached Neobirth, Pretoria- and Rustenburg agencies, but could not succeed. An advertisement was then placed on the university newspaper, with a hope that some respondents will be found, but still, without positive results. As a result of this situation thirty-five files of women who had their pregnancies terminated at the Women's Choice Clinic in Pretoria were reviewed, that is, using document review as a method of data collection. The simple random sampling technique was used to select the files, from the probability sampling method. This technique of data collection was used, as there was no prospect of ever finding the respondents for the interviews after the abortion procedure.

1.6.5 PILOT STUDY

A pilot study is defined by the New Dictionary of Social Work (1995:45) as the "process whereby the research design for a prospective survey is tested."

According to Strydom (1998:179) the pilot study is the “dress rehearsal” of the main investigation. It could thus be said that the pilot study is the process through which the researcher acquaints himself/herself with the envisaged project, before the actual research could be undertaken. This indicates the purpose of the pilot study as an investigation of the feasibility of the planned study and it includes the following four aspects:

1.6.5.1 LITERATURE STUDY

Literature study is defined by Bless & Higson-Smith (1995:22), as the process of reading whatever has been published that appears relevant to the research topic. The prospective researcher can only hope to undertake meaningful research if he is fully up to date with existing knowledge on his prospective subject (Compare Collins, 1990: 254 & Strydom 1996: 180.) This process enables the researcher to be up to date with the existing knowledge on the prospective subject of study and also to know to what extent has the topic been studied.

In this instance it was established through the literature study that the abortion debate is never-ending. No information was found regarding the psychosocial implications, specifically on the black woman, as well as social work intervention with the women who opt for termination of pregnancy. The literature from other disciplines such as medicine and psychology had to be used instead, and applied to social work. A continuous literature search was done through the Academic Information Service of the university, as well as the internet.

1.6.5.2 CONSULTATION WITH EXPERTS

Several experts in this field were consulted to determine the extent of the problem and the need for this study. According to Strydom (1998:181), the purpose of consultation with experts is to bring unknown perspectives to the fore or to confirm or reject the researcher’s own views.

Sister S.S. Sikhonde, who was working at the TOP Clinic at GaRankuwa Hospital was consulted, as well as sisters R. Hanyane and M. Mabitsela of Kalafong Hospital TOP Clinic. It was established from these consultations that social workers are not part of the medical teams that render the abortion service.

Proff. C. Myburgh and M. Poggenpoel, qualitative research specialists at Randse Afrikaanse Universiteit, were consulted. From this consultation it was established that there was a need for social work research in the field of abortion, so that a comprehensive service could be rendered for the women who request termination of pregnancy.

Ms. M. Kruger, who did her masters degree on this topic was consulted, as well as Ms. M. Spies, who was working at the TOP Clinic at Pretoria Academic Hospital. From this consultation it was established that this study would benefit the social work profession, as there is a need for the guidelines for social work intervention.

Ms. S. Humpel, a social worker at Potchefstroom Hospital attached to the TOP Clinic, was also consulted. From this consultation the researcher was able to understand the need for pre-abortion counselling.

1.6.5.3 FEASIBILITY OF THE STUDY

The researcher established a working relationship with the staff at the TOP clinic at Kalafong Hospital and this facilitated the research process. Due to the fact that the clinic is on a daily basis it was not difficult to get the respondents for the first phase of the study.

Regarding the second phase of the study there were problems regarding the respondents but other efforts were made. Review of the documents was used as there were no respondents for the interviews after termination of pregnancy.

Permission to conduct the study at the Kalafong TOP clinic was obtained from the hospital superintendent.

1.6.5.4 PRE-TESTING OF THE MEASURING INSTRUMENT

The questionnaire was administered to six women at the TOP clinic prior to the actual study, and they were not included in the sample. This was done to test if the questionnaire that was constructed would be able to yield the expected information. This exercise was fruitful and the necessary changes were made.

1.7 DESCRIPTION OF THE RESEARCH POPULATION, DELIMITATION OF SAMPLE AND SAMPLING METHOD

The research population consisted of all the women who requested termination of pregnancy at Kalafong Hospital (TOP clinic), between June 1999-January 2000. A research population refers to individuals in the universe who possess specific characteristics (Compare Strydom and De Vos, 1998:190.) The population helps the researcher to set boundaries for the study.

A sample of 80 women was drawn from the population using the purposive sampling technique from the non-probability sampling method. Non-probability sampling refers to the case where the probability of including each element of the population in the sample is unknown (Compare Bless & Higson-Smith, 1995:88.) According to Babbie and Mouton (2001:166), the purposive sampling is based on the judgement of the researcher. This method was found to be suitable as it is based on the judgement of the researcher regarding the characteristics of a representative sample.

For the second phase of the study the simple random sampling method was used. According to Strydom and De Vos (1998:195) with this method each individual case in the population theoretically has an equal chance to be selected for the sample. Thirty-five files of the women who have had termination of pregnancy at the Women's Choice Clinic were selected and reviewed. Only five profiles of the women who terminated pregnancy at this clinic are provided in chapter 6, because the information is almost similar, therefore a repetition of information was avoided.

1.8 DEFINITIONS OF CONCEPTS

The following concepts are defined for the better understanding of the text:

1.8.1 Abortion and termination of pregnancy

Abortion and termination of pregnancy are used interchangeably throughout the text, to be in line with the international literature and the South African context (Act 92/1996).

Abortion is defined by the Collins Shorter English Thesaurus (1993:3) as a “deliberate miscarriage”.

According to the Social Work Dictionary (1991:1) abortion is defined as “termination of pregnancy before the fetus has developed enough to survive outside the woman’s body”.

The Dorland’s Illustrated Medical Dictionary (1994:4) define abortion as “the premature expulsion from the uterus of the products of conception-of the embryo or of the non-viable fetus”.

It becomes evident from the above definitions that abortion is a deliberate action whereby the development process of the products of conception is disturbed or stopped.

1.8.2 Counselling

Counselling is defined in the New Dictionary of Social Work (1995:15) as the ‘interviewing procedures aimed at guiding the client towards insight with a view of promoting his social functioning’.

The Social Work Dictionary (1991:52) defines counselling as “a procedure often used by clinical social workers and other professionals from various disciplines in guiding individuals, families, groups and communities by such activities as giving advice, delineating alternatives, helping to articulate goals and providing needed information”.

In the Dictionary of Counselling (1994:63) counselling is defined as “a helping process in which one person, a helper, facilitates exploration, understanding and actions about developmental opportunities and problem conditions presented by a helpee or client”.

From the above definitions, it can be said that counselling is a procedure used by the helping professionals to guide individuals, families, groups and communities towards insight development, with the aim of improving the social functioning of the client.

Social work intervention is defined in the New Dictionary of Social Work (1995:61) as “the process whereby a social worker, within a professional relationship, uses specific methods and techniques, performs functions and tasks and utilises resources to prevent, alleviate social problems to promote the social functioning of a client system”.

The Social Work Dictionary (1991:222) defines social work practice as “the use of social work knowledge and social work skills to implement society’s mandate to provide social services in ways that are consistent with social work values”.

In the Dictionary of Counselling (1994:198) social work practice is defined as “social work services rendered by the social worker which entails individuals, groups and communities with medical, legal, economic and social problems”.

In view of the above-given definitions, it could be said that social work intervention is the process, whereby a social worker uses his/her skills, knowledge and techniques to render a service to individuals, families, groups, and communities, with the aim of improving the social functioning, as well as preventing social dysfunction.

1.9 PROBLEMS AND LIMITATIONS OF THE STUDY

The problems that were encountered with this study are as follows:

- The researcher experienced problems during the literature study on the psychosocial implications of abortion on the women as there is little social work information and most of the sources are not quite recent.
- Old sources were utilised in the literature review because of the scarcity of the recent sources.
- Most of the sources that were utilised are international, because of the fact that the South African sources could not be found.
- The fact that there is limited literature on abortion, from the social work perspective led to a limited literature review for this magnitude of the study.

- There is little information on social work literature regarding social work intervention with women who request termination of pregnancy, as a result most literature that was consulted was from other disciplines, such as medicine and psychology.
- The study was intended to be inclusive with regard to racial representation but this could not be realised, as all the women who did not belong to the black racial group did not want to be part of the study, hence all the respondents were black.
- With regard to the analysis of the quantitative data, it was only possible to have a limited amount of advanced statistical analysis made (mean values and p values), because according to the statistician, Ms. J Pauw, from the Department of Statistics at U.P., who was the statistical consultant for this study, and Ms. E. Mauer, from the department of Research Support, U.P., the data was predominantly descriptive.
- Getting respondents for the qualitative phase of the study was problematic and delayed the progress of the study. All the respondents who contracted with the researcher for the interviews after the procedure decided to provide the incorrect particulars, which made it impossible to have the follow-up as intended. As a result of this situation, document review was used for the qualitative phase of the study, which did not yield the data on the psychosocial implications of abortion on the woman, which was the initial aim of this study. As a result of this situation, the initial topic had to be changed.
- Letters were written and posted to the women, who had indicated that they would need counselling after the procedure, which did not yield any response, and this had an impact on the progress of the study.
- Neobirth as an organisation that deals with post-abortion counselling was approached with the hope of finding respondents for the qualitative phase of the study, but these efforts did not yield the desired results.
- Advertisements were placed in the university newspaper in an effort to find the respondents, as the quantitative data had revealed that the majority of the women who request termination of pregnancy are at

tertiary level of education, with no positive results, and this further delayed the progress of the study.

- As a result of lack of respondents for the follow-up interviews it was impossible to formulate the guidelines for post-abortion social work intervention, but only pre-abortion social work intervention. This affected the initial title that was proposed for this study, as well as the original aim.
- The days that were spent at the Women's Choice Clinic waiting for the respondents, who did not turn up also delayed the progress of the study.
- Reviewing files at the Women's Choice clinic was time consuming and did not yield much information.
- Funding has also played a major role in this study, as enough bursaries could not be secured, which delayed the progress, as the researcher has to wait until the end of each month for her salary before she could execute some of the tasks.

1.10 DELINEATION OF THE RESEARCH REPORT

Including this chapter, the thesis consists of the following:

Chapter 2 : Medical aspects of abortion

The medical aspects of abortion are discussed in detail including: the classification of abortion, the methods of termination of pregnancy during the different periods of gestation, abortion-related risks and complications, management of the complications, prevention of the complications as well as post-abortion family planning.

Chapter 3 : The psychosocial aspects related to termination of pregnancy.

This chapter deals with the psychosocial aspects related to seeking termination of pregnancy and includes: factors leading to an unwanted pregnancy, emotional reactions to unplanned pregnancy, reactions to abortion, the defence mechanisms used by the women after abortion, the social aspects of abortion, the psychological aspects of abortion, adolescents and abortion, as well as counselling.

Chapter 4 : The legal aspects of abortion

This chapter deals with the international and the South African legal aspects of termination of pregnancy. The South African abortion legislation is provided and discussed in more detail as well as how the service is provided.

Chapter 5 : The empirical findings from the first phase of the study

This chapter deals with the empirical findings from the first phase of the study, which is predominantly quantitative in nature.

Chapter 6 : The empirical findings from the second phase of the study

This chapter deals with the empirical findings from the second phase of the study, which is predominantly quantitative in nature.

Chapter 7 : Guidelines for social work intervention

This chapter deals with the guidelines for social work intervention regarding abortion services and it consists of the following: the nature of social work in health care, the role of the social worker in health care, the bio-psychosocial model as well as its utilisation in providing abortion counselling and lastly the guidelines for social work intervention.

Chapter 8 : Summary, conclusions and recommendations

This chapter deals with the summary of the whole study, the conclusions drawn from the study and lastly, the recommendations are provided.

The following chapter will deal with the medical aspects of termination of pregnancy.

2.2. LIST OF MEDICAL TERMS

The following terms will be defined to make it easier for the reader to understand the chapter.

Abortion

"the expulsion from the uterus of the products of conception before the foetus is viable." (Duncan's Dictionary for Nurses, 1989:3)