

CHAPTER 5

EMPIRICAL FINDINGS FROM THE QUANTITATIVE PHASE OF THE STUDY

5.1 INTRODUCTION

In this chapter the research methodology is firstly described briefly, before the quantitative empirical findings are presented according to the subsections of the questionnaire. The aim of this phase of the study is to establish the psychosocial aspects related to termination of pregnancy on the women before the procedure, so that the service could be geared towards meeting their needs. The chapter consists of the brief discussion of the research methodology, the research findings, which are presented according to the subsections in the questionnaire, namely, the biographical data; abortion choice; the psychosocial aspects; abortion service; future plans and the need for social work service at the TOP Clinic.

5.2 RESEARCH METHODOLOGY

The type of research used was applied research, while the research design was exploratory-descriptive. Both qualitative and quantitative research approaches were used in this study. In this chapter only the empirical findings from the quantitative approach will be presented.

The total population consisted of all the women who requested termination of pregnancy at Kalafong Hospital (TOP Clinic) between November 1998 and January 1999. A sample of eighty (80) respondents was drawn from the population using the availability sampling technique from the non-probability sampling method. Questionnaires were completed on a one-to-one basis with each respondent, by the researcher. The questionnaire is attached as Appendix 2 of this thesis.

5.3 RESEARCH FINDINGS

The data that was collected by means of questionnaires will be presented and interpreted. The most important findings are presented graphically.

The findings from figure 1 are as follows:

- 45 respondents (56.2%) were between ages 21-30.
- 23 respondents (28.8%) were between ages 31-40.

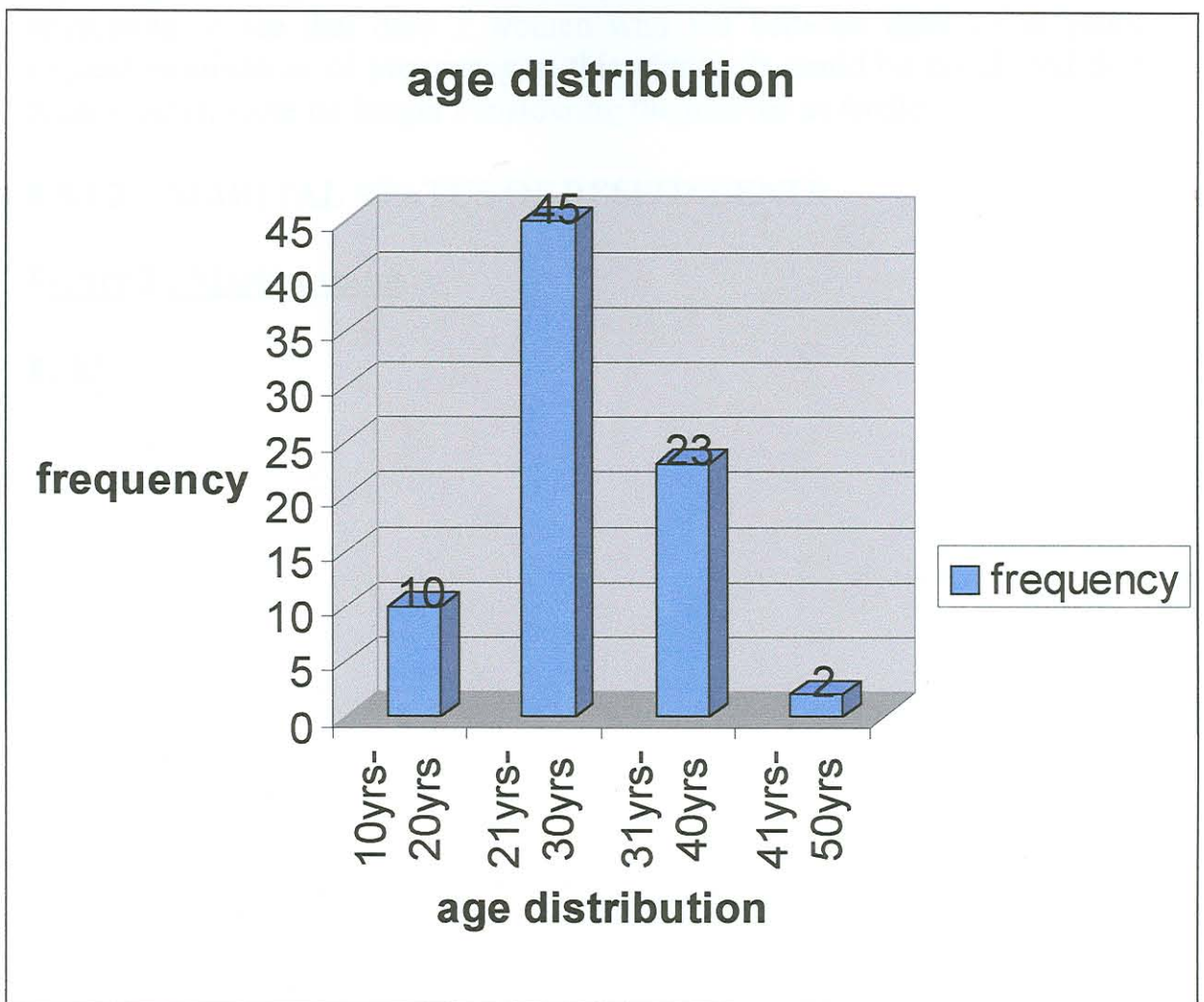
5.3.1 BIOGRAPHICAL DATA

This subsection was used to collect personal information from the respondents, for a better understanding of their circumstances.

5.3.1.1 AGE

Figure 1 : Age distribution

n=80



The findings from figure 1 are as follows:

- 45 respondents (56.2%) were between ages 21-30
- 23 respondents (28.8%) were between ages 31-40

- 10 respondents (12.5%) were between 10-20
- 2 respondents were between ages 41-50

It is evident from the above information that the majority of women who request termination of pregnancy at Kalafong TOP Clinic fall between age 21-30 years, followed by those falling between ages 31-40 years. There is also a considerable number of women between ages 10-20 years, who request termination of pregnancy at this clinic and this is a cause for concern, because they are still young to be pregnant. This calls for early intervention, where the young women could be provided with information regarding sexuality and how to take responsibility for their bodies. It is also interesting to see that only 2 women who fall between ages 40-50 years request termination of pregnancy at this clinic. It could be concluded that these women were no longer considering themselves as fertile.

5.3.1.2 MARITAL STATUS OF RESPONDENTS

Figure 2 : Marital status

n=80

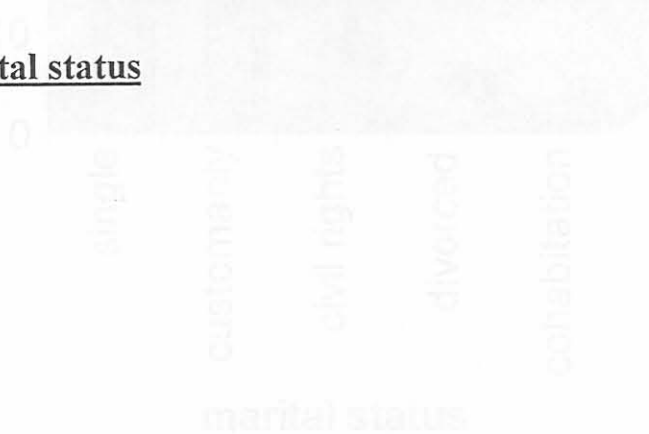


Figure 2 shows that

- 52 respondents (65.8%) were single
- 14 respondents (17.7%) were customarily married
- 8 respondents (10.0%) were married by civil rights
- 4 respondents (5.1%) were divorced
- 1 respondent (1.3%) was staying in cohabitation

Of interest is that most of the women (65.8%) were single, which could aggravate the manner in which they could experience termination of pregnancy, as they have no form of support. This could be made worse by the lack of counselling at the TOP clinic, particularly that this is a most

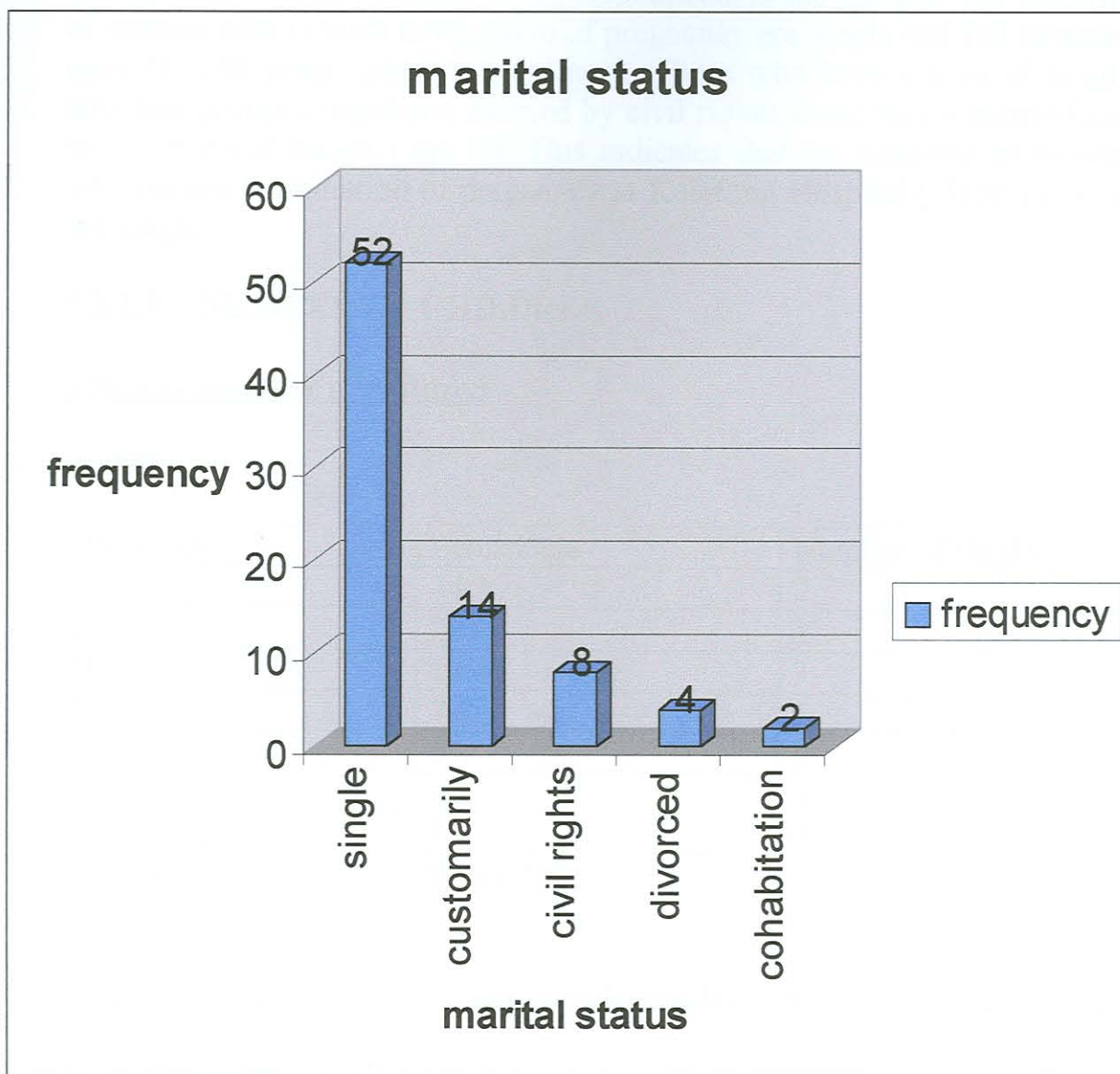


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- 4 respondents (5.1%) were divorced
- 1 respondent (1.3%) was staying in cohabitation

Of interest is that most of the women (65.8 %) were single, which could aggravate the manner in which they could experience termination of pregnancy, as they have no form of support. This could be made worse by the lack of counselling at the TOP clinic, particularly that this is in most

cases kept secret by the women. There seems to be a relationship between the age and the marital status of the respondents in the sample. The majority of women who request termination of pregnancy are single and fall between ages 21 – 30 years; which is significant. Those who have a form of family structure grouped together (married by civil rights, customarily married and living in cohabitation) are 23. This indicates that the majority of women who request termination of pregnancy at Kalafong Hospital (TOP) Clinic, are single.

5.3.1.3 NUMBER OF CHILDREN

Table 2: Number of children

(n=80)

Frequency	Percentage	Number of children
23	34.3	2
18	26.9	1
13	19.4	3
5	7.5	5
4	6	0
3	4.5	4
1	1.5	9
Total=67	Total=100	

There are 13 frequencies missing, which could be attributed to those who did not have any child.

Table 2 reflects the following:

- 23 respondents (34.3%) had 2 children
- 18 respondents (26.9%) had only one child
- 13 respondents (19.4) had 3 children
- 5 respondents (7.5%) had 5 children
- 4 respondents (6%) had no children
- 3 respondents (4.5%) had 4 children
- 1 respondents (1.5%) had 9 children

From Table 2 it is evident that the majority of women who request termination of pregnancy have children, which suggests that they feel that

they are not ready for an additional responsibility of raising another child. The 18 respondents who had only one child could be having it difficult raising this child, and not ready for an additional burden.

5.3.1.4 EDUCATIONAL LEVEL OF RESPONDENTS

Table 3: Educational level

(n=80)

Frequency	Percentage	Educational level
49	61.3	Grade 8-12
16	20	Tertiary level
6	7.5	Never attended school
5	6.3	Grade 5-7
4	5	Grade 1-4
Total=80	Total=100	

Table 3 shows that:

- 49 respondents (61.3%) were falling between Grade 8-12
- 16 respondents (20%) were at tertiary institutions
- 6 respondents (7.5%) never attended school
- 5 respondents (6.3%) were between Grade 5-7
- 4 respondents (5%) were between Grade 1-4

It is interesting to note that the majority of women in the sample could be regarded as literate. For this majority it could be concluded that they did not want their educational progress disturbed by raising an unplanned child. This indicates that the women who request abortion do not fall within a particular level of education, but they are distributed among the whole spectrum. It could generally be thought that women who are illiterate are ignorant, with regard to family planning matters, but the findings in this study suggest the opposite.

5.3.1.5 RELIGIOUS BACKGROUND

Table 4: Religious background

(n=80)

Frequency	Percentage	Religion
69	86.3	Christian
9	11.3	African religion
2	2.5	Muslim
Total=80	Total=100	

It is important to note that the majority of the respondents (69) in the sample, were of the Christian religion. This indicates that, a woman who is faced by an unplanned and unwanted pregnancy, will not be prevented by her religious background to decide on abortion. The women from the Christian religion indicated that they believed that their God will forgive them because he knows and understands their circumstances better than any other person. Even though the Muslim religion is totally against termination of pregnancy, there were two Muslim women who came for termination of pregnancy .

5.3.1.6 THE NAME OF THE DENOMINATION

Figure 3: Church denomination

(n=80)

It is important to note that women who request termination of pregnancy come from all different denominations. The majority were from the Christian churches which could be attributed to the fact that in the churches there is a lot of fear. The other denominations were a small number from the African religions. It is also considered a significant proportion of the sample. One would think that because of the conservative nature of

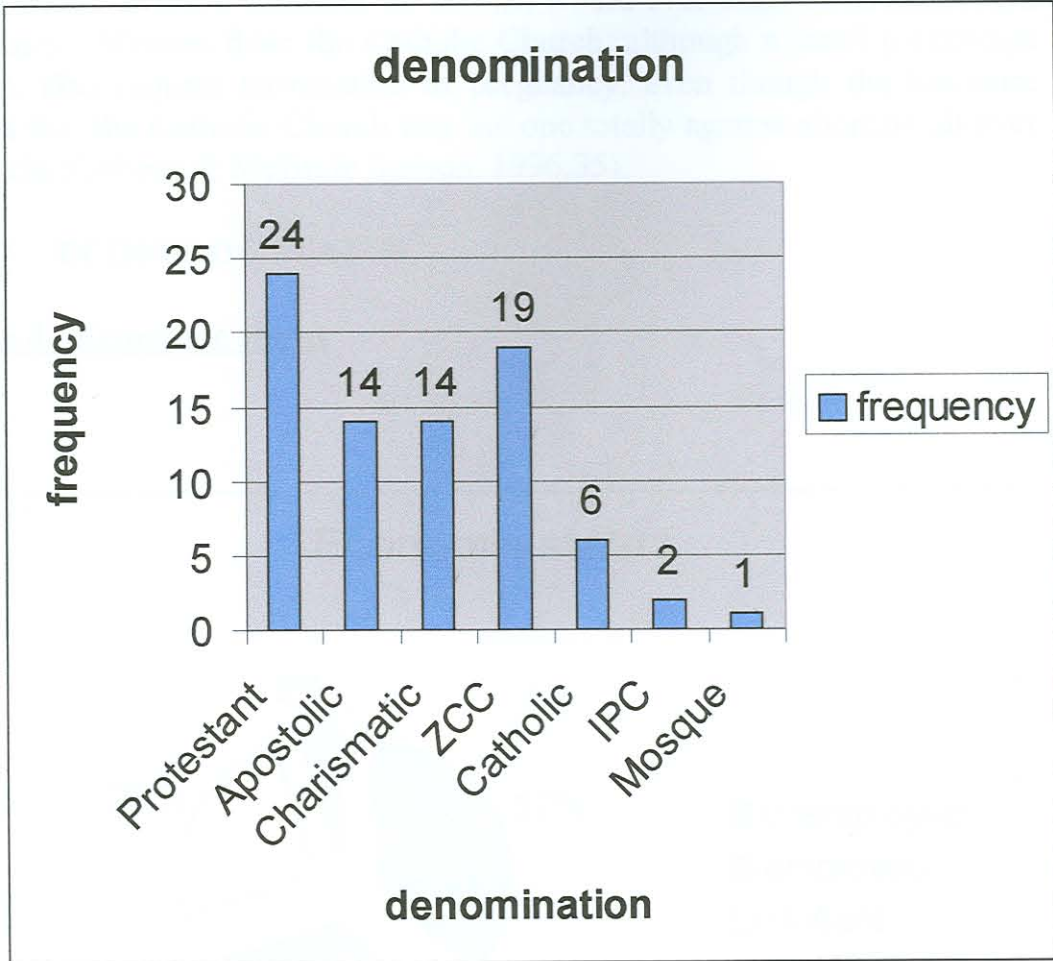


Figure 3 shows the following

- 24 respondents (30%) belonged to the Protestant Churches
- 14 respondents (17.5%) belonged to the Apostolic and Charismatic Churches respectively
- 19 respondents (23.8%) belonged to the ZCC
- 6 respondents (7.5%) belonged to the Catholic Church
- 2 respondents (2.5%) belonged to the IPC
- 1 respondents (1.2%) belonged to the Mosque Church

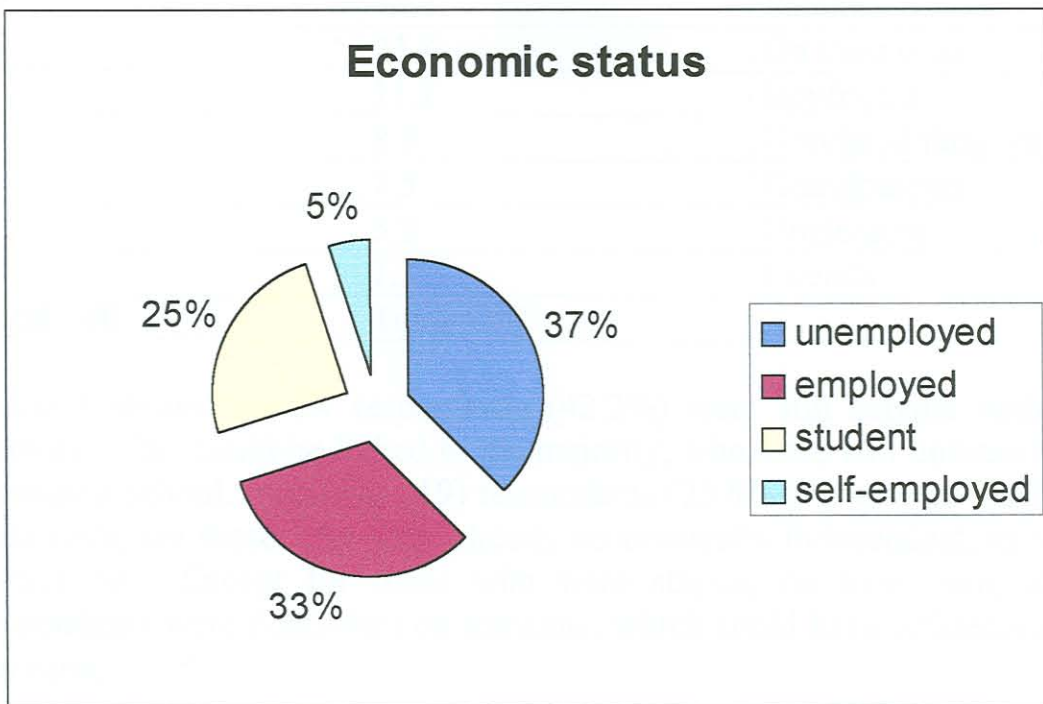
It is interesting to note that women who request termination of pregnancy come from all different denominations. The highest came from the Protestant Churches, which could be attributed to the fact that in those churches there is a level of leniency. The other striking observation is that women from the Charismatic Churches constituted a remarkable percentage of the sample. One would think that because of the confessed conviction of

the members of these churches no woman would ever think of terminating a pregnancy. Women from the Catholic Church, although a small percentage (7.5%), also request termination of pregnancy, even though the literature reveals that the Catholic Church was the one totally against abortion all over the world (Githens & McBride Stetson, 1996:35).

5.3.1.7 ECONOMIC STATUS

Figure 4 : Economic status

n=80



The findings of figure 4 reveal that:

The majority of the respondents (30), which is 37.5% of the sample were unemployed, which means that they were dependent on someone for financial support. This could have influenced the decision to have the pregnancy terminated. There is a correlation between the age of the respondents and their economic status, which is significant. Most respondents who were economically dependent were those falling between

age 10-30 years (68.7%) with $p=0.034$. The older respondents were mostly economically independent, as they were either employed or self-employed.

5.3.1.8 PERSONS WITH WHOM RESIDING

Table 5: Person with whom residing

$n=80$

Frequency	Percentage	Person staying with
34	42.2	Parents
19	23.8	On their own
9	11.2	Boyfriend
7	8.8	Unrelated families
6	7.5	Grandparents
4	5.2	Uncle/aunt
1	1.3	Friends
Total =80	Total=100	

Table 5 shows that 34 respondents (42.2%) were still staying with their parents. This could be linked to the majority, who were still unmarried and attending school. Nineteen (19) respondents (23.8%), who were staying on their own, are those who were already economically independent, as shown earlier on. Except for those who were staying on their own, all the respondents were dependent on someone, which could have influenced their decision.

5.3.1.9 LIVING CONDITIONS OF THE RESPONDENTS

Table 6: Living conditions

$n=80$

Frequency	Percentage	Living conditions
45	56.3	House
18	22.5	Zozo
11	13.8	Rented room
5	6.3	Flat

1	1.1	Other unspecified structure
Total = 80	Total =100	

From Table 6 it is evident that the majority of the women were staying in proper accommodation. This could be linked to the majority, who were still staying with their parents as well as those who were already economically independent. The 18 respondents (22.5%) who were staying in zozos and the 11 respondents (13.8%) who were staying in rented rooms, reflect the economic status of the women who request termination of pregnancy, and this could be the major reason behind deciding on termination.

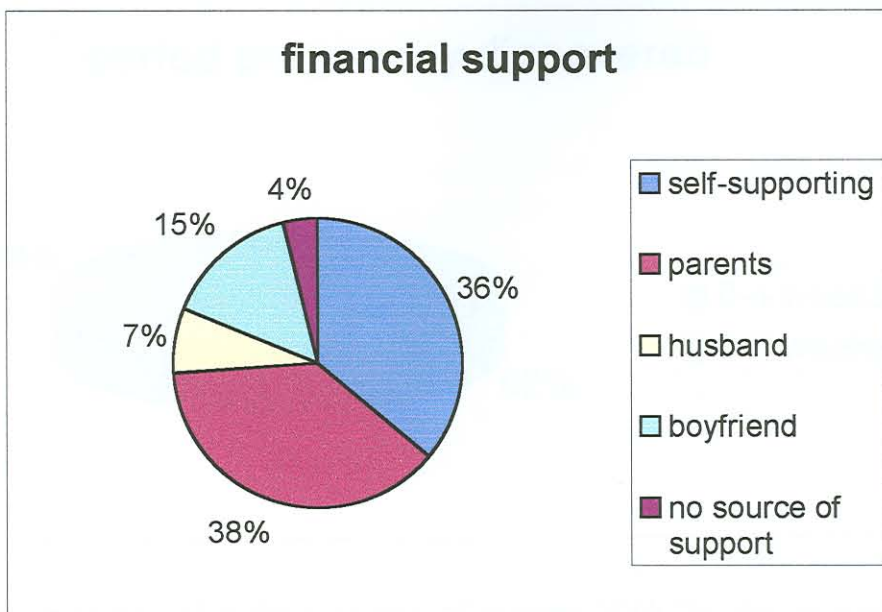
5.3.1.10 THE AREAS WHERE THE RESPONDENTS WERE STAYING

The responses to this question revealed that, the TOP Clinic at Kalafong Hospital serves women from different areas, not only those staying around Pretoria. The majority, that is, 22 respondents (27.5%) of the women came from Mamelodi, 16 respondents (20%) from Atteridgeville, 10 (12.5%) from Siyabuswa, while the rest came from different areas, as far as Rustenburg and Hammanskraal. With this clinic serving this vast area, it would be beneficial if the service is comprehensive and responsive to the women's needs.

5.3.1.11 SOURCE OF FINANCIAL SUPPORT

Figure 5: Source of financial support

n=80



It is evident from Figure 5 that the majority of women in the sample were financially dependent on someone, for survival. This state of affairs can have a negative effect on the person's self-image and also influence how she evaluates the future.

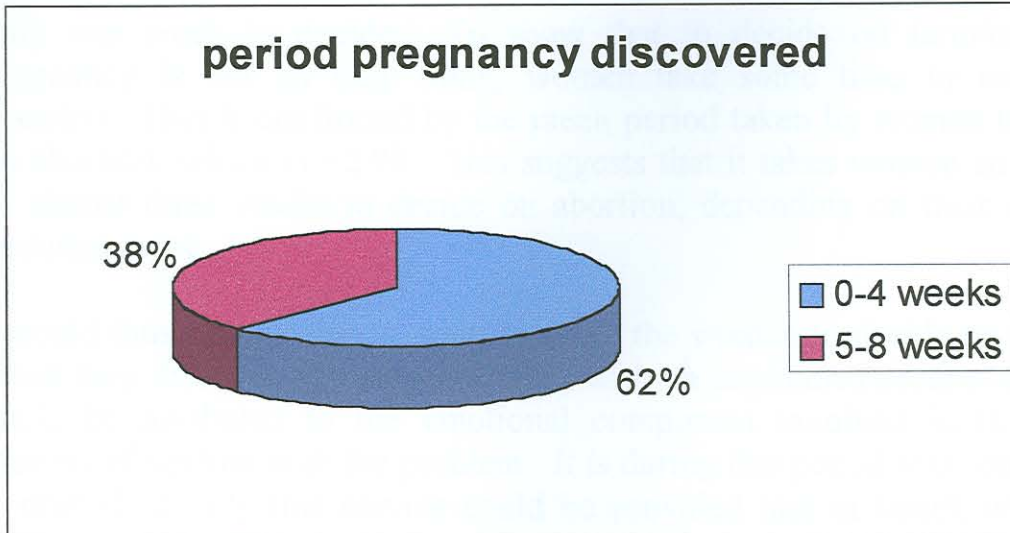
5.3.2 ABORTION CHOICE

The aim of this section was to determine how the women came to the decision of terminating the pregnancy as well as to determine the time taken before the decision was reached.

5.3.2.1 PERIOD WHEN THE PREGNANCY WAS DISCOVERED

Figure 6: Discovery of pregnancy

n=80



It is interesting to note that the majority of women 50(62%) discovered that they were pregnant between 0-4 weeks, whilst 30 respondents (38%), discovered between 5-8 weeks of gestation. It could be concluded that women who are faced with unwanted and unplanned pregnancies discover quickly that they are pregnant. This could also be motivated by the women's knowledge that Kalafong Hospital, TOP Clinic deals with the first trimester termination of pregnancy only.

5.3.2.2 THE TIME TAKEN TO DECIDE ON ABORTION

Table 7: Time taken to make a decision

n=80

Frequency	Percentage	Time taken
26	32.5	4 weeks
17	21.2	2 weeks
16	20	1 week
11	13.8	3 weeks
8	10	5 weeks
2	2.5	6 weeks
Total =80	Total =100	

Table 7 shows that the majority of the women took some time to decide on abortion, which could be attributed to the fact that this is a very sensitive and

traumatic thing to happen in one's life. Only 16 respondents (20%) took only one week to decide. To show that to decide on termination of pregnancy is not an easy thing, women take some time to make that decision. This is confirmed by the mean period taken by women to decide on abortion, which is =2.99. This suggests that it takes women an average of almost three weeks to decide on abortion, depending on their different circumstances.

It could thus be said that it is not easy for the women to decide on abortion when they discover that they are faced with an unplanned pregnancy. This could be attributed to the emotional component involved in the whole process of dealing with the problem. It is during this period that counselling is crucial, if only this service could be provided like in Israel, where the social worker forms part of the team at the TOP Clinic, for a thorough assessment of the women's psychosocial condition. (Compare United Nations, 1993:72 & Medical Law, 2000:120.)

5.3.2.3 PERSON WHOSE OPINION INFLUENCED THE DECISION

Table 8: Person whose opinion influenced

n=80

Frequency	Percentage	Decision influenced by
69	86.2	Self
6	7.5	Partners
4	5	Husband
1	1.3	Parents
Total =80	Total =100	

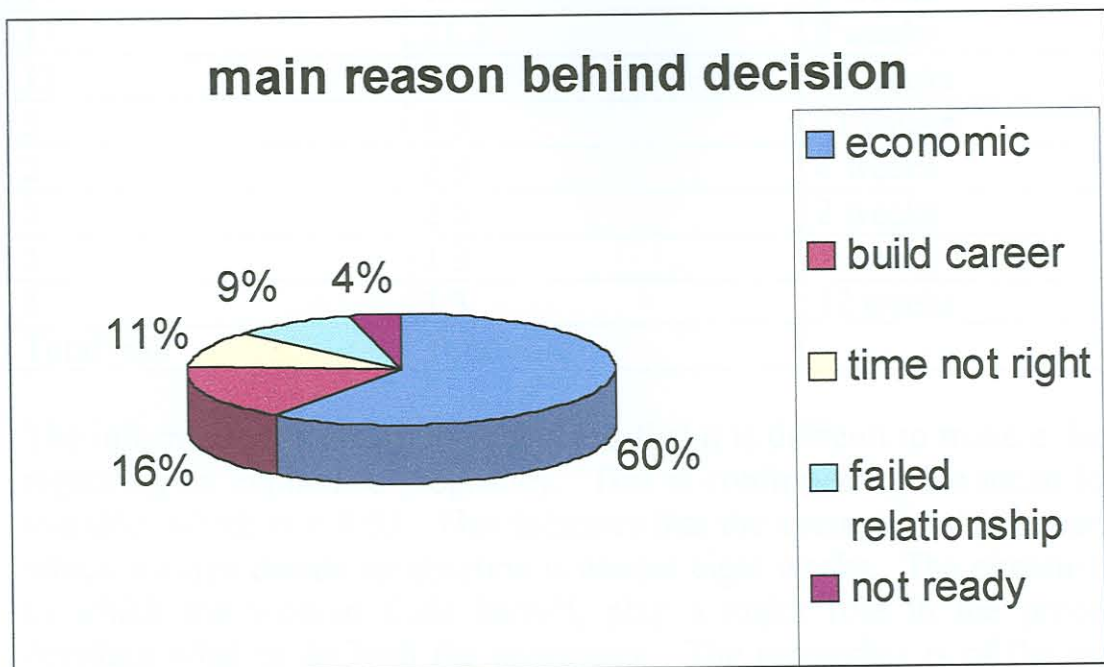
It is interesting to note that the majority of women 69 (86.2%), were not influenced to make the decision on having the pregnancy terminated. This does not suggest that they do not need counselling as they willingly made the decision. They need to be assisted to live with their decision. It is also interesting to note that other women, although in a minority, were influenced to have their pregnancies terminated. Six (6) respondents (7.5%) were influenced by their partners, four (4) respondents (5%) were influenced by their husbands, whilst only 1 respondent (1.3%) was influenced by her

parents. Without proper counselling, these women are in danger of living with this unresolved emotional problem for the rest of their lives, which could disrupt their social functioning. This could result in some emotional complications in future.

5.3.2.4 THE MAIN REASON BEHIND THE DECISION

Figure 7: Main reason behind the decision

n=80



It is evident from figure 7 that the majority of the women, 48 respondents (60%), were forced by their economic circumstances to decide on termination of pregnancy. None of the women based her decision on her feelings towards the unwanted pregnancy. A small percentage (8.8%), based their decision on failed relationships. This could be the minority whose decision was influenced by their emotions. It could thus be concluded that women decide to have abortions because of the difficult socio-economic circumstances that they experience, which could be aggravated by raising an unplanned child.

5.3.2.5 GESTATION PERIOD AT WHICH THE DECISION WAS MADE

Table 9: Gestation period at which the decision was made

n=80

Frequency	Percentage	Gestation period
18	22.5	8 weeks
11	13.7	7 weeks
11	13.7	6 weeks
17	21.2	9 weeks
12	15	10 weeks
5	6.3	11 weeks
2	2.5	4 weeks
2	2.5	2 weeks
1	1.3	5 weeks
1	1.3	12 weeks
Total =80	Total =100	

The information from Table 9 confirms that it is difficult to make a decision regarding an unplanned pregnancy. This is confirmed by the mean for this variable, which is = 8.05. This indicates that the average gestation period at which women decide on abortion is almost eight weeks. The circumstances in which the woman finds herself, play a major role in the process of deciding what to do with the pregnancy. The researcher is of the opinion that these circumstances, to a large extent determine the woman's decision. This is the reason why it takes different women different periods to decide on requesting termination of pregnancy.

5.3.2.6 ADOPTION CONSIDERED AS AN OPTION

Seventy seven (77) respondents (96.3%) from the sample did not consider adoption as an option, whilst only 3 respondents (3.7%), considered adoption, but did not go ahead with it. All the women indicated that it would be emotionally difficult for them to part with their babies, if they would carry the pregnancy to term. They also indicated that it would be impossible for them to deal with a pregnancy to term, as this would lead to their working or schooling being disrupted. It could thus be concluded that

abortion was found to be the appropriate solution because the women's lives would not be disturbed in any way.

5.3.2.7 SOURCE OF INFORMATION REGARDING THE TOP CLINIC

Table 10: Source of information regarding the clinic

n=80

Frequency	Percentage	Source of information
24	30	Friend
21	26.3	General Practitioner
14	17.5	Local clinic
8	10	Media
8	10	Other clinics at hospital
2	2.5	Mother's friend
2	2.5	Husband
1	1.3	Boyfriend
Total=80	Total=100	

This information reveals that a considerable number of women share information regarding available resources. The general practitioners and the local clinics are instrumental in having women referred to the designated abortion facilities. This is in accordance with the provision of the Choice on termination of Pregnancy Act (92/1996), that the medical practitioner who does not perform abortions must refer the woman to the designated clinic.

5.3.3 PSYCHOSOCIAL ASPECTS

The aim of this section was to establish the women's reactions to their unplanned pregnancies as well as their partner's reactions. The other aim was to determine the reactions of the women's parents to the unplanned pregnancy, as this would indicate the level of support that the women were enjoying during this difficult period.

5.3.3.1 REACTION WHEN PREGNANCY WAS DISCOVERED

On responding to their reaction when they discovered that they were pregnant, the following was revealed:

- 79 respondents (98.8%) were unhappy, whilst 1 (1.3%) was happy
- 73 respondents (91.3%) were shocked, whilst 7 (8.8%) were not
- 71 respondents (88.8%) denied the pregnancy, whilst 11 (11.3%) accepted
- 78 respondents (97.5%) were not excited by the discovery, whilst 2 (2.5%) said that they were excited by the discovery
- 74 respondents (92.5%) were disappointed by the discovery, whilst 6 (7.5%) were not disappointed
- 37 respondents (46.3%) were saddened by the discovery, whilst 43 (53.8%) were not sad
- 55 respondents (68.8%) were embarrassed, whilst 25 (31.3%) were not
- 52 respondents felt guilty, whilst 28 (25%) did not feel guilt

The above information indicates that the majority of women who request termination of pregnancy are overcome by a variety of negative feelings, when they discover that they are pregnant, especially if it is an unplanned pregnancy. These negative feelings seem to be emanating from their unfavourable circumstances, which have been indicated earlier on in this chapter. There are also those women who experience positive emotions, but they decide on termination of pregnancy due to their unfavourable circumstances.

5.3.3.2 A PERSON INFORMED ABOUT THE DECISION TO TERMINATE THE PREGNANCY

The following information was revealed by the responses to the question regarding whom the woman has informed about her decision:

- 72 respondents (90%) did not inform husbands, whilst only 8 (10%) did
- 40 respondents (50%) informed their boyfriends/partners, whilst 40 (50%) did not
- 80 respondents (100%) did not inform the grandparents
- 69 respondents (86.3%) did not inform their friends, whilst 11 (13.8%) did
- 63 respondents (78.8%) informed somebody, whilst 17 (21.3%) kept it to themselves

- 10 respondents (12.5%) informed their parents, whilst 70 (87.5%) did not

Only 10 women (12.5%) informed their parents, whilst the majority 70 women (87.5%) did not, which is a cause for concern. As it has already been indicated earlier on, the majority of the women were still students and dependent on their parents for financial support and living arrangements. This could be the reason behind not telling parents about the pregnancy and the intention to terminate it. This shows that there is a remarkable number of women who do not inform anybody about their decision to have the pregnancy terminated. With lack of counselling services at the TOP Clinic, these women are facing unbearable emotional problems in the future. It could be that they are reluctant to tell anybody because of fear of being judged, whilst on the other hand, keeping it to themselves is also detrimental to their health.

5.3.3.3 REACTIONS OF THE UNBORN CHILD'S FATHER WHEN HE HEARD ABOUT THE PREGNACY

The reactions of the unborn child's father as revealed by the respondents were as follows:

- 67 respondents (83.8%) said that fathers were not happy, whilst 13 (16.2%) were happy
- 52 respondents (65%) said that fathers believed the news, whilst 28 (35%) reacted with disbelief
- 29 respondents (36.3%) said that fathers were shocked by the news, whilst 51 (63.8%) were not shocked
- 29 respondents (36.3%) said that fathers were disappointed, whilst 51 (63.8%) were not disappointed
- 11 respondents (13.8%) said that fathers were sad, whilst 69 (86.3%) were not
- 18 respondents (22.5%) said that fathers felt guilty, whilst 62 (77.5%) did not have any guilt feelings
- 12 respondents (15%) said that fathers were excited, whilst 68 (85%) were not

It could be deduced from the above information that fathers to the unborn children react with a variety of feelings, when they learn about the pregnancy. It is only the minority, who reacted with positive feelings.

This could be one of the reasons that facilitates the woman's decision to terminate the pregnancy, as she realizes from these negative reactions that she won't enjoy any support from the father.

5.3.3.4 THE REACTION OF THE PARENTS IF THEY WOULD KNOW ABOUT THE PREGNANCY AND THE DECISION.

As indicated earlier on, only 10 women (12.5%) informed their parents about the pregnancy and the decision to have it terminated. The majority of the women who did not inform their parents indicated that, their parents would be disappointed if they would have known about the pregnancy, but more so about the decision to have it terminated. This could be attributed to the fact that termination of pregnancy is not yet accepted among the entire South Africans, specifically the older generation. Among the older black people it is totally rejected, because they believe that the ancestors would be angry.

5.3.3.5 HOW THE PREGNANCY AND THE DECISION TO TERMINATE AFFECTED THE WOMAN'S RELATIONSHIPS.

The responses on how the pregnancy and the decision to terminate affected the women's relationships revealed the following:

Boyfriend – 31 respondents (47.7%) stated that the relationship with boyfriend was not affected, 28 respondents (43.1%) stated that their relationship with the boyfriends was negatively affected, whilst 6 (9.2%) stated that the relationship with the boyfriend was affected positively. (15 respondents did not respond to this question hence the missing frequencies).

Parents – 37 respondents (84.1%) stated that their relationship with parents was not affected, 4 (9.1%) stated that the relationship was negatively affected, whilst 3 (6.8%) stated that the relationship was positively affected. (36 respondents did not respond to this aspect).

Husband – 10 respondents (75%) relationship not affected, 4 (25%) relationship affected negatively. The 66 missing frequencies marital status of the women.

Friends – 35 respondents (89.7%) relationship with friends not affected, 2 (5.1%) relationship affected positively, whilst 2 (5.1%) relationship affected negatively. (41 respondents did not respond to this aspect).

Self – 20 respondents (47.6%) relationship with self affected negatively, 19 (45.2%) relationship unaffected, whilst 3 (7.1%) relationship affected positively. (38 respondents did not respond to this aspect).

God – 32 respondents (47.1%) relationship with God affected positively, 19 (27.9%) relationship affected negatively, whilst 17 (25%) relationship not affected. (12) respondents did not respond to this aspect).

Family – 7 respondents (63.3%) relationship with family not affected, 2 (18.2%) relationship affected positively, whilst 1 (9.1%) relationship affected negatively. (69 respondents did not respond to this aspect).

The above information indicates that termination of pregnancy is accompanied by an emotional component. This can only be addressed through counselling. It is important to note that the majority of women's relationship with God was positively affected. This emanated from the women's religious background, where the forgiveness of sins was emphasized, and the women strongly believed that their God will forgive them because He understood their circumstances.

5.3.3.6 ASPECTS OF THE WOMAN'S LIFE AFFECTED BY THE DECISION.

The following information indicates the responses to the aspects of the woman's life affected by the decision:

Self-esteem -15 respondents (18.8%) self –esteem was affected, whilst 65 (81.3%) were not affected. It is interesting to see the

majority of women indicating that their self-esteem was not affected, even though they did not receive any counselling. In the researcher's opinion this could be linked to the immediate relieve that women experience after termination of pregnancy, as indicated by Michels (1988:29). Due to the lack of follow –up services it is never known how these women feel later, after this phase of the initial relief.

Social Life – 12 respondents (15%): social life was affected, whilst for 68 respondents (85%) their social life was not affected. This could be attributed to the fact that the woman try by all means not to raise any suspicion in her behaviour, hence maintain a normal social life.

Educational progress – In 6 (7.5%) respondents: educational progress was affected, as they were unable to concentrate in class, whilst in 74 respondents (92.5%) the educational progress was not affected, as they did everything in their power not to think about the situation but focus on their school work. This clearly shows the role played by denial as a defence mechanism, that is used by the women when they are faced with unplanned pregnancies, as discussed in detail in chapter 2 of this thesis.

Family life – In 5 respondents (6.3%): family life was affected, whilst in 75 (93.8%) respondents it was not affected. Here the life of pretence is prominent in an effort not to raise any suspicions.

Work – 14 (17.5%) respondents reported their work having been affected, whilst 66 (82.5%) respondents reported that work not having been affected.

Of importance here to note is that women in this situation try by all means to maintain a normal functioning, while they suppress their real emotions. As indicated earlier on, this could lead to developing emotional problems later in life, with no one in the family understanding the root of the problems.

5.3.3.7 SHARING THE EXPERIENCE IN FUTURE

Figure 8: Sharing the experience in future

n=80

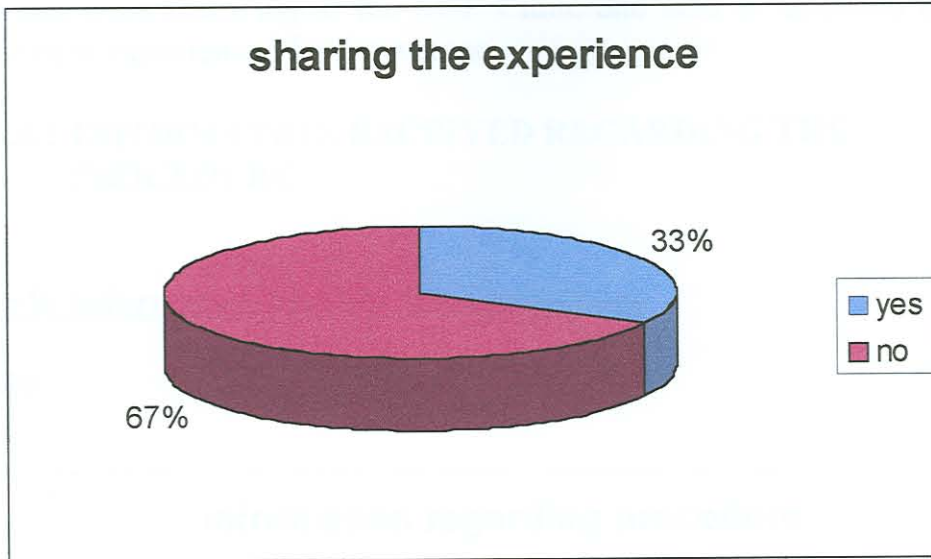


Figure 8 reveals that the majority of women 54 respondents (67%), felt that they will never be able to share this experience with anyone, but would rather keep it to themselves. Only 27 respondents (33%) felt that they will be able to share the experience. The majority of women who felt that they would not be able to share the experience indicated that they will try to forget about it on their own. It is also important to note that there is correlation between the age of the women and the ability to share the experience later in life. The majority of the older women felt that they will not be able to share the experience, as compared to the younger women who felt they could share the experience with someone.

The researcher is of the opinion that if the women who request termination of pregnancy could receive proper counselling prior to the procedure, they would be able to go on with their life, after the procedure. Counselling would enable them to feel free to seek help if they are unable to cope with what has happened, because they would have experienced a non -judgemental encounter with the social worker,

prior to the procedure. Unlike in this situation, where women try to forget what has happened, without any professional help. This could have devastating consequences on them.

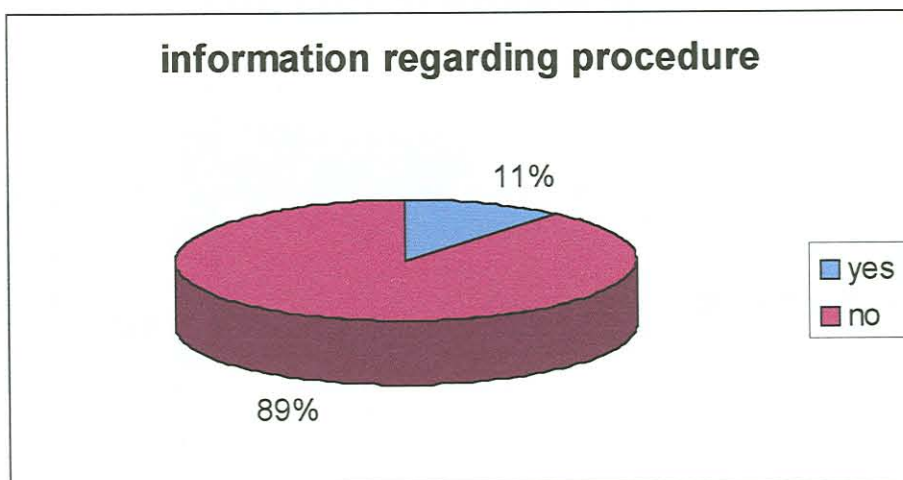
5.3.4 ABORTION SERVICES

The aim of this section was to establish the nature of the service that the women were receiving at the TOP Clinic and also to establish how the service is experienced by the women.

5.3.4.1 INFORMATION RECEIVED REGARDING THE PROCEDURE

Figure 9: Information regarding the procedure

n=80



The information from Figure 9 indicates that the majority of the women, 71 respondents (89%) did not receive any information regarding the procedure whilst only 9 respondents (11%) did receive information. This clearly indicates the need for counselling as part of the abortion service, to avoid a situation where women have to experience the procedure without any preparation. The researcher is of the opinion that counselling would help the women to go through the procedure with some expectations and psychological readiness.

5.3.4.2 THE DIFFERENCE THAT WOULD BE BROUGHT BY INFORMATION

The responses to this question revealed that 8 respondents (72.7%) believed that information would equip them to deal with the situation whilst 2(18.2%) felt that they were fine without information. Seventy (70) missing frequencies could be attributed to the fact that many women do not know the importance of counselling as they were never exposed to it. They just felt that as long as their problem (unwanted and planned pregnancy) could be dealt with, their lives would get back to normal.

5.3.4.3 NEED FOR COUNSELLING BEFORE THE PROCEDURE

Figure 10: Need for counselling before procedure

n=80

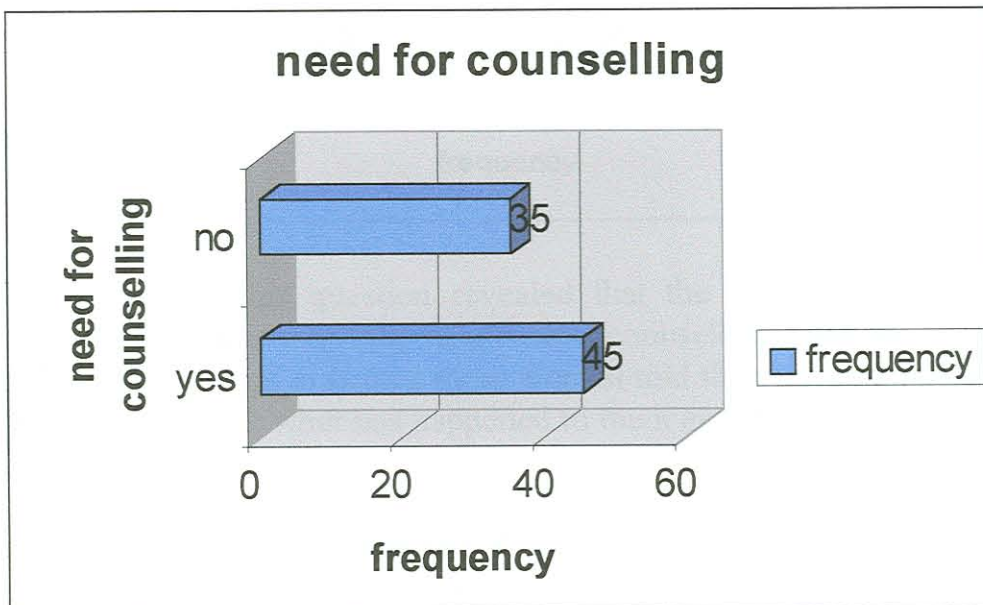
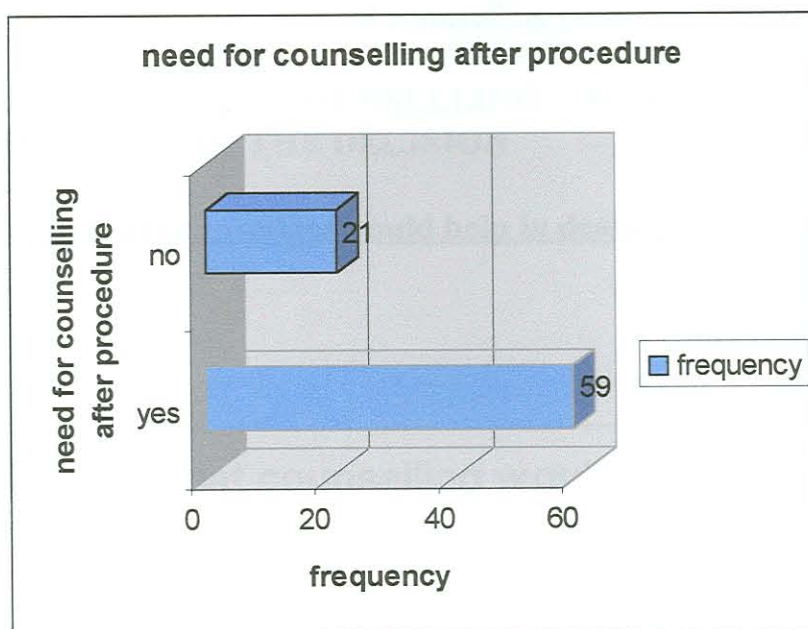


Figure 10 reveals that the majority of women, 45 respondents (56.3%) felt that they needed counselling before they proceed with the procedure. This emphasises the importance of counselling as part of the abortion service. For the minority, that is, 35 respondents (43.7%) who felt that they did not need counselling prior to the procedure, it could be concluded that they did not know what counselling entailed.

5.3.4.4 NEED FOR COUNSELLING AFTER THE PROCEDURE

Figure 11 : Need for counselling after the procedure

n=80



The responses to this question revealed that the majority of women 59 (63.8%), did not feel that they would need counselling after the procedure. As it has already been indicated these women told themselves that they were going to forget about what has happened to them and they did not want to be reminded.

For those women who indicated that they would need counselling 21 respondents (36.2%), the researcher offered to provide the service. It was then contracted with them that they would contact the researcher after three months has lapsed, so that their emotions could be reassessed and an appropriate service provided. It was discovered after six months by the researcher that the particulars which were given by these women were incorrect, when a follow-up was made because they did not keep their part of the contract. This made their whereabouts to be untraceable and this led to the conclusion that they did not want to be followed up. This was confirmed by the nurses at the clinic that this is a tendency. This was

attributed to the fact that although they felt that they needed counselling they also wanted to forget about this painful experience. The other reason might be that they were not sure if with this counselling their secret would end up known by other people. Although this was made clear and emphasised to them by the researcher, they went on giving incorrect particulars, to make sure that they are untraceable. This indicates that women would like to forget about the abortion experience, in an effort to protect themselves. It would be beneficial if they all received counselling prior to the procedure.

5.3.4.5 BELIEF THAT COUNSELLING WOULD HELP IN DEALING WITH THE DECISION

Figure 12: Belief that counselling would help in dealing with the decision

n=80

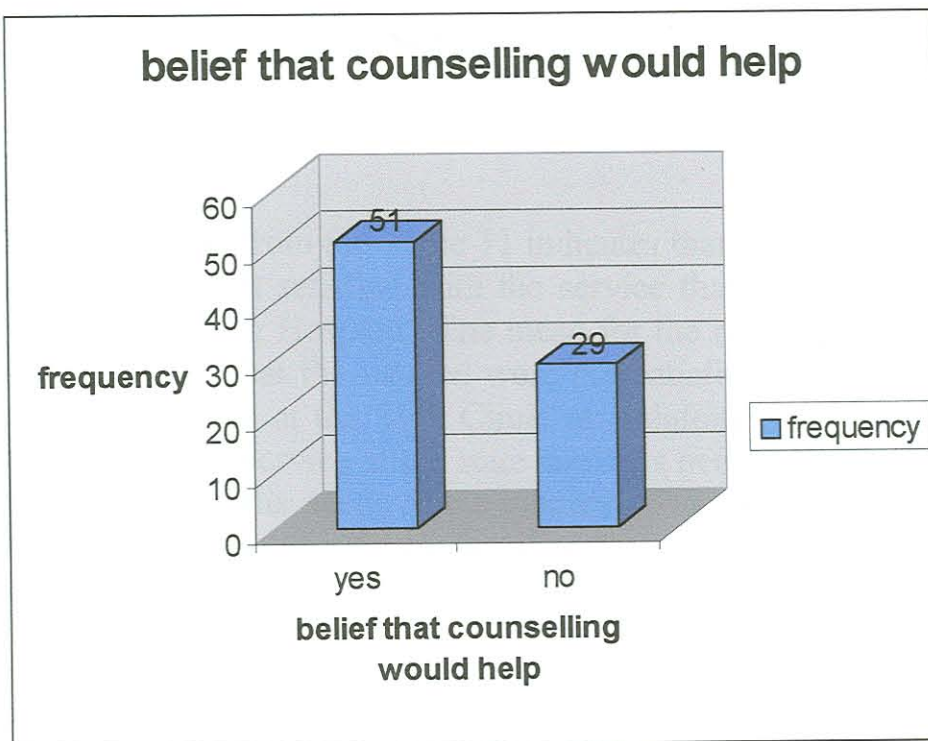


Figure 12 revealed that the majority of women (51) 63.3%, believed that counselling would help them deal better with their decision. In motivating why they believed that counselling would help them, the respondents

emphasised the importance of counselling prior to the procedure. They felt that they would go through the procedure equipped with information and with their emotions explored, which would help them develop insight into their situation.

5.3.5 ABORTION SERVICE AT THE CLINIC

The aim of this section was to establish from the women how they rated the service at the clinic.

5.3.5.1 RATING OF SERVICE BEFORE THE PROCEDURE.

Table 11: Evaluation of the service before the procedure

n=80

Frequency	Percentage	Ratings
38	47.5	Average
29	36.2	Good
10	12.5	Poor
3	3.8	Excellent
Total=80	Total=100	

The information from the Table 11 indicates that the majority of the women (47.5%), were not satisfied with the service that they received at the TOP Clinic at Kalafong Hospital. The mean for the rating of the service is 2.31, which suggests that the women were not satisfied with the type of service that they received at the TOP Clinic at Kalafong Hospital. This indicates that the abortion service at the state facilities needs to be improved, for it to be responsive to the needs of the women. The quality of the service at the clinic is adversely affected by the shortage of staff as discussed in-depth in chapter 4 of this thesis.

The question regarding the future plans of the respondents was a trick question that one respondent could give more than one response, as a result 230 responses were given. The responses were as follows:

- 75 responses (31.4%) : decided to be more careful about contraceptive
- 1 response (0.4%) : would consider another abortion
- 46 responses (19.25%) : will motivate other women to use contraceptive

5.3.5.2 RATING OF THE SERVICE DURING THE PROCEDURE.

Table 12: Evaluation of the service during the procedure

n=80

Frequency	Percentage	Rating
37	46.2	Average
28	35	Good
12	15	Poor
3	3.8	Excellent
Total=80	Total=100	

Table 12 indicates that the majority of the women (46.2%), were also not satisfied with the service they received during the procedure. It was indicated by the women that the communication style used by the nursing staff was not satisfactory and they would be happy if it could be changed. The mean rating of the service by the women is 2.28, that is, ranging between poor and average. This suggests that the abortion service at Kalafong TOP Clinic does not satisfy the consumers thereof. As indicated earlier on there has to be improvements on the abortion service at the state facilities, for the service to be responsive to the needs of the women who request termination of pregnancy. They further indicated that they were handled with a judgemental attitude which makes them feel more guilty regarding what they have decided to do.

5.3.6 FUTURE PLANS

The aim of this subsection was to establish from the respondents how they intend leading their lives after the abortion procedure.

5.3.6.1 FUTURE PLANS AFTER THE PROCEDURE

The question regarding the future plans of the respondents was in such a way that one respondent could give more than one responses, as a result, 239 responses were given. The responses were as follows:

- 75 responses (31.4%) : decided to be more serious about contraceptives
- 1 response (0.41%) : would consider another abortion
- 46 responses (19.25%) : will motivate other women to use contraceptives

- 75 responses (31.4%) : will discourage other women to go for abortion
- 42 responses (17.6%) : decided to concentrate on their studies
- 6 responses (2.5%) : decided to abstain from sexual activities until marriage

It is interesting to see that there were 75 responses of the women who will discourage other women from going for an abortion. This indicates that abortion is not a pleasant experience which might be made worse by the lack of a comprehensive service at the clinic.

5.3.6.2 PROBLEMS ANTICIPATED AS A RESULT OF ABORTION

Concerning the problems anticipated the respondents gave the following responses:

- None of the respondents anticipated problems with regard to future relationships
- None anticipated problems in dealing with children in future
- Only 1 respondent (1.3%) anticipated problems to have children in future, whilst 79 respondents did not
- 17 respondents (21.3%) anticipated difficulties to live with their decision, whilst 63 (78.3%) would work hard to forget about it
- 61 respondents (76.3%) anticipated no future problems related to abortion, whilst 19 (23.8%) anticipated emotional problems.

The above information clearly indicates the women's determination to forget about this painful experience and go on with their lives and how unrealistic they are about possible implications.

5.3.7 NEED FOR A SOCIAL WORKER AT THE TOP CLINIC

The aim of this section was to establish from the women the extent to which they think social work services are needed at the TOP Clinic.

Table 13: Period when social worker is needed about
n=80

Frequency	Percentage	Period needed
43	75.4	Before the procedure
7	12.3	During the procedure

5.3.7.1 THE NEED FOR SOCIAL WORK SERVICE AT THE CLINIC

Figure 13: Need for a social worker at the TOP Clinic

n=80

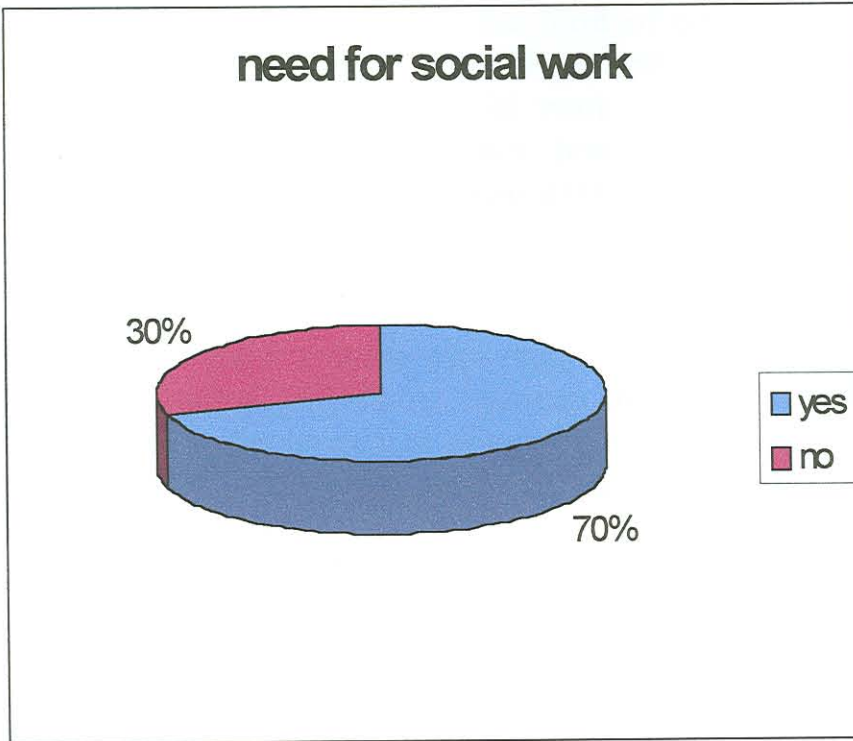


Figure 13 reveals that the majority of the women 56 respondents (70%), felt that the social worker is needed as part of the team that render abortion services. It becomes evident that women did not quite understand the role of the social worker at the clinic. This shows how little people understand the role of the social worker in a health setting because at that setting they expect to be attended to by medical personnel.

5.3.7.2 PERIOD WHEN SOCIAL WORKER IS NEEDED MOST.

Table 13: Period when social worker is needed most

n=80

Frequency	Percentage	Period needed
43	75.4	Before the procedure
7	12.3	During the procedure

7	12.3	After the procedure
Total=57	Total=100	

Twenty-three respondents did not respond to this question. It may be that they did not understand the role of the social worker at all. It is evident from the above information that women feel that they would benefit greatly if they have social work services in the form of counselling before they go through the procedure. Only a small percentage 12.3%, 7 respondents indicated that they needed the social work services during and after the procedure, respectively. This shows how unrealistic the women are regarding the psychosocial implications of termination of pregnancy.

5.4 SUMMARY

In this study 80 black women who requested termination of pregnancy at Kalafong Hospital (TOP) clinic between June 1999-January 2000 were interviewed before the procedure of termination of pregnancy. This phase of the empirical study was done from a quantitative research approach and the findings are as follows:

- The majority of women who request termination of pregnancy fall in the age category of 21-30 years.
- A considerable number of women who request termination of pregnancy are single.
- The majority of women in the sample had other children, which indicates that they were not ready to raise an additional child.
- A large number of women could be said to be literate because they had an educational level of grade 8-tertiary level.
- The majority of women belonged to the Christian religion although women from other religious requested termination of pregnancy as well.
- Most women who requested abortion were economically dependent on someone as they were students and others were unemployed.
- It has been evident that TOP clinic at Kalafong Hospital serves women from a various areas, with Mamelodi and Atteridgeville being the mostly served areas.
- Most women discovered that they were pregnant before the 8th week of gestation.
- It takes women some time to decide on abortion as it is not an easy decision to make.

- A large number of women were not influenced to make the decision to terminate their pregnancies.
- The findings reveals that the main reason for the women to decide on termination of pregnancy is economic circumstances.
- The majority of women did not consider adoption as an alternative because of the emotional attachment to the foetus, if they carry the pregnancy to term which could make it impossible to let go.
- It is evident that the clinic is known and the private practitioners and local clinics are instrumental in referring women to Kalafong Hospital.
- It has been shown by the findings that the women who request termination of pregnancy experience a variety of negative feelings, hence a remarkable number of women do not inform anybody about their decision which could affect them emotionally in future.
- The fathers to these unborn babies also experience a variety of feelings, mainly negative feelings, which have a role to play in the women's decision to have termination of the pregnancy. This was revealed by the respondents.
- As the majority of women were single, students and staying with their parents, the parents would be disappointed if they could know about the pregnancy and the decision to terminate it hence they were not informed.
- The decision to terminate the pregnancy affected various aspects of the women's lives in a variety fashions. The majority of Christians' relationship with God was positively affected, as these women believe that God will forgive them because He understands their circumstances.
- Due to the emotional implications of abortion, women would rather forget about it and not share the experience with someone. This was revealed when the majority of women indicated that they were going to work hard, so that they could forget about what has happened.
- The majority of women did not receive any information prior to the procedure, due to the lack of counselling service at the clinic.
- It has been evident that women need to be provided with counselling prior to the procedure because it is not easy for them to come back for post-abortion counselling, as all their efforts are centred around forgetting about what they have done.
- The majority of women believed that counselling prior to the procedure would help them deal better with their decision.
- A large number of women were not satisfied with the service that they received at the clinic, and felt that the services ranged between poor and average. The quality of the service at the clinic is affected by the shortage of staff.

- It is interesting to note that the majority of women who decided to terminate their pregnancies were determined not to do it again, but take the contraceptives more seriously, to prevent other unplanned pregnancies. This indicates that deciding on termination of pregnancy and going through the procedure is not a pleasant experience.
- Due to the shortage of an appropriate team composition at the clinic, women do not see the role of other team members, such as, the role of the social worker. There is a need to have the necessary team members involved at the TOP clinic, for the women to receive a comprehensive service.
- The need for counselling prior to the procedure, specifically during the decision-making period was indicated by the women, for them to be helped to deal better with their decision.

The following chapter deals with the findings from the qualitative data.

2 RESEARCH METHODOLOGY

The type of research that was used in this study is a qualitative research. This study was a descriptive design. The research was conducted using both qualitative and quantitative research approaches. The research was a dominant self-determined model was found in the application of the research. Both qualitative and quantitative approaches are used in this study. With our approach we found more prominently than the other (De Vos, 1998: 1). In this chapter only the empirical findings from the qualitative phase of the study will be presented, as the empirical findings from the quantitative phase has already been presented in chapter 3.

The population consisted of all the women who had termination of pregnancy at the Women's Choice Clinic, at Pretoria, before June 2001. Thirty-five (35) files were selected in the simple random sampling method and reviewed. According to Stydorn and De Vos (1998: 195), simple random sampling refers to a situation where each individual case in the population theoretically has an equal chance to be selected for the sample. This sampling method was found to be suitable for this phase of the study, because all the individual cases possessed the characteristics which were representative of the population.