

CHAPTER 7

THE GUIDELINES FOR SOCIAL WORK INTERVENTION REGARDING THE ABORTION SERVICE

7.1 INTRODUCTION

Abortion is a sensitive procedure, which is accompanied by the psychosocial implications. This has been established from the literature and the empirical findings. As a result of this state of affairs, there is a need for a comprehensive abortion service, which would ensure that the women are able to go on with life after abortion. The social worker, with the professional knowledge and skills, is equipped to be part of the multi-disciplinary team that renders a service at the abortion clinic. The fact that the women need to be provided with counselling, as part of the abortion service has been shown in the empirical findings. The researcher is of the opinion that pre-abortion counselling is most essential, as women would not like to be reminded of what happened, after the procedure; and this has been confirmed by the empirical findings of this study.

Although the indication for the need to be provided with counselling has been during the decision-making period, it is not always practical to see the women during this time. The only practical period to see these women is when they have reached the abortion clinic for assistance. The social worker can provide a meaningful service during this period, that is, prior to the procedure.

The following aspects are discussed in this chapter: the definition of key concepts, the nature of social work in health care, the role of the social worker in health care, the social worker as a team member, the bio-psychosocial model, the utilisation of the bio-psychosocial model in abortion counselling as well as the guidelines for social work intervention at the TOP Clinic.

7.2 DEFINITION OF KEY CONCEPTS

The following concepts are defined to facilitate understanding of the chapter.

7.2.1 Social Work in Health Care

Social work in health care is defined by Barker (1991:141) as follows :
“Social work in health care is the social work practice that occurs in hospital and other health settings to facilitate good health, prevent illness and aid physically ill patients and their families to resolve the social and psychological problems related to illness.”

On the other hand Skidmore, Thackeray and Farley (1994:146) define social work in health care as the application of social work knowledge, skills, attitudes and values in health care, where the social worker addresses himself/herself to illness brought about by or related to social and environmental stresses that result in failures in social functioning and social relationships.

Social work in health care could thus be said to be social work that is practised within a health care setting, where the social worker aims at improving the patients’ social functioning, that was affected by illness or related to illness.

7.2.2 Bio-psychosocial

The term bio-psychosocial is defined by Barker (1991:23) as “a term applied to phenomena that consist of biological, psychological and social elements.”

According to Kaplan, Sadock and Grebb (1994:1), the bio-psychosocial model of disease stresses an integrated systems approach to human behaviour and disease.

Engel (1980:535) sees the bio-psychosocial model as a scientific model constructed to take into account the missing dimensions of the biomedical model.

From the above definitions it becomes clear that the bio-psychosocial model recognises the interaction between the medical, social and psychological dimensions of disease and illness. This means that without taking all these dimensions into consideration, it won’t be possible to come to an appropriate diagnosis. Without this appropriate diagnosis then the patient could not be provided with the service that is responsive to his/her needs.

7.3 THE NATURE OF SOCIAL WORK IN HEALTH CARE

It becomes important to look at the nature of social work in health care, before looking at the roles played by the social worker in a health care setting. In rendering social work intervention, social workers operate within the scope of the multi-disciplinary team, where all the members of the team are concerned with having the patient provided with a comprehensive service. The major function of the social worker in this context is to improve the patient's social functioning while at the hospital and also after discharge. This has to apply to the patients who receive the abortion service as well. This makes it important for the women who request termination of pregnancy to be treated by the multi-disciplinary team, so that all the aspects of their lives could be attended to. This will ensure that their social functioning is enhanced, after the procedure.

Social work in health care is the application of social work knowledge, attitudes and values to health care and it is practised in collaboration with medicine and other related professions. According to Skidmore, Thackeray and Farley (1994:146), social work intervenes with medicine and other related professions in the study, diagnosis and treatment of illness at the point where social, psychological and environmental forces impinge on role effectiveness. The social workers in health care use problem-solving methods in assisting individuals, families, groups and communities in solving health-related problems.

7.3.1 THE ROLE OF SOCIAL WORK IN HEALTH CARE

There are specific roles that the social worker plays within the health care setting. Skidmore, et al. (1994:151) identify a variety of specific roles that are played by the social worker within the health care setting and these roles will be dealt with briefly as follows:

- **Assessment of the patient's psychological and environmental strength and weaknesses**

The social worker is equipped with the skills to make a thorough assessment of the patient's psychological and environmental strengths which are needed for the team to fully understand the patient. This understanding is needed for the patient to be provided with an appropriate treatment. It is only through understanding the patient's strengths and weaknesses that the team

could be able to plan the treatment programme accordingly. This assessment is applicable for the women who request termination of pregnancy, because it is important to understand them fully, before they undergo the procedure. Knowing the women's strengths and weaknesses will enable the team to assist them (women) to proceed with life after the procedure.

- **Collaboration with the multi-disciplinary team in the delivery of services to assure the maximum utilisation of the skills and knowledge of each team member**

Due to the difference in knowledge and skills of the team members, there is a need for collaboration, so that the patients are provided with a comprehensive service. This is the reason that makes the role of the social worker at the TOP Clinic important. Without the involvement of the social worker the women are denied the specialised knowledge and skills, that would otherwise facilitate their coping after the procedure.

- **Assist the family to co-operate with treatment and to support the patient's utilisation of medical services**

There are times where the patient's family is not keen to co-operate with the team regarding its member's treatment. This could lead to a situation where this poor patient could end up not motivated to proceed with the treatment process, which could have devastating results. The social worker in this situation could help in facilitating this co-operation, so that the patient could ultimately benefit from the treatment as well as the support from his/her family. With regard to the women who request termination of pregnancy, the social worker could motivate the family members not to be judgemental towards her (woman), but to understand her situation and provide her with the necessary support. This would help the woman to move on with life after the procedure. If the family do not know, the social worker could try to motivate her to tell them, for them to provide her with the needed support.

- **Serve as a broker of community services, thus providing linkages of patient needs with appropriate resources**

As a broker of community services the social worker has to make sure that the community is provided with the resources that are responsive to their needs. The community could be equipped with the knowledge regarding

these resources by the social worker, through the utilisation of the communication skills that are part of the social work training. For the TOP Clinic the social worker has to make it his/her task that the service is responsive to the needs of the women. This makes it very important to have social workers as part of the team at the TOP Clinic.

▪ **Participate in the policy-making process**

For the service to be responsive to the needs of the patients, there is a need to have appropriate policies formulated and implemented to that effect. Having this in mind, the researcher is of the opinion that even though at this stage the abortion legislation does not include the social workers as service providers at the TOP Clinic, the social workers need to challenge this. The social workers have to challenge the legislation so that it could be responsive to the needs of the women, as all the aspects related to their decisions would be attended to, by their involvement as part of the team that renders the abortion service.

▪ **Engage in research to assure a broadening of the knowledge base for successful practice.**

Research informs social work practice, as a result the social workers need to be involved in research, in order for social work practice to be responsive to the needs of the patients and not what the practitioners think are the needs. It is from research results that the researcher has established that the women who request termination of pregnancy need counselling before they go through with the procedure.

Cowles (2000:30-31) on the other hand identified the specific functions of the social worker in health care as follows:

- Assessment of the need for social work services.
- Pre-admission planning and discharge planning.
- Direct services and treatment to individuals, families and groups.
- Case-finding and outreach.
- Information and referral.
- Client advocacy within and outside the organisation, including attention to fiscal constraints.
- Protection of clients' rights and entitlement, including the right to redress.
- Short and long term planning.

- Promotion and maintenance of health and mental health.
- Prevention, remedial and rehabilitative measures.
- Provision for continuity of care, including guarantee of access and effective utilisation.

It is evident from the above functions that the social worker has to be involved as broadly as possible in the patients' situations. This has to start with the prevention, which must be followed by assessment for social work intervention. This notion is supported by Mabe (1996:54) that social workers should be knowledgeable regarding the legislation, so that they could assist women who are faced with unplanned and unwanted pregnancy within the legal parameters. This could only be attained by having the social worker as a member of the team that renders the abortion service. These functions are also relevant for dealing with women who opt for termination of pregnancy. It is very important for the social worker to be involved in the outreach programmes where unwanted and unplanned pregnancies could be prevented. In cases where the unwanted and unplanned pregnancy has already occurred, the social worker's involvement must include the promotion and maintenance of health and mental health by providing appropriate counselling.

Although at this stage the role of the social worker at the TOP Clinic is not yet recognised, the researcher is of the opinion that the social worker has a vital role to play. Fulfilling the functions of assessment of the need for social work service and case-finding and outreach, as advocated by Cowles (2000:30), the social workers will be moving away from the traditional tendency of relying on referrals from physicians and nurses, which allow the selection of the kinds of clients problems that the social worker should address. This calls for the social workers to make the team members aware of the need for their involvement at the TOP Clinic.

The role of assessment of the patients' circumstances is in agreement with what is indicated by Skidmore, et al. (1994:151), that the social worker has to make a thorough assessment of the patients' psychological and environmental strengths and weaknesses. This will enable the team to understand the patient better, hence provide the needed service with sensitivity. Without this understanding, the women who request termination of pregnancy will be provided with the service that only satisfies their physical needs only, which is, getting rid of the pregnancy, without considering all the other aspects that are involved in the situation.

According to Germain (1984: 78), the roles and tasks of the social worker in helping the patients cope with the stress of illness, injury or disability are as follows:

Table 14

Roles	Tasks
Mobiliser	Providing incentives and rewards for patients to cope. Deal with ambivalence, resistance and dependency of patient
Teacher/coach	Provide instruction in coping skills individually and in groups
Collaborator	Provide instruction in coping skills individually and in groups and influence the environment to do the same.
Enabler	Providing emotional support and influence the organisation to be responsive to emotional needs
Organiser	Organising and working with natural support systems
Facilitator	Providing information, time and space for effective coping; opportunities for choice; decision-making and action
Innovator	Creating new programmes and services to meet needs
Advocate	Influencing organisational and outer environments to change when needed.

Roles of the social worker in health care are seen by Auslander (1997:28-31) as follows:

- To claim the territory of case management. In this role the social worker employ his/her skills to see to it that the patient is correctly linked with the needed resources. The patient and his/her family are helped to define their needs, understand the constraints and options that affect meeting those needs and engage them in problem-solving.
- Address the impact of the illness on the patient and his/her family, and prepare them to deal with the reality, that is, addressing the psychosocial needs of the patient and the family.
- Emphasis on primary care and preventative services. In this role the social worker has to make sure that the programmes that are aimed at prevention of diseases are developed and implemented.
- Offer counselling to new patients, chronically ill and their caretakers, elderly patients, terminally ill and those suffering from emotional problems.

The above roles and tasks can also be used at the TOP Clinic, for the patients to receive a comprehensive service which is responsive to the needs of the consumer.

Cowles (2000:73) indicates the following as the roles of the social worker in health care:

- An advocate who fights for or defends clients' rights.
- A broker who knows all the relevant resources and links the clients with the most appropriate ones.
- A case manager who assesses a client's needs, link that client with needed resources and co-ordinates and oversees resource delivery.
- A consultant who provides expert opinion to others, when asked.
- A counsellor who engages in personalised interpersonal interaction with a client, which involves the client's feelings, attitudes, perceptions or behaviour
- A liaison who acts as a go-between, between two or more people or organisations.
- A mediator who facilitates conflict resolution between parties.
- A researcher who develops new knowledge.
- A planner who prepares a design for a course of action.
- A teacher who transmits knowledge to others.

The above roles are in agreement with the roles that were identified by Germain (1984:78) as discussed earlier on. All these roles clearly indicate the importance of social work service in health care, including the TOP Clinic.

7.3.2 THE SOCIAL WORKER AS A TEAM MEMBER

It is important to note that the social worker performs his/her roles and tasks as a member of the interdisciplinary team, which has to be characterised by a high level of collaboration. Cowles (2000:133) argues that the social workers' claim to a place on the interdisciplinary team must be based on expertise. Without this expertise the role of the social worker will be confused with that of other role players. This is the reason why the social worker must have a clear knowledge base of his/her profession, as well as the skills that distinguish it from the other professions. This knowledge and skills must be clearly communicated to the other team members, to avoid role blurring amongst the team members.

According to Davidson and Clarke (1990:273) collaboration and co-operation has to be the major characteristics of the multi-disciplinary health team, for it to meet the needs of the patients. In this team approach many different perspectives are brought to bear on how care is provided and on what emphasis and value are placed on the contribution of the social worker.

Collaboration is defined by Germain (1984:199), as a co-operative process of exchange involving communication, planning and action on the part of two or more disciplines, with the purpose of achieving specific goals and tasks related to health care, that cannot be achieved by one discipline alone. In this process there has to be a clear role identity which will enable each team member to competently perform his/her role. Even though there could be overlapping of roles amongst the team members, collaboration can facilitate the team's efforts of providing a comprehensive service.

Inherent in the concern for providing good health care through collaborative rather than co-operative interdisciplinary teams is the necessity for social work to function as an autonomous profession. (Compare Schlesinger, 1985:225 and Erickson and Erickson 1994:8.) With the maintenance of this autonomy role blurring could be avoided. This also applies to the TOP Clinic, where all the team members are to work together, for the benefit of the patients. No team member must see himself/herself as more important than the others.

In this setting social workers need to develop collaborative skills in order to be recognised, as well as render a meaningful service. Davidson and Clarke (1990:273) are of the opinion that these collaborative skills include the strategies of interpretation, negotiation, marketing and education. With these skills the social worker enables other team members to understand the patient's psychosocial problems and their stressful impact on recovery and adaptation.

It is clear from the roles discussed above, that there is no way that the social worker in a hospital could work in isolation, but as a member of the interdisciplinary team, for the patients to receive an appropriate service, that is responsive to their needs. This shows the importance of having the social worker involved at the TOP Clinic, where the patients will be provided with a comprehensive service by all the team members, without neglecting some aspects in their lives. Without the involvement of the social worker at the TOP Clinic, there is no other team member who could play social work

roles, and this will forever leave the women who request termination of pregnancy without their psychosocial needs attended to.

Carbonatto and Du Preez (1990:319) indicate the skills that the social worker in a health care setting should have as follows:

- Acquiring sufficient knowledge of various diseases, the symptoms, the causes, the treatment and the implications for the patient and his family.
- Acquiring thorough knowledge of the specific diseases related to each area appointed in, in a hospital or medical setting, (for example gynaecology) including the symptoms, the causes, the treatment and implications of the disease, treatment or disability for the patient and his family.
- Being able to work in a hospital or medical setting.
- Being able to work with the sick and sometimes mutilated people on a daily basis.
- Understanding and intervening in the psychosocial implications of hospitalisation, illness, trauma, treatment and disability.
- Understanding the emotional implications of hospitalisation, illness, trauma, treatment and disability for the patient and his family and offering the necessary support and atmosphere for emotional catharsis.
- Being able to work with the terminally ill or dying patient and his family and to provide the necessary bereavement counselling.
- Being able to remain objective, with the necessary empathy in these highly emotional circumstances.
- Being able to work with the long-term chronically ill, disabled or geriatric patients, requiring patience, perseverance and knowledge of the applicable community resources.
- Having efficient therapeutic skills.
- Having adequate skills in crisis intervention.
- Having skills in short-term counselling.
- Providing continuous supportive counselling throughout the hospitalisation and treatment period.
- Having effective communication skills.
- Being able to motivate, develop insight and prepare patients for treatment, hereby ensuring their co-operation in the total plan of treatment.
- Having adequate skills in implementing the social work methods and techniques.
- Being able to do a thorough psychosocial assessment in a short period of time.

- Being able to share the knowledge of the emotional or psychosocial effects of illness, hospitalisation, treatment and disability with other disciplines, patients and their families.
- Functioning in an inter-disciplinary team or the ability to collaborate.
- Having assertive skills, especially of necessity in the inter-disciplinary team
- Maintaining a professional image.
- Developing adequate skills in constantly educating other professionals, students and patients, regarding the roles and tasks of the medical social worker.
- Constantly educating other disciplines, regarding the psychosocial effects of hospitalisation, illness, treatment and disability on the patient and his family.
- Acquiring sufficient knowledge of community resources and knowing when it is appropriate to refer a patient.
- Innovating, facilitating, organising and co-ordinating services.
- Educating patients and their families, as well as the community regarding the prevention of certain diseases and thereby enhancing their health and social functioning.

It is important for the social worker to have the above-mentioned skills for him/her to render a meaningful service for the patients in a health care setting. Without these skills the social worker will not be in a position to function within the team.

7.4 THE BIO-PSYCHOSOCIAL MODEL

The bio-psychosocial model is seen by Engel (1980:535), as a scientific model constructed to take into account the missing dimensions of the biomedical model, which represents the application to medicine of the classical factor-analytic approach that characterised Western medicine for many centuries. The biomedical model disregards the interaction between the medical, psychological and the social aspects in illness or human behaviour. Engel (1980: 535) goes further to say that the bio-psychosocial model is based on the systems approach. Kaplan, Sadock and Grebb (1994:1) indicate that Engel, the psychiatrist, is the prominent proponent of the bio-psychosocial model. With this model a relevant model that looks at the patient as a whole was introduced. This new way of looking at the patient is vital because the patient is treated as a whole, with all the aspects that are relevant to his/her situation taken into consideration. Kaplan, et al.

(1994:1) argue that Engel's model does not assert that the medical illness is a direct result of a person's psychological or socio-cultural makeup but, rather, encourages a comprehensive understanding of disease and treatment.

According to Kaplan, et al. (1994:1), this model stresses an integrated systems approach to human behaviour and disease, because of the continuous interaction between the individual's body, mind and social context. It becomes evident that the bio-psychosocial model came into being after the realisation that in order for the person's illness to be understood there is a need to look at the three dimensions in his/her life, namely, biological, psychological and social. This understanding enables the health team to provide a treatment programme that is responsive to the needs of the patient.

Brannon and Feist (1992:11) argue that a systems approach emphasises the mutual dependence of each system within the whole and suggests that a change in one system will produce changes in the other systems. The systems approach is not a necessary component of the bio-psychosocial model but it helps one to understand the interaction among the biological, psychological and social components of disease and wellness. This understanding is very important for the health practitioners not to deal with human beings in a fragmented manner. Every human being, who seeks medical attention must be seen as having the three components, which are in constant and continuous interaction. It must be remembered that it is this interaction that determines the state of health of a person.

It is argued by Green and Shellenberger (1991:19) that, the bio-psychosocial approach to health and wellness views health and wellness as the result of the interaction of biological, psychological and social factors. This implies that, no wellness can be attained without utilising this approach, including the abortion service. Green and Shellenberger (1991:19) further indicate that the biological factors include genetics, environmental factors and behaviour that affect biological functions, whilst psychological factors include personality, feelings, stress management, life goals, perceptions of health and sickness behaviours, whilst social factors include social values, customs and social support. Of importance here is to note that the interaction of these factors impact on the person's wellbeing. If only one aspect is attended to and the others are neglected, wellness cannot be attained.

Karoly (1985:434) argues that, the bio-psychosocial orientation involves an interdisciplinary systems orientation to health care. This orientation enables the service providers to consider the biological, psychological and environmental information about a patient, to make appropriate diagnosis and develop the treatment programme that encompass all the three areas. Looking at the abortion service, when all the aspects of the woman's life, specifically, her decision to terminate a pregnancy, are not attended to, this woman will experience this procedure with intense pent-up feelings.

The three dimension of health and illness will be discussed briefly.

7.4.1 THE BIOLOGICAL DIMENSION

As indicated earlier on, the bio-psychosocial model is based on the systems approach, which stresses an integrated systems approach to human behaviour and disease. The biological system emphasises the anatomical, structural and molecular substrate of disease and its effects on the patient's biological functioning. (Compare Kaplan, et al. 1994:1.) According to Bernard and Krupal (1994:13), the biological aspects include the genetic predisposition, physiological reactivity, pathogens and immune responses. This aspect of the person is where the medical practitioner always begins when consulted by a patient (Engel, 1980:538). This happens within a doctor-patient relationship and the medical practitioner will collect the data that will enable him/her to reach a diagnosis.

With regard to the woman who requests termination of pregnancy, the unwanted and unplanned pregnancy is the biological aspect the caused her to approach the facility. The service provider gets to know the woman because of this biological condition, but in understanding the other dimensions that are related to the condition must be taken into consideration. Without this understanding the woman will be provided with an incomplete service, where the other aspects of her conditions are not attended to, which could create problems for her later in life. This is the reason why the researcher is of the opinion that the bio-psychosocial model is the relevant model to be used at the TOP Clinic.

7.4.2 THE PSYCHOLOGICAL DIMENSION

According to Kaplan, et al. (1994:1), the psychological dimension emphasises the effects of psycho-dynamic factors, motivation and

personality on the experience of illness and the reaction to it. This dimension forms an important component of the bio-psychosocial model in the sense that it helps the medical practitioner to understand the patient's perceptions of his/her condition and the extent to which he/she is motivated towards getting help. The factors of the psychological dimension that are relevant here are seen by Kerns and Curley (1985:150), as the psychological functioning of the individual, the nature and severity of deficits in psychological functioning associated with the biological state and the individual's residual abilities to evaluate, adapt and cope with the psychological, biological and social changes, as well as the resulting deficits as a function of the biological condition.

When using the biomedical model these aspects are neglected, with a negative impact on the patient. Kerns and Curley (1985:150), further argue that the individual's cognitive, affective and behavioural functioning greatly influences the extent and meaning of perceived psychological and social losses, as well as the coping with or adapting to these losses. This clearly shows that an individual's condition cannot be successfully treated through the biomedical model, that is, disregarding the interaction among the biological, psychological and the social dimensions of his/her condition.

Engel (1980:538) argues that in collecting data regarding the biological aspects of the patient, it is crucial to also explore the psychological being, because the course of the illness and the care of the patient may be importantly influenced by processes at the psychological level. It is important to know that a person is only labelled as sick when he/she experiences something or exhibits some behaviour or appearance that is interpreted as indicating illness. How this person will react to this experience depends largely on the person's perception of what is happening.

Rationalisation and denial are the defence mechanisms that are mostly used by patients and this affects their reactions towards what is happening. This is the reason why some patients seek help when their conditions have advanced, sometimes to a level where intervention could no longer be effective. This also applies to the women who are faced with unplanned and unwanted pregnancies. They start by denying the reality and hope that it is not true, while in the meantime the pregnancy is advancing. This leads to women seeking termination of pregnancy during the second trimester, when the procedure could be risky, as indicated in chapter 2 of this thesis. Understanding these inner deliberations within the woman will help the

service providers to be sensitive towards the women who seek termination of pregnancy. The adoption of the bio-psycho-social model at the TOP Clinic will make it possible for the women's feelings and perceptions regarding their biological state to be attended to. In this way the women's coping capacity will be improved.

7.4.3 THE SOCIAL DIMENSION

Kaplan, et al. (1994:1) argue that the social dimension emphasises the cultural, environmental and familial influences on the expression and the experience of illness. On the other hand Sue, Sue and Sue (1994:27) indicate that it would be a serious oversight to neglect the powerful impact on the mental health of family upbringing and influence. It is important to note that this social aspect of the person's life does not only have an impact on the mental health but also on health in general. This shows the important role played by the social system in as far as an individual's health and mental health is concerned.

Engel (1980:543) is of the opinion that in using the bio-psycho-social model the medical practitioner is able to identify and evaluate the stabilising and destabilising potential of events and relationships in the patient's social environment, not neglecting how the destabilising effects of the patient's illness on others may feed back as a further destabilising influence on the patient. This argument emphasises the importance of the patient's social environment on his/her health and illness.

It is clear that the bio-psycho-social model is the relevant model when treating patients, to ensure that all the aspects pertaining to the patient's condition are considered. This model enables the medical service providers to understand the patients, which leads to designing an appropriate treatment plan, that is responsive to the needs of the patients.

7.4.4 UTILISATION OF THE BIO-PSYCHOSOCIAL MODEL IN ABORTION COUNSELLING

It is important to look at the woman who seeks abortion in totality, and not only as a person with a medical problem only. What is happening presently at the state abortion clinics is undermining the psychosocial aspects of the woman who seeks abortion. The woman is only helped medically, without considering the other aspects in her life, that could be affected or be the

reasons behind her decision to terminate the pregnancy. It would seem that when the problem, that is, the unplanned pregnancy, is dealt with, everybody sees the goal as being accomplished. It has been established from the literature and the empirical findings that abortion is accompanied by psychosocial implications. With this in mind, it becomes very crucial to have the state abortion clinics providing a comprehensive service, by looking at all the aspects that accompany termination of pregnancy.

The bio-psychosocial model has been found to be addressing all the aspects in the patient's life, hence enabling the provision of a comprehensive service. Without providing this comprehensive service, women who terminate pregnancy and are unable to share the experience with someone, might find themselves experiencing emotional problems later in life. This could lead to a situation where the majority of the women in the society are emotionally unstable, which could affect the society as a whole. As it has been seen, since the advent of the legalised abortion in the country, there is a considerable number of women who utilise the service at the state hospitals/clinics (Department of Health, 1997:15).

According to Shannon (1989:32), the social workers as the primary providers of psychosocial care can close the gap between physical health and mental health. This applies to the abortion service, where at present, social workers are not yet seen as important role players. The bio-psychosocial model emphasises the interplay between disease process and psychological and social functioning. (Compare Shannon, 1989:35.) In this regard women who seek abortion will be seen in the light of having a medical problem, which is accompanied by psychosocial implications. This would make it inadequate to address the medical problem alone, without looking at the psychosocial aspects.

The application of the bio-psychosocial model will be discussed briefly, to illustrate its importance in the abortion service.

7.4.4.1 PREMISES UNDERLYING SOCIAL WORK ROLES IN THIS MODEL.

The social worker as a member of the multi-disciplinary team at the abortion clinic has specific roles to play, to ensure that the women receive a comprehensive service. The importance of the pre-abortion counselling in this regard cannot be overemphasised. The following are the specific

premises that underlie social work's speciality practice in the health care field, as seen by Shannon (1989:35); which are also relevant to the abortion service:

- Social, cultural and economic conditions have a significant and measurable effect on health status, illness prevention and recovery. For the women who seek abortion the social, cultural and economic conditions play a significant role. The major reason that was indicated by women for the decision to terminate the pregnancy in this study was the economic condition, mostly because the majority of the women were still dependent on their parents. In providing pre-abortion counselling to these women the social worker would look into how this situation affects the woman psychologically, especially that the women did not tell their parents about the pregnancy, because they suspected that it would cause some problems, hence jeopardise their schooling or career path.

The other important aspect here is the cultural one, where amongst the black people, the extended family always tries to encompass all its offspring. For the woman who decides to terminate the pregnancy in this cultural background, she would feel guilty about the decision but also have the desire to proceed with either her schooling or career, without having to be disturbed by the unplanned pregnancy. The social worker will be able to help the woman to deal with these feelings prior to the procedure, which would facilitate the coping process, after the procedure.

With regard to the social aspects, isolation after the abortion could be prevented through pre-abortion counselling. This isolation is directly linked to depression which follows abortion, when the woman realises that her abortion is an unchangeable act (Michels, 1988:92). This could be dealt with through counselling prior to the procedure, where the woman could be helped to acknowledge her feelings, regarding her decision and deal with them. With this pre-abortion counselling the woman will be prepared for what is to come and also proceed with her life after the procedure.

- Illness related behaviours, whether perceived or actual, frequently disrupt personal or family equilibrium and coping abilities. It has been established in this study that when a woman is faced with an unplanned and an unwanted pregnancy, she becomes overwhelmed with a variety of feelings, which affect her behaviour. As a result of this situation the woman's relationships are affected, as well as her work performance. In

cases where this woman did not tell anybody about her predicament, she is not going to receive any support, which will isolate her further. This is the reason why the researcher is of the opinion that pre-abortion counselling is crucial. These variety of feelings that the woman experiences could be dealt with, for her (woman) to go through the procedure with new coping abilities. This would prevent long-term negative effects of abortion on the woman's life and enable her to maintain a personal equilibrium.

- Medical treatment alone is often incomplete and occasionally impossible to render, without accompanying social support and counselling services. It is evident from the literature and empirical findings indicated earlier on, that abortion is accompanied by a variety of psychosocial implications. Providing a woman who seeks abortion with the medical treatment alone does not help her deal with her circumstances in totality. As a result the psychosocial implications that were not attended to, could lead to intense disturbance in the woman's life in future. Due to the provision in the Choice on Termination of Pregnancy Act (No.92/1996), where the woman, the minor included, could give consent for her termination of pregnancy, without informing anybody about it, the woman who are just provided with the medical treatment could end up with a disturbed self-esteem. Because of this secrecy this poor woman would be unable to be provided with the appropriate support. But if this woman could be provided with pre-abortion counselling as part of the abortion service, she would be equipped with coping skills and be able to face life positively after abortion.

As the social worker is not going to act as a judge in this woman's situation, he/she will be in a position to help her look at her situation constructively, hence empowering her to go on with life after abortion. This is emphasised in the developmental approach in social work practice, as proposed by the South African government (White Paper for Social Welfare, 1996). For the woman who was provided with pre-abortion counselling it would be relatively easy for her to go back for post-abortion counselling, if she finds it difficult to go on with her life after the procedure.

- Problems of fragmentation, access and appropriate utilisation of health services are sufficiently endemic to the health care system as to require concerted community planning as well as institutional innovations. With regard to abortion services that are provided at the government facilities

presently, there is fragmentation, where the medical personnel is seen as the only service providers. With this fragmentation the women who seek abortion are not provided with a comprehensive service, because not all the aspects of their situations, are taken into consideration. This could lead to long-term negative effects on the woman's life. It would be beneficial if the social worker could be part of the multi-disciplinary team that renders the abortion service. In this situation the social worker would attend to the psychosocial aspects of the women's situation, as it has been indicated by Shannon (1989:32), that social workers are primary providers of psychosocial care in a health care setting. This would do away with the fragmentation of the service and ensure the provision of the comprehensive one, which is responsive to the needs of the women.

Multi-professional health team collaboration on selected individual and community health problems can be an effective approach to solving complex social-medical problems. In the case of abortion service the multi-professional team collaboration is a necessity, to ensure the provision of a comprehensive service. The women who seek abortion at the state abortion clinics need to be provided with a comprehensive service, where not only the medical personnel would be the sole service providers, but also other members of the team. As it has been revealed that the women who seek abortion need counselling, specifically before the procedure, there is a need to have social workers as part of the team that provide abortion service. This collaboration will ensure that all the aspects of the women's lives are attended to, making her to a better adjusted person after the procedure.

MacLean-Brine (1994:199), on the other hand, identified primary issues that need to be focused on by the social worker at the termination of pregnancy clinic during the pre-abortion counselling session, and these issues are:

- Previous experience with abortion, that is, own pregnancy/pregnancies or that of others
- Inner conflict arising from personal moral, ethical or religious beliefs about abortion
- Clear understanding of the therapeutic abortion procedure, that is, fears, misconceptions, physical response and recuperation
- Emotional adjustment to having to terminate a pregnancy and coping with the ramifications of the decision
- Possible risks and complications of the procedure and potential for affecting her childbearing ability in the future

- Pregnancy denial and requests for mid-trimester therapeutic abortions
- Future relationship with father of the aborted child and future partners in regard to the abortion experience
- Request for pregnancy termination following successful conception after reversal of sterilisation.

It is very important for the above-mentioned issues to be addressed prior to the abortion procedure in an effort to help the women to see their situation in the right perspective. This will also enable the women to effectively deal with what lies ahead. In this way all the aspects pertaining to the woman's situation will be addressed, thus ensuring the woman's well-being. The social worker at the termination of pregnancy clinic has to aim at equipping the women with all the necessary information pertaining to the procedure and also help them project into the future, that is, the life after the procedure. It is also important for the social worker to help the women deal with their emotions pertaining to their decision, and not just think that they can forget about it, without any professional help. The danger with this effort of forgetting by themselves is that the women could end up stuck with over-utilisation of defence mechanisms, which may be counter-productive.

The roles that the social worker has to play at the TOP Clinic, are seen by MacLean-Brine (1994:201-206) as follows:

- The social worker has to identify the psychosocial issues inhibiting the woman's ability to adjust and to cope with the various issues related to her obstetrical and gynaecological health care, and this includes adjusting to the unplanned and unwanted pregnancy. The social worker uses his/her skills to engage the woman in addressing the identified areas of concern, with a view to enhance her psychosocial functioning, hence promoting a healthier adjustment to changes inherent in the problem she is facing, namely an unplanned pregnancy. Assessment plays an important role in this regard because it will enable the social worker to establish the women's level of psychosocial functioning. This will lead to the provision of appropriate supportive counselling to enhance adjustment to the situation and improve psychosocial functioning.
- The other role that the social worker has to play when dealing with an unplanned pregnancy is to examine each of the patient's options with her, encourage her to examine those options and assist her to appreciate the inappropriateness of certain options, based on her unique circumstances.

The social worker has to help the woman to make a competent decision and provide support regardless of the decision made. This means that the social worker has to be non-judgemental towards the woman, after she has made her decision to terminate the pregnancy. The woman needs to be supported so that she could come to terms with her decision and also deal with the ramifications of her choice. This will equip the woman with coping mechanisms and also prepare her to deal with what is lying ahead, after the procedure. As it has already been shown in this study, the decision-making process is very crucial and the woman needs to be helped to move through this stage constructively.

It is important to note that the woman who choose termination of pregnancy when faced by an unplanned and unwanted pregnancy does not do so automatically or casually, as it has already been established from this study. It takes the woman a period of inner deliberations, coupled with a variety of emotions. Even though the decision is made by the woman herself, the social worker must be alert and sensitive to the emotional pain the woman could be experiencing because of her choice.

At the time of making the decision to terminate the pregnancy it may be difficult for the woman to understand that her grief reaction and her sense of loss, can mirror that of a miscarriage, even though she has voluntarily given up the pregnancy. The fact that intellectual reasoning does not remove emotional pain must be addressed through counselling. The social worker has to assist the woman to understand that no decision is made in an emotional void and that she will experience some inner emotional response to her decision, no matter how sure she is of the appropriateness of her decision.

In providing counselling during this period the social worker must be aware of the uniqueness of each woman. Again during this period the woman who is faced with an unplanned pregnancy is unable to anticipate grief reaction in response to termination of pregnancy. It becomes therefore very important for the social worker to assist the woman to project into the future, because at this stage the woman is overwhelmed with getting rid of the problem without thinking about the period thereafter.

With the utilisation of the bio-psychosocial model when rendering the abortion service, the researcher is convinced that the women will benefit from the service that the state is providing. The women who seek abortion

are going through a difficult time and would benefit from a comprehensive abortion service, which is provided by all the appropriate team members, because all the aspects pertaining to their circumstances would be attended to. It has been established from the findings that there is shortage of the nursing personnel at abortion clinics, which puts a considerable amount of stress on them. Under these circumstances it cannot be expected of them to provide counselling for these women. This emphasises the importance of having social workers as part of the abortion service team at all state clinics/hospitals to provide counselling, which is so needed. As it has already been indicated, social work professional knowledge base and skills, equip the social workers to provide this most needed service. To ensure that the women who are faced with unplanned pregnancy are not doomed for the rest of their lives, it is important that they are provided with a comprehensive abortion service.

7.5 GUIDELINES FOR SOCIAL WORK INTERVENTION AT THE TOP CLINIC

The social worker who provides counselling for the women at the TOP Clinic, within the bio-psychosocial model needs to observe all the social work values and principles. The most important principle in the researcher's opinion in this context, is adopting a non-judgemental attitude. The guidelines for the pre-abortion counselling are based on the empirical findings.

7.5.1 PRE-ABORTION COUNSELLING

When a woman approaches the TOP Clinic with an unplanned and unwanted pregnancy, all the aspects that are related to her condition need to be taken into consideration. The social worker has to realise that this woman is going through a turmoil of emotions. As a result of this, there has to be a thorough assessment of these emotions and also assist the woman in dealing with them. This can only be achieved when the social worker is consciously utilising all the social work principles, where this woman will be seen as an individual, not judged and also allowed to exercise her self-determination.

- The woman's feelings

It has to be in the social worker's mind that it is during this period that the women indicated their need for social work intervention. It could be that

during this period the woman is not sure of what to do with her circumstances, therefore exploring her feelings could help her to see her situation in the right perspective. It is evident that during this period the woman is overwhelmed with a variety of feelings, because of the decision she has made to have the pregnancy terminated. Exploration of these feelings will assist the woman to identify them and deal with them. If the woman could go through the procedure without her feelings been attended to, she could find herself with emotional problems after the procedure.

- **Woman's reaction to the pregnancy**

It is also important to explore the woman's initial reaction when she discovered that she was pregnant. These reactions will help the woman to identify her real feelings regarding the pregnancy and enable her to cope with the situation. From the findings it is clear that the women experienced a variety of reactions to the unplanned and unwanted pregnancy. This calls for the social worker's sensitivity towards the women when dealing with these reactions.

- **Woman's reasons for the decision**

The reasons for the decision to terminate the pregnancy need to be explored during this period. These reasons need to be discussed in-depth, to help the woman to really see her situation in the right perspective. This has to be done because the woman during this period would be overwhelmed by negative feelings which has an impact on her judgement. The woman needs to be helped to project into the future to see if she could not regret the reason/s she based her decision on. From this study the major reason was the economic circumstances, which can be changed over time, depending on what efforts are made and the resources that are available. These are the facts that need to be discussed and clarified with the woman, for her to be able to make an informed decision and move on with her life, without being judgemental on herself.

- **Other options**

All the options at the woman's disposal need to be discussed in-depth for the woman to feel at ease with the one she ultimately decides to implement. Even if the woman has come to the TOP Clinic, she could consider other options, if she is provided with an opportunity to explore them. It has to be

taken into consideration that when a woman is faced by an unplanned and unwanted pregnancy her whole focus is on the problem and the quickest way of solving it. As a result of this situation the woman's thought processes are merely centred around getting rid of the problem, without projecting into the future, on how this solution could affect her. By discussing other options with the woman there should not be aimed at convincing her to change her decision, but to assist her to make an informed decision that she could live with in future.

- **Woman's feelings regarding her decision**

The woman's feelings regarding her decision needs to be explored during this period. Although the woman has made the decision to have a termination of pregnancy, it should not be taken for granted that her feelings are positive towards this, as it has been confirmed in this study. These feelings need to be explored and dealt with before the procedure to enable the woman to go through the procedure with clear feelings. It is important to note that due to this unplanned situation the woman could end up over-utilising the defence mechanisms, that could prevent her from dealing with the real situation. This is the reason why it becomes very important to address these feelings prior to the procedure.

- **Information provision**

Providing information forms an important aspect of the pre-abortion counselling. Due to the fact that it is not always practical for the medical personnel to provide this information, the social worker has to fulfil this role. Because one of the social work tasks, within the health care sphere, is educating the patients and their families regarding the diagnosis and treatment procedure. The woman has to be informed about the methods of termination of pregnancy at different periods of gestation, the risks and complications involved, as well as what to do when sign or symptoms are observed. With this information the woman will be equipped to deal better with the process and also have some psychological preparation, as she would be able to have some expectations. This could reduce anxiety in the woman to a manageable level.

- **Woman's religious background**

The social worker has to consider the woman's religious background during the pre-abortion counselling session. Although women from all the religious backgrounds do request termination of pregnancy, the individual woman's convictions need to be dealt with. For the woman with a strong religious conviction, deciding on termination of pregnancy might be an extremely painful thing to do. She could find herself battling with her real situation as opposed to her religious background. The thing that makes this situation very difficult is that this poor woman won't be able to discuss this with anybody, especially the church members, because of avoiding their judgement. This could lead to this woman not being able to go on with life after the procedure. This is the reason why she has to be provided with proper counselling before the procedure, to allow her to deal with all the inner emotions evoked by her situation as opposed to her religious background and the ethical-moral issues involved.

- **The woman's cultural background**

It is also important to look at the woman's cultural background during the pre-abortion counselling, because this influences how she sees herself and interprets what is happening to her. As a result, this aspect has to be considered when the pre-abortion counselling is provided. For example, within the African culture, it is difficult or unheard of, of a woman to decide on terminating a pregnancy, especially for the rural people. This is the reality because the extended family is always ready to look after all its offspring, regardless of the financial implications. A woman with this background will strongly feel guilty about her decision, to an extent that she is unable to face life after the procedure. As a result she needs this aspect to be fully explored and dealt with before the procedure.

- **Woman's perception of self.**

How the woman perceives herself in the situation is very important because it influences the way she will handle the current situation as well as the future. As a result this aspect needs to be fully explored during the pre-abortion counselling session. The woman needs to be assisted to look at herself and her circumstances in the right perspective. Due to the variety of emotions that accompany an unplanned and unwanted pregnancy, leading to

the decision to terminate it, the woman's perception of self is very crucial to attend to and help her deal with it.

- **Relationship with partner**

The relationships of the woman who requests termination of pregnancy must be attended to during the pre-abortion counselling session, especially her current relationship with the partner, which resulted in this situation. The social worker has to make it a point that the woman is not biased with regard to her decision, that is, basing her decision solely on the failed or soured relationship with the partner. If this is the situation it could be that the woman made the decision out of anger, which could later subside and leave her with guilt feelings. This could lead to the woman having difficulty living with her decision, after her anger has subsided.

- **Future planning**

Regarding the future planning the social worker has to assist the woman to focus on new relationships, how to prevent another unwanted and unplanned pregnancy, as well as her career planning. Of importance here is to explore the woman's feelings regarding her future heterosexual relationship/s, so as to help her not to be overcome by anger, that could lead to her leading a life characterised by vengeance towards men. This anger could cloud the woman's judgement resulting in her inability to make constructive decisions in future.

- **Family planning**

Another aspect that the worker has to focus on during counselling prior to the procedure is the woman's plans for the future regarding family planning. Family planning has to be discussed in-depth, where the failed method and the other available methods should be included. This will help the woman to see where she went wrong and decide on which method would be most suitable for her, to prevent the occurrence of another unplanned and unwanted pregnancy. Letting the woman choose the method that she thinks would be most suitable in her situation will improve her sense of compliance and also makes her feel in control of her life.

CHAPTER 8

- Sharing the experience in future

It has been established from the study that termination of pregnancy is still surrounded by secrecy. As a result the women who request termination of pregnancy need to be made aware of the danger of holding this inside without sharing it with anybody. It is during the pre-abortion counselling that this aspect could be discussed and dealt with.

SUMMARY

In this chapter the following aspects were discussed: the nature, functions, tasks and role of social worker in a health care setting, where it was established that the social worker in this field has a major role to play; the bio-psycho-social model as an alternative to the biomedical model; the specific premises that the social worker has to concentrate on within the bio-psycho-social model; the utilisation of the bio-psycho-social model at the TOP Clinic; the specific roles that the social worker has to play at the TOP Clinic within the bio-psycho-social model; as well as the guidelines for social work intervention prior to the procedure.

The following chapter will deal with the summary, conclusions and recommendations for the whole study.

- The focus of this chapter is on the summary, conclusions drawn from the study, as well as the recommendations. The content of each chapter in this thesis will be highlighted by means of a summary, conclusions and recommendations, according to the following theme:
- The medical aspects of abortion
- The psycho-social aspect of abortion
- The legal aspects of abortion
- The empirical findings from the quantitative approach
- The empirical findings from the qualitative approach
- The guidelines for social work intervention regarding pre-abortion counselling