

CHAPTER 1

Introduction and background information

1.1 INTRODUCTION

The issue of termination of pregnancy (TOP) has been a worldwide controversy. Many societies are divided into two groups "pro-choice" and "pro-life". "Pro-choice" standpoints defend women's rights to choose whether or not to terminate a pregnancy. The "pro-life" movement claims that a foetus is a life, and therefore TOP is tantamount to taking a life (Everatt & Budlender 1999:102, Reiman 1999:9).

Nurses, being integral members of the communities they serve, also find themselves divided into these two "pro-life" or "pro-choice" groups. They come from diverse cultural and religious backgrounds that influence their personal opinions, feelings, attitudes and perceptions when it comes to participating in TOP services.

Ethically, nurses as caregivers are taught to preserve life. In addition, the Democratic Nursing Organisation of South Africa (DENOSA) believes that nurses have a right to freedom of choice (Poggenpoel, Myburg & Gmeiner 1998:4). Therefore, the legalisation of TOP by the Republic of South Africa (RSA) government which legalised abortion on request has consequently put nurses in both an ethical and a moral dilemma.

1.2 BACKGROUND OF THE STUDY

The World Health Organization (WHO 1998:1) adheres to a strong frame of reference, which includes respect for an individual's choice regarding their personal health. WHO (1998:1) further states that, approximately 20 million unsafe TOPs take place annually around the world resulting in 80,000 maternal deaths.

According to Rau (1992:2), prior to 1975, TOP was not statutory declined in South Africa although it was only justified in circumstances where the pregnancy constituted a threat to the life of the

mother. Hence there was little resistance from the “pro-life” group. A situation analysis undertaken by the Medical Research Council (MRC) in 1995 in the RSA, estimated that out of approximately 200 000 TOPs which took place each year prior to the legalisation of TOPs in the RSA in 1996, only 1000 were estimated to be legal TOPs (De Pinho & Hoffman 1998:26).

Therefore, out of 44 686 women admitted to hospitals per annum with incomplete abortions, an estimated 12 842 would become ill due to backstreet related abortions and 425 would die of complications due to septic abortions (De Phinho & Hoffman 1998:28).

However, the implementation of the CTOP Act (no 92 of 1996) affords an opportunity to improve women’s reproductive health by reducing the risk of death and disability associated with unsafe “backstreet” abortion (De Pinho & Hoffman 1998:28).

However, the CTOP Act (no 92 of 1996) was not accepted by some of the professional nurses (PNs). Evidence is given in the Barometer (1997:8) that with the promulgation of the CTOP Act (No 92 of 1996) the majority of nurses in the RSA refused to render TOP services or to work in hospital departments offering such services. According to Poggenpoel et al (1998:5), professional nurses (PNs) who participated in this study conducted in the RSA found it difficult to associate themselves with CTOPs.

The RSA data available for legal TOPs, revealed that the Gauteng Province in the RSA, provided 48,3 percent of the total number of the TOPs in this country (Barometer 1998:15). From February 1997 to January 1998, 64,5 percent were first trimester TOPs, 35,5 percent second trimester TOPs. According to the CTOP Act (no 92 of 1996) in the RSA, second trimester TOPs can only be carried out by a medical practitioner, after consultation with another medical practitioner or a registered midwife, who should confirm that the continued pregnancy may

- endanger the woman’s life
- produce a severely malformed foetus

- pose a risk of injury to the foetus

Everatt and Budlender (1999:101) state that the RSA finally has a more liberal CTOP law since 1996. Despite the controversy that was prevailing, the CTOP Act was approved by cabinet in 1996 and came into effect in 1997. Unfortunately, the Government did not establish any concrete programmes to deal with implementation difficulties raised by the controversy in the RSA. Everatt and Budlender (1999:101) revealed that 69,0 percent of the respondents criticised the CTOP Act (no 92 of 1996).

PNs might have negative attitudes towards CTOP, which could have hampered the full implementation of CTOP Act (no 92 of 1996) in the RSA, including the Carletonville area. This is reflected by the fact that, from July 2001 to July 2002 only two PNs were providing TOP services in one of the hospitals in Carletonville health sub-district.

1.3 PROBLEM STATEMENT

Nurses' personal moral and/or ethical beliefs might oppose the performance of TOPs. PNs employed in government hospitals and/or clinics are expected to provide TOP services if assigned to these units, despite the possibility that performing TOPs could conflict with their beliefs, values and attitudes. Their obligation to perform TOPs versus nurses' personal objections could pose a barrier to providing effective CTOP services in the RSA. From this problem statement the following research questions can be derived.

1.4 RESEARCH QUESTIONS

The research questions pertaining to Carletonville sub district are:

- What are the PNs' attitudes about CTOPs?
- What causes these attitudes?
- What feelings do PNs experience who render CTOP services?
- What are the PNs' perceptions of the stigmatisation of CTOP?
- What are the opinions of the PNs who implement the CTOP Act?

- How are their personal lives influenced by the fact that they are rendering TOP services?
- What kind of support do the PNs receive from their families?
- What problems do the PNs who provide TOP services experience?
- What kind of support do the PNs receive from their managers?
- What kind of support do the PNs receive from their colleagues?
- What kind of support do the PNs receive from their community?
- What resources are available to support the PNs who provide the CTOP services?
- What recommendation could be made to improve the circumstances for PNs working in CTOP services?

1.5 PURPOSE OF THE STUDY AND OBJECTIVES

1.5.1 Purpose

The purpose of the study is to explore the attitudes of PNs towards CTOPs in the Carletonville sub-district.

1.5.2 Objectives

The objectives of the study were to

- explore and describe the attitudes PNs have towards CTOPs
- explore and describe the feelings of PNs towards CTOPs
- explore and describe the perceptions PNs have about the stigmatisation of CTOPs
- identify whether PNs working in TOP services encounter stigmatisation
- explore and describe support systems for individuals involved with providing TOP services
- explore and describe problems within the delivery of TOP services
- recommend improvements to TOP services
- make recommendations for further research about TOPs as identified during this survey

1.6 METHODOLOGY

The term methodology refers to the methods that are used to conduct the study. A quantitative descriptive exploratory study has been conducted to attain the objectives of this study. Brink (1996:13) states that this method is useful when the extent of a problem is researched and is expressed in statistical terms. Burns and Grove (1997:27) describe *quantitative* study as a formal, objective, systematic process of obtaining numerical data.

The study was *descriptive* in that the researcher collected detailed descriptions of the PNs' attitudes and feelings towards CTOPs (Burns & Grove 1997:251).

An *exploratory* study was used in order to explore new insights and attempt to offer an enhanced understanding of the causes of these attitudes (Polit & Hungler 1997:18).

1.6.1 Sample

The population of this study comprised PNs working in public health services in the Carletonville sub-district, comprising PNs working in TOP services and in non-TOP services. The sampling procedure is explained in chapter 3.

1.6.2 Research instrument

The research instrument is a questionnaire specifically designed to collect data from the respondents. The respondents in this study, PNs working in public health care services in the Carletonville sub-district, completed the questionnaires by themselves in a pen and paper format (Brink 1996:154, Polit & Hungler 1997:335).

The questionnaire comprised closed and open-ended questions (Brink 1996:155, Crombie & Davies 1996:213, Polit & Hungler 1997:334). The researcher delivered the questionnaires personally at the identified institutions (Polit & Hungler 1997:348). The instrument was evaluated for validity and reliability by pretesting it (Brink 1996:60, Burns & Grove 1997:52, Crombie & Davies 1996:213).

1.6.3 Format of instrument

Closed and open-ended questions were used in the questionnaire. Open-ended questions allow the subjects to respond in their own words. Closed-ended questions offer the subjects a number of alternative replies, from which the subjects must choose the one which most closely matches the appropriate answer (Brink 1996:155, Crombie & Davies 1996:213, Polit & Hungler 1997:334). The research instrument is discussed in chapter 3.

1.6.4 Administration of the research instrument

The researcher delivered the questionnaires personally at the identified institutions (Polit & Hungler 1997:348).

1.6.5 Pre-testing of the instrument

The researcher evaluated the instrument for validity and reliability by pre-testing the instrument (Brink 1996:60, Burns & Grove 1997:52, Crombie & Davies 1996:215). The methodology and instrument will be discussed in greater detail in chapter 3.

1.6.6 Reliability and validity

- *Validity.* According to Brink (1996:167), validity refers to whether an instrument accurately measures what it is supposed to measure, given the context in which it is applied. The questionnaire was given to two independent experts and a statistician at the University of South Africa (UNISA) to evaluate it for face and content validity as well as for conceptual clarity and investigative bias.
- *Reliability* refers to the degree to which the instrument can be depended upon to yield consistent results (Brink 1996:171). For reliability of the questionnaire, a group of PNs from one of the clinics and a hospital in the Carletonville sub-district were requested to review, validate and verify the interpretations of the questions in the questionnaire. This group was not used as respondents during the actual data collection phase. Adjustments were made where necessary.

Both reliability and validity are further discussed in chapter 3.

1.7 SIGNIFICANCE OF THE STUDY

No research findings on the attitudes of PNs towards TOP could be found in Carletonville sub-district, although studies were conducted in other areas of the RSA about this issue. The findings of this study will identify problems that may exist in rendering these services in the Carletonville sub-district which could be addressed to the satisfaction of all parties involved. Health managers need to understand the causes of these attitudes if they are to tackle them appropriately. This could also lead to debriefing or educational programmes for PNs working in TOP services. Furthermore the findings could guide the formation of a more appropriate recruitment policy for PNs to work in TOP services. The findings of this study could also enable more women to exercise their rights to access CTOP services.

1.8 LIMITATIONS OF THE STUDY

Generalisation of the research results are limited to the Carletonville sub-district. Therefore this study will need to be duplicated in other geographic areas prior to generalisation to the RSA. Further limitations will be identified after the completion of the research.

1.9 ETHICAL CONSIDERATIONS

Permission to conduct the study was requested from and granted by the authorities of the identified institutions (see annexure A). Approval was received from the ethics committees of the institutions where the study was conducted and from the Ethics and Research Committee of the Department of Health Studies, Unisa (see annexure B).

Verbal and written consent from the respondents was obtained (see annexure C). Privacy and confidentiality were ensured because each questionnaire was completed anonymously, and no names were mentioned in the research report (Burns & Grove 1997:203). More discussions about ethical considerations pertaining to this study are provided in chapter 3.

1.10 FRAMEWORK FOR CONTEXTUALISING THE RESEARCH

The provisions of the CTOP Act (no 92 of 1996) were used as guidelines for contextualising the research, interpreting the research findings and making recommendations for improving CTOP services in the Carletonville sub-district.

The CTOP Act (no 92 of 1996:4) outlines the circumstances and conditions under which a woman can request TOP and these following conditions are described under Section 2 (1) of the Act.

- On request of a pregnant woman, pregnancy can be terminated up to 12 weeks' gestation by a midwife who has completed the prescribed training. However, the pregnant woman must give informed consent prior to the commencement of the procedure.
- If the gestation period of a pregnant women is between 13 and 20 weeks, then a medical practitioner after consultation with a pregnant woman, can perform a TOP provided that he/she is of the opinion that:
 - The continued pregnancy would endanger the woman's physical or mental health.
 - That the foetus would suffer from severe physical or mental abnormality.
 - The pregnancy was conceived from rape or incest.
 - If the pregnancy would adversely affect the social or economic circumstances of the woman.

Section 2 (1) (c) describes the circumstances under which a pregnant woman may be allowed to terminate her pregnancy after the 20th week of gestation period if a medical practitioner, after consultation with another medical practitioner or a registered midwife is of the opinion that the continued pregnancy:

- Would endanger the woman's life.
- Result in severe malformation of the foetus.
- Pose a risk of injury to the foetus. However, the woman would still be required to give informed consent as stated in Section 5 (2) of the CTOP Act (no 92 of 1996:4) that no consent other than that of a pregnant woman shall be required.

Despite the negative attitudes which the PNs might have towards TOPs, they are obliged by the CTOP Act (no 92 of 1996:8) to provide such services. Therefore, Section 10 (2) states that any person who contravenes or fails to comply with any provision or section of this Act, shall be guilty of an offence and be liable on conviction to a fine or imprisonment for a period not exceeding six months. Such a contravention of this Act includes prevention of accessing lawful termination of a pregnancy or obstruction of access to a facility for the termination of a pregnancy.

Therefore, to ensure successful implementation of the CTOP Act (no 92 of 1996) the focus should be on changing the attitudes of PNs towards TOPs by allowing PNs to work in TOP services by choice, providing adequate training and involving the entire community in TOP workshops.

1.11 DEFINITIONS

- **Abortion**

The expulsion (either spontaneous or induced) of a foetus from the womb before it is able to survive independently (*Oxford Dictionary* 2000), is referred to as an "abortion". For the purpose of this research, abortion means the removal of the foetus from the womb by legal or illegal means before it can survive outside the womb (uterus).

- **Attitude**

An attitude refers to a way of thinking or behaving (*Oxford Dictionary* 2000). For the purpose of this study, attitudes refer to the PNs' perceptions and feelings about CTOPs (in the Carletonville sub-district).

- **Perception**

According to the *Oxford Dictionary* (2000:594), "perception" refers to the ability to perceive. With respect to this study, "perception" refers to the way of understanding or interpreting TOPs by PNs working in public health care services in the Carletonville sub-district. George (2002:249) cites King (1981:1990) as stating that, "perception implies the reality as seen by each individual".

- **Termination of pregnancy**

This term implies the separation of and expulsion, by medical or surgical means, of the contents of the uterus of a pregnant woman (CTOP Act no 92 of 1996). For the purpose of this study, it means the termination of an unwanted pregnancy. According to the provisions of the CTOP Act (no 92 of 1996,) TOP services should include the counselling of women both before and after the performance of CTOP procedures. Nurses working in these services should further be able to manage incomplete abortions, provide contraceptive services after TOP procedures and should link TOP services to other related reproductive health services, including contraceptive services (Ehlers, Maja, Sellers & Gololo 2000:48).

- **The Choice of Termination of Pregnancy**

For the purpose of this study, CTOP means the choice the woman makes to terminate her pregnancy, in terms of the CTOP Act (no 92 of 1996).

- **Professional nurse**

The term "professional" denotes belonging to a profession or showing or having the skills of a professional (*Oxford Dictionary* 2002:251). The nurse is a licensed practitioner of professional nursing. For the purpose of this study, a professional nurse shall mean an individual who has undergone training to perform TOP and is registered with the South African Nursing Council (SANC) as a midwife.

1.12 LIST OF ABBREVIATIONS USED THROUGHOUT THE DISSERTATION

AIDS	Acquired immune deficiency syndrome
CTOP	Choice on termination of pregnancy
DENOSA	Democratic Nursing Organisation of South Africa
DOH	Department of Health
EC	Emergency contraception
HIV	Human immunodeficiency virus

HSRC	Human Science Research Council
MRC	Medical Research Council
MPA	Medroxyprogesterone acetate
PHC	Primary health care
PN	Professional nurse
RRA	Reproductive Rights Alliance
RSA	Republic of South Africa
SA	South Africa
SPSS	Statistical Package for the Social Sciences
TOP	Termination of pregnancy
VSC	Voluntary surgical contraception
VSS	Voluntary surgical sterilisation
UK	United Kingdom
Unisa	University of South Africa
USA	United States of America

1.13 ORGANISATION OF THE REPORT

The report of this study will be organised as follows:

- Chapter 1:** Introduces and presents an overview of the study including the problem statement, purpose and significance of the study and research questions. It introduces the methodology of the study, ethical considerations, definitions of terms used in the study, abbreviations and the scope and limitations of the research project.
- Chapter 2:** The second chapter of this dissertation reviews literature related to PNs' attitudes towards CTOPs. These reviews focus on both the research results obtained by and the research methodologies used during previous research projects related to nurses' attitudes towards and perceptions of TOPs. Relevant literature from the RSA and from other countries will be reviewed.
- Chapter 3:** This chapter outlines the research methodology employed to conduct the research project. The research population, sample, instrument, ethical and legal issues

pertaining to conducting the research are addressed. The data collection and analysis approaches are also discussed in this chapter.

Chapter 4: This chapter presents the analysis of the data and discusses the research results obtained from the completed questionnaires. Where appropriate such results are compared with results from similar studies reviewed in chapter 2 of this dissertation.

Chapter 5: The final chapter of this dissertation provides a summary of the entire research project. Based on the conclusions reached on the basis of the research results, recommendations are provided for enhancing CTOP services in the Carletonville sub-district as well as possible implications for conducting future research on similar topics.

Annexure A: Letters requesting and granting consent to conduct study from health care authorities.

Annexure B: Letter granting consent to conduct the study (Department of Health Studies, Unisa)

Annexure C: Consent form to be signed by each participant.

Annexure D: Questionnaire

Annexure E: Photocopies of newspaper reports relevant to the study.

1.14 SUMMARY

Chapter 1 introduced the background of the study on the attitudes of PNs towards CTOPs in the Carletonville sub-district. It also provided an overview of the study, its design, purpose, scope and limitation, definitions, abbreviations, as well as lists of definitions and abbreviations used throughout the dissertation. The literature review will be presented in chapter 2.