

## CHAPTER 2

### Literature review

#### 2.1 INTRODUCTION

In chapter 1 the introduction of the study was discussed and other related factors. This second chapter focuses on literature reviewed pertaining to the attitudes of PNs towards CTOPs. An extensive literature search on attitudes towards abortion, TOP and CTOP was done with relevant literature retrieved from libraries and from the Internet. Unisa's subject librarians consulted the following databases to obtain reports relevant to nurses' attitudes and/or perceptions of TOPs:

- Computerised Index to Nursing and Allied Health Literature (CINAHL)
- Oasis library catalogue - accessed via the Unisa website: <http://www.unisa.ac.za>
- Reference to South African materials
- Reference to periodical articles
- Magnet search of references for materials in South African libraries
- Social Science and Medicine
- Public Health
- International Nursing Index

Key concepts used for obtaining relevant literature included:

- Attitudes towards and/or perceptions of abortion
- Abortion in South Africa
- Choice on termination of pregnancy (CTOP) issues
- Termination of pregnancy (TOP) issues

#### 2.2 HISTORICAL BACKGROUND

Throughout history, women have expressed a need to exercise their right to reproductive health, particularly in parts of the world where they were forced to practice TOPs illegally. Abortion

remains largely illegal in countries, such as Nigeria, resulting in abortions being performed by unqualified people. According to Ujah (2000:2), high morbidity and mortality rates from unsafe abortions suggest that unskilled people in unhygienic environments might be performing these procedures, implying that a more effective strategy had to be developed by family planning providers to reduce the use of unsafe contraceptive practices, including TOPs, in Nigeria and other developing countries.

According to Varkey and Fonn (1999:67), in many developing countries, safe abortion services are not available to the full extent permitted by law. In countries where abortion is legal:

- *equitable services of safe abortion should be available particularly in rural areas*
- *service providers should be trained to offer quality service and counselling to clients*
- *available services should be well marketed within the community (Varkey & Fonn 1999:68)*

In the RSA, prior to 1997 the majority of South African (SA) women did not have access to legal abortion services and had to seek “backstreet” abortions (De Pinho & Hoffman 1998:28). Therefore, PNs throughout the RSA, including those working in the Carletonville sub-district, were not involved in providing TOP services at pregnant women’s requests prior to the implementation of the CTOP Act (no 92 of 1996) during 1997.

### **2.2.1 “Backstreet” abortions**

According to WHO (1998:1), unsafe abortion is a global problem and accounts for one in eight maternal deaths in some countries, but contributing at least 13 percent to the global maternal mortality rates. However, unsafe abortion is one of the most easily preventable and treatable causes of maternal mortalities and morbidities. In a study conducted in Dar es Salaam, findings revealed that adolescents used methods to induce abortion that were potentially lethal (Silberschmidt & Rasch 2001:1823). The cost of providing safe TOPs in hospitals or clinics is far less than the cost of treating the effects resulting from “backstreet” abortions (Sarkin 1996:139).

A study done in Australia on self-abortion, found that women have been aborting themselves for generations (Baird 1998:323). As pointed out by Solinger (1998:77) the problem of abortions in the RSA, dates back to 1940 when physicians in the RSA, began to report on the impact of illegal

abortions on health services which had to provide services to women suffering from complications of illegal (backstreet) abortions. The Star newspaper (15 January 1996) reported that an 18 year old girl had died at a gynaecologist's office in Durban (RSA) following an illegal abortion. However, the police were reluctant to make an arrest stating that, there were 100 abortion cases awaiting trial which were not being prosecuted because there was a possibility that TOPs would become legalised in the RSA.

Ehlers (1999:54) indicates that the success of improving the health of women in Africa is vital and hinges on empowering women to make their own decisions. Such empowerment encompasses socio economic upliftment, increased financial independence of women, improved education for women and access to health services including contraceptives and/or TOPs. Troskie and Raliphada-Mulaudzi (1999:47) also emphasised that women have the right to information and to access contraceptive services. These authors further stated that advice should also be given on how to use each family planning method, its potential problems and how to cope with these should they arise. Sarkin (1996:139) quotes reports of the Human Sciences Research Council (HSRC) in the RSA, which predicted that legalising TOP services would reduce the number of illegal abortions. Consequently reducing financial pressures on the health care system and impacting favourably on the lives of the women by reducing unwanted births and by reducing mortalities and morbidities arising from illegal abortions.

### **2.2.2 Access to reproductive health services**

To prevent illegal abortions from taking place it is imperative that the following is in place:

- Accessible health services.
- Making TOP services available and accessible.
- Empowering women with knowledge on their rights to TOP and decision-making (Matterson & Hawkins 1997:459).
- Access to pre and post TOP counselling should be made available (Mahomed, Healy and Tandom 1997:205).
- Change in attitudes.

The access to reproductive health should be improved by making services available to and empowering women with knowledge about accessing such services. Women across the world need to be informed about the different contraceptive methods and allowed to make their own choices. They also need to have convenient access to these services (Matterson & Hawkins 1997:459). As nurses provide most reproductive health care services in the Carletonville sub-district, the PNs' attitudes could influence women's access and utilisation of these services, particularly contraceptive and CTOP services. A family planning nurse who reportedly labelled two teenagers, requesting contraceptives, as prostitutes posed an access barrier to these services for these teenagers (Silberschmidt & Varkey 2001:1820). Thus it is vital to study PNs' attitudes towards CTOPs as similar, or more critical, barriers could be experienced by women seeking CTOP services in the Carletonville sub-district by PNs' attitudes towards CTOPs.

In Harare, Zimbabwe, an attempt was made to improve post abortion counselling. Family planning counsellors were hired to offer advice increasing women's access to family planning services, which could decrease the number of unplanned pregnancies (Mahomed et al 1997:205).

According to Troskie and Raliphada-Mulaudzi (1999:41), women (in the RSA) have played a prominent role in shaping the human rights culture as most of their aspirations and needs are embodied in the Bill of Rights. They quote the Bill of Rights Section 12 (2), *"every one has the right to bodily and psychological integrity which includes the right:*

*... to make decisions concerning reproduction*

*... to security in and control over their bodies ...*

Contraceptive choices have been expanded in the RSA including the supply of emergency contraceptives in the public sector, although the female condom is not yet readily available in the public sector (Tetteh & Smith 1999:22).

## **2.3 THE LEGALISATION OF TERMINATION OF PREGNANCIES INTERNATIONALLY AND NATIONALLY**

### **2.3.1 International perspectives**

Most women seeking TOPs are either married or living in stable unions and sometimes they already have several children. Therefore, they seek abortions to limit the sizes of their families (WHO 1998:3). This could, however, be accomplished by the effective use of contraceptives.

### **2.3.2 Romania**

In Romania, abortion-related deaths increased sharply when the law became very restrictive in 1966. However, with the repeal of this restrictive legislation in 1990, abortion-related deaths decreased (Senanayake & Potts 1995:108; WHO 1998:5), indicating that the legalisation of TOPs could save women's lives. Unsafe abortion is one of the most easily preventable and treatable causes of maternal mortality and morbidity (WHO 1998:1).

### **2.3.3 Netherlands**

The Netherlands has a non-restrictive abortion law, widely accessible contraceptives and free TOP services contribute to the lowest illegal abortion rates in the world (Senanayake & Potts 1995:107; WHO1985:5). Tak and Prinsloo (1999:1) maintain that the Netherlands always dealt with social health aspects including reproductive health and TOPs.

### **2.3.3 Israel**

The Israeli law differs from that of other countries, whereby elective TOP is available until the 23<sup>rd</sup> week of pregnancy. It is also permissible under specific conditions, namely that the pregnant woman is a teenager or an adult older than 40, unmarried, the woman has severe emotional problems, the woman's health is at risk or there is evidence of foetal abnormalities (Gagin, Oded, Cohen & Itskovitz 2001:99).

### 2.3.4 The Republic of South Africa

The RSA also faces the same problems as the other countries pertaining to both legal and illegal TOPs. In the RSA, prior to April 1997, in terms of the Abortion and Sterilisation Act (no 92 Of 1975) it was stipulated that a medical practitioner could procure a TOP where

- the continued pregnancy would endanger the life of the woman or where it constituted a serious threat to her physical health
- a serious risk existed that the child would be born with serious physical or mental handicaps
- the woman concerned is unable to parent a child due to permanent mental handicap or defect (RAU 1996:3)

The inception of democracy in 1994 in the RSA changed the climate of human rights in the new political dispensation. The Sowetan (newspaper) of 30 October 1996 reported on a stormy debate in parliament concerning TOP issues. The then Minister of Health, Dr Nkosazana Zuma claimed that the legalisation of TOPs in the RSA would restore the dignity of women and contribute to a "better life". Some of the other parliamentary parties in the RSA equated TOPs with murder, which portrayed the attitude of the broader RSA community concerning TOPs at that stage.

However, the choice implied in the CTOP Act (no 92 of 1996) considers women's reproductive rights and therefore, extends their freedom of choice by offering every woman in the RSA, the right to choose whether or not to have safe and legal TOPs during the first 12 weeks of their pregnancies, according to each individual's needs and beliefs (Engelbrecht, Pelser, Ngwena & Van Rensburg 2000:5).

Furthermore, the CTOP Act (no 92 of 1996) permits women to terminate a pregnancy for whatever reason. The fact that TOP has been legalised in the RSA has increased the need for TOP services in the RSA, requiring more and more nurses to work in TOP services, regardless of their attitudes and feelings. TOP services can only be provided in the public health sector if PNs are willing and able to provide TOP services. Nurses who might have no choice in the matter, and who are required to render TOP services in spite of their potential personal, religious, ethical and professional objections to TOPs, might hamper the accessibility of these services and hinder the effective implementation of the provisions of the TOP Act (no 92 of 1996) at ground level. It was

the purpose of this research to identify and describe PNs' attitudes towards and perceptions of CTOPs in the Carletonville sub-district.

De Pinhno and Hoffman (1998:786) argue that three aspects about CTOPs continue to make it a public health problem:

- Abortions performed illegally under unsafe conditions remain a major cause of mortality and morbidity among women.
- The need for induced abortion and for women to control their reproductive health is a dominant reality.
- When hygienically and correctly induced, the TOP procedure is safe and women need not die nor suffer from the consequences of unsafe abortions.

Mortality and morbidity due to abortions are therefore preventable, provided safe and effective legalised TOP services can be accessed and utilised. However, if PNs who are providing TOP services, perceive these procedures to be objectionable, the PNs might overtly and/or covertly decline some women access to these services. This is why this research project endeavoured to identify and describe PNs' attitudes towards and perceptions of CTOPs.

According to the CTOP ACT (no 92 of 1996), it is a criminal offence if any person in the RSA

- who is not a medical practitioner/registered midwife who has completed the prescribed training course, performs TOPs
- obstructs or prevents the performance of lawful TOPs or prevents access to TOP services; such a person shall be guilty of an offence, and subject to a penalty. The offender can be liable, on conviction, to a fine or imprisonment of up to ten years

However, despite the stipulations of the CTOP Act (no 92 of 1996) there is still an outcry in the RSA of the "pro-choice" group, claiming that nurses are told to "kill babies" (*The Citizen* 1 July 2002).

*The Citizen* (26 June 2002:9) reported a disturbing incident in one of the hospitals in the Mpumalanga Province of the RSA, where nurses told patients to remove or pull out the foetuses

themselves, clean up their beds and dispose of the foetuses. This report suggested that nurses did not want to be part of the implementation of the CTOP Act (no 92 of 1996) in the RSA, and did not want to render CTOP services.

*The Citizen* (6 August 2002:7) reported that more than 20 000 unwanted pregnancies were terminated during 2001, according to the RSA Gauteng Health Department. It was also reported that the early pregnancy related deaths decreased from 11,6% in 1998 to 6% in 2002, with the maternity mortality rate dropping during the same period from 131 per 100 000 to 129.

Furthermore, the CTOP Act (no 92 of 1996) stipulates that the nurses have to undergo training prior to performing TOPs and should be able to counsel patients who request TOP services in the RSA. However, these actions might contradict the morals and ethics of the nursing profession pledging to preserve lives while the CTOP Act (no 92 of 1996) apparently urges PNs to do the opposite.

## **2.4 ATTITUDES OF PROFESSIONAL NURSES TO THE IMPLEMENTATION OF THE CHOICE ON TERMINATION OF PREGNANCY ACT**

Worldwide, nurses have attitudes towards TOPs. In North America, Marshall, Gould and Roberts (1994:5680 citing Webb 1984) found that gynaecological nurses often have stereotyping and lamenting attitudes towards TOPs and patients undergoing TOPs.

In the RSA, similarly, a study conducted by Gmeiner, Van Wyk, Poggenpoel and Myburg (2001:75) showed that many nurses revealed negative experiences and suffered psychological discomfort due to the fact that they were directly involved with implementing the TOP procedures. However, in the Carletonville sub-district of the RSA, no study conducted with regard to the attitudes of professional nurses towards CTOP since the implementation of the CTOP Act (no 92 of 1996) until July 2001 could be identified.

### **2.4.1 Professional nurses' lives are influenced by the fact that they render TOP services**

Many communities might not accept TOPs. In the RSA, some communities reportedly do not accept the nurses who provide TOP services. Gmeiner et al (2001:75) reported that some nurses



were victimised once it became known that they worked at clinics where TOP services were rendered. They were called “murderers” and “baby-killers” and they as well as their families were victimised to such an extent that these nurses had to send their children to distant schools.

#### 2.4.2 The PNs perception of the stigmatisation of CTOPs

Across the world, abortion was considered to be a crime, leading to people who performed abortions to be arrested. However, the legal views of abortion changed over the last decades, previously criminal abortion procedures became legalised in many countries. In England TOP was legalised in 1967, in the USA during 1973 (Smith 2000:78), and in the RSA during 1996 (CTOP Act no 92 of 1996).

Therefore the issue of ethics and morality of abortion continue to conflict with the morals and ethics of many medical and nursing professionals. Smith (2000:81) quotes the declaration of the World Medical Assembly (WMA), Geneva (1948, revised 1968) which states: *I will maintain the utmost respect for human life from the time of conception, even under threat I will not use my medical knowledge contrary to the laws of humanity.*

In the RSA, the study conducted by Poggenpoel et al (1998:4) revealed that the majority of nurses refused to participate in caring for patients opting for TOPs. Furthermore, many nurses reportedly felt so strongly about this matter that they indicated that they would rather leave nursing than to be forced to assist with TOP patients. Hence the perceptions of the majority of nurses appeared to be that abortion amounted to murder. Therefore, nurses did not want to be associated with providing TOP services. In the Carletonville sub-district of the RSA, the current study attempted to reveal the PNs' perceptions concerning TOPs.

Nurses reported other hospital staff to be unsupportive and judgemental towards PNs working in CTOP services. The following extracts denote informants' reported experiences with providing TOP services: *the hospital people, workers, the nurses they are all very abrasive ... very abrasive, I was treated like a leper you know ... A complete utter leper ..., there was no support, you know, the awful part in all of this is that you are made to feel like such a criminal, such a criminal, they make us feel like animals in a cage* (Maforah, Wood & Jewkes 1998:12).

Over the years nurses' perceptions of TOPs tended to correlate with those of the theological views of preserving of life, thus not condoning TOPs, and definitely not performing TOP procedures.

### 2.4.3 Possible causes of PNs' attitudes to CTOPs

- **Religious beliefs**

The issue of abortion as a form of family planning and population control is not new. Dolama (1996:92) reported that the ancient near east had been practising abortion as a form of family planning and population regulation for many decades. However, since creation, in the Old Testament of the Bible there is no text that clearly addresses abortion issues (Dolama 1996:92).

The study conducted by Mudingo and Indriso (1999:287) in Indonesia, suggested that religion appeared to be the strongest factor influencing the views of health care providers about TOPs.

As early as the 19<sup>th</sup> century, missionaries preaching throughout Africa, emphasised that TOP was a serious sin which should not be practised (Engelbrecht et al 2001:13).

In the RSA, the ANC government wanted individuals to decide for themselves, whether to have TOPs or not by legalising TOPs during 1996. However, most religious organisations, with the exception of the SA Council of Churches, wanted TOPs to remain outlawed, not to become legalised (*The Star* 18 October 1996:24).

According to Jali (2001:26), different religious leaders in the RSA have different opinions as to when a soul is present in the foetus. Furthermore, Downs (1995:49) maintains that theological science has a very simple conception of man, as soon as he has been conceived, a man is a man (with a soul). Nurses who adhere to these religious perceptions would regard any TOP as destroying a soul.

There are other religious perceptions following a study conducted by Villan-Vincencio (1995:68) in the RSA which revealed that the Anglican Church stated that, TOP might sometimes be the correct moral decision, but that this decision would be regretted.

The constitution of the RSA provides religious freedom, according to the provisions of Section 14 (1). Every person shall have the right to freedom of conscience and religion (Rau 1996:27).

The study conducted by Marais (1997:7) in the RSA, revealed that religion per se did not significantly influence PNs' attitudes towards TOPs. The PNs have attitudes, feelings, perceptions, and rights but do not have the right to impose their religious or cultural convictions regarding TOPs, on those whose attitudes might be different from their own (Rau 1996:27).

In the RSA, the study conducted by Walker (1995:47) revealed that in Africa, primary health care (PHC) nurses claimed that their participation in the church did not account for their attitudes towards CTOP. Therefore, this study that was conducted in the Carletonville sub-district attempted to reveal the different religious views of PNs towards CTOPs in that area.

- **Moral beliefs**

The issues of ethics and morality pertaining to TOPs remain worldwide controversies. Therefore, moral issues pertaining to TOPs make women vulnerable to judgements by others. Especially, when women desiring access to CTOP services are judged according to the PNs' morals in regard to TOPs, these women might be denied legal TOPs, in spite of their legal right to such services in the RSA. In the United Kingdom (UK) and Australia, where TOPs are still technically illegal, this issue has a particular potency (Canwold 2000:31).

In the RSA, PNs are confronted by both ethical and moral dilemmas and disputes. The study conducted by Engelbrecht et al (2000:6) in the RSA, revealed that, nurses are faced with moral dilemmas when they have to refer patients to TOP facilities. Consequently, some of the nurses refuse to cooperate or even sabotage the referral of pregnant women to TOP services.

Jali (2001:30) argues that, the morality or immorality of TOP was determined by attempting to answer the control philosophical question, which relates to the moral status of the foetus. Therefore, in the RSA, the "pro-life" group argues that the foetus at conception has the absolute right to life. While the "pro-choice" group argues that the woman has the right to make decisions about her body, including the foetus, inside her body. Therefore, the study conducted in the Carletonville sub-district attempted to reveal the moral beliefs of PNs related to CTOPs.

- **Implementing the CTOP Act (no 92 of 1996)**

The study conducted by Poggenpoel et al (1998:4) in the RSA revealed that nurses were angry and unhappy because they were not consulted about their opinions regarding the legalisation of TOPs. Similarly, another study conducted by Myburg, Poggenpoel and Brits (1998:14) in the RSA, revealed that one problem encountered with the CTOP Act (no 92 of 1996) was that it allowed women from the age of 12 years to acquire TOPs before 12 weeks' gestation, and even at later stages, provided certain conditions were met.

However, before the implementation of the CTOP Act (no 92 of 1996) in the RSA, workshops on values clarification for doctors and nurses were offered in the RSA. The results of these workshops pointed out that more than half of the participants felt that their values and views towards women undergoing TOPs had changed as a result of participating in these workshops (Marais 1997:7). The opinions of the PNs were sought in the present study in the Carletonville sub-district, of the RSA.

- **Support for PNs who provide CTOP services**

The PNs who provide CTOP services need the support of their colleagues, management and communities as providing CTOP services could involve conflicts of interests, of what the profession and community might desire. The study conducted by Varkey and Fonn (1999:6) revealed that, those providing TOP services in the RSA, required support due to negative feedback from their colleagues. In the study conducted by Engelbrecht et al (2001:11), some PNs revealed that they sometimes felt guilty about doing TOPs and that in their opinion TOPs should not be within the scope of practice of PNs in the RSA.

TOPs have social and psychological implications which could have long-term consequences for the women, their partners and health care providers involved with the CTOP services in the RSA (Suffla 1997:214). Many nurses in the RSA who provided TOP services were found to be depressed and in need of someone to talk to. Many PNs stated that they kept the nature of their jobs secret from their families and some also reported that church members only knew that they were nurses (Rabelo 2002:42) but did not know in which type of health care services they worked.

- **Shortage of resources for PNs who provide CTOP services**

To provide CTOP services, resources need to be available to support the TOP providers. Unless sufficient resources are available, CTOP services would remain inadequate in the RSA. Therefore, counselling is a problem as there are not enough nurses nor time to adequately offer these services before and after the TOP procedure (Engelbrecht 2000:11).

However, the shortage of nurses remains a problem in the RSA. Rabelo (2002:42) reported that PNs in CTOP services were overworked and that few of them really wanted to work in the CTOP facilities. Despite the shortage of staff, it is the right of the women to be informed about and to have access to safe, effective, affordable and acceptable methods of family planning of their choice in the RSA (Troskie & Raliphada-Mulaudzi 1999:42).

However, despite the advent of safe, legal CTOPs in the RSA, women apparently still do not enjoy universal access to exercising their choice and continue to face societal condemnation in doing so in the RSA (Albertyn 2002:13).

The PNs have rights and responsibilities in their profession, in that the PNs have an obligation to preserve life. At the same time pregnant women bring their own rights which, in turn, might conflict with the ethics of the PNs' profession where they are perceived as caregivers and taught to preserve life (George 2002:249).

## **2.5 SUMMARY**

This chapter reviewed literature regarding the attitudes of PNs towards TOPs. Historical perspectives, backstreet, abortions, legalisation of TOPs through the CTOP Act (no 92 of 1996), as well as the attitudes, perceptions, opinions of PNs towards CTOPs were discussed.

The following chapter will discuss the research methodology adopted to conduct the survey attempting to identify PNs' attitudes towards and perceptions of CTOPs in the Carletonville sub-district.