

CHAPTER 5

Conclusions, limitations and recommendations

5.1 INTRODUCTION

The purpose of this study was to explore the attitudes of PNs towards CTOPs in Carletonville sub-district. The research questions were as follows:

- What are the PNs attitudes about CTOPs?
- What causes these attitudes?
- What feelings do PNs rendering CTOP experience?
- What are the PNs' perceptions of the stigmatisation of CTOP?
- What are the opinions of the PNs in implementing 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 communities?
- 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?

5.1.1 Objectives

The objectives of the study were evaluated to determine whether they have been attained. The objectives of the study were to

- explore and describe the attitudes PNs have towards CTOPs

PNs in the study indicated that nurses generally refused to render TOP services. Regardless of the implementation of the CTOP Act (no 92 of 1996:4) and the circumstances under which

pregnancies could be terminated, nurses continued to render TOP services. These findings also revealed that respondents felt nurses should not be penalised if they refused to render TOP services regardless of the offences and penalties stated in the CTOP Act (no 92 of 1996:8). Some of the respondents felt that nurses should work in TOP services out of their own free choice.

- explore and describe the feelings of PNs towards CTOPs

Some of the PNs felt guilty and perceived themselves to be sinners if they rendered TOP services; some PNs indicated that they thought God might not forgive them for what they were doing.

- explore and describe the perceptions PNs have about the stigmatisation of CTOPs

These findings revealed that despite the implementation of CTOP Act (no 92 of 1996), TOP services were still stigmatised.

- identify whether PNs working in TOP services encounter stigmatisation

This is revealed by the departments or clinics the respondents had to choose if they were given a choice. The majority chose departments other than TOP clinics. This indicated that PNs did not want to be associated with TOP services.

- explore and describe support systems for individuals involved with providing TOP services

These findings revealed that there was lack of support for PNs who worked in TOP services. It also revealed that even management did not provide adequate support or these nurses. They reportedly also lacked support from their colleagues, families and the communities.

- explore and describe problems within the delivery of TOP services

One of the biggest problems appeared to be delivering TOP services by performing a vacuum aspiration which was traumatic for the nurses and the patients.

5.2 LIMITATIONS OF THE STUDY

The limitations that were identified during the course of the study included that:

- Generalisation of the research results were limited to the Carletonville sub-district. All the respondents in this study were Black. Therefore these results might not be generalisable to Coloured, Indian or White PNs.
- The most significant limitation was the sample size of 27. This was out of control of the researcher as the total number of PNs in Carletonville sub-district's public health services comprised 32 PNs who could not all be contacted to participate in the research project. A further limitation arose because not 27 respondents completed all the questions.
- Most of the questions focussed on nurses who provide TOP services. The questionnaire was too long which might have contributed to incomplete answers to some questions – or even no answers.

5.3 RECOMMENDATIONS FOR IMPROVING PNs' ATTITUDES TOWARDS TERMINATION OF PREGNANCY SERVICES

Improvements in the attitudes of PNs towards TOPs, based on the research findings might result if the following recommendations were implemented. It is recommended that

- nurses should be given a choice to work in TOP services and that they should be given incentives to work there such as extra remuneration or extra time off
- efforts should be made to make TOP services acceptable to the community as most of the nurses felt they would be rejected by the community if they work in TOP services
- management should provide more support to nurses who work in TOP services
- workshops, incorporating values clarification sessions and the re-training of PNs who are interested in working in TOP services, might assist these PNs to render more effective TOP services and the experience less guilt, depression and anxiety
- debriefing sessions for all nurses who work in TOP services should be provided at least twice a year to enhance these PNs' coping capabilities
- PNs' spouses or partners and the community members should also be debriefed to address the stigmatisation issue
- whenever possible "pills" should be used rather than vacuum aspirations to terminated pregnancies as these "pills" appeared to be less traumatic to both PNs and patients

5.4 RECOMMENDATIONS FOR FURTHER STUDIES

The findings of this study suggest that future researchers could investigate the following:

- Duplication of the same study to other geographic areas prior to generalisation to the RSA.
- Perceptions/views of the community regarding TOP services.
- Attitudes of doctors towards TOP services.
- Observation studies to evaluate the services provided to TOP patients, including pre- and post-procedure counselling as well as contraceptive advice.
- All women, and all men, in the RSA should become knowledgeable about the effective use of contraceptives and emergency contraceptives, so that the demand for TOP services could ultimately decline.
- Women in the RSA should become more empowered educationally, economically and socially so that they can make and implement their own decisions about their reproductive lives.

5.5 CONCLUSIONS

The study revealed that nurses would prefer to work in TOP services out of their own free will, and not be nor feel coerced to work there, nor to fear retaliation should they refuse to work there. The training of nurses about CTOP issues was apparently inadequate. TOP services were still stigmatised and something needs to be done by the Government and the Department of Health to de-stigmatise TOP services. The study also revealed a lack of support for nurses who rendered TOP services.

5.6 SUMMARY

In chapter 5 the evaluation of the study, objectives, conclusions, limitations of the study and recommendations of the study and further research were presented.

5.7 CONCLUSIVE REMARKS

Although the liberalisation of the terminations of pregnancies came into effect in the RSA during 1997, when the provisions of the Choice on Termination of Pregnancy Act (no 92 of 1996) were

implemented, not all women can access these services. By providing more equipment, resources and staff members to these clinics, the working environments will be improved. Counselling services for and support from health care managers for PNs working in these services, could also enhance these nurses' quality of life. The National Department of Health should endeavour to enhance the working conditions as well as the general well-being of nurses working in TOP services, otherwise many South African women might continue to fail to access TOP services, in spite of legal provisions therefore. Women who cannot access TOP services might be forced to seek illegal backstreet abortionists' services and "...the dangers which exist for women forced to seek backstreet abortions are ones which our society cannot afford. To gain maximum benefit from the liberalisation of the abortion laws, it is imperative that a holistic approach toward meeting women's reproductive health needs is adopted. This includes widespread provision of safe services, including counselling and appropriate contraceptive information and family planning. It is also time that the message of contraception and family planning be targeted at men" (Maforah et al 1998:13). However, PNs should also respect the rights of the women who attempt to access TOP services. "The philosophy of nursing is about caring. Therefore, nurses have to uphold this by respecting the clients' right to life, right to privacy, right to human dignity and the right to equality as entrenched in the constitution of South Africa" (Troskie & Raliphada-Mulaudzi 1999:41).