

Why Do Women Not to Go for Abortion in a Designated Legal Abortion Facility in Transkei Region of South Africa?

BL Meel

MBBS, MD, DHSM (Natal), DOH (Wits), M.Phil. HIV/AIDS Management (Stellenbosch). Professor and Head of Forensic Medicine, Faculty of Health Sciences, Walter Sisulu University for Technology and Science, Mthatha 5117, South Africa

Abstract

Background: The implementation of choice arising from the Termination of Pregnancy Act of 1996 (Act 92 of 1996) is a challenge in South Africa as there are many abortions that are still carried out by illegal abortionists in the Transkei region. This raises the serious question as to why the women do not prefer to go instead to a designated legal abortion clinic which carries out safe abortions in South Africa.

Objective: To study the underlying factors which prevent women from going for an abortion to designated legal abortion facilities.

Method: This qualitative research was carried out by medical students who visited both the legal and illegal facilities in Mthatha in 2015 for their assignment during the rotation of their subject of speciality.

Result: The legal clinics are not user-friendly, the staff misbehave with the girls, they cast doubt on their confidentiality, and they take a long time to do the abortions, while the illegal abortionists charge money for their services but they are quick and keep confidentiality.

Conclusion: Legal abortion clinics are not user friendly.

Keywords: *Abortion, confidentiality, illegal abortion, abortion clinic*

Introduction

Each year about 44 million induced abortions occur worldwide, according to the World Health Organization.¹ Around fifty percent of these abortions are carried out in unsterile conditions and, therefore, they are unsafe, contributing substantially to maternal morbidity and leading to approximately 13% of maternal mortality.¹ Every year, about 19-20 million abortions are done by individuals without the requisite skills, or in environments below minimum medical standards, or both.² Most of the unsafe abortions (97%) occur in developing countries,² mostly in Africa, Latin

America, and South East Asia where abortion laws are more restrictive, the unmet need for contraception is high and the status of women in society is low.³

The Choice on Termination of Pregnancy Act, promulgated in 1996 in South Africa, provides for abortion on demand up to 12 weeks of gestational age, and under certain circumstances between 13 and 20 weeks of gestation age, and under limited circumstances after 20 weeks.⁴ The Medical Research Council (MRC) found that 425 women died as a result of unsafe abortions prior to the implementation of the Choice on Termination of Pregnancy Act.⁵ The sole

aim of this Act was to improve women's health and to prevent unnecessary deaths. A study conducted by the MRC showed that there had been a dramatic decrease in maternal mortality (91%) and maternal morbidity (50%) after this Act was implemented.⁶

The circumstances under which women obtain unsafe abortions vary and depend on known traditional methods and the types of providers present. Health professionals are prone to use instrumental procedures to induce the abortion, whereas traditional providers often make a brew of herbs to be drunk in one or more doses.⁷The purpose of this study is to understand the factors which are stopping women to go to legal clinics despite the fact that they are free, hygienic and the risk of complications is minimal.

The research was conducted in the Transkei in South Africa, a region where there is widespread poverty and lack of education. The prevalence of many local beliefs regarding treatment also sometimes creates health problems in this region.⁸

Method and Material

During the time when medical students at the University of Transkei were doing two weeks of rotation, they were given an assignment to compete their course of study. Two of these students voluntarily chose to find out about legal and illegal abortions. The legal abortion site was a local hospital which was not difficult to access given they were medical students, but it was more difficult to access illegal abortion places to find out how they conduct abortions. They planned a strategy and in two days they obtained first-hand information about illegal abortions. One student become a client (using an informer) of an abortionist and the other became a friend to accompany her. The conversation with the illegal abortionist was recorded when the site was visited, including how they carry out an abortion. An interview was also conducted with a 15-year-old client of the abortionist. She had

undergone an illegal abortion. This research was carried out voluntarily by the two medical students, keeping full confidentiality and ethical values in mind.

Results

The only government clinic that does abortions in rural hospital is the X women's clinic. When informers first went to the clinic to get some information about the kinds of patients that they see they had an unwelcoming response from the nurses. They did not pay attention and they were unwilling to attend to them as they asked them questions about their service. All that they were told was to go to the procedure room where the evacuation was done by a doctor. They were wearing lab coats, so the staff just thought they were part of the group of students who had a task to observe the procedure. They then went to the procedure room to observe. It is a big room with about four patients inside who were separated from each other by curtains, but they could see each other because the curtains only covered their lower bodies. So, there was no privacy at all and that could be a reason patients do not go to the public clinic (legal clinics) to have an abortion.

When they went to the clinic on another afternoon, they were not wearing lab coats. At the clinic door there was a notice saying that people who wanted to be served at the clinic should bring their identity documents. They went inside the clinic and the nurses were busy with their own conversations and they attended to the students only after some minutes. The first thing that they said was, "If you are here for the abortion, your peers have left already." It was around 14:00 and they explained to the nurses that they were medical students, and they wanted to know about the kinds of patients that they see there every day. They were given a book where they recorded the details of patients coming in for the purpose of statistics and they then asked about the notice that was on the door. The staff said that people used to come to the clinic

and give them false names and then the real person whose name was used initially would find it difficult to get the required services. In addition, they also ended up with false statistics.

The clinic usually sees about 70 patients a day. Patients from as young as 13 years to patients as old as 49 years of age come to the clinic. The gestational age of the patients was from 6 weeks to 18 weeks. Some patients however had an empty uterus. They also do an HIV test for every patient they see but the kit was out of stock the first time the students went there. They do two procedures: medical abortion and manual vacuum aspiration. Most of the patients had manual vacuum aspiration according to the statistics that they gave them. The women's clinic is in an isolated place behind other departments so that patients feel comfortable because they are not seen by other people when going for an abortion. The waiting room is big enough to accommodate many patients so that they do wait outside where they can be seen by people passing the clinic.

Discussion

During the apartheid regimen white women had several options when an unwanted pregnancy occurred. Many procured abortions from their private practitioners, who would perform a dilation and curettage in the office. In contrast, the relatively low paying, and insecure jobs available to black and coloured women limited their ability to seek termination of unwanted pregnancies. Besides the difficulty of financing a safe abortion, finding a trained doctor was difficult.⁹

Poor women who could not afford a doctor's fee often sought the aid of less skilled midwives, lay practitioners or non-registered doctors who had not completed medical training. Many of these practitioners offered their services without adequate technical knowledge or access to proper facilities

and clean instruments.⁹ Women who did not want a backstreet abortion, or could not afford one, often tried to terminate their own pregnancies, endangering their lives by attempting an abortion using dangerous methods.⁹ In late 1997 the first official report on maternal death in South Africa cited only nine deaths compared with 400 deaths in 1994.¹⁰

Approximately 30 000 abortions have been performed per the year since the implementation of the Act, while the number of women presenting for treatment of severe complications resulting from an incomplete abortion has decreased significantly.¹¹ While this decrease is evident in metropolitan cities where abortion clinics are maintaining some standards in terms of confidentiality and privacy of women, this may not be true in rural areas like in the Transkei. Illegal abortion is a serious and preventable public health problem in the Transkei region of South Africa.¹²

This is the first qualitative research carried out in the Transkei region of South Africa on the issue of legal abortion. There are few papers published but they are mortuary based and address only dead foetus recoveries in metropolitan cities. This does not provide the reasons so many illegal abortions are carried out. This qualitative study has provided us with first-hand information on the functioning of a legal abortion clinic in a rural hospital. A dysfunctional abortion clinic forces women to go to an illegal abortionist to terminate pregnancy. The two medical students who visited the hospital abortion clinic and narrated the story identified three main concerning issues which are as follows:

1. Privacy and confidentiality of patient

Privacy and confidentiality are essential components of any medical practice, but it is very crucial in abortion clinic. There is supposed to be a code number for each patient and this coding is known

only to the senior nurse in charge and she keeps this register under lock and key so that the confidentiality of the patient is always kept secret. Unfortunately, breaches in this confidentiality are the main reason women do not wish to come to this legitimate clinic for an abortion even though it is free. The nursing staff take the ID document of the client, and that is very bad practice in this rural clinic.

The students assessed the clinic and found that it has its shortfalls, but it is not a very bad place to be. The privacy may not be fully there but the fact that there's a big waiting room at least protects patients from outside contact. The community also has a culture of distant families who meet and support each other. The privacy of the place is a very important issue in an abortion clinic. The issue of privacy is a big problem as well and the students suggested that the department should attend to that problem to prevent patients from going for illegal abortions. This will be possible only when the legal clinic fully guarantees the privacy of the women.

2. Behaviour of the staff

The nursing staff are jittery and misbehave with the women as they see them as people with low morality. This is another negative aspect of the government-designated abortion clinic, and it discourages people from going to it. The nursing staff are also forced to work in this clinic although they do not wish to do so. This is because they believe they are taking the life of someone. Some nursing staff are against the abortion law, and yet they are appointed to this clinic. They take out their frustration on the clients.

The student informers reported that the nurses were not friendly to the patients though they never shouted at them in front of them. They observed, however, that the nurses did shout and were rude to the patients who came into their clinic. Patients may not want to go to public women's clinic because of the

horrible attitude that the nurses have. The stigma that the public health sector has for not delivering good services to the people may be another reason patients prefer the illegal abortion services. There are many illegal clinics in a town, indicate that the legal clinic is not working properly. Illegal places are in demand in town. People are not well informed about the legal clinic and the women thus end up at one of the illegal places that are advertised widely. There are hardly any pamphlets distributed on the street about the legal clinic, while a lot of illegal clinics are advertised widely.

3. Time taken in the abortion clinic

Legal clinics are taking a lot of time to conduct an abortion. This is because the nursing staff were appointed by the government, and they are taking their time as most of staff in other services do the same. The women who come from home and travel by taxi wish to go home before sunset. This is not only so that they can look after their children but also because they want to keep their abortion confidential. As the Transkei is scattered over a wide area from the Kei Bridge in the west to uMzimkhulu in the east, it is often difficult to reach clinic in one day and go back home if the nursing staff have not terminated the pregnancy timeously. This is a reason the women go to illegal facilities for an abortion, although they charge money for this service, but they provide the services immediately. They usually finish the procedure fast and confidentiality remains intact.

There are always dangers associated with illegal abortions so women must advice to go to legal clinics in hospitals. This is the reason of bringing abortion Act of 1996, as it is saving the life of women. Legal clinics have provision for immediate intervention if severe bleeding or another emergency develops during or after the procedure. Legal clinics also provide post abortion check-ups and care of their patients. They use sterile instruments, so the chances of infection are very

limited. Most people performing these abortions are trained so they can manage serious complications such as shock, air embolism, amniotic fluid embolism, deep venous thromboembolism, disseminated intravascular coagulation and infection.¹³ An illegal abortionist does not make any such provisions as they generally carry out abortions in a dark corner of town without any facilities. They do not have enough knowledge and do not have hygienic places to conduct such an abortion. Therefore, several women get infections and may die because of their complications. A study carried out by the author on maternal deaths showed that there are several preventable deaths in this region which require an improved service.¹³ There is a poor accountability of maternal deaths despite the fact that there is a confidential enquiry going on in south Africa. This is because of poor governance of the hospital and poor death certification. There are several deaths because of post abortion complications, either not reported or wrongly certified.

Conclusion

The designated abortion clinics are lagging in their duties. As a result of this, the women are forced to go to an illegal abortionist to save their pride and honour. Confidentiality is main concerned in these clinics. This is failing the mission of the Abortion Act of 1996. Therefore, the legally designated clinics must improve their services so that women do not decide to get an illegal abortion and thereby run the risk of suffering from post-abortion complications and even death. No woman enjoys a termination of pregnancy, but the current circumstances are compelling many of them to terminate with the wrong people and in the wrong places.

Acknowledgments: The author would like to thank to the medical students who has participated voluntarily and gather first-hand information from the legal abortionist.

Ethical issue: The author has ethical permission for case report publication (approved project No. 4114/1999) from the Ethical Committee of the University of Transkei, South Africa.

Conflict of Interest: None

Funding: Self-funded

References

1. World Health Organization (WHO). Unsafe abortion: Global and regional estimates for the incidence of unsafe abortion and associated mortality in 2008. WHO, Geneva, 2011. <https://www.who.abortion/worldwide> (Accessed n15.09.2021).
2. Grimes DA, Benson J, Sigh S, Romero M, Ganatra B, Okonofua FE, Shah IH. Unsafe abortion: The preventable pandemic. *Lancet* 2006; 368(9550):1908-19.
3. Faundes A. Unsafe abortion - the current global scenario. *Best Pract Res Clin ObstetGynaecol.* 2010; 24(4):467-77.
4. The Choice of Termination of Pregnancy Act of South Africa, 1996. http://www.saflii.org/za/legis/num_act/cotopa1996325/ (30.07.2017).
5. Rees H, Katzenellenbogen R, Shabodien A, et al. The epidemiology of incomplete abortion in South Africa. *South African Medical Journal,* 1997; 87:432-437.
6. Jewkes R, Brown H, Dickson-Tetteh K, et al. Prevalence of morbidity associated with abortion before and after legalisation in South Africa. *British Medical Journal,* 2002; 324:1252-1253.
7. Rasch V. Unsafe abortion and post abortion care – an overview. *Acta ObstetGynecol Scand.* 2011; 90(7):692-700.
8. Westaway A. Rural poverty in Eastern Cape Province: Legacy of apartheid or consequence of contemporary segregationism? *Development Southern Africa,* 2012; 29(1):115-125.
9. Guttmacher S, Kapadia F, Naude JTW, de Pinho

- H. Abortion reform in South Africa: a case study of the 1996 Choice on Termination of Pregnancy Act. *Journal of International Perspective on Sexual and Reproductive Health*. 1998; 24:191-96.
10. National committee on confidential enquiries in maternal deaths. First Interim report on confidential enquiries into maternal deaths in South Africa, Department of Health 1998. <https://www.national.confidential.maternal/deaths.southafrica> (Accessed 15.09.2021).
 11. Rees H et al. The epidemiology of incomplete abortion in South Africa. *SAMJ*, 1997; 87(4):432-437.
 12. Meel B. Trend of illegal abortion in the Transkei sub-region of south Africa. *Indian Journal of Forensic Medicine and Pathology* 2020; 13(3):383-388.
 13. Meel BL. Maternal deaths - need for improved obstetrics care in the Transkei region of South Africa. *SAMJ* 2004; 94(6):430-32).