HEALTH PORTFOLIO COMMITTEE
7 June 2000
REVIEW OF IMPEMENTATION OF CHOICE OF TERMINATION OF PREGNANCY ACT: HEARINGS

Submissions handed out
Democratic Nursing Organisation of South Africa (DENOSA)
Dr R Jewkes of the Medical Research Council (MRC)
Dr L Denny of Groote Schuur Hospital
Department of Psychology, University of Stellenbosch
Women's Legal Centre submission
National Youth Commission Submission
Choices Crisis Pregnancy Centre

SUMMARY
Choices Crisis Pregnancy Centre spoke on the necessity of counselling for women seeking terminations in order for them to make an informed choice.

A clinically-based study by a researcher at the University of Stellenbosch's Department of Psychology presented her findings on the anxiety of those facing abortion and drew various conclusions about the need for counselling, before and after the abortion.

Dr Newbury, on behalf of Pro-Life, spoke on conscientious objection of health workers. Committee members stopped him from reintroducing the moral debate which had gone on before the Act was promulgated He then gave recommendations that should be considered in implementing this Act.
Health workers and a client from Odi and Dora Nginza Hospitals in the Northern Province spoke of their experiences with regard to implementation of the Act
A researcher from the Baragwanath Hospital recommended that there be further investigation as to why 69% of services nation-wide are not functional. There needs to be a determination of the factors which contribute to long waiting lists and the difference between number of terminations requested and the number actually performed.
Doctors for Life requested that there be no mandatory referrals, that is, a doctor who consciously objects to terminations should not be forced to refer a patient seeking a termination to another doctor. They hold the view that such a doctor is as morally culpable as the one who performs the termination. They also hold the view that the effect of terminations on doctors is grave, leading them to suffer from alcoholism and depression.

The Women's Legal Centre made a detailed submission on the constitutional and legal framework within which terminations are currently located.
A National Youth Commission presenter spoke on problems which youth experience with respect to the implementation of the Act.

A private health clinic spoke from its perspective on implementation of the Act.

DENOSA proposed that midwifery training should be accelerated because well-trained midwives and nurses were needed to deliver termination of pregnancy services. They noted that staff involved in TOP procedures suffer from burnout and need counselling almost as much as the client does. They also indicated that a conscience clause should be inserted into the Act to protect staff who did not want to perform terminations.

The Medical Research Council discussed a study showing that the drug, Misoprostal, was effective if used two to four hours before a TOP procedure and was a safe drug if used properly. It was being abused in backstreet abortions which women still resorted to. Reasons for this is ignorance on how to access TOP facilties and the attitude of health care professionals toward women asking for the TOP procedure. Further, there is a difficulty in securing second trimester abortions. Efforts are needed to end abuse by staff who infringe patients rights. People need to be educated about TOP facilities and seeking early terminations.

Groote Schuur Hospital made recommendations to increase the availability of the TOP procedure to women. She noted that one half of the women who applied for the procedure last year were unable to be accommodated by the hospital. One reason was health professionals refusing to perform the procedure. She recommended introducing a quota system in respect of the number of nurses employed in an institution who

are prepared to perform the TOP procedure. Only after this quota has been filled should other nurses be hired.

MINUTES
Choices Crisis Pregnancy Centre
Ms Dene Moschoff presented on aspects of counselling and in particular the options faced by women with an unwanted pregnancy.

In general, Ms Moschoff feels that termination is often used by women as a form of contraception. While the Act requires counselling, women are often ill informed and resources are poor. Women need to be informed on all options available to them such as single parenting, adoption and so forth. The Choices Crisis Pregnancy Centre, started in 1996, believes that by allowing women to choose, they will be able to make informed choices. In the past the Centre was polarised between pro-choice and pro-life. Now they are "pro-women" and have adopted a no-pressure approach. They feel that women face pressure and the decision whether or not to have a termination is often a panicked one. Women benefit from counselling.

The Choice Centre provides counselling and support for women in the choice they make. The Centre is funded privately. The Centre is staffed by a multi-therapeutic team comprised of five registered nurses and midwives, two social workers and one psychologist. They offer additional services such as abstinence-based sex education to schools and a home for pregnant women.

Statistics show that after counselling, the majority of women chose to continue with the pregnancy.

Discussion
Ms Dudley (ACDP) asked whether there are enough people willing to adopt babies?
Ms Moschoff said that their programme also has an adoption arm and they are currently setting up international adoptions. In Gauteng they go around to Black communities to encourage adoptions. They do find that there is a cultural problem but think there is hope.

Ms Baloyi (ANC) asked whether the organisation is interdenominational. What is the response of the Christian community to the programme?
Ms Moschoff said that the programme is made up of various Christian groups but they do not exclusively serve Christians. They serve the entire community.

Dr Mbulawa (ANC) asked whether the Churches around the centre support the programme. Does the work have a psychological effect on the counsellors?
Ms Moschoff said that they receive referrals from all communities, even from those opposed to abortion. Regarding the psychological impact on counsellors, Ms Moschoff said that they are carefully screened and supervised. There is also a lot of interaction between counsellors, which allows them to "offload on each other".

Ms Saramenyena (a Northern Province delegate) asked how the Centre follows up on clients if they do not have telephones.
Ms Moschoff assured her that the Centre is very accessible by public transport and because they build up a relationship of trust with women, they usually find that women do come back to the centre.

Mrs Njobe (ANC) asked whether women are counselled in a non-directive way. Are they looking at the psychological effects of international adoptions?
Ms Moschoff said that the Centre offers women information and from then on a decision is made. These women are therefore making informed decisions. She felt that she was not qualified to answer the questions on adoption.

Ms Dudley (ACDP) noted that after counselling 80% of women choose not to have the termination. What changes for these women?
Ms Moschoff speculated that sometimes these women just need time. Counsellors help the woman work through the situation until she cannot delay the decision any longer.

Department of Psychology, University of Stellenbosch
Ms Faure said she had conducted a research study into the implementation of the Act. The aims of her research were to examine pre-and post levels of anxiety, depression and perceived coping levels. The

participants were 76 pre-abortion and 43 post-abortion subjects. Their average age was 26 years, 54% were single, 58% held a tertiary qualification, 33% held a grade 12 diploma and 92% had never had an abortion previously.

The study found that women experienced a high level of anxiety before the abortion, which suggests it is a stressful event for women. Of these subjects 55% expected to cope well, none expected not to be able to cope at all. In general a higher level of education was related to the woman coping better. The study confirmed that women seem to cope with abortion in the long run but it is very stressful.

Regarding pre-abortion counselling the circumstances under which the woman fell pregnant should be explored. Her fears, anxieties and concerns should be explored as well as her conflicting maternal desires. High risk factors for the woman are emotional, social, moral and religious conflicts.

An inherent paradox which the study revealed is the woman's ambivalence - the conflict between a mother's freedom of choice versus infanticide, the power to create versus the power to destroy. Rarely is a woman sure of her choice to terminate. Counsellors should help her become more confident in her choice.

Opinions may change but attitudes and values are harder to change. This makes the process difficult for nurses as well. They often experience anger with clients and show callousness or resentment towards them at having to cope with late abortions without their own feelings being taken into consideration. Common emotions experienced are depression, fear and anxiety, sadness and inadequacy. They often feel overwhelmed at the need to educate women on good sexual behaviour and the appreciation of life. Ms Faure emphasised that nursing staff deserves understanding and empathy and need to be affirmed. They also need counselling. Policy makers are removed from the cutting edge at which nurses operate.

Discussion
Ms Kalyan (DP) asked whether the counselling which is provided is free of pressure.
Ms Faure said that during counselling women only need to be validated and listened to. Counselling does not require any formal qualifications, people can be trained.

Ms Kalyan asked whether it was easier for the client to accept the abortion if it was for clinical reasons rather than when it was for personal reasons?
Ms Fare could not comment because the study had not included women who had terminations for medical reasons.

Ms Kalyan commented that the study had only used a sample of 73 women.
Ms Faure acknowledged that her study had been a very modest one. Often questioning was not completed because women were too upset to go on. Women of language groups other than English and Afrikaans were not involved because she had wanted to maintain the international viability of her study and had only used English and Afrikaans translations.

Dr Jassat (ANC) asked whether Ms Faure had ever seen cases of post-abortion psychosis.
Ms Faure said she had not seen any cases of psychosis only depression and anxiety.

Ms Dudley (ACDP) noted that the study done was short-term. What was to be done about women who need long-term counselling? Sometimes they may only need counselling ten years later.
Ms Faure said that she has only been in this field since 1997 and is still unsure about women's long term needs but felt that all women have coping skills which can sustain them.

Odi Hospital – North West Province
Ms Thembi Zulu said that the hospital has been in existence since 1995. The hospital's vision was that it should be recognised as the model for the provision of health care in the province.

She wanted to decrease backstreet abortions. A number of Value Clarification Workshops had been held for staff because few of them were interested in performing terminations. Odi Hospital is one of the few district hospitals performing terminations. They deliver the service to everyone, regardless from which district they come. Between 15 February and December the number of terminations requested was 4301. Terminations actually performed numbered 759. The other women were more than 12 weeks pregnant or during pre-counselling they had changed their minds and had made an informed decision to keep the baby.

Ms Zulu introduced a client, who wished to remain anonymous, to tell her story about her experience in seeking a termination. The client said that she had fallen pregnant and had gone to Hospital A for help but was refused because staff there said that they were Christians. She went to Hospital B who referred her back to Hospital A for a letter. When she returned to Hospital A they refused to help because they felt she might influence their other patients. She subsequently went to Hospital C who helped her because in general they help girls who need terminations.

Discussion
Ms Kalyan (DP) commented on the client's experiences, saying that where there was such a clear violation of a patient's rights, the Patients Rights' Charter should be used to follow up the case.

Ms Kalyan asked how many designated facilities are non- functional.
Ms Zulu said that of the 22 designated facilities, only 10 were functional - but she could not explain the reasons for these disparities.

Ms Dudley (UCDP) said it was reassuring that they provide pre-counselling for women. Are women given scans and access to hearing the heart beat of the foetus? Are women given financial assistance?

Dr Mbulawa (ANC) asked Ms Zulu if the work had had an emotional impact on her.
Ms Zulu said that personally she wanted to provide this service because of problems she had experienced as a teenager when she had not been ready economically or psychologically to have a baby .

Ms Njobe (ANC) asked whether they experience problems from women who are beyond 12 weeks pregnant but demand an abortion.
Ms Zulu said that in such a case they tell the client what the alternatives are to termination such as adoption. Or the client is referred to a private institution if the client is determined to have a termination.

Ms Hangana (ANC) asked whether there has been a decrease in the number of backstreet abortions.
Ms Zulu said that because the immediate community is aware of their service, backstreet abortions have decreased.

Pro-Life
Dr Newbury first explained that the ethical standpoint his organisation was taking is "Do no Harm", a specific prohibition against abortion and euthanasia. Laws which facilitate these acts are therefore immoral.

[At this point the Chair interjected, saying that as point of order the Committee would not entertain a re-hash of pre-1996 dialogues. Dr Newbury responded that Pro-Life only wanted to clarify the principles and ethical problems associated with terminations for nurses and doctors. He was then permitted to continue.]

Was the Minister of Health forcing doctors to put duty before their beliefs? The Minister's statement must therefore cast a shadow over the Department, reminiscent of the Nazi concentration camps. In terms of the Act Section 12 does not say that no one has an obligation to give effect to a woman's request. The rights were therefore conflicting. The decision of a woman to terminate depends on whether she finds a doctor willing to perform the termination. Section 15 upholds freedom of conscience, which is dependent on the individual and is the cornerstone of liberty. Such a right can only be limited within the constitutional framework, that is, by a law of general application if reasonable and justifiable. Where this right is suppressed there is tyranny. The opposition to abortion is democratic.
[At this point the Chair interjected, saying that these hearings have been called as an evaluation of the implementation of the Act. The judgmental statement made is therefore incorrect.]

Dr Newbury continued. He said that there was no obligation in the Act to refer patients when the staff is unwilling to perform TOPs. Although the Reproductive Rights Alliance and the Minister would hope to persuade people that there is such an obligation.

[Ms Baloyi (ANC) pointed out that Dr Newbury was going through his old debate again which he had presented before. The Chair asked Dr Newbury to confine himself to the debate on conscientious objection, which was the topic he had indicated.]