Therapeutic abortion on psychiatric grounds

Part III. Implementing the Abortion and Sterilization Act (1975-1981)

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Summary

This article reviews the experience of the Pregnancy Advisory Service (PAS) of the Department of Psychiatry, Groote Schuur Hospital. Demographic and personal data from the women referred to the PAS during the period 1975-1981 (since the passing of the Abortion and Sterilization Act of 1975) are recorded. Follow-up information from many of the 1 251 patients seen over this period confirms the findings of a previous report that in a significant percentage of cases in which a woman was refused legal abortion pregnancy did not proceed to term. For reasons which are not clear there has been a fall in the number of cases seen for assessment. The PAS performs a valuable function in enabling women to examine the circumstances of an unplanned pregnancy and in providing expert counselling.

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In South Africa the first steps to legalize abortion were taken via the Abortion and Sterilization Act of 1975. This followed a trend throughout the world to relax the legal barriers to abortion while at the same time exercising restraint as to the circumstances under which it could be medically performed. The Abortion and Sterilization Act of 1975 states that an abortion may be sanctioned on psychiatric grounds 'where the continued pregnancy constitutes a serious threat to the mental health of the woman concerned (and) the continued pregnancy creates the danger of permanent damage to the woman's mental health, and abortion is necessary to ensure the mental health of the woman' (paragraph 3, subsection 1 (b)).

The early experience of the Pregnancy Advisory Service (PAS) of the Department of Psychiatry, Groote Schuur Hospital, from February 1974 to May 1975 (the period before and shortly after the Act was promulgated) has been reported.[1,2]

It is important to take stock of how the Act has been implemented to date. In general, the number of legal abortions has been low and has not increased. For example, in 1976 there were 625 for the whole country, and in 1981 there were 381.[3] The percentage of legal abortions performed on psychiatric grounds for the years 1976-1981, relative to the total including medical disorders, congenital abnormalities and adverse genetic factors, ranged from 52% in 1976 to 45% in 1981.[3]

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Subjects and methods

The aims of this study were: (*i*) to document trends in local referrals and termination decisions over the period 1976-1981; (*ii*) to describe the psychosocial characteristics of the 1 251 women of the different population groups presenting for psychiatric assessment over the same period; and (*iii*) to examine specific aspects of the referrals for 1979, viz. relationship with the reputed father, the use of contraception, duration of gestation and the psychiatric disorders found, in greater depth. In addition, there was a more detailed follow-up of this group of girls and women regarding the outcome with respect to the pregnancy, life experience and mental health.

All referrals were evaluated in a clearly specified way. Only referrals from consultant gynaecologists attached to Groote Schuur Hospital were accepted. The initial referral letters from general practitioners were available, and each woman was interviewed independently by the social worker (M.N.) and by one of the two consultant psychiatrists attached to the PAS. Since 1976 seven psychiatrists have been involved at various times.

The material collected in the initial psychiatric interview concerned personal data, family and personal background, current interpersonal relationships, the circumstances of conception and relationship to the sexual partner. The parents of the woman and the father of the unborn child or, if unavailable, concerned friends and relatives were encouraged to attend as well. In no case in which permission for termination was granted were such additional interviews foregone, and every effort was made to gauge the emotional impact of the unplanned pregnancy on the patient and those close to her. If termination was refused, counselling as regards facilities for residential and antenatal care, adoption procedures and other means of support was undertaken. Our policy was to make all interviews as therapeutic as possible.[4]

Arrangements for follow-up were made wherever possible. Nearly all patients seen during 1976-1981 were contacted either telephonically or by means of a letter; a few were traced via medical practitioners or hospital records. Some came for a personal interview. A gratifyingly high follow-up rate was obtained, this being largely due to the good personal contact made by the social worker at the initial interview.

Results

Number of referrals

Referrals during the period 1976-1981 are summarized in Table I. The numbers fell gradually until 1979, but more abruptly from 1980. The percentage of patients granted terminations on psychiatric grounds has ranged from a high of 43,5% in 1976 to a low of 20,78% in 1980, averaging 31,8% over the 6 years.

Psychosocial aspects of the referrals

The age distribution is shown in Table II. There has been a fall

TABLE I. NUMBER OF PATIENTS

Year	Termination of pregnancy: Granted No.	Granted %	Refused No.	Refused %	Total
1976	108	43,54	140	56,46	248
1977	83	34,43	158	65,53	241
1978	67	30,87	150	69,13	217
1979	66	30,00	154	70,00	220
1980	37	20,78	141	79,22	178
1981	46	31,2	101	68,8	147
Average		31,8		68,2	

in the percentage granted termination which is evenly distributed over all age groups.

Marital status is shown in Table III. Over the 6-year period the percentage of single girls and women fluctuated widely from 64,5% to 35,4%. However, the percentage of married women was more constant, ranging from 23,8% to 37,6%. The percentage of divorced and widowed women referred rose from 6,5% in 1976 to 27% in 1980, but fell to 12,9% in 1981. The percentage granted termination in each marital status group has fallen.

The numbers of women in each ethnic group is illustrated in Fig. 1. In both the White and Coloured groups the percentage of patients granted termination has fallen steadily over the years, from 40,4% and 57,1% respectively in 1976 to 37% and 20,4% in 1981. Only 10 Blacks were referred during the 6 years.

The women were of all the local religious persuasions, there being no over- or under-representation.

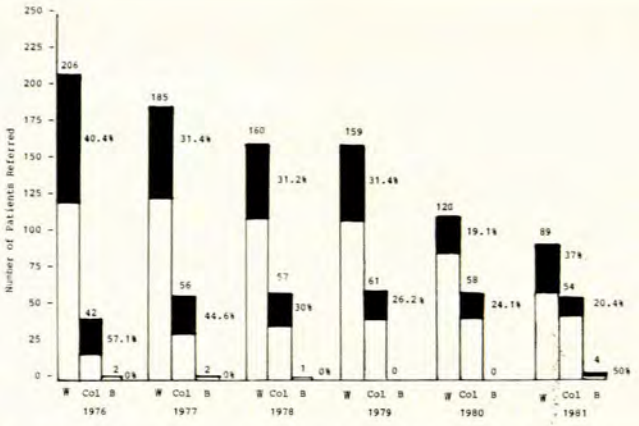

Fig. 1. Ethnic group distribution, 1976-1981. Shaded area = termination granted; clear area = termination refused; W = White; Col = Coloured; B = Black.

TABLE IV. RELATIONSHIP WITH REPUTED FATHER (DATA FOR 1979)

	Termination granted	Termination refused	Total
Rape (not reported)	6	5	11
Casual encounter	20	69	89
Long-term relationship (6 - 12 mo.)	19	42	61
Married	21	38	59
Total	66	154	220

Pregnancy

The data for 1979 were used to examine the circumstances of the pregnancy in greater detail: this included the relationship with the reputed father of the child, contraceptive practices and the duration of pregnancy at referral.

In nearly half of the patients (Table IV) the pregnancy was the unintended outcome of a casual heterosexual encounter; for the rest it occurred within a long-term relationship or marriage.

The pattern of contraceptive practice is shown in Table V. Younger women and adolescents often ignored the risk of preg-

TABLE II. AGE DISTRIBUTION

Year	Age (yrs): 10 - 19 TG	10 - 19 TR	20 - 29 TG	20 - 29 TR	30 - 39 TG	30 - 39 TR	40 - 49 TG	40 - 49 TR	Total TG	Total TR
1976	35	35	36	77	29	19	8	9	108	140
1977	19	39	36	72	20	40	8	7	83	158
1978	23	53	26	55	14	33	4	9	67	150
1979	27	45	15	68	21	32	3	9	66	154
1980	13	44	11	59	11	28	2	10	37	141
1981	10	32	19	35	12	21	5	13	46	101
Total	127	248	143	360	107	173	30	57	407	844

TG = termination granted; TR = termination refused

TABLE III. MARITAL STATUS

Year	Single TG	Single TR	Married TG	Married TR	Divorced TG	Divorced TR	Widowed TG	Widowed TR	Total TG	Total TR
1976	67	93	30	42	11	5	0	0	108	140
1977	50	91	27	48	6	15	0	4	83	158
1978	36	84	26	56	5	9	0	1	67	150
1979	35	96	20	46	10	12	1	0	66	154
1980	19	44	8	59	9	28	1	10	37	141
1981	25	68	14	21	5	9	2	3	46	101

TG = termination granted; TR = termination refused

TABLE V. USE OF CONTRACEPTION (DATA FOR 1979)

	Termination granted	Termination refused	Total
Never used	28	87	115
Erratically used	29	58	87
Failed contraception	7	9	16
Failed sterilization	2	0	2
Total	66	154	220

nancy in sexual encounters, and 51% admitted that they never used contraceptives. Some women had fallen victim to the erratic, poorly supervised or inadequate use of contraceptives, a few becoming pregnant through ineffective contraceptive coverage after childbirth or where sterilization had failed (2 cases in 1979). Failed contraception or sterilization as such does not qualify a woman for a termination of pregnancy under the present Act.

Looking specifically at the data pertaining to the 220 women seen in 1979, Table VI records the duration of gestation, which ranged from 5 to over 16 weeks; 83% of the women presented at 12 weeks or less, while the remainder were 16 or more weeks pregnant.

TABLE VI. DURATION OF GESTATION (DATA FOR 1979)

Duration (wks)	Termination granted	Termination refused	Total
< 8	29	58	87
> 8 ⩽ 12	28	67	95
> 12 ⩽ 16	7	17	24
16+	2	12	14
Total	66	154	220

Psychiatric disorder

Of the 220 girls and women seen in 1979, 98 were found to have some psychiatric disorder, but in only 66 was this considered to warrant termination. Most of these patients were referred for psychiatric treatment (Table VII). Mild mental retardation accounted for 15,3% and schizophrenia for 7,1% of those with psychiatric disorder; severe reactive depression was found in 27,5% and 50% were considered to have personality disorders sufficient to be identified as pathological. Such assessments were based on a record of longstanding neurotic or habitually maladaptive behaviour characterized by immaturity, dependency or histrionic acting out in women excessively vulnerable to ordinary life stress.

Follow-up

Every effort was made to maintain contact with the pregnant woman and to assess the outcome of the pregnancy for the woman and her infant (Table VIII).

TABLE VII. PSYCHIATRIC DISORDERS (DATA FOR 1979)

	Termination granted	Termination refused	Total
Mental retardation	7	8	15
Depressive reaction	19	8	27
Personality disorder (immature, histrionic, passive-dependent, anankastic)	37	12	49
Schizophrenia	3	4	7
Total	66	32	98

Of the 154 patients not granted termination on psychiatric grounds in 1979, 139 (90%) were traced. Fifty-seven infants were born to these women, and of these only 6 were given for adoption; of the remaining 51, 33 children were being reared in a two-parent family and 18 by a single parent.

Only 41% of those refused termination on psychiatric grounds in 1979 and subsequently traced had borne their infants to term; 82 had aborted. Four pregnancies were terminated on psychiatric grounds following reassessment, 4 on grounds of rape and 3 because of genetic risk. Twenty-one reported that they had gone overseas for a legal termination, 12 had had spontaneous abortions, while 38 did not specify — we assume that they were aborted elsewhere (illegal abortions). None required hospitalization. Four women required assessment for termination of pregnancy once more during the year: 2 infants were born to 2 of the 3 women granted termination!

An attempt was made to assess the outcome in terms of a subjective evaluation of the patients seen in 1979 (Table IX), mostly in terms of mental and emotional distress. No formal psychiatric examination was made. Of the 66 with sufficient evidence of significant psychiatric disorder to justify termination on psychiatric grounds, 22 stated that the procedure had brought a sense of relief, but in 9 cases the distress persisted and 17 required active psychiatric care. Of the 139 who had not been granted termination and could be traced, 43 stated that they had gained from the experience and 11 were either still distressed or in need of psychiatric care. One made a suicide attempt *after* she had had the pregnancy terminated elsewhere. The responses were not mutually exclusive. The effects of the unwanted pregnancy and its outcome as regards key aspects of the lives of the women concerned are summarized in Table X.

The relationship with the reputed father tended to remain unchanged when pregnancy had been terminated. When termination was not granted, the relationship remained unchanged in 107 of the 139 women. An important aspect of pregnancy or its termination was its effect on schoolgirls. Thirteen of the 21 in the series resumed their education after a recommended termination of pregnancy while 8 discontinued it. Nearly half the 20 scholars in whom termination of pregnancy was refused left school. Whatever the outcome of the pregnancy, however, there is no doubt

TABLE VIII. OUTCOME OF THE PREGNANCY

Year	No. interviewed	Termination refused	No. traced	Pregnancy to term	%
1977	241	158	145	49	33,8
1978	217	150	116	34	29,3
1979	220	154	139	57	41,0
1980	178	141	—	—	
1981	147	101	72	34	47,2

TABLE IX. MENTAL HEALTH OUTCOME (DATA FOR 1979)

Follow-up data	Termination recommended	Termination refused
Total ($N = 220$)	**66**	**154**
No. traced ($N = 203$)	**64**	**139**
Suicide attempt	**0**	**1**
Distressing experience in retrospect	**2**	**32**
Still distressed	**9**	**6**
Relieved	**22**	**53**
Learnt from the experience	**15**	**43**
Psychiatric treatment	**17**	**5**

TABLE X. OUTCOME OF EXPERIENCE (DATA FOR 1979)

Follow-up data	Termination recommended	Termination refused
Total	**66**	**154**
Traced	**64**	**139**
Relationship	**64**	**139**
Unchanged	**61**	**107**
Married	**2**	**11**
Divorced/separated	**—**	**2**
Broke up with boyfriend	**1**	**19**
Education/training	**21**	**20**
Ceased/deferred	**8**	**9**
Unaffected	**13**	**11**
Employment	**43**	**119**
Changed	**9**	**19**
Stopped	**2**	**6**
Unaffected	**12**	**43**
Unemployed	**20**	**51**

that its occurrence disrupted the lives of a significant percentage. This disruption was less in the older women — of those who had their pregnancy legally terminated almost half were not employed, but the remainder continued to work, some changing their jobs.

Discussion

Referrals

Reviewing the experience of the last 6 years it is apparent that fewer and fewer women are being referred to the PAS. The percentage granted termination has fluctuated over the years, averaging 31,8%. Thus, approximately 1 in 3 women referred had her pregnancy terminated. Viewed in terms of actual terminations performed on psychiatric grounds, the number in 1981 were less than half of that in 1976 (46 versus 108), this trend being mirrored as regards a comparison of the national figure for 1981 (185) with that for 1976 (327). The reasons for the fall in referrals and terminations are by no means clear.

Psychosocial characteristics of the women referred

The characteristics of the women seen by the PAS have changed little over the years. Almost 1 in 3 is an adolescent below the age of 19, and few of these have a history or show the features of a psychiatric disorder. At the other end of the relevant age spectrum a small number of women in their thirties are referred; often these women have shown resilience in handling life stresses and seem unlikely to break down during or after pregnancy.

As a rule, women in the 20-29-year age range were married and had been attempting to plan their families. It was largely among these that contraceptive or sterilization measures failed, often through no fault of the women concerned. Few of these qualified for termination of pregnancy on psychiatric grounds as their difficulties were chiefly socio-economic.

There appears to be a gradual swing away from a preponderance of single girls to an increasing number of divorced or widowed women. Many of the latter reported that they were not using regular contraceptive cover in the absence of a regular heterosexual relationship, and they were liable to become pregnant after a casual sexual encounter prompted by loneliness and abetted by life stress and a flimsy support system. Those granted a termination of pregnancy were usually extremely depressed with inadequate family or social support.

As regards ethnic groups the balance has changed; although the number of Coloured women referred remained virtually unchanged, that of the White women has fallen steadily. The reasons for this are not clear. It is possible that some may have had the resources to enable them to seek legal termination elsewhere, or alternatively an increasing knowledge of the law and of the difficulties involved in getting a termination may have deterred them. The number of Black women seen remains small, and the reasons for referral are almost invariably socio-economic.

Context of the pregnancy

We have identified several patterns of heterosexual behaviour closely linked to age. Among adolescents we found a remarkable ignorance and naïvety about sexual intercourse, despite their having an active sex life. In some cases we were convinced that the girls had actually contrived the pregnancy, albeit unconsciously. For instance, some seemed to hope that pregnancy, and possibly marriage, would reduce the hold of over-protective or restrictive parents.[5] In other instances, it occurred just before the reputed father left to complete military service.

A particularly identifiable group were those with longstanding neurotic conflicts or severe personality disorders who were ill-equipped to deal with the demands of heterosexual relationships, pregnancy and motherhood. Casual heterosexual encounters and equally casual contraceptive usage were often part of their life pattern, and unplanned pregnancy was a predictable outcome. Many members of this group qualified for a termination of pregnancy on psychiatric grounds.[5,6]

Among the group of older married women a few presented with an unplanned pregnancy resulting from an affair within the context of an unstable marriage. Few had the personality resources to survive a breakup of the marriage and family without incurring a severe emotional reaction. In the same age group the divorcee and the widow have an even smaller support system, especially in the White community. Since mental health is strongly influenced by an individual's support system the relationship of the reputed father to the woman was carefully assessed. In many cases little support was likely to come from this quarter, so the woman was forced to fall back on parents and siblings, hence the inclusion of as many family members as possible in the assessment interviews.

Psychiatric aspects

In a previous article[2] the difficulties encountered with regard to the indications for termination of pregnancy on psychiatric grounds were discussed. Serious psychiatric disorders such as schizophrenia or mild mental retardation have not been considered an absolute indication for termination, for although such patients have limited mothering capacity there is little evidence

that pregnancy influences the course of the disease. Local reports indicate that severe depression (of endogenous, neurotic or reactive nature) constitutes the chief indication,[7-9] and indeed in 29% of those granted termination in 1979 this was the basis for a recommendation.

Half of the women recommended for termination had personality disorders; of the 49 women so diagnosed in 1979, 37 (75,5%) were granted a termination on these grounds. These patients all showed lifelong patterns of maladaptive, immature, histrionic, passive-dependent or passive-aggressive behaviour, with a low tolerance for stress. Illegitimacy, turbulent homes with parental violence and/or divorce, poor bonding with the mother, loss of a parent and frequent moves in childhood were frequent concomitants. Neurotic behaviour in childhood, poor scholastic performance unrelated to intellectual ability, difficulty in making friends and relating to persons in authority, acting-out behaviour in adolescence, including drug abuse, parasuicide and self-mutilation were also associated factors.[10]

In our experience a diagnostic label, albeit of a serious illness, is not reason in itself for termination of pregnancy. More important is an assessment of the strengths that can be mobilized to deal with the burden of carrying a baby to term and then either surrendering it or undertaking its continuing care. It is only through a careful weighing of the delicate balance between the lifelong coping capacity of the individual and the social support system provided by parents, siblings, boyfriend, lover or spouse that a decision can be made, and even then in many cases it will not be possible to say with absolute or even a high degree of certainty that an unwanted pregnancy will create the danger of permanent damage to mental health. One can, however, usually predict the probability of significantly disturbed behaviour and emotions, given a vulnerable person labouring under adverse circumstances. However, it has been our experience that after termination on such grounds these women unwisely often avoid planned psychiatric care.

These findings confirm those of the original study[1,2] that where legal termination is refused and despite encouragement, expert counselling and support, there is no guarantee that pregnancy will proceed to term. Of the infants born (57 in 1979) only 6 were given up for adoption, perhaps because recent accounts of the outcome of adoption have made this an unpopular alternative.[11] Most of these infants were reared by the mother, 33 in a two-parent family and 18 by a single parent.

Forssman and Thuwe[12] were disquieted about the future of children born to women refused therapeutic abortion in Scandinavia between 1939 and 1942, their study of 120 children at 21-year follow-up showing a higher incidence of psychiatric disorder, social misconduct and educational difficulties in comparison with matched controls. The results of their study indicated that 'The unwanted children were worse off in every respect', which is not unexpected since the adverse consequences of maternal rejection have long been recognized by psychiatrists as one of the major contributory elements in human psychopathology.[13] Under rural conditions this may take on other forms — for example, the malnourished child is often the unwanted child of an immature, unmarried and reluctant mother.[14]

Conclusion

One of the most significant aspects of the work of the PAS has been the opportunity to gain insight into the impact of the experience on the women concerned, and indeed, over time this has helped psychiatrists and social workers to understand the implications of an unwanted pregnancy better.

On the positive side, of the 139 women who were refused termination in 1979 and could be traced, 96 viewed the experience in a positive light and many intimated that it had led to a more mature and responsible approach to sexual relationships. However, there were others for whom some of the distress and bitterness remained. Unwanted pregnancy always constitutes a life crisis which forces women to re-examine their values, standards and aspirations, and this alone justifies the involvement of psychiatric staff in this field.

Taking the broader view, legal abortion remains a controversial issue throughout the world. Almost a third of the population of the world live in countries with non-restrictive abortion laws, another third live where restriction is imposed, indications being medical, eugenic, psychiatric or socio-economic, while for the remaining third, abortion is totally illegal.[15] Legitimizing abortion under medical restriction, as in South Africa, has resulted in its moving from a largely disreputable activity to an accepted medical responsibility. This alone is a considerable gain. However, other considerations have a bearing and we voice concern at the small number of women who are being channelled to counselling services, and the large number of women who continue to seek relief elsewhere and require medical assistance as the result (Table XI).

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TABLE XI. TERMINATION OF PREGNANCY ON PSYCHIATRIC GROUNDS

Year	Total No. of abortions performed under the Act	Under section 3 (1) (b) No.	Under section 3 (1) (b) %	Notifications of operation for the residue of a pregnancy (Art. 7/3)
1976	**625**	**327**	**52,3**	**Not required**
1977	**529**	**273**	**51,6**	**Not required**
1978	**541**	**260**	**48**	**Not required**
1979 (1 Jan. - 30 Nov.)	**423**	**196**	**46,3**	**33 612**
1980 (1 Dec. 1979 - 30 Nov. 1980)	**347**	**156**	**44,9**	**29 979**
1981 (1 Dec. 1980 - 30 Nov. 1981)	**381**	**185**	**48,5**	**33 194**

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