ATTITUDES OF MIDWIVES TOWARDS THE IMPLEMENTATION OF CHOICE ON TERMINATION OF PREGNANCY ACT IN THE HEALTH FACILITIES OF THE O. R. TAMBO DISTRICT

BY

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MINI-DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE MASTER OF NURSING SCIENCE (MAGISTER CURATIONIS) (ADVANCED NURSING ADMINISTRATION)

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DECLARATION

I, Essinah Nosisi Nohaji of the Department of Nursing Sciences, Faculty of Science and Agriculture at the University of Fort Hare, declare that the study entitled Attitudes of midwives towards the implementation of the Choice on Termination of Pregnancy Act in the health facilities of the O.R. Tambo District submitted by me is my original work. It is the result of my own investigation through the professional guidance of my supervisor. It has never been submitted for any qualification before.

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Date: -------------------------------------------------------------
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A word of thanks is expressed to the Research Committees of the University of Fort Hare and the Eastern Cape Department of Health, and the managers of the two hospitals in the O.R. Tambo District for granting me the permission to conduct the research study. My sincere gratitude goes the participants for their co-operation in completing the questionnaires.

A word of gratitude is also expressed to my husband, Mzimkulu, and my children, Vuyo, Lwandile, Yoliseka, Kholisiwe and Sanelise, for their motivation and support during my studies.
ABSTRACT

The focus of the study was to evaluate the attitudes of midwives towards the implementation of the Choice on Termination of Pregnancy Act in the O.R. Tambo District hospitals in the Eastern Cape.

There was no provision for termination of pregnancy (TOP) for unplanned pregnancy until 1994 when the Choice on Termination of Pregnancy (CTOP) Act was introduced. This act allowed any pregnant woman to request TOP when she wished for TOP. The midwives could voluntarily undergo training in TOP services and the designated institutions started offering TOP services, but stopped at a later stage. This resulted in overcrowding in health institutions which continued rendering TOP services.

The researcher posed one question to be answered as: What are the attitudes of the midwives who are employed by health institutions in the O.R. Tambo District in the Eastern Cape Province towards the implementation of the Choice on Termination of Pregnancy Act? The aim of the study was to evaluate the attitude of midwives towards the implementation of the CTOP Act in the O.R. Tambo District hospitals. The objective of this study was to determine the attitudes of these midwives towards the implementation of these services in the O.R. Tambo District in the Eastern Cape Province.

A quantitative descriptive design was used in this study. The population consisted of 150 midwives from two hospitals in the O.R. Tambo District. The sample consisted of 75 midwives; 30 midwives from Hospital 1 and 45 midwives from Hospital 2. Random systemic sampling was used in selecting the participants. Data were collected using a questionnaire developed by the researcher and approved by the supervisor and the University of Fort Hare Ethics Committee. In the study, using a sample of (n = 75), the attitude on the implementation of CTOP scale had high reliability of 0.81. Data were analysed with the help of a statistician using Statistix 8.1 software for Windows.

Approval to conduct the study was obtained from the University of Fort Hare Ethics Committee, Eastern Cape Department of Health and Hospital 1 and Hospital 2 before the study was conducted. The dignity of the participants was maintained by explaining
the topic of the research study, the aim and objectives of the study, the method to be used for data collection and the significance of the study. The participants were allowed to ask questions and the name and telephone of the supervisor were provided in case they needed some clarity. Voluntary, written informed consent was obtained before the interviews were conducted. Privacy, anonymity and confidentiality were ensured and maintained through all the stages of the research process.

The finding of this study was that the midwives employed by the health institutions in O. R. Tambo District Municipality displayed positive responses in the majority (n=11/61.1%) of 18 items in the questionnaire. Since the midwives in this study demonstrated a positive attitude towards TOP, it was recommended that the reason for stopping the TOP services in the concerned institutions should be investigated. The following are also recommended:

Compulsory training of midwives should include aspects of reproductive epidemiology, in particular, the epidemiology of unsafe abortions.

Training in TOP services should continue, so that there will be adequate number of midwives to provide the TOP services, and consideration of special remuneration for TOP providers.

Employment of managers trained in TOP and voluntary training of managers working in TOP sections should be considered so that they may provide effective support to TOP providers.

Formation of support centres for TOP providers at Provincial and National levels.

Education of the community in prevention of unwanted pregnancies by means of contraceptives and indications for a need to provide TOP services, to prevent victimisation of the TOP providers.

Availability of a toll free number for reporting victimisation of the TOP providers.
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CHAPTER 1

ORIENTATION TO THE STUDY

1.1 INTRODUCTION

The focus of this study was on the attitudes of midwives towards the implementation of the termination of pregnancy services (TOP) in two hospitals in the O.R. Tambo District in the Eastern Cape Province. For some decades women have been denied the service of termination of pregnancy in South Africa. The Department of Health, in the Abortion and Sterilisation Act (No. 2 of 1975), only allowed termination of pregnancy in special cases such as incest and the possibility of delivering a baby with multiple congenital abnormalities. Some women were not even aware of the family planning services that were available to prevent unwanted pregnancies. There were women who found themselves caught in the trap of accidental pregnancy. Some of these women went to back-street abortionists who were untrained on TOP. This resulted in many problems such as infections, excessive bleeding and deaths in some cases (Harris, 2007:445).

In the report on confidential inquiries into maternal deaths by the Department of Health in South Africa, abortion is still rated as number four (4) in causes of maternal deaths, as some women still visited back-street abortionists (Department of Health, 1999:14).

In 1994 the African National Congress of the South African government spelled out in the Constitution of the Republic of South Africa that, “every woman has the right to choose whether to or not to have an early termination of pregnancy, according to her own individual beliefs”. In November 1996 the Choice on Termination of Pregnancy (CTOP) Act was passed by parliament and signed by our former President Nelson Mandela.

This Act became law in February 1997. Although women are responding positively to termination of pregnancy in significant numbers, some problems which need to be addressed are encountered. This thesis was undertaken to investigate one aspect of such problems.
This study was conducted in the O. R. Tambo District municipality, which is located in east of the Eastern Cape Province on the Indian Ocean coastline. It is made up of seven local municipalities, namely: King Sabata Dalindyebo, Nyandeni, Port St. Johns, Ingquza Hill, Ntabankulu, Mhlontlo and Mbizana. It is the second largest District in the Eastern Province, following the Amathole District (Mduba, 2010: 1). It has a population of approximately 1,741,000 persons. Its population is predominantly African (99.5%). Approximately 58% of the population is below 20 years (O. R. Tambo District Municipality, n.d:1).

1.2 PROBLEM STATEMENT

According to the CTOP Act (No 92 of 1996) all midwives and medical practitioners should first undergo training in termination of pregnancy in order to engage in TOP services. A trained midwife is allowed to perform TOP during the first 12 weeks of the gestational period of pregnancy. The medical practitioner is allowed to perform termination of pregnancy from the 13\textsuperscript{th} up to the 20\textsuperscript{th} week of the gestational period, if he/she has discovered that continued pregnancy posed a risk to the woman’s physical or mental health, or if there was a risk that the foetus would suffer from a severe physical or mental abnormality. Many midwives from different health centres and hospitals underwent training in TOP in different parts of South Africa. The designated health centres and hospitals for TOP services were then identified. Most of the health facilities in the O. R. Tambo District Municipality in the Eastern Cape Province started to provide the TOP services, but some later stopped providing these services. As a result, there is overcrowding in the health facilities that currently provide TOP services. Some clients have had to travel long distances to reach the health services which provide TOP services, since the designated health facilities nearer to them stopped providing these services.

Earlier studies found that, even when the midwives had received training in providing TOP services, some had a negative attitude towards these services, and were unwilling to provide the services.
No studies on TOP services in the O.R. Tambo District Municipality were found in the literature. Earlier attitudes of the midwives towards TOP therefore are not known. This prompted the researcher to conduct the current study.

1.3 SIGNIFICANCE OF THE STUDY

The study was aimed at identifying the attitudes of midwives towards the implementation of the TOP services in two hospitals in the O.R. Tambo District. Findings of this study were expected to assist in understanding the attitudes of the midwives which may have an impact on conducting the TOP services. Application of the knowledge can also improve the quality of care of clients wishing to undergo TOP.

Recommendations resulting from the research are made to the policy makers in Eastern Cape Department of Health to encourage the provision of quality service delivery.

1.4 AIM OF THE STUDY

Since the training in TOP was given on a voluntary basis to interested midwives, only very few midwives underwent training in TOP services.

Against this background, the aim of the study was:-

To evaluate the attitudes of the midwives on implementation of the CTOP Act in the O.R. Tambo District hospitals in order to identify areas that need to be strengthened and improved.

1.5 OBJECTIVE OF THE STUDY

The specific objective of the study was:-

- To determine the attitudes of the midwives employed by the health institutions towards the implementation of the TOP services in the O.R. Tambo District in the period January to July 2009.
1.6 RESEARCH QUESTION

The researcher posed the following question:

What are the attitudes of midwives employed by the health institutions in the O.R. Tambo District towards the implementation of the CTOP Act?

1.7 DEFINITION OF TERMS

**Attitude** refers to the internal, emotional opinion a person has towards people, things, actions and behaviours (Muller, Bezuidenhoud & Jooste, 2003:518). The operational definition in this study concerns the attitude and opinions of the midwives regarding termination of pregnancy.

**Midwife** is a person who has been trained, has a qualification and is legally licensed to give care and advice to women during pregnancy, labour and the postpartum period (Nolte, 2007:3). The operational definition in this study is that a midwife is a person who is licensed to care for pregnant woman and is trained or has a potential for training to do TOP.

**Implementation** is the phase whereby a person puts selected intervention into action and accumulates feedback regarding its effects (Whaley & Wong 2006:38). In this study, implementation refers to the implementation of the Choice of Termination of Pregnancy Act.

**Termination of Pregnancy** (TOP) means separation and expulsion of uterine contents of a pregnant woman by medical or surgical means. In this study, termination of pregnancy means separation of and expulsion of uterine contents through medical means by a trained midwife or medical practitioner (CTOP Act No. 92 of 1996).
1.8 SUMMARY

In this chapter an overview of the study was presented. This included problem the statement, the significance of the study, the aim of the study, objectives of the study, the research questions and a definition of terms. In the next chapter, an in-depth literature review on termination of pregnancy will be presented.
CHAPTER 2
LITERATURE REVIEW

2.1 INTRODUCTION

The literature review that is presented in this chapter focuses on studies on termination of pregnancy in South Africa and other countries.

2.2 TERMINATION OF PREGNANCY IN SOUTH AFRICA

In 1994 the African National Congress government spelled out that “every woman has the right to choose whether or not to have early termination of pregnancy, according to her own individual beliefs” (Republic of South Africa: 1996). This Act therefore made it possible for women to have legal abortions if they so wished.

Varkey and Fonn (2000:6) indicated that health authorities throughout the country had difficulty in implementing the new Act because the providers of health care; particularly midwives, were reluctant to be trained to administer TOP. As a result, very few midwives were trained in the procedure. These investigators further stated that, after implementation of the Act, various organisations, such as the Planned Parenthood Association of South Africa, the Reproductive Health Research Unit and Reproductive Rights Alliance, conducted value clarification workshops aimed at educating the health care workers about the provisions of the new Act, and encouraging them to approach termination of pregnancy in a nonjudgmental way. The workshops were attended by more than 4,000 health care workers. Despite these workshops, few midwives were eager to conduct termination of pregnancy.

Dickson-Tetteh and Billings (2002:144) conducted a study from October 1999 to 2002 to evaluate quality of care provided by midwives who had been trained and certified to provide abortion services. Evaluation was conducted in 27 public health facilities in South Africa’s nine provinces. Data were collected by observing abortion procedures and counselling sessions; reviewing facility records and patients’ charts; and
interviewing patients and certified midwives. These investigators found that no complications occurred during or after the procedure and none of the clients died. Based on these findings, the researchers concluded that the midwives could provide high quality abortion services in the absence of doctors. They recommended that training should include post-abortion counselling as an opportunity to inform women about dual protection from unwanted pregnancies and sexually transmitted infections. Despite their competencies, the midwives did not seem to be enthusiastic about conducting abortions. Perhaps there were other reasons why they were not keen on this procedure. The need to know what influenced their resistance motivated the current study.

According to the third report on Confidential Enquiries into Maternal Deaths in South Africa (Department of Health, 2004), 101 deaths associated with abortions occurred within that period. Among avoidable factors contributing to death due to abortion deaths were unsafe abortions and lack of appropriately trained staff.

Varkey (2000:88) conducted a study among the midwives who were involved in provision of termination of pregnancy. The investigator was interested in determining midwives’ feelings about the service and the support they got from their colleagues. Findings of this study indicated that the TOP providers experienced negativity and lack of support from their peers. If the midwives were not supported by their own peers, they were less likely to participate in the provision of TOP services.

Nurses are not unique in their resistance to perform termination of pregnancy; some doctors are also against implementation of the Choice on Termination of Pregnancy Act. Kenny (2000:16) indicated that he was against abortion because of his own beliefs. He interpreted termination of pregnancy as “killing of a human being”, claiming that the foetus was inside the mother’s body but not a part of her body. He quoted the TOP Act phrase saying, “it is a woman’s right to choose what to do with her body” and stated, “this means that a woman has right to kill somebody else’s body.” He further stated that the truthful name for such law would be “The killing of Unborn Babies Act”, indicating that this was how the Nazis used euphemisms such as “final solution to Jewish problem” to mean “slaughter of Jews”.
Hord and Xaba (2001:16) conducted a study with 20 nurses: a group of nurses who had undergone training in termination of pregnancy and a group of nurses who were not trained. They discovered that 75% of the nurses in the study were against termination of pregnancy. Nurses who chose not to be trained in the termination of pregnancy argued that performing abortion on a pregnant woman was against their religious beliefs. The trained group stated that they practiced the Christian faith and that they did not see their work as being “unchristian”. They argued that God was just and that God advocated human rights. This rendered their work acceptable from a Christian human rights perspective.

According to Potgieter and Andrews (2004: 2), only 90 midwives countrywide had completed the theoretical training by 2000 and only 31 became actively involved in termination of pregnancy services. By 2001, less than 50% of designated facilities were providing TOP services due to the lack of resources inclusive of human resources.

Kotze (2002 : 20) narrates a story of a midwife who was struck off the South African Nursing Council (SANC) register following the evidence showed by the hidden camera which was installed in the TOP ward in Mpumalanga Province without the knowledge of the nursing staff. The camera showed midwives shouting at patients, who were crying out in pain, asking them to keep quiet as they were making a noise, not providing any assistance or nursing care to those who had aborted. Midwives asked patients to dispose of the foetuses themselves and another midwife told the patient to pull out the foetus herself and thereafter to clean herself to make her own bed while providing no help or nursing care to the patient. It was stated that in that hospital there were only two midwives who had undergone training in TOP, but only one had completed the training. This contributed to a gross shortage of midwives performing TOP, with result a midwife who was not trained in TOP volunteered to work in the ward providing the TOP services. The midwife was struck off the South African Nursing Council (SANC) register with a number of offences. These were: (1) negligent failure to establish and maintain a therapeutic environment in order to promote physical and mental health of the patients; (2) failure to promote and maintain physical comfort and re-assurance for patients entrusted to her care; (3) wilful and wrongful disrespect, verbal and psychological abuse
of patients in her care: and (4) wrongfully failing to provide privacy for patients in her care.

Potgieter (2004:22) conducted a study of nurses who performed termination of pregnancy in South African state hospitals to investigate what motivated them to undertake termination of pregnancy training. He found that the participants’ choice to conduct the procedure was to assist women in accessing one of their fundamental human rights.

Roberts (2006:35) conducted a study in KwaZulu-Natal Province to identify barriers to implementation of CTOP Act. The investigator’s concern was that over 69% of the designated facilities in KwaZulu-Natal Province were not rendering TOP services. Only 17 functioning public sector facilities were offering TOP services in the entire Province. In this study interviews were conducted with health care personnel from two urban hospitals providing TOP services, one rural hospital providing TOP services, two rural hospitals designated but not providing TOP services and one urban hospital planning to provide TOP services. Findings of this study were that 70% of all nurses were supportive of provision of services, 30% of nurses in management were against the implementation of TOP services. All the nurses (100%) interviewed confirmed that TOP services had never been discussed with them and that they were not adequately knowledgeable about TOP. Sixty percent of nurses indicated a need for value clarification workshops, so that they could cooperate in providing the TOP services. The greatest influence was exerted by senior management as the midwives had never been called to a meeting to discuss TOP services.

Findings from management in the rural designated hospital that was not providing TOP services were that 20% of medical doctors stated that they did not support abortion, 50% of doctors claimed that the community had been consulted and did not want the implementation of the TOP services and 30% of doctors threatened to leave the hospital if TOP services were to be introduced. The hospital manager claimed that the real issues had not been openly dealt with the healthcare providers. The nursing manager expressed her concern that management needed to take action, as women might be deprived of TOP services.
Mayers and Parkes (2005:324) conducted a study of midwives doing their undergraduate training, who participated in caring for the women undergoing termination of pregnancy whether prior to, during and post-procedure in a tertiary-level hospital in the Western Cape Province. The aim was to explore the midwives’ experience in assisting with termination of pregnancy. The midwives who had at least six months’ experience in assisting with TOP participated in the study. They found that: (1) the participants experienced a number of obstacles when assisting with TOP. Those problems hindered them, not only when it came to giving of quality care to women, but also in coping with situations they faced. They felt unprepared emotionally and said, “Nobody actually tells you what is actually involved in the whole situation.” One participant had researched the topic in the literature and by speaking to staff already working in the ward. She commented that it was more of a clinical procedure that had nothing to do with feeling. She felt confident that she could handle any TOP related situation. She remarked that if she had witnessed the birth of a live foetus, she would have felt differently; (2) some participants felt that the women were not adequately prepared for the procedure, they did not know what the procedure entailed or that the foetus would be fully developed when delivered, and thought it was just a clot; and (3) other participants experienced TOP as a heavy burden, as they felt they were expected to inform the women, and also provide emotional support for them, yet they did not see this as part of their job, saying, “it’s not my job to go around and ask them how they feel about what they did and I think that is what they need”. The participants saw patient counselling as a necessity for women having their pregnancies terminated in order to prepare them for the procedure and psychological effects. The participants were unsure or unwilling to take on this role; (4) the participants expected their patients to show sadness and loss after the procedure, but they perceived that the patients showed lack of feelings or emotions.

Harrison, Montgomery, Lurie and Wilkinson (2000:429) conducted a study on midwives who were involved in caring for women who terminated pregnancies in one of the rural hospitals in KwaZulu-Natal Province. The aim of their study was to determine the midwives’ attitudes to the implementation of the CTOP Act. They found that most of the midwives had a negative attitude towards this. They suggested that value clarification
workshops should be conducted in order to provide information regarding the legislation, nurses’ professional codes and to assist in resolving dilemmas involving distinguishing professional responsibilities from personal beliefs.

Cignacco (2002:179) conducted a study on midwives in the gynaecological wards where the TOP services were also rendered. The aim of the study was to determine the attitudes of midwives towards the women who had chosen to terminate their pregnancies. The findings revealed that: (1) the midwives had positive attitudes towards women who were admitted for TOP that was considered as necessary e.g. rape survivors and women whose pregnancies were terminated due to foetal abnormalities. These midwives were more empathic towards such women. Midwives experienced ethical conflict and suffered heavy emotional burden. (2) They expressed concern at women’s refusal to consider contraception, as it appeared to the midwives as if women were choosing their pregnancies to be terminated as a contraceptive method. (3) They experienced ambivalence when dealing with teenagers and were unsure whether to treat them as children or adults. They perceived them to be old enough to have sexual intercourse, conceive and make decisions to terminate their pregnancies. Some teenagers had previously said that they could not take contraception without parental permission. This resulted in some participants turning the teenagers back to get permission to terminate their pregnancies from their mothers. (4) Some participants felt that their time was wasted in caring for women who decided to terminate their pregnancies as those women would be back again. They made a comment that some women refused other methods of family planning and the participants had no option but to let the cycle continue.

Ortayli, Bujut & Analbunt (2001:284) conducted a study on midwives to determine their attitudes towards women who decided to terminate their pregnancies. The researchers found that: (1) Most of the participants experienced negative emotions; they felt very alone when they assisted with TOP, particularly as they were left alone by the doctors to actually carry out the TOP procedure. One of them even commented that doctors only prescribed what was to be done and let the midwife do everything; this left them feeling that they were responsible for delivery of the foetus. They did not want to be alone with
the woman and the foetus during delivery as they found comfort in the presence of someone else, even if that person did nothing other than provide moral support. Anger was expressed at the women who decided to terminate their pregnancies. This was contrasted with their professional and personal experiences with infertility in their personal lives. One of the participants said, “I felt angry because I’ve two friends who are trying to get pregnant and they have got problems and here this sixteen-year-old comes and for her it was nothing to become pregnant”. The researchers made recommendations that midwives should be regularly offered the option of rotation over a certain period. They suggested that increasing the professional staff complement, particularly for night duty, would reduce the demands of multiple roles, and would provide for a shared workload and emotional support for colleagues. They recognised that there were many constraints with regard to the allocation of staff.

2.3. TERMINATION OF PREGNANCY IN OTHER COUNTRIES

Warenius, Faxelid, Chishimba, Musanda, Ong’ang and Nissen (2006:119) investigated the attitudes of midwives towards adolescent sexual and reproductive health needs in Kenya and Zambia. Although 820 midwives were invited to participate in the study, the analysis was done on a total of 707 midwives, (n = 322 and n = 385 from Kenya and Zambia respectively), as others did not return the questionnaires. These investigators indicate that adolescent sexuality is a “highly charged moral issue” (p. 119) in both countries. They further point out that the services for adolescents are likely to be compromised due to the personal values and views of health care providers (p. 121).

Findings of this study were that the nurse-midwives disapproved of adolescent sexual activities such as masturbation, contraceptive use and abortion. The majority of participants, (88%) in Kenya and (87%) in Zambia, agreed that the pregnant adolescent girls should be allowed to continue with their studies. However, 80% and 94% of the nurse-midwives disagreed that adolescent girls should be allowed to have abortions for unwanted pregnancies (Warenius et al 2006:124). Although this study was focused on
adolescents, it sheds light on the attitudes of nurse-midwives in Kenya and Zambia; both in the southern region of Africa.

Huapaya, Espinoza and Benson (2003:135) conducted a study in Ethiopia, India, Kenya and Nicaragua for the purpose of evaluating post abortion care provided by health care workers. They found that the availability of abortion services had improved understanding of TOP in these countries.

Musgrave and Soudry (2000:493) conducted a study of 139 nurse midwives at Hadassah Hebrew University School of Nursing in Jerusalem, Israel, to determine the attitude of nurse midwives towards the legalisation of abortion. These researchers found that the majority of the nurse midwives (80%) displayed a positive attitude towards legalisation of abortion.

In United States of America (USA), many women were admitted to hospitals after illegal or self-induced abortions. Surgical evacuation of the uterus had to be done in an operating room on these cases. Surgical evacuation included mechanical dilatation of the cervix, electrical suction and sharp curettage while the patient was under general or local anaesthetic. A history of induced abortions and politics in USA led to legalisation of abortions in 1973. Harris, Dalton, and Johnson (2007:445) had two concerns. The first concern was that uterine evacuation bore a risk of haemorrhage greater than that of ongoing pregnancy. The second concern was that some practitioners might overlook pain management as they perceived that women who underwent induced abortions could tolerate a painful procedure or “deserve” discomfort. These researchers decided that all gynaecologists should be trained as abortion providers, only the patient and her physician should know whether a uterine evacuation procedure was performed for a viable or nonviable gestation. These researchers provided training for physicians, nurses and medical assistants through a series of didactic presentations, “hands-on” in-service that used plastic pelvic models, and collaboration with a local abortion clinic, where hospital staff observed abortion care. Patients requesting termination of pregnancy including those with early molar pregnancies were allowed to choose whether the procedure should be done in an operating or office room. Women with underlying medical issues of more than 12 weeks’ size by ultrasound measurement of
the foetus and/or gestational sac at the time of the procedure were not offered the office room procedure as it was unsafe for them. At the end of the first year, 57% of women who had opted for non-urgent surgical treatment changed their minds and chose the office procedure. These researchers found that office treatment was accomplished safely with minimal blood loss. On average, however, overall institutional costs were more than twice as high as per operating room procedure.

The environment in which termination of pregnancy is provided influences its acceptability. According to the WHO report (Walker, 1997:70) it was found that a preference for treatment at home was expressed by 82% of women. Women allocated to receive medical abortion were asked if they would prefer to have the abortion performed in hospital or at home. Those women felt that their privacy would be greater, that they would be more at ease and that they would be able to have the company of their partner or a friend. The study sample was too small \( n = 60 \) to assess the safety and practicability of remaining at home during prostaglandin-induced abortion, but those who remained at home received less analgesia by injection than those in hospital. It is unclear whether this was because they were less disturbed by uterine contractions or because they felt reluctant about telephoning for assistance. Having abortion at home would increase privacy for them and ensured that they would be free to choose a companion. Lack of resources results in termination of pregnancy being performed in a health institution rather than being performed at home.

Marek (2004:376) conducted a study with 200 midwives who were involved in TOP services in California. Some midwives (40%) accepted being allocated sections dealing with women who had terminated pregnancies and others (60%) refused to be allocated such duties. Those who accepted the assignment of caring for patients undergoing termination of pregnancy reported criticism from fellow health care workers and those who refused to care for women who had terminated their pregnancies also experienced criticism. There was lack of support from managers. They said they coped with the situation by justifying their actions, by carrying out the orders given by the doctors since TOP had been legalised. The conclusion was that the midwives found their work
experience with women who terminated pregnancies was emotionally draining and stressful.

2.4 SUMMARY

In this chapter the researcher has discussed the findings of previous investigators of termination of pregnancy in South Africa and other countries. Some researchers found that participants expressed a positive attitude towards TOP while others found that the participants displayed the opposite disposition. The next chapter focuses on the methods that were followed in conducting the current study.
CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

In the previous chapter the researcher presented a review of the literature on termination of pregnancy. In this chapter, the researcher discusses the methods used to conduct this study. The discussion involves the research design, population, sample, ethical consideration, collection of data and data analysis.

3.2 RESEARCH DESIGN

The research study followed a quantitative approach and a descriptive design. This design was found to be appropriate since the researcher wished to determine whether the midwives employed in the O.R. Tambo health institutions had positive or negative attitudes towards the implementation of the CTOP Act.

3.3 POPULATION AND SAMPLING

- Population

The population refers to the entire group of persons or objects that are of interest to the researcher or meet the criteria for inclusion in the study that the researcher is interested to pursue (O'Leary, 2004:103). The population of the study consisted of 150 midwives in two hospitals in the O.R. Tambo District; 60 midwives in the first hospital and 90 midwives in the second hospital. In the paragraphs that follow, these hospitals will be referred to as Hospital 1 and Hospital 2.

- Sample

A sample is the part or fraction of a whole, or a subset of a large set, selected by the researcher to participate in a research project (Brink, 2003:132). The sample in this study consisted of 50% of the midwives from each of the two hospitals. Thirty midwives were selected from Hospital 1 and 45 midwives from Hospital 2.
Inclusion criteria

To be included in the study, the midwife had to meet the following criteria:

- Be qualified and registered by the South African Nursing Council (SANC) as a midwife
- Have experience in obstetrics and gynaecological services for a minimum of two years
- Be willing to take part in the research study
- Sign a written informed consent for the researcher to conduct the study
- Be able to speak, read and write English.

Exclusion criteria

The exclusion criteria ruled out the following:

- Student midwives who were still undergoing training as midwives
- Midwives who had just completed their training and were awaiting their SANC registration as midwives.
- Midwives who were not available at the time of study, such as those on leave or sick leave.
- Midwives who were on night duty.

Sampling

Sampling refers to the process of selecting the sample from the population in order to obtain information regarding a phenomenon in a way that presents the population (Sapsford, 2007:51). Random systemic sampling was done in each hospital. This involved selecting research participants at equal intervals. Joubert and Ehrlich (2007:96) describe random systemic sampling as selection of the elements from the population at equal intervals, such as after every 5th or 8th element.
Each midwife was assigned a number starting from 1 to 60 in Hospital 1 and numbers starting from 1 to 90 in Hospital 2. The numbers were written down on paper in tabular form for each hospital. The starting point on the table was selected by pointing at a number without looking at the table. The number pointed out in this way was regarded as the starting point; selection was continued by selecting every second number on the table horizontally until 30 participants were chosen in Hospital 1. In Hospital 2, the pointed number was likewise regarded as starting point and selection was continued by selecting every second number on the table until 45 participants were chosen. Fifty percent of participants were chosen from each hospital.

Table 3.1: Random systemic sampling in Hospital 1

<table>
<thead>
<tr>
<th>1</th>
<th>11</th>
<th>19</th>
<th>58</th>
<th>60</th>
<th>33</th>
<th>2</th>
<th>49</th>
<th>51</th>
<th>32</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>9</td>
<td>27</td>
<td>10</td>
<td>3</td>
<td>26</td>
<td>55</td>
<td>5</td>
<td>24</td>
<td>41</td>
</tr>
<tr>
<td>7</td>
<td>30</td>
<td>56</td>
<td>16</td>
<td>20</td>
<td>31</td>
<td>4</td>
<td>29</td>
<td>23</td>
<td>25</td>
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<tr>
<td>37</td>
<td>17</td>
<td>59</td>
<td>53</td>
<td>12</td>
<td>38</td>
<td>44</td>
<td>54</td>
<td>8</td>
<td></td>
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<tr>
<td>28</td>
<td>50</td>
<td>39</td>
<td>42</td>
<td>57</td>
<td>21</td>
<td>36</td>
<td>46</td>
<td>52</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>40</td>
<td>22</td>
<td>14</td>
<td>43</td>
<td>45</td>
<td>15</td>
<td>35</td>
<td>47</td>
<td></td>
</tr>
</tbody>
</table>

30 research subjects were selected from a population of midwives numbered from 1 to 60.

Selected numbers were:
49, 30, 38, 13, 57, 25, 26, 11, 32, 16, 54, 14, 48, 36, 17, 5, 58, 9, 31, 28, 45, 52, 53, 41, 33, 10, 29, 39 and 35
Table 3.2: Random systemic sampling in Hospital 2

<table>
<thead>
<tr>
<th>2</th>
<th>38</th>
<th>45</th>
<th>14</th>
<th>76</th>
<th>19</th>
<th>33</th>
<th>4</th>
<th>15</th>
<th>77</th>
</tr>
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<td>51</td>
<td>12</td>
<td>85</td>
<td>42</td>
<td>90</td>
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<td>46</td>
<td>28</td>
<td>79</td>
<td>23</td>
</tr>
<tr>
<td>29</td>
<td>57</td>
<td>48</td>
<td>9</td>
<td>78</td>
<td>62</td>
<td>25</td>
<td>40</td>
<td>11</td>
<td>69</td>
</tr>
<tr>
<td>24</td>
<td>61</td>
<td>31</td>
<td>84</td>
<td>35</td>
<td>5</td>
<td>66</td>
<td>17</td>
<td>50</td>
<td>30</td>
</tr>
<tr>
<td>56</td>
<td>70</td>
<td>3</td>
<td>37</td>
<td>80</td>
<td>52</td>
<td>20</td>
<td>58</td>
<td>43</td>
<td>6</td>
</tr>
<tr>
<td>34</td>
<td>47</td>
<td>16</td>
<td>75</td>
<td>18</td>
<td>86</td>
<td>49</td>
<td>72</td>
<td>13</td>
<td>68</td>
</tr>
<tr>
<td>7</td>
<td>69</td>
<td>71</td>
<td>39</td>
<td>89</td>
<td>8</td>
<td>55</td>
<td>27</td>
<td>81</td>
<td>65</td>
</tr>
<tr>
<td>63</td>
<td>22</td>
<td>54</td>
<td>87</td>
<td>60</td>
<td>82</td>
<td>64</td>
<td>32</td>
<td>74</td>
<td>36</td>
</tr>
<tr>
<td>10</td>
<td>41</td>
<td>73</td>
<td>26</td>
<td>1</td>
<td>59</td>
<td>88</td>
<td>21</td>
<td>83</td>
<td>44</td>
</tr>
</tbody>
</table>

45 research subjects were selected from a population of midwives numbered from 1 to 90.

Selected numbers were :

51, 24, 34, 63, 41, 69, 70, 57, 38, 85, 31, 16, 54, 26, 39, 37, 9, 14, 90, 35, 18, 60, 59, 8, 52, 62, 19, 46, 66, 49, 64, 21, 27, 58, 40, 4, 79, 50, 13, 74, 44, 65, 6, 67 and 77

3.4 PILOT STUDY

A pilot study is a small-scale study which is conducted before the main study (Bell 2006:117). A pilot study was conducted using 20% (n = 10) of the midwives chosen from the population of 50 midwives in a third hospital. Participants in the pilot study did not form part of main study. The pilot study was conducted to test the following: (1) how long it took recipients to complete the questionnaire, (2) to ensure that all questions and instructions were clear and (3) to determine whether there were any items that did not yield usable data.

No problems were encountered with the use of the questionnaire, therefore no adjustments were required.
3.5 ETHICAL CONSIDERATIONS

The researcher obtained appropriate approval from the University of Fort Hare Ethics Committee (Appendix A), the Eastern Cape Department of Health Research Committee(Appendix B), and the hospitals involved (Appendices C and D) before the study was conducted. Permission to participate in the study (Appendix E) was obtained from the respondents. A written consent was obtained from the respondents after the nature, aims and significance of the study (Appendix F) had been clearly explained to the respondents.

Respondents were informed that they were free to participate but could withdraw from the study if they so desired, and that there would be no victimisation (Brink, 2003:39). The respondents were assured that they would not experience any physical discomfort but slight emotional discomfort might occur if they were involved in termination of pregnancy services. The respondents' privacy was maintained throughout the study. Data that were collected were kept confidential and this was achieved by ensuring anonymity by which even the researcher was not able to link respondents' names with the data collected. Confidentiality was maintained by ensuring that the information provided by the respondents would not be publicly reported or made accessible to other people other than those involved in the study. Information was accessible to the researcher, supervisor, research committees of the University of Fort Hare, Department of Health, and Hospital 1 and Hospital 2. The names of the respondents would not be used when publishing the report in journals or articles.

In the event of a participant having an emotional breakdown, the researcher would stop the study for a while and give such a participant an opportunity to recover. If necessary, the participant would be referred to a counsellor for further management. Data were stored in a safe place under lock and key and will be kept for five years before being destroyed.
3.6 INSTRUMENT

An instrument refers to the tool (Appendix G) used to gather the data in order to yield reliable and valid information (Brink, 2006:53). The data were collected using the “Attitude of midwives on implementation of choice on termination of pregnancy questionnaire” developed by the researcher with the help of the supervisor. This questionnaire was based on a Likert scale with scores ranging from 1 to 5, with 1 indicating “strongly disagree”, 2 indicating “disagree”, 3 indicating “neither agree nor disagree” (uncertain), 4 indicating “agree “ and 5 indicating “strongly agree”. The scale contained 18 items which determined whether the respondents expressed a positive attitude or a negative attitude towards the implementation of TOP in the health facilities.

The questions that were asked were aimed at determining the following:

- whether the respondents agreed that performance of TOP was done to prevent the occurrence of abandoned babies if pregnant women had unplanned pregnancies and also to save women’s lives from the complications which would occur if an abortion was conducted by a street abortionist;

- whether the midwives agreed that performing TOP services in the health facility was acceptable or not because it was done by a trained professional in a safe environment;

- whether the midwives did not want to perform TOP because of their religious beliefs or if they felt that to perform TOP would lead to victimisation by the community members in cases where TOP was not accepted by the community;

- whether the midwives agreed to compulsory training in TOP services for all midwives so that any midwife could be allocated to a TOP section;

- whether the midwives agreed that a health provider had a right to refuse to perform TOP;
• whether the midwives agreed that the patients should not be deprived of their rights, that the midwife should perform TOP for a woman who requested it;

• whether the midwives agreed that performing TOP would make them feel guilty or not;

• whether midwives agreed that the midwife should abide by legislation and should, therefore, provide the services needed by the client;

• whether the midwives agreed that TOP providers should be regarded as specialists and be considered for a special remuneration;

• whether the midwives agreed that they would rather change their jobs or not if TOP was done against their will;

• whether the midwives agreed that that performing TOP in health institutions should be discontinued as this contradicted the “saving mothers saving babies” project;

• whether the midwives recommended formation of support groups for TOP providers and formation of a special program at Provincial level to address all problems encountered by TOP providers;

• whether the midwives agreed that the community should be educated so that the TOP providers would not be victimised;

• whether the midwives recommended re-opening of the closed designated health institutions for TOP services or not since there was overcrowding in institutions which still continued providing the TOP services; and whether TOP services should be provided even if there should be sufficient resources like trained staff and equipment in order to render quality TOP services.
3.7 VALIDITY AND RELIABILITY

Validity refers to the extent to which a measurement instrument actually measures what it is meant to measure (Joubert & Ehrlich, 2007:117).

Content validity is the assessment of how the instrument presents all the components of the variables to be measured (Brink, 2006:160). This was ensured by developing the questionnaires which revealed variables were based on the literature review. The questionnaires were presented to three experts in research to evaluate whether each item in the questionnaire measured what it was supposed to measure and to check what it was not supposed to measure. They all agreed that the components of the variables to be measured were correct.

Face validity means that the instrument appears to measure what it is supposed to measure (Brink, 2006:160). The items on the questionnaires were designed in such a way that they met the objective of the researcher. A pilot study was conducted with midwives of the other hospital not involved in the research study. It was conducted to determine whether the questions could provide answers that accorded with the objectives of the study before the study was conducted. The midwives also commented that the questions were clear.

Criterion-related validity refers to a pragmatic approach to establish a relationship between the scores on the instrument in question and external criteria (Brink, 2006:160). This was ensured by comparing the questionnaires to existing questionnaires known to be valid.

Reliability refers to the degree of similarity of the results obtained when the measurement is repeated on the same subject or with a similar group (Joubert & Ehrlich, 2007:117). Reliability was ensured by asking similar questions, which yielded similar responses from the participants. Additionally, the reliability of the instrument was tested by determining Cronbach’s Alpha, which is an "index of the degree to which all the different items in a scale are measuring the same attribute" (Polit, 1996:249). Pallant (2001:92) indicates that Cronbach’s Alpha co-efficient for the scale should be at least 0.7. In this study using a sample of (n = 75), the Attitude on
the implementation of CTOP Scale had high reliability of 0.81.

3.9 DATA COLLECTION

Since the researcher had already requested permission to conduct the research study in each hospital and the permission was granted, the midwives were requested to also grant permission for the researcher to conduct the study. An informed consent was obtained from the respondents after the nature, aims, and the significance of the study had been clearly explained to them. The respondents were informed that they were free to participate or withdraw from the study if they so wished and that they would not be victimised if they decided to withdraw (Mouton & Babbie, 2001:529). The respondents were informed that privacy was to be maintained throughout the study. Data collected were to be kept confidential and this was to be achieved by ensuring anonymity to the extent that even the researcher would not able to link respondents’ names with collected data. Confidentiality was to be maintained by ensuring that the information given by the respondents was not publicly reported or made accessible to people other than those involved in the study. The respondents were also informed that the information would be accessible to the researcher, supervisor, research committee concerned and the co-supervisor. They were informed that their names would not be used when publishing the report in journals or articles. All questionnaires were delivered by hand directly to the respondents who were requested to complete the forms after reading the covering letter. The respondents were allowed a three day period for answering the questions. On the fourth day, every respondent returned a completed questionnaire.

3.10 DATA ANALYSIS

The quantitative nature of data determined that data be entered as numerical values. In this case a coding system was formulated as pre-coded forms. Each questionnaire was assigned a number (identification code) in the right-hand corner upon receipt.
Questionnaires from two hospitals were combined. The response rate was 100%. The data were analysed using Statistix 8.1 software for Windows. The significant level of tests was set at 0.05. Data were checked for errors visually, by conducting frequencies for categorical items and by checking the means for the continuous variables. The errors were corrected and data analysis was conducted (Pallant, 2001:40-41). Overall chi-square and p-values were determined.

3.11 SUMMARY

In this chapter the method of obtaining the research objects, instruments and methods used for collecting data from the participants were discussed. The next chapter concerns the communication of the results.
CHAPTER 4

RESULTS OF THE STUDY

4.1 INTRODUCTION

The results that are presented in this chapter are based on responses of the participants on questions that were asked in questionnaires which they were given and requested to answer. Questionnaires from two hospitals were combined to make a total of 75 questionnaires. The response rate to questionnaires was 100%, as all questionnaires were answered.

4.2 DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

The mean age of the participants was 42.6 (n = 75). The age range was from 21 years to 65 years. The details are presented in Tables 4.1, 4.2 and 4.3. Marital status of the participants reflected that 44% (n = 33) of the participants were married, 45.3% (n = 34) had never married, 9.3% (n = 7) were widowed and 1.3% (n = 1) was divorced. Religious status of the participants reflected that 100% (n = 75) belonged to the Christian Fellowship.

Table 4.1: Age profile of the participants

<table>
<thead>
<tr>
<th>Age</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>21-25 years</td>
<td>4</td>
<td>5.3</td>
</tr>
<tr>
<td>26-30 years</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>31-35 years</td>
<td>11</td>
<td>15</td>
</tr>
<tr>
<td>36-40 years</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>41-45 years</td>
<td>14</td>
<td>19</td>
</tr>
<tr>
<td>46-50 years</td>
<td>16</td>
<td>21</td>
</tr>
<tr>
<td>51-55 years</td>
<td>9</td>
<td>12</td>
</tr>
<tr>
<td>56-60 years</td>
<td>4</td>
<td>5.3</td>
</tr>
<tr>
<td>61-65 years</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>75</td>
<td>100</td>
</tr>
</tbody>
</table>
Table 4.2: Marital status of the participants

<table>
<thead>
<tr>
<th>Marital status</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>33</td>
<td>44</td>
</tr>
<tr>
<td>Widowed</td>
<td>7</td>
<td>9.3</td>
</tr>
<tr>
<td>Divorced</td>
<td>1</td>
<td>1.3</td>
</tr>
<tr>
<td>Single</td>
<td>34</td>
<td>45.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>75</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 4.3: Religious status of the participants

<table>
<thead>
<tr>
<th>Religious affiliation</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christian church</td>
<td>11</td>
<td>15</td>
</tr>
<tr>
<td>Methodist church</td>
<td>18</td>
<td>24</td>
</tr>
<tr>
<td>Presbyterian church</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Twelve Apostolic church</td>
<td>4</td>
<td>5.3</td>
</tr>
<tr>
<td>Old Apostolic church</td>
<td>1</td>
<td>1.3</td>
</tr>
<tr>
<td>Apostolic Faith Mission</td>
<td>4</td>
<td>5.3</td>
</tr>
<tr>
<td>Winning Faith</td>
<td>1</td>
<td>1.3</td>
</tr>
<tr>
<td>Pentecostal church</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Anglican church</td>
<td>16</td>
<td>21</td>
</tr>
<tr>
<td>Roman Catholic church</td>
<td>4</td>
<td>5.3</td>
</tr>
<tr>
<td>Assemblies of God</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Zion Christian Church</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Ethiopian</td>
<td>1</td>
<td>1.3</td>
</tr>
<tr>
<td>Moravian church</td>
<td>1</td>
<td>1.3</td>
</tr>
<tr>
<td>Baptist church</td>
<td>1</td>
<td>1.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>75</td>
<td>100</td>
</tr>
</tbody>
</table>
4.3 DESCRIPTION AND ANALYSIS OF ATTITUDES OF MIDWIVES TOWARDS THE CHOICE ON TERMINATION OF PREGNANCY ACT

Firstly, the questionnaires were arranged in groups according to the demographic characteristics of the respondents. Two groups were formed for age particulars, whereby all those who were from the ages of 21 to 40 years were grouped together with a total of 27 participants, and those from 40 to 65 years were grouped together with a total of 48 participants. Two groups were formed according to marital status, whereby all those who were married, widowed and divorced were grouped as married participants, which provided a total of 41 participants. Those who were never married (single) equalled a total of 34 participants. Three denomination groups were formed whereby different churches of the same denomination were grouped together, forming 15 participants for the Anglican denomination, 4 participants for Catholic denomination and 56 participants for Pentecostal denomination. For the purpose of this study the agree/strongly agree was collapsed to agree and disagree/strongly disagree was collapsed to disagree.

Statement 1: Provision of Termination of Pregnancy (TOP) services prevents occurrence of abandoned babies.

Out of n=75 participants, the majority (n = 53/70.6%) agreed that provision of TOP services prevents occurrence of abandoned babies. The Chi-square was non-significant in this regard. There were no significant data identified in this regard. Details are presented in table 4.4 below.

Table 4.4

<table>
<thead>
<tr>
<th>Response</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>53</td>
<td>70.6%</td>
</tr>
<tr>
<td>Disagree</td>
<td>22</td>
<td>29.3%</td>
</tr>
<tr>
<td>Total</td>
<td>75</td>
<td>100%</td>
</tr>
</tbody>
</table>
Statement 2: Performing TOP on a pregnant woman is against my religious belief.

The majority of the participants (n=57/76%) agreed that performing TOP on a pregnant woman is against their. There were no significant data identified in this regard. Details are presented in table 4.5.

Table 4.5

<table>
<thead>
<tr>
<th>Response</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>57</td>
<td>76</td>
</tr>
<tr>
<td>Disagree</td>
<td>18</td>
<td>24</td>
</tr>
<tr>
<td>Total</td>
<td>75</td>
<td>100</td>
</tr>
</tbody>
</table>

Statement 3: Performing TOP is acceptable because it is done by a trained professional in a safe environment.

Most of the participants (n=49/65.3%) agreed that performing TOP is acceptable because it is done by a trained professional in a safe environment. The chi-square was non-significant in this regard. Details are presented in table 4.6.

Table 4.6

<table>
<thead>
<tr>
<th>Response</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>49</td>
<td>65.3</td>
</tr>
<tr>
<td>Disagree</td>
<td>26</td>
<td>34.6</td>
</tr>
<tr>
<td>Total</td>
<td>75</td>
<td>100</td>
</tr>
</tbody>
</table>
Statement 4: Performing TOP on a pregnant woman saves pregnant women from complications which would occur if it was done by a street abortionist.

The majority of participants (n=57/76%) agreed that performing TOP on a pregnant woman saves pregnant women from complications which would occur if it was done by a street abortionist. No significant data were identified in this regard. Details are presented in table 4.7

Table 4.7

<table>
<thead>
<tr>
<th>Response</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>57</td>
<td>76</td>
</tr>
<tr>
<td>Disagree</td>
<td>18</td>
<td>24</td>
</tr>
<tr>
<td>Total</td>
<td>75</td>
<td>100</td>
</tr>
</tbody>
</table>

Statement: 5 Provision of TOP services contributes to victimisation of TOP providers and their families.

Out of n=75 participants the majority of participants (n=46/61.3%) agreed that provision of TOP services contribute to victimisation of TOP providers and their families.

No significant data were identified in this regard. Details are presented in table 4.8.

Table 4.8

<table>
<thead>
<tr>
<th>Response</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>46</td>
<td>61.3</td>
</tr>
<tr>
<td>Disagree</td>
<td>29</td>
<td>38.6</td>
</tr>
<tr>
<td>Total</td>
<td>75</td>
<td>100</td>
</tr>
</tbody>
</table>
Statement 6: Every professional nurse should undergo training on TOP.

Most of the participants (n=32/42.6%) agreed that every professional nurse should undergo training on TOP. The chi-square was non-significant in this regard. Details are presented in table 4.9.

Table 4.9

<table>
<thead>
<tr>
<th>Response</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>32</td>
<td>42.6</td>
</tr>
<tr>
<td>Disagree</td>
<td>43</td>
<td>57.3</td>
</tr>
<tr>
<td>Total</td>
<td>75</td>
<td>100</td>
</tr>
</tbody>
</table>

Statement 7: It is the health provider’s right to refuse to perform TOP.

Most of the participants (n=55/73.3%) agreed that it is the health provider's right to refuse to perform TOP. A further analysis shows a significant difference among marital statuses of the participants in which chi-square test was 10.7 and p-value was 0.01. There were (n=20/26.6%) participants who disagreed with that statement. Details are presented in table 5.0.

Table 5.0

<table>
<thead>
<tr>
<th>Response</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>55</td>
<td>73.3</td>
</tr>
<tr>
<td>Disagree</td>
<td>20</td>
<td>26.6</td>
</tr>
<tr>
<td>Total</td>
<td>75</td>
<td>100</td>
</tr>
</tbody>
</table>
Statement 8: Patients requesting TOP should not be deprived of their rights; the nurse should provide services needed by the clients.

Out of \( n=75 \) participants the majority of participants \((n=45/60\%)\) agreed that patients requesting TOP should not be deprived of their rights; the nurse should provide services needed by the clients. A significantly higher portion of younger participants held this view (Chi-square = 8.18; \( p=0.04 \)). Details are presented in table 5.1.

Table 5.1

<table>
<thead>
<tr>
<th>Response</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>45</td>
<td>60</td>
</tr>
<tr>
<td>Disagree</td>
<td>30</td>
<td>40</td>
</tr>
<tr>
<td>Total</td>
<td>75</td>
<td>100</td>
</tr>
</tbody>
</table>

Statement 9: Performing TOP makes a health provider feel guilty.

Most of the participants \((n=54/72\%)\) agreed that performing TOP makes a health provider feel guilty. No significant data were identified in this regard. Details are presented in table 5.2.

Table 5.2

<table>
<thead>
<tr>
<th>Response</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>54</td>
<td>72%</td>
</tr>
<tr>
<td>Disagree</td>
<td>21</td>
<td>28</td>
</tr>
<tr>
<td>Total</td>
<td>75</td>
<td>100</td>
</tr>
</tbody>
</table>
Statement 10: Every health provider should abide by legislation, and therefore has to conduct TOP for a woman who requests it.

The majority of the participants (n=40/53.3%) disagreed that every health provider should abide by legislation, and therefore has to conduct TOP for a woman who requests it. The chi-square was non-significant in this regard. Details are presented in table 5.3.

Table 5.3

<table>
<thead>
<tr>
<th>Response</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>34</td>
<td>45.3</td>
</tr>
<tr>
<td>Uncertain</td>
<td>1</td>
<td>1.3</td>
</tr>
<tr>
<td>Disagree</td>
<td>40</td>
<td>53.3</td>
</tr>
<tr>
<td>Total</td>
<td>75</td>
<td>100</td>
</tr>
</tbody>
</table>

Statement 11: TOP providers should be treated as specialists and must be considered for special remuneration.

Most of the participants (n=45/60%) agreed that the TOP providers should be treated as specialists and must be considered for special remuneration. No significant data were identified in this regard. Details are presented in table 5.4.

Table 5.4

<table>
<thead>
<tr>
<th>Response</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>45</td>
<td>60</td>
</tr>
<tr>
<td>Disagree</td>
<td>30</td>
<td>40</td>
</tr>
<tr>
<td>Total</td>
<td>75</td>
<td>100</td>
</tr>
</tbody>
</table>
Statement 12: I would rather change their jobs if they can be allocated to a TOP section.

The majority of participants (n=42/56%) agreed that they would rather change their jobs if they can be allocated to a TOP section. The chi-square was identified in this regard. Details are presented in table 5.5

Table 5.5

<table>
<thead>
<tr>
<th>Response</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>42</td>
<td>56</td>
</tr>
<tr>
<td>Disagree</td>
<td>33</td>
<td>44</td>
</tr>
<tr>
<td>Total</td>
<td>75</td>
<td>100</td>
</tr>
</tbody>
</table>

Statement 13: TOP services should be discontinued in health facilities as they contradict the “saving mothers, saving babies” project.

Out of n=75 participants the majority of participants (n=40/53.3%) agreed that TOP services should be discontinued in health facilities as they contradict the “saving mothers, saving babies” project. The chi-square was non-significant in this regard. Details are presented in table 5.6

Table 5.6

<table>
<thead>
<tr>
<th>Response</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>40</td>
<td>53.3</td>
</tr>
<tr>
<td>Disagree</td>
<td>35</td>
<td>46.6</td>
</tr>
<tr>
<td>Total</td>
<td>75</td>
<td>100</td>
</tr>
</tbody>
</table>
Statement 14: TOP providers should form support groups so that they can share their problems.

The majority of participants (n=55/73.3%) agreed that the TOP providers should form support groups so that they can share their problems. There were no significant data identified in this regard. Details are presented in table 5.7

Table 5.7

<table>
<thead>
<tr>
<th>Response</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>55</td>
<td>73.3</td>
</tr>
<tr>
<td>Disagree</td>
<td>20</td>
<td>26.6</td>
</tr>
<tr>
<td>Total</td>
<td>75</td>
<td>100</td>
</tr>
</tbody>
</table>

Statement 15: A special programme should be instituted at the provincial level to address all problems encountered by the TOP providers.

Out of n=75 participants the majority of participants (n=63/84%) agreed that a special programme should be instituted at the provincial level to address all problems encountered by the TOP providers. The chi-square was non-significant in this regard. Details are presented in table 5.8.

Table 5.8

<table>
<thead>
<tr>
<th>Response</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>63</td>
<td>84</td>
</tr>
<tr>
<td>Disagree</td>
<td>12</td>
<td>16</td>
</tr>
<tr>
<td>Total</td>
<td>75</td>
<td>100</td>
</tr>
</tbody>
</table>
Statement 16: The community should be educated about TOP services so that the TOP providers would not be victimised as they prevent maternal deaths.

Most of the participants (n=58/77.3%) agreed that the community should be educated about TOP services so that the TOP providers would not be victimised as they prevent maternal deaths. No significant data were identified in this regard. Details are presented in table 5.9.

Table 5.9

<table>
<thead>
<tr>
<th>Response</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>58</td>
<td>77.3</td>
</tr>
<tr>
<td>Disagree</td>
<td>17</td>
<td>22.6</td>
</tr>
<tr>
<td>Total</td>
<td>75</td>
<td>100</td>
</tr>
</tbody>
</table>

Statement 17: Facilities which stopped providing TOP services should re-open since there is overcrowding in other institutions which provide these services.

Out of n=75 participants the majority of participants (n=44/58.6%) agreed that the facilities which stopped providing TOP services should re-open since there is overcrowding in other institutions which provide these services. There were no significant data identified in this regard. Details are presented in table 6.0
Table 6.0

<table>
<thead>
<tr>
<th>Response</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>44</td>
<td>58.6</td>
</tr>
<tr>
<td>Disagree</td>
<td>31</td>
<td>41.3</td>
</tr>
<tr>
<td>Total</td>
<td>75</td>
<td>100</td>
</tr>
</tbody>
</table>

Statement 18: There should be enough resources like trained staff and equipment to render TOP services.

Most of the participants (n=56/74.6%) agreed that there should be enough resources like trained staff and equipment to render TOP services. There were no significant data in this regard. Details are presented in table 6.1

Table 6.1

<table>
<thead>
<tr>
<th>Response</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>56</td>
<td>74.6</td>
</tr>
<tr>
<td>Disagree</td>
<td>19</td>
<td>25.3</td>
</tr>
<tr>
<td>Total</td>
<td>75</td>
<td>100</td>
</tr>
</tbody>
</table>

4.4 SUMMARY

In this chapter, the results and analysis have been presented. Data were analysed using Statistix 8.1 software for Windows. The majority of the midwives (n=11/61.1%) showed the positive attitudes towards the implementation of the CTOP Act in the O.R. Tambo District hospitals and the areas that needed to be strengthened and to be improved were identified. Additionally, chi-square and p-value tests were performed and there was no a significant difference in attitudes of
midwives employed in the hospitals in the O.R. Tambo District in the Eastern Cape Province.
CHAPTER 5

DISCUSSIONS, LIMITATIONS, SUMMARY AND RECOMMENDATIONS

5.1 INTRODUCTION

In the previous chapter, the researcher presented the results of the study. In this chapter a discussion of the current study is presented. This is followed by the discussion of the limitations of the research, and a summary of the study, with recommendations for further studies.

5.2 DISCUSSION

Findings of the current study indicate that the majority of midwives (n=53/70%) had a positive attitude as they agreed that implementation of the TOP services prevents the occurrence of abandoned babies. This finding is consistent with Vlok’s argument. Vlok (2006:422) indicated that unplanned pregnancy results in maternal rejection and possible child abuse. The investigator further argued that this should be prevented by the midwife who has to observe a pregnant woman who expresses dismay at finding herself pregnant and indicates that she would like an abortion, or if she expresses hatred of the child’s father.

The findings of the current study indicate that most of the midwives (n=57/76%) are unwilling to perform termination of pregnancy because of their religious beliefs. This study is consistent with findings in the study conducted by Harries, Orner, Gabriel & Mitchell (2007:20). The study was conducted with trained midwives who were providing the TOP service (providers) and trained midwives who were not providing the TOP service (non-providers). The non-providers claimed that they could not perform TOP because of their religious beliefs. One of them explained that she was a Catholic and that she did not want to do or take part in any of the TOP services. Some providers were able to separate personal values from professional conduct. They viewed abortion care as “part of their job” whereas those who opposed TOP services found it difficult to separate their personal feeling from their professional
The majority of the midwives (n=49/65%) agreed that performing TOP in health facilities was acceptable because it was done by a trained professional in a safe environment. According to Blum and Nelson-Mmari (2004: 402) a study was conducted by 600 nurse-midwives who were recruited from Sweden and sub-Saharan to determine the causes of deaths in adolescents and young people in Kenya and Zambia. These researchers were concerned about Government policy in these countries which provided all sexually active men and women with contraceptive health services but adolescents had limited access to such services despite the global agreement on adolescent reproductive health and rights in 1994 at the International Conference on Population and Development. The researchers discovered that reproductive health services were underutilised by young people due to limitation to reproductive health services. Adolescents with unplanned pregnancies had to undergo illegal abortion because legal abortions were inaccessible and unacceptable. Findings from Kenya revealed that unsafe abortion-related complications resulted in 35% of maternal deaths. In the Western Province of Zambia findings revealed that one in 100 schoolgirls died from abortion-related complications.

The back-street abortionists are untrained and perform abortion in an environment which is neither well equipped nor conducive to preventing complications. The health facilities have adequate equipment with trained doctors and midwives to prevent complications which may occur, and thus provide a safe environment.

Most of the midwives (n=46/61%) were of the opinion that performing TOP contributes to victimisation of the TOP providers and their relatives. These findings are consistent with previous researchers’ findings. Martino Maze (2005:546) conducted a study on registered nurses involved in TOP services. The findings of that study were that some TOP providers experienced some feeling of isolation. One of the providers explained that her peers informed the community that she was involved in TOP services. Some midwives did not want to be TOP providers because they feared victimisation, being stigmatised, being isolated from peers and also within the community. Gmeiner and van Wyk (2000:5) conducted a study on midwives performing TOP. They found that TOP providers experienced victimisation by the
community. One midwife even quoted that her child told her that one of the community members once said to him, “your mother kills babies”.

A higher percentage of midwives (n=43/57%) disagreed with the statement which states that every professional nurse should undergo compulsory training in TOP. These findings are consistent with the recommendations made by Jewkes and Rees (2005:96). These investigators conducted research on TOP providers and non-providers to determine whether TOP services were acceptable in Western Cape Provincial health facilities. Their findings were that the non-providers did not accept TOP service due to their religious and moral beliefs. They recommended that the South African Nursing Council (SANC) should consider incorporating abortion training into the nursing curriculum. Although these researchers recommended incorporation of abortion training into the nursing curriculum, there is a loophole in the CTOP Act (no 92 of 1996) which allows the midwife to refuse to perform TOP at any time if she decides to stop providing the TOP service.

The majority of the midwives (n=55/73.3%) agreed that a health provider has a right to refuse to perform TOP. These findings are consistent with the philosophy of the Democratic Nurses’ Organisation of South Africa (DENOSA), which indicates that everybody should be treated with respect and dignity. DENOSA (2003:38) published a pamphlet on “The abortion law and your rights” which was prepared by Doctors-for-Life on rights of the health care worker involved in with patients choosing TOP. The pamphlet stated that, everyone is equal before the law and has the equal protection and benefit of the law. No person may be unfairly discriminated against directly or indirectly on any one or more grounds including among other things religion, conscience and belief.

Some midwives (n=45/60%) support the opinion that women requesting TOP should not be deprived of their rights; the nurse should provide the services needed by the clients. This may be due to the fact that there is an oath taken by nurses, the international pledge for nurses, which reminds the nurses during special occasions to feel compelled to uphold ethics in circumstances that call for morale. There is a clause which states, “In the full knowledge of the obligations, I promise to care for the
sick with all of the skill and understanding I possess regardless of the race, colour, creed, politics, or social status. The South African Nursing Council Regulation (R2598), Scope of Practice stipulates that the midwife has the responsibility of caring for a maternity patient who is pregnant, in labour, during puerperium and in need of family planning. Lupton (2008:1071) indicated that patients requesting termination of pregnancy should not be deprived of their rights; the nurse should provide the services needed by the patient. The investigator further argued that the moment a woman has an unwanted pregnancy and has no access to safe TOP services, her life is in severe danger.

A higher percentage of midwives (n=42/56%) agreed that performing TOP makes a health provider feel guilty. These findings are consistent with findings by Mokgethi, Ehlers and Van der Merwe (2006:33). These investigators conducted a survey to determine the attitudes of professional nurses towards TOP services in a tertiary hospital in the North West Province. They found that some professional nurses who were involved in TOP services explained that, when they recalled what happened during the procedure, they had a guilty conscience. Some even developed depression and anxiety as the result of providing the TOP services.

Findings of the current study reveal that the majority of midwives (n=45/60%) support the suggestion that consideration be given to TOP providers as specialists who qualify for special remuneration. Recognition of those who provide service delivery is of great importance. Franco, Bannette and Miller (2002:15) mention recognition (including praise and reward) as a common incentive but assert that this encourages intrinsic motivation.

A higher percentage of midwives (n=40/53.3%) agreed that they would rather change their jobs than be allocated to a TOP section. These findings are consistent with previous investigators’ findings. Jewkes and Rees (2005:96) in a study of TOP providers to determine their attitudes towards TOP recorded that some respondents informed them that other TOP providers experienced “burnout” and left the service as they could not endure the comments or the attitudes of their colleagues.
The majority of the midwives (n=40/53.3%) agreed that TOP services should be discontinued in health facilities as they contradict the “saving mothers, saving babies” project. These findings are not consistent with the previous investigators' recommendations. Dickson, Jewkes, Brown, Levin, Rees & Mavuya (2003:283) conducted a study on designated health institutions which provided the TOP services. These investigators found that the health institutions which stopped rendering the services did so due to a shortage of staff and other resources. They did not recommend discontinuity of the TOP service; instead they recommended that greater efforts should be made to overcome barriers against the implementation of the TOP service, like negative attitudes of the communities and towards the nursing and medical personnel.

A higher percentage of midwives (n=55/73.3) agreed that TOP providers should form support groups in order to discuss the problems they encountered. The previous studies showed that TOP providers needed support from their managers. Dickson et al. (2003:282) conducted a study to determine the accessibility of abortion service provision in South Africa. Three years after liberalisation of the law, a total of 392 facilities were designated to provide TOP services nationally. They found that facilities that were reported to be functional were regarded as non-functional during certain periods if the committed providers were absent. Some women seeking TOP could travel for more than 100 km in order to access the TOP service. These investigators recommended that provision of abortion services should be extended with improved service management and monitoring at provincial and national levels. Harries, Stinson & Orner (2009:296) conducted a study on midwives involved in TOP services in one of the public hospitals in the Western Cape Province. Some midwives raised their concern about the need for “dedicated centres for TOP or special abortion clinics to create a more supportive environment”. This is consistent with recommendations by Marek (2004:376) in a study conducted in California. In this study, the findings were that the TOP providers felt frustrated in the workplace due to lack of support from the managers. Formation of a provincial support centre is also recommended in the current study. The Basic Conditions of Employment Act (No. 75 of 1997) of the Republic of South Africa stipulates that working conditions are
influenced by government policies, but each institution is responsible for creating a caring environment for its staff.

In this study most of the midwives (n=58/77.3%) recommended the education of the community in order to avoid victimisation of TOP providers. These findings are consistent with findings of the previous investigators. Bentham (2008:1072) argued that the principle that a woman should be denied access to safe termination of pregnancy during the first twelve weeks of gestation on the basis of religious sensitivity might be described as unethical. He further concluded that both education and greater economic justice for women are crucial if they are to be freed from the burden of unwanted pregnancy.

This study has shown that the majority of midwives (n=56/74.6%) agreed that there is a need for enough resources in order to provide quality TOP services. Harries et al (2007:20) discovered that the shortage of TOP providers was one of the causes of frustration for the TOP providers whom they interviewed. According to the WHO report, Walker (1997:90) indicated that the success of an early medical abortion depends on a well-organized system of distribution that ensures that every providing centre always has adequate stock of abortion-inducing agents and other pharmaceuticals that are necessary for the safety and well-being of the women.

5.3 LIMITATIONS

The limitation of this study is that it was conducted in two hospitals in the Eastern Cape only, therefore the results cannot be generalised to the entire Eastern Cape Province.
5.4 RECOMMENDATIONS

Based on the findings of this study, the researcher makes the following recommendations for practice and research:

5.4.1 Practice

Since the midwives in this study demonstrated a positive attitude towards TOP, the reasons for stopping the TOP service in the concerned institution should be investigated. The recommendations include the following:

- Compulsory training of midwives to include aspects of reproductive health epidemiology, in particular the epidemiology of unsafe abortions should be introduced in the SANC nursing curriculum.

- The ongoing training in nursing colleges and universities should expose nurses to new information that would encourage a positive attitude towards the TOP service.

- Training of midwives in TOP should continue to overcome the gross shortage of midwives who provide the TOP service.

- Employment of managers trained on TOP services and training of managers who are interested in working in the TOP section so that they can support the TOP providers.

- The TOP providers should be given incentives such as additional payment in order to motivate them.

- Formation of support centres for TOP providers, where the latter can obtain support such as counselling in order to cope with the TOP service.

- Education of the community on prevention of unwanted pregnancy by means of using contraceptives and on indications for providing the TOP services so that they do not victimize the TOP providers.

- Availability of toll free number for reporting victimization of the TOP providers.
5.4.2. Research

- Since this was a small study that involved midwives from two institutions, a bigger study that covers the whole Eastern Cape Province should be done in order to generalise the findings

- Qualitative studies which will provide in-depth information on TOP services in the Eastern Cape Province should be conducted. One of the studies should include the reasons for termination or continuation of the TOP service.

5.5 CONCLUSION

The majority of the midwives (n=11/61.1%) revealed a positive attitude towards the implementation of the TOP service. They were of the opinion that performing TOP prevents complications which would occur when this was performed by the back-street abortionists. Some identified obstacles that would prevent effective implementation of the TOP service included victimisation of the TOP providers by their colleagues and members of the community. The midwives recommended continuity of the TOP services and re-opening of the closed facilities. Although most of the midwives commented about the necessity of the TOP service, they did not recommend compulsory training of all professional nurses in TOP services and indicated that they would not like to work in TOP sections. They recommended consideration of the TOP providers for special remuneration and formation of support centres. The recommendations that are made are based on the findings of the study.
REFERENCES


APPENDICES

APPENDIX A

Certificate of approval from the University of Fort Hare Ethics Committee

OFFICE OF THE DEPUTY VICE-
ACADEMIC AFFAIRS AND RESEARCH
Private Bag X1314, Alice 5700
Tel: 04060 22403
Fax: 0866282944

Application for clearance from the University of Fort Hare’s Ethics Committee

Project Title: ATTITUDES OF MIDWIVES TOWARDS THE IMPLEMENTATION OF CHOICE ON TERMINATION OF PREGNANCY ACT IN THE HEALTH FACILITIES OF THE O. R. TAMBO DISTRICT

Chief Researcher: Mrs. Essinah Nosisi Nohaji
Supervisor: Dr E. M. Yako

Date of application: March 2009

Having consulted the Dean of Research, I hereby grant permission to conduct the research.

Professor J R Midgley
Deputy Vice-Chancellor
Chairperson of the interim Ethics Committee

6th May 2009
APPENDIX B

Letter of approval from the Eastern Cape Department of Health Research Ethics Committee

Dear Ms EN Nohaji

Re: Attitude of the midwives towards the implementation of choice on termination of pregnancy act in the health facilities of OR Tambo District

The Department of Health would like to inform you that your application for conducting a research on the abovementioned topic has been approved based on the following conditions:

1. During your study, you will follow the submitted protocol with ethical approval and can only deviate from it after having written approval from the Department of Health in writing.

2. You are advised to ensure observe and respect the rights and culture of your research participants and maintain confidentiality of their identities and shall remove or not collect any information which can be used to link the participants. You will not induce or force individuals or possible research participants to participate in your study. Research participants have a right to withdraw anytime they want to.

3. The Department of Health expects you to provide a progress on your study every 3 months (from date you received this letter) in writing.

4. At the end of your study, you will be expected to send a full written report with your findings and implementable recommendations to the Epidemiological Research & Surveillance Management. You may be invited to the department to come and present your research findings with your implementable recommendations.

5. Your results on the Eastern Cape will not be presented anywhere unless you have shared them with the Department of Health as indicated above.

Your compliance in this regard will be highly appreciated.

[Signature]
DEPUTY DIRECTOR: EPIDEMIOLOGICAL RESEARCH & SURVEILLANCE MANAGEMENT

[Stamp]

I certify that this document is a true reproduction (Copy) of the original document which was handed to me for authentication. I further certify that from observations an amendment or a change was not made to the original document.

Personal Number: 58418685
Name in Print: X. E. Mc2A

[Stamp]

South African Police Service
Police Vehicle Clearance
2009-08-03
Central Police Station
Umtata
SOUTH AFRICAN POLICE SERVICE

[Stamp]

Eastern Cape Department of Health
Enquiries: Zorwaboele Murla
Tel No: 040 608 0830
Date: 07th July 2009
Fax No: 043 642 1403
e-mail address: zorwaboele.murla@depdo.easterncape.gov.za

[Stamp]
Letter of permission from Hospital 1

5 Vabaza Street,
Ikwezi Township
Mthatha
5099
03/08/09

The Chief Executive Officer
Mthatha Hospital Complex
Private bag x5014
Mthatha

Sir/Madam,

APPLICATION TO CONDUCT A RESEARCH PROJECT

I wish to apply for permission to conduct a research study in your hospital as this is the requirement for fulfillment of my studies. The topic of my research study is as follows:-

ATTITUDE OF THE MIDWIVES TOWARDS THE IMPLEMENTATION OF CHOICE ON TERMINATION OF PREGNANCY ACT

OBJECTIVES OF THE STUDY

• To compare the statistics of the midwives who support the implementation of the Act with those who are against the implementation of the Act.

• To make recommendations.

The study will be of benefit to the Department as the recommendations that will be made after the study will improve the quality service delivery. Proposal to conduct research study has already been approved by the Eastern Cape Department of Health. Attached herewith is a certified copy of a letter granting permission to conduct the study.

I am presently working as the Area Manager at Illimela Hospital, Port St Johns. I am currently pursuing a Masters degree in Advanced Administration at the University. My contact numbers are 0760653086 (cell) and 047 5642805/11 (work) for easy communication.

Thank you.

Yours truly,

ESSINAH NOSISI NOHAJI
APPENDIX D

Letter of permission from Hospital 2

ISEBE LEZEMPILO  DEPARTMENT OF HEALTH
DEPARTMENT VAN GESONDHEID
ST LUCY’S HOSPITAL
P.O. ST CUTHBERTS, TSOLLO, 5171, SOUTH AFRICA
Tel: 047549631
Fax: 0475495925
Enquiries: Mrs N.T Makamba

TO WHOM IT MAY CONCERN

DEAR SIR/MADAM

RE-REQUEST ON CONDUCTING RESEARCH ON THE SAID TOPIC :- “ATTITUDE OF MIDWIVES TOWARDS IMPLEMENTATION OF TERMINATION OF PREGNANCY ACT” BY MISS NOHAJI E.N

This serves to confirm that the above - named has been allowed to conduct research on attitude of midwives towards implementation of pregnancy Act in this institution.

Thank you

Yours in Service Delivery

Nursing Service Manager

ST LUCY’S HOSPITAL
2009-09-10
EASTERN CAPE HEALTH
APPENDIX E

PARTICIPANT INFORMATION SHEET

My name is Essinah Nosisi Nohaji, conducting a research study on the topic: Attitudes of midwives towards implementation of the Termination of Pregnancy Act in the health facilities of the O.R. Tambo District.

The purpose of this study is to evaluate the attitudes of the midwives towards the implementation of the Act. Although this study will not benefit you directly, the information obtained may help to make recommendations to the policy makers in the Department of Health to improve the service delivery.

There will be neither risks nor discomfort to you in sharing your own views. The questions will be answered in the form of a questionnaire. You will spend about 15 minutes to complete the questionnaire. The questionnaire will be collected after 3 days at 11H00. Your name will not be written on the questionnaire, the questionnaires will be assigned numbers on the right top of the paper for the purpose of identifying them. Your identity will not be revealed when the study is published.

If you have any question about the study or about participation, you are free to ask me at 0760653086 (cell) or 047-5642805 (work). Your participation in this study is voluntary and you have a right to withdraw from participating at any stage of the research. This study has been approved by the Research Committee of the Department of Health.

Researcher’s signature..............................................................Date........................................
APPENDIX F
CONSENT FORM

I, the undersigned confirm that:

I was invited to take part in a project in Reproductive Health at
................................................................................................................................. The project will be under
guidance of Nursing Administration at Fort Hare University.

It was explained that:

The aim of the study was to evaluate the response of midwives to implementation of the
Choice on Termination of Pregnancy Act.

The procedure will be interviewed by means a questionnaire.

The issue of confidentiality in the project was explained to me and that all information
will be regarded as confidential and will be published in scientific journals or presented
at the congress, but my name will not be known at any stage.

I hereby accept participation in the project on a voluntary basis.

Signed at.......................................................Date........................................

Participant’s signature....................................Date........................................

Researcher’s signature....................................Date........................................
APPENDIX G

ATTITUDE ON IMPLEMENTATION OF CHOICE ON TERMINATION OF PREGNANCY QUESTIONNAIRE

INSTRUCTIONS
The attached questionnaire forms part of research project on CTOP study in the Eastern Cape Department of Health. You are not requested to furnish your name, you are requested to answer all the questions as honestly and as accurately as you can.

IDENTIFICATION CODE........................................................
SITE..................................................................................DATE..............

PERSONAL DETAILS
AGE........................................ years
RELIGION.................................................................
MARITAL STATUS..........................................................

INSTRUCTIONS
FOR EACH OF THE FOLLOWING STATEMENTS, KINDLY INDICATE YOUR AGREEMENT OR DISAGREEMENT BY RATING YOUR RESPONSE AS PER THE FOLLOWING SCALE:-

5 = STRONGLY AGREE
4 = AGREE
3 = UNCERTAIN
2 = DISAGREE
1 = STRONGLY DISAGREE

<table>
<thead>
<tr>
<th>STATEMENT</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Uncertain</th>
<th>Agree</th>
<th>Strongly Agree</th>
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<tr>
<td>1. Termination of Pregnancy (TOP) provision prevents the occurrence of abandoned babies</td>
<td>1</td>
<td>2</td>
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<tr>
<td>2. Doing TOP on a pregnant woman is against my religious belief</td>
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<td>2</td>
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<td>3. Doing TOP is acceptable because it is done by a trained professional in a safe environment</td>
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<td>2</td>
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<td>5</td>
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<tr>
<td>4. Performing CTOP saves lives of pregnant women from complications which would occur if it was done by a street abortionist</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
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<tr>
<td>5. Provision of TOP services contributes to victimisation of the TOP providers and their families</td>
<td>1</td>
<td>2</td>
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<tr>
<td>6. Every professional nurse should undergo training on TOP</td>
<td>1</td>
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<td>7. It is the health provider's right to refuse to perform TOP</td>
<td>1</td>
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<td>8. Patients requesting TOP should not be deprived of their rights, the nurse should</td>
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<td>provide the services needed by the clients</td>
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<td>9. Performing TOP on a pregnant woman makes a health provider feel guilty</td>
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<td>10. Every health provider should abide with the legislation, therefore must do TOP on a pregnant woman who requests it</td>
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<td>11. TOP providers should be treated as specialists and be considered for special remuneration</td>
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<td>12. I would rather change my job if I would be allocated in a TOP section</td>
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<td>13. TOP services should be discontinued in health facilities as they contradict the “Saving mothers saving babies “ project</td>
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<td>14. Termination of Pregnancy providers should form support groups so that they can share their problems</td>
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15. There should be a special program formed to address all the problems encountered by the TOP providers at Provincial level

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16. Community should be educated on TOP services so that the health providers are not victimised as they prevent maternal deaths

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17. Health facilities which have stopped providing TOP services should re-open since there is overcrowding in other institutions which were designated to perform these services

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18. There should be enough resources like trained staff and equipment to perform Termination of Pregnancy services

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</table>

THANK YOU FOR YOUR PARTICIPATION IN THIS STUDY

RESEARCHER’S NAME............................................................................................................

RESEARCHER’S SIGNATURE..........................................................DATE..........................