

BARRIERS TO IMPLEMENTATION OF THE CHOICE ON TERMINATION OF PREGNANCY ACT IN KWAZULU-NATAL: PRELIMINARY RESULTS

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Choice on Termination of Pregnancy Act (CTOPA)

- 31 October, 1996 - South Africa passed one of the world's most progressive termination of pregnancy (TOP) laws.
- CTOPA is based on principles of social justice. Through this Act, the State bound itself to ensuring that the right of reproductive choice is practiced under safe conditions.
- The foundation of the Act is women's reproductive choice.
- CTOPA has its foundation in the rights of freedom and equality enshrined in South Africa's Bill of Rights and Constitution.

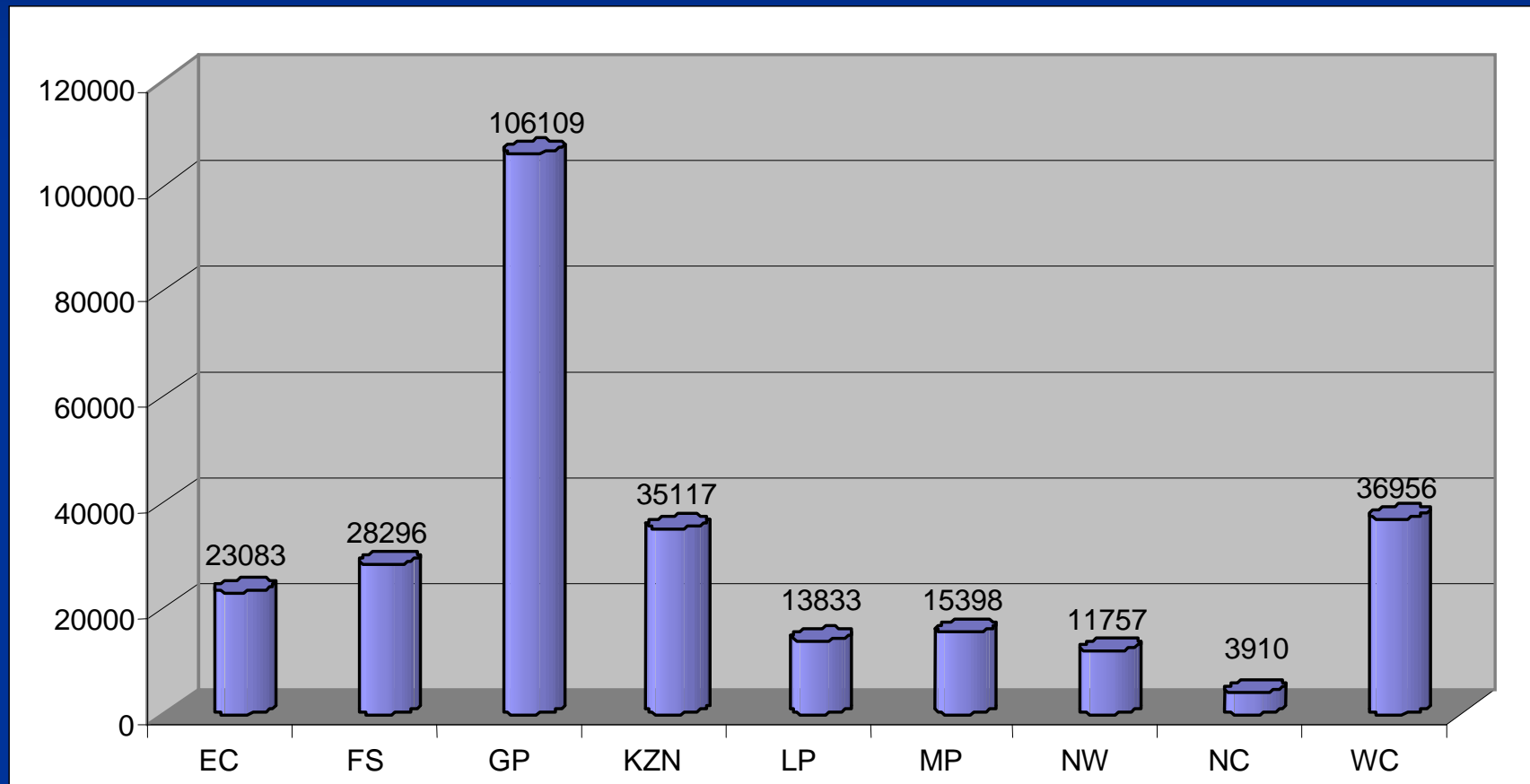
Services - De Jure and not De Facto?

- Legislation is an insufficient indicator of the availability of Termination of Pregnancy Services (TOPS).
- Although the Act aimed to make services available to all women through providing TOPS up to 12 weeks gestation at PHC Clinics and Community Health Centres, an overwhelming percentage of TOPS are only available in hospital settings.
- In 2000, 99% of the public sector facilities designated to provide TOPs were hospitals, and nearly half of these were located in Gauteng and Western Cape.

Uneven Access

- Problems in uneven access, with large areas having no access at all to TOPS, have been experienced.
- Due to a range of factors, not all those facilities which have been designated to provide TOPS are providing the service.

Number of TOPs, Feb 1997 - Jan 2003.



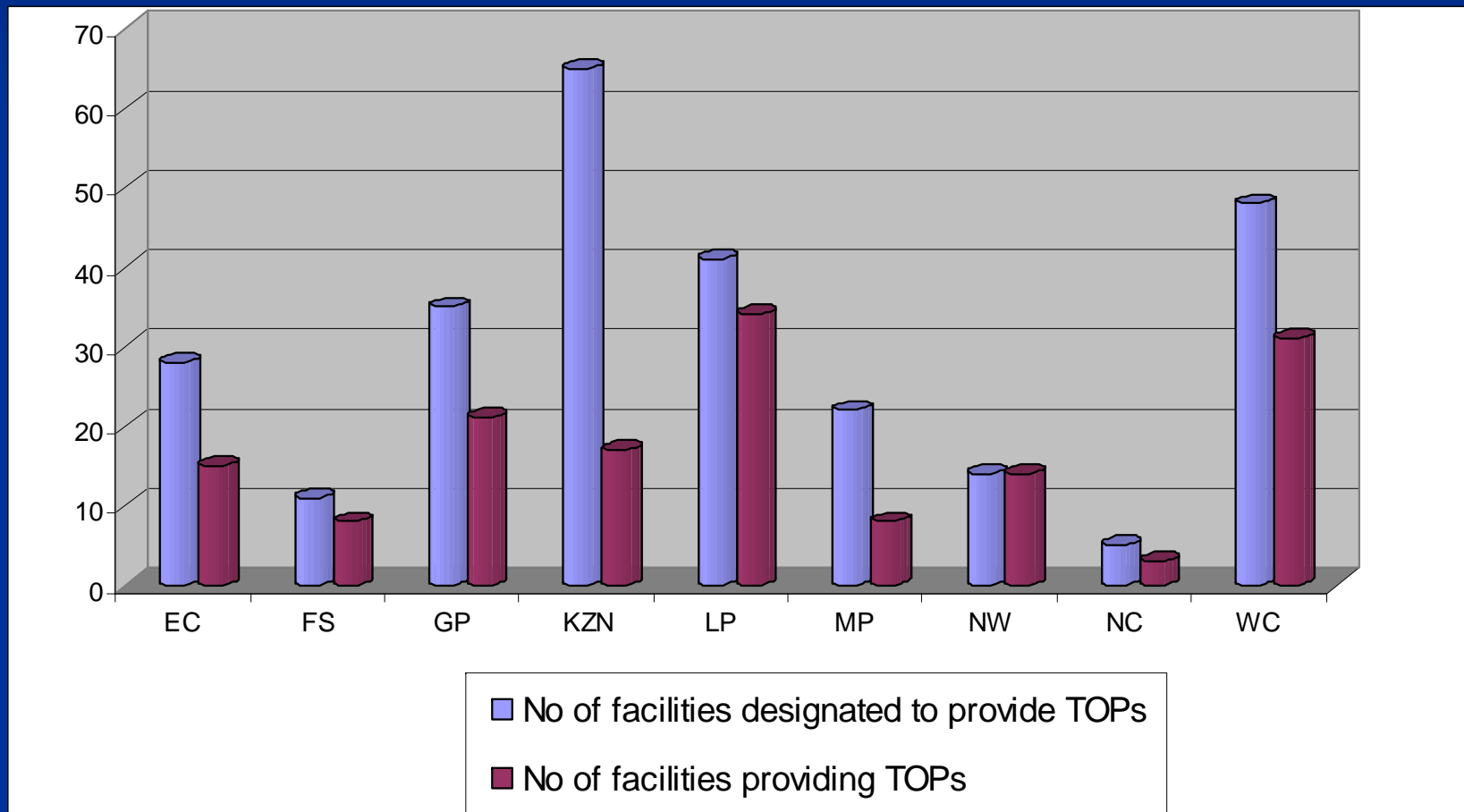
TOPS 1997 - 2003

- Facilities in Gauteng, the most urbanized province, performed close to 40% of all TOPs countrywide during this five year period.
- This percentage, however, had declined from Gauteng's 60% of the total between enactment of the legislation and 2000.
- KwaZulu-Natal, the most populous province with the highest number of women, accounted for only 12.79% of the total TOP's over the five year period.

Designated Facilities versus Providing Facilities

- A high number of officially designated facilities are not currently providing TOP services.

Number of Public Facilities Designated for TOPS and Number Providing TOPS: 1997 - 2003



Unmet Need?

- Over 69% of the designated facilities in Kwazulu-Natal are not offering TOPS.
- The province has only 17 functioning public sector facilities for TOPS.

AIM OF THE STUDY: To describe factors hindering the effective implementation of the CTOPA.

- To assess knowledge and attitudes of communities to the CTOPA.
- To determine whether women are aware of facilities providing TOP in their areas.
- To describe problems that women encounter when seeking TOPS.
- To describe attitudes of health care providers to TOPS and towards women seeking TOP.
- To assess the availability of TOPS.
- To evaluate the utilization of contraceptive services.

Objective

- To examine those factors which facilitate or constrain the establishment of functional decentralised TOP services and improved accessibility to TOP services at the District level.
- An inquiry into the 'community' of health providers - in their role of constraining or facilitating access to services.

The reasons for the very high percentage of currently designated facilities that are not providing TOP services requires urgent investigation.

RESEARCH QUESTIONS

- Why are so many of the facilities designated to provide TOP services not functional?
- What role do facility managers play in impeding access to services?
- What role do health professionals play in 'blocking' or enhancing implementation of services?
- Are women easily able to access TOP services? What is their experience of the services?
- What are the attitudes of people within communities to abortion?
- Will the Amendment Act facilitate access and improve the decentralisation of TOPS?

Survey Study Design

The survey (2005/2006) was cross-sectional :

- a hospital survey in two hospitals: one rural and one urban
- a community survey in the district of the rural hospital

Study population

- All women attending the TOPS section at the hospitals were invited to participate in the study (n=310).
- Members of communities surrounding the rural hospital (n=317).

Interviews with Health Care Personnel

Qualitative In-depth Interviews (n=37) were undertaken with Hospital Management and Staff in Six (6) Hospitals:

- Medical Superintendents/Hospital Managers
- Hospital Management Committees
- Midwives and Nurses

The Six (6) Hospitals comprised:

- Two (2) Urban Hospitals providing TOPS
- A Rural Hospital Providing TOPS
- Two (2) Rural hospitals designated but not providing
- One (1) Urban Hospital planning to provide TOPS

Study Limitations

- ❑ TOPS Patient Survey undertaken with women who had successfully accessed the services.
- ❑ For a more complete assessment : a survey should also have been undertaken amongst women who had not been able to access immediate bookings – due to insufficient places in the booking system - logistically very difficult to investigate.
- ❑ This information was sourced from the supply side rather than the demand side of the services.

Findings: Nurses In Rural Hospitals Designated but Not Providing TOPS

- ❑ Many Nurses supportive of provision of services
- ❑ Views in marked contrast to some in management.
- ❑ All nurses confirmed that TOPS had never been discussed with them – “We are not adequately knowledgeable about TOP”.
- ❑ All said they had never been approached or asked regarding their willingness to be sent for training.
- ❑ “The greatest influence is exerted by senior management. They have never called a meeting and discussed TOP”
- ❑ Many indicated a need for Values Clarification Workshops – “Maybe I can do it. I don’t know. I am confused. We talk to clients and I am aware of the problems women face”.
- ❑ “Another thing that can happen is that more people can come into the open who were reluctant to discuss it because of current attitudes”.
- ❑ “You don’t have to choose what the client wants because it is their right” .

Management: Rural Hospitals Designated but Not Providing TOPS

Facility Managers are applying personal beliefs to the entire facility – managers are the driving force behind opposition to providing TOPS.

- “We do not believe it is in their interest”. (Medical Manager)
- “I am not referring people to other people to do TOP. I am advising people so they should proceed with their pregnancy and we will look after it.” (Medical Manager)
- “Mostly the people don’t come because they know clearly we don’t support abortion.” (Doctor)
- Claims made that the community has been consulted and does not want TOPS
- Doctors holding institution to ‘ransom’ through implicit ‘threat’ that they will leave if TOPS is introduced
- A Hospital Manager: “It is my observation that the real issues have not been openly dealt with.
- A Nursing Manager: “Management needs to take action. People might be deprived of the services”. She was aware that the nearest service point was “inundated with clients”.

South Africa's Bill of Rights and the CTOPA permits individual abstention from actions based on personal belief – this exemption, however, does not apply to health institutions.

Nurses & Doctors: Rural Hospital Providing TOPS

- Dependent on 2 available doctors.; all staff have rotating responsibilities
- Can only book 10 per day for 3 days per week.
- Number increasing daily, and women are turned down.
- Only service point in a large region of KZN.
- Receive referrals from every other district – “No other hospitals out there that can help them” (Nurse).
- “It is the unwillingness of the medical staff to do it in those hospitals and not the nursing staff”. (Nurse)
- “They request TOP at their local hospital. From there they are delayed. By the time they get here they are advanced and we cannot book them. They blame us as we are the only station.” (Nurse)

Management: Rural Hospital Providing TOPS

- “Other institutions are not prepared to even start. The Department, I think, must look into that. Everybody must have a share so that the service is rendered. They are just not doing it. So we are actually getting the load. People are coming here and they are not getting done.” (Nursing Services Manager)
- “There is no forum where we should be sitting with these other districts and say, please, assist patients correctly. We should be doing something like that.” (Hospital Manager)

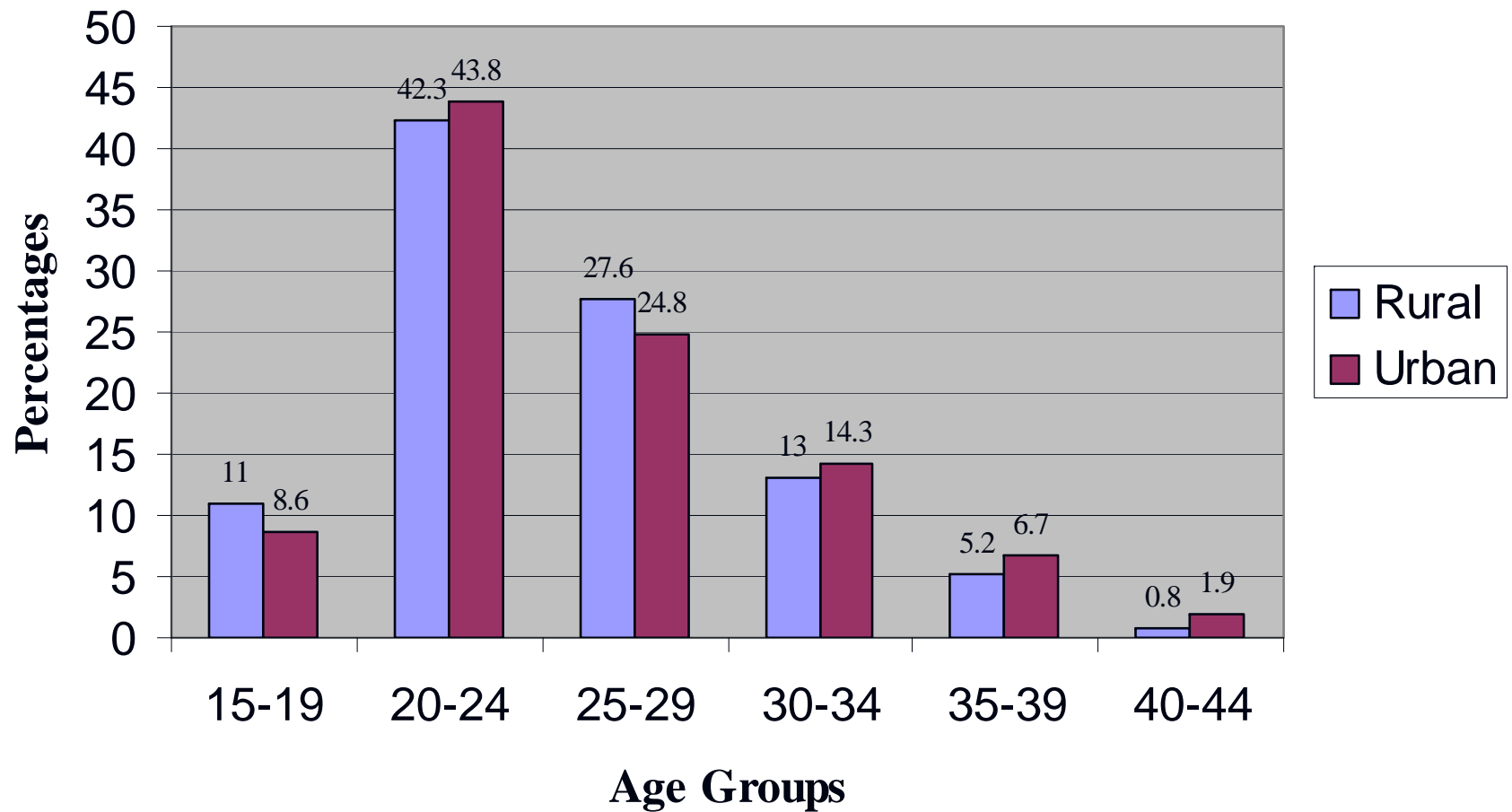
Nurses: Urban Hospitals Providing TOPS

- Approximately 10 per day, 5 days per week
- “There is a big demand”. (Nurse)
- Have patients coming from as far as 300kms away
- A need for other hospitals to implement, especially rural areas: “For us to manage these people is for these other districts to implement the same services”. (Nurse)
- Social workers who see women in the second trimester described the backlog as cause for concern.
- “Here at work I am employed. I do not have to bring to work my personal beliefs and issues. I need to deliver a service. She has the right.” (Nurse)

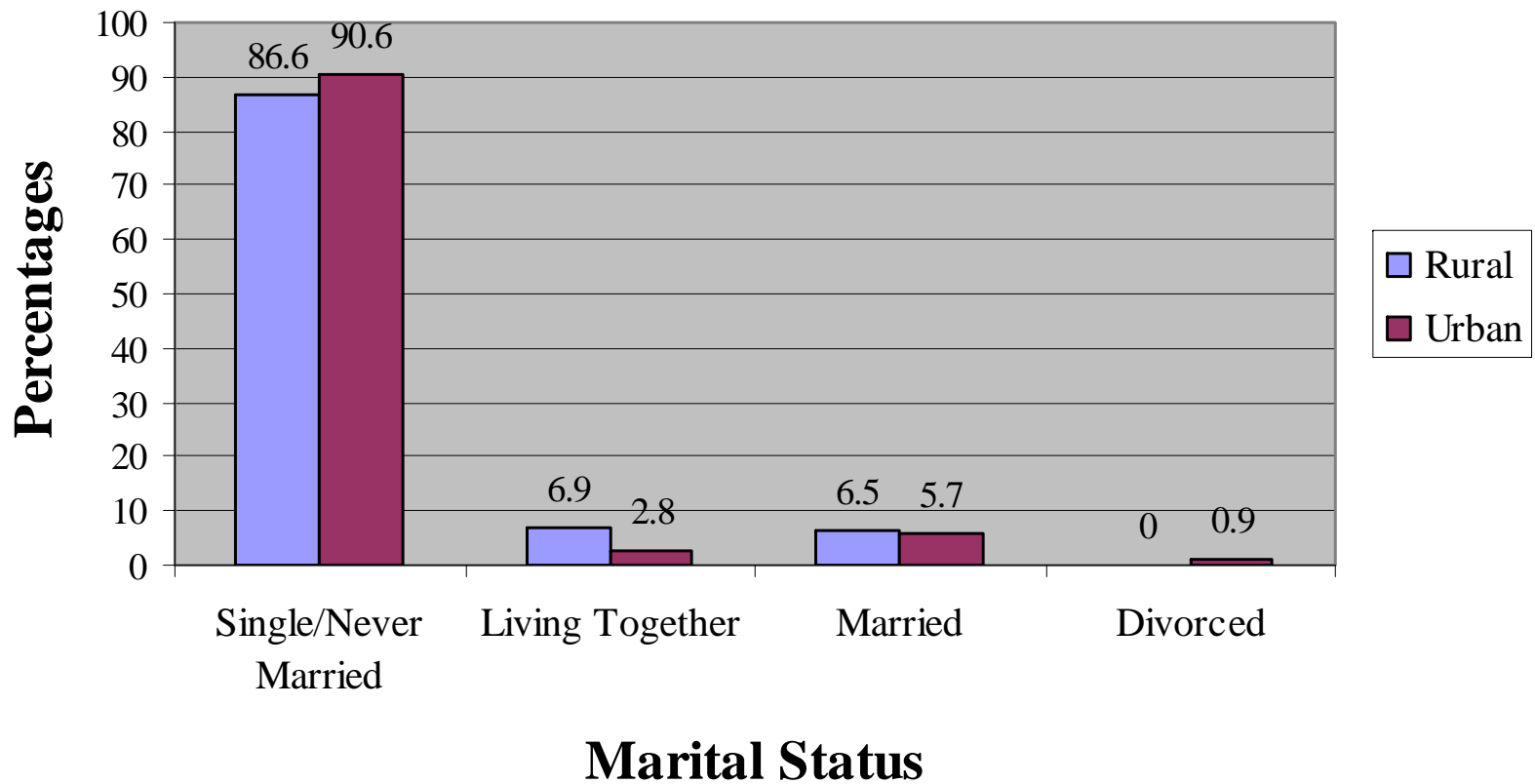
Management: Urban Hospitals Providing TOPS

- “We get inundated with patients coming to our TOP clinic. This says something about the non-availability of the services at other hospitals.” (Hospital CEO)
- Majority of management saw it as an “obligation” to provide services in terms of the ACT.
- Numbers of ‘conscientious objectors’ are not impeding the services: “Problems do come but not so big such that it sometimes prejudices the services”. (Hospital CEO)
- Some stated that they were issues as a result of “religious rights conflicts”.

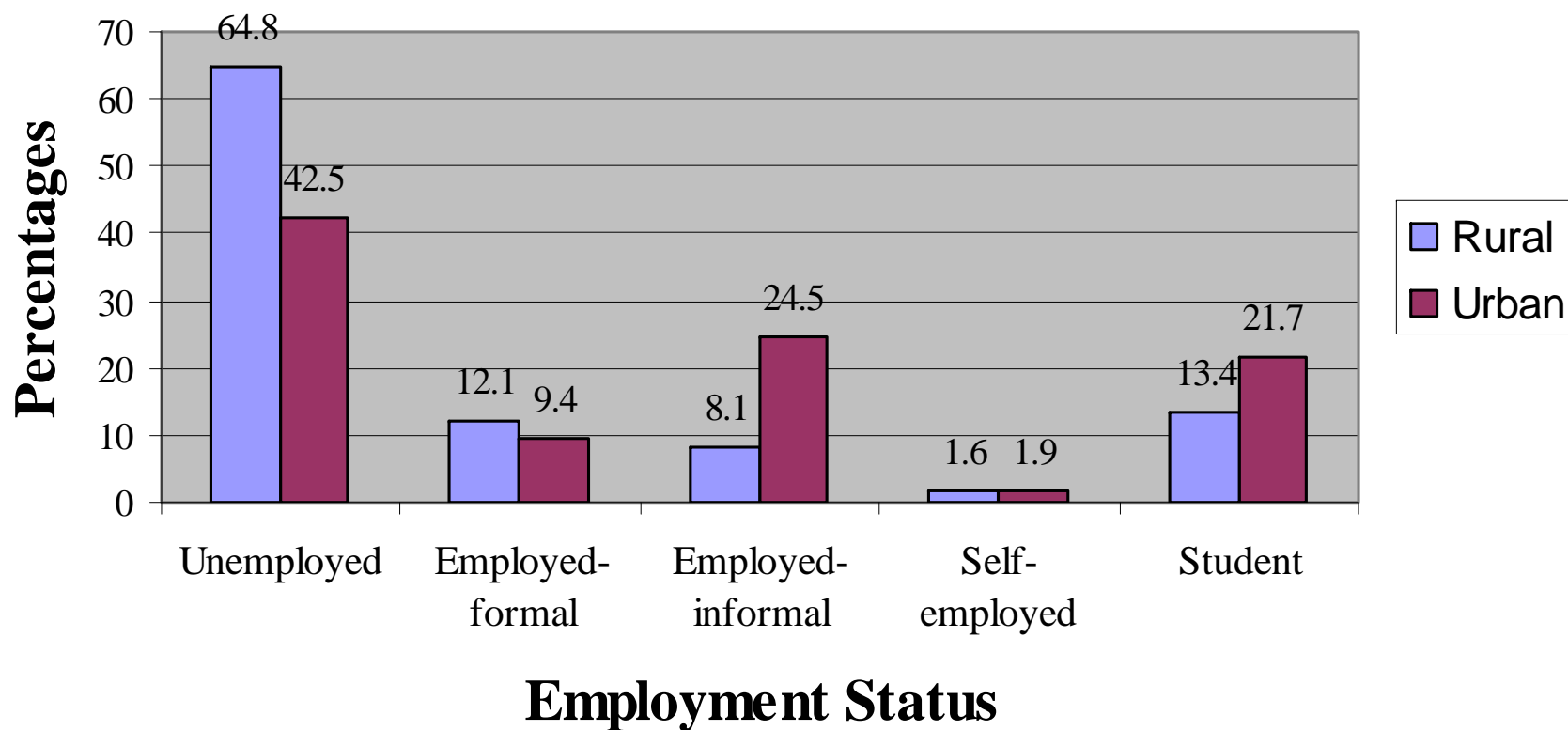
Survey of TOPS Patients: Age



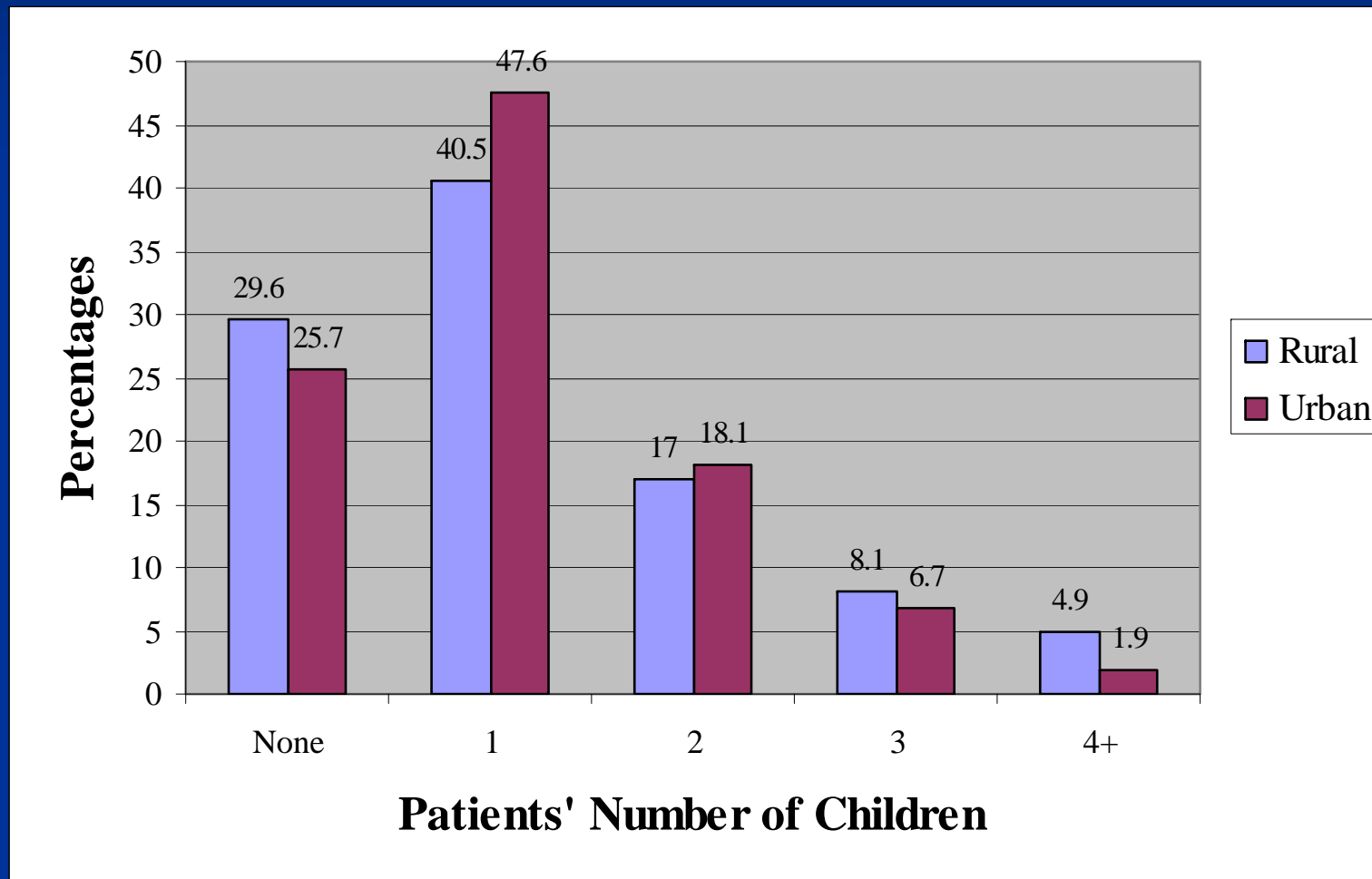
TOPS Patients: Marital Status



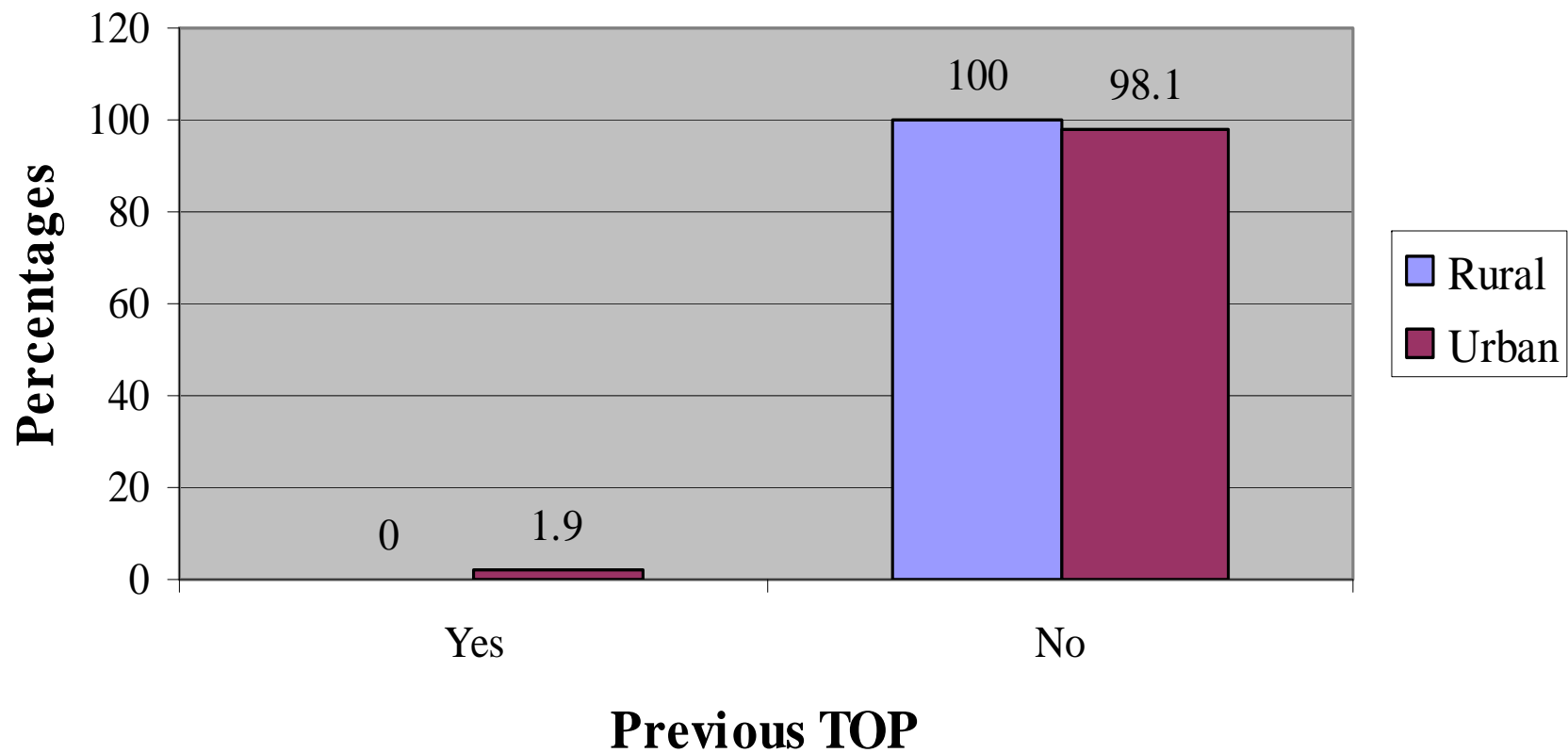
TOPS Patients: Employment Status



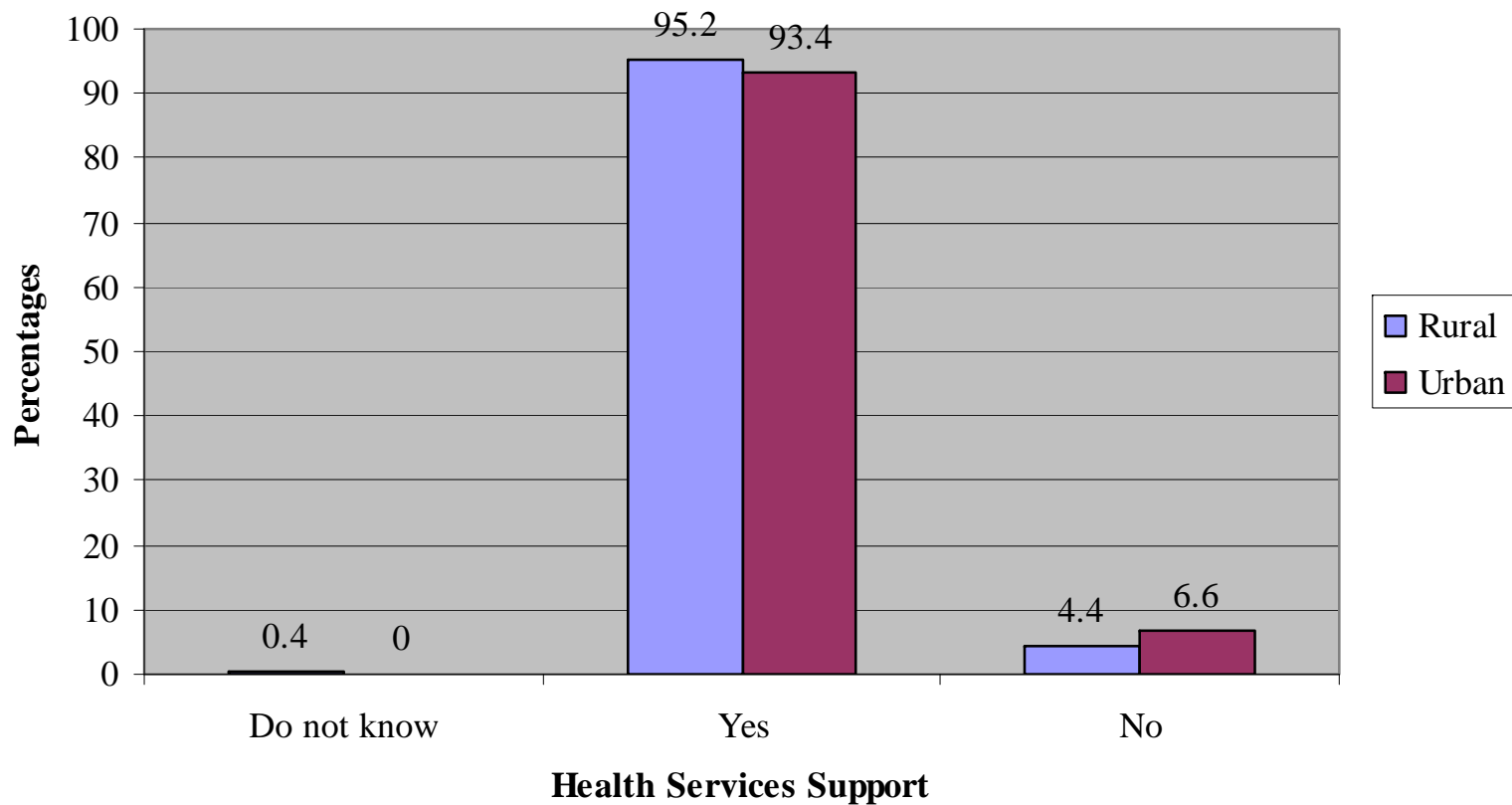
TOPS Patients: Number of Children



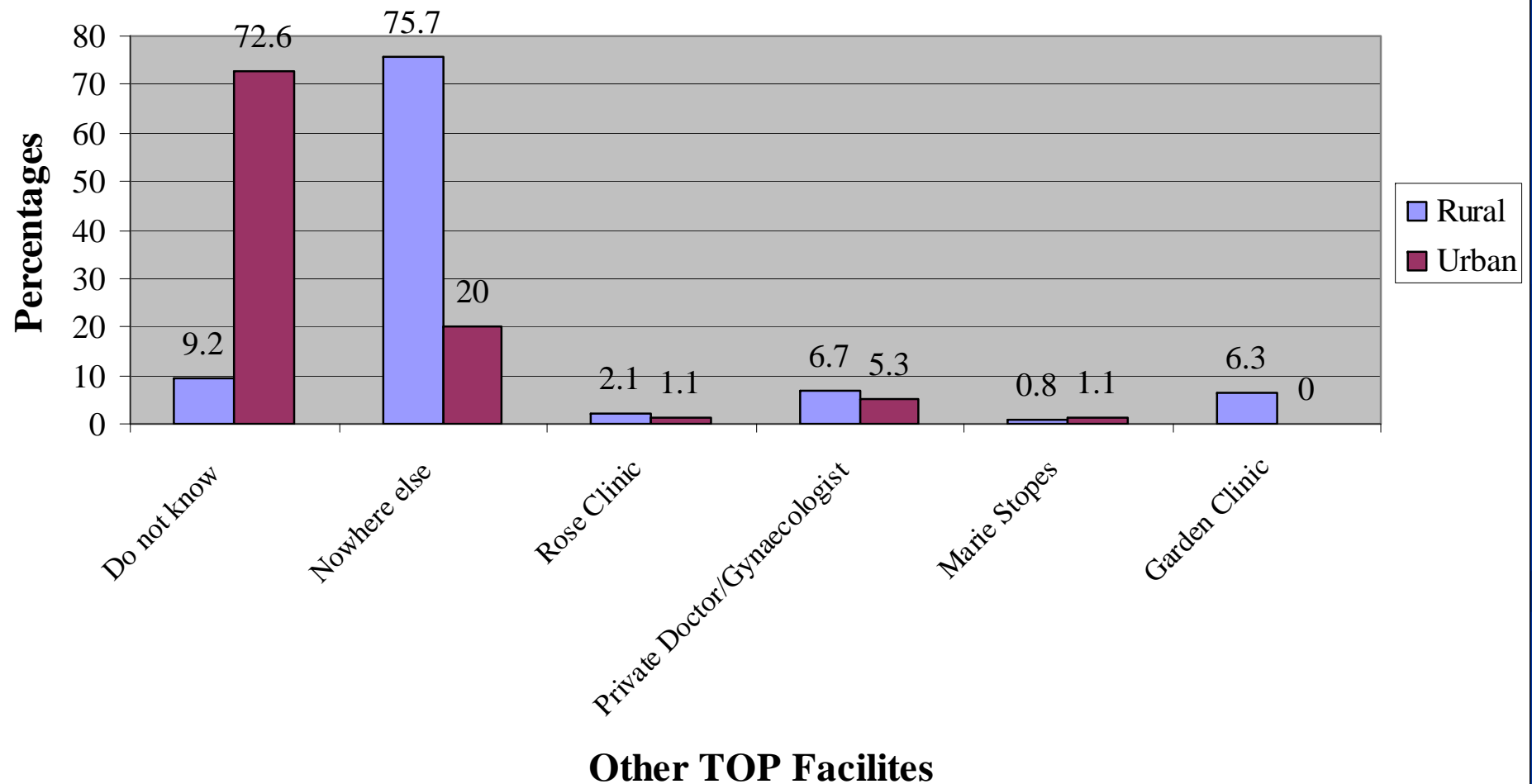
TOPS Patients: Previous TOP



TOPS Patients: Support from Services



TOPS Patients: Where else can TOPS be accessed?



Thank You to the National DoH: Research Directorate and the KZN PDoH for their support.

“The number of patients per day is 10 and doctors cannot do more than 10 a day, so we book 10. If the list is long we cannot do anything. So it has a negative impact within the community, as if we are refusing and now they will start begging, as if they must beg and yet they are not supposed to beg.”
(TOPS Nurse, Rural Hospital)

“We cover a big area but these other hospitals if they did five a week that would be a very big help to everyone concerned. Someone must take action and make it more available to the people there...this is their only second chance.”
(TOPS Doctor, Rural Hospital)