

“AT THE END OF THE DAY IT WAS MY DECISION”: ABORTION DECISION-MAKING AMONG WOMEN IN THE WESTERN CAPE, SOUTH AFRICA

Jaynia Anderson¹, Pamela Naidoo², Monique Hennink¹, Roger RoCHAT¹

¹ Rollins School of Public Health, Emory University, Atlanta GA, United States

² Human Sciences Research Council, Cape Town, Western Cape, South Africa

Presented by Jaynia Anderson, MPH

3 May 2014
Nanyuki, Kenya

IUSSP: International Seminar on Decision-Making
Regarding Abortion- Determinants and Consequences

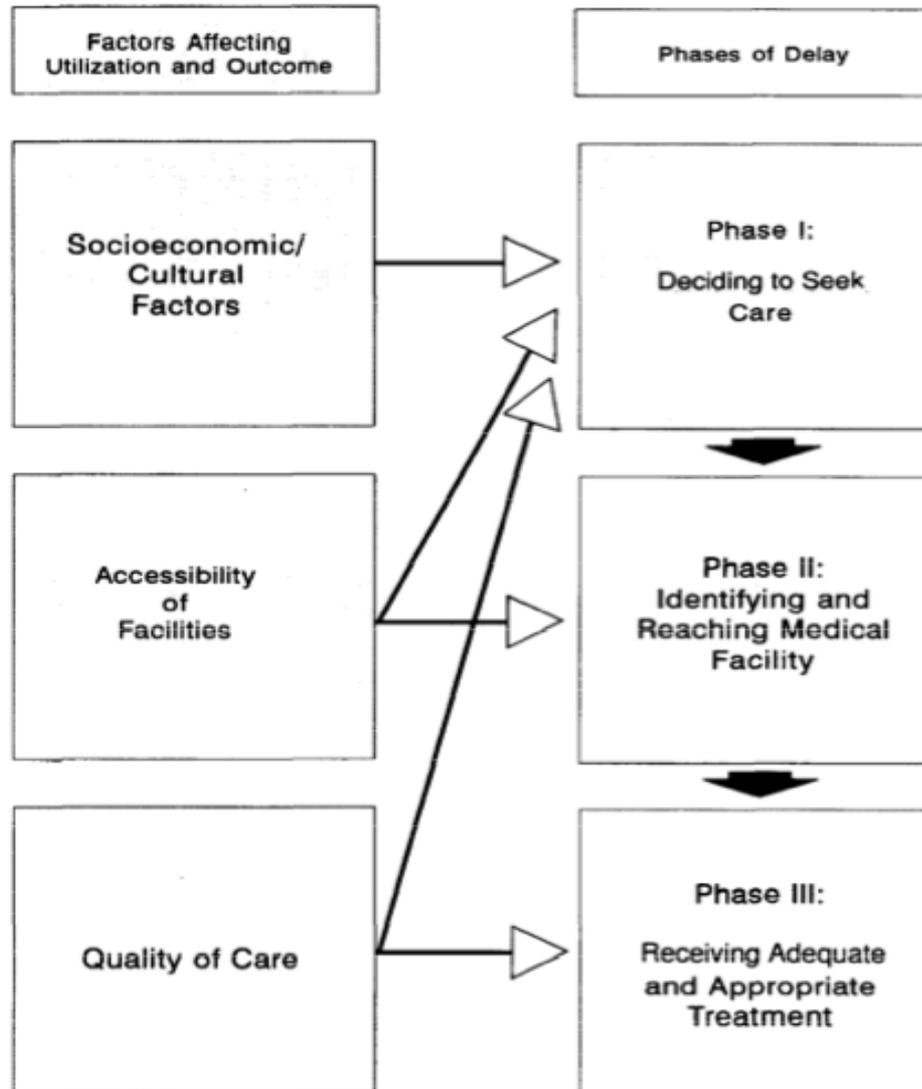
South African Context

- Choice on Termination of Pregnancy Act, 1996
 - ▣ Up to 12 weeks
 - ▣ 13-20 weeks (pregnancy endangers a woman's health, risk of fetal abnormality, rape or incest, or pregnancy could adversely affect a woman's socioeconomic status)
 - ▣ After 20 weeks (pregnancy endangers a woman's life, severe malformation of fetus, or pose a risk of injury to the fetus)
- Barriers to abortion services limiting the effectiveness of the law

Reasons for Abortion

- There are several underlying reasons to have an abortion that are closely related to life circumstances, associated with:
 - Relationships
 - Social support
 - Economic circumstances
 - Educational circumstances
 - Life contingencies
 - Social, cultural, and legal environment

Delays to Maternal Health Care Model



Thaddeus and Maine (1994). *Too far to walk: maternal mortality in context.*

Objectives and Aims

- To explore the decision-making in the context of the maternal health delays model:
 - ▣ Delay in recognizing pregnancy
 - ▣ Delay in making a decision to get an abortion
 - ▣ Delay in reaching an adequate health facility
 - ▣ Delay in receiving adequate care
- What factors are significant in the decision-making process and contribute as a delay in getting an abortion

Methods

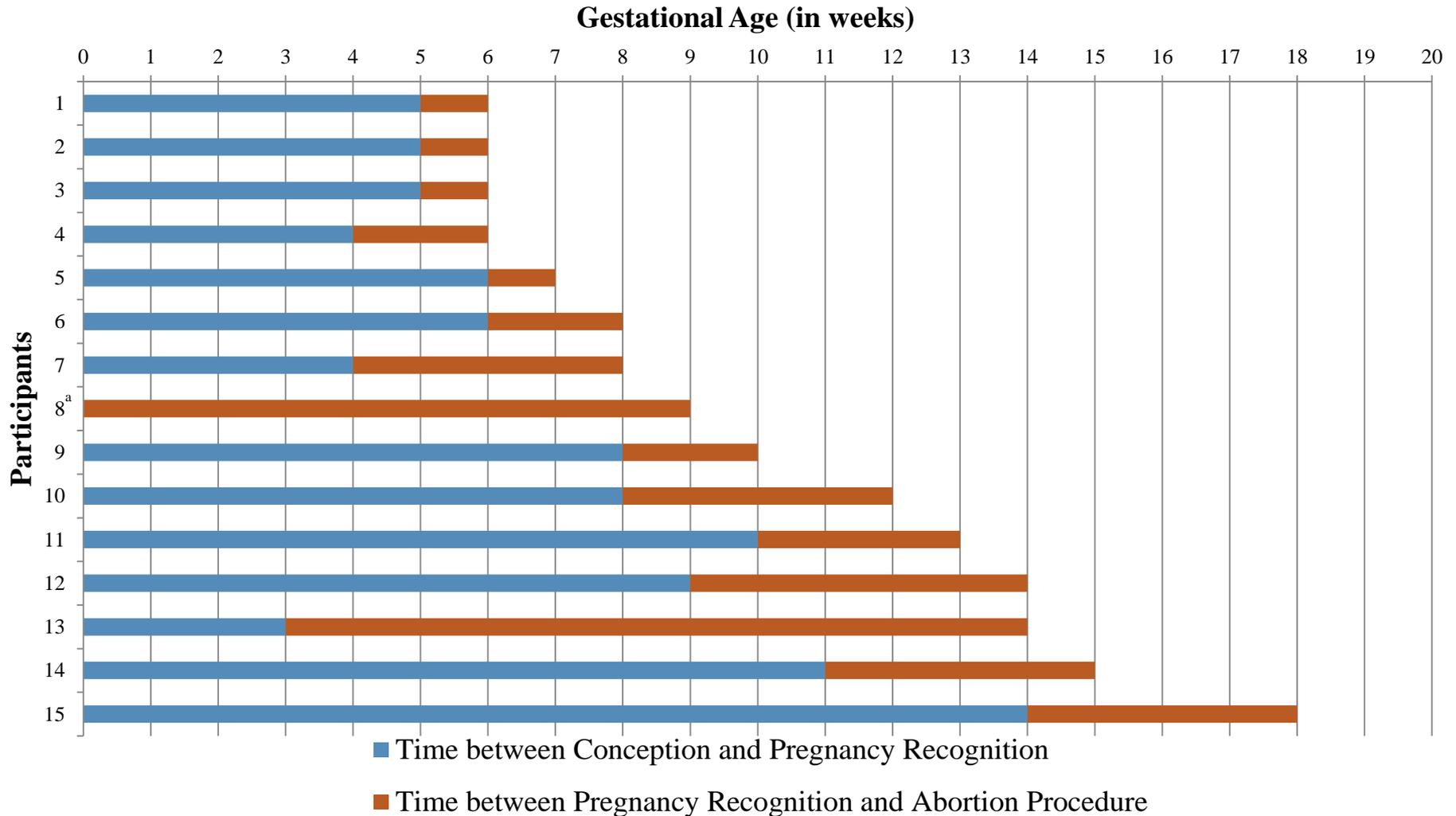
- 2 private sexual and reproductive health facilities
 - ▣ Cape Town
 - ▣ George
- In-depth interviews
 - ▣ Semi-structured interview guides with open-ended questions and impromptu probes
- Data were analyzed by manually coding textual data based on emerging themes



Participant Characteristics

	N	%
Clinic A	9	
Clinic B	6	
Employed (full or part-time)	8	53.3%
Student	8	53.3%
Have at least 1 child	9	60.0%
Marital Status		
Single	3	20.0%
Divorced	3	20.0%
In a Relationship	6	40.0%
Married	3	20.0%
Mean Age (years)	27	Range 21-35
Contraception at time of conception		
None	4	
Barrier (condoms)	6	
Hormonal	6	
Mean gestational age at pregnancy confirmation (weeks)	7	Range 3-14
Mean gestational age at abortion procedure (weeks)	10	Range 6-18

Timeline of pregnancy recognition and abortion procedure



^a Time at conception was not recorded for this participant

1. Delay in Recognizing Pregnancy

- Earlier pregnancy recognition:
 - Missed period
 - 2.4 weeks earlier than symptoms
 - Home pregnancy test
 - 4 weeks earlier than facility test
- Earlier abortion
 - Missed period
 - 2.9 weeks earlier than symptoms
 - Home pregnancy test
 - 4.7 weeks earlier than facility test

Immediate Reactions to Pregnancy

- Variation of emotional reactions related to the unexpected nature of the pregnancy and what was occurring in her life at the time
 - ▣ Immediate reactions: shock from failed contraception; not wanting to be pregnant; find out where to get an abortion; sadness, devastation, and fear because it was the first time pregnant and knowing that they could not continue the pregnant
- Overall negative
 - ▣ shock, panic, disappointment, devastation, sadness, stress, and non-excitement

Reactions to Pregnancy

- Desires to continue the pregnancy
- Shock, stress, and disappointment were described related to the failure or misuse of contraception

“When I found out I was shocked because, again, it wasn’t due to the lack of being careful. Um, I’ve been on birth control for basically 15 years. I went on it as a pain killer originally, long before I was ever sexually active. I’ve only been with, you know, less than 5 long-term partners and I thought that this was something that happened if you weren’t careful.”

- Age 32, In a Relationship, No children

2. Delay in Making a Decision

- Discussion of pregnancy and consideration of abortion with at least one person
 - ▣ Partner, friend(s), family member, colleague, counselor
- Autonomy in the decision-making- ultimately they either made the decision themselves or closely with their partner
- Sociocultural and religious factors did not appear to delay the decision-making
- Distance and access to the clinics, cost of the procedure, experience with the health care system, and perceived quality of care did not affect the decision to get an abortion

Role of Partner

- Most prominent person that the pregnancy and abortion were discussed with
- Relationship status by gestational age at procedure
 - ▣ Single: 13.3 weeks
 - ▣ Divorced: 10.3 weeks
 - ▣ In a Relationship/Married: 9.1 / 8.6 weeks
- Overall partners were supportive abortion
 - ▣ Supportive of her decision (positive support)
 - ▣ Supportive of not continuing the pregnancy (negative support)

Role of Partner

- Married or In a Relationship
 - ▣ Discussed with husband or boyfriend
 - ▣ For most, decision was made between the two of them
- Single or Divorced
 - ▣ Stronger feelings of opposition to the pregnancy by partner

"Yeah that's why he reacted like that, 'nah, it's not mine if she's pregnant, it's not mine and she must go look for her baby's daddy and how can she be pregnant.' At that time when he said that, and he told if I'm pregnant and it's his, he don't want the child."

- Age 30, Divorced, 2 children

Role of Partner

- Status of relationship appeared to significantly contribute to her decision-making and the timing of the abortion
 - ▣ Negative situation: abortion at a mean gestational age of 12.9 weeks
 - ▣ No relationship difficulties: abortion at a mean gestational age of 7.8 weeks

Role of Friends

- Large support system for many participants
 - ▣ Support for the decision she is making regardless of social norms

"My friends were very supportive, unbelievably supportive. And someone that one of my friends knows was actually here before, that's how I found out about this place. But, um no all my friends were like immediately, just wanted to help and tell me the right way." - Age 21, In a Relationship, No children

- Opposition
 - ▣ Previous experiences with abortion

Role of Family

- Very few participants discussed their pregnancy or abortion with family members
 - Pregnant sister
 - Abortion is viewed as wrong in their family
 - Did not want their parents to worry

Personal Beliefs on Abortion

- Pro-choice and expression that abortion is wrong
- Beliefs did not appear to delay the decision to get the abortion

"It's not nice and it's not the right thing to do, abortion. It's not right. It isn't right indeed, it isn't right. Just tell it's not right, but then it's your decision to make."

- Age 23, Married, 1 child

"For me it's, it's not to say it's nothing. I'm still killing something, it's a human being that I'm killing. It made me feel like I don't want to do it, I don't want to do it, I don't want to do it."

- Age 24, In a Relationship, No children

Religion

- Religion and God were acknowledged but did not appear to delay or prolong the decision-making process
- Abortion was necessary even though it was against her religion

"And um, if you do it, you know it's going to be something, going to walk with you for the rest of your life and stuff. And that's why at that time I told no. I went to reading my Bible, and sitting and thought, was praying to God, ask God if I was making a huge mistake, and I ask him to forgive me. And like I said if he can forgive a murder or someone who did something worse why can't he forgive me."

– Age 30, Divorced, 2 children

Sociocultural factors

- Social norms and stigma were not a factor in her decision to get an abortion

- ▣ It is a private decision, regardless of what the social norms and beliefs are

"In my family they are totally against it. Even in the community they are against it. They believe that it's not good, a child is a blessing from God, so how can you kill a child, an innocent child, you know all these things. So, yeah they are against it. I didn't think about that because I knew that this is going to stay between me and my husband, no one will know, so yeah."

- Age 23, Married, 1 child

Reasons

- Several reasons based on life circumstances
 - Economic
 - No desire for any more children
 - The desire to raise a child the way they want to
 - Not ready
 - Need to finish school
 - No support from partner or family
 - Rape

3. Delay in Accessing a Medical Facility

□ Distance

- ▣ Few participants described this as a barrier or contributor to delaying the abortion
- ▣ 1 participant from Uganda

□ Cost

- ▣ Did not contribute as a barrier or delay
 - Expression of 'finding a way' because the abortion was the only option
- ▣ Opportunity costs were lost- time off of work or school, arrangements for childcare

4. Delay in Accessing Adequate Care

- Prior to attending Clinic A or B
 - Public hospital
 - Attempted self-induction
- Satisfaction of care at both clinics
 - Felt supported, safe, the care was confidential and the staff treated them kindly
- Clinic A: referral to the clinic by other person or internet search
- Clinic B: referral from public clinic and appointments arranged

Delay in Accessing Adequate Care

□ Public hospital

- Two participants attended a public hospital first and were dissatisfied with the care

"Yes, I went to a public hospital. And it was the most traumatic experience I've ever been to, it was horrible. Sat there the whole day, got nothing, nothing happened. I went from one room to the other just signing papers and getting pregnancy tests done, and getting scanned. I didn't get to most of the stuff, I walked out of there eventually, and the people are so rude they're so like, they treat you like nobody, it's horrible. I was there from 6:30[am], I left at 2:30[pm] and I wasn't helped. I was literally sitting and waiting the whole time."

- Age 21, In a Relationship, No children

Decision-making Overall

- Decision was ultimately her own
- It was difficult to make the decision
- Participants expressed feeling emotional, but it appeared very little emotion was involved in the decision-making, it was more practical

"Yeah, it was the biggest challenge, making the decision. And for me, it was just like, it must just get over because I want to go on with my life and put this behind me. I know it's not going to be like in today or tomorrow, it's going to take time and yeah, it was making the decision that was the challenge."

- Age 30, Divorced, 2 children

Individual, Social, and Structural Factors related to the 4 Delays

Phase I: Delay in Recognizing Pregnancy

Phase II: Delay in Making a Decision to get an Abortion

Phase III: Delay in Accessing a Facility

Phase IV: Delay in Receiving Adequate Care

Individual

- Knowledge
- Contemplation of pregnancy outcomes
- Knowledge of where to go
- Previous health care experiences
- Perceived quality of care

Social

- Disclosure of pregnancy to partner, social network, family

Structural

- Access to pregnancy test
- Distance and cost
- Quality of care

Discussion

- Decision-making is important throughout the process of accessing abortion services in the context of the delays to maternal health model
- The added stress of a negative relationship situation with a partner may contribute to the complexity of emotions women may be experiencing during the decision-making process and possibly contribute to delay of the abortion
- Women described personal issues as barriers more than social or cultural issues when making her decision

Limitations

- Findings reflect those of a specific population
- Study objectives do not address the context of pregnancy occurrence, unless this emerged during the interviews
- Certain demographic information missing for all participants: socioeconomic status, racial/cultural factors, and educational level

Conclusion

- The decision to get an abortion involved several complex and related factors associated with the woman's life circumstances and beliefs
- Pregnancy recognition method and relationship status were related to delays in decision-making and obtaining an abortion
- Ultimately women expressed that the decision was hers alone, and it was something that she practically needed to do regardless of sociocultural norms or her beliefs about abortion in a moral or religious context

Acknowledgements

- Co-authors:
 - Roger Rochat, Emory University
 - Pamela Naidoo, HSRC South Africa
 - Monique Hennink, Emory University
- Caitlin Gerdts, UCSF
- The 2 clinics, staff, and management
- Global Field Experience Fund, Rollins School of Public Health, Emory University
- Global Elimination of Maternal Mortality from Abortion Fund, Rollins School of Public Health, Emory University

Thank you!

Jaynia Anderson, MPH

jayniaanderson@gmail.com



EMORY
ROLLINS
SCHOOL OF
PUBLIC
HEALTH



HSRC
Human Sciences
Research Council

References

- Kirkman, M.; Rowe, H.; Hardiman, A.; Mallett, S.; Rosenthal, D. (2009). Reasons women give for abortion: a review of the literature. *Arch Womens Ment Health*, 12(6), 365-378.
- Lomelin, Jessica (2014). South Africa: Abortions in South Africa- a Legal Yet Uncertain Reality. *All Africa*.
- Sereno, S.; Leal, L.; Maroco, J. (2013). The Role of Psychological Adjustment in the Decision-making Process for Voluntary Termination of Pregnancy. *J Reprod Infertil*, 14(3), 143-151.
- South African Parliament. (1996) Choice on Termination of Pregnancy Act, Act No. 92.
- Thaddeus, S.; Maine, D. (1994). Too far to walk: maternal mortality in context. *Social Science and Medicine*. 38(8), 1091-1110.