

Reproductive Health Research Policy Brief

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Many women who are denied legal abortion care go on to seek unsafe alternatives: further study could help identify strategies to improve access to safe abortion services in South Africa

Background

In 1996, the South African Choice on Termination of Pregnancy (CTOP) Act was passed promoting women's reproductive right to early, safe and legal abortion services. The CTOP Act enables access to legal abortion on request up to and including 12 weeks of gestation. In cases of socio-economic hardship, rape, incest and for reasons related to the health of the pregnant woman or fetus, terminations can also be performed up to 20 weeks of gestation. Following the CTOP Act, abortion-related mortality declined by 91.1% in South Africa [1].

Despite the change in legal status of abortion, barriers to access remain. These include provider opposition, stigma, poor knowledge of legislation, and a lack of trained providers and facilities designated to provide abortion notably in the rural areas [2-6]. As a result, women are often denied abortions in legal facilities, leading many to seek care outside of the legal health system [5,6]. Concerns have been raised in the media and within the South African Health Department about an increasing proliferation of illegal, unlicensed providers.

Objectives

What happens when women present for legal abortion and are denied is unknown. Whether women seek care at referral facilities, seek illegal

abortion, or carry pregnancies to term has never been documented. How women learn about and seek illegal abortions in South Africa, are questions that remain unanswered. In 2013, researchers from the University of Cape Town and the University of California, San Francisco came together to study access to legal abortion services in South Africa. The study aimed to examine how often women were being denied care, reasons for denial of legal abortion, options considered after denial, sources of information about illegal abortion, experiences seeking illegal abortion, and complications experienced.

Methods

In-depth qualitative interviews were conducted with women denied abortion services from two sexual and reproductive health NGO facilities in Cape Town, South Africa. Two research assistants screened women, obtained informed consent, and contacted participants by phone 2-3 months later about their experiences seeking and being denied legal abortion services. Clinic staff assisted study staff in identifying women who had been turned away on the day they sought an abortion. The aim of the follow up interview was to discuss subsequent decision making processes after being denied abortion and to assess knowledge and use of methods of illegal abortion.



I decided to try one of these numbers and he called back immediately and I said “I want to make an appointment”; I explained to him that I was thinking of maybe coming to have a look... He said, “there’s an ATM on the corner, I’ll meet you there.” And every little bit of common sense that I had was saying, “no you won’t... let me just see,” ...I met him and there’s like a cell phone shop...you could walk through and then there was a trailer. There was a lopsided bed... I asked him, “but you advertised a clinic, there is no clinic”...I asked how this works. He said, “the pills are R1 200”... he didn’t even speak about any kind of examination. He didn’t even ask how far pregnant I was... I realized it was not a real clinic, because I know that it’s regulated and there is a clear time table. I asked “where’s the after-care clinic?” ... I had to either stop fooling myself into thinking that something’s going to happen and I knew I would have to actually go and seek help at a government facility and I resigned myself to that and I left...

Denial of legal abortion is common

Many South African women are still unable to access abortion services, especially the poorest, most marginalized and geographically isolated women. In a previous survey of women in Cape Town [7], 45% of women did not receive the abortions they sought at the clinic. Of those denied care, 20% were turned away for advanced gestational age, 20% because the clinic did not have the staff to perform their abortions that day, and 5% because of an inability to pay for their abortions.

Actions and emotions upon being turned away varied

Almost all the women were visibly upset on being denied an abortion on the day they sought care. Some women were so distressed that they openly discussed the option of seeking an illegal provider or exploring the possibility of securing another health care professional who would assist them. Others wanted to make certain that the gestational age calculation was accurate and requested a repeat ultrasound to confirm. Some women travelled a great distance to secure an abortion, including from Namibia.



I did consider backstreet – I considered going somewhere else. I googled abortion providers and made telephonic contact and was told it would cost R 750 for pills but I had to meet the person to get the pills...and that’s very dangerous and risky so I decided to find out some more. I telephoned the number and the person they will come to you and then they will give you the pills, but I asked them “you’re not going to any clinic or something where they can actually see if you’re okay?”...He said “no, it’s very safe” but I decided against it.

Getting an abortion after being turned away is not always easy

Out of the 8 women who had been turned away, 3 had accessed an illegal provider but did not follow through with an illegal abortion; they either returned to the clinic or continued with the pregnancy. Women spoke about finding a host of abortion clinics online that advertised “quick results”. Most women however realized that they were illegal providers after they made initial contact by telephone or in person and decided against the option due to the potential dangers. Of the women who contacted illegal providers, none of them went through with the process of obtaining an abortion from the providers they contacted.

Conclusions

- Delays, such as financial and logistical barriers and difficulty recognizing pregnancy prevent many women from receiving legal abortion services in the first trimester
- A high proportion of second trimester abortions in South Africa (25% as compared with 10% of abortion in most developed countries) highlights a shortage of trained second trimester providers [8]
- Denial of legal services and negative perceptions and experiences of public sector abortion services may increase the likelihood that women seek illegal, potentially unsafe, abortions

Recommendations

1. Improve quality of abortion provision in public health facilities

- Provide counseling and referral to women when needed
- Increase provider empathy for women with unintended pregnancy
- Support women at the moment of turn-away, regardless of reason for denial
- Reduce stigma of abortion

2. Train more providers at all levels to provide abortion and to refer appropriately

- Expand the provider workforce to provide first and second trimester abortion
- Train providers to counsel women about the legal indications for abortion and time restrictions
- Ensure the availability of trained providers at all designated facilities

3. Improve awareness among women

- Inform women about the legal indications for abortion
- Provide comprehensive counseling to women about contraception and pregnancy recognition
- Inform women about the potential dangers of self-induction and unsafe methods of abortion

4. Monitor the prevalence of illegal abortion and its impact on women's health

- Conduct additional qualitative research on women's experiences with unsafe and/or illegal abortion providers
- Conduct further research on providers' perspectives of abortion denial
- Implement a longitudinal study on the impact of denial of abortion services on women's health and wellbeing



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References

1. Jewkes R, Rees H. Dramatic decline in abortion related mortality due to the Choice on Termination of Pregnancy Act. *South African Medical Journal*. 2005; 95 (4):250.
2. Constant D, Grossman D, Lince N, Harries J. Self-induction of abortion among women accessing second trimester abortion services in the public sector, Western Cape, South Africa: an exploratory study. *South African Medical Journal*. 2014;104 (4):302-305.
3. Orner P, De Bruyn M, Harries J, Cooper D. A qualitative exploration of HIV-positive pregnant women's decision-making regarding abortion in Cape Town, South Africa. *SAHARA J*. 2010;7(2):44-51.
4. Harries J, Orner P, Gabriel M, Mitchell E. Delays in seeking an abortion in the second trimester: a qualitative study in South Africa. *Reproductive Health*. 2007; 4:7.
5. Trueman KA, Magwentshu M. Abortion in a progressive legal environment: the need for vigilance in protecting and promoting access to safe abortion services in South Africa. *American Journal of Public Health* 2013; 103(3):397-399.
6. Harries J, Cooper D, Strelbel A, Colvin CJ. Conscientious objection and its impact on abortion service provision in South Africa: a qualitative study. *Reproductive Health*. 2014; 11(1):16.
7. Gerdtts C, DePiñeres T, Hajri S, Harries J, Hossain A, Puri M, Vohra D, Foster DG. Denial of abortion in legal settings. *Journal of Family Planning and Reproductive Health Care*. 2015 41(3):161-163.
8. Harries J, Lince N, Constant D, Hargey A, Grossman D. The challenges of offering public second trimester abortion services in South Africa: Healthcare providers' perspectives. *Journal of Biosocial Sciences*. 2012; 44(2):197-208.

For more information contact:

Women's Health Research Unit

School of Public Health and Family
Medicine
University of Cape Town
Anzio Road, Observatory 7925, Cape
Town, South Africa

Email: Jane.Harries@uct.ac.za

Further reading:

Harries J, Momberg M, Gerdtts C, Greene Foster D. An exploratory study of what happens to women who are denied abortions in a legal setting in South Africa. *BMC Reproductive Health* 2015 12:21.