



The influence of norms and values on the provision of termination of pregnancy services in South Africa



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ABSTRACT

Introduction: As front-line providers, nurses play an integral role in the implementation of South Africa's Choice on Termination of Pregnancy Act and, thus, the promotion of women's reproductive rights. In light of low levels of support for termination of pregnancy services in South Africa, it is important to understand nurses' views of such services. The purpose of this study was to examine how nurses' norms and values shape the provision of abortion services.

Methods: Qualitative interviews with nurses were conducted at seven rural hospitals in the Western Cape Province of South Africa. Data were analysed using thematic and narrative analysis.

Results: Nurses, like other public service workers, make moral judgments about their clients. They classify clients seeking abortions into two groups: those 'worthy' of support, and those 'unworthy' of support. Nurses' moral judgments are largely shaped by the circumstances of the pregnancy and the behaviour of the client. In addition, nurses' understanding of their professional identity and their work environments may influence their decision whether a client deserves their assistance. While nurses claimed that they would offer the same services to all of their clients, further research on the availability and quality of abortion services is required to confirm these results.

Conclusion: The study shows that nurses make moral judgments about abortion clients and divide them into deserving and less deserving clients. These value judgments undermine the rights-based approach of South African legislation, which provides every woman with the right to choose whether they wish to terminate a pregnancy.

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1. Background

South Africa has one of the most liberal abortion laws in the world, with a strong emphasis on women's reproductive rights. The Choice on Termination of Pregnancy Act (CTPA) No. 92 of 1996 gives any pregnant woman or girl the right to request a termination of pregnancy (TOP) in the first trimester without consultation or approval by a medical officer (section 2(1)(a) of the CTPA). Abortions in the second and even third trimester are allowed under limited conditions (section 2(1)(b), (c) of the CTPA). Nurses play a central role in the provision of TOP services. Firstly, the CTPA allows, but does not obligate, nurses who have received appropriate training to perform first trimester TOPs (section 2(2) of the CTPA). Second, nurses who are not themselves a provider of TOPs may be involved in TOPs by preparing the patient for the procedure (e.g. by administering drugs for cervical priming or providing abortion counselling) or by assisting a provider during the procedure.

Nurses are also responsible for the care after the procedure. The implementation of the CTPA and the realisation of women's reproductive rights is thus heavily dependent on nurses.

Despite the law being in place for 20 years, women continue to experience challenges in accessing abortion services, with one major challenge being 'provider opposition' (Harries, Cooper, Strebel, & Colvin, 2014; Harries, Orner, Gabriel, & Mitchell, 2007; Harries, Stinson, & Orner, 2009; Jewkes et al., 2005). Nurses have been reported as undermining access to TOP services by failing to inform women or girls of the location of the nearest TOP facility or by actively trying to discourage clients from going through with an abortion (Harries et al., 2009; Jewkes et al., 2005). Yet, under certain circumstances, nurses are supportive of and willing to assist in TOPs, for example when a woman or girl has been raped or when the foetus has congenital abnormalities (Harries et al., 2009; Harrison, Montgomery, Lurie, & Wilkinson, 2000; Mokgethi, Ehlers, & Van der Merwe, 2006). A limited number of studies have examined provider's attitudes and resistance towards TOPs in South Africa (Harries et al., 2009, 2014; Mokgethi et al., 2006). The present study aims to build on the existing evidence

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by examining nurses' views on termination of pregnancy through a policy theory lens.

According to the theory of 'street-level bureaucrats' developed by Lipsky (1980), health care workers do not automatically implement policy; instead, they use discretion when deciding if and how to implement a particular policy. When making decisions about policy implementation, health workers, like other public service workers, are influenced not only by the rules created under policy, but also by personal beliefs and norms about what is fair or the 'right' thing to do (Walker, 1993; Walt & Gilson, 1994). Maynard-Moody and Musheno (2003) propose that personal norms may become particularly important in challenging work environments. Street-level bureaucrats who have to navigate high caseloads and scarce resources make judgments about the moral character of their clients and, based on these judgments, decide whether a client is 'worthy' of a particular state service (Maynard-Moody & Musheno, 2003). Using the theory framework of Maynard-Moody and Musheno (2003), this study examines how nurses' value judgments and constructions of women accessing abortions shape the provision of TOP services in South Africa.

2. Methods

2.1. Setting and participants

The research was conducted at seven rural hospitals offering TOP services in the Western Cape Province, all within driving distance of Cape Town (convenience sample). A researcher contacted the nursing managers at the facilities to arrange a date for an interview with one of the nursing staff, depending on the availability of staff to ensure that the provision of health services was not disrupted by the research (convenience sample). Although being actively involved in TOP services was not an inclusion criterion – all nurses working in reproductive health services were eligible to participate – nursing managers only referred the researchers to nurses involved in abortions. Participants included nursing managers ($n = 5$) and professional or registered nurses ($n = 3$). Only two of the eight nurses were trained TOP providers. The other participants were involved in other aspects of abortion services (e.g. counselling, preparation of clients, etc.). One nursing manager had previously been actively involved in TOPs, but her work had shifted to administrative work.

2.2. Data collection

The Principle Investigator conducted eight face-to-face interviews with nurses at their workplaces. The interviews were conducted individually in English using an open-ended, semi-structured interview guide. At the end of the interview, participants were invited to share a 'story' about a particular TOP client or incident that they believed critically influenced their thinking about TOP services. Interview data presented in this paper uses a code that denotes the site and participant (e.g. WC/02).

2.3. Data analysis

All interviews were recorded and transcribed verbatim. Data were analysed manually on a thematic basis, with initial categories being drawn from the questionnaire and themes and patterns emerging from the data. Narrative analysis was used to analyse the stories that participants shared. Narrative analysis identifies themes to show how the storyteller understands and makes sense of different aspects of his or her life, including personal relations, work, and daily routines, through a personal story (Thorne,

2000). Narrative analysis thus complemented the thematic data analysis.

2.4. Ethical considerations

Ethical clearance for the study was obtained from the Research Ethics Committee at the University of Cape Town and from the Western Cape Department of Health. Written informed consent was obtained from each participant before the interview. Confidentiality and anonymity were ensured.

3. Results

Nurses' views of TOP services were influenced by their occupational identity, their perceptions of TOP clients and their work environment (categories). The themes and sub-themes that emerged within each of these categories are listed in the table below. This article focuses on some of the themes that are particularly relevant in relation to the work on street-level bureaucrats (see Table 1).

3.1. Occupational identity

In order to examine the nurse-patient relationship, the study looked at how nurses perceive their profession. Considering that all participants had worked in nursing for more than a decade – five of the participants have worked in nursing for 30 years or longer – it is not surprising that they identified strongly with their job. They had "always wanted to be a nurse" (WC/02) and saw nursing as their "calling" (WL/01), thereby indicating a strong connection to their profession. Seven participants said they enjoyed their work because it involves working with, caring for and "nurturing" patients (WC/03). Despite the shared sense of passion for their profession and caring for patients, participants interpreted their professional role differently. While one participant thought this role included assisting patients no matter what their problem (WC/05), another nurse emphasised that nursing means helping "sick" people (WC/03). As will be outlined below, these different perceptions about what it means to be a nurse become relevant in the provision of TOP services.

3.2. Nurses' perceptions of TOP clients

Whereas six nurses identified as supportive of TOPs, two nurses indicated that they were opposed to TOPs. Both groups explained their positions by drawing on value judgments and constructing particular clients as more 'worthy' than others.

Table 1
Categories, themes and sub-themes.

Category	Theme	Sub-theme
Occupational identity	Interpretation of nursing	Care for any client vs. care for sick people Rewarding Variation
	Practical aspects	
Perceptions of TOP clients	Worthy clients	Need for abortion for vulnerable patients Unwanted pregnancy/baby
	Unworthy clients	Moral beliefs Foetus as a life Repeat abortions
	Teenage clients	
Work environment	Staff shortages	
	Lack of collegial support	

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