South Africa
(Patient Situation #2)

The Patient

Afia is 17 and has been sexually active for four years. She has been receiving monthly contraceptive injections because that is the method given to young women at the clinic closest to her home. However, she has found it difficult to return to the clinic for follow-up injections. A few months ago, she left school early in order to take the bus to the clinic. When she arrived at the clinic at 4:05 pm, the staff person was rude to Afia and told her the clinic was closed. Afia went home without her injection. Now she had to save bus fare money again, and will need to leave school early once more. In addition, her mother found a new job from which she does not return home until 5:30 pm and Afia is expected to watch over her younger siblings after school until her mother returns home. She doesn't return to the clinic. Afia and her current boyfriend use condoms frequently.

The Setting

In 1996, soon after apartheid ended, South Africa passed the Choice on Termination of Pregnancy Act (CTOP Act) legalizing abortion. The goal of the act was to ensure the health of all women, to ensure that women were treated equally, and ensure that women's rights were defined in the new South African Constitution.
What Happened

Afia finds out that she is pregnant. She is not sure how far along she is but guesses close to three months. Afia is aware that she can receive prenatal care and abortion care through the public health system in South Africa. Afia thinks she is too young to have a baby and she wants to finish school before becoming a mother. She doesn’t have any money or source of income nor any particular job skills. Her boyfriend is a student and he is not interested in becoming a father. If she continues the pregnancy, Afia thinks she will raise the child by herself. She decides that she wants to terminate the pregnancy.

What are Afia’s options?

The ending of apartheid was a time of re-energizing the goals of South African society. The protection and expansion of women’s rights and human rights were fundamental to changes in health care. The Choice on Termination of Pregnancy Act (CTOP Act) repealed the previous restrictive provisions that criminalized abortion in South Africa. The CTOP enacted that any woman could access abortion for any reason during the first 12 weeks of pregnancy. Parental consent is not required for minors. From 13-20 weeks, a termination of pregnancy (TOP) is permitted if, in consultation with a medical practitioner, the woman meets one of the following requirements:

- Continuing the pregnancy will post a risk to the woman's physical or mental health.
- There exists a substantial risk that the fetus will suffer from severe physical or mental abnormalities.
- The pregnancy resulted from rape or incest.
- The continued pregnancy would significantly affect the social or economic circumstances of the woman.

From 20 weeks on, TOPs are available under limited circumstances if the pregnancy would endanger the woman’s life, result in a severe malformation or pose a risk of injury to the fetus.

Afia guesses she is more than three months pregnant. Abortion procedures beyond 12-14 weeks of a woman’s last menstrual period are typically performed by dilatation and evacuation (D & E), a safe and effective method of induced abortion. Cervical preparation using misoprostol or osmotic dilators is frequently done prior to the D & E. The Safety of Abortion publication from the U.S. National Abortion Federation details the safety of different types of abortion procedures, possible complications, complication management techniques, and aftercare.

Marie Stopes is a health care organization that offers a wide array of reproductive health services including safe abortion procedures, contraceptive services, well woman exams, and STI testing at clinic locations throughout South Africa.
South Africa (Patient Situation #2)

What Happened (continued)

Afia is able to save money for bus fare and skips school one day to travel to a clinic that provides abortions. This clinic is much further away than the clinic where she received contraceptive injections. When she arrives at the clinic she is told that there is no abortion provider on staff that day, as the provider is out ill.

What are the barriers to accessing abortion in South Africa?

Lack of Trained, Qualified Providers

The CTOP act established that only a trained a health care provider could provide abortion services. The definition has been interpreted to mean that provision of abortion is within the scope of professional nursing and midwifery practice. Midwives and nurses provide almost all the first trimester termination of pregnancies (TOPs) in the country while physicians provide TOPs from 12-20 weeks or more. To prepare the nursing workforce, a national curriculum in abortion training was developed and is required of nurses and midwives interested in providing abortion.
However, TOP services are not readily accessible in many areas, the quality of the service varies and there is a shortage of trained nursing/midwifery providers. Women have become frustrated by limited services, delays for appointments and deliberate obstruction to TOP services by the anti-choice movement. Although the numbers of deaths and severe infections from unsafe abortion have dropped since 1996, some women turn to either self-induction or unskilled providers.

**Lack of Knowledge**

A 2006 study found that 1/3 of sexually active women attending public health clinics in a rural province did not know that abortion was legal. To further complicate the picture in South Africa, there is a high rate of violence and sexual assault against women with many unintended pregnancies as a result.

**Stigma**

TOP is associated with stigma in many communities and in the professional work environment as well. This has led to some nurses leaving the field after only a few months of TOP service provision. In an ethnic subgroup of Tswane, there is not even a word for TOP or abortion. Rather one nurse had to adopt the local terminology of referring to TOP as “go boya tseleng”, meaning “you did not go on with your pregnancy”.

**Overloaded Health Care System**

The South African public health care system, as with many health care systems in the world, is strained with the task of meeting the health care needs of the population. The AIDS epidemic continues to consume much of the health care budget so that prevention and direct services for other health care needs is often not met.

**What Happened (continued)**

Afia fears she will not have time to save enough money to come back to the clinic and she cannot afford to miss another day of school as finals are coming up. Afia decides to contact a women in a neighboring town she heard of who might be able to perform an abortion procedure in her home.

After Afia tells her boyfriend of this plan, he raises enough money for bus fare to take them to a licensed facility. Afia is able to have a termination at the clinic that is closest to her when a qualified midwife visits the clinic on rotation from a hospital in Johannesburg the following week.
What if Afia had a procedure done with an unqualified abortion provider?

In *Safe Abortion: Technical and Policy Guidelines for Health Systems* the World Health Organization (WHO) defines unsafe abortion as “a procedure for terminating an unintended pregnancy, carried out either by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards, or both.” This report describes unsafe abortion procedures that may involve insertion of an object or substance (e.g. a root, catheter, traditional medicines) into the uterus; ingestion of harmful substances; dilation and curettage performed by an unskilled or untrained provider; and/or physical force such as pummeling the woman's abdomen, which could cause uterine rupture, endangering the woman's life.

According to the WHO in *Unsafe Abortion Incidence and Mortality: Global and Regional Levels in 2008 and Trends During 1990-2008* one in ten pregnancies end in an unsafe abortion, almost all of which take place in developing countries. Of these, approximately 13% result in maternal death, mainly caused by severe bleeding, infection, or organ damage. In 2008, 62% of maternal deaths occurred as a result of unsafe abortion were in Africa.

Some health workers, especially doctors, refuse to treat a woman's vaginal bleeding if they suspected it was caused by a self-induced abortion. The Health Professions Council of South Africa, the statutory body for medical practitioners, issued a directive that any doctor refusing to treat a woman who is bleeding would be guilty of misconduct. The South African Nursing Council made a similar ruling.

The CTOP Act does not mention a right of professional conscience in regard to the provision of abortion services but does set out duties in terms of how health professionals are expected to act. Health care providers must provide information, non-directive counseling and referrals but are not required to perform a termination of pregnancy. The CTOP Act states that “Any person who... prevents the lawful termination of a pregnancy or obstructs access to a facility for the termination of a pregnancy... shall be guilty of an offence and liable on conviction to a fine or to imprisonment.

Please see the [Professional Ethics](#) nursing education module to engage in learning about professional and ethical responsibilities in reproductive health care in the United States.

References