THE UNIVERSITY OF ZAMBIA

SCHOOL OF MEDICINE

DEPARTMENT OF POST BASIC NURSING

A STUDY TO DETERMINE THE ATTITUDE OF HEALTH WORKERS AT ST FRANCIS HOSPITAL (KATETE) TOWARDS LEGALIZATION OF INDUCED ABORTION IN ZAMBIA

BY

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DECLARATION

I hereby declare that the work presented in this study for the degree of Bachelor of Science in Nursing has not been presented either wholly or in part for any other Degree and is not being currently submitted for any other Degree.

SIGN: ..... DATE: 06/03/2008

CANDIDATE

APPROVED: .....

SUPERVISING LECTURER

STATEMENT

I hereby certify that this study is entirely the outcome of my own independent investigation. The various sources to which I am greatly indebted are gratefully and clearly acknowledged in the text and in the references.

SIGNED: ..... DATE 06/03/200

CANDIDATE

DEDICATION

I dedicate this study to my beloved mother Mirriam and to my dearest brother Tiyezye and sister Elma.

ABSTRACT

The objective of the study was to determine the attitude of Health Workers at St Francis Hospital in Katete towards legalization of abortion in Zambia.

Literature review for the study looked at the opinion of Health Workers and the general Public on legalization of abortion at global, regional and national level. For the purpose of this study, a descriptive study was considered. The sample unit was selected from all the clinical departments of the hospital. A systematic random sampling technique was used to select a total sample of 50 respondents, which comprised Nurses, Clinical Officers and Health Workers in the category of others. Self - administered questionnaires were used to collect data.

From the findings, it appears that the majority of health workers (52%) accepted legalization of abortion. It was found out that knowledge on the Abortion Act, work experience, level of profession and post abortal complications attended to had significant relationship with legalization of abortion.

The recommendations in view of the findings are that; The Abortion Act on 1972 should be broadened to encompass the areas which have been restricted; abortion should be performed on the clients demand; each hospital in Zambia should be providing abortion services to clients.

CHAPTER ONE

1.0. INTRODUCTION

In Zambia, as in all parts of the world, women experience pregnancies that are unplanned. Some of these women seek to terminate their pregnancies by safe, medical methods if possible, but often by whatever means that are available. The practice of abortion is by no means a new phenomenon in Zambia, although the main reasons to seek abortion may be changing increasingly. Women seeking abortion stress their desire to avoid premarital births and to control family size while de-emphasizing more traditional reason such as spacing births to protect infant health and appearing to adhere to the social norms that they should abstain or refrain from being pregnant while breast feeding.

Unintended pregnancy, the fundamental and immediate cause of abortion, is a reality worldwide. There are many reasons why women resort to abortion. Their lack of knowledge about contraceptives, poor access to contraceptives services, fear of side effects, their own or their partners' opposition to family planning, and the woman's perception that she cannot become pregnant. (Westoff, C.F. and Bankde A, 1994). Moreover some of the methods used by married women who want to avoid pregnancy have high failure rates such as periodic abstinence.

Until 1990, United Kingdom defined abortion as "any interruption in pregnancy occurring before 28th week." However, since babies born from 23 weeks survive, there was much discussion over the appropriate gestational age

which should be considered legally viable. (Bavis, R. 1991). Unsafe abortion defined as the "The termination of unwanted pregnancy by a person lacking the minimal medical standard or both." (WHO 1993) --- is an important global health problem, particularly in developing Countries such as Zambia. In 1990, approximately 20 million women world wide under went unsafe abortion, resulting in an estimated 70,000 deaths of which 69 000 of them are in developing Countries (WHO 1994).

Legal abortion Act called 'Termination of pregnancy (TOP)' has been in force in Zambia since 1972. The TOP Act of 1972 has four (4) categories under which a woman may request abortion if;

(i) The continuance of pregnancy would involve risk of injury of a pregnant woman than if the pregnancy were terminated.

(ii) The continuance of pregnancy would involve injury of physical or mental health of pregnancy greater than if the pregnancy were terminated.

(iii) The continuance of pregnancy would involve risk of injury to the physical or mental health of existing child(ren) of the family of the pregnant woman greater than if the pregnancy were terminated.

(iv) There is a substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to seriously handicapped. (ZAMBIAN TOP ACT, 1973)

However, a safe and legal abortion is not easily available to most women who need it especially young girls. Most people and many health workers do not know the Act (Family Planning in Reproductive Health, 1997).

Zambia, being declared as a Christian Nation in 1992, religiously does not condone induced abortion despite the Act of 1972. This has been observed and witnessed by researchers and many health workers. Some health workers, having based their judgement on Christian faith, consider abortion as murder. However, other health workers consider induced abortion as the only justifiable practice of dealing with wide spread clandestine abortions which usually result into fatal complications like death, infections and infertility. Such a conflict between religion and medical professionalism is common, therefore, adversely affecting the delivery of abortion services to clients.

Although highly restrictive, abortions take place in large numbers in Zambia, under unsafe conditions. Policies to improve access to safe abortion would help preserve the heath and lives of Zambian women. This can be partly achieved by health workers developing good attitudes towards abortions.

1.2. STATEMENT OF THE PROBLEM

In this study the legalization being considered goes beyond the four categories stated in the Zambian Act on abortion. This is because maternal morbidity and mortality rates due to illegal abortion are in alarming proportions despite the Act on abortion in place. This has emanated from the fact that there is a requirement of concert from three (3) Doctors. As a result of this, women therefore, experience long delays in gaining access to safe health facilities and may often turn to traditional healers where abortions are induced under unsterile conditions. In addition to this, most women do not meet the criterion to grant a legal abortion.

A rarely mentioned and overlooked factor which may be relevant in the Zambian situation, is the personal apathy and unwillingness of health care providers in public sector to assist in conducting induced abortion. In many hospitals, physicians, administrators and nurses object to abortion on quasi – moral grounds and discourage the provision of services even when legal.

Professionally, health providers are required to be in the forefront encouraging clients to seek medical services, however, this is not the case with legal induced abortion. As already mentioned, when medically trained personnel are less willing to help, this may result in higher numbers of illegal abortions. For instance, the ratio of legal to illegal abortions in Zambia could be as high as 1 to 10, whereas the request for TOP to admission for complication of illegal induced abortion is 3 to 1 at University Teaching Hospital (Abortion in Africa: 1990).

In 1993, the Zambian Ministry of Health reported a hospital total of 1164 cases of legally induced abortions (Medical Statistics Annual Report: 1983).
The same report also documents 14 940 admissions in 1982 and 16 977 in 1983 in the category 'Abortion unspecified' which includes women of 15 years and older who presented with complications of illegally induced abortions.

A recent study carried out in four districts of Western Province, for example found that 12% of women in the age group of 15 to 19 years had undergone a clandestine abortion, most without the assistance of any one else. Moreover, of the total number of recorded abortion related deaths since 1970, 56% occurred among school girls (Koster, 1995). Another study by Likwa and Wittaker (1986) reviewed that women

utilizing legal abortions tended to be older (20 – 29 years) while those who used illegal abortion routes tended to be young (15 to 19 years old). The two categories of women represented reasons of 'risk to physical and mental health' or being student respectively for abortion.

The problem concerning this apathy towards abortion has never been solved because there are no studies, which have been done to determine the opinion of health workers in Zambian about abortion.

There are several factors that may influence the attitude of health workers towards legalization of induced abortion, some of these factors include:

REGIOUS BELIEFS: These play an important role in determining the attitude of health workers towards legalization of abortion. A health personnel, who has a deep faith in Christianity, may not be willing to assist someone undergoing induced abortion. This is in line with the bible teaching which considers life to start before conception (Jeremiah; 1:4). Therefore conducting an abortion is as bad as killing, which is forbidden. "Thy shall not kill". (Exodus 20:13)

TRADITIONAL BELIEFS: These may also influence the attitude of health workers towards abortions. Depending on their tribes, health workers who undergo strong initiation ceremonies during which traditional norms and values are taught may not support legalization of abortion. This is because, by supporting abortion they would be violating their traditional norms. Whereas those who do not undergo initiation ceremonies may easily support legalization of abortion.

WORK EXEPERIENCE: Health workers who have worked for many years are likely to support legalization of abortion. This could be that, during their long work experience, they might have attended to many post abortal complications due to illegal abortion. This may influence their attitude towards abortion. On the other hand, health workers with less work experience may not accept or assist in conducting abortion because they have not attended to or seen the complications of illegal abortion. As a result of this, they may not know the importance of legalising abortion.

SOCIO ECONOMIC FACTORS: These have great influence on the attitude of health workers towards legalization of abortion. Health workers with a low income may support legalization of abortion because they know that someone with low income cannot afford to care for an unplanned child. A part from this, they cannot also afford to seek expensive induced abortion in private surgery. According to a study by Measheu A.R. (1998), it was reviewed that the common reason women cite for supporting abortion was socio economic concern.

MARITAL STATUS: This may influence Health Workers attitude towards abortion. Married people may not support any form of abortion because they do not face as severe economic problems as do single counterparts. This may be supported by a study done by Rogo, K. (1996) which reviewed that in Nairobi 70.4% of single women interviewed admitted to having an induced abortion compared to 20% of married women.

LEVEL OF KNOWLEDGE: Level of knowledge on the Zambian Act of abortion may have influence on health workers attitude towards abortion. It is believed that health workers who are highly knowledgeable may be in favour of abortion, unlike

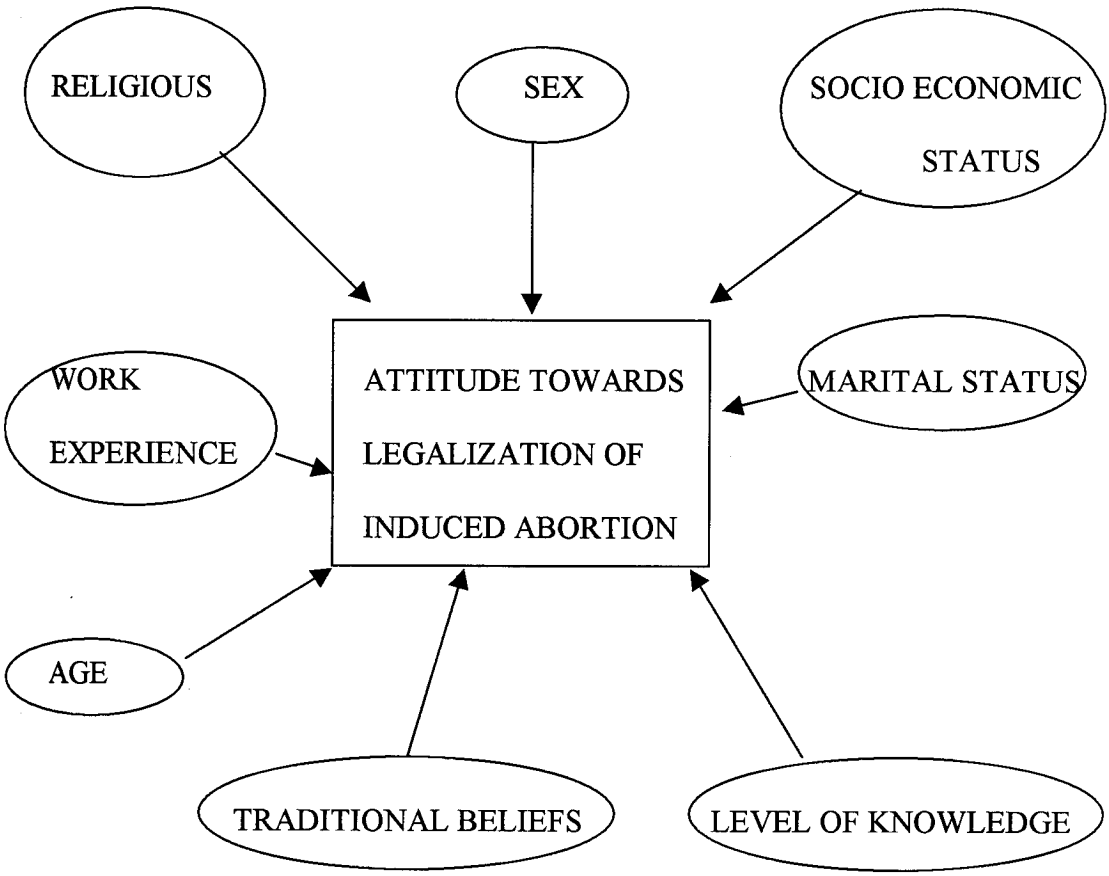
those who lack knowledge. This is because highly knowledgeable workers, know the four circumstances under which abortions are to be conducted for instance, when the continuance of pregnancy would involve the risk of injury to physical or mental health of a pregnant women greater than if the pregnancy were to be terminated (Zambian Abortion Act: 1972).

AGE: The age of an individual health worker may influence the attitude towards legalization of abortions. Young adults may be in favour of a abortions because in most cases, they are implicated in illegal abortions. This is because, at this age, they are sexually active and do not have stable spouses. This may be supported by a study earlier done by Likwa and Whittaker (1986) which reviewed that women who utilized illegal abortions routes tended to be in the age range of 15 to 19 years.

SEX: This may also influence the attitude of health workers towards abortions. Female health workers may support legalization of abortion unlike male counterparts. This may be attributed to the fact that females are the ones who directly experience the social effects and complication of illegal abortion.

Many studies have been done on abortions in many areas, but none has been done in Zambia on determining the attitude of health workers towards legalization of abortion in total. It is in this light that the researcher would like to carry out a study in this line.

1.3. DIAGRAM OF POSSIBLE FACTORS INFLUENCING THE ATTITUDE OF HEALTH WORKERS TOWARDS LEGALIZATION OF INDUCED ABORTION



1.4. JUSTIFICATION

The researcher would like to undertaken this study in order to determine the attitude of health workers towards legalization of abortion with the hope that the results from this study will be useful to health workers and policy makers in formulating policies and revision of the existing TOP ACT. The results will also enable other researchers who would wish to further analyse the problem of induced abortion in Zambia.

1.5. HYPOTHESES

- Post abortal complications influence health workers attitude towards legalization of abortion.
- Health workers' level of knowledge of abortion Act of 1972 influences their attitude towards legalization of abortion.

1.6. RESEARCH OBJECTIVES

1.6.1. GENERAL OBJECTIVE

To determine the attitude of health workers at St Francis Hospital (Katete) towards legalization of abortion in Zambia.

1.6.2. SPECIFIC OBJECTIVES

- To determine whether Socio-Economic Status of health workers has an effect on their attitude towards legalization of abortion in Zambia.
- To determine whether culture has an influence on health worker's attitude towards legalization of abortion in Zambia.
- To establish the level of knowledge among health workers at St Francis Hospital on the existing TOP ACT.

- To find out whether marital status of health workers` influences their attitude towards legalization of abortion in Zambia.
- To establish whether religion of health workers` influences their attitude towards legalization of abortion in Zambia.

1.7. OPERATIONAL DEFINITIONS

RELIGIOUS BELIEFS

Man's emotionalized doctrine and practices as regards to superior external being to health workers and governed by faith rather than scientific knowledge.

CULTURAL BELIEF

Totality of what is learned by a health workers as a member of society and the way of life.

SOCIO-ECONOMIC STATUS

Position health workers hold in society with regards to family income, residence, marital status and social affiliation.

LEVEL OF KNOWLEDGE

The ability of health workers to state the details found in the TOP ACT.

POST ABORTAL COMPLICATION

Prevalence of infertility, infections and deaths due to abortions.

ATTITUDE: The way the respondent perceives induced abortion.

HEALTH WORKER: Medically trained personnel working in the hospital.

1.8. VARIABLES

DEPENDENTS

Attitude of health workers towards legalization of abortion in Zambia.

INDEPENDENT

Religious beliefs

Cultural beliefs

Level of knowledge

Level of profession

Age

Post abortal Complications

INDICTORS AND CUT OFF POINTS

VARIABLES	INDICATOR	CUT OFF POINTS	QUESTION
KNOWLEDGE	LACK LOW MODERATE HIGH	NO CORRECT RESPONSE ONE CORRECT RESPONSE. TWO OR THREE CORRECT RESPONSES OUT OF FOUR QUESTIONS. CORRECT RESPONSES ALL FOUR QUESTIONS	19 – 22
INCOME	LOW MEDIUM HIGH	K100,000 TO 19900 K200 00 TO 399 00 K400 000 TO 500,000	7
ATTITUDE	POSITIVE NEGATIVE	ACCEPTED NOT ACCEPTED	25

CHAPTER 2

2.0. LITERATURE REVIEW

2.1. INTRODUCTION

Abortion has been practised by every human society in its history, despite the fact that most genuine traditional cultures have a tendency in common. It is further stated that abortion has been the case among Africans where despite the love of children some pregnancies or the survival of infants under certain circumstances was deemed undesirable (Rogo K,0.1996). Every year between 30 and 60 million women world wide seek termination of pregnancy. Naturally the figures are not very reliable because the nature of the condition is that it has to be hidden. In Africa alone, at least 150,000 women lose their lives through pregnancy and related causes each year, of these, 25% to 50% die because of unsafe induced abortion (Sai. F, 1996).

According to a study by Henshaw, K. et al (1998) on Global Review of Laws on induced abortion, 1985 – 1997. It was reviewed that 61% of the world's people live in countries where induced abortion is permitted either for a wide range of reasons or without restrictions as to reason, in contrast, 25% reside in nations where abortion is generally prohibited. Despite the global trend towards legalization of abortion, women's ability to obtain abortion services is affected by the attitude of health workers towards induced abortion.

2.2. GLOBAL PERSPECTIVE OF ABORTION

A survey done in the United States of America, reviewed that out of a total sample of Nurses, 79% would not support federal and state efforts to limit abortion; 52% said that they would vote in secrete ballot to performance of abortion; 24% said that they would incorporate abortion procedures into the practice and 19% said that they would incorporate abortion procedures in abortion clinic. Opinions about the performance above were not related to age, education or status. Therefore, this simply shows that nurses in United States of America were of the view that abortion should be legalised for whatever reasons without restrictions (Nurses and Midwives journal: 1994).

Another survey entitled ' measurement of public opinion on an abortion in America` reviewed that 55% of the respondents were for the idea that women should be able to obtain abortion for whatever reasons in the first trimester; 44% did not specify the duration of pregnancy when abortion should be done. The majority of respondents said that abortion should be made available for maternal health, fetal defects, rape, if single, financial constrains or want no more children regardless of the duration of pregnancy. Therefore, public opinion also supported termination of pregnancy as a solution to the miseries of unwanted pregnancies (Nurses and Midwives Journal: 1994).

In the European regions, change has been consistent with the global trend towards liberalization of abortion laws, several formerly communist nation revisited their abortion laws. In Albania, Bulgaria and Romania, new laws permit most abortions during the first 12 or 14 weeks. (Albania: Abortion legalization in Europe, 1997). In Poland, where abortion had been permitted

on socio-economic grounds, the law was revised in 1993 to permit abortion only when a pregnancy threatened the life or health and no juridical and fetal impairment grounds (Reproduction News: 1993).

2.3. REGIONAL PERSPECTIVE

The few changes that have occurred in Sub-saharan Africa have been in the direction of liberalization of abortion. Ghana amended its criminal code in 1985 to allow abortion to protect a woman's physical or mental health and on juridical and fetal impairment (Anika, R. 1997).

According to the study by Huntington D. (1996), entitled 'Post abortion caseload in Egyptian Hospitals' Egypt's abortion was found to be usually classified as ' rather restrictive' on a world scale, as it permits abortion only to preserve the health of the women. Islamic theologians generally view the termination of pregnancy to save a woman's live as acceptable even beyond the 120 days that is frequently cited, although within the Muslim faith, there are varying schools of thought concerning ensoulment of the fetus and abortion (Browen, D.L. 1977).

In Nigeria, a study was conducted by Stanley, K et al (1998) entitled ' The incidence of induced abortion in Nigeria'. It was reviewed that each year Nigerian women obtain approximately 610,000 abortions, a rate of 25 abortions per 1000 women aged 15 – 44 years. The rate is much lower in the rural regions of Northern Nigeria than in more economically developed

Southern regions. As estimated 40% of abortions are performed by physicians, 87% take place in privately owned facilities and 73% are performed by non specialist practitioners.

In Kenya, a similar study was done by Rogo, K.O. (1997) on this incidences of abortion in Kenya. It was found out that the number of cases of abortion had been rising rapidly in the past two decades. At Kenyatta National Hospital (Nairobi) an average of 40 cases are now seen daily with an increase of 600 – 800% over the preceeding decades.

Another notable survey conducted in Kenya in 1990s, on public attitude toward abortion showed the approval rates for use of abortion under certain circumstances. Fifty eight (58%) of males and 32% of females in a study group approved of induced abortion in situations where the mother's health was in danger; 14% of males and 16% of females approved if the woman was raped; 39% of males and 32% females approved if the fetus was likely to be deformed for contraceptive failure (Unsafe Abortion in Kenya: 1996)

On legal status of abortion in Kenya, Kidula, N. (1996), conducted a survey were nurses were asked to indicate their preferences as to circumstances when abortion should be provided. Most of the respondents (62.8%) felt that abortion should be provided in certain special circumstances. Other 26.2% of nurses felt that abortion should be illegal, and only 3.7 % preferred that abortion should be made available on demand. More female nurses (27.1%) than male nurses (21.6%) felt that abortion should be illegal, while a larger

proportion of males (10.8%) felt that abortion should be made available on demand.

In the same study, a greater proportion of divorced, widowed and separated nurses (12.5%) advocated for availability of abortion on demand as compared to those who were married.

As alluded to above, the attitude of nurses can affect the quality of care given and the availability of abortion services even when abortion laws are more liberalized. Generally, nurses have a very conservative and often negative attitude towards abortion on demand.

2.4. NATIONAL PERSPECTIVE OF ABORTION

While abortion is legal in Zambia, under the 1972 TOP ACT, a safe and legal abortion is not easily available to most women who need it especially young girls. Most people and many health providers do not know about the ACT. According to the 1998 records at UTH, Lusaka, 25 incomplete abortion were treated for every legal abortion (MOH, 1997: Family Planning in Reproductive Health).

In 1993, the Ministry of Health records indicated over 16,000 hospital admissions nationally that were due to illegally performed abortion. Unsafe and poorly performed abortions are therefore a major cause of maternal mortality. However, hospital records alone do not reflect the extent of

mortality or morbidity caused by abortion because most deaths occur outside health facilities and are never reported.

In a study of maternal deaths in 1993, at University Teaching Hospital (UTH), approximately 15% of maternal deaths were associated with complications of illegally induced abortions. Some 80% of women admitted to hospitals with induced abortions related complications, were younger than 19 years. A recent study carried out in four (4) districts of Western Province found that 12% of all women in the 15 – 19 age group had undergone a clandestine abortion, most without the help of anyone.

According to the study by Likwa and Whittaker (1986) entitled 'Characteristics of Women presenting for Abortion and Complications of illegal abortion at UTH', the findings were that women utilizing legal abortions facilities tend to be older (20 – 29 years) and receive termination under medical indications of 'risk of injury to the physical or mental health of pregnant women'. Women who used illegal abortion routes tended to be young (15 – 19 years), single, school girls who indicated reasons for termination of pregnancy as 'being a student'. Therefore it is important that abortion is liberalized for whatever reason to avoid the implications it has on the individual, community and the nation as a whole.

2.5. CONCLUSION

From the literature review, it can be concluded that there is a global trend toward legalization of abortion. This has been accepted by both the general public and health workers.

CHAPTER 3

3.0. METHODOLOGY

3.1. RESEARCH DESIGN

The design for this study was a descriptive cross section survey. It was designed to describe variables such as religious and culture beliefs, level of knowledge and, work experience and age in relation to health workers opinion on legalisation of abortion in Zambia. This design afforded the researcher an opportunity to explain how closely related the variables were to one another.

3.2. RESEARCH SETTING

The study was conducted at St. Francis Hospital (Katete) which is the largest mission hospital in Eastern Province. It caters for patients from within Katete and those from other towns of Eastern Province who are referred for specialist treatment. St Francis Hospital is a teaching hospital offering services for student nurses, enrolled midwives and clinical experience for medical students.

This setting was selected because it was cheaper since the researcher resides in Katete. The study was conducted in all the 10 departments of the hospital.

3.3. STUDY POPULATION

The study population included Nurses, Clinical Officers and Pharmacy Technicians. The sampling frame comprised 150 Health Workers.

3.4. SAMPLE SELECTION

The study unit were selected using a systematic random sampling technique after obtaining a complete sampling frame from the hospital. The sampling interval was calculated from the following formula:

$$K = \frac{N}{n}$$

$n = 50$

$N = 150$

$$K = \frac{N}{n} = \frac{150}{50}$$

$= 3$ sampling interval

The first respondent was selected using the lottery method.

3.5. SAMPLE SIZE

The sample size was 50. This number was thought to be reasonable for computation and management considering the limited time in which the researcher had to complete the study.

3.6. DATA COLLECTION TECHNIQUE AND TOOLS

Data in this study was collected using a structured, self administered questionnaire. This data collecting tool was preferred because all the respondents were able to read and write.

3.7. PILOT STUDY

The pilot study was carried out at UTH. The sample consisted of ten (10) nurses. This was done to test the potential of the data collecting tool and assessed the time taken to administer each questionnaire. The pre-testing also helped in assessing the suitability of phrasing and sequence of questions. It also assisted the researchers in detecting any gaps in the contents of the data. Following the pilot study, some questions were rephrased for easy understanding by respondents, and some questions were added in accordance with the objectives.

ETHICAL CONSIDERATIONS

Due to the sensitive nature of the study, permission to conduct the research was obtained from the Executive Director of the hospital. A verbal consent was also obtained from the respondents explaining how they were selected as well as how the findings were to be used. The researcher assured privacy, anonymity and confidentiality during data collection.

CHAPTER 4

DATA ANALYSIS AND PRESENTATION OF FINDINGS

The study sought to determine the attitude of Health Workers at St. Francis Hospital in Katete towards legalization of abortion. Data was collected using a structural questionnaire.

DATA ANALYSIS

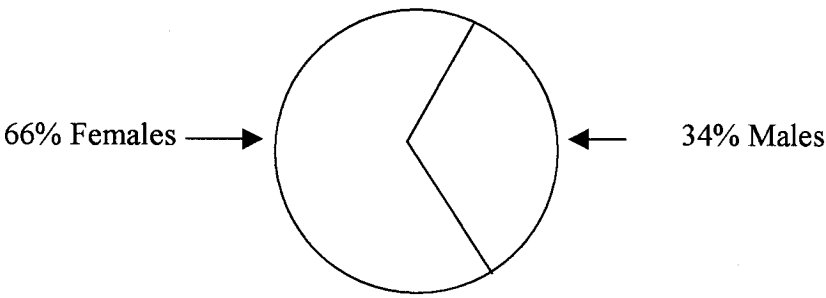
Data was first collected, edited for completeness after collection, and then questionnaires were numbered. Responses were coded using numbers, and open responses were categorized and coded. All data processing was done manually and then entered on a master sheet.

PRESENTATION OF FINDINGS

Data from the master sheet has been presented in charts and frequency cross tabulation tables. The researcher found it important to use tables because they summarized results in a meaningful way to facilitate understanding of the data presented and the intentions implied by the researcher.

CHART A

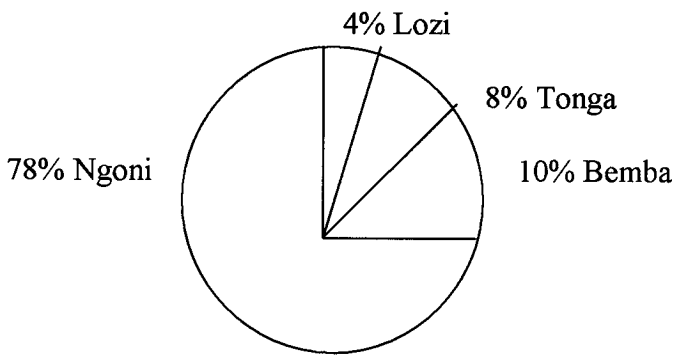
DISTRIBUTION OF RESPONDENT BY SEX



The majority of respondents were females 33(66%) and 17(34%) were males.

CHART B

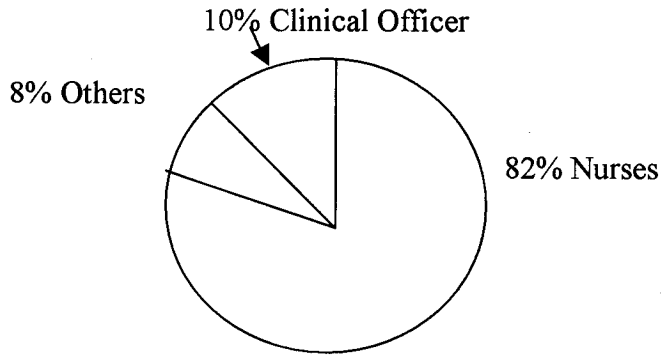
DISTRIBUTION OF RESPONDENTS BY TRIBE



The majority of respondents 39(78%) were Ngonis, followed by Bembas 5(10%), Tongas 4 (8%) and Lozis 2 (4%).

CHART C

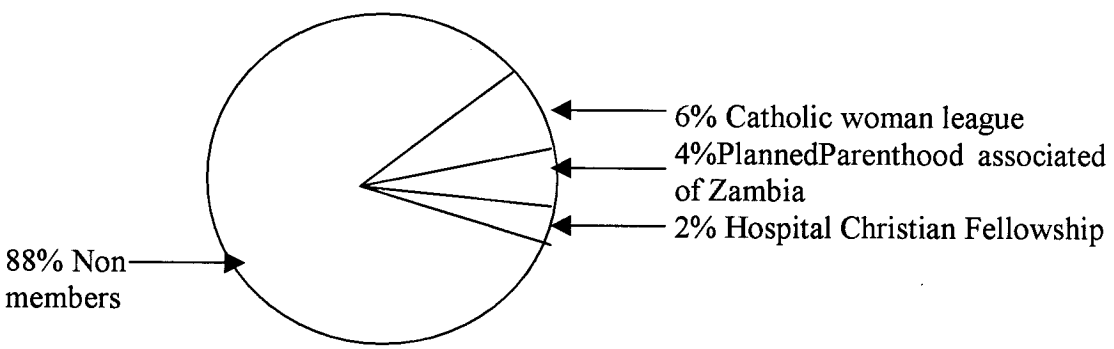
DISTRIBUTION OF RESPONDENT BY PROFESSION



The majority of respondents were nurses 41(82). Followed by Clinical Officers 5(10%) and other 4(8%)

CHART D:

DISTRIBUTION OF RESPONDENTS BY THEIR SOCIAL ORGANISATION



Only 12% of the respondents belonged to social organisations which did not support abortion.

TABLE 1

LEGALIZATION OF INDUCED ABORTION IN RELATION TO SEX

SEX	LEGALIZATION		TOTAL
	ACCEPTED	NOT ACCEPTED	
MALES	7(14%)	10(20%)	17(34%)
FEMALES	19(38%)	14(28%)	33(66%)
TOTAL	26(52)	24(48%)	50(100%)

The table shows the majority of respondents 33(66%) were females of which 19(38%) accepted induced abortion.

TABLE 2

LEGALIZATION OF INDUCED ABORTION IN RELATION TO AGE

AGE IN YEARS	LEGALIZATION OF ABORTION		TOTAL
	ACCEPTED	NOT ACCEPTED	
20-24	2(4%)	3(6%)	5(10%)
25-29	9(18%)	6(12%)	15(30%)
30-34	5(10%)	7(14%)	12(24%)
35-39	8(16%)	4(8%)	12(24%)
40-49		3(6%)	3(6%)
45-49	2(4%)	1(2%)	3(6%)
TOTAL	26(52%)	24(48%)	50(100%)

The table shows the majority of respondents 15(30%) were in the age range of 25 to 29 years of which 9(18%) accepted legalization of abortion.

TABLE 3

LEGALIZATION OF INDUCED ABORTION IN RELATION TO MARITAL STATUS

MARITAL STATUS	LEGALIZATION OF ABORTION		TOTAL
	ACCEPTED	NOT ACCEPTED	
Single	8(16%)	5(10%)	13(26%)
Married	15(30%)	16(32%)	31(62%)
Separated	1(2%)		1(2%)
Divorced		2(4%)	2(4%)
Widowed	2(4%)	1(2%)	3(6%)
TOTAL	26(52%)	24(48%)	50(100%)

The table shows the majority of respondents 31(62%) were married of which 16(32%) did not accept legalization of abortion.

TABLE 4

LEGALIZATION OF INDUCED ABORTION IN RELATION TO RELIGION

RELIGION	LEGALIZATION OF ABORTION		TOTAL
	ACCEPTED	NOT ACCEPTED	
CHRISTIAN	26(52%)	22(44%)	48(98%)
MOSLEM		2(4%)	2(48%)
HINDU	-	-	
TOTAL	26(52%)	24(48%)	50(100%)

The table shows the majority of respondents 48(96%) were Christians of which 26(52%) accepted legalization of induced abortion.

TABLE 5

LEGALIZATION OF INDUCED ABORTION IN RELATION TO CHURCH ATTENDANCE

CHURCH ATTENDANCE	LEGALIZATION OF ABORTION		TOTAL
	ACCEPTED	NOT ACCEPTED	
Almost every Sunday	20(40%)	23(46%)	43(86%)
Twice per week	1(2%)	-	1(2%)
Once per week	2(4%)	-	2(4%)
Do not attend	3(6%)	1(2%)	4(8%)
TOTAL	26(52%)	24(48%)	50(100%)

The table shows the majority of respondents 43(86%) attended Church service every Sunday, of which 23(46%) did not accept legalization of abortion.

TABLE 6

LEGALIZATION OF INDUCED ABORTION IN RELATION TO MONTHLY INCOME

MONTHLY INCOME IN KWACHA	LEGALIZATION OF ABORTION		TOTAL
	ACCEPTED	NOT ACCEPTED	
100 000-199 000	18(36%)	16(32%)	34(68%)
200 000-299 000	5(10%)	5(10%)	10(20%)
300 000-399 000	1(2%)	2(4%)	3(6%)
400 000-499 000	1(2%)	1(2%)	2(4%)
500 000 and above	1(2%)		1(2%)
TOTAL	26(52%)	24(48%)	50(100%)

The table shows the majority of respondents 34(68%) received a monthly income, ranging from K100 000 to 199 000 of which 18(36%) accepted legalized induced abortion.

TABLE 7

LEGALIZATION OF ABORTION IN RELATION TO TYPE OF ACCOMMODATION

TYPE OF ACCOMMODATION	LEGALIZATION OF ABORTION		TOTAL
	ACCEPTED	NOT ACCEPTED	
One	6(12%)	4(8%)	10(20%)
Two	4(8%)	-	4(8%)
Three	8(16%)	11(22%)	19(38%)
Four and above	8(16%)	9(18%)	17(34%)
TOTAL	26(52%)	24(48%)	50(100%)

The majority of respondents 19(38%) lived in four roomed houses of which 11(22%) did not accept legalization of abortion.

TABLE 8

LEGALIZATION OF INDUCED ABORTION IN RELATION TO PROFESSIONAL LEVEL

PROFESSIONAL LEVEL	LEGALIZATION OF ABORTION		TOTAL
	ACCEPTED	NOT ACCEPTED	
NURSES	24(48%)	17(34%)	41(82%)
CLINICAL OFFICER	1(2%)	4(8%)	5(10%)
OTHERS	1(2%)	3(6%)	4(8%)
TOTAL	26(52%)	24(4%)	50(100%)

The table shows the majority of respondents 41(82%) were Nurses of which 24(48%) accepted legalization of abortion.

TABLE 9

LEGALIZATION OF INDUCED ABORTION IN RELATION TO WORK EXPERIENCE

WORK EXPERIENCE IN YEARS	LEGALIZATION OF ABORTION		TOTAL
	ACCEPTED	NOT ACCEPTED	
1-3	9(18%)	9(10%)	18(36%)
4-6	2(4%)	4(8%)	6(12%)
7-8	4(8%)	3(6%)	7(14%)
10 and above	11(22%)	8(16%0	19(38%)
TOTAL	26(52%)	24(48%)	50(100%)

The table shows the majority of respondents 19(38%) had work experience of 10 years and above of which 11(22%) accepted legalization of abortion.

TABLE 10

LEGALIZATION OF INDUCED ABORTION IN RELATION TO KNOWLEDGE ON THE ABORTION ACT

LEVEL OF KNOWLEDGE	LEGALIZATION OF ABORTION		TOTAL
	ACCEPTED	NOT ACCEPTED	
LACK	0	0	0
LOW	2(47%)	8(16%)	10(20%)
MODERATE	13(26%)	9(18%)	22(44%)
HIGH	11(22%)	7(14%)	18(36%)
TOTAL	26(52%)	24(48%)	50(100%)

The table shows the majority of respondents 22(44%) had moderate knowledge on abortion Act of which 13(26%) accepted legalization of induced abortion.

TABLE 11

LEGALIZATION OF INDUCED ABORTION IN RELATION TO NUMBER OF CASES OF COMPLICATION FROM ILLEGAL ABORTION ATTENDED TO/NURSED

NUMBER OF CASES	LEGALIZATION OF ABORTION		TOTAL
	ACCEPTED	NOT ACCEPTED	
NONE	3(6%)	4(8%)	7(14%)
FEW	4(8%)	9(18%)	13(26%)
MANY	19(38%)	11(22%)	30(60%)
TOTAL	26(52%)	24(48%)	50(100%)

The table shows the majority of respondents 30(60%) attended to many cases of complication from illegal abortion of which 19(38%) accepted legalization of abortion.

TABLE 12

RESPONSE TO WHETHER HEALTH WORKERS WOULD BE WILLING TO ASSIST IN CONDUCTING ABORTION

WILLINGNESS TO ASSIST	FREQUENCY	PERCENTAGE
YES	24	48%
NO	25	50%
NO RESPONSE	1	2%
TOTAL	50	100%

The table shows the majority of respondents 25(50%) were not willing to assist in conducting abortions.

TABLE 13

RESPONDENTS REASONS FOR WILLING TO ASSIST CONDUCTING ABORTIONS

REASONS FOR WILLINGNESS TO ASSIST	FREQUENCY	PERCENTAGE
Part of Medical Care	20	40
No response	3	6
TOTAL	23	46%

The majority of respondents 20(40%) considered abortion to be part of medical care.

TABLE 14

RESPONDENTS REASONS FOR NOT WANTING TO ASSIST IN CONDUCTING ABORTIONS

REASONS FOR NOT WILLING TO ASSIST	FREQUENCY	PERCENTAGE
Murder	10	20
Sin	8	10
Promotion of promiscuity	6	12
No response	2	4
TOTAL	26	52%

The majority of respondents 10(20%) were not willing to assist in conducting an abortion because they considered it as murder.

TABLE 15

RESPONDENTS SUGGESTIONS IN REDUCING POST ABORTAL COMPLICATIONS

SUGGESTIONS	FREQUENCY	PERCENTAGE
Health Education to client	28	56%
Family planning services to ladies	15	30%
Discouraging any form of illegal abortion	7	14%
TOTAL	50	100%

The majority of respondents 28(56%) suggested that health education should be given to clients in order to reduce post abortal complication.

CHAPTER 5

5.0. DISCUSSION OF FINDINGS

5.1. INTRODUCTION

The study was aimed at determining the knowledge and attitude of Health Workers at St. Francis Hospital in Katete towards legalization of abortion in Zambia. The tool used in collecting data was a self administered questionnaire.

5.2. DEMOGRAPHIC DATA

Out of a total sample of 50 respondents, 66% were females and 34% were males. In addition to this, the majority of respondents (82%) were nurses followed by 10% Clinical Officers and 4% were Health Workers in other categories. This is due to the fact that health profession has been dominated by Nurses, and most of the Nurses are females. Clinical Officers also occupy the second place in number in the health sector more especially in rural areas.

The demographic results also review that the majority of respondents 82% were Ngonis, followed by 10% Bembas, 8% Tongas and 4% Lozis. This is because ST. Francis Hospital (Katete) is situated in Eastern province in which Ngoni speaking tribe reside,

KNOWLEDGE

Table 11 (page 36) statistically shows that 44% of the respondents had moderate knowledge of which 26% had accepted at legalisation of abortion. In addition to this 36% of the respondents had high knowledge of which 22% had also accepted legalization of abortion. As a result of this, it can be deduced that there is a significant relationship between the level of knowledge and the attitude of health workers towards legalization of abortion. This is probably due to the fact that respondents do understand the circumstances under which abortions can be performed in accordance with the Zambian Abortion Act of 1972. In addition to this, they also know the importance of legalizing abortion, for instance in prevention of post abortal complications. Table 15 (page 40). This is in line with the hypotheses which states that 'Health Workers level of knowledge on the abortion Act of 1972 influences their attitude towards legalization of abortion.

ATTITUDE

The majority of female respondents 38% accepted legalization of abortion. Table 1(page 26). Shows that there is a significant relationship between sex and attitude of Health Workers towards legalization of abortion. This assumption may be attributed to the fact that females are the ones who are directly affected by the social effects like stigmatization and complications of illegal abortion. This is in conformity with the study done earlier by Sai, F

.(1996), which reviewed that in Africa alone, at least 150,0000 women lose their lives, of which 25% to 50% die because of unsafe induced abortions.

Table 2, (page 27) statistically shows that there is a strong relationship between legalization of abortion and age. The majority of respondents 18% from the age group of 25 to 29 years accepted legalization of abortion. This may be attributed to the fact that most of respondents who are implicated in illegal abortion are young adults. In this age range, women and men tend to be sexually active. This may be due to the fact that it is at this stage where both men and women are in search of spouses. As a result of this, their love affairs eventually end up in unplanned pregnancies. This probably may change their attitudes positively towards legalization of abortion. This is in line with a study by Likwa and Whittaker (1986) which reviewed that women who were utilizing legal abortions tended to be older (20 – 29 years).

The statistical findings in table 3 ,(page 28) shows that the majority of 32% of married respondents did not accept induced abortion. This could be due to the fact that married women in Zambia do not face, as severe socio-economic problems as single mothers when caring for a child. However, a reasonably higher percentage of single respondents (16%) in table 4 accepted legalization of abortion. This may be as a result of material difficulties which are clearly the common reason for seeking an abortion. In addition to this, single mothers may face a social stigma of having a child without a 'legalization' father. This may also have an influence on their altitude towards legalization of abortion.

Table 6 (page 31) also shows that there is a relationship between respondents monthly income and attitude of health workers towards legalization of abortion. The majority of respondents 36% whose income were in a range of K100,000.00 to K199, 000.00. The assumption is that respondents with low income may not have the financial capacity to seek expensive induced abortion conducted in private Surgeries. Not only this, they cannot also afford to care for unplanned children. This is in line with a study done by Measha w A.R. (1998) which reviewed that the common reason women cite for having an abortion is socio-economic concern.

Table 7 (page 32) shows on the other hand that the majority of respondents 22% lived in three roomed houses and did not accept abortion. This assumption may be that the respondents 55 have adequate room to accommodation additional children.

On religion, table 4 (page 29)s does not show any significance in relationship between Christianity and worker altitude on legalization of induced abortion. However, from the study, a slightly higher percentage (52%) of Christians accepted legalization of abortion despite the strong bible teaching against any form of abortion. On the other hand, only a lower percentage (44%) did not accept abortion. This slight variation may be attributed to differences in the level of faith among Christians.

Table 5 (page 30), however, indicates that those Christian who attended church services almost every week tended to have strong faith in the bible

teaching and did not accept legalization of induced abortion. For Moslems, all the respondents (4%) did not accept legalization o abortion. This may be in line with the Islamic theologians who generally view the termination of pregnancy, other than saving the women life as criminal, and any one involved in it is subjected to legal and religious persecution.

Table 8 (page 33) shows that the majority of health workers 82% were Nurses of which 48% accepted legalization of abortion. Nurses accepted legalization probably because the majority of nurses are females. Females are the ones who experience directly the social effects and complications of illegal abortion.

Work experience has also a significant relationship with health workers altitude towards legalization of abortion. Table 9, (page 34) shows that the majority (38%) of health workers had worked for more than 10 years of which 22% accepted legalization of abortion. This may be attributed to the fact that those health workers who had worked more than 10 years had attended to a lot of post abortal complication like haemorrhage, septicemia, infertility to mention a few. This is in conformity with the hypotheses which states that post abortal complications influence health workers attitude towards legalization of abortion.

Chart D (page 25) shows socially that 88% of health workers interviewed were not affiliated to any social organisation. Only 12% were affiliated to organisations like Catholic Women's League (6%), planned parenthood

association of Zambia (PPAZ) 4%, hospital Christian fellowship 2%. These organisations are involved in discussions of abortion issues. The membership of these social organisations is small because in rural areas, there are fewer social organisations than in towns.

On whether health workers would be willing to assist in conducting abortions table 12 (page 37) shows that 48% of the respondents were willing to assist. This is probably due to the reasons they gave in table 13 (page 38). 40% of the respondents gave reasons for willingness to help as part of Medical Care and 8% did not give any reasons.

On the other hand, 50% of respondents were not willing to assist. This may be due to the reasons given in table 14 (page 39). About 20 of the respondents could not assist in an abortion because they considered it as murder, and the other 12% said assisting in conducting an abortion could promote promiscuity.

HEALTH SYSTEM IMPLICATION

There has been a growing concern recently over the phenomena of unsafe illegal abortion. Illegal abortion is one of the most critical topics in Reproductive Health. The Zambian government has spent a lot of money and material resources in the treatment of complication of illegal abortions performed outside the hospital.

Health workers have a critical role to play in legalizing abortion. This is because illegal abortion is linked to various health problems such as infections, infertility, bleeding and death. The health problems put a strain on individuals themselves, the family, health services in particular, and on the community and the nation as a whole.

The problem of illegal abortion can be solved by liberalizing the Abortion Act of 1972. Health workers should take an active role in sensitising policy makers and the community on the importance of legalization of abortion, that is its advantages to reproductive health.

CHAPTER 6

CONCLUSION, RECOMMENDATION AND LIMITATION OF THE STUDY

CONCLUSION

The objective of the study was to determine the attitude of health workers at St Francis Hospital (Katete) towards legalization of abortion in Zambia. From the findings, it appears that the majority of health workers accepted legalization of abortion. It was found out that the level of knowledge on the Abortion Act of 1972, work experience, type of profession and cases of complications attended to have significant relationship to attitude of health workers on legalization of abortion.

RECOMMENDATIONS

In view of the findings of the study, the researcher would like to make the following recommendations:-

1. The abortion Act of 1972 should be broadened to encompass the areas which have been restricted to would be beneficiaries.
2. Abortion in Zambia should be liberalized and made available on client's demand.
3. Health workers curricula for training should be enriched in order to give them a wide scope on abortion Act.

LIMITATIONS OF THE STUDY

The study was carried out within the busy school semester of the University. Therefore, the limited time coupled with no funding could not allow the researcher to conduct the study on a large scale.

REFERENCES

1. Alpha, D. et al. (1996): ABORTION IN AFRICA: African Journal of fertility, sexuality and reproductive health. Centre for African Studies, Nairobi.
2. Bless C and Higson S. (1995)FUNDAMENTALS OF SOCIAL RESEARCH METHODS: An African Perspective. Juta and Company Limited.
3. Bulmer, C. (1987): SOCIAL RESEARCH IN DEVELOPING COUNTRIES, SURVEYS AND CENSUSES IN THE THIRD WORLD. John Wiley and Sons. London.
4. Bumpass L.L. (1997): The Measurement of Public Opinion on Abortion: Family Planning Perspective (Abstract) University of Wiscount Madiso.
5. Emuveyan E. (1996): PROFILE OF ABORTION IN NIGERIA. CAFS Nairobi.
6. Family Care International (1994): SAFE MOTHERHOOD IN ZAMBIA. A situation Analysis. Family Care International. Lusaka.
7. Faunders, A. and Harly, E .(1977): ILLEGAL ABORTION: Consequences for Women's Health and the health care system. International Journal of Gynaecology and Obstetrics (abstract) July, 1997.
8. Gaisie, K et al (1992): ZAMBIAN DEMOGRAPHIC HEALTH SURVEY; Lusaka.
9. George, F. B. (1992): STUDIES IN FAMILY PLANNING POPULATION COUNCIL: Mc Graw Hill. New York

10. Gikaru,L and Kinoli N.S.1996ADDRESSING COMPLICATIONS O F UNSAGE ABORTION IN SUB- SAHARAN AFRICA CRHCS – ARUSHA

10. Hallam R, (1995): Sexual Harassment, Sex Education and Teenage Pregnancy. Akina, Mana Wa Africa. London.

11. IPPFAR (1994): The Mauritius Conference –Unsafe Abortion and Post Abortion FP in Africa. A Banson Production. LONDON

12. Khama R. et al (1996): Unsafe Abortion in Kenya. Findings from eight studies. The population council, Nairobi.

13. Kinols N.S. et al (1994) Monigraph on Complications of Unsafe Abortion in Africa. CHRCS. BLANTYRE

14. Koster – Oyekkah W (1995): Unplanned pregnancies, Causes and Effects MOH, PHC programme Mongu.

15. Kulezyeki A et al (1996): Abortion and Fertility Regulation Preview Kucket School of Public Health, Michigan

16. Lemav M. et al (1996): Induced Abortion in Kenya – its determinants and Association Factors East African Medical Journal – Blantyre.

17. Likawasa RN and Whittaker M (1996). The characteristics of women presenting for Abortion and Complications of illegal Abortions at UTH. Lusaka. Unpublished study.

18. SAI, F. (1996): An overview of Unsafe Abortion in Africa. CAFS. African Journal of Fertility, Sexuality and Reproductive health – Nairobi.

19. Republic of Zambia (1972). Termination of pregnancy ACT. CAP 544. Government Printers. Lusaka.

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9th March, 1999

Dear Sir/Madam,

This is to introduce RONALD KATONGA, a Fourth Year BSC (Nursing) Student in the Department of Post Basic Nursing, School of Medicine, University of Zambia. The student is undertaking a Research Study in partial fulfilment of the above mentioned degree.

The Research Programm for study is TO DETERMINE THE ATTITUDE OF HEALTH WORKERS AT ST FRANCIS HOSPITAL (KATETE) TOWARDS LEGALISATION OF ABORTI

We shall be most grateful if you could access the student to information on the subject or clients and any other assistance the student may require.

Yours faithfully

Lydia Jumbe
COURSE CO-ORDINATOR
DEPARTMENT OF POST BASIC NURSING
SCHOOL OF MEDICINE

Approved
13.10.99

Nursing Adv
St. Francis Ho
Private Bag
Katete

DATA COLLECTION TOOL

QUESTIONNAIRE

A STUDY TO DETERMINE THE ATTITUDE OF HEALTH WORKERS AT ST.FRANCIS HOSPITAL(KATETE) TOWARDS LEGALIZATION OF INDUCED ABORTION IN ZAMBIA

DATE.....NO.....

INSTRUCTIONS:

1. DO NOT WRITE YOUR NAME(S) ON THE QUESTIONNAIRE

2. ANSWER ALL THE QUESTIONS IN THIS QUESTIONNAIRE

3. TICK( ) IN THE BOX CORRESPONDING TO THE CORRECT ANSWER OR STATE YOUR RESPONSE(S) IN THE SPACE PROVIDED.

4. WRITE YOUR RESPONSES CLEARLY.

5. INFORMATION FROM THIS QUESTIONNAIRE WILL BE KEPT IN STRICT CONFINDENCE

For Official Use only

SECTION A

DEMOGRAPHIC DATA

1. What is your sex?

(a) Male
(b) Female

2. How old where you on your last birthday?

----------Years

3 What is your tribe?----------

4. What is your marital status?

(a) Single
(b) Married
(c) Separated
(d) Divorced
(e) Others (specify)----------

5. What is your profession

(a) Nurse
(b) Medical Doctor
(c) Clinical Officer
(d) Others Specify.....

6. How long have you been working as a health worker?

(a) 1-3 Years
(b) 4-6 Years
(c) 7-9 Years
(d) 10 and above

SECTION B

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SOCIO ECONOMIC DATA

7. What is your monthly family income?
(including that of your spouse or any family member)

(a) K100,000 - 19900
(b) K200,000 - 29900
(c) K300,000 - 39900
(d) K400,000 - 49900
(e) K500,000 - and above

8. How many rooms does your accommodation have

(a) One
(b) Two
(c) Three
(d) Four and above

9. Do you own any vehicle?

(a) Yes
(b) No

10. Are you a member of any social organisation?

(a) Yes
(b) No

11. If yes to question 10, what is the name of an organisation?

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12. Does your Organisation teach/discuss issues of induced abortion?

(a) Yes
(b) No

13. If yes to question 12, does your organisation support abortion?

(a) Yes
(b) No

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SECTION C

RELIGIOUS DATA

14. What is your religion/denomination?

(a) Christian
(b) Moslem
(c) Hindu
(d) Others specify----------

15. How often do you go to church?

(a) Almost every sunday
(b) Twice per month
(c) Once per month
(d) Do not attend

16. Does your religion accept induced abortion

(a) Yes
(b) No

17. Give reason(s) for your answer

SECTION D

KNOWLEDGE

18. Did you cover abortion during your training?

(a) Yes
(b) No

19. Are health personnel allowed to conduct abortion according to the Zambian Act.

(a) Yes
(b) No

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20. If yes to question 19, name the health personnel?

(a) Nurse
(b) Doctor
(c) Laboratory Technician
(d) Pharmacist

21. How many Doctor(s) are supposed to sign for a legal abortion?

(a) Four
(b) Three
(c) Two
(d) one

22 According to the abortion Act when should one have an abortion?

(a) When a mother or fetus is at risk
(b) When the family is too big
(c) When a pregnant mothers is a pupil or student

SECTION C PRACTICE

23. How much does your professional practice influence your opinion about legalization of abortion.

(a) Little
(b) Very Little
(c) Much
(d) Very Much

24. How many cases of complications arising from illegal abortion have you nursed/attended to?

(a) None
(b) Few
(c) Many

SECTION D

ATTITUDE;

25. Do you accept legalization of abortion in Zambia?

(a) Yes
(b) No

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26. Give reason(s) for your answers to question 25

---

27. Does your cultural beliefs allow induced abortion?

(a) Yes
(b) No

28. Would you be willing to assist someone undergoing induced abortion in hospital?

(a) Yes
(b) No

29. Give reason(s) for your answers in question 28

---

30. What do you think should be done to reduce post abortal complications

---

THANK YOU FOR COMPLETING THE QUESTIONNAIRE.