































abortion counselling sessions, while 3 (2,40%) held the opinion that they were not capable of doing so, and 6 (4,8%) were uncertain. Twenty-five (25) of the 150 respondents refrained from answering this question.

The pregnant woman who requests an abortion has the right and the responsibility to claim service of a high quality during this crisis, says Kaufman (1997:1). She is entitled to emotional support and adequate medical treatment that is sensitive to her needs. During the investigation, a survey was done on why respondents see pre-abortion counselling as important; the findings are set out in Table 11.

**TABLE 11**  
**IMPORTANCE OF PRE-ABORTION COUNSELLING**

<b>ORDER OF PREFERENCE</b>	<b>REASONS FOR IMPORTANCE</b>	<b>TOTAL = 150 Shortfall = 9</b>	<b>%</b>
1.	To get information and broaden knowledge.	68	48,23%
2.	Get clarity on decision-making.	15	10,64%
3.	To discuss alternatives/options.	14	9,99%
4.	To be better prepared to be able to cope with a crisis.	21	14,89%
5.	Support and understanding	19	13,48%
6.	Counselling is not seen to be important.	4	2,84%
<b>TOTAL</b>		<b>141</b>	<b>100%</b>

It was found that the respondents mainly regarded pre-abortion counselling to be important in that 68 (48,23%) respondents wished to gain specific information and 15 (10,64%) respondents wished to get clarity on decision-making. According to 14 (9,99%) respondents, the importance of pre-abortion counselling lies in the fact that alternatives are discussed, for 21 (14,89%) respondents it lies in the preparation for coping with the crisis, and according to 19 (13,48%) respondents, it lies in the support and understanding they experienced. There were even four respondents (2,84%) who did not see pre-abortion counselling as important. A few examples of those who initially regarded pre-abortion counselling to be unimportant, but nevertheless benefited from it, appear in the table below.

**TABLE 12**  
**OPINION ON PRE-ABORTION COUNSELLING**

<b>Participant</b>	<b>Pre-test</b>	<b>Post-test</b>
Number 58	“Not necessary. I’ve decided.”	“Correct information.”
Number 34	“Not necessary. I know what I want.”	“Physical after effects.”

Table 13 reflects the relationship between the respondents who benefited from pre-abortion counselling compared to those who did not benefit from it.

**TABLE 13**  
**FEEDBACK ON PRE-ABORTION COUNSELLING**

<b>RESPONDENTS</b>	<b>TOTAL</b>	<b>RESPONDENTS</b>	<b>TOTAL</b>
Will benefit from it – did indeed benefit from it	97 80,17%	Will not benefit from it – did not benefit from it	3 2,48%
Will not benefit from it – did indeed benefit from it	16 13,22%	Will benefit from it – Did not benefit from it	5 4.13%
<b>BENEFITED FROM PRE-ABORTION COUNSELLING</b>	<b>113</b> <b>93,39%</b>	<b>DID NOT BENEFIT FROM PRE-ABORTION COUNSELLING</b>	<b>8</b> <b>6,61%</b>
<b>TOTAL = 150 (Shortfall = 29)</b>			
<b>100%</b>			

The relationship between the expectations of the respondents with regard to pre-abortion counselling and feed-back on pre-abortion counselling was determined, and it is clear that the majority 113 (93,39%) did indeed benefit from it and that 8 (6,61%) did not benefit from it.

With regard to being emotionally prepared for the abortion procedure after pre-abortion counselling, the investigation found as follows:

86,4%	emotionally prepared
5,6%	emotionally not prepared for the abortion procedure
8,0%	Uncertain whether they were emotionally prepared

### SUMMARY

The literature and research findings can be aligned regarding the importance of pre-abortion counselling for the pregnant woman who requests termination of pregnancy. The pregnant woman who requests an abortion is dependent on social work assistance, specifically in the form of pre-abortion counselling. The nature and essence of pre-abortion counselling corresponds with that of crisis intervention, and therefore crisis intervention is regarded as the obvious model for pre-abortion counselling. The different steps during crisis intervention taken into consideration, the process of pre-abortion counselling with its contextual aspects can be implemented successfully in the interests of the pregnant woman who finds herself in a crisis. If the importance of pre-abortion counselling is stressed and marketed better, and every pregnant woman who requests an abortion can realise its value, then an actual contribution can be made towards preventing impulsive decision-making and adopting the wrong approach to treating this crisis in her life. Therefore the importance of pre-abortion counselling cannot be over-emphasised. Clearly, the social worker has an important task to fulfil in this respect.

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