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DEPARTMENT OF SOCIAL WORK

AN INVESTIGATION ON SOCIAL WORKERS' PERSPECTIVES ON PRO-LIFE AND PRO-CHOICE DYNAMICS ON ABORTION IN ZIMBABWE. A CASE OF MILTON PARK.

BY

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A DISSERTATION SUBMITTED TO BINDURA UNIVERSITY OF SCIENCE EDUCATION, DEPARTMENT OF SOCIAL WORK IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE BACHELOR OF SCIENCE HONOURS DEGREE IN SOCIAL WORK.

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DECLARATION

I **Fadzai Panashe Hove,** hereby declare that, with the exception of the amounts specified in the acknowledgements and references and by acknowledged sources in the research body, this dissertation is the result of my own investigation and research, and that it has not been submitted in whole or in part for any other degree to any other university or institution.

Signed: ………………………… Date: ………………………….

Hove F. P.

APPROVAL FORM

Supervisor

I...DR. MANGWIRO V.P......., hereby declare that I have supervised **Hove Fadzai Panashe** in their research on the topic "An investigation on Social Workers' perspectives on pro-life and pro-choice dynamics on abortion in Zimbabwe. A case of Milton Park".

I confirm that **Hove Fadzai P** has completed this research under my guidance and supervision, and that the research has been conducted in accordance with the ethical and academic standards of Bindura University of Science Education.

I declare that I have reviewed and approved the final draft of this research and that it is ready for submission and examination.

Signature:...Mangwiro...................Date:...13/06/2024...........

Chairperson

I...P. J. Nom......................., Chairperson of the Department of Social Work, hereby declare that the research proposal submitted by Hove **Fadzai Panashe** on the topic "An investigation on Social Workers' perspectives on pro-life and pro-choice dynamics on abortion in Zimbabwe. A case of Milton Park." has been approved.

I confirm that the proposal has been reviewed and found to meet the department's academic and ethical standards.

Signature.....................................Date...02/16/2024..........................

DEDICATION

I dedicate my dissertation work to all social workers who relentlessly labour to empower and assist people who must make tough decisions about their reproductive health and pregnancy, to my family and my friends and to my mother who supported me relentlessly throughout this journey.

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I offer my sincere gratitude for my supervisor's steadfast assistance. I really appreciate your help. Without you, the trip would not have been the same. Also, I would want to thank my family and friends for their support. We did it!

ABSTRACT

In this qualitative study, social workers in Harare, Zimbabwe, analyse the dynamics between the pro-choice and pro-life movements with relation to abortion. Finding out what social workers thought about abortion, what obstacles they encountered while attempting to assist women who were unexpectedly pregnant, and how to overcome these obstacles were the study's three main goals. An intersectional feminist theoretical framework provided direction for the study. The study used focus groups and in-person interviews with twenty social professionals in the Milton Park area. The findings demonstrate the breadth and diversity of social workers' viewpoints on this contentious issue. A range of opinions were exchanged, and there was regular discussion of the moral, ethical, and practical implications of pro-choice and pro-life positions. Social workers underscored the importance of reproductive justice, drawing attention to the ways in which racism, class, gender, and other defining factors intersect to influence access to safe abortion services. They pushed for a more all-encompassing, rights-based approach to reproductive healthcare that takes into consideration the various needs and vulnerabilities that women and other marginalised groups face. The study presents a number of recommendations, including strengthening referral networks, increasing access to comprehensive sexuality education, and advocating for laws that decriminalise and de-stigmatize abortion. The results have significance in that they underscore the critical role that social workers play in shaping gender-responsive, evidence-based policies and practices in Zimbabwe, as well as the discourse around abortion.

LIST OF ACRONYMS

TOPA   Termination of Pregnancy Act

WHO   World Health Organization

IFT   Intersectional Feminism Theory

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CHAPTER 1

INTRODUCTION AND BACKGROUND OF THE STUDY

1.0 Introduction

The topic of abortion is one of contention in Zimbabwe, igniting passionate debates centred on pro-life and pro-choice ideologies. It is critical to understand the perspectives of key players when developing comprehensive and ethical laws pertaining to reproductive rights (Smith, 2019). The aim of this research is to investigate the perspectives of social workers in Harare, Zimbabwe, regarding the dynamics between the pro-choice and pro-life movements in relation to abortion. Milton Park, Harare, will serve as the case study due to its diversity of social workers and the high concentration of social workers offering reproductive health services. The research attempts to capture the complex viewpoints of social workers, reflecting their experiences, convictions, and moral considerations when addressing pro-life and pro-choice dynamics in connection to abortion, through surveys and interviews (Mazibuko et al., 2018). The study's conclusions will add to the body of knowledge already available on social work practise, reproductive rights, and Zimbabwean policymaking. This study aims to empower social workers as important players in influencing the conversation about abortion, supporting evidence-based practises, and protecting the health of those dealing with reproductive health issues by elevating their voices (Dube et al., 2020). The ultimate objective of this study is to offer a comprehensive understanding of the perspectives held by social workers in Milton Park regarding abortion-related pro-life and pro-choice dynamics. This study intends to promote more compassionate and inclusive policies

regarding reproductive rights in Zimbabwe by offering insight into their experiences, ultimately enhancing the health and well-being of women in the country.

1.2 Background of the study

The conversation around abortion has changed over time on a global scale. The pro-life position promotes stringent restrictions or outright prohibitions on abortion in order to defend foetal life. However, the pro-choice viewpoint places a strong emphasis on a woman's autonomy over her own body and reproductive health. According to a 2011 study by Norris et al, global perspectives on abortion differ greatly. There is a strong pro-life sentiment, largely influenced by religious and cultural beliefs in some regions, such as Africa and Latin America. Regions that prioritise individual autonomy and reproductive rights, such as Western Europe and North America, on the other hand, typically have more pro-choice attitudes. The availability and accessibility of abortion services are impacted by the vast differences in the legal status of abortion across nations. On the one hand, unsafe abortions and restricted access to reproductive healthcare are common problems faced by nations with more stringent legal frameworks. On the other hand, nations with more liberal legal frameworks typically have easier access to safe and authorised abortion services. On one side, as illustrated by Singh et al. (2018), as high as 40% of women worldwide reside in nations with extremely restrictive abortion regulations. Due to the high rates of unsafe abortions caused by these restrictions, there are serious health risks and mortality rates. On the other hand, nations like Canada and the Netherlands that have more lenient legal policies have lower rates of unsafe abortions and better access to comprehensive reproductive healthcare services. Global attitudes regarding abortion are also significantly shaped by cultural and religious beliefs. Pro-life beliefs are frequently firmly ingrained in religious doctrines and moral principles in areas with strong religious affiliations, such as parts of Africa and Latin America. These ideas have the power to affect legislation, public opinion,

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and the accessibility of abortion services. For instance, historically, the Catholic Church's influence resulted in stringent abortion laws in nations like Ireland, which have a large Catholic population. However, as evidenced by the 2018 referendum that repealed the Eighth Amendment to the Irish Constitution, public opinion and social change have led to the legalisation of abortion in recent years. Global pro-life and pro-choice attitudes towards abortion are a reflection of differing legal, cultural, and religious viewpoints, and the changes society continuously undergoes. These factors affect the accessibility, availability, and societal perceptions of abortion services. Comprehending these dynamics is pivotal in formulating policies, interventions, and healthcare services that uphold individual liberties, encourage secure methodologies, and tackle the intricate ethical dilemmas surrounding abortion.

At regional level, Sub-Saharan Africa is a diverse region with varying perspectives on abortion. Cultural, religious, and legal factors influence the pro-life and pro-choice dynamics, shaping attitudes and access to abortion services. A study by Jewkes et al. (2015) found that in many African nations, traditional values and religious beliefs frequently lean towards pro-life sentiments. These viewpoints have their roots in moral frameworks and cultural norms that place a high value on the protection of unborn children. As a result, abortion laws are severe in many nations, with few exceptions permitted, such as when a woman's life is in danger. In the African context, South Africa is an exception, with more permissive laws regarding abortion. With the passage of the Choice on Termination of Pregnancy Act in 1996, abortion became permissible upon request during the first 12 weeks of pregnancy and, under certain conditions, up to 20 weeks. The pro-choice stance reflected in these laws emphasises women's access to safe abortion services and their reproductive rights. Jewkes et al. (2014) investigated the viewpoints and experiences of South African abortion providers. In addition to guaranteeing women's reproductive autonomy, it emphasised the significance of safe and

legal abortion services in lowering maternal mortality and morbidity. The study revealed that when it comes to advocacy, support, and counselling regarding reproductive health, including abortion services, social workers are invaluable. Their goal is to guarantee that people can obtain impartial counselling, correct information, and assistance in making well-informed decisions regarding their reproductive options. In Nigeria, social workers understood the value of offering non-judgmental, client-centered care to women seeking abortion services, according to a study by Okafor et al. (2019). They underlined the importance of offering post-abortion counselling and support as well as addressing the social, psychological, and emotional aspects of abortion decisions. In Africa therefore, regional differences in abortion rights between pro-life and pro-choice factions stem from cultural, religious, and legal considerations. Pro-life sentiments are frequently favoured by traditional values and restrictive abortion laws. There are some exceptions, though, like South Africa, where more pro-choice legislation is reflected in more liberal legislation.

When it comes to how sensitive and divisive the subject of abortion is worldwide, Zimbabwe is not an exception. The country has strict laws regarding abortion, permitting the procedure only in cases of rape, incest, abnormalities in the foetus, or situations where the mother's life is in danger (Zimbabwe Ministry of Health and Child Care, 2020). Because of these restrictive laws, which frequently lead to unsafe abortions and inadequate access to reproductive healthcare, many women and families suffer (Guttmacher Institute, 2019). There is a strong pro-life viewpoint that prioritises the preservation of unborn life in Zimbabwe. Cultural and religious beliefs, such as the value of upholding the sanctity of life and the role of women as mothers, frequently shape this viewpoint. In a 2019 study, Chireshe et al. investigated Zimbabwean healthcare providers' opinions regarding abortion. The results showed that a large number of medical professionals had pro-life opinions, which was consistent with how cultural and religious values shaped their views on abortion.

1.2 Statement of the problem

Like many other nations, Zimbabwe faces conflicting views on abortion, with pro-choice advocates arguing for the freedom to choose and pro-life advocates highlighting the sanctity of life. Despite the crucial role of social workers in addressing reproductive health and providing support to individuals facing difficult decisions, there may not be much research specifically focusing on the perspectives of social workers regarding abortion in Harare. Further investigation is required to better understand the perspectives of social workers in Milton Park on abortion, given their critical role in offering assistance and resources to those making reproductive health decisions. As argued by Mupariwa (2017), "social workers are often at the forefront of providing care and support to women and families affected by reproductive health issues," therefore, their views matter.

According to Mushoriwa (2019), in a literature review on abortion in Zimbabwe, the issue of abortion is highly politicized and stigmatized, with many individuals and organizations holding strong and conflicting views. This polarization can make it difficult for social workers to provide impartial support and resources to clients who are considering abortion. Regardless of these challenges, social workers in Milton Park are well-positioned to play a critical role in addressing the complex issues surrounding abortion. They can provide a safe and confidential space for individuals to discuss their reproductive health decisions, offer emotional support and counselling, and connect clients with resources and services that can help them navigate the process. Additionally, social workers can fight against the stigmas and false beliefs associated with abortion by raising awareness of the topic, advocating for laws and policies that uphold everyone's rights, (Mashamba & Ndlovu, 2018). Further research on the opinions of social workers in Milton Park regarding abortion is therefore necessary. Understanding social workers' perspectives and experiences in this setting will help us better

support their efforts to offer unbiased, all-encompassing support to people having to make decisions about their reproductive health.

1.3 Aim of the study

The aim of this study is to explore Social Workers' perspectives on pro-life and pro-choice dynamics on abortion in Zimbabwe.

1.4 Research objectives

- To explore the perspectives of social workers on abortion,

- To identify the challenges faced by social workers in trying to support women facing unplanned pregnancies, and

- To determine the measures that can be utilized to address the challenges faced by social workers in trying to support women facing unplanned pregnancies.

1.5 Research questions

- What are the perspectives of social workers on abortion?

- What are the challenges faced by social workers in trying to support women facing unplanned pregnancies?

- What measures can be utilised to address the challenges faced by social workers in trying to support women facing unplanned pregnancies?

1.6 Significance of the study

The study is significant as it seeks to inform social work practice. In order to provide women facing unplanned pregnancies with effective and culturally sensitive support services, it is imperative that social workers' perspectives on abortion be understood. The results of the study can be used to enhance social work practise by assisting in the creation of plans, policies, and interventions that are in line with the needs, values, and views of social workers as well as the women they assist. Also, the study can help Zimbabwe develop evidence-based

policies on abortion and reproductive healthcare. The study can clarify the ethical, cultural, and professional issues related to pro-life and pro-choice dynamics by examining the perspectives of social workers. This can help legislators create rules and policies that support women's reproductive rights while honouring social workers' viewpoints. Additionally, the findings of the study can help social workers advance professionally by illuminating the difficulties they encounter when assisting women who become pregnant unintentionally and navigating the complex relationships between pro-life and pro-choice viewpoints. It can guide training initiatives, continuing education programmes, and supervision frameworks to ensure that social workers have the knowledge, expertise, and ethical awareness needed to effectively handle these challenging problems.

The study can also help people in Harare gain a better understanding of the viewpoints and experiences of social workers in the larger community. The study can improve public discourse by examining their perspectives on abortion, lowering stigma, and encouraging more respectful and well-informed discussions about reproductive rights and options (Ingham, et al., 2013). Abortion and the relationship between pro-life and pro-choice viewpoints are global issues that affect not only Zimbabwe but also other nations. The study's conclusions can broaden scholarly understanding of this complex issue by offering comparative insights and adding to the body of knowledge already available on social workers' perspectives on abortion in a variety of cultural and socio-political contexts.

1.7 Assumptions

The study makes the assumption that social workers in Milton Park, Harare, have different viewpoints on the dynamics surrounding abortion, both pro-life and pro-choice. Cultural origins, personal beliefs, professional ethics, and Zimbabwe's societal setting can all have an impact on these viewpoints. It is expected that social workers in Milton Park have difficulties and moral quandaries in their profession of actively supporting and counselling women who

are contemplating or have experienced an unintended pregnancy. The study also makes the assumption that social workers' views on abortion are influenced by cultural elements, such as religious convictions and traditional norms. The study's conclusions are anticipated to add to conversations, professional growth, policy-making, and debates around abortion and reproductive health services in Zimbabwe.

1.8 Limitations of the study

According to Creswell (2014), study limitations refer to the potential weaknesses, constraints, or factors that may affect the interpretation, validity, or generalizability of the findings in a research study. This study envisaged various limitations. For instance, it was anticipated that social workers may provide responses that they perceive as socially desirable or aligned with professional expectations, rather than expressing their true perspectives on pro-life and pro-choice dynamics. This bias can affect the accuracy and authenticity of the data collected. As counter-measures, the purpose of the study was fully explained to them, whilst a rapport was established with the various organisations and individuals involved, prior to the collection of data, to create confidence and mutual respect between the researcher and the respondents. Additionally, the study focuses specifically on social workers' perspectives in Milton Park, which may limit the generalizability of the findings to other regions or professional contexts within Zimbabwe. However, the data collection instruments were made in such a way that responses would not be limited by locality, but would apply to the general population, making it possible to generalise findings.

1.9 Delimitations of the study

Delimitations refer to the explicit specification of the scope and boundaries of a study, including the identification of the population, variables, geographical area, time frame, or other parameters that are included or exclude (Creswell, 2014). This study had a number of

delimitations, including that it focused on the perspectives of social workers exclusively, excluding other stakeholders such as healthcare providers, policymakers, or community members. This delimitation narrows the scope of the study to a specific professional group. Additionally, the study was limited to social workers working in specific settings or organizations in Milton Park. This delimitation excludes social workers from other sectors or areas within Zimbabwe, potentially impacting the diversity of perspectives represented in the study.

1.10 Definition of key terms

- **Investigation** refers to the systematic and thorough examination or exploration of a particular subject or issue to gather information, uncover facts, and draw conclusions. Investigation refers to the process of systematically examining a subject or issue to gather information, uncover facts, and draw conclusions through a structured and rigorous inquiry (Oxford Dictionary, n.d.).

- **Pro-life**, according to The Catholic Church, refers to promoting the dignity of every human person, from conception to natural death. It also involves valuing and respecting all human life, regardless of age, ability, gender, or social status.

- **Pro-choice** refers to a belief and advocacy stance that supports the legal right of individuals to make decisions about their own bodies and reproductive health, particularly in relation to the option having an abortion. It is grounded in the idea that individuals should have the autonomy and agency over their reproductive choices, allowing them to decide whether to continue or terminate a pregnancy based on their own circumstances, beliefs, and values.

- **Abortion**, according to The World Health Organization (WHO), refers to the termination of a pregnancy before the foetus is capable of extrauterine life, which in

humans is usually considered to be between 22 completed weeks (154 days) and 28 completed weeks (196 days) gestation.

1.11 Chapter Outline

Chapter 1: Introduction and Background of the Study

- This chapter sets the stage for the research and provides the background and context for the study. It outlines the research problem, objectives, research questions, significance, and scope of the study. This chapter also includes an overview of the research methodology and the organization of subsequent chapters.

Chapter 2: Literature Review

- This chapter critically evaluates existing scholarly works and research relevant to the topic of study. It identifies key theories, concepts, and empirical studies related to the research problem. This chapter demonstrates the researcher's understanding of the existing knowledge in the field and highlights any gaps or controversies that the current study aims to address.

Chapter 3: Research Methodology

- The research methodology chapter describes the overall research design, approach, and methods employed in the study. It provides detailed information about the research philosophy, research approach (quantitative, qualitative, or mixed methods), data collection techniques, sampling methods, and data analysis procedures. This chapter also discusses any ethical considerations and limitations of the research methodology.

Chapter 4: Data Analysis and Findings

- The data analysis and findings chapter presents, the analysis and interpretation of the collected data. It describes the data analysis techniques used and provides a clear presentation of the results. This chapter may include tables, charts, graphs, or qualitative analysis excerpts to support the findings. It also discusses the implications of the findings and their alignment with the research objectives and existing literature.

Chapter 5: Conclusion and Recommendations

- The conclusion and recommendations chapter summarizes the key findings of the study and answers the research questions or objectives. It discusses the implications of the findings and their contribution to the existing knowledge in the field. This chapter also identifies any limitations of the study and suggests areas for future research. Additionally, it may provide practical recommendations based on the research findings.

1.12 Chapter Summary

The first section of the chapter emphasises how divisive and highly contentious the abortion discussion is in Zimbabwe, with strong pro-life and pro-choice philosophies being at its core. It highlights how crucial it is to comprehend the perspectives of important parties, such social workers, when creating comprehensive and moral regulations dealing to reproductive rights. The study's principal goal is outlined here: it seeks to understand the viewpoints of social workers working in Harare's Milton Park neighbourhood, which was chosen as the case study because of its variety and high concentration of social workers offering reproductive health services. When discussing the pro-life and pro-choice arguments around abortion, the research aims to represent the diverse perspectives of these social workers, taking into account their experiences, moral convictions, and experiences. The chapter, which is significant, describes how this project hopes to establish social workers as key figures in

shaping the abortion debate. The research intends to support evidence-based methods, safeguard the health of those coping with reproductive challenges, and ultimately advance more compassionate and inclusive legislation regarding reproductive rights in Zimbabwe by elevating their voices and experiences. The study's main goal, which is to give readers a thorough grasp of the viewpoints that Milton Park social workers have on the pro-life and pro-choice dynamics around abortion, is stated in the chapter's conclusion. It is anticipated that this realisation will improve the health and welfare of Zimbabwean women by guiding the creation of more comprehensive, rights-based policies and procedures. Overall, this opening chapter positions social workers as important stakeholders in the intricate and frequently tense terrain of reproductive rights in Zimbabwe, setting the stage for the in-depth examination of their perspectives and experiences.

CHAPTER 2

LITERATURE REVIEW

2.0 Introduction

Abortion is a contentious and delicate subject with social, legal, and ethical implications. Appreciating the viewpoints of social workers becomes essential in Zimbabwe, where decisions about reproductive health are heavily influenced by cultural, social, and economic considerations. With a particular focus on Milton Park, this literature study seeks to understand social workers' perspectives and experiences with respect to the pro-life and pro-choice dynamics surrounding abortion from global, regional and local perspectives. The Termination of Pregnancy Act (TOPA) governs abortion legislation in Zimbabwe. It allows abortion in certain situations, including rape or incest instances, or where the mother's life is in danger due to the pregnancy (Government of Zimbabwe, 1977). Nevertheless, unsafe and covert abortions continue to occur in spite of the legal system, posing serious health hazards to women (Chigwada et al., 2019). As frontline providers of services and support for reproductive health, social workers are essential in addressing the obstacles that women seeking care linked to abortions must overcome. In the abortion issue, the pro-life and pro-choice movements represent competing points of view. Pro-lifers emphasise the rights of the unborn child in their defence of the sanctity of life from conception (Francis, 2020). On the other hand, pro-choice advocates support a woman's autonomy over her body, acknowledging the variety of variables that might impact a woman's decision to end a pregnancy (Mlambo-Ngcuka, 2014). Social workers function in a dynamic environment that is shaped by these competing viewpoints, therefore it is important for them to comprehend the ethical, legal, and personal issues that they must deal with. The purpose of this literature review is to examine the current body of information regarding social workers' involvement in abortion-related difficulties. It will do this by consulting a variety of academic papers, research projects, and

pertinent theoretical frameworks. In order to shed light on the nuances of this complicated argument, it will look at the cultural, theological, and socioeconomic elements impacting the pro-life and pro-choice dynamics in Zimbabwe. Prior studies have demonstrated the significance of social workers' viewpoints in the delivery of reproductive health care. For instance, Chigwada et al.'s 2019 study discovered that when social workers in Zimbabwe handle abortion-related concerns, they run into conflicting viewpoints and moral conundrums. In a similar vein, Francis (2020) emphasised that when social workers provide reproductive health care services, they must strike a balance between their personal convictions and their professional duty. The importance of comprehending social workers' viewpoints on pro-life and pro-choice dynamics is highlighted by these studies. The results of this literature review will advance knowledge on social workers' support of women making reproductive health decisions, especially when it comes to abortion. Gaining understanding of their viewpoints and experiences will help to identify any service gaps, create successful interventions, and drive policy decisions to guarantee Zimbabweans have access to compassionate and comprehensive reproductive health care. In conclusion, the goal of this evaluation of the literature is to ascertain social workers' viewpoints regarding the dynamics of pro-life and pro-choice attitudes towards abortion globally. The research aims to provide light on the obstacles, moral issues, and prospective avenues for enhancing reproductive health services in the nation by reviewing the body of current literature.

2.1 Theoretical Framework

This research employs the Intersectional Feminism Theory. The theoretical framework of intersectional feminism acknowledges the interdependence of multiple social identities, including gender, colour, class, sexual orientation, and nationality, and how these intersections influence people's experiences and societal injustices. It emphasises how crucial it is to take into account many aspects of identity and power in order to comprehend and

combat social injustice. Legal scholar Kimberlé Crenshaw first presented the idea of intersectionality in her seminal work, "Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Colour" (1991). Since gender and race are generally treated as two independent and different categories, Crenshaw said that traditional feminist and antiracist frameworks frequently failed to address the unique experiences and challenges encountered by women of colour. She emphasised the need of comprehending how these classifications interact and feed off one another to create more complex types of discrimination. Patricia Hill Collins' book "Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment" (2000) is another important resource for understanding intersectional feminism. Collins investigates the ways in which Black women's experiences are shaped by the intersections of power and inequality. She contends that by recognising the ways in which race, gender, and other social categories overlap, intersectionality provides a more thorough understanding of oppression and resistance.

RELEVANCE OF THE THEORY TO THE STUDY

An intersectional feminist analysis is necessary to examine social workers' perspectives on pro-life and pro-choice dynamics around abortion in Zimbabwe. Kimberlé Crenshaw developed the theoretical framework known as intersectionality, which acknowledges the interconnectedness of social identities and their influence on people's experiences and societal injustices (Crenshaw, 1989). In order to shed light on the intersecting elements that influence social workers' attitudes and practices, the researcher aims to investigate the applicability of intersectional feminism in comprehending the nuances of social workers' viewpoints on abortion.

According to Collins (2000), the focus of intersectional feminism is on power relationships and how they relate to identity. When discussing abortion in Zimbabwe, it is essential to

examine the power dynamics that influence social workers' perspectives on this issue. The language surrounding reproductive rights and healthcare access is influenced by patriarchal norms, cultural views, and political ideologies. According to Collins and Bilge (2016), researchers can examine how these power dynamics interact with gender, race, and class to influence social workers' opinions about abortion by using an intersectional feminist perspective. Crenshaw (1989) explains that the experiences of marginalized communities and the ways in which overlapping identities exacerbate forms of oppression are heavily prioritized by intersectional feminism. Yuval-Davis (2006) suggests that examining the ways in which the viewpoints of women of colour or those from low-income backgrounds vary from those of their wealthy counterparts helps to clarify the difficulties associated with obtaining and offering reproductive healthcare services. This intersectional approach reveals the power imbalances that underpin the provision of reproductive healthcare, and it makes it imperative to include the intersectional reality of marginalised people while analysing the views of social workers regarding abortion. In order to create more inclusive and equitable laws and practices, intersectionality helps identify the particular difficulties that marginalised people have when seeking and providing abortion care (Crenshaw, 1989).

Essentialist concepts of gender are subject to challenge by intersectional feminism, which also acknowledges the multiplicity of women's experiences. Researchers can investigate how social workers' opinions on abortion might change depending on the intersecting identities of the women seeking care, such as their age, race, or socioeconomic status—by using this lens to examine the study. The idea of a single, universal experience of abortion is contested by this study, which also emphasises how crucial it is to take into account the unique situations and identities of those involved (Collins, 2000). Ultimately, the analysis of social workers' viewpoints of pro-life and pro-choice dynamics surrounding abortion in Milton Park, Zimbabwe, is greatly enhanced by the use of intersectional feminism. Theoretically, social

workers' views and approaches towards abortion can be thoroughly examined by means of this framework, which makes analyses possible. An intersectional feminist approach includes challenges to essentialism, addressing privilege and marginalisation, analysing power relations, and comprehending different dimensions of identity (Crenshaw, 1989; Collins, 2000). Using this lens can help academics better understand the nuances surrounding the views of social workers on abortion, which can lead to the development of more equitable and inclusive reproductive healthcare practices and policies in Zimbabwe and elsewhere.

The issue that intersectional feminism seeks to solve is the propensity of conventional feminist ideas to ignore the realities of oppressed communities and to view gender as a monolithic concept. This oversimplification is challenged by intersectionality, which acknowledges the intersections between gender and other social categories, including sexual orientation, race, class, and disability, which give rise to diverse and intricate experiences of privilege and oppression (Crenshaw, 1989). Researchers can better grasp the nuances surrounding social issues, such as social workers' opinions on pro-life and pro-choice dynamics on abortion, by including intersectional feminism into their study. It is beneficial to identify the overlapping elements, such as gender, race, class, and other identification markers—that influence these viewpoints. More inclusive and equitable reproductive healthcare policies and practices can be influenced by this understanding (Collins, 2000).

2.2 Review of empirical studies on abortion

A review of empirical studies summarizes the key findings and main arguments of previous studies, allowing researchers to synthesize and build upon existing knowledge (Greenhalgh, 2014). A literature review is a methodical, explicit, and repeatable process that is used to locate, assess, and compile the body of completed and documented work that has been created by academics, practitioners, and researchers (Cooper, 1998).

2.2.1 The perspectives of social workers on abortion

Global

The topic of abortion is complex and generates differing opinions across the globe. Social workers are essential when it comes to providing reproductive healthcare and helping people who are having to make abortion-related decisions, they advocate for marginalized populations, address social determinants of health and promote social justice. Examining social workers' opinions on pro-life and pro-choice dynamics around abortion from a worldwide standpoint is the goal of this study of the literature. Social workers' views on abortion are shaped by a variety of personal and professional principles. Certain social workers give precedence to pro-life viewpoints, stressing the inviolability of life and promoting opposition to abortion (Deshpande & Ghuge, 2017). Some take a pro-choice stance, appreciating the autonomy and reproductive rights of women (Vogel et al., 2018). These contrasting viewpoints are frequently the result of personal convictions and ethical issues. Globally, a large number of social workers give women's autonomy and reproductive rights a priority when addressing abortion-related difficulties. As part of comprehensive reproductive healthcare, they provide access to safe and legal abortion services (Vogel et al., 2018; Deshpande & Ghuge, 2017). These social workers understand how critical it is to assist people in making decisions regarding their reproductive health, including whether or not to end a pregnancy. The legal and policy environments in the various nations have an impact on social workers' views towards abortion. Social workers may have difficulties in assisting women who are seeking abortion services in areas where the practice is prohibited by law or criminalised (Freedman et al., 2018). On the other hand, social workers may concentrate on guaranteeing access to private, secure services while offering suitable assistance and counselling in nations with more lax abortion regulations (Vogel et al., 2018). Social workers are also aware that a variety of bio-psychosocial factors might impact decisions regarding

abortion. They take into account the social, mental, and physical health of those dealing with unwanted pregnancies (Vogel et al., 2018).

Assessments of personal circumstances, including things like financial security, social support systems, and possible hazards to one's physical or mental health, might influence one's perspective on abortion. Social workers are aware of the stigma associated with abortion and how it affects those who are considering or have sought the procedure. Regardless of an individual's decision, they want to offer them non-judgmental support (Freedman et al., 2018). Social workers actively seek to lessen stigma, encourage candid communication, and establish welcoming environments for people who must make decisions about abortion. The viewpoints of social workers are therefore shaped by their own values, ethical standards, legal and policy frameworks, and an awareness of the bio psychosocial aspects of decision-making. Comprehending different viewpoints is essential for guiding the creation of policies, advocating for patient-centred treatment, and assisting people in making knowledgeable decisions about their reproductive health.

Regional

The topic of abortion is complicated and hotly contested everywhere, and Southern Africa is no different. In this area, social workers are essential in helping people who are having to make abortion-related decisions by offering them support and direction. In Southern Africa, social workers frequently come across a range of cultural and religious beliefs that influence their views on abortion. Because of societal conventions or religious beliefs that uphold the sanctity of life, some social workers may hold pro-life views (Chireshe & Rutendo-Muganiwah, 2018). Others might take a pro-choice stance, appreciating the value of women's autonomy and their right to procreate (Chireshe & Rutendo-Muganiwah, 2018). Due to social stigma, societal stigma, and restrictive laws, unsafe abortion rates are high in Southern

Africa. Social workers observe the negative effects of unsafe abortion practices, such as increased illness and mortality rates among mothers. They frequently prioritise women's reproductive health as a result of this experience, and they fight for access to safe and legal abortion services (Chireshe & Rutendo-Muganiwah, 2018).

In Southern Africa, legal and policy frameworks have a big impact on social workers' opinions about abortion. Social workers frequently concentrate on guaranteeing access to safe services and offering persons thorough care in nations such as South Africa, where abortion is both legal and accessible (Cooper et al., 2016). However, due to societal norms and legal restrictions, social workers may find it difficult to support people seeking abortions in nations like Malawi or Zambia that have more stringent legislation (Chireshe & Rutendo-Muganiwah, 2018). In their views on abortion, social workers from Southern Africa frequently acknowledge the significance of reproductive health and rights. As crucial elements of women's healthcare, they support safe abortion services, access to contraception, and comprehensive sexual and reproductive health education (Cooper et al., 2016).

Social workers stress the importance of addressing systemic issues that lead to unwanted pregnancies and unsafe abortions, such as poverty and gender inequality. In addition to that, social workers in Southern Africa face moral conundrums while assisting clients who must make abortion decisions. They negotiate upholding legal and professional requirements while still honouring the autonomy of their clients. According to Chereshe and Rutendo-Muganiwah (2018), social workers work to uphold their clients' rights and well-being, guarantee informed decision-making, and offer non-judgmental assistance. Therefore, the perspectives of social workers in Southern Africa regarding pro-life and pro-choice dynamics on abortion are impacted by societal and religious views, the consequences of unsafe abortions, frameworks for laws and policies, the defence of reproductive health and rights, and moral issues. Comprehending different viewpoints is essential to creating interventions,

policies, and practices that prioritise women's health, rights, and well-being in the region while also being contextually relevant.

National

In Zimbabwe, social workers are essential in helping people who are having difficult decisions about getting an abortion. The opinions of Zimbabwean social workers towards abortion are frequently shaped by their cultural and religious convictions. Social workers who hold pro-life views may find common ground with traditional values and religious beliefs that uphold the sanctity of life (Chireshe & Rutendo-Muganiwah, 2018). It's crucial to remember, though, that different social workers have different viewpoints. Some may take a pro-choice stance, respecting women's autonomy and freedom to choose. Zimbabwe has severe rules regarding abortion, permitting the procedure only in situations where the mother's life is in danger. Social professionals' views on abortion are greatly impacted by these legislative limitations. Due to legal restrictions and possible moral conundrums arising from helping clients within the bounds of the law, social workers may find it difficult to assist women seeking safe and legal abortion services (Chireshe & Rutendo-Muganiwah, 2018). When addressing abortion, Zimbabwean social workers frequently highlight women's rights and reproductive health. They acknowledge that access to safe abortion services, comprehensive sexual and reproductive health education, and contraception are crucial elements of women's healthcare (Chireshe & Rutendo-Muganiwah, 2018).

Social workers support addressing the root causes of unwanted pregnancies and unsafe abortions, such as gender discrimination and restricted access to healthcare. The stigma associated with abortion in Zimbabwe can affect social workers' viewpoints and the assistance they offer. It may be difficult to provide non-judgmental and supportive care to women who choose abortion due to negative societal attitudes, cultural norms, and

judgements against them (Chireshe & Rutendo-Muganiwah, 2018). While navigating these circumstances, social workers must uphold women's rights and support their decisions. The lack of chances for professional development and training on reproductive health and abortion-related topics presents challenges for social workers in Zimbabwe. Social workers may find it more difficult to offer clients suffering unplanned pregnancies educated support and guidance if they lack knowledge about abortion-related legislation, policies, and ethical issues (Chireshe & Rutendo-Muganiwah, 2018). Sufficient training is important to endow social workers with the erudition and proficiencies required to adeptly handle intricate circumstances. Hence, social workers' opinions are shaped by a variety of issues, including legislative limits, cultural and religious influences, stigma, women's rights and reproductive health, and gaps in their training. In order to create interventions, policies, and practices that are culturally appropriate and meet the needs of women suffering unplanned pregnancies while upholding their autonomy and reproductive rights, it is imperative that these views be understood.

2.2.2 The challenges faced by social workers in trying to support women

Global

Social workers around the world take on the difficult and delicate responsibility of assisting women who are suffering unwanted pregnancies. Social workers have difficulties since abortion-related laws and policies differ greatly between nations. Social professionals may find it challenging to support women and help them to access safe and legal abortion services in nations with restrictive abortion legislation (Lipp, 2020). Conflicting rules and legislation can lead to moral conundrums and restrict the range of services that social workers are able to provide. In addition to that, negative societal attitudes, cultural beliefs, and religious values may contribute to the stigmatisation of women seeking abortions (Zurbriggen, 2018). Social

workers must navigate these challenges to ensure women receive unbiased support while respecting their choices and autonomy.

The stigma surrounding abortion is pervasive in many societies, which affects their ability to provide non-judgmental care and support. Another major issue facing social workers worldwide is inadequate access to complete reproductive healthcare services, such as abortion and contraception. Women's access to safe and authorised abortion procedures may be hampered by a lack of healthcare facilities, especially in rural locations (Lipp, 2020). Due to a lack of specialised services in their areas and resource limitations, social workers may find it difficult to give the right kind of help. Additionally, when professional duties and personal beliefs collide, social workers face moral conundrums. The pro-life and pro-choice dynamics surrounding abortion create ethical issues for social workers, who must strike a balance between upholding women's reproductive rights and their own moral convictions (Berkman et al., 2018). Frameworks for making ethical decisions and continuing education can assist social workers in resolving these difficult situations. Social workers may also find it difficult to provide women experiencing unwanted pregnancies with the help they need if they lack sufficient training and understanding on reproductive health issues, legislation pertaining to abortion, and related policies. Their capacity to offer appropriate information, counselling, and referrals may be hampered by a lack of expertise and comprehension (Berkman et al., 2018). It is imperative that social workers have access to opportunities for ongoing professional development in order to remain current on policies, research, and best practices regarding the support of women in similar circumstances. Hence, the difficulties faced by social workers worldwide in managing the pro-life and pro-choice tensions around abortion and offering help to women experiencing unwanted pregnancies. Common problems include legal and policy frameworks, stigma, restricted access to services, moral quandaries, and deficiencies in training. In order to address these issues, support must be given to

professional training, comprehensive reproductive healthcare services, and laws that uphold women's autonomy and rights.

Regional

The different cultural, socioeconomic, and legal contexts of Southern Africa impact the difficulties social workers encounter while assisting women who are suffering unwanted pregnancies. Social workers have difficulties since different Southern African nations have different abortion-related legal and regulatory frameworks. Abortion regulations are relatively liberal in certain nations, including South Africa, making safe and lawful abortions possible. But other nations have stricter legal frameworks that restrict access to safe abortion services (Dlamini-Siakudumisa & Mji, 2018). Different legal frameworks make it difficult to provide services and support consistently throughout the region. Additionally, many Southern African countries still harbour stigma against abortion as a result of ingrained cultural values and customs. Because of the widespread stigma attached to abortion, social workers find it difficult to offer non-judgmental support (Coetzee & Nkomo, 2019). Social workers' ability to give comprehensive treatment and support to women experiencing unintended pregnancies may be hampered by cultural views that place a high value on family and childrearing. Another major issue facing Southern Africa is the limited availability of complete reproductive healthcare services, which includes safe abortion treatments and contraception. Women frequently find it difficult to obtain essential services in rural areas due to a lack of suitable infrastructure and healthcare facilities (Tsotetsi, 2017). Because there are insufficient resources and specialised services in their areas, social workers may find it difficult to offer the right kind of help. Furthermore, when their duty as professionals clash with their personal values, social workers in Southern Africa face moral conundrums. Navigating ethical issues is made more difficult by the dynamics between the pro-life and pro-choice camps in relation to abortion (Makusha, Richter, & Knight, 2017). It can be especially difficult to strike a balance

between one's own convictions and the need to offer objective help in situations where social work practice is heavily influenced by cultural and religious values. Social workers in Southern Africa confront additional difficulties in providing help to women who are facing unintended pregnancies due to socioeconomic issues and gender inequality.

According to Coetzee and Nkomo (2019), women's limited decision-making power, economic reliance, and restricted access to education and work prospects can impede their capacity to make well-informed decisions. In order to effectively provide help that tackles the underlying reasons contributing to unintended pregnancies, social workers must address these systemic challenges. Social workers in Southern Africa face significant challenges when supporting women who experience unintended pregnancies and navigating the contentious debates around abortion rights and access. There are several obstacles to overcome, including legal and policy frameworks, stigma and cultural views, restricted access to services, moral conundrums, and gender inequity. An intersectional strategy that tackles cultural norms, advances comprehensive reproductive healthcare services, and champions' gender equality and women's empowerment is needed to solve these issues.

National

Taking into account the pro-life and pro-choice dynamics surrounding abortion, Zimbabwe offers a unique backdrop for understanding the difficulties social workers encounter while assisting women suffering unwanted pregnancies. Zimbabwe has rigid abortion regulations that only permit the procedure in situations including rape, incest, life endangerment, or foetal impairment (Makusha, et al., 2017). Legal limitations, restricted access to safe procedures, and possible legal ramifications make it difficult for social workers to assist women seeking abortions (Mazuru et al., 2018). As they negotiate the limits of their professional tasks, social workers encounter moral conundrums due to conflicting legal and

regulatory frameworks. The stigma associated with abortion is prevalent in Zimbabwean society and is shaped by religious and cultural traditions. According to Makusha et al. (2017), women who seek abortions may encounter prejudice, discrimination, and social marginalisation. Social professionals find it difficult to offer non-judgmental support because of the widespread stigma attached to abortion. Reducing stigma and facilitating effective assistance require addressing cultural attitudes and advancing thorough information on reproductive health. In Zimbabwe, access to safe and legal abortion services is restricted, especially in rural areas with inadequate healthcare facilities (Mazuru et al., 2018). Because there are so few easily accessible reproductive healthcare providers, social workers have difficulty offering assistance. The high rates of unintended pregnancies and unsafe abortions in the nation are a result of the lack of access to contraception and thorough sexual and reproductive health education (Makusha, et al., 2017). Furthermore, in Zimbabwe, social workers face moral conundrums when their duties as professionals collide with their personal convictions. Social workers' religious or cultural beliefs may clash with the pro-life and pro-choice dynamics around abortion (Mazuru et al., 2018). It might be difficult to balance these moral obligations with the objective support that people need. To effectively manage these complications, social workers need continual training, professional supervision, and adherence to ethical principles. Social workers in Zimbabwe also confront significant hurdles in providing support to women having unwanted pregnancies due to socioeconomic issues, including poverty, gender inequality, and limited access to knowledge and resources (Makusha, et al., 2017). Financial hardships and a lack of social support systems might make it more difficult for women to obtain the right medical treatment and make educated decisions. A multifaceted approach that takes into account the structural and individual elements influencing women's reproductive health outcomes is necessary to address these systemic issues. In order to address these issues, training programmes that give social

workers the abilities and information necessary to effectively support clients, campaigning for legislative reform, the provision of accessible and safe services, and comprehensive reproductive health education are all necessary.

2.2.3 Measures that can be utilized to address the challenges faced by social workers in trying to support women facing unplanned pregnancies.

Global

Around the world, social workers have a difficult job supporting women who are unexpectedly pregnant, especially in light of the dynamics that surround abortion that are pro-life and pro-choice. To provide women with the knowledge they need to make informed decisions regarding family planning, contraception, and other pregnancy options, comprehensive reproductive health education is crucial. According to Jones, Jerman, and Onda (2016), social workers have a critical role to play in empowering women to make decisions by giving factual and objective information. One way to help social workers overcome their obstacles is to incorporate comprehensive reproductive health education into curriculum in schools, community programmes, and healthcare settings. Additionally, for social workers to overcome these obstacles, access to safe and authorised abortion services is essential. Under the framework of women's reproductive rights, nations ought to enact laws and regulations that permit safe abortions (World Health Organisation, 2019). To guarantee that safe abortion services are available, social workers can work with legislators to push for the construction of accessible healthcare facilities, the removal of legal impediments, and other measures. Social workers ought to offer women dealing with unwanted pregnancies compassionate, non-judgmental care. Regardless of the social worker's personal opinions, this calls for addressing personal prejudices and making sure that women's decisions are respected (Chorba, 2017).

Social workers should get training that places a strong emphasis on cultural competency and gives them the tools they need to deal with a variety of viewpoints and offer inclusive support. In order to address the issues that social workers face, cooperation and networking between social workers, healthcare providers, community organisations, and legislators are essential. Together, these parties can create all-encompassing support networks that cater to the many needs of women dealing with unintended pregnancies (Saunders & Latchem, 2018). Coordinated services, better resource access, and strengthened support networks are all possible outcomes of collaborative initiatives. In order to effectively serve women experiencing unintended pregnancies, social workers must also engage in ongoing professional development and supervision. To help social workers stay current and improve their skills, training programmes should incorporate continuing education on ethics, legal frameworks, and reproductive health (Chorba, 2017). Social workers can take advantage of regular monitoring and reflective practice to address moral quandaries, get advice, and guarantee high-quality treatment. Therefore, this highlights the measures that can be utilized to address the challenges faced by social workers in supporting women facing unplanned pregnancies on a global scale. Comprehensive reproductive health education, accessible and safe abortion services, non-judgmental and culturally sensitive support, collaboration and networking, and continuous professional development are important measures. By implementing these measures, social workers can better support women, respect their reproductive rights, and provide comprehensive care in the context of pro-life and pro-choice dynamics.

Regional

Social workers in Southern Africa can participate in advocacy campaigns to support abortion-related law reform. This entails pushing for the decriminalisation of abortion, the enlargement of its legal justifications, and the development of laws that facilitate it (Makusha et al., 2017).

Social workers can help lower obstacles and guarantee access to safe and legal abortion services by supporting legislative changes. To guarantee that everyone has access to comprehensive reproductive healthcare services, efforts should be undertaken to fortify health systems. This entails extending access to contraception, enhancing the quality of reproductive healthcare services, and increasing the number of qualified healthcare professionals in the field (Makusha et al., 2017). Social workers can support the provision of comprehensive and easily accessible reproductive health services by working with legislators and healthcare professionals. Comprehensive sexuality education is also essential for reducing the number of unintended pregnancies and educating people about their rights and reproductive health. In order to encourage informed decision-making and lower the number of unintended pregnancies, social workers should push for the inclusion of comprehensive sexuality education in community programmes and school curriculum (Makusha et al., 2017). Additionally, social professionals in Southern Africa face numerous challenges due to cultural beliefs and stigma around abortion. In order to address this issue, it is necessary to include the community, run awareness programmes, and use culturally sensitive methods that encourage discussion and dispel myths (Makusha et al., 2017). Social workers may fight stigma and provide a supportive atmosphere for women experiencing unwanted pregnancies by working with civic society organisations, religious institutions, and community leaders. To effectively support women suffering unintended pregnancies, social workers must engage in ongoing professional growth and training. Training curricula ought to emphasise counselling techniques, ethics, cultural sensitivity, and reproductive health (Makusha et al., 2017). Social workers can offer complete support, resolve moral quandaries, and deal with the unique difficulties encountered in the Southern African context by improving their skills and knowledge.

National

The purpose of this review is to examine the possible strategies that social workers in Zimbabwe might use to overcome the difficulties they encounter while assisting women who become pregnant unintentionally, taking into account their viewpoints from both the pro-life and pro-choice frameworks. Social workers hold the ability to promote changes to laws and policies that affect women's rights to reproductive health, including access to safe and authorised abortion services. According to Chigwada et al. (2017), this entails interacting with legislators, educating the public about the effects of restrictive legislation, and pushing for reforms that support women's rights and public health requirements. Social workers may guarantee that people have access to safe and authorised abortion services by bolstering legislative and policy frameworks. It is important to work towards increasing access to family planning, contraception, and prenatal care, among other comprehensive reproductive healthcare services. Social workers can work with community organisations and healthcare professionals to make these services more widely available so that women get the information and assistance they need to make wise decisions (Chigwada et al., 2017).

Additionally, women experiencing unwanted pregnancies should get non-judgmental, client-centred counselling and assistance from social workers. According to Chigwada et al. (2017), this entails establishing a secure and encouraging space for women to talk about their alternatives, giving them accurate information about what options are available, and honouring their autonomy and decision-making. Social worker training programmes must to place a strong emphasis on counselling techniques as well as the value of remaining impartial and compassionate. In order to solve the difficulties faced by social workers in Zimbabwe, community involvement and education are crucial. In order to dispel myths and misconceptions, encourage informed decision-making, and increase public awareness of reproductive health issues, social workers can work in partnership with local organisations, religious institutions, and community leaders (Chigwada et al., 2017). Programmes for

community-based education can lessen stigma and offer assistance to women who are facing unintended pregnancies. Social workers should address the socioeconomic factors that contribute to unplanned pregnancies and impact women's ability to access support services. Taking care of issues like poverty, unequal gender dynamics, and a lack of employment and educational possibilities are all part of this (Chigwada et al., 2017). Social workers can promote laws and programmes that deal with these issues, such as those that help women generate income, provide educational opportunities, and reduce poverty.

2.3 Chapter Summary

Chapter 2 of this study depicted the main objectives of the intersectional feminism theory which acknowledges the interdependence of multiple social identities, including gender, colour, class, sexual orientation, and nationality, and how these intersections influence people's experiences and societal injustices. It also highlighted on the relevance of this theory to the research study. The literature review of the study explored the perspectives of social workers on pro-life and pro-choice dynamics surrounding abortion, with a focus on their role in supporting women facing unplanned pregnancies in different parts of the world. The review highlighted the challenges faced by social workers in providing effective support, including restrictive legal frameworks, limited access to comprehensive reproductive healthcare, stigma, and cultural beliefs. However, the literature also identified several measures that have been employed to address these challenges, such as advocating for legal reform, strengthening healthcare systems, providing non-judgmental counselling and support, engaging in community education, and addressing socioeconomic factors. By implementing these measures, social workers can play a vital role in supporting women's reproductive rights, promoting informed decision-making, and improving reproductive healthcare outcomes. Further research and collaboration among stakeholders are needed to ensure the

implementation of these measures and address the complex dynamics surrounding abortion

within the context of pro-life and pro-choice perspectives.

CHAPTER 3

RESEARCH METHODOLOGY

3.0 Introduction

Research methodology, as defined by Saunders et al. (2016), is the systematic process of organising and gathering research data in order to answer the primary research questions and objectives. Because it describes in detail how data was acquired and offers justifications for specific methodological procedures, research methodology is important. This chapter presents research methods in a methodical manner, based on a predefined structure that begins with the research philosophy, goes to the research design, the population, sampling, data collection, data analysis methods, data presentation and ethical considerations made.

3.1 Philosophical framework

According to Siti (2018), research philosophy is a set of assumptions and beliefs about how knowledge is developed. Saunders et al. (2016) state that a study's instruments and data collection techniques are influenced by its research philosophy, which in turn informs the entire methodological discussion. In research, positivism and interpretivism are the two primary opposing schools of thought. According to Saunders et al. (2016), positivism maintains that there is an objective truth and that information obtained through value-free quantitative scientific procedures is the only kind that can be trusted. Conversely, interpretivism argues that reality is subjective and contextual, thus qualitative research methods must be used (Siti, 2018). The middle ground is occupied by a pragmatic research philosophy, which maintains that there is no one optimum technique to find the truth (Siti,

2018). In between positivism and interpretivism lies a pragmatic research philosophy, which maintains that there is no one optimum way to know the truth (Siti, 2018).

In this study, the researcher believed that qualitative research methods, which are typically utilised to obtain complex and multifaceted data, are in harmony with interpretivism. The viewpoints of social workers can be gathered for this study through qualitative techniques including focus groups and in-depth interviews. By letting participants share their opinions in their own words, these techniques provide a deeper investigation of their backgrounds, mind-sets, and lines of reasoning.

3.2 Research design

According to Saunders et al. (2016), research design is similar to a road map that specifies the overall direction that a study should go. The current study adopted the phenomenological research design. Phenomenology focuses on understanding the lived experiences and subjective perspectives of individuals. Adopting a phenomenological approach would allow the researcher to explore social workers' personal experiences, beliefs, values, and attitudes related to the pro-life and pro-choice dynamics on abortion in Harare. This design can provide rich and in-depth insights into their unique perspectives. In order to allow for an open examination of participants' experiences, phenomenology advises researchers to practise bracketing and epoché, which include putting aside preconceived preconceptions and suspending judgements. It is imperative to approach the research issue devoid of any preconceived notions or biases. One can comprehend and interpret the opinions of the social workers as they are conveyed by the participants themselves more effectively if you have an open and receptive mind-set.

Phenomenology highlights the significance of subjective viewpoints and individuality. The goal of this study was to document the distinct viewpoints on abortion held by social workers in Zimbabwe. Thus, one might investigate their ethical considerations, professional

experiences, personal convictions, and the social and cultural influences that have shaped their opinions. Participants can share their lived experiences through phenomenology, which also provides insights into the nuances of the pro-life and pro-choice argument. Therefore, the study found a phenomenological research design justified for use in this study because it captures lived experiences, emphasizes subjectivity, offers rich and descriptive data and provides a contextual understanding on Social Workers' perspectives on pro-life and pro-choice dynamics on abortion in Zimbabwe.

3.3 Target population

According to Siti (2018), the target population is a collection of instances or individuals who would be directly impacted by the study's findings. According to Bryman (2018), the target population is a homogeneous group of observable humans, things, or events that serve as the source and application of data for the study. Therefore, the identified group of people who are of interest to the study is referred to as the target population. It encompasses all people and situations from which the study's problem arises (Saunders et al., 2016).

The study targeted social workers who assist and support women who are experiencing unplanned pregnancies. It comprises of social workers employed in a range of contexts, including community outreach initiatives and counselling services at the Friendship Bench.

More specifically, the research focused on social workers who provide psychosocial support to women who are or have experienced unplanned pregnancies at the Friendship Bench. The target population comprised of 20 social workers between the ages of 21 and 32, both male and female.

3.4 Sample size

According to Polit and Beck (2017), sample size is the number of people or items chosen at random from a population to take part in a study. It is used to draw conclusions and make

generalisations about the broader population and represents the subset of the population that is studied. The research comprised of 13 female and 7 male social workers, making up a total sample size of 20 participants.

3.5 Sampling techniques

Saunders et al. (2016) define sampling as selecting a portion of the target population's responders to behave as a representative sample of the entire group. Myers (2014) states that when selecting a sampling technique, the research design should be taken into account. The sample size should be sufficiently large to be representative of the target population. Since this study's research strategy was phenomenology, purposeful sampling techniques were also used.

3.5.1 Purposive sampling

According to Patton (2002), purposeful sampling is an appropriate method for qualitative research when the objective is to learn more about a particular phenomenon in-depth or to examine a specific group of people with pertinent experiences or knowledge. A wide variety of viewpoints can be captured through the use of purposeful sampling. Pro-life and pro-choice dynamics can encompass a broad range of viewpoints, convictions, and life experiences when it comes to abortion. Through deliberate selection of social workers with disparate perspectives, the study could offer a more thorough comprehension of the intricacies and subtleties associated with this prevalent issue.

3.6 Data collection methods

According to Creswell (2014), data collection is the methodical process of obtaining information or data from different sources or participants in order to conduct research or analyse it. It entails gathering pertinent and trustworthy data utilising the right instruments,

strategies, and methods in order to answer research questions and objectives. The researcher gathered her data by conducting in-depth interviews and focus group discussions to collect data from research participants. Individual interviews provided an opportunity for in-depth exploration of individual perspectives, while focus groups facilitated discussions and interactions among social workers, potentially uncovering shared beliefs and experiences. In depth interview guide and focus group discussions were be used as instruments.

3.6.1 In-depth Interviews

As a qualitative research technique, in-depth interviews entail having lengthy, open-ended discussions with participants to gain a thorough grasp of their viewpoints, experiences, and insights on a particular subject. The goal of these interviews is to elucidate intricate phenomena and gather detailed, in-depth participant narratives (Rubin & Rubin, 2012). Marshall and Rossman (2016), point out that in-depth interviews allow researchers to delve deeply into complicated phenomena. They emphasise how crucial it is to build rapport, ask open-ended questions, and practise attentive listening in order to inspire participants to share their stories and offer insightful, situation-specific information. The researcher interviewed 11 social workers from Friendship Bench. The interviews took place at the Friendship Bench hub from the 22 to 30 January and each interview lasted about 45 minutes. These interviews were selected based on the ability and willingness to provide one's clear perspective on pro-life and pro-choice dynamics on abortion in Zimbabwe.

3.6.2 Focus group discussion

The researcher also utilized focus group discussions to collect data so as to further understand social workers' perspectives on pro-life and pro-choice dynamics of abortion in Zimbabwe. Focus groups are an interactive group discussion technique used in research that aims to explore people's perceptions, beliefs, and experiences (Morgan, 1999). Morgan (1999) places a strong emphasis on the importance of group dynamics and the process of group interaction

in producing rich qualitative data. Focus group techniques are explained in detail in Krueger and Casey's (2014) guide. According to their definition, focus groups are a technique for obtaining qualitative data through group discussions in which participants explore a specific topic of interest through candid, interactive discussions led by a moderator. The researcher conducted a focus group discussions consisting of 9 people (Social Workers). This focus group discussion took place at the Friendship Bench Hub on the 26th of January and lasted for 1 hour. The researcher ensured that consent forms were signed beforehand. The researcher utilized a focus group discussion guide as a tool and conducted the focus group discussion as a round table discussion, allowing participants to freely take part in the discussion and give their opinions. In order to take note of the participants' opinions, a recording device was used so that the researcher could later on analyse the data collected.

3.7 Data collection procedures

The study employed qualitative research methods with the aid of in-depth interviews and focus group discussions. Data was collected on the Friendship Bench premise using interview guides. Participants were given consent forms to go through and sign in order to commence with data collection. With the consent of the participants, the researcher used a recording tool in order to capture the structured interviews for data analysis. This approach made it easier to collect data physically whilst managing it in electronic form. The researcher also managed to conduct focus group discussions in order to explore shared meanings, group dynamics and generate rich qualitative data. The researcher then compiled the interview recordings for data analysis.

3.8 Data analysis and presentation

Data analysis refers to the systematic process of inspecting, cleaning, transforming, and modelling data in order to derive meaningful insights, draw conclusions, and make informed decisions (Field, 2018). It involves applying various statistical, computational, and qualitative

techniques to identify patterns, relationships, trends, and associations within the data. For this study, the researcher employed thematic analysis. Thematic analysis, as defined by Braun and Clarke (2006), is "a method for identifying, analysing, and reporting patterns (themes) within data". In order to produce themes that encapsulate the essence of the experiences or viewpoints of the participants, a methodical procedure of coding, categorising, and interpreting qualitative data is required. Utilising Braun and Clarke's thematic analysis offers a strong and trustworthy way to analyse the qualitative information gathered for the study. It enables a thorough investigation of social workers' viewpoints on the dynamics of abortion in Zimbabwe from both a pro-life and pro-choice perspective, guaranteeing that the conclusions are supported by the facts and advance knowledge of the subject.

- **Familiarization:** To fully comprehend the viewpoints of the participants, a detailed examination and analysis of the qualitative data, including the transcripts of focus groups and interviews were conducted (Smith et al., 2018). As the first stage of data analysis, the familiarization stage emphasizes on the researcher immersing themselves in the collected data. In this research, data was collected at Friendship Bench and the researcher was able to fully immerse oneself in the context and content of the data thanks to this phase. The research outcomes were thoroughly examined through in-depth interviews and focus group discussions with social workers from the Friendship Bench. With the data collected, the researcher managed to then formulate initial codes.

- **Generating initial codes:** After familiarization with the collected data, initial codes were then assigned to significant units of data. According to Braun and Clarke (2006), these codes indicate various facets, concepts, or motifs associated with social workers' viewpoints on the dynamics surrounding abortion, both pro-life and pro-

choice. To precisely identify and code every significant unit in the data, a methodical coding process was employed. This stage involves identifying recurring patterns and terms and transforming them into key words. In order to better understand social workers' perspectives on pro-life and pro-choice dynamics surrounding abortion in Zimbabwe, the researcher identified and analysed important themes from the perceptions acquired through group discussions and interviews. After familiarising themselves with the recorded data, the researcher retrieved relevant aspects. Direct notes from the data were gathered, and they were arranged according to the major ideas that the study deemed crucial.

- **Searching for themes:** In order to find possible themes that represented linkages, patterns, and recurrent concepts in the data, the original codes were grouped. In order to comprehend how codes added to our comprehension of social workers' viewpoints, relationships between codes were investigated as asserted by Braun & Clarke, 2006. The data were analysed for similarities, variances, and variations in order to classify them into more general thematic groupings. After that, these patterns were arranged into separate themes, making sure that each subject stood alone and was not repeated.

- **Reviewing and refining themes**: In the fourth stage of thematic analysis, the identified themes were reviewed and refined to ensure their coherence and internal consistency. The themes were then examined to accurately represent the data and capture the essence of social workers' perspectives on pro-life and pro-choice dynamics on abortion (Braun & Clarke, 2006). Merging or splitting themes were considered to create a meaningful and comprehensive thematic framework. Themes were carefully examined to remove duplicates and guarantee that they were pertinent

to the subject of the study. The results were carefully analysed in light of the Zimbabwean context to make sure that no significant information or trends were missed.

- **Defining and naming themes**: In the fifth stage of thematic analysis, each identified theme is then clearly defined and described in detail. Representative quotes from the data are then selected to exemplify each theme and provide evidence for its existence (Braun & Clarke, 2006). The themes were given evocative names that accurately reflected their content and meaning. In order to identify each final theme and explain how it relates to the research topic, specifically, social workers' opinions on pro-life and pro-choice dynamics around abortion in Zimbabwe—a description that has been approved as an explanatory fit for each theme had to be provided. The insights collected from the data analysis phase were consolidated and the themes were clarified based on the responses provided by the participants during the interviews.

- **Writing the narrative:** A coherent and compelling narrative was written to present the findings of the thematic analysis. Each theme was described in detail, supported by relevant quotes or excerpts from the data. The findings were then discussed in-depth, highlighting the nuances, variations, and complexities within the themes. The implications of the findings for practice, policy, or further research were also discussed and addressed (Braun & Clarke, 2006: Smith et al., 2018). As a result, this stage was carried out in the next chapter, where the thematic analysis principles directed the presentation of the analysed material.

By following these steps, a robust thematic analysis was conducted, systematically uncovering and presenting key themes and findings of the research study on social workers' perspectives on pro-life and pro-choice dynamics on abortion in Zimbabwe.

3.9 Ethical considerations

Ethics can be defined as the study of moral principles and values that govern human behaviour, guiding individuals and societies in distinguishing between right and wrong, good and bad, and just and unjust (Beauchamp & Childress, 2019).

3.9.1 Confidentiality

According to Beauchamp and Childress (2019), maintaining the privacy and security of sensitive information by preventing unauthorised access, use, or disclosure is known as maintaining confidentiality. This obligation is both morally and legally binding. The researcher carefully considered and addressed confidentiality concerns throughout the research process by safekeeping information shared by participants. If there comes a case where this information should be reviewed, the researcher will consider the consent of the participants.

3.9.2 Informed consent

According to the World Medical Association (2013), informed consent is the voluntary decision of an individual to participate in research or have a medical intervention or procedure carried out, provided that they have a sufficient understanding and comprehension of the relevant information. The researcher upheld this ethical principle by letting the participants know about the benefits and drawbacks of the research.

3.9.3 Voluntary participation

Voluntary participation in research refers to the act of individuals willingly choosing to participate in a study without any form of coercion or external pressures, based on their own free will and personal decision" (American Psychological Association, 2017). The researcher

upheld this ethical consideration by providing clear, comprehensive, and easily understandable information about the study's purpose, procedures, potential risks and benefits, and the voluntary nature of participation. This information was communicated in a language and format that participants could comprehend.

3.10 Limitations of the study

According to Creswell (2014), Study limitations refer to the potential weaknesses, constraints, or factors that may affect the interpretation, validity, or generalizability of the findings in a research study. This study may have various limitations, for instance, social workers may provide responses that they perceive as socially desirable or aligned with professional expectations, rather than expressing their true perspectives on pro-life and pro-choice dynamics. This bias can affect the accuracy and authenticity of the data collected. Additionally, the study focuses specifically on social workers' perspectives in Milton Park, which may limit the generalizability of the findings to other regions or professional contexts within Zimbabwe.

3.10.1 Delimitations

Delimitations refer to the explicit specification of the scope and boundaries of a study, including the identification of the population, variables, geographical area, time frame, or other parameters that are included or exclude, Creswell (2014). This study may have a number of delimitations, for instance, it may focus on the perspectives of social workers exclusively, excluding other stakeholders such as healthcare providers, policymakers, or community members. This delimitation narrows the scope of the study to a specific professional group. Additionally, the study may be limited to social workers working in specific settings or organizations in Milton Park. This delimitation excludes social workers from other sectors or areas within Zimbabwe, potentially impacting the diversity of perspectives represented in the study.

3.10.2 Validity and reliability

3.10.2.1 Validity

Validity is the extent to which an instrument gathers the data that it was designed to gather (Siti, 2018). In order to yield accurate and trustworthy results, the research's validity was guaranteed. A number of steps were performed to establish legitimacy. Initially, it was imperative to make certain that the research questions complemented the study's goals and offered a thorough comprehension of the subject. In order to help frame the study topics and ensure their relevance, a thorough literature assessment was carried out to uncover current theories and views. A qualitative study methodology was also used to enable a thorough investigation of social workers' perspectives, providing a comprehensive and complex knowledge of their positions on pro-life and pro-choice dynamics. The study's sample of social workers was carefully chosen to reflect a variety of experiences and viewpoints, which improved the findings' external validity or generalizability. The researchers utilised meticulous techniques to gather data, including focus groups and interviews, while maintaining an impartial and unbiased approach to ensure the reliability of the information gathered. These methods helped to produce reliable and valid results about the viewpoints of social workers on the dynamics of pro-life and pro-choice abortion in Zimbabwe.

3.10.2.2 Reliability

Reliability, according to Saunders et al. (2016), is the consistency of the outcomes generated by data collection techniques or analytical procedures. Assuring the research's dependability was essential to generating reliable and consistent results. Several methods were used to achieve reliability. First, a precise and comprehensive study methodology was developed, complete with steps for gathering and analysing data. This improved the results' dependability by ensuring that all subjects received the same treatment from the same techniques. Furthermore, a methodical approach to data analysis was used, which included

the use of coding and thematic analysis. This allowed for an organised and consistent interpretation of the data. In addition, an unambiguous and transparent audit trail was set up, recording all choices and actions made during the research process. This increased transparency and made it possible for the study to be repeated or independently confirmed. The investigation's goal in putting these procedures in place was to provide credible and dependable conclusions about social workers' opinions on the dynamics of pro-life and pro-choice abortion in Zimbabwe.

3.11 Assumptions

The study makes the assumption that social workers in Milton Park, Harare, have different viewpoints on the dynamics surrounding abortion, both pro-life and pro-choice. Cultural origins, personal beliefs, professional ethics, and Zimbabwe's societal setting can all have an impact on these viewpoints. It is expected that social workers in Milton Park have difficulties and moral quandaries in their profession of actively supporting and counselling women who are contemplating or have experienced an unintended pregnancy. The study also makes the assumption that social workers' views on abortion are influenced by cultural elements, such as religious convictions and traditional norms. The study's conclusions are anticipated to add to conversations, professional growth, policy-making, and debates around abortion and reproductive health services in Zimbabwe.

3.12 Chapter summary

The chapter discusses the methodology of the study. The chapter shows that an interpretivist philosophy was overarching in this study. The target population of the study was made up of social workers from Friendship Bench. In depth interviews and focus group discussions were used to collect data whilst a purposeful sampling technique was applied. The next chapter presents data analysis and interpretation.

CHAPTER 4

DATA ANALYSIS, PRESENTATION AND DISCUSSION OF FINDINGS

4.0 Introduction

This chapter presents the findings from the analysis and presentation of the qualitative data gathering procedure. The results provide insight into the particular challenges faced by social workers in assisting women experiencing unintended pregnancies. In order to respect and safeguard persons, the researcher took research ethics into consideration while conducting the study. In the discussion of the findings, a thematic data analysis was used. A qualitative research methodology was used in this research study chapter to collect data on social workers' opinions regarding the dynamics of abortion in Zimbabwe that are pro-life and pro-choice. The study was guided by three objectives which include; to explore the perspectives of social workers on abortion; to identify the challenges faced by social workers in trying to support women facing unplanned pregnancies and; to determine the measures that can be utilized to address the challenges faced by social workers in trying to support women facing unplanned pregnancies. Social workers from Friendship Bench participated in a focus group and in-depth interviews that produced the information presented in this chapter.

4.1 Demographic information of participants

This section provides the participants' biographies, which are crucial to the study since they aid in the analysis of how the individuals' experiences and backgrounds influenced this specific investigation.

4.1.1 Demographic of total participants

Table 1 Total Participants

Participant	Intended	Actual	Total
Female	10	13	13
Male	10	7	7
Total	20	20	20

N=20

The table above shows that 13 women and 7 men participated in the research, making a total of 20 participants. The participants were both male and female because the research aimed to bring out a diversity in gender so as to effectively depict the perspectives of social workers on pro-life and pro-choice dynamics on abortion in Zimbabwe. Men and women participating in the research process together promotes teamwork and guarantees that different perspectives are heard. In an effort to improve the study's overall calibre, it fosters inclusivity and a diversity of perspectives. The targeted number of participants was achieved. 11 of the 20 participants were in-depth interviewees and 9 of them were part of the focus group discussion.

4.1.2 Qualifications of participants

Table 2 Qualifications of participants

Designation	Age	Gender	Years of experience	Qualifications
Implementation manager	29	Female	6	Bachelor's degree in Social Work
Implementation manager	32	Male	8	Bachelor's degree in Social Work

				Masters in clinical Social Work
Assistant Implementation Manager	34	Female	5	Bachelor's degree in Social Work
Assistant Clinical Supervisor	26	Male	2	Bachelor's degree in Social Work
Open Liner	27	Male	5	Bachelor's degree in Social Work
Open Liner	28	Male	5	Bachelor's degree in Social Work
Open Liner	27	Female	5	Bachelor's degree in Social Work
Open Liner	27	Female	5	Bachelor's degree in Social Work
Open Liner	26	Female	5	Bachelor's degree in Social Work
Open Liner	28	Female	5	Bachelor's degree in Social Work
Open Liner	26	Female	5	Bachelor's degree in Social Work
Buddy	25	Male	3	Bachelor's degree in Social Work
Buddy	24	Male	3	Bachelor's degree

				in Social Work
Buddy	24	Male	3	Undergrad student
Buddy	24	Female	2	Undergrad student
Buddy	23	Female	2	Undergrad student
Buddy	23	Female	2	Undergrad student
Buddy	24	Female	2	Undergrad student
Buddy	23	Female	2	Undergrad student
Buddy	22	Female	2	Undergrad student

The above table depicts social workers from a plethora of departments, who were purposefully selected to participate in this particular research study. One of the participants in the study was a male clinical social worker. With 8 years of experience at the Friendship Bench, he managed to bring out valuable expertise to the research. His qualifications include, a bachelor's degree in Social Work and a masters in Clinical Social Work. With his invaluable expertise, he also offered great insight on the psychosocial aspect of the research. The table also shows 12 participants who are holders of a bachelor's degree in Social Work, with years' experience ranging from (2-6) years. These social workers are all registered by the NASW and their contribution to the study holds weight. A group of undergrad students also participated in the study, all studying towards a bachelors' degree in social work. With their years of experience at the Friendship Bench ranging between 2 and 3, their valuable expertise was also noted. Both the age range and gender balance of the participants were represented. By including them, the researcher hoped to represent the range of social workers' viewpoints on the dynamics surrounding abortion in Zimbabwe, both pro-life and pro-choice. The age range of the participants was 22-34, depicting a variety of perspectives from people

of different ages and or eras. The most recurring age is 24, therefore, that is the mode age for the research.

4.2 Qualitative Data Presentation

The researcher used the three study objectives to gather participant responses; by matching participant responses with study objectives, the researcher ensured that the data collected were relevant to the research goals and facilitated a thorough examination of social workers' perspectives on pro-life and pro-choice perspectives. The researcher also used thematic analysis to analyse data, and responses that were nearly identical were grouped into one theme. The use of thematic analysis in qualitative data presentation allowed the researcher to present the findings in a clear and coherent manner.

4.3 The perspectives of social workers on abortion

This theme explores the distinctive viewpoints of social workers who assist people and families in making abortion-related decisions on a hands-on basis. The study then reveals the elements that influence social workers' attitudes, methods, and beliefs when negotiating the intricacies of pro-life and pro-choice dynamics by comprehending their points of view. A variety of sub themes were thus created from this main theme in order for the researcher to clearly depict social workers perspectives on abortion.

4.3.1 Positive attitudes towards abortion

The study brought out that positive attitudes is one of the perspectives that social workers have towards abortion. A social worker in an in-depth interview stated that:

> *"I approach the subject of abortion with an open mind and a dedication to offering non-judgmental assistance to those having to make tough decisions. Since abortion is a sensitive and personal topic, I work hard to provide a welcoming environment where clients can consider their options without worrying about being judged."*

One of the participants in the focus group discussion also shared the same sentiments by stating that:

> *"I wholeheartedly believe that everyone has the right to obtain safe and authorised abortion services, among other reproductive rights. Without outside influence or criticism, I think people should be free to make decisions about their own bodies and lives."*

The study discovered that the majority of social workers are open minded and accommodative towards the topic of abortion, leaning to the pro-choice dynamic. The personal views and values of social workers may have a significant impact on their attitudes regarding abortion. According to a study by Sanchez et al. (2020), the majority of social work students supported the legalisation of abortion; personal values and religious connections were found to be important determinants of these students' opinions. This resonates with the findings of the current study, which is that social workers typically take a pro-choice position. This highlights the ways in which personal worldviews and moral frameworks can influence professional conduct in this field. Parallel to this, Beddoe and Fouché (2014) studied how social workers' own views and how they deal with clients on delicate subjects like reproductive rights interact. Their conclusions point to the likelihood that social workers with more liberal, egalitarian beliefs will take client-centred, non-judgmental positions, which is consistent with the pro-choice orientation seen in this study. These results might be interpreted through the lens of Intersectional Feminism Theory (IFT) as social workers' acknowledgment of the complex and context-dependent nature of women's reproductive experiences because it highlights how people's access to resources and sovereignty over their own bodies are shaped by the intersections of gender, racism, class, and other social identities (Collins & Bilge, 2020).

4.3.2 Personal and professional boundaries

The study reviewed that personal and professional boundary is a significant perspective. In relation to this, a social worker in an in-depth interview reported that:

> *"...my personal values and beliefs, which include a dedication to autonomy and reproductive rights, influence my views regarding abortion as a social worker, however, my top priority is giving clients a space to examine their alternatives and make well-informed decisions in a non-judgmental manner. I deliberately strike a balance between my personal convictions and my professional ethics to provide fair assistance to people who hold different opinions".*

Another participant was in support of this as a participant in the focus group discussion stated that:

> *"I value the independence of my clients and offer objective assistance. I guarantee that people have access to reliable information and resources while respecting the diversity of views and values about abortion. Constant introspection aids in overcoming my own prejudices and advancing the welfare of my clients."*

The results demonstrated how social workers' personal values and views relate to their professional responsibilities and shape how they assist clients who are considering abortion. It takes a certain amount of personal detachment and the capacity to keep one's own moral frameworks apart from the needs and preferences of the client in order to uphold these fundamental social work values. In relation to that, Kondrat (2002), indicates that even in fields where objectivity is crucial, social workers' personal convictions and life experiences will undoubtedly impact their work. Therefore, the Intersectional Feminism Theory suggests that social workers who adopt a pro-choice position based on an IFT-informed understanding of reproductive justice may be better able to offer client-centred, culturally sensitive care that takes into consideration the particular circumstances and identities of the women they assist.

4.3.3 Legal and policy frameworks

Legal and policy frameworks is another perspective on pro-life and pro-choice dynamics of abortion that was reviewed in the study. A clinical social worker in an in-depth interview mentioned that:

> *"My goal is to provide compassionate support within the current legal boundaries while actively working towards a future where individuals have access to safe and legal abortion services and their reproductive health rights are fully recognised and protected. Working within the existing legal framework, I also recognise the importance of advocating for policy reforms that prioritise the reproductive rights and well-being of individuals. This includes advocating for expanded access to safe and legal abortion services, comprehensive sexuality education, and support for reproductive health services."*

In support of the above view, a participant from the focus group discussion stated that:

> *"Shortage of safe and legal abortion services negatively impact my work as a social worker as we then have to deal with young women seeking illegal and unsafe ways of abortion in order to manage their situation, leading to those ways becoming reproductive health hazards."*

The results demonstrated that Zimbabwe's abortion-related legal and legislative frameworks are extremely restricted, which makes it difficult for social workers to offer their clients adequate support. Notwithstanding, social workers aim to optimise their endeavours to champion the welfare and entitlements of those pursuing abortions within the legal framework. The statutory barriers therefore hinder social workers' attempts to create a welcoming, judgment-free atmosphere by impairing women's bodily autonomy and right to self-determination as well as by exacerbating the stigma and shame around abortion. In Zimbabwe, social workers encounter considerable obstacles when attempting to offer

comprehensive, client-centred care to women who are facing unwanted pregnancies due to the restrictive legal and administrative framework. In line with this, Chirawu (2014) indicates that, social workers' attempts to create a welcoming, judgment-free atmosphere may be undermined by the limited legal justifications for abortion as well as the possibility of social and familial reaction.

4.4 Challenges faced by social workers in trying to support women facing unplanned pregnancies

The study discovered that social workers encounter a plethora of challenges in trying to support women facing unplanned pregnancies, which include, stigma and judgement, limited resources, cultural and religious beliefs and emotional and mental health support amongst a few, making it difficult for social workers to efficiently provide services to support women facing unplanned pregnancies.

4.4.1 Stigma and judgement

Stigma and judgement are big challenges mentioned by participants related to unwanted pregnancies. A social worker in an in-depth interview reported that:

> *"Abortion is stigmatised and viewed negatively throughout Zimbabwe, which makes it difficult for social workers to assist women who become pregnant unexpectedly. Zimbabwe has very strict laws and policies around abortion and as a result, abortion becomes highly stigmatised and many people in our culture consider it to be morally and socially undesirable."*

In support of the above another participant from the focus group discussion, mentioned that:

> *"As social workers, we frequently come across women who are extremely afraid and ashamed to even entertain the possibility of an abortion, despite being extremely conflicted and distraught about their unwanted pregnancy. It can be quite upsetting for women to seek abortion services because of the stigma and disapproval from*

society. Many women fear that if they end their pregnancies, they would be shunned

by their families, face legal repercussions, or even be shunned by their communities."

The researcher observed a thorough and compassionate examination of the difficulties that social workers assisting women with unexpected pregnancies in Zimbabwe encounter, namely, the stigma and judgement surrounding abortion. They emphasised the considerable obstacles that women have in discussing their concerns honestly and getting the help and resources they require because of the strict legal system and prevailing social norms. This view is supported by Chirawu, (2014) who asserts that, abortion is frequently severely stigmatised in Zimbabwe's sociocultural context, with ingrained taboos and moral judgements that may discourage women from obtaining reproductive healthcare services. A nation's strict legal system and the possibility of social and interpersonal reaction against pregnant women who choose to end their pregnancy all contribute to this stigma. Inspired by the theory of Intersectional Feminism (IFT), this widespread stigma needs to be understood in the larger framework of intersecting systems of oppression that marginalise and dehumanise specific groups of Zimbabwean women. For instance, women from lower socioeconomic backgrounds, those who reside in rural areas, or those who belong to minority ethnic groups may experience increased levels of discrimination and stigma because of the intersection of their gender, class, place of residence, and cultural identity.

4.4.2 Limited resources

One of the challenges mentioned by the participants is the failure to render effective services due to lack of resources. A participant in an in-depth interview stated that:

"We have limited human resources in terms of doctors, which in turn result in women

being placed on waiting lists. Even in situations where the law permits abortion, such

as when the woman's life or health is in danger, the reality on the ground is that

accessing safe and affordable abortion care is extremely difficult"

Another participant from the focus group discussion concurred with this by reporting that:

"There is a severe lack of medical centres and practitioners offering complete reproductive health services, including abortion. For women seeking a timely legal termination, many public hospitals and clinics either do not offer abortion services or have very long waitlists and administrative paperwork hurdles. Most women, particularly those from low-income families, cannot afford the expenses associated with private healthcare providers, making safe abortion procedures unaffordable."

Another participant from the focus group discussion also stated that:

"The overwhelming lack of safe and legal options for women to end their pregnancies often forces them to turn to unsafe, illegal, and even fatal techniques. Our experience with these instances is not uncommon. It also worsens the trauma and distress they are already going through, putting their health and well-being at serious risk. Our ability to assist these women and get them connected to the care they require feels severely constrained to us as social workers. Our attempts to assist them in navigating the intricate and complicated healthcare system ultimately prove fruitless. As a result, we feel unable to really meet their needs, which may be extremely frustrating and demoralising."

The researcher observed the apparent barriers to accessibility that women encounter, including the significant lack of healthcare facilities and providers that offer legal abortion services and the unaffordable high cost of private treatment. This puts a lot of women's health and well-being in danger by forcing them to use risky, unlawful procedures. The remark is significant because it captures the helplessness and frustration experienced by social workers, who have very little ability to provide women with the treatment they need. Similarly, according to the Guttmacher Institute (2022), Zimbabwean women who lack access to basic resources may resort more frequently to risky, illegal, and perhaps lethal abortion procedures

as well as experience increasing levels of hopelessness, anxiety, and powerlessness. The impact of these resource constraints can also be understood in the larger context of intersecting systems of oppression that marginalise specific groups of Zimbabwean women, as informed by Intersectional Feminism Theory (IFT).

4.4.3 Cultural and religious beliefs

The prevalent cultural and religious attitudes in Zimbabwe is another challenge that was mentioned by the participants of the study. A participant in an in-depth interview mentioned that:

> *"I think one of the most significant challenges we face as social workers in supporting women with unplanned pregnancies is navigating the complex web of cultural and religious beliefs surrounding abortion. The predominant societal attitudes in our country are deeply rooted in conservative Christian and traditional African norms, which often cast a harsh, stigmatizing shadow over the issue of terminating a pregnancy so as a result, many communities view abortion as a moral and religious transgression which is completely unacceptable regardless of the circumstances."*

A participant in the focus group discussion agreed with this view by mentioning that:

> *"As social workers, we regularly interact with women who are too afraid to bring up the subject of abortion because they are afraid of the strong social backlash and possible consequences. Some women have received threats of physical assault or even the possibility of being abandoned by their relatives if they choose to end their pregnancies. This societal pressure can have an extremely devastating effect, making individuals feel completely alone and imprisoned."*

Another participant in the focus group discussion also stated that:

> *"For us as professionals, navigating this cultural and religious territory is a huge task. Preserving the rights and dignity of the women we work with is our moral and*

ethical duty, yet it frequently requires us to challenge fundamental society standards. There is a constant fear that if we are seen as advocating for or making abortion services more accessible, we would face criticism from the relatives of the women, from religious authorities, and even from our own peers."

The study noticed the widespread stigma in society that stems from traditional African and conservative Christian standards, whereby ending a pregnancy is frequently seen as a moral and religious offence that brings shame and dishonour onto women and their families. Women seeking support experience an environment of dread and isolation due to this pervasive criticism since they really fear being abandoned or even being violently attacked if they think about getting an abortion. Social workers have a difficult time navigating this religious and cultural terrain while still upholding their professional duty to protect women's rights and dignity in the face of sociocultural reality. The perceptions that people have about abortion and reproductive rights are greatly influenced by these deeply ingrained social norms and values, which provide difficult obstacles for both the women who are seeking care and the social professionals who are entrusted with giving it. In support of this, Chirawu (2014), mentions that many of the traditional and religious traditions that underpin Zimbabwe's sociocultural landscape see abortion as morally and culturally repugnant. Women who want to exercise their reproductive rights may face substantial obstacles due to this widespread cultural stigma, which is frequently reinforced by patriarchal power structures and religious doctrine.

4.4.4 Emotional and mental health support

Emotional and mental health care is one of the most important sub-themes within the larger difficulty of helping women facing unexpected pregnancies. A participant in the in-depth interview stated that:

"One of the most important and difficult aspects of our work as social workers in Zimbabwe is supporting women who are experiencing unexpected pregnancies emotionally and mentally. Due to the widespread social stigma and cultural taboos around abortion, many women are afraid to seek the treatment and assistance they so desperately need, feel alone, and are ashamed to even consider this option."

In relation to the above, a participant in the focus group discussion reported that:

"I've frequently worked with clients who are struggling with anxiety, sadness, and even thoughts of suicide because they are conflicted about what they want for themselves, what their families want of them, and the harsh reality of their sociocultural atmosphere. Women struggle with the fear of being abandoned, abused, or shunned by their communities should they decide to end their pregnancy, making the decision-making process itself extremely difficult."

The study noted that women may experience devastating psychological effects from the widespread shame and cultural taboos around abortion. The realistic portrayal of women navigating this difficult decision-making process while dealing with crippling anxiety, despair, and even suicidal thoughts emphasises the huge emotional load that these people have to face. This stresses how important it is for social workers to provide a safe, accepting environment where women may explore their alternatives and express their thoughts without worrying about being judged or facing consequences. In line with this, Guttmacher Institute (2022) states that, the lack of accessible and culturally appropriate mental health resources for Zimbabwean women seeking or having undergone abortion can have severe consequences, including increased risk of depression, anxiety, and even suicidal ideation. This can further exacerbate the existing inequalities and challenges faced by these women, as they may be less able to advocate for their own needs or access the support they require to cope with the emotional and psychological aftermath of their reproductive experiences.

4.5 Measures that can be utilized to address the challenges faced by social workers in trying to support women facing unplanned pregnancies.

The study unearthed numerous measures which can be utilized to address the challenges faced by social workers in trying to support women facing unplanned pregnancies which include, strengthening emotional and mental health support, challenging societal stigma and cultural barriers, strengthening the capacity of social workers and advocating for policy and legislative reform. Sub themes were thus created in order to address these issues ideally.

4.5.1 Strengthening emotional and mental health support

Strengthening emotional and mental health support is a significant measure that can be utilized to address the challenges faced by social workers in trying to support women facing unplanned pregnancies. A participant in the face-to-face interview mentioned that:

> *"We need to give strong emotional and mental health aspects top priority when integrating these women into our reproductive healthcare frameworks in order to effectively support them. This includes improving the accessibility of support groups, referral channels to expert mental health practitioners, and counselling informed by trauma. Delivering these services in a way that is culturally aware, empowering, and focused on the individual needs and viewpoints of each person is vital."*

A participant in the focus group discussion concurred with this by reporting that:

> *"We can strive to de-stigmatize conversations about abortion and pregnancy options, as well as establish safe spaces where women feel confident to share their stories and get the support they require. Also, we need to push for laws and financing sources that guarantee equal access to complete reproductive healthcare, which includes complete mental health assistance."*

The researcher noted that, as a responsible and comprehensive measure, it is imperative to give top priority to the incorporation of emotional and mental health elements within

reproductive healthcare systems. A more comprehensive approach to addressing the many needs of these individuals can be achieved by incorporating counselling, support groups, and referrals to specialised providers. This indicates the social worker's awareness of the significance of treating the psychological aspects of unwanted pregnancies in addition to their medical and practical aspects. In support of this, Guttmacher Institute (2022) has indicated that, insufficient assistance may lead to increased levels of depressive, anxious, and even suicidal thoughts in Zimbabwean women who have had abortions. When seen through the lens of the IFT framework, this is especially worrisome because marginalised women—those from low-income families, remote locations, or minority ethnic groups, for example—may encounter more difficult obstacles when trying to get the treatment they require (Collins & Bilge, 2020).

4.5.2 Challenging societal stigma and cultural barriers

The research highlights the significance of challenging societal stigma and cultural barriers in addressing the challenges faced by social workers in trying to support women facing unplanned pregnancies. A participant in a face-to-face interview mentioned that:

> *"Women should be able to freely discuss their experiences and get the help and resources they require without feeling ashamed or afraid of the consequences if we can establish safe, accepting environments. This could mean starting support groups, offering thorough sexuality education, and preparing medical professionals to give trauma-informed, unbiased care."*

Concurrently, a participant in the focus group discussion also stated that:

> *"We have to make an effort to challenge the fundamental societal conventions and attitudes that support the shame associated with unwanted pregnancies and abortions. To do that, we must launch focused campaigns to raise awareness, work*

with religious and community leaders to reframe stories, and support legislative changes that protect women's rights to choose and control their bodies."

Another participant from the focus group discussion also stated that:

"We are in a unique position as social workers to close the gap between personal experiences and more significant societal change. We obtain priceless insights into the complicated nature of this problem through our direct client encounters, which we can then use to guide advocacy campaigns and promote systemic change. We can give women the confidence, autonomy, and support they need to make decisions about their reproductive fate by breaking down the social norms and cultural taboos that limit their options."

The complex nature of this issue makes it easier to see how deeply ingrained sociocultural barriers prevent women from accessing reproductive healthcare services, as well as how widespread taboos, moral judgements, and false information contribute to an atmosphere of shame and isolation for women. The social and cultural challenges must be addressed with a diversified strategy based on IFT. In line with this, according to Chirawu (2014), this could entail working with grassroots activists, religious institutions, and community leaders to encourage candid discussions and combat the stigma associated with abortion and reproductive healthcare in general.

4.5.3 Strengthening the capacity of social workers

Strengthening the capacity of social workers is a crucial sub-theme within the broader effort to address the barriers faced in supporting women facing unplanned pregnancies. A participant in an in-depth interview said that:

"We require continual access to specialised supervision and training in order to acquire the information and abilities necessary to deliver excellent, client-centred care. This could involve peer learning and debriefing sessions, courses on

reproductive health, abortion counselling, and trauma-informed practice. Frequent check-ins with experienced supervisors can also be helpful in guiding us through the moral and emotional challenges that come with this line of work. The organizations and institutions we work for must make a joint effort to prioritize and resource social worker capacity building."

Agreeably, a participant in the focus group discussion also mentioned that:

"Maintaining access to specialised training and supervision is necessary to improve our ability to deliver excellent, patient-centred care. Workshops on important subjects including reproductive health, counselling regarding abortion, and trauma-informed practice should be part of this. Peer learning and debriefing meetings would also be very beneficial as they would enable us to learn from one other's experiences and work through the ethical and emotional challenges that come with this line of work."

It is evident that one of the most important ways to overcome the difficulties social workers encounter while assisting women who become pregnant unintentionally is to enhance their ability. The main arguments emphasise the necessity of organisational investments in infrastructure and resources to support this capacity building, in addition to individual professional growth through specialised training and supervision. To concur with this, Chirawu (2014), notes that, social workers are frequently essential in helping women receive reproductive healthcare treatments, such as referrals for abortions, and in supporting them emotionally and psychologically throughout their journeys. Social professionals may find it difficult to adequately address the multiple and interconnected problems that Zimbabwean women may face, such as stigma, cultural hurdles, and socioeconomic inequality, due to a lack of training, resources, and institutional support. The effort to address this must be grounded in the principles of Intersectional Feminism Theory to ensure that the unique needs and experiences of marginalized women are centred in the process.

4.5.4 Advocating for policy and legislative reform

Advocating for policy and legislative reform is another measure that can be utilized to address the challenges faced by social workers in trying to support women facing unplanned pregnancies. A participant in an in-depth interview reported that:

> *"I have witnessed how restrictive laws, funding gaps, and entrenched societal stigma can present significant barriers to providing comprehensive, client-centred care. The policy landscape often falls short of meeting the real-world needs of the women we serve. For this reason, I think it is our responsibility as front-line practitioners to use our knowledge and our clients' voices to advocate for improvements that are desperately needed. We can advocate for changes to the law that will increase access to reproductive healthcare, require comprehensive pregnancy support programmes, and safeguard the privacy and autonomy of women who become pregnant unexpectedly."*

A participant in the focus group discussion similarly mentioned that:

> *"In actuality, the existing state of policy is greatly insufficient to handle all of the challenges these clients have, from obtaining healthcare for reproduction to lessening the psychological and emotional effects of their situation. Considering these systemic flaws, I genuinely think it is our responsibility as frontline practitioners to use our knowledge and elevate our clients' voices to push for the urgently required legislative and policy changes."*

The insights presented indisputably show how severe structural impediments to providing comprehensive, client-centred care in this area are presented by budget deficits, restrictive laws, and deeply ingrained societal stigma. Guttmacher Institute (2022), supports this notion by mentioning that, the abortion procedure is only allowed under very specific conditions, such as rape, incest, or dangers to the woman's life or health, according to the extremely

restrictive legal and policy environment that currently exists. Significant obstacles to access have resulted from this, such as the criminalization of some reproductive choices, the stigmatisation of abortion, and the dearth of comprehensive reproductive healthcare services, especially for women from marginalised groups.

4.6 Chapter summary

This chapter has analysed social workers' perspectives on pro-life and pro-choice dynamics on abortion in Zimbabwe. The chapter starts off by an analysis of demographic attributes. The study then went on to explore the perspectives of social workers on abortion, identify the challenges faced by social workers in trying to support women facing unplanned pregnancies and determine the measures that can be utilized to address the challenges faced by social workers in trying to support women facing unplanned pregnancies. The next chapter focuses on the summary of findings, conclusion and recommendations.

CHAPTER 5

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter concludes the whole project. In so doing, the chapter offers a brief summary of the problem and the execution of the study. The chapter further shows how objectives of the study were realised. Objective-based conclusions then follow which inform the need for research-based recommendations. The chapter also presents the contribution of the study and areas which future studies may focus on. The chapter ends with a chapter summary. The following is a summary of findings.

5.1 Summary of findings

The study investigated the perspectives of social workers on pro-life and pro-choice dynamics on abortion in Zimbabwe. In-depth interviews and focus groups with a total of 20 social workers from the Friendship Bench were used in this qualitative research project to investigate their viewpoints on the intricate dynamics surrounding abortion. The study was guided by 3 objectives which include, to explore the perspectives of social workers on abortion; to identify the challenges faced by social workers in trying to support women facing unplanned pregnancies and; to determine the measures that can be utilized to address the challenges faced by social workers in trying to support women facing unplanned pregnancies. Purposive sampling was used to select participants for the study and a thematic analysis was utilized to analyse the results of the study.

5.1.1 The perspectives of social workers on abortion

Based on their professional, cultural, and religious ethical frameworks, social workers in Zimbabwe have a wide variety of personal views and moral positions towards abortion, according to the qualitative study. Despite being open-minded, a number of participants talked about feeling morally distressed when their personal beliefs clashed with their obligation to offer impartial, client-centred help about abortion-related matters. Significantly, the social workers described the pro-life and pro-choice discussions in their workplaces and communities as extremely divisive, with little opportunity for nuanced discussion or accommodation. This ideological split makes it extremely difficult for social workers to carry out their professional duty of promoting reproductive autonomy for Zimbabwean women, especially in light of the substantial structural obstacles that prevent safe, legal abortion access. Therefore, the study brought out that social workers lean on a pro-choice perspective of abortion promoting client self-determination and upholding of the human rights of women.

5.1.2 Challenges faced by social workers in trying to support women facing unplanned pregnancies

The research highlighted some of the challenges faced by social workers in trying to support women facing unplanned pregnancies. These challenges include, stigma and judgement, limited resources, cultural and religious beliefs and emotional and mental health support amongst a few, making it difficult for social workers to efficiently provide services to support women facing unplanned pregnancies. Social workers also reported that there is little space for nuanced dialogue or compromise in the intensely divisive pro-life and pro-choice argument in their communities and places of employment. Furthermore, they outlined a number of structural barriers, such as resource limitations, ingrained societal stigma, and restrictive legislation that limit women's access to safe, legal, and cheap abortion services. Social workers found it extremely difficult to carry out their mandate of promoting the

reproductive autonomy and wellbeing of Zimbabwean women in the face of these complex issues. Therefore, this depicts the challenges faced by social workers in trying to support women facing unplanned pregnancies.

5.1.3 Measures that can be utilized to address the challenges faced by social workers in trying to support women facing unplanned pregnancies

The findings of the research offer a number of solutions to the problems social workers encounter while assisting women who become pregnant unexpectedly. In order to improve their knowledge, abilities, and capacity to negotiate the intricate moral and practical difficulties surrounding abortion in a trauma-informed, rights-based manner, participants stressed the necessity of thorough, continuous professional development. Enhancements to organisational procedures and resources may also better prepare social workers to offer dependable, client-focused assistance. In order to overcome the severe ideological differences that exist within their communities and workplaces and establish common ground on the common objective of promoting women's welfare, the social workers also emphasised the significance of encouraging more transparent and compassionate conversations. Lastly, institutional changes like updating laws restricting abortion and tackling resource shortages could aid in removing the substantial structural barriers that currently undermine women's access to safe, legal abortion services. Last but not least, systemic changes like updating restrictive abortion legislation and resolving resource shortages may contribute to the removal of important structural obstacles that presently restrict women's access to safe, authorised abortion services. Therefore, the study brought out various ideas on the measures that can be utilized to address the challenges faced by social workers in trying to support women facing unplanned pregnancies.

5.2 Conclusions

Based on the research findings, the study came to the conclusion that, the wide diversity of moral perspectives and personal convictions that social workers possess frequently causes them to feel uncomfortable when their moral convictions clash with their professional obligation to offer impartial, client-centred support. Crucially, the study draws attention to the major structural obstacles that still prevent Zimbabwean women from accessing safe, legal abortion services. These obstacles include stringent regulations, resource limitations, and widespread societal stigma. When taken as a whole, these complex issues provide significant obstacles to social workers carrying out their mandate to assist clients' general wellness and preserve reproductive autonomy. But the research also identifies several encouraging strategies that could aid social workers in more skilfully navigating this delicate territory: better training, better organisational procedures, and more inclusive conversations. Ultimately, the study emphasises how urgently systemic changes and a more comprehensive, rights-based strategy are needed to address the intricate reality surrounding abortion in Zimbabwe.

5.3 Recommendations

In light of the research's conclusions, the researcher recommends that:

- Social workers should be provided with comprehensive and ongoing education on the subject of abortion, reproductive rights, and moral decision-making. These courses should give social workers the information and abilities they need to successfully negotiate the complex pro-life and pro-choice issues while adhering to the values of client-centred care, non-discrimination, and respect for human dignity.

- Social workers must be assisted in offering clients seeking abortion-related services non-judgmental, trauma-informed care, social service organisations should establish clear and encouraging protocols. The confidentiality and autonomy of clients should

come first in these procedures, and any moral anguish or ethical dilemmas that social workers could encounter should also be addressed.

- Promote the modification of current laws and policies to better comply with international human rights norms, decriminalise abortion, and increase access to safe, cheap, and legal reproductive healthcare services. Social professionals who work closely with women in need of abortion services should provide their perspectives and experiences to guide this suggestion.

- Promote interdisciplinary collaboration as well as sharing of knowledge between social workers, medical professionals, legislators, and community-based organisations to support a more comprehensive, rights-based strategy for resolving the issues related to abortion access in Zimbabwe. When developing and implementing pertinent policies and programmes, this partnership should provide special attention to the meaningful leadership and involvement of marginalised populations, especially women.

5.4 Chapter summary

This chapter provided an overview of the study results. The important conclusions from the qualitative research study examining social workers' perspectives on the intricate dynamics surrounding abortion in Zimbabwe are succinctly summarised in this last chapter. The study emphasises the vital role that social workers play in promoting women's autonomy and well-being. It also highlights the pressing need for systemic changes, better education and resources, and more inclusive, compassionate conversations to address the complex realities of abortion in Zimbabwe. The researcher also proposed several key recommendations to address these challenges, these include, promoting interdisciplinary collaboration, promoting the modification of current laws and policies, inter-alia. The research gaps and how they guide future investigations are also highlighted in this chapter.

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APPENDICES

Appendix 1: Research Letter

FACULTY OF SOCIAL SCIENCES & HUMANITIES
DEPARTMENT OF SOCIAL WORK

P. Bag 1020
BINDURA, Zimbabwe

Tel: 263 - 71 - 7531-6, 7621-4

Fax: 263 - 71 - 7534

BINDURA UNIVERSITY OF SCIENCE EDUCATION

Date: 09|02|2024

TO WHOM IT MAY CONCERN

RE: REQUEST TO UNDERTAKE RESEARCH PROJECT IN YOUR ORGANISATION

This serves to introduce the bearer, Fadzai P. Hove, Student Registration Number B2011658, who is a BSc SOCIAL WORK student at Bindura University of Science Education and is carrying out a research project in your area/institution.

May you please assist the student to access data relevant to the study, and where possible, conduct interviews as part of a data collection process.

BINDURA UNIVERSITY OF SCIENCE EDUCATION
SOCIAL WORK CHAIRPERSON

2 2 NOV 2023

FACULTY OF SCIENCE EDUCATION
PRIVATE BAG 1020, BINDURA, ZIMBABWE

Yours faithfully

MR L.C Nyamaka
Acting Chairperson - Social Work
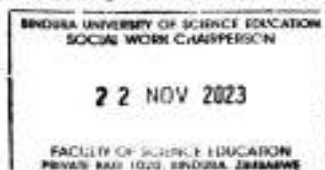
Appendix 2: Approval Letter

The Friendship Bench
4 Weale Road
Milton Park
Harare
Zimbabwe
PVO 12/21

16 February 2024

TO WHOM IT MAY CONCERN

Permission Letter for Fadzai Panashe Hove Study at the Friendship Bench

This letter serves as formal notification that Fadzai Panashe Hove, a BSc Social Work student at Bindura University of Science Education, has been granted permission to conduct research at the Friendship Bench. Their study is titled **" An investigation on Social Workers' perspectives on pro-life and pro-choice dynamics on abortion in Zimbabwe. A case of Milton Park."**

The study aims to explore Social Workers' perspectives on pro-life and pro-choice dynamics on abortion in Zimbabwe. We are confident that the findings of the study will be of great benefit to the Friendship Bench organization and contribute to the growing body of knowledge.

We appreciate your support towards this important project.

Please do not hesitate to contact us if you require any further information.

Yours Faithfully,

Dr Jermaine M. Dambi - Friendship Bench Research Co-ordinator.
Email: jermaine.dambi@friendshipbench.io   Cell: +263773444911

Friendship Bench
Mental health for Communities
4, Weale Road
Milton Park, Harare
www.friendshipbenchzimbabwe.org

Appendix 3: Consent Form

Informed Consent Statement

Title: Perspectives of Social Workers on Abortion

Researcher(s): **Fadzai Panashe Hove**

You are being invited to participate in a research study conducted by Fadzai P. Hove, a student at Bindura University of Science Education. The purpose of this study is to explore the perspectives of social workers on abortion, specifically focusing on their experiences, challenges, and recommendations in supporting women facing unplanned pregnancies.

If you agree to participate, you will be asked to engage in an in-depth interview with the researcher and a focus group discussion. The interviews will involve questions related to your professional experiences, attitudes, and perspectives on abortion. The estimated duration of the interview will be approximately 45 minutes. All information collected during this study will be kept confidential and stored securely. Your personal identifying information will be anonymised, and any identifying details will be removed from the final report to ensure your privacy.

Contact Information:

If you have any questions or concerns regarding this study, please feel free to contact Fadzai P. Hove at **fadzaihove1@gmail.com/+263784932735**.

Consent:

By signing below, you confirm that you have read and understood the information provided in this informed consent statement. You voluntarily agree to participate in this research study and give your consent for the use of the data collected for research purposes.

Participant's Signature: _____

Date: _____

Appendix 4: In-depth Interview Guide

<u>**IN-DEPTH INTERVIEW GUIDE FOR SOCIAL WORKERS ON THEIR PERSPECTIVES ON PRO-LIFE AND PRO-CHOICE DYNAMICS ON ABORTION**</u>

<u>**Section A: Biographical Information of Social Workers at Friendship Bench**</u>

1. Can you tell me a little bit about yourself and your background?

2. What initially sparked your interest in Social Work?

3. How did you become involved in the field or industry related to counselling?

4. What do you find most fascinating or exciting about counselling?

5. What are some common misconceptions or misunderstandings about abortion that you've come across?

6. How do you think abortion impacts or influences society or individuals?

<u>**Section B: The Perspectives of Social Workers on Abortion**</u>

1. How do you perceive the role of social workers in addressing the topic of abortion?

2. How do your personal beliefs or values intersect with your professional role in providing support to individuals facing decisions about abortion?

3. How do you navigate any ethical dilemmas or conflicts that may arise when providing support to individuals with differing perspectives on abortion?

4. Can you share any specific experience or stories of working with clients who have sought your assistance regarding abortion? How did you approach supporting them?

5. How does the availability or lack of access to safe and legal abortion services impact your work as a social worker?

6. What resources or support do you think social workers need to better address the needs and concerns of individuals who are considering or have had an abortion?

7. How do you address stigma or cultural barriers surrounding abortion in your interactions with clients and within the community?

8. From your perspective as a social worker, what changes or improvements would you like to see in the healthcare system or policies related to abortion?

Section C: Challenges Faced by Social Workers in Trying To Support Women Facing Unplanned Pregnancies.

1. What are the main challenges you encounter as a social worker when providing support to women facing unplanned pregnancies?

2. How do societal attitudes and cultural beliefs surrounding unplanned pregnancies impact your ability to effectively support women in such situations?

3. In your experience, what are some common barriers or obstacles that women face when seeking support during an unplanned pregnancy, and how do these impact your work?

4. Are there any specific legal or policy challenges that you come across when assisting women facing unplanned pregnancies? How do these affect your ability to provide support?

5. How do financial constraints or lack of resources impact your work in supporting women facing unplanned pregnancies?

6. What are some of the emotional or psychological challenges that women often face when dealing with an unplanned pregnancy, and how do you address these in your role as a social worker?

7. Can you share any instances where you have encountered stigma or judgment towards women facing unplanned pregnancies, and how you have navigated those situations?

8. How do you address the diverse needs and circumstances of women facing unplanned pregnancies, considering factors such as age, socioeconomic status, or cultural background?

9. Are there any systemic or structural challenges within the healthcare or social service systems that hinder your ability to support women facing unplanned pregnancies? If so, how do you navigate these challenges?

10. What additional support, resources, or changes in policies or practices do you believe would be helpful in better assisting women facing unplanned pregnancies?

Section D: Measures That Can Be Utilized To Address the Challenges Faced By Social Workers in Trying To Support Women Facing Unplanned Pregnancies

1. In your experience, what strategies or approaches have you found effective in overcoming the challenges you encounter when supporting women facing unplanned pregnancies?

2. Are there any specific support services or programs that you believe are crucial for addressing the needs of women facing unplanned pregnancies? If so, what are they and why?

3. How do you advocate for policy changes to improve the support available to women facing unplanned pregnancies? Can you share any examples of successful advocacy efforts?

4. What role can community education and awareness play in addressing the challenges faced by social workers in supporting women facing unplanned pregnancies? How do you engage with the community to promote understanding and support?

5. How do you collaborate with other professionals, organizations, or agencies in addressing the challenges and providing comprehensive support to women facing unplanned pregnancies?

6. Can you share any innovative or creative approaches that you have seen or implemented to overcome the challenges in supporting women facing unplanned pregnancies?

7. What role do you believe technology and digital resources can play in improving support services for women facing unplanned pregnancies? Are there any specific tools or platforms that you find helpful in your work?

8. How do you address the stigma and judgment that women facing unplanned pregnancies often encounter? How can society be more supportive and understanding in this regard?

9. What steps can be taken to ensure better access to comprehensive reproductive healthcare services for women facing unplanned pregnancies? How can social workers contribute to improving access?

10. In your opinion, what are the key policy changes or improvements that need to be made to better support social workers in their role of assisting women facing unplanned pregnancies?

Appendix 5: Focus Group Discussion Guide

FOCUS GROUP DISCUSSION FOR SOCIAL WORKERS ON THEIR PERSPECTIVES ON PRO-LIFE AND PRO-CHOICE DYNAMICS ON ABORTION

Section A: Biographical Information of Social Workers at Friendship Bench

1. Could you give a brief introduction of yourself, including your name, degree, and number of years of social work experience?

2. Which particular fields of social work are you experienced in or have a specialisation in?

3. In your line of work, have you come across any abortion-related situations? If yes, could you briefly explain your encounters or contacts with people who are having to make decisions about abortion?

4. How would you characterise your own values or beliefs in relation to the pro-choice and pro-life viewpoints on abortion?

Section B: The Perspectives of Social Workers on Abortion

1. What are your personal beliefs or values regarding abortion, and how do you think they influence your professional practice as a social worker?

2. In your experience as a social worker, what are the main factors that influence individuals' decisions regarding abortion?

3. What are some of the common challenges or dilemmas that social workers face when providing support to individuals who are considering or have undergone an abortion?

4. How do you ensure that you provide non-judgmental and unbiased support to individuals who hold differing views on abortion?

5. What resources or strategies do you find helpful in assisting individuals who are dealing with the emotional, psychological, or social consequences of abortion?

6. How do you approach discussions about abortion with clients who may be experiencing conflicting emotions or facing societal pressures?

7. How do you engage with other professionals or community stakeholders to ensure a collaborative and comprehensive approach to supporting individuals facing abortion-related decisions?

8. In your opinion, what are some of the key factors that should be taken into account when developing policies or programs related to abortion and reproductive health?

9. Have you encountered any systemic barriers or challenges in your work related to abortion? If so, how do you navigate and address them?

10. How do you approach self-care and manage the emotional impact of working with clients who are making decisions about abortion?

11. Are there any specific populations or communities that you find particularly vulnerable or underserved when it comes to accessing information and support around abortion? How do you address their unique needs?

12. Is there anything else you would like to add or discuss regarding the perspectives of social workers on abortion?

Section C: Challenges Faced by Social Workers in Trying To Support Women Facing Unplanned Pregnancies.

1. Based on your experience as a social worker, what are some of the main challenges you have encountered when trying to support women facing unplanned pregnancies?

2. How do societal attitudes towards unplanned pregnancies and abortion impact your ability to provide effective support as a social worker?

3. In your interactions with women facing unplanned pregnancies, what are some of the common emotional, psychological, and social challenges they face?

4. What are some of the barriers or obstacles that women may encounter when accessing information, resources, or services related to unplanned pregnancies?

5. How do you navigate the potential conflicts that may arise between your personal beliefs and the ethical obligations of your profession when working with women who have differing views on unplanned pregnancies or abortion?

6. Are there any legal or policy limitations that affect your ability to provide comprehensive support to women facing unplanned pregnancies? If so, how do you address these limitations?

7. What strategies or approaches have you found effective in empowering women to make informed decisions about their pregnancies and accessing the support they need?

8. How do you address the stigma and judgment that women facing unplanned pregnancies may experience, both within society and sometimes within the healthcare system?

9. Are there any specific cultural or religious considerations that you need to take into account when supporting women from diverse backgrounds who are facing unplanned pregnancies?

10. How do you collaborate and coordinate with other professionals or organizations to ensure a holistic and comprehensive approach to supporting women facing unplanned pregnancies?

11. How do you approach discussions about options and decision-making with women facing unplanned pregnancies, ensuring that they feel supported and empowered in their choices?

12. Is there anything else you would like to add or discuss regarding the challenges faced by social workers in trying to support women facing unplanned pregnancies?

Section D: Measures That Can Be Utilized To Address the Challenges Faced By Social Workers in Trying To Support Women Facing Unplanned Pregnancies

1. Based on your experience as a social worker, what do you think are the key challenges in supporting women facing unplanned pregnancies, and what measures can be taken to address these challenges?

2. In your opinion, what are some effective strategies for improving access to accurate and unbiased information about pregnancy options and support services for women facing unplanned pregnancies?

3. How can social workers collaborate with healthcare providers, community organizations, and other stakeholders to create a comprehensive and coordinated support system for women facing unplanned pregnancies?

4. What are some potential ways to address and reduce the stigma and judgment that women facing unplanned pregnancies often encounter, both within society and sometimes within the healthcare system?

5. How can social workers advocate for policy changes that ensure women have access to a range of reproductive health options and support services, regardless of their socioeconomic status or geographic location?

6. What types of training and professional development opportunities would be beneficial for social workers to enhance their knowledge and skills in supporting women facing unplanned pregnancies?

7. What measures can be implemented to improve the availability and affordability of prenatal care, contraception, and other reproductive health services for women facing unplanned pregnancies?

8. How can social workers work collaboratively with educational institutions, employers, and other relevant stakeholders to provide comprehensive support to women facing unplanned pregnancies, including addressing issues related to education, employment, and financial stability?

9. What role can technology and digital platforms play in providing information, resources, and support to women facing unplanned pregnancies, and how can social workers harness these tools effectively?

10. How can social workers ensure that their own personal beliefs and values do not impede their ability to provide non-judgmental and unbiased support to women facing unplanned pregnancies?

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