

Perceptions of adolescents in low resourced areas¹ towards pregnancy and the choice on termination of pregnancy (CTOP)

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Abstract: *Curationis* 30(1): 26-31

Teenage pregnancy, unsafe abortion methods and the high incidence of HIV infections among young people are of great concern to the South African public. Due to the lack of accurate information and understanding, some adolescents are forced to succumb to early motherhood from unplanned pregnancies or opt for back-street abortion with at times fatal results.

A qualitative exploratory study was conducted in 2003 to determine the adolescents' perceptions towards factors on the Choice on Termination of Pregnancy (CTOP) and the constraints in accessing TOP services. A purposive sampling technique that enabled experts such as health workers to identify suitable candidates for the investigation was employed. Twenty-four (24) adolescents residing in the predominantly rural area of Nkumpi-Lepelle in the Limpopo Province agreed to participate in the focus group interviews.

The major findings indicated that most adolescents were uninformed about CTOP. This is attributed to the lack of coordination among health professionals and educators in the dissemination of information. The overwhelming majority of the respondents expressed discomfort at receiving termination of pregnancy services from the local public clinics and hospitals as they regarded such facilities as youth unfriendly. The adolescents also required provision of pre- and post-counselling services for adolescents who would like to terminate pregnancy.

The following hypotheses were formulated for future in-depth studies:

- If adolescents continue to lack information about CTOP, they will not be able to utilize available services to terminate unplanned and unwanted pregnancies.
- If CTOP services remain inaccessible to the youth, the problem of back-street abortion will not be eradicated.

Opsomming

Tienerjarige swangerskappe, onveilige aborsiemetodes en die hoe voorkoms van HIV infeksies onder jong mense is van groot kommer vir die Suid-Afrikaanse publiek. As gevolg van die gebrek aan akkurate inligting en begrip, word sommige adolessente verplig om hulle aan vroeë moederskap as gevolg van onbeplande swangerskappe te wend of die keuse van agterstraat aborsies te neem wat soms dodelike evolge het.

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The concepts 'low resourced areas' and 'rural areas' are used interchangeably.¹

'n Kwalitatiewe verduidelikende studie is in 2003 onderneem om te bepaal wat die adolessente se persepsies was teenoor die Keuse van die Terminasie (Beeindiging) van Swangerskap (Wet No. 92 of 1996) en die beperkinge tot toegang tot hierdie dienste. 'n Doelgerigte monster tegniek wat kundiges soos gesondheidswerkers, in staat gestel het om geskikte kandidate vir die ondersoek aan te dui, is gebruik. Vier-en-twintig (24) adolessente woonagtig in die grotendeels landelike gebied van Nkumpi-Lepelle in die Limpopo Provinsie het toegestem om deel te neem aan die fokusgroep onderhoude.

Die vernaamste bevindinge het aangedui dat die meeste van die adolessente oningelig was oor die Wet. Dit word toegeskryf aan die gebrek aan samewerking tussen gesondheidswerkers en opvoedkundiges in die verspreiding van inligting. Die oorgrote meerderheid van die respondente het ongemak aangedui met die be-eindiging van swangerskapsdienste van die openbare klinieke en hospitale aangesien hulle sulke fasiliteite as jeugvriendelik beskou het. Die adolessente het aangedui dat hulle die voorsiening van pre- en postberading vir adolessente wat begeer om abortsies te ondergaan, verlang het.

Introduction and problem statement

Unsafe abortion is a health and socio-economic problem of global concern. In many developing countries women know very little about abortion and have limited access to effective contraceptive methods (Makinwa-Adebusoye, Singh & Audam, 1997:155). As a result, many women and adolescent girls may experience unplanned and unwanted pregnancies. Furthermore, the restrictive abortion laws, poor access to safe methods in termination of pregnancy, and cultural and religious beliefs are cited as some of the reasons that compel women and adolescent girls to resort to abortion under unsafe conditions. In Africa alone, an estimation of 3.7 million unsafe abortions were performed annually with approximately 23,000 deaths as a result of unsafe procedures (Makinwa-Adebusoye et al., 1997:155).

The introduction of the Choice on Termination of Pregnancy Act No. 92 of 1996 (CTOP) was lauded in South Africa as a progressive move to allow women,

irrespective of age, socio-economic status, race or location, to access early, safe and legal termination of pregnancy upon request up to 12 weeks of gestation. Furthermore, the government made a commitment to make services accessible and available, especially to poor and previously disadvantaged women (Van der Westhuizen, 2001:2).

The statistics at St Rita's Hospital in the Makhudu-Thamaga sub-district revealed that an average of 600 deliveries occurred in young girls of between 14 and 20 years of age over a period of three years (1998-2000). However, a considerable number of teenagers were treated for incomplete abortions, suggestive of illegal termination of pregnancy.

The implementation of the Reproductive Health Approach concerns empowering women, including girl-children, to ensure that they comprehend the fertility regulation and the choice to make an informed decision free of coercion and fear. In 1999, The Department of Health and Welfare in the Southern Region of the Limpopo Province identified the Burgersfort area as one of the sentinel points for the high prevalence rate of HIV/AIDS infections. A multidisciplinary team consisting of the Department of Health and Social Development and Education professionals was established and trained on how to teach life-skills and sexuality by incorporating the subject matter in the curriculum. The project included meetings with parents, school governing bodies, and the traditional leaders in the Bohlabela circuit. This exercise revealed to the researcher that almost all stakeholders were ill equipped with skills on how to approach and/or disseminate reproductive and sexuality related information.

Aim and objectives of the study

The primary aim of the study was to explore the perceptions of adolescents from the low resourced areas towards the termination of pregnancy as stipulated in the Choice on Termination of Pregnancy, Act No. 92 of 1996, in the Nkumpi-Lepelle sub-district of the Limpopo Province.

The objectives of the investigation were to:

- Determine the adolescents' perceptions towards CTOP.

- Formulate hypotheses for future in-depth studies.

Guiding questions

- What are the adolescents' perceptions towards the Choice on Termination of Pregnancy Act (CTOP)?
- What do adolescents consider as constraints in accessing services for the termination of pregnancy?

Ethical considerations

Permission to conduct the study was obtained from the Ethics committee at the University of the North (currently known as the University of Limpopo) and the Department of Health and Social Development in the Limpopo Province. The researcher was also granted permission by the relevant traditional leaders with the understanding that after completion of the project, she would organize an "imbizo" to provide feedback to the community. The parents of all the participants who were under the age of 18 years and who had no objection to their daughters' participation in the study were requested to sign a consent form, while the participants who were above 18 years signed consent forms. Privacy, confidentiality, anonymity, and voluntary participation were observed (Bless & Higson-Smith, 1995:102-103).

Literature review

The South African Choice of Termination of Pregnancy Act No. 92 of 1996 (CTOP) came into effect on 1 February 1997. The enactment of the CTOP Act is in line with the South African Government's obligation to international conventions and the Bill of Rights as contained in the Constitution. The Act recognizes that the decision to have children is fundamental to women's physical, psychological and social health. Hence, it states that universal access to reproductive health care services should include family planning and contraception, termination of pregnancy, as well as sexuality education and counseling programmes.

Within three months of the implementation of the CTOP Act, 60% of nearly 7,300 terminations took place in the Gauteng Province (Government Gazette, 2001:39 and Dickson-Tetteh & Billings, 2002:145). Conversely, the Limpopo Province had registered less

than a thousand terminations of pregnancy from February to December 1997, implying that the marketing of the service had not been adequate and effective. This happened despite the fact that the Province prides itself on the dissemination of a comprehensive Information, Education and Communication (IEC) strategy aimed at developing an understanding of, and support for, the provision of Reproductive Health Services (Barometer, 1998:16).

The human rights of girls include their right to have control over and decide freely and responsibly on matters related to sexuality, sexual and reproductive health, free of coercion, discrimination and violence (Germain & Kyte, 1998:4). Thus, the recognition of adolescents' rights is essential in reducing the high rates of unplanned and unwanted teenage pregnancies, including large numbers of unsafe abortions in this age group.

Adolescents can only exercise their democratic rights if they are well informed about new developments, such as the existence of the CTOP Act. However, the health professionals have done little at community level to inform people about the CTOP Act (Varkey, 2002:2). It has also been noted that the youth in other countries are not always familiar with the existence of such Acts. For instance, the study conducted by Becker, Garcia and Larsen (2002:28) among 907 Mexican youth of both genders aged between 15 and 24 years, revealed that 54% did not know about the abortion law of that country. To avoid having unformed youth, Ehlers, Maja, Sellers and Gololo (2000:43) suggest that "Education about sex, pregnancy and contraceptives should commence at the age of 10, but not later than the age of 12."

Adolescents, regardless of their socioeconomic background, usually have aspirations to become educated and an unplanned pregnancy can only jeopardize their chances of reaching the set goals. Kritzinger's (2000:557) study among teenage girls on South African farms revealed the fact that teenage girls had dreams to complete their high school education and proceed to tertiary institutions.

Ehlers et al. (2000:43) purport that adolescent mothers are at risk of a higher

morbidity and mortality rate during pregnancy and labour than adult women. Furthermore, they (Ehlers et al., 2000:43) established that health problems experienced by adolescents include anaemia and sexually transmitted diseases including HIV/AIDS. Besides, physical immaturity that contributes to difficulties adolescents face during labour, they also experience shame, guilt and fear of being discovered pregnant which may lead to a state of psychological denial about the reality of the pregnancy (Greathead, Devenish & Funnell, 1998:155).

Evans (2001:2) purports that the adolescents' decision to terminate pregnancy depends upon various factors such as the attitude of the parents, the baby's father, her peers, her personality, as well as cultural and public policy attitudes towards abortion.

Research design and method

A qualitative exploratory descriptive and contextual research design was employed to achieve the major goal of the study. This type of method was deemed appropriate because the study aimed at exploring and describing the perceptions of adolescents from low resourced areas towards the termination of pregnancy as stipulated in the Choice on Termination of Pregnancy Act No. 92 of 1996 in the Nkumpi-Lepelle sub-district of the Limpopo Province.

Population and sampling

In 2003 Statistics South Africa reported that the population of the youth was 1 836 524, that was 11% of the entire population in the country. The Nkumpi-Lepelle sub-district had an estimated population of 278 337 while at the time of the study the total population of female youth was unknown.

A non-probability convenient and purposive sampling techniques were employed to identify adolescents who were between 12-20 years old, assertive, had been engaged in health promotion activities and had the ability to express their own feelings without inhibitions, had some knowledge of the prevention of HIV/AIDS. Thirty-seven adolescents were identified with the assistance of experts such as nurses and educators. However, only 24 were found suitable for the project and participated with their

parents' support.

Data collection method and analysis

Three focus group interviews were conducted with eight members per group over a period of three weeks. These focus groups enabled the researcher to observe the participants' interaction and their similar or divergent opinions on a particular matter (Neuman, 2000:274 and Babbie & Mouton, 2001:292). Guiding questions were utilized to elicit relevant information from the participants. Groups were given sufficient time to interact and deliberate on pertinent issues. This arrangement also alleviated the pressure on the researcher who did not have the assistance of a moderator, one of the shortcomings of the study (Krueger, 1994).

To guard against any loss of vital information, all discussions were captured on audio-tape after permission had been obtained from the participants. These recordings were transcribed and the results were analyzed to identify themes and categories, using Tech's method of analysis (cited by Poggenpoel, 1998:343-344).

Results and discussion

The qualitative data obtained from focus group interviews are presented below.

Biographical data

As indicated in Table 1, 24 adolescents participated in the focus group interviews.

The majority of the participants were adolescents as their age ranged between 14 and 20 years. The median was 17 years. Generally, the participants' age and grade were compatible, indicating that they were not lagging behind educationally.

Familiarity with the contents of the CTOP Act No. 92 of 1996

The majority of the participants in all three groups were unfamiliar with the contents of the Act. One of the respondents said: "They did not teach us about the Act at school." Only one participant confidently stated that she had heard about the Act from her aunt who was a professional nurse. However, she was not familiar with its content. Others had not even heard that

termination of pregnancy in South Africa is legal according to the CTOP Act No. 92 of 1996.

However, when probes were used to assess the participants' opinions on the rights of the pregnant woman, there was overwhelming support for the fact that termination of pregnancy should only take place with the informed consent of a pregnant woman. The participants were completely against the right of the father to the unborn child. This finding differs from the one reported by Evans (2001:2) that adolescents took the baby's father into consideration when taking decisions in pregnancy resolutions.

Even though the participants appeared to be pro-choice, the findings suggest that most learners are ignorant about the legislative developments occurring in the country. Their lack of awareness also points to the gaps in the comprehensive Information, Education and Communication (IEC) strategy adopted by the Limpopo Province to disseminate of information and provide support for Reproductive Health Services (Barometer, 1998:16).

Benefits from CTOP

The participants speculated that a woman who has a desire to terminate an unplanned and unwanted pregnancy would benefit from this Act as it recognizes the woman's reproductive rights. The Act also helps adolescents to make informed decisions about their future.

Factors that may compel participants to consider the termination of a pregnancy

The majority of the participants indicated a variety of factors that could lead them to consider the termination of an unwanted pregnancy. The following were regarded as fundamental:

- Fear of parents and shame.
- Inability to provide child care due to financial constraints, and
- Attending school.

A few of the participants indicated that it would be because they were not ready for motherhood whilst others stated that it might occur as a result of rejection from their boyfriends while pregnant. Some of the responses were as follows:

"I would consider an abortion for an

unwanted pregnancy because I would not want my parents to discover my condition especially since they are trying very hard to make ends meet."

"I would think about an abortion because I am not ready to become a mother and I would like to pursue my education and become a better person."

The findings suggest that most of the participants value their relationships with their parents, education and their ambitions. The latter is supportive of Kritzinger's (2000:557) report that teenage girls' dreams are to complete high school and proceed to tertiary education. The participants' acknowledgement of their unpreparedness to become mothers shows their increased awareness of the demands children place upon their parents.

Even though the provision of counselling before and after the termination of a pregnancy is not mandatory according to the CTOP Act No. 92 of 1996, it appears as though some adolescents would require such services to assist them in dealing with their fears and emotions which may impede their social functioning in future, as is implicit in the following account:

"I will not be able to request for termination of an unwanted pregnancy at any health facility that does not provide counseling because I do not think I will be able to deal with the guilt feelings."

Dangers of back-street abortions

Generally, the participants were in agreement that back-street abortions have debilitating effects on the physical and mental health of many young women. Some of the consequences of back-street abortion were provided as, death, the risk of contracting Sexually Transmitted Infections (STIs) and HIV/AIDS, excessive bleeding, incomplete abortion, injury of the reproductive organs leading to infertility, risk of psychosis and depression.

Even though the discussion aroused a tremendous argument among the participants, the findings are indicative of their level of understanding of the severity of the effects of back-street abortions.

Table 1: Age and grades of participants

| Years | No | Grade | No |
|--------------|-----------|----------------|-----------|
| 14 | 3 | 8 | 3 |
| 15 | 3 | 9 | 4 |
| 16 | 5 | 10 | 5 |
| 17 | 3 | 11 | 3 |
| 18 | 4 | 12 | 4 |
| 19 | 3 | 12 | 2 |
| 20 | 3 | Tertiary level | 3 |
| Total | 24 | | 24 |

Prevention of unwanted pregnancy

The majority of the participants indicated that the use of a condom, abstinence and the proper use of family planning methods are effective ways of preventing an unwanted pregnancy. However, astonishing unconventional responses provided by some of the participants are indicative of a severe lack of understanding of the prevention of pregnancy. The essence of their misunderstanding is captured in the following responses:

"One should not have sex while menstruating to prevent an unwanted pregnancy, the reason being that the mixing of blood between a male and female during sex would lead to pregnancy."

"One should use traditional herbs to prevent an unwanted pregnancy. These herbs are well known by villagers and are readily available in the local vegetation."

"One has to drink a lot of water before sex and urinate immediately after sexual intercourse to expel the sperms from the reproductive tract. In this way one would not fall pregnant."

"The girl has to 'jump-jump' a few times after sex and she would not fall pregnant. The process would lead to the sperms flowing out of the reproductive tract to prevent pregnancy."

The participants' knowledge of biology and exposure to life skills programmes do not seem to have succeeded in mitigating the misconceptions or myths about the prevention of pregnancy.

The adolescents' access to health services

The general responses provided indicate

that adolescents do not view health services accessible as some adolescents have to travel long distances to clinics while others were of the opinion that they did not regard the health services as youth friendly. Others expressed strong views about the harsh treatment pregnant adolescents receive from some of the health providers who often overlook factors that may have led to the adolescents' situation. This finding implies that, for as long as there is a lack of support from the health professionals, many frustrated adolescents would still consider back-street abortions as the ultimate option for their situation.

Some of the participants were of the view that they would not feel comfortable seeking TOP services at the local clinics and hospitals utilized by their parents and relatives for fear of rejection and a lack of confidentiality. These feelings are captured in the following response:

"Even though I am pro-choice, I will never use local health facilities to terminate an abortion, because such information may reach my family and they would be very angry with me."

They were also of the opinion that most adolescents are unable to confide in their parents due to the distant relationship that exists between adolescents and their parents. This situation compounds the pregnant adolescents' confusion. The general feeling of the participants is represented by the following response: *"The relationship between adolescents and parents is distant hence we are unable to discuss sexual matters with our mothers. Unlike women who live in urban areas, most of our mothers are illiterate. They think that we learn everything from school."*

Evidently, most parents depend entirely on professionals such as educators and nurses to teach their daughters about the facts of life.

Major findings

- The study confirmed that adolescents in general do not have the necessary and accurate information about the health legislation either from the life skills programme offered at schools or parents and relatives.
- Adolescents are not well-informed about new developments in the health

sector such as the existence of CTOP Act No. 92 of 1996.

- Despite their lack of knowledge of CTOP's stipulations, the majority of the participants were of the opinion that a minor should not consult her parent(s) or guardian(s) for permission to terminate pregnancy.
- The adolescents' lack of information on reproductive health places them at a disadvantage from making an informed decision when faced with an unwanted and unplanned pregnancy.
- Adolescents expressed willingness to utilize CTOP services provided they are youth friendly.

Limitations of the study

The researcher conducted the study without the assistance of a moderator. This may have led to the loss of vital information. Even though focus groups helped to create a non-threatening environment for the participants to interact, it became apparent in this instance that some participants were uncomfortable discussing their first-hand knowledge of friends and acquaintances who had performed back-street abortions.

Recommendations

Based on the findings of this study, it is recommended that:

- Nurses, social workers and educators should form or enhance existing multidisciplinary teams to become proactive through the education of learners on reproductive health and life skills. The collaboration of services would benefit adolescents immensely.
- Various helping professionals should market their services at schools to raise the learners' awareness of various resources available in their communities. This process would also afford learners an opportunity to raise their concerns.
- Proper assessment of the adolescents' emotions should be made and those who are emotionally distraught be offered pre- and post-

counselling to ameliorate feelings of self-blame and guilt resulting from the loss.

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