

**FACTORS CONTRIBUTING TO TERMINATION OF PREGNANCY AMONGST
TEENAGERS AT MAGGYS HOPE CLINIC AT POLOKWANE MUNICIPALITY,
LIMPOPO PROVINCE SOUTH AFRICA.**

By

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DECLARATION

I declare that the mini-dissertation hereby to the University of Limpopo, for the degree of Masters in Public Health has not previously been submitted by me for a degree at this or any other university, that it is my own work in design and in execution, and that all material contained herein has been duly acknowledged.

Baloyi, K L (Mrs.)

Date

DEDICATION

Dedicated to my family

From you I derive my inspiration.

This study is dedicated to all teenagers in our society.

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ABSTRACT

Background: There are a high number of teenagers seeking Termination of Pregnancy (TOP) at Maggys Hope Clinic in Polokwane Municipality in Capricorn District in Limpopo Province after the Termination of Pregnancy Act was passed in 1997. The numbers have doubled since the inception of the Children's Act no 38 of 2005 and the Sexual Offences Bill in 2008. The report by Stats SA and Department of education also indicated that the numbers have also doubled.

Objective: The aim of the study was to determine the factors contributing to termination of pregnancies amongst teenagers at Maggys Hope Clinic in Polokwane Municipality, Limpopo Province.

Methods: An exploratory, descriptive qualitative research design was used to identify and describe the factors contributing to termination of pregnancies among teenagers in Maggys Hope Clinic in Capricorn district Limpopo Province South Africa, in April 2014.

Results: The results of the study revealed that CTOP legislation is one of the reasons why teenagers terminate. All the twenty participants indicated age and marital status as the motivation as the contributing factor. Looking at the age and educational level the most pushing factor is that thirteen of the participants are still at school. Eleven of the participants have no knowledge of contraceptives. This is a serious concern. Participants indicated that they had very little knowledge on reproductive health issues. The rest of the pushing factors are parental pressure, contraceptive failure, fear of parental disappointment and unpreparedness to raise a child as well.

Conclusion: It can thus be concluded that teenage termination of pregnancies is a major health concern in South Africa, Africa and globally. Teenagers' health is in danger due to engaging in unprotected sex banking on TOP as a solution. The study found that age and fear from dropping out of school, lack parental involvement in sexual matters, family economic status and marital status, including lack of knowledge and information on reproductive health issues, were the main factors contributing to termination of pregnancies among teenagers in Maggys Hope Clinic in Capricorn District, Limpopo Province.

CHAPTER 1

INTRODUCTION

The political dispensation that was established in South Africa after the 1994 elections was characterized by a climate of reform that created an enabling environment for the recognition of women's reproductive autonomy (Ngabaza, 2012:1). This awareness of women's rights was in accordance with the Bill of Rights of the 1996 Constitution of South Africa, which guarantees all people the right to make decisions concerning reproduction (South Africa, 1996:1).

Within the context of democracy the Choice of Termination of Pregnancy Act no 92 of 1996 was passed. It is a liberal Act, and its provisions ensure that reproductive decisions are free and uncoerced. This include the provisions that no restrictions should be placed on access to services besides individual, choice and that women (including minors) should have the sole right to consent to abortion (Pera and van Tonder, 2005:117).

Women have the right to terminate their pregnancies on request during the first twelve weeks of pregnancy (being pregnant). Pregnant women including minor girls can have Termination of Pregnancy (TOP) during this period without permission of their parents or partners (South Africa, 1996:5).

Before the legalization of CTOP Act, TOP was considered a criminal act in South Africa and was regulated by the Abortion and Sterilization Act no 2 of 1975 (Pera and van Tonder, 2005:116). The 1975 Act only permitted therapeutic abortion in case of rape, incest and grossly abnormal fetus or if continuing with the pregnancy posed a danger to the woman's physical or mental health (Pera and van Tonder, 2005:116).

Before the introduction of CTOP in 1996 around 425 women died from complications arising from induced abortion and about 14 000 were hospitalized for the same complications (Gabriel, 2008:8). Unsafe abortions are a cause for maternal death globally (UNICEF, 2008:34). Worldwide an estimated 68000 women die as a result of unsafe abortions or back street abortions each year (WHO, 2005:45). Reducing maternal morbidity and mortality in South Africa is one of the ten strategic objectives of the National Department of Health (NDoH) and it is also one of the objectives of World Health Organization Millennium Development Goals (WHO, 2005:32).

CTOP Act is one of the many preventative mechanisms put in place to reduce illness and death in pregnant women in South Africa. Mortality from illegal abortions is believed to have decreased by ninety percent since the enactment of the CTOP (Harries, Stinson and Orner, 2009:5).

The CTOP Act allows for Midwives to perform TOP only up to 12 weeks of gestation (South Africa, 1996:2). Only medical doctors can perform TOP above 12 to 20 weeks of gestation if continuing with the pregnancy poses a threat to the woman's physical and mental health (South Africa, 1996:3).

It has been noted that TOP rate is rising yearly among teenagers (Ngabaza, 2012:2). Abortion among South African teenagers has risen alarmingly, with young girls increasingly using it as a form of contraception (Independent Online, 2012:2). More than 400 000 legal abortions were performed in South Africa between 2008 and 2010, according to statistics provided by the National Department of Health and the Marie Stopes Clinic, a non-governmental clinic with 37 branches in towns and cities around the country (Ngabaza, 2012:2).

Though the law directs that only medical doctors and midwives who have received special training may perform legal abortions, there are 'street doctors' who perform abortions illegally (The Citizen, 2011:3). There are a number of illegal abortion clinics and centres all around South Africa (The Citizen, 2011:3).

Quick same day abortion', 'Free Pain Abortion', 'Abort Cheaply' read some of the posters in different streets around the country and Polokwane (The Citizen, 2011:3). Abortionists advertise on the street lamp posts, electric meter boxes and walls of some stores, leaving their contact numbers (The Citizen, 2011:3). These adverts lure teenagers to obtain abortions illegally as they advertize to do it cheaply from as little as R100 (The Citizen, 2011:3). While it is illegal to terminate pregnancy at six months, some of these 'street doctors' indicate that they can offer abortion even to eight months pregnant women (The Citizen, 2011:3).

The advantage of this type of advertisement is that the police become aware of such practices and clamp them down (Sowetan, 2011:1). The other advantage is that teenagers use these services to avoid stigma from their families and society without anyone knowing if all goes well (Sowetan, 2011:1). The disadvantages of these services are that they are a leading cause of maternal

mortality due bleeding and placental complications, infections, future premature deliveries and sterility (Gouws, Kruger and Burger, 2008:212).

In 2009 almost 50000 abortions were performed in public hospitals and 30% of these were teenage TOPs (Independent Online, 2012). In 2010 about 59 447 TOPs were done (Independent Online, 2012). In 2011 about 77 771 TOPs were done which shows an increase of 31% from 2010 (Independent Online, 2012). Of this figure about 1380 were minors less than 18 years (Independent Online, 2012). This does not include legal abortions performed by other NGOs and at private clinics, as well as illegal backstreet abortions, to which desperate teenagers go to (Independent Online, 2012).

A 2009 Department of Education study, entitled Teenage Pregnancy in SA with a specific focus on school-going pupils, found that teenage pregnancy remained unacceptably high (Department of Education, 2009:57). It is reported that more than two thirds of girls of school-going age had said their pregnancies hampered their educational aspirations and imposed greater financial hardships on their families so they chose to do TOP (Department of Education, 2009:57).

In Limpopo Province the rate of TOP increased from 6.1 per 1000 in 1997 to 53.8 per 1000 in 2008 (Statistics South Africa, 2008:128). This is an indication that the service is growing and is in demand hence Midwives have been trained to do first trimester TOP in order to improve access to the service (South Africa, 1996:3). The aim of the study was to determine the factors contributing to termination of pregnancies amongst teenagers at Maggys Hope Clinic in Polokwane Municipality, Limpopo Province.

1.1 Background of the study

Restrictive laws and policies concerning abortion particularly in the developing countries have resulted in many unwanted pregnancies and an escalation in obstetric complications and maternal deaths due to the unsafe abortions (WHO, 2004:80). Unsafe abortions pose a significant risk to health of teenagers in the developing countries (National Research Council, 2005:120). Between 2, 2 to 4 million unsafe abortions are performed on teenagers in developing countries every year (UNFPA, 2007:70).

While TOP on request is available in the United States of America and United Kingdom and other developed countries, in Africa and many developing countries TOP is still illegal and

fraught with taboos and negative social perceptions (IPAS, 2009:49). South Africa is one of few countries in Africa where TOP is available on request in the first three months of pregnancy followed by Mozambique (although with restrictions), Cape Verde, Ethiopia and Tunisia (IPAS, 2009:49). In 2007 the Department of Education in South Africa introduced guidelines for the Prevention and Management of Learner Pregnancy (Department of Education, 2007:27).

Capricorn District in Limpopo is not isolated from this burden. For the past years Limpopo Province was in the media due to high teenage pregnancy rate at schools (Department of Basic Education, 2012:53). In Capricorn District where the study was conducted about ten percent of pregnant teenagers are under the age of 15 while 65 percent are under the age of 19 years (Sodi, 2009:3).

1.2 Statement of the Problem

More than 400 000 legal abortions were performed in South Africa by the National Department of Health and the Marie Stopes Clinic, a non-governmental clinic with 37 branches in towns and cities around the country (Ngabaza, 2012:2) between 2008 and 2010. This increase was seen after the Termination of Pregnancy Act was passed in 1997. The numbers doubled since the inception of the Children's Act no 38 of 2005 and the Sexual Offences Bill in 2008. This was confirmed by the Statistics South Africa, 2010 and the Department of Education, 2009. There are a high number of teenagers seeking TOP at Maggys Hope Clinic in Polokwane Municipality in Capricorn District in Limpopo Province.

1.3. Research questions

- What are the factors contributing to TOP amongst teenagers in Maggys Hope Clinic in Polokwane Municipality, Limpopo Province?
- What types of reproductive health services are available for teenagers at the clinic?
- What support structures exist for pregnant teenagers before and after TOP?
- How knowledgeable are teenagers about contraceptives?
- What are the strategies required to reduce teenage pregnancy and TOP?

1.4. Aim of the Study

The aim of the study was to determine the factors contributing to termination of pregnancies amongst teenagers at Maggys Hope Clinic in Polokwane Municipality, Limpopo Province.

1.5 Objectives of the study

- To determine the factors contributing to teenage TOP in Maggys Hope Clinic.
- To identify the type of teenage reproductive health services available at the clinic.
- To explore available support structures in place for pregnant teenagers before and after TOP at the clinic.
- To explore the knowledge that teenagers have about contraceptives.
- To determine strategies to reduce teenage pregnancy and TOP.

1.6. RESEARCH METHODOLOGY

Methodology is defined as the ways of obtaining, organizing and analyzing data. Methodology decisions depend on the nature of the research questions (Mouton and Marais, 2005:16).

1.6.1. Study site

The study was conducted at Maggys Hope Clinic in Polokwane Municipality in Capricorn District in Limpopo Province. The Clinic is situated in Paul Kruger Street in the Western site of Polokwane City. The clinic is a Non-Governmental Organization.

1.6.2 Study design

An exploratory, descriptive qualitative research design was used to identify and describe the factors contributing to termination of pregnancies among teenagers in Maggys Hope Clinic. The purpose of a descriptive study is to obtain complete and accurate information about a phenomenon through observation, description and classification; it provides new information about a phenomenon (Brink, 2007:128). The purpose of a descriptive study is to observe,

describe and document aspects of a situation as it naturally occurs (Polit and Beck, 2012). The advantage of this design is that a great deal of information can be obtained.

By using an exploratory study, the dimensions of a phenomenon are explored and interrelating factors provide more insight about the nature of the phenomena. Like descriptive, exploratory research is aimed at investigating the full nature of the phenomena in a new area (Polit and Beck, 2012). This design was applied to the study in order to explore and describe the factors contributing to termination of pregnancies amongst teenagers in Maggys Hope Clinic in Polokwane Municipality, Limpopo Province.

Participants were given a chance to relate their own factors contributing to TOP in a semi-structured interview at the clinic. The Midwives who perform TOP at the clinic were interviewed in order to identify the type of teenage reproductive health services available. The Midwives who performs TOP were also interviewed in order to determine the available support structures at the clinic for pregnant teenagers before and after TOP.

1.6.3 Sampling

Sampling is referred to as the researcher's process of selecting a sample from a population in order to obtain information regarding a phenomenon in a way that represents the population of interest (Brink, 2009:429).

The sample consisted of 20 teenage girls coming to the clinic for TOP. The sample size was determined by saturation of data and not statistically determined (de Vos, Strydom, Fouche and Delport, 2004:212).

The sample was a non-probability of purposive type. Purposive or selective sampling involves the conscious selection of participants to be included in the study. In purposive sampling the researcher selects the participants on purpose because the participants have enough experience and abilities to answer the research questions (Parahoo, 2006:216).

In a non- probability sampling not every member of the population has an opportunity of being selected to participate in the study (Burns and Groove, 2005:324). Only those who meet the inclusion criteria were selected. Such teenage girls were given full information about the study and were invited to participate voluntarily.

1.6.4 Data Collection

The researcher used semi structured interview and audiotaped the interview to collect data from teenagers that were coming for TOP at Maggys Hope clinic. Field notes were also taken by the researcher. The researcher also checked the teenagers' documents for important data to be collected. A semi structured interview with an audiotape was also used to collect data from the midwives who perform TOP at the clinic. This was conducted in the private room at the clinic with the participants.

The teenagers who were coming for TOP shared their factors contributing to TOP at Maggys Hope Clinic. It was the duty of the Researcher to probe for more information after having posed the main question whilst encouraging the interviewee to talk freely (Parahoo, 2006:216).

1.6.5 Data Analysis

Data analysis was done by using open coding according to Tesch's approach where eight steps were followed as outlined in Creswell (2009:204). Open coding is the process of breaking down, examining, comparing, conceptualizing and categorizing data. The researcher also used an independent coder in order to improve the trustworthiness and credibility of the interview process.

1.6.6 Ethical Considerations

Approval to conduct the study was obtained from the University of Limpopo Medunsa Research Ethics Committee. Permission to collect data from the participants coming for TOP was obtained from the Chief Executive Officer of Maggys Hope Clinic in Polokwane Municipality and also the Department of Health.

Human rights of the participants were respected in this study as it is the highest priority and a prerequisite for any scientific research and forms part of the scientific communication. The participants were given detailed information about the study to be conducted including the aim and the purpose. Written consent was obtained from the participants before being interviewed. Participation was voluntary. Permission to use an audio tape recorder and field notes during data collection was obtained from the participants and the importance of using such devices during data collection (Burns and Grove, 2005:325).

Interviews were conducted in a private room away from distracters at the clinic to ensure privacy. Confidentiality was maintained throughout the study by using codes and not revealing the identity of the participants. The participants were to be referred for psychological and emotional support should they be psychologically and emotionally harmed by the interview. The researcher respected the rights of the participants by letting them determine the extent to which their private information will be shared with others (Brink, 2009:139). The data obtained has not been used for any purpose other than the original intention (Burns and Groove, 2005:235).

1.7 SIGNIFICANCE OF PROPOSED RESEARCH

The significance of the study relates to its potential to contribute to existing scientific knowledge. Identifying the factors that contribute to termination of pregnancies described by teenagers themselves would equip health care providers and teachers to deal with those factors through health education at schools, social gatherings, media and health care centres and to create youth user friendly services through road shows and campaigns. The study made recommendations to improve youth reproductive health services. These recommendations will enhance their utilization by teenagers and assist them to make informed decisions about their own future. The study will assist government, NGOs, Private sector and development agencies and institutions supporting health and development work in Capricorn District to develop strategies and implement them in terms of youth empowerment.

The study will promote collaboration between different stake holders, starting from family, teachers, health care providers and development agencies and the community in strengthening prevention strategies and health promotion for teenagers. This will also contribute to the review of the existing policy on sex education, life orientation and guidance at school where parents and the community should take an active role in collaboration with the other stakeholders. The study will develop recommendations for youth contraceptive uptake.

1.8 Clarification of Concepts

The Primary concepts that have been used in this study include pregnancy, teenage, teenager, teenage pregnancy, Termination of pregnancy, minor, registered midwife, contraceptives and street doctor.

Pregnancy

Pregnancy is the process, comprising the growth and development of a new individual within a woman's uterus from conception through fetal period to birth. Pregnancy is divided into three periods of three months intervals called trimesters (Anderson, Cox and McKellar, 2005:134).

Teenage

A teenage is the age between thirteen and nineteen years. It is the period of transition from middle childhood to young adulthood (Swartz, de la Rey, Duncan and Townsend, 2011:106).

Teenager

A teenager is a person in her teen years. A person aged thirteen to nineteen years. They are called teenagers because their age numbers ends with "teen". They are in a stage between puberty and maturity (Swartz et al, 2011:106).

Teenage pregnancy

Teenage pregnancy is defined as a teenage girl between the ages of 13 and 19 years who is pregnant (UNICEF, 2008:58).

Termination of pregnancy

Termination of pregnancy means the separation and expulsion by medical or surgical means the contents of the uterus of a pregnant woman (CTOP Act, 1996:2). It is done on the request of the individual an individual or for medical reasons such as chromosomal abnormalities. In this study termination of pregnancy will be referred to as an intentional act to terminate pregnancy on the request of an individual.

Minor

According to Children's Act no 38 of 2005 section 17 defines a minor as someone under the age of 18 years.

Registered Midwife

The Nursing no 33 of 2005 of South Africa, defines a registered midwife as a person who is qualified and competent to independently practice midwifery in the manner and to the level prescribed and who is capable of assuming responsibility and accountability of such practice. In this study the registered midwife will be a midwife who has undergone the midwifery abortion care training programme which was introduced during the passing of the Choice on Termination of Pregnancy Act (South Africa, 1996:2).

Contraceptives

Contraceptives are pills, injections and nondrug methods and devices used to prevent pregnancy (Lilley, Harrington and Snyder, 2007:510).

Street doctor

Collins cobuild English Dictionary for Advanced Learners (2005) defines a street doctor as non-medically trained person who practices illegally in street corners and allies for cash while calling himself or herself a doctor in this case an abortion doctor.

1. SUBSEQUENT CHAPTERS

Brief Outlines of the chapters are discussed below.

Chapter Two: Literature Review: The purpose of the literature review is to review pertinent literature and to discuss concept related to factors contributing to termination of pregnancy amongst teenagers.

Chapter Three: Research Methodology: The chapter describes the research methodology, study site, study design, ethical considerations, sampling, data collection and data analysis used in this study.

Chapter Four: Results: This chapter deals with the analysis of the data collected for this study.

Chapter Five: Discussion: The findings from the review of the literature are incorporated this chapter with the results obtained from the analysis in order to address the aims of the study and the objectives of the study.

Chapter Six: Conclusions and Recommendations: This constitutes the last chapter of this study of the report and derives conclusions from the research related to the objectives of this study. It makes recommendations and advocates areas for future research in the effective Youth reproductive health.

1.10 CONCLUSION: The background of the research has been discussed. The research questions, aim of the study, objectives of the study and the subsequent chapters were clearly defined in this chapter.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

The purpose of this chapter is to introduce the literature reviewed on the factors contributing to contributing to termination of pregnancy among teenagers. A literature review involves the systematic identification, location, scrutiny and summary of written material that contains information in a specific research problem (Polit and Beck, 2004:20). Polit and Beck (2004:20) state that the overall purpose of research literature review is to assemble knowledge on a topic regarding what is known or what has been studied about the area and where knowledge gaps exists. A thorough literature review provides a foundation on which to base new knowledge.

Teenage pregnancy is a worldwide major public health and social problem and its incidence and prevalence is on the rise (Aderibigbe, Araoye, Akande, Musa, Monehin and Babatunde, 2011:123). Its causes differ from country to country and also from regions to regions. The emotional trauma and stigma associated with teenage pregnancy can be overwhelming hence access to TOP services becomes an answer for the teenagers (Aderibigbe et al, 2011:123).

In Britain teenage abortion is becoming more legitimized through a policy agenda that seeks to address problems of unplanned pregnancy and teenage pregnancy and sexual health (Lee, 2004:284). The latest British Abortion Statistics according to Brady, Brown, Letherby, Bayley and Wallace (2008:186) reveal that the rate is highest for 19 year olds, at 35 per 1000 and that under 16 to 18 year olds are high at 31 per 1000. TOP laws are available in Britain even though teenage pregnancy is seen in a negative way (Brady et al, 2008:186).

During the 1970's, Swedish women became the focus in the matters of sexual and reproductive health (Ekstrand, Tyden, Darj and Larsson, 2009: 173). With the passing of new abortion law and greatly improved access to female controlled contraceptive methods, women are empowered to manage their reproductive health and greater responsibility is placed upon them to prevent pregnancy (Ekstrand et al., 2009:173). Despite the high level of adolescent sexual experience, the large majority of female teenagers in Sweden avoid pregnancy (Ekstrand et al., 2009:173).

Teenage pregnancy rate is low at 30 per 1000 in 15 to 19 years age group. Ekstrand et al, (2009:173) reported that when pregnancy does occur, termination is the primary choice.

Swedish law permits TOP at the request of the pregnant woman until the eighteenth (18th) week of gestation (Ekstrand et al., 2009:173). However the extent to which the decision is truly the woman's own is subject to debate as women are often influenced, directly or indirectly by the attitudes of their partners, family, friends and social norms (Ekstrand et al, 2009:173). Seventy five to ninety percent of known teenage pregnancies in Sweden end in abortion, showing an intense desire among teenagers to avoid pregnancy (Ekstrand et al, 2009:173).

In the United States of America abortion was only legalized through a landmark court case, Roe v Wade, in which the Supreme Court ruled that pregnant women had a constitutional right to obtain an abortion free from government interference (Macleod, 2011:77). There is a high prevalence of teenage pregnancy at eighty three percent and a pregnancy rate of twenty nine percent (WHO, 2007:108).

Despite the fact that TOP has been legalized in England, Denmark, Sweden, New Zealand and USA, TOP still remain a matter of moral and religious concern (Pera and van Tonder, 2005:116). Religion especially Catholics have been an organized force against TOP (Pera and van Tonder, 2005:116). The incidence of teenage pregnancy is increasing and has become a worldwide concern. In 2000, the United States of America had the highest rate of teenage pregnancies that ended up in termination. About 38 690 girls under the age of 18 years became pregnant and forty four percent of those pregnancies resulted in legal abortions; 7617 of those pregnant girls were under 16 years, and nearly fifty five percent of these conceptions ended in legal abortions. This generally endangers the life of the adolescent girls and necessitates developing strategies to reduce the high pregnancy rate (WHO, 2007:108).

Despite the liberalization of TOP for medical reasons nearly four decades ago, access to safe abortion still remains limited for teenagers and majority of women in rural areas (Santhya and Verma, 2004:1).

Irinoye, Oyelele, Adeyemi and Tope-Ojo (2004:26) indicated that, in many African countries more than forty percent of teenagers aged 15 to 19 years have terminated pregnancies. In Nigeria, Mauritania and Sudan, more than twenty percent of teenage girls have terminated

pregnancies by the age of 15 years and about forty three percent of terminated pregnancies among Nigerian women, occurred in teenagers aged below 18 years.

In Kenya teenage pregnancy and abortions is prevalent despite legal constraints and religious teachings (Kenya Human Rights Commission, 2010:1). In 2003 about 316560 abortions have been reported with 20000 abortion related complications in hospital with forty percent being teenagers (Kenya Human Rights Commission, 2010:1). The study was done in Korogocho Slums in Kenya (Kenya Human Rights Commission, 2010:1). Despite the formation of the Reproductive Health and Rights Alliance in 2004 abortion has still not been legalized in Kenya (Kenya Human Rights Commission, 2010:5).

Democracy in South Africa created a moment for the politicians to demonstrate their commitment to gender equality and ending discrimination in public health (Pera and van Tonder, 2005:116). The new Bill of Rights in the South African Constitution Act no 108 of 1996 paved a way for reproductive health through the formation of the CTOP Act no 92 of 1996 (Pera and van Tonder, 2005:116). TOP on request was legalized in 1996 and pregnant women can have it on request (South Africa, 1996:2). Before the enactment of the Act husbands were making decisions on behalf of their wives (Pera and van Tonder, 2005:116).

The CTOP Act no 92 of 1996 promotes for the non-mandatory counselling before and after abortions are performed (Department of Education, 2007:3). Minors are counselled to notify their parents or guardian but do not require consent from their parents or guardian (Department of Education, 2007:3). Prior to the legalization of TOP in South Africa a termination could be obtained under very specified and restrictive conditions (Macleod, 2011:78). Legalization of TOP has a major impact on the mortality of women especially, younger women (Macleod, 2011:78).

No church accepts any form of abortion (Macleod, 2011:78). Christian Lawyers Association is also another group in South Africa that is also against TOP and declared the CTOP Act unconstitutional (Macleod, 2011). They even filed a lawsuit in 2003 in the Pretoria High Court (Macleod, 2011:78).

South Africa is still the only country amongst African countries and the world in terms of implementation of TOP where midwives have been specially trained to perform the procedure

only up to 12 weeks of gestation whilst even British, American and European countries insist only doctors to do the procedure irrespective of gestational age (Macleod, 2011:78).

2.2 DEFINITION

A literature review is a process involving reading, understanding and forming conclusions about theory and published studies on a particular topic. It is done to acquire knowledge for use in practice or to provide a basis for conducting a study (Burns and Grove 2006:55). The review provides information and background for understanding what has already been learnt on a topic and illuminates the importance of the new study (Burns and Grove 2006:55).

2.3 PURPOSE OF LITERATURE REVIEW

The purpose of literature review is to familiarize the researcher with practical and theoretical issues relating to the problem and helps the researcher to lay a foundation for the study. Literature review indicates what is known about an area of inquiry and suggests ways of conducting a study on the topic of interest (Polit and Beck 2004:88).

2.4 TERMINATION OF PREGNANCY (TOP)

2.4.1 Definition

Termination of pregnancy is defined as the intentional ending of pregnancy through the evacuation of the uterus before the fetus has a reasonable chance of survival (Marshall, Gould and Roberts 2004:14). "Termination of a pregnancy" means the separation and expulsion, by medical or surgical means, of the contents of the uterus of a pregnant woman (South Africa, 1996:2)

2.4.2 Choice on Termination of Pregnancy Act

According to CTOP Act (No.92 of 1996:5), termination of pregnancy takes place with the informed consent of a pregnant woman. In cases of severe mental disability or long term unconsciousness, the consent of a person other than the pregnant woman is considered.

The new law has the following advantages:

- It ensures the right of a woman to have access to a safe, effective and acceptable method of fertility control.

- The women have the right to information.
- Women are counseled before and after the procedure.
- The procedure is performed in a surgically clean environment.
- The woman does not need permission from a partner to terminate her pregnancy.
- Termination of pregnancy offers women greater choice and empowerment.
- The option of medical termination of pregnancy instead of street abortion gives women more control, reduces the need for anesthesia and minimizes the risk of infection or trauma to reproductive organs (South Africa, 1996:1).

The law has the following disadvantages:

- Nurses are bound by the Nursing Act No.33 of 2005, to nurse women before and after termination despite their conscientious objection to TOP.
- A minor can undergo TOP without involving parents or guardians.

Pregnancy may be terminated for the following reasons:

- Upon request of a woman during the first twelve weeks of gestation of pregnancy.
- After thirteen weeks if pregnancy poses a health risk to the woman or is due to rape or incest, if the fetus is at risk of suffering physical or mental abnormality or if pregnancy would affect the social or economic circumstances of a woman.
- After the twentieth week if the woman's life is in danger, if pregnancy would result in malformation of the fetus or if pregnancy poses risks or injuries to the fetus (South Africa, 1996: 4)

2.4.3 Request for TOP

A woman can request for TOP at any hospital or clinic in South Africa. If a particular clinic or hospital does not provide TOP services, the client will be referred to a clinic or hospital that provides TOP services. According to CTOP Act no 92 of South Africa (1996:4), women

undergoing TOP need adequate information about the details of the procedure and the possible consequences. However, the woman's emotional distress about having a termination may influence her ability to absorb information about the procedure and post abortion care.

Every woman who requests TOP is given the following information:

- A woman may have to wait for some time before the procedure can be done, as there are waiting lists at some clinics or hospitals.
- TOP is performed without the payments of any fees at government hospitals and clinics. It is also available at private clinics and hospitals for a fee.
- Counseling is available for women to discuss their concerns and feelings. Women should feel free to ask about other choices such as adoption and fostering.
- Women have to sign an informed consent form to give permission for the procedure to be performed. A woman does not need to have the consent from a husband, partner or parent for TOP to be performed (Mwaba, 2004:30-31).

2.4.4 Moral and ethical considerations regarding TOP

TOP raises many fundamental questions such as issues concerning the rights of the fetus; the meaning, quality and definition of life; the rights of the individual versus those of the society as well as sexual norms and values.

According to Reproductive Rights Alliance (2005:4), commitment to certain values guides us in the decision making process and motivates us to act on those decisions from an ethical perspective. Valuing is part of being human, thus the morality of abortion causes an ethical dilemma to society and raises many controversial issues. The issue of religion affects how one translates one's religious beliefs and values. Moral arguments against abortion continue to rest on the theological status of the fetus and its potential right to life versus the view that a fetus has not yet attained personhood.

Pera and van Tonder (2005:116) maintain that emotional laden arguments in political, social, religious and moral circles have been passionately set in motion by the ongoing abortion debate. Based on religious principles, the pro-life group view abortion as unjustifiable murder and see

the fetus having a right to life. The pro-choice group view that the woman is autonomous with regard to her body, and that the fetus is part of her body with which she can do as she wishes.

2.4.4.1 The rights of the fetus

Section 11 of The Bill of Rights in the South African Constitution provides that everyone has a right to life. The pro-life group supports this notion, however the CTOP Act of 1996 maintains that the age of the fetus or the gestational age is of vital importance for determining when a pregnancy may be terminated (Pera and van Tonder, 2005: 116).

2.4.4.2 Rights of a client/patient

TOP clients have the right to:

- a healthy and safe environment
- participation in decision-making
- access to health care
- confidentiality and privacy
- informed consent
- continuity of care
- be treated with respect (South Africa, 1996:1).

These rights need to be carefully weighed against the rights of the fetus and moral considerations.

2.5 FACTORS CONTRIBUTING TO TERMINATION OF PREGNANCY

Factors that contribute to a high termination rate of pregnancies among teenagers include lack of knowledge, ineffective communication between teenagers and their parents, fear of rejection, inaccessibility of contraceptive services, dominance by the male partner, family structure, peer pressure, social status, easy access to pregnancy termination services, implications of the age at which teenagers become sexually active, influence of the media on teenagers' sexual behaviors as well as sexual violence (Irinoye et al, 2004:26).

2.5.1 Lack of knowledge

Although youth empowerment with sex information has been widely discussed and is now accepted as a fundamental principle within many health promotion practices, its practical application is still subject to considerable debate. Literature seems to focus on the problems of school girls when they have already conceived rather than dissemination of information to prevent the occurrence of pregnancies and sexually transmitted diseases. It is hoped that some of the sex information programmes can increase the use of condoms and other contraceptives, thus prevent termination of pregnancy. The weight of the evidence from national surveys indicates that sex education programmes increase the use of contraceptives whilst AIDS education programmes increase the use of condoms (Ahman and Shah 2004:224). Realini (2004:20), propose that information regarding sexuality including contraceptive practices should be imparted early in the socialization process of both boys and girls at homes, schools and community places. Having such information during early stages of life could assist in equipping individuals with better skills to protect themselves against STIs and unintended pregnancies which result in termination.

According to Macleod and Tracey (2010:14), lack of knowledge on physiology and conception also contributes to termination of pregnancy, as some young girls were easily misled by their partners due to lack of knowledge. One girl was led to believe that first-time sex could not cause pregnancy and that sexual intercourse in a standing position would prevent pregnancy: *“My boyfriend said when we make love for the first time and adopting a standing position, I won't fall pregnant”*.

The study further indicates that teenagers opted for termination of pregnancies because they never considered it seriously as they thought the baby has not yet been formed and the child's life has not yet begun during the first trimester. This was also supported by Mwaba (2004:31), who indicated that lack of knowledge about reproductive function, conception and contraceptive methods is a contributory factor because teenagers carelessly engage in sexual activities banking on the fact that it does not matter if they become pregnant; they will go for termination. This was illustrated by the following statement: *"I feel lucky because the child was not yet formed, and its life had not yet begun because it was still during the first trimester, therefore it was just a blood clot or menstrual blood"*. One teenager stated: *"TOP is a very simple, fast and free procedure, all you need to do is to sign and the next minute your waistline is back to its normal size again"*.

2.5.2 Ineffective communication between teenagers and their parents

Lack of communication between the youth and their parents about sexuality issues, including contraception, was reported by the youth as a major stumbling block which resulted in unplanned adolescent pregnancies, and when the youth realize they are pregnant, they resort to termination of pregnancies. One participant stated: *"It is not always easy to discuss sexuality issues and contraception with our parents. My mother is more approachable than my father, but I don't just have the guts to start these topics with my parents as they always think that we are children who do not have sexual needs, and must be obedient as long as we are dependent on them"* (Seekoe 2005:22).

Parents are not only expected to act as role models, but also to communicate freely with their children on issues relating to sexuality. From the literature reviewed, it would appear that parents have difficulties in communicating with their teenagers on issues relating to sexual matters (Realini 2004:127). Ahman and Shah (2004:226) also support this view and point out that lack of sex education from parents makes peers and the mass media the usual sex educators for teenagers, resulting in teenagers being misinformed.

This was also supported by Okonufia (2005:419), who indicates lack of communication between young people and their parents as a cause of concern, as it leads to teenagers having inaccurate information regarding sexuality, contraceptives and pregnancy. In his study, Okonufia (2005:419) indicated that parents hesitate to make sex education available to their teenagers out

of fear that the teenagers would interpret that as permission to engage in sexual activities, leading to promiscuity accompanied by sexually transmitted infections and future infertility. He emphasized that parents thought it was improper to discuss sexual matters with their children, as a result, teenagers engage in unprotected sex not knowing that they will fall pregnant, and when they realize that they are pregnant, they opt for termination. Okonufia (2005:419) also states that, young people often learn about sex informally from their friends and media as their parents do not open up to them for fear of promiscuity. These sources however often spread misinformation on aspects such as sexuality, contraceptives, sexually transmitted infections and pregnancy.

Mohammad, Farahani, Alikhani, Zare, Terhani, Ramezankhani and Alaeddini (2006:34), indicate that cultural barriers and respect for elders in discussing sexuality issues compounded the problem, as neither parents nor teenagers can initiate the conversation. Thus makes teenagers unable to access information regarding sexuality forcing them to experiment with their bodies, leading to unwanted pregnancies that end up in termination. Mohammad et al (2006:34), further indicates that most mothers would not even discuss menstruation with their children, or if they did, they would simply inform their children that it was a process of growing up without giving them full details about what to expect, its implications and how to prevent pregnancies.

According to a survey carried out for the sexual health charity, Marie Stopes International (MSI), one in five parents believed that their children would find out about sex issues themselves; nine percent of parents believed that schools should be the main source of advice about sex and relationships while seventeen percent of people with fifteen year olds were still intending to discuss sex with their teenagers (Hlalele 2008:14).

A study by Makol-Abdul, Nurullah, Imam and Rahman (2009:42) found that in the Muslim culture, sex is not discussed at home. If sex- related matters appear on television, it is switched off or moved to another channel. Some Muslims explained that their tradition was for the father to teach their sons and the mothers their daughters. In some cultures it is generally accepted that sexual matters should not be discussed with adolescents as it is feared that such knowledge might encourage them to be promiscuous (Makol-Abdul et al, 2009:42).

2.5.3 Fear of rejection

Literature reveals that there are adolescents who resort to termination of pregnancies because of fear of stigmatization. Two out of five adolescents reported feeling stigmatized because of their pregnancies and therefore seriously considered termination, others indicated that they were afraid of telling their parents about such pregnancies; afraid of the teachers and above all, felt abandoned and rejected by the fathers of their expected babies. Adolescent mothers who were identified as experiencing stigma were also more likely to report isolation from friends than those not so identified. Earlier studies among adolescents confirm that isolation is a major life occurrence that results from pregnancy, and all these make them consider termination of pregnancy as a solution (Wieman, Rickert, Berenson and Volk 2005:352).

According to Bloom and Hall (2006:296) fear of losing marriage opportunities is another contributory factor for termination of pregnancies among the youth. Teenagers who are pregnant think that they will lose their partners; they are afraid that their boyfriends will abandon them and hence remain single for life; on the other hand, there are those teenage girls who fall pregnant in order to force their boyfriends to marry them. Unfortunately, when the boyfriends refuse responsibility for such pregnancies, or do not offer marriage, the girls go for termination. This was also supported by Richter and Mlambo (2005:65), when they indicated that teenagers who terminated pregnancies had relationships that were under strain and their boyfriends blamed them for being pregnant.

2.5.4 Inaccessibility of contraceptive services

Maja (2007:45) indicates that, inaccessibility of contraceptive services was also reported in terms of inadequate resources where neighboring health facilities did not have condoms for clients, particularly youth. This resulted in youth engaging in unprotected sex, resulting in unwanted pregnancies and termination.

According to Richter and Mlambo (2005:67), health-care providers also contribute to non-utilization of health care services by the youth, as they were reported to be negative towards youth requesting specific contraceptives; clients then had to settle for any contraceptive method offered which in turn affected compliance rate. In some instances teenagers were even denied services. One participant stated: *“I knew that I could obtain contraceptives from the clinic to*

prevent unplanned pregnancy as I was still at school, but I was very scared to go to our neighboring clinic because the atmosphere there is not goodI am 17 years old and went to this clinic twice to ask for contraceptives. I could not get the injection I requested for; instead the nurse said I know too much because I even prescribed for myself. I was told to go back and to come back when ready to be served”.

Such attitudes of health care providers contribute to termination of pregnancies among the youth, because after being denied the contraceptive services, they end up with unwanted pregnancies which are then terminated.

2.5.5 Dominance by the male partner

Amobi and Igwegbe (2007:95) reveal that teenage girls are easily influenced as they lack assertiveness to negotiate for safe sex, especially in situations where partners are much older men and the key motivation for sex is material gain such as money, clothes, cell phones, cosmetics, food and drinks; hence the minute the teenager reports being pregnant, he forces her to go for termination as he does not want to be held responsible. This was also supported by Richter and Mlambo (2005:68) as well as Okonufia (2005:420), who highlight that male domination is perceived as an obstacle to contraceptive use in instances where young girls had to take responsibilities in protecting themselves against unintended pregnancies without the help of their partners. Research showed that many young girls who came for TOP felt betrayed by their boyfriends who were not supportive in preventing pregnancies as expressed.

2.5.6 Family structure

According to Richter and Mlambo (2005:66), factors which disturb the family structure such as parents' separation, divorce, death, alcoholism and a history of premarital conception may influence teenagers' sexual behavior. Sometimes the situation becomes even more complex as men in urban areas are tempted to form extra marital relationships to the extent of establishing another family. This practice perpetuates poverty, poor housing, the breakdown of family structures, norms and values in sexual relations and sexual permissiveness. Urbanization has also subjected many African families to a congested home environment. In these circumstances, the traditional four- roomed (matchbox) houses in the townships for the urban black families are inadequate.

Families consequently add on an outside shack for their teenagers, little realizing that in so doing they might be relinquishing control. The South African government is currently attempting through the Reconstructive and Development Programme to address the lack of adequate housing and basic services, especially in townships and the rural areas (African National Congress, 1994:22-33).

Other factors include lower family incomes, less supervision, poor parental modeling and more permissive attitudes in single parent families. Having sexually active siblings and friends is also strongly associated with earlier onset of sexual activity at a young age (Tanga and Uys 2005:52). With regard to socio-economic and cultural factors associated with termination of pregnancies among teenage girls, Richter and Mlambo (2005:66) found that teenagers were at high risk of termination of pregnancies at the ages of 14 to 16 years.

2.5.7 Peer pressure

Peer pressure is widely assumed to be a significant causative factor in the initiation of habits, such as smoking, drug use and sexual involvement among teenagers. As children slowly emancipate from their parents, they spend a lot of time with their peers, who in turn, influence them on various life issues (Mwaba 2004:68; Tanga and Uys 2005:52). In this context, Maja (2007:44) examined the reasons why teenagers terminate pregnancies and found that teenagers feel that peer pressure made them go for termination than they wanted to. However, he further pointed out that conformity to peer groups is often the result of too little attention and interest given at home as well as lack of parental warmth and understanding.

In a study to assess parental involvement, Tanga and Uys (2005:51), found that the highest percentage in the sample fifty five percent obtained information on sex matters from peers. This study revealed that the information received from peers was not always accurate. Teenagers often received information from friends who very often were also misinformed. The belief that drinking a lot of water prior to sexual intercourse will prevent conception is an example of such myths and misconceptions. It is unfortunate that peers are usually reported as the main source of information when they themselves also lack the correct information on sexually related issues. This could indicate the need for effective health programmes that could involve peer groups as educators.

To point out the possibility of peer groups giving inaccurate information, Leishman (2004:34) uses the concept of “street talk” and suggests that the street talk can be turned into straight talk by training volunteer teenagers and encouraging them to share their knowledge on either a formally structured or a conversational level.

According to Tanga and Uys (2005:52), teenagers are forced into having sexual intercourse by peer pressure. Peer pressure plays a major role in initiating sexual activity, which frequently ends in unwanted pregnancy. It is also believed that initiation rituals for girls also encourage sexual activity as some of the girls immediately practice what they have been taught, and no appropriate information is given on how to prevent diseases and unwanted pregnancies, and as soon as they become aware that they are pregnant, they decide to terminate the pregnancies.

Leishman (2004:45) pointed out that a lot of teenagers fall pregnant due to pressure from the friends because they feel if they don't become sexually active, friends will humiliate and undermine them. This was also supported by Tanga and Uys (2005:52), who indicated that teenagers influence one another to access pornography and other related materials through internet, and this predisposes them to early sexual exposure, unfortunately they engage in sexual practice without the use of any contraception. When they realize they are pregnant, they consider termination as a solution.

2.5.8 Social status

Early dating provides a context for many sexual experiences. Unconventional psychosocial attitudes and some risk behaviors such as early use of alcohol, tobacco and drugs, school problems, delinquency and physical aggression are associated with earlier onset of adolescent sexual intercourse, and all these are believed to be boosters in teenagers' social status (Driscoll 2007:33).

According to Wieman et al (2005:353), teenagers who choose to terminate their pregnancies more frequently express concern that, bearing a child would interfere with their schooling and career advancement, have damaging consequences to their social lives as well as causing a disgrace in the eyes of their parents and the community.

Tanga and Uys (2005:54) have shown that some parents pressure their teenagers to terminate their pregnancies out of shame as they want to retain their social status; they don't want the community to classify them as those whose children are having illegitimate babies. This was also supported by (Hlalele, 2008:14), who indicated that many parents consider teenage pregnancy a disgrace and a disappointment based on the fact that, other community members will consider them as having failed to give their children proper moral upbringing; they can rather pretend as if their teenagers are still virgins as long as they have not given birth to any baby.

Studies conducted by Hlalele (2008:15), shows that teenagers do not feel confident and mature enough to be parents as the demands of motherhood conflict with the flexibility of schedules that most of their friends enjoy with regard to their social lives ; so when pregnant, the first thing that comes to their minds is termination.

2.5.9 Easy access to pregnancy termination services

According to Maja, (2007:45), CTOP Act makes TOP services easily accessible as the teenager signs for termination of pregnancy without the consent of parents, this promotes negligence amongst teenagers, and as a result, they just engage in unprotected sex knowing that if they become pregnant they will go for termination of pregnancy.

2.5.10 Implications of the age at which teenagers become sexually active

According to Leishman (2004:33), the age at which teenagers become sexually active starts from 11 years, and this age are worrying because teenagers at this age know nothing about sexuality and how their bodies work. He further indicated that the age at which teenagers commence coitus seems to have far-reaching implications in terms of termination of pregnancies. It would appear that the younger teenagers are when commencing sexual intercourse, the less likely they are to be knowledgeable on sex education. This could lead to unprotected sex which ends up in unwanted pregnancy resulting into termination. This was also supported by Tanga and Uys (2005:55), who stated that the age at which teenagers commence with sexual intercourse affects the context of sexual activity, its frequency as well as the quality of relationships, contributing to termination of unwanted pregnancies.

2.5.11 the influence of the media on teenagers' sexual behaviors

Very little research is available on the effects of the mass media on teenagers' sexual behavior. However, Amoran, Onadeko and Adeneyi (2007:450) and Maja (2007:44), share the same view that the mass media influence teenagers' sexual behavior to a certain extent. This was also supported by Wieman et al (2005:350), who studied that the sexual content of television programmes and the effect of this content on teenagers' sexual references, best explain the influence the media have on teenagers' sexual practices. According to Wieman et al (2005:354), in the past two decades, the sexual content of the mass media has become increasingly frequent and explicit, and in the same period the rate of teenage pregnancy in the United States of America was higher than in any other industrialized country.

The view is that television content somehow influenced teenagers to engage in unprotected sexual intercourse than they might otherwise have done. With regard to the effect of sexy programmes on teenagers, Wieman et al (2005:353) found that there was a significant relationship between proportions of sexy programmes viewing and sexual involvement. Non-virgins were more likely to watch sexy programmes than virgins. Many television programmes, like soapies visually reinforce aspects of sexual matters, such as cohabitation, homosexuality and premarital and unprotected sex. South Africa today appears to be experiencing the same effects of similar sexy television programmes. Many of these programmes show sex as exciting and glamorous. Young people may not be able to interpret media content in a morally mature way because they have relatively little experience, thus television can play a major role in their sexual socialization. If institutions like schools, churches and homes are silent on sexual information, the media can become the only source of information; as a result, teenagers will engage on sexual intercourse early, become pregnant, ending up terminating such pregnancies.

2.5.12 Sexual violence

According to Gray, Wagman, Nalugoda, Lutalo, Zablotskal and Koenig (2004:156), among rural teenagers aged 14 to 19 years in Uganda; both unwanted and terminated pregnancies were more common among those who had been coerced than those who had not. Coerced sexual intercourse represents only one of the more extremes of sexual abuse. In Dar-es-Salaam, many victims of rape are between 12 and 17 years at the time of rape, and unwanted pregnancy is one of the

outcomes. Unfortunately, this has adverse consequences for teenagers as they end up terminating such pregnancies (Nyakubenga 2008:33).

A study conducted by Moore, Miller, Sugland, Morrison, Gleib and Blumenthal (2004:4) in USA, reported a significant increase in sexual activity among females aged 14, 15 and 16 years compared to young women of the same age 15 years ago. Furthermore, the younger the age of first sexual intercourse, the more likely that the experience was coercive or forced and the greater the risk of an unwanted pregnancy leading to termination of such a pregnancy. This was also supported by Garcia-Moreno, Jansen, Elsberg, Heise and Watts (2005:49), who revealed that according to their study on the prevalence of sexual abuse in childhood (age below 15), many victims have their first sexual experience as a product of coercion or force. This is of grave concern as the outcomes of sexual abuse include unwanted pregnancy and this causes severe violation of the teenagers' basic rights and bodily integrity. Due to such violation, teenagers become so furious and request for termination of unwanted pregnancies resulting from sexual abuse.

2.5.13 Attitude of the teenagers towards abstinence

Research has shown that in sub-Saharan African countries (hardest hit by HIV/AIDS) sexual activity begins early and before marriage. According to surveys, on average, more than 40% of female young people in sub-Saharan Africa have had premarital sex before the age of 18 and among young men sex before marriage is even more common (Akande 2008:327; Anderson, Cox, and McKellar 2005:133). Many studies report that, although teenagers agree that abstinence is the most effective and only certain way to avoid unplanned pregnancy and HIV transmission, they find it difficult to practice it (Bateman 2009:750; Battle & Leonard 2008:36).

Akande (2008:327) conducted a study among African American adolescent girls on why they remained abstinent despite being in sexually active social climates. The results revealed that they focused on self-respect (I'm worth it), impact of mothers (mama says think before you let go), influence of boys and other peers (boys will be boys) and potential negative consequences of sex (hold on, there's a catch).

According to a study by Bhana, Petersen, Manson, Mahintso, Bell, and McKay (2009:38) on abstinence among the school going youth, the findings revealed that the majority which is eighty

percent of Kenyan youth indicated that they would wait until the right time to have sex. Another similar study by Bhatti and Fikree (2010:113), the majority of Anguillan youth indicated that they would like to wait until they are older before having sex. In both studies, there were more females than males who indicated that they were ready to wait and avoid sex while in a relationship.

Teenagers in South Africa are no exception. South African study by Campbell (2007:188) also indicated that findings proved that young girls wished to wait for the proper time though they are harassed by boyfriends to commit sexual activities.

2.5.14 Fear of raising a child

Hlalele (2008:15) raised fear of raising a child as one of the factors that also contribute to termination of pregnancies among teenagers. The study revealed that, teenagers do not feel confident to raise a child, when they think about the baby crying and the mother doesn't even understand the reason for such crying, they feel so terrified, it even becomes worse when they think about a sick baby. Tanga and Uys (2005: 58), also supported the notion by indicating that teenagers do not feel matured enough to be parents as the demands of motherhood conflict with the flexibility of schedules that most of their friends enjoy, so, when they find themselves pregnant, they go for termination.

Studies by Mwaba (2004:69) reveal that there are instances whereby teenage boys also force girls to terminate pregnancies because they feel they are not ready to become fathers and they do not want to accept the fatherhood responsibilities.

2.5.15 Fear of interference with career development

According to Wieman et al (2005:353), teenagers who choose to terminate their pregnancies more frequently express concern that, bearing a child would interfere with their schooling and career as well as have damaging consequences to their social lives. This was also supported by Leishman (2004:88) who indicated that most teenagers terminate unwanted pregnancies because they do not want to compromise their career developments, especially because their male partners will be continuing with their education as the girlfriends will be taking care of the babies.

2.6 REPRODUCTIVE HEALTH SERVICES FOR TEENAGERS

2.6.1 Types of reproductive health services

According to Nyakubenga (2008:33), in Tanzania the Ministry of Health has made provision for a range of reproductive health services to be provided in public, private and NGO settings and outlets. These services include:

- Information and counseling on reproductive health , sexuality and safe sex
- Testing services , VCT, STI, and Pregnancy
- Management of STI ,VCT,PMTCT, HIV and AIDS
- CTOP Services
- Focused ante natal care
- Care during childbirth
- Postnatal care
- Post-abortion care
- Contraception including emergency contraception
- Condom promotion and provision
- Other related health issues such as substance abuse, violence, injuries and mental health
- Referrals

Nyakubenga (2008:33) further indicates that sexual and reproductive services for teenagers are still surrounded by stigma, especially among parents, community leaders, religious leaders as well as service providers. Consequently, teenagers are still denied access to reproductive health services. Existing services are not user-friendly for teenagers in terms of quality, time, location, accessibility and affordability while expertise is also lacking in schools.

2.7 SUPPORTIVE ENVIRONMENT FOR A TEENAGE GIRL

For teenagers to develop into adulthood, they need a very strong supportive environment. Parents, religion, schools as well as health providers and government are the main supportive structures.

2.7.1 Parents

Hlalele (2008:16) emphasizes that parents should be in their children's lives, that is, they should know their children's friends, what they do and who their friends' parents are. The messages for all adults is to set clear expectations regarding school performance, emphasize that absenteeism from school as well as poor performance are not just educational threats but health threats as well. Parents need to provide resources to help capture the interests of children who are disenfranchised.

According to Bhatti and Fikree (2010:113), parents should be educated on the importance of striving for education for their female children and postpone their marriages until they are 21 years and older.

It is also very important to involve adolescent boys and men in the fight against teenage pregnancy and its consequences Marlow and Redding (2005:1122), indicate that many parents do not adequately explain to their girls the various changes that occur in the body during puberty. Girls should have a clear understanding of ovulation, fertilization, pregnancy and childbirth before the onset of menstruation. This will minimize their anxiety and empower them to face the future. This was also supported by Hlalele (2008:16), who indicate that parents should take the responsibility for guiding the youth to avoid engaging in sexual activities at an early age to minimize the risk of contracting STIs & HIV/AIDS as well as unwanted pregnancies that may end in termination.

According to Khoza (2004:39), parents should play a significant role as sexuality educators for their children. Many parents are not ready to discuss sexual issues with their children; they assume that they will get the information from schools. This is also supported by Moore et al (2004:6), who state that having better educated parents, supportive family relationships, adequate

parental supervision, sexually-abstinent friends as well as attending church frequently are all related to later onset of sexual intercourse.

2.7.2 Religion

Marlow and Redding (2005:1129), assert that spiritually, teenagers are at a stage of synthetic-conventional faith.

A teenager without religious ties is likely to be attracted to any new or different religious cult and undesired behavior. Parents need to be aware of this and help teenagers to explore their feelings and emotions.

2.7.3 Schools

In Tanzania, sexual and reproductive health is taught in schools, but it is inadequate in content and methods, particularly due to scarcity of teaching materials and equipments. Teachers receive insufficient training in reproductive health issues.

In spite of the developed national policy guidelines for reproductive health services, many young people have not benefited from them, due to low coverage of targeted audience and other critical constrains, such as limited resources and cultural barriers (Nyakubenga, 2008:33).

2.7.4 Health providers and government

Kenya Human Rights Commission (2010:31) highlights the importance of health providers in assisting parents to value sexuality education for their children, display moral values and encourage the use of condoms and contraception for their children who are sexually active. These may reduce the frequency of intercourse, promote safer sexual behavior and reduce unwanted pregnancies that end up in termination.

According to Hlalele (2008:12), it was strongly recommended that the government should continue developing strategies to assist teenagers by having clinics with services that are accessible, affordable and user-friendly so that teenagers can receive the necessary counseling regarding reproductive health issues and hence meet their reproductive needs.

As a way of supporting teenagers, the Minister of Health of Tanzania has developed a National Health and Development Stakeholders Board, the main aim being to guide the implementation of health services, so that they are accessible, acceptable, affordable, adequate and appropriate for teenagers (Reproductive and Child Health Services of Tanzania, 2003:32).

2.8 SUMMARY

This chapter discussed factors that contribute to termination of pregnancies among teenagers, reproductive health services for teenagers as well as the creation of a supportive environment for a teenage girl. Termination of pregnancy among teenagers is a major reproductive health concern in Africa and elsewhere in the country.

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

This chapter highlights the methodology that was used for the study. It further highlights the study site, study design, sampling, data collection, data analysis, ethical considerations.

According to Mouton and Marais (2005:16) methodology in research is the theory of correct scientific decisions. This chapter describes the research design, population, sample and sampling techniques, ethical considerations, data collection instrument and methods used in data gathering, as well as data analysis.

3.2 Study site

The study was conducted at Maggys Hope Clinic in Polokwane Municipality in Capricorn District in Limpopo Province, South Africa. The Clinic is situated in Paul Kruger Street in the Western site of Polokwane City. The clinic is private owned. The clinic offers the following services:

- Family planning
- TOP
- Sexually Transmitted Infections Screening and Treatment
- Pregnancy Test
- IUCD (Loop) Insertion and Check - Up.
- Blood Pressure Checking
- Cervical screening

3.2.1 Methodology

A qualitative descriptive explorative study design was used. Qualitative research is a systemic, interactive, subjective approach used to describe life experiences and give meaning. Qualitative

research is conducted to describe and promote understanding of human experiences such as pain, comfort and caring (Burns and Groove, 2005:420).

Descriptive research provides an accurate portrayal of characteristics of a particular approach of an individual or a situation. It is a way of discovering new meaning, describing what exist determining the frequency with which something occurs and categorizing information. Descriptive study is conducted when little is known about a phenomenon (Burns and Groove, 2005:420).

Qualitative approach as explorative is a means to understand perceptions and actions of participants (Burns and Groove, 2005:420). The purpose of exploration is to gain better understanding of how people think and their behavior as individuals and as part of the group (Parahoo, 2006:216).

3.2.2 Research design

A research design is a blue print for conducting the study that maximizes control over variables that could interfere with the validity of the findings (Burns and Grove, 2006:420).

An exploratory, descriptive qualitative research design was used to identify and describe the factors contributing to termination of pregnancies among teenagers in Maggys Hope Clinic. The purpose of a descriptive study was to obtain complete and accurate information about a phenomenon through observation, description and classification; it provides new information about a phenomenon (Brink, 2007:380). The purpose of a descriptive study is to observe, describe and document aspects of a situation as it naturally occurs (Polit and Beck, 2012:487). The advantage of this design is that a great deal of information can be obtained.

By using an exploratory study, the dimensions of a phenomenon are explored and interrelating factors provide more insight about the nature of the phenomena. Like descriptive, exploratory research is aimed at investigating the full nature of the phenomena in a new area (Polit and Beck, 2012:489). This design was applied to the study in order to explore and describe the factors contributing to termination of pregnancies amongst teenagers in Maggys Hope Clinic in Polokwane Municipality, Limpopo Province.

Participants were given a chance to relate their own factors contributing to TOP in a semi-structured interview at the clinic.

The Midwives who perform TOP at the clinic were interviewed in order to identify the type of teenage reproductive health services available.

The Midwives who performs TOP were also interviewed in order to determine the available support structures at the clinic for pregnant teenagers before and after TOP.

3.2.3 Sampling

Sampling is referred to as the researcher's process of selecting a sample from a population in order to obtain information regarding a phenomenon in a way that represents the population of interest (Brink, 2009:134).

The sample consisted of 20 teenage girls who were coming to the clinic for TOP. The sample size was determined by saturation of data and not statistically determined (de Vos, Strydom, Fouche and Delport, 2004:172).

The sample was a non-probability of purposive type. Purposive or selective sampling involves the conscious selection of participants to be included in the study. In purposive sampling the researcher select the participants on purpose because the participants have enough experience and abilities to answer the research questions (Parahoo, 2006:120).

In a non- probability sampling not every member of the population has an opportunity of being selected to participate in the study (Burns and Groove, 2006:421). Only those who meet the inclusion criteria were selected.

The researcher consciously selected a representative sample of 20 to 30 teenage girls aged 19 years and younger, who visited the clinic during the time of data collection, as long as they met the criteria for inclusion. Such teenage girls were given full information about the study and invited to participate voluntarily.

3.2.4 Inclusion criteria

The participants were teenagers between 13 and 19 years reporting at the clinic for TOP and the two Midwives who performed TOP at the clinic.

3.2.5 Exclusion criteria

The teenagers aged 13 to 19 years who reported at the clinic for TOP but who had already participated in the pretest were all excluded. All clients twenty years and above reporting at the clinic to do TOP were also excluded in the study.

3.2.6 Data collection

A semi structured interview guide was used. An interview involves verbal communication between the researcher and the participants, during which information is provided to the researcher (Burns and Grove, 2006:421).

The researcher used semi structured interview guide and audiotaped the interview to collect data from teenagers coming for TOP at Maggys Hope clinic. It was a one on one interview in a private room. Field notes were also taken by the researcher. The researcher also checked the teenagers' documents for important data to be collected. A semi structured interview with an audiotape was also used to collect data from the midwives who perform TOP at the clinic. One to one interview was conducted in a private room at the clinic.

Procedure: Semi structured interviews were conducted in a private room at the clinic after TOP was performed. A voice recorder was used to record the interviews. The interviews were conducted in English and Sepedi and were later transcribed and translated into English.

The teenagers coming for TOP shared their factors contributing to TOP at Maggys Hope Clinic. It was the duty of the Researcher to probe for more information after having posed the main question whilst encouraging the interviewee to talk freely (Parahoo, 2006:210).

3.2.7 Pre test

The pretest is the trial of the methodology planned for the major study. The pretest helped to evaluate if the questions answered the research questions. The results from the pretest assisted in restructuring and validating the questions (Polit and Beck, 2008:254). The establishment of rapport with the interviewee is important to build a relationship of mutual trust. Close rapport with the interviewees provided access to richer information. The researcher and the participants should have a common vocabulary to facilitate communication (Polit and Beck, 2008:254).

The researcher had to first pretest the methodology on three respondents, who did not form part of the actual study, yet they had similar inclusion criteria to those in the actual study. It was done under similar settings as the actual study. The pre-test assisted the researcher to identify problems with the questions and to determine the time needed to complete the interviews in the actual study.

3.2.8 Data analysis

Section A which is the biographical information data was summarized and analyzed with the assistance of the university Statistician using SPSS in order to produce quality data. Data was summarized data and graphs in order to improve quality data.

Section B of the data was analyzed by the researcher after it has been transcribed into typed data. An independent coder was also used in order to improve the trustworthiness and credibility of the transcribed data. Tesch's approach of data analysis was followed as outlined in Creswell (2009:210).

The process involved reading the interview transcripts and coding the descriptive concepts that emerged from the interviews that were conducted. The researcher organised individual ideas into categories that shared similar concepts. This was accomplished by reading through the different interviews and identifying individual ideas that share the same meaning. These ideas were grouped together into themes that were then formulated on the basis of concepts that emerged from the interviews. The researcher made a final decision based on the abbreviations for each category and coded them.

3.2.9 Measures to ensure trustworthiness

3.2.9.1 Credibility

Credibility as an alternative to internal validity is to demonstrate that the inquiry was conducted in such a manner to ensure that the participants were accurately identified and described (de Vos et. al., 2004:172). Credibility was ensured by using an independent coder. The researcher had set appointment dates in order to develop more trusting relations. The researcher spent forty five minutes with the participants at the clinic to interview them. Reflexivity was done by tape recording the interview discussion and by taking field notes (Creswell, 2013:173). An independent coder was used to ensure credibility. An audit trail was done to check data for accuracy from the point of source.

3.2.9.2 Dependability

Dependability refers to the stability of data over time and condition (de Vos, Strydom, Fouche and Delpont, 2004:172). Dependability is concerned with consistency and is an alternate of reliability. It was applied to check if the findings of an inquiry will yield the same results if it is replicated with the same participants in the same context (Polit and Beck, 2008:198). This was achieved by doing a dependability audit by involving an independent coder or an expert in qualitative research.

3.2.9.3 Confirmability

Confirmability refers to objectivity that is the potential for congruence between two or more independent people about the relevance, accuracy or meaning of the data (Polit and Beck, 2008:198). An audit was utilized to ensure reliability. The data collected represented the information as provided by the participants. Struebert and Carpenter (2003:231) maintain that this criterion will be achieved when the findings reflect the participants' voice. The audio tape recorder was used for verification. An audit trail was also done to ensure confirmability.

3.2.9.4 Transferability

Polit and Beck (2008:198) defines transferability as essentially the generalization of data or the extent to which findings can be transferred to other settings. A complete research design,

methods and literature control was provided to the independent coder to maintain transparency (de Vos et al, 2004:172).

3.2.10. ETHICAL CONSIDERATION

3.2.10.1 Permission to conduct study

Permission to collect data from the participants coming for TOP was also obtained from the Chief Executive Officer of Maggys Hope Clinic in Polokwane Municipality (See Appendix 9 and Appendix 10).

An ethical clearance was obtained from the University of Limpopo Medunsa Research Ethics Committee (See Appendix 11).

Permission to conduct the study was obtained from the Limpopo Provincial Department of Health (See Appendix 12).

3.2.10.2 Informed consent

Human rights of the participants were respected in this study as it is the highest priority and a prerequisite for any scientific research and forms part of the scientific communication. The participants were given detailed information about the study to be conducted including the aim and the purpose (See Appendix 1A and 1B).

Written consent was obtained from the participants before being interviewed (See Appendix 2A and 2B). Participation was voluntary. Permission to use an audio tape recorder and field notes during data collection was obtained from the participants and the importance of using such devices during data collection was explained to them (Burns and Groove, 2005:206).

3.2.10.3 Privacy

Interviews were conducted in a private room away from distracters at the clinic to ensure privacy. The consent forms were kept in a separate box before the interviews and were locked by the researcher to ensure confidentiality.

3.2.10.4 Anonymity and confidentiality

Beneficence means that the researcher will increase benefits and minimize the risk of harming the participants emotionally and physically. Confidentiality was maintained throughout the study by using codes and not revealing the identity of the participants. Confidentiality is the researcher's management of private information shared by the participants. The researcher maintained professional secrecy at all times. The signed consent forms were kept in a separate box before the interviews and were locked by the researcher to ensure confidentiality.

The participants were to be referred for psychological and emotional support should they be psychologically and emotionally harmed by the interview.

3.2.10.5 The principle of justice

The researcher respected the rights of the participants by letting them determine the extent to which their private information will be shared with others (Brink, 2009:57). The data obtained was not be used for any purpose other than the original intention (Burns and Groove, 2005:206).

3.2.11 Bias

There is a potential for sampling bias as non-probability purposive sampling was used. All measures were done to minimize this type of bias.

3.3 Conclusion

The methodology that was used in this study was discussed in this chapter. An outline of how the data was gathered and collated was highlighted. The chapter further gave an outline of the study design and the data analysis method used.

CHAPTER 4

RESULTS

4.1. INTRODUCTION

In this chapter we discuss the results of the research which was conducted at Maggys Hope Clinic in Polokwane Municipality, Limpopo Province. This chapter focuses on the data analysis. The aim of this chapter is to present the findings that were obtained from both the demographical information of the participants (Section A) and the semi structured interviews (Section B). Semi structured interviews were conducted to allow participants to share information on factors contributing to the termination of their pregnancies.

4.2. Participant teenagers demographic information

Twenty teenagers participated in the study. In line with the phenomenon being investigated, all participants were females who have terminated their pregnancies at about (between 6 weeks and 12 weeks of gestation), with ages ranging from 15 to 19 years. All the participants in this study, with the exception of three, were experiencing pregnancy for the first time.

Demographic information was considered essential as this provided a socio-cultural profile of the participants and also contextualized data about factors that lead participants to terminate pregnancies.

Table 1: Age in years

	Frequency	Percent	Valid Percent	Cumulative Percent
15-16	1	5.0	5.0	5.0
17-18	3	15.0	15.0	20.0
19	16	80.0	80.0	100.0
Total	20	100.0	100.0	

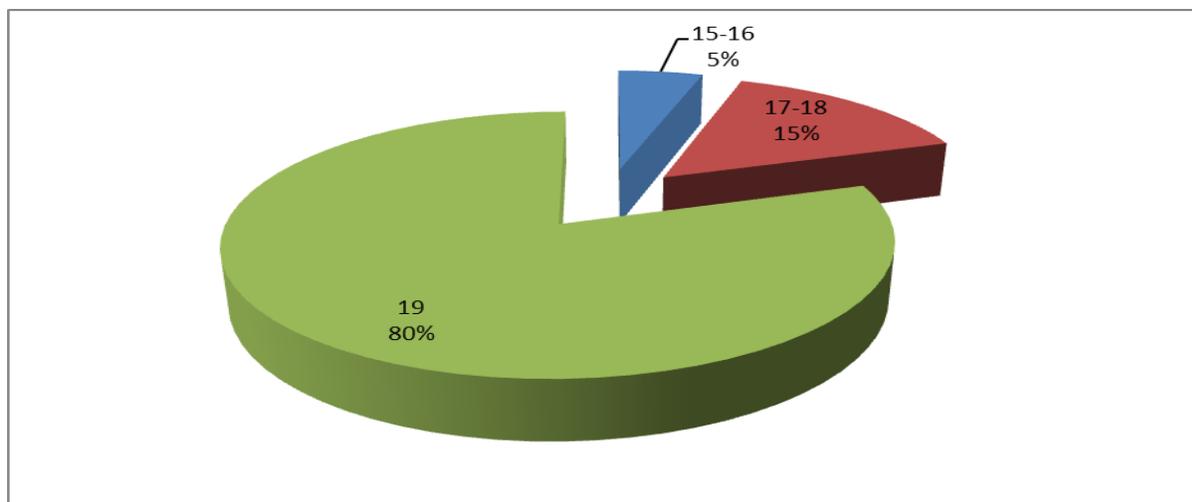


Figure 1: Age of participants

Table 1 shows that one (5%) of the participants was in the 15-16 age group, 3 (15%) were in the 17 -18 age group and 16 (80%) of the participants were in the 19 years age group.

Table 2: Educational Level

	Frequency	Percent	Valid Percent	Cumulative Percent
high school	10	50.0	50.0	50.0
Tertiary	10	50.0	50.0	100.0
Total	20	100.0	100.0	

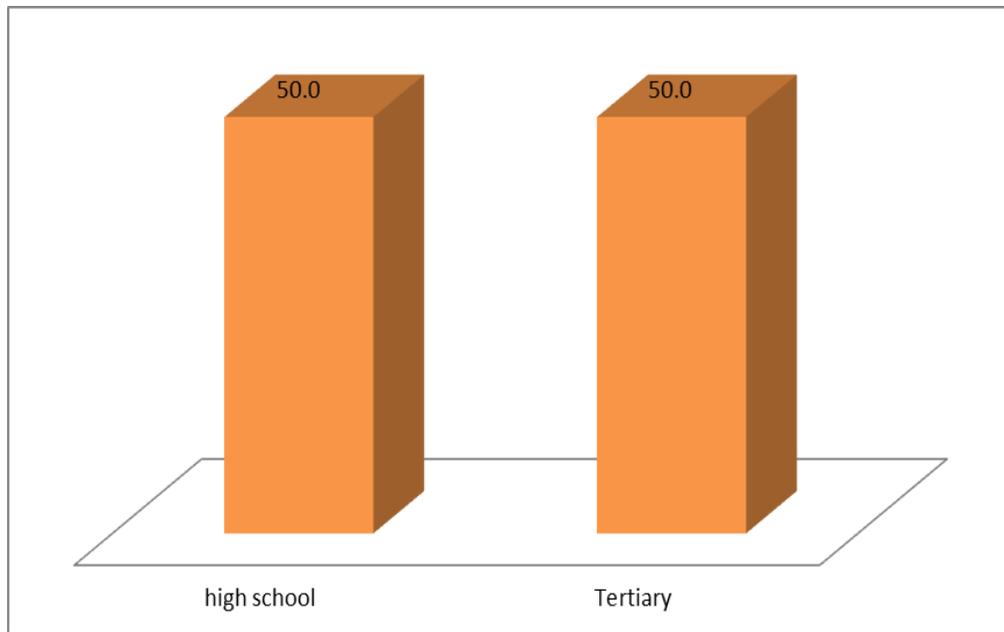


Figure 2: Educational Level

Table 2 shows that ten (50%) of the participants' educational level was high school whilst the other 10 (50%) theirs was tertiary level.

Table 3: Race Group

	Frequency	Percent	Valid Percent	Cumulative Percent
African	20	100.0	100.0	100.0

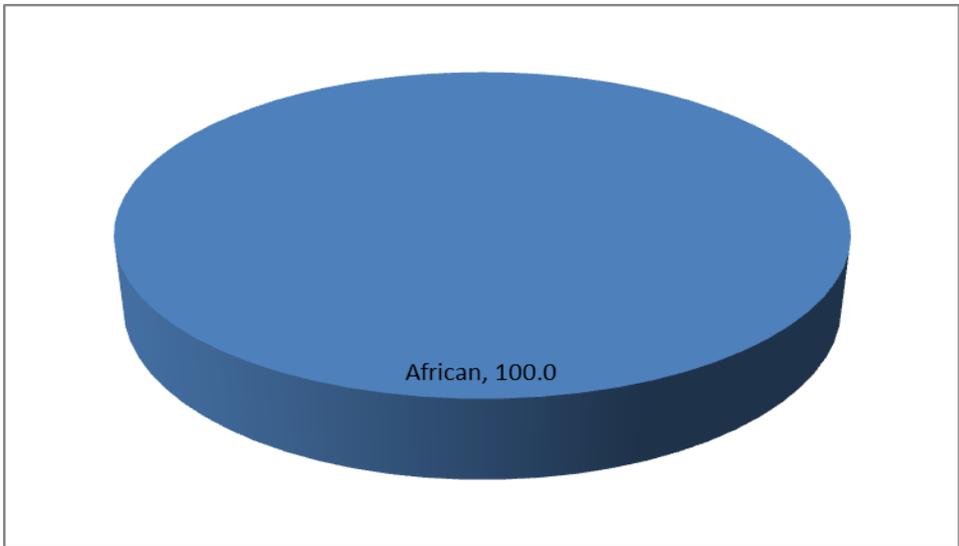


Figure 3: Race group

Table 3 shows that all 20 (100%) participants were Africans.

Table 4: Marital Status

	Frequency	Percent	Valid Percent	Cumulative Percent
single	20	100.0	100.0	100.0

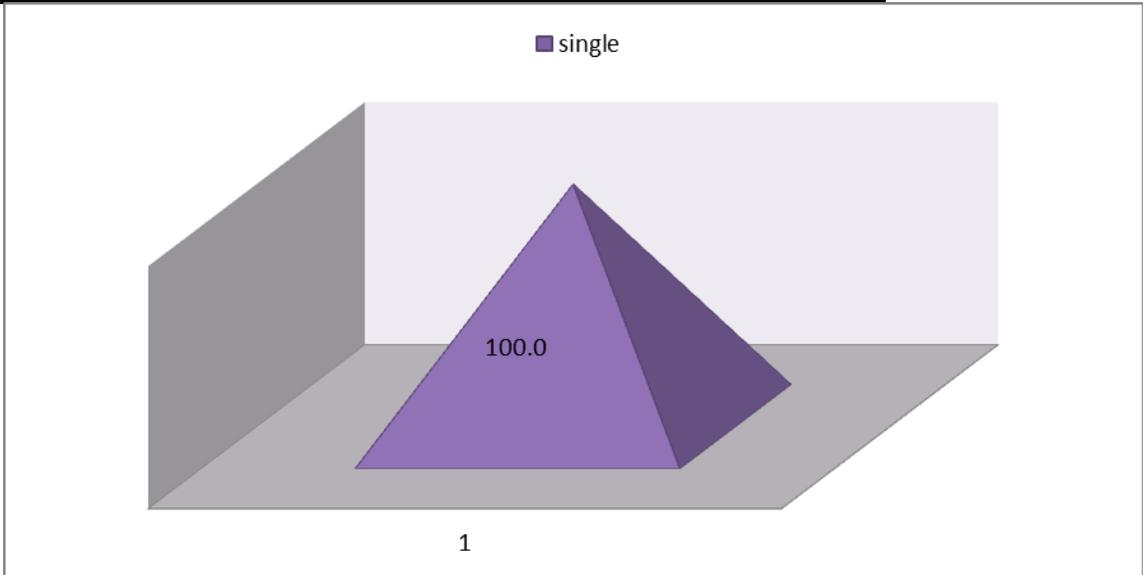


Figure 4: Marital Status

Table 4 shows that all 20 (100%) participants indicated that they are single.

Table 5: Employment Status

	Frequency	Percent	Valid Percent	Cumulative Percent
employed	2	10.0	10.0	10.0
unemployed	4	20.0	20.0	30.0
student	14	70.0	70.0	100.0
Total	20	100.0	100.0	

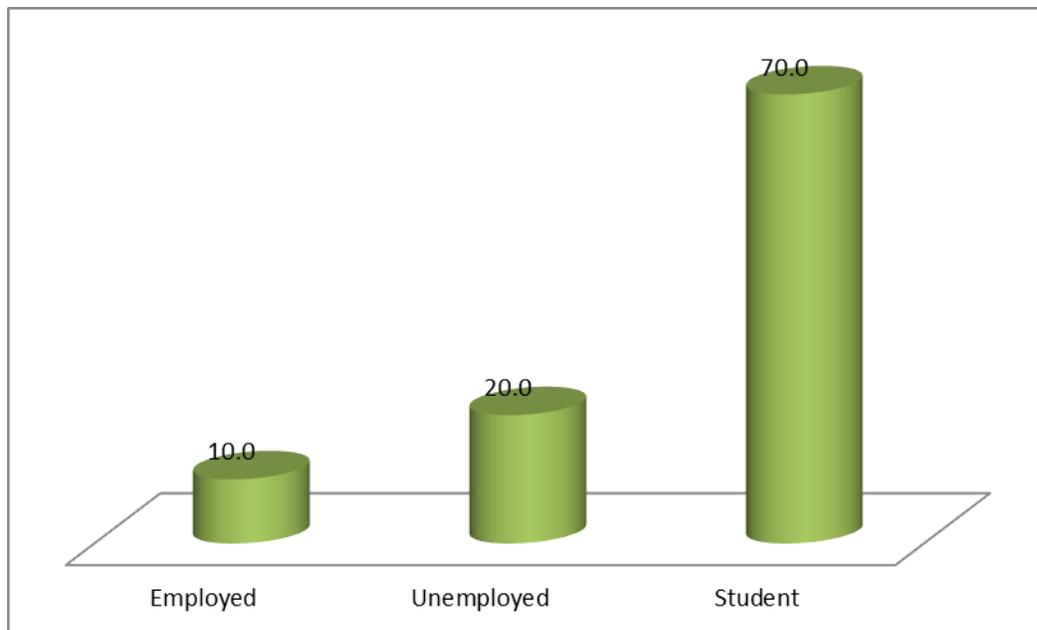


Figure 5: Employment Status

Table 5 indicates that two (10%) of the participants indicated that they were employed, 4 (20%) indicated that they were unemployed and 14 (70%) indicated that they were still students.

Table 6: Religion

	Frequency	Percent	Valid Percent	Cumulative Percent
Christian	20	100.0	100.0	100.0

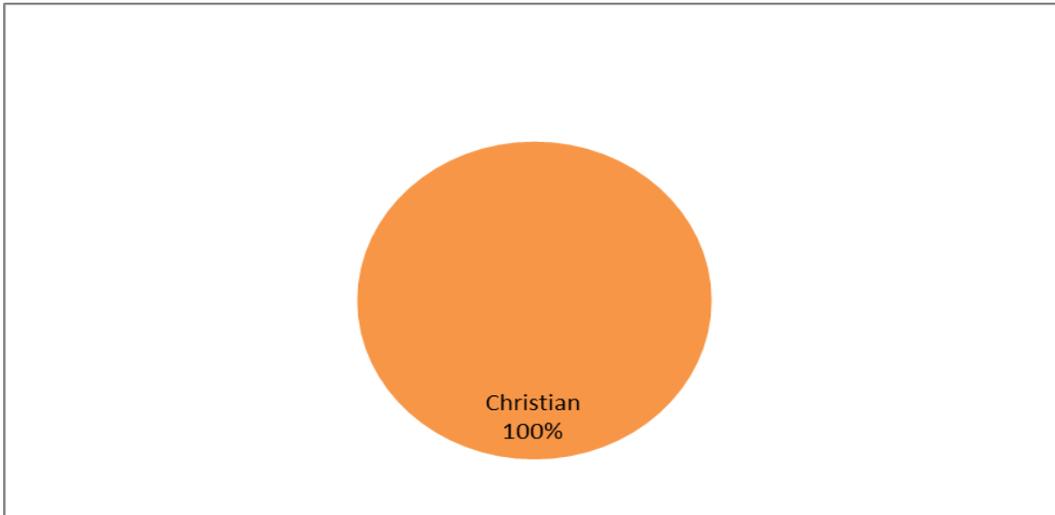


Figure 6: Religion

Table 6 shows that 20 (100%) participants indicated that they are Christians.

Table 7: Number of children

	Frequency	Percent	Valid Percent	Cumulative Percent
nil	17	85.0	85.0	85.0
1	3	15.0	15.0	100.0
Total	20	100.0	100.0	

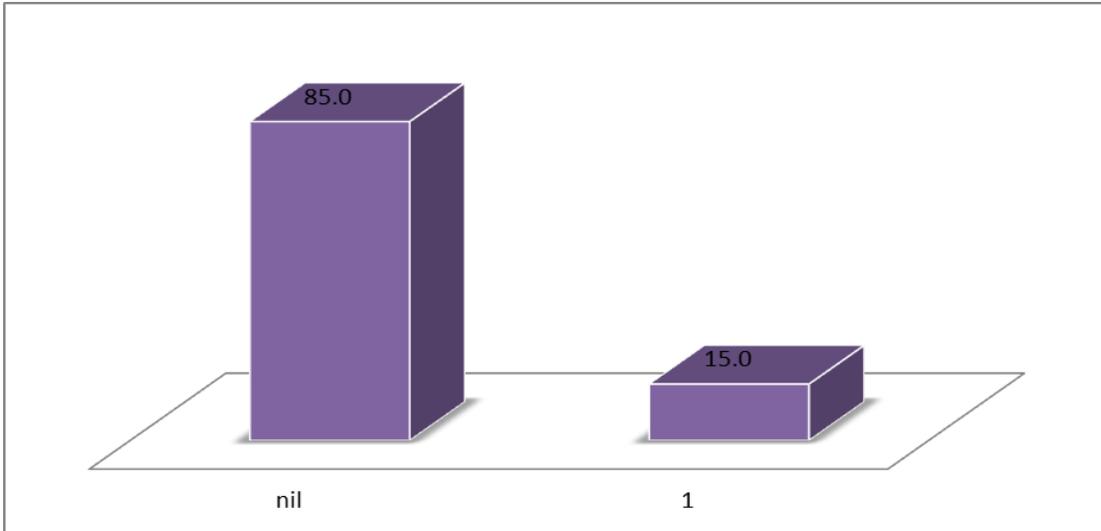


Figure 7: Number of children

Table 7 shows that Seventeen (85%) of the participants indicated that they had no children and 3 (15%) of the participants were having 1 child each.

Table 8: Number of TOPs including the current one

	Frequency	Percent	Valid Percent	Cumulative Percent
1	20	100.0	100.0	100.0

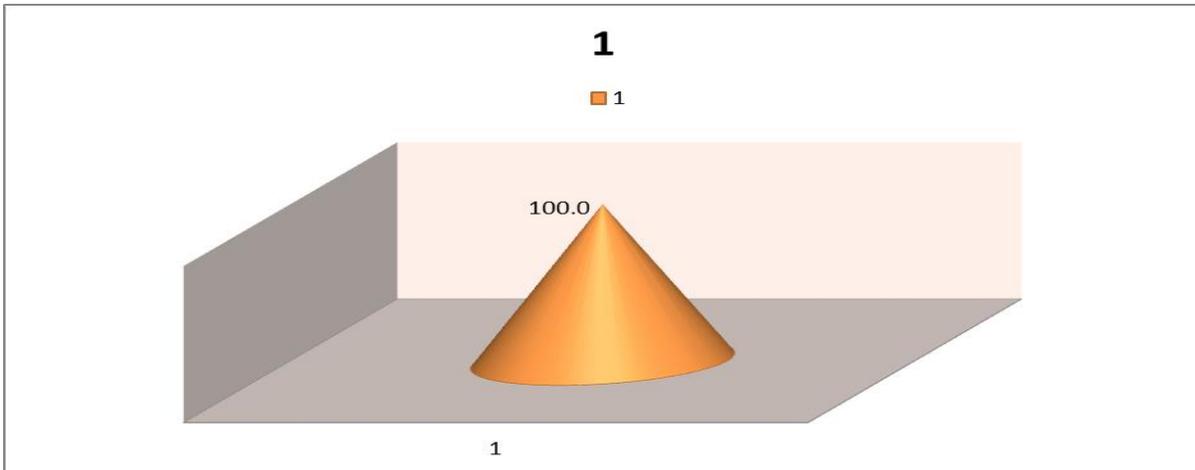


Figure 8: Number of TOPs including the current one

Table 8 show that all 20 (100%) participants indicated that it was their first TOP.

4.3. Midwives' demographic information

The results of the two midwives that were at the clinic for the month of April and May when the researcher was doing data collection as follows:

Table 9: Midwives demographic information

Demographics	Frequency	Percentage
Age in years - 46-55	2	100%
Sex - Female	2	100%
Race group -African	2	100%
Marital Status- Married	1	50%
Single	1	50%
Religion -Christian	1	50%
Other	1	50%
Employment Experience		
16 – 20 years	2	100%

Table 9 shows all the demographic information of the two midwives at the Maggys Hope Clinic.

Two midwives were participants in the study. The 2 (100%) participant midwives were aged between 46 and 55 years. The 2 (100%) were females. The participants they were 100% African. One (50%) of the participants was married and the other 1 (50%) single. The religion of one (50%) was Christian while the other one (50%) other in terms of the religion. The 2 (100%) had 61- 20 years of employment experience.

4.4 Results findings from the semi structured interviews with the teenagers

Semi structured interviews were conducted one on one in a private room with the participant teenagers after TOP was performed at the clinic. The questions addressed focused on what motivated the participant teenagers to perform TOP. Tentative probing or follow up questions focussed on available support structures, what can be done for people in their situation, contraceptive use before they fell pregnancy, why the chosen contraceptive method, support from boyfriend on contraceptive choice, source of knowledge on contraceptives and what they know about contraceptives. The follow up questions even went on to tap into their own opinions in encouraging young people to use reproductive health services and making them more willing to use contraceptives and what they think would make the services much better.

The interviews were audio-taped and then transcribed. These transcripts were then read many times in order to identify and document the descriptive concepts that emerged from the semi structured interviews. These descriptive concepts were grouped into ideas which were later developed into themes that included; CTOP legislation, marital status and still being at school, parental pressure, contraceptive failure; counselling, it's the only way out, unpreparedness regarding parenting, lack of support, association of pregnancy with grant, lack of knowledge and insight about contraceptives, improvement of services.

Emotional themes that arose are anger, fear, anxiety, pregnancy as a sudden stumbling block, feelings of guilt and shame and coping strategies including excitement and relief.

4.4.1 Motivation to terminate pregnancy

Table 10 reasons for termination

Reason	Frequency	Percentage
CTOP legislation	1	5%
Age and Marital status	20	100%

Still being at school	13	65%
Parental pressure	1	5%
Contraceptive failure	1	5%
Did not plan it. It's the only way out	2	10%
Unpreparedness regarding parenting	1	5%
Fear of parental disappointment	1	5%

On the question of the participants' motivation to terminate pregnancy, the following themes emerged:

4.4.1.1 CTOP legislation

One of the participants knew about the CTOP legislation and the fact that it is legal and is her decision to terminate or not to terminate. Such knowledge can be attested from the extracts hereunder:

A1 "Termination is legal right, so at school, wherever we go we must they must tell young people about this and help us. Even TV must talk about it to help each other."

4.4.1.2 Marital status and still being at school

While by law pregnant adolescents are not forbidden to complete their schooling, there are still challenges in some communities. For single teenage girls the birth of an unwanted or unplanned child can lead to loss of educational opportunities, future career choices and diminished chances of future happy marriages.

A3 "I want to go to school. I want to finish and work first."

A7 "I decided to terminate so it does not ruin my future."

4.4.1.3 Parental pressure

Parental pressure plays a role either to prevent stigma of having a pregnant teenage daughter (Hlalele 2008:15). Others are doing it to settle family rifts.

A10 “I got pressure from my parents as they don’t get along with my boyfriend’s family”

4.4.1.4 Contraceptive failure

Sometimes contraceptives fail to work due to a number of reasons and also because of poor knowledge to use them.

A2 “I was on pill, but I missed my period. I went to the clinic where I was getting the pill but they said things like this do happen. I went home and think about it, then went back to the clinic. I did a pregnancy test and it came back positive. I decided to terminate because I was preventing to fall pregnant that’s why I am terminating.”

4.4.1.5 It’s the only way out. I did not plan it.

Sometimes the teenagers don’t see any other solution except to terminate.

A5 “I did not plan it so I decided to do the abortion.”

A8 “Honestly I don’t know. When I look at my education and stuff it is the only way out.”

4.4.1.6 Unpreparedness regarding parenting and fear of raising a child

Teenagers feel unprepared either emotionally or financially that’s why they choose to terminate.

A4 “I am not ready to be a mother. It will be difficult for me to support the baby.”

4.4.1.7 Fear of parental disappointment

Teenagers simply want to be seen as good girls and do not want to disappoint their parents and they don’t want to betray their trust.

A7 “I thought about this. I knew I was young. I don’t want to disappoint my parents as I am their only hope. I don’t want my parents to know.”

A19 “I did not want my mother not to trust me.”

4.4.2 Probing or follow up questions as per interview guide

From the probing and follow up questions the following results observations were noted. Lack of support, counselling, association of pregnancy with grant, lack of knowledge and insight about contraceptives, improvement of services. Emotional themes that arose are anger, fear of raising a child, pregnancy as a sudden stumbling block, feelings of guilt and shame and coping strategies.

4.4.2.1 What support structures are available at home to help you cope with your decision?

Table 11: Support system

Support structure	Frequency	Percentage
Parents	5	25%
Brothers	1	5%
Sister	3	15%
Friends	2	10%
Boyfriend	3	15%
No support	6	30%
Total	20	100%

Table 11 shows lack of support structures or dependence on selective support structures.

A2 “Truly speaking nobody knows about this except, only me.”

A17 “No support. I did not tell anyone about it”

A8 “My boyfriend is the only support I have.”

A1 “Maybe they should form support groups in the clinic to get more information and advices.”

4.4.2.2 What can be done for people in your situation?

Table 12: What can be done to assist?

	Frequency	Percentage
Association of pregnancy with grant	1	5%
More counselling/ information	8	40%
Form support groups /forums	5	25%
Don't know	6	30%

Table 12 shows that only 1(5%) associated help in terms of support with government grant money.

A4 "giving them social grants money, food for the babies and clothes.

4.4.2.3 Which contraceptives were u using before you fell pregnant?

Table 13: pre pregnancy contraceptives

Contraceptive	Frequency	Percentage
Condom	11	55%
Pill – yes	1	5%
Injection- yes	3	15%
No method	5	25%

Table 13 shows types of contraceptives that each participant used before pregnancy.

Eleven (55%) of the participants used condoms, 1 (5%) used the pill method, 3(15%) used injection and 5 (25%) of the participants did not use any contraceptive method.

4.4.2.4 Why did you choose that method?

Table 14: contraceptive choice

Reasons for choosing method	Frequency	Percentage
Still young	2	10%
Allergic	1	5%
Scared of side effects	2	10%
Lack of knowledge	11	55%
Sign of immoral behaviour	1	5%
Nurses attitudes at public clinics	3	15%

Table 14 shows the reasons of the participant teenagers for their contraceptive choice.

Two (10%) indicated that they were still young, 1 (5%) indicated that they are allergic. Two (10%) indicated that they are scared of side effects, 11 (55%) indicated lack of knowledge, 1 (5%) indicated sign of immoral behaviour and 3 (15%) indicated nurses attitudes at public clinics as the reasons of contraceptive method choice.

4.4.2.5 Partner support in contraceptive choice

Table 15: Partner support

Partner support	Frequency	Percentage
Supportive	8	40%
Partially supportive	6	30%

Not supportive	6	30%
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Table 15 shows the levels of partner support in contraceptive choice. Eight (40%) got partner support, 6 (30%) just partial support and 6 (30%) got no partner support at all.

4.4.2.6 Where did you learn about contraceptives?

Table 16: source of information about contraceptive

Source of information	Frequency	Percentage
Friends	3	15%
Teachers at school	6	30%
Media /pamphlets/	2	10%
Parents	nil	0%
Nurses & doctors at school	2	10%
Youth programmes	1	5%
Clinics	6	30%

Table 16 shows the sources of contraceptive knowledge.

Three (15%) of the participants indicated that they got information about contraceptives from their friends, 6 (30%) got information from teachers at school, 2 (10%) got information from the media and pamphlets. None (0%) obtained information from their parents. Two (10%) indicated that they got information from doctors and nurses who visited their schools, 1 (5%) indicated youth programmes as the source of information and 6 (30%) indicated clinics as the source of information on contraceptives.

4.4.2.7 Please tell me more about other contraceptives

Table 17: Knowledge of contraceptives

Knowledge of contraceptives	Frequency	Percentage
Knowledge	1	5%
Partial knowledge	14	70%
No knowledge	5	25%

Table 17 shows that only 1 (5%) of the participants has good knowledge of contraceptives whereas 14 (70%) has only partial knowledge and 5 (25%) know nothing about contraceptives.

4.4.2.8 In your opinion, how can young people be encouraged to use Reproductive health services and make them more willing to use contraceptives?

Table 18: opinion about use of reproductive health services and contraceptive use

Opinion and Use of RHS	Frequency	Percentage
Advertisement, campaigns & pamphlets	6	30%
Nurses to change attitude in public clinics	1	5%
Going to schools teach FP	5	25%
Research and reading more	2	10%
Parental Support	2	10%
Did not know	4	20%

Table 18 shows opinion to encourage youth to use Reproductive health services and increase on contraceptive use.

Six (30%) of the participants indicated that advertisement, pamphlets and magazines will encourage young people to use the services, 1 (5%) indicated the need of attitude change in nurses as a tool to increase use of services and 5 (25%) indicated going to schools to teach family planning as a way to encourage youth to use the services.

Two (10%) indicated that doing more research and reading more about contraceptives by the teenagers will increase service use, 2 (10%) indicated parental involvement as a way to encourage young people and 4 (20%) did not know what could be done to encourage young people to use contraceptives.

4.4.2.9 What do you think would make these services much better?

Table 19 Opinion on service improvement

Service improvement	Frequency	Percentage
Teach about CTOP & FP	5	25%
Governments intervention	2	10%
Attitude change in public clinics	4	20%
Client satisfaction	2	10%
Parental support	1	5%
Magazine pamphlets and campaigns	6	30%

Table 19 shows different opinions on service improvement by the teenagers.

5 (25%) indicated that teaching about CTOP and FP will improve reproductive health services, 2 (10%) indicated the need for government intervention whereas 4 (20%) indicated the need for attitude change in public clinics. Two (10%) indicated that they are satisfied with the services, 1 (5%) indicated parental support as a key to improve services and 6 (30%) indicated that magazine, pamphlets and campaigns will improve the services.

4.5 Results of the semi structured interviews with the midwives

Semi structured interviews were conducted one on one in a private room with the 2 midwives who perform TOP at the clinic. The questions addressed focused on available reproductive health services, how do the youth access them and how are they informed about them.

4.5.1 Types of reproductive health services available at the clinic

Family planning, Termination of Pregnancy (both surgical and medical pill), STI screening and management, cervical screening. Types of family planning services include the condom, pill, injections, Loop (IUCD) and implant.

4.5.2 Available support structures before and after TOP at the clinic

Pre TOP counselling

Post TOP counselling after two weeks

4.5.3 How teenagers access them after TOP has been done

They are informed about it during pre-TOP counselling and are encouraged to come back after two weeks for check-up as well.

4.5.4 How are teenagers informed about the availability of such services?

They are informed during Pre-TOP counselling about them and also encouraged to come back to the clinic anytime should they need to talk about it.

4.6 Conclusion

The focus of this chapter was to present the findings of both the demographical and semi structured interviews of both the midwives and the teenage participants at Maggys Hope Clinic.

CHAPTER 5

DISCUSSION

5.1 INTRODUCTION

The purpose of the study was to determine the factors that contribute to termination of pregnancies among teenagers in Maggys Hope Clinic in Polokwane Municipality, Limpopo Province. This chapter discusses the findings of the study in relation to literature and assumptions.

5.2 Participant teenagers' demographic information

Themes from the demographic information

5.2.1 Age

According to The Centre for Reproductive Rights in (Hlalele 2008:11) TOP is allowed on socioeconomic grounds, observing factors such as a woman's economic resources, her age, and her marital status. TOP legislation in such Western countries is generally interpreted liberally. The law is applicable in 14 countries inhabited by 20.7 percent of the world's population.

All the participants' ages were all within the reproductive age group of teenagers aged 19 years and younger with the youngest of the participants being in the 15 -16 years age band.

Sixteen of the participants who had TOP were 19 years old. This is supported by the British Abortion Statistics. The latest British Abortion Statistics according to Brady, Brown, Letherby, Bayley and Wallace (2008:186) reveal that the rate of TOP is highest for 19 year olds, at 35 per 1000 and that under 16 to 18 year olds are high at 31 per 1000). Irinoye, Oyelele, Adeyemi and Tope-Ojo (2004:26) indicated that, in many African countries more than forty percent of teenagers aged 15 to 19 years have terminated pregnancies. In contrast in Nigeria, Mauritania and Sudan, more than twenty percent of teenage girls have terminated pregnancies by the age of 15 years and about forty three percent of terminated pregnancies among Nigerian women, occurred in teenagers aged below 18 years.

5.2.2 Educational level

Table 2 shows that fifty percent or 10 of the participants indicated high school as their educational level where as the other 10 or fifty percent indicated tertiary as their educational level.

Hlalele (2008:16) found that while by law pregnant adolescents are not forbidden to complete their schooling in South Africa, cases have been reported where the communities in control of schools have denied them this right. By contrast, these pregnant adolescents' male partners do not meet with the same rejection. For single teenage girls the birth of an unwanted or unplanned child can lead to loss of educational opportunities. Hlalele (2008:16) again found that the teenagers do TOP because of their desire to continue education and not to disrupt their school programmes.

5.2.3 Race group

Table 3 shows that all the 20 participants are African.

Hlalele (2008:14) maintains that religion and culture remain social attributes that largely underpin patterns of living and may therefore dictate a belief system and codes of behaviour. Because religious and cultural constructs also play a role in the development of societal attitudes, these constructs may influence the pregnant adolescent's decision to terminate a pregnancy (Hlalele 2008:16). Hlalele (2008:16) also found for termination among unmarried teenagers is because they would fetch a lower bride-price and is referred to as "cheap" and "second-hand".

5.2.4 Marital Status

Table 4 shows that all the 20 participants are single.

For single women and teenage girls the birth of an unwanted or unplanned child can lead to loss of educational opportunities, diminished chances of a successful marriage, ostracism by family and friends, and welfare dependency (Hlalele 2008:16). Hlalele (2008:16) also found for termination among unmarried teenagers is because they would fetch a lower bride-price and is referred to as "cheap" and "second-hand".

5.2.5 Employment Status

Table 5 shows only (2) 10% of the sample is employed whereas (4) 20% is unemployed and the (70) 5% is comprised of students. Lack of resources and low socioeconomic status influence the decision to terminate especially in this study. This study is supported by Hlalele (2008:12) findings that TOP in developed countries allows a woman to terminate based on socioeconomic grounds, observing factors such as a woman's economic resources, her age, and her marital status.

5.2.6 Religion

Table 6 interestingly shows that (20) one hundred percent of the sample are Africans, single and Christians. This study reveals that despite the participants religious beliefs they did perform TOP as opposed to previous studies. No church accepts any form of abortion (Macleod, 2011:78). Christian Lawyers Association is also another group in South Africa that is also against TOP and declared the CTOP Act unconstitutional (Macleod, 2011). They even filed a lawsuit in 2003 in the Pretoria High Court (Macleod, 2011:78). Likewise in Kenya teenage pregnancy and abortions is prevalent despite legal constraints and religious teachings (Kenya Human Rights Commission, 2010:1).

According to Hlalele (2008:14) religion and culture remain social attributes that largely underpin patterns of living and may therefore dictate a belief system and codes of behaviour. Because religious and cultural constructs also play a role in the development of societal attitudes, these constructs may influence the pregnant adolescent's decision to terminate a pregnancy

Despite the fact that TOP has been legalized in England, Denmark, Sweden, New Zealand and USA, TOP still remain a matter of moral and religious concern (Pera and van Tonder, 2005:116). Religion especially Catholics have been an organized force against TOP (Pera and van Tonder, 2005:116).

5.2.7 Number of children

Table 7 shows that three (15%) of the participants have children and 17 (85%) don't have children.

According to Wieman et al (2005:353), teenagers who choose to terminate their pregnancies more frequently express concern that, bearing a child would interfere with their schooling and career as well as have damaging consequences to their social lives. This was also supported by Leishman (2004:88) who indicated that most teenagers terminate unwanted pregnancies because they do not want to compromise their career developments, especially because their male partners will be continuing with their education as the girlfriends will be taking care of the babies.

5.2.8 Number of TOP's including the current one

Table 8 shows that all 20 (100%) participants indicated the current TOP as their first.

5.3 The findings from the semi structured interview guide

Main Question: please tell me in details what has motivated you to do TOP?

Majority of the participants had TOP done because they are still studying and they want to finish their education first. Even those who are working are not ready for another child or don't want the child. Some of the teenagers feel they are not yet ready to be mothers and some feel they are still young and never planned or thought of being pregnant. Some terminate due to their age, marital status and family socio economic status. The interviews were audio-taped and then transcribed. These transcripts were then read many times in order to identify and document the descriptive concepts that emerged from the semi structured interviews. The dominant motivating factors were then grouped into themes. These descriptive concepts were grouped into ideas which were later developed into themes that included; CTOP legislation, marital status and still being at school, parental pressure, contraceptive failure; counselling, it's the only way out, unpreparedness regarding parenting, lack of support, association of pregnancy with grant, lack of knowledge and insight about contraceptives, improvement of services.

Emotional themes that arose are anger, fear, anxiety, pregnancy as a sudden stumbling block, feelings of guilt and shame and coping strategies including excitement and relief.

5.3.1 CTOP legislation

Termination of pregnancy in South Africa has been legalized by the CTOP Act of 1996 which has been implemented since 1997. A study conducted by Hlalele (2008:10) found that South African TOP statistics reveal a definite trend – girls or teenagers tend to procure TOP more frequently than older women.

According to Maja, (2007:45), CTOP Act makes TOP services easily accessible as the teenager signs for termination of pregnancy without the consent of parents, this promotes negligence amongst teenagers, and as a result, they just engage in unprotected sex knowing that if they become pregnant they will go for termination of pregnancy.

One of the participants knew about the CTOP legislation and the fact that it is legal and is her decision to terminate or not to terminate. Such knowledge can be attested from the extracts hereunder:

A1 “Termination is legal right, so at school, wherever we go we / they must tell young people about this and help us. Even TV must talk about it to help each other.”

5.3.2 Age, marital status and still being at school

Hlalele (2008:16) found that while by law pregnant adolescents are not forbidden to complete their schooling, there are still challenges in some communities. For single teenage girls the birth of an unwanted or unplanned child can lead to loss of educational opportunities, future career choices and diminished chances of future happy marriages (Hlalele 2008:16).

According to Wieman et al (2005:353), teenagers who choose to terminate their pregnancies more frequently express concern that, bearing a child would interfere with their schooling and career advancement, have damaging consequences to their social lives as well as causing a disgrace in the eyes of their parents and the community.

Studies conducted by Hlalele (2008:15), shows that teenagers do not feel confident and mature enough to be parents as the demands of motherhood conflict with the flexibility of schedules that most of their friends enjoy with regard to their social lives ; so when pregnant, the first thing that

comes to their minds is termination. These can be attested with the flowing extracts from the interview.

A3 "I want to go to school. I want to finish and work first."

A7 "I decided to terminate so it does not ruin my future."

5.3.3 Parental pressure

It is without doubt that parents do play a part in influencing teenagers to have TOP's. This study is supported by Tanga and Uys (2005:54) whose have shown that some parents pressure their teenagers to terminate their pregnancies out of shame as they want to retain their social status; they don't want the community to classify them as those whose children are having illegitimate babies. This was also supported by (Hlalele 2008:14), who indicated that many parents consider teenage pregnancy a disgrace and a disappointment based on the fact that, other community members will consider them as having failed to give their children proper moral upbringing; they can rather pretend as if their teenagers are still virgins as long as they have not given birth to any baby.

In this study it found that other parents pressurize their daughters to terminate to settle family rifts as seen from the transcript below.

A10 "I got pressure from my parents as they don't get along with my boyfriend's family"

5.3.4 Contraceptive failure

WHO (2004) maintains Services should not be withheld from adolescent merely because they are adolescents. Health workers must not only be competent, but also willing to devote adequate time in the provision of the service, be interested in understanding the needs of adolescents, and trustworthy so that they can be consulted again when the need arises.

The study conducted by the Medical Research Council (2007:9) showed that the attitudes of nurses at the hospitals and other health centres are a barrier to adolescent contraceptive use in South Africa. These attitudes hinder teenagers from seeking protection and it therefore, contributes to teenage pregnancy. The findings of the study showed that most nurses feel uncomfortable to provide teenagers with contraception because of their belief systems; they feel

that adolescents should not be having sex at an early age. This study also found that the nurses' attitude to requests for contraception was highly judgmental and they were perceived as unhelpful to teenage mothers.

Although nurses' attitude has an influence in perpetuating teenage pregnancy, it should be noted that social pressures can also prevent young women from using contraceptives (Medical Research Council, 2007:9). Consideration should also be taken that some of the contraceptives are not hundred percent safe and thus contribute to the high rate of teenage pregnancy. Therefore, more research is necessary to improve contraceptives to assist with curbing the alarming rate of teenage pregnancies. Sometimes contraceptives fail to work due to a number of reasons and also because of poor knowledge to use them (Medical Research council, 2007:9)

The above study is supported by According to Richter and Mlambo (2005:67), health-care providers also contribute to non-utilization of health care services by the youth, as they were reported to be negative towards youth requesting specific contraceptives; clients then had to settle for any contraceptive method offered which in turn affected compliance rate. In some instances teenagers were even denied services.

A2 "I was on pill, but I missed my period. I went to the clinic where I was getting the pill but they said things like this do happen. I went home and think about it, then went back to the clinic. I did a pregnancy test and it came back positive. I decided to terminate because I was preventing to fall pregnant that's why I am terminating."

5.3.5 It's the only way out. I did not plan it.

According to Leishman (2004:33), the age at which teenagers become sexually active starts from 11 years, and this age are worrying because teenagers at this age know nothing about sexuality and how their bodies work. He further indicated that the age at which teenagers commence coitus seems to have far-reaching implications in terms of termination of pregnancies. It would appear that the younger teenagers are when commencing sexual intercourse, the less likely they are to be knowledgeable on sex education. This could lead to unprotected sex which ends up in unwanted pregnancy resulting into termination. This was also supported by Tanga and Uys (2005:55), who stated that the age at which teenagers commence with sexual intercourse affects the context of

sexual activity, its frequency as well as the quality of relationships, contributing to termination of unwanted pregnancies.

According to Maja, (2007:45), CTOP Act makes TOP services easily accessible as the teenager signs for termination of pregnancy without the consent of parents, this promotes negligence amongst teenagers, and as a result, they just engage in unprotected sex knowing that if they become pregnant they will go for termination of pregnancy.

This research study found that sometimes the teenagers don't see any other solution except to terminate as illustrated by these participants below.

A5 "I did not plan it so I decided to do the abortion."

A8 "Honestly I don't know. When I look at my education and stuff it is the only way out."

5.3.6 Unpreparedness regarding parenting and fear of raising a child

Studies conducted by Hlalele (2008:15), shows that teenagers do not feel confident and mature enough to be parents as the demands of motherhood conflict with the flexibility of schedules that most of their friends enjoy with regard to their social lives ; so when pregnant, the first thing that comes to their minds is termination.

Tanga and Uys (2005: 58), also supported the notion by indicating that teenagers do not feel matured enough to be parents as the demands of motherhood conflict with the flexibility of schedules that most of their friends enjoy, so, when they find themselves pregnant, they go for termination.

This study also supports the previous studies as teenagers feel unprepared either emotionally or financially that's why they choose to terminate and this is attested by the following transcript:

A4 "I am not ready to be a mother. It will be difficult for me to support the baby."

5.3.7 Fear of parental disappointment

Literature reveals that there are adolescents who resort to termination of pregnancies because of fear of stigmatization. Two out of five adolescents reported feeling stigmatized because of their pregnancies and therefore seriously considered termination, others indicated that they were afraid

of telling their parents about such pregnancies; afraid of the teachers and above all, felt abandoned and rejected by the fathers of their expected babies. Adolescent mothers who were identified as experiencing stigma were also more likely to report isolation from friends than those not so identified. Earlier studies among adolescents confirm that isolation is a major life occurrence that results from pregnancy, and all these make them consider termination of pregnancy as a solution (Wieman, Rickert, Berenson and Volk 2005:352).

According to Wieman et al (2005:353), teenagers who choose to terminate their pregnancies more frequently express concern that, bearing a child would interfere with their schooling and career advancement, have damaging consequences to their social lives as well as causing a disgrace in the eyes of their parents and the community.

This supports the previous two studies as teenagers simply want to be seen as good girls and do not want to disappoint their parents and they don't want to betray their trust.

A7 "I thought about this. I knew I was young. I don't want to disappoint my parents as I am their only hope. I don't want my parents to know."

A19 "I did not want my mother not to trust me."

5. 4 Probing or follow up questions from the semi structured interview guide

Probing or follow up questions

From the probing and follow up questions the following results observations were noted. Lack of support, counselling, association of pregnancy with grant, lack of knowledge and insight about contraceptives, improvement of services. Emotional themes that arose are anger, fear of raising a child, pregnancy as a sudden stumbling block, feelings of guilt and shame and coping strategies.

5.4.1 Support structures

This study found that only 5 participants had parents as their support system. 1 had the brother, 3 had a sister, 2 friends, 3 boyfriends and 6 had absolutely no support.

Only five percent or 1 participant performed TOP due to pressure from the parents. This was to please them and to get their support. Some teenagers decide to keep their TOP's as a secret from

their parents due to fear of disappointing and fear of being judged by their own parents and being labelled as shameful. Some decide to keep it to themselves and suffer alone. Some share with parents, brothers, sister, friends and boyfriends. This leads to dependence on selective support structures (Sodi, 2009:59). The following transcripts are an example of dependence on selective support structures:

A2 “Truly speaking nobody knows about this except, only me.”

A17 “No support. I did not tell anyone about it”

A8 “My boyfriend is the only support I have.”

A1 “Maybe they should form support groups in the clinic to get more information and advices.”

5.4.2 Coping skills

A study conducted by Sodi (2009:59) found that teenage pregnancy and TOP is seen as shameful. Some teenagers feel guilty about having done TOP. Telling no one reduces stress from being condemned. It reduces their fear of being rejected by their friends and boyfriends. They keep quiet restore their lost dignity as per these transcripts:

A7 “I thought about this. I knew I was young. I don’t want to disappoint my parents as I am their only hope. I don’t want my parents to know.”

A17: “I have no support. I did not tell my mother about it”.

A19 “I did not want my mother not to trust me.”

5.4.3 Anger from contraception failure

The study found that one teenager was angry due to the fact that she was on a pill method and yet she fell pregnant and yet nurses at the public clinic said it does happen but never assisted her with the TOP there. This is also supported by the study by Sodi (2009:61) that teenagers experience feelings of shame, anger, anxiety and fear on discovering that they are pregnant.

A2 “I was on pill, but I missed my period. I went to the clinic where I was getting the pill but they said things like this do happen. I went home and think about it, then went back to the clinic.

I did a pregnancy test and it came back positive. I decided to terminate because I was preventing to fall pregnant that's why I am terminating."

A2: "I don't know. But I feel like if it happens like this I have been taking a pill the clinic should have done something, they should have checked me and check if I missed my pill or may be refer me to a hospital where I can terminate my pregnancy but they said no we can't help you. Even if you go to the hospital it can take a long time. So it would be good to go to a private clinic. That's why I came here. But I think the clinic should do something".

5.4.4 Anxiety and fear

Participants expressed anxiety and fear of being seen in public clinics doing TOP. They fear that TOP can damage their wombs making them not to have children in future. This fear and anxiety is attributed by Hlalele (2008:17) that teenagers face stigmatization due to the fact that they visited an abortion clinic.

A10: "I will encourage teenagers to use contraceptives as TOP can damage their wombs. They must think for themselves. Others will have children and those children will suffer. They must just prevent".

A19: "Clinics like this is private, nobody will know that you came here. It is a good thing. I will encourage people to come to private clinics because they get personal attention unlike in community clinics and hospitals".

5.4.5 Sense of relief and excitement

A study conducted by Moore, Miller, Sugland, Morrison, Gleib and Blumenthal (2004:4) in USA, reported a significant increase in sexual activity among females aged 14, 15 and 16 years compared to young women of the same age 15 years ago. Furthermore, the younger the age of first sexual intercourse, the more likely that the experience was coercive or forced and the greater the risk of an unwanted pregnancy leading to termination of such a pregnancy.

In this study one of the participants was relieved knowing that TOP is legal. Participants were relieved and excited knowing that TOP has been done. It is fast and nobody has to know about it and they don't have to be on the waiting list in public clinics.

A1: *“Is like termination is legal right”?*

A16: *“I am happy with the services. I think more counselling to open up about teenagers’ experiences”.*

A11: *“The procedure is fast I don’t know may be food after”.*

5.5 Further probing focused on Reproductive health knowledge

In this study partner support in terms of the contraceptive use is a huge challenge. Some are supportive, some partially and some not supportive at all. Teenagers are well informed about their reproductive health rights. Amobi and Igwegbe (2007:95) reveal that teenage girls are easily influenced as they lack assertiveness to negotiate for safe sex, especially in situations where partners are much older men and the key motivation for sex is material gain such as money, clothes, cell phones, cosmetics, food and drinks; hence the minute the teenager reports being pregnant, he forces her to go for termination as he does not want to be held responsible. This was also supported by Richter and Mlambo (2005:68) as well as Okonufia (2005:420), who highlight that male domination is perceived as an obstacle to contraceptive use in instances where young girls had to take responsibilities in protecting themselves against unintended pregnancies without the help of their partners. Research showed that many young girls who came for TOP felt betrayed by their boyfriends who were not supportive in preventing pregnancies as expressed.

R: *How supportive was your partner in your contraception choice?*

A2: *“Him. He was very supportive but he told me that I must use it for a year or two because he thought I was using it to reduce my blood level even though I knew that I was taking it for family planning”.*

A6: *“He was not supportive”.*

A11: *“My boyfriend was not really supportive. He was partly supportive”.*

5.5.1 Type of contraceptives used before Pregnancy

In this study most of the teenagers indicated that they were using condoms but yet they demonstrated ignorance and irresponsible behaviour. Some revealed that they stopped from going to get their following injection dose. Some revealed that they stopped using them without telling the boyfriends. Some revealed that sometimes they used condoms and sometimes did not use protection. Some indicated lack of interest in using them and one of the participant claimed to be allergic.

A3: "I was not preventing in a low voice".

A5: "Condoms".

A11: "My boyfriend was not really supportive. He was partly supportive".

Amobi and Igwegbe (2007:95) reveal that teenage girls are easily influenced as they lack assertiveness to negotiate for safe sex. This study found that many young girls who came for TOP felt betrayed by their boyfriends who were not supportive in preventing pregnancies as expressed.

5.5.2 Reproductive health knowledge

The study found that eleven of the participants had no knowledge of contraceptives. This is a serious concern. Participants indicated that they had very little knowledge on reproductive health issues. Although youth empowerment with sex information has been widely discussed and is now accepted as a fundamental principle within many health promotion practices, its practical application is still subject to considerable debate.

A3: "Pill I have heard about it".

A3: "Sometimes is working and sometimes not".

A4: "About pill I'm not allergic to use it. I must use it every day. I must not miss it. If I miss once I'm gonna fall pregnant. About the loop thing I don't know".

A5: "The pill what I heard about the pill is that it makes you big as well as the injection and make you gain weight. The loop is not guaranteed that it is safe".

Realini (2004:20), propose that information regarding sexuality including contraceptive practices should be imparted early in the socialization process of both boys and girls at homes, schools and community places. Having such information during early stages of life could assist in equipping individuals with better skills to protect themselves against STIs and unintended pregnancies which result in termination.

5.5.3 Source of contraceptives knowledge

The study found that none of the participants indicated their parents as their source of information. This was also supported by Okonufia (2005:419), who indicates lack of communication between young people and their parents as a cause of concern, as it leads to teenagers having inaccurate information regarding sexuality, contraceptives and pregnancy. In his study, Okonufia (2005:419) indicated that parents hesitate to make sex education available to their teenagers out of fear that the teenagers would interpret that as permission to engage in sexual activities, leading to promiscuity accompanied by sexually transmitted infections and future infertility. He emphasized that parents thought it was improper to discuss sexual matters with their children, as a result, teenagers engage in unprotected sex not knowing that they will fall pregnant, and when they realize that they are pregnant, they opt for termination.

Okonufia (2005:419) also states that, young people often learn about sex informally from their friends and media as their parents do not open up to them for fear of promiscuity. These sources however often spread misinformation on aspects such as sexuality, contraceptives, sexually transmitted infections and pregnancy.

Mohammad et al, (2006:34), indicate that cultural barriers and respect for elders in discussing sexuality issues compounded the problem, as neither parents nor teenagers can initiate the conversation. Thus makes teenagers unable to access information regarding sexuality forcing them to experiment with their bodies, leading to unwanted pregnancies that end up in termination. Mohammad, et al (2006:34), further indicates that most mothers would not even discuss menstruation with their children, or if they did, they would simply inform their children that it was a process of growing up without giving them full details about what to expect, its implications and how to prevent pregnancies.

A study by Makol-Abdul, Nurullah, Imam and Rahman (2009:42) found that in the Muslim culture, sex is not discussed at home. If sex- related matters appear on television, it is switched off or moved to another channel. Some Muslims explained that their tradition was for the father to teach their sons and the mothers their daughters. In some cultures it is generally accepted that sexual matters should not be discussed with adolescents as it is feared that such knowledge might encourage them to be promiscuous (Makol-Abdul, et al 2009:42).

Schools are doing part but there is a gap in terms media and health department doing it part as the biggest stakeholder as confirmed by the following transcripts:

A3: "From my friends. They told me that it changes you. After 3 or what years or more you might take a long time to fall pregnant".

A5: "From school, pamphlets there are these other people with pamphlets".

A6: "Doctors came to school, clinics and hospital".

5.5.4 Ways to improve youth reproductive health services

In this study some of the participants felt that more teaching about family planning and CTOP is needed. Government must also intervene. Participants felt that more pamphlets and reproductive health magazines should be available. Some participants felt that Maggys Hope Clinic must be advertised for more people to know about the service. The study supports what Hlalele (2008:12), strongly recommended that the government should continue developing strategies to assist teenagers by having clinics with services that are accessible, affordable and user-friendly so that teenagers can receive the necessary counseling regarding reproductive health issues and hence meet their reproductive needs.

A11: "Hmmm... Advertisement. I don't think the clinic is well known. I think a friend brings a friend".

A12: "Speak to school principals about increased teenage pregnancy. Ask the Principals to let you talk to the teenagers. Tell the teenagers about advantages and side effects of contraceptives".

A13: “Maybe the Department of Health must intervene as a lot of people depend on the public hospitals as they are not financially stable”.

A14: “Give teenagers advices. Give them pamphlets”

Even though none of the participants mentioned the need of parental involvement as source of knowledge, according to Bhatti and Fikree (2010:113), parents should be educated on the importance of striving for education for their female children and postpone their marriages until they are 21 years and older.

It is also very important to involve adolescent boys and men in the fight against teenage pregnancy and its consequences Marlow and Redding (2005:1122), indicate that many parents do not adequately explain to their girls the various changes that occur in the body during puberty. Girls should have a clear understanding of ovulation, fertilization, pregnancy and childbirth before the onset of menstruation. This will minimize their anxiety and empower them to face the future. This was also supported by Hlalele (2008:16), who indicate that parents should take the responsibility for guiding the youth to avoid engaging in sexual activities at an early age to minimize the risk of contracting STIs & HIV/AIDS as well as unwanted pregnancies that may end in termination.

According to Khoza (2004:39), parents should play a significant role as sexuality educators for their children. Many parents are not ready to discuss sexual issues with their children; they assume that they will get the information from schools. This is also supported by Moore, Miller, Sugland, Morrison, Gleib and Blumenthal (2004:6), who state that having better educated parents, supportive family relationships, adequate parental supervision, sexually-abstinent friends as well as attending church frequently are all related to later onset of sexual intercourse.

5.6 Midwives discussion as per interview guide

5.6.1 Reproductive Health services

Based on the interview with the midwives the study found that the clinic offers comprehensive Reproductive Health Services which are user friendly for teenagers and youth as indicated in the transcripts below:

01: *“We have family planning, Choice on Termination of Pregnancy services and Sexual Transmitted Infections management”.*

01: *“With family planning we’ve got four types that teenagers can access, the pill, the injectable which is the three months one and the two months one. We have the loop which we insert and it stays there for 5 years. After 5 years we remove it and replace with a new one if there is a need. If in between they want to fall pregnant we remove it. We have the condoms. With the condoms we encourage them to use the dual protection meaning that it be the pill, injectable, loop plus the condom”.*

In South Africa, the Choice on Termination of Pregnancy Act stipulates that a pregnant woman is entitled to termination on request within the first twelve weeks of pregnancy (South Africa, 1996:4). As such, the South African situation may be described as liberal. Strict legal regulation, on the other hand, discourages TOP or may provide grounds for unsafe and illegal termination.

5.6.2 Support Structures

The CTOP No 92 Act of South Africa (1996:3) stipulates that mandatory counselling is vital in all terminations.

The study found that a comprehensive Pre and Post TOP counselling is in place with a good referral system in place should there be a need at the clinic. The participants are well informed during the Pre and Post TOP counselling as legislated in CTOP Act no 92 of 1996. The study found that the participants are informed the about the Act and the TOP procedure itself, the potential short and long term risks. The study also found that the importance of medical follow-up, as well as after care is explained to the participants during counselling. The participants are also educated about the need for contraception after the TOP procedure as they are available at the clinic. The study also found that emotional support and guidance after the TOP procedure is provided to enable the teenagers to deal with their feelings (e.g. guilt, regret, remorse and/or relief), and to facilitate the mourning process and an adaptive response to the crisis.

02: *“We offer pre and post TOP counselling. Normally we ask them to come back after two weeks for check-up and support if the need be”.*

02: "Like we say normally when we do the counselling we ask them to come back to the clinic for follow-up. When they come for follow-up we do the post counselling".

02: "When we do the counselling we give them the information of the services available and how to access them. If they need to talk to someone they can talk to us as we give them our contact details. We give them clinic numbers".

The findings of the study is also supported by Hlalele (2008:13) as counselling provides an opportunity for the adolescent to spend an adequate amount of time reflecting on the available options and their implications, removing some of the pressures and panic associated with the decision and helping the adolescent to come to terms emotionally with her decisions.

CHAPTER 6

CONCLUSION AND RECOMMENDATIONS

INTRODUCTION

This chapter provides an outline of the researcher's findings and comments that are made to assist further research. The chapter further provides an overview of the findings and the recommendations.

6.1 CONCLUSIONS RELATED TO THE AIM OF THE STUDY

This was an exploratory, descriptive qualitative study. The aim of the study was to determine the factors contributing to termination of pregnancies amongst teenagers at Maggys Hope Clinic in Polokwane Municipality, Limpopo Province South Africa.

6.1.1 To determine the factors contributing to teenage TOP in Maggys Hope Clinic.

CTOP legislation is one of the reasons why teenagers terminate. All the twenty participants indicated age and marital status as the motivation as the contributing factor to terminate their pregnancies. Educational level the most pushing factor is that 14 or seventy percent of the participants are still at school. Employment status also contributes to termination of pregnancy as ninety percent of the participants are unemployed. The study found that parental pressure is five percent, contraceptive failure five percent, fear of parental disappointment five percent and unpreparedness to raise a child also five percent.

6.1.2 To identify the type of teenage reproductive health services available at the clinic.

According to the interviews conducted with the midwives available youth reproductive health services are in place and include the following, TOP services, Family planning, Pap smear and STI screening and management.

6.1.3 To explore available support structures in place for pregnant teenagers before and after TOP at the clinic.

Pre and Post TOP counselling are in place with a good referral system in place should there be a need. The participants are well informed during the Pre and Post TOP counselling. All teenagers underwent Pre TOP counselling before the procedure was done.

6.1.4 To explore the knowledge that teenagers have about contraceptives.

Eleven (55%) of the participants have no knowledge of contraceptives. This is a serious concern. Participants indicated that they had very little knowledge on reproductive health issues including facts. Eight (40%) have partial knowledge of contraceptives and only 1 (5%) had a good knowledge and insight of contraceptives.

6.1.5 To determine strategies to reduce teenage pregnancy and TOP.

Campaigns, pamphlets and road shows needs to be a cornerstone in reducing teenage pregnancy and TOP. Parental involvement should be encouraged as a reduction strategy. Doctors and nurses should visit schools more to talk about reproductive health issues. Government should also intervene in terms of youth programmes.

6.2 LIMITATIONS

During the course of the study, certain limitations were identified, of which the most significant were:

- The study was limited to the factors contributing to termination of pregnancies amongst teenagers in at Maggys Hope Clinic in Capricorn District, Limpopo Province. Therefore, the findings cannot be generalized to the entire country.
- It cannot therefore be assumed that the respondents who participated in the study had the same knowledge, attitudes and perceptions regarding reproductive health services as those who did not participate.
- Teenagers who terminated pregnancies in other health institutions, outside the selected clinic but within Capricorn District were not included in the study.

- Under –reporting might have occurred as a result of the sensitive nature of some of the questions on sexuality.
- Respondents might have interpreted some of the questions as prying into their private lives, and this could have affected their responses.

Some of the limitations offer scope for further research and will be referred to in the recommendations.

6.3 RECOMMNDATIONS

The current study found that teenage TOP generates a wide range issues and emotions including fear, anxiety, and feelings of shame. This means that teenage TOP constitutes a great challenge to teenagers who lack support and can be a traumatic situation. Based on the findings of the study, the researcher makes the following recommendations for practice and for further research.

6.3.1 Department of Education and life skills training

- Girls should receive reproductive health education which covers menstruation, sexual intercourse, contraceptives, conception as well as pregnancy before they reach the age of 13 when a number of them already have had their menarche and some have even started engaging in sexual activity.
- Teachers should be trained to counsel learners in both primary and secondary schools so that they can help with sexuality matters.
- Life orientation should be expanded to include more in terms of youth mentoring.

6.3.2 Community support system

- The parents/guardians need to be equipped with knowledge and skills regarding reproductive health issues, so that they can adequately communicate with their children. Parents are the first educators of their children, and should use religion to teach moral and ethical issues so teenagers will either abstain from or postpone sexual activity.

- It is important for the community and individual families to improve the quality of life as well as the economic status of their families, by reducing challenges such as teenage pregnancy.
- Community Centres should be used to provide information to the youth, regarding reproductive health issues and this can be done in the form of dramas, seminars and workshops.

6.3.3 Health services management

- Reproductive health services should be accessible, user-friendly and affordable for teenagers.
- Sustainable reproductive health programmes should be developed and implemented at all clinics. The programmes should be audited at regular intervals.
- Health care workers should be sensitive to the needs of teenagers by creating supportive environments and programmes to prevent and address the causes of teenage pregnancies which end up in termination.
- School health services must be revitalized and Social workers and Psychologist should form part of the programme from planning to implementation.

6.3.4 The country

- The government, NGOs and private sectors should continue to fight to improve the economy of the country.
- The media should be actively involved in providing information to the community on prevention of teenage pregnancy TOP.

6.3.5 Further research

Further research could be conducted on the following topics:

- The impact of parents as primary sources of knowledge in sex education in teenagers' life.

- The knowledge, attitudes and practices of teenagers towards contraceptives.
- The knowledge, attitudes and practices of Health care workers towards teenagers accessing youth reproductive health services and TOP.
- The impact of the current life orientation curriculum on teenagers.
- The long term emotional effects of TOP amongst teenagers.

6.4 SUMMARY AND CONCLUSION

Teenage termination of pregnancies is a major health concern in South Africa, Africa and globally. Teenagers' health is in danger due to engaging in unprotected sex banking on TOP as a solution. The study found that age, fear from dropping out of school, lack parental involvement in sexual matters, family economic status, marital status, dominance by male partners, lack of support from the partners in using contraceptives, including lack of knowledge and information on reproductive health issues, were the main factors contributing to termination of pregnancies amongst teenagers in Maggys Hope Clinic in Capricorn District, Limpopo Province.

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APPENDIX 1 A

UNIVERSITY OF LIMPOPO (TURFLOOP CAMPUS) LETTER TO PARTICIPANTS

MPH Student

Khawurisa Lizzy Baloyi

Cell: 082 338 8346

Dear Participant

Your participation is required in a research study that aims to determine factors contributing to teenage Termination of Pregnancy. You will be provided with guidelines that include risks, benefits and your rights as a participant.

To participate you will be asked to provide written informed consent that will include your signature, date and initials to verify that you understand and agree to the conditions.

Participation to the study is voluntary. You have the right to query concerns regarding the study at any time. Telephone numbers of the researcher are included.

I will interview you for 30 to 45 minutes the longest. Your response is of utmost importance to me. Kindly be available for the set appointment.

Yours sincerely

Khawurisa Lizzy Baloyi

RESEARCHER

Dr NJ Ramalivhana

SUPERVISOR

APPENDIX 1B

UNIVERSITY OF LIMPOPO (TURFLOOP CAMPUS)

LETTER TO PARTICIPANTS (SEPEDI VERSION)

MPH Student

Khawurisa Lizzy Baloyi

Cell: 082 338 8346

Thobela Motšea-karolo

Go tšea karolo ga gago dinyakišišong tšeo dinepileng go hwetša mabaka ao a dirago gore makgarebe a ka tlase ga mengwaga e lesome-seswai ba thube dimpa. O tla hwetša hlahlo ya go akaretša mepotso, dikotsi le ditokelo bjale ka motšea karolo.

Gore o be motšea karolo o tla kgopelwa go ngwala lengwalo la go dumela, lona le tla akaratše, go sayiniwa, tšatši-kgwedi le dihlaka tša mathomo tša maina a gago go kgonthišiša go kwešiša le go dumelelana le maemo a dinyakišišo tše.

Go tšea karolo ga gago ke ga maithaopo. O nale toka ya go botšiša se sengwe le se sengwe mabapi le dinyakišišo tše ka nako tšohle. O kgopelwa go akaretša dinomoro tša mogala wa gago. Ke tla go botšiša dipotšišo tekano ya metšotšo e lesome-tharo goba go feta. Phetolo ya gago e bohlokwa kudu. Ka boikokobetšo o kgopelwa go ba gona ka nako ye e beilweng.

Wa gago

KL Baloyi

Monyakišiši

Dr N J Ramalivhana

Mofahlusi

APPENDIX 2B: CONSENT YA SEPEDI

UNIVERSITY OF LIMPOPO (TURFLOOP CAMPUS)

Leina la projeke:

Mabaka ao a dirang gore dikgarebe tša ka tlase ga mengwaga e lesome-seswai a thube dimpa kliniking ya Maggys Hope, Masepaleng wa Polokwane, Limpopo Province South Africa.

Ke badile tshedimošo, ke kgone go kwa le go kwešiša dinepo tša thuto e ya dinyakišišo ebile ke filwe sebaka sa go botšiša dipotšišo le nako ya go naganišiša ka ga taba ye. Ke tloga ke kwešiša dinepo tša thuto ye. Ga ka gapeletšwa go tšea karolo.

Ke tloga ke kwešiša gore go tšea karolo mo projekeng ye ke ga maithaopo ebile ke nale toka ya go tlogela ka nako e ngwe le e ngwe ntle le go fa mabaka. Se seka se be le hwetšo mabapi le thušo ga mmogo le maemo aka go akaretša hlokomelo ye ke tla e hwetšang go tšwa kliniking.

Ke nale tsebo ya gore projeke e e hweditše tumelelo go tšwa go ba Medunsa Campus Research and Ethics (Komiti kgolo ya botho ya tša dinyakišišo ya kampaseng ya Medunsa). Ke tloga ke tseba kutšwana gore dipoelo tša projeke e di tla šomišwa dithutong tša borasainse le gore dika phatlalatšwa. Ke tla dumela go tšea karolo ge fela ke tla hwetša kgonthišišo ya gore ditaba tšaka ke sephiri.

Ke dumela go tšea karolo mo projekeng e.

Leina la Motšia-karolo

Lefelo

Tšatši-hwedi

Dihlatse

Lentšu la monyakišiši

Ke file tshedimošo ka polelo le ye e ngwadilweng.

Ke dumelwa go araba potšišo ye ngwe le e ngwe mabapi le projeke e le ka moso.

Ke tla dira go ya ka tshepidišo.

KL Baloyi

Monyakišiši

Sayina

Tšatši-hwedi

Lefelo

APPENDIX 3

SECTION A: MIDWIVES' DEMOGRAPHIC INFORMATION

Participant Study Number: _____ **Date:** _____

Mark the appropriate box with x

1. Age in years

25 - 35

1

36 - 45

2

46 - 55

3

55+

4

2. Sex

Male

1

Female

2

3. Race Group

African

1

Coloured

2

Asian

3

White

4

4. Marital Status

Single

1

Married

2

Divorced

3

Widow

4

5. Religion

Christian

Muslim

Hindu

Other

6. Employment Experience in Years

1 - 5

6 - 10

11 - 15

16 - 20

APPENDIX 4

SECTION B: SEMI STRUCTURED INTERVIEW GUIDE FOR MIDWIVES

CENTRAL QUESTIONS

1. Which reproductive health services for teenagers are available in the clinic?
2. Tell me more about them.
3. What are the available support structures in place for pregnant teenagers before and after TOP?
4. How do teenagers access them after the TOP has been done?
5. How are these teenagers informed about such services should they develop a need for few weeks after the procedure has been done?
6. What do you mean when you say.....? Kindly elaborate.

Thanking you for answering the questions

APPENDIX 5A

SECTION A: PARTICIPANT TEENAGERS DEMOGRAPHIC INFORMATION

Participant Study Number: _____ Date: _____

Mark the appropriate box with cross (x)

1. Age in years

- | | |
|---------|--------------------------|
| 13 - 14 | <input type="checkbox"/> |
| 15 - 16 | <input type="checkbox"/> |
| 17 - 18 | <input type="checkbox"/> |
| 19 | <input type="checkbox"/> |

2. Educational level

- | | |
|----------------------|--------------------------|
| Never been to School | <input type="checkbox"/> |
| Primary School | <input type="checkbox"/> |
| High School | <input type="checkbox"/> |
| Tertiary | <input type="checkbox"/> |

3. Race Group

- | | |
|----------------|--------------------------|
| African | <input type="checkbox"/> |
| Coloured | <input type="checkbox"/> |
| Indian / Asian | <input type="checkbox"/> |
| White | <input type="checkbox"/> |

4. Marital Status

- | | |
|------------------------|--------------------------|
| Single | <input type="checkbox"/> |
| Married | <input type="checkbox"/> |
| Committed Relationship | <input type="checkbox"/> |

5. Employment Status

- Employed
- Unemployed
- Student

6. Religion

- Christian
- Muslim
- Hindu
- Other

7. Number of children

- Nil
- 1
- 2
- More

8. Number of TOPs including the current TOP

- 1
- 2
- More

APPENDIX 5B: SEPEDI

**KAROLO YA A: TSHEDIMOŠETŠO KA BOTLALO YA DIKGAREBE TŠA MENGWAGA
YA KA TLASE GA LESOME-SESWAI**

Nomoro ya Motšia-karolo: _____ Tšatši-hwedi: _____

Supa bokisi ya karabo ka sesupo (x)

1. Mengwaga ya gago

13 – 14

1

15 – 16

2

17 – 18

3

19

4

2. Maemo a thuto

Ga sanko ka tsena sekolo

1

Primary School/ Thuto ya ka fase

2

High School/ Thuto ya sekolong se se phagameng

3

Tertiary/ Thuto ya ka godimo

4

3. Legoro la Mmala

Motho Moso

1

Motho wa Mmala

2

Mointiya/MoAsia

3

Motho Mošweu

4

4. Maemo a tša lenyalo

Ga ka nyalwa

1

Ke nyetšwe

2

Ke ka gare ga kamano

3

□

5. Maemo tša mošomo

Ke ya šoma

1

Ga ke šome

2

Ke sa tsena sekolo

3

6. Sedumedi

1

Mokreste

2

Momusleme

3

Mohindu

Ye ngwe

4

7. O nale bana ba ba kae?

Ga ke na bana

1

Go feta

2

8. O dirile TOPs ga kae go akaretša ya gona bjale?

1

1

2

2

Go feta

3

APPENDIX 6 A

SECTION B: SEMI STRUCTURED INTERVIEW GUIDE FOR PARTICIPANT TEENAGERS

CENTRAL QUESTION

Please tell me in details what has motivated you to do TOP?

TENTATIVE PROBING / FOLLOW UP QUESTIONS

1. What do you mean when you say.....?
2. Do I understand you correctly when you say that.....?
3. What support structures are available at home to help you cope with your decision.....?
4. What do you think should be done for people in your situation.....?
5. Elaborate more.....?
6. Which contraceptives were you using before you fell pregnant.....?
7. Why did you choose that method.....?
8. How supportive was your partner in your contraception choice.....?
9. Where did you learn about contraceptives.....?
10. Please tell me what you know about other contraceptives e.g. condoms, the pill and the injection.....?
11. In your opinion, how can young people be encouraged to use reproductive health services or make them more willing to use contraceptives.....?
12. Tell me more about it.....?
13. What do you think would make these services better for young people.....?

Thanking you for answering the questions.

APPENDIX 6B: SEPEDI

KAROLO YA B: DIPOTŠIŠO TŠE DI TLA ARABANG KE BATŠEA-KAROLO

DIPOTŠIŠO TŠA BOHLOKWA

Ka kgopelo e fa mabaka ao a go gapeletšang go dira TOP?

DIPOTŠIŠO TŠA GO LATELA

1. O ra goreng ge o re
2. Ke go kwešiša botse ge o bolela seo
3. Ke thekgo e feng yeo o e hwetšang go tšwa ka gae mabapi le sepheto seo o se tsereng ...?
4. Ke eng seo se ka direlwang batho bao ba leng maemong a go swana le a gago
5. Fahlela
6. Ke dithibela-pelegi dife tšeo o bego o di šomiša pele o ba mmeleng
7. Go reng o šomiša mokgwa woo
8. E kaba molekani wa gago o go file thekgo ya mohuta mang mo sephetong seo sa go šomiša mohwa woo wa dithibela
9. Ka kgopelo, ke eng se o se tsebang ka dithibela tše dingwe, mohlala, kgotlopo, pilisi le naleti
10. O e hweditše kae thuto ya dithibela-pelegi
11. Go ya ka wena, ke eng seo se ka dirwang go tlhotlheletša baswa go šomiša ditirelo tša dithibela-pelegi
12. Mpotše ka botlalo ka ge se
13. Ke eng se se ka dirwang go kaonafatša ditirelo tše

KEA LEBOLOGA!!!!!!!

APPENDIX 7

SECTION B: TRANSCRIPTS OF PARTICIPANTS TEENAGERS' SEMI STRUCTURED INTREVIEW

R: Greetings. How are you?

A1: Greetings. I am fine and you.

R: My name is Sister Lizzy Baloyi as I have already said before you signed the forms. I am a student at university of Limpopo at Turfloop Campus. I'm doing a research study. The name of the study is Factors contributing to teenage termination of pregnancy amongst teenagers at Maggys Hope Clinic in Capricorn District, Limpopo Province. My study has been approved by Medunsa Research and Ethics committee to prevent me from doing wrong to you. The study has also been approved by Limpopo Provincial Department of Health. Are there any questions before we proceed?

A1: No

R: This conversation is private as I have explained when you signed the consent form and completed the other form. Your name is not going to be used in the just your voice. Your name is private that is why we are doing the interview in this private room together. Your new name throughout the interview is A1. Feel free to stop me for any clarification at any time. Can we start?

A1: Yes

R: "Please tell me in detail what has motivated you to terminate your pregnancy?"

A1: Reason is that it is going to disturb my studies. I'm not gonna get further with my studies. The thing is that I do not want to be stucked with a child.

R: Is there any support at home that will help you cope with your decision?

A1: No. The support that I have is my boyfriend and he is the only support that I have.

R: Ok. What do you think should be done for people in your situation?

A1: I think maybe the clinic should form support groups in the clinics on where people can go and have advice as to how to deal with the situation.

R: Which type of contraceptives were you using before you fell pregnant?

A1: The only thing that I was using is a condom.

R: Ok. And then why did you choose to use a condom?

A1: I thought it would be much safer that to use all these things. The thing is that pills I won't cope and guessed condom will be much easier to use.

R: Ok. Thank you. How supportive was your partner when you were supposed to be using condoms together? How supportive was he?

A1: He supported it ah and it was just a usual thing that we just use it. A mistake happened.

R: where did you learn about contraceptives?

A1: Um at school, clinics ah what I wanna say, mm the media.

R: Ok. Please tell me what you know about other contraceptives methods besides the condom. What you know about the others.

A1: A loop, the injection the pill and those are the only things I know.

R: Do you know how some of them work?

A1: They just told me now that the loop they get inside of you for years but if want a baby they take it out and you will be able to fall pregnant.

R: Ok. And the pill one?

A1: The pill one you just take but I don't know much about how to use it. I didn't do much research about it.

R: Thank you very much for being honest. In your opinion, how can young people be encouraged to use reproductive health services or make them more willing to use contraceptives?

A1: They must use the loop thing. The loop thing is safer. It is there and stays for long. If you know you are doing something just use it to prevent to be pregnant. You will get pregnant the day you want and the year you want.

R: Ok. Thank you so much. What do you think will make these services better for young people? How can we improve our services so that they can be much more user friendly for young people?

A1: Is like termination is legal right?

R: Um with a nod.

A1: Is like at school wherever we go health things they must just talk about these things and tell young people about everything that includes pregnancy. In that way everyone even in the televisions maybe they can say the programmes advice people where they can understand about it. Cos is not like everyone can go to the health clinics.

R: Thank you so much for your time. Thank you so much for being part of my study. I thank you. Yes we done.

R: Good afternoon. Good day mam. How are you?

A2: I'm ok and you?

R: I'm ok thanks. First of all I'm Sister Lizzy. I'm doing a study. My study involves you as our client and my study is based on factors contributing to termination of pregnancy. This study has been approved by the Medunsa Research and Ethics committee and it has also been approved by the Department of Health at the Provincial office in Limpopo. Whatever that we are discussing here its confidential it's a secret and nobody else has to know. Your name and your privacy is guaranteed that is why we are doing it in this private room. Feel free to ask for clarification on the questions that I will be asking you. Is there any clarification now before I proceed with the questions?

A2: No. I understand.

R: Ok thank you and then your name is 2.

A2. Ok.

R: So 2 can you tell me in details what has motivated you to do this termination of pregnancy?

A2: Before I fell pregnant I was on a pill, I was taking a pill but to my surprise I missed my periods. I went back to the clinic and ask what happened, they no things like this happen with the pill you are taking. I went back home think. Then went back to the clinic and did a pregnancy test and it was positive. I decided that no I'm currently studying, that's why I have been preventing all the time. So I'm gonna terminate it.

R: Thank you. What support structures are available at home to help you cope with your decision?

A2: What?

R: Support structures. Do you have any kind of support at home to help you cope after this procedure?

A2: Truly speaking nobody knows about this. It's only me.

R: Ok. And then what do you think should be done for people in your situation? What do you think should be done for people in your situation; it can be at the community, at the clinic or any other health facility. What do you think should be done for people in your situation?

A2: I don't know. But I feel like if it happens like this I have been taking a pill the clinic should have done something, they should have checked me and check if I missed my pill or may be refer me to a hospital where I can terminate my pregnancy but they said no we can't help you. Even if

you go to the hospital it can take a long time. So it would be good to go to a private clinic. That's why I came here. But I think the clinic should do something.

R: Ok. Are you talking about the clinic where you used to take the prevention pill from?

A2: Yes.

R: Ok. I get it.

A2: Ok.

R: And then why did you choose the pill method as your way of prevention of pregnancy?

A2: Before taking the pill I went to the clinic and discussed that I had menstruation problems. I would go for 13 to 14 days. And I discussed with the Sister there and she told me that the pill will help. And reduce my blood level.

R: Ok. After that how supportive was your partner in your contraceptive choice? The contraceptive I'm talking about the pill method of prevention.

A2: Him. He was very supportive but he told me that I must use it for a year or two because he thought I was using it to reduce my blood level even though I knew that I was taking it for family planning.

R: Thank you. Please tell me what you know about other prevention methods, for example condoms and the injection seeing that you know more about the pill. What do you know about the condom, injection and the loop?

A2: I know everything about them.

R: Tell me about them.

A2: I used to like a loop but someone told hey a loop can be full and need to be checked and something like that in the hospital. They say it is free but you have to queue for it at the hospital. The condom is obvious I know about it and the pill and the injection.

R: Ok. In your opinion, how can young people be encouraged to use reproductive health services or use clinics like this one because it is a reproductive health clinic and is also a women's clinic and make them more willing to use different prevention methods?

A2: Can you please repeat the question.

R: In your opinion, how can young people be encouraged to use reproductive health services and make them more willing to use these services? Like this clinic is called a reproductive health service or women's clinic. The reason why we call in a reproductive health clinic is because we offer prevention methods, we offer this termination of pregnancy, we also check pregnancy and

also guide and to some tests for young people. We also give prevention methods at this clinic so how do you think we can encourage young people to be able to use these facilities and the services that are available for them?

A2: I don't know the best way is just to spread the information because most of us whenever we want something we think of going to the public clinic where sometimes you don't get help. If you tell them you wanna do this they will, I don't know they just look at you somehow. Maybe spreading the information with pamphlets I think it will help. But I feel the problem with us teenagers we just want something quick quick. Whenever I'm need something is like ok there is something written on the boards and I will go and pay and forget about the consequences. It is because of the treatment we are getting in the public clinics.

R: Thank you for being honest. What do you think will make these services better, especially this clinic, what do you think will make these services better for young people? How can we improve so that it can suit young people much better?

A2: So far I think this clinic is very much good?

R: Is there any other thing that we should improve for the clinic to cater the services that you deserve when you come to this clinic?

A2: Sometimes like I say earlier, I wanna do something quick, then the sister is not here, then they have to wait for a week or two for the sister to come back.

R: Thank you. Thanks for your time and thank you so much for your opinions. I thank you.

R: Good morning dear. How are you?

A 3: I'm fine and you?

R: I am ok thanks. My name is Sister Lizzy as I have already introduced myself to you. Today your name is 3. I'm doing a study. My study is about Factors contributing to teenage termination of pregnancy amongst teenagers. This study has been approved by Medunsa Research and Ethics committee. It has also been approved by Limpopo Provincial Department of Health. I am a professional nurse and the study and what we are going to do is strictly confidential and nobody is going to know about it and feel free to ask for clarifications when I am busy asking you questions. Is that ok? Any questions so far?

A3: No

R: Please feel free to tell me to tell me your opinions. Your opinions count in this study and your honest answers they count for the study to succeed and for us to improve on the services that we are currently offering to young people. Thank you. Please tell me in detail what has motivated you to terminate your pregnancy.

A3: My reason for terminating is just nothing is that is not a good thing my boyfriend is not working and I am not working. I realised that I made a mistake and I'm not gonna do it again. I am doing this abortion cos I wanna finish my school.

R: Thank you. What support structures are available at home to help you cope with your decision? Do you have anyone at home who is supporting you with this decision?

A3: Yes. My sister is supportive.

R: Tell me more about it.

A3: I told her about everything and all the problems and she understands it. She just said is not a problem.

R: Ok. Thank you. What do you think should be done for people in your situation? It be in the community level or clinic level. What do you think we need to do?

A3: *Silence!*

R: In terms of assistance, support and more availability of knowledge and availability of information. What do you think we need to do for people in your situation?

A3: Ok. Pause!!!

R: If ever there is something in the community please share with me. If ever there is something that can be done at the clinic share with me.

A3: Firstly they have to give the youngsters ehfamily planning.

R: *Hm with a nod.*

A3: If you fall pregnant when you are young you must go to the clinic and get help (*hyperventilating/ looking anxious*).

R: At the community level?

A3: Even in the community you must.....

R: It's ok with a smile, take a deep breath. And then which prevention method were you using before you fell pregnant?

A3: I was not preventing in a low voice.

R: which prevention methods do you know?

A3: The pill

R: Where did you learn about the contraceptives?

A3: From my friends. They told me that it changes you. After 3 or what years or more you might take a long time to fall pregnant.

R: Tell me, what do you know about the different prevention methods? Have you heard about a condom?

A3: Condom is for protection, sometimes if the guy is not putting it the right way it punches and you can fall pregnant.

R: The pill method what do you know about it. The one that people take it

A3: Pill I have heard about it.

R: Tell me what you have heard about it.

A3: Sometimes is working and sometimes not.

R: In your opinion, how can young people be encouraged to use reproductive health services (clinics like this) or make them more willing to use contraceptives?

A3: I will tell them that they have to know what they want in future. Please repeat your question.

R: Question repeated.

A3: I think this is a good clinic for women but some people cannot afford the money that that you want here. They will go to other clinics and hospitals where they will not clean them properly or will just do them abortions without cleaning them and it will cause them diseases in the near future. This clinic is good. But for the teenagers, for me abortion is not right due to certain things.

R: Thank you. What do you think will make these services better for young people? How can we improve to make these services better for young people?

A3: Eh...by doing good. By supporting them. Give them the right information. If you do good for one customer she will tell others about the clinic.

R: thank you for your time and thank you for being part of my study. I appreciate.

R: Good afternoon. How are you?

A4: I'm good and you?

R: I'm ok. My name is sister Lizzy Baloyi as I have already introduced myself to you. I am a student at University of Limpopo at the Turfloop campus. I am doing a study. My study is just to determine the factors contributing to termination of pregnancy amongst teenagers. And then this study has been approved by Medunsa Ethical committee. It has also been approved by Limpopo Provincial Department of Health. Whatever that we are going to discuss here is confidential. Your privacy is guaranteed and no one will have to know about this. Feel free to ask me questions and feel free to ask for clarification whenever I ask you a question that you don't understand. Can we start?

A4: Ok.

R: Eh...Please tell me in details what has motivated you to terminate this pregnancy?

A4: I'm not ready to be a mother and I think it will be difficult for me to take care of a baby.

R: What support structures are available at home to help you cope with your decision? Support structures, is there anybody at home that is going to support you and help you cope with your decision?

A4: Yes. My mom can.

R: The support that your mother is going to give you at home. Tell me more about it.

A4: She can help me with money, food, eh.... (*Chuckling*)

R: Ok (*smiling and chuckling*). That's ok. What do you think can be done for people in your situation either at a home level, in the community or at the clinic, what do you think must be done for people in your situation to assist? What can we do?

A4: Giving them social grant money, providing food for the babies and the clothes.

R: Ok. Which contraceptives were you using before you fell pregnant? Contraceptives I mean the.... The prevention method that you used to prevent pregnancy.

A4: Nur-Isterate

R: Why did you choose Nur-Isterate?

A4: Because I thought it was gonna be better because I was in boarding school and after two months I will come home and be able to go to the clinic.

R: How supportive was your boyfriend in your prevention method choice?

A4: He told me that not leave and I lied and told him that I was still on it. Actually I was just getting tired of going to the clinic and my mom did give me money and sometimes I was just going to the doctor. But my boyfriend was so supportive.

R: Ok. Where did you learn about contraceptives/ prevention methods? Where did you learn about them?

A4: At the clinic, sometimes nurses and doctors come to school and tell us about them and how they work.

R: Tell me about other contraceptives besides the Nur-Isterate that you have been using, for instance, condoms, pills and loop. What do you know about them?

A4: About pill I'm not allergic to use it. I must use it every day. I must not miss it. If I miss once I'm gonna fall pregnant. About the loop thing I don't know.

R: With the pill is the one that you were telling me about now. With the condom? How do we use a condom and how does it prevent pregnancy? Tell me what you know about the condom.

A4: When you are sleeping with the guy and use it and if it full of(Pause) R: the dirt from him then A4 you must take it out. If he still continues he must use another one.

R: Thank you. In your opinion, how can young people be encouraged to use reproductive health services, clinic like this one is a reproductive health clinic, or make them more willing to use prevention methods?

A4: By reading books, go to the internet, come to the clinics to get information and also doing research.

R: And then what do you think will make these services better for young people? How can we improve?

A4: Sometimes go to schools and teach we learners that those things that we learn.

R: Thank you so much for being part of the study. I really appreciate. Thank you.

R: Good afternoon

A5: Good afternoon.

R: how are you?

A5: I'm ok and you?

R: I'm ok. My name is Sister Lizzy as I have already introduced myself. I am a student at University of Limpopo at the Turfloop campus. I am doing a study. My study is just to determine the factors contributing to termination of pregnancy amongst teenagers. The study has been approved by Medunsa Research and Ethics committee. It has also been approved by Limpopo

Provincial Department of Health. Your privacy in regard to your name is guaranteed and no one will have to know about this conversation and no one has got access to the records and everything except myself. The consent forms and all these other things that you completed are put separately so that nobody has to link anything to another thing. I am just going to ask you several questions, feel free to answer and feel free to ask for clarification. Are you ok?

A5: yes

R: can we start:

A5: ok

R: Thank you. Tell me in detail what has motivated you to terminate your pregnancy?

A5: Ah because I did not plan it.

R: Tell me more about it.

A5: I decided to do the abortion because of my studies, my future and because of financial I won't have that support financially.

R: What support structures are available at home to help you cope with your decision?

A5: With the abortion decision?

R: Um with a nod.

A5: first when I told them they didn't*Giggling* ...they responded quite, different but at the end they understood why I'm doing this.

R: and then what do you think should be done for people in your situation? What do you think can be done for people in your situation in terms of support, in terms of any other thing that you feel we need to do in order to assist people in your situation?

A5: I don't know.

R: Which contraceptives were you using before you fell pregnant? Which prevention methods were you using?

A5: Condoms.

R: Why did you choose to use condoms?

A5: Because pills I thought they will make you gain weight or something or just change your body structure.

R: Ok. How supportive was your boyfriend in using condoms as your contraception choice?

A5: He was very supportive.

R: Thank you. Where did you learn about contraceptives?

A5: From school, pamphlets there are these other people with pamphlets.

R: Ok. Tell me about any method that you were not using for instance a pill, injection and a loop.

A5: The pill what I heard about the pill is that it makes big as well as the injection and make you gain weight. The loop is not guaranteed that it is safe.

R: In which way?

A5: In a way that if you want kids there is complications.

R: In your opinion, how can young people be encouraged to use clinics like Maggys Hope clinic and to make them more willing to use the different types of prevention methods? What can we do to make them access these services?

A5: May be an awareness campaign, yes and try to communicate on things like this on TV campaigns.

R: Ok what do you mean by campaigns? Tell me more about it

A5: Youth campaign may be start up a youth campaign may be in library gardens where there is youth so that they can feel what is in the real world and know that these things happen. It can happen to anyone.

R: What do you think can make these services better for young people, anything that you feel we need to improve on to make these services better for young people?

A5: Which services? The abortion services?

R: Yes the abortion services.

A5: The people should know that it is not scary to come here cos everyone has this mind-set that there is this old woman here who is rude and always rude is like that.

R: What else can we improve on to make this clinic user friendly for you guys? Think of anything else that we need to improve on to make this better service for you.

A5: *Hmmm.* Just oh and above that information you must make sure that somewhere we learn that there is a women's clinic because from where I come from I did not know that there is a women's clinic around. I heard it from a friend so it will be nice may be to have someone with pamphlets at the library.

R: thank you so much. Thank you for being part of my study. Thank you so much for all your opinions.

R: Greetings and how are you?

A6: I'm ok and you?

R: Today your name is A6. My name is Sister Lizzy as I have already introduced myself. I am a student at University of Limpopo at the Turfloop campus. I am doing a study. My study is just to determine the factors contributing to termination of pregnancy amongst teenagers. The study has been approved by Medunsa Research and Ethics committee. It has also been approved by Limpopo Provincial Department of Health. Your privacy in regard to your name is guaranteed and no one will have to know about this conversation and no one has got access to the records and everything except for me. Are you ready?

A6: Yes

R: Can we start?

A6: Yes (with enthusiasm)

R: Please tell me in detail what has motivated you to terminate your pregnancy?

A6: Ok. It is because we did not use condoms and also because(Mmmm) we don't want these pregnancies, therefore we terminate.

R: Do you I understand you correctly or there is something else that motivated you?

A6: No.

R: What support structures are available at home to help you cope with your decision?

A6: I took a decision to finish my studies. My mother took a decision for me to terminate.

R: What do you think must be done for people in your situation? How can we help young people in your situation?

A6: You must help them by telling them to be careful about boys. They must not sleep with boys as they are still young.

R: Tell me more about it.

A6: They must also listen to their parents and stop bothering the parents by still going out with the boys.

R: Which contraceptives were you using before you fell pregnant?

A6: Condoms.

R: Why did you choose to use a condom?

A6: To prevent pregnancy.

R: How supportive was your partner in your contraception choice?

A6: He was not supportive.

R: Where did you learn about contraceptives?

A6: Doctors came to school, clinics and hospital.

R: Please tell me what you know about other contraceptives, loop, pill and injection.

A6: I know three, condom, pills and injection.

R: Please tell me more.

A6: The injection. They say if use it you won't fall pregnant. The pill when you use it you won't fall pregnant. Condom if you use when you sleep with a boy nothing will happen.

R: In your opinion, how can young people be encouraged to use reproductive health services and make them more willing to use contraceptives?

A6: I can tell young girls not to sleep with boys as they are still young. They must be scared of boys.

R: What can be done at the community level and clinic level to make young people more willing to use contraceptives?

A6: Tell young girls to be careful of boys.

R: Tell me more.

A6: They must be aware of these boys as they give them children and then leave them. Some girls even deliver babies and dump the babies.

R: What do you think will make these services better for young people? What can be done at the clinic level and provincial level to improve on these youth services?

A6: You must tell youth not to go to taverns as some get pregnant from drinking in taverns. R: Anything else

A6: The other thing is that teenagers get pregnant from being raped. Another thing.....*hmmm*.

R: If there is nothing else thank you. Thank you for your opinions. Thank you for your time. Thank you for being part of my study.

A6: Ok.

R: Thank you.

R: Good afternoon mam. How are you?

A7: I'm good and you?

R: I'm fine thanks. My name is Sister Lizzy. I am a student at University of Limpopo at the Turfloop campus. I am doing a research study. My research topic is factors contributing to termination of pregnancy amongst teenagers. My study has been approved by Medunsa Research and Ethics committee. It has also been approved by Limpopo Provincial Department of Health. You are free to tell me anything and where you are not sure feel free to ask me questions and to ask for clarification. Kindly bear in mind as we have discussed that your name and your privacy is guaranteed that is why we are doing this conversation in this private room together. Nobody has to know about what's happening and again confidentiality issues which is your privacy I emphasize on so that you don't feel intimidated that you have partaken in a study. When you go out of here you don't feel worried that I have partaken in a study people will know about it. It's not going to be like that. Your consent is not going to be stored in a place where people will have access to it but will be locked away where nobody else will not be able to reach them and read about these things. Can we start?

A7: Yes

R: Is there anything that you would like to ask me?

A7: No

R: Thank you. Please tell me in detail what has motivated you to terminate your pregnancy?

A7: I thought about this and I knew that I was young. I don't want to disappoint my parents as I am their only hope. I decided to terminate so that it does not ruin my future and that's it.

R: Then tell me more about disappointing your parents and ruining your future.

A7: At this moment I am not working. I am still schooling and I won't be able to support a kid. My boyfriend does not work. About my parents the last that I want to do is to tell my parents.

R: Yoh! What support structures are available at home to help you cope with your decision?

A7: Reading magazines, watching television and listening to the radio.

R: What do you think should be done for young people in your situation?

A7: I think in the first level before engaging in sex use protection. At school form forums to discuss sexual issues. At clinics the first thing that you guys must do is to motivate people to prevent if they don't want kids.

R: Which contraceptives were you using before you fell pregnant? Contraceptives I'm talking about methods of preventing pregnancy. What were you using before you fell pregnant?

A7: I was only using condom.

R: Why did you choose to use a condom?

A7: I think it was the best one.

R: Ok. How supportive was your boyfriend in using condoms?

A7: We were just the same. He was supportive. He thought it was the best too.

R: Ok. Where did you learn about contraceptives?

A7: I learn about them at grade 12. How they work and they also said they are dangerous.

R: Tell me more about how they work and how dangerous they are. Tell me about the others except the condom that you were using.

A7: Others are using family planning, others some pills. When it comes to family planning for us as young girls it is possible that you won't be able to bear kids in future. I don't know anything about the injection.

R: In your opinion, how can young people be encouraged to use reproductive health services and make them more willing to use contraceptives?

A7: Many young people according to my perspective, many young people are not easy to encourage them to use this clinic because most of them prefer using family planning without knowing how to use them.

R: Thanks. What do you think would make these services better for young people?

A7: Eish! I really don't know. Going to schools and convincing them would be the best. Tell them that they are welcome to the clinics if they see changes in their bodies.

R: Thank you so much for answering all my questions. Thank you for your time. Thank you so much for participating in my study. Thank you for all the opinions that you have shared with me. I really appreciate.

R: Good morning.

A8: Morning.

R: How are you?

A8: Good thanks and yourself?

R: I'm fine. My name is Lizzy. I'm Sister Lizzy Baloyi. I am a student at University of Limpopo at the Turfloop campus. I'm Master of Public Health Student. I am doing a research. My research topic is factors contributing to termination of pregnancy amongst teenagers. My research requires

me to interview people just like you who are coming here for termination of pregnancy. The study has been approved by Medunsa Research and Ethics committee. It has also been approved by Limpopo Provincial Department of Health. Remember that your privacy is highly guaranteed. Nobody has got access to the information that you will share with me and everything except myself and nobody else. If ever there is anything that you would like me to clarify you are more than welcome. Feel free for clarification. Is there anything that you would like to know? Can we start?

A8: Yes.

R: Ok. Please tell me in detail what has motivated you to terminate your pregnancy?

A8: Honestly I don't know. When I look at my education and stuff, is the only way out.

R: Tell me more about it.

A8: I'm three years away from finishing.

R: What support structures are available at home to help you cope with your decision?

A8: my boyfriend is the only support I have.

R: What do you think should be done for young for young people in your situation?

A8: Honestly I don't know. There is nothing that can be done.

R: Which contraceptives were you using before you fell pregnant?

A8: Condom

R: Why did you choose to use a condom?

A8: The others all have side effects that I am against. Condom is safe but if you don't use it correctly mistakes do happen.

R: How supportive was your partner in your contraceptive choice?

A8. He was very supportive since I am still at school and knows I hate pills.

R: Where did you learn about contraceptives?

A8: From my friends. I heard that when you use pills you gain weight and have this unusual body.

R: Tell me more about other contraceptives.

A8: The pill if you forget you fall pregnant. Condom is safe.

R: In your opinion, how can young people be encouraged to use reproductive health services or make them more willing to use contraceptives?

A8: It always basically happens to young students. Department of health must visit schools to teach us not just to give condoms. They must also teach us the advantages of family planning and teach men about condoms.

R: What do you think will make these services better for young people?

A8: It always basically happens to young students. Department of health must visit schools to teach us not just to give condoms. They must also teach us the advantages of family planning and teach men about condoms.

Thank you for being part of my study. Thank you for your time and opinions

R: Good afternoon mam. How are you?

A9: I'm good.

R: My name is Sister Lizzy. I am a student at University of Limpopo at the Turfloop campus. I am a master public health student. I am doing a research study. My research topic is factors contributing to termination of pregnancy amongst teenagers. My study has been approved by Medunsa Research and Ethics committee. It has also been approved by Limpopo Provincial Department of Health. The reason why we doing this interview in this private room is to make sure that your name remains private and nobody hear what we sharing together and the information that you will share with me is strictly confidential except for myself and the university should they require that. Now I want you to know that your safety and your name is anonymous. When we start this interview you are not going to tell me your name I am the one that is supposed to tell you my name only. Is that ok?

A9: Yes.

R: Do you have any questions that you would like to ask me before we start the interview?

A9: No.

R: Can we start?

A9: Yes.

R: Take a breath and relax. Please tell me in detail what has motivated you to terminate your pregnancy?

A9: Is just because I'm not ready to raise a child.

R: Tell me more about it.

A9: I want to finish my studies first before I can have a child.

R: What support structures are available at home to help you cope with your decision?

A9: All my family.

R: What do you think should be done for people in your situation? From home level, community level and clinic level what can be done?

A9: I think we should just advise them.

R: Elaborate. Tell me more about advising them.

A9: telling them the advantages and disadvantages of termination.

R: Thank you. Which contraceptive were you using before you fell pregnant?

A9: Nothing.

R: Why did you choose to use nothing?

A9: Ahhh!

R: Tell me about it.

A9: Repeat your question.

R: Which contraceptive were you using before you fell pregnant?

A9: I said nothing.

R: Why did you choose to use nothing?

A9: Just.

R: How supportive was your boyfriend in you using nothing?

A9: He didn't know that I was using nothing.

A9: He didn't know that I was using nothing.

R: Where did you learn about pregnancy prevention methods even though you were on nothing?

A9: I was not interested so I didn't learn anything.

R: Is it? (*Chuckling*). Now that you didn't learn because you were not interested, just tell me what you know about them.

A9: I know that if you use them you won't fall pregnant.

R: Which one of those?

A9: Condoms and injections.

R: In your opinion, how can young people be encouraged to use reproductive health services or make them more willing to use contraceptives? What can be done in your opinion?

A9: (*Smiling and laughing*).

R: Tell me more about it. It's ok. Whatever that is on your mind share it. It does not want to come. It's ok. What do you think can be done to make these services better for young people?

A9: I think they can have many workers so that we don't wait for one worker to finish what she is doing.

R: Ok. Is that all that you think must be done? Share anything that comes to your mind with me. It does not want to come. It is ok.

Thank you so much for your time. Thank you so much for being part of the study. Thank you for sharing your valuable information with me. Thank you.

R: Good day.

A10: Good day.

R: How are you?

A10: I'm fine.

R: My name is Sister Lizzy. I am a student at University of Limpopo at the Turfloop campus. I am a master of public health student. I am doing a research study. My study topic is factors contributing to termination of pregnancy amongst young people. My study has been approved by Medunsa Research and Ethics committee. It has also been approved by Limpopo Provincial Department of Health. Is there any questions you would like to ask me before I go on?

A10: No

R: your participation in this study is highly appreciated. Bear in mind that your name remains anonymous and your name and the privacy to your name and the conversation that we are going to have is guaranteed. The consent form that you have signed and the questions are actually put separately in the file and are locked away in this clinic and this is done for security reasons and for privacy sake so that nobody has to link who is who. Is that ok mam?

A10: Yes it's ok.

R: so can we start?

A10: Yes

R: Please tell me in details what has motivated you to terminate your pregnancy?

A10: Is because I got pressure from my parents (laughing). Their backgrounds *ahh...*

R: Tell me about it.

A10: My parents and my boyfriend's family don't get along.

R: What support structures are available at home to help you cope with your decision?

A10: Is it a must to talk English?

R: No, you can talk in any language it is fine.

A10: My parents and my boyfriend's family don't get along. So my parents pressurised me to terminate.

R: What support structures are available at home to help you cope with your decision?

A10: Yes they will support me because they encouraged me to terminate.

R: Which contraceptives were you using before you fell pregnant?

A10: Condoms

R: Why did you choose condoms?

A10: I see it better because as it also prevents diseases.

R: How supportive was your boyfriend?

A10: He supported it because he thinks for me.

R: Tell me more about how he thinks for you.

A10: I am scared he might give me diseases. He knows I don't trust him and I know he cheats. I once warned him about it.

R: Thanks. Please tell me what you know about other contraceptives.

A10: Injection causes fever and high blood pressure. I know nothing about the pill but that it's risky because of time frames you can get pregnant.

R: Where did you learn about contraceptives?

A10: From the clinics.

R: In your opinion, how can we encourage young people to use reproductive health services and make them more willing to use contraceptives?

A10: I will encourage teenagers to use contraceptives as TOP can damage their wombs. They must think for themselves. Others will have children and those children will suffer. They must just prevent.

R: Thanks. What do you think would make these services better for young people?

A10: I don't know. (*Laughing*). I see everything as ok.

Thanks for opinions, time and being part of my study. Thank you.

R: Good day.

A11: Good day.

R: How are you?

A11: I'm fine.

R: My name is Sister Lizzy. I am a student at University of Limpopo at the Turfloop campus. I am a master of public health student. I am doing a research study. My study topic is factors contributing to termination of pregnancy amongst young people. My study has been approved by Medunsa Research and Ethics committee to prevent us from doing wrong to you as participants. It has also been approved by Limpopo Provincial Department of Health.

R: Do you have any questions before we proceed?

A11: No.

R: Feel free to ask for clarification when I am asking you questions and feel free to stop me whenever you want me to do so. Just bear in mind that our study is private and the conversation that we have is private. Your consent form has been put separately from the other forms so that nobody has to link the person that signed the consent and the answers that you have provided us. This file is actually locked away and nobody has access to it except for myself. Can we start?

A11: Yes.

R: Please tell me in detail what has motivated you to terminate your pregnancy?

A11: I think the motivation behind that is that I am still at school.

R: What support structures are available at home to help you cope with your decision?

A11: At home they don't know but currently my two friends know.

R: What do you think can be done for people in your situation? For example at home they don't know but you have friends that can support you. What do you can be done for people in your situation?

A11: I think having a support group somewhere where we can offload instead of being judged by family.

R: Thank you. Which contraceptives were you using before you fell pregnant?

A11: It was only a condom.

Why did you choose that condom method?

A11: I thought it will be much safer. I didn't think of being worried more.

R: How supportive was your boyfriend?

A11: My boyfriend was not really supportive. He was partly supportive.

R: Tell me more about partly supportive (chuckling). Tell me.

A11: Sometimes he will insist and sometimes no not today.

R: Where did you learn about contraceptives?

A11: Back in high school no back in primary actually.

R: Tell me what you know about other contraceptive methods except condoms.

A11: Is the injection that most of the people I know use it, and then. Loop I have just heard about it. I did not know about a loop. The injection you go to the clinic every 3 months and get it. Loop 5 and 10 years and they insert it and you come once per year for check-up and it will prevent pregnancy. The condom is just a condom (giggling). Pill I don't know much.

R: In your opinion, how can young people be encouraged to use reproductive health services or make them more willing to use contraceptives?

A11: Eish!! That one is hard. I think more campaigns, getting young people to talk about it. R: And guys because they are young people how can we make them more willing to use and support you? They are young people as well (*laughing*).

A11: (*Laughing*) I really don't know.

R: Where can we improve to make these services better for young people?

A11: I don't know but from my perspective everything is fine, but there must be some improvement here and there.

R: What improvement would like to see the next time you bring a friend? Tell me more about here and there.

A11: The procedure is fast I don't know may be food after.

R: Food after the procedure and what else?

A11: *Hmmm...* Advertisement. I don't think the clinic is well known. I think a friend brings a friend.

R: Any other thing you would like to share with me.

A11. No I think we done.

Thank you so much.

R: Good afternoon. How are you?

A12: I'm good.

R: My name is Sister Lizzy. I am a student at University of Limpopo at the Turfloop campus. I am doing a research study. My research topic is factors contributing to termination of pregnancy amongst teenagers. My study has been approved by Medunsa Research and Ethics committee to ensure that I do not do any wrong to the clients but what is right. It has also been approved by Limpopo Provincial Department of Health. Are there any questions?

A12: No.

R: Your name is 12. You are free to tell me anything and where you are not sure feel free to ask me questions and to ask for clarification. Kindly bear in mind as we have discussed that your name and your privacy is guaranteed that is why we are doing this conversation in this private room together. Your consent is not going to be stored in a place where people will have access to it but will be locked away where nobody else will not be able to reach them and read about these things. Is there anything that you would like to know?

A12: No.

R: Thank you. Please answer the question according to what you see it. Can we start?

A12: Yes.

R: Please tell me in details what has motivated you to terminate your pregnancy?

A12: Firstly I am a student and we are struggling at home.

R: Thank you. What support structures are available at home to help you cope with your decision?

A12: Nobody knows about this at home. I decided this by myself.

R: What do you think should be done for people in your situation especially when your family knows nothing about your decision?

A12: I don't know.

R: Which contraceptives were you using before you fell pregnant?

A12: I didn't use any except a condom. After falling pregnant I stopped using it.

R: Why did you choose to use a condom?

A: I have been taught about STI and prevention of pregnancy. As time went on the condom was hurting me but we decided to leave it.

R: How supportive was your boyfriend in using condoms?

A12: He was not supportive.

R: Please tell me what you know about other contraceptives, e.g. loop, injection and pills.

A12: I don't know I have never used them. But I only know they prevent pregnancy.

R: Where did you learn about contraceptives?

A12: From school I was part of love line programme at home.

R: In your opinion. How can young people be encouraged to use reproductive health services and make them more willing to use contraceptives?

A12: By going to schools and teach teenagers about prevention.

R: Tell me more about going to schools.

A12: Speak to school principals about increased teenage pregnancy. Ask the Principals to let you talk to the teenagers. Tell the teenagers about advantages and side effects of contraceptives.

R: What do you think would make these services better for young people?

A12: I don't know.

R: Think about anything.

A12: I don't know.

R: Thank you. Thank you for being part of my study. I appreciate your opinions.

R: Good day. How are you?

A13: I'm good.

R: My name is Sister Lizzy. I am a student at University of Limpopo at the Turfloop campus. I am doing a research study. My research topic is factors contributing to termination of pregnancy amongst teenagers. My study has been approved by Medunsa Research and Ethics committee to ensure that I do not do any wrong to the clients but what is right. It has also been approved by Limpopo Provincial Department of Health. Are there any questions?

A13: No.

R: Your name is 13. You are free to tell me anything and where you are not sure feel free to ask me questions and to ask for clarification. Kindly bear in mind as we have discussed that your name and your privacy is guaranteed that is why we are doing this conversation in this private room together. Your consent is not going to be stored in a place where people will have access to

it but will be locked away where nobody else will not be able to reach them and read about these things. Is there anything that you would like to know? Can we start?

A13: Yes

R: Please tell me in detail what has motivated you to terminate your pregnancy?

A13: School wise I don't think I will manage while I'm in matric.

R: What support structures are available at home to help you cope with your decision?

A13: My mom. She is very supportive.

R: What do you think can be done for people in your situation?

A13: They (teenagers) should be supported if their reasons are valid and it will affect their future. Clinics should have counselling sessions before and after TOP for psychological problems afterwards.

R: Which contraceptives were you using before you fell pregnant?

A13: Nothing.

R: Why did you choose to use nothing?

A13: I didn't think I would fall pregnant.

R: How supportive was your boyfriend?

A13: I can't say he was not supportive because we have practiced safe sex but only a few times.

R: Where did you learn about contraceptives?

A13: At school.

R: Please tell me what you know about contraceptives.

A13: Condom prevents pregnancy when you use it during sex by preventing the sperm from going to the female reproductive system. The pill I am not sure. Injection I don't know.

R: In your opinion, how can young people be encouraged to use reproductive health services or make them more willing to use contraceptives?

A13: *Ah!* In my opinion most of the teenagers are encouraged to use contraceptives but are discouraged by lack of support from their parents and also because many parents don't approve their children to use pills. In public clinics if you are under 18 years they undermine you and they have a wrong attitude.

R: What do you think would make these services better for young people?

A13: Maybe the Department of Health must intervene as a lot of people depend on the public hospitals as they are not financially stable.

R: Thank you so much for your time and being part of my study.

R: R: Greetings. How are you?

A14: I'm good.

R: My name is Sister Lizzy Baloyi. I am a student at University of Limpopo at the Turfloop campus. I am doing a research study. My research topic is factors contributing to termination of pregnancy amongst teenagers. My study has been approved by Medunsa Research and Ethics committee to ensure that I do not do any wrong to the clients but what is right. It has also been approved by Limpopo Provincial Department of Health. Are there any questions?

A14: Where is the study going to be done?

R: Here at Maggys Hope Clinic. You are free to tell me anything and where you are not sure feel free to ask me questions and to ask for clarification. Kindly bear in mind as we have discussed that your name and your privacy is guaranteed that is why we are doing this conversation in this private room together. Can we proceed?

R: Your name is 14. Please tell me in detail what has motivated you to terminate this pregnancy?

A14: It will stop me from going to school. I've got no idea as to how to care of the baby.

R: What support structures are available at home to help you cope with your decision?

A14: My family support because I am still young.

R: Which contraceptives were you using before you fell pregnant?

A14: Condom.

R: Why did you choose to use a condom?

A14: Chuckling.... It is available

R: How supportive was your boyfriend?

A14: He was not always supportive.

R: Please tell me what you know about other contraceptives.

A14: I don't know

R: Where did you learn about contraceptives?

A14: From the clinic.

R: In your opinion, how can young people be encouraged to use reproductive health services and make them more willing to use contraceptives?

A14: Young girls should listen to their parents when they tell them not to run around with boys so that they don't regret tomorrow.

R: How can we encourage them?

A14: Nurses should go to school to teach and inform teenagers to use contraceptives.

R: Thank you. What do you think will make these services better for young people?

A14: May I ask a question?

R: Yes?

A14: What do you mean by improve?

R: To improve is to make things better?

A14: Give teenagers advices. Give them pamphlets

R: Thank you. Thank you for being part of my study. I appreciate your opinions.

R: Greetings.

R: How are you?

A15: I'm good.

R: My name is Sister Lizzy Baloyi. I am a student at University of Limpopo at the Turfloop campus. I am doing a research study. My research topic is factors contributing to termination of pregnancy amongst teenagers. My study has been approved by Medunsa Research and Ethics committee. It has also been approved by Limpopo Provincial Department of Health. Kindly bear in mind as we have discussed that your name and your privacy is guaranteed that is why we are doing this conversation in this private room together. Your name is 15 throughout this interview. Is there anything that you would like to know?

A15: No.

R: Please kindly tell me what has motivated you to terminate your pregnancy.

A15: It will ruin my future because I am in matric.

R: Do I understand you correctly when you say the pregnancy will ruin your future? In which way?

A15: Ok. Next year I won't be able to get a bursary when I am pregnant.

R: Which support structures are available at home to help you cope with your decision?

A15: I have no support.

R: Which contraceptives were you using before you fell pregnant?

A15: Nothing.

R: Why did you choose to use nothing?

A15: I didn't think I can fall pregnant.

R: How supportive was your boyfriend in not any prevention?

A15: He was not supportive.

R: Where did you learn about contraceptives?

A15: From my friends.

R: Please tell me what you know about contraceptives.

A15: I know pills. Most of the times I see my friend with pills. My friend used to drink it every night. The others I have never seen them.

R: In your opinion, how can young people be encouraged to use reproductive health services and make them more willing to use contraceptives?

A15: I will advise my friends to use condoms and go to the clinics to prevent.

R: Tell me more.

A15: So that they won't be in my situation because it will ruin their future and some will be dropouts.

R: How can we make these services better for young people?

A15: To advise teenagers to use family planning services.

R: Thank you. Thank you for being part of my study. I appreciate your opinions.

R: Greetings.

R: How are you?

A16: I'm good.

R: My name is Sister Lizzy Baloyi. I am a student at University of Limpopo at the Turfloop campus. I am doing a research study. My research topic is factors contributing to termination of pregnancy amongst teenagers. My study has been approved by Medunsa Research and Ethics committee. It has also been approved by Limpopo Provincial Department of Health. Kindly bear in mind as we have discussed that your name and your privacy is guaranteed that is why we are doing this conversation in this private room together. Your name is 16 throughout this interview.

R: Please tell me in details what has motivated you to terminate your pregnancy?

A16: I have to finish my studies first.

R: What support structures are available at home to help you cope with your decision?

A16: My sister knows. I don't have family support. There is nothing my sister can do for me.

R: What do you think should be done for people in your situation?

A16: I think counselling can be done as this can ease mental problems.

R: Which contraceptives were you using before you fell pregnant?

A16: Condoms.

R: Why did you choose to use a condom?

A16: I really don't like going to the clinics and I have and these things are not safe.

R: Tell me more about not being safe.

A16: I am allergic to injections and I thought I will be safer.

R: How supportive was your boyfriend?

A16: At first he was, but not really supportive.

R: Where did you learn about contraceptives?

A16: At school whilst I was still in primary.

R: Please tell me what you know about contraceptives.

A16: I don't know much about them since I never used them. What I know is that they are guaranteed to prevent pregnancy but not STI.

R: In your opinion, how can young people be encouraged to use productive health services and make them more willing to use contraceptives?

A16: I think campaigns, nurses to visit schools more often to tell teenagers about the dangers out there and to make them alert.

R: What do you think will make these services better for young people?

A16: I am happy with the services. I think more counselling to open up about teenagers' experiences.

R: Thank you. Thank you for being part of my study. I appreciate your opinions.

R: Greetings.

R: How are you?

A17: I'm fine.

R: My name is Sister Lizzy Baloyi. I am a student at University of Limpopo at the Turfloop campus. I am doing a research study. My research topic is factors contributing to termination of pregnancy amongst teenagers. My study has been approved by Medunsa Research and Ethics committee. It has also been approved by Limpopo Provincial Department of Health. Do you have any questions?

A17: No

R: Your name is 17 throughout this interview. Kindly bear in mind as we have discussed that your name and your privacy is guaranteed that is why we are doing this conversation in this private room together. Can we start?

A17: Yes.

R: Please tell me in details what motivated you to terminate your pregnancy?

A17: My first reason is that I am the first born. My trusts trust me. I don't want to disappoint my mother because she tries hard to make sure that I get educated. If I drop out of school it will be a different story and it might be difficult for me to study further.

R: Thank you. What support structures are available at home to help you cope with your decision?

A17: I have no support. I did not tell my mother about it.

R: What do you think should be done for people in your situation?

A17: First ask teenagers what they want as it is not always about what their families want for them.

R: Tell me more

A17: Everybody lives for herself so that teenagers don't blame parents tomorrow.

R: Which contraceptives were you using before you fell pregnant?

A17: I was using Nur-Isterate but I stopped.

R: Thanks: Why did you choose Nur-Isterate?

A17: Nurses once came to school to teach us injections and decided to use it. I left it after breaking with my first boyfriend. We used condoms with my new boyfriend.

R: How supportive was your boyfriend?

A17: He was not supportive.

R: Please tell me what you know about other contraceptives.

A17: I used injections and I did not have problems as I was seeing my periods as usual.

R: Where did you learn about contraceptives?

A17: At school. Nurses once came to school to teach us about contraceptives.

R: In your opinion, how can young people be encouraged to use reproductive health services or make them more willing to use contraceptives?

A17: Teenagers must be taught about contraceptives.

R: What do you think will make these services better for young people?

A17: There must be pamphlets or some kind of a magazine so that we can understand more about contraceptives so that teenagers can use them and make them work them.

R: Thank you. Thank you for being part of my study. I appreciate your opinions.

R: Greetings.

R: How are you?

A18: I'm fine.

R: My name is Sister Lizzy Baloyi. I am a student at University of Limpopo at the Turfloop campus. I am doing a research study. My research topic is factors contributing to termination of pregnancy amongst teenagers. My study has been approved by Medunsa Research and Ethics committee. It has also been approved by Limpopo Provincial Department of Health. Do you have any questions?

A18: No

R: Your name is 18 throughout this interview. Kindly bear in mind as we have discussed that your name and your privacy is guaranteed that is why we are doing this conversation in this private room together. Can we start?

A18: Yes.

R: Please tell me in details what motivated you to terminate your pregnancy?

A18: Honestly I don't want this child. I have just found a job and I don't need another child right now.

R: What support structures are available at home to help you cope with your decision?

A18: I don't need anyone's support because this is purely my decision.

R: Which contraceptives were you using before you fell pregnant?

A18: I was on an injection but I stopped due heavy menstrual periods.

R: How supportive was your boyfriend about your contraceptive choice?

A18: He was not supportive.

R: Where did you learn about contraceptives?

A18: Back in high and at the clinic.

R: Please tell me what you know about other contraceptives.

A18: The condom is used during sex and must be discarded after use. The pill makes you fat and the loop is dangerous and if you fall pregnant while it is inside of you your baby can die from it.

R: In your opinion, how can young people be encouraged to use reproductive health services or make them more willing to use contraceptives?

A18: I really don't know but teenagers must decide for themselves.

R: What do you think will make these services better for young people?

A18: More campaigns.

R: Thank you. Thank you for being part of my study. I appreciate your opinions.

R: Good morning.

R: How are you?

A19: I'm fine.

R: My name is Sister Lizzy Baloyi. I am a student at University of Limpopo at the Turfloop campus. I am doing a research study. My research topic is factors contributing to termination of pregnancy amongst teenagers. My study has been approved by Medunsa Research and Ethics committee to prevent. It has also been approved by Limpopo Provincial Department of Health. Do you have any questions?

A19: No

R: Kindly bear in mind as we have discussed that your name and your privacy is guaranteed that is why we are doing this conversation in this private room together. The details of the interview will only be used for scientific purposes only. Do you have any questions?

A19: No. I think I understand.

R: Your name is 19 throughout this interview. Please tell me in details what has motivated you to terminate your pregnancy?

A19: Me being myself, knowing what I want. Am I going to be a good mother and a good parent? Should I do it or not do it? Is it good or bad? That is why I decided to terminate the pregnancy.

R: Please tell me more about you being a good mother and you being a bad mother.

A19: Me being a good mother would be a blessing. Me taking care of somebody. Me not being a good mother would be me being a student and not working. I will end up being a bad mother and not being able to support my child.

R: What support structures are available at home to help you cope with your decision?

A19: Should I say my mother is very supportive in my decision.

R: What do you think should be done for people in your situation?

A19: I would say nothing. Talk to the teenagers first.

R: Which contraceptives were you using before you fell pregnant?

A19: I was not preventing.

R: Why did you choose to use nothing?

A19: I thought preventing will make me irresponsible. I did not want my mother not to trust me.

R: How supportive was your partner?

A19: He was not supportive because he thought preventing will change me.

R: Where did you learn about contraceptives?

A19: Nurses taught us at school.

R: Please tell me what you know about contraceptives.

A19: The loop is something they put in your womb. It clicks in your womb. You do your thing and it blocks the sperm and you won't fall pregnant. The needle they inject you every three months. The pill you drink it every day at the same time. The condoms are just condoms, some blast, some safe and some are not safe.

R: In your opinion how can young people be encouraged to use reproductive health services or make them more willing to use contraceptives?

A19: Clinics like this is private, nobody will know that you came here. It is a good thing. I will encourage people to come to private clinics because they get personal attention unlike in community clinics and hospitals.

R: What do you think will make these services better for young people?

A19: Make it big and treat your customers with care. Encourage teenagers to make decisions.

R: Thank you. Thank you for being part of my study. I appreciate your opinions.

R: Good day mam.

A20: Good day Sister. How are you?

R: I'm ok and you?

A20: I'm fine.

R: My name is Sister Lizzy Baloyi. I am a student at University of Limpopo at the Turfloop campus. I am doing a research study. My research topic is factors contributing to termination of pregnancy amongst teenagers. My study has been approved by Medunsa Research and Ethics committee to prevent. It has also been approved by Limpopo Provincial Department of Health. Do you have any questions?

A20: No

R: Your name in this study is private. Your participation is voluntary. Your name for now is 20. Can we start?

A20: Yes.

R: Please tell me in detail what has motivated you to terminate your pregnancy?

A20: Actually for the first weeks I thought I would keep my baby, but ever since this morning when I started vomiting I felt I can't do it anymore.

R: What support structures are available at home to help you cope with your decision?

A20: No I've got my sister, my brother and my mother but I didn't tell my mother about the termination and stuff because it is my decision.

R: What do you think should be done for people in your situation?

A20: No what I'm thinking is that if ever I can deal with the situation, there is no way that I can inform my parents or whosoever. If ever I can't deal with the situation is whereby we can inform my parents.

R: Which contraceptives were you using before you fell pregnant?

A20: Injection.

R: Why did you choose to use an injection?

A20: (*Laughing*). I think it was quite easy unlike the pills whereby I have to take the pill each and every day because I do have problems with tablets any way.

R: How supportive was your partner in you using the injection?

A20: (*Laughing*). He was not supportive because he was planning this baby.

R: Where did you learn about contraceptives?

A20: High school, clinics.

R: Please tell me what you know about other contraceptives.

A20: I don't know anything about them. I think condom is quite easy and safe unlike the injection and pill and you won't be affected by STI and HIV. Injection and pill only prevent to have a baby.

R: In your opinion how can young people be encouraged to use reproductive health services?

A20: When coming to young girls, some of them know about contraceptives. Their only problem is how they are going to pay. I think they must go to the local clinics. Here is for working people, because we pay here.

R: What do you think will make these services better for young people?

A20: It is our choice. Everybody has their own reasons.

R: Thank you so much for your time. Thank you for being part of my study. I appreciate your opinions.

APPENDIX 8

SECTION B: TRANSCRIPTS OF MIDWIVES' SEMI STRUCTURED INTERVIEW

R: Good afternoon sister.

01: Good afternoon.

R: How are you mam?

01: I'm good and yourself?

R: I'm fine thanks. Sister I am just going to ask you some few questions. My research topic is factors contributing to termination of pregnancy amongst teenagers. My study has been approved by Medunsa Research and Ethics committee to prevent. It has also been approved by Limpopo Provincial Department of Health. Your name in the study is strictly confidential. If you need clarifications feel free to ask me. Which reproductive health services for teenagers are available at this clinic?

01: We have family planning, Choice on Termination of Pregnancy services and Sexual Transmitted Infections management.

R: Please tell me more about these services.

01: with family planning we've got four types that teenagers can access, the pill, the injectable which is the three months one and the two months one. We have the loop which we insert and it stays there for 5 years. After 5 years we remove it and replace with a new one if there is a need. If in between they want to fall pregnant we remove it. We have the condoms. With the condoms we encourage them to use the dual protection meaning that it the pill, injectable, loop plus the condom.

R: The STI management sister, please tell me more about it.

01: We encourage them to use condoms to prevent STI. Once they contract STI we have treatment for that.

R: What are the available support structures in place for pregnant teenagers before and after TOP?

01: When teenagers request termination services we do Pre TOP counselling. We do Post TOP counselling two weeks after the procedure has been done.

R: Thank you sister. How do teenagers access them after TOP has been done?

01: When they come for TOP we tell them about all the services that we provide at our clinic. We tell them to come any time if they need them.

R: How are these teenagers informed about such services should they develop a need few weeks after the procedure has been done?

01: As I have said that we've got the pre and post TOP counselling, during that period we inform them that if there is a need they must come to the clinic, more especially after two weeks it is very important for them to come to the clinic for check-up.

R: Thank you so much for your time. Thank you for being part of my study. Your opinions are highly valued.

01: You most welcome

R: Good afternoon Sister.

02: Hello.

R: How are you?

02: I'm fine and you?

R: I'm fine thanks. My name is Lizzy Baloyi. I am a student at University of Limpopo at the Turfloop campus. I am doing a research study. My research topic is factors contributing to termination of pregnancy amongst teenagers. My study has been approved by Medunsa Research and Ethics committee to prevent. It has also been approved by Limpopo Provincial Department of Health. Do you have any questions?

02: No.

R: Our conversation is private that is why we are doing it in a private room together. Please remember that this study will be published for scientific purposes but your name will remain private. Which reproductive health services for teenagers are available in the clinic?

02: Family planning services, Termination of pregnancy services (CTOP), STI screening and management, cervical screening.

R: Thank you sister. What are the available support structures in place for pregnant teenagers before and after TOP?

02: We offer pre and post TOP counselling. Normally we ask them to come back after two weeks for check-up and support if the need be.

R: Thank you sister. How do teenagers access them after TOP has been done?

02: Like we say normally when we do the counselling we ask them to come back to the clinic for follow-up. When they come for follow-up we do the post counselling.

R: How are these teenagers informed about such services should they develop a need few weeks after the procedure has been done?

02: When we do the counselling we give them the information of the services available and how to access them. If they need to talk to someone they can talk to us as we give them our contact details. We give them clinic numbers.

R: Thank you so much for your time. Thank you for being part of my study. Your opinions are highly valued.

02: Thank you

APPENDIX 9: REQUEST FOR PERMISSION LETTER

P. O. Box 385

Bendor Park

0713

08 February 2013

The Director

Maggys Hope Clinic

19 A Paul Kruger Street

Polokwane

0700

Dear Ms Mojapelo

Application to conduct a study at your clinic

I, Khawurisa Lizzy Baloyi humbly request permission to do a study at your clinic. I am a Master in Public Health student at the University of Limpopo Turfloop Campus. My Student number is 201117738.

My research topic is Factors contributing to Termination of Pregnancy amongst Teenagers at Maggys Hope Clinic in Polokwane Municipality. The study will only commence once the Ethical clearance Certificate has been issued to me by the University Ethics Committee to show that the study is approved. The Limpopo Provincial Department will also approve the study by issuing me a permission letter before I conduct the study at your institution. A Semi structured interview guide will be used to obtain data from the participants after informed consent has been obtained from them.

Hope you will consider my application.

Thanking you in anticipation.

Yours faithfully

K L Baloyi

Cell: 082 338 8346

APPENDIX 10: APPROVED PERMISSION FROM MAGGYS HOPE CLINIC



Pr No: 088000074247

Enquiries: Ms MM. Mojapelo

08 July 2013

Dear Mrs KT. Baloyi

P.O. Box 385

Bendor Park

0713

Re: Permission to a conduct research study at the clinic

Topic: Factors contributing to termination of pregnancy amongst teenagers at Maggys Hope Clinic.

It is with great pleasure to inform you that your request for permission to conduct a study at the clinic has been granted.

Kindly be informed that after completion of the study a copy should be submitted to the clinic to serve as a resource.

Your cooperation will be highly appreciated.

A handwritten signature in black ink, appearing to read 'Mojapelo M.M.', written over a horizontal line.

Mojapelo MM (CFO)

A handwritten date '08/07/2013' written in black ink over a horizontal line.

Date

APPENDIX 11: MEDUNSA RESEARCH AND ETHICS COMMITTEE APPROVAL



MEDUNSA RESEARCH & ETHICS COMMITTEE

CLEARANCE CERTIFICATE

MEETING: 01/2014
PROJECT NUMBER: MREC/HS/07/2014: PG

PROJECT:

Title: Factors contributing to termination of pregnancy amongst teenagers of Maggys Hope clinic at Polokwane Municipality, Limpopo province, South Africa

Researcher: Mrs KL Bakoyi
Supervisor: Dr NJ Ramalivhana
Hospital Superintendent: M Mojapelo (Maggys Hope Clinic)
Department: Medical Sciences, Public Health & Health Promotion
School: Health Sciences
Degree: MPH

DECISION OF THE COMMITTEE:

MREC approved the project.

DATE: 04 February 2014


PROF GA OGUNBANJO
CHAIRPERSON MREC



The Medunsa Research Ethics Committee (MREC) for Health Research is registered with the US Department of Health and Human Services as an International Organisation (ICR00004316), as an Institutional Review Board (IRB00005122), and functions under a Federal Wide Assurance (FWA00000410)
Expiry date: 11 October 2016

Note:
i) Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee.
ii) The budget for the research will be considered separately from the protocol.
PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.



APPENDIX 12: LIMPOPO DEPARTMENT OF HEALTH APPROVED PERMISSION



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

Enquiries: Latif Shamila

Ref:4/2/2

Baloyi KL
University of Limpopo
Sovenga
0727

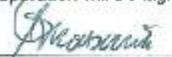
Greetings,

Factors contributing to termination of pregnancy amongst teenagers at Maggys Hope Clinic at Polokwane Municipality, Limpopo Province South Africa.

The above matter refers.

1. Permission to conduct the above mentioned study is hereby granted.
2. Kindly be informed that-
 - Further arrangement should be made with the targeted institutions.
 - In the course of your study there should be no action that disrupts the services.
 - After completion of the study, a copy should be submitted to the Department to serve as a resource.
 - The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.

Your cooperation will be highly appreciated.


Head of Department


Date