

Knowledge and Attitude of Rural Tshivenda Speaking Teenagers towards Choice of Termination of Pregnancy on Vhembe District, South Africa

T. H. Oni and T. G. Tshitangano*

*Department of Public Health, School of Health Sciences, University of Venda,
Thohoyandou, South Africa, 0950*

**Telephone: 0159628000, *E-mail: takalani.tshitangano@univen.ac.za*

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ABSTRACT This paper explored knowledge and attitudes of rural teenager's towards choice of termination of pregnancy. The paper adopted a quantitative approach using a descriptive survey design. Data was collected from a total of 176 randomly selected females, age 14-18 years from 10 secondary schools that makes up a rural Vhumbedzi circuit in the Limpopo province using a self-administered questionnaire. Validity and reliability of the instrument was ensured. Permission to enter the schools was obtained from the circuit manager. Parents/learners informed consent was obtained. Statistical package for Social Sciences was used to analyse data in terms of frequency and percentages. The majority of respondents thought that termination of pregnancy is not a safe procedure and it cannot be done as many times as possible as a form of family planning. The paper concluded that rural female teenagers in South Africa have negative attitudes towards termination of pregnancy despite having adequate knowledge.

INTRODUCTION

Abortion has been a controversial topic around the world, which is perceived differently by individuals. While some people see it as a reproductive right of women, others perceive it as morally wrong (News Basics 2015). In South Africa, abortion was legalized in 1997 with the promulgation of the Choice of termination of pregnancy Act (CTOP) as amended in 2008 (South Africa 1997).

Since 1997, a woman of any age in South Africa can get an abortion if she is less than 13 weeks pregnant by simply requesting with no reasons given. If she is between 13 and 20 weeks pregnant, she can get the abortion if her own physical or mental health is at stake; the baby will have severe mental or physical abnormalities; she is pregnant because of incest; she is pregnant because of rape; or she is of the personal opinion that her economic or social situation is sufficient reason for the termination of pregnancy. If she is more than 20 weeks pregnant, she can get the abortion only if herself or the fetus' life is in danger or there are likely to be serious birth defects (Haag 2013).

Since the legalization of abortion there has been a decrease in deaths from backstreet abortions, but the number of deaths following abortions is still quite high according to statistics

gathered in Gauteng province (Adams 2015). Thus, 5 percent of maternal deaths following childbirth are abortion related, and 43 percent of these are related to legal abortions.

Of more concern is that Adams (2015) discovered that half of South African pregnancies end in abortion. According to Johnston (2015), more abortions are carried out in Gauteng followed by Western Cape, which are affluent provinces of South Africa. Rural provinces such as Limpopo, Mpumalanga, and Northern Cape have very low abortion statistics.

The concern is that South Africa has a huge teen pregnancy burden. According to Harrison (2012), one in three girls in South Africa has a baby between seventeen and nineteen years of age. According to Chohan and Gina (2015), teenage pregnancy rates in South Africa are higher in schools located in poor areas. Similarly, Reeves and Venter (2015) state that poor women conceive three times more than their wealthier counterparts. Surprisingly, the abortion rate is lower for the highest income bracket women as compared to their poor counterparts (Marcotte 2015). Though the exact reason for this is not clear, Morroni et al. (2006) believes that lack of knowledge about as well as attitudes towards the CTOP might be the cause. This paper aimed to investigate knowledge and attitudes of rural teenagers towards CTOP.

Objectives of the Study

- ♦ Assess knowledge of rural teenagers regarding CTOP
- ♦ Explore attitudes of rural teenagers towards CTOP

METHODOLOGY

Study Design

Based on the purpose of the study, a quantitative cross-sectional descriptive survey design was adopted. A descriptive research design is deemed suitable by the researchers because it describes and interprets phenomena that are in existence, while at the same time using a cross-sectional survey method to collect data from subjects at one point in time to describe a phenomenon (Brink et al. 2006).

The Study Setting

The study was conducted at Vhumbedzi educational circuit which is situated in the east of Sibasa in the Vhembe District and north of Kruger National Park. The circuit consists of 10 secondary schools, 24 primary schools and one independent primary school. The target population of this project is all secondary school learners from grade 8 – grade 12 in Vhumbedzi circuit.

Population and Sample Size and Sampling Procedure

Ten secondary schools in the Vhumbedzi educational circuit had a total female population of 2515, which included grades 8 to 12 learners. Thus, the population of 2515 learners was targeted for this study. Based on the sampling frame of 2515, sample size of $n=205$ was calculated using Slovin's formula $[n=N \{1+Ne^2\}]$ where n and N denote the sample and population sizes respectively thus allowing a margin error of $e=0.05$. Thus, learners were randomly selected with-in based on population proportional to size procedure which ensured proportional representativeness of grade in the final sample.

Data Collection Instrument

A semi-structured self-administered questionnaire comprising of ranking scale questions

was adapted from the 2011 high school Youth Risk Behaviour Survey (YRBS) of the Centres for Disease Control and Prevention (2011). The instrument was written in English and required approximately 60 minutes to complete. Caution was taken to ensure that it was user-friendly and understandable. The questionnaire was divided into 3 sections namely demographic profile of the participants; learners' knowledge of CTOP; and learners' attitudes towards CTOP.

Instrument Validity

To ensure validity, the instrument was adapted from the YRBS questionnaire of the Centres for Disease Control and Prevention (2011) to suit the local conditions. A wide range of literature was also consulted on the variables of interests. Also, the instrument was pre-tested on some volunteer learners in one school similar to the target population next to the university. Pre-testing results were used to rephrase and modify some aspects of the questionnaire thus making it suitable and comprehensible to the participants.

Instrument Reliability

The reliability of the instrument was bolstered by adapting a questionnaire based largely upon the Centers for Disease Control and Prevention 2011 national high school *Youth Risk Behaviours Survey* (YRBS). The YRBS is a standardized instrument developed by the CDC to measure risk behaviours of high school students with generally high reliability rating [$Kap=61-100\%$] (Brener et al. 2002; CDC 2011).

Ethical Considerations

The Research and Innovation Directorate of the University of Venda issued an ethical clearance certificate (SHS/12/PH/03/0812) for the project titled "Community health diagnosis of secondary school learners in Vhumbedzi circuit, South Africa" in August 2012. Permissions to conduct this research project and to enter schools were obtained from the Department of Health – Limpopo province and the Vhumbedzi circuit office respectively. Final access to the participating schools was negotiated with the school authorities. Written informed consent was obtained from learners and their parents before the administration of the instrument. In

addition, participants' names and identities were not required and at the same time, no staff member was allowed at the survey venue during the time the questionnaires were administered to ensure learners anonymity, confidentiality and voluntary participation.

Data Collection or Survey Procedure

The study was conducted over a three-week period between October and November 2012. All 10 schools were visited by the research team to identify the learners who were to participate in the study. Questionnaires were distributed to 205 female learners proportionally. Dates for data collection were pre-arranged by circuit office and school authorities; and within each participating school, a special class was organized where the research team briefed the participants and assisted in facilitating the administration of the instrument and addressing issues arising thereof. The administration of the questionnaires lasted approximately 60 minutes and the response rate was 86 percent (n=176 females learners).

Data Analysis

Survey responses were coded and analysed the Statistical Package for the Social Sciences (SPSS) version 21.0 software. Descriptive statistics (frequencies and percentages) were used to summarize the data.

RESULTS

Demographic Characteristics of the Respondents

Though self-administered questionnaires were distributed to 205 female learners proportionally according to grades, the response rate was 86 percent (n=176) females learners. The results are presented according to the objectives of the study:

Knowledge of the Choice of Termination of Pregnancy

The findings of the study revealed that very few (6% n=11) of the learners thought abortion is always a safe procedure and can be done as many times as possible. The majority (73% n=128) thought that it is not a safe procedure and it cannot be done as many times as possible. Few (21% n=37) learners were not sure if abortion is a safe procedure.

Few (17% n=30) learners thought that abortion is a form of family planning. Most (65% n=114) learners thought abortion is not a form of family planning while some (18% n=32) of the learners are unsure if abortion is a form of family planning.

The majority (84% n=149) of the learners thought doing abortion is dangerous. A few (10% n=17) learners thought doing abortion is not dangerous and 7% (n=12) were unsure. Table 1 present the summary of these results.

Attitude of the Learners about Choice of Termination of Pregnancy

Surprisingly, the majority (81% n=142) of the learners said no to abortion even if they are pregnant. Very few (7% n=13) learners said they will consider abortion if they get pregnant. Few (12% n=21) learners were unsure if they would consider abortion if they are pregnant.

Of the learners 95 percent (n=163) have never had abortion before in their lives and 1% (n=2) had had abortion before. Amazingly, 4% (n=6) of the learners were unsure if they have ever had abortion in their lives.

Almost all the learners (88% n=153) said they would not recommend abortion to someone. A few (7% n=12) learners said they would recommend abortion to someone and 5 percent of the learners were unsure if they would.

The majority (84% n=145) of the learners said they would not tell their parents that they want

Table 1: Summary of the results regarding teenagers CTOP knowledge

	<i>Agree</i>		<i>Not sure</i>		<i>Disagree</i>	
Abortion is always a safe procedure	6%	n=11	21%	n=37	73%	n=128
Abortion can be done as many times as possible	6%	n=11	21%	n=37	73%	n=128
Abortion is a form of family planning	17%	n=30	18%	n=32	65%	n=114
Doing abortion is dangerous	84%	n=149	17%	n=12	10%	n=17

These results show that rural teenagers have sufficient knowledge regarding CTOP.

to do abortion. Few (11% n=19) learners said they will tell their parents that they want to do abortion whilst 5 percent of the learners are not sure if they will let their parents know about them wanting abortion.

Most (85% n=146) of the learners said no to abortion if they parents refuse whilst a few (2% n=4) learners said they would have abortion even if their parents refuse and other (12% n=21) learners are not sure if they would have abortion if their parents refuse.

Some (38 % n=67) of the learners knew more than five people who had had abortion in year 2012. About 35% (n=61) of the learners were not sure if they knew more than five people who had had abortion that year. Few (27% n=48) learners said they did not know more than five people who had had abortion in the same year.

The majority (68% n=121) of the learners thought that a person should regret or feels guilty after abortion. A few (12% n=21) learners felt a person should not regret or feels guilty after abortion whilst 20 percent (n=36) of the learners were not sure if a person should regret or feels guilty after abortion. Table 2 summarises the results.

DISCUSSION

The findings of this study revealed that rural teenagers have adequate knowledge about CTOP since the majority considered it unsafe and dangerous; and that it cannot be used often as a method of family planning. Ehlers (2015) emphasize that most of the adolescent mothers who see the abortion service as being unsafe for them are unable to make use of it effectively. Similarly, this study revealed that the majority of rural teenagers consider abortion an unsafe procedure, hence its low uptake in rural provinces (Johnston, 2015). A similar study in Kwazulu Natal showed that there was an increase in knowledge levels about CTOP among women in

comparison to their knowledge back in 1998 (Morrone et al. 2006). This level of knowledge might be associated with lower abortion rate in Limpopo (Johnston 2015). This is because the majority of teenage respondents (80%) indicated that they would not consider TOP even if they are pregnant which revealed that most of the learners have negative attitudes towards TOP based on their knowledge.

On the contrary, a study by Ratlabala et al. (2015) among adolescents in rural Limpopo province reported low levels of CTOP knowledge. A study by Ehlers (2015) in Tshwane among adolescent mothers also yielded contrary results revealing that though, CTOP and other contraceptive service are available free of charge for those adolescents but they did not use it because they lack knowledge about these services.

This result is contrary to the findings of Ratlabala et al. (2015), which indicated that the negative attitudes of adolescents are associated with lack of information about CTOP. In this study the negative attitudes prevailed in the presence of adequate CTOP knowledge. The results of this study confirms that of Lee, Clements et al (2015), which discovered that more deprived areas have both higher conceptions rates and lower proportion of under-18 pregnancies ending in abortion.

Though the majority of the respondent teenagers had adequate CTOP knowledge, 27 percent (n=47) of those who are not sure including those who think abortion is safe is worrying. These teenagers out of ignorance and their belief might find themselves doing abortion irrespective of its health implications.

CONCLUSION

This study had revealed that though female secondary school learners of Vhumbedzi Circuit had adequate knowledge about abortion, they still have negative attitudes towards CTOP.

Table 2: Summary findings regarding teenage attitude towards CTOP

	Yes		Not sure		No	
Would you consider abortion if you are pregnant?	7	n=13	12%	n=21	81%	n=142
Have you ever had an abortion in your life?	1%	n=2	4%	n=6	95%	n=163
Would you recommend abortion to someone?	7%	n=12	5%	n=11	88%	n=153
Would you tell your parents if you want to do abortion?	5%	n=12	11%	n=19	84%	n=145
Would you go ahead and do abortion even if your parents refuse?	2%	n=4	12%	n=21	85%	n=146

These findings indicate that rural teenagers have negative attitudes towards CTOP.

RECOMMENDATIONS

Although, studies have documented positive impact of the CTOP on morbidity and mortality associated with abortion in SA a lot still need to be done to make the services acceptable to the general population especially adolescents in rural communities. Thus, in order to ensure that most adolescents especially in rural areas make use of CTOP service, behaviour change modalities such as the Health belief model (HBM) should be applied in order to change the perceptions of teenagers toward CTOP.

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NOTES

This paper is part of a bigger project titled *Community Health Diagnosis of Secondary School Learners in Vhumbedzi Circuit*, which was conducted in 2012 in rural areas of Vhembe district South Africa.

REFERENCES

- Adams S 2015. Half of South African Pregnancies End in Abortion. Health System Trust. From <<http://www.hst.org.za>> (Retrieved on 29 April 2015).
- Brener ND, Kann L, McManus T, Kinchen SA, Sundberg EC, Ross JG 2002. Reliability of the 1999 youth risk behaviour survey questionnaire. *Journal Adolescent Health*, 31(4): 336-342.
- Brink H, Van Der Walt C, Van Rensburg G 2006. *Fundamentals of Research Methodology for Health Care Professional*. 2nd Edition. Cape Town: Juta.
- Centre for Disease Control and Prevention 2011. Youth Risk Behaviour Survey Questionnaire. From <http://www.cdc.gov/healthyyouth/yrbs/questionnaire_rationale.htm> (Retrieved on 3 April 2015).
- Chohan F, Gina N 2015. Teenage Pregnancy amongst School Learners and in South Africa Generally. From <[pmg.com.Parliamentary monitoring group](http://pmg.com.Parliamentary_monitoring_group)> (Retrieved on 29 April 2015).
- Ehlers VJ 2015. Adolescent mothers' knowledge and perceptions of contraceptives in Tshwane, South Africa. *Health South Africa Gesondheid*, 8(1): 13-25.
- Haag T 2013. Things You Should Know About Abortion in South Africa. From <called. convicted. converted.> Com (Retrieved on 29 April 2015).
- Harrison D 2012. South Africa: Teenage Pregnancy Figures Cause Alarm. From <irinnews.org> (Retrieved on 29 April 2015).
- Johnston R 2015. South Africa Abortion Rates by Province, 1997-2012. From <johnstonsachive.com> (Retrieved on 29 April 2015).
- Lee E, Clement S, Ingham R, Stone N 2004. Influences on Young Women's Decisions about Abortion or Motherhood: An Exploration of Factors behind the Geographic Variation in the Proportion of Teenage Pregnancies Ending in Abortion. From <www.jrf.org.uk> (Retrieved on 29 April 2015).
- Marcotte A 2015. Why Do Poor Women Have More Abortions? From <www.slate.com> (Retrieved on 29 April 2015).
- Morroni C, Myer L, Tibazarwa 2006. Knowledge of the abortion legislation among South Africa Women: A cross-sectional study. *Reproductive Health*, 3: 1-5.
- News Basics 2015. Abortion. From <www.newsbasics.com> (Retrieved on 29 April 2015).
- Ratlabala MC, Makofane MDM, Jali MN 2007. Perceptions of adolescents in low resourced areas towards pregnancy and the choice on termination of pregnancy. *Curationis*, 30(1): 26-31.
- Reeves R, Venter J 2015. The Impact of Income Level on Unintended Childbearing among Single Women. Brookings Institution. From <www.slate.com> (Retrieved on 29 April 2015).
- South Africa 1997. The Choice of Termination of Pregnancy Act, No. 92 of 1996 as Amended by Choice of Termination of Pregnancy Amendment Act, No. 1 of 2008. From <www.doh.gov.za> (Retrieved on 29 April 2015).