

**FACTORS INFLUENCING TERMINATION OF PREGNANCY AMONG
YOUNG WOMEN IN MAFIKENG, NORTH WEST PROVINCE, SOUTH AFRICA**

BY

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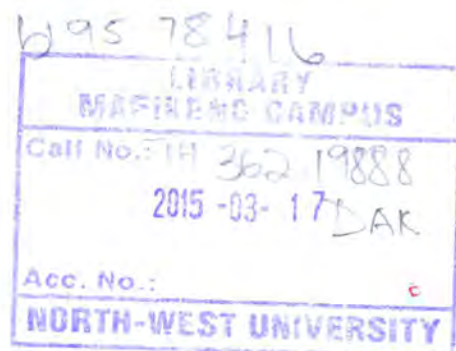
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DECLARATION

I, Grieta Rita Dakada, hereby declare that this dissertation titled "Factors influencing Termination of Pregnancy among young women in Mafikeng, North West Province, South Africa" is my own original work and that the opinions and views expressed in this work are those of the authors and relevant literature references shown in the references.

I further declare content of this research will not be submitted at any other tertiary institution to obtain any qualification.

Signature... *Dakada*.....

Date: *31/4/12*.....

ABSTRACT

The purpose of the study was to explore and describe factors influencing termination of pregnancy and describe measures that can be implemented to reduce the high rate of Termination of pregnancy (TOP). A qualitative, exploratory, descriptive and contextual research design was followed, in order to explore and describe factors influencing termination of pregnancy in Mafikeng North West Province. Purposive sampling was utilized to identify participants who met inclusion criteria for the study. The sample size was determined by data saturation, which was reached after twenty five in-depth individual interviews with women requesting TOP was done.

In-depth individual interviews were utilized to gather data after written approval from the Human research Ethics committee as well as the Research Ethics Committee of the North West University (Mafikeng Campus), North West Provincial Department of Health, Operational manager of Montshioa Stadt Health Centre, and Hospital Manager of Mafikeng Provincial Hospital where data was collected, and consent was also obtained from women who requested TOP. The findings of this study indicated that factors influencing termination of pregnancy were economic factors, the need for self development, health factors and social factors. From the results, women requesting termination of Pregnancy think that effective use of contraceptives and correct use of condom can reduce the high rate of termination of pregnancy.

Conclusion reached were that, non-use of contraceptives and incorrect use of condoms influenced TOP, as it was their common problem, hence the researcher suggested that health education on different methods of contraceptives should be given to teenage girls and other older women by health care providers. Recommendations in the field of nursing practice, nursing education, as well as nursing research were made.

Key Words: Contraceptives, Illegal or Unsafe abortions, Legal Termination of Pregnancy, Pregnancy, Termination of Pregnancy and Young women.

LIST OF ACRONYMS

CTOP- CHOICE ON TERMINATION OF PREGNANCY

TOP- TERMINATION OF PREGNANCY

USA- UNITED STATES OF AMERICA

NWP- NORTH WEST PROVINCE

SAPS- SOUTH AFRICAN POLICE SERVICES

MEC- MEMBER OF EXECUTIVE COUNCIL

MPH- MAFIKENG PROVINCIAL HOSPITAL

NWU- NORTH WEST UNIVERSITY

DENOSA- DEMOCRATIC NURSING ORGANISATION OF SOUTH AFRICA

DHIS- DISTRICT HEALTH INFORMATION SYSTEM

HBM- HEALTH BELIEVE MODEL

KZN- KWA ZULU NATAL

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CHAPTER 1

OVERVIEW OF THE STUDY

1.1. Introduction

In spite of free available contraceptive services offered 24 hours in healthcare centres since Choice of Termination of Pregnancy (CTOP) services were implemented in the Mafikeng area, the demand for CTOP continued to increase. In this study, the researcher aims at exploring and describing factors which influence termination of pregnancy among young women, and recommends measures that can be implemented to reduce the high rate of Termination of Pregnancy (TOP) in Mafikeng, North West Province. This chapter is comprised of the background of the study, problem statement, purpose, research questions, research objectives, the significance of the study, conceptual definitions, and paradigmatic perspective, as well as a brief description of the research design and method.

1.2 Background

Cronje & Grobler (2003:17) define Termination of Pregnancy (TOP) as a process of ending pregnancy so that it does not result in the birth of a baby, and is also referred to as 'abortion'. Although contraceptives are available free of charge throughout South Africa, the number of requests for CTOP services continue to increase yearly. Act No 1 of 2008 as amended on CTOP was developed when the government recognized women's right to make a decision regarding reproduction. The act of termination of pregnancy is to enhance the health and quality life of women in South Africa by reducing and eradicating morbidity and mortality from unsafe abortions, and to enable women to exercise their sexual and reproductive rights. The Act provides the right for all women from the age of twelve years to terminate their pregnancy at recommended clinics and hospitals (Act 1, 2008). This Act was also developed to reduce

mortality, and morbidity related to abortion, and to create a situation whereby "back street" abortions could be reduced (Mojapelo-Batka & Schoeman, 2003; Dickson, Jewkes, Brown, Levin, Rees & Mavuya, 2003).

After the Choice on Termination of Pregnancy Act was passed in 1996, by 2004 more than 120,000 legal terminations of pregnancies occurred in South Africa on request. South African national statistics indicate that 17, 4% of women requesting termination of pregnancy are below eighteen years of age, despite the fact that health education about safe sex and contraception is provided at schools (Van Rooyen & Smith, 2004:21).

Foster, Bley, Mikanda, Induni, Arons, Baumrind, Darney & Steward (2004:31) found that despite the availability of a growing number of safe and effective contraceptives in the United States, unintended pregnancy continues to be a significant public health concern. It is estimated that nearly 49% of 6.4 million pregnancies occurring each year in the USA are unintended, and half of these end up in abortion. Unintended pregnancies are highest among traditional college women aged 18-24 years, and the reason for their termination is that they are still attending college. Faura & Loxton (2003:30) found that 43% of women who had undergone TOP had more than one TOP. According to these researchers in the USA, of the 295 women who came to clinics requesting TOP, 211 had abortions and only 8 came for contraceptives. Gilliam, Warden, Goldstein, and Tapia (2004:299) reported that 56% of Latinas girls from the age of 15-19 reported sexual activity without the use of contraceptives which leads to unplanned pregnancies resulting in higher TOP amongst Latinas. According to Dougherty (2009:1) in England 5,000 teenagers a year repeats abortions. The Department of Health shows that the repeat of abortions has become common among young women. They revealed that in 2008 there were 5,218 repeated abortions among girls under 20 in England. It means that young women are more prepared to have sex without protection because they know they can always get an abortion.

According to Silva, Billings, Garcia & Lara (2009:56) in Mexico, estimates of the number of abortions carried out each year throughout the country range from 850,000 to over a million. However, complications resulting from unsafe abortions account for approximately 7% maternal mortality, making abortion the fifth highest cause of maternal mortality. According to Palomino (2011:73), although modern contraceptive use in Peru has increased, many women still face unwanted or unplanned pregnancies and abortions remain high despite the illegality of elective pregnancy termination. Women between 18-37 years of age were interviewed by this author.

In Germany the number of TOPs, including not officially reported terminations, is estimated to run to more than 2,000 thousand annually. Both surgical and medical procedures are used to legally terminate pregnancies (Cupisti, Schwarze, Schroth, Beckmann, & Goecke 2011:38). According to Sihvo, Bajos, Ducot & Kaminski (2003:607) 2,863 women in France experienced unintended pregnancies leading to TOP. In India, estimates of the number of abortions performed annually vary considerably from 0, 6 million to 6, 7 million (Saseendran & Stones, 2006:120). In Afghanistan in the Middle East, sex workers used termination of pregnancy as a method of contraception (Todd, Nasir, Raza, Scott, Strathdee, Botros & Tjaden, 2010:2057). The measured unplanned pregnancy rate amongst these women was 36.9% whilst terminations were as high as 33.2%.

According to Murray, Winfrey, Chatterji, Moreland, Dougherty & Okonofua, (2006:251) sub-Saharan Africa has the highest death rate of induced abortion in the world, and young women in Southern Nigeria are particularly likely to terminate their pregnancies. In the Edo State of Nigeria, 41% of all pregnancies reported by young women surveyed were terminated. Contraceptives use is generally low; the overall prevalence of modern methods use is less than 10%. According to Abiodun & Balogun, (2009:146) in Nigeria 1.5 million unplanned pregnancies occur every year, and half of these result in elective abortion. The above mentioned researchers found that 20 to 40% of women had TOP.

In Cameroon, the majority of parents accepted termination of pregnancy, and the TOP rate amongst young women was 62, 5% (Wonkam, Njamnshi, Mbanya, Ngogang, Zameyo, & Angwafo, 2011:476). In low-income countries in Africa, an estimated 60% of adolescent pregnancies are unintended. Eighty-seven girls aged 13-19 years old who were admitted to hospital for incomplete abortions were interviewed. Of these girls 53 (61%) had spontaneous abortions and 34 (39%) underwent unsafe induced abortions (Dahlback, Maimbolwa, Yamba, Kasonka, Bergsrom, Arvidson & Berit, 2010:247).

A private sector provider in South Africa, Marie Stopes has reported that the number of abortions at the group's clinics has increased by an average of ten percent (10%) a year since 1997 (Nursing Update, the Magazine for the caring profession, 2011:40). In 2010, Marie Stopes performed 51,185 abortions at its 23 clinics around the country, 13,000 more than the number of abortions recorded by the state sector (Nursing Update, the Magazine for the caring profession, 2011:40).

The abortion percentage ratio in Kwa-Zulu Natal is 5.7 %. Most young women found medical abortion to be an acceptable method, and would choose this procedure if faced with unwanted pregnancy (Gresh & Maharaj, 2011:67). In the Mpumalanga province TOP services provided for on average 286 terminations performed per month of which 65% were early terminations and 35% were late terminations. In the Western Cape an average of 402 terminations was performed each month, of which 74.1% were early terminations <http://indicators.hst.org.za/healthstats/47/data>.

In Gauteng, in the areas of Greater Soweto, Orange Farm, and Lenasia, it was found that TOP's were highest at the extremes of reproductive age, namely teenagers and older women with the rate of teenagers being high. In Gauteng an average of 1,939 terminations were performed per month. The majority (81%) of the total number of terminations were early terminations were higher than for older women with a ratio was 20.2% (Buchmann, Mensah & Pillay, 2002:729).

In the North West Province on average 168 terminations were performed per month, and the majority of these (97%) were early terminations <http://indicators.hst.org.za/healthstats/47/data>. In this province, according to the Mafikeng Mail (2009:2) the South African Police Services in Potchefstroom launched Operation Crackdown on Illegal abortion practitioners in the central business district. The launch started when the hospital called and informed them that there were eight cases of post abortion complications admitted to hospital. It was alleged that one of the women had to have her uterus removed due to complications. This proves that women still utilise illegal TOP despite the availability of safe TOP services. The abortion percentage ratio was 5.4%.

According to Mongae (2009:12), the MEC for Health and Social Development in the NWP Mrs R. Kasienyane warned bogus doctors in Taung that, "The illegal practice of TOP is an insult to women and what they stand for". Debating with communities about a pregnancy resolution in Taung recently, Kasienyane said that the practice was worrisome because, "We do not have assurance of the service rendered to these mushrooming back yard facilities which we feel actually put the lives of our people in danger and we must put a stop to it". She indicated that since implementation of the CTOP Act in 1996, the Province has made available seventeen public hospitals, five private hospitals, and three Community Health Centres for the service: despite these services and regardless of the effort the health authorities make, women are not using them. This is an indication that women are still using illegal TOP. The following table illustrates the South African abortion rates by Province since 1997-2010:

Table 1.1 illustrates the overview of how TOP increases every year in all the Provinces of South Africa despite the availability of free contraceptives
<http://indicators.hst.org.za/healthstats/47/data>.

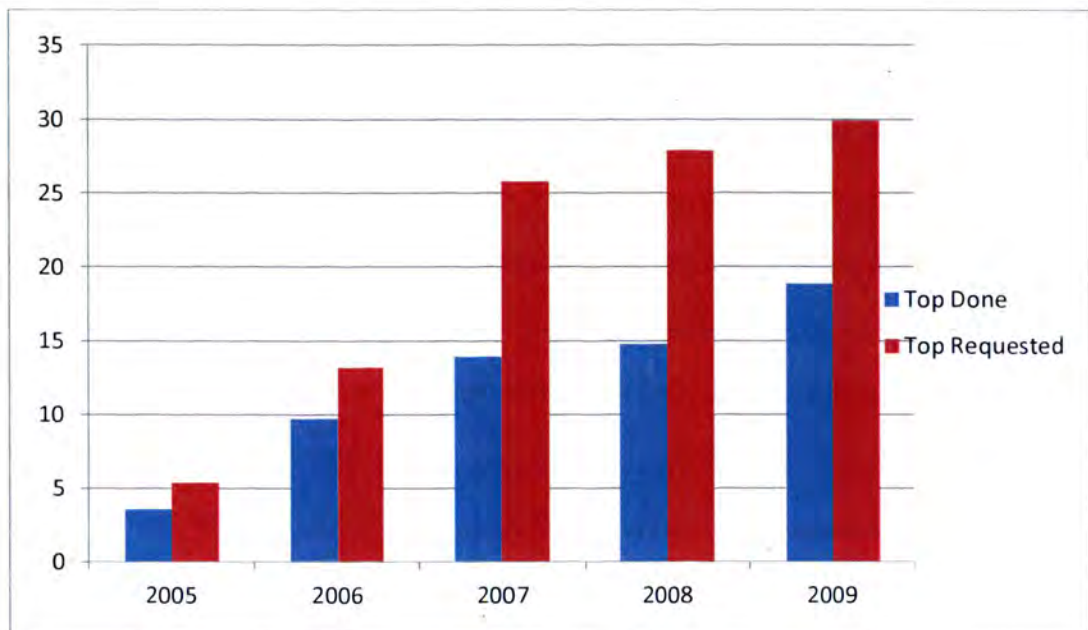
Table 1.1: Abortion Ratio compiled by Wm. Robert Johnston, last updated 26 November 2011

Province	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Eastern Cape	24	21	23	26	39	47	51	42	66	66	81	85	87	82
Free State	61	95	92	153	104	84	100	157	159	140	155	163	127	110
Gauteng	94	146	134	117	132	116	183	210	181	169	122	147	174	117
KwaZulu-Natal	7	25	32	54	36	44	54	49	56	40	24	25	27	23
Limpopo	6	8	16	25	45	49	43	41	35	35	90	77	74	76
Mpumalanga	27	29	40	58	55	52	33	50	17	0	22	35	31	38
Northern Cape	25	35	39	36	45	55	46	75	67	60	83	50	54	54
North West	4	8	36	37	49	49	30	43	30	63	61	73	77	92
Western Cape	46	67	71	82	99	120	123	116	148	124	135	168	127	108
TOTAL SOUTH AFRICA	28	43	48	57	61	62	75	86	86	79	79	88	87	73

In Mafikeng, statistics show that from July 2007 to September 2007, the numbers of women who requested terminations of pregnancy were 2,545 of which 1,529 terminations of pregnancies were performed; in the period July 2008 to September 2008, the number of Top's requested = 2,749 of which 1,264 were performed (Ngaka Modiri Molema District Reproductive Health Statistics, 2008).

Graph 1.1 indicates the ratio or rate of TOP's done compared with the number requested from the years 2005 to 2009 (DHIS CTOP Statistics for Reproductive Health in Mafikeng).

Graph 1.1: TOP requested vs. done



- TOP Requested: 2005=5.4, 2006=13.2, 2007=25.8, 2008=27.9, 2009=29.6.
- TOP Done: 2005=3.6, 2006=9.7, 2007=13.9, 2008=14.8, 2009=16.6.

Various studies conducted in the USA by researchers found that factors influencing young women to undergo TOP were: age, being unmarried, rejection by parents and still at school (Foster, Bley, Mikanda, Induni, Arons, Baumrind, Darney & Steward (2004:31). According to Dougherty (2009:1) factors influencing young women in England are: still (considered to be too) young to be mothers, still attending school, lack of support from unemployed boyfriends, and pressure from parents to have TOP performed. According to Walfisch, Sermer, Matok, Einarson & Koren (2011:761), in London women are often exposed to various medications and medical conditions during pregnancy.

The researcher's objectives were to explore the association between maternal depression and teratogenic risk and the rated likelihood to do TOP. More women with medical conditions were intending to terminate their pregnancies due to maternal depression.

According to Silva *et al* (2009:56) in Mexico, reasons cited for TOP were; still at school and too young to be mothers. In Lima reasons cited for termination of pregnancy were primarily social stigma and economic reasons Palomino (2011:73). In Scotland researchers investigated the foetal outcomes of pregnancy in women with pre-existing diabetes in relation to pre-pregnancy risk factors and found that pregnancies were terminated due to medical reasons (Inkster, Fahey, Donnan, Leese, Mires & Murphy, 2009:1153). Larson, Aneblom, Olind & Tyden (2002:64) indicated that TOP is on the increase amongst teenagers in Sweden despite compulsory sex education in schools, widespread youth clinics, free family planning, and numerous contraceptives. These researchers found that TOP resulted in a higher mortality rate; factors leading to TOP included the incorrect use of condoms and non-use of contraceptives which resulted in unplanned pregnancies and hence TOP. From most of these studies, it can be seen that women are reactive rather than proactive because they seem to prefer TOP instead of the use of contraceptives which would obviate the need for the former. In Germany factors influencing TOP are unemployed partners, age, and marital status (Cupisti, Schwarze, Schroth, Beckmann & Goecke, 2011:38).

In Australia, the researchers Kelaher, Dunt & Dodson (2007:95) examined whether unemployment and partnership affected pregnancy, live birth and terminations among young Australian women. There were no differences in termination due to unemployment; overall partnered unemployed women were more likely to have TOP than any other women. Age, parental education, non-use of contraceptives, unstable relationships and economic factors were other reasons these women wanted TOP.

According to Sihvo, Bajos, Ducot, & Kaminski (2003:607) in France women who experienced unintended pregnancies were given questioners to answer, and the reasons cited for doing TOP were: age (some were still students), being single, wanting to stop childbearing when desired number of children was achieved, when childbearing did not fit their work situation, socioeconomic status, relationship with the partner was not stable, and high level of education of a woman and her partner. All of these increased the likelihood of abortion, especially among young women.

A study conducted in Canada investigated social pressure in Western society influencing women to pursue medical abortions. Throughout history, abortion has always been a way to prevent pregnancy. If a young woman is already caring for an unwanted child and cannot afford the expenses, she terminates the pregnancy due to economic status. As a result women have decided to have fewer children. It was discovered that there are many social factors that influenced women to pursue TOP, for example age, race, background, religion, pressure from family, and level of education (Brym, Lie & Rytina, 2007:466). In India, researchers found that several factors were associated with TOP, for example, age (too young or too old to have a child), marital status, educational level, and child spacing (Saseendran & Stones, 2006:120).

In Afghanistan in the Middle East, sex workers used termination of pregnancy as a method of contraception because women could not access or use contraceptive methods as they sold sex outside their city of residence. Reasons cited for TOP were non-use of contraception. The researchers wanted to correlate pregnancy termination and the unmet need for contraception among sex workers (Todd *et al*, 2010:2057). According to Murray *et al* (2006:251) researchers found that in Nigeria four categories influenced TOP, that is socio-demographic factors (religion, ethnicity, and urban residents), education and career opportunities (desire to finish school), relationship dynamics and social context (unmarried, social stigma, birth spacing, pressure from partner to do TOP and denial of paternity), and lastly, the knowledge and practice of

contraceptives (incorrect or inconsistency of condom use, young women are misinformed about modern contraceptives, as they often think they are a cause of infertility).

In African countries young unmarried women are unable to obtain contraceptives methods from public health services, they perceive contraceptives services to be intended for married women and for prostitutes, and young women believe contraceptives have harmful side effects (Murray *et al*, 2006:251). According to Abiodun & Balogun (2009:146) Nigerian researchers found that factors leading to TOP were, among others, not married at the time of pregnancy, spacing of birth, too young to be a mother, still attending school, economic issues and health problems.

In Cameroon termination of pregnancy is performed when a medical condition called Sickle Cell Anaemia exists because it is regarded as a genetic disorder. In addition it appears that acceptance of the principle of pregnancy termination increased with unemployment and single marital status (Wonkam *et al*, 2011:476). According to Dahlback *et al* (2010:247) significantly more girls with unsafe induced abortions were single, students, and were in less stable relationships. Overall young women's knowledge and use of contraceptives were low and most pregnancies were unplanned.

Provincially, in Kwa-Zulu Natal, there is a high demand for medical abortion among university students in Durban. The findings suggest that there was a demand for medical abortion among a sample of young women because they were still attending school Gresh & Maharaj (2011:67). According to Buchmann, Mensah & Pillay (2002:729) factors influencing TOP in the Gauteng Province are, social stigma associated with pregnancy, fear of parent's reaction to pregnancy, fear of abandonment or denial of paternity by boyfriend, and fear of rejection from future boyfriends, and the need to complete education.

TOP is not a form of contraception or population control, but the researcher has assumed that women think so. TOP should be done only if a woman has been raped, when pregnancy poses a risk or endangers women's health or life, physically or mentally, and when pregnancy will

result in a severe malformation or pose a risk of injury to the foetus (Act on CTOP, 2004). There are physical and psychological complications that may occur after a woman has undergone TOP.

The complications include haemorrhage, uterine injury or rupture, cervical injury or trauma, post evacuation sepsis or infection. Late complications include infertility, late miscarriages or pre-term labour, rhesus isoimmunisation and emotional distress (Cronje & Grobler, 2003:243). According to Abiodun & Balogun, (2009:146) unintended pregnancies pose a significant public health risk, and one of the consequences of unintended pregnancy is induced abortion which may lead to infertility later in life. Many procedures of TOP are conducted under unsafe conditions in Nigeria and this has resulted in maternal mortality and morbidity.

1.3 Problem statement

Research on TOP has been conducted around South Africa, but factors influencing termination of pregnancy among young women in Mafikeng were not known, as research was not conducted on this topic. It was for this reason that the researcher decided to conduct the study on this topic; to address those factors leading to the high rate of TOP in Mafikeng. From July 2008 to September 2008, the number of women who requested terminations of pregnancy in Mafikeng were 2,749 of which 1,264 terminations were performed (Ngaka Modiri Molema District Reproductive Health Statistics, 2008). The researcher's interest in this study began when TOP was implemented in the Montshioa Stadt Health Centre, where the researcher is working. Women came in on daily basis to request TOP from all clinics in Mafikeng. Some women came for TOP more than once, and this resulted in a high rate of TOP. Some were induced illegally in town, and came to the clinic bleeding, and hence were referred to hospital for further treatment.

According to Ngaka Modiri Molema District Reproductive Health Statistics (2008), in Mafikeng, unwanted pregnancy often leads to either legal or illegal abortions and women may lose their fertility or their lives. Reason for knowing these factors are to reduce the high rate of TOP's among young women and to ensure that their reproductive health is promoted as they are still young. Top's performed in Mafikeng from January to June 2010 numbered 2,634. The Mafikeng sub-district launched its pregnancy resolution campaign in September 2008 to address the high rate of TOP and particularly illegal TOP around Mafikeng. Health personnel advised the community to utilise legal TOP, and not to use it as method of contraception. According to Mathane & Mmope (2008:01) reports and cases of backyard abortions and death due to illegal termination have been documented. The community's lack of knowledge indicates to the department of health that they are facing the very serious problem of mushrooming backstreet abortions services in Mafikeng. The department is experiencing women opting for illegal abortions and entering the hospital critically ill as a result of these abortions, which then results in the high rate of maternal death (Mathane & Mmope, 2008:01).

1.4. Research questions

Based on the problem statement, the following research questions were formulated:

1.4.1 What are the factors influencing termination of pregnancy among young women in Mafikeng, North West Province in South Africa?

1.4.2 What measures could be recommended to reduce the high rate of TOP among young women in Mafikeng, North West Province in South Africa?

1.5. Research objectives.

The following research objectives were formulated to answer the abovementioned questions:

1.5.1 To explore and describe factors influencing termination of pregnancy among young women in Mafikeng, North West Province in South Africa

1.5.2 To recommend measures that can be implemented to reduce the high rate of TOP among young women in Mafikeng, North West Province in South Africa.

1.6. Significance of the study

According to Brink (2006:61), the study should have the potential to contribute to health science knowledge in a meaningful way. The study will help policymakers to review CTOP policy to ensure effective implementation of reproductive programmes and come up with preventive strategies to reduce the high rate of TOP. It could also contribute to evidence-based practice with regard to TOP. The researcher hopes that the study will contribute towards the body of knowledge in the prevention of unwanted pregnancies as well as the involvement of clients in the management of unwanted pregnancies in South Africa.

1.7. Paradigmatic assumptions

The paradigmatic perspective of this study includes meta-theoretical assumptions, theoretical assumptions and methodological assumptions. The paradigm helps the researcher to be organised in her thinking, observing and interpreting processes. For example, it structures the questions that need to be posed, eliminates questions that are external to the conceptual boundaries of the paradigm, provides a link to certain types of research methods, and suggests criteria with which the researcher can judge appropriate research tools, and which can be used to evaluate the quality of the research effort (Moody in Brink, 2006:22).

1.7.1. Meta-theoretical assumptions.

According to Rosenstock's Health Belief Model, the assumptions regarding person, environment, health and nursing are described as follows:

1.7.1.1. Person

Person is a being, such as a human that has certain capabilities or attitudes constituting personhood (1994:2). Every person is unique in the manner that they react to stimuli and has his or her own belief values as well as their own mechanisms of coping with the stresses of daily life. In this study person refers to young women who requested and had TOP performed.

1.7.1.2. Environment

Environment is a combination of physical and biological factors along with their chemical interactions that affect an organism (Rosenstock, 199:3). Rosenstock also believes that social environment is the culture that influences individual lives, people and the institutions with whom they interact. There are health care facilities where these women can access free contraceptives to prevent unwanted pregnancies, that is, Montshioa Stadt Health Centre and Mafikeng Provincial Hospital.

1.7.1.3. Health

According to Rosenstock, HBM health is the general condition of a person's mind, body and spirit, usually meaning to be free from illness, injury or pain (Rosenstock, 1994:3). An individual is in a state of health when there is absence of disease and life stressors. Every individual is responsible for his or her own health. Health care professionals are always available to help those who cannot take care of themselves. In this study the focus is on young women's reproductive health. Young women who have had TOP performed illegally and those who have complications post legal TOP are at risk of ill health. Nurses who perform TOP always ensure that these women receive analgesics and antibiotics after TOP to prevent ill health.

1.7.1.4. Nursing

Nursing is a healthcare profession, focused on the care of individuals, families and communities so that they may attain, maintain or recover optimal health and quality of life (Rosenstock, 1994:3). Nurses work in a wide variety of specialities where they work independently or as part of a team to assess, plan, implement and evaluate care. A nurse is a person who is specially prepared and registered to provide care for the sick, wounded or helpless, as well as those with potential health problems. Those whose names appear on the South African Nursing Council register are called nurses (Blackwell's Nursing Dictionary, 2005:400). Nurses in this study are those who have speciality in TOP to assist women who request TOP. Those in need of care are those who request TOP. They assess, plan, implement and evaluate their health. Young women also need counselling to prevent stress and depression after having TOP performed. TOP providers are dedicated and committed to nurse these women requesting TOP in totality.

1.7.2. Theoretical Assumption

The theoretical assumption of this study includes the central theoretical argument as well as conceptual definitions of the core concepts applicable to this study.

1.7.2.1 Central theoretical argument

Knowledge of factors that contribute to the request of TOP by young women leads to the formulation and recommendation of strategies that could also contribute towards the body of knowledge in the prevention of unwanted pregnancies.

1.7.2.2 Conceptual definitions

Contraceptive– Contraceptive is a drug, object or method used to prevent women from becoming pregnant (Longman Exams Dictionary, 2006:320). In this study it means the practice of preventing women from conceiving during sexual intercourse.

Illegal or Unsafe Abortions– Unsafe abortions are defined as a procedure for termination of pregnancy either by persons lacking the necessary skills, or the environment in which it is performed lacking minimal standard (CTOP Act 1, 2008). In this study it refers to abortions performed in an unsafe environment.

Legal TOP– Legal TOP means lawful, that is, it is permitted by law to use legal TOP (Southern African Oxford Dictionary, 2008:252). In this study it means all TOP should be offered in clinics and hospitals in a legal and safe way.

Pregnancy– Pregnancy refers to Gravid, being with child, or containing unborn young within the body (Blackwell's Nursing Dictionary, 2005:472). In this study, it means having a baby developing in the womb or uterus.

Termination of pregnancy– Termination of pregnancy (TOP), according to Cronje and Grobler (2003:17), is defined as a process of ending a pregnancy so that it does not result in the birth of a baby; it is also referred to as 'abortion'. In this study it means ending the life of a developing foetus before it is born.

Young – Having lived or existed for only a short time, or not far advanced in life ,and **Women**- An adult human female (South African Concise Dictionary, 2008: 1364& 1349). In the context of this study young women were those between 18 and 30 years old who requested TOP.

1.7.3. Methodological Assumptions

The study was guided by Rosenstock Health Belief Model. The model helps to explain human behaviour, particularly as it relates to health education and can be classified on three levels, that is, individual (intrapersonal), interpersonal, and community.

1. Intrapersonal factor– characteristics of the individual, such as knowledge, attitudes, and intention to comply with certain behavioural norms. In the context of this study it means lack of knowledge of different methods of contraception, attitudes towards the use of contraceptives, and behaviour of individuals which contribute to the high rate of TOP.
2. Interpersonal relationships – relationships with family, friends, neighbours, and co-workers are important influences on the health behaviour of individuals. It means individuals can acquire norms as they belong to one or more social networks which enable them to acquire information about health education through these social networks.
3. Community factor – refers to the face-to-face primary groups to which an individual can belong. Mediating structures such as family, churches, informal social networks and neighbourhoods can form community agencies in planning health education interventions, and these power structures play a crucial role in defining health problems as well as allocating resources.

1.8. Research design

In this chapter the research design and method are described briefly and a detailed description will follow in Chapter Two. Research design is the technique used to structure a study and to gather and analyse information in a systematic fashion (Polit & Beck, 2004:731). According to Brink (2006:113), qualitative design is used to explore meaning, and describe and promote understanding of human experiences which is the main aim of this study. A descriptive, exploratory and contextual design was used in the study because it was more appropriate than a quantitative approach in providing an understanding of what factors influence young women to undergo TOP.

1.9 Research method

The research method used in the study included: sampling, data collection, and data analysis which will be described in Chapter Two.

1.9.1 Sampling

Sampling consisted of population, sampling method, sample size and sampling criteria that will be described in Chapter Two.

1.10 Data collection

Data collection is the gathering of good information needed to answer the emerging research question Creswell (2007:118). In-depth individual interviews were used in this study to gather data from young women requesting TOP. Interviews were conducted in a language that both the researcher and participant could understand, that is Setswana and English. Communication skills as described by Okun & Kantrowitz (2008:75) were used during the interviews. A voice recorder was used to record interviews, and recorded interviews were transcribed verbatim. Detailed data collections are discussed in Chapter Two.

1.11 Data analysis

The purpose of data analysis is to organise, provide, and elicit meaning from research data (Polit & Beck. 2004:571). Tesch's method of open coding was followed in the process of data analysis (Creswell, 2009:184). This will be described in Chapter Two.

1.12 Ethical considerations

Ethical considerations entail the care that must be exercised when dealing with humans in order to protect them from any harm (Polit & Beck 2004:141). Throughout the study, efforts were made to ensure that ethical principles were followed. The researcher only continued after permission to conduct the proposed was granted by the following bodies: North West University (Mafikeng Campus) Human Research ethics committee, Department of Health, Mafikeng Sub District Manager, and the hospital manager. Ethical measures as prescribed by the Democratic Nurses Organization of South Africa guideline (1998:5) were adhered to during the research regarding this sensitive issue. These include ensuring quality of the research, principle of respect for person, beneficence, justice, and providing feedback on the project to the participants.

1.13 Trustworthiness

To ensure trustworthiness of this study, four criteria as described in Guba's model (1981) discussed in Krefting (1991:215) were applied. Thus the strategies of credibility, transferability, dependability and conformability were applied as this model is suitable for qualitative research by ensuring rigor without compromising the relevance of this study. It will be discussed fully in Chapter Two.

1.14 Division of chapters

This dissertation on factors influencing termination of pregnancy among young women in Mafikeng is divided as follows:

Chapter 1: Overview of the study

Chapter 2: Research design and method

Chapter 3: Results and Literature control

Chapter 4: Conclusions, Limitations and Recommendations.

1.15 CONCLUSION

The introduction, background, problem statement, objectives, research questions, paradigmatic perspective, research design and methods, trustworthiness, and ethical considerations have been discussed in this chapter.

CHAPTER TWO

RESEARCH METHODOLOGY

2.1. Introduction

The previous chapter comprised an overview of the study, background, problem statement, purpose of the study, research question, research objectives, significance of the study, and paradigmatic perspective as well as a brief description of the research design and method. This chapter comprises a detailed description of the research design and method followed in this study.

2.2. Research design

According to Brink (2006:113) qualitative design is used in exploring the meaning, and describing and promoting understanding of human experiences, which is the main aim of this study. The qualitative method was used in the study because it is more appropriate than a quantitative approach in providing an understanding of what factors influence TOP. The researcher is of the opinion that this method is appropriate and relevant for this study as the researcher wants to explore and describe factors influencing TOP (Brink, 2006:113). According to Babbie & Mouton (2002:647), research design is a structured framework on how the researcher intends conducting the research process in order to come to a conclusion about the question. A qualitative research design which is descriptive, exploratory, and contextual was used in order to explore and describe factors influencing TOP.

2.2.1 Qualitative approach

Researchers who wish to explore the meaning, or describe and promote understanding of human experiences such as pain, grief, hope or caring, or any unfamiliar phenomena would find it extremely difficult to quantify the data. Qualitative methods are more appropriate and effective alternatives in such cases (Brink 2006:113). As the term implies, qualitative methods focus on

the qualitative aspects of meaning, experience and understanding, and they study human experience from the viewpoint of research participants in the context in which the action takes place (Brink, 2006:113). According to Creswell (2009:3) selection of research design is based on the nature of the research problem or issue being addressed, the researcher's personal experience, and the audiences for the study.

The researcher belief that this study can be accomplished well by using this design because according to Creswell (2009:4) qualitative research design is a means for exploring and understanding the meaning individuals or groups ascribe to a social or human problem. The selection of this design is guided by the nature and context of the intended study. It allows researchers to share the understanding and perceptions of others and explore how people structure and give meaning to their daily lives as described by Berg (2007:7), and to explore and describe the factors influencing women to request TOP around Mafikeng. Qualitative research allows the researcher to examine how people learn about and make sense of themselves and others (Berg, 2007:7).

The researcher aims at interacting and engaging with the proposed participants so as to understand factors influencing termination of pregnancy in their setting. The qualitative approach takes into account that viewpoints and practices in the field are different because of the different subjective perspectives and social backgrounds related to them according to Flick (2009:16). The subjectivity of the researcher and those being studied becomes part of the research process (Flick, 2009:16). The researcher together with the participants worked together in order to understand factors influencing them to terminate their pregnancies. Information obtained during the interviews was documented as is and through the consent of the participants, voice recorders were used so as to capture some of the vital aspects of the conversations.

2.2.2 Exploratory design

According to Kumar (2005:10) research design is a study undertaken to explore an area where little is known. Phenomenological studies examine human experience through the descriptions that are provided by the people involved, the purpose of which is to describe what people experience regarding a certain phenomenon; therefore it is an approach that concentrates on a subject's experience rather than on the person as a subject or object (Brink, 2006:113). The researcher wished to explore factors influencing TOP and was able to probe further in order to get clarification of what women really meant.

2.2.3 Descriptive design

Descriptive designs are concerned with gathering information from a representative sample of the population (Brink 2006:103). In this study factors influencing TOP were described exactly as revealed by women who were requesting TOP and there was no manipulation (by the researcher). The researcher was able to get more answers with this method, as interviews were conducted face-to-face and recorded. Descriptive studies are the heart of any narrative field notes. Conversations were replicated *verbatim* as suggested by Berg (2007:198).

2.2.4 Contextual design

According to Creswell (2009:175), qualitative researchers tend to collect data in the field at the site where participants experience the issue or problem under study. The study was conducted at Montshioa Stadt Health Centre and MPH because that is where services on termination of pregnancy are rendered. Women are expected to come to the clinic when they have missed their periods for one month, because pregnancies older than twelve weeks cannot be terminated. Women are able to go to the nearest clinic or hospital and request TOP with relevant blood results, that is, positive pregnancy test results.

2.3 Research methods

Research methods are techniques used to structure a study, to gather and analyse information in a systematic fashion (Polit & Beck 2004:731). Methodology, according to Holloway and Wheeler (2002:4), is the principle and the idea on which researchers base their procedures and strategies, and the central purpose of methodology is to explain to readers how research was accomplished, what the data consists of and how it was collected.

2.3.1. Sampling

The following is a detailed description of the sampling procedures that are followed within the research study, giving attention to the population from which the sample is drawn, method of sampling, sampling criteria, and the sample size.

2.3.1.1 Population

According to Brink (2006:123) the population is the entire group of persons or objects that is of interest to the researcher. The target population for this study was young women requesting termination of pregnancy at Montshioa Stadt Health Centre and Mafikeng Provincial Hospital.

2.3.1.2 Method of sampling

Purposive sampling is also referred to as judgmental (Brink, 2006:133); it is judgemental in the sense that the researcher chose participants based on their knowledge about the question at hand. In this study the purposive voluntary sampling technique was used in order to select young women requesting TOP at Montshioa Stadt Health Centre and MPH. The following was the inclusion criteria for women requesting TOP:

➤ Criteria for sampling

Women who:

- requested termination of pregnancy at the Health Centre and hospital;

- were between the ages of 18 - 30 years old;
- were able to communicate in Setswana or English; and
- were willing to be interviewed using an audio voice recorder.

2.3.1.3 Sample size

There was no specific expected number of participants and the researcher ensured that saturation was achieved, as defined in Creswell (2007:240). The sample size was achieved when the data was saturated and did not depend on the number of interviews conducted; it was considered adequate when meanings were clear and data fully explored (Brink 2006:136). Data saturation was achieved after eighteen interviews, but up to twenty five in-depth individual interviews were conducted to confirm saturation.

2.3.2 Data collection methods

The following is the detailed description of data collection and includes: the role of the researcher, the method of data collection, pilot study, in-depth interviews, and research setting.

2.3.2.1 The role of the researcher

The researcher informed the participants about the nature of the study and requested permission from participants by reading an information leaflet requesting them to participate in the research. Participants were personally invited by the researcher for interviews and appointments were arranged with them regarding the venue in keeping with methods outlined by Greeff (2005:299). The researcher arranged interviews at a time that was convenient for both the researcher and the participant. On the day of the interview, the researcher arrived before the participants to organise the room, check the lights and equipment to be used, and arrange refreshments. The researcher organised two tape recorders and additional batteries as

a backup system in case of a power failure, and ensured that the interview room was as comfortable as possible. A councillor was organised to be on standby to assist participants in case they experience any emotional discomfort or harm during data collection in keeping with Brink's requirements (Brink, 2006:32). When the researcher and the participant were ready, the researcher switched the audio tape recorder on and the interview started.

2.3.2.2 Method of data collection

Data collection was done by means of in-depth individual interviews at Montshioa Stadt Health Centre and Mafikeng Provincial Hospital. A pilot study was conducted prior to the main study and in-depth individual interviews were used.

Pilot study

A pilot study was conducted in the form of interview at Montshioa Stadt Health Centre to assess the feasibility of the research project. The main objective was to identify the most appropriate and ethically sound method for locating, accessing and recruiting women requesting TOP. This also helped to identify all practical problems that could occur when using the proposed recruitment and data collection methods without compromising the participants' safety. It again determined the feasibility of the main study in terms of the financial and human resources (VanTeijlingen & Hundley, 2001:295). The researcher conducted two interviews in person and reassured the participants that confidentiality would be maintained so that they could feel free to give information. Two audio tapes were used to record interviews which lasted around forty-five minutes.

In-depth individual interviews

Kumar (2005:124) defines in-depth interviews as repeated face-to-face encounters between the researcher and the informants directed towards understanding informants' perspective on their

life experience or situation, as expressed in their own words. The researcher conducted one-on-one interviews with participants. Unstructured open-ended questions were used to enable participants to express themselves freely. The researcher however guarded participants against losing focus by rephrasing the question, "*what are (the) factors that influenced you to request TOP?*" The audio tape was used to record face-to-face interviews with individuals, and in-depth interviews took a minimum of forty five minutes. Interviews were conducted in Setswana to preserve the 'richness' of the interview and only final themes were translated into English as outlined by Mpshe (2000:28). To facilitate these interviews, communication techniques were used.

- **Communication techniques**

Communication techniques such as minimal verbal response, clarification, paraphrasing, probing, and summarizing were used. The following communication techniques were used during in-depth individual's interviews to encourage women to talk freely as described by Okun and Kantrowitz (2008:75).

- **Minimal verbal response**

The research responded verbally to indicate to the participants that attention was being paid and interest shown in what the participant was saying, for example ooh..., uh...yes...I see..., ok. The researcher used minimal verbal response to achieve this.

- **Clarification**

This meant that the researcher concentrated on a particular statement to seek clarity and understanding on it, for example, "I don't understand how you have come to the decision of terminating your pregnancy". The participants were able to elaborate more on the factors contributing to their decision and which the researcher understood well.

➤ **Paraphrasing.**

The interviewer would rephrase the participants' words in a different way to make sure that the former understood the message clearly. This involved the researcher repeating the participant's factors to confirm whether that is what they meant (this statement is confirmed by recorded interviews).

➤ **Probing or Using Questions**

This involves asking open-ended questions in order to understand a statement whenever it seems that a particular statement made by the participant is unclear and requires further explanation, thus allowing the participant to give more information on a particular statement. To ensure the participants' meaning was understood, the researcher asked participants to explain in more detail the factors affecting their decision.

➤ **Summarizing**

This involves the researcher highlighting or repeating the major themes that have been discussed in an interview with participants. It gives both the researcher and participants an opportunity to check for mistakes or misunderstanding of what has been discussed, and to make sure that no manipulations were made.

The researcher wrote field notes during in-depth individual interviews, and they are described as follows:

- **Field notes**

During interviewing, it is vital to make full and accurate notes of what goes on. One should not trust one's memory any more than one has to (Babbie, 2007:310). These field notes are used at a later stage to help remember important issues, questions, or solutions to problems. Babbie (2007:311) suggests that notes should be taken in stages, first sketchy notes (words and

phrases) followed later with written notes in more detail. The field for this study was Montshioa Stadt Health Centre and Mafikeng Provincial Hospital. These field notes were about personal notes, observational notes, methodological notes, and theoretical notes. The following types of field notes were used:

➤ **Personal notes**

Personal notes are described in Polit & Beck (2004:383) as the researcher's own feelings while in the field. The researcher's emotions were kept in check during the data collection and were documented down as felt. As the study is dealing with human emotions the researcher maybe emotionally affected by women's responses during data collection.

➤ **Observational notes**

According to Polit & Beck (2004:726) observational notes are an observer's in-depth description about events and conversations observed in naturalistic setting. Participants showed interest and positive attitudes during interviews. The researcher observed respondents comprehensively, thus observing the events taking place, actual discussion and communication as well as attitudes, perceptions and feelings during the interaction all of which are documented in these notes.

➤ **Methodological notes**

According to Creswell (2009:175), the researcher should have face-to-face interaction over time with the participants so as to gain trust and build rapport while talking directly to the participants and observing their behaviour. This creates the researcher's awareness about appropriateness of the methodology that is followed. The name codes of participants, dates, as well as place of interview were recorded and arranged appropriately for data analysis. The researcher had face-to-face interaction with participants as suggested by Creswell (2009:175) so as to gain trust and build rapport while talking directly to the participants and observing them behave.

➤ Theoretical notes

According to Polit & Beck (2004:383), theoretical notes document the researcher's thoughts about how to make sense of what is going on, for example what are the factors which influence TOP? All the details regarding the events that took place were fully noted. This includes the description of the setting during the interview in order to give a clear picture of what was happening.

2.3.2.3 Research Setting

The study took place at the clinic where the researcher is working, the Montshioa Stadt Health Centre and Mafikeng Provincial Hospital. The clinic is situated 1km from town, next to Rratshidi Community Hall near Vryberg road, and MPH is situated in a semi-urban area of Mafikeng between Majemantsho Village and Danville Township. This was convenient for women as they use the clinic on a daily basis and some are referred to the hospital. The interviewer created a conducive environment, for example, privacy was ensured, by putting a note saying "please do not disturb interviews on progress", the room was well ventilated and quiet encouraging the participant to speak freely and openly. Material used for data collection such as audiotapes and writing pads were prepared beforehand, to minimize distraction and reduce anxiety during the interviews.

2.3.3 Data analysis

According to Polit & Beck (2004:571) the purpose of data analysis is to organise, provide, and elicit meaning from research data. The descriptive method assists in determining the success of the measures taken to clean the data (for example, the transformation will normalize the data and all outliers will be excluded). The interviews recorded were transcribed *verbatim* as well as

translated from Setswana to English. The steps of data analysis according to Tesch in Creswell (2009:184) were followed. These include the following:

1. The transcripts were divided into three columns. On the left hand site is a column for noting concepts, the data is in the middle of the page, and the right hand site is for the researcher's perception.
2. The researcher read all the transcripts in order to get a sense of the whole idea communicated, or the themes emerging on factors influencing TOP.
3. The most interesting or the shortest transcripts were chosen and re-read in order to understand factors influencing women to perform TOP.
4. Words and sentences were used as units of analysis, and as such were underlined as the researcher went through the transcripts again.
5. The underlined spoken words and sentences were then transferred to the left column as categories. Those perceptions that struck the researcher's mind were noted in the right column.
6. The categories transferred onto the right-hand side were read in order to identify the main sub-categories as well as redundant categories.
7. The underlined spoken words were then transcribed into a table highlighting the main categories, sub-categories, as well as any further categories.
8. These categories were finalised by revising the table as spoken words were translated into scientific language. Now the researcher kept in mind that further refining of the categorization took place in order to make it more easily understandable.

The rest of the transcripts as well as field notes were analysed by the same method. An experienced qualitative research specialist was requested to conduct independent co-coding. After completion of co-coding a meeting was organised between the co-coder and the researcher. Their analysed results were discussed and compared in order to reach consensus.

2.4 Trustworthiness

Rigor was ensured in this research using the model of Guba (inKrefting, 1991:214) to assess the trustworthiness of the qualitative data. Guba's strategies of credibility, transferability, dependability, and conformability were applied (Lincoln & Guba, 1985:290), because they are suitable models for qualitative research; they ensure rigor without compromising the relevance of a study (Devos, 1998:348).

2.4.1 Truth Value (Credibility)

Truth value asks whether the researcher has established confidence in the truth of findings for the subjects or informants and the context in which the study was undertaken (Lincoln & Guba, 1999). In this study, activities to achieve credibility were prolonged engagement in the field, keeping reflexive journals, the researcher's authority, triangulation, peer review and structural coherence.

- **Triangulation**

Triangulation according to Shenton (2004:65) refers to using different methods in data collection. The study used individual in-depth interviews and field notes. In addition, there was peer scrutiny of the project.

The research was presented at different intervals within the Department of Nursing seminars at NWU Mafikeng campus. This allowed scrutiny from departmental personnel, academics and colleagues in research. Questions and feedback were obtained in this type of discussion and this allowed the researcher to refine the research methods.

- **Adoption of research methods well established for the investigation**

The study investigated factors influencing young women who requested TOP in Mafikeng. The research approach used was qualitative design. The design enabled the researcher to fully explore and describe the factors which influenced participants.

- **Development of an early familiarity with the participating organizations**

The researcher works at the clinic where TOP is performed, and hence is familiar with the environment setting. The researcher visited MPH before the initial data collection commenced and personnel working in the setting were consulted. The researcher engaged in prolonged engagement at the research setting in order to gain trust and build rapport with interviewees by spending time in Ward Two where all gynecological patients were admitted. The researcher spent six hours in the ward which is open from 07h00 – 16h00.

- **Background, qualification and experience of the investigator**

Shenton (2004:68) emphasises the importance of a researcher's qualification and experience in qualitative research as it is the person who is the instrument used for data collection. The researcher is a qualified professional nurse with experience in interacting professionally with human beings.

- **Examination of previous research findings**

Previous studies on the phenomena were examined through the process of data collection and analysis. These were used to assess the degree of similarity as well as congruency of findings of previous studies.

2.4.2 Applicability (Transferability)

Applicability refers to the degree to which the findings can be applied to other contexts and settings or with other groups; it is the ability to generalise the findings to a larger population (Guba, 1981:75). In this study transferability was achieved through a dense description of the data and purposive sampling, it refers to the extent to which the findings from the data can be transferred to other setting or groups and is thus similar to the concept of generalizability (Polit *et al.*, 2001:316). The researcher described factors influencing TOP so as to enable the reader who wishes to generalize the findings to other settings to do so. The information pertaining to the processes and procedures included the following:

- Number and location of the organizations on which the study is based,
- Number of participants involved,
- Data collection methods used, and
- Data collection session's length and time period.

2.4.3. Consistency (Dependability)

The criterion dependability according to Marrow (2005:252) deals with the core issue that “the way in which a study is conducted should be consistent across the time, researches, and analysis techniques”. In this study, dependability was achieved by a description of the method of data gathering, data analysis and interpretation, in order to establish trustworthiness of the study. Data collected was coded and recorded for validation of results. Raw data was provided to the co-coder to check consistency.

2.4.4. Neutrality (Confirmability)

According to Shenton (2004:72) in this criterion steps must be taken to help ensure as far as possible that the findings are the results of young women requesting TOP, rather than the characteristics and preferences of the researcher. In this study, confirmability was achieved by ensuring an audit of the entire research process, reflexive analysis and triangulation. It guarantees that the findings, conclusions and recommendations are supported by the data and that there is internal agreement between the investigator's interpretation and the actual evidence (Brink, 2006:118). The peer review and the expertise of the supervisor contributed to confirmability. Data collected in the form of field notes and interviews was submitted to the independent co-coder for verification of findings to confirm neutrality.

2.5 Ethical considerations

Ethics is a system of moral values that is concerned with the degree to which the research procedure adheres to professional, legal, and social obligations to the study participants. Ethical considerations entail the care that must be exercised when dealing with humans in order to protect them from any harm (Polit, 2001:461). Throughout the study, effort was made to ensure that ethical principles were followed. The researcher only continued with the study after the North West University (Mafikeng Campus) Human Research ethics committee, Department of Health, Mafikeng Sub-district Manager, and the hospital manager, gave permission to conduct the proposed study. Ethical measures as prescribed by the Democratic Nurses Organization of South Africa guidelines (1998:5) were adhered to during the research regarding this sensitive issue. These include ensuring quality of the research, informed consent of participants, providing feedback on the project to the participants, ensuring confidentiality, anonymity, and protection from harm.

2.5.1 Principle of respect for persons

The principle of respect for persons requires researchers to treat individuals as autonomous (Brink, 2006:32). Written approval was obtained from the research ethics committee of the North West University, Mafikeng Campus (Reference number NWU-00021-11-A9, see Appendix A), and the North West Department of Health (see Appendix C). Permission was also obtained from the Operational Manager, Montshioa Stadt Health Centre (see Appendix D), and the hospital manager where data was collected (see Appendix E). The researcher ensured that all participants participated freely of their own will. In keeping with Brink (2006:35) the researcher told participants that audiotapes would be used and would be given to them to listen at home at a later Stage. An information sheet containing detailed information about the study was prepared. The researcher asked the participant to complete and sign the consent forms before participating. The researcher ensured that the participants understood the contents and purpose of the research, and if they did not want to sign, the researcher respected their decision. Individuals are autonomous, they have the right to decide whether they want to participate in the study or not, and the researcher must respect this right by avoiding any form of coercion (Brink, 2006:32).

2.5.2 Principle of beneficence

The researcher secured the needs for well-being of the subjects, who have the right to protection from discomfort and harm, should it be physical, emotional, spiritual, economical, social or legal (Brink, 2006:34). The researcher observed any signs of distress, and advised women that if certain emotional issues arose, they could be referred to a professional if necessary, for example, social worker or psychologist for further management (Brink, 2006:32). None of the participants had emotional distress which could not be handled by the researcher, but the standby social worker was informed.

2.5.3 Principle of justice

The principle of justice involves the right to fair selection of participants, and the right to privacy and anonymity, and ensuring confidentiality (Brink, 2006:34). The researcher selected the participants for reasons directly related to the study problem, specifically women requesting TOP. Participants were treated fairly, because they were asked similar questions, and those who could not do TOP because they were above twelve weeks were left out. As these subjects were sent back home the researcher could not interview them because they were not readily available. The researcher respected any agreements that were made with participants, for example, they were told that the interview would last for about 45 minutes and that was how long the interview lasted. The researcher was always punctual: if interviews were scheduled at 08h00 the researcher always arrived at 07h00 at the hospital (a full hour before the interviews) to ask permission from the sister in charge of the ward to prepare for participants.

Anonymity was ensured by not using any names during interviews but codes. The researcher ensured the right to privacy by interviewing the participants in a locked room and if questions were asked which they either could not answer or felt uncomfortable, the researcher moved on to another question. The researcher gave women assurance that all taped interviews would be destroyed once transcribed, and that confidentiality will be maintained (Brink 2006:33). Confidentiality was assured by only allowing the supervisor and other researchers to have access to the information, excluding personal information which would not be divulged at all. The researcher promised participants that their names would not be revealed during publication.

2.6. Conclusion

Chapter Two outlined the research methodology in detail. The discussion elaborates on the method and procedures that were followed during the whole conducting of the study. A detailed description of the research design and method followed in this study was given in this chapter. The next chapter deals with the results and literature control on factors influencing termination of pregnancy.

CHAPTER THREE

RESULTS AND LITERATURE CONTROL

3.1 Introduction

The previous chapter comprised a detailed description of the research design and method followed in this study. This chapter comprises a discussion of the realization of data collection and analysis as well as a description of the results and literature control.

3.2 Realisation of data collection and analysis

As discussed in Chapters 1 and 2, in-depth individual interviews were used in this study to collect data on factors influencing termination of pregnancy. Twenty five in-depth individual interviews were conducted. During the in-depth individual interviews, an audiotape recorder was used to record these women's responses. These recordings were then transcribed *verbatim*. Field notes were taken after each interview. Data analysis in this study was conducted after reading all transcribed interviews in order to get a sense of the whole. After the co-coder and the researcher analysed the data independently, one meeting was scheduled to reach consensus on the categories and sub-categories that emerged from the data. These categories and sub-categories are described in detail in Table 3.3.1.

3.3 Research findings and literature control

The following four major categories which influenced termination of pregnancy were identified:

- Economic factors;
- The need for self-development;
- Health; and
- Social factors.

Table 3.3.1 Four major categories as well as sub-categories of factors influencing TOP among young women in Mafikeng, North West province.

NO	CATEGORIES	SUB-CATEGORIES
1.	Economic factors	<ul style="list-style-type: none"> • Lack of money to raise children • Boyfriends lack money due to unemployment • Lack of child support grant and insufficient pensioners money
2.	The need for self-development	<ul style="list-style-type: none"> • Women still at school • Furthering studies at tertiary institutions • Bursaries to further studies
3.	Health factors	<ul style="list-style-type: none"> • Incorrect use of condom • Contraceptives usage • Need for TOP due to ill health
4.	Social factors	<ul style="list-style-type: none"> • Unmarried women • Fear of abandonment by boyfriend and rejection by future boyfriends • Rejection by parents including pressure to have TOP • Lack of readiness among young women not ready to be mothers • Social stigma • Child spacing

3.3.1. Economic factors

Young women mentioned several factors that influenced them to undergo termination of pregnancy. These factors include: lack of money to raise children, boyfriend's lack money due to unemployment, and lack of child support grants and insufficient pensioners money to raise children. Financial constraints, that is, poverty and unemployment, played a big role in factors influencing young women to terminate their pregnancies.

- **Lack of money to raise children**

Almost all participants mentioned that financial constrains influence them to undergo a termination of pregnancy. Participants themselves do not have money to raise children. Most women who came to request TOP were unemployed and could not afford to raise the conceived child (some mentioned that they could not take care of themselves, let alone a child they had brought into the world). They were not ready to have children until they were employed. Their parents also did not have enough money to maintain them and their children. Some came from impoverished family backgrounds, so they could not bring more problems home, hence they opted for TOP. This is confirmed by the following quotes:

"I'm not ready to have a child, I'm not working, (and) I can't afford a child."

"This is my first child, so I can't starve him, to maintain him is difficult, so I can't manage the second one, because I can't give the first one everything he wants."

"The second reason is that I'm still looking for a job, I want to have second child when I'm working."

"I'm also struggling to get a job, so I don't want to bring the child in this world and let him\her suffer; I can't take care of myself, so (how can) I bring a child to the world?"

"My reasons are that I already have two kids, who are not staying with me, as I cannot maintain them, they are staying with grandparents."

According to Abiodun & Balogun (2009:146), in Nigeria 1, 5 million unplanned pregnancies occur every year and half of these results in elective abortion. Factors leading to TOP include economic issues because women lack the money to raise their children. According to Palomino (2011:73), although modern contraceptive use in Peru has increased, in Lima many women still face unwanted or unplanned pregnancies, and abortions remain high despite the illegality of elective pregnancy termination. In this research one of the primary reasons cited for termination of pregnancy was economic, as they could not afford to raise another child.

In Cameroon, termination of pregnancy is performed due to unemployment. The majority of parents accepted termination of pregnancy and the rate is 62.5%. Acceptance of the principle of pregnancy termination increased with unemployment. Most women were not working and lack money to maintain these children. (Wonkam *et al*, 2011:476). In Australia researchers examined whether unemployment and partnership affects pregnancy, live birth and terminations among young Australian women (Kelahe *et al*, 2007:95). There were no differences in termination due to unemployment; overall partnered unemployed women were more likely to have TOP than any other women, because they could not afford many children. In France 2,863 women who experienced unintended pregnancies were given questionnaires to answer and their reasons for doing TOP were due to socioeconomic status as they lacked money to raise these children. (Sihvo *et al*, 2003:607).

A study conducted in Canada investigated social pressure in Western society influencing women to pursue medical abortions. Throughout history, abortion has always been a way to end pregnancy. If a young woman is carrying an unwanted child and cannot afford the expense, she terminates the pregnancy due to economic status (Brym *et al*, 2007:466). Findings of this study therefore confirm what was found by the authors discussed above.

- **Boyfriends lack money due to unemployment**

Participants' boyfriends also do not have money to support their children as some are unemployed altogether and others have (so-called) piece jobs, which do not provide enough money to support their children. Participants said that their boyfriend's works at car wash, and sometimes they come home with a hundred rand and sometimes nothing; that is their only source of income. Others wanted to undergo TOP because their boyfriend made other girls pregnant and they would not be able to maintain all of them. Participants also mentioned that their baby's fathers were not maintaining their children like before, and had a fear of being left again with children that they are pregnant with during this study as the current boyfriends are also unemployed, so they opted for TOP. The direct quotes from interviewed participants support this category:

"Yes, the second one (reason) is that my husband is not working."
"My boyfriend also doesn't have a permanent job, we can't maintain the child with that money."
"First reason is that the person who made me pregnant impregnated two other girls. I'm the third one and he is not working, (so) he won't be able to maintain us all."
"I have one kid, I'm not staying with his father, he agreed to take care of the child, but now he stopped maintaining him like the first time (when we were still staying together)."

According to Dougherty (2009:1), in England 5,000 teenagers per year repeat abortions. The Department of Health shows that repeat abortions have become common among young women. One factor influencing TOP is lack of support from unemployed boyfriends. In Germany the number of TOPs, including not officially reported terminations, is estimated to run

to more than 2,000 thousand annually. Both surgical and medical procedures are used to legally terminate pregnancies. One factor influencing TOP is unemployed partners (Cupisti *et al*, 2011:38). Unemployed boyfriends are another factor influencing TOP among young women. Findings of this research are in line with other research in other areas.

- **Lack of child support grants and insufficient pensioners money**

The money the participants receive from their parents is not enough to raise their children. Participants mentioned that they are still under care of their parents some of whom are pensioners, while others are not working, and others not earning enough. Participants opted for TOP as there was no one to take care of their children; they are dependent on their parents to take care of them, even though there are no sources of income at home. Women feel that this pregnancy was going to bring more stress at home, since they are living in poverty. One participant mentioned that even if she could apply for a social grant for the second child, the money is insufficient to maintain the child in totality. The following quotes confirm this statement:

"I'm coming from (an) impoverished family background, my parents are getting social grants as they are pensioners, so that is not enough to maintain me, my child and my sister's children, they get R1,200 per month and that is not enough for the whole family."

"The other reason is that my mom is the only breadwinner, so she won't be able to maintain all of us at home."

"I came to do TOP, because at home nobody is working, my mom and my dad don't work."

"Child support grant is not enough to raise a child."

"No, this money also gives stress, you can't maintain the child fully with this money, because it is not enough, you can't buy everything for the child."

The abovementioned sub-category was not mentioned in other studies, therefore this factor is unique in this study. It is apparent from data collected that insufficient pension money and child support grants influenced young women to undergo termination of pregnancy.

3.3.2 The need for self-development

During the discussion with participants, it was discovered that the need for self-development influenced young women to undergo termination of pregnancy. Most participants were still at school, others terminated pregnancy because they wanted to further their studies at tertiary institutions. Some also had received or applied for bursaries so they did not want to forfeit such financial support.

- **Women still at school**

Participants interviewed in this study wanted to further their studies before they could have children. Some were planning to go to school the following year. Participants were still at school and could not continue with the pregnancy as it would disturb their studies. The participants felt that if they continued with their pregnancies, then it would be 'over' for them; they wanted to complete their studies and thus have better and brighter futures. Others failed last year, then went back to school to repeat Grade 12. These following quotes confirm the statement:

"...my reasons are that firstly, I'm still attending school."

"I'm not ready for the second child since I'm still at school, at..."

"Second reason is that I am still attending school and I want to have a bright future, I don't just want to throw it away."

"I failed last year so I'm repeating and my father asked me to study hard this year so that I have (a) better future."

According to Silva *et al* (2009:56), one of the reasons cited for TOP in Mexico was that young women were still studying. According to Dougherty (2009:1) in England 5, 000 teenagers repeat abortions within a year. The Department of Health shows that repetition of abortions has become common among young women. They revealed that in 2008 there were 5,218 repeated abortions among girls under 20 in England. Most cited reason was “still attending school”. Saseendran & Stones (2006:120) found that in France 2,863 women who experienced unwanted pregnancies were given questioners to answer, and their reason for TOP was that some were still students. According to Abiodun & Balogun (2009:146) in Nigeria 1, 5 million unplanned pregnancies occur every year and half of these results in elective abortions. One of the factors mentioned was that they were still attending school; hence they opted for termination of pregnancy. This confirms findings of this study that one of the main factors for TOP is that young women are still at school.

- **Furthering studies at tertiary institutions**

Some participants were already enrolled at tertiary institutions and wanted to further their studies. Their reason for undergoing termination of pregnancy was to further studies the following year. Others were doing first year and felt that the pregnancy was going to delay their progress at tertiary institutions. Some were already enrolled and wanted to complete their studies while some were intending to go for tertiary studies the following year, hence requested TOP.

“I’m still at school at ... I’m doing Administration and Management.”
“Um; first I want to complete my studies, I’m doing second year at ...”
“The following year I want to go to school and do communication.”

It is estimated that nearly 49% of 6, 4 million pregnancies occurring each year in the USA are unintended, and half of these end up in abortion. Unintended pregnancies are highest among traditional college women aged between 18-24 years, and a dominant reason for their termination is that they are still attending college (Foster *et al*, 2004:31). In the Edo State in Nigeria, 41% of all pregnancies reported by young women surveyed were terminated. Researchers found that education and career opportunities (desire to finish school), influenced TOP (Murray *et al*, 2006:251). In Kwa-Zulu Natal, there is a high demand for medical abortion among university students in Durban. The findings suggest that there was a demand for medical abortion among a sample of young women because they were still studying. Most young women found medical abortion an acceptable method, and would choose this procedure if faced with unwanted pregnancy (Gresh & Maharaj, 2011:67).

Buchmann *et al* (2002:729) found that in Greater Soweto, Orange Farm and Lenasia, areas in the Gauteng Province, TOPs were highest at the extremes of reproductive age, namely teenagers (women between 13 - 20 years) and older women (35 years and older). The rates for teenagers were higher than for older women. Reason cited for TOP was that they needed to complete education. Findings from this study are consistent with other researchers' findings.

- **Bursaries to further studies**

Other participants mentioned having applied for bursaries or having scholarships approved for them but with pregnancy they were afraid of losing the opportunities, hence they wanted to undergo TOP. These views are confirmed by the following direct quotations from different participants:

"I want to further my studies, I have applied for a bursary, and there is a possibility that I may get it, so I don't want to lose it."

"I have a possibility of flying off in September (2011), out of the country to further my studies because I got a bursary."

The researcher discovered during interviews that some participants had applied for bursaries and others had already received them, so participants were afraid to lose those bursaries. This sub-category is also a unique factor influencing young women to undergo termination of pregnancy in this study. It was not mentioned in literature by other researchers.

Participants had the desire to improve their economic status in order to improve their lifestyle and maintain their children properly. Numbers 4 and 5 of the Millennium Development Goals are to decrease the mortality and morbidity rates of children and mothers by two-thirds and three-thirds respectively. Education will help women to attain proper jobs and earn good salaries, therefore there will be no children dying from malnutrition as they will be well maintained, and there will be a reduction in TOP as they can afford to take care of those children. The need for self-development, women still in school, furthering studies at tertiary institutions and bursaries all influenced TOP as found in this study.

3.3.3 Health factors

During the interviews with participants, it was discovered that health factors also influenced young women to undergo TOP. Women mentioned that incorrect use of condoms, non use of contraceptives and ill health influenced them to request termination of pregnancy. The discussion that follows indicates participants' views related to health factors.

- **Incorrect use of condoms**

During in-depth individual interviews participants mentioned that the incorrect use of condoms influenced them to request termination of pregnancies which were unplanned. Although they had used condoms, the incorrect use thereof ended up in pregnancy without knowing how it came about or what happened. Participants were angry because their partners did not tell them whether the condom burst or they took it out during the process. Others were aware that the condom burst but could not go to the clinic to ask for morning after pill as the clinic was not accessible. The following are direct quotes from participants to confirm this sub-category:

“So by the time the medicine stopped, that’s when I used a condom with my husband; (smiling) yes something went wrong, I don’t know whether it spilled or what.”

“I was using a condom for prevention, I don’t know whether it burst and spilled.”

“Um, I’m using a condom, (laughing) my boyfriend is the one who wanted a kid, so I guess during the process he took it out.”

“I started using a condom, so for me to fall pregnant the condom (must have) burst, and we did not think it has disadvantages also, and I did not go to the clinic for (the) morning after pill as I’m staying far from the clinic”.

In the Edo State of Nigeria 41% of all pregnancies reported by young women surveyed were terminated. Condom use is generally low; researchers found that incorrect or inconsistency of condom use influenced young women to undergo TOP (Murray *et al*, 2006:251).

Larson *et al* (2002:64) indicated that TOP is on the increase amongst teenagers in Sweden despite compulsory sex education in the schools, widespread youth clinics, free family planning,

and numerous contraceptives. These researchers found that one of the factors leading to TOP was the incorrect use of condoms. Participants shared their views on condom use. It is apparent that incorrect use of condoms exposed women to unwanted pregnancies, who hence opted for termination of pregnancy. Results from this study confirm other researchers' findings.

- **Contraceptives use**

During in-depth individual interviews participants mentioned that non-use of contraceptives influenced them to request termination of pregnancy. Some participants used contraceptives and others did not. Some had used contraceptives before and experienced certain side effects while some had a fear of using them. These participants seemed to have failed to ask for alternative methods at nearby clinics, hence they fell pregnant and opted for TOP. Lack of information appeared to have led to unplanned pregnancy. The following quotes confirmed these statements:

“Two years ago I used Depo injection for prevention, and I had to stop it in August last year because it was not agreeing with me; I was having problems with my menstruation, sometimes bleeding and sometimes not.”

“When I was still at school I used injections, when I started having severe bleeding I stopped using injections.”

“I was using Nur-isterate, it was not agreeing with my system, I was losing lot of weight, and also had a problem of breakthrough bleeding.”

“I was using the injection for ten years, and because I was not getting my periods I stopped and started using pills and also did not get my periods.”

<p>"Like me I have (a) fear of injections."</p>
<p>"I'm not using anything, because my boyfriend is not staying fulltime with me, I have been using the morning-after pill."</p>
<p>"I was using Depo, but stopped for a month, (as) I did not have a boyfriend then; by the time I wanted to go back, then I was already pregnant."</p>
<p>"I tried pills, but was not taking them regularly; I was skipping pills thinking that I have taken them."</p>
<p>"No, never used them, because even I did not know about other methods, I only knew about injections, but not pills."</p>

In Afghanistan in the Middle East, sex workers use termination of pregnancy as a method of contraception because they cannot access or use contraception as they sold sex outside their city of residence. Researchers wanted to correlate pregnancy termination and the unmet need for contraception among sex workers. Unplanned pregnancy rate was 36, 9% and terminations were 33, 2%, (Todd *et al*, 2010:2057).

Sub-Saharan Africa has the highest death rate of induced abortion in the world, with young women in Southern Nigeria particularly likely to terminate their pregnancies. As is the case of condom use in Edo State, Nigeria, the same applies with the usage of contraceptives. Contraceptives use is generally low; the overall prevalence of modern methods use is less than 10% and it seems that lack of both knowledge and of contraceptive practise influenced TOP among young women; researchers found that young women are misinformed about modern contraceptives as they think it causes infertility, and in African countries young unmarried

women are unable to obtain contraceptives methods at public health services. They perceive contraceptives to be intended for married women and for prostitutes, and young women believe they have harmful side effects (Murray *et al*, 2006:251).

In Australia non-use of contraceptives and unstable relationships influenced termination of pregnancy among young women (Kelaheer *et al*, 2007:95). In Lusaka, Zambia, an estimated 60% of adolescent pregnancies in low-income countries are unintended. Overall young women's knowledge and use of contraceptives was low and most pregnancies were unplanned (Dahlback *et al*, 2010:247). Gilliam, Warden, Goldstein & Tapia (2004:299) reported that 56% of Latinas girls from the age of 15-19 reported sexual activity but did not use contraceptives leading to unplanned pregnancies which usually resulted in TOP. It is apparent from data collected that lack of knowledge and the practise of contraceptives use among young women influenced TOP.

- **Need to have TOP due to ill health**

Health status, issues or problems also influenced women to request TOP. During in-depth individual interviews participants mentioned that they wanted to terminate their pregnancies because of medical conditions. Participants feared that their medical conditions would worsen if they stayed pregnant. They also mentioned that even if there were treatments that could help them, they still had a fear of complications. These statements are confirmed by the following quotes:

"My other reason is that I'm asthmatic, and when I'm pregnant it gets worse, I'm suffering a lot, so I have fear."

"The other thing is that I'm HIV positive so I can't continue with this pregnancy, I'm afraid that my CD4 count will go down and then the child can get (an) infection."

“My health also doesn’t allow me to have another kid, I’m HIV positive, so I have (a) fear that my CD4 count will drop.”

Factors leading to TOP included health problems. In Cameroon, termination of pregnancy is performed due to a medical condition called Sickle Cell Anaemia. Acceptance of the principle of pregnancy termination increased when there is a medical condition (Wonkam *et al*, 2011:476).

In Scotland researchers investigated the foetal outcomes of pregnancy in women with pre-existing diabetes in relation to pre-pregnancy risk factors. There were 61(29%) pregnancies terminated due to medical reasons (Inkster *et al*, 2009:1153). In London women are often exposed to various medications and medical conditions during pregnancy. More were intending to terminate their pregnancies due to maternal depression (Walfisch *et al*, 2011:761). Participants reported that their medical condition influenced them to undergo TOP. Although findings in this study reveal different conditions experienced by participants, medical conditions proved to be one of the causes of TOP.

3.3.4 Social factors

Most participants mentioned that social factors influenced them to have termination of pregnancy. These include: unmarried women, fear of abandonment by current boyfriend and rejection by future boyfriends, rejection by parents including their pressure to have TOP, lack of readiness among young women who were not ready to be mothers, social stigma and child spacing. The discussion that follows indicates participants' views related to these social factors.

- **Unmarried women**

Participants interviewed in this category do not want to have children before they are married. Others stated that they had children already and that the father had left them and now they had fear of having another child before getting married. Participants confirmed that there are men who do not want to marry women who already have children because they do not want to maintain other men's children. They opted for TOP as they do not want to make the same mistake. Others said that if their boyfriend wants children they must marry them first and introduce them to their families. This quotes confirmed the statements:

“Um; I'm not yet married, I have seen men who don't want to marry women who have kids.”

“I'm not married, so this time I don't want to take chances, especially that I'm not married.”

“I just turned nineteen years old and again I'm not yet married.”

The following researchers also confirmed these statements as researched in other countries. According to Abiodun & Balogun (2009:146), in Nigeria 1, 5 million unplanned pregnancies occur every year, and half of these result in elective abortion. Factors leading to TOP amongst others were being unmarried at the time of pregnancy. In Cameroon, termination of pregnancy is performed sometimes because women are unmarried, although this is only one of the reasons. The majority of parents accepted termination of pregnancy and the rate of women having TOP is 62,5%. Acceptance of the principle of pregnancy termination increased with single marital status (Wonkam *et al*, 2011:476). Faura & Loxton (2003:30) found that 43% of women who had undergone TOP had more than one TOP.

In Germany the number of TOP's, including not officially reported terminations, is estimated to run to more than 2,000 thousand annually. Both surgical and medical procedures are used to legally terminate pregnancies. One of the reasons cited that influenced TOP is marital status (Cupisti *et al*, 2011:38). In France 2,863 women who experienced unintended pregnancies were given questioners to answer, and their reasons for having TOP was being single(Sihvo *et al*, 2003:607). In Nigeria's Edo State 41% of all pregnancies reported by young women surveyed was terminated. Researchers found that relationship dynamics and social context (unmarried) influenced TOP (Murray *et al*, 2006:251). Most young women were unmarried and were fearful of having children before getting married; literature confirmed the findings of this study.

- **Fear of abandonment by boyfriend and rejection by future boyfriend**

Participants mentioned that they have a fear of rejection from future boyfriends because of children they already have. Participants hoped to be married one day. They fear that the man who made them pregnant could also leave them like the first one if they keep the pregnancy. Some participants suffered a fear of abandonment by boyfriends as they had cheated on steady boyfriends and ended up pregnant; they felt guilty and were ashamed of what they had done. They said if their secret was revealed their steady boyfriends would abandon them. Others mentioned that their relationship was not that serious and they would not bear a child because their boyfriends did not want to have children. Some did not tell their boyfriend that they were pregnant, as the way they responded to them when telling them that they were not feeling well made the young women fear that they were going to deny their pregnancies. The statements are confirmed by the following quotes:

<p>"And in future maybe I'll find someone and he won't marry me because of the child."</p>
<p>"Fear (that) maybe future boyfriend won't marry me because of the child."</p>
<p>"Maybe this one will also leave me."</p>
<p>"The main reason is that when I told my boyfriend that I'm not feeling well, he said to me 'what are you trying to tell me?', but (I) did not tell him that I'm pregnant, because we have (a) distance relationship, I had fear that he will deny the pregnancy, and that is why I came to request TOP."</p>
<p>"Yes, he (boyfriend) is also pressuring me to do TOP because our relationship is not that serious that we can have a child together (laughing)."</p>

In Greater Soweto, Orange Farm and Lenasia, in the in Gauteng Province, Buchmann *et al* (2002:729) found that TOPs were highest at the extremes of reproductive age, namely teenagers (women between 13 - 20 years) and older women (35 years and older), with the rates of teenagers being higher than for older women. Factors leading to TOP were: fear of abandonment or denial of paternity by boyfriend, and fear of rejection from future boyfriends.

According to Murray *et al* (2006:251) in Nigeria another factor that influences young women to undergo TOP is pressure from partner to do so, and denial of paternity. Participants confirmed that they have a fear of rejection by future boyfriends if they already have a child by another man. There was also a fear of abandonment by the boyfriends of some who had cheated and since they used condoms would hence deny paternity. For some their relationship was not serious enough or too unstable to have children together.

- **Rejection by parents including pressure to do TOP**

Participants had a fear of rejection from parents. Some were sent back to school to study further, others made mistakes by having their first child and feel they had disappointed their parents and hence requested termination of pregnancy. Some because their parents promised to chase or kick them out of the house if they made the same mistake of falling pregnant again, or drop out of school because of being pregnant. Participants mentioned that their mothers pressured them to do TOP because they were still young and their mothers could not afford to take care of another children.

"I was pregnant again last year and aborted, my father wanted to chase me out of the house, so my mother spoke to him, now she is not there."

"My parents are going to be very angry with me, as they are paying school fees for my education; they wanted me to further my studies, so my father promised me to chase me out of the house if I have another child."

"No, I haven't told them (parents), the reason is that I am scared because my older sister doesn't have a child and she is twenty-seven years old and I'm only nineteen years old."

"I came to do TOP, because at home nobody is working, my mom and my dad don't work, so my mother is pressurising me to do TOP."

A study conducted in Canada investigated social pressure in Western society influencing women to pursue medical abortions. Throughout history, abortion has always been a way to end pregnancy. It was discovered that one social factor that influenced women to pursue TOP was pressure from family to have TOP (Brym *et al*, 2007:466).

As already mentioned, according to Dougherty (2009:1) in England 5,000 teenagers a year repeat abortions. The Department of Health shows that the repeat of abortions has become common among young women. They revealed that in 2008 there were 5,218 repeated abortions among girls under 20 in England. It means young women are more prepared to have sex because they know they can always get an abortion. Reason cited among others, was pressure from parents to have TOP.

Faura & Loxton (2003:30) found that 43% of women who had undergone TOP had more than one TOP. According to researchers in the USA, 295 women requested TOP, of which 211 had abortions and only 8 came for contraceptives. A factor influencing young women was rejection by parents. Some participants in this study confirmed that their parents would reject them if they fell pregnant before completing their education and one confirmed pressure from parents to have TOP. Available literature also confirms that participants had fear of rejection from parents.

- **Lack of readiness among young women who were not ready to be mothers**

Some participants were very young, for example, eighteen and nineteen years old, and they reported that they were either not ready or too young to be mothers. Participants mentioned that they were not physically and emotionally ready to be mothers as they are still themselves children who still need attention from their parents, thus they opted for TOP. The following quotes confirmed the statements:

"I'm still (too) young to have a baby; I want to care for a child when I'm a grownup."

"Secondly I'm not ready to have a child and to be a mother, I'm nineteen years old."

"Physically and emotionally I'm not ready to be a mother, because I'm still a child myself and still need attention from my parents."

These authors confirmed that other girls terminated their pregnancies because they were still young and not ready to be mothers. Abiodun & Balogun (2009:146), state that in Nigeria 1,5million unplanned pregnancies occur every year, and half of these result in elective abortion. Factors leading to TOP were too young and not ready to be a mother. A study conducted in Canada investigated social pressure in Western society influencing women to pursue medical abortions. Throughout history, abortion has always been a way to end pregnancy. If a young woman is carrying an unwanted child she terminates the pregnancy due to age (Brym *et al*, 2007:466).

In India, estimates of the number of abortions performed annually vary considerably from 0, 6 million to 6, 7 million. Researchers found several factors that were associated with TOP, for example, age (too young or too old to have a child) (Saseendran & Stones, 2006:120).

According to Kelaher *et al* (2007:95), in Australia one of the reasons cited for termination of pregnancy is age, young women felt that they are still young and not ready to be mothers. It is apparent that age influences young women to undergo TOP as the abovementioned researchers confirmed the findings of this study.

- **Social stigma**

Participants were worried about social stigma. Others mentioned that they had been raped and now worried that community, family and friends may reject them and their children. Some mentioned that they did not want to hear hurtful comments because they heard community members once gossiping about teenage girls who are pregnant. Others came to request TOP because they feared social stigma about what the community, friends and peer groups would say about their pregnancies while still at school and only eighteen years old. The following statement confirmed quotes:

"I came to ask for help because on the 4th of September I was raped, and I did not know that I was pregnant by then, and the guy was bleeding, so I decided to come and do TOP and I have fear that maybe the child can be born with some deformities or abnormalities."

"I'm still under age; I'm not ready to be a mother, (I) have fear of social stigma, they are gossiping about them, saying 'look at her, she is still young, she don't have parents but she is pregnant, she left school', yes they are talking."

The researchers confirmed that social stigma was one factor influencing TOP. In the Gauteng Province, in the Greater Soweto, Orange Farm and Lenasia districts, Buchmann *et al* (2002:729) found that TOPs were highest at the extremes of reproductive age, namely teenagers (women between 13 - 20 years) and older women (35 years and older), with the rates of teenagers being higher than for older women. Factors leading to TOP were social stigma associated with pregnancy.

According to Palomino (2011:73) although modern contraceptive use in Peru has increased, in Lima many women still face unwanted or unplanned pregnancies and abortions remain high despite the illegality of elective pregnancy termination. Women between 18-37 years of age were interviewed. In this research, the reason cited for termination of pregnancy was social stigma associated with pregnancy.

In Nigeria's Edo State 41% of all pregnancies reported by young women surveyed were terminated. Researchers found that social stigma influenced TOP (Murray *et al*, 2006:251). Participants interviewed confirmed that they have fear of social stigma, because others had been raped and still others were very young to be mothers. Findings of this study are in line with other researchers hence confirming the results.

- **Child spacing**

Participants felt that their children were still too young to have another child, hence child spacing was one of their reasons for TOP. Participants felt that they wanted to space their children, so as to give them the care and the love they deserve, hence opted for TOP. The following quotes confirm the statement:

“First I have a child and he is still young, he is one year eight months old.”
--

“I’m not ready to have a child, I can’t manage another one; he is now one year seven months old.”

“My child is still young; he is one year four months old now.”
--

In India, estimates of the number of abortions performed annually vary considerably from 0,6 million to 6, 7 million. One of the reasons cited for TOP was child spacing (Saseendran & Stones, 2006:120). According to Abiodun & Balogun (2009:146), in Nigeria 1,5million unplanned pregnancies occur every year and half of these results in elective abortion. One of the factors leading to TOP is spacing of child birth. Literature reviewed confirms that others terminated their pregnancies because their children were still young and they wanted to space them.

Methodological notes

According to Creswell (2009:175), the researcher should have face-to-face interaction over time with the participants so as to gain trust and build rapport while talking directly to the participants and observing their behaviour.

This creates the researcher's awareness about appropriateness of the methodology that is followed. The name codes of participants, dates, as well as place of interview were recorded and arranged appropriately for data analysis. The researcher had face-to-face interaction with participants as suggested by Creswell (2009:175) so as to gain trust and build rapport while talking directly to the participants and observing them behave.

3.4 Conclusion

This study explored and described factors influencing young women to have terminations of pregnancy in Mafikeng, North West Province. Participants mentioned different factors that influenced them to undergo termination of pregnancy. Researcher discovered that economic factors, the need for self-development, and health and social factors influenced termination of pregnancy among young women in Mafikeng. The findings of this study on the factors which influence termination of pregnancy, data analysis, and literature control were discussed in this chapter. These findings were enriched with direct quotations from the transcripts as verbalised by women requesting termination of pregnancy. In the next chapter the researcher discusses the conclusions, limitations and recommendations of the study with specific reference to nursing education and research, as well as nursing practice.

CHAPTER 4

CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS OF THE STUDY

4.1 Introduction

In Chapter One of this study, the background, problem statement, purpose and objectives, as well as significance of the study were discussed. Research methods were also briefly discussed. Chapter Two explained the research design, methods and procedures used in detail. Chapter Three discussed data collection and research findings.

The study hoped to achieve the following research objective: to explore and describe factors influencing termination of pregnancy among young women in Mafikeng, North West Province in South Africa, and to recommend measures that could be implemented to reduce the high rate of TOP among young women in Mafikeng, North West Province of South Africa

4.2 Conclusions drawn from the findings

Conclusions of this study are drawn from the findings and literature confirmation, as well as the field notes. From data analysis, four major categories were identified after twenty five in-depth individual interviews with women requesting termination of pregnancy as discussed in detail in Chapter Three. Conclusions on these four major categories are discussed separately after which the general conclusions are drawn. These conclusions provide more understanding of the factors influencing termination of pregnancy, and therefore address the gap highlighted in the problem statement of this study (see 1.3).

4.2.1 Conclusions regarding economic factors

From these findings a conclusion is drawn that economic factors influence termination of pregnancy. These are: lack of money to raise children, boyfriends' lack of money due to unemployment, and lack of child support grants to raise children. Findings also revealed that

participants themselves do not have money to raise other children. It could then be concluded that these young women wanted to have children while working as the child support grants does not provide enough for support.

4.2.2 Conclusions regarding the need for self-development

From the findings of this study, literature confirmation as well as the field notes, it is concluded that the need for self-development influenced most women to undergo termination of pregnancy. The following sub-categories were discussed: women still attending school, furthering studies at tertiary institutions, and applied-for or received bursaries. Their reasons for having a termination of pregnancy were to further their studies the following year, the possibility of receiving bursaries for that following year, while others were already busy in their studies. Their intentions are aligned with government millennium goals, whereby the morbidity and mortality rates of mothers and children would be reduced, as education would provide good salaries which would allow them to support and maintain their children.

4.2.3 Conclusions regarding health factors

Based on the data obtained during in-depth individual interviews with women requesting termination of pregnancy it can be concluded that ill health or medical conditions influence women to undergo termination of pregnancy. These sub-categories were discussed: incorrect use of condoms, contraceptives usage, and the need for TOP due to ill health. This conclusion was confirmed by the fact that some women requesting TOP were sick, thus their health did not allow them to continue with their pregnancies. Participants either did not use contraceptives to prevent pregnancies, or their partners did not use condoms correctly, or removed them, hence causing women to have unwanted pregnancies.

4.2.4 Conclusions regarding social factors

From the findings of this study, it is concluded that many of the participants interviewed found that social factors influenced TOP. These sub-categories were discussed: unmarried women, fear of abandonment by future boyfriends, pressure to have TOP and fear of rejection by future boyfriends, rejection by parents including their pressure to have TOP, lack of readiness among young women who were not ready to be mothers, social stigma and child spacing.

From the findings of this study, the author has concluded that most women requesting termination of pregnancy have different reasons why they wanted to do so. The women who participated in this study were very clear about why they wanted to terminate their pregnancy. All of them were honest when asked about the factors which influenced them to undergo termination of pregnancy. The women also mentioned that the need for self-development, as well as economic, health and social factors influenced them to in their decision. As a result, in order to render quality care to all women requesting prevention methods so as to reduce the high rate of termination of pregnancy, primary healthcare providers and other nurses should have insight into the different methods of contraception and their side effects so that women no longer fear these side effects.

There are physical and psychological complications that occur after a woman has undergone TOP. The complications include haemorrhage, uterine injury or rupture, cervical injury or trauma, post evacuation sepsis or infection. Late complications include infertility, late miscarriages or pre-term labour, rhesus isoimmunisation and emotional distress (Cronje & Grobler, 2003:243). Therefore women requesting termination of pregnancy need advice and health education on contraceptive and protected sex to prevent unwanted pregnancies and reduce the high rate of TOP. Health education programmes at clinics can be given on daily basis, and talk shows on media about contraceptives use could also help reduce the high rate of TOP.

At the end of almost all interviews, most women verbalized that they wanted to use contraceptives to prevent unwanted pregnancies and reduce the high rate of termination of pregnancy. Others even mentioned that TOP should be cancelled, or should only be done when it is an emergency like rape. Faura & Loxton (2003:30) found that 43% of women who had undergone TOP had more than one TOP.

4.3 Recommendations

Following are recommendations for further research, nursing practise, nursing education and nursing research.

4.3.1 Recommendations for further research

From the findings, literature and the conclusions of this study as discussed above, recommendations for nursing education and research, as well as nursing practice is given below. As discussed in Chapter One, the paradigmatic perspective of this study included meta-theoretical assumptions, theoretical statements and methodological statements. These recommendations are formulated in line with **Rosenstock's Health Belief Model Theory**, because it explains the nature of an individual's actions with regard to his or her health and examines health problems (Glanz & Rimer, 1995:1).

In order to prevent unwanted pregnancies, women should therefore be advised not to have unprotected sex. The **Rosenstock's Health Belief Model** makes note of unhealthy habitual behaviours (such as terminating pregnancy more than two times), and recommends self-efficacy, which simply means a person's confidence in his or her ability to successfully perform an action (Rosenstock, 1994:1). These women need to change this unhealthy behaviour of using TOP as a method of contraception by using contraceptives regularly. By doing so, women can gain this confidence and prevent unwanted pregnancies, hence be confident that

they will not experience unwanted pregnancies. Contraception usage can boost their self-efficacy.

It is important to note that unprotected sex predisposes women to unwanted and unplanned pregnancies; hence they opt for termination of pregnancy. Healthcare providers should also educate clients, families, individuals and communities about the different methods of contraceptives, especially at schools. The HBM (Health Belief Model) has been used to help in developing messages that are likely to persuade an individual to make healthy decisions, for example, HBM messages have been developed for radio, television, newspapers, and magazines that are suitable to health education for such topics as contraceptive use (Rosenstock, 1994:8). Therefore health education is important to these women.

Healthcare providers should promote the use of contraceptives and condoms amongst women who are already infected with HIV to prevent unwanted pregnancies and avoid termination of pregnancy through campaigns. Further research should also be conducted on the impact of HIV on pregnant women. Families and primary healthcare institutions should put more effort into assisting and educating women with medical conditions to take care of their health. Healthcare providers should strongly discourage women from having unprotected sex, especially when they already know their condition.

The HBM was designed to predict behavioural response to treatment received by acutely or chronically ill patients, but in more recent years the model has been used to predict general health behaviour (Rosenstock, 1994:2). It perceived severity (an individual's assessment of the seriousness of the condition, and its potential consequences). Women should be advised not to worsen their health conditions with unwanted pregnancies.

Therefore these young girls should be educated on different methods of contraceptives and the proper use of condoms in order to prevent unwanted pregnancies. Teachers at schools should also educate both boys and girls on safe sex to prevent unwanted and unplanned pregnancies.

School health nurses and other stakeholders should arrange awareness campaign on contraception. Families and communities should also make an effort to educate teenagers on safe sex and the use of contraceptives. Therefore through workshops, campaigns and health education, primary healthcare sectors should strive to work together with non-governmental organizations and other government departments in order to help women requesting TOP to correctly use contraceptives, and practise safe sex. According to Rosenstock (1994:2), HBM motivates individuals to motivate and stick to a given health goal and perceive efficacy (an individual's self-assessment of ability to successfully adopt the desired behaviour). Teenagers should be advised to act responsibly in an acceptable manner, that is, stay away from unprotected sexual relationships in order to prevent unwanted pregnancies.

4.4 Implication for the study

Following are implications further study, nursing practise, nursing education and nursing research.

4.4.1 Implications for nursing practice

From the findings of this study on exploring and describing factors which influence the termination of pregnancy, the implications for the nursing practice is that health education regarding the use of contraceptives should be given in order to prevent women from getting involved in unprotected sex and ending up with unwanted and unplanned pregnancies. Another recommendation is to provide insight for the community nurses into more appropriate care, as described below:

4.4.1.1 Prevention of unwanted pregnancy

- Prevention programmes should include issues like safe sex and use of contraceptives
- Community nurses and other healthcare providers should strongly discourage young people from getting involved in sexual relationships, and teenage girls who are not yet pregnant should be advised not to get involved in unprotected sex.
- Provide women with contraceptives on a twenty-four hour basis, regardless of their age.
- Women who have had TOP could be used to inform other people about the dangers or negative effects of TOP as they have already experienced these negative effects.
- Community nurses should find ways of working with the youth, healthcare providers, non-governmental stakeholders and private doctors in prevention programmes. Community nurses should also educate them about the dangers or negative consequences of TOP in the hope of reducing the high rate of TOP. People can also be addressed through reproductive health campaigns at healthcare centres, churches, schools, community meetings, radio and TV.
- Healthcare sectors should continue to collaborate with the South African Police Services (SAPS) to arrest illegal TOP providers as they endanger women's lives. The SAPS should specifically aim programmes at the youth as they access these illegal TOP easily in town. These recommendations are brought in because illegal TOP is unlawful in many countries, including South Africa.

4.4.1.2 Measures to reduce the high rate of TOP

- Community nurses should collect suitable information and identify people who can assist, such as care givers, volunteers, politicians, teachers, church leaders and counsellors, all of whom speak in a caring and kind way, to encourage women to use

contraceptives and practise safe sex to try to reduce the high rate of TOP. They should be told that they can access condoms and contraceptives free of charge at the local clinics, approved healthcare centres and hospitals.

- Based on the findings that TOP is mostly used by the youth and middle aged women, it is recommended for nursing practice that community nurses and other healthcare providers should build trust relationships between themselves and women and the youth in general, in order to be able to help them effectively.
- Women who have already undergone TOP must be referred to social workers and psychologists to prevent emotional distress. Those admitted due to illegal or unsafe abortions should be referred to secondary institution for specialized care, treatment and counselling. Community nurses should also assist these women in their intentions to stop using TOP as a method of prevention, as it can cause serious permanent damage to a woman's reproductive health.
- Community nurses in practice should also educate families, groups and communities about the dangers or negative effects of TOP in order to promote and maintain the reproductive health of patients, families, groups and communities; this will help bring about a healthy nation. In addition, when the families of these women visit at hospitals, community nurses should emphasise to them that family care, support and the use of contraceptives will help women to prevent unwanted pregnancies, hence the rate of TOP will decrease.
- Health care institutions such as Montshoia Stadt Health Centre and MPH (where data for this study was collected) must have policies addressing issues of when and who should undergo a termination of pregnancy. As the backbone of the health sector in general, nurses should be included in the policy committees of the concerned reproductive

healthcare institutions. The management of those reproductive healthcare institutions should also make sure that these policies are known by all personnel, especially the nursing staff. These policies must be known and implemented.

4.4.2 Implications for nursing education

Nursing education needs to aim at improving the competence of community nurses who provide nursing care for women requesting termination of pregnancy, as well as women who have undergone TOP illegally. Nursing education should further aim to increase community nurses' insight about the disadvantages of TOP in order to render quality care and to reduce the high rate of women undergoing termination of pregnancy. Nurses should be trained on how TOP is done, why it is done, when it should be done and who should do it. The findings of this study could thus add important information to existing curricula for community nursing students, policymakers and healthcare providers, as well as any person working with women requesting termination of pregnancy.

This dissertation will be available on the shelves of the library of the NWU (Mafikeng campus) for other students researching factors influencing termination of pregnancy. A research article based on this research will also be written and submitted for publication. In addition, women requesting terminations of pregnancy (in curative efforts) as well as the youth (in preventative efforts) should be educated about the use of contraceptives and practice of safe sex to help prevent unwanted pregnancies and thus reduce the high rate of termination of pregnancy. Women should also be educated about the disadvantages of termination of pregnancy in order to reduce the high rate of TOP. Participants interviewed in this study have already verbalized that this study was educational to them, as some did not know about different types of contraceptives.

4.4.3 Implications for nursing research

From the findings of this study which explores and describes factors influencing termination of pregnancy it is clear that there is a need for further research. Future research should be conducted mainly on the youth as it was found in this study that teenage pregnancy is very high.

Research is recommended in the following areas:

- Attitudes of teenage girls toward the use of contraceptives;
- Fear of social stigma;
- Effective health education on the correct use of condoms;
- Effective health education on the disadvantages of TOP;
- Preventative programmes to prevent youth from engaging early in sexual relationships;
- Guidelines to assist women not to use TOP as a method of prevention; and
- Investigate strategies by South African Police Service (SAPS) to arrest illegal TOP providers.

4.5 Limitations of the study

The major limitation identified in this study was the fact that the researcher, a professional nurse herself, works fulltime at the clinic Montshioa Stadt Health Centre where data was collected. There were fewer clients in the clinic than in hospital, and some of them thought the researcher was responsible for termination of pregnancy, and thus declined to tell the researcher their reasons for wanting TOP in case they were refused help. Another limitation was that these women would arrive in the morning and the TOP provider would scan them first before he can induce them, and as some were more than twelve weeks pregnant they could not be interviewed.

In addition the TOP provider would induce them and then wait for certain period, by the time the researcher wanted to interview them they would be shivering and unable to relax or talk properly due to the side effects of the tablets which had been inserted to bring about the termination and

thus it was difficult to interview those already induced. Another limitation was that there were many TOP clients that were under age (sixteen and seventeen years old) and thus could not sign the consent form.

The last limitation identified in this study was disruption of interviews. Although there was a note on the door, saying " please do not disturb interview in progress", people still opened the door causing a disturbance, and softly speaking participants could not be heard so the recording tape was not always audible during transcription. Sometimes the researcher had to rewind the recording tape more than four times just to understand what women are saying. The researcher used two recording tapes as one of them would sometimes stop recording and the researcher would then have to apologise to the client and ask her to repeat her words.

4.6 Final conclusions

The purpose of this study which was to explore and describe the factors influencing termination of pregnancy among young in Mafikeng was reached. The exploration and description of these factors provides more appropriate information on what influenced these women to request termination of pregnancy, hence these factors will be addressed and the rate of TOP will decrease. The findings and conclusions of this study indicate that economic factors, the need for self-development, and health and social factors contributed to factors influencing TOP. These women participated voluntarily in the study in order to help other women not make the same mistakes they did. Recommendations for nursing practice, nursing education, and nursing research were made. These recommendations have the potential to improve the reproductive health of women and reduce the high rate of termination of pregnancy. It will help to prevent unplanned and unwanted pregnancies; hence rate of termination of pregnancy will be decreased. The study made some recommendations based on the findings.

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ANNEXTURE A: ETHICS APPROVAL LETTER (NORTH WEST UNIVERSITY)



NORTH WEST UNIVERSITY
YUNIBESITHI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT
INSTITUTIONAL OFFICE

ETHICS APPROVAL OF PROJECT

This is to certify that the next project was approved by the NWU Ethics Committee:

Project title :

Factors influencing Termination of Pregnancy in Mafikeng

Student/Projectleader : Dr Manyedi

Student: GR Dagada (16451740)

Ethics number: NWU-00021-11-A9

Status: S = Submission; R = Re-Submission; P = Provisional Authorisation; A = Authorisation

Expiry date: 2016/05/30

The Ethics Committee would like to remain at your service as scientist and researcher, and wishes you well with your project.

Please do not hesitate to contact the Ethics Committee for any further enquiries or requests for assistance.

The formal ethics approval certificate will follow shortly.

Yours sincerely

A handwritten signature in black ink, appearing to be 'GR Dagada', written over a horizontal line.

ANNEXTURE B: REQUEST TO THE DEPARTMENT OF HEALTH FOR PERMISSION TO CONDUCT RESEARCH.

P.O.Box 103
Swartruggens
2835

The Director
Policies, Planning and Research
Department of Health
Mmabatho

Dear Sir / Madam

REQUEST TO THE DEPARTMENT OF HEALTH FOR PERMISSION TO CONDUCT RESEARCH.

I am presently registered for MCUR at NWU (Mafikeng Campus), and engaged in a research study entitled: **Factors influencing Termination of Pregnancy among young in Mafikeng**. The study will be conducted at Montshioa Stadt Health Centre and Mafikeng Provincial Hospital.

The objectives of the study are to describe and explore Factors influencing Termination of Pregnancy in Mafikeng, and to recommend measures that can be implemented to reduce the high rate of TOP.

The researcher needs to conduct individual interviews with participants. The name and dignity of participants will be preserved by observing the following ethical standards throughout the research process:

- Voluntary participation and freedom to withdraw without a penalty

- All process and procedures to be taken will be explained to potential participants in order to obtain their informed consent.
- Names of participants will not be used in the interviews, instead codes will be assigned to each participant and obtained information will be kept in a place where there is no free access to unauthorized people.
- Information related to the data will only be accessible to my supervisor
- Raw material will be kept locked to endure confidentiality.
- The summary of the research study will be made available to participants if they wish

Their participation in this study will benefit other academia's, researcher, women and Department of Health. The recommendations will benefit others who have similar problems.

Thank you

.....

Researcher

GRIETA RITA DAKADA (Mrs.)

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0725363724 / 0714830584.

ANNEXTURE C: PERMISSION LETTER FROM NORTH WEST DEPARTMENT OF HEALTH



health
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www.nwhp.gov.za

POLICY, PLANNING, RESEARCH, MONITORING AND EVALUATION

To : Ms G.R Dakada
North West University

From : Policy, Planning, Research, Monitoring & Evaluation

Subject: Factors Influencing Termination of Pregnancy around Mafikeng Area

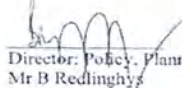
The Subject matter above bears reference

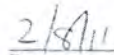
Purpose

To inform your good selves that permission to undertake the above mentioned study has been granted by the North West Department of Health. The researcher is expected to issue this letter as prove that the Department has granted approval to the districts or health facilities that form part of the study.

Arrangements in advance with managers at district level or facilities shall be facilitated by the researcher and the department expects to receive the final research report upon completion.

Kindest regards


Director: Policy, Planning, Research, Monitoring & Evaluation
Mr B Redlinghys


Date


Healthy Living for All



ANNEXTURE D: PERMISSION LETTER FROM MONTSHIOA STADT HEALTH CENTER



health

Department of
Health
North West Province
REPUBLIC OF SOUTH AFRICA

M/Stadt next to
Barolong Bocratshidi hall
Vryburg road

Tel: (018)384 6457
Fax: (018) 392 1083
www.health@nwpg.gov.za

Montshioa Stadt Local Health Area

NORTH WEST UNIVERSTY

GRIETA DAKADA

STUDENT NUMBER: 16451740

TOPIC: FACTORS INFLUENCING TERMINATION OF PREGNANCY

DEAR SIR/MADAM

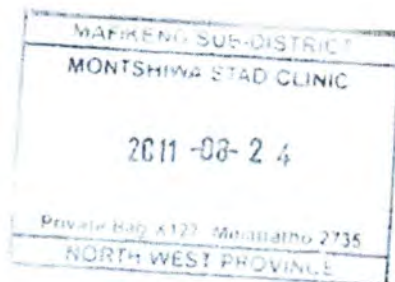
To whom it may concern

This letter is to confirm that the above mentioned researcher met with facility manager, G.G Phatudi and acting district manager D Dintwe and discussed the aim and purpose of her research, therefore permission was granted to her to conduct the study in our facility, Montshioa Stadt Health Centre.

Wish her all the best in her research

Yours sincerely:
G.G Phatudi
Cell (078 448 0417)

G.G Phatudi
24/08/11



ANNEXTURE E: PERMISSION LETTER FROM MAFIKENG PROVINCIAL HOSPITAL



health

Department of
Health
North West Province
REPUBLIC OF SOUTH AFRICA

Lichtenburg road corner
Darville, Mafikeng
Private Bag X2031
Mafikeng, 2735



MAFIKENG/BOHELONG
HOSPITAL

Tel: (018) 383 2005
www.nwpg.gov.za/health

MAFIKENG PROVINCIAL HOSPITAL

**TO: MS G.R DAKADA
NORTH WEST UNIVERSITY**

FROM: MRS M.J MOROMANE

**SUBJECT: FACTORS INFLUENCING TERMINATION OF PREGNANCY AROUND
MAFIKENG AREA.**

The above matter bears reference.

This communiqué serves to inform you that your request for permission to conduct research on the above topic has been granted.

Hope you find this in order.

Regards

M. H. Moromane for

**MRS MJ MOROMANE
DD - NURSING
30 AUGUST 2011**



Healthy Living for All

ANNEXTURE F: INFORMATION LEAFLET

INFORMATION LEAFLET

Researcher's name: Grieta Rita Dakada
Student number: 16451740
North West University
Mafikeng campus

Dear Participant,

FACTORS INFLUENCING TERMINATION OF PREGNANCY AROUND MAFIKENG AREA.

I am a Masters student in Nursing Science at the North West University (Mafikeng Campus). You are invited to participate in my research project on Factors influencing termination of pregnancy.

This letter gives you information to help you to decide if you want to take part in the research study. Before you agree you should fully understand what is involved. If you don't understand the information or have any other questions, do not hesitate to ask the researcher, Grieta Dakada. You should not agree to take part unless you are completely happy with what is expected from you.

There is no existing evidence that the research on factors influencing termination of pregnancy was conducted in Mafikeng area. The objectives of this study are to explore and describe factors influencing termination of pregnancy and develop recommendations that can reduce high rate of TOP in Mafikeng. The data collected from you will help other women to access safe Termination of pregnancy and use contraceptives to prevent unwanted pregnancies.

The researcher will conduct recorded face to face interviews and this may take only 45 minutes of your time, and the recorded information will be kept in a locked cupboard and safe place to ensure confidentiality. The Research Ethics Committee of the North West University (Mafikeng Campus) and Provincial Department of Health granted written approval for this research study.

Your participation in this research is voluntary. You can refuse to participate or withdraw from the study at any time and without any reason, you provide the information anonymously. The researcher will not be able to trace your information; therefore you will not be identified as a participant in any publication that comes from the study.

I sincerely appreciate your participation and co-operation.

Yours Sincerely

Mrs. Grieta Rita Dakada.

ANNEXTURE G: CONSENT FORM

INFORMED CONSENT

Title: FACTORS INFLUENCING TERMINATION OF PREGNANCY
AROUND MAFIKENG AREA.

I,.....on this day
of.....2011

hereby consent to:

1. Being interviewed by Grieta Rita Dakada on the topic mentioned above.
2. Follow-up interviews if necessary.
3. The interviews being audio taped.
4. The use of data derived from these interviews by the interviewer in a research report as she deems appropriate.

I also understand that:

1. I am free to end my involvement or to recall my consent to participate in this research at any time.
2. Information given up to the point of my termination of participation could however still be used by the researcher.
3. Anonymity is granted by the researcher at that data will under no circumstances be reported in such a way as to reveal my identity.
4. More than one interview might be necessary.
5. No reimbursement will be made by the researcher for information given on my participation in this research.

6. I may refrain from answering questions should I feel these are an invasion of my privacy.
7. I will be given the original copy of this agreement on signing it.

I hereby acknowledge that the research interviewer has:

1. Discussed the aim and objectives of this research project with me.
2. Informed me about the content of this agreement.
3. Pointed out the implications of signing this agreement.

In co-signing this agreement, I the researcher undertakes to:

1. Maintain confidentiality, anonymity and privacy recoding the interviewee's Identity, information given by the interviewee.
2. Arrange in advance a suitable time and place for an interview to take place.
3. Safeguard the duplicate of this agreement.

.....
Interviewee

.....
Interviewer

.....
Date

ANNEXTURE H: INTERVIEW TRANSCRIPT SAMPLE

TOPIC: FACTORS INFLUENCING TOPAMONG YOUNG WOMEN IN MAFIKENG

INTERVIEW

CLIENT NAME: MISS U

PLACE: MAFIKENG PROVINCIAL HOSPITAL

DATE: 20\09\2011

TIME: 10H30

Researcher: Morning Miss U

Miss U: Morning

Researcher: How are you?

Miss U: I'm fine thank you

Researcher: You look beautiful and bright, 'Laughing'

Miss U: 'Laughing' thank you

Researcher: Umh; How are you feeling today?

Miss U: Umh; I'm feeling okay

Researcher: Feeling okay; I can see the smile in your face, 'Laughing'

Miss U: 'Laughing, yes

Researcher: I'm Rita Dakada, doing research on Factors Influencing Termination of Pregnancy, from North West University (Mafikeng campus),

Miss U: Okay;

Researcher: Thank you for volunteering to participate in my study, as you have agreed to sign consent form for me, and thank you again for giving me permission to record our interview neh;

I assure you that the information that you gave me is anonymously and confidential, it is between me, you and my supervisor neh

Miss U: Okay; it's fine

Researcher: And our interview is going to take +- 45minutes, and if during the interview you feel uncomfortable you can stop me or withdraw from the study at any time, because you are free to do that, without giving any reason,

Miss U: Okay; it's fine

Researcher: Thank you very much Miss U, please explain to me factors influenced you to come today on the 20\09\11 at MPH to seek help?

Miss U:Umh; I came here to request TOP

Researcher: Okay; so you came to request TOP;

Miss U: Yes

Researcher: Okay; for the records how old are you?

Miss U: I'm nineteen years old, I just turned nineteen years

Researcher: So what are you doing in life?

Miss U: Ooh; I'm studying, I'm doing second year

Researcher: Where?

Miss U: Dameline in Braamfontein

Researcher: Which cause are you doing?

Miss U: Human Resource Management

Researcher: Okay; that is good, please tell me those factors that influenced you to come and do TOP?

Miss U: Umh; first I want to complete my studies

Researcher: Mmh;

Miss U: Secondly I'm not ready to have a child and to be a mother

Researcher: Mmh;

Miss U: yes and there is still a young child at home, so I can't bring another one at the moment.....Laughing'

Researcher: Okay;' Laughing'

Miss U: And again I'm not yet married

Researcher: Okay; I can see that, your first reason is that you want to further your studies, like you are saying you are at Dameline-Braamfontein doing second year in HR?

Miss U: Yes

Researcher: Okay; so you want to further your studies?

Miss U: Yes

Researcher: Okay; please tell me how pregnancy is going to disturb your studies;

Miss U: Ooh; is going to disturb me big time, because I have lot of responsibility, to study, yes

Researcher: Okay;

Miss U: So it's going to disturb me

Researcher: So you feel that the baby?

Miss U: It's a burden for me

Researcher: Okay; because you are still at school, the baby will be crying when you are trying to study, is it what you are trying to say?

Miss U: Yes and my mum maybe won't be able to help me, so I will have to stay home and it will be over for my career

Researcher: Okay Miss U, so you feel that to have a child while you are still at school is going to bring you lot of problems?

Miss U: Yes

Researcher: Okay; your second reason is that you are still young to be a mother, can you please explain to me when you say you are still young, what do you mean?

Miss U: Ooh; 'Laughing', emotionally and physically, I'm not yet ready to be a mother, Uhm?

Researcher: Emotionally and physically? 'Laughing'

Miss U: Yes, there are lots of things I want to achieve before having a baby

Researcher. Mmh; when you say emotionally and physically what do you mean by that?

Miss U: Umh; Emotionally? How can I put it? I'm still a child to my parents and I still deserve attention

Researcher. Mmh; and physically, can you explain to me?

Miss U: Umh; Physically; I'm not use to small babies, I'm scared of them

Researcher. Okay; scared of them, how?

Miss U: Like I can't stand to be in one room with babies, crying, and staff like that

Researcher. 'Laughing'

Miss U: More especially when they are sick, I can't take that

Researcher. Okay; you can't take that?

Miss U: Yes,

Researcher. Okay, you said you mother has a small child, how old is the baby?

Miss U: one year six months

Researcher. one year six months old, how many are you at home?

Miss U: We are two, I'm the first one

Researcher. Okay, so it's you and the young one?

Miss U: Yes,

Researcher. So your mother doesn't know anything about the pregnancy?

Miss U: No, she doesn't

Researcher. Why?

Miss U: Well; I don't want to disappoint her, because she is a Christian, she believes that sex before marriage is sin, and she don't believe in Abortion, so if I tell her, everything is going to fall apart

Researcher. Okay; so are you saying your mother is a Christian, she believes that sex before marriage is a sin, and she don't believe in abortion?

Miss U: Yes

Researcher: Okay; Miss U, I understand your reasons, like the first reason is that you want to further your studies, and don't want to disappoint your mother?

Miss U: Yes

Researcher: And the second one is that you are still young to be a mother, physically and emotionally you are not ready to be a mother, in other words you can't stand a sick child or crying child, is that what you are saying?

Miss U: Yes

Researcher: Okay; your other reason is that you still have a young baby at home, who is one year six months

Miss U: Yes

Researcher: Okay; the other reason?

Miss U: Umh; I'm not yet married, I have seen men who don't want to marry women who have kids

Researcher: Okay; so you have fear of having a baby before marriage?

Miss U: Yes, I have fear

Researcher: What is that you fear?

Miss U: Fear, like, maybe future boyfriend won't marry me because of the child

Researcher: But there are women who have children out of marriage but are married now;

Miss U: 'Laughing' those once are lucky

Researcher: 'Laughing'

Miss U: Not all of us are that luck

Researcher: Okay; so you have fear of rejection from future boyfriend?

Miss U: Yes, he will, say 'Eish this one is bringing me lots of kids now, I'm not going to support another man's child'

Researcher: 'Laughing' but you don't know that, is just an assumption, that he won't marry you

Miss U: Yes, who knows, I can't tell who is the good man and the bad man, so it's just precautionary measures that I want to take

Researcher: So he will say, I'm not going to marry you with those kids?

Miss U: Yes, because maybe he won't treat my child nicely you see

Researcher: Okay Miss U, I have heard your reasons neh, let me summarize them:

- You want to further your studies, doing second year
- You are still young, emotionally and physically to be a mother
- Your mother still have a small child, is she still working?
- You are not married, and have fear of rejection from future boyfriend?

Miss U: Yes

Researcher: So your mother is working, she won't be able to look after your child while you are still as school? She is a Christian; don't believe in sex before marriage, and TOP? That is what you are saying?

Miss U: Yes

Researcher: So you have fear of not getting married because of many kids, they won't accept your kids as their own?

Miss U: Mmh; Yes

Researcher: Okay; Miss U, which method of FP are you using?

Miss U: Umh; I'm using condom

Researcher: Okay; condom

Miss U: Yes

Researcher: And then what happened?

Miss U: Umh; 'Laughing' my boyfriend is the one who want a kid, so I guess during the process he took it out

Researcher: Okay; your boyfriend is the one who want a kid and not you?

Miss U: Yes

Researcher: Okay; it is not that you where not using protection?

Miss U: Yes, he is already settled in life that is why he wants a child

Researcher: Okay; so if he wants a child, don't you think he want to marry you?' laughing'

Miss U: 'Laughing' he must show me first

Researcher: Show you how?

Miss U: He must pay lobola, introduce each other to the families

Researcher: Okay; pay lobola, like engage you?

Miss U: Yes, and show me that he want to have future with me,

Researcher: Okay; he must not just say it, he must do something

Miss U: Yes, he must do something' Laughing'

Researcher: Okay; thank you very much Miss U for your participation and time neh; because I have your contact numbers, if I want to clear some issues or don't understand something I will call you neh;

Miss U: Yes

Researcher: At the end of the study, I will call you, you can have report of the study as you were part of it, and you have the right to know about the results neh;

Miss U: Yes

Researcher: Thank you very much Miss U, have a nice day neh;

Miss U: Thank you' smiling'

Researcher: Okay; bye!!!

Miss U: Bye!!!

ANNEXTURE I: FIELD NOTES

Field Notes for Miss A

Methodological Notes

A nineteen year old, Miss A came to request TOP and she was six week pregnant. The in-depth individual interview was held at Montshioa Stadt Health Centre, on the 22 August 2011 between 08h00 and 09h00 in the morning. The room was well ventilated and room temperature was cool as it was still in the morning. The venue remained quiet and conducive to hold the interview. The interview was conducted in PNC room number two as there were no client, and notice of "no disturbance, interview in progress" was put on the door to avoid disturbance by other staff members and other clients. Both the researcher and participant were relaxed.

Personal Notes

Participant was willing to participate without being forced to do so. She participated actively from the beginning until end of the interview. Participant was relaxed and not anxious. I could hear from her voice that she was not scared; she seems happy in a way and off loaded because her parents did not know that she was pregnant.

Observational Notes

The women seemed very relaxed during the interview as she stated factors influencing her to do Termination of Pregnancy fluently. She maintained eye contact from the beginning until the end of the interview, and at times she was using hands to explain herself. Sometimes she was using English words. Participant was able to verbalize her reasons without panicking. At the end of the interview all reasons were understood by both of us.

Theoretical Notes

The researcher tried to make sense of what are factors influencing Miss A to do Termination of Pregnancy, and found out that Miss A did not want her parents to know that she was pregnant, she was still at school and she was not working to can take care of the child.

Field Notes for Miss B

Methodological Note

The second in-depth individual interview was held with Miss B, nineteen years old, and eight weeks pregnant at Montshioa Stadt Health Centre, on the 22 August 2011 between 09h00 and 10h00 in the morning. The room was well ventilated and room temperature was cool as it was still in the morning. The venue remained quiet and conducive to hold the interview. The interview was conducted in PNC room number two as there were no client, and notice of "no disturbance, interview in progress" was put on the door to avoid disturbance by other staff members and other clients.

Personal Note

The interview started after the researcher had explained the topic and the purpose of the study again to the participant. The Participant looked sad and angry. Participant was distressed as her boyfriend made two other girls pregnant. I could detect that she was very upset as there was tears in her eyes. I hold her hand and she took a deep breath. The researcher thinks the main reason for her to come and request termination of pregnancy is because of the cheating boyfriend.

Observational Notes

The researcher introduced herself and explained the topic to the participant. The participant was willing and committed to take part in the study, as she agreed to sign the consent form. The participant was frustrated and stressed. She ventilated her factors that influenced her to request termination of Pregnancy and felt relieved after that as she took a deep breath. She was not maintaining eye contact, fidgeting with her hands, not sitting still in her chair and looked anxious. The researcher rubbed her shoulders and could detect relieve of tension.

Theoretical Notes

At the end of the interview the researcher could make sense out of what is going on or what makes Miss B to request termination of pregnancy. She was frustrated as she was deceived and cheated by her boyfriend who made two other girls pregnant, hence she will be relieved to do termination of pregnancy.

Field Notes for Miss C

Methodological Note

The third in-depth individual interview was held with Miss C, twenty four years old, and four weeks pregnant at Montshioa Stadt Health Centre, on the 22 August 2011 between 09h50 and 10h30 in the morning. The room was well ventilated and room temperature was cool as it was still in the morning. The venue remained quiet and conducive to hold the interview. The interview was conducted in PNC room number two as there were no client, and notice of "no disturbance, interview in progress" was put on the door to avoid disturbance by other staff members and other clients.

Personal Note

The interview started after the researcher had explained the topic and the purpose of the study again to the participant. The participant was willing to participate in the research as she agreed to sign consent form. Participant was relieved for the fact that she came to do termination of pregnancy as she could not afford another child due to financial constrains. I could detect that she was stressed relieved because she was smiling and laughing.

Observational Notes

The researcher introduced herself and explained the topic to Miss C. The participant was relaxed and calm, as she could tell the whole story where it started and how she ended up pregnant. She was talking using her hands, leaning back on her chair and crossing her legs (maintaining good relaxed posture). She was laughing and smiling during the interview. She was maintaining eye contact at all times. She was saying that it is not that she don't like children is just that she can't afford another baby, and the researcher could observe that she has passion for children and truly speaking deeply from her heart.

Theoretical Notes

The researcher thinks that if Miss C could afford to maintain the child, she could have kept the pregnancy. Another reason was that her husband is not working, so is going to be difficult for them to can bring another child in this world and not be able to maintain him or her. At the end of the interview the researcher could make sense out of what is going on or what makes Miss C to request termination of pregnancy.

Field Notes for Miss D

Methodological Note

Miss D, twenty one years old, and four weeks pregnant in-depth individual interview was held with her at Montshioa Stadt Health Centre, on the 24 August 2011 between 08h00 and 09h00 in the morning. The room was well ventilated, and weather was 25degree Celsius. The venue remained quiet and conducive to hold the interview. The interview was conducted in PNC room number two as there were no client, and notice of "no disturbance, interview in progress" was put on the door to avoid disturbance by other staff members and other clients.

Personal Note

The interview started after the researcher had explained the topic and the purpose of the study again to the participant. The participant was willing to participate in the research as she agreed to sign consent form. She was angry, frustrated and confused as she doesn't know how she became pregnant because she was using condom. The participant was frustrated as she still has a young child who is 1year eight months old. The researcher felt that participant was very angry with her boyfriend for not telling her the truth about whether he did use the condom or it busted.

Observational Notes

The participant was hurt, angry, frustrated and confused, because she did not plan to be pregnant. She was maintaining eye contact, as she was looking me in the eyes and asked me "how did I become pregnant because I was using condom". The participant could not believe that she is really pregnant as she was still confused of how did she become pregnant. She was not sitting still, talking with her hand trying to express how she felt. The participant was shaking her head when thinking that her child is still very young, to be pregnant again.

Theoretical Notes

As the researcher was trying to make sense out of the whole story, she realized that Miss D boyfriend did not tell her that he did not use the condom or it busted during the process. The researcher at the end of the interview understands what made her to come to the clinic and request termination of pregnancy as she was tricked or fooled.

Field Notes for Miss E

Methodological Note

Miss E, twenty nine years old, and eight weeks pregnant in-depth individual interview was held with her at Montshioa Stadt Health Centre, on the 24 August 2011 between 09h00 and 09h45 in the morning. The room was well ventilated, and weather was 25degree Celsius. The venue remained quiet and conducive to hold the interview. The interview was conducted in PNC room number two as there were no client, and notice of "no disturbance, interview in progress" was put on the door to avoid disturbance by other staff members and other clients.

Personal Note

The interview started after the researcher had explained the topic and the purpose of the study again to the participant. The participant was willing to participate in the research as she agreed to sign consent form. She was not happy at all, even though when asked how she was doing she said fine. The participant felt betrayed because her boyfriend told her he used condom, only to find that he was lying, because he wanted the child and not the participant as she already have four children. I could detect that she felt guilty about the pregnancy, because she said she was not ready to have another child, and it was unplanned pregnancy.

Observational Notes

The researcher introduced herself and the topic to Miss E. She was very angry and upset because her boyfriend betrayed her by not using a condom. The look in her face was full of hate and frustration. She was not maintaining eye contact at all the times. She was rubbing her hand, leaning back on her chair, playing with her foot, she seemed restless. Looking at her, I could see hate, anger and frustration, because she also mentioned that she is unemployed, hence can't afford the fifth child.

Theoretical Notes

As the researcher was trying to make sense out of the whole story, she realized that Miss E boyfriend did not tell her that he did not use the condom, whereas they both agreed to use it. The researcher at the end of the interview understands what made her to come to the clinic and request termination of pregnancy as she was betrayed by her boyfriend, and that is why she also didn't tell him that she is going to do TOP. She even said other women should use contraceptives even if they are using condom, because you know you will always be safe.

Field Notes for Miss F

Methodological Note

Miss F, thirty years old, and eight weeks pregnant in-depth individual interview was held with her at Montshioa Stadt Health Centre, on the 24 August 2011 between 09h50 and 10h40 in the morning. The room was well ventilated, and weather was 25degree Celsius. The venue remained quiet and conducive to hold the interview. The interview was conducted in PNC room number two as there were no client, and notice of "no disturbance, interview in progress" was put on the door to avoid disturbance by other staff members and other clients.

Personal Note

The interview started after the researcher had explained the topic and the purpose of the study again to the participant. The participant was willing to participate in the research as she agreed to sign consent form. The participant was sad and disappointed, because she is from poor family background and yet falls pregnant and brings more problems at home. She felt guilty and was angry at herself because of this unplanned pregnancy.

Observational Notes

As in all other interviews, the researcher started the interview by explaining the topic and the purpose of the study again to the participant. The participant seemed very relaxed during the interview as she verbalized her reasons without any fear. She was sad when she talked about how they are living in poverty at home, she said she could not even take care of herself, now what more when she brings a child to those conditions, and there were tears in her eyes, the researcher hold her hand and she took a deep breath. She was maintaining eye contact and using her hands to express her emotions. Another aspect that was observed was her caring heart for young girls, as she emphasized that they must be health educated on the use of contraceptives and advised to utilize safe TOP.

Theoretical Notes

The researcher at the end of the interview understands what made her to come to the clinic and request termination of pregnancy, she was unemployed and she comes from impoverished family background. She was sad because she is thirty years old and yet under care of her parents, whom they are maintaining the whole family with social grants money. She don't have a child at her age and still don't want to bring a child to the world and not be able to maintain him or her, hence TOP was her option.

Field Notes for Miss G

Methodological Note

In-depth individual interview was held with Miss G, Twenty one years old, and four weeks pregnant, at Mafikeng Provincial Hospital on the 31 August 2011 between 07h30 and 08h15. The interview was conducted in a very quiet, well ventilated cancelling room in ward two. The room was conducive to a research interview as it was quiet, private and the chairs could be moved around for the comfort of the patient, and notice of "no disturbance, interview in progress" was put on the door to avoid disturbance by other staff members and other clients.

Personal Note

The interview started after the researcher had explained the topic and the purpose of the study again to the participant. The participant was willing to participate in the research as she agreed to sign consent form. The participant was happy that she managed to come and do TOP. She was angry at her boyfriend because he wanted a child and the participant did not. She was also scared to tell her Aunty that she is pregnant, because she is the only bread winner at home. She felt betrayed in a way by her boyfriend; because she thought he used a condom.

Observational Notes

As in all other interviews, the researcher started the interview by explaining the topic and the purpose of the study again to the participant. The participant seemed very relaxed during the interview as she was smiling when talked too. She maintained eye contact, leaning back on her moving comfortable chair to show that she feels at home. The participant was playing with her pearls while talking. She was looking sad when telling the researcher that her mother passed away. She was very brave to share her factors that influence her to do TOP. The tone of voice and the way he was using body language showed that, she can't wait to do TOP.

Theoretical Notes

As the researcher was trying to make sense out of the whole story, she realized that Miss G boyfriend did not tell her that he did not use the condom or it busted during the process. The researcher at the end of the interview understands what made her to come to the hospital and request termination of pregnancy, as she was not prepared to have a child before getting a job.

Field Notes for Miss H

Methodological Note

In-depth individual interview was held with Miss H, Twenty one years old, and ten weeks pregnant, at Mafikeng Provincial Hospital on the 31 August 2011 between 08h20 and 09h00. The interview was conducted in a very quiet, well ventilated cancelling room in ward two. The room was conducive to a research interview as it was quiet, private and the chairs could be moved around for the comfort of the patient, and notice of "no disturbance, interview in progress" was put on the door to avoid disturbance by other staff members and other clients.

Personal Note

The interview started after the researcher had explained the topic and the purpose of the study again to the participant. The participant was willing to participate in the research as she agreed to sign consent form. The client was relaxed and happy, because she was going to do TOP as her parents back home did not know that she is pregnant. She was from another Province and came in Mafikeng to study, then fell pregnant, in a way I could detect that she was relieved for doing TOP, because her parents won't even know that she was pregnant.

Observational Notes

As in all other interviews, the researcher started the interview by explaining the topic and the purpose of the study again to the participant. The participant seemed very relaxed during the interview as she was smiling when talked too. She maintained eye contact and leaned back on her moving comfortable chair. She was speaking English as she could not speak Setswana. The participant shakes her head and looked down when researcher asked her, what can be done to reduce the high rate of TOP and took a deep breath. She was folding her hands and smiled when explaining that she don't know what happened as they were using a condom.

Theoretical Notes

As the researcher was trying to make sense out of the whole story, she realized that Miss H boyfriend did not tell her that he did not use the condom or it busted during the process. The researcher at the end of the interview understands what made her to come to the hospital and request termination of pregnancy, as she was still studying, boyfriend not working and had fear of parent rejection as they are already taking care of her son so that she can study.

Field Notes for Miss I

Methodological Note

In-depth individual interview was held with Miss I, Twenty eight years old, and six weeks pregnant, at Mafikeng Provincial Hospital on the 31 August 2011 between 08h20 and 09h05. The interview was conducted in a very quiet, well ventilated counselling room in ward two. The room was conducive to a research interview as it was quiet, private and the chairs could be moved around for the comfort of the patient, and notice of "no disturbance, interview in progress" was put on the door to avoid disturbance by other staff members and other clients.

Personal Note

The interview started after the researcher had explained the topic and the purpose of the study again to the participant. The participant was willing to participate in the research as she agreed to sign consent form. Participant was distressed due to the fact that she just found her long lost father, and he is intending to pay for her fees at school and now she is pregnant. I could detect that even though her son is eight years old, but she is relieved to terminate her pregnancy. She was blaming herself for not using prevention after she found a new boyfriend.

Observational Notes

As in all other interviews, the researcher started the interview by explaining the topic and the purpose of the study again to the participant. The participant seemed very relaxed during the interview as she verbalized her reasons without any fear. She was folding her hands the whole time. She smiled when talking about rejection of future boyfriend who will want to marry her, as she said they won't accept her with batch of children. She maintained eye contact and had a friendly face.

Theoretical Notes

The researcher at the end of the interview understands what made her to come to the clinic and request termination of pregnancy, because she just found her father and willing to help her with her studies, and if she keeps the pregnancy he will chase her away with her son. She also doesn't want to have another child before getting married, as the first boyfriend left her with her son.

Field Notes for Miss J

Methodological Note

In-depth individual interview was held with Miss J, Twenty three years old, and four weeks pregnant, at Mafikeng Provincial Hospital on the 31 August 2011 between 09h10 and 09h55. The interview was conducted in a very quiet, well ventilated counselling room in ward two. The room was conducive to a research interview as it was quiet, private and the chairs could be moved around for the comfort of the patient, and notice of "no disturbance, interview in progress" was put on the door to avoid disturbance by other staff members and other clients.

Personal Notes

The interview started after the researcher had explained the topic and the purpose of the study again to the participant. The participant was willing to participate in the research as she agreed to sign consent form. She was not happy about this pregnancy as she was not ready to have another child because she is unemployed. I could see that she was very happy of getting rid of the pregnancy, especially that she is unemployed. She was blaming herself for this unplanned pregnancy, as she said that, women get themselves in reckless unprotected sex and use TOP as method of prevention.

Observational Notes

The researcher introduced herself and the topic to Miss J. She was not maintaining eye contact at all the time. She was not relaxed as she was fidgeting with her hands (rubbing hands). The participant managed to respond positively to all questions asked. There was sadness in her face when explaining that she is unemployed and not ready to have another child. Another aspect that was observed was fear when she talked about utilizing unsafe TOP, I could see that she is afraid of doing TOP illegally, as she mentioned that it is not safe to do backstreet abortion.

Theoretical Notes

As the researcher was trying to make sense out of the whole story, she realized that Miss J preferred TOP done at hospitals than street abortion as it is not safe. She wanted to further her studies and was unemployed to can afford another child. She said TOP must be stopped as women use it as method of prevention, unless the person was raped.

Field Notes for Miss K no 1

Methodological Note

In-depth individual interview was held with Miss K, Twenty five years old, and four weeks pregnant, at Mafikeng Provincial Hospital on the 31 August 2011 between 10h00 and 10h40. The interview was conducted in a very quiet, well ventilated counselling room in ward two. The room was conducive to a research interview as it was quiet, private and the chairs could be moved around for the comfort of the patient, and notice of "no disturbance, interview in progress" was put on the door to avoid disturbance by other staff members and other clients.

Personal Notes

The interview started after the researcher had explained the topic and the purpose of the study again to the participant. The participant was willing to participate in the research as she agreed to sign consent form. She was not happy about this pregnancy as she was not ready to have another child because she is unemployed and her boyfriend left her. She blamed herself for this unwanted pregnancy as now she is all alone and can't afford the child, and also blamed herself for not going back to the clinic for prevention as she stopped using it after she left her first boyfriend.

Observational Notes

The researcher introduced herself and the topic to Miss K. She was very angry and upset because her boyfriend betrayed her by running away after she told him she is pregnant and even changed his cell number. The look in her face was full of hate and frustration. She was not maintaining eye contact at all the times. She was rubbing her hand, leaning back on her chair, playing with her foot, she seemed restless. Looking at her, I could see hate, anger and frustration, because she also mentioned that she is unemployed, hence can't afford the second child.

Theoretical Notes

The researcher at the end of the interview understands what made her to come to the clinic and request termination of pregnancy, because her boyfriend runaway after she told him she is pregnant and changed his cell number, she is unemployed and not married yet, hence TOP was her option.

Field Notes for Miss K no 2

Methodological Note

In-depth individual interview was held with Miss K, thirty years old, and four weeks pregnant, at Mafikeng Provincial Hospital on the 01 September 2011 between 07h30 and 08h10. The interview was conducted in a very quiet, well ventilated counselling room in ward two. The room was conducive to a research interview as it was quiet, private and the chairs could be moved around for the comfort of the patient, and notice of "no disturbance, interview in progress" was put on the door to avoid disturbance by other staff members and other clients.

Personal Notes

The interview started after the researcher had explained the topic and the purpose of the study again to the participant. The participant was willing to participate in the research as she agreed to sign consent form. She was not happy about this pregnancy as she was not ready to have another child because she still has an eight months old baby and she is unemployed. She looked sad even though she said she was fine. She blamed herself for this unwanted pregnancy as she can't afford the third child, and being a single parent.

Observational Notes

The patient was relaxed during the interview, maintained eye contact from the beginning until the end of the interview. She was very brave to share her reasons that influenced her to come and request TOP. She looked sad, angry and frustrated as she is HIV positive, she has fear of her CD4 count going down. She is also unemployed and not married; this made her even angrier. She was frustrated because her second child is not even one year old and she is already pregnant.

The cell phone rang during the interview, she looked at it and it was switched off.

Theoretical Notes

The researcher at the end of the interview understands what made her to come to the clinic and request termination of pregnancy, because she has a baby of eight months, can't afford the third child as she is a single parent, and she is HIV Positive already and has fear of her CD4 count going down, even though there's PMTCT program.

Field Notes for Miss L no 1

Methodological Note

In-depth individual interview was held with Miss L, twenty one years old, and eight weeks pregnant, at Mafikeng Provincial Hospital on the 20 September 2011 between 07h30 and 08h10. The interview was conducted in a very quiet, well ventilated counselling room in ward two. The room was conducive to a research interview as it was quiet, private and the chairs could be moved around for the comfort of the patient, and notice of "no disturbance, interview in progress" was put on the door to avoid disturbance by other staff members and other clients.

Personal Notes

The interview started after the researcher had explained the topic and the purpose of the study again to the participant. The participant was willing to participate in the research as she agreed to sign consent form. She was happy to come and do TOP, as she did not show any emotional distress. She feels relieved in a way because this pregnancy was going to distract her from her studies as she was already enrolled. She kind of blaming herself because she did not go back to prevent after getting new boyfriend, because she stopped last year as she was not dating anyone.

Observational Notes

The participant was relaxed during the in-depth individual interview. Her speech was slow and soft-spoken but relevant to all the questions asked. She maintained eye contact from the beginning until the end of the interview. Counsellor opened the door as we were using their room to get test kit and she looked at her. She was playing with her hand bag, scratching it. She was smiling during the interview, to show that she feels at home. The researcher cleared her voice when she was asking her the third reason. She had friendly face all the time.

Theoretical Notes

The researcher at the end of the interview understands what made her to come to the hospital and request termination of pregnancy, because she wants to further her studies, still under age and not ready to be a mother, not married yet, and she thinks the child doesn't grow well when raised by a single parent, hence opt for TOP.

Field Notes for Miss L no 2

Methodological Note

In-depth individual interview was held with Miss L, eighteen years old, and six weeks pregnant, at Mafikeng Provincial Hospital on the 01 September 2011 between 10h00 and 10h45. The interview was conducted in a very quiet, well ventilated counselling room in ward two. The room was conducive to a research interview as it was quiet, private and the chairs could be moved around for the comfort of the patient, and notice of "no disturbance, interview in progress" was put on the door to avoid disturbance by other staff members and other clients.

Personal Note

The interview started after the researcher had explained the topic and the purpose of the study again to the participant. The participant was willing to participate in the research as she agreed to sign consent form. The participant was happy that she managed to come and do TOP because of her age. Looking generally at her it was like she doesn't know what is really happening. She was just happy to do TOP, as she feared stigma of her friends, peer group and community.

Observational Notes

The participant was relaxed during the in-depth individual interview. Her speech was slow and soft-spoken but relevant to all the questions asked. She maintained eye contact from the beginning until the end of the interview. She was laughing and smiling during the interview. She looked beautiful with spring bright colours. She looked so innocent and friendly. She was swinging around with the chair, and answered all questions positively. She was really not ready and under age to be mother, judging by her soft voice and small body.

Theoretical Notes

As the researcher was trying to make sense out of the whole story, she realized that Miss L was still very young to be a mother, still at school, her mother passed away and living with grandmother, who is the only breadwinner and supporting other four siblings, so bringing another child will be a burden for the grandmother. She even mentioned that community gossip about these young pregnant girls, so she feared to be told hurtful comments, hence opt for TOP.

Field Notes for Miss M no 1

Methodological Note

Miss M, twenty three years old, and eight weeks pregnant, in-depth individual interview was held with her at Mafikeng Provincial Hospital on the 20 September 2011 between 08h00 and 08h45 in the morning. The room was well ventilated, and weather was 28 degree Celsius. The venue remained quiet and conducive to hold the interview, and notice of "no disturbance, interview in progress" was put on the door to avoid disturbance by other staff members and other clients.

Personal Note

The interview started after the researcher had explained the topic and the purpose of the study again to the participant. The participant was willing to participate in the research as she agreed to sign consent form. The Participant looked scared though she said she was feeling good, because she was afraid to tell her boyfriend that she is pregnant and her parents. Participant also seemed to blame herself by not using another method of contraception, as she was using pills and stopped taking them because she was forgetting them.

Observational Notes

The researcher introduced herself and the topic to Miss M. She was angry and upset because her boyfriend "asked her what she means when she said she is not feeling well" and she could hear from that statement that he is going to deny the pregnancy since well they have distant relationship. She was sad and frustrated; she looked distressed due to this unwanted pregnancy as she had distant relationship. She had this fear in her eyes when talking about her parents because they promised to chase her away if she can fall pregnant again because they are already supporting her first child. She maintained eye contact.

Theoretical Notes

As the researcher was trying to make sense out of the whole story, she realized that Miss M had fear of pregnancy rejection by boyfriend, fear of being chased away by parents, wanted to complete studies, and failed to go to the clinic to insert IUD due to false information she got from different people, hence do termination of pregnancy.

Field Notes for Miss M no 2

Methodological Note

Miss M, twenty one years old, and ten weeks pregnant, in-depth individual interview was held with her at Mafikeng Provincial Hospital on the 20 September 2011 between 09h00 and 09h45 in the morning. The room was well ventilated, and weather was 28 degree Celsius. The venue remained quiet and conducive to hold the interview, and notice of "no disturbance, interview in progress" was put on the door to avoid disturbance by other staff members and other clients.

Personal Note

The interview started after the researcher had explained the topic and the purpose of the study again to the participant. The participant was willing to participate in the research as she agreed to sign consent form. She was stressed by this pregnancy. I could detect that she was not prepared and ready to have another baby. According to my personal feelings she was scared to tell her mother as she could not afford to maintain another child.

Observational Notes

The researcher introduced herself and the topic to Miss M. She was shivering as she was already induced in the morning, and a blanket was given to her for warmth. She was relaxed and happy because she mentioned that it was long overdue for her to do TOP, but something always came up. One client opened the door, but closed it immediately after realizing she entered wrong room and she looked at her. She was not maintaining eye contact at all the time as she was covering herself with the blanket.

Theoretical Notes

As the researcher was trying to make sense out of the whole story, she realized that Miss M is known Asthmatic on treatment and it worsens when pregnant, want to further her studies, mother is the only breadwinner, and don't want to have another child before getting married, has fear of abandonment by her recent boyfriend or future boyfriend.

Field Notes for Miss N no 1

Methodological Note

Miss N, twenty two years old, and four weeks pregnant, in-depth individual interview was held with her at Mafikeng Provincial Hospital on the 01 September 2011 between 09h00 and 09h45 in the morning. The room was well ventilated, and weather was 28 degree Celsius. The venue remained quiet and conducive to hold the interview, and notice of "no disturbance, interview in progress" was put on the door to avoid disturbance by other staff members and other clients.

Personal Note

The interview started after the researcher had explained the topic and the purpose of the study again to the participant. The participant was willing to participate in the research as she agreed to sign consent form. The client was relaxed and happy, because she was going to do TOP. In a way I could detect that she was relieved for doing TOP, because her mother was pressurizing her to do TOP. She was not distressed at all.

Observational Notes

The participant was scared during the in-depth individual interview and the researcher reassured her then become calm. Her speech was slow and soft-spoken but relevant to all the questions asked. She maintained eye contact from the beginning until the end of the interview. She was laughing and smiling during the interview. She looked beautiful with bright colours. She looked so innocent and friendly. She was swinging around with the chair, and answered all questions positively. She was really not ready to be mother, judging by her soft voice and small body .

Theoretical Notes

The researcher at the end of the interview understands what made her to come to the hospital and request termination of pregnancy, because she want to further her studies next year, still under age and not ready to be a mother, , mother pressurizing her to do TOP because no one is working at home, thus choose TOP.

Field Notes for Miss N no 2

Methodological Note

Miss N, twenty two years old, and eight weeks pregnant, in-depth individual interview was held with her at Mafikeng Provincial Hospital on the 20 September 2011 between 08h00 and 08h45 in the morning. The room was well ventilated, and weather was 28 degree Celsius. The venue remained quiet and conducive to hold the interview, and notice of "no disturbance, interview in progress" was put on the door to avoid disturbance by other staff members and other clients.

Personal Notes

The interview started after the researcher had explained the topic and the purpose of the study again to the participant. The participant was willing to participate in the research as she agreed to sign consent form. She was not happy about this pregnancy as she was not ready to have another child because she still has a two year old boy and her boyfriend is unemployed. She looked sad even though she said she was fine. She blamed herself for this unwanted pregnancy as she can't afford the second child, and being a single parent.

Observational Notes

The participant was relaxed during the in-depth individual interview. Her speech was slow and soft-spoken but relevant to all the questions asked. She was not maintained eye contact from the beginning until the end of the interview as she was playing with her hand bag. She looked happy and stress free as her mother doesn't know that she is pregnant. She was kind of relieved as the boyfriend is also unemployed, won't be able to maintain the child.

Theoretical Notes

The researcher at the end of the interview understands what made her to come to the hospital and request termination of pregnancy, she is not married yet, she is not ready to have another child because she has a two year old, her boyfriend is not working, afraid to tell her mother that she is pregnant, thus opt for termination of pregnancy.

Field Notes for Miss O

Methodological Note

In-depth individual interview was held with Miss O, nineteen years old, and five weeks pregnant, at Mafikeng Provincial Hospital on the 01 September 2011 between 10h45 and 11h25. The interview was conducted in a very quiet, well ventilated counselling room in ward two. The room was conducive to a research interview as it was quiet, private and the chairs could be moved around for the comfort of the patient, and notice of "no disturbance, interview in progress" was put on the door to avoid disturbance by other staff members and other clients.

Personal Note

The interview started after the researcher had explained the topic and the purpose of the study again to the participant. The participant was willing to participate in the research as she agreed to sign consent form. She was stressed by this pregnancy. I could detect that she was not prepared and ready to have another baby due to her age. According to my personal feelings she was scared to tell her parents as they could not afford to maintain another child.

Observational Notes

The participant was relaxed during the in-depth individual interview. Her speech was slow and soft-spoken but relevant to all the questions asked. She maintained eye contact from the beginning until the end of the interview. She was laughing and smiling during the interview especially when telling me that she doesn't know what happened because they used condom. She looked young, innocent, physical appearance-short and beautiful.

Theoretical Notes

The researcher at the end of the interview understands what made her to come to the hospital and request termination of pregnancy, because she want to further her studies, still under age and not ready to be a mother, not married yet, coming from poor family background, and boyfriend unemployed. These are factors influencing her to do TOP.

Field Notes for Miss P

Methodological Note

In-depth individual interview was held with Miss P, twenty one years old, and eight weeks pregnant, at Mafikeng Provincial Hospital on the 31 August 2011 between 09h00 and 09h40. The interview was conducted in a very quiet, well ventilated cancelling room in ward two. The room was conducive to a research interview as it was quiet, private and the chairs could be moved around for the comfort of the patient, and notice of "no disturbance, interview in progress" was put on the door to avoid disturbance by other staff members and other clients.

Personal Note

The interview started after the researcher had explained the topic and the purpose of the study again to the participant. The participant was willing to participate in the research as she agreed to sign consent form. She was stressed by this pregnancy. I could detect that she was not prepared and ready to have another baby due to her education, as she was to fly in September to study overseas. According to my personal feelings she disappointed her parents as they could not afford to maintain another child, because she already has a six year old son whom they are maintaining.

Observational Notes

The patient was relaxed and folding hands during the interview, maintained eye contact from the beginning until the end of the interview. She was very brave to share her reasons that influenced her to come and request TOP. She looked sad, angry and frustrated because she lost her boyfriend in an accident the previous month (July 2011), so she felt she can't continue with the pregnancy, because he won't be around to help maintain the child. Tears in her eyes observed, researcher hold her hand, gave her glass of water and she took a deep breath. Another aspect observed was great passion for her education.

Theoretical Notes

The researcher at the end of the interview understands what made her to come to the hospital and request termination of pregnancy, because she might fly off overseas to further her studies, her boyfriend passed away, this pregnancy will be a great disappointment for her parents, not yet married and unemployed hence opt for TOP.

Field Notes for Miss Q

Methodological Note

In-depth individual interview was held with Miss Q, twenty two years old, and six weeks pregnant, at Mafikeng Provincial Hospital on the 01 September 2011 between 07h30 and 08h10. The interview was conducted in a very quiet, well ventilated cancelling room in ward two. The room was conducive to a research interview as it was quiet, private and the chairs could be moved around for the comfort of the patient, and notice of "no disturbance, interview in progress" was put on the door to avoid disturbance by other staff members and other clients.

Personal Notes

The interview started after the researcher had explained the topic and the purpose of the study again to the participant. The participant was willing to participate in the research as she agreed to sign consent form. She was happy to come and do TOP, as she did not show any emotional distress. She feels relieved in a way because this pregnancy was going to distract her from her studies next year. She kind of blaming herself because her boyfriend is also a student and not employed.

Observational Notes

The participant was relaxed during the in-depth individual interview. Her speech was slow and soft-spoken but relevant to all the questions asked. She maintained eye contact from the beginning until the end of the interview. She was laughing and smiling during the interview. She looked beautiful with spring bright colours. She was really happy and even said there is no problem because she was going to do TOP.

Theoretical Notes

The researcher at the end of the interview understands what made her to come to the hospital and request termination of pregnancy, because she wants to further her studies next year, she still has a young child and wants to space them, boyfriend unemployed and a student, parents won't afford to maintain second child, and she is not married, that's why she wants to do TOP.

Field Notes for Miss R

Methodological Note

In-depth individual interview was held with Miss R, thirty years old, and four weeks pregnant, at Mafikeng Provincial Hospital on the 01 September 2011 between 08h30 and 09h10. The interview was conducted in a very quiet, well ventilated cancelling room in ward two. The room was conducive to a research interview as it was quiet, private and the chairs could be moved around for the comfort of the patient, and notice of "no disturbance, interview in progress" was put on the door to avoid disturbance by other staff members and other clients.

Personal Note

The interview started after the researcher had explained the topic and the purpose of the study again to the participant. The participant was willing to participate in the research as she agreed to sign consent form. She was stressed by this pregnancy. I could detect that she was not prepared and ready to have another baby due to the fact that her other two kids are staying with their grandparents as she could not afford them. According to my personal feelings she was scared to tell her parents as they promised to chase her away.

Observational Notes

The patient was relaxed and folding hands during the interview, maintained eye contact from the beginning until the end of the interview. She was very brave to share her reasons that influenced her to come and request TOP. There was fear in her eyes, as the person who made her pregnant, did not have a steady relationship with her, so she was all alone. She looked scared and blamed herself for not using protection to prevent this pregnancy.

Theoretical Notes

As the researcher was trying to make sense out of the whole story, she realized that Miss R had fear of pregnancy rejection by boyfriend as it was not a steady relationship, fear of being chased away by parents, wanted to complete studies, could not afford the third child, and was not married, thus wanted to do TOP.

Field Notes for Miss S

Methodological Note

In-depth individual interview was held with Miss S, thirty years old, and four weeks pregnant, at Mafikeng Provincial Hospital on the 20 September 2011 between 10h10 and 10h50. The interview was conducted in a very quiet, well ventilated counselling room in ward two. The room was conducive to a research interview as it was quiet, private and the chairs could be moved around for the comfort of the patient, and notice of "no disturbance, interview in progress" was put on the door to avoid disturbance by other staff members and other clients.

Personal Note

The interview started after the researcher had explained the topic and the purpose of the study again to the participant. The participant was willing to participate in the research as she agreed to sign consent form. She was stressed by this pregnancy as she was raped while pregnant. I could detect that she was very upset as she mentioned that it is not nice to be raped. Participant was distressed due to the fact that the person, who raped her, bled a lot on her.

Observational Notes

The patient was relaxed and folding hands during the interview, maintained eye contact from the beginning until the end of the interview. She was very brave to share her reasons that influenced her to come and request TOP. She looked sad, angry and frustrated because she was raped and she is HIV Positive. She was not happy at all. Tears were observed on her eyes, the researcher came closer, rubbed her on the shoulders and gave her water to drink, and then she took a deep breath. She became calm and mentioned other reasons why she wanted TOP.

Theoretical Notes

As the researcher was trying to make sense out of the whole story, she realized that Miss S wanted TOP because she was raped, she is unemployed and so is her boyfriend, she is coming from poor family background, she is HIV Positive and fear that her CD4 count will go down even though there is PMTCT program, and lastly she is not married, thus do TOP.

Field Notes for Miss T

Methodological Note

In-depth individual interview was held with Miss T, twenty six years old, and four weeks pregnant, at Mafikeng Provincial Hospital on the 20 September 2011 between 11h00 and 11h45. The interview was conducted in a very quiet, well ventilated counselling room in ward two. The room was conducive to a research interview as it was quiet, private and the chairs could be moved around for the comfort of the patient, and notice of "no disturbance, interview in progress" was put on the door to avoid disturbance by other staff members and other clients.

Personal Note

The interview started after the researcher had explained the topic and the purpose of the study again to the participant. The participant was willing to participate in the research as she agreed to sign consent form. She was stressed by this pregnancy because she cheated on her steady boyfriend. I could detect guilt in her face because of this unplanned pregnancy. According to my personal view she was not even afraid to get infected because she was cheating but did not use protection. She is ignorant and risk taker. She couldn't stop blaming herself and even mentioned that she has learnt her lesson.

Observational Notes

The patient was relaxed and folding hands during the interview, maintained eye contact from the beginning until the end of the interview. She was very brave to share her reasons that influenced her to come and request TOP for example cheating. She looked sad, angry and frustrated because her real steady boyfriend don't know that she is pregnant and he is intending to marry her. She was shaking her head when recalling the whole incident. She also looked stressed when thinking how her parent a striving to help finish her studies, but she disappointed them.

Theoretical Notes

As the researcher was trying to make sense out of the whole story, she realized that Miss T had fear of pregnancy rejection by boyfriend as it was not his pregnancy, fear of being chased away by parents, wanted to complete studies, impoverished background, and was not married, thus wanted to do TOP.

Field Notes for Miss U

Methodological Note

In-depth individual interview was held with Miss U, nineteen years old, and eight weeks pregnant, at Mafikeng Provincial Hospital on the 20 September 2011 between 11h45 and 12h30. The interview was conducted in a very quiet, well ventilated counselling room in ward two. The room was conducive to a research interview as it was quiet, private and the chairs could be moved around for the comfort of the patient, and notice of "no disturbance, interview in progress" was put on the door to avoid disturbance by other staff members and other clients.

Personal Note

The interview started after the researcher had explained the topic and the purpose of the study again to the participant. The participant was willing to participate in the research as she agreed to sign consent form. She was stressed by this pregnancy. I could detect that she was not prepared and ready to have another baby due to her age. According to my personal feelings she was scared to tell her mother as she could not afford to maintain another child as she had her own young child who is one year six months old.

Observational Notes

The participant was relaxed during the in-depth individual interview. Her speech was slow and soft-spoken but relevant to all the questions asked. She maintained eye contact from the beginning until the end of the interview. She was laughing and smiling during the interview. She looked beautiful with spring bright colours. She was really happy and even said that she is feeling okay. She was relieved in a way, because she felt that pregnancy is going to disturb her big time.

Theoretical Notes

The researcher at the end of the interview understands what made her to come to the hospital and request termination of pregnancy, because she wants to further her studies, still under age and not ready to be a mother physically and emotionally, not married yet, and afraid to tell her mother because she is a religious person who doesn't believe in sex before marriage and TOP, thus opt for termination of pregnancy.