

A qualitative exploration of knowledge, attitudes, and experiences with abortion among adolescents in Gauteng province, South Africa

Background

Adolescents in South Africa (SA) continue to have unmet sexual and reproductive health (SRH) needs. Unplanned pregnancy¹ is a persistent issue in the country, with 1,270,000 pregnancies in SA being unintended between 2015–2019.¹ Furthermore, in a 2019 study on the association of pregnancy intention with HIV status, it was found that 76.3% of pregnancies among participants aged 15–19 were unintended, which was notably higher than the rates of unintended pregnancy among older age groups in the study.² Research also shows that one-third of SA women experience pregnancy during their adolescence and 31% of girls aged 15–19 in SA have an unmet need for contraception.^{3–4} Efforts have been made to promote SRH access and education for young people, such as the introduction of the National Adolescent and Youth Health Policy of 2017, which aimed to promote health and well-being among young people.⁵ However, more remains to be done in order to realise the successful implementation of these comprehensive policies and affect changes in health outcomes.⁶

Young people's ability to access SRH services significantly impacts their ability to protect their health and to prevent unplanned pregnancies, sexually transmitted infections (STIs), and human immunodeficiency virus (HIV) infections. Previous research has established that adolescents often face judgement and hostility from clinic staff because of their age, or the perceived appropriateness of their request, which is rooted in health care workers' personal beliefs surrounding adolescent sexuality.⁷ Stigma and refusal of care when seeking services, such as contraceptives or HIV prevention methods, deter adolescents from seeking these services for fear of being shamed.⁸ Another factor which influences their access to reproductive health services is their limited knowledge of various aspects of SRH. Studies show that adolescent girls hold several misconceptions surrounding contraceptives, which negatively impacts the uptake and effective use thereof.⁹ Furthermore, many adolescents lack information about the availability of legal abortion services in SA. This results in higher rates of abortion in the informal sector on which information is more readily accessible, such as through posters on the street.¹⁰

South Africa has liberal health policies, including the Choice on Termination of Pregnancy (CToP) Act of 1996¹¹ which allows for abortion upon request up to 12 weeks gestation, and the Children's Act 38 of 2005¹² which indicates that SRH services, including

abortion, are available without the need for parental consent from age 12. Although legal abortion services are available free of charge in public health facilities, the rate of abortion taking place in medical facilities was 12.9% nationally among people below age 20 in 2019.¹³ In contrast, among all abortions in SA, up to one quarter reportedly take place outside of the formal health care sector.^{14–15} While self-managed medication abortion (using misoprostol and/or mifepristone) has been demonstrated to be a safe and effective model of abortion care, abortions can be unsafe when performed using methods that are not recommended, by untrained providers, and/or without access to information and referrals when necessary. According to the National Guideline for Implementation of the CToP Act, it is illegal for anyone who is not a registered and trained health care professional to provide abortion services, as well as for these services to be offered outside of an approved facility.¹⁶ Unsafe abortion can lead to medical complications or even death. Although it is evident that young people experience unplanned pregnancies and some may choose to have an abortion, little research has been done to investigate adolescents' decision-making and experiences with abortion. We aimed to generate evidence to inform national initiatives directed at improving and expanding access to comprehensive SRH services, including safe abortion, for adolescents in SA.

Study description

This brief presents findings from qualitative in-depth interviews, conducted in January 2023, with adolescents who had an unplanned pregnancy and/or an abortion. Participants were recruited through a larger explanatory sequential cross-sectional study that aimed to explore access to and experiences with SRH services, including abortion, among adolescents aged 12–17, as well as their knowledge of contraception and the CToP Act. If quantitative survey respondents reported experience with unplanned pregnancy or abortion, they were invited to participate in an interview.

We held in-depth interviews with 10 respondents who were assigned female at birth, aged 16–17, and living in the Gauteng province. We used thematic analysis to identify and analyse recurring themes in the data. We created a deductive codebook based on the in-depth interview guide which was used to code units of meaning from the

1 We acknowledge that defining pregnancy intentions can be complex as many factors affect pregnancy acceptability. We use the term 'unplanned pregnancy' in this study to refer to contraceptive failure when attempting to prevent pregnancy, or the non-use of contraceptives when not desiring to become pregnant.



data using the qualitative analysis software, Dedoose. Inductive analysis was also used to identify new codes, in response to which the codebook was updated. Thereafter, the codes were reviewed for consistency and the data was written up in code summaries. Overarching themes were identified and documented throughout this process and used as a basis for presenting our findings. Ethical approval was obtained from the University of Witwatersrand's Human Research Ethics Committee and written informed parental consent and minor assent were collected before participation in the study.

Knowledge and perception of abortion

Although most of the respondents were aware that abortion is legal in SA, they had limited knowledge of the specific stipulations of the law and held the misconception that partner or parental consent is required to access a safe abortion in the formal sector. When asked about what they perceived as safe and unsafe abortion, respondents indicated that medical facilities with trained providers offer safe abortion options, whereas using a mixture of herbs, and unknown pills purchased from 'backdoor doctors' felt unsafe. The respondents spoke at length about the different methods and places where young people could access abortion outside of the formal sector. All of the respondents knew someone who had an abortion, of which many had made use of unregulated providers. The methods used by these acquaintances included unidentified pills, boiled Coca-Cola, and traditional medicines. The respondents expressed that many adolescents resort to either unregulated providers or abortion methods, despite knowing that these methods could cause them harm, because these providers offer services that are more discreet and quickly accessible than abortion services at clinics.

Safe is when you go to the clinic, that's safe. Unlike you go to a person to terminate the pregnancy, because muthi [traditional medicine] just can't. Because you don't even know that person does understand what they are doing. So it's better to go to the clinic because that person is educated about it. (Age 17, Orange farm, Gauteng)

Sometimes I think is because you might fall pregnant and be scared to tell your family, you then decide to do whatever you want to do to your body, wherever, without anyone knowing. Then it becomes your secret... So, when they start doing unsafe ones, it means it's a secret. (Age 16, Roodepoort, Gauteng)

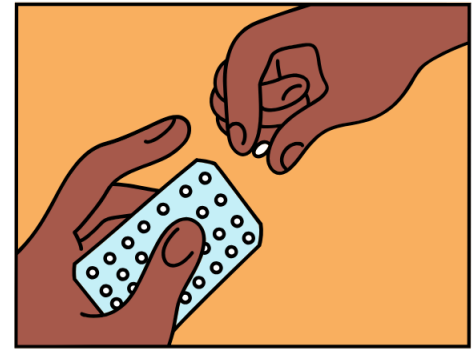
Experience with unplanned pregnancy

Respondents shared that unplanned pregnancy is common in their communities and discussed contributing factors to unplanned pregnancy among their peers, including the incorrect or inconsistent use of contraceptives due to a lack of knowledge on their functioning and accessibility, as well as negative experiences with health care workers which deter adolescents from seeking contraceptives at clinics.

As I have said, it's the questions they ask us — those questions make them [adolescents] to not want to visit clinics. They will ask me some sort of questions. And again, I am scared that I might see my neighbours who may tell my parents, "I saw your child at the clinic; she was there to prevent [pregnancy]". (Age 16, Soweto, Gauteng)

All of the respondents in the study had experienced an unplanned

pregnancy themselves, and half were using contraceptive methods at the time that they became pregnant. The methods respondents reported using when they became pregnant were the hormonal pill and condoms, although some



reported not using their chosen method consistently. Half of the respondents reported continuing their pregnancies. The decision to continue with their pregnancies was influenced by various factors, including their religious beliefs and misconceptions about the implications of abortion, as well as being guided by the advice and opinions of their families, and the availability of familial support to help raise the child.

My mother [helped me decide to keep the pregnancy]. She always said to me, my child, this child [we] will raise her together. No matter what happens we will raise [her]. I decided that I am not terminating this child. (Age 17, Orange farm, Gauteng)

The respondents who continued with their pregnancies experienced various challenges, including financial challenges in securing food and childcare, as well as conflict with their personal aspirations due to the time commitment and shift in responsibilities after having a child. Some dropped out of school because of their pregnancies, while those who continued with school faced judgement from their peers and struggled to balance attending school with the responsibility of raising a child. Others experienced a loss of trust from their families after falling pregnant and mentioned the sacrifices their families needed to make to assist them with childcare. Some also encountered judgement from people in their communities for becoming pregnant at a young age. A few respondents expressed that they did not receive any support from their child's father who they reported was not involved in any capacity since they became pregnant.

It was difficult, the child needed more attention, and on the other hand, the school needed me at the same time. At that time, I am not even financially stable, I still needed support from my parents; they also have to support the child. It was too hard. (Age 16, Gauteng)

Personal experience with abortion

Just under half of the respondents interviewed had an abortion after experiencing an unplanned pregnancy. Respondents cited various reasons for terminating their pregnancies, which included fear of the repercussions of disclosing to their parents that they were pregnant, not wanting to burden their parents with additional childcare while they were still dependent on them, not wanting to drop out of school to care of the child, and feeling that they were too young to have a child. All of these respondents described their abortion experiences as challenging, noting that they felt alone and unsupported as many of them concealed their pregnancies from their friends and families. One participant did disclose her abortion to her mother, who then started having more open discussions with her about sex.



I was not ready, number one. I was a child and at home I am taken care of by my parents. So, me bringing a child at that time, it feels like I am disrespecting them, the beliefs and values of the house also. (Age 16, Soweto, Gauteng)

I haven't told anyone what has once happened. Even my friends do not know. I am the only one who knows I once did this and haven't gotten any support. (Age 16, Soweto, Gauteng)

After my mother found out that I did an abortion, she started talking more with me about sex. That's where I learned more. (Age 17, Soweto, Gauteng)

All of these respondents sought abortion in the informal sector. Most learned where and how to access these services from their friends and from posters on the street, indicating the value respondents placed on receiving recommendations on where to access abortion services from someone they trusted. One respondent initially sought abortion services from a clinic but was scolded by a nurse for being pregnant and wanting to terminate her pregnancy, which led her to resort to abortion through the unregulated sector. Another respondent was scared of the abortion procedure and thus inadvertently delayed seeking abortion services until she had exceeded the gestational age limit for abortion on request at the clinic. She also reported not having enough money to access an abortion in the private sector, leading her to seek abortion services in the unregulated sector.

I tried to go to the clinic, but that sister kept on asking why do I wanted to do something like [that]. She started shouting at me, "You're pregnant, you want to have an abortion?". Then I decided to speak with my friend; she told me that one is quick and not like at the hospital. At the hospital, they will make you sleep and clean you. (Age 17, Soweto, Gauteng)

I tried to find money and I don't know how, he [partner] then told me to go do abortion. So, because I was young and used to hear about the things that happens when you do abortion, I was scared to do it. I stayed at home without doing it until the period they put for you at clinic passed. I called a friend and explained, since she went through the same things. She explained to me that she tried some woman, close, and the woman gave her stuff and it just comes out. So, I tried that route... (Age 16, Soweto, Gauteng)

Some respondents described accessing these services from unregulated providers who gave them pills. Others accessed abortion-inducing substances through traditional healers who provided them with a herbal mixture. After taking these substances respondents reported experiencing pain and bleeding. Three of the four respondents reported experiencing symptoms that were of such concern that they sought, or were taken for medical care.

One respondent chose to present to the hospital as if she was having a miscarriage as she wanted to be 'cleaned' and

ensure that the abortion was complete. Others were taken to the hospital by their families to seek medical assistance.

She gave some, they call it Mbiza. It was black, very, very black. It tasted bitter, I had to drink that and go home. After two hours, it will all come out. I should just go sit in the bathroom and bath, it will all come out. Then she did give me the cup, I drank it and I went home. When I got home, then after 15 minutes or so, I started feeling pains. Unfortunately, it was the time when my mom arrived at work. So when she came to work, she found me in a pool of blood. Sitting there, I couldn't do anything. She then took to hospital. That's where I got help. (Age 16, Soweto, Gauteng)

Despite presenting at the hospital for emergency care, some respondents described being ill-treated or neglected by the hospital staff. The above respondent, who was actively bleeding and eventually passed out, was not attended to for 45 minutes after arrival as the nurses at the hospital were waiting for their shift to end. Another respondent discussed being scolded by nurses who confronted her about using unsafe abortion methods. She further described that the pain she felt when they attended to her, which she described as being 'cleaned', made her believe that the nurses intentionally wanted her to feel pain during the process.

At hospital, I am not sure it came out, but I just saw lot of blood. When we arrived at the hospital, I was still bleeding. When I got to the hospital, they attended to me after 45 minutes. They were not even busy; they were just sitting there talking. When my mom went to ask, they told her that they were waiting for the shift to end so they can go home. I mean it was almost an hour. I stayed until I passed out. After that, I did not see anything. (Age 16, Soweto, Gauteng)

After they admitted me, the nurses were shouting at me, asking what I was doing and did I want to die. After they found out, I spoke about everything; I told them where I bought it and who took me there because I was still young; I didn't know I was trying something I didn't know. (Age 17, Soweto, Gauteng)

I don't want to lie, it was painful. Even at the clinic, when they clean you, it's like they want you to feel it. It's like they want you to feel that you are having an abortion. You are killing; it is very, very painful. (Age 17, Soweto, Gauteng)

The fear and experience of poor treatment from health care workers was recurring throughout respondents' accounts of SRH interventions for adolescents in the public health sector. Respondents reported being judged and reprimanded by nurses for seeking contraception, abortion services, and post-abortion care, often leading to them resorting to informal sector services.

We are scared of the nurses. They will be shouting at us, saying why don't we prevent it? That's why we prefer back doors. We are there to take pills, because there [where] we buy them, no one asks you there. (Age 16, Gauteng)

Barriers to abortion access among young people

When asked to reflect on which group of people experience the most challenges in accessing regulated abortion services, two respondents mentioned married women and people living with HIV respectively, while most of the respondents expressed that





they, as young girls, experience the most barriers. The reasons for this included judgement received from their communities, both because of the expectations that people have of them to focus on completing school and getting a qualification rather than falling pregnant, as well as believing that abortion brings bad luck to their families. However, the most common reason discussed for why young girls struggle to access safe abortion services was the fear of facing judgmental health care workers who ask them intrusive questions and scold them for falling pregnant at their age. The respondents felt that these factors contribute to adolescents seeking abortion in the informal sector.

Practically what happens is that they think we don't know our rights. Because we young, they treat us the way because of their beliefs. There was a time I went to LoveLife [youth health promotion organisation], I had a young lady talking about that she went to hospital to try and terminate their pregnancy but there was only person who was doing termination of pregnancy. The other who was qualified, who was trained to do it, that person refused. (Age 16, Soweto, Gauteng)

Cause they will tell you that you are still young but you envy old people things. Again, they will even say to you, 'Do you see this woman?', they will even show the ones with rings, I have experienced it myself. It was not nice. The treatment was not nice. They make sure that even next time, you don't repeat. (Age 16, Orange Farm, Gauteng)

Conclusion

Among young people in Gauteng who experienced unplanned pregnancy, some made the decision to continue their pregnancy and others sought an abortion. They had limited information on the conditions of the CToP Act which facilitate access to regulated abortion and on safe abortion methods and facilities. Additionally, their fear of or prior experience with judgemental, poor quality health care deterred them from seeking contraception and abortion care at regulated health care facilities. Young people were often referred to the informal sector through trusted friends and found access to be non-judgmental, discreet, and quick, although no aftercare or support was provided in these settings and many respondents ended up seeking additional medical care. It is critical to ensure that young people have knowledge about where to seek safe abortion services and can obtain high quality compassionate care for abortion and post-abortion care. We offer three key recommendations based on the findings from these interviews.

Recommendations

Ensure support for adolescents seeking abortion services

Our findings suggest that adolescents in SA may find it difficult to access abortion care at clinics and hospitals and need accurate information to help guide them on where to access safe and legal abortion services. One discreet and reliable source of information is Ibis' [mmoho SRH helpline](#), which offers information and referral on a range of SRH services, including abortion. If adolescents were more familiar with resources such as these they could access formal abortion services more easily. In addition to clinic-based services, young people should have access to different models of care for abortion, such as telehealth abortion and abortion accompaniment.

Abortion accompaniment has historically focused on supporting people to access and effectively use medication abortion outside of the medical sector.¹⁷ Adolescents could stand to benefit from this person-centred model for abortion care that can be conveniently accessed and offer the privacy that they seek.

Provide comprehensive SRH information in schools

A recurring theme from our findings was the limited knowledge of both contraceptives and the legality and availability of clinic-based abortion services among adolescents. Comprehensive Sexuality Education (CSE) has been implemented in SA schools through the Life Orientation curriculum since the year 2000,¹⁸ but there are many challenges to its implementation, such as teachers not being adequately trained in delivering the content, which leads to authoritative and abstinence-focused teaching styles.¹⁹ Furthermore, the CSE curriculum does not address the topic of abortion, nor the CToP Act, leaving a gap in learners' knowledge on this area. It is important that school-based CSE curricula offer age-appropriate, comprehensive, and accurate information about the CToP Act to empower adolescents to make informed choices about their reproductive health, including contraception and abortion, when they are faced with these issues.

Address the barrier that health care workers pose to SRH access

One of the greatest barriers to abortion access identified by young people in this study was the perceived or experienced ill-treatment from health care workers towards adolescents seeking SRH services. This is in keeping with previous research findings which identified supportive and non-judgmental health care providers as a key factor in improving the quality of abortion care.²⁰ This requires health care workers to build trust and rapport with clients, convey a positive stance on sexuality, follow a rights-based approach to service delivery, and cater to the specific SRH needs of youth. In order to shift the perceptions of health care workers regarding adolescents' sexuality, values clarification and attitude transformation (VCAT) training should be conducted on an ongoing basis with all staff working in facilities which offer SRH services. VCAT training has been demonstrated to improve trainees' knowledge and attitudes about abortion by building an understanding of abortion seekers' circumstances, which ultimately reduces biases and increases health care workers' willingness to provide abortion care.²¹ One intervention implemented by the National Department of Health and partners in 2017 is the Adolescent and Youth Friendly Services initiative. This included the roll-out of 1,200 'youth zones' in health facilities throughout the country, with opening hours that are more suitable to youth, and health care workers trained to be sensitive to youth issues. However, there have been implementation challenges, including limited trained staff, available resources, space for privacy, and support, as well as community resistance towards the programme and inadequate guidelines.²²⁻²³ It is critical for this to be addressed so that adolescents feel comfortable going to their local health care facilities to request the SRH services which they are legally entitled to, without fear of stigmatisation or refusal. Additionally, increasing adolescents' knowledge of their rights to safe abortion services, as described above, can empower them to advocate for themselves when faced with resistance to care.



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