Adolescent Mothers' Perceptions of Reproductive Health Services in the Garankuwa Area of South Africa

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Vue d'ensemble

Environ dix-sept mille bébés sont nées chaque année en Afrique du Sud des adolescentes de moins de 16 ans. Ces figures ont des implications sanitaires, obstétriques et sociales de grande envergure pour les mères adolescentes, leurs bébés, et leurs familles, y compris leurs familles étendues. Cette étude quantitative exploratoire a essayé d'identifier les facteurs qui ont empêché les mères adolescentes (âgées de 19 ans ou moins à la naissance de leurs bébés) d'utiliser le contraceptif, le contraceptif de secours et des services d'avortement dans la région de Ga-Rankuwa en Afrique du Sud. Tous ces services sont fournis gratuitement dans tous les hôpitaux de gouvernement et dans certaines cliniques à travers l'Afrique du Sud.

Resùmo

As estimativas indicam que na República da África do Sul o número anual de bebés nascidos a jovens com menos de 16 anos se situa em aproximadamente dezassete mil. Estas indicações têm implicações sérias nas áreas de saúde, obstetrícia e social, para as mães-adolescentes, seus filhos e famílias, incluíndo as famílias ampliadas. Esta pesquisa de investigação quantitativa tentou identificar quais os factores que impedem que as mães adolescentes (com idade de 19 anos ou menos na altura de nascimento dos seus filhos) usem contraceptivos, ou façam uso dos serviços de emergência para provisão de contraceptivos e terminação da gravidez na área de Ga-Rankuwa na África do Sul. Todos estes serviços são providenciados grátis nos hospitais públicos e em clínicas seleccionadas por toda a África do Sul.

Introduction and Background Information

The estimated annual number of babies born to adolescents younger than 16 in the Republic of South Africa (RSA) is approximately 17 000 (Mwaba 2000:30). These figures imply far reaching health, obstetric and social implications for the adolescent mothers, their babies, and their families, including their extended families. This exploratory quantitative survey attempted to identify which factors prevented adolescent mothers (aged 19 or younger at the birth of their babies) from using contraceptive, emergency contraceptive and termination of pregnancy (TOP) services in the Garankuwa area of the RSA. All these services are provided free of charge at government hospitals and clinics throughout the RSA.

TABLE 1 AGE DISTRIBUTION OF ADOLESCENT MOTHERS: (n=50)

Age in years	Age of adolescent mothers	Age at menarche	Sex education received	First sexual intercourse	Started using contraceptives	First visit to family planning clinics
up to 11		3				
12		1	2			
13		12	1			
14		12	7	4	3	2
15		13	15	15	7	6
16	6	7	11	16	6	7
17	12	1	7	7	10	12
18	15		3	7	5	1
19	17		1	1	1	1
No response		1	3		18	21

Biographical Data of Adolescent Mothers

As indicated in Table 1, the majority (44 or 88 per cent) of the 50 adolescent mothers (of whom only two were married) who completed questionnaires fell within the age group of 17-19 years. Six respondents were 16 years of age. These age ranges seemed to correlate with their highest school grades passed, namely:

- *1 passed grade 6*
- *6 passed grade 7*
- *8 passed grade 8*
- *1 passed grade 9*
- *15 passed grade 10*
- *7 passed grade 11*
- *10 passed grade 12*
- *2 provided no answers to this question.*

Family planning information campaigns should be focused at secondary school children, especially during grades 10 and 11. Those 22 adolescent mothers who reportedly passed grades 10 and 11, might have finished their schooling (grade 12) successfully if they had used effective methods of contraception for at least one or two additional years. Many pregnant adolescents in South Africa do not succeed in continuing with their education after their pregnancies (Mkhize 1995:1).

Out of the 50 adolescent mothers, 33 were NOT working, 15 were students whilst one was a vendor and another one was a domestic worker. Sixteen of these mothers indicated

that they had no income, whilst another 29 earned less than R500.00 (US$60.20) per month. Large numbers of persons per household, and low levels of household incomes, would seem to be factors which should encourage adolescents to utilize the available contraceptive, emergency contraceptive and TOP services.

Knowledge About, Attitudes Towards, and utilisation of Reproductive Health Services

Table 1 reflects the ages of the adolescent mothers as well as other important ages in their lives. As participation was voluntary, a number of respondents failed to reply to specific questions. These non-responses are also indicated in Table 1.

The onset of menarche ranged from the age of 11 until the age of 17. The figures in Table 1 indicate that 56 per cent of the adolescent mothers started menstruating by the age of 14, whereas only 20 per cent had received any sex education by that time, whilst most seemed to have received such education at the age of 16 - by which time most of them (72%) were reportedly sexually active. It has been reported that large numbers of teenagers become sexually active by the age of 13, and that annually approximately 4 000 babies are born to mothers younger than 14 years of age (Mwaba 2000:30). Consequently, providing sex education at the age of 16 seems to be too late for the majority of adolescents in South Africa, including the adolescent mothers in Garankuwa.

When asked why they engaged in sex for the first time, the adolescent mothers indicated that:

- They did not know or that it just happened (3);
- Were requested or coerced by their partners (20);
- Loved their partners (7);
- Were curious about the experience (7);
- Succumbed to peer pressure (4); and
- Consented voluntarily (9).

Knowledge About, Attitutdes Towards, and Utilisation of Contraceptive Services

Out of the 50 respondents, 17 (34 per cent) did not know about contraceptives whilst 32 (64 per cent) knew about the following contraceptive methods (each respondent could mention more than one, therefore the total does not add up to 32):

Injections (26);
Pills (22);
Condoms (13);
Intra-uterine devices (3); and
Sterilization (1).

Although 32 respondents knew about contraceptive methods, only 25 (50 per cent) indicated that they had indeed used the following contraceptives (one person could have used several methods, therefore the total does not add up to 25):

- injections (16);
- condoms (3); and
- pills (11).

Reasons provided by the adolescent mothers for NOT using contraceptives, included that:

- Their mothers did not approve (2);
- She behaved well - abstained until she got pregnant (1);
- She was advised to discontinue with Injections because of a vaginal discharge (1);
- She did not expect to become pregnant (1); and
- She became pregnant when she forgot to take one pill (1).

One adolescent mother indicated that she successfully used contraceptives for six years (from the age of 12 until 18). Three respondents managed to maintain effective contraception for three years, one did so for two years, and three for one year. Sixteen respondents became pregnant within the first year of using contraceptives.

Lack of sufficient knowledge about the relationships between coitus, conception and contraception could have contributed to these adolescent pregnancies, as reported in the rest of South Africa (Macleod 1999:8).

Knowledge About, Attitudes Towards, and Utilisation of Emergency Contraceptives

Surprisingly 35 out of the 50 respondents, amounting to 70 per cent, did NOT know about the availability of emergency contraceptives to be taken within 48 hours after unprotected sex. Only 12 (24 per cent) did know about the existence of emergency contraceptives, but only 10 (20 per cent) knew that pills could be taken to prevent pregnancies after unprotected sex. In spite of knowing about emergency contraceptives, none of these twelve respondents attempted to use these because:

They were scared that the baby might become malformed by these pills (3);
She did not know where to obtain these pills (1);
They did not believe that the pills would work (2);
Her mother discouraged her from using any emergency contraceptive (1); and
She did not want the clinic sister to know about her sexual activities (1).

This information could indicate a real need to educate adolescents about emergency contraceptives, and to make these services accessible to adolescents. Knowledge alone did not enable these ten adolescent mothers to utilize emergency contraceptive services.

A survey conducted among 93 pregnant student nurses in the Northern Province of South Africa reported that 73.1 per cent of these student nurses had no knowledge about emergency contraceptives. None of these respondents could access emergency contraceptives despite being student nurses (Netshikweta 1999). A survey done among pharmacies and pharmacists in the Gauteng Province found that 56.25 per cent of the pharmacists would not advocate the use of emergency oral contraceptives, and 12.5 per cent would only dispense these pills if the patient had a doctor s prescription (Harris 1999:5). Better utilization of emergency contraceptives could reduce the need for termination of pregnancy services and could enable adolescents to postpone having children until they are emotionally, socially and financially capable of caring for their children.

Knowledge About, attitudes Towards, and Utilisation of Termination of Pregnancy Services

Women in the RSA have legalised choices to request the termination of their pregnancies during the first twelve weeks of gestation since 1996, in terms of The Choice on Termination of Pregnancy Act, no 92 of 1996. Out of the 50 adolescent mothers, 22 (44 per cent) knew about legally available termination of pregnancy (TOP) services, whilst 28 (56 per cent) did not know about these services. These statistics could indicate that the mere legalising of TOP services does not necessarily imply that women know about their rights, nor that women wishing to use TOP services could access such services. Although the majority (33 or 66 per cent) did NOT wish to use TOP services, 17 (34 per cent) wanted to use such services. Only nine (18 per cent) of the adolescent mothers asked about TOP services at the clinics they attended, but no one managed to obtain such services. Only one respondent indicated that she en-

quired too late (after twelve weeks gestation) about TOP services. Another adolescent mother had apparently been told to return to the clinic for a TOP appointment in three weeks time, but when she kept this appointment, she was told that her pregnancy lasted longer than twelve weeks and that she could no longer obtain a termination of her pregnancy. The other respondents did not provide any reasons for failing to obtain TOP services. This would seem to be another area warranting further research about the accessibility of TOP services but also about educating women about their legal right to exercise their choice concerning the termination of their pregnancies within the first twelve weeks of gestation.

Utilisation of Contraceptives After the Birth of the Adolescent Mothers' Babies

All 50 respondents indicated that they used, or would use the following contraceptives, and even combinations of contraceptives such as condoms together with injections or pills, after the birth of their babies:

- 31 used injections, mainly because they would not need to take daily pills, the family members and boyfriends would not need to know that they used injections, visits to the family planning clinic every three months would be more feasible than regular montly visits, it was good while breastfeeding, and the boy friends could not cheat them like they could with condoms;
- 17 used condoms, because they would be protected against pregnancies and sexually transmitted diseases, and because condoms do not make girls grow fat; and
- 6 used contraceptive pills because they were familiar with pills and because they continued to menstruate regularly.

Only three (6 per cent) of the adolescent mothers indicated that their pregnancies were planned. Subsequent to the birth of their babies, all of them used or intended to use contraceptives. This raises the question as to whether they would have used contraceptives/emergency contraceptives prior to pregnancies if they could access these services.

Perceptions of Visits to Family Planning Clinics

Many respondents failed to reply to the questions pertaining to their visits to family planning clinics, probably because these questions appeared towards the end of the questionnaire, or because they might have regarded these questions as being irrelevant to their pregnancies and babies. Consequently these results should be re-investigated and could merely be regarded as potential indicators. However, out of the few replies the following aspects emerged:

- 12 respondents indicated that they waited less than 30 minutes;
- 9 indicated that they waited from 1 to 2 hours;
- 2 claimed to have waited two hours or longer.

Although 4 respondents did not perceive the nurses to be helpful at the family planning clinics, 17 experienced the nurses to be very helpful indeed. Twenty respondents indicated that they were satisfied with the services rendered to them at the family planning clinics. Only nine respondents were dissatisfied but indicated that the reasons for the dissatisfaction included that:

- There were too few nurses (6);
- Nurses should be more patient with teenagers (6)
- The clinic was overcrowded and lacked privacy (2).

An open-ended question requested the adolescent mothers to indicate what advice they received at the family planning clinics. Their replies included:

- no advice (7)
- contraceptive methods (8)
- not to sleep around (2)
- never have sex without a condom (1)
- breastfeeding (1)
- aspects of personal hygiene (1).

These adolescent mothers comments about advice received at the family planning clinics could merely reflect their interpretations of actual advice received. However, these adolesent mothers comments could also indicate a need for nurses to be more sensitivite to adolescents unique needs. Diale and Roos (2000:136) suggested that nurses who work with adolescents should be carefully selected and that adolescents should be involved in planning their own health care services.

As many as 35 (70 per cent) knew during which days and hours their family planning clinics operated, and most respondents indicated that the clinics were within walking distance. Only nine respondents indicated that the clinics were too far from their homes to be able to walk to the clinics. Eighteen (36 per cent) of the respondents would prefer to attend family planning clinics during evenings whilst 32 (64 per cent) would NOT do so, probably for reasons of safety. On the other hand 41 (82 per cent) would indeed prefer to attend family planning clinics over the weekend, whilst 8 (16 per cent) would NOT prefer weekend clinics. Those who preferred to attend clinics during the evenings and/or over weekends indicated that they experienced problems to reach their family planning clinics during weekdays without their parents or teachers knowledge.

Attendance of ante-natal Clinics

In view of the previous indications that clinics were within walking distance for the majority of the respondents, the poor attendance of ante-natal clinics among adolescent mothers might warrant further investigations. Out of the 50 adolescent mothers, the following ante-natal clinic attendances were indicated:

- 6 never attended
- 6 attended once only
- 12 attended twice
- 10 attended three times
- 1 attended four times
- 9 attended five or more times
- 6 failed to provide any responses.

The respondents did not provide reasons for their poor ante-natal attendances. However, as the majority were still at school, they probably attempted to continue with their schooling as long as possible and might have experienced problems to attend ante-natal clinics after school. On the other hand the importance of regularly attending ante-natal clinics should be emphasized - not only to adolescents but also to their mothers and to entire communities. Out of 93 pregnant student nurses in the Northern Province of South Africa, only 44.1 per cent attended ante-natal clinics despite knowing about the importance of attending these clinis (Netshikweta 1999). Consequently health education efforts should place greater emphasis on the necessity of attending ante-natal clinics.

Treatment For Sexually Transmitted Infections

Sixteen (34 per cent) of the 50 adolescent mothers admitted to having received treatment for sexually transmitted diseases, which they indicated as being:

- vaginal discharge (7)
- syphilis (1)
- vulval sores (1)
- gonorrhea (1)
- burning discharge requiring hospitalised treatment for a full week (1).

Sex and contraceptive education should definitely inform adolescents about sexually transmitted diseases, recognition of signs and symptoms, treatments, and prevention.

Conclusion

In order to enable more adolescents to utilize contraceptive, emergency contraceptive and termination of pregnancy services, the health care services should attempt to:

- *Educate school girls as from the age of 10 but not later than 12 about these aspects*
- *Emphasize the possibility of accessing emergency contraceptives, but also to indicate that adolescents who require emergency contraceptives, require contraceptives and should be advised to continue using contraceptives until they plan to have babies*
- *Re-assess the availability of these services to adolescents, especially in terms of accessibility to school going adolescents*
- *Investigate the feasibility of providing family planning services over weekends, especially for school going and/or working adolescents*
- *provide policy guidelines to health care providers, including nurses working at family planning clinics, about providing contraceptives, emergency contraceptives and TOP services to all clients, but especially to adolescents. The issue of parental consent needs to be clearly addressed as well as guidelines about adolescents ages and the types of contraceptives to be offered.*

The ultimate purpose of contraceptive, emergency contraceptive and termination of pregnancy services is to enable women (especially adolescents) to have children when they are able to take care of them, and to assist them to complete their schooling without becoming pregnant as far as possible. However, these objectives can only be met if the clients know about all these services and can access the services and can obtain the required services. Improved information provisions should be investigated so that more adolescents would know about these services and could access them. In-service education sessions, specifically for nurses working in family planning clinics, should address policy issues concerning the provision of contraceptive, emergency contraceptive and termination of pregnancy services.

The possibility should be investigated for school health nurses to disseminate information about family planning services, and to provide contraceptive pills and injections to adolescents requesting them. If adolescent pregnancies are to be successfully reduced, collaboration among different sectors would need to be strengthened to make these services more accessible to adolescents.

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International Council of Nurses Condemns Terrorist Attacks - Asks for Delivery of Humanitarian Relief for Afghan Refugees

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GENEVA, 14 September 2001 - Speaking on behalf of nurses and the nursing profession worldwide, the International Council of Nurses (ICN) has categorically condemned the horrific terrorist attacks inflicted on New York, Washington and elsewhere in the United states of America.

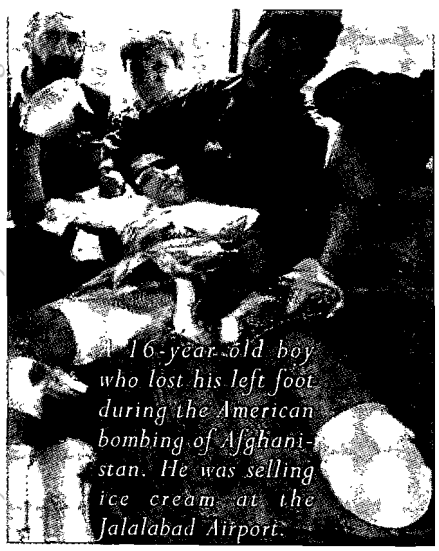
ICN President Speaks Out

"Nothing is gained by such shameful acts of violence. The consequences are only injury, death and destruction", stated ICN President Christine Hancock. "Nurses around the world share the grief of a nation and send expressions of support to the surviving victims and deepest sympathy to the families who have lost their loved ones, including those from countries other than the United States of America."

Governments are Urged to Prevent an Escalation of violence

Christine Hancock went on to urge government leaders to to their utmost to prevent an escalation of violence. "The desire for retribution must be tempered by the knowledge that more violence will increase suffering but solve nothing."

On behalf of the ICN Christine Hancock acknowledged, "The extraordinary courage of all involved in caring for victims and in rescue efforts, many of whom are having to provide services while dealing with their own personal loss and grieving. We hope their efforts will be successful in saving lives and preventing a widening of the catastrophe."



The Primary Responsibility of Nurses

"Nurses' primary professional responsibility is to provide care to all people in need, without discrimination and regardless of ethnicity, race, gender and beliefs. ICN believes that nurses everywhere would want to support their American colleagues as they demonstrate that the short and long-term reflief services respect this fundamental ethical code and basic principle."

The International Council of Nurses

The International Council of Nurses (ICN) is a fedration of 124 national nurses' associations representing the millions of nurses worldwide. Operated by nurses for nurses, ICN is the international voice of nursing and works to ensure quality care for all and sound health policies globally.

GENEVA, 8 October 2001 - Speaking on behalf of the International Council of Nurses (ICN) Judith Oulton, Chief Executive Officer of ICN expressed hope that the safe delivery of humanitarian relief for the growing population of Afghan refugees and displaced persons will be a priority in the midst of the current attacks against terrorism.

"Safe delivery of humanitarian relief, including food and medical supplies required for nurses and others to assist the swelling numbers of displaced persons in Afghanistan, is main concer," stated Oulton.

Judith Oulton also stated that ICN believed it was critical that all efforts are made to limit the effects of the military strikes on the civilian population.