STUDY DESIGN

FoQus on Segmentation:
Barriers and Motivations towards Seeking
Reproductive Health Services among Youth
in Gauteng, South Africa

South Africa
January, 2009
Study Design

Qualitative Research Study:
Barriers and Motivations towards Seeking Reproductive Health Services among Youth in Gauteng, South Africa
SFH, Africa
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PART ONE

Introduction

Background

Population Services International (PSI) and the Society for Family Health (SFH) intend to conduct an innovative qualitative research study exploring motivations and barriers among young low-income women towards using safe reproductive health services. This study will inform a social marketing project aimed at reducing the number of unsafe abortions and unintended pregnancies in South Africa.

This document provides an overview of the project and study design as well as constituting a terms of reference for PSI/SFH for the implementation and design of the study.

Programme Description

PSI is a non-profit, non-governmental organization working to improve public health in over 60 countries worldwide through social marketing programmes. The Society for Family Health (SFH), the South African affiliate of PSI, has been in existence since 1992 and has a rich background in HIV prevention, primarily in condom social marketing, voluntary counselling and testing and behaviour change communication. SFH is interested in increasing its health impact by expanding into reproductive health with a focus on increasing reliable modern contraceptive use and decreasing unsafe abortions.

Abortions have been legal in South Africa since 1996. Since this time there has been a decrease in unsafe abortions; however, the problem persists. In 2000 there were 230 maternal deaths per 100,000 live births in South Africa.1 These deaths are in part linked to unsafe abortions and lack of quality reproductive health services. According to the South African Department of Health in 1999, almost 6% of maternal mortality was the result of unsafe abortions.2

SFH has secured funding for a five year project which has an overall goal of reducing maternal mortality and morbidity due to unsafe abortions among women of reproductive age. Under the guidance of the Department of Health and working in collaboration with several other health providers and NGOs, SFH will work to decrease unsafe abortions by making medical abortion a known, accessible alternative to unsafe and illegal abortion


2 From the second interim report on confidential enquiries into maternal deaths in South Africa. Pretoria, Department of Health. Data derived from an analysis of women who died in South Africa during pregnancy, labor or the puerperium during 1998 and were reported to the National Committee on Confidential Enquiries into Maternal Deaths.
and by creating access to service provision, counselling and referral for contraceptive services to reduce the number of unintended pregnancies and need for abortions.

Activities linked to this project will include the development of a multi-level, comprehensive communication campaign and a branded network of youth friendly service providers offering a range of reproductive health services, including reliable modern contraception and medical abortion and counseling. These activities will initially be rolled out in selected areas in Gauteng and KwaZulu-Natal.

**Study Rationale**

Designing the concept for a social marketing activity requires familiarity with the target audience and the context in which behaviour change takes place. Through this research, SFH seeks to gain an in-depth understanding of reproductive health seeking behaviours among young women of reproductive age. The specific target group for this study is young women aged 18 to 24 years in categories 3 – 7 of the Living Standards Measure (LSM). SFH has experience of working with young women in this age group through the auspices of the YouthAIDS project – a project focused on promoting HIV awareness and prevention.

For the purposes of this study, the target group will be limited to low- to mid-income, young women living in townships around Johannesburg in Gauteng. Gauteng is a diverse and cosmopolitan province with a high reported incidence of termination of pregnancy among young women. This study will be limited to this area as it is one of the areas in which the initial implementation will take place, and the research team believe that a richness of data can be sourced in this location. The findings from this study will provide insight into the target audience for the programme which will be built upon and tested in other sites at a later stage.

SFH seeks to understand the barriers and motivations for this target group associated with the use of reliable modern contraception for the avoidance of unwanted pregnancy and the choice to seek safe termination of pregnancy. No TRaC study (a PSI survey which measures behavioural determinants) has been conducted with this target group on family planning issues and little is known about what motivates young women to seek reproductive health services, or about their opportunity, ability and motivation (OAM) to avoid unwanted pregnancy and to seek existing legal termination of pregnancy services.

The purpose of this FoQus on Segmentation study therefore is twofold: to obtain an understanding of the barriers and motivations for accessing reliable modern contraception

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3 The South African Advertising Research Foundation’s Living Standards Measure (LSM) is a widely used segmentation tool in South Africa. It is a means of segmenting the South African market that cuts across race, gender, age and other variables used to categorise people by instead grouping people according to their living standards. There are 10 LSM categories.

4 A PSI internal quantitative research design.

5 See the PSI behavior change framework in Annexure A for more detail.
and the choice to seek safe termination of pregnancy, and to obtain insight into the profile of the target group.

The study will specifically examine the determinants of behaviours amongst the target group and the pathways young women use to access to reproductive health services and termination of pregnancy. The study will involve a comparative analysis of access and the experience of reproductive health services and TOP services, and will examine the target group’s needs in terms of quality services. More broadly, the study will provide insight into the psychographic profile of the target group.

Results of this FoQus on Segmentation study will help SFH to develop and brand a comprehensive behaviour change communication campaign which will promote reliable methods of contraception to avoid unwanted pregnancy, the use of reproductive health service providers within a branded network and safe termination of pregnancy. The campaign will include several layers of complementary communication channels including mass media, middle media, and interpersonal communication.

This information will be used to develop the branded concept, positioning statement, campaign personality and messages, as well as overall marketing and communications strategy for the promotion of quality reproductive health services, especially reliable modern contraceptive methods and safe medical abortion.

This document provides the terms of reference for the overall FoQus on Segmentation study that SFH seeks to conduct in Johannesburg, Gauteng. This research may be replicated in other provinces at a later date, according to an assessment of project needs.

**Research Objectives**

This FoQus on Segmentation study aims to gather information useful for designing the branded concept, positioning statement, campaign personality and messages and overall marketing and communications strategy for promoting the use of reproductive health services among young low to mid income sexually active women aged 18 – 24 years old living in townships in Johannesburg, Gauteng.

Specifically, the study objectives are to:

a. Identify beliefs to reinforce and beliefs to change related to seeking safe medical abortions, modern contraception, and doctor/clinic visits,

b. Build one or more character archetypes for the target group,

c. Identify current strategies used to behave (i.e. to access reliable contraception or safe termination of pregnancy) by the target group,

d. Understand current perceptions of different forms of contraception as well as medical abortions, and people who seek these services,
e. Describe target audience members’ opportunity, ability, and motivation to process reproductive health communications, with an emphasis on the use of contraception for prevention of unwanted pregnancies and safe medical abortions.

**Timeline**

SFH is working on a tight timeline in order to launch the communications campaign in the second quarter of 2009. Below is an overview of the timeline for this study:

- Training of interviewers on the methodology will take place in late January 2009
- Data collection and preliminary analysis will be undertaken in February and early March 2009
- An interpretation workshop and final analysis of the data will be conducted at the end of March 2009.
- Operational Reports (Dashboards⁶) will be created by mid-April 2009.

SFH Research Coordinator, Lipolelo Mokhesi, will lead all elements of the research process with support from the SFH Research Advisor, Aislinn Delany. They will work with a consultant, Maia Marie, who will assist with training, supervision in the field, data collection and analysis. The Regional Technical Advisor, Shannon McAfee, will be available to assist the SFH research team as needed.

Two PSI regional research experts, Navendu Shekhar and Dan Rosen, will be available via long-distance and on an ad hoc basis to provide advice on the process. Reid Smith, PSI’s Principal Investigator for Qualitative Research, will also provide input on the methodology.

At the stage of data interpretation, a PSI regional marketing expert, James Ayers, together with Navendu Shekhar, will lead the process of developing the archetype, positioning statement and the outlines for the marketing and communication plans. The research team will necessarily be involved in all stages, to assure that the results from the study are cohesively integrated into the strategic plans.

The second part of this document describes in more detail the methodology for the research study through each level of the process. Two annexes are included at the end of this document, namely a situation analysis and the Conceptual Framework for FoQus on Segmentation.

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⁶ Planning device used by PSI to outline strategic directions for a project or activity.
PART TWO

Background

Background on the FoQus on Segmentation Study Design

FoQus on Segmentation is the process of discovering and refining an idea into a complete description for branding a product, service or behaviour. It uses qualitative research to facilitate more effective social marketing activities and give voice to the target audience.

This type of study is conducted when no segmentation results are available through quantitative research such as a TRaC survey. TRaC surveys are a quantitative tracking tool developed by PSI Research & Metrics and designed to inform programming by routinely collecting data from cross-sections of populations at risk for adverse health outcomes. These data provide information about the behaviours, risks, needs, behavioural determinants and exposure to social marketing activities of the populations. TRaC surveys are heavily rooted in the Performance Framework for Social Marketing (PERForM), which is the behaviour change framework that is at the core of most of PSI's social marketing interventions (see Annexure A for entire Framework).

One of the outputs from a TRaC survey is a segmentation analysis. Segmentation analysis is the process of dividing a heterogeneous population into homogenous groups based on their risk and the behaviour of interest. Behavioural determinants and population characteristics that differentiate the “behavers” from “non-behavers” are then identified.

In the absence of quantitative information, the descriptive table produced through the FoQus on Segmentation process serves as a surrogate for a quantitative segmentation ‘dashboard’ table.

The seven-step process listed below is used to design ‘the concept’ (see Annexure B for entire Framework). The first step serves as the ‘segmentation’ component where potential predictors of service use or behaviour are identified. For steps one through four, qualitative methods are used to generate insight and understanding relevant for designing social marketing communication activities. The last three steps involve application of these findings to create specific social marketing outputs.

1. Identify beliefs to reinforce and beliefs to change

2. Build a target group profile by:
   a. creating a character archetype
   b. identifying successful strategies used to behave

3. Understand the current brand position and personality
4. Describe the target group’s opportunity, ability and motivation to process information

5. Identify the frame of reference, the competing product, service, or behaviour that prevents the archetype from adopting the brand

6. Write a positioning statement that reflects the new personality for the brand, campaign, or message and how it differs from competing behaviours or brands

7. Develop a marketing strategy

Through this process, SFH aims to develop a common language and set of tools for prioritizing intervention areas and developing concepts. FoQus on Segmentation enables country programs to learn from the target audience, build capacity to develop concepts based on evidence, and ultimately develop brands, campaigns and messages that are consistently effective at influencing health-related behaviour.

Methodology

Study Approach

Between January and April 2009, SFH will conduct a FoQus on Segmentation study to gather information in the aforementioned areas. Two methodologies will be used to collect data within the context of the FoQus on Segmentation study design:

a. Community-based research interviews, and
b. Photo narrative interviews

A community-based research approach (initially modelled on the Participatory Ethnographic Evaluation and Research or PEER approach) was selected for this study because it is designed for use with hard-to-reach populations that are likely to have a limited ‘voice’ within the larger society and require a substantial period of time to build trust and rapport with outside researchers. This approach is also appropriate for researching sensitive issues and when researchers (and marketers) are looking for an insider’s perspective on issues related to risk behaviour. Broaching the subject of pregnancy termination requires sensitivity and a level of trust and rapport that will be facilitated through this type of methodology. This methodology will provide insight into behavioural determinants and will help the PSI/SFH team understand the perceptions and use of reproductive health services as well as pathways to access of termination of pregnancy. It will also help the team to understand the needs of the target group in terms of quality reproductive health services and will allow for a comparison of available services.
To complement the information that will come out of the community-based research approach, photo narrative interviews will be used to develop a solid archetype of our target group. This methodology will help the SFH team to understand the psychographics of the target group as a whole.

The photo narrative approach is easy to conduct and brings out rich data that emerge when study participants are given an opportunity to share their personal stories. Spoken narratives allow researchers and marketers to make an emotional connection with the target audience and help create a picture of the “typical” experience. Storytelling is a fundamental human way of relaying information, so data collection feels “natural” to both interviewers and participants. The method is also relatively simple for inexperienced moderators to implement.

These two methods will complement each other and provide a detailed picture of the lives and experiences of the target group, as well as their opportunity, ability and motivation to seek reliable contraception through reproductive health service providers and safe termination of pregnancy.

Community-based Research Approach

Study Population

This component of the study will be conducted among young women aged 20 to 24 years old who have terminated an unwanted pregnancy and live in Soweto, Gauteng. The aim of this component is to explore young women’s knowledge and experience of accessing reproductive health options in this area, with a specific focus on termination of pregnancy.

Sample size and sampling strategy

Due to the sensitive nature of the research topic and the difficulty of identifying women who have terminated a pregnancy, SFH will enlist the help of its YouthAIDS facilitators to become community-based researchers. The community-based researchers will recruit and interview young women from amongst their peers who have had a termination of pregnancy. The YouthAIDS facilitators have already built up a level of trust in the community and have an extensive social network.

Two to four YouthAIDS facilitators who participated in the 2008 YouthAIDS programme in Soweto will be enlisted to recruit for and conduct a total of 8 interviews with participants (please refer to the summary sampling table at the end of this section). If feasible, we will aim to recruit participants who had a termination of pregnancy at different ages. Participants will not be asked about the specifics of how or where the termination of pregnancy took place during the recruitment process.
Data Collection

The data will be collected by the community-based researchers using a discussion guide that contains pertinent discussion prompts. Discussion prompts will address the following components of the FoQus on Segmentation framework:

- Beliefs to reinforce and beliefs to change
- Strategies used to behave (i.e. pathways to accessing reproductive health care and safe and legal termination of pregnancy);
- Behavioural determinants including the opportunity, ability, and motivation to process reproductive health information.

Prompts will be developed during two workshops: an internal workshop with PSI/SFH staff and the research consultant; and a second (training) workshop with the community-based researchers.

The first workshop will last for a full day, during which PSI/SFH refine the objectives of the study and consider themes and sub-themes and questions or prompts to be used. This information will be further modified after a similar discussion with the community-based researchers where they suggest sub-themes that they think are important as well as prompts that can be used to ask about these sub-themes.

These discussions will aim to elicit the participant’s narrative in as much detail as possible. As such, the participants will be asked to tell their story, and prompts will only be used to draw out further detail. Community-based researchers will be encouraged to frame the discussion around the timeline of events rather than following the list of questions prepared in the guide.

The training workshop with the community-based researchers will last for three days and will be led by the SFH research team and consultant. During the training, the community-based researchers will develop their interview skills through a range of participatory exercises. Other topics to be covered during the training include refining the discussion guide, language and translation issues, sensitivity issues and ethical considerations.

On the last morning of their workshop the community-based researchers will conduct a field test (pilot) to practice using the prompts they have developed. A debriefing session will be held with each community-based researcher to discuss and resolve any challenges that came up during the discussion. The guides will be written in English but will be used only as a guide. The discussion will be conducted in the language with which the interviewees are most comfortable, and translation and language issues will be discussed in detail in the training workshop.

The discussions will take place over two sessions in a three week period. The first discussion will concentrate on building a rapport and exploring the decision-making process involved in the termination of pregnancy and the circumstances surrounding the decision. The second discussion will be held a week later and will explore where the
participants went and the process involved in undergoing the termination, as well as events and feels after the termination. A debriefing session will be held after each interview and any issues that were not adequately explored in the first discussion can be raised in the second discussion. Breaking the discussion up across two sessions provides more time for the community-based researchers to refine their interviewing skills and ensures that there is ‘follow up’ with the participants. Community-based researchers will be provided with contact details of organisations that can provide professional counselling should the participants feel the need for this.

Unlike in the PEER approach, these discussions will be recorded (with the permission of the participants) and will be translated and transcribed.

**Data Analysis**

Once all the interviews have been translated and transcribed, the consultant and SFH research team will do a preliminary analysis using a standard set of codes (although if there is information that does not lend itself to these codes, this information will also be captured). In FoQuS on Segmentation, coding uses the nine components of the framework to sort the data.

The coding process will include discussions with the community-based researchers to confirm, verify and supplement the analysis as needed.

**Data Interpretation**

Data interpretation will take place at the end of the research process, in conjunction with the interpretation of the data from the photo narrative methodology. This process is described in more detail in the Photo Narrative section.

**Photo Narrative Approach**

**Study Population**

This component of the study will be conducted among young women aged 18 to 24 years old in LSM categories 3 – 7, who are sexually active and living in townships (Soweto and Alexandra) in and around Johannesburg, Gauteng. This component has a much broader focus than the community-based researcher component – here the aim is to develop an archetypal profile of young women in this age and LSM group which can be used to inform the development of a generic brand for SFH’s reproductive health programme.

**Sample size and sampling strategy**

Two YouthAIDS facilitators will help to recruit study participants according to the specified age, LSM and location criteria. The participants of the photo narratives will be different from those interviewed during the community-based researcher process.
A total of 8 photo narratives (as well as two pilot photo narratives) will be conducted with the target group. Please refer to the summary sampling table at the end of this section.

**Data Collection**

Each participant will be provided with a camera and clear instructions on what types of photos should be taken. The assignment will specify three main themes and the approximate number of photographs that should be taken within each theme.

Participants will be given five days (including a weekend) to take the photographs. The research team will then meet with each of the participants individually to discuss the content of each of the photos and explore certain pre-determined areas of importance.

A guide will be developed for this component, but the discussion will initially be led by the content of the photographs taken by the participants. As with the community-based researcher approach, the development of the guide will be informed by a preliminary meeting with the SFH marketing and research teams to refine the specific objectives and focus of the photo narratives.

The guide will consist of prompts that relate to topics that the team wishes to cover, but which may not naturally come up in the discussion of the photographs. As far as possible the research team will aim to weave these questions into the discussion of the content of the photographs. For example, if a respondent is speaking about something in the photographs that has to do with her hopes (or concerns) for her future, the researcher could ask her whether she worries about getting pregnant. This would then lead to further discussion about contraception and reproductive health as indicated in the guide.

Discussion prompts will address the following components of the FoQus on Segmentation framework: archetype characteristics; strategies used to behave (or those used by positive deviants); and the current brand personality associated with contraceptive services and seeking a termination of pregnancy.

The discussions about the photographs and related issues in this component will be taped and transcribed in English.

**Data Analysis**

Transcripts will be coded by the research team using the same standard set of FoQus on Segmentation codes as outlined in the community-based researcher component. For beliefs to reinforce and beliefs to change, additional codes will be assigned to emergent themes.

A common narrative will be developed by using recurring themes identified during data analysis. A visual tool will be developed, such as collages from study participants or photographs of the study environment. Both devices will provide an overview of study
findings and ground the rest of the data analysis and interpretation process. These elements will be presented to SFH marketers and used to ground additional data analysis that will take place during the interpretation session.

**Data Interpretation**

The data interpretation will take place during a two-day workshop to interpret the data from both the community-based research and the photo narrative methodologies. Coded portions of transcript text will be presented by the SFH research team in a manner that allows session participants to analyze it individually.

After each participant has had an opportunity to review the emergent themes, the group will synthesize data through a sign-up process: each individual will write a summary for each code on a corresponding piece of large paper (labelled with the code). The group will then prioritize the themes and narrow the focus for the rest of the interpretation process.

On the final day, researchers and programmers will complete the dashboard instrument\(^7\). They will start by creating an archetype based on the study data and photo narratives. The remaining seven components of the dashboard will reference the archetype by name. The next step will be to identify the beliefs to reinforce and beliefs to change according to the emergent themes analyzed. Once all beliefs are listed, the facilitator will assign codes to them according to PSI’s behaviour change framework.

After the remaining dashboard components have been addressed, the group will write a positioning statement and identify the 4Ps that will be used for the marketing strategy. The research and marketing teams will complete the dashboard document during the session or shortly thereafter. The final Dashboard will integrating the two approach results into one unified archetype and Dashboard.

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\(^7\) An internal document that lays out important marketing issues for a PSI project.
Summary Sampling Strategy Table:
Sample Size by Methodology and Number of Interviews

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<thead>
<tr>
<th>Methodology</th>
<th>Interviewers</th>
<th>Target Group</th>
<th>No. of Interviews per Interviewer</th>
<th>Total No. of Interviews</th>
</tr>
</thead>
<tbody>
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<td>Community-based approach</td>
<td>Four community-based researchers (YouthAIDS facilitators)</td>
<td>Women 20-24 years old and LSM 3 – 7 who have experienced a termination of pregnancy</td>
<td>2</td>
<td>8^8</td>
</tr>
<tr>
<td>Photo Narrative</td>
<td>Two SFH researchers</td>
<td>Women aged 18 – 24 years old in LSM 3 – 7, sexually active</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td>16</td>
</tr>
</tbody>
</table>

Ethical Considerations

Although the target group is 15 years and above, this study will only involve young women aged 18 years or older. This is because the South African Constitution states that persons under the age of 18 years are considered to be children. Given the sensitive nature of this study and the ethical considerations involved in conducting research with children, we have not included minors in this study.

All participants (the YouthAIDS volunteers who will conduct the research as well as the photographers and interviewees) will be informed of the purpose of the study and asked if they are willing to participate. The research team will explain that participation is completely voluntary and that not taking part in the study will not affect them negatively in any way. Due to the sensitivity of the issues discussed and the need for confidentiality, informed consent will be sought verbally.

The interviews and debriefing discussions for the photo narrative will be taped, but no names will be recorded on the tapes or in the transcripts. The tapes will be destroyed after the study has been completed. The transcripts will only be shared within the SFH team and will not be made available to others outside of the study. All community-based researchers will be asked to sign a confidentiality clause which will form part of their contracts with SFH.

^8 More interviews may be conducted if the research and marketing teams uncover important areas that need more exploration.
Annexure A: PERForM Conceptual Framework

PSI follows a health systems framework, called the PERForM framework, to show that exposure to social marketing interventions is organized to create changes in opportunity, ability and motivation across populations with varying characteristics, such as age, sex, and socio-economic status. For example, a social marketing intervention that creates a change in quality, availability or brand appeal – a net overall change in “opportunity” -- among those in need can then result in behaviour changes that improve health status and or quality of life. Correlations between, for example, exposure to the intervention and behaviour change define performance measures, such as impact.

Figure 1: Social Marketing Performance and Evaluation Framework (PERForM)

PSI builds upon the above PERForM framework and combines other theoretical behaviour change constructs together in its “Behavior Change Framework.” The framework is flexible and, from its original base in HIV/AIDS, has been adapted for use in family planning/reproductive health and malaria and other maternal and child health intervention projects. The framework identifies a mix of constructs, such as personal risk assessment, self-efficacy and availability, as primary determinants of behaviour change at the individual level. Figure 2 summarizes the current framework.
Behaviour Change Framework takes the three broad divisions of OAM (Opportunity, Ability and Motivation) and develops these in to further subcategories that capture possible behavioural determinant.

Opportunity is defined as community and service factors that promote or inhibit practicing the recommended behaviour. Ability refers to an individual’s skill or proficiency at solving problems, given the setting and opportunity and motivation. Motivation describes how a person has or develops self-interest in changing his or her behavior, given opportunity and ability. These OAM broad classifications are further classified in to more specific determinants of behaviour which are referred to as ‘bubbles’ in the framework.

The TRaC survey is able to produce estimates for all concepts and bubbles under Opportunity, Ability and Motivation. TRaC uses a series of psychographic statements to obtain a measurement for each bubble. A series of statements work best to capture the dimensional, complex and latent concept represented by each of these bubbles.

TRaC surveys are therefore able to provide a range of information that is required under the behaviour change framework and are thus able to guide the evidence-based decision making for many of PSI/SFH’s intervention programmes.
Annex B – FoQus on Segmentation Framework
Annexure C: Detailed Situation Analysis

Barriers Related to Seeking Reliable Contraception and Safe Abortions

PSI/SFH will be exploring barriers as well as motivations among the target group and service provider as the project progresses. Various existing research studies among the target group of young women aged 15 – 24 years of age shed limited but valuable insight into some of the barriers related to seeking reliable contraception and safe abortive services. Some of the research studies reviewed here focus on young women in rural areas and provinces not yet in the project scope, but this data is included since it pertains to the target group age bracket and because the PSI/SFH project will eventually be expanding into other areas.

The majority of the data indicates three principal categories of barriers, namely social pressures and norms, quality of care and services, and knowledge and awareness issues.

Social Pressures and Norms

Social pressures and norms are found to be very influential on young women’s behavior for seeking reproductive health services. Social pressures may prevent young women from using contraception and accessing safe abortions. Pressures may come from boyfriends, family members, and friends as well as perceived social and community norms.  

Fertility is a sign of womanhood: Girls report feeling societal pressures to prove their fertility in order to be considered as real women.

Boyfriends, friends and family members are influential: Boyfriends often pressure young women not to use contraception, especially condoms. In addition, young women often consult their boyfriends about the decision to have an abortion. In one study done in the Gauteng, Mpumalanga and Western Cape Provinces, more than a third of women consulted their boyfriends, husbands or partners before deciding to get an abortion. One-fourth (25%) of young women in the study sought advice from a family member and 15% from a friend before seeking abortion services.

Parents exert pressure on their daughters: Young women report being afraid of parent disapproval of contraceptive use. There is a fear that they "can't go to a family planning clinic because I may come across my relatives and they may tell my mother I was there."

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11 Ibid.
Some young women even report feeling pressured by their mothers to become pregnant in order to have a baby in the house again.

Incest and rape are common: While abortions of babies conceived by rape and incest are considered more acceptable than abortion for socio-economic reasons, there are also social pressures not to have an abortion in these cases because of the stigma associated with having to report the incest or the rape and the image of the family.13

Feelings of inferiority and lack of control over life: One study found that teenage girls feel a sense of passivity and apathy over their lives. They may become pregnant as a result of not feeling in control of their own lives.14

Quality of Care and Services

Perceptions as well as real experiences with poor quality of care, unprofessional staff, and inadequate contraceptive and abortive services have resulted in many young women feeling reticent to visit centers. Fears of long waits, unfriendly and judgmental staff, and inadequate or inappropriate services are barriers to women accessing contraception and safe abortions.

Long waits, rude staff: Women report having difficulties making appointments at accredited abortion centers due to long waiting lists. They also report having experienced moral judgment and rudeness by health care providers. A 21 year old woman in the Gauteng Province says:

“I went to [Hospital A] for a T.O.P. (termination of pregnancy) but had a bad experience. I was told it was fully booked for the whole month and they [the nurses] kept asking me why I want to kill, I am a murderer. I went back to the traditional healer who gave me medicine to induce.”

Fear of abuse by hospital staff and nurses is a recurring theme. Women are afraid of nurses looking down on them, judging them, and insulting them. Some women say that they would not seek legal safe abortion services because of these fears. In one study, over a third of young women said they would not seek legal abortion services because they are afraid of rude staff.15 One young woman, 28 years old, in Gauteng Province says:

“The doctor said [that] we should go to the hospital for abortion, but I refused because of a friend’s experience. [My friend] was first told to make an appointment. As she was doing that they interrogated her about her baby’s rights and asked her if the father knows that she wants to kill

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the child. She did not go back to [hospital A] because she was so traumatised. She then found out about this sangoma [indigenous healer] who does it well. I went to the same sangoma.”

Another study in Limpopo found that young women were hesitant to seek contraceptive services because of nurses’ attitudes which they described as “harassment”\textsuperscript{17}. The nurses were judgmental and unhelpful as they felt that teenagers should not be engaging in sexual relations. Teenagers also report being concerned with a lack of anonymity and confidentiality; there is a worry that either someone would see them enter a family planning or abortion center or that staff would gossip about them.\textsuperscript{18}

Inadequate contraceptive and abortive services: Some women are not certain that accredited provider abortions are safe. In a study conducted with women in the Western Cape, nearly 40\% considered legal abortion to be an unsafe procedure, with their most common concern being a reduction in future fertility.\textsuperscript{19} One young woman in Limpopo echoes her belief that abortion is not safe: “Seeking an abortion is not a right thing to do for us teenagers. It may happen that after an abortion when in future you want a baby, you are unable to have one. It is best to keep the baby once you fall pregnant.” \textsuperscript{20}

Young women also express their concern and perception that family planning centers do not provide comprehensive, professional services. They fear not being listened to and not receiving adequate and necessary information.\textsuperscript{21} One teenager says: “There is nothing explained to us, it's just go through, what method do you want and if it's an injection they will inject you.” Another adds: “The nurses always look busy and we are afraid to ask questions.” \textsuperscript{22}

Knowledge and Awareness Issues

A serious lack of knowledge and awareness among young women regarding reproductive health in general, and contraception in particular, are certain to be factors contributing to the high incidences of teenage pregnancy. A group of young school girls in the Limpopo province demonstrated extremely low rates of contraceptive use in a region of high

\begin{footnotesize}
\begin{itemize}
\item[16] Ibid.
\item[18] Ibid and “Perceptions of rural teenagers on teenage pregnancy”. Health SA Gesondheid, June, 2005 by M.S. Richter, G.T Mlambo.
\item[20] “Perceptions of rural teenagers on teenage pregnancy”. Health SA Gesondheid, June, 2005 by M.S. Richter, G.T Mlambo
\item[21] From a study by Knott and Lotter (1999:580) which is cited within the research report of “Perceptions of rural teenagers on teenage pregnancy”. Health SA Gesondheid, June, 2005 by M.S. Richter, G.T Mlambo.
\item[22] “Perceptions of rural teenagers on teenage pregnancy”. Health SA Gesondheid, June, 2005 by M.S. Richter, G.T Mlambo.
\end{itemize}
\end{footnotesize}
teenage pregnancy incidence.\textsuperscript{23,24} Even those who did use contraception demonstrated low levels of understanding of reproduction and contraceptive use. In particular, the study found the following examples of lack of knowledge and misperceptions:

- Fears that a condom could be left inside the vagina and would have to be removed by medical personnel.

- Belief that injectable contraception could cause infertility and weight gain. A teenage woman in Limpopo says: "Having an injection as a contraceptive method every time makes me gain too much weight and also have a big tummy. It's because I don't have menses every time. Maybe the blood accumulates in my abdominal cavity."\textsuperscript{25}

- Belief that if menstruation was irregular, it was due to a ‘blockage’ and that it was necessary to stop using contraception until the bleeding started again.

- Belief that pregnancy can be prevented by taking contraceptive pills on days that their boyfriends visited them, but not on other days.

- Belief that changing sexual partners regularly or abstaining from sex in the second half of their menstrual cycle could prevent pregnancy.

- Belief that certain positions would prevent pregnancy and first sexual relations could not result in a pregnancy. From a teenage woman in Limpopo: "My boyfriend said when we make love while standing I won't fall pregnant."\textsuperscript{26}

Once pregnant, a lack of knowledge regarding abortion is reported as a major factor leading women not to seek safe abortion services. This includes a lack of information on women’s legal rights under South African law and eligibility requirements for an abortion, costs associated with safe abortion, definition of a safe abortion and locations of actual providers of abortion services.

One study in the Western Cape found that only one-third of women surveyed knew that abortion is legal in South Africa.\textsuperscript{27} In the Gauteng province study, less than half of respondents even knew that abortion was legal. Women who sought out illegal abortions were even less likely to know that abortion was legal (20%) than women who had tried to

\textsuperscript{23} Year 2000 Statistics from the Tintswalo Hospital in Bushbuckridge District, Limpopo Region indicate: 262 teenagers gave birth, 116 were admitted with incomplete abortions, and 38 had a legal termination of their pregnancies (Statistics, Bushbuckridge Health Authority, 2000). Figures extracted from “Perceptions of rural teenagers on teenage pregnancy”. Health SA Gesondheid, June, 2005 by M.S. Richter, G.T Mlambo.


\textsuperscript{25} “Perceptions of rural teenagers on teenage pregnancy”. Health SA Gesondheid, June, 2005 by M.S. Richter, G.T Mlambo.

\textsuperscript{26} Ibid.

self-abort (55%). Of those who were aware of the law, there was confusion on when in a pregnancy an abortion could be conducted and fewer than 30% knew of a facility where a legal termination of pregnancy could be obtained.
## Annex D - Budget Outline

<table>
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<tr>
<th>No</th>
<th>Categories</th>
<th>Units</th>
<th>Rate (excl VAT)</th>
<th>Amount (Rand)</th>
<th>Amount (USD)*</th>
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* Calculated at an exchange rate of $1:R9.50