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To terminate or not? The peculiarity of and factors influencing termination of pregnancy among adolescents.

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Summary

Termination of pregnancy (TOP) remains a controversial issue worldwide. Adolescents have been found to use TOP services. This article uses a literature study to examine the peculiarity of and factors influencing termination of pregnancy among adolescents. Factors that influence TOP decision-making include the cultural, psychosocial and economic situation, significant others, HIV/Aids and religion. Since a pregnant adolescent is confronted with a myriad of influences in her pregnancy resolution, education may be cited as the main factor leading to her decision. Pregnant adolescents are more likely to opt for procurement in order not to disrupt their schooling.

Keywords: termination of pregnancy, peculiarity, factors, adolescents

Introduction

Adolescence – a period between sexual maturation and the assumption of adult roles and responsibilities – has been identified as such only over the past few decades. In pre-industrial societies early marriage and childbearing were the norm. Typically, girls were married soon after menarche or even before. Today, about half of the world's population is under the age of twenty, with adolescents at the highest risk of sexual and reproductive health problems. More than fifteen million girls aged between 15 and 19 give birth every year; five million in the same age group terminate pregnancy annually; and forty percent of these terminations are procured under unsafe conditions that are likely to lead to high mortality rates (Interactive Population Centre, 2005:1). It cannot be refuted that TOP affects school-going adolescents.
A cross-sectional survey conducted among primary and secondary school learners aged between 12 and 18 years in Tanzania indicated that fourteen percent of the girls had been pregnant and over half of these pregnancies had ended in illegally induced terminations (Matasha, Ntembelea, Mayaud, Saidi, Todd, Mujaya, & Tendo-Wambua, 1998:571).

The pregnant adolescent has to deal with important issues such as whether to seek legal termination of pregnancy (TOP) or carry the pregnancy to term. Meekers (1994:47) claims that unmarried adolescent childbearing is becoming a social problem in many sub-Saharan African countries because it tends to lead to school dropouts, unsafe abortions and child abandonment. Studies conducted in Nigeria found that TOP is a common cause of maternal death among adolescents (Airede & Ekele 2003:163; Ujah, Aisien, Mutihir, Vanderjagt, Glew & Uguru, 2005:3). In Lesotho, a substantial number of adolescent females conceive before marriage and a significant proportion resort to illegal, unsafe abortions (Mturi & Moerane 2001:259). Dryfuss (1990:25) explains that an adolescent is in the process of acquiring the competencies necessary for adult roles, such as problem-solving and decision-making. Brick

(1991:51) stresses that adolescence occurs "when young children learn the basics: accurate vocabulary, the elementary facts about human growth and development, skills in asserting personal body rights then, as adolescents, they are prepared to do the analytical thinking necessary to understand their own sexuality and the complex forces that influence it in his society. Unlike young people in traditional societies, whose sexual scripts provide clear parameters for sex roles and behaviours, youth in contemporary societies receive a plethora of scripts and very little guidance from parents."

Brick's argument implies greater responsibility on the part of the adolescent, who has to examine various scripts and make decision that will affect his/her life. Once a young person experiences coitus he/she acquires "risk status" (Dryfuss 1990:61). Freeman and Rickels (1993:60) point out that the conflicts may even be greater for the pregnant adolescent who has hardly made a fundamental decision in her life, yet must decide within a few weeks whether to give birth or terminate a pregnancy.
Pregnant adolescents often use TOP services (Interactive Population Centre 2005:5; Kaplan & Sadock 1994:55). Goraya and Prakash (1998:14) maintain that over one-third of adolescent pregnancies are terminated in Britain. In America, about one million adolescent girls become pregnant annually; 60% give birth whilst 40% procure termination (Kaplan & Sadock 1994:55). It may therefore be concluded that termination of pregnancy among adolescents remains high even in developed countries.

South African TOP statistics reveal a definite trend – girls of eighteen years and younger tend to procure TOP more frequently than older women. Even though Henshaw (1998:24) reports that approximately 35% of unintended pregnancies among 15 to 19 year-old adolescents end in terminations in the United States, Seepe (2001:1) indicates that girls under 18 accounted for 80 373 terminations out of 155 624 (January 2001) procured since the inception of legal termination in February 1997 in South Africa. Furthermore, Oliphant (in Oliphant (2002a:7) and Oliphant (2002b:6)) reports that she had the shock of her life when she visited Chiawelo Clinic one morning: the section where TOP was administered was packed with adolescents moving in and out, laughing and joking among themselves as if everything were normal. For someone looking in from the outside, the scene resembled a school lunch break, as most of the girls were in school uniform. A glance at the wall afforded one an opportunity to read: *Termination of pregnancy is safe and legal, exercise your right*. This implies that adolescent termination poses a serious challenge to society, including schools. This paper discusses the peculiarity of and factors influencing TOP among adolescents, with reference to a literature study.

The peculiarity of TOP among adolescents
Reproductive decision-making may be a highly complex and sensitive issue. According to Butler (1996:397), several studies report that decisions about unwanted pregnancy are difficult for many women even if they do make an unwavering decision about termination, and many who initially request termination, change their minds. According to the author of this article, the scenario depicts TOP decision-making as indeed being a peculiar process among adolescents.

Inherent peculiarities of TOP decision-making among adolescents

Pregnant women may experience conflicting emotions as they struggle with an unintended pregnancy as well as with conceptualising the effects of childbearing. The decision to terminate or not should be made amid important cognitive changes. Brodzinsky and Schechter (1990:306) maintain that adolescent TOP decision-making may be more completely understood in the context of the normal developmental changes that a female adolescent undergoes in areas such as relativistic thinking, future time perspective, means-end thinking, moral reasoning and other cognitive social domains. These changes impinge on adolescent decision-making. Rodman (1991:158) cites urgency, importance and sensitivity as attributes of TOP decision-making in adolescence:

Urgency: Decision about TOP are urgent because once the adolescent has become pregnant, her unintended pregnancy develops rapidly whilst she has to come to terms with the situation and how to resolve it.

Importance: An unwanted pregnancy, and particularly an unwanted birth, has a tremendous impact on a woman's life. Pregnancy in adolescence presupposes that the adolescent may abandon her schooling if she decides to carry the pregnancy to term or resort to termination, which – albeit with some consequences – affords her the opportunity to pursue her educational goals. The decision she makes is therefore important as it will continue to reverberate later in her life.

Sensitivity: A TOP decision is a sensitive decision. TOP remains one of those sexuality matters which parents, educators and children find difficult to discuss.
In short, schoolgirl pregnancies are usually unwanted and unplanned (Hlalele, 1998:65; Koster-Oyekan, 1998:1308) and in their TOP decision-making, adolescents at school may largely be influenced by factors that do not affect older women. If a pregnant adolescent were to opt for TOP procurement, she also has to contend with certain barriers such as the legality of TOP to procure it safely. Some of these considerations are discussed next.

Factors influencing TOP decision-making among adolescents
While there are factors which may make the adolescent's TOP decision-making easier, there are also factors which complicate it. The influence of TOP legislation, counselling, significant others, HIV status, religion and culture, and the unpreparedness of the adolescent regarding childbearing in TOP decision-making is discussed below.

TOP legislation
With the exception of South Africa and Zambia, TOP is illegal in Sub-Saharan Africa (Caldwell & Caldwell, 2003:3). The Centre for Reproductive Rights (2004:1-2) classifies the world's TOP laws as follows:

Prohibited altogether or permitted only to save a woman's life: These laws are regarded as the most restrictive as they either permit TOP only to save the woman's life, or to ban the procedure entirely. They are applicable in 72 countries inhabited by 26.1 percent of the world's population.

Physical health grounds: This legislation allows TOP procurement to protect the woman's life and physical health. The woman's life must be threatened with serious

or permanent injury. This legislation is applicable in 35 countries inhabited by 9.9 percent of the world's population.
Mental health grounds: Legislation expressly permits TOP to protect the woman's mental and physical health. The interpretation of "mental health" varies and may encompass, for example, psychological distress suffered by a woman, with severe strain caused by social or economic circumstances. 35 countries inhabited by 2.7 percent of the world's population subscribe to this legislation.

Socioeconomic grounds: TOP is allowed on socioeconomic grounds, observing factors such as a woman's economic resources, her age, and her marital status. TOP legislation in such countries is generally interpreted liberally. The law is applicable in 14 countries inhabited by 20.7 percent of the world's population.

Without restriction as to reason: The least restrictive TOP laws allow the procurement without reason. This is applicable in 45 countries inhabited by 40.5 percent of the world's population. Most countries in this category impose a limit on the period in which women can readily access the procedure.

In addition, a number of countries explicitly recognise TOP on grounds such as rape, incest and foetal impairment. Countries with restrictive TOP laws may not prevent pregnant women from obtaining it in other countries or states. In the US, prospective TOP procurers travel to other states for various reasons. According to the Centre for Reproductive Rights (2005:2), some women go out of a state due to a lack of a nearby TOP provider in their home state, cost considerations, and the reputation of the service provider. French women sought TOP in Tunisia and other countries after discovering that women in the former country had access to it (Labidi, 2005:1). Legislation governing TOP affords women the opportunity to obtain safe TOP and therefore reduces the demand for as well as the adverse effects of unsafe, illegal or back-alley terminations. Prohibitions generally condemn many women to death, either by denying them access to TOP, even though they need it to save their lives, or because the clandestine nature of TOP makes it unsafe. Many women who suffer complications after an unsafe termination seek medical attention dangerously late because they fear arrest. In addition, many women who have sought medical attention in public hospitals report mistreatment, including inhumane procedures such as curettage without anaesthetic (Clulow 2007:2).

In South Africa, the Choice on Termination of Pregnancy Act (CTPA) stipulates that a pregnant woman is entitled to termination on request within the first twelve weeks of pregnancy (Choice on Termination of Pregnancy Act, 1996:4). As such, the South African situation may be described as liberal. Strict legal regulation, on the other hand, discourages TOP or may provide grounds for unsafe and illegal termination.

Counselling
The CTPA (1996) stipulates that mandatory counselling is vital in all terminations. Brien and Fairbain (1996:54-56) stress that adolescents are definite clientele, who should be assisted to come to an appropriate decision. Price (1983:147-149) describes the task of pre- and post-TOP counselling with the adolescent as follows:

- To provide an opportunity for the adolescent to spend an adequate amount of time reflecting on the available options and their implications, removing some of the

pressures and panic associated with the decision and helping the adolescent to come to terms emotionally with her decisions. Circumstances leading to the pregnancy may be reduced and the danger of making incorrect decisions may be averted.

- To discuss the attitudes of family members and the putative father with regard to continued pregnancy or termination. Their inclusion in the counselling programme should be encouraged. Even though their viewpoints should be taken into account, however, the adolescent should be assisted to make the final decision herself.
- To provide protective guidance and emotional support for the adolescent who usually feels alienated, isolated and frightened at the time of the crisis. These feelings can lead to anxiety if they are not acknowledged; therefore they should be expressed and dealt with.
- To screen those adolescents with serious emotional/social problems requiring attention over and above the unintended pregnancy. These adolescents should be referred for specialised assistance immediately while they are more amenable to help.
- To advise the adolescent regarding her legal rights. The majority of adolescents worldwide are ignorant or misinformed about the conditions in which TOP is permitted.
- To inform the adolescent about the TOP procedure itself; the potential short- and long-term risks; the importance of medical follow-up, as well as after-care.
- To educate the adolescent about the need for contraception after the TOP procedure, and how and where to obtain contraception.
- To provide emotional support and guidance after the TOP procedure to enable the adolescent to deal with her feelings (e.g. guilt, regret, remorse and/or relief), and to facilitate the mourning process and an adaptive response to the crisis.

The foregoing discussion of the task of TOP counselling reaffirms the necessity of counselling. The process gives the pregnant adolescent an opportunity to consider her options and the associated risks. This then puts her in a position to make an informed choice, thereby reducing the chances that she will regret the outcome.
Thus, a good rapport between the adolescent and the counsellor may contribute to the adolescent making a correct decision. As indicated above, the family and putative father (significant others) should also be included in the counselling process.

Significant others

According to Price (1983:149-150), pregnancy may give rise to considerable stress and tension, particularly in a well-integrated family where relationships are warm and close. Parents often respond to the adolescent pregnancy with anger and they usually feel ashamed of their daughter’s deviant behaviour. As a result, parents in one way or another largely influence the pregnant adolescent’s decision to terminate a pregnancy. The following section addresses the influence of the pregnant adolescent’s parents and boyfriend.

Parents

The Choice on Termination of Pregnancy Act merely encourages minors to seek the counsel of parents, family or friends, but it does not compel them to do so. This situation was challenged in a South African court of law by the Christian Lawyers Association, in an effort to make it a requirement that parents of girls under 18 years be consulted so that they can assist them through this difficult time (Turner, 2001:1).

Antecedent family relations may influence the pregnant adolescent's TOP decision-making. According to Major, Zubek, Cooper, Cozzarelli and Richards (1997:1350), prior negative interactions are less frequent in close families with less conflict. However, in families where pregnant adolescents expect conflict, scorn and rejection, adolescents are less likely to inform their parents about their pregnancy and will therefore make the decision to procure TOP on their own (City Press 2000:15). On the other hand, a study by Brazzell and Acock (1988:420) indicates that parental attitudes toward TOP also influence adolescents' TOP decision-making, provided that there is a relatively harmonious relationship between the parents and daughter. In such a relationship, psychological risks experienced by the adolescent will be reduced because parents will be available to provide the needed emotional and psychological support. Furthermore, it appears that mothers wield relatively more influence than other family members and peers.

It is also evident that some adolescents who do not involve a parent in their decision to terminate a pregnancy do seek guidance from other adults, such as grandmothers or adult siblings. Fear of abuse, pressure to carry the pregnancy to term, threats of being thrown out of the house or other negative repercussions top the list of reasons that keep adolescents from involving a parent in their decision (Centre for Reproductive Rights, 2005:2). It may therefore be concluded that even though parents wield more influence on the adolescent's termination decision-making, the extent to which the pregnant adolescent contemplating TOP may be influenced, depends largely on the degree of her intimacy with and/or attachment to family members.

The putative father

Putative fathers can be young single men of high school age. They may also be willing participants, perhaps urging the girl/woman to procure termination and even paying for it. On the other hand, some may be unwilling participants who have little or no say on the decision to terminate a pregnancy (Luan, 2005:1). In some instances, putative fathers usually abandon pregnant girls and try to exonerate themselves from the pregnancy. The author is of the opinion that in instances where the putative father lives with the pregnant adolescent or is on intimate terms with her, he may exert some influence on TOP decision-making. Oliphant (2005:6) reported instances where boyfriends demonstrated support for their adolescent girlfriend seeking TOP by accompanying them to the clinic. Luan (2005:2) states that even though TOP may take care of the "immediate problem", the impact of its finality and irreversibility can be overwhelming. The author further refers to research that has shown that the putative fathers experience sleeplessness, bad dreams and nightmares; sexual dysfunctions; depression; fear of failure; relationship struggles; difficulty with commitment; lack of self-worth; anger; and rage – not just for a few days, but for years. It may therefore be concluded that putative fathers do not generally influence the pregnant adolescent's decision to terminate her pregnancy. It should be noted that the putative father's influence may be tacit or explicit. Tacit influence is more likely to take place in an intimate relationship. Turning his back on the pregnant girlfriend and abandoning her may indirectly influence her to terminate the pregnancy because of the absence of support.

Religion and culture

Religion and culture remain social attributes that largely underpin patterns of living and may therefore dictate a belief system and codes of behaviour. Because religious

and cultural constructs also play a role in the development of societal attitudes, these constructs may influence the pregnant adolescent's decision to terminate a pregnancy. Findings of a study conducted by Ortiz and Nuttal (1990:898) to determine the effects of religion on the decision to carry or terminate pregnancy among Puerto Rican teenagers show a significant correlation between religion and fertility patterns. Findings further indicated that girls who attend church more frequently are more likely to carry to term than those who do not attend church quite as often.

Russo and Dabul (1997:24) further contend that, for members belonging to religious groups openly opposing TOP, religiosity may actually serve as a stressor if they were to abort, particularly in those who have a high church attendance. For example, the Hindu religion strongly objects to TOP. A girl seeking TOP at one of the designated clinics in South Africa who was asked if she was not scared about it said: "*God knows that I cannot have another baby so I have asked for His forgiveness, but girl, I have to do this. Earlier in the week my pastor preached about it and appealed to girls to stop killing babies. I left the church because I didn't want him to remind me of what I was going to do.*" Another said: "*Isex ea tshwenya because e monate*" (Sesotho for "Sex is tricky because it is so nice") (Oliphant, 2005:6). Hlalele (2002:239) and Hlalele (2006:133) found that adolescents who made use of TOP and who were aware that the religion they subscribe to opposes termination, reported more feelings of guilt. Thus, it should be pointed out that religion has a bearing on TOP decision-making. Culture, a set of beliefs held by a group of people with a particular identity, influences behaviour and can therefore influence the adolescent's TOP decision-making.

Hlalele, an African, also observed that pregnancies among adolescents are generally regarded as "mistakes". Furthermore, the extended family practice means that a child born out of wedlock may be taken care of by other family members. These African practices generally encourage pregnant adolescents to carry the pregnancy to term rather than to terminate it. This trend is confirmed by Koster-Oyekan (1998:1309), who found that the woman who induced TOP is generally condemned in the Western Province of Zambia. Rule (2003:1) established that almost two-thirds (64%) of black Africans oppose birth-defect related termination.

However, carrying the pregnancy to term is very likely to adversely affect the adolescent learner's schooling and pregnant adolescents may resort to illegal terminations for the sake of confidentiality and in an attempt to elude scorn, rejection, ostracism and shame. Such illegal and unsafe terminations may have devastating effects. Besides counselling, significant others, religion and culture, the pregnant adolescent's HIV status may also influence her TOP decision-making.

HIV/Aids

HIV affects pregnant adolescent girls in at least two ways. Firstly, girls may have been orphaned by HIV/Aids and may consequently have been left as heads of households. Gentholtz (2004:33) reported on a study conducted by the Human Sciences Research Council (HSRC) which found that 3.3% of the children who made use of TOP were maternal orphans, whilst 10% had lost a parent by the time they were nine years old. In the age group of 15 to 18 years, approximately 25% had lost one parent and 3% of children between ages 12 and 18 were heads of households. The girls in these statistics have no parent to consent to the decision to terminate

pregnancy. Secondly, pregnant adolescents themselves may be infected by HIV. A woman who becomes infected with HIV during her reproductive years is confronted with difficult decision about childbearing. According to Bedimo *et al.* (1998:171) the risk of transmission of the virus from an HIV-infected mother to her newborn child may be as low as 8% with AZT prophylaxis. Given the reduced transmission risk, she may give birth to a healthy child, but she is likely to die before the child reaches adulthood.

A study conducted by Bedimo *et al.* (1998:174-175) in New Orleans (USA) indicates that 25% of women who become pregnant after learning about their HIV diagnosis, choose to have an elective abortion. Furthermore, findings show that TOP among HIV positive women is significantly associated with being white and non-single. The above discussion suggests that the presence of HIV/Aids influences women's decision about TOP. Among Africans, adolescents seem more likely to terminate pregnancy than older women, but HIV positive adolescents may later find it difficult to bear children. Many HIV positive adolescents may opt for TOP because of other factors as well, such as continuation of their schooling. School-going adolescents cannot accept the responsibility of parenthood, because it is impossible to be active and efficient learners and parents at the same time.

Marital status and education

While by law pregnant adolescents are not forbidden to complete their schooling, cases have been reported where the communities in control of schools have denied them this right. By contrast, these pregnant adolescents' male partners do not meet with the same rejection. For single women and teenage girls the birth of an unwanted or unplanned child can lead to loss of educational opportunities, diminished chances of a successful marriage, ostracism by family and friends, and welfare dependency (Frohock, 1983:152). A study conducted by Koster-Oyekan (1998:1309) in Zambia, revealed the following grounds for termination among unmarried women , in order of frequency,:

- Desire to continue education,
- Desire to get married before giving birth,
- No support from the father of the baby,
- Being too young to have a child.

The study further showed that a woman with a child in Zambia (Western Province) would fetch a lower bride-price and is referred to as "cheap" and "second-hand". Hlalele's (2002:242) finding is also consistent with Kaplan and Sadock's (1994:55) assertion that almost all girls seeking TOP are unwed and employ termination (Hlalele, 2002: 243; Freeman & Rickels, 1993:73-74) in order not to disrupt their schooling programmes.

Social gate-keeping

The issue of resistance to termination may also manifest in a variety of ways. A medical superintendent of a state hospital in KwaZulu-Natal who is staunchly opposed to TOP, refuses to perform terminations and also keeps two preserved foetuses in his office, believing that they act as a deterrent (*Sunday Times* 1997:16). This superintendent maintains that the CTPA is "a licence to kill innocent babies". Health care workers in South Africa with negative attitudes towards TOP also use delaying tactics so that women are prevented to obtain legal terminations. A research study conducted by the Women's Health Project (WHP) in February 2000 (exactly

three years after TOP became legal), revealed biased attitudes as well as several practical impediments towards women seeking legal terminations (*True Love* 2000:94). In some instances, health workers handling termination have to overcome challenges such as a lack of support from management opposed to the service; poor infrastructure; burnout; name-calling; victimisation and resistance by their peers (Lund, 2002:8; Thom, 2002:5). Some health workers also claim they are expected to sublimate their personal moral and religious beliefs for those of the state. Doctors for Life report that medics who are obliged to violate their beliefs in this way suffer posttraumatic stress disorder (Clarke, 2000:1). Such workers may be more likely to resort to delaying tactics.

A pregnant woman can be shunted from place to place, so that by the time she confirms a booking, she may already be in her second trimester. Obtaining a booking does not necessarily solve her problems either, as some hospitals or clinics may be against second trimester terminations, even though they can be performed legally under certain circumstances. To make matters worse, the CTPA does not compel doctors and nurses who refuse or use delaying tactics to refer women seeking TOP to other institutions (Michaels, 2002:6; *True Love*, 2000:94). The situation presents the pregnant, ignorant and somewhat naive adolescent with an *impasse*. There may be no other options available to her than to resort to unsafe termination or to carry the pregnancy to term.

Resistance to TOP is also manifested in a row over a drug used to induce terminations. The drug, *Misoprostil,* is said to be used for treating stomach ulcers (*Mail and Guardian,* 1997:1; *Sunday Times*, 1997:16). The then National Director of Maternal, Child and Women's Health (1997), Dr Mhlanga, stressed that bleeding resulting from this drug's use must be properly monitored and that the doctor who uses the drug has to be aware of all possible side effects (*Sunday Times,* 1997:16). The drug has been widely used by backstreet abortionists (*Mail and Guardian,* 1997:1).

A similar manifestation is evident in a policy adopted by the California Pharmacists Association, which allows pharmacists to "refuse to fill a prescription based on ethical moral or religious grounds", and the majority (82%) state that they "believe they have the right to refuse to fill a prescription [for] a drug such as RU486 that would facilitate terminations" (Right to Life of Cincinnati 1997).

It can therefore be concluded that those who refuse or resist the use of certain drugs may not provide an alternative drug. In certain cases, people opposed to TOP even destroy property. For example, a United States termination clinic was destroyed by fire (*Citizen* 1993:3), probably by those against the woman's choice to terminate. It has further been reported that in the US, 80% of all termination providers have been picketed between 1977 and 1988; there were 42 reported arson attacks on providers; 37 attempted bombings and arson attacks; 216 bomb threats; 65 death threats; 2 kidnappings; 20 burglaries; 162 incidents of hate mail; and 220 incidents of vandalism.

Resistance to TOP may complicate or aggravate problems concerning the provision of safe terminations. In the opinion of the author, vigorous anti-TOP campaigns are tantamount to social gate-keeping and are likely to limit the availability or

accessibility of safe terminations. Varkey and Fonn (2000:54) formulated solutions for health services and communities to transform and sustain attitudes of current gate-keepers; institutionalise the delivery of TOP; increase support for service personnel; improve society's acceptance of human rights; and ensure male responsibility. Because adolescents are mostly of school-going age, the educational implications of TOP need to be analysed.

Educational implications of TOP among adolescents

TOP has far-reaching implications for education, since an increasing number of school-going adolescents are becoming pregnant and consider this an option. Such a situation has immense psychological consequences and often presents the adolescent with conflicting emotions when she must decide whether to terminate her pregnancy or to suspend her schooling (Hlalele, 1998:72; Van den Aardweg & Van den Aardweg, 1988:7), together with concurrent difficulties regarding further education, career and job choice and opportunities. Moreover, Hlalele (2002:247-248) describes absenteeism, illness (post-TOP complications), drop in academic performance, dropping out of school, lowered self-esteem, stigmatisation, bleeding, withdrawal, flashbacks, and maintaining friendships only with those who are aware of the girl's TOP procurement, as effects of TOP procurement among adolescent learners.

This means that educational institutions cannot ignore the impact TOP has on adolescents and should deal with learners' adjustments and coping mechanisms. Hlalele (2002:242) contends that adolescents are ignorant about possible options regarding pregnancy resolution. Cash, E-Nasreem, Aziz, Bhuiya, Chowdhury and Chowdhury (2001:219) maintain that lacking appropriate knowledge, information and awareness about sexual and reproductive health unduly heightens young people's fears, and increases their social and sexual vulnerabilities. The scenario further entrenches the need for reproductive health and/or sexuality education.

Education may not only improve awareness about pregnancy resolution options but may further enhance adolescents' decision-making skills. In the opinion of the author of this article, adolescents need information or should be educated about TOP legislation, procedures and effects, as well as pregnancy resolution options. Education may further alleviate resistance to and stigmatisation about TOP. An understanding and tolerance of the circumstances leading to termination and its legal regulation may render TOP more accessible and may reduce resistance against TOP.

It has been noted that schoolgirls generally use termination services because they want to continue with their studies. Hlalele (2006:134) thus suggests a reconsideration of teacher education programmes. Teacher education in South Africa generally focuses on equipping educators with skills, knowledge and competencies in a particular learning area/subject field/learning phase. Recurriculation will afford teacher education with an opportunity to equip educators with skills, knowledge and attitudes so as to help learners in need.

According to Van Rooyen and Louw (1994:108-109) education can play the following role in the prevention of TOP:

- Learners should be encouraged to discuss their problems frankly.

- Many young people do not know enough about conception and birth, the unreliability of contraceptives, and the physical and psychological consequences of TOP.
- Guidance should be given with regard to abstaining from sexual activity before marriage and the correct use of contraceptives within the bonds of marriage in order to prevent pregnancy.

Finally, provision of education on TOP provides knowledge, reduces resistance and problems, promotes pregnancy prevention, reduces maternal mortality and improves understanding of reproductive health. Section 29 (1) of the Constitution of the Republic of South Africa (1996) guarantees adolescents the right to basic education. Schools can therefore not deny adolescents this right on account of pregnancy and TOP procurement.

Conclusion

Reproductive decision-making can be a highly complex, sensitive and controversial issue. In addition, the nature of adolescence makes the TOP decision-making process peculiar. Factors that influence TOP decision-making include cultural, psychosocial and economic situations, significant others, HIV/Aids and religion. Pregnant adolescents are more likely to opt for procurement in order not to disrupt their schooling.

In their decision-making regarding TOP, different adolescents may be affected in different ways by similar factors: for example, parents belonging to certain denominations, e.g. Roman Catholic, may be stricter when it comes to their daughter's reproductive choice. More outright objection to TOP may serve as an additional stressor for the pregnant adolescent. It may be assumed that every TOP decision has to be regarded as unique, *in lieu* of influential factors. Adolescents spend a great deal of their time at school and are likely to be preoccupied with what goes on at school even if they are elsewhere. Olivier and Bloem (2004:177) stress the importance of teacher support and suggest guidelines for teachers to more effectively assist the adolescent of our present-day society who plans to have a termination or has had one.

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