PREGNANT TEENAGERS' EXPERIENCES OF COMMUNICATION AT ANTENATAL CLINICS IN SOUTH AFRICA

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ABSTRACT

Midwives play a vital role in promoting early antenatal bookings and adherence to antenatal care supervision. In the Nelson Mandela Bay Municipality, an increasing number of pregnant teenagers do not use antenatal care services. The study aimed to explore and describe the nature and extent of communication in antenatal care clinics and its impact on pregnant teenagers.

Audio-taped semi-structured interviews were used to collect data and field notes were taken by the researchers. Data collected were transcribed verbatim and analysed according to Tesch's eight steps. Trustworthiness was maintained throughout the study by applying the four key aspects of Guba's model, namely truth value, applicability, consistency and neutrality. The ethical considerations of confidentiality, anonymity, and protection of the participants from harm were maintained.

Results revealed that the pregnant teenagers experienced a communication breakdown with the midwives and did not experience their antenatal care as being helpful. Recommendations were developed for midwives and managers to enhance communication in the antenatal care clinics in order to promote antenatal attendance amongst pregnant teenagers.

KEYWORDS: Adolescent reproductive health care, antenatal clinics, communication breakdown, experiences of pregnant teenagers, teenage pregnancy

INTRODUCTION

Teenage pregnancy and poor antenatal attendance remain a challenge worldwide (Gouws et al., 2008:209). In South Africa, this tendency persists despite the government's introduction of free hospital services to pregnant mothers at public institutions. The introduction of such free hospital services was intended to facilitate increased attendance at antenatal care (ANC) clinics, thus affording more women, especially teenagers, an opportunity for screening and immediate management of identified obstetrical challenges before they become major obstetrical complications.

BACKGROUND

The aim of ANC is to provide pregnant women with overall supervision of maternal health and the provision of relevant education (Littleton & Engebretson, 2012:454). Attendance at ANC clinics is particularly important for pregnant teenagers as scientific evidence confirms that teenagers are more prone to pregnancy- and labour-related complications than older women (James et al., 2010:4; Cronje & Grobler, 2007:666). In South Africa, midwives are legally bound to encourage ANC clinic attendance and are instructed to pay more attention to women with their first pregnancies (primigravida), including teenagers, particularly on issues of pelvic adequacy. Previous studies have noted that most adolescent obstetrical challenges are related to pelvic inadequacy and occur during labour and delivery (James et al., 2010:4; Cronje & Grobler, 2007:666). However, these potential obstetric problems can be clinically identified during ANC visits and obstetric emergencies can be avoided which should help to reduce the maternal and neonatal mortality and morbidity rates in the country.

Midwives are expected to provide relevant and accurate information to pregnant women, including teenagers, as part of ANC health education. Appropriate health education should address social habits, such as smoking and drug abuse, nutritional status, and potentially addictive substances which could cause complications and even the death of their unborn infants (Macdonald & Magill-Cuerden, 2011:424). Information relating to the necessary tests and examinations to be performed during pregnancy should be adequately explained to gain their cooperation. The results of tests and examinations should ideally be shared on a one-on-one basis by a midwife, where questions can be answered honestly and privately. However, as a group, teenagers seem to be the least likely to attend ANC clinics (Phafoli et al., 2007:17).

This article is based on a study that explored and described the experiences of pregnant teenagers regarding the care they received from midwives at ANC clinics in the Nelson Mandela Bay Municipality (NMBM).

PROBLEM STATEMENT

An increasing number of teenagers who were admitted to the local referral hospital with a history of being unbooked or inconsistent ANC clinic attendees was noticeable in the NMBM. Some attended the clinic at an advanced stage of their pregnancies and encountered complications which could have been identified at earlier stages.

Research question and objectives

The main research question that guided the study was: "How do pregnant teenagers experience the care they receive at ANC clinics?" The sub-question was "How can teenage mothers be helped to attend antenatal clinics regularly?" Information collected from such a study could help to formulate recommendations to enhance teenagers' ANC clinic attendance. One of the objectives of this study was to explore and describe the experiences of pregnant teenagers regarding the midwifery care they received at ANC clinics in the NMBM.

DEFINITION OF KEY CONCEPTS

An **experience** is defined by the Concise English Dictionary (2004:303) as something personally encountered or undergone. During this study, the participation of the pregnant teenagers in the interview with the researcher enabled them to express their feelings freely regarding their experiences of attending ANC clinics in the NMBM.

A **teenager** is defined by Cronje et al. (2012:710) as a person between the ages of 13 and 19 years. The World Health Organization (WHO) defines a teenager as a person between the ages of 10 and 19 years who is characterised by the different physiological, anatomical and psychological changes to which young adolescents need to adjust in a rapidly changing socio-cultural environment (Greathead, 2008:3). For the purposes of this study, teenagers who were interviewed were aged 18–19.

Antenatal care (ANC) is defined as care which is relevant to any pregnant woman who has gone for visits to a trained person during her pregnancy (Nolte, 2011:77). ANC ensures the best health outcomes possible for both mother and baby during and after pregnancy (Macdonald & Magill-Cuerden, 2011:416).

Pregnancy is defined as the period during which a woman carries a developing foetus in the uterus (Littleton-Gibbs & Engebretson, 2013:268). The duration of pregnancy is up to 42 weeks of gestation, whereby the woman's last menstrual period, early ultrasound and/or palpation of the size of the uterus allow the expected date of delivery to be calculated (Nolte, 2011:9).

RESEARCH METHODOLOGY

A qualitative research design, utilising an explorative, descriptive and contextual approach, was adopted in the study. The design was appropriate in that it allowed the researcher to explore and describe the lived experiences of the pregnant teenagers related to their ANC.

Population and sample

The population comprised all teenagers residing in the NMBM who were either pregnant or who had given birth within three months preceding the time of the data collection phase. Data collection was done over a period of three months in 2009 to 2010. The sample was purposive (Babbie, 2010:193), using the inclusion criteria of teenagers who were at least 18 years of age, unmarried, pregnant for the first time, and who had attended an ANC clinic at least three times during their pregnancies. The sample also included teenagers who had delivered within three months of the interview, without complications, as this could have influenced the emotional state of the participant during the interview. Sampling was done from the ANC attendance and labour ward registers. These registers did not contain any particulars related to confidential information about the teenagers, except for the delivery particulars, and the name and age of pregnant teenagers. Permission was obtained from the relevant authorities to obtain this information in order to contact pregnant teenagers and post-delivery teenagers. The relevant names were identified and only made available to the researchers at the time of data collection.

Data collection

Data were gathered during September and October 2009, and in August 2010 due to delays caused by industrial strikes in the public health sector.

Data collection involved the identification of a centrally located site, easily accessible to both researchers and participants, and which enabled the protection and safeguarding of the participants' privacy. The participants recommended the suitable site for the interviews as either the ANC clinic or hospital. One main question and three sub-questions were asked of the participants. The main question was: "Tell me how it was for you to attend an ANC clinic?", and the three sub-questions were:

- What did you like about the care you received at your ANC clinic?
- What did you not like about the care you received at your ANC clinic?

- What kind of care would you have liked to have received at the ANC clinic?

Data were collected by means of semi-structured audio-taped interviews, and observations and field notes captured during each interview. The use of a digital tape-recorder enabled the interviewer to focus on the participant, to facilitate an open discussion and to clarify any misunderstandings (Gerrish & Lacey, 2010:354). The participants responded to the questions in the language in which they felt most comfortable, which was either Afrikaans or English. The interviewer was proficient in both languages.

Each interview was captured separately on an individually marked audio-tape. The average duration of the interviews was 60 minutes. Personal notes were compiled immediately after each interview, based on the observations made during the interview (Watson et al., 2008:312). Twenty participants were interviewed; two during the pre-test phase, while the remaining 18 participated in the main study. During pre-testing two participants, who met the inclusion criteria, were interviewed using the set questions for the main study and answers were audio-recorded and analysed utilising Tesch's recommended eight steps of data analysis. The researchers discussed the findings and assessed the interviewer's techniques.

Data analysis

All the transcripts were analysed using Tesch's method of data analysis (Creswell, 2008:186). The principle of bracketing was observed, emerging topics were coded, and sub-themes identified and grouped together. The data were also analysed by an independent coder, who was an experienced qualitative researcher and a midwife, and whose role was to verify the credibility of the findings (Polit & Beck, 2012:592). The interview transcriptions, as well as field notes, were sent to her with the data analysis guide and instructions. The researcher and independent coder met to discuss and finalise the themes and sub-themes that formed the basis of the study's results.

TRUSTWORTHINESS

The scientific community needs to approve the results unequivocally. To enhance the trustworthiness of the study, the researcher made use of Guba's Model of Trustworthiness (Botma et al., 2010:233). The model includes the strategies of truth value, applicability, consistency and neutrality.

Truth value

The participants were requested to share their experiences truthfully as guided by the research questions. The researcher used various strategies, such as reflexivity, to allow the participants to tell their stories. The credibility of the experiences shared was assured by extending the interview time, thereby allowing for a more extensive engagement in the sharing of personal experiences.

Applicability

Transferability was the strategy used to establish applicability. This was obtained by using a purposely nominated sample and dense description of the experiences of the participants themselves using a specific research context and setting. In the study, only participants who utilised ANC services were interviewed.

Consistency

As a means to enhance consistency, the study was described in detail in order to contextualise the findings. As a means to enhance consistency the context of the study was described in detail to ensure that an audit trail and peer examination were used to account for any changes in the design created by an increased understanding of the phenomenon. An independent coder analysed the data.

Neutrality

To ensure neutrality and confirmability, use was made of an independent coder, and reflexivity to ensure trustworthiness. Reflexivity involves the critical self-reflection of one's own prejudices (Polit & Beck, 2012:740). Bracketing was used while the researcher conducted the interviews. Bracketing requires the researcher to set aside his or her own personal preconceptions to focus on the opinions of those being interviewed (Wood & Haber, 2010:110). Member checking could not be used as it was too difficult to retrace the interviewed participants, as they had returned to the rural and informal areas of the NMBM, to conduct follow-up interviews with them.

ETHICAL CONSIDERATIONS

The three fundamental ethical principles that guided the research were respect for the person, beneficence and justice (Ulrich, 2012:6). The principle of respect for human dignity emphasises that individuals are autonomous and have the right to self-determination, and this right should be protected (Gerrish & Lacey, 2011:28; Brink et al. 2006:33). Participants were informed that they had the right to decide at any stage of

the interview to terminate their participation, to refuse to give information perceived to be confidential or sensitive, or to request more information.

Written informed consent was obtained. All participants were informed about the anticipated duration of the interviews and how the findings would be published, as well as the information regarding the legal aspects of the study. Permission to conduct the study was granted by the relevant authorities, such as the Department of Health via the Chief Executive Officer of the Port Elizabeth Hospital Complex, the Manager of Maternal and Child Health and Health Care in the NMBM, the Department of Nursing Science at the Nelson Mandela Metropolitan University (NMMU), the Faculty Research, Technology and Innovations Committee and the Research Ethics Committee for Humans of the NMMU.

Anonymity was maintained, and no participant or institution was identified. The participants were informed that participation had no monetary benefits, but that they had an opportunity to make a positive contribution to the long-term implications of the ANC provided to pregnant teenagers.

The principle of justice involves including all eligible participants, regardless of their language, gender or age, and allowing them equal opportunities to participate (Watson et al., 2008:132). For the purposes of this study, fixed inclusion criteria guided the selection of participants, namely adolescents aged 18–19 who were pregnant or had delivered within three months preceding the interview and who had used ANC services.

RESULTS

A total of 12 interviews were transcribed. Data saturation was the criterion used to discontinue data collection and continue with data analysis (De Vos et al., 2010:294). All participants were pregnant as no post-delivery teenagers, without any complications, were available during the time of data collection. Of the participating pregnant teenagers, one stayed with her boyfriend and one with her grandparents. The others lived with their parents, but struggled financially. One main theme and two sub-themes emerged during data analysis.

Table 1: Results relating to the experiences of pregnant teenagers regarding their communication with midwives at ANC clinics

Main Theme	Sub-Themes
Pregnant teenagers experienced communication challenges with the midwives in the ANC clinics	The pregnant teenagers experienced: 1.1 Confusion relating to the diagnosis and instructions given by midwives. 1.2 Lack of trust: teenagers did not trust instructions given by the midwives who were taking care of them.

FINDINGS AND DISCUSSION

Main theme: Pregnant teenagers experienced communication challenges with midwives in the ANC clinics in the NMBM

Sub-theme 1.1: Pregnant teenagers experienced confusion relating to their diagnoses and instructions

Interactions between the midwife and a pregnant woman should be a change-inducing situation whereby the woman receives valuable information and care from the relationship with the midwife or multidisciplinary team (Littleton-Gibbs & Engebretson, 2013:268). Effective ANC should ensure that information and instructions are provided in such a manner that the women can understand them and act accordingly (James et al., 2012:4). However, the participants stated that the information they received during ANC clinic visits was unclear, causing them to experience confusion and bewilderment. The following quotations reflected these experiences:

> *"Actually I cannot understand when they speak to me and I must pretend to understand, things like that because they tell you different things...they speak confusing. I do not always know what to ask."*

> *"... and they ask you questions that you do not understand. You just want them to explain."*

Communication between two people allows for the exchange of meaning. It refers to the understanding of factual information, thoughts, ideas and the communication of feelings (Olsen, 2012:49). Various barriers can prevent the process of effective communication, making it difficult for the patient to understand the meaning of the conversation. One of the major barriers experienced by the participants was their general ignorance about pregnancy. The jargon used by the midwives, as stated by the participants, also contributed to the confusion.

In a study conducted by De Jonge, in Edinburgh, Scotland, during 2001, on reasons that influenced teenagers not to use available support, it was concluded that most teenagers lacked information about the services provided and benefits available to them, or did not know about support groups for pregnant teenagers and available resources (De Jonge, 2001). Midwives should ensure that they are able to communicate effectively with pregnant teenagers and act as an information resource (De Jonge, 2001). One of the teenagers in the current study expressed the need for more information when she said:

> *"They can give more information at the clinic (so) that we can understand."*

According to the participants, midwives complicated the communication process by acting with verbal aggression, thus making it difficult for the teenagers to even try to clarify instructions related to their care. Verbal aggression tends to be ineffective as it prohibits communication and may even cause additional stress (Weiten, 2007:522). One of the teenagers expressed the following:

> *"She [the midwife] gets cross sometimes, then she screams."*

Ineffective communication gives rise to various ethical issues such as transgressing the rights of the patients to be informed about their care in order for them to make decisions about their own health (Pera & Van Tonder, 2007:170). Some of the participants revealed that because of the confusion and the breakdown in the relationship with the midwife, they deliberately stayed away from the ANC clinic. This might have devastating effects on the overall health of the pregnant teenagers, as well as on their perceptions of the care being rendered to them.

Sub-theme 1.2: Pregnant teenagers distrusted the midwives' instructions

Trust is an important part of any relationship. According to MacDonald and Magill-Cuerden (2011:148), trust and credibility can be obtained through healthcare professionals who address their patients' problems effectively. Problems can arise in a patient–practitioner relationship for many reasons (Taylor et al., 2003:459). Mistrust occurs when communication is skewed and the midwives are perceived as being uncaring. A midwife–patient relationship built on trust enables the woman (in this case the pregnant teenager) to entrust her body to the care of the midwife with the hope that it will be cared for (Nolte, 2011:374). When this expectation is not met, disappointment occurs and the trust relationship is negatively affected. The following quotation from one of the participants in this study reflects these feelings:

> *" ..when I came back on my date, I pointed out to the sister that the information was wrong. She then asked me why it was not correct and I told her that the first time I came, the incorrect date was written down."*

In relationships where mutual trust and respect for each other are present, the nurse and the patient both benefit from what the one learns or receives from the other (Pera & Van Tonder, 2007:80). Some participants felt that they could not trust the midwives rendering care to them, because the midwives recorded incorrect information on the teenagers' files even though they had given the midwives the correct information. The following quotation reflected such an experience:

> *"They do always the wrong things, such as the date of birth of the baby they write wrongly now."*

The participants felt that it was impossible for them to trust the midwives with their ANC. As a result, they would sometimes change clinics:

> *"If I can be honest I am afraid about what happens to the others that are still going to that clinic. The nurses are not friendly, they do wrong things I think and I felt it in my heart."*

The need for trust is of particular importance in a healthcare environment where patients may feel vulnerable or helpless when visiting ANC clinics and seeking support from authority figures such as midwives. Indeed, individuals will try to avoid a person whom they do not trust (Reeve, 2009:121). The above quotation implies that the teenager perceived the care provided by the nurses to be unhelpful and inadequate.

This theme focused on pregnant teenagers' need for effective communication to enable them to better understand the care provided at ANC clinics by limiting confusion related to diagnosis and instructions. Effective communication could also promote trusting relationships between the midwives and the young mothers-to-be, encouraging these teenagers to seek support from midwifery healthcare services at ANC clinics.

For ANC to be effective, midwives should consider all relevant factors when rendering care to patients to ensure the safety of those women (Macdonald & Magill-Cuerden, 2011:416). Communication might become a problem when the patients' level of literacy, differences in language or variances in cultural practices interfere with care (Macdonald & Magill-Cuerden, 2011:151). The level of education and a person's intelligence could play an important part in moulding a patient's perception of the information received (Cleary, 2009:15). The use of insensitive language, difficult words, or the incorrect pronunciation of words could cause communication problems.

To ensure effective communication, the midwife needs to establish common ground between himself or herself and the patient by being open and honest and by communicating in ways that ensure understanding (Cleary, 2009:11). Midwives should use a language common to both themselves and the women under their care. Clear communication is even more important when teenagers are involved. Due to their developmental

immaturity, they might not understand some of the midwives' instructions, which could ultimately lead to confusion, stress and mistrust – as was reported by this study's participants.

Several studies have indicated that midwives' attitudes are one of the reasons behind teenagers' reluctance to attend ANC clinics (Phafoli et al., 2007; James et al., 2011). No studies could be found specifying confusing instructions by the midwives relating to diagnosis and care of the women attending ANC clinics, which might mean that this topic could be under-reported, less-documented or a newly developing concern.

CONCLUSION

The pregnant teenagers in this study experienced their ANC as not meeting their expected needs, leading to distrust of the midwives and a reluctance to attend the clinic. Lack of communication between the teenagers and the midwives resulted in misunderstandings relating to diagnoses and instructions of continued care needs. With assistance and cooperation from management and midwives at ground level, the condition of the clinic environment could be improved.

RECOMMENDATIONS

The midwives should provide information that is easily understandable in the language most suitable for the pregnant teenager. Midwives should display health education information on various different topics on notice boards, or provide the patients with informative pamphlets. Health educational programmes could also be developed, adapted and presented to the patients when needed, identifying the specific topics relevant to the health of pregnant teenagers. Unit managers of ANC clinics should develop programmes for midwives, such as communication skills training programmes and problem-solving support groups. Partnerships with youth specialist care professionals would also assist the midwives to understand how to better communicate and deal with teenagers. Teenager-only clinics could be an alternative, where the focus and attention falls on teenager-related pregnancy needs.

LIMITATIONS

The study focused on the experiences of older teenagers only, thus limiting the opportunity to obtain the views of young teenagers. Comparing the different experiences of these age groups might have raised an informed alertness regarding the extent of the challenges raised by the teenagers, thereby promoting the development of specific strategies to deal with particular challenges in ANC clinics.

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