

# CONTRACEPTIVE USE AND REASONS FOR TERMINATION OF PREGNANCY AMONG WOMEN ATTENDING A REPRODUCTIVE HEALTH CLINIC AT A DISTRICT HOSPITAL, FREE STATE, SOUTH AFRICA

**Martin Cuellar Torriente, BSc MedSc (Hons),  
MD Obstetrics & Gynaecology**

Faculty of Health Sciences, University of the Free State  
E-mail: dane@worldonline.co.za

**Gina Joubert, BA, MSc**

Faculty of Health Sciences, University of the Free State  
E-mail: gnbsgj@ufs.ac.za

**Wilhelm Johannes Steinberg, MBBCh, DTM+H,  
DPH, Dipl. Obst (SA)**

Faculty of Health Sciences, University of the Free State  
E-mail: SteinbergWJ@ufs.ac.za

## ABSTRACT

Unplanned and unwanted pregnancies happen in all societies, regardless of medical, economic, educational or religious status. The reasons for seeking termination of pregnancy (TOP) vary with the majority of women seeking TOP for socio-economic reasons. This article seeks to identify the reasons for women seeking TOP and to establish their knowledge and use of contraceptives. It is a descriptive study conducted at a reproductive health clinic at a district hospital in Bloemfontein, Free State, South Africa. In total 534 patients attending the

UNISA   
university  
of south africa

Africa Journal of Nursing and Midwifery  
pp. 119–131

Print ISSN 1682-5055

clinic between April to June 2007 participated. Data were collected through a questionnaire, which included demographics, age at first sexual encounter and first pregnancy, reasons for seeking TOP, and knowledge and use of contraceptives. The results are summarised by frequencies and percentages. Most participants (64.2%) were between 20 and 29 years, single (75.8%) and unemployed (44.4%). Participants had their first sexual encounter (82.4%) and first pregnancy (51.3%) at the age of 20 years. Three-quarters were aware of contraceptives; only 37.1% used contraceptives to prevent the current pregnancy. The most frequently mentioned reasons for the TOP were: 'I am still at school', 'Partner not prepared for the parenthood', and 'Not supported by the family'. Although women knew about contraception, the use of contraceptives by participants of this study is low compared with the contraceptive prevalence rate in the country. Interruption of studies, problems in the relationship and non-acceptance of the pregnancy by the partner were the most frequent reasons for requesting TOP.

**Keywords:** contraceptive use, knowledge, reasons, termination of pregnancy

## INTRODUCTION

Annually it is estimated that 20 to 30 million unwanted pregnancies end in legal termination of pregnancy (TOP) globally, with an additional 10 to 20 million performed illegally (Casey, n.d.). There is evidence that 19 to 20 million TOPs, of which 97% occur in developing countries, are performed under unsafe conditions. This results in 47 000 to 68 000 maternal deaths per year due to complications (Benson, Andersen & Samandari, 2011; Grimes *et al.*, 2006; Kaye, Mirembe, Bantebya, Johansson & Ekstrom, 2005).

Lauro (2011) investigated the connection between abortion and the use of modern contraception in sub-Saharan Africa. Data revealed that abortion rates in Ethiopia, Nigeria and Uganda ranged between 23 and 54 per 1 000 women. In areas where access to modern contraception is limited, abortion seems to be the substitute for contraceptive practices.

South Africa has a high rate of unintended pregnancies, particularly among the youth. It has been shown that South African women engage in unprotected sex at a very young age (Cooper *et al.*, 2004; Engelbrecht, Ngwena & Van Rensburg, 2005; Seutlwadi, Peltzer & Mchunu, 2012). Seutlwadi *et al.* (2012) found that 65% of pregnancies in women between the ages of 18 to 24 years were unintended. In addition, rates of HIV infection are high and the 2013 National Antenatal Sentinel HIV and Syphilis Prevalence Survey in South Africa reported an HIV prevalence rate among pregnant women of 29.7% in the country and 29.8% in the Free State (South Africa Department of Health, 2015).

The 2003 South Africa Demographic Health Survey (SADHS) found that the contraceptive prevalence among sexually active women increased from 61.2% in 1998 to 64.6% in 2003. The survey also showed that approximately 97% of sexually active women knew about at least one method of contraception (South Africa Department of Health, 2007). However, McPhail *et al.* found that just more than half (52.2%) of young women made use of contraceptives (McPhail, Pettifor, Pascoe & Rees, 2007).

The *Choice of Termination of Pregnancy Act 92* (CTOP Act) of 1996 came into effect on 1 February 1997. The Act increased women's access to family planning, and TOP and post-TOP care services in the country. Under the new law, women may now request a TOP up to 12 weeks' gestation. They can also request a TOP from 13 to 20 weeks of pregnancy on physical and mental grounds, or if the continuation of the pregnancy poses a danger to the social and economic wellbeing of the woman (Cooper *et al.*, 2004).

The reasons for seeking TOP vary, however, the majority of women seek TOP for socio-economic reasons rather than for health concerns (Engelbrecht *et al.*, 2005; Ramonate, Hiemstra, De Coning & Nel, 2001). Young women most commonly request TOP in order to continue with their education, or if they are not financially able to support a child. Personal considerations, such as fear of social ostracisation, shame or embarrassment to themselves and their families also play a role (Engelbrecht *et al.*, 2005). Other reasons include risk to maternal or foetal health, or pregnancy resulting from rape or incest (Kaye *et al.*, 2005; Ramonate *et al.*, 2001; Dhillon, Chandhiok, Kambo & Saxena, 2004; Harrison, Montgomery, Lurie & Wilkinson, 2000).

A reproductive health clinic at a district hospital in Bloemfontein has been providing holistic care regarding TOP, according to the Act, since 1998. The clinic serves the population of the Free State, and between 3000 and 4000 TOPs are performed per annum.

In the authors' experience, women seeking a TOP in Bloemfontein base their request on socio-economic reasons, as allowed by the Act. However, during counselling, a pre-termination requirement, the majority of patients mention alternative reasons not specified in the Act.

## OBJECTIVES

This study aimed to identify those non-specified reasons for TOP in more detail, and also to establish contraceptive knowledge and contraceptive usage among women seeking termination.

## DEFINITIONS OF KEYWORDS

**Contraception** is the deliberate prevention of conception by any of various drugs, techniques or devices.

**Knowledge** is the theoretical or practical understanding of the subject matter.

**Reasons** refer to a cause, explanation or justification for an action or event.

**Termination of pregnancy** is a medically induced miscarriage using pharmacological means or surgical procedures.

## METHODS

This descriptive study was conducted in 2007 at a district hospital reproductive health clinic in Bloemfontein, Free State, South Africa.

### Sample population and sampling strategy

All women seeking TOP at the reproductive health clinic from April 2007 to June 2007 were invited to participate in the study. Of the approximate 900 patients who presented during the study period, 807 women constituted the study population.

Patients younger than 18 years were excluded. Patients with mental disabilities, or who were unable to understand the local language, were also excluded from the study.

### Data collection

The data were collected by means of a questionnaire designed by the authors, which was available in Sesotho, Xhosa, English and Afrikaans, the most common languages spoken by the women attending this clinic. The participants received the questionnaire in all four languages and were requested to complete the questionnaire in their preferred language.

The questionnaire consisted of two parts. The first part was completed by the attending physician, and included age, number of previous pregnancies, childbirths and abortions (including miscarriages or TOP), and weeks of gestation of current pregnancy as determined by physical examination and ultrasound. This information is routinely captured on the patient file during consultation.

The second part was completed by the participant, and included information on 'racial group', marital status, educational level, age at first sexual encounter, age at first childbirth, use and knowledge of contraceptives, whether pregnancy was planned, and the reason for terminating the current pregnancy. The question seeking reasons for TOP was open-ended. During the analysis suitable categories were

created to allocate each reason in order to present the results in a summarised manner. According to the official provincial data system, all termination of pregnancies were as a result of socio-economic reasons.

A pilot study was conducted on patients presenting at the reproductive health clinic prior to the study period. The questionnaire was found to be user-friendly and acceptable to the patients. The data collected during the pilot study were not included in the analysis.

## Methodological and measurement errors

Potential methodological and measurement errors that could negatively affect data collection, analysis and interpretation of results were misunderstanding of the questions due to possible language barriers.

## Data analysis

The data were processed by the Department of Biostatistics, Faculty of Health Sciences at the University of Free State, Bloemfontein. The results were summarised by frequencies and percentages.

## Ethical considerations

Approval for this study was obtained from the hospital authorities and the Ethics Committee of the Faculty of Health Sciences, University of Free State, Bloemfontein (ETOVS NR44/07).

The willingness to complete the second part of the questionnaire was accepted as voluntary consent. A separate room was provided for participants to answer the questionnaire. A box for collection was provided in order to ensure anonymity. Since completed questionnaires could not be linked to specific women, the Ethics Committee did not require written informed consent.

It was made clear to the patients that participation in the research would not influence the treatment they received at the visit.

## RESULTS

The study population included 807 patients attending the reproductive health clinic seeking TOP during the study period. One patient with a mental disability and 58 patients younger than 18 years were excluded. The number of women identified as potential participate was 748, of which 552 (73.8%) chose to complete the questionnaire. Fifteen (15) women did not fully complete the questionnaire and three women were unable to read the questionnaire. The study sample consisted of 534 participants (response rate 71.4%). Participation was voluntary and no reasons for

non-completion were obtained from non-respondents. The median for their weeks of gestation was 13 weeks (interquartile range 10 to 16 weeks).

Table 1 shows the demographic and socio-economic data. Most participants (64.2%) were between 20 and 29 years of age, which is considered the most fertile age. The majority of participants were African (94.8%), single (75.8%), with high school as the highest level of education (60.3%). The highest percentage (44.4%) of participants was unemployed.

**Table 1:** Demographic and socio-economic data of women seeking termination of pregnancy at a reproductive health clinic at a Free State district hospital from April 2007 to June 2007 ( $n=534$ )

	<i>n</i>	(%)
Age (years)		
> 20	56	10.5
20–29	343	64.2
≥ 30	135	25.3
Race		
African	506	94.8
Mixed race	22	4.1
White	3	0.6
Unknown	3	0.6
Marital status		
Single	405	75.8
Married	75	14.0
Living together	36	6.7
Divorced	12	2.2
Widowed	6	1.1
Level of education		
Primary school	49	9.2
High school	322	60.3
Tertiary education	163	30.5
Employment status		
Unemployed	237	44.4
Employed	170	31.8
Student	127	23.8

By the age of 20 years, the majority of the participants (82.4%) had their first sexual encounter, and 51.3% had fallen pregnant for the first time (Table 2).

**Table 2:** Distribution of first sexual encounter and first pregnancy by age group ( $n=534$ )

	First sexual encounter <i>n</i> (%)	First pregnancy <i>n</i> (%)
Age (years)		
<16 years	12 (2.2)	7 (1.3)
16–18	291 (54.5)	113 (21.2)
19–20	137 (25.7)	154 (28.8)
21–25	57 (10.7)	219 (41.0)
26–30	1 (0.2)	29 (5.4)
31–35	0 (0)	6 (1.1)
No answer provided	36 (6.7)	6 (1.1)
Median age (years)	16.2	19.5

According to the number of pregnancies and deliveries, for 29.4% ( $n=157$ ) this was their first pregnancy and 36.1% ( $n=193$ ) already had delivered one child. The history of a previous TOP was only present in 16 patients (3.0%).

Three-quarters (75.7%) of participants were aware of contraceptives, with only 37.1% stating that they had used some form of contraception during the last 6 to 12 months prior to this pregnancy (Table 3). Forms of contraception reported were injectable hormonal (56.0%), condoms (30.7%) and oral contraceptives (29.3%). Emergency contraception was the least known form (1.5%). Less than a quarter (22.3%) considered TOP as a contraceptive method.

**Table 3:** Awareness and use of contraceptives, and whether pregnancy was planned or unplanned ( $n=534$ )

	Awareness of contraceptives <i>n</i> (%)	Use of contraceptives <i>n</i> (%)	Pregnancy planned <i>n</i> (%)
Yes	404 (75.7)	198 (37.1)	16 (3.0)
No	130 (24.3)	327 (61.2)	513 (96.1)
No answer	0 (0)	9 (1.7)	5 (0.9)

The reasons given for terminating the pregnancy were related to economic and social issues (Table 4). The most frequently mentioned were: 'I am still at school' (24.3%), 'Partner not prepared for the parenthood' (24.2%), 'Not supported by the family' (15.4%), and 'Abandoned by boyfriend' (13.0%). The reasons related to the male partner constituted 45.9% ( $n=245$ ) of the responses.

**Table 4:** Reasons for seeking termination of pregnancy at a reproductive health clinic at a Free State district hospital from April 2007 to June 2007 ( $n=534$ )

	<i>n</i> *	(%)
Reasons		
I am still at school	130	24.3
Partner not prepared for parenthood	129	24.2
Not supported by the family	82	15.4
Abandoned by boyfriend	69	12.9
Not ready for having a child	40	7.5
Pressurised by partner	38	7.1
I do not want more children	30	5.6
Unemployed	32	6.0
I have a very young child	18	3.4
I am HIV-positive	16	3.0
I was raped	13	2.4
Infidelity	9	1.7
Because I want to	6	1.1
Other	12	2.3

\*more than one reason could be provided

## DISCUSSION

The demographic composition, consisting of age, racial composition, marital status, level of education and employment status, of this study sample seems to be similar to that of women presenting at the labour wards in Bloemfontein for delivery (Ramonate *et al.*, 2001).

The majority of women in this study had their first sexual encounter between the ages of 16 and 18 years. Peer *et al.* (2013) reported similar results with 72.8% of female participants between 18 and 44 years stating that their first sexual encounter was prior to the age of 18 years.



In our study, half of the participants had had their first child by the age of 20 years. This finding is supported by the 2003 SADH survey, which found that almost half of the women had their first birth before the age of 21 years (South Africa Department of Health, 2007). The younger a women starts her sexual life, the greater the possibility of falling pregnant. With this behaviour, the risks of acquiring a sexually transmitted disease are also higher.

This study revealed that 96.1% of pregnancies were unplanned. This is higher than the results from a study by McPhail *et al.* (2007) that found that 65% of pregnancies in South African women between the ages of 15 to 24 years were not planned. It needs to be kept in mind that the sample of this study was ‘pre-selected’ as they were patients of a reproductive health clinic providing TOP services, whereas the sample of McPhail’s study was a national representative group. Young women tend not to use contraceptives at their first sexual encounter, as this usually happens unplanned. Cooper *et al.* (2004) found that the majority of young women only learned about contraceptives after an unplanned or unwanted pregnancy as part of postnatal or post-TOP care.

While 75.7% of participants in this study stated awareness of contraceptives, only 37.1% reported the use of any form of contraception during the last 6 to 12 months prior to this pregnancy. This is lower than the 52.2% prevalence of contraceptive use reported by McPhail *et al.* (2007). It seems women seeking TOP know about contraceptives, but they are not using any. Possible reasons may include the fear that parents could find out they are sexually active, or that healthcare workers at family planning clinics are not always approachable when it comes to contraceptive use by adolescent women (Cooper *et al.*, 2004; Peer *et al.*, 2013).

The more frequently mentioned contraceptives in this study were the injectable hormonal, condoms and oral contraceptives. This is in line with findings by Seutlwadi *et al.* (2012), however, they found the most frequently used contraceptives to be mainly condoms followed by injectables.

Only 1.5% of participants of this study had knowledge of emergency contraception, even though this option is widely available in the public sector and can be useful in the case of an unprotected sexual encounter. The 2003 SADHS survey reported similar results with only 2.3% of women having knowledge of emergency contraception (South Africa Department of Health, 2007).

A 1999 study done at two reproductive health clinics in Bloemfontein also found the majority of women requesting TOP stating socio-economic reasons (Ramonate *et al.*, 2001). This was followed by 13.4% of women indicating that they were either studying or wanted to pursue their studies. In comparison, this sample’s most common reason for terminating the pregnancy was: ‘I am still at school’. This means that continuation of the pregnancy would likely interrupt or end their education. The wish to not interrupt studies by the current pregnancy is confirmed by other studies on the reason for termination (Benson *et al.*, 2011; Grimes *et al.*, 2006; Wokoma,

Jampala, Bexhell, Guthrie & Lindow, 2015). In this region, it is known that the extended family also influences the decision to seek a TOP. Should the family not agree with the continuation of the pregnancy, for economic or moral reasons, the pregnant mother is more likely to have a TOP (Engelbrecht *et al.*, 2005).

Forty-four percent of the participants of this study indicated that the male partner, either through pressure to terminate or to abandon, played an important role in the decision to terminate the pregnancy. Similar results were found by Kaye *et al.* (2005) in west Africa. Chibber *et al.* (2014) reported that one-third of women seeking termination in US facilities also stated poor relationships or unwillingness of the partner to support the pregnancy as reasons for the termination. The male partner's willingness to support the child, the couple's relationship stability and the support of the extended family influence the decision to terminate a pregnancy, and globally seems to account for one-third to a half of the cases reported.

It is of interest that only 3.0% of women in this study requested a TOP as a result of their HIV status, however, it is unknown how many of the participants were HIV positive. From annual surveys in South Africa, about 30% of pregnant women would be expected to be HIV positive in this region (South Africa Department of Health, 2015). The HIV status does not seem to be an important reason to seek TOP in this sample. Antenatal testing and the provision of prevention of mother-to-child transmission (PMTCT) were already introduced during the study period, but it may be that the acceptance of HIV testing by the general population was poor due to stigmatisation, and therefore not many participants were aware of their HIV status.

## LIMITATIONS OF THE STUDY

Data for this study were collected some years ago, and theoretically reasons for TOP could have changed. However, it is the authors' opinion that this is unlikely judging from our experiences in the health service. The knowledge of contraception was not tested in detail in this study, but awareness was elicited. It may be that some improvement in the knowledge of contraception has occurred in the meantime, but there has unfortunately not been significant development in contraceptive service provision.

A further limiting factor may be that HIV and testing for HIV have become more acceptable since the time this study was conducted. Testing, however, was encouraged during the data collection period. It is interesting that HIV seemed to have played a relatively small part in the participants' decision to seek TOP. This may have changed slightly over the past years. The annual antenatal surveys show slightly declining HIV-positive percentages for the Free State from 2007 (33.5%, 95% CI 28.3; 39.1) to 2013 (29.8%, 95% CI 27.6%; 32.0%) (South Africa Department of Health, 2008; 2015).

Possible misunderstanding of some of the items on the questionnaire combined with an unwillingness to state the underlying reasons for the TOP may have played a minor role.

## CONCLUSIONS

Although the participants of this study had a good awareness of contraception, the use of contraceptives among women seeking TOP was low compared with the contraceptive prevalence rate in the country.

The reasons for the TOP varied, with the male partner having a noteworthy influence in the decision making. Interruption of studies, problems in the relationship and non-acceptance of the pregnancy by the partner were the most frequent reasons mentioned.

There remains a need for better access to contraceptives. Increased availability and knowledge of emergency contraception should result in lower numbers of women seeking TOP.

## RECOMMENDATIONS

Discrepancy between awareness and use of contraception in this population needs to be addressed. The awareness needs to transform to a practical knowledge of contraception.

The contraceptive services to prevent unwanted pregnancies in the teenage population in this province need to be strengthened. Schools seem a very appropriate platform to both provide these services and also support young pregnant learners.

The social structure in the Free State, with specific reference to families and long-term relations, needs to be addressed.

The perceived role of known HIV infection as a reason for TOP may need to be explored further.

## ACKNOWLEDGEMENTS

The authors would like to acknowledge the participants and the Free State Department of Health, South Africa.

We also wish to thank Ms T. Mulder, medical editor, School of Medicine, University of the Free State, South Africa, for technical and editorial preparation of the manuscript.

## REFERENCES

- Benson, J., Andersen, K. & Samandari, G. 2011. Reduction in abortion-related mortality following policy reform: evidence from Romania, South Africa and Bangladesh. *Reproductive Health*, 8:39. <http://dx.doi.org/10.1186/1742-4755-8-39>
- Casey, F. E. n.d. *Elective Abortion*. Available at <http://emedicine.medscape.com/article/252560-overview> (Accessed 1 October 2015).
- Chibber, K. S., Biggs, M. A., Roberts, S. C., & Foster, D. G. 2014. The role of intimate partner in women's reasons for seeking abortion. *Women's Health Issues*, 24(1):e131–138. Retrieved from <http://dx.doi.org/10.1016/j.whi.2013.10.007>
- Cooper, D., Morroni, C., Orner, P., Moodley, J., Harries, J., Cullingworth, L. *et al.* 2004. Ten years of democracy in South Africa: Documenting transformation in reproductive health policy and status. *Reproductive Health Matters*, 12(24):70–85. Retrieved from [http://dx.doi.org/10.1016/S0968-8080\(04\)24143-X](http://dx.doi.org/10.1016/S0968-8080(04)24143-X)
- Dhillon, B. S., Chandhiok, N., Kambo, I. & Saxena, N. C. 2004. Induced abortion and concurrent adoption of contraception in the rural areas of India (an ICMR task force study). *Indian Journal of Medical Sciences*, 58(11):478–484.
- Engelbrecht, M. C., Ngwena, C. G. & Van Rensburg, H. C. J. 2005. Accessing termination of pregnancy by minors in the Free State: Identifying barriers and possible interventions. Bloemfontein: Centre for Health Systems Research, University of the Free State, Ipas/South Africa. Available at [http://humanities.ufs.ac.za/dl/userfiles/Documents/00000/198\\_eng.pdf](http://humanities.ufs.ac.za/dl/userfiles/Documents/00000/198_eng.pdf) (Accessed 1 October 2015).
- Grimes, D. A., Benson, J., Singh, S., Romero, M., Ganatra, B., Okonofua, F. E. *et al.* 2006. Unsafe abortion: The preventable pandemic. *Lancet*, 368(9550):1908–1919. Retrieved from [http://dx.doi.org/10.1016/S0140-6736\(06\)69481-6](http://dx.doi.org/10.1016/S0140-6736(06)69481-6)
- Harrison, A., Montgomery, E. T., Lurie, M. & Wilkinson, D. 2000. Barriers to implementing South Africa's Termination of Pregnancy Act in rural KwaZulu/Natal. *Health Policy and Planning*, 15(4):424–431. Retrieved from <http://dx.doi.org/10.1093/heapol/15.4.424>
- Kaye, D. K., Mirembe, F., Bantebya, G., Johansson, A. & Ekstrom, A. M. 2005. Reasons, methods used and decision-making for pregnancy termination among adolescents and older women in Mulago Hospital, Uganda. *East African Medical Journal*, 82(11):579–585. Retrieved from <http://dx.doi.org/10.4314/eamj.v82i11.9413>
- Lauro, D. 2011. Abortion and contraceptive use in Sub-Saharan Africa: How women plan their families. *African Journal of Reproductive Health*, 15(1):13–23.
- McPhail, C., Pettifor, A. E., Pascoe, S. & Rees, H. V. 2007. Contraception use and pregnancy among 15–24 year old South African women: A national representative cross-sectional survey. *BMC Medicine*, 5:31. Retrieved from <http://dx.doi.org/doi:10.1186/1741-7015-5-31>
- Peer, N., Morojele, N. & London, L. 2013. Factors associated with contraceptive use in a rural area in Western Cape Province. *South African Medical Journal*, 103(6):406–412. Retrieved from <http://dx.doi.org/10.7196/samj.6201>
- Ramonate, N., Hiemstra, L. A., De Coning, E. C. & Nel, M. 2001. Bio-social profile and survey of women seeking termination of pregnancy at Pelonomi and National Hospitals, Bloemfontein. *South African Medical Journal*, 91(6):500–501

- Seutlwadi, L., Peltzer, K. & Mchunu, G. 2012. Contraceptive use and associated factors among South African youth (18–24 years): A population-based survey. *South African Journal of Obstetrics and Gynaecology*, 18(2):43–47.
- South Africa Department of Health, Medical Research Council, OrcMacro. 2007. *South Africa Demographic and Health Survey 2003*. Pretoria, South Africa: Department of Health. Available at <https://dhsprogram.com/pubs/pdf/FR206/FR206.pdf> (Accessed 13 Oct 2015).
- South Africa Department of Health. 2008. *The National HIV and syphilis prevalence survey South Africa 2007*. Available at [http://data.unaids.org/pub/Report/2008/20080904\\_southafrica\\_anc\\_2008\\_en.pdf](http://data.unaids.org/pub/Report/2008/20080904_southafrica_anc_2008_en.pdf) (Accessed 12 May 2016).
- South Africa Department of Health. 2015. *2013 National Antenatal Sentinel HIV and Syphilis Prevalence Survey in South Africa*. Available at <https://www.health-e.org.za/wp-content/uploads/2016/03/Dept-Health-HIV-High-Res-7102015.pdf> (Accessed 10 May 2016).
- Wokoma, T. T., Jampala, M., Bexhell, H., Guthrie, K. A. & Lindow, S. W. 2015. Reasons provided for requesting a termination of pregnancy in the U.K. *Journal of Family Planning and Reproductive Health Care*, 41(3):186–192. Retrieved from <http://dx.doi.org/0.1136/jfprhc-2013-100745>