

A STUDY OF FACTORS LEADING TO CRIMINAL ABORTIONS AMONG
TEENAGERS IN LUSAKA - ZAMBIA

BY
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Declaration

I declare that to the best of my knowledge, this
dissertation represents my own work and that it has
not previously been submitted for a degree at this or any
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Approval

This dissertation of Evelyn Mwila is approved as fulfilling part of the requirements for the award of Master of Arts in Social work.

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Dedication

To my late sisters, Mirriam and Chanda, whose absence will be difficult to ignore.

ABSTRACT

The study investigated factors precipitating teenage criminal abortions, in Lusaka, Zambia. In this respect, several issues were examined and studied. These included attitudes portrayed by various social and cultural institutions towards premarital pregnancies among teenagers; these institutions such as, the family, the church, the school and aspects of the Legal system, (that is the abortion law in Zambia) were studied to determine the extent to which they influence and affect criminal abortions among young people. For this the survey method was used.

The major findings were: That, there is a significant relationship between attitudes portrayed by society towards premarital pregnancies and the incidence of criminal abortions among teenagers. The negative attitude which the family, the church and the school have towards such pregnancies often forces teenagers to resort to criminal abortion. Premarital pregnancies among teenagers are still looked upon as a shameful and immoral act.

It is also argued that the existing abortion law contributes to the consistent prevalence of criminal abortions. The findings indicate that teenagers who are supposed to utilize legal facilities for abortion are not aware of their existence or find them too bureaucratic and unaccommodating in so far as their

interests are concerned. In the light of this, there is a strong relationship between the non-awareness of the abortion law and the incidence of criminal abortions. Also, the restrictive nature of the law was found to be a significant factor in the decision to have illegal abortion.

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CHAPTER ONE

Introduction

1.0 Background Information

Abortion is a worldwide problem and to many it continues to be an unpleasant subject to discuss. It is dreaded in all societies and has been relegated to the darkest corners of fear and mythology that an unwritten compact virtually requires that it remain untouched and undiscussed. Lader (1966), p. 1, acknowledges that abortion remains one of the crucial philosophic, religious, and medical dilemmas of our time, it has become too dangerous to grapple with. It touches our most sensitive nerves, for abortion involves the ultimate control by a woman over her own procreativity.

Abortion, it must be remembered, is as old as humanity and probably occurs in all cultures. Through out recorded history, women have resorted to abortion to terminate unwanted pregnancies, regardless of moral or legal sanctions and often at considerable physical or psychological risk and cost (David, 1974, p.3). It thus becomes interesting to find out what necessitates abortions among women. David (1974) also notes that reports in the files of the International Reference Centre for Abortion Research, tend to confirm the long held

opinion that, on a global basis, abortion has been and continues to be the most commonly practiced method of fertility limitation. In this respect, statistics show a rough world estimate of the number of abortions performed as ranging from thirty to fifty eight, million, about half of them legal and the other half criminal (MacMillian Family Encyclopedia 1980, p.60). In countries where abortions are readily available, the ratio of live births to deliberate abortions is about three to one. In the U.S.A, for instance, about one third of legal abortions involve unmarried teenagers and in England and Sweden, about a quarter (McMillian Family Encyclopedia 1980,p.60). The rest of the unmarried teenagers resort to illegal abortions. The illegal abortions noted worldwide involve a high proportion of young girls and estimates of death range from thirty five to ninety five per each hundred thousand abortions (MacMillian Family Encyclopedia 1980, p.60). It has also been estimated that as many as five thousand American women die each year as a direct result of criminal abortion. It has been pointed out that this may be an underestimation in as much as such deaths are either mislabelled or are unreported (Schwarz,1968).

In Zambia, it is difficult to establish correct statistics of women dying as a direct result of criminal abortions. This is because such deaths are either mislabelled or remain unreported. Sometimes it is done to

protect someone involved in an illegal operation or to avoid embarrassment to the family of the deceased (Kleinman, 1972).

However, although not properly recorded, it is a known fact that a significant number of such deaths do occur every year both in Zambia and globally. For instance, most studies indicate that up to one million two hundred thousand illegal abortions worldwide are performed annually, or otherwise stated, one pregnancy in five is illegally or criminally terminated (Chanches, 1977).

In Zambia today, the problem of criminal abortions still persist despite the following: the teachings of Christian morals in schools, churches, homes and various other segments of society concerned with this issue; the enactment of laws regarding the legality of abortions; the indigenous (traditional) moral teachings, especially the teachings done during a girl's initiation ceremony; the strict rules and regulations stipulated by the educational system against premarital pregnancies and abortions; and the stigma that the Zambian society attaches to premarital pregnancies and abortion in general.

As a developing country, Zambia is concerned about criminal abortions and why they are still taking place. Many pertinent questions are being asked.

These include: is abortion the only choice? Is society in any way contributing to the perpetuation of this problem and if so, how? What must be done about it? These are some of the questions society must address if a tangible and lasting solution to the problem is to be found. Although it is difficult to elicit statistics pertaining to criminal abortions among teenagers, it must, however, be noted that Zambia, like other countries, has lost a significant number of young lives through abortion related mortality. As if this is not enough, a lot more girls are forced out of the formal educational system upon being found pregnant or if found to have committed the "offence" of abortion. In addition, those who abort, face health complications.

The first step towards dealing with criminal abortions realistically is to realise that it is a crucial problem that needs to be tackled unrelentlessly. It is only then that justice could be done not only to the desperate young girls but to society as a whole.

1.1 Statement of the Problem

In view of the above, the study sought to identify and analyse factors precipitating teenage abortions in Lusaka, Zambia.

1.2 Specific Objectives of The Study

The study was meant to achieve the following objectives:

- a) to analyse the attitude of an average Zambian

family towards premarital pregnancies among teenagers;

- b) to examine the educational policy, (both latent and manifest) towards premarital pregnancies among teenagers;
- c) to analyse attitudes that the church has towards premarital pregnancies among teenagers;
- d) to identify and analyse socio-economic factors leading to teenage abortions;
- e) to assess the applicability of the Termination of Pregnancy Act to teenagers; and
- f) - to assess the extent of teenagers' knowledge about the Termination of Pregnancy Act.

1.3 Rationale for Choice of Problem

It is important to note that insufficient research has been done on this particular subject pertaining to attitudes that society has towards premarital

pregnancies and how attitudes can influence teenagers to resort to criminal abortions.

At the same time, it is also important to acknowledge the fact that Zambia is the only country throughout the sub-Saharan Africa which permits abortions to be carried out on health or socio-economic grounds (Tietze and Henshaw, 1986). However, there seems to be no evidence of any significant impact of the law pertaining to the legality of abortion on the people it is meant to serve since its enactment. It is for this reason that the study was undertaken so as to add to the existing but limited knowledge.

It must be realised that the problem dealt with is critical and needs serious acknowledgement by various segments of society, hence the need for more information about the subject for purposes of future policies.

1.4 Operational Definitions of Key Concepts

1 Criminal Abortion:

These are abortions initiated by the deliberate action with the intention to terminate the pregnancy (Cavar, 1974, p.7). Criminal abortions in this study also mean those abortions performed without sanction

of the law, may be performed under unsafe, unsanitary conditions, or may be reasonably safe abortions performed by physicians operating outside the law (Cavar, 1974, p.7).

ii Legal Abortion

These are abortions performed within the limits of the law (Caver, 1974, p.7).

iii Premarital Pregnancies

Pregnancies occurring in girls who are not yet in union of marriage or who are outside matrimonial arrangements. In this case teenagers who are not yet married.

iv Teenagers

Girls between the ages of thirteen and nineteen.

v Social-Economic factors in this study is used to refer to such variables as age, religion, education, economic status and parental attitudes resulting from their socio-cultural orientation.

vi Family

Family is used to refer to the composition of mother, father, uncle, aunt,

brothers, sisters, cousins etc, whom a particular respondent maybe living with at the time of interview. This definition excludes friends, lodgers, etc.

1.5 Methodology

This is a descriptive as well as an analytical study. Therefore, the survey method was used for the study. The advantage of this method is that it leads to a significant insight into the problem under study and at the same time promote a detailed account of characteristics of the problem situation being studied.

1.6 Nature and Sources of Data

Primary data were the main source of data and these were derived or obtained by means of a structured questionnaire and University Teaching Hospital (UTH) medical records. For additional sources of data, secondary data from mainly books, articles concerning premarital pregnancies and criminal abortions were also used.

1.7 Manner of Data Collection

The scheduled, structured interview was used in this research to collect data. This method was

based on an established questionnaire and was presented to each respondent in exactly the same way by the researcher. The reason for this was to minimize the role and influence of the researcher and more importantly to enable a more objective comparison of the results (Achola and Bless, 1987).

1.8 Sample Size

Mwakamowo (1989) contends that the gynecological wards at UTH admit an average of fifteen patients per day with abortions. This means that an average of 450 patients are admitted per month. He notes that approximately 60% percent of these abortions are reported illegal, with the majority of the culprits aged between 15-30, with the peak at the 15-20 age group. Mutati (1990) in her study, however, reveals that out of the approximately 450 patients who are seen per month, about 150 patients are teenagers. This again means that an average of 5 patients are seen per day.

The systematic sampling technique was used for my sample selection. This is a probabilistic approach whereby every kth element is randomly selected (Phillips, 1985). This is to say;

$$K = \frac{N}{n} \quad N = \text{Population}$$

n = Sample size

The period allocated for data collection was 60 days excluding non-working days. This meant that out of the teenage patients of 150, a sample of 50 was picked using the systematic random sampling technique. This gave us the sampling interval of 3 where $k = \frac{N}{n}$
 $= \frac{150}{50} = 3$

This meant that I picked every 3rd teenage patient out of the average number of 5 teenage patients seen per day. This was done in 50 days, hence the sample size of 50.

The study area was UTH, wards C01, C02, and C03 where cases of this nature are found. The interviews were conducted after patients were discharged. Confidentiality was guaranteed as only the researcher had access to the research instruments and dealt directly with the individual respondents in private.

1.9 Analysis of Data

The study is both descriptive and analytical. Therefore, frequency tables, percentages and cross tabulations are used. Data analysis was done on the computer.

1.1.0 Limitations of The Study

Mutati (1990, p. 28) notes that the biggest challenge in abortion research is the collection of reliable data on a subject that is extremely personal, confidential, and often very emotional. The nature of this study more often than not tends to be rather sensitive. Owing to this sensitivity, problems in extracting information from the target group were encountered. As such, the possibility of getting unreliable data was indeed a source of worry as this, in one way or the other, may affect the results of the study. In this respect, results, to a certain extent, may not be generalizable to all teenagers in Lusaka.

The study was hospital based and to a greater extent reflected the type of teenage population that came to seek medical attention and whose cases were recorded. The study indicated that 72 percent who sought medical attention came from high density areas with a lower socio-economic background. Only 28 percent came from low and medium density areas. These represented a higher socio economic background. There is therefore every possibility of bias as results cannot, to a certain extent, be generalized to teenagers coming from low or medium density areas. However, there is a probability that, this part of the

population seek medical attention privately as their cases are rarely reported and recorded.

Due to the sensitivity of the subject matter, the need for strict confidentiality and to avoid subject contamination, a sample size of 50 was arrived at. In light of adequate controls and research resources, a bigger sample size could have been more significant in so far as meaningful generalisation of results is concerned.

1.1.1 Pilot Study

A small - scale version of the study was conducted a month before the main study. The purpose of this pilot study was to obtain useful information for improving the main study, that is, assessing its feasibility, and the effectiveness of the measurement instruments. Fifteen subjects participated in the pilot study at UTH's gynecology ward C03. Subjects who participated in the pilot study possessed the same characteristics as individuals who later comprised the main sample. Data from the test were scrutinized and revisions, refinements, adjustments, modifications, etc, were made in the instrument used for the major study.

1.1.2 Outline of chapters

Chapter one deals with background information to the study. It mainly discusses the abortion problem and its extent. In this regard, the statement of the problem and rationale for choice of the problem are discussed. Specific objectives of the study are also presented. The operational definitions of key concepts used in the study are also presented. The chapter also discusses the research design which includes the methodology of the study, the nature and source of data, the manner of data collection, sample size, data analysis, and limitations of the study. The significance of a pilot study is also looked at in this chapter.

The Review of literature and the theoretical framework within which the research findings are discussed are presented in chapter two. The hypotheses of the study are also found in this chapter.

Chapter three discusses the socio-economic background of the subjects whereas chapter four analyses and discusses the families' attitudes towards premarital pregnancies among teenagers. The main discussion in this chapter is centred around the assumption that the families' negative attitude towards premarital pregnancies prompt teenagers to resort to criminal abortions.

Chapter five mainly examines the policy of the Zambian educational system concerning pregnancies among school girls and the system's general view of these girls.

Chapter six like chapters four and five, analyses and discusses the church's attitude towards premarital pregnancies among teenagers.

In chapter seven, the Zambian Law/Act concerning terminating of pregnancy is critically examined and discussed in depth. Specific attention is paid to the existence and stipulation of the Law/Act and the extent to which teenagers utilizes this facility. In particular, we attempt to answer the question as to whether this Act is one of the factors precipitating teenage abortions.

Chapter eight, summarizes and concludes the results of the study. Recommendations are also presented in this chapter.

CHAPTER TWO

2.0 Literature Review

Many authors have discussed abortion and teenager pregnancies within a socio-environmental context. Griffith (1948), p.1, contends that to many people, sex and abortion are evil burdens whose nature they find shameful and sinful. He argues that abortion is one of the major social conditions which may well be termed a social disease whose presence in our midst is detrimental to family life. Premarital pregnancies have therefore been looked at by many societies as a major problem. Griffith (1948) further contends that, if it occurs in an unmarried girl, it turns out to be a disaster and causes a profound disruption of her life after knowing that such an act is anti-social. This is because most societies regard the unmarried mother with disapproval and see her as having gone against social morals of society.

The Zambian society, in general, has viewed premarital pregnancies and abortions as immoral acts which both lead to, and result from, the decaying of society. This is because Zambian customs generally, dictate that no woman should have children until proper arrangements have been made with regard to the conditions of marriage, initiation rites, responsibilities, duties and parental obligations,

otherwise severe social sanctions such as being declared a social outcast may follow as a result of deviation (Simapungula, 1977, p 10). At the same time the Zambian society views the unborn child to be as human as the mother, and to have the same rights to life as the mother (National Council of the Lay Apostolate, (1976).

A study carried out by Williams and Hendel(1972, p. 14-15) further confirms that there is considerable residue of social stigma attached to having an illegitimate child which takes the form of shame and losing face in society. Klemmer (1965), p. 149, for instance, reveals that the confirmation of the young female's pregnancy is a highly impressional moment for her parents and perhaps is the time when they are most likely to express to her extreme thoughts and judgments which they would usually regret having expressed in the first place. These thoughts are often in the form of hostility and bitterness. He argues that the attitude which the family and society portray towards such pregnancies is usually reflected in the rejection of the victim in so devastating a manner as to preclude them from ever being of help in the future or by evicting them from home or threatening them.

Simapungula (1977), p. 19, has noted that pregnant girls feel they must abort because they are either students, unmarried or not in employment, and would not, therefore, manage to support a child, or that parents would kill them, or chase them away from home for getting a pregnancy outside wedlock.

Williams and Hendel (1972), p. 50 argue that premarital pregnancies and abortions occur because of an idealistic set of sexual morals, and a romantic vision of sex and human relationships among the victims. This, they contend, is purely due to lack of sex education by parents and schools. They suggest that if the incidence of unwanted pregnancies (most of which lead to criminal abortions) are to be reduced, society must strive to step up the flow of information on sex education.

While these views are generally true, it is also important to note that most of the unwanted pregnancies (especially premarital pregnancies) end in criminal abortions due to the fact that in certain countries laws concerning abortions tend to be non-liberal and quite restrictive. It was not until 1972 that the Termination of Pregnancy Act became part of the law of Zambia and abortion became legalized (Mbewe 1989).

However, Simapungula (1977), p.20, indicates that girls who seek abortion present strong moral grounds but these are not contemplated by the Act and as such are not used as a basis for lawful abortion. As a result of this, a number of girls continue to seek back street abortionists who include herbalists. These have more often than not resulted either in deaths or severe injuries to the victims.

A study carried out by Chisenga (1987), p. 43, shows that abortion is more common in adolescents than older women, and that most of the illegal abortions are conducted quickly by drinking some herbs and without the knowledge of parents and friends. The health risks of such badly performed abortions are high. Nkwale (1985), p.1, indicates that abortion is one of the commonest problems encountered at the University Teaching Hospital (UTH). The study shows that over 20 percent of admissions are abortion cases. Most cases of abortions are below the age of 30 years and account for 82 percent. Out of these 37.7 percent are between the ages of 20 and 24 and 20 percent between the ages 25-40 years. The study concluded that the incidence of septic criminal abortions is and likely to decrease with the introduction of therapeutic/legal abortion.

A study done by Nkereanye (1987/8), p. 5, also shows that in 1986 a total of 513 abortions were performed at UTH. In 1987, at least a total of 269 abortions were performed. Of the majority of women seeking abortion, the study further indicates, 73.8 percent were below the age of 30 even though the age range was from 13 to 45 years. 49.78 percent of the women seeking abortion were unmarried and their ages ranged from 25 years and below.

Siame (1986), has also indicated that each week at UTH alone, the average number of abortions is between 10-20. This number mainly involves teenagers and may be just half of those aborting in Lusaka. The other half goes to private doctors, especially those who can afford the fees charged. He further argues that the law which is amended covers mainly married women and that teenagers who go to the hospital for abortion, be it partial or complete, are guilty and must be prosecuted. This is because the provision under the penal code on abortion still remains in force for those who abort on the grounds not provided for in the amended Act.

It must be noted that abortion is a world wide phenomenon. Estimates suggest that; every year more than 35 million women have induced abortions, legal and illegal and a great majority of these in filthy and unhygienic surroundings by back street abortionists. This is to say, every day nearly 100,000 women prefer facing possible mutilation, disaster and even death to terminate their pregnancies, obviously for a variety of very good reasons. It is difficult to break up this global educated estimate in terms of rational statistics, because except for a few countries where abortion is legal, national official statistics year books do not include this item. Certain ad hoc surveys and sample studies, however, give clues to the magnitude of abortion in certain countries. In the Soviet Union, according to Mehlar (1970), some six million abortions take place every year. Whereas no official figure has been published in China, the total number of abortions is believed to be about 5 million per year. In Hungary the official estimates put the total number of abortions as exceeding 100,000 a year (quote by Chandrasekhar, 1974, p.55).

Since the peak year of 1955 when 2 million abortions were performed in Japan, the incidence of abortion has been declining gradually, possibly for the twin reason of widespread use of contraception and the government's fear of labour shortage. In India, before the liberal law of 1971 was passed, there were, according to official estimates, some 5 million abortions a year. In the United States of America (USA), before the present liberal laws in some states were passed, estimates of induced abortions ranged from 700,000 to 2,000,000 a year. According to Thomlinson's summary (1965) of several studies in the 1960s, about one out of five pregnancies in the USA culminated in illegal abortions. The estimates of illegal abortions in West Germany for 1967 ranged between 1 and 3 million. In Great Britain before the Act was passed an estimate put the total number of induced abortions at 100,000 a year. In Canada the annual figure is about 50,000.

Again estimates from Catholic countries also show the intensity of abortion and thus confirming the seriousness of the problem. Italy probably leads the list with an estimated 650,000 to 900,000 illegal abortions in 1967 while for France the average annual figure varies between 250,000 and 300,000. Of the

200,000 abortions that take place in Chile annually, two thirds are induced. According to a hospital survey, one out of every five Chilean woman has had at least one illegal abortion. In Mexico it is one out of every three women. Illegal abortions in Argentina and Uruguay in 1976, totalled 500,000 and 100,000, respectively, and for Belgium the estimate is more than 100,000 a year" (Chandrasekhar, 1974, p. 55).

Maine (1982) reports that 68,000 women in the Third World died from illegal abortions in 1977. A survey carried out in Zambia shows that 80 percent of the patients who were admitted to hospital with complications of induced abortions were those under the age of 19 years (Likwa, 1987).

Royston and Armstrong (1989) argue that an important aspect of this sad picture is that teenagers rarely have access to contraception or legal abortion even where there is every likelihood of early sexual experience and/or pregnancy.

So long as these induced abortions are illegal the utter misery and possible morbidity can only be imagined (Chandrasekhar, 1974).

The assumption followed by most studies in line with this argument is that liberalization of the abortion law is usually followed by a reduction in mortality and in the number of septic abortions (WHO, 1979). It has also been noted that in countries with restrictive abortion laws, poor and high parity women and unmarried teenagers form the majority of women who seek illegal abortion (WHO, 1979).

It is also pointed out that the rapid rise in the number of abortions in all countries after liberalization of their laws reflects, in part, a replacement of illegal abortion by legal abortions. In countries with liberalized laws such as Sweden, the United Kingdom and the USA, women under 20 years of age, unmarried women and childless women represent a high proportion of those obtaining legal abortions (WHO, 1979). A similar situation can be brought about in Zambia if only the existing abortion law is fully reviewed and fully liberalized. This would reduce the number of high risk illegal abortions.

2.1 Theoretical Framework for Research

The social systems theory formed the theoretical basis for the study. Whittaker (1974, p. 69), views man as a participant in a number of

interacting and interdependent dynamic social systems and not as an isolated entity. He argues further, that man and the social systems with which he interacts are viewed as having a symbiotic relationship, each needing the other for its own life growth. In this case, it follows that change in one part of a social system may exert a ripple effect of change throughout that system and on into other social systems as well. Here there is a basic inter dependency between the social system as well as a high degree of organization within and amongst each other. It is basic to note that teenagers like adults are not isolated entities but are direct products of society. They are part and parcel of all systems that make up society. As the basis of social treatment, social systems theory posits that factors leading to various social problems lie within the various systems themselves.

This framework specifically deals with the way in which various social systems such as families, small groups, organisations, and communities are created and the numerous processes by which they interact, maintained and/or changed (Whittaker, 1974, p.69). This study is an attempt to deal with various social system and how they affect criminal abortions among teenagers

Based on this theoretical framework, it was assumed that factors leading to criminal abortions among teenagers lie within social systems of society, namely, the family, the church, the school, and the legal system.

According to the social systems theory change is required within these systems if the problem of abortion is to be minimised or eradicated, Changes of attitudes, policy, knowledge and actions or behavior are called for if criminal abortions are to be minimised by the teenagers and other segments of the population.

To facilitate change, social systems, in this sense, are treated analytically as open systems whose boundaries and their maintenance are crucial. The structure of the system is also seen as being problematic and therefore subject to essential change. Since the structure of social systems consists of institutionalized normative culture, the normative patterns of the family, church, school etc. become the basic reference points for analyzing defects in the institution which lead to the existing problem. As such, and in so far as the systems theory is

concerned the sources of tendencies toward change, the impact of these tendencies on the affected components and the possible generalisations about trends and patterns of change cannot be over emphasized for the purpose of better understanding of the systems being studied (Demerath and Peterson, 1967, p. 44).

2.2 Hypotheses

Within the above theoretical framework, the following were hypothesized:

- a) Families' negative attitude towards premarital pregnancies precipitate teenagers to resort to criminal abortions
- b) the churches' negative attitude towards pregnancies is a contributing factor to criminal abortions.
- c) the fear of being forced out of the educational system ranks among the reasons for criminal abortions.
- d) low economic status is also a major consideration in teenage criminal abortion.

CHAPTER THREE

The Socio-Economic Background of the Subjects

The target group consisted of teenagers falling within the age range of 13-19 years. In this respect, the study concentrated on those teenagers hospitalized with criminal abortion. This category was chosen, not only because of their importance to the future of this country but also as individuals about to assume leadership roles as family heads, and actors in occupational and political systems (Osei-Hwedie, Mufune and Mwansa, 1990, p.2).

According to the data, all respondents have undergone or are under going some form of formal education, at both primary and secondary levels. Fifty-two percent of the respondents were expelled by the school authority after learning of their pregnancies. Forty-eight percent managed to carry out a secret but criminal abortion which the school did not know about. These have continued with their education.

As regards the above, it was observed that those expelled from school have not yet engaged themselves in any form of employment or income generating

ventures. Therefore, their source of income is entirely their parents. Those who have continued with school, apart from attaining student status have no source of income. These also depend on their parents' income. It was further observed that the majority of parents are found in the low income group. At the same time, the data indicated that these people resided in the high density areas of Lusaka. In this regard, the majority of the respondents came from high density areas and from parents found in the low income group.

The data also indicated that all respondents belonged to a religious denomination obviously implying the importance of religion to this group.

3.0 Identification and Analysis of Socio-Economic Factors Leading to Teenage Abortion.

Bearing in mind the socio-economic background of the respondents, it was vital to investigate the relationship between socio-economic factors and criminal abortion. Thus, the socio-economic factors under investigation were, age, education, parents income and residential area.

a) Age

Table 1: Shows the age distribution of teenagers in the sample with criminal abortion:

Table 1: Age Distribution and its Relationship to Teenage Criminal Abortion

Age Distribution	Percentage of Teenagers with Criminal Abortion According to Age
14	4.0
15	6.0
16	14.0
17	22.0
18	20.0
19	34.0
TOTAL	100.0

The data (Table 1) indicate that the phenomenon of teenage criminal abortion is, to a larger extent, commonly committed by persons between the ages of 16 and 19 years. Except for the 18 year olds, it appears to increase with age. For example, the highest number 34 percent committed by the 19 year olds, followed by 22 percent by the 17 year olds and 20 percent by the 18 year olds. Mutati (1990, p. 83) in her study almost portrays the same picture by revealing that the mean age of those who represented a high rate of criminal abortion cases was around 18.1 years. Therefore, these findings are suggestive of the fact that the high criminal abortions rate are most common among the teenage age group of 16-19

years. Perhaps one of the explanations for this could be found in the lack of information to these young people about sexuality, sexual relationships and their consequences in the framework of their total lives. The assumption being followed here is that the more teenagers advance in age, the more adventurous they become in exploring their sexual lives and relationships.

What is apparent is the fact that, the indigenous educational arrangements that existed in traditional Africa for sex education are no longer present or effective. Hence, parents, school, churches or the adult population of society should take up the responsibility of enlightening the young people about sexual matters whilst they are still in their early teenage. Mutepa (1988/90, p. 15) acknowledges the fact that most students have never been exposed to formal education on family life and sex. This is partly because in most African Societies sex is covered in taboos. It is not a subject for public debate. It is reserved for the dark bedroom. Adolescents are knowledgeable about sex and have developed their own understanding and belief on sex informally without really knowing what consequences follow and the seriousness of such consequences.

In light of this situation, it appears that matters pertaining to sex and sexuality need more attention among teenagers. This attention must be given in their very early teenage years. This would probably help in minimizing unwarranted pregnancies and criminal abortions.

b) Education as a Factor Influencing Teenagers to Resort to Criminal Abortion.

Worldwide education has been accepted to be the basic institutionalized means through which one can easily attain successfully, the goals of society. Zambia has been no exception. However, basic principles and morality governing the education system in Zambia and elsewhere disallow those in the system to discontinue with their education once they go against some set principles, rules, Acts, etc, of the system. One such principle is that, girls should not become pregnant while in school and that pregnant girls must not be allowed to continue with their education once they are found pregnant by the school authorities. This principle applies to those in primary and secondary education. In view of this a number of girls who get pregnant resort to abortion (see Table

2) in order to continue their education.

Table 2: Frequency of Abortions and the Educational Level of Respondents.

Educational Level	Number of those Found to have had Criminal Abortion	Total Percentage
Primary	18	36.0
Secondary	32	64.0
TOTAL	50	100.0

The data reveal that the largest "offenders" of criminal abortion are those of secondary level of education who constitute 64 percent of the sample population. These findings again coincide with findings in table 3 where the age group of 16-19 years is found to be mostly in their secondary education and are therefore more likely to engage in sex prematurely irrespective of the outcome.

Since education is considered and recognised to be a key to success by the respondents they feel they have no choice but to abort using whatever method is available to them when they are faced with a pregnancy whilst still in school.

c) **Income of Parents and Residential Area of Respondents.** According to the data, the sample population under study, had no independent source of income to sustain themselves as they were merely school going girls. They depended on their parents income for their financial sustenance.

Table 3: Income of Male Parents and how it affects Criminal Abortions

Value Label	Number of those Respondent whose Male Parents Belong to a Respective Level of Income	Total %
Higher Income	5	10.0
Medium Income	10	20.0
Low Income	35	70.0
TOTAL	50	100.0

Table 4: Income of Female Parents and how it affects
Criminal Abortions.

Value Label	Number of those Respondents whose Female Parents belong to a Respective Level of Income	TOTAL
High Income	2	4.0
Medium Income	7	14.0
Low Income	18	36.0
No Income	23	46.0
TOTAL	50	100.0

Income in this study was weighed against the type of job of each parent. The majority of parents found in the low income group belonged to a category of general workers, labourers, sweepers, shop attendants etc, whereas those placed in the medium income had teaching and nursing type of jobs. Those placed in the high income group were mainly doctors, accountants, lecturers, etc, and those with no income at all were full time housewives who depended entirely on their husbands' income.

The data (table 3 and 4), show that there is a higher rate of criminal abortions among teenagers whose parents are placed in the low income group. These are the people who also reside in the high

density areas. The conclusion which may be drawn from this picture is that parents with low income earnings usually find it difficult to look after a pregnancy let alone, the baby to be born. Also since these respondents do not have a source of income, it becomes difficult for them to keep a pregnancy as well as the baby to be born. Due to this and other factors to be discussed in later chapters, one is left with no choice but to resort to criminal abortion.

From the data collected, teenagers whose parents have high incomes showed a lower rate of criminal abortions. These teenagers came from both low and medium density areas. However, it would be improper to conclude that the rate of criminal abortions is higher among teenagers coming from lower income group and high density areas. One probable explanation for such a situation would be that parents with high income can afford to pay for private abortions. In such situations, there would be no record.

Thus, the UTH medical register for patients in ward C03 show a situation whereby 95.5 percent of criminal abortion cases reported were from either high density areas, low income groups or low economic background. Why this is so can only be a subject of

further research.

Generally, the data show that, to some extent, a relationship exists between income and criminal abortion disregarding the aspects of where one is coming from, or which income group one belongs to. In the absence of relevant literature to support the above, this relationship can only be proved further with more research. However, based on my data, it would be safer to conclude, that, to some extent the aspect of income does play a role in influencing criminal abortions.

CHAPTER FOUR

The Families' Attitude Towards Teenage Premarital Pregnancies

This chapter discusses the attitudes of families towards premarital pregnancies among teenagers. However, before venturing into this subject, perhaps it is important to look first of all, at the changing attitudes of the African society in general towards premarital sex. It is considered that this background information will give a clearer picture of why premarital sex which, in most cases, result in pregnancies and eventually into criminal abortions, is still taking place especially among the teenagers. It will, at the same time, help clarify the reason for the persistence of criminal abortions.

Kephart (1972, p. 361) points out that from a historical view point, earlier texts dealing with the family in the USA did not include the topic of premarital sex. Not only was the incidence of premarital sex much lower than it is today, but the subject itself was by no means acceptable, either as a basis of conversation or publication. Kephart points out further that by the 1930s, however, it had become evident that premarital sex was a problem to be reckoned with, the old taboos were weakening, books, magazines, plays, movies, etc, reflected the trend of the times, with variations on the premarital sex theme becoming part of the standard literary

and theatrical repertoire. It was thus evident that the dating system was developing into the world's most extensive contest. Kephart's analysis is corroborative of the Zambian situation where a similar trend has taken place.

Kephart further reveals that by the 1950s, it was obvious, that premarital sex was not just a passing fact. On the contrary, as judged by the attention given to it, the subject was more popular than ever. A number of factual surveys on the subject based on personal interviews and questionnaires further revealed what everybody suspected: there was a good deal more premarital sex than there was supposed to be.

By the 1970s, further changes had become evident. The women's liberation movement was making headlines and finally "the pill" was being made increasingly available to young people (Kephart, 1972, p. 362). In view of these forces, it would be most unusual if the incidence of premarital coitus, pregnancies and abortions were not found to have increased. Available evidence suggest that it has increased. At the same time, Kephart reveal that, there continues to be a good deal of public resistance to the whole idea of premarital sex. Movies, on this subject for example, have come to be largely shunned by adult segments of the world's population. Major religious and civic organisations

are by no means ready to endorse the principle of premarital sex. Most parents are against the idea too. Kephart (1972, p. 362) in his concluding remarks, notes that it would seem that we are in the throes of a divided society on the issue of premarital sex. In African societies, these changes in attitude towards premarital sex became significant with the coming of western culture which ushered in colonial rule and the new market economy. These factors tore apart the communal and coherent harmony of most, if not all African communities.

Bauni (1990) in his study of the changing sexual patterns of the Meru people of the Chogoria Region of Kenya notes, for instance, that with the coming of Christianity, European education and the market economy, children were separated from their parents. They were not taught to respect age and community discipline. They were also not told when to marry and when to have or abstain from sex as was the case before. Instead, the educated youth challenged indigenous wisdom with the knowledge acquired from books, movies, magazines, etc. The elite, especially, did not fear traditional taboos any more and instead dismissed them as superstitions. The community, according to Bauni, lost control of the people. Individuals decided when to marry and when to have sexual intercourse and as a result the length of abstinence reduced drastically. Bauni gives an example of

the 1977/78 Kenya Fertility survey which found that post partum abstinence among Kenyan women to be only about three months. The survey also showed a high degree of premarital sex. In light of this, Bauni further notes that the decline in community control of sexuality, has contributed to the increased frequency of sexual intercourse although the outcome of this is condemned.

Studies in Uganda show that the Banganda of southern Uganda, the sexually active youngsters are not allowed to sleep under the same roof with their parents. Instead parents are expected to build separate houses for them. This, according to Ntozi and Lubega (1990), encourages these youngsters to seek for adventure such as indulging in indiscriminate intercourse. Ntozi and Lubega also argue that virginity which was once traditionally valued is no longer considered important. A fertility survey conducted in Masaka, for example, showed that 22 percent of the never-married women aged between 15-24 had had at least one child. Among the Bagisu of mount Eigon of Eastern Uganda, Ntozi and Lubega also note that girls are free to have sex before marriage with only those boys who have become "adults" after going through the circumcision ceremony. Circumcision ceremonies here are often occasions of intensive sexual activity of girls and boys.

Turyasingura (1989) in a study of the youth of Jinja district, reveals that the mean age at first intercourse is 15 years. The majority of these youths, especially of the urban areas, were single. This suggest that one need not be married in order to indulge in sexual activities but at the same time one is not expected to have children before marriage. Similarly, among the Lugbara of North Eastern Uganda, sexual activities start as early as ten years of age when groups of young girls are encouraged to meet boys and most likely indulge in sexual intercourse (Ntozi and Lubega 1990).

In most African societies nowadays, premarital sex is less considered a "taboo topic" whereas in the past premarital sex and pregnancies used to be punished severely, with death and sometimes banishment from home. This kind of practice controlled the unmarried youngsters and prevented them from indulging in indiscriminate sex. However, premarital sexuality have increased in the recent past perhaps due to the new forms of socialization, arising from modern education and modern life which has worsened community and parental control over children (Ntozi and Lubega 1990).

Kisekka (1976) also confirms the high incidence of premarital sex among secondary school students in Uganda - (a similar situation exists in Zambia and countries world

over). Sex education is considered one of the effective remedies.

It is crucial to note that in Zambia and other African societies, the concepts of "free love", "living together", boyfriend and girl friend relationships", etc, are seemingly being accepted in recent times. These concepts were unheard of in the traditional society. In this respect, the modernisation of African societies seem to have played a major role in influencing the change of attitude towards premarital sex.

While society in general has to a certain extent, allowed this situation to occur, it still frowns upon premarital pregnancies and abortions. Directly or indirectly, society has created and allowed a conducive environment where premarital sexuality is nonetheless inevitable. This is a contradiction as pregnancies cannot be avoided in a situation where society becomes permissive towards premarital sex.

In such an environment, problems such as premarital pregnancies, and abortions remain unavoidable. The data from our research indicate that families in Zambia still portray a negative attitude towards premarital pregnancies. The data reveal that 96 percent of male parents and 98

percent of female parents, respectively, were against premarital pregnancies. Only an insignificant 3 percent of the male parents and 2 percent of the female parents believed that premarital sexuality had become part and parcel of society the world over and should therefore be accepted to avoid hazardous outcomes of pregnancies that occur, especially among the teenage population. These parents also believed that since the environment had been made conducive by society for premarital sexuality to take place, it becomes unreasonable for the same society to condemn the actors if a pregnancy occurred.

Perhaps the more permissive attitude should be encouraged and perhaps it is high time society came to terms with the question of contraceptive use among the unmarried young people if premarital pregnancies and abortions are to be avoided. One percent of male parents had no comment on the subject.

However, a more general and appropriate picture to be drawn from these findings is that a majority of parents are still against premarital pregnancies even though they are part of society that contribute to the creation of conditions which allow the existence of premarital sex. Table 5 shows attitudes of parents towards premarital sex.

Table 5: Attitude of Male and Female Parents Towards Premarital Pregnancies as Perceived by Respondents

	Percentage of Parents Approving Premarital Pregnancies	Percentage of Parents Disapproving Pre-Marital Pregnancies	Percentage of Parents with No Comment
Male Parents	3	96	1
Female Parents	2	98	-
TOTAL	5	194	1

From the data collected one can conclude that once pregnant, a girl becomes so frightened that she either informs her parents almost immediately or keeps quiet. Forty percent informed their parents while 60 percent did not. The 40 percent who informed their parents witnessed a chain of hostile reactions which forced them to resort to abortion.

This is evident in Table 6 below:

Table 6: Reactions of Parents when informed about Pregnancy in Percentages

Parents	Beaten	Threatened To be Beaten	Chased from home	Threatened To be chased from home	Threatened To be killed	Shouted at
Male Parents	12.0	-	36.0	-	4.0	48.0
Female Parents	-	12.0	-	28.0	-	60.0
TOTAL	12.0	12.0	36.0	28.0	4.0	108.0

This table again indicates the general and negative attitude which both male and female parents have towards premarital pregnancies. According to the data female parents seemed to be less hostile in their reactions although their attitude still remained negative. The assumption followed here is that female parents understood more of their daughters and the circumstances leading to such pregnancies. The 60 percent who never informed their parents of their pregnancies were either scared of their parents' reaction or were embarrassed. Also, the 66 percent who never informed other relatives such as brothers, sisters, cousins, aunts, uncles, etc, were again scared or embarrassed. Those who were informed expressed shock and disappointment. It is obvious that such negative reactions on the part of the parents were largely responsible in forcing these individuals to resort to criminal abortion.

It is noted that a person in desperation is a determined individual and therefore bound to do almost anything to achieve her goal. Similarly, a girl who learns that she is pregnant and knows that she would be castigated by society gets desperate and is ready to do anything to get rid of the pregnancy so as to save her image. In light of this, the data revealed that various "danger" methods were used to terminate the pregnancy. For instance, 50 percent took an over dose of tablets or pills which they could not

identify by name, 16 percent went to private doctors or back street abortionists who for a probable lack of proper theatre equipment could not complete the abortion, 30 percent took some herbs and 4 percent used a stick to induce the abortion. Mutati (1990, p. 22,) states that criminal abortions are an enormous drain on the health services as repairing the damage of such abortions often requires surgery, blood transfusion, antibiotics and a long stay in hospital. She further states that this problem becomes significant in a third world country where resources are scarce. Available data indicate that 100 percent of the teenagers underwent surgery and also received antibiotics while 35 percent had blood transfusion after surgery.

It becomes necessary at this point to identify who the "consultants" were in the abortion mission. The data reveal that 46 percent consulted private doctors and 20 percent consulted traditional healers who provided them with an unspecified dosages of traditional medicine. The rest did not find it necessary to consult anyone and instead induced the pregnancy themselves using methods such as sticks and drinking poisonous liquids. This picture perhaps, confirms the notion that untrained and often thoroughly incompetent abortionists feed on the abortion system (Lader, 1955, p. 64). The practitioners, of the underworld,preying mainly on poor and ignorant women, rarely have a medical degree

concerning the practice (Lader, 1955, p. 64). A study carried out by Bates and Zawadzki as cited by Lader (1955) confirms that even those with medical degrees often represent the lowest depths of physical and mental disintegration (Lader 1955, p. 65). Although there is no evidence of this situation, the practice of abortion by traditional healers and the unqualified others in Zambia can only be left to be imagined.

It must also be pointed out that these traumatising experiences happen secretly and in the confidence of the "consultant". It is from these experiences that 88 percent of the informants think that it is time the family and society in general considered these pregnancies as normal and not out of the ordinary.

From the foregoing discussion, it becomes rather surprising that although premarital coitus is quite acceptable by our society, the resulting pregnancy is condemned in no uncertain terms. From the individual's point of view, removing the stigma, negative attitudes and the social culpability attached to premarital pregnancy, would free young people from guilt feelings and remorse that so often accompany premarital sexual explorations not only in Zambia but in other societies as well. In the present situation, the possibility of premarital pregnancy is always

present but with advances in birth control techniques and the introduction of sex education for young people, the controversy on premarital pregnancy argument could be reduced as both problems of premarital pregnancies and criminal abortions could then be avoided or reduced drastically.

CHAPTER FIVE

The School System and Teenage Premarital Pregnancies.

The problem of girls "indiscipline" in schools has been a matter of concern not only to the educational authorities, but also to society as a whole. This concern may largely be due to the increase in the number of cases of pregnancy. Although statistics are not readily available to account for the seriousness of this, it is common knowledge that school authorities have been uncompromisingly strict in dealing with the problem of pregnant girls who are invariably expelled from school (Mwanakatwe, 1968, p. 221-137). Some of the victims of this rigid policy, according to Mwanakatwe, have been the intelligent students, definitely with the potential for high academic attainments. The data supports this view (see Table 7).

Table 7: Respondents' Education Level and Extent of Expulsions by School Authorities

Educational Level	Total Percentage of Teenagers in their Respective Levels of Education	Total Percentage of those Expelled from School after to be pregnant	Total Percentage of those who managed to abort secretly without school's knowledge
Primary	36.0	26.0	10.0
Secondary	64.0	26.0	38.0
TOTAL	100.0	52.0	48.0

From the table one could conclude that young people become more explorative about sexual matters as they advance both in their educational and age. This happens in a social milieu where sex education is regarded as taboo. As long as no one takes up the challenge of openly discussing "sex" with them there is a probability of their engaging in sex prematurely. Thus, according to Mutepa (1989), if the girls are not properly guided during this time the consequences of their "ill" behaviour will not only deprive society of its children but of the basis of future society itself. It is evident from these findings that the prevalence of pregnancies in schools is considerably high given the number of those expelled. It is for this reason that the question has been asked time and again: why should school authorities

not permit pregnant girls to continue with their education after they have had their babies, why should girls not be allowed to return to school? Anxious about the wastage of potential women power, a member of the Zambian Parliament appealed to the government in the National Assembly in July 1966, to allow pregnant girls "maternity leave" and readmit them to school after delivery to continue with their studies.

To date there has been no official policy change on this issue. This is demonstrated in Table 8 by the increasing figures of expulsions of pregnant school girls.

Table 8: Extent of Expulsions and Pregnancies Ending in Criminal Abortions(in Percentages)

		Pregnancies Ending in Criminal Abortions
Girls Expelled By School Authority after Discovery of Pregnancy	52.0	52.0
Girls whose Pregnancy was not found out by school Authority and managed to go back to school	48.0	48.0
Girls Expelled due to Pregnancy but still Aborted in an attempt to go back to school	40.0	40.0

It is evident from the table that the issues of pregnancies and criminal abortions continue to be problematic. These are bound to continue if the school and society as a whole do nothing about it. As shown in Table 8, 56 percent were expelled immediately the school authority learnt about the pregnancies. Notwithstanding the idea of being out of the education system, the 40 percent who are among the expelled 56 percent went ahead to end their pregnancies in criminal abortions with the hope that they would go back to continue their studies. This, however,

become impossible going by the educational policy of Zambia (Mwanakatwe 1968, p. 233). The other 12 percent, with their educational future unclear still went ahead to abort criminally in the hope that they would find some form of employment without the pregnancy inconveniencing them. Forty eight percent did not have their pregnancies discovered and managed to carry out a secret but criminal abortion which the school did not know of. These considered themselves lucky. Over all, the general view expressed by the respondents was that they considered education as a means to a better future life and in the event of a pregnancy would do "anything" to escape the rigid and harsh policy of the educational system.

The data indicated that 98 percent of the respondents knew about the rigidity of the educational system. Thus what might be considered an important question at this point is why there are consistent recurrences of pregnancies and abortions among the youth and who is to blame for these. Available data indicate that traditionally sex as a subject has not been tackled with much enthusiasm by the school, church, family and other segments of society. As a result of this, children end up receiving a variety of sexual information from dubious sources. A study carried out by Mutepa (1988/9, p. 17,) reveals that 59.5 percent of the study population (teenagers) derived their information on sex from their friends who usually tint their experiences with

fantasies. Often these fantasies push the recipients into trying to experience the same sexual fantasies.

Although society in general has, to some extent, denied sex education to the young, Mutepa (1988, p. 15), emphasizes that adolescents are all knowledgeable about sex and that they have already developed their own understanding and belief in sex. Owing to this, teenagers, according to Mutepa, engage in premarital sex not for the sake of sex alone, but also because of the belief and traditions on which their sexuality is based. A situation such as this has not only contributed to the high incidence of pregnancies and abortions but also to sexually transmitted diseases (Mutepa, 1988, p. 3). Data on the observed incidence of STD among school going children, for instance, indicate that 3,157 pupils were infected with STDs (Mutepa, 1968, p. 3). A survey conducted by Likwa (1987) also revealed that 80 percent of the patients admitted to hospital with complications of criminal abortions were those under the age of 19 years.

This scenario is clearly indicative of the fact that young people as Westley (1984) points out, have a right to expect the adult community to address that problem of sexuality and to share with them their best insights on the significance of that sexuality. Without them, the problem shall and will forever flourish.

It is therefore not surprising to note that 60 percent of the respondents felt that the introduction of sex education in schools would tremendously help to solve the problem of pregnancies and abortions among school girls. To some extent young people indulge in premarital sex without knowing the consequences. On the other hand, 12 percent of the respondents felt that the school should not expel pregnant girls but should instead grant them maternity leave. six percent felt that the school was too harsh on them and regarded the review of the policy as necessary. Twenty two percent pointed out that sex is unavoidable and contraceptives in this case may be the answer if the problem is to be solved.

Generally, the respondents felt that in as long as such measures are not taken the problem of pregnancies and secret abortions would persist. Table 9 sheds more light on what respondents thought the attitude of the school should be towards pregnant girls.

Table 9: Comment on the Attitude of The School System Towards
Premarital Pregnancies.

		%
Introduce Sex Education in Schools		60.0
Introduce Contraceptives in Schools		22.0
Grant Maternity Leave		12.0
Review Policy Concerning Pregnant girls		6.0
TOTAL %		100.0

These figures demonstrate the desperation of young people to know about the significance of sexuality and its consequent results. On the whole, the study reveal that the attitude of school authorities is yet another contributing factor precipitating teenagers to resort to criminal abortions. Perhaps, it is time the school system reconsidered its policy, with a view of making it flexible and more accommodating and in line with the reality of the situation.

CHAPTER SIX

The Church and Teenage Premarital Pregnancies.

It is generally agreed that one of the instrumentalities which has proved to be crucial in the premarital sex issue is the church. According to Kephart (1972, p. 367), it is difficult to see just how a single standard of premarital sex behaviour could prevail in society if the major religious organisations firmly oppose the idea. In Kephart's view, there can be little doubt, even at present, that the church exerts a considerable influence on the morals of young people. Since marital coitus is frowned upon by the church, it is not surprising that most pregnancies that occur as a result of premarital sex, result into criminal abortion.

This study, revealed that 70 percent of the churches where teenagers belong show a negative attitude towards premarital pregnancies, obviously implying that unquestionably these churches, in general, are against premarital sex. However, although other religious denominations were not elicited by the study, it can generally be assumed that, over all, the church has a negative attitude towards premarital pregnancies. Premarital pregnancies are considered as resulting from fornication or adultery, both of which are considered sinful. This view can, to some extent, be drawn from the general trend of attitudes of churches elicited by the study. Table 10 supports this view.

Table 10: Attitude of the Church Towards Premarital Pregnancy
(As Perceived by the Respondents)

Denomination	Percentage of Teenagers with No comment on Their Church's Attitudes Towards Premarital Pregnancies	Percentage of Teenagers who Expressed their Church's Negative Attitude Towards Premarital Pregnancies	Total Percentage
Catholic	14.0	46.0	60.0
United Church of Zambia	6.0	10.0	16.0
Anglican	2.0	-	2.0
Seventh Day	8.0	10.0	18.0
Other	-	4.0	4.0
Total Percentage	30.0	70.0	100.0

From table 10 above, it is evident that 30 percent had no comment on the attitude of their respective churches towards premarital pregnancies. This may partly be due to the fact that they do not know about the doctrines of their churches concerning premarital pregnancies. However, they personally felt that because they belonged to a Christian denomination, it was a sin to get pregnant outside marriage or before marriage. In light of this, the data indicate that the negative attitude by the churches as deduced from the view of the 30 percent, in one way or the other, contributed to pregnancies of the teenagers resulting into criminal abortion. These were in most cases done in secrecy.

Roman Catholics, for instance, had the highest proportion of those who indulged in premarital sex and ended their pregnancies in criminal abortion (see Table 11).

Table 11: Informants Religious Affiliation and Extent of Premarital Pregnancies Resulting in Criminal Abortions

Denomination	Extent of Pre-Marital Pregnancies Resulting into Criminal Abortions in Percentages	Extent of Pre-Marital Pregnancies by Denomination in Percentages	Total Percentage
	%	%	%
Catholic	60.0	60.0	120.0
United Church of Zambia	16.0	16.0	32.0
Anglican	2.0	2.0	4.0
Seventh Day Adventists	18.0	18.0	36.0
Other	4.0	4.0	8.0
Total Percentage	100.0	100.0	200.0

Given the information in Table 11, it would be interesting to find out further why so high a percentage is from a single denomination. The Roman Catholic church considers premarital sex as a mortal sin which would not be permitted under any circumstances. According to the Catholic church, premarital sex represents a violation of the sixth commandment: "thou shall not commit adultery" (Kephart, 1972,

p. 368). This commandment is interpreted to mean not only adultery but any kind of sexual activity outside marriage. From the Roman Catholic point of view, it follows that if premarital sex is sinful, then other activities which might lead to premarital indulgence are also morally wrong. Frotic necking, petting, passionate kissing, and other manifestations of sex are expressly forbidden at the premarital level (Kephart 1972, p. 368). From the above, one is likely to assume that because of such stringent views, Catholic girls are more apt to resort to criminal abortion as table 11 indicates.

Mutati (1990, p. 17), in her study also reveals that despite the Catholics condemnation of any form of abortion, the incidents of Catholics involved in premarital sex and abortion activities is nothing but a reality. Her study indicates, that Catholics represent the largest religious affiliation in seeking hospital abortion services. However, it cannot be concluded that Catholics are the majority who indulge in premarital sex and criminal abortions as information regarding the total number of other different religious groups found in Zambia could not be elicited.

Other respondents coming from such church denominations as the United Church of Zambia, Seventh Day Adventists, Anglican, etc, revealed that they were to some extent forced to resort to criminal abortion because they felt they had

sinned and at the same time felt embarrassed and could not stand other members of their church.

Generally, the Christian view holds that premarital sex is sinful and counter to God's word. This view is again confirmed by the data which show that 92 percent of the respondents would only go back to church after aborting - "then they would feel morally free and sin free". The 8 percent although with guilt continued going to church up to the time they sought for abortion. They felt they could not keep the pregnancy because it was a result of a sinful act.

The data also reveal that 90 percent kept the pregnancy hidden from the church. The 10 percent who let their pregnancy known to the church, in some cases, had their Church responsibilities taken away by the church. The number of those sacked from church posts due to premarital pregnancy appear to be relatively insignificant. However, the act of sacking because of being pregnant out of wedlock is a powerful message that cannot be ignored and shows the church's uncompromising attitude in this matter. Evidence of this is shown in Table 12.

Table 12: Informants' Denomination and Termination by the Church of Responsibility held after Discovery of Premarital Pregnancy.

Denomination	Percentage of those who did not hold any church Responsibility at the time of Pregnancy	Percentage of those who had their Responsibility Terminated after church discovered the Pregnancy	Total Percentage
Catholic	54.0	6.0	60.0
U.C.Z	14.0	2.0	16.0
Anglican	2.0	-	2.0
Seventh Day Adventists	16.0	2.0	18.0
Other	4.0	-	4.0
Total Percentage	90.0	10.0	100.0

The data further confirm the church's negative attitude towards premarital pregnancy. This kind of attitude would not only make individuals feel sinful but would also force them to resort to abortion which the church again condemns.

The study also attempted to determine parental reaction to premarital pregnancies according to denominations. The responses were derived from the subjects of this study. Table 13 throws more light on the issue.

Table 13: Parents' Reaction to Premarital Pregnancies According to Denomination.

	Percentage of Female Parents with Negative Reaction to Premarital Pregnancy	Percentage of Male Parents with Negative Reaction to Premarital Pregnancy	Percentage of Male Parents with No Comment on Premarital Pregnancy	Percentage of Female Parents with No Comments on Premarital Pregnancy	Total Percentage
Catholic	46.0	40.0	14.0	20.0	120.0
U.C.Z	10.0	10.0	6.0	6.0	32.0
Anglican	-	13.0	4.0	5.0	36.0
Seventh Day Adventists	-	2.0	2.0	-	4.0
Other	-	4.0	4.0	8.0	8.0

It is evident from the table that the majority of parents belonging to the various church denomination have a negative attitude towards premarital pregnancies. This kind of attitude may have been, to a larger extent, influenced by the religious teachings of the church. This is especially significant in the Catholic Church as discussed earlier in the chapter. The table also show that both male and female parents express almost the same negative view about the subject. The rest of the parents 38 percent, had no comment on the subject probably because they are not familiar with the teachings of the church or are not sure about the present state of affairs concerning the problem.

In light of this, the data may partially lead us to

conclude that the negative attitude, that the church has towards premarital pregnancy, among other factors, precipitate criminal abortions among teenage girls. However, it is noteworthy to point out that the church must recognise that many factors in society have changed and/or are changing. These changes, to a greater extent, necessitate premarital sex to take place among the young people. Some of these factors of change include changing pattern of society's attitude towards sex, higher sexual expectations, increases in delinquency, better education etc, among teenagers. Instead of condemning premarital sex and premarital pregnancies as has been the case, the church as an agent of change should openly provide information on the psychology of adolescence, the physical needs of adolescents, the changing cultural patterns in modern society and the values of adolescents at work, home, and in sex and religion (Rogers 1974, p. 98). This may be done by increasing the amount of knowledge on sexual matters by introducing what Rogers (1974) term better sex education in the widest sense, and by providing individual counselling. This view coincides with those respondents who felt that the church and other institutions should consider the concept of sex education in its broadest sense; this could be the only weapon which would help curb the problems of premarital sex, premarital pregnancies and above all, criminal abortions. Perhaps, this view should be given due attention if the problem at hand is to be appreciated.

CHAPTER SEVEN

The Adequacy of Law/Act Pertaining to Termination of Teenage Pregnancies

It is interesting to note that throughout the sub-Saharan Africa, Zambia is the only country that permits abortion to be carried at on health or broad socio-economic grounds (Tietze and Henshaw, 1986). Yet, despite this, Tietze and Henshaw points out that there has been no evidence to show that the legalization of abortion in Zambia has had any impact on the pattern of utilization of legal abortion services particularly by teenagers.

This study sought to assess the impact of the Termination of pregnancy Act since its enactment in 1972. The vital question asked in the study was: is the Act one of the factors contributing to criminal abortions among teenagers? In the study, it was discovered that teenagers between the ages of 17-19 represented 76 percent of criminal abortion cases whereas those between the age of 14-16 represented 24 percent.. These findings, to a certain extent, are similar to the findings of Likwa (1987) which indicate that patients between 15-24 years were the predominate age group and represented 60 percent of illegal abortions. Thus, to some extent, it may be concluded from these findings that criminal abortions become problematic as teenagers reach the ages of 15 to 19. One of the probable reason for this could be that as teenagers grow, they become

more explorative and adventurous in their sex lives. Osei-Hwedie, Mufune and Mwansa (1990, p. 13) contend that young adults are open to experimentation and are full of curiosity; they are filled with a sense of exploration and adventure which readily spills into sexual activity. Another reason could be that because they do not know about the existence of the Termination of Pregnancy Act, they find themselves in a situation of no other alternatives and therefore resort to criminal abortion. This reasoning, is supported by the data which reveal that only 24 percent of the respondents knew about the existence of the Act. The rest did not. Mutati's (1990), p.44, study also supports this finding. She found that only 38 percent had the knowledge about the existence of the Act while 62 percent had no knowledge about it. She further pointed out that the majority who lacked knowledge about the existence of the Act could strongly suggest the pattern of utilisation of the legal abortion services by potential users. In view of this situation, David, Royston and Armstrong (1989) have also pointed out that lack of information leaves many women unaware of the legal status of abortion and their rights under it. What might immediately come to the mind of the reader as regards the above situation is the question: What happens to the unwanted pregnancies of these women, teenagers in particular? It would only be logical to conclude that in the absence of knowledge about the Act and the pattern of its utilisation, the individuals in question

would either be forced to keep the pregnancy or terminate it illegally. This is evident in the data which show that respondents did not seek legal abortion either because they did not know about the existence of the Act and had therefore no knowledge about it or were aware of it but did not know how to utilize the legal abortion facility or found it too restrictive to utilize (see Table 14).

Table 14: Teenage Awareness of the Abortion Act and the Extent of its utilisation

	Percentage
Percentage of Respondents who are aware about the Act and has knowledge about it.	24.0
Percentage of Respondents not aware about the Act and has no knowledge about it.	76.0
Percentage of Respondents aware about the Act but did not know how to utilise or go about it	4.0
Percentage of Respondents aware about the Act but found it too Restrictive	8.0

These findings in a way confirm with the survey carried out in 1971 in the Republic of Korea which found out that two-thirds of the respondents had no idea of the legal status of abortion in their country (Royston and Armstrong 1989). The present data also are supported by Royston and Armstrong (1989) who argue that in fact in countries with legal restrictions on abortion, many women do not have access to

safe procedures. It is worth noting from Table 14 that only 8 percent of the respondents found the Act to be too restrictive and as a result did not utilize it and instead opted for criminal abortion. Liskin (1980) further throws more light on this issue by stating that the administrative requirements in Zambia possibly act as a deterrent. According to the Act, chapter 554 of the laws of Zambia, a legal abortion must be approved by three physicians including a specialist and must be performed in a hospital unless an emergency makes that impossible (Mutati 1990). Such a requirement impede would be users to utilize the abortion facility legally. Hence, it is interesting to note that despite the "liberalization" of the abortion law in Zambia, women, teenagers in particular, continue to resort to unqualified practitioners. This tragic situation has led to victims of criminal abortions being rushed to the hospital with incomplete abortions after having gone through the unqualified and incompetent abortionists. Similar observations are reported by Lader (1966, p. 65), that even those abortionists with degrees often represent the lowest depths of physical and mental disintegration. This observation can be linked to our data which revealed that although the 46 percent of the respondents had their abortions induced by the qualified private doctors in town, they presented complications such as perforated uteruses, traumatized intestines and injuries to the cervix. The rest

came into hospital with prolonged bleeding, injuries to the bladder and severe injuries to the vagina and cervix. This displeasing picture should certainly prompt a solution by those concerned with the utilization of the legal abortion facility.

It was further revealed by the data that 94 percent of the respondents would have sought a legal abortion had they known about its existence and if at all they had proper knowledge and information about it. The 94 percent also claimed that in the absence of the legal Abortion Act, criminal abortion more often than not tends to be the last resort. In the face of this, it follows that a genuine liberalization of the law would in part lead to a replacement of illegal abortions by legal abortions. This is true in countries such as Sweden, United Kingdom and the U.S.A where women under 20 years of age, unmarried women, and childless women represent a high proportion of those obtaining legal abortions (WHO - 1979). In this study, the respondents felt that the Act should both be more explicit and more extensively publicised so that teenagers could easily utilize it. According to the Act, (chapter 554 of the laws of Zambia), termination of pregnancy can only be certified if,

- a) the continuance of the pregnancy would have involved the risk to the life of the pregnant woman greater than if the pregnancy were terminated.

b) the continuance of the pregnancy would have involved risk of injury to the physical or mental health of the pregnant woman greater than if the pregnancy were terminated.

d) the continuance of the pregnancy would have involved risk of injury to the physical or mental health of the existing child(ren) of the family of the pregnant woman greater than if the pregnancy were terminated

As regards the above, respondents in the study felt that the concept of "woman" automatically disqualified them from the legal abortion Act as the word "woman" in this sense implies a married person (woman) seeking abortion on grounds indicated above. In the face of the above reality, it appears that there is need for law enactors to redefine the concept of "woman" in the Act so that teenagers also feel a part of it. The present Act lacks the definition of woman.

Generally, it may seem that the picture portrayed by the respondents about the Act is that, it should be fully publicized, fully liberalised, be unrestricted in all aspects and accommodate teenagers. This view, to a larger extent, is supported by a lawyer who points out that many people (not only teenagers) do not have access to legal

information such as the abortion Act and as such very few people know about its existence. He attributes this to the way legal information is disseminated, arguing that after an Act has been passed through Parliament, it is only published in the government gazette, a document of limited circulation, especially to teenagers who are usually the victims of illegal abortions. Even those who had access to it usually encounter problems in understanding legal information. The situation is worse among the illiterate population (Mutati 1990, p. 59).

On the issue of solution to the problem of criminal abortions, the respondents felt that hospital abortions would be the best and safest way of terminating pregnancy in the light of the liberalized Act. Although not supported by any research findings, it has been asserted that at the UTH, only the lucky few teenagers receive the safety and care of hospital abortion either because their parents are doctors, nurses, etc, and have access to hospital abortion facility or they pay doctors within the hospital set up privately to carry out the abortion.

What therefore appears to be the general consensus of the study population is, as Mutati (1990, p. 86), states, that policy makers should review the Act in order to make it more explicit so that cumbersome administrative requirements such as the approval of the abortion by three physicians

including a specialist, do not act as deterrents to legal abortion. Mutati further maintains that more people would be attracted to utilize the legal abortion services and the abortion Law could then be seen to have an impact on the pattern of utilization of legal abortion. This, if reconsidered, could have a positive impact in so far as minimizing the problem of criminal abortions among teenagers is concerned.

It was further observed in the study that 32 percent of the respondents with a primary level of education and the 44 percent of the respondents with a secondary level of education did not know about the existence of the Act. This in terms of knowledge means that there is no major difference between the two groups. However, a different picture shown by Mutati (1990, p. 40), indicated that 50 percent of the respondents with college and secondary levels of education and 71 percent of those respondents with primary or no education at all, did not know about the existence of the Act.

Table 15: Education Level and Awareness of Termination of Pregnancy Act

Knowledge of the		Primary	Secondary	Total Scores
Scores %	YES	4.0	20.0	24.0
	NO	32.0	44.0	76.0
Total Scores		36.0	64.0	100.0

This state of affairs indicate a need for intensive publicity of the Act if the Zambian society is to experience less prevalence of abortions (criminal) among teenagers.

Table 16 shows the relationship between age and awareness of the pregnancy Act. It shows that even age is not an important variable in awareness of the existence of the Act.

Table 16: Respondent's Age and Awareness of the Act

Age in years	Awareness of Act %		TOTAL
	Yes	No	
14	-	4.0	4.0
15	2.0	4.0	6.0
16	4.0	10.0	14.0
17	6.0	16.0	22.0
18	8.0	12.0	20.0
19	4.0	30.0	34.0
	24.0	76.0	100.0

In as long as enacters of the Act remain dormant about the existing Act, it can be argued with confidence that the problem of criminal abortions among teenagers would continue to exist.

CHAPTER EIGHT

Summary and Final Conclusions

This study focused on factors influencing teenagers to resort to criminal abortion. Inherent in the data, however, is the fact that the negative attitudes portrayed by the family, church, school and society as a whole towards premarital pregnancies, to a greater extent, influence or force teenagers to resort to criminal abortions. Thus the data confirms the existence of a relationship between society's negative attitude towards premarital pregnancies and the incidence of criminal abortions among teenagers.

Again the data also supports the notion that there is a relationship between socio-economic status and criminal abortion. Income of parents, religion and parental attitudes towards premarital pregnancies, education and age, for instance, were examined. The data show that the incidence of criminal abortion is more common among the teenage group of 16 and 19 years old. The relationship between religion and parental attitudes towards premarital pregnancies is strong. Education was also found to be important and with direct linkage to criminal abortion. Chapter four has details of this aspect. Although the relationship between income and

criminal abortion could not be clearly established, the general and obvious trend already seen point to the fact that the majority of respondents are forced to turn to criminal abortion due to the not so favourable income situation of their parents and themselves.

Ignorance concerning the Act pertaining to the Termination of pregnancy also appeared to be one of the major factors promoting the problem of criminal abortions among teenagers. For example the majority of teenagers do not know about the existence of this Act. At the same time, as Mutati (1990) states, this is compounded by the way the Law is organised as a public service, and by the administrative procedural constraints. These factors also make the process of seeking legal abortion cumbersome, hence assisting the persistence of the problem of criminal abortions among teenagers.

In summary, one of the conclusions drawn from these findings is that there are various factors which precipitate teenagers to resort to criminal abortion. As a basis for social treatment, therefore, the social systems theory calls for positive change in the identified social systems where the problem lies, e.g. the family, church, school and the re-examination or change of the Termination of Pregnancy Act. Therefore, the normative patterns of

these systems should become basic reference of analyzing the defects for the purpose of bringing about meaningful changes in so far as solving the problem of criminal abortions among teenagers is concerned.

The above results must however, be guarded with caution since the study was carried out on a small scale. In the light of readily available resources, a country wide research is highly recommended if proper generalizations of findings are to be made.

8.0 Recommendations

- i. It is strongly felt that a bigger study should be carried out in future so that present findings could be verified on a bigger scale for it to be more significant. This can only be done in the light of adequate and readily available resources.

- ii. There should be a way of making the family, church, and the school, appreciate the fact that the possibility of premarital pregnancy is always present. Therefore, an introduction of sex education and modern birth control techniques in these institutions would drastically reduce the problems of both

premarital pregnancies and criminal abortions. Society must accept the reality of the existing problem and deal with it accordingly.

iii. The school, in particular, must re-examine its policy towards girls who get pregnant whilst still at school. The following points should be considered seriously in the new policy:

- introduction of sex education
- introduction of contraceptives
- granting of maternity leave to affected girls.

iv. Mutati (1990, p. 86), recommends that policy makers should review the Termination of Pregnancy Act so that such cumbersome administrative requirements as a legal abortion be approved by three physicians including a specialist, do not act as deterrents, hence ease the access to legal abortion. In this way, more people would be attracted to utilize the legal abortion services and the abortion law could then be seen to have an impact on the pattern of utilization of legal abortion services. This recommendation cannot be over emphasized.

- v. Government and the agencies concerned with the issue of criminal abortion should publicize the Act pertaining to Termination of Pregnancy and make it known to the people concerned. This entails reviewing channels of transmission of legal information to would-be users.
- vi However, like in Sweden where a liberal law operates on abortion, legal abortion should include a period beyond which it cannot be performed. According to Newman and Marzue (1984) a law was passed in Sweden 1975 which regarded abortion up to the 18th week of pregnancy as failing within a woman's right.

1	.Research Budget	K	N
-	stapler -----	100	00
-	5 packets staples -----	300	00
-	4 packets stencils -----	1000	00
-	4 packets paper clips -----	500	00
-	5 realms of paper -----	1000	00
-	2 dozens pens -----	200	00
-	10 dozens writing pads -----	1000	00
-	3 dozens note books -----	500	00
-	2 dozens folders -----	300	00
-	Sub Total -----	4,900	00
2	<u>Personal Costs</u>		
-	Secretarial Services -----	4,000	00
-	Computer Services -----	3,000	00
-	Sub-Total -----	7,000	00
3	<u>Transport for Researcher</u>		
-	90 days x 100 -----	900	00
4	<u>Other</u>		
-	Calculartor-----	2,000	00
-	Binding -----	500	00
-	Contingency -----	2,000	00
-	Sub-Total -----	4,500	00
-	Grand-Total-----	17,000	00

Questionnaire

a) Part I: Background Information

Sex -----

Age -----

Occupation -----

Father's Occupation-----

Mother's Occupation-----

b) Residential Area -----

Low Density-----

Medium Density -----

Higher Density -----

Site and Service -----

Squater Compound-----

Servant's Quarter -----

Name of Residential Area -----

c) Religious Affiliation

Catholic -----

U.C.Z. -----

Anglican -----

Seventh day Adventist-----

Apostolic -----

Muslim -----

Non-Believer -----

Other -----

Educational Level Attained

None -----

Primary - Grade -----

Secondary - Grade -----

College -----

Other -----

d) Part II: Pregnancy, Abortion and Parental Reaction

Family and Premarital Pregnancies Among Teenagers

1. In your own words What is your father's Stand on
Premarital Pregnancies?

2. In your own words What is your Mother's stand on
Premarital Pregnancies?

3. Did you inform your parents immediately you became
pregnant?

Yes ----- No -----

4. If Yes what was your father's reaction?

a) Very hostile -----

b) Not Hostile -----

c) Other (Specify) -----

d) Explain your answer-----

5. If yes, what was your mothers Reaction?

- a) Very hostile -----
- b) Not Hostile -----
- c) Other (Specify)-----
- d) Explain your answer -----

6. If the answer to question 3 is no, what was the reason for not informing your parents?

7. What was the reaction of other close relatives like Brothers, Sisters, Aunties Uncles etc?

8. What was your own immediate reaction?

- a) Thought of aborting
 - b) Other (Specify)
- -----

9. What did you use to get rid of the pregnancy?

10 Did you consult anybody to help you get rid of the

pregnancy?

Yes ----- No -----

11. If answer is yes- who?

12. If you asked anybody to help you get rid of the pregnancy why did you choose them?

13. What did your father do to you when he found that you were pregnant?

- a) Beat me up-----
- b) Chased me away from home -----
- c) Threatened to kill me -----
- d) Welcomed the pregnancy -----
- e) Shouted at me-----
- f) Other (Specify) -----

14. What did your mother do?

15. Are you in School?

Yes ---- No ----

16. Are you keen on completing School?

Yes ----- No -----

17. If the answer is yes, what did you do when you found yourself Pregnant?

- a) Aborted secretly -----
- b) Stopped School -----
- c) Other (Specify)-----

18. If answer to number 17 is (a) Why did you abort secretly?

19. Briefly comment on what you think is the right attitude that the family (Mother, Brothers, Sisters, Aunties, Uncles etc) should take towards premarital pregnancies among teenagers in Zambia?

c)Part III: Factors Influencing Premarital Pregnancies and Abortions. The School System and Premarital pregnancies among Teenagers.

i) 1. What is your view on Premarital Pregnancies whilst still in School?

2. What was your reaction when you fell pregnant whilst still in School?

- a) Ran away from school
- b) Thought of committing suicide
- c) Aborted secretly
- d) Other (Specify)

3. Explain your answer

4. If answer to number 2 is (c) Why did you abort secretly?

- a) To avoid embarrassment
- b) To avoid being chased from school
- c) Other (Specify)

5. If answer to number 2 is (a), Why did you run away from School?

6. How strict is your School Authority on Premarital Pregnancies?

- a) Very strict ---
- b) Not strict ----
- c) Other (Specify) ---

7. Did the school Authorities allow you to continue with School when they found you pregnant?

Yes ----- No ---

8. What happened when you were found pregnant by the School Authorities? Specify.

9. Would you like to go back to School again?

Yes ----- No ----

10. Bbriefly comment on what you think is the right attitude that the School should take towards premarital pregnancies among teenagers in Zambia.

ii) The Church

1. What is your Churches Attitude towards premarital pregnancies?

iii) The Legal System

1. Are you aware of the Pregnancy Termination Act which was introduced in Zambia in 1972?

yes --- no ---

2. If No, would you like to know about it?

Yes ---- No ----

3. If answer to number 1 is yes, did you try to seek legal abortion when you became pregnant?

YES --- NO ---

4. If yes, were you allowed to have a legal abortion?

YES --- NO ----

5. If you are aware about the Act, briefly, what are your comments?

6. What do you think about this Act?

- a) liberal
- b) restrictive
- c) other (specify)

d) don't know

7. If you think that the Act is liberal, would you in case of pregnancy again seek a lawful abortion?

YES ---- NO ----

8. Should this Act be published more to teenagers?

YES ---- NO-----

9. If you were aware about the Act, were you going to seek legal abortion?

Yes ----- No -----

10. Why did you resort to criminal abortion?

11. What do you think should be done to avoid criminal abortions among teenager?

12. What do you think the law should consider in as far as legal abortions are concerned among teenagers?

Bibliography

- Ainsworth, M. (1985) Family Planning Programs: The Clients Perspective. The World Bank, Washington D.C.
- Achola, P.P.W & Bless, C. (1987) Fundamentals of Social Research Methods: An African Approach. Lusaka, Government Printers.
- Armstrong, S. & Royston, E. (1989) Preventing Maternal Deaths. WHO, Geneva.
- Bauni, E. K. (1990) Fertility Decline & Family Planning in Chogoria, Eastern Kenya. Ph.D Thesis, University of London, London.
- Bauni, E.K. (1990) " The Changing Sexual Patterns of the Meru People of the Chogoria Region, Kenya" - Seminar on Anthropological Studies Relevant to the Sexual Transmission of HIV. Sonderborg, Denmark.
- Beck, M. B. Lewit, S. & Newman S.H. (eds) 1971) Abortion, Obtained and Denied - Research Approaches. The Population Council Key Book Service Inc.
- Bell H. E. (1976) Social Foundations of Human Behavior Introduction to the Study of Sociology. Harper & Brothers, Publishers, New York.
- Cameron, N. D.S. & Sins, P.F. (1986) Abortion: The Crisis in Morals and Medicine. Inter-Varsity Press.
- Cavar, E.C.M. (1974) International Inventory of Information on Induced Abortion. International Institute for the Study of Human Reproduction Columbia University Press.
- Cook, J. & Dickens, B.M. (1979) Abortion Laws in Commonwealth Countries. WHO, Geneva.
- Chandrasekhar, S. (1974) Abortion in a Crowded World: The Problem of Abortion with Reference to India. George Allen & Unwin Ltd., London.
- Chilufya, N. (1979/80) A study on Spontaneous Abortions in U.T.H Medical Library, Lusaka.
- Chisenga, G (1986/87) A Study to Determine Factors Leading to Pregnancy Among School Girls in Lusaka Urban. Medical library - UTH, Lusaka.
- David, H. (1974) Arbotion Research International Experience. Lexington.Books D.C. Heath and Company.
- Griffith, E. (1948) Sex and Citizenship. Methuen, London.

- Griffith, E. (1944) The Road to Maturity Methuen, London.
- Hendell, K & Williams H.M. (1972) Abortion & Contraception: A Study of Patients Attitudes. Broad - sheet 536, London.
- Henshar & Tietze, C., (1979) Induced abortion. (3rd ed) New York, The Population Council
- Osei-Hwedie, K. O, Mufune. P. Mwansa. L.K. (1990) Students' Perception of Aids in Zambia. Unpublished Report Conducted for the Commonwealth Youth Programme, Lusaka.
- Kamungoma, F.M. (1985/86) A study of Early Teenage Pregnancies in the U.T.H. University Teaching Hospital Medical Library. Lusaka.
- Kephart, W. M. (1972) The Family, Society, and the Individual - Third Edition. Boston, Houghton Mifflin Company.
- Kisekka, M.N. (ed) (1973) "The Banganda of Central Uganda", Cultural Source Materials for Population Planning in East Africa: Beliefs and Practices" Vol 2. Nairobi, Institute of African studies, East African Publishing House.
- Kisekka, M.N. (1976) "Sexual Attitudes and Behaviour Among Students in Uganda," Journal of Sex Research 12(2): 104-116.
- Kleinman, R.L. (1971) Abortion: Classification and Techniques, IPPF, London.
- Kleinman, R.L. (1972) International Planned Parenthood Federation - Induced Abortion, London.
- Klener, R.H. (1965) Counselling in Marital and Sexual Problems. Baltimore.
- Lader, L. (1966) Abortion. The Bodds, Mernill Co, Indianapolis.
- Likwa, N.E. (1987) A Pilot Study on characteristics of Women Presenting for Abortion at U.T.H., Medical Library, Lusaka.
- Liskin. L.S., (1980) "Complications of Abortion in Developing Countries: Population Reports Series" F, No. 7.

- Lubenga. M. & Ntozi P.M.J., (1990) "Patients of Sexual Behavior and The Spread of Aids in Uganda" Seminar on Anthopological studies Relevant to the Sexual Transmission of HIV. Sonderborg, Denmark.
- MacMillian Family Encyclopedia (1980) Arete Publication Co., Princeton.
- Mace, D.R. (1972) Abortion: The Agonising Decision, Abingdon Nashville.
- Maine, D., (1982) Family Planning: Its Impact on the Health of Women and Children. New York, The Centre for Population and Family Health.
- Malcon, P.D.P., & Peel, J. (1977) Abortion, Cambridge University Press.
- Max, P. (1972) The Death Peddlers War on the Unborn, Collegetville, Minnesota, st. John's University.
- Mbewe N., (1988) "Abortion in Zambia" Pontif magazine-Kitwe, Zambia
- Mupakile, S.C. (1988/89) Outcome of Pregnancy in Teenage Mothers at UTH, Medical Library - Lusaka
- Mutati, M.M., (1990) Patterns of Utilization of Legal Abortion Services at the University Teaching Hospital. Medical Library, UTH. Lusaka, Zambia.
- Mutepa R. M. (1989/89) Family life Education - A Report on the Family life Education Project in Lusaka secondary schools. FLM2.
- Mwakamowo, J. (1988/89) Presentation, Management & Cost of Abortions at UTH, Medical Library - Lusaka.
- Mwanakatwe. J., (1968) The Growth of Education in Zambia Since Independence. Oxford University Press.
- National Council of the Lay Apostolate (1976) A Guide to Abortion in Zambia, Mission Press - Ndola - Zambia
- Newman J.L, and Matzke G.E. (1984) Population, Pattern Dynamics and Prospects. Angewood Cliffs, New Jersey, Prentice-Hall, Inc.,
- Ngoma, P. (1982/83) A Survey on Legally Induced Abortions in the UTH, Medical Library - Lusaka.
- Ngenda, L.M., (1980/81) A Study of Abortions in UTH, Medical Library, Lusaka.

Nkhereanye, P., (1987/88) Epidemiology of Legal Abortion in Lusaka, UTH, Medical Library - Lusaka.

Nkwale, L.K. (1984/85) A study of Abortions in UTH & Kitwe Central Hospital, Medical Library - Lusaka.

Englewood Cliffs New Jersey, Prentice-Hall, Inc.,

Noonan, T.T. (ed) (1970) The Morality of Abortion: Llegal Hhistorical Pperspectives, Havard University Press.

Osofsky, H.J., & Osofsky, T.D. (1973) The Abortion Experience - Psychological & Medical Impact, Harper and Row Publishers - Hangers town

Philips, B (1985), Sociological Research Methods: An Introdction. The Dorsey Press, Homewood, Illinois.

Rogers, R.S. (ed) (1974) Sex Education - Rationale & Reaction. Cambridge University press.

Schur, E.D.M., (1965) Crimes Without Victims, Deviant Behaviour & Public Policy: Abortion, Homosexuality, Drug Addiction, Englewood Cliffs, N.J. Prentice Hall, Inc.

Schwarz, R.H. (1968) Septic Abortion, J. B. Lippincott Co. Philadephia.

Scott, A. (1981) A New Approach to Teenage Problems in Panama, People Vol. 8:2.

Siame, A.K.(1986) Incidences, Issues & Problems of Teenage Pregnancy & Abortions, Paper presented at National Seminar on population Education, Held at Educational service centre - Lusaka.

Simasiku, S., (1977) Therapeutic Abortions in UTH, Medical Library - Lusaka.

Simapungula, S. (1977) Abortion - The Zambian Experience, Law Obligatory Essay - University of Zambia - Lusaka.

Stiemburg, L. (1981) "Teenage Pregnancies - a World Wide Problem", People Vol. 82.

Turyasingura. G.B. (1989) "Sexual Behavior and Contraceptive Knowledge, Attitudes & Practices Among the Youth of Jinja District, Submitted for the award for the degree of master of arts (Demography) of Makerere Univ. Uganda.

Westley D., (1984) Morality and its Beyond, Twenty-third publications, Connecticut.

Whittater, J.K.(1975) Social Treatment, Chicago; Aldine Publishing Co. Chicago.

WHO (1971) Abortion Laws; A Survey of Current World Legislation, Geneva.

WHO (1979) Induced Abortion Guide Lines for the provision of care & Services, Geneva.

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