

**FACTORS INFLUENCING HELP-SEEKING PROCESS OF ABORTION SERVICES IN MOZAMBIQUE**

Factores que influenciam a procura de ajuda dos serviços de aborto em Moçambique

Factores que influyen en la búsqueda de ayuda para los servicios de aborto en Mozambique

Mónica Frederico\*, Carlos Arnaldo\*\*

**ABSTRACT**

**Background:** help-seeking behaviour implies an active search for information, counselling, treatment or support to respond to a recognized problem. **Objective:** to understand the help seeking process for abortion services by adolescents and young women, sources of help and, the influencing factors. **Methods:** a qualitative approach was applied using semi-structured interviews with nurses from Adolescents and Young People Friendly Health Services, gynaecology emergency services and, maternity services of 8 health facilities in Maputo and Quelimane cities; 14 adolescents and young women who induced abortion were also interviewed. The data was analysed using content analysis approach. **Results:** the help seeking process for abortion services started with confirmation and recognition of the pregnancy. Friends and sisters were the initial sources of information and stimuli for the identification of the provider of abortion services, after analysing the costs and benefits of keeping the pregnancy or inducing abortion; non-perception of the susceptibility and the severity of having an early pregnancy. Non-awareness of sources of help and laws; fear of public exposure; lack of financial resources; and providers' behaviour served as barriers in this process. **Conclusion:** dissemination of available sexual and reproductive health services is recommended, as well as promotion of sex education for healthy choices.

**Keywords:** Mozambique; adolescent; young women; pregnancy; abortion

\*MSc, em Desenvolvimento Rural no Centro de Estudos Africanos; Investigador Assistente do Centro de Estudos Africanos (CEA) da Universidade Eduardo Mondlane (UEM) - <https://orcid.org/0000-0003-2313-4506> - Author contribution: study conception and design, data collection, data analysis and interpretation, drafting of the article, critical revision of the article

\*\*PhD, em Demografia – Centro de Estudos Africanos; Diretor do Centro de Estudos Africanos da Universidade Eduardo Mondlane (UEM) – <https://orcid.org/0000-0002-8323-5360> - study conception and design, data collection, data analysis and interpretation, drafting of the article, critical revision of the article

Autor de correspondência:  
Mónica Frederico  
Email: [mfrederico@gmail.com](mailto:mfrederico@gmail.com)

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**RESUMO**

**Enquadramento:** a procura de ajuda pressupõe um comportamento de busca ativa de informação, aconselhamento, tratamento ou suporte para responder a um problema reconhecido. **Objetivo:** perceber o processo de busca de ajuda para a interrupção da gravidez pelas adolescentes e jovens, as fontes de ajuda, e os fatores influenciadores. **Metodologia:** abordagem qualitativa baseada em entrevistas semiestruturadas às enfermeiras dos Serviços de Saúde Amigos dos Adolescentes e Jovens, das urgências de ginecologia e das maternidades de 8 unidades sanitárias das cidades de Maputo e Quelimane; foram entrevistadas igualmente 14 adolescentes e jovens que induziram aborto. Aos dados, foi feita uma análise de conteúdo. **Resultados:** a procura de serviços de aborto iniciou com a confirmação e reconhecimento da gravidez. As amigas e as irmãs constituíram as fontes iniciais e estímulos para a identificação do provedor para a interrupção da gravidez, depois de analisados os custos e benefícios de continuar ou terminar a gravidez; não perceção da suscetibilidade de ter uma gravidez precoce e a gravidade das suas consequências. Não conhecimento das fontes de ajuda e das leis; medo de exposição pública; falta de recursos financeiros; e o comportamento dos provedores serviram de barreiras neste processo. **Conclusão:** Há necessidade de uma maior divulgação dos serviços de saúde sexual e reprodutiva disponíveis, bem como promoção da educação sexual, para escolhas saudáveis.

**Palavra-chave:** Moçambique; adolescentes; jovens; gravidez; aborto

**RESUMEN**

**Marco contextual:** la búsqueda de ayuda implica un supuesto de búsqueda activa de información, asesoramiento, tratamiento o apoyo para responder a un problema reconocido en instituciones formales o informales. **Objetivo:** procesos el proceso de búsqueda de ayuda para la interrupción del embarazo por parte de adolescentes y jóvenes, las fuentes de ayuda y los factores que influyen. **Métodos:** un enfoque cualitativo basado en entrevistas semiestructuradas con enfermeras de los Servicios de Salud Amigos de Adolescentes y Jóvenes, de lproccosurias procesosgía y de las maternidades de 8 unidades de salud de las ciudades de Maputo y Quelimane; se entrevistaron 14 adolescentes y jóvenes que se provocaron el aborto. Se realizó un análisis de contenido de los datos utilizando NVivo versión 11. **Resultados:** la búsqueda de servicios de aborto se inicomcon la confirmación y reconocimiento del embarazo. Amigos y hermanas fueron las fuentes y estímulos iniciales para la identificación del prestador de servicios de interrupción del embarazo, después de analizar los costos y beneficios de continuar o interrumpir el embarazo; la no percepción de la susceptibilidad y de la gravedad de tener un embarazo precoz. El desconocimiento de las fuentes de ayuda y de las leyes; el miedo a la exposición pública; la falta de recursos financieros; y el comportamiento de los proveedores sirvieron como barreras en este proceso. **Conclusión:** se recomienda la difusión de los servicios de salud sexual y reproductiva disponibles, así como la promoción de la educación sexual para elecciones saludables.

**Palabras clave:** Mozambique; adolescentes; jóvenes; embarazo; abort

### INTRODUCTION

This study addresses the factors and processes of seeking abortion services by adolescents and young people in the cities of Maputo and Quelimane, in Mozambique. Adolescence is marked by changes in physical, psychological and biological aspects, which mark the transition to adulthood (Fatusi & Hindin, 2010). It is a fragile phase, in which adolescents need help to face the risks to which they are exposed and which may threaten their health and well-being in general. (Fatusi & Hindin, 2010). Data from demographic surveys carried out between 2005-2012 show that the first sexual intercourse, which normally occurs between 16 and 18 years of age, tends to be an unprotected sex, which exposes girls to a greater risk of sexually transmitted infections, including HIV and early and unwanted pregnancy (UNFPA, 2014). Regarding pregnancy, evidence indicates that among the 10.2 million unwanted pregnancies that occur annually in adolescents aged 15–19 in developing countries, 5.6 million result in abortions, of which 3.9 million are unsafe. (Darroch *et al.*, 2016).

In Mozambique, the beginning of sexual activity occurs at around 16 years of age, on average (Ministry of Health & National Institute of Statistics, 2018), an age considered early, as adolescents still do not have adequate information about preventive measures for a healthy sexual and reproductive life. Many girls experience menarche without having had prior information about this phenomenon, which increases the risk of becoming pregnant early, or even contracting sexually transmitted infections. (Ibitoye *et al.* 2017; Belayneh & Mekuriaw, 2019). The 2015 Immunization, Malaria and HIV/AIDS Indicator Survey in Mozambique (IMASIDA) indicates that 76.0% of 19-

year-old adolescents have already been pregnant at least once in their lives and around 24.0% of pregnancies that occurred in the two years prior to the survey were unwanted (Ministry of Health & Instituto Nacional de Estatística 2018). IMASIDA also shows that 7.8% of adolescents and young people between 15 and 24 years of age reported having already had sexually transmitted infections (Ministry of Health & National Institute of Statistics, 2018). Frederico *et al.* (2020) found that, among the adolescents and young women interviewed, 5.8% had already induced an abortion. A recent qualitative study on voluntary abortion among young believers of the Protestant and Catholic religions in the city of Maputo reports that there are some young women from these religious congregations who have already induced abortions (Faduco, 2021). Although data is scarce, it gives an indication that abortion in Mozambique is a common practice among adolescents and young people in Mozambique and puts their health at risk.

The existence of support and counseling institutions in sexual and reproductive health can contribute to adequate preparation for the entry into sexual activity for adolescents and young people. However, this alone does not guarantee help if these services are not sought by the adolescents. Seeking help includes the behaviour of actively looking for information, advice, treatment or support to respond to a recognized problem that can be shared with another person. (Rickwood *et al.*, 2005). The search for help is based on interpersonal social relationships and can be informal, when help is sought from friends or family, or formal, when help is sought from professionals capable of helping and advising (Rickwood *et al.*, 2005; Cakar & Savi, 2014). Rickwood *et al.* (2005) also

state that teenagers tend not to seek help from professionals and, the few who do, do so after having looked for an informal source, where friends are the first source and parents the alternative source. The family is the social unit responsible for the socialization and guidance of adolescents and young people where the youngest learn from adults, share beliefs and behaviors related to illness and health, thus influencing the mutual use of medical care. (Segrin & Flora., 2011). However, teenagers and young people, in an attempt to seek help within the family, do not always find the answer or find it late. (Cakar & Savi, 2014).

This article addresses the factors and process of seeking abortion services by adolescents and young people. The aim is to understand the search process and interaction between adolescents and their sources of help and the factors that influence this process. Therefore, the study seeks information with the potential to influence or guide decision-makers in the design of policies and programs to prevent health risks for adolescents and young people. Specifically, the study aims to examine the motivations and factors that influence the help-seeking process of abortion services by adolescents and young people in the cities of Maputo and Quelimane, Mozambique.

### THEORETICAL FRAMEWORK

Seeking help is an act of searching for a solution, and is therefore a process resulting from the need to respond to a problem that the individual, alone, cannot solve, and interaction with third parties becomes imperative.

Help-seeking behavior tends to be analyzed from two perspectives: the first looks at medical care-seeking

behavior and the second analyzes health-seeking behavior in a more integrated way, identifying the factors that allow or prevent people from making healthy lifestyle choices or using medical care and treatments (Mackian *et al.*, 2004). Based on Barker' (2007) and Champion & Skinner' (2008) models the present study fits into the second perspective, as it seeks to understand the factors influencing the search for help in abortion services.

In the help-seeking theory, one of the starting and determining issues is the perception of the problem or the need for help. According to Barker (2007) and Divin *et al.* (2018), recognizing the problem and the need for help leads to its perception and, in turn, dictates the type of help needed, thus defining the motivation for seeking it. However, seeking help can be influenced by internal and external factors. Internal factors may be the knowledge of sources of help and social norms; perception of the others, acceptance of institutions providing help and the personal ability to solve the problem; previous help-seeking experience and the ability to identify or articulate needs. External factors may be distance, availability and costs of services; providers' responsiveness and knowledge of adolescents' concerns; the existence of adolescent-friendly services, cultural values about adolescent-adult interaction, and the legal context of policies (Barker, 2007; Champion & Skinner, 2008; Divin *et al.*, 2018).

The risk perception has been explained through the health belief model (HBM) (Champion & Skinner, 2008). This model, developed by psychologists from the Public Health Services of the United States of America, in the 1950s, aimed to explain why people did not correctly prevent themselves from certain diseases for which there were already tests and

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vaccines (Champion and Skinner, 2008). The model focuses on four dimensions, namely: (i) the susceptibility of contracting a disease and the severity of its consequences, in this case of having an unwanted pregnancy, (ii) benefits/costs (iii) encouragement and (iv) perceived barriers, exploring, for example, the individual's perceptions of the threat posed for a health problem in terms of their susceptibility to contracting a disease, and the severity that it may have on them (Champion & Skinner, 2008). This theory further explains that even if a person realizes his/her susceptibility to contracting a disease the change in behavior is influenced by the beliefs they have regarding the benefits of acting towards prevention and existing barriers. In the context of seeking help to terminate a pregnancy, this model is useful for identifying and analyzing the barriers that limited adolescents and young people who had an early and unwanted pregnancy from seeking help from people or health institutions qualified to do so.

As this is a study on the termination of a pregnancy, it is necessary to address the legal context of abortion in Mozambique, from independence to 2017, when the guidelines for the provision of safe abortion in health units were published. The legislation inherited from the colonial administration and which was in force until the 1980s was restrictive in relation to the termination of pregnancy (Agadjanian, 1998). However, the increase in the number of patients with complications resulting from unsafe abortions raised awareness of a problem, which led the Ministry of Health to authorize abortions to be performed in some hospitals upon written request (Agadjanian, 1998). According to Ustá et al. (2008), before the new abortion law of 2014, the conditions for accessing

these services included a request letter, the woman's identification, the partner's photo and an approximate amount of MZN621.6 (around 10 US dollars at the average exchange rate in 2022). According to these authors, the charging of the above amount constituted a barrier for many women to benefit from these services. In 2014, a more liberal abortion law was approved in Mozambique - Law nº 35, 2014, and its guidelines were made available in 2017 - Ministerial Diploma 2017, (Mozambique, 2014; Mozambique, 2017). Under this law, women can legally request and have an abortion within the first 12 weeks of pregnancy; within the first 16 weeks, if the pregnancy results from sexual rape or incest; and during the first 24 weeks, if the woman's physical or mental health is at risk or in cases of illness or abnormality of the fetus. Women, children under 16 years of age or women who are not capable of making decisions need the consent of their parents or people responsible for them (Mozambique, 2014; Mozambique, 2017).

## METHODOLOGY

This study is qualitative and is part of a large study called *Pregnancy During Adolescence and Youth: Analysis of the Factors Influencing Abortion Decision-Making and Utilization of Reproductive Health Services in Maputo and Quelimane cities, Mozambique*.

Data collection was done through semi-structured interviews applied to maternal and child health nurses and life stories of adolescents and young people (15-24 years old) who at some point in their lives induced an abortion. This group was selected because it is a group that presents limitations not only

in perceiving the transformation that occurs during the transition to adulthood, but also in seeking sexual and reproductive health services due to cultural issues and lack of information and maturity, which puts their sexual and reproductive health at risk. Understanding the factors and motivations can help influence the formulation of policies that contribute to interventions that reduce health risk in this population group.

In addition to teenagers and young people, nurses participated in the study. This was due to the fact that during the research it was noted that the attitude of these providers contributed to defining the type of abortion (safe or unsafe) had by adolescents and young people (cf. Frederico et al., 2018). Therefore, it became important to explore their perception of this process. Male nurses were not interviewed because, in the sectors of the health units included in the study, there were no male practitioners.

### **Sample selection and data collection**

26 participants were interviewed, 12 of whom were nurses and 14 teenagers and young people aged between 15 and 24.

The nurses were selected from 8 health units that provide Adolescent and Youth Friendly Services (SAAJ), gynecology and maternity emergencies, in the cities of Maputo and Quelimane. The selection of nurses was intentional and for convenience. To this end, the head of each of the health units visited was first contacted and, after getting their approval, the research team was introduced to the formal health providers who, after explaining the research objectives and ethical procedures, agreed to participate in the interview. Agreeing to participate resulted in scheduling the most convenient time for the interview. The selection was made in the

Gynecology and Obstetrics sector and at the Services for Teenagers and Young People (SAAJ) sector, as these are the sectors that attend to adolescents and young people seeking sexual and reproductive health services. The inclusion criteria used were: to be a nurse working in the gynecology and obstetrics sector or the SAAJ sector. The interview with the nurses focused on their experience in attending to adolescents and young people, the type of services requested, the phase in which they present themselves at the health unit and the nurses' perception of the adolescent's health and their help-seeking process. Adolescents and young people were identified through an positive answer to the question whether they had ever induced an abortion or not, in a survey carried out within the scope of the large study already mentioned above, which was designed as a mixed study that, in addition to the questionnaire applied to 1657 women in reproductive age, of which 816 were aged between 15 and 24 years, also included a qualitative part, whose data were the basis of this study (Frederico *et al.*, 2020). The adolescents and young women interviewed were informed, during the survey, that they could be invited again to participate in a second interview to clarify some issues. When contacted for this study, participants were asked about their interest in participating and, if so, a more convenient place and time for the interview was scheduled. Before the interview, each participant was explained the reasons why she was invited for the second time to participate in the study. Participants were also informed about the interview procedures, confidentiality and anonymity in the data collected, as well as the possibility of giving up from the interview at any time.

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To begin the interview, each participant was invited to tell their life story from puberty until the moment they induced an abortion. A conversation followed, where insistent questions were gradually added to obtain more details, following a script previously discussed and tested by the study team. This sought to answer the following question: once the decision to induce an abortion is taken, what factors influence

the seeking of help from safe abortion services by adolescents and young people in the cities of Maputo and Quelimane, Mozambique? The objective was to explore the of sources help, barriers to the help seeking process and the risk/problem perception. All interviews were carried out in Portuguese. Participant's details are presented in Table 1.

Table 1  
Details of the study participants

Categories	Median /Number	
	Teenagers and young people	Providers/Nurses
Number of participants	14	12
Age		
Age Range	17-24	27-55
Median Age	21	
Median age at first sexual intercourse	15.5	
Education levels		
Primary	4	0
Secondary	8	10
University	2	2
Religion		
Christian	13	12
Islam	1	0
Occupation		
Student	5	
No occupation	8	
Seller	1	
Nurses		MCH*
Years of experience		
Less than 10		2
10-19		7
0-34		3
induced abortion	14	

\*MCH- Maternal and Child Health

### **Data analysis**

The data analysis followed three steps: transcription, reading and coding with NVivo version 11 (QSR International Pty Ltd., Doncaster, Australia). After transcription, phenomenological analysis was applied, followed by an open coding based on line-by-line analysis to capture the most mentioned information during the interviews. Afterwards, the reanalysis was

carried out, axial codes were created, from which the main themes emerged, which were then classified and grouped according to the model of help seeking by adolescents in Barker (2007) and Champion & Skinner (2008). This process was accompanied by discussions between members of the research group. Finally, the data were interpreted, and the conclusions were systematized.

### **Ethical issues**

To carry out this study, ethical approval was obtained from the Institutional Committee of the Faculty of Medicine of the Eduardo Mondlane University and the National Health Bioethics Committee of the Ministry of Health (IRB00002657), and also from the Ethics Committee of the University Hospital of Ghent (PA 2015/043). In addition to these authorizations, the study obtained administrative authorization from the Minister of Health and local authorities at provincial and community levels in the areas in which the study was conducted.

Each participant was asked to sign an informed consent form after receiving an explanation of the objectives and procedures related to the interview, specifically indicating that their participation was voluntary, they were not forced to answer questions that they consider inappropriate for them and that they could suspend or end the interview whenever they wished, without any consequences for their lives. Participants under 18 years of age were interviewed after obtaining informed consent from a parent or caregiver and their acceptance. For those participants who were illiterate, fingerprints were collected.

The interviews took place in a place and time that was comfortable for the participant, where privacy was guaranteed. In the absence of privacy conditions, the interview was suspended and could only resume after privacy was restored. Participants were also informed that all particulars that could identify them would not be used neither in the analysis nor the sharing of results. The contact number of the bioethics committee was included on the information sheet, so that the participants could contact the institution for complaints or any other relevant reason.

### **RESULTS**

The following paragraphs present the results, starting with a description of the susceptibility to having an unwanted pregnancy and the severity of its consequences, benefits and costs, stimuli to act, barriers faced, referred to as factors that influence the help-seeking of abortion services. These aspects are summarized in table 2 and described in the results and discussion section thereof.

#### ***Susceptibility of being pregnant and the severity of the consequences of having an unwanted pregnancy***

The first action in the abortion services seeking process by teenagers and young people, after realizing they were pregnant, was to contact their partners, sisters and/or friends. In this initial contact, teenagers and young people informed their sources of help about their problem - pregnancy. However, the perception of the susceptibility of having an unwanted pregnancy and the severity of its consequences was still unclear. For some adolescents and young women interviewed, the perception of their susceptibility to pregnancy involved taking a pregnancy test, after being advised by a source of help, as per the following quotes of the interviews: *"I talked to my sister. My sister said she could buy a pregnancy test. She [the sister] went to buy the test [and I took it] and she told me, you're pregnant. How did you let this happen?" (young woman, 24 years old). "I didn't menstruate for a long time and I was worried. Before the month ended, I went to see my friends and they gave me the advice to buy a test to see if it was pregnancy. (...). I went to buy the test, took it and it was positive" (21 years old).*

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For others, not yet aware of the symptoms of pregnancy, they realized their problem through others, namely their mothers or partners: *"I missed my period but I thought it was normal because my period came and then suddenly stopped. I found out after 4 months. Actually, it is my mother who discovered that I was pregnant, I had no idea about anything"* (adolescent, 18 years old). *"I had no idea. I didn't know what was happening. My boyfriend was the one who told me. He didn't ask me, he told me [that I'm pregnant]"* (adolescent, 18 years old).

The recognition of the pregnancy led to negotiation sessions to define the type of help needed to solve this problem, demonstrating the perception of the seriousness that early pregnancy represented.

### **Benefits and costs**

In this help-seeking process, the benefits and costs of inducing an abortion or continuing the pregnancy until the birth of the child were taken into consideration, and this negotiation, between partners or the pregnant teenager and her family, was marked by moments of advance and retreat for the pregnant girls (not to interrupt - interrupt and vice versa), as they were thinking that the pregnancy could probably result in the birth of their only child, however, if they keep the pregnancy, they could be ignored by their partners and/or even be chased away from their homes, depending on the course of the negotiations: *"(...) I thought to myself, I'll keep the pregnancy because it might be the only child. I kept it. When I told him I was pregnant, he first said keep it and then we'll see what to do. (...) He then traveled and stayed for a month, and in the second month I asked him, what now? I then said, I think we better take it off, as I had found out that he didn't want anything to do with me"* (young woman, 21 years old). *"The guy who got*

*me pregnant denied it. So, I went to talk to my older sister, and she said you have to have an abortion because daddy is going to chase you away from home and us at home we don't have enough conditions to take care of this child. My decision was to keep it, but I was afraid at home"* (young woman, 20 years old).

### **Encouragement**

#### **According to the teenagers,**

The help-seeking process to induce an abortion was encouraged, in addition to the negative consequences such as having a child without support from a partner or being chased away from home, by the sources of information. These sources can be formal or informal. In the case of this study, the first source of information consulted by pregnant teenagers and young women was informal, where friends are the key source. However, even if in the first instance the teenager had talked about the pregnancy with a family member, the use of a friend was the key to indicating the definitive source of help: *"I had a friend, isn't it, so I talked to her and I said look, I'm not feeling well, I'm pregnant. She said she knew someone who could help. She showed me this person (...), and I did everything"* (young woman, 20 years old). *"I spoke to my older sister, and she said, you have to have an abortion. [later] I went to see a friend who has an aunt who works at hospital and she made everything easier. Then I went to have an abortion"* (young woman, 20 years old).

Nonetheless, some teenagers turned to their sisters to find a definitive source of help: *"I spoke to my sister and she also said that she knows people who are pregnant (...) then she said that I was. I wanted to hear from her, what to do because I had no idea"* (adolescente, 18 anos). *"The one who discovered it was my sister. She called me and asked: have you seen*



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*your period this month? I said no, its's now three months. Then my sister said let's go to the hospital"* (teenager 18 years old).

The search for formal sources only occurred in extreme cases, as was the following case: *"(...) After 1 month, I started to feel cramps and stomach pains again. I went back to the lady who had given me the pill and told her I'm having terrible labor pains. She said go home, have tea and massage your uterus, if the pain doesn't go away, come back. Something like a ball came out, I started bleeding a lot. So, my partner decided to take me to my house. I said I'm not going home and they can't even know at home. We went to Mavalane hospital. I had already fainted"* (young woman, 21 years old).

It was the sources of information sought in the first place that played the intermediary role in the search for abortion services, establishing contact between them, pregnant girls and providers, as well as negotiating the service provision: *"My friend told me that her aunt who works at hospital could help me and that it was just a matter of getting money. First, we spoke on the phone and she said we could go. My friend accompanied me to the hospital"* (young woman, 20 years old). *"(...) So then we got the pills from one of my friend's aunts who works at the hospital. One day we went to her house and she introduced the medication in my genitals, gave me an injection and some antibiotics and said I should take it."* (young woman, 22 years old).

### According to the nurses,

The evidence of referring to informal sources is reinforced by the nurses' statements, when they indicate that adolescents and young people seek health assistance after realizing that the help provided (by the informal providers) was not effective: *"Many times these are induced abortions. Some are transferred from health unit's emergency bank and others come straight from their homes to the maternity ward. They are generally teenagers, mostly children aged 14, 17 and 18"* (Nurse, 32 years old). *"Most of those that come here are clandestine abortions. They use pills. The girls start the abortion process outside and then come to the hospital to have a suction"* (Nurse, 38 years old).

### Factors that influence help-seeking among adolescents

The decision to seek health services is not only dependent on the perception of the problem and the recognition of the need for help, but also on some factors that contribute to the advancement or decline in the demand for these services by adolescents and young pregnant women.

Data analysis identified individual and interpersonal factors that influenced the search for help by adolescents and young people, after realizing that they were pregnant. The following paragraphs describe these factors, first from the point of view of adolescents who had an early pregnancy and induced abortion and, second, from the point of view of nurses, both summarized in Table 2.

Table 2

### Summary of factors influencing the help seeking process

Dimensions	Categories	Characteristics/Factors	Teenagers	Healthcare
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			and young people	Providers
<b>susceptibility, severity</b>	<b>of having a pregnancy</b>	<b>Inability to identify the risk and severity of the consequences of having an early pregnancy</b>	x	x
	<b>to terminate the pregnancy</b>	<b>could be the only child</b>	x	
<b>benefits/costs</b>	<b>to continue the pregnancy</b>	<b>being rejected by the partner</b>	x	
		<b>being chased away from home by parents</b>	x	
<b>Encouragement</b>		<b>existence of sources of information/advice on where to get abortion services</b>	x	
<b>barriers and/or facilitators to accessing abortion services</b>		Lack of knowledge of the laws and procedures for accessing abortion services and/or the difficulty of following the laws and procedures	x	
	Single	Lack of knowledge of available sources of help (abortion services)	x	
		Fear of public exposure	x	
		Lack of financial resources	x	
		Lack of dialogue/conversation in the family		x
	External	The way the conversation happens (friendly and unfriendly)		x
	Family support	x		
	Providers' behavior (charging money)	x		

Individual factors

### According to the teenagers

Understanding the problem or risk is part of the factors that motivate the search for help. Most of the participants in this study seem not to have been able to understand that sexual activity exposes women to the risk of becoming pregnant and that this pregnancy has negative effects on their lives. This inability negatively influenced the search for help, with women not seeking help to prevent pregnancy: *“I started dating when I was 14 and it was at that age that I also started having sex and we didn't know the dangers (...). You see that age, I didn't know I could get pregnant. Actually, the first time I had sex I didn't get pregnant, so I thought it could be the same thing, like I'm not going to get pregnant”* (young woman, 21 years old). *“But at that time, I was still a child, I didn't understand anything, I used to play a lot, then when I*

*was 19 I had my first belly [pregnancy]”* (young man, 20 years old).

The lack of knowledge about the available sources of help, that is, the possibility of having a safe abortion in the country's public health facilities, had an impact on the search for help, and caused adolescents and young people in need of abortion services to resort to alternative and less safe surces, existing in their communities: *“Well, we didn't know it was legal to go to the hospital for an abortion. So, we thought it was better to look for someone outside and do everything there”* (young woman, 24 years old).

Lack of knowledge of the laws and procedures for accessing abortion services and/or the difficulty in following them, as well as fear of public exposure constituted important barriers to adolescents and young people seeking help: *“I only used to hear that at hospital it is free to terminate a pregnancy. But at that moment I was afraid of how to start. I only heard*

*that an application form is necessary, and sometimes you have to go with an adult to sign it. (...). I was afraid, I didn't want people, even at home, to know"* (young woman, 20 years old)

The lack of financial resources was also mentioned as one of the barriers that contributed to seeking help from alternative sources, although they were not free. *"Last year [the abortion induction] was in the hospital. Only this year did I go to a private nurse (...). We didn't go to the hospital due to money problems. It's cheaper outside than in the hospital",* (young woman, 22 years old). *"She [friend] said she had an aunt who works at the hospital who could help me, I just had to get money. The money I had was little. I can say she helped me"* (young woman, 22 years old).

### **According to the nurses,**

The inability to perceive the risk is also evidenced by the nurses' speech, which indicates that adolescents and young people often become infected and reinfected due to the failure to use protective equipment: *"Their biggest concern is STIs [sexually transmitted infections]. There's a lot of talk about condoms, but I believe many don't use them. If they used them, they wouldn't have STIs, like often. A teenager may come with discharge and we treat it, but after a while she'll come back again"* (Nurse, 55 years old). *"(...). Funny enough, they even ask for condoms, they collect them here, but now we don't know what they do to them afterwards. This is why you will see girls coming with sexually transmitted problems and always say that the condom broke. We then explain to them again how to use a condom. Other come and say I'm not with my boyfriend anymore, I have another one. Then I tell them that's the reason why you must use a condom"* (Nurse, 53 years old).

### **Interpersonal factors**

#### **According to the teenagers**

The lack of dialogue/conversation about sexual and reproductive health issues between adolescents and adults within the family environment and the way this conversation happens are part of the barriers to seeking adequate help. The following excerpts show how distant adolescents and young people are from their families when they face a problem related to sexual and reproductive health due to the weak and difficult form of communication within the family environment: *"I used to talk the most with [other] adults to learn a little more, because with my aunt the relationship was not open regarding this issue. I already tried once and she kept quiet. For this reason, I do not insist"* (young, 21 years old). *"She [mother] doesn't know how to talk to us. I can even try to talk to her but she can't. She's already throwing stones. That's why I never open up to her. I might get home in a bad mood, like the last time I was beaten., but I didn't tell her"* (teenager, 18 years olds). *"My mother is very closed. We rarely talk. There are things I want to tell her like (...) Ahm, ahm, but my mother!!? Hahh no!!! Sometimes I want to stay, talk, tell her what's happening to me, but there's no way. I can tell her [something] and then she says what are you telling me [that] for? You see what I mean,* (young woman, 20 years old).

However, there are other teenagers who have found support from their mothers by referring them to a healthcare provider: *"She [mother] was the one who accompanied me. She's the one who knows the doctor. We went to the central hospital, but the doctor was very busy and told us to go to his house"* (Adolescent, 17 years old). *"My mother said you are not okay. That's when we went to the health unit and*

*it was confirmed that I was pregnant. Then we went to see a midwife and the whole process took place"* (Young woman, 20 years old).

The behavior of informal health services providers is part of the barriers to participants seeking adequate help. Charging money for treatment made help to be sought from pharmacies or people recommended by friends, instead of health facilities, although access to medicines or treatment in these other places was not free: *"They charged us an amount that we didn't have [illegal charge]. The ladies didn't want to negotiate or do anything else. I think that they wanted 1200 Meticals if I'm not mistaken."* (Young, 22 years old).

### **According to the nurses**

Conversation difficulties within the family are also evidenced by the statements of health providers that show the attitude of some mothers towards their daughters when they realize that their kids have already had romantic relationships. Mothers, instead of talking, use violent methods, such as virginity testing: *"Sometimes mothers show up here at hospital with their girls to find out if she is still a virgin. I remember a case in which a girl came with her mother and she had condyloma [genital warts], but she said she was a virgin. Her mother suspected she was already having sex and she said no. After the observation we told [the lady] that she should talk to her daughter in a good way so that there is understanding. And we told the girl to come back [the next day] for treatment"* (Nurse, 55 years old).

The speech also shows that parents see their children as just children, forgetting that they also have feelings and concerns that are similar to those of adults. Having friendships with your daughters is important to gain trust in each other and, in the case of mothers, to be able to accompany and guide the girls correctly,

as illustrated: *"We, at some point, may think that we are working with a child, but it is an adult child. The problem that a young person has, an adult also has. But the child has no place to express this concern at home, because not all families take teenagers seriously. They look at them like a real child. He/she is a child, yes, but they need to be listened to by their families. We need [to have] a lot of conversations with parents. Just a few [teenagers] say I'm my mother's friend. Most have difficulty opening up to their mothers"* (Nurse, 50 years old). *"Well, having good relations within the family is very important, but at some point, there are families who have reservations about conveying information to their children. First, for you to convey this information you need to have friendship and trust to talk to your child. If you are not friends to your kids, it's most unlikely that you will sit down and explain to them that this is wrong, this is right."*

### **DISCUSSION**

This study sought to understand the help-seeking process to terminate a pregnancy, the interaction with sources of help and the factors that influence this process, in light of the health belief model, in which the susceptibility, gravity, benefits/costs and barriers are dimensions in which this model seeks to explain the health help-seeking behavior. In this study, it was noted that the search for services began immediately after the clear perception of the problem - pregnancy, by carrying out a test or confirming it through others, such as a sister, mother or partner. Although this is a search for health services, which in general should be sought from formal institutions and health services providers, in the case of the

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adolescents and young people in this study, this search was directed, firstly, to informal sources considered closest and capable of helping in solving the problem, in this case female friends. Even the help sought from formal health providers was also given informally, and almost always after the failure to seek formal help. This result is similar to what the study by Rickwood et al. (2005) reported, that adolescents and young people first resort to help from informal institutions, contacting formal institutions only if the problem has not been resolved at that level. Even at an informal level, seeking help only occurs if the adolescent or young woman realizes that she, on her own, is not capable of solving the problem (Barker, 2007). As shown by the quotes, some pregnant girls did not understand what was happening. In these cases, first they searched for help to understand the problem, followed by negotiations to define the solution and where to get it. This process of seeking help to understand the problem seems to show that the adolescents and young people participating in this study did not yet understand their susceptibility to becoming pregnant, a fact that was elucidated, for example, by the difficulty that some adolescents have in understanding the risk of becoming pregnant and the severity that its consequences would represent in their lives. This is combined with age, not only at the beginning of sexual activity, but also at the time of pregnancy. On average, the interviewees began sexual activity at 15.5 years old, an age relatively close to the 15 years indicated by the UNFPA (2014). According to the health belief model, age is one of the factors that affect the ability to perceive the susceptibility of having a disease and the severity of its consequences. At this age, a set of barriers come together, such as

the lack of knowledge about the changes that occur in the individual, aggravated by the lack of explanation about sexuality and the functioning of the reproductive system with regard to the menstrual cycle (Belayneh & Mekuriaw, 2019). This information is important for teenagers and young women to understand their susceptibility to becoming pregnant, and to be able to identify the symptoms of pregnancy. The lack of knowledge about the laws and/or the place to resort to was also noticed in Portugal by Brito *et al.*, (2018) and in England by Fortune *et al.*, (2008). Although safe pregnancy termination services in some health units, especially general and central hospitals, began in the 1980s (Agadjanian, 1998) and were legally permitted in 2014 (Mozambique, 2014; Mozambique, 2017) little or nothing is known about their dissemination. This factor, together with the fear of being judged and stigma, may have contributed to the search for information in informal and alternative sources (Barker, 2007), to the detriment of the gynecology and obstetrics sector. The frequent visits to the health sector by teenagers reveal an active sexual life, which is not expected in a teenager or young woman. (Fortune *et al.*, 2008). In the community, abortion is stigmatized and women who experience this event are given names that devalue them (Kumar *et al.*, 2009; Sorhaindo and Lavelanet, 2022) and are seen as a threat to the continuity of the family (Kumar et al., 2009). It is important to note that although teenage pregnancy is not expected and constitutes shame for the family, the birth of a new member is always accepted. The issue of lack of financial resources led adolescents and young people to opt for help from alternative sources. However, in our opinion, this option may have been influenced mainly by a lack of knowledge of the law and

procedures, as well as the fear of exposure, as already mentioned. (Wakjira & Habedi, 2022). Although the costs for the abortion were considered high, estimated at 24 US dollars (Ustá *et al.*, 2008) at Maputo Central Hospital, at that time, seeking help from alternative sources cost an average of 81.1 US dollars (46.3 to 115.8 dollars), according to the interviewees. This value is 3 times the amount that was officially applied in health facility. Another factor that may explain the option for alternative sources to the detriment of health facility is the belief of not being able to get the desired attention, since before this event, participants had sought help from the health facility for other reasons, but such help was perceived as inappropriate (Ninsiima *et al.*, 2021; Wakjira & Habedi, 2022; Mackian *et al.*, 2004; Barker, 2007). The belief that the person in need of help has regarding whether or not to receive help can influence not only the motivation to seek help, but also the determination of the type of source of help. In the case of the participants in this study, the lack of or the way the dialogue was conducted may have contributed to them seeking help from friends to the detriment of family members, due to the perception that there was little or even no point in trying to talk to their mothers or any other family member (Fortune *et al.*, 2008). These authors found that teenagers who mutilated themselves did not seek help, because they feared that the action taken would be considered as an act of “calling attention”. The attitude reported by the participants in this study towards dialogue in within the family environment can be explained in what Janighorban *et al.* (2022) describes as “repulsive behaviors lead fathers/mothers to ignore their daughters' health, especially sexual and reproductive health, when they realize that the teenager has

violated cultural and family norms”. Therefore, when seeking help from abortion services, pregnant teenagers and young women balanced the benefits/costs, between maintaining a pregnancy that could result in them being expelled from home, as well as not having the support of the partners, and the desire to keep the pregnancy for pleasure or for thinking that they could end the life of what could be their only child, even though it was not planned. As for the sources of information consulted in the first instance, by advising the adolescents to induce an abortion, in some cases, and by mentioning that they knew informal health providers who could help induce an abortion and serve as a link they constituted an encouragement in the process of seeking help to induce the abortion.

### CONCLUSION

This study sought to understand the help-seeking process to terminate a pregnancy, the interaction with help sources and the factors influencing this process among adolescents and young people in the cities of Maputo and Quelimane. Through the application of the health belief model, it was found that adolescents and young people did not realize their susceptibility to becoming pregnant at their age, including the severity of the consequences of this pregnancy in their lives. The help-seeking process involved, in addition to health service providers, other sources of help sought soon after the problem was noticed. These sources, in addition to providing information, also served as a link between the patient and the health provider, becoming a stimulus for searching for abortion services, after evaluating the benefits of keeping or terminating the pregnancy with

regard to, namely, losing the only child they could have, being chased away from home, as well as ending the relationship with their partners. However, both (the link and the informal health provider) are informal sources. The lack of knowledge about the sources of help for inducing abortion, and abortion law, the lack of financial resources, and the fear and shame of exposing oneself are influencing factors, constituting barriers in the process of seeking abortion services. These factors call for work to disseminate, within communities, the health services available for health care, especially the sexual and reproductive health of adolescents and young people, as well as intervention in sexual education for adolescents and young people. This education must be part of school subjects. Sexual education should also focus on adults in order to identify the barriers in the search for help by adolescents and young people.

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### Conflict of interests

The authors declare no conflict of interest.

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