

# EXPERIENCES OF BLACK ADOLESCENTS WHO CHOSE TO TERMINATE THEIR PREGNANCIES

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## ABSTRACT

*The "Choice on Termination of Pregnancy Act" (No. 92 of 1996) determines that a woman, including a 12-year old pregnant adolescent, can choose to terminate a pregnancy without the consent of parents, guardian or friends. This Act also makes provision for counseling, but research indicated that the counseling provided, focussed on the procedure of the termination, rather than on the psychological or emotional support to the woman who chose to terminate her pregnancy (Poggenpoel, Myburgh & Gmeiner, 1998:4). Many women suffered from guilt feelings, anger, sadness and depression after they had a termination of pregnancy (Suffla, 1997:219; Howard, 1985:29). The researcher became interested in hearing the voices of black adolescents who chose to terminate their pregnancies and the following study emerged:*

*A qualitative, explorative, descriptive and contextual research design was conducted to learn of the experiences of black adolescents who chose to terminate a pregnancy.*

*A pilot phenomenological interview was conducted with a black adolescent who chose to terminate a pregnancy and who met the selection criteria. The phenomenological interviews were conducted in English and Tswana with nine black adolescents that volunteered to participate in the study and who were purposively selected. Steps were taken to ensure trustworthiness. Tesch's method of data-analysis was followed to analyse the data.*

*The results indicated that black adolescents who chose to terminate a pregnancy, experienced emotional turmoil; physical distress and used psychological defence mechanisms as ways to cope, and some gained emotional maturity from the experience.*

*Guidelines for supportive actions by the advanced psychiatric nurse practitioner were described in the form of therapeutic supportive counselling, but will be addressed in a separate article.*

*Black adolescents who choose to terminate their pregnancy need support from psychiatric nurses, as well as nurses engaged in the termination of pregnancies in different health facilities, in order to promote their mental health. The focus of this article will be to describe the adolescents' experiences involved in the termination of a pregnancy.*

## OPSOMMING

*Die "Wet op Keuse van Terminasie van Swangerskap" (No. 92 van 1996) bepaal dat 'n vrou, insluitend 'n 12-jarige swanger addolesent, kan kies om haar swangerskap te beëindig sonder haar ouers, voog of vriende se goedkeuring. Hierdie wet maak voorts voorsiening vir berading. Navorsing toon egter dat die berading op die prosedure van terminasie*

*fokus, eerder as op die psigologiese of emosionele ondersteuning vir die vrou wat gekies het om haar swangerskap te beëindig (Poggenpoel, Myburgh & Gmeiner, 1998:4). Baie vrouens gaan gebuk onder skuldgevoelens, woede, hartseer en depressie na die beëindiging van hul swangerskap (Suffla, 1997:219; Howard, 1985:29). Die navorser het daarin belang gestel om die stemme van swart adolessente wat hul swangerskap beëindig het te hoor. Dit het gelei tot die navorsingstudie wat gevolglik bespreek sal word.*

*'n Kwalitatiewe, verkennende, beskrywende en kontekstuele navorsingstudie is uitgevoer om die ervarings van swart adolessente wat kies om hul swangerskap te termineer, te verken en te beskryf.*

*'n Fenomenologiese loodsstudie is uitgevoer met 'n swart adolessent wat gekies het om haar swangerskap te termineer en wat aan die kriteria vir insluiting voldoen het. Die fenomenologiese onderhoude was in Engels en Tswana gevoer met nege swart adolessente wat vrywillig aan die studie deelgeneem het en doelgerig geselekteer is. Stappe is geneem om vertrouenswaardigheid te verseker. Tesch se metode van data-analise is gevolg om die data te analiseer.*

*Die resultate dui aan dat swart adolessente wat gekies het om hul swangerskap te termineer, emosionele verwarring en fisiese ongemak ervaar en psigologiese verdedigingsmeganismes as maniere om te oorleef gebruik en sommige het selfs emosionele volwassenheid ervaar as gevolg van hul ervaring van die terminasie van hul swangerskap.*

*Riglyne vir ondersteunende aksies deur gevorderde psigiatriese verpleegpraktisyns sal in 'n afsonderlike artikel bespreek word.*

*Die swart adolessente wat die terminasie van hul swangerskap gekies het benodig ondersteuning van psigiatriese verpleegkundiges, sowel as verpleegkundiges van verskillende instansies, wat betrokke is by die terminasie van swangerskappe, ten einde hul geestesgesondheid te bevorder. Die artikel fokus op 'n beskrywing van swart adolessente se ervaring van die terminasie van hul swangerskap.*

## **INTRODUCTION AND PROBLEM STATEMENT**

South African women, including black adolescents, have been neglected for many years when other countries of the world liberated their abortion laws. During the time when the abortion law was not yet liberated in South Africa, most women terminated their unwanted pregnancies outside of the country's borders (Orr, 1995:139), or illegally under unsafe conditions detrimental to their physical, mental and spiritual health (Orr, 1995:140). No formal counselling took place during the illegal termination of unwanted pregnancies. The research findings from studies conducted during this period, reflect that before 1997 between 200 000 and 300 000 pregnancies were illegally terminated annually (Maluleke, 1997:15; Maforah, Wood & Jewkes, 1997:81) and only 1000 to 1500 pregnancies were legally terminated.

The above-mentioned figures on illegally terminated pregnancies represent the number of women who had to undergo unsafe abortions, of which some were "backstreet" abortions. The number of women who had to undergo "backstreet" abortions are unknown since no records were kept, but these figures do however, include black adolescents. Hyams (1996:386) states that it was

only in the case of complications which resulted in medical, surgical or psychological intervention, when the method of termination of pregnancy became known.

Suffla (1997:219) observed from his research findings that some women, including black adolescents, were blindfolded when taken for illegal abortion to conceal the identity of the service provider and no formal communication took place prior to, during or after the procedure. The service providers expected women who came for illegal termination of pregnancy to have "quite worked out" the decision to not carry the pregnancy to term (Suffla, 1997:219).

From this background and lack of formal communication between the client and the service provider, it was clear that these women experienced a lot of emotional trauma. In 1996, the Choice on Termination of Pregnancy Act (No. 92 of 1996) was promulgated and it was only implemented in 1997 at selected health facilities (Reproductive Rights Alliance, 1998:1).

The Choice on Termination of Pregnancy Act, (92 of 1996) provides that women, including a 12-year old pregnant adolescent, can choose to terminate a pregnancy without the consent of parents, guardian or friends (South Africa, Choice on Termination of

Pregnancy Act, 92 of 1996:6). This added to more concern and questions about trauma with regards to the adolescent.

Figures from research studies done in South Africa regarding utilisation of the services for termination of pregnancy by adolescents who did not involve their parents is not yet known, but in the United States of America, issues relating to maturity of an adolescent to make a good judgement on the choice to terminate a pregnancy was promulgated for a certain age group of adolescents (Griffin-Carlson & Schwanenflugel, 1998:543). The adolescents who chose to terminate a pregnancy were observed not to involve their parents for fear of being rejected, abused, or of being a disappointment to their parents and as such were not supported (Griffin-Carlson & Schwanenflugel, 1998:544).

Utilisation of services for termination of pregnancy in South Africa since the termination of pregnancy became legal, indicates that from the period February 1997 - December 1997, 26 000 pregnancies were terminated (Depinho, 1998:790), of which 50% took place in Gauteng and 900 of those were performed at private clinics (Reproductive Rights Alliance, 1998:13, 17).

The number of women, and especially young black adolescents, seeking termination of pregnancy based on the above-mentioned figures should be a cause for concern, as studies done on women who chose to terminate a pregnancy show that despite the positive emotions of relief experienced due to the termination of pregnancy, women suffer negative emotional experiences of shame, guilt and depression (Howard, 1985:29). It is because of these experiences that the authors asked the following research question, within the South African context:

*What are the experiences of black adolescents who chose to terminate their pregnancies?*

## GOAL

The goal of this study was:

- To explore and describe the experiences of black adolescents who chose to terminate their pregnancies.

## RESEARCH DESIGN AND METHOD

To answer the research question a qualitative, descriptive

(Creswell, 1994b:145), exploratory (Marshall & Rossman, 1989:78) and contextual (De Vos, 1998:281) research design was employed.

This article focused on exploring and describing the experience of black adolescents who chose to terminate a pregnancy by using phenomenological interviews. The target population for this study was black adolescents who chose to terminate their pregnancies at a specific clinic in the Gauteng province. Purposive sampling (De Vos, 1998:198) was applied, based on the selection of the participants who contained the most characteristics required for the study. The adolescents who volunteered to participate in the study and who met the sampling criteria were referred to the researcher through the assistance of a mediator.

Seven participants were admitted with pregnancies 12-15 weeks and two with pregnancies less than twelve weeks.

The sampling criteria included:

- Single black adolescents between the ages of 12 - 20 years.
- Black adolescents who were willing to give consent to participate in the study.
- Black adolescents who had their termination of pregnancy during 1999/2000, as the researcher was able to conduct interviews during this period.
- Black adolescents living within the Gauteng Province as this is the area where the study was conducted.
- Black adolescents who speak and understand Tswana or English as the researcher could only communicate in these languages. Tswana participants were able to express themselves well without losing the "richness" of the content, which is often experienced when individuals use a language other than their mother tongue.

The sample size was achieved when data was saturated (Morse, 1994:285) and did not depend on the number of interviews conducted. Data was collected by means of in-depth, semi-structured, phenomenological interviews (Kvale, 1983:177) and field notes (De Vos, 1998:285). An audiotape was used as a medium for collecting data. One central question was posed, namely: "*How did you experience having had an abortion?*" Thereafter, only non-directive interviewing techniques were utilised to



probe (Kvale, 1983:177).

A pilot study was conducted with one black adolescent that chose to terminate her pregnancy and who met the sample criteria, to identify potential research problems during the first phase of the research study.

The recorded interviews were transcribed verbatim and then analysed according to the open coding, descriptive method of Tesch (*in* Creswell, 1994a:155) for analysing qualitative data. Tswana interviews were coded in Tswana to preserve 'richness' of the interview and only final themes were translated into English. Using Tesch's method, 8 steps were followed in the process of data analysis (Mpshe, 2000:28).

The results of the research were discussed in the light of relevant literature and information obtained from similar studies, to verify the research findings. The findings, revealed by data obtained from the experiences of black adolescents, were used to describe guidelines for the advanced psychiatric nurse practitioner to support the black adolescents who chose to terminate a pregnancy. These guidelines will be addressed in a future article.

To ensure reliability and validity of the whole study, measures for trustworthiness were employed to ensure the truth-value, applicability, consistency and neutrality of the study. Triangulation of methods and researchers, peer examination and member checking were some of the measures employed (Guba & Lincoln, 1985:289-331). Refer to Mpshe (2000:18-19) for a comprehensive description of the measures applied.

Strict ethical conduct was maintained, as this is a very sensitive research area. The ethical standards adhered to, were according to the demands of the Democratic Nursing Organisation of South Africa (1998:1-7). All respondents participated out of their own free will, and provided written consent to participate in the study. This study was conducted as part of a national, NRF-funded project. The specific institution gave national consent to use their facilities for research across South Africa. All participants were provided with follow-up counselling by a registered counsellor, should the need arise.

## RESULTS AND LITERATURE CONTROL

The discussion of results is based on the major categories and subcategories shown in Table 1. To maintain clarity, there is a discussion where relevant; then direct quotes from the transcriptions and then a literature control to recontextualise data.

The first major category and theme that will be described is emotional turmoil and it focuses on the effect that the termination of pregnancy has on the emotional well-being of adolescents.

### **The adolescents experienced emotional turmoil when deciding whether to terminate their pregnancies**

Adolescents expressed that they have been going through some emotional turmoil from the time they realised that they were pregnant. Because of the fear of disclosing the fact that they were sexually active and subsequently pregnant to the family, they had to keep the decision to terminate their pregnancy, to themselves. Some of the adolescents interviewed suggested that their families would be unsupportive of their decision to terminate their pregnancy and would find it unacceptable. The turmoil of emotions the adolescents experienced ranged from guilt feelings; fear and anxiety; anger and sadness; as well as relief. The following categories explain this:

#### ***Paralysing ambivalence related to independent decision-making whether to terminate a pregnancy***

In the interviews conducted with the adolescents, they expressed that even though they had decided that they did not want to have babies upon realising they were pregnant, they were unable to take decisive action and go to the clinic for termination of pregnancy. Their pregnancies were then almost outside the term of legal termination.

One adolescent who expressed experiencing some paralysing ambivalence said: *"When I realised I was pregnant, I told my boyfriend that I am going for abortion because I am not ready to be a mother and he said it was alright and he supported my decision, but I kept on postponing to come to the clinic and I don't know why. When I came here they told me I was 15 weeks pregnant and now I regret why I had to wait for such a long time."*

**Table 1: An overview of major categories and subcategories from the results of interviews with black adolescents' experience of having to terminate a pregnancy**

MAJOR CATEGORIES	SUBCATEGORIES
The adolescents experienced emotional turmoil related to the process of decision-making to terminate their pregnancies	<ul style="list-style-type: none"> <li>• Ambivalence related to fear of practising independence</li> <li>• Guilt feeling related to the value conflicts</li> <li>• Anger and sadness related to lack of support from others</li> <li>• Fear related to the uncertain outcome of the procedure</li> <li>• Relief related to the termination of pregnancy</li> </ul>
The adolescents experienced physical distress related to the procedure of termination of pregnancy	<ul style="list-style-type: none"> <li>• Physical pain related to the evacuation of the uterus</li> <li>• Dizziness related to the medication and pain during the procedure</li> </ul>
The adolescents utilised psychological defence mechanisms as a way of coping with the emotional pain of having to terminate their pregnancies	<ul style="list-style-type: none"> <li>• Denial</li> <li>• Rationalisation</li> <li>• Intellectualisation</li> </ul>
The adolescents experienced a sense of emotional growth related to the painful experience and process of termination of pregnancy	<ul style="list-style-type: none"> <li>• An outcome of this painful experience is a more effective mechanism related to personal maturity</li> </ul>

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Another adolescent who expressed she was ambivalent in initiating the move to the clinic for termination of pregnancy said: *"I didn't want my parents to see me pregnant because they were going to ask me to keep it; but I decided when I missed my first period that if I was pregnant I was going to have an abortion"*.

According to Evans (1998:206), adolescent ambivalence stems partly from the conflict between ongoing, although diminishing, dependence on parents and maturation drives to increased autonomy and independence.

Stuart and Laraia (1998:777) also say that adolescents exposed themselves to situations beyond their capabilities and become overwhelmed and frightened, and this accounts for the inconsistency in adolescents' behaviour.

### ***Guilt feelings related to value conflicts***

The adolescents expressed that they had to keep secrets from their parents, including having to terminate a pregnancy. The guilt feelings were related to their inability to disclose their sexual experiences to their parents, and the perception that they let others down.

One adolescent who expressed guilt because she engaged in pre-marital sex and fell pregnant, said her parents told her that: *"It is wrong having sex before marriage that is what my parents advised me about, but I never listened and I got myself where I am not supposed to be"*.

Another adolescent felt guilty and cried during the interview because she felt she disappointed her parents by losing her virginity. She blamed herself and said: *"I wouldn't be crying and having this guilt feelings. I didn't want to disappoint my parents and my mother thinks I am still a virgin and telling her 'Mom, I am no longer a virgin' will break her heart"*.

Griffin-Carlson and Schwanenflugel (1998:549) observed that black mothers view teenage parenthood as a more acceptable option in dealing with pregnancy and are less supportive of abortion compared to other options. The adolescents in this study opted to keep the issue of termination of pregnancy a secret from their parents for fear of their parents persuading them to complete the full pregnancy term.

In another study by Maforah, Wood and Jewkes (1997:81) they observed that women could not disclose that they had an abortion due to "fear of stigmatisation and lack of trust". Due to the existence of different opinions regarding termination of pregnancy, adolescents in this study could not disclose their intentions to terminate their pregnancies and it contributed to their feelings of guilt.

Other adolescents who were interviewed in this study, expressed that they were religious persons and termination of pregnancy was against their religious beliefs. One adolescent who claimed that termination of pregnancy caused her guilt feelings because it was against her religion had this to say: *"It is just sad you know to think that I have just terminated a pregnancy. It is not what I have been taught you know, a child is a gift from God. I feel very saddened that it had to happen this way. I am a Sunday school teacher, children need to be loved, and I think it is something else to kill someone else's child but to kill your own is different. I feel so sorry it hurts. It hurts emotionally. It hurts and I know after this I will be in another hell"*.

In view of these findings, Stotland (1997:679) previously observed that "having an abortion in the context of a disapproving religious affiliation, is stressful".

In addition, Fourie (1997:128) refers to guilt as "something we should all feel when we do something that is wrong". The adolescents in this study, due to their religious beliefs, perceived termination of pregnancy to be morally unacceptable and against their values.

According to Pera and Van Tonder (1996:10) values are described as relating to mode of conduct and primarily refer to "right" and "wrong" and "hold key position in decision-making". This explanation can be taken further since conflicts in decision-making, due to value differences result in value conflict, as was the case with those adolescents whose decision-making was influenced by their religious and familial values.

As these adolescents experienced guilt feelings for deciding to terminate their pregnancies, they needed support from others, including their family members. During these interviews, it became clear that the adolescents expected someone to support them as they

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go through the emotional pain of terminating a pregnancy, but unfortunately for the majority of the adolescents, no such support was available.

The adolescents also expressed that they were not supported by their parents and it caused the same anger and sadness.

One adolescents, who expressed that she was unhappy that her parents could not be involved in the termination of her pregnancy, had this to say about her mother. *"I am alone, that is the worst part. I didn't have anyone to talk to except the people at the clinic and trusted that*

### **Anger and sadness related to lack of support from others**

Anger in this research study, reflected the situation in which the adolescents found themselves due to significant non-supportive others. When people go through any procedure likely to cause stress, they always seem to cope better if they are supported by their family or by others they are close to. It was sad for the adolescents in this study, because they claimed that family problems and the attitudes of boyfriends were responsible for them being at the private facility, unaccompanied and without support.

One adolescent who expressed anger and projected it at her boyfriend, described her situation as follows: *"My boyfriend is still at school and I didn't trust myself that I can talk to him and when I told him I was pregnant he told me it was my fault and if I told my Mom or anyone that he was the father, he was going to kill me".*

Another adolescent who expressed anger towards her boyfriend for dropping her when she wanted to terminate the pregnancy, stated: *"When I told my boyfriend that I was for an abortion and I was going to do it today, he said he was no more interested in me. I don't know whom did he expect me to tell, because I had sex with him and I did not make myself pregnant".*

Suffla (1997:217) in his study, observed that men who coped poorly with pregnancy and abortion, and who were preoccupied with their own efforts to cope with the situation, were unable to provide effective support to their partners and this had a negative effect on women's own coping mechanisms and post-abortion adjustment. In this

study, the adolescents expressed that their boyfriends became indifferent when they reported that they were pregnant and in some cases, they even terminated the relationship.

The adolescents' perceived lack of support from boyfriends also contributed to their decision to terminate the pregnancy. It is supported in the study by Hamark, Uddenberg and Forssman (1995:302) who observed that women in unstable relationships were motivated to have an abortion and they experienced negative emotions in comparison to those who experienced support from their partners.

*someone could help me, especially my mom. Others are* The adolescents also expressed that they were not supported by their parents and it caused the same anger and sadness.

One adolescent, who expressed that she was unhappy that her parents could not be involved in the termination of her pregnancy, had this to say about her mother, *"I am alone, that is the worst part. I didn't have anyone to talk to except the people at the clinic and trusted that someone could help me, especially my mom. Others are with their people."*

The findings of this study is supported by the literature in the study, Teenage Women, Abortion and the law (National Abortion Federation, 1998:2), which observed that adolescents would not involve their parents during termination of pregnancy. More so if the teenager went through emotional and physical abuse, since involving such parents could invite further abuse of the teenager and other family members.

The effects of lack of support on women who terminated a pregnancy, was reported in a study by Butler (1996:399) who observed that women with high stress and at risk of psychological complications after abortion, are those who terminated a pregnancy later and have poor social support. Butler further observed that being a teenager and subjected to undue influence of partners and parents and belonging to a socio-cultural group, enhances antagonism towards abortion. In this study, the majority of adolescents who experienced lack of support from their parents and boyfriends, expressed anger and sadness.



There was only one adolescent who expressed that she experienced support from both parents and she described it by saying: *"When I made my parents aware that abortion was the first thing in my mind, I never thought they would understand, but they did and I am grateful to them. My father said it was a mistake that I fell pregnant and everyone make a mistake and I felt that my parents are the greatest"*.

The effects of support on women who terminated a pregnancy was reported in a study by Soderberg, Anderson, Janzon and Sjoberg (1998:69) who observed that women's adjustment to abortion depends on the support and understanding they meet in their surroundings.

Although the pre-abortion counselling session is not meant to be supportive, an adolescent expressed that it made some difference in the way she felt and had this to say about the clinic experience: *"Funny it is my fault in a way but nobody made me feel that and you people have got love, and a person can see if one fakes it"*.

Another adolescent who claimed that she experienced a sense of support, described it by saying: *"If I had just went out without talking to you, I don't know, maybe I'll lock myself in the bedroom and cry and never stopped because I hardly had anyone to share my feelings with"*.

In view of the above, Cozzarelli, Sumer and Major (1998:454) describe support as information or actions (real or potential), leading individuals to believe that they are cared for, valued, or in a position to receive help when they need it and it has a "buffering" function for individuals experiencing high levels of stress.

Beck, Rawlings and William (1994:251) observe that people who lack support when feeling isolated and withdrawn, experienced similar feelings as people going through grief.

The importance of social support during termination of pregnancy is supported in the study by Major, Richards, Cooper, Cozzarelli and Zubeck (1998:748) who observed that coping with abortion-related emotions, by seeking social support (instrumental or emotional), was associated with lowered levels of post-abortion distress.

### ***Fear related to the uncertain outcome of the procedure***

Termination of pregnancy is not an openly discussed procedure and usually the most common information available about this procedure is the negative effects, hence the fear experienced by the adolescents. The adolescents expressed fear of their families not knowing that they had terminated a pregnancy.

One of the adolescents who was concerned about the outcome of the procedure, as she was fourteen weeks pregnant, had this to say: *"I realised I was almost three months and I told myself that there is no chance, they even tell us at school that after this certain time people got killed; like a friend of mine she got killed after she had done it after five months"*.

Another adolescent, who informed her parents of her intention to terminate her pregnancy because she was afraid she might die due to the procedure, had this to say: *"I didn't want to do it alone because I was three and half months pregnant and I wanted to involve my parents for in case something happens, like if I should die, what will my parents say?"*

In the study by Hamark, Uddenberg and Forssman (1995:305) a women who present herself at the clinic at an advanced state of pregnancy, present more mental symptoms. Hamark, Uddenberg and Forssman (1995:306) further support this in that fear is a reflection of some mental symptoms. Due to fear, ambivalence to carry out an activity occurs, and due to the ambivalence, the adolescents delay presenting at the clinic for termination of pregnancy. Those who expressed fear were the ones who delayed until they were in the second trimester of their pregnancies.

According to the American Academy of Paediatrics (AAP, 1996:748), there is no documented negative psychological or medical sequel to elective, first trimester, legal abortion among teenager women. As already stated, it was adolescents in the second trimester of their pregnancies that feared the outcome of the procedure. In this study, adolescents who were in the first trimester of their pregnancies never expressed any negative emotional feelings or fear, related to the outcome of termination of pregnancy, as compared to those adolescents who were in the second trimester of their



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pregnancies.

Fear is defined as having a specific source or object that the person can identify and describe, and fear entails intellectual appraisal of threatening stimulus. In this study, adolescents' fear was due to the fact that they could die, as they were in the second trimester of their pregnancies, and they viewed themselves being in a compromised situation.

Fear was also expressed in the form of anxiety in some adolescents. The anxiety observed in some adolescents, was related to following the clinic procedure, which in some cases involved waiting for the doctor and to a greater extent those adolescents who were exceeding twelve weeks of pregnancy.

One of the adolescents who had to wait for the doctor as the midwife could not terminate her pregnancy, stated: *"I wish I didn't have to wait because it is like they will later change their minds and say 'we can't do it today' or something like that".*

Their anxiety increased due to the fact that although confidentiality was ensured by the health facility, the researcher gathered information on their experiences, which was recorded on tape. One adolescent, who was uncomfortable with her experience of termination of her pregnancy being recorded on an audiotape, expressed her anxiety as follows: *"I am accepting this interview, but if there is something else you need to know don't phone my home, I will call you".*

Another area that seemed to increase their anxiety level was to deal with the self after completion of the procedure. One adolescent who was unsure if she was going to cope afterwards, expressed her concern as follows: *"I am here and I can see other women who came for abortion also, but I don't know how I am going to deal with myself when I close that door, thinking of how I will sleep and wake up thinking that I have killed something, somebody you know, that is the most difficult thing".*

The issue of probable problems in relation to dealing with oneself after termination of pregnancy, is supported in the study by Suffla (1997:220) who stated that sanctions and stigma, associated with abortion, may result in women either denying their grief or being unable

to express it. It is probably the negative attitude of significant others in the adolescents' lives that contribute to their anxiety, following termination of pregnancy. The adolescents expressed that they would be unable to openly share their emotional experience of termination of pregnancy for fear of condemnation, and the stigma attached to what they perceived to be right and best for themselves.

Even though there were negative emotional experiences expressed in the form of guilt feelings; anger and sadness; fear and anxiety; the adolescents still expressed positive emotional feelings of relief as the whole procedure was done with.

### ***Relief related to the positive effect of the termination of pregnancy***

Since all the adolescents interviewed in this study attended school, they all expressed that despite all their negative feelings, they also felt relieved that they could continue with their plans.

One adolescent, who was relieved that she could continue school, stated: *"I feel free, I will not have to leave school and take care of a baby".*

Another adolescent, who expressed that being pregnant would affect her reputation at school, said: *"I am a head girl at school and everybody is looking up to me and now I am relieved that I will not have to be seen pregnant by teachers and other students".*

In view of the above, Stotland (1997:679) observed in the study conducted on psychological aspects of abortion that the most common emotional reaction after abortion is relief; followed by regret, disappointment, surprise, recrimination, decision-making arrangements and procedures, and the women can refocus on their ongoing responsibilities and their futures. In this study, the adolescents expressed that following the whole procedure of abortion, they could refocus on the plans they made for themselves and complete their studies.

Some of the adolescents' expression of relief following termination of pregnancy was due to the perception of anticipated family problems that could have taken place had their pregnancies continued. One adolescent who felt that her pregnancy would have caused family

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problems had she not terminated it, stated: *"I am relieved, me and my mom would not have a place to stay because my father does not understand"*.

In view of the above, American Academy of Paediatrics (AAP, 1996:749) stated that adverse reactions after abortion is rare. Most women experience relief and reduced depression and distress. This observation by the AAP is relevant to the findings of this study, because some adolescents indicated that they would have been devastated if the unwanted pregnancy was to continue.

Although the adolescents were relieved at the end of the procedure, they experienced physical distress related to the procedure.

### ***The adolescents experienced physical distress related to the procedure of termination of pregnancy***

No woman, including black adolescents who terminate their pregnancies at the private clinic where the research study was conducted, was given any form of anaesthesia. They actually felt the physical distress related to the procedure, from the time the instruments were inserted into the uterus until the end when the uterine contents were evacuated. In this study, some adolescents indicated that they were physically distressed and in pain due to the evacuating of the uterus and one adolescent felt dizzy.

### ***Physical pain related to the evacuation of the uterus***

One adolescent, who complained of severe physical pain, said: *"Like all the material they use in the tummy they go like some pain like period pains"*.

Another adolescent attributed the physical pain to the gestation period and described it as follows: *"It was otherwise painful because I was fifteen weeks ahead you know and it was sad"*.

In view of the above, Wells (1992:1051) states that first trimester, uncomplicated abortion is associated with mild to moderate pain. The findings of this research study correlates with Wells's statement, because the adolescents in the first trimester of pregnancy did not refer to physical pain during the interviews.

Another adolescent felt some guilt due to the physical pain and described the experience as follows: *"It was hard and it is not that I did not try to be strong, but it was painful, more painful than ever more so that I have killed"*.

Smeltzer and Bare (1996:180) observe that pain is an unpleasant sensory and emotional experience from actual or potential tissue damage. In this study, the adolescents experienced physical pain, as the termination of pregnancy procedure was done surgically while they were conscious and thus could feel the uterus contents being evacuated.

Woods and Esposito (1987:40) also observe that women, who did not receive general anaesthesia during the abortion, commented that: *"the pain was more intense than any that have been experienced in previous labour"*.

Geyer (1998:20) observes that pain is tolerated less by people who perceive pain as unnecessary or as a threat to their comfort. This observation is relevant to this study, because adolescents indicated that termination of pregnancy was not necessarily what they wanted as they should have abstained from sex or used birth control measures.

Although the physical pain appeared to be the main cause of physical distress, an adolescent complained of dizziness that led to her physical distress.

### ***Dizziness related to the medication and pain during the procedure***

Apparently one adolescent who was more than twelve weeks pregnant, not only experienced physical pain, but also dizziness, which she said was due to exposure to the procedure room. She said the following in Tswana: *"After ten minutes ke ne ke le dizzy maar once ke sena go robala ka ikutlwa ke le better le emotionally"*. (*"After ten minutes, I felt dizzy but now after I had some rest, I feel better, even emotionally"*).

In view of the above, Howard (1985:29), in his study of teenagers who had an abortion, observes that as pregnancy continues, complications increase in rate and severity. The observation from Howard's study can be relevant to the findings of this study because the very adolescent who complained about dizziness was in the second trimester of pregnancy, during which period

complications increase when pregnancy is terminated.

McKenry and Salerno (1998:838) also observe that cytotocinon produces less frequent effects such as dizziness. The observation from McKenry and Salerno (1998:838) could be relevant to this study because at the private facility where the study was done, all women who were more than twelve weeks pregnant, were administered 5u syntometrine, which is a cytotocinon.

The dizziness experienced by this adolescent could either be medication - or physical pain related, as she was fifteen weeks pregnant.

The adolescents not only complained of physical distress, but because they were under some emotional stress, they also employed different psychological defence mechanisms.

### **The adolescents utilised psychological defence mechanisms as a way of coping with the emotional pain of termination of their pregnancy**

The adolescents experienced a lot of emotional turmoil and physical pain and the researcher realised that they were using psychological defence mechanisms to protect themselves from the emotional pain of deciding whether to terminate their pregnancies or not. The defence mechanisms commonly utilised were denial, rationalisation and intellectualisation.

#### **Denial**

The interviews revealed that the majority of the adolescents used denial in order to escape the emotional pain of terminating their pregnancies.

One adolescent that was asked how she experienced terminating her pregnancy responded to the central question as follows: *"It was not difficult. It was okay"*. Another adolescent, who was questioned after complaining of pain following the procedure, stated: *"I don't know, I can't describe the pain, I can't"*.

Kaplan and Sadock (1998:220) refer to denial as avoiding the awareness of some painful reality aspects by negating the sensory data. The findings in this study support this definition as this defence mechanism was

apparently used as a way to avoid the emotional pain stemming from termination of a pregnancy.

In addition, the South African Care for Life Conference (1998:1) observed that denial provides a way to survive immediate pain. The adolescents in this study had to get on with their lives after termination of pregnancy, and as already observed by this pro-life group, they used denial to survive the immediate emotional pain following termination of pregnancy.

#### **Rationalisation**

The adolescents interviewed in this study, utilised rationalisation to justify their need to have their pregnancies terminated.

One adolescent, who rationalised her decision to terminate her pregnancy, had this to say about her parents: *"My parents would be very angry. I didn't want to disappoint them and I did this for them"*.

Another adolescent had this to say about the way she viewed herself as a parent: *"I didn't think I was going to be a good mother because even myself, I still need some care and still need someone's shoulder to cry on, especially my Mom"*.

Another adolescent viewed her years of schooling up to her present grade as having an influence on the termination of her pregnancy and rationalised by saying: *"I won't drop when I am in standard ten, from sub A to standard nine (9) then I just drop in standard ten"*.

Kaplan and Sadock (1998:221) refer to rationalisation as offering a rational explanation in an attempt to justify attitudes, beliefs or behaviour that might otherwise be unacceptable. This observation is relevant to the findings of this research study, because in black families, abortion is not an acceptable way of dealing with unwanted pregnancy and adolescents therefore use rationalisation to make the decision to abort acceptable to themselves.

In this research study, the adolescents had to find reasons acceptable to them for terminating their pregnancies.

#### **Intellectualisation**

The adolescents expressed that they underwent the procedure for various reasons, and in order to cope with



some of the emotional pains related to the termination of pregnancy, some used intellectualisation as a defence mechanism.

One adolescent who used the defence mechanism of intellectualisation to deal with the emotional pain, had this to say about herself: *"I never worried about guys and I also told myself no guy will ever cheat me as long as I am living and I also told my sister, no guy should ever cheat her, because these guys think they are more clever than us and they are not"*.

Another adolescent, who also had to deal with the emotional pain by utilising intellectualisation as a defence mechanism, stated: *"I love kids. I would have wanted to have a little sister that comes behind me so that I can hold them but I was always the little one, and every time I see a little kid... I love working with children because they are so fun to be with, so to me kids are precious"*.

Kaplan and Sadock (1998:221) refer to intellectualisation as excessively using intellectual processes to avoid affective expression or experience. In this study, the adolescents focused their attention on their environment in order to deal with the affective or emotional feelings that accompanied the procedure of termination of their pregnancies.

Although the adolescents used maladaptive psychological defence mechanisms to deal with their experiences of termination of pregnancy, they also expressed some gain from their painful experiences in the form of maturity.

### **Adolescents experienced a sense of emotional growth related to the painful experience and process of termination of pregnancy**

The adolescents expressed that although they experienced emotional and physical pain terminating their pregnancies, they also experienced some growth in the sense of maturation.

One adolescent had this to say regarding her experience of the process and procedure of termination of pregnancy: *"I am kind of a different person than what I was before I terminated the pregnancy. I am now going*

*to look on how I am going to get trouble out of my way. I will learn to listen to people and take their advises, I will learn to look before I leap"*.

Another adolescent, who said she didn't use birth control measures but relied on her boyfriend to use condoms, saw her new life plans as follows: *"Now I know that the best thing is abstinence first and then prevention if you indulge"*.

Another adolescent, who was supported by her parents when she told them that she was pregnant even though she was in the second trimester of her pregnancy, stated: *"I have learned a lot that if something happens, you have got to tell the parents because I didn't tell them until I was three and a half months pregnant"*.

In view of the above, a study by Stotland (1997:679) found that women reported maturation, as abortion was a turning point in their lives, because it marked a change from passivity to active responsibility, planning and mastery of their destination. In this study, adolescents indicated that the termination of their pregnancies made them realise their responsibility as individuals, by taking personal accountability for their decisions in life.

Meyer (1989:115) observed that maturity involves discovery, a determination not to deceive one's self about one's self, an openness to others' appraisal and a sensitivity to one's own feelings and experiences. Meyer's observation supports the findings in this study because it was only after terminating their pregnancies that the adolescents started perceiving themselves to have gained insight on how they are supposed to relate to people and events in their environment.

### **CONCLUSIONS AND RECOMMENDATIONS**

It is clear from the findings of this study that the advanced psychiatric nurse practitioner, other health care professionals and the community, need to work together to support women who chose to terminate a pregnancy in order to ensure a mentally healthy society.

It is recommended that women who chose to terminate a pregnancy should be supported by means of a problem-oriented intervention program that includes: a pre-termination phase, an intra-termination phase and a post-termination phase. This will be discussed



comprehensively in a future article.

The tears that fell during the interviews in this study and the death-note written by one of the black adolescents, is a message to people to deal with their emotions related to the termination of pregnancy, and to stop "sitting on the sideline and idly watch the world go by" because: "The way of tradition inevitably lead to mediocrity, and a mind caught in tradition can not perceive what is true".

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