

## THE EXPERIENCE OF BIOLOGICAL FATHERS OF THEIR PARTNERS' TERMINATION OF PREGNANCY

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### ABSTRACT

*The purpose of this article was to explore and describe how single adult biological fathers experience the termination of pregnancy their partners had. The research design entailed a qualitative, descriptive, explorative and contextual design.*

*Guba's model of ensuring trustworthiness in qualitative research was applied. The phenomenological strategy was used to collect data from a purposive sample of respondents, consisting of nine adult biological fathers who met the sampling criteria.*

*Three themes emerged from the analysis of respondents which were: powerlessness related to the inability to have a choice in the decision of the termination of pregnancy; emotional turmoil related to the impact of the decision on inter-personal and intra-personal relationships; and lastly psychological defence mechanisms as a way of dealing with the stressful effect of the termination of pregnancy. A literature control was done to verify the results and recontextualise it within the field of psychiatric nursing. Conclusions and recommendations were made.*

### OPSOMMING

*Die doel van die artikel was om eerstens ondersoek in te stel en te beskryf hoe enkellopende, volwasse biologiese vaders die beëindiging van hul maats se swangerskap beleef. Die navorsingsontwerp was kwalitatief, verkennend, beskrywend en kontekstueel van aard. Guba se model vir vertrouenswaardigheid in kwalitatiewe navorsing is deurgaans toegepas om vertrouenswaardigheid te verseker. Data is ingesamel deur die gebruikmaking van 'n fenomenologiese strategie waar 'n doelgerigte steekproef van nege volwasse biologiese vaders, wat aan die steekproefkriteria voldoen het, geneem was.*

*Die volgende temas is uit die data geïdentifiseer: hulpeloosheid te wyte aan die onvermoë om 'n keuse te kan uitoefen in die besluitneming oor die terminasie van swangerskap; emosionele turbulensie rondom die impak van die besluit op interpersoonlike en intrapersoonlike verhoudinge; en laastens psigologiese verdedigingsmeganismes om die stresvolle effek van terminasie van swangerskap te hanteer. 'n Literatuurkontrolle is daarna gedoen om die resultate te verifieer en binne die veld van psigiatrisse verpleegkunde te rekontekstualiseer. Gevolgtrekkings en aanbevelings is gemaak.*

## **BACKGROUND AND RATIONALE**

Termination of pregnancy! Whilst other people are still debating whether termination of pregnancy is right or wrong it has been legalised in South Africa and implemented since February 1997. The Act (Choice on Termination of Pregnancy Act No. 92 of 1996) enables women from the age of 12 years old to decide to terminate a pregnancy before 12 weeks gestation. This was done to enhance the health and quality of life of women in South Africa. The Act (Choice on Termination of Pregnancy Act No. 92 of 1996) makes provision for non-compulsory counselling before, during and after the termination of pregnancy.

Although the Act (Choice on Termination of Pregnancy Act No. 92 of 1996) makes provision for women, it does not embrace the right of the adult biological father. Men's standing in the termination of pregnancy debate has remained essentially unchanged during the past two decades (Shifman, 1990:279-296). Throughout the world termination of pregnancy is a woman's choice; even in the most egalitarian relationships, the male must realise it is his partner who makes the final decision to terminate or to continue with a pregnancy, and the most he can do is offer suggestions.

The Act (Choice on Termination of Pregnancy Act No. 92 of 1996) states that non-compulsory counselling must be provided before and after the pregnancy, however the counselling is only intended for women. Counselling according to Thompson & Rudolph (1992:18) is a process where a trained professional forms a trusting relationship with a person who needs assistance. This relationship

focuses on personal meaning of experiences, feelings, behaviours, alternatives, consequences and goals. This implies that by being able to describe and explore the experience will help to put the termination of pregnancy into perspective. This highlights the fact that where proper counselling facilities are not available to adult biological fathers, it is going to prolong the biological father's processing of the termination of the pregnancy by his partner.

No previous research has been done within this context to explore and describe biological fathers' experiences of the termination of pregnancy their partners had.

## **PROBLEM STATEMENT, RESEARCH QUESTION AND OBJECTIVES**

The problem statement will be described using the following narrative:

It was one of the only times in his life where he realised that he was involved, but did not have the ultimate say. He was really in favour of it at the time, but he realised it was ... a woman's decision.

He was against termination of pregnancy and still is; he believed that a man's position was secondary. It had to be in such a decision. It involved someone else's body. It made him feel helpless, having a certain conviction and realising that it did not matter in reality. It did not bother him that people have a choice, but it bothered him, because he did not like the termination of pregnancy.

The most difficult part for him was three days prior to the termination of the pregnancy. In a small way

he felt relieved the minute they stepped out of the clinic, although he felt guilty. He thought to himself "Someone who should have been born is gone". It is someone who did not get a chance.

From the above narrative it is clear that the biological fathers seem helpless and despondent in their inability to have a say in their partner's ultimate decision and that they display a desperate need for their voices to be heard.

Little information in this regard is available in the South African context. It is because of this story and those of other fathers that the authors asked the following research question:

*How do adult biological fathers experience the termination of pregnancy their partners had?*

The objective for this article is as follows:

*To explore and describe how adult biological fathers' experience the termination of pregnancy their partners had.*

## RESEARCH DESIGN AND METHOD

A qualitative descriptive, explorative and contextual research design (Masiglio & Marais, 1994:43-44) was utilised to conduct this research. The focus was to obtain data that would facilitate the understanding of the experience of the adult biological fathers whose partner had a termination of pregnancy.

### Sampling

In this phase the respondents who met the sampling criteria were identified purposively (Mouton, 1996:134) to participate in this study.

The sample of this study comprised a total of nine adult biological fathers, as data was saturated by means of repeating themes. There were various sampling criteria for the participants to be included in the study. The first being that the target population for the study was single biological fathers,

between the ages of 18-35 years who accompanied their partners to the various identified private clinics in Gauteng for a termination of pregnancy. The sample was also culturally represented by the larger South African population. They all spoke and understood both English and Afrikaans. The last criteria involved voluntary participation. Participants were prepared to participate in the research and it was elicited by their written consent, ensuring an ethical code of conduct.

The respondents interviewed displayed the following characteristics:

- All the respondents accompanied their partners voluntarily to the various identified private clinics in Gauteng for a termination of pregnancy.
- All the respondents paid R800 for the termination of the pregnancy.
- Socio-economically one could categorise them in the so-called middle class of society.
- All the respondents were single and committed to their relationship with their partner.
- Two of the interviews were conducted in Afrikaans and the remaining six in English.
- Four of the respondents were White, one Coloured, one Asian and three Blacks. Thus the sample was multi-cultural.

### Data collection

Semi-structured, in-depth phenomenological interviews (Kvale, 1983:184) were conducted as a method of data gathering. Interviews were recorded using a dictaphone and were transcribed verbatim (Burns & Grove, 1993:578-581).

One central question was asked, namely:

"How was it for you when your partner had an abortion?"

The interviewer created a context where the respon

dents could speak freely and openly by utilising non-directive communication techniques such as probing, paraphrasing, summarising, silence, clarifying, reflecting of content and minimal verbal responses. During the interviews the interviewer used bracketing (putting preconceived ideas aside) and intuiting (focusing on the lived experience of the respondents during the termination of pregnancy by their partners). Interviews were conducted until the data was saturated as demonstrated by repeating themes and not by the amount of interviews done.

The interviewer took field notes based on observations made during the interviews. These field notes addressed the interviewer's observation, personal experience, methodological issues and theoretical notes. More importantly the field notes are for remembering the observations, retrieving and analysing them (Wilson, 1989:434).

### **Data analysis**

Data was analysed using Tech's descriptive method (in Creswell, 1994:154-156) of qualitative data analysis. This method entails reading through the transcripts to form an idea of the story line. The next step is to think about the underlying meaning and writing notes in the margin. All the similar topics are clustered together under major topics, unique topics, and leftover topics. The most descriptive wordings for topics will then be turned into categories. These categories will then be revised until final categories and sub-categories arise. An independent coder analysed the data separately from the researcher (Creswell, 1994:158; Krefting, 1991:216). After consensus discussion between the independent coder and the researcher, the identified themes were presented and tabulated.

A literature control was done to verify the research study and results, according to Morse & Field (1996:106). Recontextualisation is the development of the emerging theory so that the theory is

applicable to other settings and other populations and a literature control was used as a basis for describing guidelines. The guidelines were then discussed with other advanced psychiatric nurse practitioners for the purpose of validating them.

### **Measures to ensure trustworthiness**

Measures to ensure trustworthiness were applied. Guba's model as summarised in Krefting (1991:215-222) suggests strategies of credibility, transferability, dependability and confirmability. The activities in achieving credibility were prolonged engagement in the field, keeping reflexive field notes, member checking by a literature control using findings of similar studies done in and about men and abortion, the researcher's authority and structural coherence.

Dependability was achieved by dense description of the data, audit trail, peer examination and a code-recode procedure. Transferability was achieved by purposive sampling; dense description of methodology and literature control to maintain transparency, confirmability was by audit trail and reflexivity (Krefting, 1991:215-222).

### **Ethical measures**

Due to the sensitive nature of the research, strict ethical measures were adhered to during this research. These include informed consent of the respondents' privacy, ensuring confidentiality and anonymity and providing the adult biological fathers with results (Denosa, 1998:1-7).

## **RESULTS AND DISCUSSION OF RESULTS**

Table 1 is an overview of the major themes and sub-themes of the adult biological father's experience of the termination of pregnancy his partner had.

**Table1: An overview of major themes and sub-themes of the adult biological father's experience of the termination of pregnancy his partner underwent**

| MAJOR THEMES  | SUB-THEMES   |
|---|--|
| 1. Powerlessness related to the inability to have a choice in the termination of pregnancy                                  | <ul style="list-style-type: none"> <li>• Powerlessness related to having little control over the decision being made.</li> <li>• Feelings of being excluded and isolated from the decision-making.</li> <li>• Silent about their own concerns.</li> <li>• Internal struggles with own values and morals.</li> </ul>  |
| 2. Experiencing emotional turmoil related to the impact of the decision on inter-personal and intra-personal relationships. | <ol style="list-style-type: none"> <li>1. Sadness related to: <ul style="list-style-type: none"> <li>• the loss of a potential child;</li> <li>• change in their relationships.</li> </ul> </li> <li>2. Feelings of guilt related to: <ul style="list-style-type: none"> <li>• destroying the foetus, being an accomplice;</li> <li>• not attending to their contraceptive responsibilities.</li> </ul> </li> <li>3. Anger related to: <ul style="list-style-type: none"> <li>• not having done more to prevent the pregnancy;</li> <li>• their own helplessness and inability to fully share the burden of the unwanted child;</li> <li>• their partners who became irritable and withdrawn.</li> </ul> </li> <li>4. Concern related to: <ul style="list-style-type: none"> <li>• the experience their partner has to go through because of the termination of pregnancy;</li> <li>• changes occurring in their relationship with their partner;</li> <li>• disguising their own feelings.</li> </ul> </li> </ol> |
| 3. Psychological defence mechanisms as way of dealing with the stressful effects of the termination of pregnancy.           | <ul style="list-style-type: none"> <li>• Rationalisation to make the decision about terminating the pregnancy more acceptable.</li> <li>• Avoiding feelings of being ashamed by being silent and secretive about the subject of termination of pregnancy.</li> </ul>   |

The discussion of findings will be based on major themes and sub-themes as set out in table 1. This table will be discussed in detail as well as recontextualised and verified with a literature control.

The findings are discussed below.

### **Theme 1: Powerlessness related to the inability to have a choice in the decision of the termination of pregnancy**

#### ***Powerlessness related to having little control over the decision being made***

The powerlessness expressed by the adult biological fathers related to the unequal power distribution regarding the decision of a termination of pregnancy. The respondents who participated in the study believed that a termination of pregnancy was the only option they had because their partners had already made the decision to have a termination of pregnancy. The powerlessness they experienced

related to the little control they have over the termination of pregnancy, their own needs, choices and feelings. This was reflected in one the interviews where an adult biological father verbalised the following *“when she fell pregnant you know, it is my baby as much as it is hers. It might be her body, and that is what she says to me... ‘You know it is different because it is in my body’. But one minute she is keeping the baby and the next minute she is not keeping the baby, and it is like I don’t have a say. She makes the decision and that is that.”*

Support for this observation can be found in Shostak and McLouth's (1984:51) survey of 1000 men who accompanied their partners to an abortion clinic in the early 1980's. In this study 511 of the respondents did not object to women's unilateral right to a termination of pregnancy, but in fact objected to being held accountable for a decision in which they had no legal right to participate.

### ***Feelings of exclusion and isolation from the decision***

The powerlessness for another respondent was related to his own feelings of exclusion and isolation from the decision about the termination of pregnancy, he was quoted as saying, *“Ja, I have to put her needs in front of mine at this stage mainly for the reason that I don’t want to put her through this. I can’t expect her to have the baby, I can’t tell her I want the baby, because she has to decide, and that hurts inside”*.

Peter Zelles (in Shostak & McLouth 1984:145), a termination of pregnancy counsellor, supports this by saying, “Abortion is a woman’s choice, and while I agree with the logic sense and necessity of this I realise there is an inherent feeling of unfairness in it. Even in the most egalitarian relationship the male must realise it is his partner who makes the final decision, to abort or continue a pregnancy and the most he can do is offer his suggestion”.

### ***Silence about their own concerns***

Another respondent respected the fact that it was his partners right to have termination of pregnancy but struggled with his own values and morals of his choice. The following statement reflects this *“It’s her choice, but for me it is like a debate whether it is right or wrong. You know because morally I know it is the wrong decision”*.

This experience of the internal struggle with their own values and morals is supported by research done by Marsiglio and Diekow (1998:276) who state that men differ widely in their perception of abortion whereas many recognise women’s rights to choose to have a termination of pregnancy. Some are confronted with moral issues due to their own individual experiences and belief systems. They continue by saying that the abortion itself is the culmination of a decision-making process from which men are often excluded. This is not to say that men must make the decision regarding the termination of the pregnancy. It is only to observe

that the emotional products of leaving men out of the termination of pregnancy decision-making process and counselling are often mixtures of powerlessness and isolation. Various emotions that the adult biological fathers experienced will now be discussed.

## **Theme 2: Experiencing emotional turmoil related to the impact of the decision on inter-personal and intra-personal relationships**

The adult biological fathers, who participated in this study, experienced a wide range of emotions related to the impact of the decision on their inter-personal and intra-personal relationships. These feelings will now be discussed.

### ***Sadness related to the loss of a potential child and other changes in their love relationship***

Sadness around the sense of different losses experienced will now be highlighted by the following direct quotations:

*“I feel sad because it is a life, it has not been born yet, but it is a life that has been created. A lot of the time it is all I think about, that I always try my best and block it out to find some way of accepting it, you know. It is going to be difficult”*. To support this Shostak & McLouth (1984:111) found in their research that men were set back by the entire experience and many dwelled on their multiple losses (the affair, the unborn child, the sense of being unable to manage their lives).

Unfortunately, the adult biological fathers who participated in this research study seemed not only to experience sadness and a sense of loss over their child but also spoke about sadness over the changes in their relationship with their partner. *“Ja, it is from now on our relationship will never be the same. I am not sure about anything. I don’t know how she is going to be like. If she came out I don’t know if I have to be quiet. I don’t know because there is going to be so many feelings going through her*

head”.

The Pro-Life Activists Encyclopaedia (<http://www.prolife.com>, 1997:6) says that women re-experience a termination of pregnancy in many ways and consequently behave in ways to avoid stimuli associated with a termination of pregnancy, namely:

- Feelings of detachment or of estrangement from others.
- Withdrawal in relationships and/or reduced communication.
- Restricted range of affection, e.g. unable to have loving feelings.

This is further confirmed by studies (<http://www.prolife.com>, 1997:14) that have shown that more than eighty percent of the relationships break up within two months of the termination of pregnancy. In the literature Shostak & McLouth (1984:212) are of the opinion that when a pregnancy occurs most men find themselves with deep and unexpected feelings. These feelings such as anger and sorrow are not comfortable for most men, and they eventually develop into feelings of guilt. Other emotions experienced by the adult biological fathers include guilt and anger, which will now be discussed.

***Guilt related to the idea of destroying the foetus, and not attending more carefully to their contraception responsibilities***

Feelings of guilt are expressed in the following quotation. *“I went through a heavy guilt period, even before the termination of pregnancy had taken place. I think I felt guilty just because of the things I ignored, we were lazy for a while and then it happens and you end up killing a potential life, killing something”.*

Whitfield (1989:43) states that guilt is an uncomfortable or painful feeling that results from doing something that violates or breaks a personal standard or value. A respondent from research done by Shostak & McLouth (1984:17) puts what Whitfield says in words. *“In a small way I felt re-*

*lief the minute we stepped out the clinic, although the guilt and regret was there. Have you read Anre Sextens poem about abortion? There is a line something like ‘Someone who should have been born is gone’ I read it and that is how I felt about it and still do”.*

***Anger related to their own feelings of helplessness, anger towards their partners who become irritable and withdrawn and somehow not doing more to prevent the pregnancy***

The adult biological fathers are angry with themselves for not (somehow) having done more to prevent a pregnancy. They are angry with their partners who upon learning of the pregnancy may become withdrawn, irritable or seem to shut them out. They are angry at their own helplessness and inability to fully share the burden of an unwanted pregnancy. One respondent felt angry with himself for not somehow having done more to prevent the pregnancy and felt solely responsible for what was happening to his girlfriend. *“This was not supposed to happen, she was not supposed to fall pregnant. I feel angry with myself. I made a mess up, and it is hard you know, I feel bad doing this to her. I really feel like scum, really bad doing this to her”.*

Counsellor Rodger Wade (in Shostak and McLouth, 1984:41) an abortion counsellor, traces an inordinate amount of the problem to the exaggerated macho expectations males place on them. The man who believes that he should protect his partner from all harms may feel like a total failure because “his woman” is pregnant and will have to run the risk of abortion.

Another respondent was angry with his partner who becomes tearful, withdrawn and irritable. *“Oh well, she is going through a lot right now. She can not be the same as what she normally is, you can not have the same conversations, can’t watch the same movies, because she is emotionally unstable and the strain on the relationship, you can feel that there is a cloud hanging over us, you can see on her face*

*she is not her chirpy old self, and I can't get through to her".* Finally the adult biological father experiences feelings of concern, which will be discussed under the following heading.

***Concern related to their partners' experience of the termination of pregnancy and by being silent about their own pain and confusion***

Some respondent's concern was about their partner's experience and they believed that if their partners coped, it would make it easier for them to cope. *"Because if I can support her and I think she is doing okay it is going to have an automatic effect on me as well, when she is fine, I will be fine"*. This type of reaction is relevant to Major, Cozarelli and Testas' (1992:114) study of 73 couples in which they examined the impact of men's coping expectations on women's post abortion adjustment. They found men's coping expectations were not important in situations where women had high coping expectations but men's coping mechanisms and support were important for women with no coping expectations.

It appears that men respond to a termination of pregnancy experience by being silent about their own pain and confusion because they believe that discussing these issues would only heighten their partners' concern. The following direct quotation highlights this. *"I feel I have to do the right things, I can't say how I feel. You have to think before you say anything"*.

Ironically the silence of such men can be misinterpreted by certain women as indicating the man has no such feelings and such suspicions are likely to estrange the partners in hard to heal ways. This experience is supported by Peter Zelles (in Shostak & McLouth, 1984:142) a termination of pregnancy counsellor, who is of the opinion that men feel they need to be strong for their partners, to be firm, logical and emotionless to avoid upsetting them.

The next category explores the defence mechanisms

used to maintain emotional equilibrium.

**Theme 3: Psychological defence mechanisms as way of dealing with the stressful effects of the termination of pregnancy**

***Rationalisation to make the decision about terminating the pregnancy more acceptable***

The adult biological fathers used rationalisation to make the decision about terminating a pregnancy more acceptable to them. The following quote is an example of a rationalisation process. *"If we want to have a child coming into this world, we want this child coming into a good world. I don't want the child to struggle, the timing was bad, and we are doing the termination of pregnancy before 3 months, then it is not a life yet ... the baby has not even started breathing, that helped us make the decision"*. Kaplan, Sadock and Grebb (1994:251) state that a person offers rational explanations in an attempt that may otherwise be unacceptable. Such underlying motives are usually instinctually determined.

***Avoiding feelings of being ashamed because they were in this predicament, by being silent and secretive about the subject of termination of pregnancy***

The majority respondents offered isolating statements. *"It was a mad issue, I had to resolve it myself, and well basically I don't think anybody could do anything. Basically it's between two people to sort out their problems"*.

Others explained that no one seemed appropriate for this unique sort of intimate conversation. A respondent (in Shostak and McLouth, 1984:13) sums this up: *"I really needed somebody to talk to at the time but there was not anybody and I was tired dealing with this issue. I went to my father's empty house and sat there for two days and tried not to feel"*.

**RECOMMENDATIONS**

It is recommended that guidelines for support for



these fathers should be deducted and described for operationalisation in the context where termination of pregnancies are carried out. A biological father should receive support in the form of counselling, where he can be empowered to let his voice of pain, frustration, sadness, powerlessness, hurt, and anger be heard. In this way, he can also define the situation in some way to promote his own healing.

## CONCLUSION

The interviews that were conducted indicated that the adult biological fathers were deeply affected by the termination of pregnancy their partners had. Their story seemed to be one of experiencing powerlessness regarding their decisions of termination of pregnancy. Because of the decision and act they experienced feelings of sadness and loss that included feelings of anger and guilt. They believed that by hiding their own feelings and needs their partners would be able to handle the termination of pregnancy and they expressed their concern by hiding their own feelings. To cope with the stressful situation, they used coping mechanisms, like rationalisation and secretiveness. Not knowing exactly how he is expected to feel and behave, and lacking a customarily rigid and unforgiving male role model, the typical man rushes to protect his partner, repress his emotions and takes his cues from his environment that others structure for him (for example the public, with its moral censure of a termination of pregnancy, the clinic staff with their meagre range of services for waiting room males).

From beginning to end this research tried to make clear a male struggle to restore self-confidence in their ability to manage unexpected events. They try to keep a suddenly strained love relationship from ending sooner than either partner envisaged and they do what they can do, to make the best of it all; to define the situation in some fashion that promotes healing for both partners.

This research indicated that the legislation of ter-

mination of pregnancy in South Africa not only affects the woman involved but also her partner. This emphasises the importance of assisting all parties involved in the termination of pregnancy.

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