SUPPORT FOR BLACK ADOLESCENTS WHO CHOSE TO TERMINATE A PREGNANCY: A MENTAL HEALTH PERSPECTIVE

by

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I dedicate this research to my best friend, Phillip Modisagae, for his support.
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My desire to do a research study in Psychiatric Nursing was hampered by a decade of excuses and postponements, and I therefore thank God the Almighty, for having given me the strength and inspiration to ultimately realise this.

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South African women, including black adolescents, had wishes, hopes and expectations that the liberation of the abortion law would bring them a new lease on life. The promulgation of the Choice on Termination of Pregnancy Act, 92 of 1996, was viewed by most women, including black adolescents, as a means by which their wishes and expectations were going to be realised for the first time. Women were happy that they were going to terminate a pregnancy inside the country and under the supervision of a person whose identity will not be concealed from them.

These women, including black adolescents, expected the Choice on Termination of Pregnancy Act 92 of 1996, was going to afford them an opportunity to express and share their feelings, without pretending to be emotionally strong.

Since it is difficult to identify with certainty which women, who terminate their pregnancy, are being emotionally strong, the Choice of Termination of Pregnancy Act 92 of 1996 has made provision for counselling be afforded to all women.

The counselling provided to women, including black adolescents who chose to terminate a pregnancy, was observed by the researcher to be more of a cognitive nature. It is focusing on orientating women towards what is to be expected from them during the procedure of termination of pregnancy. The researcher observed that the counselling is not focusing on the emotional aspect of these women.

The researcher developed an interest to listen to the voices of the black adolescents, as part of the community of women who chose to terminate a pregnancy, to form a better understanding of their experiences so as to be able to mobilise resources in order to support them.

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

Permission was obtained from gatekeepers. 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. 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 a way to cope and some indicated that they experienced emotional maturity from the experience of terminating a pregnancy.

From the findings of the research study in Phase 1 (one) guidelines are described in phase two (2) for the advanced psychiatric nurse practitioner to support black adolescents who chose to terminate a pregnancy. The possibility of applying the results of the research in nursing education, nursing research and nursing practice have been described.

The black adolescents who choose to terminate their pregnancies need support from the advanced psychiatric nurse practitioner as well as from nurses engaged in the termination of pregnancies in different health facilities, in order to promote their mental health.
Afrika borwa e ile ya fetola molao wa yone wa go ntsha mpa ka go thagisa molao o montshwa ka 1996 o o itseng jaaka Choice on termination of pregnancy Act 92 of 1996. Molao o ke o mongwe wa melao e batho ba bo-mme, go akaretsa makgarejana a batho bantsho, ba ileng ba o kgatlegela gonne ba sa thole ba ne ba tshwnelwa ke go ya kwa ntle ga naga kgotsa go ka ntsha mpa ka fa eseng ga molao.

Batho ba bo-mme ba ile ba akanya gore thagiso ya molao wa Choice on termination of pregnancy Act (No 92 of 1996) e tla tisa diphetogo mo matshe long a batho ba bo-mme ba ba batlang go ntsha mpa gonne ba tla bona thu so ya maemo a kwa godimo. Batho ba bomme ba ne ba akanya gore gontsha mpa ga bone go ne go tla ba naya tshono ya go ka bona tshegetso e baneng ba e tlhoka mo malobeng.

Mo malobeng batho ba bo-mme ba ba neng ba ntsha mpa go ne go akanywa gore ba tsepame mo moyeng ka jalo bane ba sa tlhoko tshegetso epe ya semowa.

Jaaka palo ya batho ba bo-mme ba ntshang mpa ba tsepame mo moweng e sa itsiw e, molao o montsha o wa Choice on termination of pregnancy Act 92 of 1996 o thagisa gore batho ba bo-mme botlh e, go akaretswa le makgarejana ba tshwanelwa ke go ka fiwa tshegetso fa ba batla gontsha mpa.

Le fa molao o wa Choice on termination of pregnancy Act 92 of 1996 o gatelela go ka fiwa tshegetso ga batho ba bo-mme, go akaretswa makgarejana a batho bantsho, motlhotlhomise o ile a lemonoga gore tshegetso e e fiwang bo-mme ba, ga se e ka ba thusang gore ba ka tswelela pele ka botshelo ba bone morago ga gontsha mpa jaaka bo-mme ba bolelewa ka se ba tshwanelwang ke go se dira fa ba tiile go ntsha mpa kwa ntl o book elo.

Motlhotlhomise o ile a bona kgatlego ya go ka reetsa makgarejana a batho bantsho ba e leng bangwe ba karolo ya batho ba bo-mme ba ileng ba ntsha mpa e le gone gore a ka tihaloganya gore tshegetso e ba e tlhokang ke e e ntseng jaang.

Mokgwa o o tseneletseng wa tlhotlhomiso o ne wa dirwa ke motlhotlhomise ka go ka reetsa maitemogelo a makgarejana a robongwe a batho bantsho a a ntshitseng mpa.

Tumelo ya go ka dira ditlhotlhomiso e ne ya bonwa gotswa go botlhe ba ba amegang. Tlhotlhomiso ya teko e ne ya dirwa ka lekgarejana la motho montsho ka mokgwa wa go reetsa maitemogelo a gagwe a gontsha mpa. Motlhotlhomise o ne a dirsa puo ya sejathapi (English) le ya setswana mo makgarejeng a a neng a na le kgatlego mo go tseyeng karolo mo tlhotlhomisong e.
Motlhotlhomise o ne a dirisa mokgwa o o kgethegileng wa go ka bona gore tlhotlhomiso e e nale bonnette jo bo batlegang. Mokgwa wa go rarabolola dipholo wa ga Tesch o ne wa latelelwake motlhotlhomise morago ga go ka bona diphitlilelelo tsa makgarejana a batho bantsho ba.

Dipholo tsa fa morago ga ditlhotlhomiso di ne di bontsha gore makgarejana a batho bantsho a a ntshitseng mpa a ne a itemogela tlhakatlhakano ya mowa; tlhakatlhakano ya mmele; le gone ba ne ba dirisa mokgwa wa go ka ikgatholosa maikutlo a bone a a sa siamang gore ba kgone go ka bona pholo ya mowa; gape go ne ga thagelela gore bangwe ba makgarejana a, ba ne ba bona kgo mo moyeng gotswa mo maitemogelong a a go ntsha mpa.

Ditshikinyo tsa go ka tshegetsa makgarejana a batho bantsho di ne tsa dirwa ke motlhotlhomiso go ka dirisiwa ke mooki mogolo wa mafelo a bolwetsi jwa tlhogo. Ditshikinyo tse tsa tshegetso di kane tsa dirisiwa mo thutong ya baoki, maokelong a balwetsi botlhe le dipatlisisong tsa booki.

Makgarejana a batho bantsho jaaka karolo ya batho ba bo-mme ba tlhoka tshegetso ya gontsha mpa gotswa go baoki bagolo ba bolwetsi jwa tlhogo le mo baoking botlhe ba ba thusang makgarejana a mo gontsheng mpa gore ba ka bona tlhogo tse fodileng.
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OVERVIEW OF THE STUDY

1.1 INTRODUCTION

This study seeks to enquire on what the experiences of black adolescents who chose to terminate a pregnancy are. This chapter will give a description of the research rationale and overview; problem statement; purpose of the study; paradigmatic perspective; research design and method; ethical considerations; trustworthiness; and an outline of chapters.

1.2 OVERVIEW AND RATIONALE

South African women including black adolescents were left behind for many years when other countries of the world liberated their abortion laws. Statistics from research studies conducted shows that in 1990, 40% of the world population lived in countries where termination of pregnancy was legalised (Or, 1995: 140).

During the time when the abortion law was not yet liberated in South Africa, most women terminated their unwanted pregnancies outside the country (Or, 1995: 139), or illegally within the country under conditions that were unsafe for their physical, mental and spiritual health (Or, 1995: 140). No formal counselling took place during the illegal termination of unwanted pregnancies.

The research findings from studies conducted during the period when the abortion law was not liberated in South Africa, reflect that before 1997 between 200 000 and 300 000 pregnancies were illegally terminated each year (Maluleke, 1997:15; Maforah, Wood & Jewkes, 1997: 81) and only 1000 to 1500 pregnancies were legally terminated.

The above-mentioned figures on pregnancies that were illegally terminated 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 not known because there is no record kept, but the above-mentioned figures include black adolescents. Hyams (1996: 386) states that it was only with complications, which resulted in medical, surgical or psychological interventions, when the method of termination of pregnancy was 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 and after the procedure. The service providers expected women who came for illegal termination of pregnancy to “quite worked out” the decision not to carry the pregnancy to term (Suffla, 1997: 219).

From this background of lack of formal communication between the client and the service provider, a woman who chose to terminate her pregnancy said: **"I have no regrets about my abortion, and I haven’t changed my views. What I do wish is that I’d seen a counsellor before and afterwards"** (Hilton-Barber, 1997: 219).

It was partly from the report of experiences of the above-mentioned woman and others that made it imperative that South Africa should liberate its abortion law. 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 (No 92 of 1996) provides that a woman, including a 12-year-old pregnant adolescent, can choose to terminate a pregnancy without the consent of parents, guardian or friends (Choice on Termination of Pregnancy Act, No 92 of 1996: 6). Due to the provision made in the Choice on Termination of Pregnancy Act (No 92 of 1996: 6) relating to the consent for termination of pregnancy and family involvement, it is found that there is increased utilisation of the service by women below the age of 20, and in one research study it was found that 16% of women utilising the service were below 18 years of age (Reproductive Rights Alliance, 1998: 1).

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—Calson & Schwanenflugel, 1998: 543).

Past studies done on the age category of women utilising the services for termination of pregnancy in South Africa supports the recent findings, as founded in a particular study, that 50% of women who had abortions were teenagers and were still studying (Maforah, et al, 1997: 80).
Studies done outside South Africa among women who chose to terminate a pregnancy also reflect that the majorities are adolescents. In a study done in America it was established that 400 000 adolescents terminate a pregnancy per year (Aten & McAnermy, 1981: 65), and this figure has not changed much from a research study conducted in America in 1998 that 35% of American adolescents who fall pregnant opt for termination of pregnancy (National Abortion Federation, 1998: 1).

The adolescents who choose to terminate a pregnancy are observed not to involve their parents for fear of being rejected, abused, or of being a disappointment to their parents and as such are not being supported (Griffin-Carlson & Schwanenflugel, 1998: 544).

In countries like America, parental participation in abortion is legislated. It was noted in one study that parental notification encouraged conflict between black adolescents and their parents who view parenthood as an acceptable option for the adolescents to deal with a pregnancy (Griffin—Carlson & Schwanenflugel, 1998: 544).

Since it is the view of the pro-choice group that motherhood should not be imposed on women as a punishment for their sexuality, and that child bearing is a free choice (Stotland, 1998: 965). This is perhaps the reason why there is an increased demand for termination of pregnancy and over utilisation of services in South Africa. The increase in demand is also calling for increasing the services that will ensure that these women will remain physically and mentally well, following a termination of pregnancy. The majority of South African women choose to undergo termination of pregnancy at private clinics where the cost could be anything between R850 to R5000, despite the fact that the service is provided free of charge at government subsidised hospitals (Tancred, 1997: 35). The reason for the majority of women going to private clinics, although the service is costly, apparently is that there is more privacy and the service is better. The private clinics can only terminate pregnancies that are less than 17 weeks in term and all pregnancies 17 weeks and more are referred to government subsidised hospitals (Maluleke, 1997: 15).

The studies done on the utilisation of services for termination of pregnancy in South Africa, since termination of pregnancy became legalised, shows that from the period February 1997 - December 1997, 26 000 pregnancies were terminated (Depinho, 1998: 790), of which 50% took place in Gauteng and of that 900 were performed at private clinics (Reproductive Rights Alliance, 1998: 13, 17).
The number of women seeking termination of pregnancy based on the above-mentioned figures, should be a course 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). Adler (1979: 114), identified negative emotions of regret, anxiety, depression, doubt and anger experienced by women who chose to terminate a pregnancy.

The finding of negative emotional experiences were also identified in a study conducted in Canada, between women who terminated a pregnancy and those who did not. Findings indicated that psychiatric services were used more by women who terminated a pregnancy (Allen, 1985: 31). In a study conducted in South Africa by Suffla (1997: 219), the negative experience following termination of pregnancy was identified as anxiety, shame, guilt and fear of disapproval.

Perceived lack of social support and conflict, which are the reflection of non-supportive or conflictual transactions, were identified to be some of the negative emotional effects that women, who terminate a pregnancy, experience with depression being one of the severe negative emotional experiences (Suffla, 1997: 218). In a study conducted in South Africa, with nurses involved in termination of pregnancies, one of the recommendations is that women should be informed about the negative spiritual emotional and physical effects that it will have on them (Poggenpoel, Myburg & Gmeiner, 1998: 4).

There is a perception, held by some nurses employed in health care facilities for termination of pregnancy, about women who chose to terminate a pregnancy as being murderers (Poggenpoel, et al, 1998: 3) and this could also contributing to some of the negative emotions women experience after having terminated their pregnancy. Due to studies reflecting findings of negative emotional experiences by women who chose to terminate a pregnancy, the Choice on Termination of Pregnancy Act (No.92 of 1996: 4) makes it law that non-mandatory and nonDirective counselling should be given to women who chose to terminate a pregnancy.

Despite some research findings depicting negative emotional experiences related to termination of pregnancy, most research studies conducted in South Africa since the promulgation of the Choice on Termination of Pregnancy Act (no.92 of 1996), focused on the financial and labour issues related to the services for termination of pregnancy (Depinho, 1997: 1-13; Maluleke, 1997: 15; Tancred, 1997: 35) and less on the intra-psychic effects of termination of pregnancy on women.
From the background of some of the research findings conducted on women who chose to terminate a pregnancy, the researcher felt a need to explore the experience of black adolescents who chose to terminate a pregnancy. Since the implementation of the new legislation on termination of pregnancy in South Africa in 1997, there was no research done to elicit experiences of black adolescents who chose to terminate a pregnancy and this study is conducted to describe guidelines for the advanced psychiatric nurse practitioner to promote these adolescents’ mental health as an integral part of health.

As this is a natural project funded by the Human Science Research Council on issues of termination of pregnancy, this study is aimed at ensuring that the voices of different role players will be listened to and be heard in order to make a just evaluation.

The problem statement as formulated below, is based on the above-mentioned background.

1.3. PROBLEM STATEMENT

The researchers’ experience of women who chose to terminate a pregnancy is used as a background for the problem statement. The women with an unwanted pregnancy who chose to terminate a pregnancy gathered at the clinic, which also serves for providing family planning. They were of different child bearing age groups, but a common requirement was that they all wanted their unwanted pregnancies terminated, and had come for counselling as stipulated in the Choice on Termination of Pregnancy Act (No.92 of 1996). The researcher realised that the counselling by the health worker only entails health education on the exact procedure, what not to wear during the day of termination of pregnancy, when can the client resume with intercourse and encouragement to attend family planning. The counselling given to these women focused more on the cognitive and less on the emotional aspects related to termination of pregnancy.

At a private clinic, which the researcher visited on a Monday, clients were already booked for the Thursday and according to the bookings, 10 clients were booked per day. If the booking was a reflection of the number of pregnancies terminated per day, the question is how and when is the provision (Choice on Termination of Pregnancy Act (No.92 of 1996) for pre- and post-abortion counselling implemented?

It is in view of the above that the following research questions can be asked:

- What are the experiences of black adolescents who chose to terminate a pregnancy?
What guidelines can be described for the advanced psychiatric nurse practitioner, to support black adolescents who chose to terminate a pregnancy, in order to promote their mental health?

1.4. PURPOSE OF THE STUDY

The purpose of the study is two-folded, namely:

• To explore and describe the experiences of black adolescents who chose to terminate a pregnancy.

• To describe guidelines for the advanced psychiatric nurse practitioner to support black adolescents in order to promote their mental health.

The study is conducted according to the described paradigm of Rand Afrikaans University, Department of Nursing Sciences, which will be discussed as follows.

1.5. THE PARADIGMATIC PERSPECTIVE

1.5.1. Nursing model

The Department of Nursing Science of the Rand Afrikaans University's Theory for Health Promotion in Nursing (1999: 2) is used as a point of departure in this research study. The paradigm consists of meta-theoretical, theoretical and methodological assumptions (components). According to the Rand Afrikaans University's Department of Nursing (1999: 2), the meta-theoretical assumption is composed in the mission and vision, the assumptions are reflected in the Theory for Health Promotion in Nursing, the theoretical component is configured through the research and theory from the Theory for Health Promotion in Nursing; and the methodological component is described by means of the research model.

The meta-theoretical, theoretical and methodological assumptions of the Theory for Health Promotion in Nursing will be discussed as follows:
1.5.1.1. **Meta-theoretical assumption**

The Theory for Health Promotion in Nursing is used as a point of departure. In this Theory the mission statement of the Rand Afrikaans University’s Department of Nursing endorses a Christian approach which is also within the framework of the constitution of South Africa (Rand Afrikaans University, Department of Nursing, 1999: 3 - 4). This theory focuses on the four parameters of mental health nursing that is belief about a person, mental health nursing, environment, and mental health. In this research study, it is viewed as follows:

- **Person**

The person in this study refers to black adolescents and the advanced psychiatric nurse practitioner. They are both individuals with body, mind and spirit. The black adolescents will interact holistically in an integrated manner with the advanced psychiatric nurse practitioner in a quest to promote their own mental health.

The advanced psychiatric nurse practitioner is a sensitive, therapeutic professional who interacts holistically in an integrated manner with black adolescents who chose to terminate a pregnancy in order to promote their mental health.

- **Mental health nursing**

Mental health nursing is an interactive process whereby the advanced psychiatric nurse practitioner, as a sensitive therapeutic professional, supports black adolescents who chose to terminate a pregnancy in order to promote their mental health.

- **Environment**

The black adolescents, the advanced psychiatric nurse practitioner and health workers at the private clinics have an internal environment which is body, mind and spirit. The private clinic for termination of pregnancy is the external environment, which is both physical, social and spiritual.

- **Mental health**
Mental health is a dynamic interactive process in the black adolescent’s internal and external environment. The interaction in the external and internal environment of these black adolescents will interfere or contribute to the promotion of their mental health.

1.5.1.2. Theoretical assumptions

The theoretical assumptions for this study are based on the Theory for Health Promotion in Nursing (Rand Afrikaans University, Department of Nursing Science, 1999: 3-6).

The assumptions are as follows:

- The black adolescents who chose to terminate a pregnancy are seen holistically in interaction with their internal and external environment in an integrated manner in a quest for promotion of their mental health.

- The advanced psychiatric nurse practitioner, as a sensitive therapeutic professional, will promote the mental health of black adolescents who chose to terminate a pregnancy through demonstration of knowledge, skills and values.

- Promotion of mental health of black adolescents who chose to terminate a pregnancy will be determined by the interactive process between their internal and external environment.

1.5.1.3. Methodological assumptions

The methodological assumptions guiding this research study, are in line with the model for research in nursing developed by Botes (Rand Afrikaans University, Department of Nursing paradigm, 1999: 8). According to this model, which is utilised as a framework for research methodology, research and theory development in nursing is functional. The knowledge of nursing generated from nurse research is applied in nursing practice. This implies that nursing research should be undertaken in order to improve nurse practice.

In this study, insight gained from the experiences of black adolescents who chose to terminate a pregnancy will provide the basis for describing guidelines for the advanced psychiatric nurse practitioner in order to support black adolescents to promote their mental health as an integral part of health. Therefore this research study is functional and will be operationalised in nursing
practice through describing guidelines for the advanced psychiatric practitioner and nurses involved in termination of pregnancy.

1.5.2. Central theoretical statement

The exploration and description of the experiences of black adolescents who chose to terminate a pregnancy, will provide the basis for describing guidelines for the advanced psychiatric nurse practitioner in order to support these adolescents to promote their mental health as an integral part of health.

1.5.3. Definitions of central concepts

The following central concepts will be defined: black adolescents; termination of pregnancy; advanced psychiatric nurse practitioner, and private clinic.

- **Black adolescents**

  Kaplan and Saddocks' (1998: 42) description of an adolescent is subdivided into three categories, namely:

  - *early* (11 - 14 years);
  - *middle* (14 - 17 years); and
  - *late* (17 - 20 years).

  In this study black adolescents will be all dark-skinned female persons of different ethnic background, between the ages 11 - 20 years and who understand and speak Tswana or English, because these are the languages the researcher understand.

- **Termination of pregnancy**

  According to the Choice on Termination of Pregnancy Act (No 92 of 1996), termination of pregnancy means the separation and expulsion, by medical or surgical means, of the contents of the uterus of a pregnant woman. In this study termination of pregnancy will mean interruption or expulsion of the uterine contents for a pregnancy of 12 - 17 weeks as this is the time period when
termination of pregnancy is performed at the private clinic where this research study will be conducted (Tancred, 1997: 36).

- **Advanced Psychiatric Nurse Practitioner**

This is the professional registered with the South African Nursing Council as a Psychiatric Nurse Specialist. The person has supervised clinical experience and an in-depth knowledge base, competence and skill in practice (Efinger, 1995: 24; Stuart & Laraia, 1998: 10). The person has either a master’s degree or an advanced diploma in Psychiatric Nursing.

- **Private clinic**

The private clinic refers to the health facility designated to perform the termination of pregnancies in accordance with the Choice on Termination of Pregnancy Act (No. 92 of 1996: 64). In this study, the private clinic refers to the health facility in Gauteng Province.

### 1.6. RESEARCH DESIGN AND METHOD

In this section, a description of the research design and method will briefly be given as this is described in detail in chapter two.

#### 1.6.1. Research Design

The research design in this study will be qualitative (Creswell, 1994: 145), descriptive (Creswell, 1994: 145), exploratory (Marshall & Rossman, 1989: 78) and contextual (De Vos, 1998: 281).

#### 1.6.2. Research method

The study will be conducted in two phases. The first phase is about in-depth, semi-structured phenomenological interviews with black adolescents who chose to terminate a pregnancy. From these results of the study, guidelines will be described for the advanced psychiatric nurse practitioner in order to support these adolescents in the promotion of their mental health. Each phase of the study will be described thus:

1.6.2.1. **Phase 1**: exploring and describing the experience of black adolescents who chose to terminate a pregnancy.
In phase one, participants who meet the sampling criteria will be identified to participate in the study and then in-depth, semi-structured phenomenological interviews will be conducted (Kvale, 1983: 174-178). Data analysis will be done with special focus on content analysis according to the descriptive method suggested by Tesch (in Creswell, 1994: 155). Field notes will be taken and an audio tape recording will be used for data collection (Wilson, 1989: 43).

**Literature control.**

Available literature will be considered to validate the findings in phase one, and to compare results with similar studies done. Streubert and Carpenter (1995: 21) add that the results should be in context of what is known from relevant literature and information from similar studies. From the findings in phase one and literature control, the guidelines will be described.

1.6.2.2. **Phase 2:** Describing guidelines for the advanced psychiatric nursing practitioner in order to support black adolescents in the promotion of their mental health.

During this phase, data collected from black adolescents who chose to terminate a pregnancy will be used to describe guidelines for the advanced psychiatric nurse practitioner in order to support these adolescents in the promotion of their mental health.

**Literature control**

Relevant literature will be consulted for triangulation purposes in order to increase the reliability of the operationalisation of these guidelines in nursing practice.

1.7. **Ethical consideration**

In this study, strict ethical conduct will be maintained, as this is a very sensitive area of research. The ethical standards will be adhered to according to the standards of the Democratic Nursing Organisation of South Africa (1998: 1-7) and includes the following:

- **Rights of the participants with respect to:**
  - *Beneficence and prevention of harm (DENOSA, 1998: 1)*
These ethical standards emphasise that nursing research should exclude harm or exploitation of participants and this will be discussed in detail in chapter 2.

- **Justice (DENOSA, 1998: 1)**

- **Confidentiality and anonymity (DENOSA, 1998: 2)**

These ethical standards imply that the researcher does not divulge nor make public any information from participants in the research study. This will be discussed further in chapter 2.

- **Privacy (DENOSA, 1998: 2)**

These ethical standards imply that the researcher ensures that information obtained from the participants is used for the purpose that it was collected. This will be discussed in detail in chapter 2.

- **Fair treatment (DENOSA, 1998: 2)**

These ethical standards imply that participants may participate or withdraw as they wish and that only information needed for the research study should be obtained from participants.

- **Respect for human dignity**

- **Consent (DENOSA, 1998: 2-3)**

An informed written consent should be obtained from the person of whom data is to be obtained. In this study, data will be obtained from a private clinic in Gauteng Province and black adolescents who chose to terminate a pregnancy. This will be discussed in detail in chapter 2.
• **Contact person (DENOSA, 1998: 4)**

A contact person will be made available to black adolescents should there be a need and this will be discussed in chapter 2.

• **Feedback (DENOSA, 1998: 4)**

Feedback from this study will be provided to black adolescents and the personnel in the private clinic in the Gauteng Province, by providing them with a copy of the research study.

**1.8. TRUSTWORTHINESS**

To ensure reliability and validity of the whole study, measures for trustworthiness will be ensured (Lincoln & Guba, 1985: 294-331). They are truth-value, applicability, consistency and neutrality. These strategies will be discussed in detail in chapter two.

**1.9. OUTLINE OF CHAPTER**

Chapter 1: Overview and rationale of study.
Chapter 2: Research design and method.
Chapter 3: Discussion of results and literature control.
Chapter 4: Description of guidelines and literature control, limitations, conclusions and recommendations.

**1.10. CONCLUSION**

In order to meet the challenges of the new millennium, South African researchers within the field of health should take cognisance of the effects of termination of pregnancy on women and more so, the adolescents who seem to be “difficult to reach”. If the impact of termination of pregnancy is not adequately addressed through supporting the women who chose to terminate a pregnancy, this could be an obstacle in the promotion of their mental health.

In chapter two, a discussion of the research design and method will follow.
In chapter one, the background and rationale of the research study were described. In chapter two, a description of the research design and method that will be utilised in this study, will be given.

2.1. INTRODUCTION

The majority of South African women welcome the legislation that has given women control over their reproductive rights as contained in the Choice on Termination of Pregnancy Act (No 92 of 1996).

Women procured abortion for unwanted pregnancies illegally and did not received any form of counselling before the implementation of this legislation. The service providers, as they were called, were only concerned with getting rid of the unwanted pregnancy (Suffla, 1997: 214; Maforah, et al, 1997: 81) and there was no concern showed to the emotional needs of the pregnant women.

Studies done in psychiatrists consulting rooms on women who procured an abortion, reveals that negative emotional effects like grief, and in some cases depression, was experienced by some women (Allen, 1985: 31).

From the researcher's own experience of some form of counselling that is given to women who chose to have termination of pregnancy, it became necessary to explore and describe the experiences of black adolescents as one area of concern. As some studies revealed that some black parents view teenage parenthood as more acceptable than termination of pregnancy (Griffin-Carlson & Schwanenflugel, 1998: 544), the researcher also want to establish the form of support that can be described to promote the mental health of these adolescents. Since there is a national study on issues of termination of pregnancy going funded by the Human Science Research Council, exploring and describing the experiences of black adolescents will ensure that voices of all role players in the termination of pregnancy arena are listened to and heard.
2.2. OBJECTIVES OF THE STUDY

This study has the following objectives:

- To explore and describe the experiences of black adolescents who chose to terminate a pregnancy.
- To describe guidelines for the advanced psychiatric nurse practitioner to support black adolescents in order to promote their mental health.

This research study will adhere to ethical measures described as follows:

2.3. ETHICAL MEASURES

In this research study, ethical conduct will be ensured by adhering to the ethical standards set by the Democratic Nursing Organisation of South Africa (DENOSA, 1998: 1-7) for nurse researchers. The following ethical measures will be adhered to:

- **Right of the participants**
  - **Beneficence and prevention of harm**

  Harm to respondents in a study can be emotional, physical or psychological (De Vos, 1998: 25). In this study, no attempt will be made to harm respondents deliberately, and those who will experience any form of harm will be informed in advance of their right to withdraw from participating in study.

- **Justice**

- **Confidentiality and anonymity**

  Confidentiality means that information from participants will not be divulged to the public nor made available to others (DENOSA, 1998: 1). In this study, all information will be treated with confidentiality by only disclosing the information about participants to authorised persons. Informed written consent will be obtained from the participants when there is a need to make any information public or disclosed.
All information will be contained in the letter for request to participate in the study, signed by the participants as enclosed under “Annexure A”.

Anonymity means that data from the participants cannot be linked, even by the researcher, to a specific individual (DENOSA, 1998: 2). In this research study, numbers will be allocated to each participant so that it will be possible to review participants’ analysed interviews with them later.

- **Privacy**

Privacy means that a person can behave and think without interference or possibility of private behaviour or thoughts being used to embarrass or demean that person later (DENOSA, 1998: 2). In this study, privacy will be ensured in that the researcher will avoid collecting data that is absolutely unnecessary; the use of audio tape recordings will be explained to participants and the information on the audio tape will be erased later. This information is contained in the letter to clients for request to participate in the study as enclosed under “Annexure B”.

- **Fair treatment**

Fair treatment means that participants will not be coerced to participate in the study; risk factors will be avoided; dignity of the participants will be ensured, participants will be allowed to withdraw if they so wish, and only the necessary data will be collected (DENOSA, 1998: 2). In this study, only data necessary to reach objectives of the study and no misrepresentation of facts will be made; participants will be informed of their right to withdraw from participating.

- **Respect for human dignity**

- **Consent**

Two types of consent need to be obtained before commencing with collection of data, and this consent are from the health service authorities of the private clinic and informed written consent from persons from whom data is to be collected. The consent should be written and must convey the following information to the participants:
The title, objectives and method of the research; duration of the study; the advantages and benefits of their participation; the rights of participants to refuse to participate and the right to withdraw even after having consented; the type of participation expected of the participants; how the results will be used and published; possible side- and harmful effects; how confidentiality and privacy will be safeguarded; financial implications for participants if any; and the identity and qualifications of researcher and field workers.

The health service authorities of the private clinic will also be supplied with the same information as well as information on data gathering instruments; sample selection; type of participation expected of the participants (DENOSA, 1998: 2-3). In this research study, consent will be obtained from the private clinic as enclosed under “Annexure B”, and also enclosed under the same Annexure, is the consent from the mediator. The consent from the clients willing to participate in the study appears under “Annexure A”, and this will be black adolescent who chose to terminate a pregnancy from this health facility.

- **Contact Person**

A contact person is to be made available to participants should there be any other emotional needs to be expressed (DENOSA; 1998: 4). In this study, Rand Afrikaans University, Psychiatric Nursing department will be used as contact persons.

- **Feedback**

Participants have the right to feedback on the outcome of the research study (DENOSA, 1998: 4). In this study, the results of the research will be communicated to the participants if they so wish, by means of a bound copy of the study once it is completed. The private clinic will be provided with a bound copy of the research study.

The information contained in the letters to the adolescents participating in the study and the private clinic under “Annexure A and B”, explains this aspect.

**2.4. TRUSTWORTHINESS**

Guba’s (in Lincoln & Guba, 1985: 295-300; De Vos, 1998: 348-350) model is used in this study for ensuring validity and reliability. The four measures that are relevantly used in this study are
truth-value, applicability, consistence and neutrality. Truth-value will be ensured by using strategies of credibility, applicability by applying strategies of transferability, consistency by applying strategies of dependability and neutrality by applying strategies of confirmability.

Table 2.1: Strategies to ensure trustworthiness

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Criteria</th>
<th>Applicability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credibility</td>
<td>Prolonged engagement</td>
<td>Contact at the private clinic with mediator and spend time there. Time will be spend with participants after termination of pregnancy to build rapport. Allow time for participants to verbalise experiences.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reflexibility</td>
</tr>
<tr>
<td></td>
<td>Member checking</td>
<td>Follow-up interviews with the black adolescents concerning findings and proposed guidelines. Literature control will be conducted using findings of similar studies done on effects of abortions. Discussion with colleagues will also take place as a form of member checking.</td>
</tr>
<tr>
<td></td>
<td>Triangulation</td>
<td>Field notes and literature control will be used.</td>
</tr>
<tr>
<td></td>
<td>Peer examination</td>
<td>The services of a colleague who is engaged in health services for woman who underwent termination of pregnancy will be sought to confirm some of the findings.</td>
</tr>
<tr>
<td></td>
<td>Authority of research</td>
<td>The researcher has undergone training in research methodology. The study is supervised by two professional persons who have a Doctorate in psychiatric nursing as well as extensive experience in conducting qualitative research studies.</td>
</tr>
<tr>
<td></td>
<td>Structural coherence</td>
<td>The focus is on the experiences of black adolescents who chose to terminate a pregnancy in a specific private clinic in the Gauteng province. This study will be conducted within the Theory for Health Promotion in Nursing.</td>
</tr>
<tr>
<td>Transferability</td>
<td>Nominated sample</td>
<td>The sampling method will be purposive, with no prior selection.</td>
</tr>
<tr>
<td></td>
<td>Dense description</td>
<td>It will be from complete description of methodology, literature control and verbatim quotes from the interviews.</td>
</tr>
<tr>
<td>Dependability</td>
<td>Audit trail</td>
<td>Keeping field notes and reflexivity note.</td>
</tr>
</tbody>
</table>
2.5. RESEARCH DESIGN AND METHOD

The research design and method of this study will now be discussed as follows:

2.5.1. Research design

The design of this research study will be qualitative (Creswell, 1994: 145; De Vos, 1998: 240), descriptive (Creswell, 1994: 145), exploratory (Marshall & Rossman, 1989: 78) and contextual (De Vos, 1998: 281; Mouton, 1996: 133) in nature. The research design will be discussed as follows:

2.5.1.1. Qualitative

It is a multi-perspective approach to social interaction aiming at describing and making sense of the interaction according to the interpretations of the participants (De Vos, 1998: 240). The researcher is the primary instrument for data collection and analysis in qualitative research (Creswell, 1994: 145). In this study, the researcher is going to remain with participants as she collects and analyse data at the same time. The goal that is pursuit in this study is the
development of an understanding of the experience of black adolescents who chose to terminate a pregnancy through the qualitative mode of inquiry.

2.5.1.2. **Exploratory**

The goal that is pursued in exploratory studies is to investigate little understood phenomena (Marshall & Rossman, 1989: 78). The aim in this study will be to collect new information by exploring the experience of black adolescents who chose to terminate a pregnancy.

2.5.1.3. **Descriptive**

The goal of descriptive studies is to gain meaning and understanding through words (Creswell, 1994: 145). In this study, the meaning will be gained from exploring the experience of black adolescents who chose to terminate a pregnancy; and from this meaning, guidelines for support will be described for the advanced psychiatric nurse practitioner to facilitate the promotion of the mental health of these adolescents.

2.5.1.4. **Contextual study**

A contextual study is one in which the phenomena of interest are studied in terms of its immediate or intrinsic context (Mouton, 1996: 133). This study will focus on the experience of black adolescents who chose to terminate a pregnancy in the specific private clinic in the Gauteng Province.

2.5.2. **Research Method**

The research study will be done in two phases. Phase one of the study will be discussed under the following headings: population and sampling; sampling criteria; sample size; collection of data; phenomenological interviews; pilot study; the role of the researcher; use of communication techniques; field notes; data analysis and literature control. Phase two will be a description of guidelines for the advanced psychiatric nurse practitioner to support black adolescents who chose to terminate a pregnancy.

**Phase 1:** Exploring and describing the experience of black adolescents who chose to terminate a pregnancy.
2.5.2.1. **Population and sampling**

The target population for this study is black adolescents who chose to terminate a pregnancy at a specific clinic in the Gauteng Province. Purposive sampling will be used in this study, which is based on the selection of participants who contain the most characteristics required for the study (De Vos, 1998: 198). The adolescents who volunteer to participate in the study and meet the sampling criteria will be referred to the researcher through the assistance of the mediator.

2.5.2.2. **The mediator**

The mediator is appointed from the health care workers working at this specific private clinic in Gauteng province. The mediator is the person who has access to the adolescents who have performed termination of pregnancy, and will refer the participants who are interested in the study to the researcher who will then be placed at the private clinic. The mediator will have to refer only participants who met the sampling criteria as described below:

- **Sampling criteria**

Sampling criteria are the characteristics that are essential for membership of the target population. The sampling criteria is designed to make the population as homogenous as possible (Burns and Grove, 1993: 236).

The sample is selected from a population that meets the following criteria:

- Single black adolescents who are between the ages 12 - 20 years, which chose to terminate a pregnancy. This age group is selected, as it is more likely to suffer emotionally from the effects of termination of pregnancy as they usually don’t have a support system for their decision to terminate unplanned pregnancies (Griffin-Carlson & Schwanenflugel, 1998: 543).

- Black adolescents who are willing to give consent to participate in the study as it is ethically wrong to conduct a research study without obtaining an informed written consent from participants (DENOSA, 1998: 3).
Black adolescents who had termination of pregnancy during 1999/2000, as the researcher will be able to conduct interviews during this period.

Black adolescents living within the Gauteng Province as this is the area where the study will be conducted.

Black adolescents who speak and understand Tswana or English as the researcher can only communicate in these languages. Tswana participants will be able to express themselves well without losing the "richness" of the content, which is often experienced when individuals are using a language other than their mother tongue.

The demographic data of participants will appear with each individual’s interview in chapter three.

**Sample size**

The sample size in this study will be achieved when data is saturated (Morse, 1994: 285) and will not depend on the number of interviews conducted. Interviews will be conducted according to the consented sample of participants’ data collection.

**Collection of data**

Data in this study will be collected by means of in-depth, semi-structured phenomenological interviews and field notes.

Phenomenological studies describe the meaning of the lived experience of a phenomenon by several individuals. The procedure involves the researcher setting aside all prejudices, bracketing his/her experiences and relying on intuition (Creswell, 1998: 51-52). The interview is semi-structured using a central question which in this study is, "**How do you experience having had an abortion**" or "**Go ntse jang go ntsha mpa**", and then the researcher focuses on emerging themes (Kvale, 1983: 174). In this study, black adolescents who chose to terminate a pregnancy at a specific private clinic will be identified and interviewed at that clinic. The interview will be tape-recorded and then transcribed verbatim (Kvale, 1983: 179). The aspects that the researcher will concern her with during the interview are described below.
Understanding and describing the life-world of participants and how they relate to it (Kvale, 1983: 174). In this study, the researcher is exploring the experiences of black adolescents who chose to terminate a pregnancy from the participants’ perspective.

The interview should be able to elicit the meaning of the participants’ life-world in order to understand it (Kvale, 1983: 175). In this study, the researcher will listen to how the black adolescents express their life-experience of termination of pregnancy to be able to understand the meaning of the experience from the viewpoint of the participants. ‘This meaning’ will not come easy and efficient communication skills by the researcher will be essential.

The researcher will need to focus on/guide towards themes, with the participants having the latitude to bring forth dimensions that they view as being important. The researcher must not attempt to interpret the experiences for participants (Kvale, 1983: 175). The researcher will concern herself during the interview, with the specific situation that concern the participants and not to dwell on general issues; and must be open to new and unexpected phenomena as arises when the participants interpret their life-world (Kvale, 1983: 176). Black adolescents in this study will not be subjected to set questionnaires as the researcher will listen to their experiences and focus on the themes that come out.

The audiotape will be of assistance as the participants sometimes lose focus and change descriptions and meanings about the themes. The researcher will use the audiotapes to reconcile participant’s interviews (Kvale, 1983: 177).

Taking the above into consideration, the semi-structured phenomenological interview in this study will begin with the following central question, to black adolescents who chose to terminate a pregnancy, asked in English and Tswana: “How do you experience having had an abortion?” and “Gontse jang go ntsha mpa?”

Pilot study

A pilot study will be conducted with one black adolescent who chose to terminate her pregnancy and meet the sample criteria, to identify potential research problems during this first phase of the research study.
• The role of the researcher

Since qualitative research is primarily about the process rather than outcomes or products, emphasis in this study will be placed on meaning – how people make sense of their lives, experiences and the structure of their world (Creswell, 1994: 145). In this qualitative study, the researcher becomes the primary instrument of data gathering and analysis (Creswell, 1994: 145). The researcher, as a human instrument, will gather data to be able to understand the meaning of the experience of black adolescents who chose to terminate a pregnancy. Qualitative research is interpretative research (Creswell, 1994: 147) and it is for this reason that the researchers own assumptions, values and judgement are explicitly stated in chapter one to validate the conduction of a reliable study.

During the interview with participants, the qualitative researcher attempts to gather description of relevant themes (Kvale, 1983: 176), which in this study relates to those themes extracted from stories told by the participating black adolescents. The role of the qualitative researcher is to remain focused on certain themes and not guide the participants towards certain opinions about the themes during the interview (Kvale, 1983: 176).

The qualitative researcher will remain open to new and unexpected phenomena (Kvale, 1983: 176), which the researcher hope will become evident in this study.

As already stated in the phenomenological interview, the researcher is to be curious and sensitive to what is said, and what is not said, as this will facilitate the discovery of different nuances and the depth of themes revealed by interviews (Kvale, 1983: 177). It is important for the researcher to remember that the aim of a qualitative interview is not to end up with unequivocal and quantifiable meanings about themes focused upon (Kvale, 1983: 177), but to precisely describe the inherently contradictory meanings expressed by the participants interviewed.

These contradictory statements in the interview situation may not only be due to faulty communication or the personality structure of the participants interviewed, but may be a reflection of objective contradictions of the world in which the participants lives (Kvale, 1983: 177).

It is the researcher’s belief that it is of utmost importance to adhere to the above. In the researcher’s experience with adolescents they are found to often give contradictory account of phenomena. Should this be experienced in the interview situation with any of the black
adolescents, this will be clarified and considered to be potential reflection of “objective contradictions of the world she lives in” (Kvale, 1983: 177). Some knowledge of the experience of black adolescents who chose to terminate a pregnancy, will allow the researcher to display the necessary sensitivity towards them in the interview situation, as well as obtaining richer descriptions of the phenomena using probing as an interpersonal communication skill (Kvale, 1983: 178). These will also assist in understanding the meaning attached to their life – experience of having chosen to terminate a pregnancy.

The interview is an interaction between two people who react in relation to each other and who reciprocally influence each other (Kvale, 1983: 176), and therefore the interview situation may be experienced in one or more way by both researcher and participants. It may be characterised by feelings of common intellectual curiosity and reciprocal respect, or it may be a situation that evokes anxiety and defence mechanisms in both the researcher and the participant. These powerful interpersonal dynamics should be taken into account during the interview and afterwards when analysing these interviews (Kvale, 1983: 178).

It is expected that the interviews may be experienced by the black adolescents as threatening, and might provoke anxiety and resistance. It is also possible that the interview situation may be clouded by an air of mistrust and suspicion, which could influence the stories told by black adolescents and even inhibit any participation in the study, as experienced by the researcher when interacting with adolescents in everyday life situations.

It is for this reason that those consenting participants will be contacted prior to the gathering of data. To protect both the researcher and participants from any form of harm, the ethical standards set out by the Democratic Nursing Organisation of South Africa (DENOSA) and the policies of the private clinic, where the study will be conducted, will be adhered to. Finally, the researcher will make use of the different interpersonal communication skills, described as follows:

- **Use of communication techniques**

Non-directive communication techniques such as probing; paraphrasing; clarifying; minimal response and summarising will be used by the researcher to allow the black adolescents interviewed, to articulate their views and experiences freely.

- **Probing**
Probing is an open-ended attempt to obtain more information about something (Okun, 1992: 70). It is used in interviews to gather more information or in case of vague answers to get further particulars, for instance: “tell me more”, “let’s talk about that”, and “I’m wondering about ...”.

- **Paraphrasing**

Paraphrasing is a verbal statement that is interchangeable with the client’s statement (Okun, 1992: 70). It is restating the main thought a participant expressed. Paraphrasing can be used, for example, where the participant would say “I had a bad night”, the researcher would paraphrase it and say, “you did not sleep well last night”.

- **Clarifying**

Clarifying is an attempt to focus on or understand the basic nature of the participant’s statement, for instance, “could you go over that again please”, “is it that ...”.

- **Making the minimal response**

Minimal responses are the verbal counterpart of occasional head nodding used during an interview (Okun, 1992: 70). The researcher will use verbal cues such as “mm... mm”, “yes”, “I see” to encourage the participants to verbalise their experiences.

- **Summarising**

By summarising, the researcher tie together several views and feelings that have been communicated. Major cognitive and affective themes are tied (Okun, 1992: 71).

As a field worker the researcher cannot only rely on her memory to preserve data for analysis, but will make use of field notes as described:

- **Field notes**

A field researcher needs a system for remembering observations or a measure to preserve data for analysis later (De Vos, 1998: 285). In this study, field notes will be drafted after each interview to describe the underlying themes; the dynamics and situations during the interview, to help the
researcher remember all aspects of the interview situation (De Vos, 1998: 285). A good set of field notes is a detailed reproduction of what occurred, and they relieve the researcher of some of the burdens of remembering events. It also constitutes a written record of the development of observation and ideas to be used in future publication of the research findings and method. In this research study, field notes will be utilised in data analysis together with all the information from the semi-structured interviews conducted with the black adolescents who willingly participated in the study. The model of field notes consists of the observational, theoretical, methodological and personal notes.

- **Observational field notes** are descriptions of events experienced, through watching and listening, and it gives an account of what happened (De Vos, 1998: 285). The observational notes contains the who, what, when, where and how of human activity. In this research study, observational notes will contain the number allocated to the particular interview, observations made during the interview, the setting of the interview and the way in which the interview is being conducted with some form of simple interpretation attached.

- **Theoretical field notes** are self-conscious, systematic attempts to derive meaning from the observational notes (De Vos, 1998: 286). In this study the researcher will interpret, infer, conjecture and develop new concepts and relate observations in order to derive meaning.

- **Methodological notes** are mainly reminders, instructions and critical comments to the researcher about methodological approaches that might be fruitful (De Vos, 1998: 286). In this research study, the researcher will evaluate her conduct during the interview against the proposed research design and method.

- **Personal notes** are all about ones own reactions, reflections and experiences (Wilson, 1989: 435). In this research study, the researcher will try to take the role of the participant and be introspective. During data analysis, the field notes are also analysed to develop relations to the interview and develop categories (De Vos, 1998: 285).

The information gathered from the experience of black adolescents during the interviews and field notes, will be used for data analysis as described below:

- Data analysis
The recorded interviews will be transcribed verbatim and then analysed according to the descriptive method of Tesch (in Creswell, 1994: 155). Tswana interviews will be coded in Tswana to preserve ‘richness’ of the interview and only final themes will be translated into English. Data analysis requires that the researcher must be comfortable with developing categories and making comparisons and contrasts. The researcher must be open to possibilities to see contradictory or alternative explanations for the findings. Tesch (in Creswell, 1994: 155) provides eight steps to consider, as follows:

1. *Get a sense of the whole*. Read all transcriptions carefully, and perhaps jot down some ideas as they come to mind.

2. *Pick one interview* – the shortest, most interesting and go through it, asking what is this about? Think about the underlying meaning. Write thoughts in the margin.

3. When this task has been completed for several informants, *make a list of all topics*. Form these topics into columns that might be arranged as the major topic, unique topics and leftovers.

4. Take the list and go back to the data. *Abbreviate the topics and codes*, and write the codes next to the appropriate segment of the text. Try out this preliminary organising scheme to see whether new categories and codes emerge.

5. *Find the most descriptive wording for your topics and convert them into categories*. Reducing your total list of categories by grouping relating topics together. Perhaps draw a line between categories to show inter-relationships.

6. Make a final decision on the abbreviation for each category and *sort these codes alphabetically*.

7. *Assemble the data material belonging to each category in one place and perform a preliminary analysis*.

8. If necessary, *record your existing data*.

• Literature control

The results of the research will be 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, will be used to describe guidelines for support by the advanced psychiatric nurse practitioner. This will be described in the second phase of the study.

**Phase 2:** Description of guidelines for the advanced psychiatric nurse practitioner to support black adolescents who chose to terminate a pregnancy.

The objectives of phase two is to describe guidelines for the advanced psychiatric nurse practitioner to support black adolescents who chose to terminate a pregnancy in order to promote their mental health. These guidelines will then be discussed with individual participants for validating them.

- Literature control

The formulated guidelines will be compared with available literature in order to refine them for ultimate use by the advanced psychiatric nurse practitioner in supporting black adolescents who chose to terminate a pregnancy.

### 2.6. CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

Recommendations, conclusions and limitations of this study, with reference to application in nursing education, practice and research, will be made after the results of the research study have been made. This brings us to the end of chapter two as described.

### 2.7. CONCLUSION OF CHAPTER TWO

In chapter two, a description was given of the research design and research method, measures to ensure trustworthiness and ethical standards to be adhered to. In chapter three, the demographic background of participants and the results of the phenomenological interviews will be given; and literature control will be described.
RESULTS AND DISCUSSION OF RESULTS

3.1. INTRODUCTION

In chapter two, a full description was given of the research design and method. In this chapter, results will be presented of the in-depth, semi-structural phenomenological interviews conducted.

3.2. DESCRIPTION OF THE SAMPLE

The sample of this study comprises of nine participants (one that was involved in the pilot study). Data was found saturated on completion of the ninth in-depth, semi-structured phenomenological interview with single black adolescents living within Gauteng Province who had terminated their pregnancy at this specific clinic.

The participants displayed the following characteristics:

- All participants lived within Gauteng Province and had terminated their pregnancies at a specific clinic in Gauteng Province.
- All the participants were single and between the ages 14 - 20 years.
- Two participants who one was 14 years and the other 19 years, admitted to having been pregnant once previously.
- All participants were still attending school.
- Seven participants were admitted with pregnancies exceeding twelve weeks and two with pregnancies less than twelve weeks.
- Six participants admitted to not using birth control measures and three participants irregularly using condoms and pills.
- All participants had their pregnancies surgically terminated by vacuum aspiration.
- Eight participants were from middle-class families as they had one or both parents being professional and only one participant was from a low socio-economic class family with the mother being the breadwinner and working as a domestic-worker.
- Seven participants' interviews were conducted in English and two in Tswana.
Table 3.1: An overview of major categories and subcategories from the results of interviews with black adolescents’ experience of having to terminate a pregnancy.

<table>
<thead>
<tr>
<th>MAJOR CATEGORIES</th>
<th>SUBCATEGORIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1.1. The adolescents experienced emotional turmoil related to the process of decision-making to terminate their pregnancies.</td>
<td>3.1.1.1. Ambivalence related to fear of practising independence.</td>
</tr>
<tr>
<td></td>
<td>3.1.1.2. Guilt feelings related to the value conflicts.</td>
</tr>
<tr>
<td></td>
<td>3.1.1.3. Anger and sadness related to lack of support from others.</td>
</tr>
<tr>
<td></td>
<td>3.1.1.4. Fear related to the uncertain outcome of the procedure.</td>
</tr>
<tr>
<td></td>
<td>3.1.1.5. Relief related to the termination of pregnancy.</td>
</tr>
<tr>
<td>3.1.2. The adolescents experienced physical distress related to the procedure of termination of pregnancy.</td>
<td>3.1.2.1. Physical pain related to the evacuation of the uterus.</td>
</tr>
<tr>
<td></td>
<td>3.1.2.2. Dizziness related to the medication and pain during the procedure.</td>
</tr>
<tr>
<td>3.1.3. The adolescents utilised psychological defence mechanism as a way of coping with the emotional pain of having to terminate their pregnancies.</td>
<td>3.1.3.1. Denial.</td>
</tr>
<tr>
<td></td>
<td>3.1.3.2. Rationalisation.</td>
</tr>
<tr>
<td></td>
<td>3.1.3.3. Intellectualisation.</td>
</tr>
<tr>
<td>3.1.4. The adolescents experienced a sense of emotional growth related to the painful experience and process of termination of pregnancy.</td>
<td></td>
</tr>
</tbody>
</table>

3.3. THE RESULTS AND THE DISCUSSION OF RESULTS

Table 3.1 reflects the major categories and subcategories from themes of the interviews conducted with black adolescents who terminated their pregnancies at a specific clinic in Gauteng Province.
The discussion of results is based on the major categories and subcategories shown in Table 3.1. To maintain clarity, there is a discussion where relevant; then quotes from the transcriptions and then a literature control to recontextualise the research findings. Recontextualisation will enable the researcher to place the results in the context of established knowledge (De Vos, 1998: 342)

The first major category and theme that will be described, emotional turmoil focuses on the effects that the procedure of termination of pregnancy has on the emotional well being of adolescents.

### 3.3.1 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 to the family that they were sexually active and pregnant, they had to keep the decision to terminate their pregnancy, to themselves. Some of the adolescents interviewed expressed that their families were not going to be supportive of their decision to terminate their pregnancy and that it was unacceptable. The turmoil of emotions that the adolescents experienced ranges from guilt feelings, fear and anxiety; anger and sadness; and relief.

#### 3.3.1.1 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 didn’t 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 term of legal termination.

One of the adolescents who expressed experiencing some paralysing ambivalence had this to say: “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”.
Another adolescent who expressed she was ambivalent to initiate a 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 know why because I decided when I missed my first period that if I was pregnant I was going to have an abortion”.

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

In another study by Hamark, Udderberg and Forssman (1995: 305) it was observed that women do experience ambivalence and as a result, come and report late to abortion clinics when the pregnancy is almost outside legal period of termination, thus experiencing also mental symptoms like depression.

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 of adolescents’ behaviour.

3.3.1.2. Guilt feelings related to value conflicts.

The adolescents expressed that they had to keep secrets from their parents, such as aspects their parents need to know, 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 that she was feeling guilty because she engaged in pre-marital sex and became pregnant, had this to say of what her parents told her: “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 who was feeling guilty and was crying during the interview because she felt she has disappointed her parents by loosing her virginity, 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 think I am still a virgin and telling her ‘Mom, I am no longer a virgin’ will break her heart”.

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In another interview, the adolescent expressed that she was feeling guilty because she let all others in her life down by engaging in unsafe sex and had to terminate her pregnancy. She said: "Lots of people have been in my life moulding me. I am wrong because I am betraying them by not taking the responsibility of an adult, not thinking that if you engage in unsafe sex you gonna be pregnant".

Another adolescent who experienced guilt feelings referred to her parental cultural belief as the reason why she could not disclose her decision to terminate the pregnancy to them and had this to say: "I don't think she would allow me to have an abortion and I would be devastated, you know how black people are, termination of pregnancy they see it in another way".

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

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

In a study by the American Academy of Paediatrics (AAP, 1996: 748) it was observed that "the most frequent reasons minors cite for not telling parents include the belief that the knowledge would damage their relationship; the fear that it would escalate conflict or coercion; and the desire to protect a vulnerable parent from stress and disappointment". The adolescents’ interviewed in this research study, claimed that their parents expected them to be studying and not to engage in sexual relationships. By disclosing their intention to terminate the pregnancy will cause conflict and put strain on their relationship with their parents.

Some adolescents that were interviewed in this study claimed that if their parents know that they were pregnant and terminated the pregnancy, could cause fights among them (parents).

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 was causing 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”.

Another adolescent who claimed that her religious beliefs was against termination of pregnancy described in Tswana how she felt and said: “Go ya ka nna ke modumedi, ke tsena kereke “and then ”ke dumela gore ke sebe se segolo go ntsha mpa” (I am a believer and I attend church and then I belief it is a sin to have an abortion).

Another adolescent who expressed that she was feeling guilty for having to terminate a pregnancy because it is against her religious belief and her family values, had this to say: “I chose my father’s life and go to church. I am an active church member and even here I go to the church choir and everything and thinking about the whole thing I don’t know how many times”.

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, perceive termination of pregnancy to be morally unacceptable and against their values.

Newburg (in Trancred, 1997: 36) is also of the opinion that a woman who terminated a pregnancy is, as he puts it in Afrikaans “Slagoffer, sy moet die res van haar lewe met ‘n skuldige gewete saam leef” (she is a victim who has to live with her guilty conscious for the rest of her life). In this study, it was mainly adolescents who claimed to be religious that expressed the guilt for having terminated their pregnancies.

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 and when there are conflicts in decision making,
due to value differences, value conflict occurs, as was the case with those adolescents whose
decision making was influenced by their religious and familial values.

As these adolescents were experiencing guilt feelings for deciding to terminate their pregnancies,
they needed support from others including the family members. During these interviews, it
became clear that the adolescents expected someone to accompany them as they go through the
emotional pain of terminating a pregnancy, and unfortunately for the majority of the adolescents,
there was no such support.

3.3.1.3. 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 are going through any procedure that is
likely to produce stress, they are always found to cope better if they have support from the family
or from others they are close to. It was sad for the adolescents in this study, because they claimed
that their family problems and the attitudes of boyfriends was responsible for them being at the
private facility unaccompanied and without support.

One adolescent who expressed anger and projected it at the 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 the boyfriend for dropping her when she
wanted to terminates the pregnancy, had this to say: "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".

Another adolescent who felt that her boyfriend was non-supportive expressed her anger in
Tswana: "Gontsha mpa go ‘like’ ge o sena support for nna ke ne ke sena support. Boyfriend
ye teng ge ore o a mmolella ore o mmolayela ngwana" (It is hard to terminate a pregnancy,
more so if your boyfriend is non-supportive like it was the case with me. He made me feel like I
was a murderer as he said I wanted to kill his baby).
Suffla (1997: 217) in his study, observed that men who coped poorly with the pregnancy and abortion, and who were preoccupied with their own efforts to cope with the situation, were unable to provide effective support to their parents and this had negative effect on women’s own coping expectations 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, Udderberg and Forssman (1995: 302) who observed that women in unstable relationships were motivated to do an abortion and that women in unstable relationships experienced negative emotions in comparison to those whom experienced support from their partners.

The adolescents also expressed that they could not get support from the parents and it was causing them some anger and sadness.

One adolescent, who expressed that she was unhappy that her parent could not be involved when she was terminating her pregnancy, had this to say about her mother: “I am alone, that is the worse 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”.

Another adolescent, who did not have family support, had this to say about her family situation: “I could not tell my parents, though I wish I could. My father is a pastor and a very nice pastor, people expect pastors to be strict, and I didn’t want to be a black sheep of the family. I am still scared and terrified”.

In another interview with one adolescent who expressed that she could not get support from both parents as she wished, described her other parent by saying: “I live with another parent who does not take anything and he is so harsh and if I make a mistake he does not tell me, he blames my mother and then start swearing and so me and my Mom would not have a place to stay”.

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

In another study, Griffin-Carlson and Schwanenflugel (1998: 545) made the observation that adolescents with negative experience of parental notification, are those where there is a lack of flow of both factual and emotional information and there is negative styles of interaction, selectivity and caution in what is shared.

In addition, Agostino (1997: 87) noted the importance of support during termination of pregnancy as she observed that women are more depressed before than after the abortion. In this study, the use of words such as it is worse, crying and a death-note letter expressed the adolescent’s emotional state that developed before the pregnancy was terminated.

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 terminate a pregnancy later and also have poor social support. Butler (1996: 399) 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, which experiencing lack of support from their parents and boyfriends, expressed anger and sadness.

Although some adolescents expressed they could not get support from the family and other people they trusted most in their lives in their decision to terminate a pregnancy, three adolescents expressed that they experienced physical and emotional support.

An adolescent, whose boyfriend supports her, had this to say: “My boyfriend supported me and when I told him I wanted to have an abortion, he said if it is okay with me, then it is okay with him and he gave me money”.

Another adolescent, who expressed that she has her boyfriend’s support, even though she struggled with him at first, described the support in Tswana: “At first one a sa utlwesise maar gone jaanong o a thaloganya le situation e ke leng mo go yone o a e utlwisisa. O a ntshapota gone jaanong” (at first he did not understand but now he understands my situation. He supports me now).
In view of this findings, Cozzarelli, Sumer and Major (1998: 463) observed in their study that women who experienced perceived support from their partners, cope better with the abortion procedures.

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 felt 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, Aderson, Janzon and Sjoberg (1998: 69) who observed that women 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, one 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 belief 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.

Rawlings, William and Beck (1993: 251) observe that people who lack support when feeling isolated and withdrawn, experiencing 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.
Some of the adolescents indicated that because they had to terminate a pregnancy without any support from boyfriends or family members, they fear the unpredictable outcome of the procedure.

3.3.1.4. 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 the adolescents experience. The adolescents expressed their fear, being among other, of their families not knowing that they had terminated a pregnancy.

One of those 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 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?”

Another adolescent, who was also afraid of the outcome of the procedure, had this to say in Tswana: “Emotionally abortion ga se ntho e easy. O nagana dilo tsi dintsi like what if ke a blida until..., what if go thhogelela phoso. Ba ka nne ba kwala ‘safe abortion’ but wa kereya gore when coming to you Modimo one a ntse a go balete malatsi, e ne ele la gago letsatsi bone e se gore ba phoso or something if ele gore e ne ele letsatsi la gago o ka se le dodge. Go nee go ka nna go diragala something se se wrong, maar ke ne ke ka se blame anybody for that” (Emotionally abortion is not an easy thing. You think about lot of things like what if I bleed until ..., what if a mistake occurs. Although it is written ‘safe abortion’, it could happen that because it was your day as determined by God, not due to any error of theirs or something, then you loose you life. If it is your day, you can’t dodge it. Something wrong could have happened, but I wouldn’t have blamed anyone).

In the study by Hamark, Udderberg and Forrsman (1995: 305) a women who came late for termination of pregnancy made this observation that ambivalent women come to the clinic later
with more mental symptoms. A study by Hamark, Udderberg and Forssman (1995: 305) supports this in that fear is a reflection of some mental symptoms. Due to fear, the ambivalence to carry an activity occurs and due to the ambivalence, the adolescents came late to the clinic for termination of pregnancy. Those who were expressing fear where the ones who delayed until they were in the second trimester of their pregnancies.

A study, according to the American Academy of Paediatrics (AAP, 1996: 748), has shown that there is no documented negative psychological or medical sequel to elective, first trimester, legal abortion among teenager women. As already stated it were 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 pregnancy, as compared to those adolescents who were in the second trimester of their pregnancies.

Fear is defined as having a specific source or object that the person can identify and describe (Stuart and Laraia, 1998: 271), and fear entails intellectual appraisal of threatening stimulus. In this study, adolescents' fear was because of the fact that they could die, as they were in the second trimester of their pregnancies, and they viewed themselves to be 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 proceeding, which in some cases involved waiting for the doctor and more so were 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, had this to say: “I wish I didn’t have to wait because it is like they will later change their minds and say ”we cant do it today or something like that”.

Their anxiety was also 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 by the following: “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 will I 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 the other people in the adolescents’ lives that also contribute to the anxiety that they feel following termination of pregnancy. The adolescents expressed that they were not going to be able 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 could still express that they were also experiencing the positive emotional feeling of relief as the whole procedure was behind them.

3.3.1.5. Relief related to the positive effects of the termination of pregnancy

Since all the adolescents interviewed in this study were attending school, they all expressed that despite all other negative feelings they felt, they were also feeling relieved that they will be able to continue with their plans.

One adolescent, who was relieved that she could continue with school, had this to say: “I feel free, I will not have to leave school and take care of a baby”.

Another adolescent, who expressed that being pregnant was going to affect her reputation at school, had this to say: “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 procedure,
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 will refocus on the plans they made for themselves and complete their studies.

In addition, Suffla (1997: 219) observed that after the abortion procedure, women experienced the feeling of the relief from an ultimately or undesired pregnancy.

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 problems had she not terminated it, had this to say about feeling relieved: “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 those adverse reactions after abortion are 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 were observed to be experiencing physical distress related to the procedure.

3.3.2 The adolescents experienced physical distress related to the procedure of termination of pregnancy.

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

3.3.2.1 Physical pain related to the evacuation of the uterus.

One adolescent, who complained of severe physical pain, had this to say: “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 describes 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), stated 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 who were in the first trimester of pregnancy did not refer to physical pain during the interviews.

In addition, Adler (1987: 218) also stated that women who aborted second trimester pregnancies were observed to experience more physical pain, because the prolonged procedure used in the latter is likely to be more stressful than the procedure used in early pregnancy. This finding are relevant to this study because adolescents who had second trimester termination of pregnancy are the ones who mainly complained about the physical pain.

Another adolescent felt some guilt feelings 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”.

One adolescent who admitted that the nurses explained to her that she was going to experience some physical pain during the procedure, had this to say in Tswana: “Gone jaanong ke sa experiencia dipains tse ke neng ke di utlwa ka procedure. Ba nthaloseditse gore ke dipains tsa ge womb e boela sekeng “maar” o kgona go itshokela tsona” (I am still experiencing the pain that I experienced during the procedure. It was explained to me that these pains are due to the involution of the uterus, but still I can endure these pains).

Smeltzer and Bare (1996: 180) observed 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 observed that women who did not receive general anaesthesia during the abortion, said “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 is not necessarily what they wanted as they should have abstained from sex or used birth control measures.

McCaffery and Faan (1999: 18) hold the view that pain needs to be rated and pain rated 3 on a 0-10 scale indicate the need to revise pain treatment with a higher dose of analgesics. In this study, adolescents were given Ibuprofen 400mg tablets immediately after the procedure. It appears that it did not benefit all the adolescents in the same way as some complained of physical pain, which is an indication that there is a need for accurate pain assessment and effective pain management.

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

3.3.2.2 Dizziness related to the medication and pain during the procedure.

Apparently, one adolescent who was more than twelve weeks pregnant, not just experienced physical pain, but also dizziness, which she said was from 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, observed 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 of dizziness was in the second trimester of pregnancy, in which period complications increases when pregnancy is terminated.

McKenry and Salerno (1998: 838) also observed that cyntocinon produces less frequent effects like 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 cyntocinon.

The dizziness experienced by this adolescent could either be medication or physical pain related, as she was fifteen weeks pregnant.
The adolescents not only raised complaints of physical distress, but because they were under some emotional stress, they also used different psychological defence mechanisms.

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

The adolescents were experiencing 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 whether to terminate their pregnancies or not. The defence mechanisms that were commonly utilised were denial, rationalisation and intellectualisation.

3.3.3.1. 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 it was for her to terminate her pregnancy had this to say as response the central question: “It was not difficult. It was okay”.

Another adolescent, who was questioned after complaining of pain following the procedure, said the following: “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 fits the definition of Kaplan and Sadock (1998: 220) as this defence mechanism was apparently used as a way to avoid the emotional pain stemming from termination of a pregnancy.

In another study by Suffla (1997: 220), it was observed that women who had an abortion made use of denial and referred to denial strategies maybe as a way of women trying to mask their grief towards the pregnancy loss since it was unplanned. This findings could be applicable in this study because as the pregnancies were unplanned and unwanted, the adolescents could not openly grief over the loss and used denial as a defence mechanism to cope with the emotional pain associated with the loss.

In addition, the South Africa Cares 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.

3.3.3.2. 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 being 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 referred to her years of schooling up to her present standard, having an influence on her terminating 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 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 pregnancies and so adolescents used rationalisation to make the decision to abort acceptable to themselves.

Carr (1979: 188) refers to rationalisation as a false reason to justify actions, feelings and thoughts and in this study, adolescents used all forms of reasons to justify why they had to terminate their pregnancies.

In another observation by the South Africa Care for Life (1998: 4), rationalisation is viewed as finding logical reasons; or explanations or excuses for having an abortion. In this research study, the adolescents had to find reasons that were acceptable to them for terminating their pregnancies.
3.3.3.3. Intellectualisation

In this study, the adolescents expressed that they had to undergo the procedure for various reasons and to cope with some of the emotional pains that are related to the termination of pregnancy, some used intellectualisation as a defence mechanism.

One adolescent who used the defence mechanism of intellectualisation to cope 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 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, had this to say: “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”.

In view of the above, 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 to their environment in order to deal with the affective or emotional feelings that accompanied the procedure of termination of their pregnancies.

Major, Richard, Cooper, Cozzarelli and Zubeck (1998: 748) observed that the more women coped with their abortion related emotions through avoidance strategies, the less well-adjusted they were on all outcome measures one (1) month subsequent to their abortions. In relation to these findings, the adolescents interviewed in this study that used avoidance strategies in the form of denial, rationalisation and intellectualisation to cope with termination of their pregnancies, may perhaps experience problems in coping well during the post-abortion period.

Although the adolescents used maladaptive psychological defence mechanisms to deal with their experiences of termination of pregnancy, they also expressed some gain in the form of maturity from their painful experiences.
3.3.4. 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 problems and physical pain terminating their pregnancies, they also experienced some growth in the sense of maturation.

One adolescent had this to say regarding how she experienced 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 the boyfriend to use condoms, had this to say on how she saw her new life plans: "Now I know that the best thing is abstinence first and then prevention if you indulge".

Another adolescent, who said she got support from her parents when she told them that she was pregnant even though it was in the second trimester of her pregnancy, had this to say: "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".

Another adolescent, who said she was selfish for allowing herself to fall pregnant, had this to say: "I have been selfish, always wanting something that is meant for older people because you always hear friends how it is like sleeping with a guy. Then you want to do it, not knowing what is gonna happen afterwards and what you gonna do. I have learned from my mistakes and if I come again I will be irresponsible".

An adolescent, who blamed herself for completely trusting her boyfriend, said that she was more mature: "I used to trust people and it is the weakness that I must control, I should take it over and make it something else and not a weakness".

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 destinations in life.
Meyer (1989: 115) observes 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 of 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.

3.4. Conclusion

In chapter three, the results of the in-depth semi-structured phenomenological interviews conducted with adolescents who terminate a pregnancy was discussed. In chapter four, guidelines for the advanced psychiatric nurse practitioner will be described and discussed on how to support black adolescents who chose to terminate a pregnancy.
GUIDELINES, LITERATURE CONTROL, LIMITATIONS, CONCLUSIONS AND RECOMMENDATIONS

4.1. INTRODUCTION

Listening to the voices of black adolescents who chose to terminate a pregnancy calls for all concerned South African Citizens to do a just evaluation of these women in order to address their needs. There is a general misconception that women who choose to terminate a pregnancy need not experience any emotional problem, because the decision they take is a conscious one. If black adolescents who chose to terminate a pregnancy can be viewed as patients, their need for support will be recognised.

In chapter three, the results were discussed and relevant literature incorporated as a means of controlling the findings of this study. In this chapter, guidelines will be described for the advanced psychiatric nurse practitioners to support black adolescents who chose to terminate a pregnancy at a specific private clinic in Gauteng Province. A literature control will be utilised to validate and verify the proposed guidelines designed for this study.

4.2. GUIDELINES FOR THE ADVANCED PSYCHIATRIC NURSE PRACTITIONERS TO PROVIDE SUPPORT TO BLACK ADOLESCENTS IDENTIFIED IN THIS STUDY.

The results of this study have been tabulated in table 3.1 (page 31). The black adolescents expressed that they have been going through some emotional turmoil related to the decision making to terminate their pregnancies.

Some adolescents expressed that they experienced physical distress that was related to the procedure for termination of pregnancies. In addition, the black adolescents were found to be using psychological defence mechanisms in an effort to maintain some emotional equilibrium.

The black adolescents indicated that although they had to deal with the stumbling blocks, emotional turmoil, physical distress and psychological mechanisms, of terminating their pregnancies, they ultimately also experienced some emotional growth.
Guidelines, for the advanced psychiatric nurse practitioner to support black adolescents who chose to terminate a pregnancy, will be developed and described from the result of the interviews and literature will be utilised to validate and verify these guidelines. The guidelines are developed for the advanced psychiatric nurse practitioner but she must also involve the abortion clinic nurses. They most often come across the adolescents when they have come for termination of pregnancy and these guideline will serve as a document for training of trainers.

The guidelines described for the advanced psychiatric nurse practitioner are in the form of therapeutic, supportive counselling, which is a problem-oriented intervention program supported by Corsini and Wedding (1995: 2-4). It includes giving of information, advice and suggestions and will last for less than five sessions. The advanced psychiatric nurse practitioner will facilitate the process on ground of her professional and personal knowledge, skills and attitudes that she can utilise during the counselling.

From the findings of this study, it is apparent that adolescents are experiencing many mixed emotions that they would like to share with an expert. They are not only interested in being informed about the procedure for termination of pregnancy, as it is the common practice in abortion clinics.

Hamark, Udderberg and Forssman (1995: 305) share the view that such problem-oriented counselling should be implemented, because it will offer the black adolescent who chose to terminate a pregnancy an opportunity for professional dialogue in order to prevent the occurrence of post-abortion distress in the future.

A conceptual framework will be utilised as a point of departure to describe the guidelines for support of black adolescents by the advanced psychiatric nurse practitioner as reflected in Fig. 4.1.
A Conceptual Framework for the Proposed Guidelines for Therapeutic, Supportive Counselling
The central concepts, identified and utilised in the guidelines for therapeutic, supportive counselling in this study, are derived from Dickoff, James and Wiedenbach's survey list (1968: 420) and includes the Agent; Context; Recipient; Dynamics; Procedure; and Outcome.

In this research study the **agent** refers to the advanced psychiatric nurse practitioner; the **context** refers to the private clinic in the Gauteng province; the **recipient** refers to the black adolescents who chose to terminate a pregnancy; **dynamics** refer to all the emotional problems and physical pain(stumbling blocks) interfering with termination of pregnancy; **procedure** refers to the supportive counselling(stepping stones) implemented by the advanced psychiatric nurse practitioner; **outcomes** refers to the indicators of mental health observed by the advanced psychiatric nurse practitioner in the black adolescents (fig 4.1 p 54).

The framework of the guidelines for therapeutic, supportive counselling will be discussed under the following headings adapted from the phases of the therapeutic nurse patient relationship (Perko & Kreigh, 1988: 275; Shives, 1998: 108). Pre-termination phase (before actual termination of pregnancy is conducted); Intra-termination phase (during the actual evacuation of the contents of the uterus and two weeks thereafter); and Post-termination phase (starting two weeks after the termination of pregnancy took place). The black adolescent will be allowed to enter therapeutic, supportive counselling at any phase of the termination of their pregnancies.

4.2.1. The structure of the therapeutic supportive counselling

Therapeutic, supportive counselling will be discussed under the following headings:

- **Pre-termination phase;**
- **Intra-termination phase;** and
- **Post-termination phase.**

**Pre-termination Phase**

The objective of this phase is for the advanced psychiatric nurse practitioner to build a strong trusting therapeutic relationship with the black adolescents.

The advanced psychiatric nurse practitioner, as a knowledgeable person, needs to know that during this phase black adolescents come to seek assistance because they want some stepping
stones to help them go over stumbling blocks that are interfering with their decision to terminate a pregnancy.

Although the black adolescents are looking for help, they are usually full of mistrust and have lowered self-esteem and lowered self-concept (Okun, 1992: 113; Brammer, Shostrom & Abrego, 1989: 92). Shives (1998: 108) also identified that the adolescent, though in need of help, might view the advanced psychiatric nurse practitioner as a stranger too hard to talk to during this phase of therapeutic counselling.

The black adolescents can become filled with fear and anger from not being supported during this phase. The advanced psychiatric nurse practitioner can either make or break the black adolescent during this phase. She needs to build trust by being non-judgmental and by offering the black adolescents a therapeutic environment to tell their stories.

The advanced psychiatric nurse practitioner should take a neutral stance and not make negative remarks. Herbert (1987: 108) observed that some of these adolescents may have previously supported the rights of an unborn child and now changed their minds because their lives were in danger.

Beck, Rawlins and William (1994: 18) suggest that the advanced psychiatric nurse practitioner should use communication strategies, not being intrusive; being direct and not confrontational; and use of facial expression that reflect what she is verbally expressing, which will not be antagonistic towards the black adolescent cultural beliefs.

Genuineness should also be maintained by the advanced psychiatric nurse practitioner as she become aware of her thoughts, feelings and values and their relevance in the relationship with the black adolescent who chose to terminate a pregnancy.

The advanced psychiatric nurse practitioner should allow the black adolescents an opportunity to experience emotional catharsis whereby they are allowed to express their emotions without danger of self-harm, with her listening actively. Thomas (1990: 67-68) supports this strategy. The adolescent is encouraged to bring fears, feelings and experiences of termination of pregnancy out into the open.

Stuart and Laraia (1998: 790) states that the advanced psychiatric nurse practitioner’s task is, only after trust is build, to observe for cues from the adolescents and use direct words like: ‘How
did you feel at the moment when you realised you were pregnant and not ready for motherhood?” and follow it up with “that would have made me upset and disappointed”.

Figley (1989: 111-112) suggests that the therapy should be related to what really concerns the black adolescent. The work within the frame of reference of the black adolescents, and because they are sometimes controversial and would not like to take responsibility for their decision making, the advanced psychiatric nurse practitioner should be particularly sensitive towards this issue.

The advanced psychiatric nurse practitioner should empathise by unconditionally accepting these black adolescents, as they struggle to take an independent decision to have their pregnancies terminated on time.

Anger for not being supported by family also needs to be dealt with by the advanced psychiatric nurse practitioner, although there is nothing much that she can do to involve black adolescents’ families until they feels ready to do so. Empathising is also sufficient to convey caring to unsupported black adolescents in order to support them develop their own self-identity.

The advanced psychiatric nurse practitioner can empathise by allowing black adolescents share their stories whilst she concentrates on their cognitive and emotional experience in order to increase trust and self-disclosure. She must demonstrate sensitivity to the adolescents physical and verbal cues and suspends any judgement or criticism. The advanced psychiatric nurse practitioner can achieve this by experiencing the situation from the adolescents’ viewpoint, make use of touch, and express such utterances as “It really feels so hard for you with this pregnancy”.

For adolescents to develop self-identity, Irvine (1994: 40) suggests that they can be helped by making disconnection between the self and relationships and between inner world of thoughts and feelings. Black adolescents must be assisted to know who they are and what they want, then they will be able to develop a strong self-concept.

Value conflicts also forms part of the emotional turmoil that contributes to the stumbling blocks experienced by black adolescents when deciding whether to terminate their pregnancies. The advanced psychiatric nurse practitioner’s task is to clarify values with these adolescents and not pontificate or moralise them. The advanced psychiatric nurse practitioner should clarify with the adolescents what their values are regarding abortion.
The advanced psychiatric nurse practitioner should allow adolescents to clarify and verbalise their value systems to enable them to decide whether to terminate their pregnancies or not. The advanced psychiatric nurse practitioner can use clarifying responses in order to identify what the adolescents value system is. According to Read, Simon and Goodman (1977: 27-28) and Carr (1989: 77) such clarifying responses can be: “For whom are you doing this abortion” or “do you believe you can go through this abortion alone” or “what do you think you have leaned from this”.

The black adolescent who experience self-worth will gain internal energy and be able to feel more competent to believe in the decision, to terminate her pregnancy, she are to undertake.

Wells (1995: 1051) supports this pre-termination phase counselling, because it was noted that primary depression occurs before abortion with substantial reduction during the few hours after the procedure.

- Intra-termination Phase

The objective of this phase is to relieve emotional and physical distress. During this phase, adolescents are seen by the advanced psychiatric nurse practitioner when they have already decided they want to terminate a pregnancy.

Since the adolescents experienced evacuation of the contents of the uterus during this phase, relaxation exercises might not be effective to contain all the physical distress. Any pain above three on the 0-10 pain monitoring scale should be treated with available analgesics (McCaffery & Faan, 1999: 18).

Adolescents will be using psychological defence mechanism in a maladaptive way in an attempt to numb their heart and to experience emotional equilibrium. The advanced psychiatric nurse practitioner needs not questioning or challenging the use of psychological defence mechanisms. They may soften the integrity of the self by increasing a feeling of personal worth and as such, they must be appraised, provided they do not lead to self-harm or to neurotic behaviour (Herbert, 1987: 18-19).

Beck, Rawlins and Williams (1994: 37) suggest that the black adolescents be assisted to cope by focusing on their spirituality and instil hopefulness. The advanced psychiatric nurse

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practitioner’s task is to work in the “here and now and reflect on the feelings the black adolescents are experiencing and encourage them to verbalise them.

The here and now will allow the advanced psychiatric nurse practitioner to explore some of the themes that are highlighted in the researched study emanating from the experiences of black adolescents. Working in the here and now is also supported by Yalom (1995:45-48) who emphasises the importance of focusing on the two symbiotic tiers thereof. In the first tier, which is the experiencing one, the black adolescents live in the here and now and this calls for the advanced psychiatric practitioner to concentrate in the immediate events taking place in the meeting that precedence over the events in their current outside life and this will facilitate catharsis and meaningful self disclosure. The second tier, which is the elimination process, take place when the advanced psychiatric nurse practitioner and the black adolescents examine the here and now behavioural experiences that has occurred in the therapeutic counselling session.

The black adolescent experiences emotional turmoil, in the form of guilt feelings, during this phase after the uterus has been emptied of its contents. The advanced psychiatric nurse practitioner needs to instil feelings of hopefulness by assisting them to develop feelings of self-value (Beck, et al, 1992: 37).

The advanced psychiatric nurse practitioner can engage the black adolescent into self-talk or self-instruction and this will help them to separate themselves from the effects the termination of pregnancy is having on their lives (Figley, 1989: 114-115). The task of the advanced psychiatric nurse practitioner can be to suggest that the black adolescents verbally and loudly express their negative feelings when they experience them, imagining that they are dead (Corsini, 1995: 10). This method will help to relieve black adolescents from internalising the negative emotions that are related to having to terminate a pregnancy.

The advanced psychiatric nurse practitioner can also assist the black adolescents into disengaging negative thought that is likely to cloud their thinking by encouraging them to engage into positive thinking and this will help to improve their self-concept.

Brammer (et al, 1989: 181) suggests the use of statements like “you feel angry with yourself and you think it is awful to feel that way“ can be used and this will help the adolescent to interpret their negative perceptions about self, positively.
Relaxation methods can be taught to the black adolescents by the advanced psychiatric nurse practitioner, whereby the black adolescent can be asked to imagine a pleasurable situation or events in order to receive physiological and emotional distress (Brammer, et al, 1989: 190).

Distraction is another method that is almost the same as imaginary and it entails providing interference with dysfunctional thought. The black adolescents are taught to focus on external or internal distracters to deal with dysfunctional thoughts effectively (Figley, 1989: 115).

The focus of the advanced psychiatric nurse practitioner interventions are on the here and now, and this will help to increase the black adolescents’ self-awareness and understanding. Questions that can be asked are “what in your life are you most concerned with now”. Yalom (1995: 27) states that the here and now have a self-reflective loop that assists in turning the emotional experience into a therapeutic experience.

- Post-termination phase

The object of this phase of therapeutic counselling is to assists the black adolescent to experience positive re-framing of their minds after having gone through a barrage of emotional turmoil.

During this phase, black adolescents may come for therapeutic counselling for the first time, but for those others, who attended counselling from the pre-termination phase, it will be the end of a long journey.

During this phase, some black adolescents may still be experiencing residual distress related to emotional turmoil they experienced during the pre-termination phase. Some black adolescents will attend therapeutic, supportive counselling to share the way they have experienced emotional growth from the experience of terminating their pregnancy, with the advanced psychiatric nurse practitioner.

The advanced psychiatric nurse practitioner needs to appreciate and affirm these adolescents and encourage them to take active responsibility towards their sexual practices and refrain from relying on boyfriends.

The advanced psychiatric nurse practitioner should engage those black adolescents, who are still experiencing guilt feelings, in debriefing sessions because there is a danger that this may lead to
unresolved grief and dysfunctional mourn, which can result into more serious mental disorders. The debriefing is conducted to empower the adolescents and to provide them with some form of control that is often lost due to the experience of terminating a pregnancy.

Figley (1989: 282) supports a three days counselling session that can be conducted as follows:

**Session one:** the adolescents are encouraged to share their experiences of terminating a pregnancy. During this session, the advanced psychiatric nurse practitioner supports the black adolescent so that no self-harm takes place as steam escapes and difficult matters are made explicit (Figley, 1989: 282).

**Session two:** During this session, the black adolescents are encouraged to reflect on the previous debriefing session and any dreams that they had are explored. The advanced psychiatric nurse practitioner assists the adolescents to deal with distorted ideas and with leftover distress following the termination of pregnancy.

The advanced psychiatric nurse practitioner needs the black adolescents to share with them how their lives changed during the termination of their pregnancies and help them to move away from viewing themselves as victims. The adolescents are also assisted to get in touch with their humanness and vulnerability during this second session.

**Session three:** During this session, the adolescents are helped to integrate their decision to terminate a pregnancy as part of themselves. The advanced psychiatric nurse practitioner should continue to support and help the adolescents modify dysfunctional thoughts and feelings.

The advanced psychiatric nurse practitioner make the adolescents aware that the thoughts related to termination of pregnancy, will reappear and that it is normal and not an indication of being emotionally unbalanced. There are coping skills that the adolescents can be taught by the advanced psychiatric nurse practitioner for relaxation to reduce the recurrence of these thoughts.

The advanced psychiatric nurse practitioner should also inform the adolescents that recovery take place outside the counselling session in order for them to participate by doing home assignments.

All healthy adaptive behaviour by the adolescents is reinforced during the last session of debriefing. Figley (1989: 285) also supports the idea that the advanced psychiatric nurse
practitioner should convey caring, by encouraging the adolescents to keep in touch if they so wish after the debriefing sessions are over.

Relief is the common feeling experienced by the majority of adolescents and this feeling need to be appraised positively to encouraged positive re-framing. The black adolescents, who experienced a sense of maturational growth from terminating a pregnancy, are supported and assisted to implement measures, which will decrease the recurrence of unwanted pregnancies, by advising them on available birth control methods. The black adolescents should be supported to be autonomous and manage their reproductive issues without relying on their boyfriends.

The black adolescents who did not adjusted positively during the post-termination counselling phase, can be referred for further management but this referral should be done in their interest (Gillis, 1994: 90).

If more sessions with the black adolescents are needed during post-termination supportive counselling, this should be scheduled to meet the need of these black adolescents. Howie, Henshaw, Naji, Russell and Templeton (1997: 829) observed that women, who terminated a pregnancy, are reluctant to participate in long-term post-termination counselling because they want to forget an upsetting period in their lives.

Butler (1996: 399) observed that women, who were able to fully explore their decisions prior to terminating their pregnancies, will experience better psychological adjustment after the termination of a pregnancy, and this could reduce the number of black adolescents turning up for post-termination counselling.

Post-termination counselling with black adolescents should not be abruptly terminated because it can results in them experiencing feelings of discomfort, ambivalence, fear, anxiety, pain and anger (Kreigh & Perko, 1998: 279).

Successful termination of the post-abortion counselling will require from the advanced psychiatric nurse practitioner the ability to assists the black adolescent to resolve any negative feelings when dealing with the post-termination phase of therapeutic, supportive counselling (Perko & Kreigh, 1988: 279).

4.3. CONCLUSION OF THE STUDY
This study arose from following observations:

- Firstly, women, who chose to terminate a pregnancy, are given counselling that is more cognitive and only focuses on the procedure for the termination of pregnancy and less on the emotional aspects of terminating a pregnancy.

- Secondly, a study needs to be conducted that will focus on the “voices of women” who chose to terminate a pregnancy and not on stories told by members of the health profession about these women experiences during the termination of a pregnancy.

- Thirdly, it appears that there is a need for support, by the advanced psychiatric nurse practitioner and other health professionals involved with termination of pregnancies, to women who choose to terminate their pregnancy in order to promote their mental health as an integral part of health.

The purpose of this was two-folded:

- Firstly, to explore and describe the experiences of black adolescents who chose to terminate their pregnancy at a specific private health facility in the Gauteng Province, and

- Secondly, to describe guidelines for the advanced psychiatric nurse practitioner to provides support to black adolescents, who chose to terminate a pregnancy at a specific private health facility in the Gauteng Province, and to assists them to promote their mental health as an integral part of their health.

The central questions posed for this study were:

- “What are the experiences of black adolescents who chose to terminate a pregnancy?
- “What guidelines can be described for the support of black adolescents, who chose to terminate a pregnancy, in order to promote their mental health?”

A qualitative, exploratory, descriptive and contextual research design was utilised to find answers to these questions. In-depth, semi-structured, phenomenological interviews were conducted with black adolescents who met the sample criteria of this study. The results, of both the phenomenological interviews conducted and the field notes written by the researcher after each
interview, suggest the occurrence of both negative and positive experiences by black adolescents who participated in this study as tabulated in chapter three (see table 3.1).

From these results, guidelines were developed and described for the advanced psychiatric nurse practitioner to support black adolescents, who chose to terminate a pregnancy at a specific private health facility in Gauteng Province, and to assist them to promote their mental health as an integral part of their health.

It can thus be concluded that the research questions of this study have been answered and the objectives achieved.

4.4 PRACTICAL PROBLEMS ENCOUNTERED – LIMITATIONS

- All interviews were conducted on Saturdays when these adolescents, who are students, were not attending school and the researcher's attempts to find adolescents for interviews during the week or school holidays were unsuccessful.

- The black adolescents, who participated in this study, in one interview used a number of languages despite them only having a choice of either English or Tswana, and as a result the researcher used inverted commas or tried to translate the Afrikaans they spoke.

- Finding a suitable venue for conducting the interviews was a problem as most of the rooms at this health facility were always in use. At one stage, the researcher had to interrupt an interview when she was requested to move from the office of the chief professional nurse in-charge to the counselling room. A radio always played at the health facility that resulted in distortions on the audiotape, recorded during interviews.

- Although the adolescents were quite positive prior to the interviews to participate in the proceedings, immediately afterwards they showed less interest in sharing their experiences and participating in the interviews. However, none of the adolescents, who gave their consent to be interviewed, left before the interview was completed.

- Listening to the stories of these black adolescents had some effect on the researcher, more so because of the fact that the researcher had to obtain data only and not to get involved as a "therapist". Getting home and thinking about some of these adolescents' stories, made the researcher cry and this occasionally caused the researcher some sleepless nights.
4.5 RECOMMENDATIONS

The recommendations from this study will be made with specific reference to nursing practice, nursing education and further nursing research.

4.5.1 Nursing Practice

It is clear from the research results of this study that the women, who chose to terminate a pregnancy, need more than being told about the procedure for termination of pregnancy and all the accessories that is going to be used. They need professional help and support to deal with their emotional experiences and the impact these have on their lives. The advanced psychiatric nurse practitioner should be involved as a consultant to those health care professionals (abortion clinic nurses), who are engaged with the termination of pregnancy, in order to apply the guidelines proposed in this study to facilitate promotion of mental health of women who chose to terminate a pregnancy.

4.5.2 Nursing Education

The nursing curriculum of all the universities and nursing colleges should be reviewed, if not done yet, to include the exploration of the effects that termination of pregnancy can have on women. Nurses should be encouraged to support women who chose to terminate a pregnancy even when they do not support the women’s decisions.

Since all student nurses, unlike professional nurses, don’t have a choice whether they want to work in a unit where termination of pregnancy is taking place, students should be allowed to follow a programme of value clarification workshops, as suggested by Dido (1998: 18), enabling them to support women who choose to terminate a pregnancy in the wards.

4.5.3 Nursing Research

Further nursing research needs to be conducted with respect to:

- Evaluation of the implementation of the guidelines proposed in this study and the impact it might have on the lives of adolescents who chose to terminate a pregnancy.
• Developing a model for support of black adolescents who chose to terminate a pregnancy at a specific private health facility in Gauteng Province and have this model evaluated within the nursing practice.

4.6 CONCLUSION

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 mental healthy society.

The tears that fell during the interviews in this study and the death-note written by one of the black adolescents, is a message that people should deal with their emotions, related to the termination of pregnancy, and 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 cannot perceive what is true"


FOURIE, M 1997: Break the silence barrier. Welgemoed: Metz Press


REQUEST FOR CONSENT TO PARTICIPATE IN THE STUDY
DEPARTMENT OF NURSING SCIENCE
Telephone : (011) 489-2722
Fax : (011) 489-2257

Dear Sir/Madam

REQUEST FOR CONSENT TO PARTICIPATE IN A RESEARCH STUDY

I am a M. Cur. (Psychiatric Nursing Science) student at the Rand Afrikaans University, presently engaged in a research project entitled "Support for black adolescents who chose to terminate a pregnancy", under the supervision of Dr A Gmeiner and co-supervision of Dr S van Wyk of the Department of Nursing Science.

The objective of this study is to explore and describe the experiences of black adolescents who chose to terminate a pregnancy and to describe guidelines for the advanced psychiatric nurse practitioner to support these adolescents in order to promote their mental health.

To complete this study I need to conduct interviews of approximately 45 to 60 minutes duration which will be audiotaped for verification of findings by an independent advanced psychiatric nurse practitioner. In this study I undertake to safeguard your anonymity by omitting the use of names and the places. Confidentiality will be assured by erasure of taped material on completion of transcribing the tapes. The transcribed tape material will only be shared by myself and another independent psychiatric nursing specialist. You will give informed consent of these proceedings and reserve the right to cancel same at any stage of the proceedings. It is understood that you are under no obligation to participate in this study.

The direct benefit to you for participating in this study is that you will have the opportunity to verbalise your experience of having had termination of a pregnancy. The long-term benefits are that the research findings will be used to formulate guidelines for supportive action that would promote mental health of adolescents who chose to terminate a pregnancy. A telephone number of a contact person will be provided if you need any type of supportive counselling.

A summary of the research findings will be made available to you.

Thank you
Signed at __________________________ this day __________________________
day of ____________________________ 1999.

PARTICIPANT

W S MPSHE (B. Cur.)
M. CUR. (Psychiatric Nursing Science) STUDENT RESEARCHER

______________________________ 8/6/99
A C MEINER (DR)
STUDY LEADER
LECTURER: PSYCHIATRIC NURSING SCIENCE

______________________________ 8/6/99
S VAN WYK (DR)
CO-STUDY LEADER
PARTTIME-LECTURER: PSYCHIATRIC NURSING SCIENCE
Dear Sir/Madam

REQUEST FOR CONSENT TO CONDUCT RESEARCH

I am a M. Cur. (Psychiatric Nursing Science) student at the Rand Afrikaans University, presently engaged in a research project entitled "Support for black adolescents who chose to terminate a pregnancy: a mental health perspective", under the supervision of Dr A Gmeiner and co-supervision of Dr S van Wyk of the Department of Nursing Science. This research study is part of the ongoing study conducted by professor M Poggenpoel and Professor CPH Myburgh.

The objective of this study is to explore and describe the experiences of black adolescents who chose to terminate a pregnancy and to describe guidelines for the advanced psychiatric nurse practitioner to support these adolescents in order to promote their mental health. To complete this study, the researcher needs to set up phenomenological interviews with black adolescents through the assistance of a mediator, who is a person employed in your health facility.

Black adolescents who meet the following criteria will be interviewed:

- They must be black adolescents who had termination of a pregnancy at your health facility from January 1999.
- They must be between the ages 12 to 20 years.
- They must be from areas within Gauteng Province.
- They must be able to communicate in either Tswana or English.

The researcher will conduct interviews of approximately 45 to 60 minutes with a minimum of six adolescents and maximum of ten adolescents. The adolescents' experience with having to terminate a pregnancy will be explored. These interviews need to be audiotaped for verbatim transcription and verification of findings by an independent advanced psychiatric nurse practitioner.

The researcher intents to keep the respondents and the health facility anonymous by omitting the use of names and the place. The erasure of the taped material on completion of the transcriptions by the researcher will ensure confidentiality.

The immediate benefit for the black adolescents will be that they will be given an opportunity and attention to verbalise their experience of having had chosen to terminate a pregnancy. The long-term benefits are that the research findings will be used to formulate guidelines for supportive action that would held to promote mental health of adolescents who chose to terminate a pregnancy.
A summary of the research findings will be made available to you.

Thank you

W S MPSHE (B. Cur.)
M. CUR. (Psychiatric Nursing Science) STUDENT
RESEARCHER

A C GMEINER (DR)
STUDY LEADER
LECTURER: PSYCHIATRIC NURSING SCIENCE

S VAN WYK (DR)
CO-STUDY LEADER
PARTTIME-LECTURER: PSYCHIATRIC NURSING SCIENCE

PERMISSION GRANTED ON 17/06/95

MARIE STOPES S.A.
TOMKOR SOUTH
101 DU TOIT STREET
PRETORIA
TEL: (012) 3230143
FAX: (012) 3230179
REQUEST FOR A MEDIATOR

ANNEXURE R. C.
DEPARTMENT OF NURSING SCIENCE
Telephone : (011) 489-2722
Fax : (011) 489-2257

1999-06-07

Dear Sir/Madam

REQUEST FOR MEDIATOR DURING THE RESEARCH STUDY

I am a M. Cur. (Psychiatric Nursing Science) student at the Rand Afrikaans University, presently engaged in a research project entitled "Support for black adolescents who chose to terminate a pregnancy" under the supervision of Dr A Gmeiner and co-supervision of Dr S van Wyk of the Department of Nursing Science.

The objective of this study is to explore and describe the experience of black adolescents who chose to terminate a pregnancy and to describe guidelines for the advanced psychiatric nurse practitioner to support these adolescents in promoting their mental health.

To complete this study the researcher needs to conduct phenomenological interviews with black adolescents and as such the mediator who will refer participants to the researcher is needed. The mediator should be a person employed in the health facility who has contact with these adolescents when they come to terminate a pregnancy.

Black adolescents who meet the following criteria will be interviewed:

- They must be between the ages 12 to 20 years and be unmarried.
- They must have had termination of pregnancy at your health facility from January 1999.
- They must be from within Gauteng Province.
- They must be able to communicate in either Tswana or English.

The researcher will conduct interviews of approximately 45 to 60 minutes with a minimum of six adolescents and maximum of ten adolescents. The black adolescents' experience will be explored. These interviews need to be audiotaped for verbatim transcription and verification of findings by an independent advanced psychiatric nurse practitioner.

The researcher intends to keep the respondents and the health facility, including the mediator anonymous by omitting the use of names and the place. The erasure of the taped material on completion of the transcription by the researcher will ensure confidentiality.

The immediate benefit for the black adolescents will be that they will be given an opportunity and attention to verbalise their experience of having chosen to terminate a pregnancy. The long-term benefits are that the research findings will be used to formulate guidelines for supportive action that would help to promote mental health of adolescents who chose to terminate a pregnancy.
A summary of the research findings will be made available to the health facility.

Thank you

W S MPSHE (B. Cur.)
M. CUR. (Psychiatric Nursing Science) STUDENT
RESEARCHER

A C GMEINER (DR)
STUDY LEADER
LECTURER: PSYCHIATRIC NURSING SCIENCE

S VAN WYK (DR)
CO-STUDY LEADER
PARTTIME-LECTURER: PSYCHIATRIC NURSING SCIENCE
ANNEXURE D

PROTOCOL TO CO-CODER
Dear Colleague

Please follow the steps below to analyse the data of the transcribed interviews.

1. Read through all of the transcriptions carefully while "bracketing" and "intuiting" to get sense of the whole.
2. Do the same with the accompanying field notes.
3. Identify major patterns of interactions as you read through both the transcripts and field notes.
4. Underline major patterns of interactions as reflected by themes.
5. Identify subcategories within patterns of interactions.
6. Make a comparison of all transcriptions and indicate in each category number of participants using the same words and themes.
7. Identify interrelationships between major patterns of interactions.

Thank you

W.S Mpshe

M cur (Psychiatric Nursing Student)
BIOGRAPHICAL DATA

PARTICIPANT E

Age : 20 years
Language : English; Sotho; Tswana
Ethnicity : N. Sotho
Level of Education : Pretoria Tech (Student Information Technology)
Religion : Christian
Home Area : Mamelodi
Persons living with : Parents; 1 Brother and 2 sisters
Ordinal Position : First Born
Number of previous pregnancies : Nil
Number of weeks pregnant : 6 weeks
Contraceptive methods : Condom
Person(s) informed : Boyfriend
Person in accompaniment : Alone
Researcher:
The question is as written down and it reads thus “how was it for you to have an abortion?”

Participant:

*It's very sore, but I'm relieved.*

Researcher:

It’s very sore but you are relieved?

Participant:

…and it hurts.

Researcher:

You said three things it is very sore, you feel relieved and what is the other word that you said?

Participant:

*It was those two.*

Researcher:

Sore and relieved

Participants:

*Ja*

Researcher:

Perhaps you can tell me what you mean by saying it is very sore because I can see you are crying.

Participant:

*It is sore from the heart.*

Researcher:

Sore from the heart?
Participant:

I just feel so guilty. I ask myself what I was doing in the first place.

Researcher:

You ask yourself what you were doing? Can you elaborate on that?

Participant:

I am talking about sex you know. I know that it is wrong having sex. You shouldn’t have it before marriage and all that, that is what my parents advised me to but I never listened and I have got myself where I am not supposed to be.

Researcher:

Maybe you should elaborate on what you mean by, “you got yourself where you are not supposed to be.”

Participant:

I mean being in this place. If I didn’t do all this, things and I wouldn’t be crying in the first place. I wouldn’t be having this guilt. Though I am relieved that I won’t be having a baby anyway but I know I did all this because I didn’t want to disappoint my parents. My parents would be very angry and I didn’t want to disappoint them and did this because of them but I am also young and I am not ready to have a child. I also dreamt of a child in marriage, having my own money like any other woman and that is also how my parents brought me up.

Researcher:

So can you explain to me what you mean when you say you didn’t want to disappoint your parents?

Participant:

As I say we have got good morals at home and my mother think I ‘m still a virgin you know.

Researcher:

She think you are still a virgin.

Participant:

She still think I’m still a virgin and I mean telling her “Mama I’m no more a virgin “will break her heart, she still believes that “my first born is still a virgin” but I know she cannot live with that. I must tell her that it is not true you know, as time goes on, that it is not true I am not a
virgin anymore. She still thinks I am a virgin. Imagine if I tell her “I am pregnant” just think about what it will do to her.

Researcher:

So you mean you didn’t tell her when you were pregnant, you didn’t tell anybody.

Participant:

I didn’t tell anybody. It is only me and my boyfriend who know about it. After here, I will need to talk to somebody. I cannot only tell my boyfriend because we always say the same things and everything you know. If I talk expressing my feelings then it will become less of a burden because even if we talk the same thing you will always add something on top. I don’t know that after I tell it will become much better though telling the truth, I am not good at keeping secrets, it is just a trial this one you know. If in the future I will be able to tell I will be relieved, you know. It’s not nice living in lies and everything, that basically it means I will be living in lies and they will think I am still the innocent child and everything.

Researcher:

So basically, what you are saying is that not telling her will make you live in lies. Since you said you didn’t tell her what do you think could have happened, had you told her?

Participant:

I don’t think she would have allowed me to have an abortion and I would be devastated. She would be very very angry and I really didn’t want her to get into that. I love her very much. I didn’t want her to go through such things you know.

Researcher:

When you say “such things”, I don’t understand you.

Participant:

Like this pregnancy stuff you know and losing my virginity.

Researcher:

If you could have told them that you are no more a virgin what could have happened?

Participant:

I will tell them. I am going to tell them that I am no more a virgin. That I will see to it I do. She cannot keep lying to herself that “my baby is a virgin” whereas I am pregnant now. She must be realistic and absolutely she is not. If she says, ”I am a virgin” this is what she wishes. I am
going to tell her and I know it is going to be hard for her, it will be like giving up the child, you
know what I mean. I am 20, I can take my own decision, and she must just give me a chance.

Researcher:

If you say giving up the child-to whom if I should ask?

Participant:

To a boyfriend you know.

Researcher:

Are you telling me that you had to first get permission from your parents to start falling in love?

Participant:

Ah, kind of you to know.

Researcher:

Kind of. Let's move further then, you could not tell them that you are no more a virgin. Now that
you promise that you will tell them that you are no more a virgin and what about telling them that
you have terminated a pregnancy?

Participant:

Of pregnancy? It will take time, I don't promise now. It will take time I will tell them in the
future. I will tell them a little bit later. I will tell my kids to learn from my mistakes, you know
what I mean.

Researcher:

Perhaps you should explain to me what could have happened, have told them. "I am pregnant, I
didn't plan for it, now I want to terminate it"

Participant:

I don't know what they could have said, that I cannot predict. I don't think they would allow me
to terminate a pregnancy. You know how black people are, terminating a pregnancy they see it
in another way. I don't think they could have allowed me to do that. I would have forced, you
know because I know what I want. This is my baby, I can do what I want with my baby. I don't
think they would have wanted that you know.

Researcher:

Despite the fact that you would have given them reasons for wanting to terminate it.
Participant:

*Ja, I mean I don’t know. They would be very angry with me. I am 20 now and I am working. I can’t have a baby now and they are lot of things that I still have to do.*

Researcher:

Regarding the pain, is that all that you have told me about it?

Participant:

*Even before I came here, I wrote a letter to my Parents just to explain some points. Just a letter that I gonna keep to myself, you know?*

Researcher:

A letter?

Participant:

*Yes I have got it with me here.*

Researcher:

Can you read it for me? Just the content and let me hear what you have wrote to your parents.

Participants:

*It is a long letter.*

Researcher:

It is a long letter? Just read it from the beginning to the end.

Participant:

(Reading the letter)

“This is a letter to my parents and all my friends I love so much. The most important people to read this are my parents. Mama and Papa I am so sorry about this whole situation. I did it only for you and no one else. You trusted me so much and have high goals for me. For Mama, I lied to you about my virginity, I am not, and I lost it last year. I was tempted and there I was in the trap. I couldn’t get out. I tried and tried but didn’t succeed. Nobody to be blamed but me, not even my boyfriend. I wrote this letter for in case something goes wrong during the processes. I love you all and I didn’t mean to cause you such pain. To Papa I love you too as much as you were proud of me. I didn’t want to disappoint you, I didn’t wanna hurt you too. I love you both and I will always do. As I am writing this letter my heart is in pain and I bid you guy’s farewell.
To my sister, please don’t make the same mistake as I did. Such things happen but they can always be overcome if you want to. When God asks me what lesson I have learnt here on earth, it will be “you must always listen to your parents, they always want the best for you.” I want you to do the same my sister and remember that I love you too. Keep well.

To my brother (he is 12 years). Grow up and be a man. Don’t do the same mistake either. Take care of your younger brother (3 years) and your sister. I love you too and will always do.

To my aunt, (She is the person who have been taking care of us since I was six years old. She has been living with us and she is still there at home. As I am talking now she 15 years staying with she and us is from Pietersburg). I am saying to you, my real mother, continue to take care of my brothers and sisters. They will take care of you too one day. Thank you for taking care of me. You know that I love you. We will meet again.

To my friends and all the other people that I love, I want to say that I am sorry about this. I didn’t mean to cause you pain either. I guess I was not strong enough to handle the situation. Keep well guys and remember to learn from my mistakes. To my three best friends, May God bless you guys. I know that you are more disappointed more than any other else. Remember that I will always love guys.

To my boyfriend, I need you to be strong more than ever. This will not be the end of the world. I love you too, but you are the only person who understand why I did this, thanks for that. We never know what might happen but if it happens, tell the truth so that you can be free. You are the love of my life and never in another lifetime will I forget you. I love you and I will always do. Never blame yourself for what happened. It is not your fault ok, its mine. I took this decision so I guess I must suffer the consequences.

Researcher:

After you read the letter, I realize that this is sort of a message for the people who will be left behind. Can you tell me what was going on your mind when you wrote this letter, because it is like it is related to the abortion you have done today.

Participant:

Basically, I was expressing my love to Mama, Papa and my brothers and everybody else. I was just thinking that if something goes wrong they must know, you know. They must not be left in the dark and I was just thinking I am a disappointment to them that’s what I think.

Researcher:

Disappointment to?

Participant:

To all the people I love
Researcher:

Perhaps you should explain to me what you mean by “being a disappointment” because you didn’t mention only your parents but also friends and siblings.

Participant:

My friends well I am a very confident person, and I advice well you know, especially when it comes to sex and everything. I didn’t think this mistake will happen to me.

Researcher:

You advised others...

Participant:

Ja and I never thought this mistake would happen to me you know what I mean, and I don’t know like they would be disappointed like we just talk “ What would happen if one of us fall pregnant? “they tell and say “ we will be so angry and everything”. I am a confident person and from such a person they cannot expect such things.

Researcher:

Do you mean that your friends didn’t expect you to fall pregnant?

Participant:

I mean I’m such a confident person. Tell me about guys I can give you advice.

Researcher:

So you advice a lot?

Participant:

Especially about guys you know me and my mother talk and she tells me how men behave and all those things, and I don’t know I never worried about guys and I always told myself ‘no guy will ever cheat me as long as I am living “ and I also told my sister that no guy should ever cheat her because these guys always cheat and they think they are clever than us and they are not.
Researcher:

So after undergoing this what is coming into your mind in relation to yourself and guys, and how you have been advising other people?

Participant:

I don't understand.

Researcher:

You said you have been a good advisor to other people and when it came to guys you were the best even your friends know that. Now what do you say after this experience?

Participant:

I told myself ... My boyfriend at the present moment is supportive and I need that at the moment you know, but I have never been that type of a person that is going around with guys and he is basically my first boyfriend and I am 20 years old now you know, and I have told myself, that if ever it happens that we break up, I have just told myself I will not find another man and I will not be interested in finding another man because I can basically say “all men are the same”.

Researcher:

You say “basically all the men are the same”. You said your mother warned you about guys and you also heard what you heard from someone about guys and you even told that to your friend that “You must be careful, they think they are clever that us”. So after going through the abortion can you tell me the experience that it has added to your life regarding guys?

Participant:

I am not saying I’ll blame my boyfriend you know, because it’s a very stupid thing because we were both there. We had sex together. It is not like I was standing or it was not like rape. I don’t want to blame him and I always thought “Ah, it will never happen to me” you know those things. We always used a condom and we don’t know what happen and you always think it will never happen, but we always thought it was his mistake, it was his fault and everything, though no, it was not.

Researcher:

You said, It is not his fault. You also said to me he is supportive. Can you tell me what you mean by him being supportive.
Participant:

The day that I found out that I was pregnant I went to his room first and said “I’m pregnant. And he said” no my love you must be strong” it’s not even two weeks that his mother died you know. Now he said to me “you have got to be strong and you will go through this. You have been going through a couple of things you know and this is the biggest and you have to go through it, there is nothing impossible. And he said “go home at 6 o’clock I will be there”, and at 6 o’clock he was there and I just cried on him and he just gave me his supportive words. He is only 24 and it is not a problem for him to have a child at his age. It is a problem for me because I am only 20 and it’s a problem for me from my family side and he understood that. I understand again that we are not ready for a child you know, we always wanted a brighter future for our children.

Researcher:

You say he is very supportive and also asked you to go home and be strong perhaps you should explain to me because I don’t understand what “to be strong” meant. What did you understand him to be saying?

Participant:

Just not to think negative about it, but it was too impossible.

Researcher:

Too impossible?

Participant:

For me not to cry or anything it was too impossible because when I went to my flat I just sat and cried and when I cried, I felt better that is the only way I can express my hurt. Ja, I feel better.

Researcher:

Can you explain to me what made you to cry after someone has asked you to be strong?

Participant:

What made you cry is that I am pregnant and I was just something out of this world. It’s something that I always told myself “I don’t want to be pregnant”. I honestly do feel I don’t want to be pregnant but it just happened you know, then I cried.

Researcher:

You cried because you were just pregnant and can you tell me what other things were happening in your mind?
Participant:

Crying because my mother bluh-bluh and my father you know. I guess I am too consent About my family you know. I guess so.

Researcher:

So you only cried because you were thinking of your family?

Participant:

I was thinking of my family. I was thinking of myself and I was thinking also that my goals will be shattered, something like that you know, but I knew I was going to have an abortion when I found out that I was pregnant; before even the doctor said something I said “give me the abortion process”.

Researcher:

You asked the doctor to give you the abortion process?

Participant:

Like where I can go for abortion you know and everything. I did not waste any time.

Researcher:

But what you told me is that your boyfriend told you to be strong and you did not say that he said you should go and do an abortion.

Participant:

Oh, Ja we talked about it. I told him I gonna do an abortion and asked “what do you think about it?” and he said “It’s fine, It’s fine with me you know. If its fine with you it’s fine with me. I know you are not yet ready”. He is the one who actually gave me the money to come and do abortion because we didn’t need a child and we will have a child later.

Researcher:

Are you then saying that he is supportive because he allowed you to cry, allowed you to make a decisions to have an abortion, and also gave you money?

Participant:

Not the money, the money is not the supportive part. I also have got my own money. Money is not the supportive part, when I needed somebody to cry on he was there.
Researcher:

Then after the procedure you said you feel relieved. Let's talk about the relief part now.

Participant:

The relief part is that there is nothing inside anymore. The only thing that is left is me and how I feel about it, that is the only relief part and there is nothing inside anymore.

Researcher:

You say you are relieved and there is nothing inside anymore. Can you explain to me what you mean when you say "inside"?

Participant:

Inside is in the womb and what is left is how I'm gonna deal with it now.

Researcher:

Perhaps you should expatiate further because you say you are relieved that there is nothing inside the uterus but it is like there is another part of you that is not relieved.

Participant:

Ja, the fact that sometimes..., I don't know how I can interpret it. It felt like I have killed.

Researcher:

Tell me more about it.

Participant:

You know it's supposed to have been a baby right. Whatever I took out was supposed to be a baby. It was going to develop to be a baby and basically I just killed that baby, that is how it feels sometimes.

Researcher:

That is how you feel now?

Participant:

No. That is how I felt before coming there.
Researcher:

Perhaps you can explain to me how it feels now.

Participant:

The only problem is that I should be able to talk this out. I must tell it out. I must have a person who will make me feel “it was really a mistake” Something like that, something that will bring my confidence back you know.

Researcher:

You want somebody who will tell you that you have not killed?

Participant:

Ja, that I have not killed and something like that.

Researcher:

Suppose then you get a person who does not say that and tells the other way round?

Participant:

If she says it nice, and must have good reasons for saying that and if I understand those reasons then you know.....

Researcher:

You did not complete the sentence so I don’t understand what you meant because you say “then you know .....”

Participant:

What I’m basically saying is that I want the person to tell me “you didn’t kill” and suppose I get a person who say “you have killed” then I must understand the reason for saying that, and then I must understand the reasons why that person is saying I have killed, but I don’t think I need that somebody now to tell me “ you have killed” I don’t need that person now.

Researcher:

But you told me you feel like you have killed.
Participant:

Not now. That was before I came here. I'll still have more feelings. When I go out here, maybe something may still come out and maybe when I see you the next time I will tell you "I feel this way you know what I mean.

Researcher:

Then our interview will end here, and thank you for talking to me.
This item must be returned on or before the last date stamped. A renewal for a further period may be granted provided the book is not in demand. Fines are charged on overdue items.