

# **PSYCHOLOGICAL EFFECTS OF THE TERMINATION OF PREGNANCY (TOP) BY CHOICE ON ADOLESCENTS**

**NAME :** Botshelo Rachel Sebola

**CREDENTIALS :** MA Cur, BA (Cur) Hons,  
B (Cur), RN, RM, RCN,RNE

**Author's Name : BR Sebola**

• **Learner Objectives:**

- Explore the experiences of adolescents after TOP
- Describe the factors contributing to the decision for TOP
- Describe the psychological effects after TOP

**Conflict of Interest Statement** : I declare that this study is my own work and that it has never been presented before.

**Employer:** SG Lourens Nursing College

**Sponsorship** : SG Lourens Nursing College

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NURSING COLLEGE, PRIVATE BAG X755, PRETORIA, 0001 [Tel:\(012 319 600\)](tel:012319600) FAX : (012 319 5699)



# INTRODUCTION

- Unwanted pregnancy is a major cause for the choice to terminate pregnancy in many adolescents.
- According to Hlalele (2008:10), more than 15 million adolescents aged 15 to 19 years give birth every year and 5 million of the same age cohort terminate pregnancy.

# INTRODUCTION

- The termination of pregnancy (TOP) in South Africa was legalised in 1996 (Seepe, 2001) and is done amongst all age groups of adolescents (Boezart, 2010:24).
- By 2001 there were 155,624 cases of legalised TOP. More than half the number, 80 373, were adolescents girls under the age of 18 years.

# BACKGROUND

- McConnell (2008:1) reports that more than four in ten adolescent girls get pregnant before the age of 20.
- There are 100 000 pregnancies reported among the 15 to 19 year olds in South Africa and an estimated 50% of these adolescents would end up terminating their unwanted pregnancies (Seepe, 2001:1).

# BACKGROUND

- The consequences of termination of pregnancy have been linked to physical and psychological problems, including suicide attempts or suicidal ideation (Blum & Nelson-Mmari 2004:402).
- The question of whether termination of pregnancy causes psychological harm continues to be debated today.
- Research in this area is made difficult by low participation rates, large drop-outs, large numbers of confounders and potential influence of the political and social environment on the results (Morris and Orr, 2007:711).



# BACKGROUND

Several authors noted that teenagers' reactions to abortion may be influenced by:

- their reasons for aborting (Ehrlich 2006:17),
- the highly complex and sensitive decision-making process related to abortion (Hlalele 2008:10)
- age (APA Task Force Report 2009).

# STATEMENT OF THE RESEARCH PROBLEM

- There is a contrasting view in literature on whether TOP causes psychological harm. Some researchers (Adler, David, Major, Roth, Russo & Wyatt 1992:1195) conclude that TOP is not likely to be followed by severe psychological responses whereas others (Trybulski 2005; Fergusson, Horwood & Ridder 2006 ) found that TOP on young women has harmful consequences for mental health.
- The researcher in her workplace observed that most adolescents girls who had terminated pregnancies by choice frequent clinics with somatic ailments such as headaches and bouts of anxiety. This motivated the researcher to embark on this study.

# STATEMENT OF THE PROBLEM

- In addition, there is little research in South Africa known to the researcher, on the psychological impact of abortion amongst adolescents, 18 to 21 years of age. The purpose of this study is to bridge this knowledge gap.

# RESEARCH PURPOSE AND OBJECTIVES

## Research purpose

To explore the psychological experiences of adolescents after termination of pregnancy by choice using the phenomenological strategy. The researcher described lived experiences of participants after TOP (Cresswell 2009:14).

## Research objectives

- Explore the experiences of adolescents after TOP
- Describe the psychological effects of TOP
- Describe factors contributing to the decision for TOP
- To recommend best practices in order to improve quality care

# RESEARCH QUESTION

- A “**grand tour**” statement used was :  
“Tell me what your feelings are after termination of pregnancy.”

# RESEARCH METHODOLOGY

|                               |  |
|-------------------------------|--|
| <b>Research design</b>        | <b>Descriptive, explorative, interpretive and contextual qualitative design</b>                                |
| <b>Sampling method</b>        | Non-probability , purposive sampling<br>Snowball sampling  |
| <b>Population</b>             | Adolescents aged 18 to 21, who underwent TOP by choice at a hospital, not victims of rape and mentally healthy |
| <b>Sample size</b>            | 6 participants. Adequate when data saturation was reached  |
| <b>Data collection method</b> | Semi-structured, face-to-face, one-on-one interviews;<br>Field notes and Tape- recordings                      |

# ETHICAL CONSIDERATIONS

**Ethical principles upheld to minimise risk to participants:**

- Permission
- Non-maleficence
- Consent form
- Principle of beneficence
- Right to privacy, confidentiality and anonymity
- Refusal and withdrawal from the study

# DATA ANALYSIS

- Interpretive analysis of Terre Blanche, Durrheim and Kelly (2006) was used to summarise, interpret and report data.
- Steps followed were:
  - Familiarisation and immersion
  - Development of categories and themes
  - Coding
  - Elaboration
  - Interpretation and checking
- Identified two categories linked to themes and sub-themes



# FINDINGS AND DISCUSSION

## Biographical data

| Criterion          | Characteristics | Frequency |
|--------------------|-----------------|-----------|
| Age                | 18-19           | 2         |
|                    | 20-21           | 4         |
| Ethnicity          | Coloured        | 1         |
|                    | Black           | 5         |
| Marital Status     | Married         | 1         |
|                    | Single          | 5         |
| Level of Education | Secondary       | 6         |
| Vocation           | Employed        | 2         |
|                    | Unemployed      | 4         |
| Religion           | Christian       | 6         |
| Number of children | 0               | 1         |
|                    | 1-2             | 4         |
|                    | 3 or more       | 1         |

# FINDINGS AND DISCUSSION

| Criterion                    | Characteristics | Frequency |
|------------------------------|-----------------|-----------|
| Number of previous abortions | 0               | 4         |
|                              | 1               | 2         |
| Number of children           | 0               | 1         |
|                              | 1-2             | 4         |
|                              | 3 or more       | 1         |

# FINDINGS AND DISCUSSION

## Mental health before termination of pregnancy

| Mental health before termination of pregnancy | Number |    |             |
|---|--------|----|-------------|
|   | Yes    | No | No response |
| I felt fit and strong                         | 2      | 3  | 1           |
| My life was worth living                      | 4      | 1  | 1           |
| I felt close to another person                | 5      | 1  | 0           |
| I felt satisfied with my life                 | 2      | 4  | 0           |

# THEMES AND CATEGORIES GENERATED

## THEME 1: REASONS FOR TOP

| CATEGORY        |                      | NARRATIVES   |
|-----------------|----------------------|--|
| Another child   | Not coping           | “...my boyfriend has a kid with another girl. Financially parents won’t cope with my second child...not married.” (Moso, 21) |
| Education       | Interruption         | “I need to continue studies.” (Tumi, 18)   |
| Low self-esteem | Pressure from others | “He forced me to go even when I told him I can’t abort. He was going to go with me so I don’t change my mind.” (Lerato, 20)  |

# THEMES AND CATEGORIES GENERATED

## THEME 1:Reasons for TOP

| CATEGORY       |             | NARRATIVES   |
|----------------|-------------|--|
| <b>Parents</b> | Fear        | “I was afraid to even sit outside with my granny. I slept a lot in the day. I feared she would find out...” (Busi, 21) |
|                | Religiosity | “My dad is very religious. Mom...she is against abortion. I never disclosed (pregnancy).” (Moso, 21)                   |

# DISCUSSION

## Theme 1:

### Reasons for termination of pregnancy

Researchers support that adolescent girls abort for the following reasons:

- pressure from putative fathers (Hlalele 2008:7), value attached to education and financial independence (Andrews & Boyle 2003:414), being a single parent, negative societal attitude towards pregnancy outside marriage, religiosity, especially of parents, (Hlalele 2008) and low self-esteem (Thevathasan:undated).

# THEMES AND CATEGORIES GENERATED

## THEME 2: Mental Health Problems

| CATEGORIES            |  | NARRATIVES  |
|-----------------------|--|---|
| <b>Guilt</b>          | Murder of their babies   | “When things didn’t go well for me ... I thought it’s because I killed my child.” (Lerato, 20)  |
| <b>Survivor guilt</b> | Guilty of having another child<br><br>Replacement of the aborted child | “No more a baby. It’s like betrayal to the one I aborted” (Busi,21)<br><br>“After my first abortion, I fell pregnant in two months. I wanted this baby. My boyfriend forced me to abort.” (Lerato, 20). |

# THEMES AND CATEGORIES GENERATED

## THEME 2: Mental Health Problems

| CATEGORIES       |  | NARRATIVES   |
|------------------|--|--|
| <b>Confusion</b> | Conflicting emotions   | “I feel proud. But it’s a shame to do it.” (Boitu, 19)   |
| <b>Sadness</b>   | Seeing the “baby” after the procedure<br><br>Disposal of the foetus<br><br>Failure to give the “baby” a chance to live | “... even the way the baby was disposed of, couldn’t it have been done better...” (crying). (Moso,21)<br><br>“Watching others struggling with their kids, I feel bad ... I should have persevered.” (Busi, 21) |



# Themes and Categories generated

## THEME 2 :Mental Health Problems

| CATEGORIES       |                                     | NARRATIVES  |
|------------------|-------------------------------------|---|
| <b>Shame</b>     | Being involved in pre-marital sex   | “It’s a shame. I don’t want others to know.” (Bontle, 21)                   |
| <b>Avoidance</b> | Thoughts about the experience       | “I avoid thinking about it (TOP).” (Busi, 21)                               |
|                  | Avoid disclosing                    | “I did not tell my family...”(Boitu, 19)                                    |
| <b>Anger</b>     | At themselves and those who advised | “I am angry at myself and my boyfriend because he encouraged me” (Moso, 21) |

# Themes and Categories generated

## THEME 2 :Mental Health Problems

| CATEGORIES                    |                               | NARRATIVES  |
|-------------------------------|-------------------------------|---|
| <b>Depression and anxiety</b> | Avoid people<br><br>Crying    | “I cry all the time...I don’t want to be around people.” (Lerato, 20) |
| <b>Emotional numbness</b>     | Inability to express emotions | “I was unable to express my emotions.” (Busi, 18)                     |

# Themes and Categories generated

## THEME 2 :Mental Health Problems

| CATEGORIES               |   | NARRATIVES   |
|--------------------------|---|--|
| <b>Flashbacks</b>        | Triggered to re-experience TOP in their minds | “I remember it exactly, especially when people talk about funerals.” (Lerato, 20)  |
| <b>Sleep disturbance</b> | Nightmares or dreams<br><br>Sleeplessness     | “Time and again I have these dreams about children.” (Busi, 21)<br><br>“...yes... I think a lot during the night...especially after 1am.” (Moso, 21) |

# DISCUSSION

## Theme 2:

### **-Mental health problems**

Several researchers (Rausset et al 2011, Weiten 2013, McClure & Pine 2009) regard TOP as a traumatic event.

The symptoms of Post Traumatic Stress Disorder, as stated by Weiten (2013:582) tallied with the findings of this study.

# SIGNIFICANCE OF THE STUDY

- Despite contrasting views in literature on whether TOP causes psychological harm or not, this study confirmed that these participants experienced harmful consequences for mental health.
- 100% of participants are guilty of having committed murder of their own babies. This highlights the need of these women to be assisted to be counselled after TOP.
- 100% of participants were Christians. This contradicts the belief that girls who attend church more frequently will less likely terminate pregnancy (Hlalele 2008).

# RECOMMENDATIONS

## Recommendations for practice

- Counselling done before and after TOP should be holistic.
- During pre-counselling, enquire about any pressure placed on the adolescent to abort.
- Where TOP is done already, encourage forgiveness of self and the person blamed for TOP.

## RECOMMENDATIONS FOR PRACTICE

- Professionals who work with adolescent girls need to be made aware of these symptoms so that when a need arises appropriate interventions will be undertaken.
- Before TOP adolescent should be made aware of the reality and the impact of suppressed grief. After aborting, a woman is usually not accorded the right to grieve. Grief is not openly acknowledged, socially validated or publicly observed. Unprocessed grief can lead to depression.

## RECOMMENDATIONS FOR PRACTICE

- Follow-up appointments with the TOP clinic.
- Encouragement of disclosure to someone they trust.
- Empowerment of adolescents on how to work through their emotional pain
- The Choice on Termination of Pregnancy Act (92 of 1996) needs to give mandatory guidance on what should be covered during counselling .



# LIMITATIONS

- TOP is a sensitive topic. It was therefore difficult to get enough participants for the study. As a result its generalisability will be limited, even though conditions of rigor were upheld.
- Control of confounders was limited. This threatens validity of findings as mental health could have been negatively affected before TOP

## RECOMMENDATIONS FOR FURTHER RESEARCH

- More qualitative research on the topic
- Follow-up study of the same group of adolescents may be done to trace the impact of TOP over time.
- A comparative study between the different age groups or between the different racial groups on how they respond to TOP.

# Conclusion

This study highlighted that adolescents experience psychological disturbances after termination of pregnancy. All participants stated that they are guilty of having murdered their own babies. There is need for a holistic approach when doing counselling before and after TOP.

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The Choice on Termination of Pregnancy Act (No 92 of 1996)

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# QUESTIONS

