

CHAPTER 3

THE PSYCHOSOCIAL ASPECTS RELATED TO ABORTION

3.1 INTRODUCTION

Abortion is an emotional procedure, irrespective of the fact that the woman chose to undergo it. The intensity of the emotions experienced with abortion depends on a variety of factors. These factors are confirmed by Rodman, et al. (1987:76), by indicating that women seeking abortions are often angry at themselves for getting pregnant, at their sexual partners for getting them pregnant, at a biological situation that makes women pay a heavy price for sexual pleasure without effective contraception, at parents or partners or a society that coerces them into making an abortion decision about which they are ambivalent. This is in agreement with Michels (1988:15-16) and Maluleke (1997:14) that each woman seeking abortion has her own reason. These different reasons are seen by these women to be valid, strong and real enough to overcome any thought of the consequences of abortion.

It becomes clear from the above discussion that there are different factors or reasons that lead to women's decision to seek abortion. As a result the abortion procedure will be experienced differently by different women. With the advent of the new abortion legislation in South Africa, Choice on Termination of Pregnancy Act (92/1996), women have access to abortion services, but due to financial constraints the services are not well equipped, both with human resources and the necessary technology. This state of affairs leaves many women who seek abortion with inadequate services. One of the service that is lacking is the pre- and post counselling to women who seek abortion. In the researcher's opinion this will also have an impact on how women seeking abortion at state hospitals will experience it emotionally, immediately, as well as in the long term.

It is indicated in the Annual Report of the Department of Health (1997:15-16) that 165 hospitals have been designated to perform termination of pregnancy and 24 387 women had access to termination of pregnancy services by 30 November 1997. This clearly indicates that a considerable number of women are utilising the state abortion services, which are not well equipped. This could lead to a variety of psychosocial implications for the women, as they are not receiving a comprehensive service. The researcher does not deny the fact that they have access to safe abortion services, the

concern here is that their emotional being is not attended to, as it has already been indicated in chapter 1 of this thesis.

In this chapter the following aspects will be discussed: emotional reaction to abortion, social implications of abortion, adolescents and abortion as well as counselling as an important aspect of the abortion service.

3.2 THE PSYCHOSOCIAL ASPECTS RELATED TO ABORTION ON THE WOMAN

The psychosocial aspects related to termination of pregnancy will be discussed as follows:

3.2.1 FACTORS LEADING TO UNWANTED PREGNANCIES

Many unwanted pregnancies could be seen to be the result of ignorance on the part of the woman. It has been indicated by Rodman, et al. (1987:76) that there is an astonishing degree of ignorance among people who thought they would not conceive if it was a certain time of the month, if she douched, if the male partner withdrew or did not penetrate, if it was the first time, if she prayed, if she is lactating or if she/he is very young. This ignorance can lead to an unwanted and unplanned pregnancy, which result in the woman seeking abortion.

A high level of ignorance is found in adolescents mostly because the connection between intercourse and pregnancy is not clear to them. This is confirmed by Trad (1993:405), that teenagers are unable to accept that they can become pregnant as a result of sexual activity, because of their cognitive development. In the researcher's opinion this places the adolescents at a risk of becoming pregnant before she could understand what is happening. This challenges all adults to be actively involved in the adolescents' life, in an effort to teach them thoroughly on their sexuality, specifically to teach them the importance of postponing sexual activity to a later age, when they are mature enough to carry the responsibility.

3.2.1.1 IATROGENIC FACTORS

It is found in some instances that women become pregnant because they did not use any contraceptives because the doctor told them or their partners that they are infertile, without proper assessment tests. Rodman, et al.(1987:77)

further indicates that the woman can become pregnant because the couple was motivated to prove its infertility or the woman was told to give up an effective method of contraception because it might affect her ability to bear children in future. All these factors may lead to an unwanted and unplanned pregnancy, with devastating emotional effects on the woman.

3.2.1.2 GUILT AND EMBARRASSMENT

Many young women have their first coital experiences without any contraception because they are reluctant to admit that they are sexually active. This is coupled with feelings of guilt and embarrassment, which prevents many young women from taking responsibility for their sexuality (Compare Rodman, et al. 1987:77.) With these feelings young women engage in sexual activities without any protection which usually leads to unwanted pregnancies.

Unlike women who admit that they are sexually active, women who are overcome by guilt and embarrassment will not feel free to approach the clinic for contraceptives, because they would not like to be associated with being sexually active. The researcher is of the opinion that other women would not seek contraceptives at clinics because of the unfriendly nature of the service there, where women are made to feel guilty for their sexual indulgence by the nursing staff.

3.2.1.3 OTHER FACTORS

On the other hand Stotland (1997:676-679) identified the following factors that lead to unwanted and unplanned pregnancies:

- **Ongoing or past psychiatric illness.**

A woman with psychiatric illness has an impaired self-esteem, impulse control, judgement and insight; as a result her ability to use or insist on contraception or to refuse sexual intercourse is disturbed. This situation could lead to the unwanted and unplanned pregnancy which the woman does not have the ability to deal with, except seeking abortion.

- **Poverty**

Women staying far away from health facilities may end up not having money to go for their monthly supply of contraceptives. In countries where contraceptives are not provided free by the government, women who are poor may end up not having money to purchase contraceptives and thus leave it. Both these situations may lead to these women exposed to unprotected sex that could result in unwanted and unplanned pregnancy. For rural women in South Africa the contraceptives are not readily available and accessible, as a result of poverty and high rate of unemployment these women are unable to reach the health facilities for their free supply of contraceptives. Amongst the youth, poverty could lead to them engaging in unprotected sexual intercourse in exchange for money. This could lead to unintended results, that is, pregnancy, with devastating emotional impact.

- **Maturity**

Many young people make uninformed decisions regarding sexual activities because of their immaturity and men take advantage of this situation. The unplanned and unwanted pregnancy may be the result of this situation. This could have devastating emotional impact on the young person.

- **Abandonment**

Many times women hope that sexual activity or pregnancy will cement a relationship. They may be willing to take a risk or be actively interested in conceiving only to be deserted when the pregnancy occurs.

- **Rape and incest**

Rape and incest may lead to unwanted and unplanned pregnancy, leaving the victim psychologically torn apart, and especially that the victim does not receive support that she so desperately needs.

- **Cultural aspects**

The cultural aspects could lead to an unwanted pregnancy. In a cultural background where the men controls the woman's body, he will forbid her to use contraceptives, demand sexual intercourse, which could ultimately lead

to an unwanted pregnancy. Under these circumstances the woman is expected to be submissive and not question anything.

The other aspect could be the fact that amongst the black culture the number of children born in the marriage proves the man's ability to produce. As a result, the man who believes strongly in this myth, would force his wife not to use contraceptives, resulting in unwanted pregnancies, on the part of the woman.

It is also common practice, where the extended family structure is still maintained that the grandparents would look after their grandchildren. With this notion, the woman could just not use the contraceptives, which could lead to unplanned pregnancy. This particular woman would find it difficult to decide on termination of pregnancy, because she would know that her parents would be willing to help her.

The above-discussed factors that have a potential of leading to an unwanted and unplanned pregnancy can have serious effects on the woman. It becomes clear that when a woman is faced with this situation, resulting from whatever reason, it would be difficult for her to come to terms with how to deal with it. This ambivalence on what to do can be complicated by a variety of factors, with devastating emotional implications on the woman.

3.2.2 EMOTIONAL REACTIONS

The women's reactions to an unwanted and unplanned pregnancy, as well as her reactions to abortion will be discussed as follows.

3.2.2.1 REACTION TO PREGNANCY

It is important to consider what it means for the woman to be pregnant, before looking at how she would respond to abortion. Stotland (1991:121) indicates that women's responses to pregnancy are highly varied and reflect personality and early life experiences. For some women, pregnancy is a highly desirable state containing many gratifications such as a positive identification with motherhood, a heightened sense of womanliness, an enhancement of a relationship and the creation of her own family. While on the other hand, pregnancy for some other women may be experienced as an invasion of the body. It is further indicated by Stotland (1991:122) that particular circumstances whereby a woman becomes pregnant, also shape

her response to the pregnancy. A woman who consciously intended to become pregnant may have difficulty to decide to abort when she learns that she has been exposed to an infectious disease that may produce defects to the foetus. Changes in the woman's circumstances such as a loss of the partner may lead to an easy consideration of abortion.

The above discussion clearly shows that every woman will react to a pregnancy in a unique manner, depending on the circumstances that led to her pregnancy. If the pregnancy is planned, then the woman will react with joy, while on the other hand when it was unplanned it will evoke a variety of emotions. It is possible that the woman could react negatively to an unplanned pregnancy, because she will be faced with a situation of deciding what to do with her circumstances.

3.2.2.2 DECISION-MAKING PERIOD

Making a decision on what to do about an unplanned pregnancy can be a very difficult thing to do, as this happens at the time when it was least expected. This could evoke a variety of feelings in the woman, which could ultimately interfere with her thinking, and this could lead to her requesting termination of pregnancy at a very late stage. In the researcher's opinion, it is during this period that the women are to be provided with counselling, to help them deal with the reality of their situation in a constructive manner. As the woman is having serious inner deliberations because of this unexpected situation, the social worker's intervention could benefit her during this period, which would ensure that her social functioning is not disturbed.

3.2.2.3 REACTIONS TO ABORTION

The woman's reaction to abortion will largely be influenced by the circumstances that led to the decision to have the pregnancy terminated. The major factor that plays a role in the woman's reaction to abortion is whether the pregnancy was planned or not. The other factor is the support she receives from her environment, during the decision-making phase, through the abortion procedure and in the immediate post-abortion period. For many women who seek abortion in South Africa, it is not easy for them to receive any support from their families because they keep this as a secret. This is facilitated or fostered by the provision in the abortion legislation, Choice on Termination of Pregnancy Act (92/1996), that allow minors to give consent

for their abortion. As a result they do not see the reason to inform or consult the family members. This is also fostered by the moral standard of many Christians, who feel that abortion is wrong, as a result become judgemental towards women who seek abortion. As a result of this situation, many women who undergo termination of pregnancy will experience intense emotional reactions, without sharing them; which could lead to serious problems in their lives. The women's reactions to abortion will be discussed according to the different phases, namely, immediately after the procedure and some time after the procedure.

- Immediate Post-abortion reaction

In the opinion of Michels (1988:29) for many women, the emotion after having an abortion is immediate relief. This is in agreement with what is said by Stotland (1991:124) that women who experience little or no conflict about the decision to undergo abortion feel relieved after the abortion. This relief was illustrated by Michels (1988:29) in the example of a woman who said, "I felt that now I could put things back together again, even though I was said it could not be different." This clearly indicates that this woman was relieved that the pregnancy was terminated and felt in control of her situation.

Some other women experience negative emotional reactions such as sadness, regret or guilt immediately after abortion. Stotland (1991:124) indicates that these feelings resolve fairly quickly and are associated with the ongoing conflict about the decision to abort. Women who had difficulty deciding about the abortion are likely to be depressed after the abortion procedure because they continue to have fantasies about the foetus. The woman's desire to have a baby, which may be concurrent with her certainty that she is not prepared for the child at the time, contributes to depression (Compare Stotland, 1991:125.) This indicates that even though abortion was a woman's choice, it has emotional involvement, which is aggravated by the circumstances prior to the abortion. It is further argued by Rodman, et al. (1987:79) that adolescent girls experience abortion positively. They experience it as a relief because they gain control over their lives to move on without the burden of raising a child, especially as they still have to shape their future.

It is evident from the above discussion that immediately after the woman has successfully had termination of pregnancy, she feels relieved of the problem

that she was having. This relief could be attributed to the fact that at that stage the problem that was faced by the woman has been removed. During this stage the woman does not think anything about the future emotional impact of what has happened. The short-term and long-term reactions will then be discussed.

- Short-term and long-term reactions

The process of making a difficult decision like that of abortion can have positive effects on a woman's self-esteem and sense of autonomy, that is, it can lead to personal growth. Like the negative emotions experienced in major life events, abortion included, their high level declines with time. Stotland (1991:125) argues that these negative emotions will decline to normal or near-normal levels by the sixth month after the abortion procedure. This is in contrast to what is said by Michels (1988:29) that research has shown that feelings of immediate relief are short-lived and are soon replaced by guilt, sadness and regret. This is illustrated by an example of a woman who was angry at the circumstances that led to her abortion, while she felt relieved immediately after the abortion procedure. This is further illustrated by another woman, Jennifer, in Michels (1987:15) when she years later, realised that if one person had told her not to have the abortion she wouldn't have done it.

This clearly indicates that abortion has long-term emotional effects on the woman. This can be more serious for the women in South Africa, who seek abortion at state hospitals, because they do not receive pre- and post-abortion counselling. The importance of pre- and post-abortion counselling is emphasised by Trad (1993:406) that in general, negative emotional responses to abortion are relatively rare, provided the adolescent receives pre- and post-abortion counselling. In the researcher's opinion women who undergo abortion without any form of counselling are at risk of having long-term negative feelings about the procedure.

It is argued by Butler (1996:397) that it is important for medical professionals to enhance the woman's understanding of the far-reaching implications of a decision for abortion, to help her make a choice for which she feels responsible and find mechanisms for coping with the consequences. This clearly confirms the importance of having women who seek abortion, provided with thorough counselling, to avoid long-term emotional reactions. Sodenberg, Janzon and Sjoberg (1998:173) indicate

that it is common experience among those involved in the care of women seeking induced abortion that for many of them it is a very stressful situation. This indicates that abortion is accompanied by stress, which could lead to serious mental problems, if the woman does not receive the appropriate intervention.

It is further argued by Soderberg, et al. (1998:174) that emotional distress following abortion should not be considered a normal stress reaction, as indicated in their study, where 76.1% of the women interviewed after abortion said that they would never consider an abortion if they became pregnant again. This suggests that abortion have devastating emotional distress on women and should not just be considered a normal reaction. Women's emotional reaction should be looked into in a serious light also bearing in mind that each woman will react in a unique manner, depending on her unique circumstances.

The results of the study conducted by Burnell and Norfleet (1984:75) are in agreement with Stotland (1991:125), that there is a remarkable decline of negative feelings over a period of time, following abortion. This could only be achieved if thorough pre- and post-abortion counselling was done. The social worker at the abortion clinic could play an important role in this regard. It is important to note that each woman's reaction to abortion is unique, depending on the personal circumstances. In order for the woman to function in a healthy state of mind, she needs to deal with her emotional reaction emanating from abortion and allow herself to grieve the death of her child.

As it has already been indicated earlier, different authors discovered different emotional reactions to abortion. Michels (1988:45-149), identified a process which women go through after undergoing the abortion procedure, and this process will be briefly discussed step by step. Michels (1988) did not indicate the time frame during which the reaction occurs after the abortion procedure.

- **Grief**

Grief refers to a process of emotional suffering, usually caused by the loss of someone or something very special to a person. It can be intense and last for years or it can appear momentarily in one's life. To a woman who has undergone abortion, without letting anyone know about it, it becomes

difficult for her to acknowledge grief. She tries to convince herself that what she did was right, but her guilt feelings may catch up with her. Because the woman is trying to justify her action within herself, without sharing it with her significant others, it becomes very difficult for her to grief openly and be helped. This situation will constantly manifest in the woman crying for no apparent reason, especially that she cannot disclose the source of her hurting. This is aggravated by the fact that there is no formal rituals where friends and family can acknowledge her loss and share her grief. In the researcher's opinion this is likely to happen to most women who opt for abortion in South Africa, due to the provision that allow minors to consent for their abortions. Although abortion is legalised in South Africa, it is not morally approved by every person. As a result many parents will never agree to an abortion and this will lead to minors keeping it to themselves. This can lead to a long-term unresolved grief, which can only be dealt with through counselling.

- **Denial**

Denial occurs when a woman who has aborted does not acknowledge her responsibility for it. Denial is used to protect oneself from experiencing abortion as death, which brings with it an anxiety, guilt and anger. Although the woman's circumstances have forced her to go ahead with abortion, she has to acknowledge that abortion goes together with the death of the foetus, therefore it has to be acknowledged. Even though rationalisations are used, deep inside the woman knows that what she did was causing death. Denial aggravates and prolongs the intensity of negative feelings accompanying abortion, as a result women are to be helped to acknowledge what they have done and deal with the emotional reactions emanating from that.

- **Guilt and anger**

Guilt surfaces after the woman recognises that abortion has to do with ending life and that she is responsible for its occurrence. The woman may feel guilty because she based her decision on her own self-centred desires or she valued her life more than the life of her child or that she committed a sin. The intensity of the guilt is mostly determined by the woman's environment, that is, whether the environment is supportive or non-supportive. When the abortion was done secretly, the guilt feelings will be more intense and last for a long period.

Guilt can then be expressed through anger, which could be directed to persons who advised the woman to abort, as well as the circumstances that led to the abortion. Once the woman has broken the denial that she was responsible for the death of a human being, she then feels guilty. The anger is aggravated by the woman's increased knowledge of foetal development and the procedures used to terminate a pregnancy. She may feel anger towards self, because she failed to save her child and this anger can be manifested in self-blame, self-hatred and shame. This inner rage may turn to depression, violence or self-destruction. A woman manifesting this anger must be helped to have it channelled appropriately.

- **Bargain, depression and isolation, fear**

During the bargaining phase the woman who has undergone abortion rationalises her pain. She may throw herself into activities that will keep her busy, she may have another baby shortly after the abortion or she may volunteer to help at the pregnancy crisis centre. During this phase the woman does not deal with her feelings or pain, but tries to reconcile her grief through super-human deeds. After failing to reach this reconciliation it is then that the woman goes back to the emotional upset and feels depressed.

When a woman is depressed she will not care about herself. She may experience a number of changes such as emotional numbness, feelings of worthlessness, dependence on drugs or alcohol, new behaviour relating to her sexuality, preoccupation with the aborted child, isolation and thoughts of suicide. During this phase the woman is unable to function normally. This may lead to fear where the woman might fear that others will find out about her abortion, punishment from God, infertility, subsequent pregnancy loss and loss of dignity. This becomes more serious when nobody was told about the pregnancy and the abortion. When dealing with a woman in this stage she has to be reminded of her worth and her life before the abortion, so that she could realise her self-worth and build her life from there.

- **Forgiveness**

For the woman who has had an abortion, forgiveness means that she stops feeling resentment against the people who influenced her abortion decision, herself included. This happens after the woman has dealt with all the negative feelings she felt and experienced after the abortion. Forgiveness allows the woman to lay down the guilt she has been carrying with her since

she first realised that she killed her baby. It helps her to start over again and take control of her life. The woman also needs to forgive herself because, if she fails to do this, she won't be able to take control of her life. This cannot come automatically, therefore, women who has had abortion need to be helped through counselling, to overcome all the negative feelings accompanying abortion.

Although the woman's reaction to abortion discussed above seem to be occurring through a process, it is important to note that every woman will go through the said process in her own unique way. This means that when dealing with these women the service providers should look at every woman as a unique entity, who reacts uniquely to the given situation. The above reactions provides a broad spectrum, for the better understanding of the women's long-term emotional reactions to termination of pregnancy.

On the other hand Stotland (1997:679) identified the following reactions on women who had induced abortion:

- **Relief**

He argues that relief is the most common emotional reaction following abortion, because women are now able to refocus on their ongoing responsibilities and the future. The researcher agrees with this argument because immediately after abortion the woman feels relieved and ready to go on with her life, without the burden of an unwanted and unplanned pregnancy. This becomes more true with adolescents who go back to school immediately after abortion, being delighted that her schooling will no longer be disrupted, now that she has managed to get rid of the pregnancy.

- **Guilt**

According to Stotland (1997:679), it is not uncommon for women to feel guilty after having abortion. The guilt is said to be related not only to the ending of a potential life, but also to the inopportune conception of that potential life. It could then be argued that although there was immediate relief after abortion, the woman will feel guilty later because of the notion that she terminated life. This could lead to the development of further emotional complications as indicated earlier on, when this issue was addressed under the process that was identified by Michels (1988). The woman in this state would need thorough assessment, followed by

counselling, for her to deal with this feeling and also avoid further emotional complications.

- **Sadness and loss**

It has been found that mild feelings of sadness and loss are experienced by women after abortion. In a way these feelings are confusing to the woman, her significant others, as well as health care providers (Compare Stotland, 1997:679.) Although it was the woman's choice to end the pregnancy, the sense of loss and sadness does occur. The researcher is of the opinion that this is the situation because the woman was forced by external pressures to end the pregnancy, as it has already been indicated, that women decide to seek abortion because of their different circumstances.

- **Maturation**

Many women in Stotland's study (1997:679), reported that their decision to have abortion, though painful, marked a change from passivity to active responsibility, planning and mastery of their destiny. Due to the fact that deciding on abortion is a very sensitive and responsible decision, women need to be assisted to make informed decisions through counselling. By the time the woman makes the decision she should be convinced that she will be able to move on and take responsibility for her decision and future. This will be indicative of the fact that making the decision helped the woman to move to maturation level.

From the literature review it becomes evident that there is no definite conclusion on the reactions of women after abortion. This is confirmed by Adler (1992:1202), that some individual women may experience severe distress or psychopathology, following abortion, but it is not clear whether these are causally linked to the abortion itself. This clearly indicates that there is still a need for further research in this area, where women who undergo abortion are to be followed up for longer periods to determine their actual reactions to the procedure. Adler (1992:1202), further confirms what has already been said with regard to the follow-up services, in his statement that: "we do not know about very long-term effects". This suggests that the follow-ups done were on a short-term basis, which limits the authority to conclude in an inclusive and generalised manner on this issue.

When looking at the emotional reactions presented by women after abortion, it becomes very important to have follow-up services. This will help in monitoring how each woman is coping with her decision of terminating her pregnancy. The researcher is of the opinion that these services need to be introduced in all state hospitals that has been mandated to perform abortions. Presently these women do not receive any pre-abortion counselling and are discharged immediately after the procedure. There is no follow-up for them, so that it could be established whether they have any physical or psychological complications or what their emotional reactions are. If the service in South Africa is going to be rendered in this manner without introducing follow-up services, it will never be known what the emotional reactions and of women are as well as the psychosocial implications on the woman are, following abortion. The researcher sees this as a setback with regard to the development of comprehensive abortion service in the country. It is not enough to provide women with safe abortion without any counselling, that is pre- and post-abortion; as well as without follow-up services. Counselling can prolong a feeling of relief in women who opt for abortion and this would provide them with enough time to reorganise their lives and also take charge thereof.

3.2.3 THE PSYCHOLOGICAL ASPECTS OF ABORTION

Deciding on terminating an unwanted and unplanned pregnancy could have psychological effects on the woman. Although termination of pregnancy was seen as a better option at the time of the decision, it could later have some psychological bearing on the woman. The woman could have some flash-backs of what happened at the TOP Clinic during the procedure. This is confirmed by Butler (1996:396), that after many years one woman had a vivid recollection of the actual procedure, and remembered well what the pro-life nurse told her after the procedure that she had just killed a perfectly formed little boy. The fact that the woman is unable to forget this traumatic experience could be manifested in her constant crying for no apparent reason. This could happen because of her feeling of guilt, resulting in her re-living the experience time and again. In this case study the woman had a loveless marriage after the abortion and never had children of her own. This clearly shows how terminating a pregnancy could affect a woman psychologically, on a long-term basis.

Failing to forget about this incident could affect other aspects in the woman's life, at the psychological level. It is indicated in the study that was presented

by Butler (1996: 396-397), that this woman could not feel loved again or herself love someone. This led to her staying in a loveless marriage that was not fulfilling at all. This indicates that this woman's self-image was affected and therefore she was unable to continue with a normal life after abortion, even if it was her decision to have the pregnancy terminated.

It could also happen that the woman who has undergone termination of pregnancy could experience nightmares or dream about her dead child. This could lead to depression and the woman could be unable to go on with her life. The woman in this situation could only be helped through counselling, if she could be able to see the connection between her depression and the abortion she has undergone in the past.

The other indication that could signal that the woman was psychologically affected by an abortion could be her failure to be involved in intimate relationships with any man. This is confirmed by Butler (1996:396) in a case study of a 24 years old woman who presented to her family physician with difficulties with intimate relationships. It was very difficult for this woman to get involved in an intimate relationship, until she realised that she was having a problem. She was unable to make a link between the abortion she had some years ago, with her inability to have intimate relationships. During the counselling session, it was discovered that her decision to have her pregnancy terminated was based on her failed relationship with her boyfriend. This clearly shows that termination of pregnancy is accompanied by psychological implications on the woman, which could prevent her from having a meaningful life thereafter.

The woman's inability to be involved in intimate relationships could affect her sexual identity. She could end up doubting her being a real woman, who is capable of fulfilling her female roles. This could extend to the woman's femininity being affected, in a sense that her life could come to a stand still. This confirms the psychological impact of termination of pregnancy on the woman.

It is evident from the above discussion that termination of pregnancy is accompanied by psychological implications on the woman, which could result in her inability to move on with her life. Of importance here is to realise that the woman could not be able to link her psychological problems to abortion, which makes counselling crucial, to help the woman to discover the root of her problem.

3.2.4 THE DEFENCE MECHANISMS USED BY WOMEN AFTER ABORTION

The decision to have an abortion is the most difficult one, that the woman has to make. As it has been indicated earlier, this depends on a variety of factors. After some inner deliberations and considerations, the woman decides to go on with abortion, because she has no other option. This decision also creates an environment for even greater anguish and pain. To cope with the emotional pain that accompanies abortion, the woman will develop a set of defence mechanisms. Michels (1988: 40), identified the following mechanisms as being used by women who have had abortion:

◆ Rationalisation

With this defence mechanism the woman gives reasons for having an abortion, so that she could cope with her decision. Because rationalisations are very strong, it is difficult to talk a woman out of them. These are defences that a woman uses against the feelings she does not want to deal with. With these rationalisations the woman is able to go on with her life, with minimised emotional stress.

◆ Repression

When using repression, the woman is not aware of any negative feelings that she may have about the abortion. This can be problematic because the woman may repress all her feelings and end up not in touch with reality. It is important for the professionals helping these women to be aware of this defence mechanism so that they could help them deal effectively with what has happened.

◆ Compensation

This occurs when the woman becomes pregnant soon after her abortion, to make up for the lost child. The baby, if carried to term, serve as a substitute for the aborted one, and may be given an excessive amount of attention. If the child has physical or behavioural problems, the mother may suffer excessive anxiety and feel as if she is being punished for her past abortion.

It is important for social workers dealing with women who have had an abortion, to know these defence mechanisms, so that they could be able to effectively help them not to delay their dealing with reality by excessive use of the defence mechanisms. Because the excessive use of the defence mechanisms can block the helping process, it becomes therefore, very important to always be alert of the extent to which they are used. This awareness will enable the social worker to help the woman to be aware of her real feelings and deal with them.

3.2.5 SOCIAL ASPECTS OF ABORTION

Raising an unwanted child can lead to a variety of emotions for the mother. In the case of an adolescents, when they become mothers their education is interrupted, their occupational aspirations are stunted and their marriage, if it occurs, become strained (Compare American Psychologist, 1987: 74.) If the adolescent can have a safe abortion, she can be enabled to move on and attain her aspirations. In the researcher's opinion, with legal and safe abortion being available, women are given a chance to plan their future, unlike when they were forced to go for illegal and unsafe abortion, as their future health was not guaranteed.

Safe abortions also help in the financial status of the women in the sense that their jobs can be retained, because they won't have to stay in hospital for a long period of time. The family is also saved some money because it won't have to raise an unplanned child, thus disorganising its budget.

The woman can be able to proceed with her normal relationships after she has been freed of the unplanned burden. The researcher believes that this can only be accomplished if the woman had a supportive environment prior to the pregnancy and abortion. If the woman was not able to disclose her pregnancy and intentions to have abortion, it would be difficult for her to go on with normal relationships, because she will be overwhelmed with variety of negative emotions, which were discussed earlier. The woman can end up being a loner because she is unable to discuss her deep-seated feelings with those around her, or she could resort to aggression, which would isolate her further. In this situation the social worker's intervention would be needed for the woman to acknowledge her feelings and ultimately deal with them.

The other social implication of termination of pregnancy would be that the woman's job performance being affected. Due to the secrecy surrounding

termination of pregnancy, a woman could be overwhelmed by the negative emotions and be unable to share them. As a result this woman's work performance could be affected to an extent that she could ultimately lose her employment, with financial implications on her. If this woman was the sole breadwinner in her family, then the whole family would be affected. Nobody would be in a position to explain this sudden change in the woman's performance, including her. It could be interpreted as her unwillingness to work.

The woman's social functioning could as well be affected by her termination of pregnancy, without her ability to understand why the sudden change. This could have a negative impact on her ability to perform her house-hold chores and making appropriate decisions regarding what is happening in her home. She could end up being unable to give proper guidance to her children, which could disorganise the whole family functioning.

The woman's relationships could also be affected by having her unwanted and unplanned pregnancy terminated. Because she would be unable to communicate her feelings with her significant others, she could find herself overwhelmed by these negative emotions to an extent that she is unable to communicate appropriately with anybody. This could lead to a situation where this poor woman is isolated and nobody understands what has happened to her.

Some of the women presenting psychological problems emphasised that they had developed a psychological vulnerability consisting of a lack of strength and endurance, feelings of guilt and inferiority and resignation and a lack of confidence. (Compare Tornbom and Moller, 1999:25.) This negative self-esteem can be manifested in different ways and could lead to a feeling of powerlessness and a lack of faith in self. This could lead to a situation where the woman could be unable to proceed with her life after abortion.

It could also happen that due to the experience of termination of pregnancy the woman is unable to have heterosexual relationships later in life. This could be the result of the anger that could have built up in the woman because she found herself facing an unplanned and unwanted pregnancy alone, after her involvement with a man. She could go further to express her hatred to all men for the rest of her life.

The woman's self image could also be affected by termination of pregnancy, in the sense that she could be overwhelmed by guilt feelings and end up hating herself. With these negative feelings inside the woman could never feel good about herself and she could ultimately withdraw from the social world and become a loner.

If the woman had termination of pregnancy while she was still studying, this could have an impact on her academic performance. She could ultimately lose concentration on her studies, which could affect her progress. This could also delay her career building and she could end up being a dropout, with negative impact on her self-image.

The other sphere in the woman's life that could be affected is her relationship with God, depending on the nature of the relationship prior to the abortion procedure. For the woman who had a strong conviction to God, this could either strengthen her conviction, if she believes that God will forgive her or isolate her from God. But for the woman whose relationship with God was not clear and strong there will be no change, as she will just go on with her life.

When looking at all the areas of the woman's life that could be negatively affected by terminating an unplanned and unwanted pregnancy, it becomes evident that counselling is a need. It is only through counselling that these women could be assisted to deal with their negative feelings and go on with their lives. Based on the above discussion the researcher strongly believes that the women who opt for termination of pregnancy would benefit greatly if pre-abortion counselling could be provided for them.

3.2.6 ADOLESCENTS AND ABORTION

As adolescence is the voyage from childhood to adulthood, the girl in this stage has many new tasks to master. She has to grow accustomed to her changing body and to the effects of hormonal changes, coupled with the monthly cycle; to recognise her fertility and the consequences of that fact that she has to acknowledge her responsibility. None of these new tasks is easy, especially in the years before her ability to reason abstractly develops. (Compare Stotland, 1991:188.) This implies that before an adolescent's development of abstract reasoning, it is difficult for her to draw a relationship between her actions and the consequences thereof. It is mostly during this period that adolescents become pregnant, followed by a decision

to have an abortion. It is argued by the American Psychologist (1987: 73), that 40% of the 1.1million pregnancies in females under age 20 annually, are terminated by induced abortion and nearly one third of all abortions are performed on females under age 20. This indicates that the adolescents are mostly at risk of becoming pregnant before they are fully developed to face the consequences of their actions. As a result of this most adolescents will opt for abortion, when they realise that they are pregnant.

3.2.6.1 ACTIVITIES LEADING TO PREGNANCY DURING ADOLESCENCE

As indicated earlier, it is difficult for the adolescents to make a cause-effect connection between intercourse and pregnancy. Adolescents fail to realise the consequences of their actions because of their cognitive development. It is argued by Trad (1993:405), that the adolescent's cognitive awareness may be such that unless an outcome is certain, the teenager will accept the risk. This implies that teenagers engage in sexual activities because they do not think about the possible consequences. The consequences are just abstract to them. This calls for an early introduction of sexuality education for teenagers, before their desire to be engaged in sexual activities, becomes uncontrollable. The adolescents need to be introduced to a process of choice selection with regard to their actions, that is, they have to be educated on the consequences of each sexual activity, for them to make informed choices. If efforts are not made timeously by all stakeholders, that is, parents; teachers; religious leaders; non-governmental organisations and health workers, most of the resources will be used for abortion services, which would open gaps in other spheres of service delivery. The social worker has a task of educating the adolescents through health education programmes, to prevent teenage pregnancy.

The other contributing factors, are seen by Black and DeBlassie (1985:282-284) as follows:

- **Societal influences**

According to Black and DeBlassie (1985:282) the changes regarding the morality of the society has an influence on how adolescents are behaving. They argue that the emerging values such as love, freedom, interpersonal honesty, open communication, self-actualisation, and short-term commitments are really playing an influential role. Children's

emancipation from parental authority occurs earlier due to outside influences. This can be observed in everyday life, where children are more resistant to parental control.

- **Personal attitude/needs**

Black and De Blassie (1985: 283) indicate that the total life situation of low-income youth, for example, tends to promote attitudes of fatalism and alienation which undermine the rational, planned use of contraceptive devices. Some girls become pregnant deliberately, with the hope of receiving more attention from the boyfriend. Sometime it may occur as a result of a girl's sexual bargaining as she tries to obtain a commitment of affection from her partner. It is unfortunate that in most cases, when the partner of an adolescent girl learns about the pregnancy, he disappears, leaving her without the commitment she was trying to get.

- **Ignorance/ Misunderstanding concerning sexual matters**

The largest number of teenagers who become pregnant each year do so through gross misunderstandings and ignorance of the menstrual cycle and conception. (Compare Black and DeBlassie, 1985: 283.) It is important to note that ignorance could lead a person to do things that he/she could not account for. In this case the adolescent girls find themselves with the unplanned pregnancies even before they could understand their own bodies. This calls for emphasis of primary prevention by providing information as early as possible, to equip them to deal with the changes and make informed decisions.

3.2.6.2 ARRIVING AT THE DECISION TO ABORT

Once the teenager has realised that she is pregnant she is faced with deciding on what to do. If she decides to carry the pregnancy to term, she is then faced with another decision to make, that is, whether to raise the child or give it up for adoption. According to Stotland (1991:191), many adolescents decide to have their pregnancies terminated. This decision is difficult for the girl who has not yet completed her individuation and is thus not accustomed to making autonomous choices. The American Psychologist (1987:73), further indicates that adolescent's decision to terminate pregnancy is externally determined because in most cases parents are involved in helping to make the decision. The researcher supports this notion because in cases

where parents come to realise that their teenage girl, for whom they had great dreams for a successful life, is pregnant, they will definitely take a lead in having the pregnancy terminated. Sometimes this happens because parents are trying to avoid a scandal of having a teenage mother in their home. The decision in this instance, is mainly made by parents, without considering the teenager's input or emotions, in the whole process. The researcher is of the opinion that this situation could have devastating consequences on the teenager later in life, by the time she is capable of comprehending what actually happened to her. In most cases the teenager conforms for the sake of financial support from the parents.

On the other hand Evangelisti (2000:34) is of the opinion that adolescents are more likely to have an abortion if they are sufficiently informed about reproduction to recognise or acknowledge pregnancy within the period in which to have a safe abortion. This shows that information empowers a person to make decisions that he/she could live with.

It has also been indicated in the *American Psychologist* (1987:73) that adolescents are more likely to delay their decision to have the pregnancy terminated. This could be due to a variety of social factors, such as fear of familial consequences, lack of experience in contacting professionals to seek help, lack of money to pay for the service as well as concern about confidentiality. The issue of payment for the service cannot be seen as a factor that could delay the adolescent's decision to request abortion in South Africa, unless the service is requested at the private clinic. Women who request abortion at the state clinics/hospitals are provided with a free service as they are classified as pregnant, and all pregnant women are provided with a free service.

The other factor that influences the teenager's decision is the reason for becoming pregnant (Compare Stotland, 1991:192.) The teenager who becomes pregnant because of an impulsive and irresponsible behaviour, will find it very difficult or very easy to make a decision, depending on her circumstances. She will find herself experiencing a turmoil of feelings that will disturb her rational thinking towards the reality she is faced with. On the other hand, a teenager who becomes pregnant because she needed someone to love her, may initially rejoice. Things would change when she realises the responsibilities accompanying raising a child, and the decision to have the pregnancy terminated could be delayed.

It is further said by Franz and Reardon (1992:162), that there are two classes of decision-making problems that are faced by adolescents when they have to decide about their pregnancy. The two classes are intra-psychic and extra-psychic, whereby the intra-psychic problems are poor reality-testing, inability to project self into the future, massive denial, failure of the executive ego function as well as anxiety. The extra-psychic problems include inexperience in decision-making, unfamiliarity with pregnancy as well as peer- and parental pressures, regarding the outcome of the decision. This is in line with the factors that influence the adolescent's decision, which were discussed earlier on. The researcher is of the opinion that the adolescent needs to be assisted to deal with these problems effectively with the aim of reducing unpleasant reactions after the procedure.

From the above discussion it becomes evident that arriving at a decision by a pregnant teenager is not easy. There are a variety of factors that influence the process of decision-making. Social support and the maturity level of the teenager seem to be playing a major role in the decision-making process. The social worker's communication skills could facilitate the decision-making process and the teenager could be provided with unconditional and non-judgemental support.

3.2.6.3 THE IMPACT OF ABORTION ON ADOLESCENTS

The impact of abortion on women has already been discussed in general, but the researcher finds it important to specifically look at the impact on adolescents. This was found to be appropriate because adolescents have unique circumstances as compared to the other population of women in general and the incidence of abortion amongst them is high. According to Trad (1993:400), adolescents, unlike their adult counterparts, are more likely to use abortion as a method of birth control, although this is a small percentage. This confirms the fact that adolescents have their unique problems and ways of addressing them.

Studies of the immediate after effect of abortion on young people have generally concluded that teenagers are not negatively affected as a group, and may even benefit from the procedure. However, there is always a subgroup within the sample which have problems (Compare Franz and Reardon, 1992:161.) This is in agreement with what was indicated by Trad (1993:400), that a small percentage of adolescents who have abortions

experience negative psychological outcomes. Furthermore Myburgh, Poggenpoel and Britz (1998:16) indicate that adolescents experience different dimensions of pain, including physical; psychological; spiritual and social pain. This clearly shows that adolescents do experience negative psychological outcomes after abortion. It is further indicated that adolescents may suffer guilt, anxiety and/or depression and attempt suicide, following abortion. (Compare Trad, 1993:400, Franz and Reardon, 1992:162 & Evangelisti, 2000:35 .) Trad (1993:400) goes further to say that from a psychological standpoint, abortion may be more difficult for teenagers than adult women. This suggests that teenagers need to be given a special consideration when they come for abortion, to minimise the negative consequences and reactions after the procedure. Various factors that contribute to these negative responses such as pre-existing psychiatric disorder; dogmatic religious beliefs; weak family support; ineffective coping skills and late gestational abortion, could be addressed through counselling. This is in agreement with Trad (1993:400) that these negative reactions may be substantially diminished if appropriate counselling is provided. The researcher believes that if the adolescents could be provided with proper pre-abortion counselling, most of the negative reactions would be eliminated.

3.3 COUNSELLING

Proper counselling is necessary and ideal but not always available. It has already been indicated that there is no pre- and post-abortion counselling at the state abortion clinics in South Africa. This makes the abortion services provided by the state incomplete and may have negative consequences on the women who receive these services.

3.3.1 COUNSELLING NEEDS

Although the decision to have a pregnancy terminated is made by the woman who is faced with an unplanned and unwanted pregnancy, there is a need to provide her with counselling. This becomes important because an unplanned and unwanted pregnancy creates a crisis in the life of the woman.

According to Zakus and Wilday (1987:83), crisis intervention has to be readily available for the women who request termination of pregnancy. This indicates the importance of counselling as part of the abortion services, as women would be helped to face the crisis and also develop coping skills to

outgrow it. Crisis intervention would assist the woman to master the crisis and regain her psychological balance.

Counselling women with an unplanned and unwanted pregnancy should help the woman to ultimately feel that she has had an opportunity to explore her feelings and anxieties and to make an informed choice that will result in no long-term regrets (Compare Baird, et al. 1995:113.) They further argue that the counselling process with women about abortion is centred around three areas, namely, decision-making; information provision and emotional support. On the other hand Zakus and Wilday (1987:83) see the counselling process around an unwanted pregnancy as involving several different stages, which may overlap. They also found decision-making as the first stage, followed by working through the loss of the potential child; dealing with the painful procedure; alleviation of guilt and increasing the responsibility for contraception. The last stage is attending to the post-abortion emotional problems (Compare Zakus and Wilday, 1987: 83.) It becomes evident that counselling is very important prior to the decision-making process, so that the woman could be assisted to explore her feelings, be provided with the relevant information, for her to make an informed decision, that she would be able to live with, for the rest of her life. The above-mentioned aspects on counselling will be discussed briefly as follows:

3.3.2 DECISION-MAKING PERIOD

It is argued by Baird, et al. (1995:113), that most women faced with an unplanned pregnancy, even if they had taken no precautions to prevent it, are surprised or shocked by discovering that they are pregnant. This factor makes counselling a very important aspect at the abortion clinic. Although the woman who approaches the clinic for abortion has already made her decision about her pregnancy, she still needs proper counselling, where all options will be discussed with her. Zakus and Wilday (1987:83), are in agreement with Baird, et al. (1995:113), that counselling should include both educational and therapeutic components, in order to facilitate the decision-making process. Counselling should be directed toward helping the patient perceive the situation realistically, initiate and improve communication with the significant others, express emotions and feelings openly and evaluate positives and negatives of each alternative. It is also argued by Zakus and Wilday (1987:83), that if this is done appropriately the woman would ultimately reach a decision that she could live with, in the future.

In the opinion of Baird, et al. (1995:113), making the decision may be more difficult for teenagers. Stotland (1991:192), agrees with this notion and further suggests that the adolescent should be encouraged to talk about her knowledge of the foetus as well as her fantasies about its development. She should also be encouraged to imagine her feelings about the foetus, as well as after the abortion. The researcher is of the opinion that this particular thinking will help the adolescent to be realistic about the situation and think about it in practical terms. The involvement of the parents would also help the adolescent where she will not be forced to keep her decision as a secret for the rest of her life, with devastating emotional consequences.

The researcher believes that if women who seek abortion service at the clinic could be provided with proper counselling, where all information is provided, not all would end up going through with the procedure. Those who were uncertain about their decision could end up considering other options, such as adoption, in an attempt to ease their consciences. For those who are still determined to go through with the procedure will be equipped on what to expect and how to deal with their feelings.

According to WHO (1995:74), counselling should be a part of all abortion care and it should be provided by non-judgemental, extremely sensitive and respectful persons. This could be achieved by having the public educated on the abortion services, to alleviate stigmatisation and labelling of the staff who provide the service. If the staff members providing the abortion service are not well accepted by the public, they will end up demoralised and unable to render a proper service. This was indicated on SABC 3 (2000) on Newshour programme, where the nursing staff at Kalafong Hospital indicated that they would rather leave the TOP Clinic and render a service where it will be appreciated. They also indicated that they are labelled by other nursing staff members as murderers, which forced them to decide to abandon the TOP Clinic. Proper counselling will only be done if the service providers are in a supportive environment. The social worker's role in this situation would be to launch awareness campaigns, to educate the public, including the professionals at the hospital, about the abortion services and the service providers. He/she could also provide support for the service providers at the clinic, to assist them to be more sensitive toward the patients.

3.3.3 WORKING THROUGH THE LOSS

Abortion is the loss of a potential child, therefore it is followed by mourning. Counselling should be directed toward supporting and strengthening the woman's positive coping skills in making the experience a maturational one. (Compare Zakus and Wilday, 1987.) The researcher believes that the woman would be best equipped to deal with this loss if it was clear to her, during the decision-making process that she was going to lose a potential child. This could only be accomplished through proper counselling. Accurate information and education may help the woman cope with the loss of her potential child.

The other losses that are faced by the woman who had termination of pregnancy are loss of self-image, loss of pregnancy, loss of motherhood and loss of relationship with the aborted child. These losses need to be dealt with, for the woman to be able to move on with her life. Without dealing with these losses the woman's life could be negatively affected.

According to Zakus and Wilday (1987:85), one of the most important factors in coping with this loss is support from the woman's significant others. The researcher agrees with this notion because support plays an important role in assisting a person to deal with a difficult situation. Support will also strengthen the woman to deal better with the loss of the potential child because she would be able to talk about it as well as her feelings, without any fear of being judged. This is supported by Baird, et al. (1995:117) that women who are provided with support usually feel less guilty, less depressed and less isolated. This confirms the fact that we are social beings and we need to belong and be supported, for us to thrive in this world.

3.3.4 POST-ABORTION COUNSELLING

While most women experience a huge sense of relief immediately after an unwanted pregnancy has been terminated, some experience emotional difficulties. As a result there is a need for post-abortion counselling. Zakus and Wilday (1987:86) argue that women who have worked through the decision to have an abortion still face ambivalence of medical personnel and of the society, resulting in negative responses. This is true that the attitude of the medical staff providing abortion service, coupled with the attitude of the members of the community towards abortion, may evoke negative reactions in women after the abortion procedure. Baird, et al. (1995:117)

indicate that it is estimated that in the USA 20% of women suffer from severe feelings of loss, grief and regret, after abortion. These feelings may progress to anger or depression and obsession, as it has already been said. For this reason, post-abortion counselling is a very important part of the abortion service. The researcher believes that post-abortion counselling will enable service providers to identify the intensity and the extent of emotional problems in women after abortion. Unlike currently, where the women are only seen when they come for abortion procedure and thereafter nobody cares to know how they cope or feel. Zakus and Wilday (1987:86-87) identified the following categories of women who may present with post-abortion problems and in need of counselling:

- Women who feel coerced into having an abortion by a significant other, such as husband, parents or boyfriend. Some may be forced by medical circumstances such as genetic defects identified in the foetus. In these circumstances women may decide to have an abortion just to comply with the wishes of someone else, that is, the decision is not from within. It may be very difficult for these women to live with this decision because they may feel that they had lost control of their lives.
- Women who place great emphasis on future fertility plans. These women were found to be expressing more neurotic reactions after abortion than women who did not want any children in future. This factor seems to be affecting adolescents more, by virtue of their age, at the time of the abortion.
- Women with pre-existing psychiatric problems. Women in this category may have a high degree of impairment from their psychopathology and a low degree of psychosocial support. As a result, the crisis of an abortion may exacerbate their pre-existing pathology, and this may lead to attempted suicide.
- Women who may be suffering from an unresolved grief reaction, such as a recent divorce, death of a loved one, at the time of the discovery of the unwanted pregnancy. These women are faced with a very difficult situation at the time when they are emotionally drained, as a result they are unable to handle it appropriately. These women may only be helped through counselling to develop the capacity to outgrow this painful experience.

- Women with a history of sexual abuse. Consciously or unconsciously these women may associate gynaecological and abortion procedures with previous aggressive violations. For these women there is a need to have them prepared for the procedure so that they could be able to deal with it. They also need to be helped to deal with the past and not confuse it with the procedure of termination of pregnancy.

It is important to have pre-abortion counselling so that these women who are at risk of experiencing trauma, based on their past experiences, to be identified and helped to deal with the problem at hand, before deciding on abortion or going through the procedure. Without pre-abortion counselling these women will not be identified, and this could have devastating emotional effects on their lives.

It is argued by WHO (1995:74) that it is important that women receiving abortion have an opportunity to discuss their health, feelings and personal situation with knowledgeable, sensitive and non-judgemental counsellors. On the other hand Zakus and Wilday (1995:87) argue that many of the post-abortion emotional difficulties are related to lack of counselling or inadequate counselling. This clearly indicates the important role played by counselling as an integral part of the abortion services.

The researcher is of the opinion that if counselling, that is, pre- and post-abortion, could be introduced at all the state abortion clinics, women would receive a comprehensive service. This will enable them to live at ease with their decisions, irrespective of the reasons that made them come to the abortion decision. The involvement of social workers at the abortion clinic is essential for the women who seek abortion to receive a comprehensive service. This would enable the women to best deal with the psychosocial implications that accompany termination of pregnancy.

3.4 SUMMARY

This chapter concentrated on the psychosocial aspects related to abortion on the woman. It is important to note that although abortion on request is the choice of the woman, it is accompanied by the psychosocial aspects. There are a variety of factors that result in unplanned and unwanted pregnancy. When women are faced with this unplanned and unwanted pregnancy they end up opting for abortion. Factors that led to this pregnancy have an

influence on how the decision to abort is reached, as well as the feelings after the abortion.

LEGAL ASPECTS OF ABORTION

The emotional reactions of women following abortion differ from one woman to the other. Most women experience relief immediately after abortion. This relief is short-lived in other women and lasts for longer periods in others, depending on various factors prior to the abortion. The literature review is not conclusive on the duration of the feeling of relief, as well as negative feelings after abortion. This result from the fact that women who have had abortion are not properly followed-up. There is a need for proper follow-up services for the women after abortion, to monitor their long-term feelings with regard to the procedure. This will enable the service providers to improve the service to be responsive to the needs of the women.

Adolescents experience abortion in a unique manner due to their cognitive development. They are at risk of developing emotional problems after abortion. As a result they need to be provided with a comprehensive abortion service, that include pre- and post-abortion counselling. This has been found to be giving adolescents a chance to experience abortion positively and be able to go on with life after abortion.

The social implications of abortion may be both negative and positive. On the positive side the woman would be relieved of the unplanned burden that could otherwise jeopardise her schooling, employment or increase her financial responsibilities. While on the negative side, the woman would be unable to resolve her feelings towards abortion, resulting in her isolating herself and being unable to form heterosexual relationships.

Counselling forms the important part of the abortion services, where the women need to be helped to make informed decisions, to work through their losses and to adjust to normal life, after the abortion. Social workers, as part of the team that has to render the abortion service, are equipped with the skills, knowledge and techniques to assist these women to deal effectively with their feelings. Social workers can also help these women to deal effectively with the defence mechanisms, resulting in their ability to take control of their lives.

The following chapter deals with the legal aspects of abortion.