

## CHAPTER 6

### EMPIRICAL FINDINGS FROM THE QUALITATIVE PHASE OF THE STUDY

#### 6.1 INTRODUCTION

This phase of the empirical study was to be undertaken with the aim of exploring the psychosocial implications of abortion on the woman, sometime after the procedure, that is, not immediately. The research methodology will be discussed briefly before the empirical findings are described. The research process is then described, to give a background to what has been done in this phase of the study, followed by the profiles of the women who requested termination at the private TOP Clinic, namely, Women's Choice Clinic, as well as the statistical information that was drawn from the women's files. Then follows the case studies that were found from the magazines to illustrate the implications of termination of pregnancy on the woman and lastly the conclusions reached.

#### 6.2 RESEARCH METHODOLOGY

The type of research that was used in this study is applied research. The exploratory-descriptive design was used. As indicated earlier on, both qualitative and quantitative research approaches were used, where Creswell's dominant-less-dominant model was found to be applicable. In this model both qualitative and quantitative approaches are used in one study, with one approach used more dominantly than the other (De Vos, 1998:360). In this chapter only the empirical findings from the qualitative phase of the study will be presented, as the empirical findings from the quantitative phase has already been presented in chapter 5.

The population consisted of all the women who had termination of pregnancy at the Women' Choice Clinic, at Pretoria, before June 2001. Thirty-five (35) files were selected by the simple random sampling method and reviewed. According to Strydom and De Vos (1998:195), simple random sampling refers to a situation where each individual case in the population theoretically has an equal chance to be selected for the sample. This sampling method was found to be suitable for this phase of the study because all the individual cases possessed the characteristics which were representative of the population.

### 6.3 FOLLOW-UP ATTEMPTS FOR THE QUALITATIVE PHASE OF THE STUDY.

The researcher contracted with 21 respondents (36.3%), on the day the questionnaire was administered, from the sample that was drawn for the quantitative empirical study, who indicated that they would need counselling after the procedure, for a follow-up to be made on them. It was agreed that they would contact the researcher telephonically after three months, which did not materialise. The researcher then went to Kalafong TOP Clinic, to search for the women's addresses so that letters should be sent to them to remind them of the contract. This letter was written in a manner that even if it could land in someone's hands at home, besides the woman's hands, it would not be easy for that particular person to figure out what it was all about. This was done in order to protect the woman not to disclose her secret. (The letter is attached in the appendix of this thesis ). After there was no response from the women for six months after the letters were sent out, the researcher went back to the TOP Clinic, where she discussed her frustrations with sister Hanyane and sister Letsoalo, who indicated that the possibility that the addresses were wrong was there. This was the suspected reason why there were no responses from the women. The nurses further indicated that there was no way that the researcher could make follow-up at the clinic because there were no follow-up services for the women after termination of pregnancy.

The fact that the women did not contact the researcher after the procedure, as well as not responding to the letters of request to make contact, confirmed their intention to forget about their abortion experience. This indicated that these women deliberately made their whereabouts untraceable. It is indicated by Reardon (1999:1) that, while many studies have been conducted regarding emotional aftermath of abortion, very little has been firmly established. This state of affairs is the result of complications such as the co-operation of the study population, which is inconsistent and unreliable. This clearly shows how difficult it is to have a conclusive study on the psychosocial implications of abortion on the women, after the procedure. For this study the problem that hindered the exploration of these implications was unreliability on the part of the population.

The researcher then placed an advertisement on the university newspaper, namely, the *Perdeby*, because of the findings from both the qualitative and the quantitative phases, that revealed that, the students from the tertiary

institutions do go for termination of pregnancy. It was hoped that this advert would help them to reach out and talk about their experiences. This was done to invite women who have had termination of pregnancy and were experiencing some problems dealing with it, to come for counselling that was going to be provided without any costs. This advert was given a period of six weeks, but did not yield the expected results. (The advertisement is attached in the appendix of this thesis).

#### **6.4 THE PROCESS AFTER THE DISAPPOINTMENT WITH THE RESPONDENTS**

With the quest to explore the psychosocial implications of termination of pregnancy on the women after the procedure, the researcher reached out to Neobirth agencies in Pretoria and Rustenburg, for her to be given a chance to interview the women who went there for post-abortion counselling. It was unfortunate that her requests were not favourably considered by the management of the said agencies.

Further efforts were made to have interviews with women who have undergone termination of pregnancy, to explore its psychosocial implications on them. The researcher was invited by Dr. C.P. Bam, who is performing termination of pregnancies at the Women's Choice Clinic in Pretoria, which is a private clinic for all women's issues, with the hope that respondents will be found for the qualitative phase of the study. Between 02 July 2001 and 06 July 2001, the researcher was present at the Women's Choice Clinic, on a daily basis, with the aim of using the availability sampling method, to draw the sample from the population of the women who would come to the clinic for post-abortion counselling. As it was indicated by Dr. C.P. Bam that these women do come on a daily basis, the researcher was hopeful that the respondents will be found. But this was not to be and five days were spent at the clinic without any woman coming for post-abortion counselling.

The researcher then requested permission from Dr. Bam to review the records of the women who came for termination of pregnancy at the clinic and permission was granted. This was aimed at helping the researcher to establish the profile of the women who came for termination at that clinic. Review of the records was seen as the appropriate method of data collection at that given time because there were no respondents at the clinic, for the interviews to be conducted, and there were no prospects of seeing them in a

post-abortion counselling session. According to Bless and Higson-Smith (1995:125), record method of data collection is a non-reactive research method, through which the information about the respondents is gathered without direct interaction. Anonymity and confidentiality were maintained when dealing with these records, as no identifying particulars were used.

Utilising the simple random sampling method, where every file had a chance of being selected (Strydom and De Vos, 1998:195), thirty-five files of the women who had already undergone termination of pregnancy before July 2001, were selected. It was discovered that women had to have a short form completed before the procedure, where they have to indicate whether they are satisfied with their choice; informed about other options; informed about the methods of contraception after saying which one failed them; informed about the procedure and the possible complications; and advised to approach the clinic as soon as any sign of the complication is observed.

## **6.5 RESEARCH FINDINGS**

The data that was collected from the files that were reviewed will now be presented, even if it does not give an in-depth information regarding the women who requested abortion at the Women's Choice Clinic.

### **6.5.1 INTRODUCTION TO THE RESPONDENTS**

The findings from the thirty-five reviewed records are as follows:

The findings from the reviewed records are as follows:

- The age of the women in the sample ranged between 17 years and 41 years.
- From the sample 17 women did not have any child and their age ranged between 17yrs-28yrs.
- 8 women had one child and their age ranged between 23yrs-35yrs
- 6 had two children and age ranged between 31yrs-41yrs
- 2 had three children and their age was 33yrs and 34yrs, respectively
- 1 had four children and her age was 38yrs.

It could thus be concluded that the majority who did not have any child felt that they were not yet ready to carry the responsibility of raising a child. When considering their age it could be said that they were of school going age and those who were older, were at the beginning of the career ladder, and did not want to let the pregnancy disturb their progress. For those with

children, it could be said that they felt that they could not cope with an additional mouth to feed. It was interesting to note that nothing in the files indicated how the relationship with the partners were, as this would also have shed light on the women's situation. The reasons for deciding on termination of pregnancy were also not indicated in the files.

All women in the sample indicated that they were satisfied with their choice. It is also interesting to see that all the women in the sample indicated that they would not want to discuss the matter after the procedure. This is seen by the researcher as the reason behind the situation where no woman was coming for post-abortion follow-up. It could be concluded that the women were looking forward to the relief of doing away with the burden of an unwanted and unplanned pregnancy, as indicated by Michels (1986:29), that relief is the first emotion after having an abortion. This indicates the efforts made by women to forget about abortion, so that they could go on with life thereafter.

All the women indicated that they were not interested in other options but would like to go on with the termination of the pregnancy. They also indicated their seriousness with regard to utilising the contraceptives, especially the injectables, as recommended at the clinic, for them to avoid another unplanned and unwanted pregnancy. None of the women blamed herself for the unplanned pregnancy, but were looking forward to doing away with the problem and start afresh. This shows that undergoing an abortion is accompanied by psychosocial implications, which the women need to be helped to deal with. The social worker can play a vital role here if the women could just realise the importance of post-abortion counselling.

#### **6.5.2 PROFILE OF WOMEN WHO REQUEST TERMINATION OF PREGNANCY AT A PRIVATE CLINIC**

Based on the data that was gathered from the files that were reviewed, the following profiles of the women who request abortion at a private clinic is presented. The reason for providing these profiles is to give the background of the women who came to have termination of pregnancy at the Women's Choice Clinic in Pretoria. This cannot be generalised because of the size of the sample. From the thirty-five files that were reviewed, only five were eventually chosen for the profiles, because of the saturation of the information. These five files represent the most common types of persons in

the sample. As a result only five cases were used to avoid a repetition of the information.

### **6.5.2.1 RESPONDENT 1**

The first file that was reviewed was that of a 17 years old black woman, from Soshanguve and still a pupil at the local secondary school. She had no child and was still dependent on her parents for support, that is, emotionally and financially. None of the family members were aware of her pregnancy and her choice to terminate it. The cost for the procedure at the private clinic were incurred by the boyfriend, who was employed. The boyfriend had been supportive all the way and also accompanied her to the clinic on the day of the procedure. She never used any form of contraception but decided to use the injection immediately after the procedure. She came to request termination of pregnancy during the first trimester of her pregnancy.

### **6.5.2.2 RESPONDENT 2**

A white woman from Pietersburg, 19 years of age and a university student who was staying at the university residence. She had no child and was still dependent on her parents. Her boyfriend was the one responsible for the financial support at the private clinic. Her parents knew nothing about her pregnancy and her decision to have it terminated. Due to his job commitment, her boyfriend could not accompany her to the clinic on the day of the procedure. She came for the procedure during the first trimester of her pregnancy. She never used any contraceptives but decided to use the injection immediately after the procedure.

### **6.5.2.3 RESPONDENT 3**

A black woman aged 38 from Kwa-Mhlanga. A married woman with four children and a working husband. Never used contraceptives but decided to use the injection immediately after the procedure. She came during the first trimester of her pregnancy. The husband was not informed about the pregnancy and the decision to have it terminated because he was against her using contraceptives, and would not approve of her decision. As she was also employed, she paid for the procedure and this was her secret.

#### 6.5.2.4 RESPONDENT 4

A white woman from Verwoerdburg. She was 41 years old, married with two children and employed. She was on oral contraceptives but decided to change to injections immediately after the procedure, because the pill was unreliable. Her husband was fully behind her and accompanied her to the clinic on the day of the procedure.

#### 6.5.2.5 RESPONDENT 5

A black woman from Hammanskraal. She was 41 years old, single with two children to raise and the sole breadwinner for her extended family. Her boyfriend deserted her immediately when he learnt about the pregnancy. She was not using contraceptives but decided to use the injection immediately after the procedure.

#### 6.5.2.6 DISCUSSION

The above information provides a clearer picture of the women who ultimately request termination of pregnancy at a private clinic. Due to the financial implications, not every woman can afford to request termination of pregnancy at a private clinic. For the women who are still dependent on their parents for financial support, when they are faced with unplanned and unwanted pregnancies, their hope to get it terminated lies with their boyfriends, as shown in the information provided above. For the married women, who find themselves under the tyranny of their oppressive husbands, where they are denied the opportunity to control their bodies, they devise means to secure money to pay for the abortion service, without the knowledge of their husbands. It is emotionally touching to think that these women go through this traumatic experience without any form of support. The researcher was of the opinion that this type of women would avail themselves for post-abortion counselling, for them to be able to go on with their lives.

For the women who request termination of pregnancy at a young age, the concern is that they are still immature to comprehend what is happening regarding their bodies, as indicated in chapter 3 of this thesis. As a result of this immaturity, together with the secrecy and trying not to disappoint the parents, the woman could experience an emotional turmoil later in life, which could disturb the career that she was trying to build. It is important to

note that almost all the women whose files were reviewed were enjoying the necessary support from their partners.

It is evident that the women who request termination of pregnancy do so because of some circumstances, that are perceived to be not conducive for raising a child. In deciding to have the pregnancy terminated, the women are trying to take control of their lives again. Even though termination of pregnancy is the woman's decision, it is accompanied by psychosocial implications, because the decision is made under some circumstances, that may be overwhelming for the woman. This is the reason why the researcher is convinced that counselling is crucial to ensure that these women are able to continue with their lives after the procedure. It would be more beneficial if the women would be provided with pre-abortion counselling, to help them go through the procedure with lessened emotional burden, because it has been shown that after the procedure, the women would rather forget about their experience, hence post-abortion counselling is not possible.

#### **6.5.2.7 CONCLUSION**

The women who request termination of pregnancy at the private clinic are those who have the means of paying the costs. If they are not financially well off, their partners are prepared to incur the costs, which could be seen as a relief on the woman who is overwhelmed by facing an unplanned and unwanted pregnancy. Women from the different cultural and racial groups are sometimes faced by unwanted and unplanned pregnancies. All women who are of child-bearing age are faced with the problem of unplanned and unwanted pregnancy, which makes the service at the termination of pregnancy facility to be crucial in ensuring that the women are able to move on with their lives after the procedure. If the service is not responsive to the needs of the women, the generation of women in the near future, could be characterised by emotional instability.

#### **6.6 CASE STUDIES TO ILLUSTRATE THE PSYCHOSOCIAL IMPLICATIONS OF ABORTION ON THE WOMAN**

The psychosocial implications of abortion on the woman will be illustrated by using two case studies, which appeared in two local magazines, namely, Drum ( April, 1998) and True Love (January, 2001).



### 6.6.1 CASE STUDY 1

Nonki's story appeared in Drum, by Tladi (1998: 14-15)

She was a 21 years old woman, unmarried, a mother of a 2 years old daughter and the sole breadwinner for the family (extended family). She had broken up with her boyfriend of eight years and felt that she won't be able to cope with an additional mouth to feed. At the local Abortion Clinic she was told that the waiting list was already long and she would have to wait for three months before the procedure could be performed. Considering her gestation period at the time, she felt that she could not wait, and then consulted her family doctor, who referred her to a hospital in Pretoria. It is not indicated whether this was a state hospital or a private one. By the time she booked in at the hospital she was already four and half months pregnant, meaning that she was already in the second trimester of her pregnancy.

She indicated that when entering the ward she was overwhelmed as she looked at all the other women in the ward, who seemed so alone and depressed; and the ward was very dull with nothing to cheer them up. As the medication was administered four hourly to induce labour, the women were constantly reminded by the nursing personnel that it was their own fault that they were in that situation, which made things more unbearable for them. The procedure was then successfully done and after observation, which revealed that she was healthy, she was discharged. This felt like a mechanical procedure in the sense that no one cared about how she felt and whether she was ready to face life constructively.

She did not regret having had an abortion, although she didn't like recalling what she went through. The fact that she was unable to forget what happened is shown by her statement when she said "I sometimes dream that all the little babies are packed in white envelopes with their mothers' names and addresses on them." She is still asking herself where her baby was taken to. This means that without counselling she will live with this question for the rest of her life.

#### 6.6.1.1 DISCUSSION

Nonki's story clearly shows that even if the woman tries hard to forget about the abortion procedure that she had, it is not easy, especially for those who did not receive any counselling. This story further shows that termination of

pregnancy is accompanied by psychosocial implications and the women need to be helped to deal with these implications. This could only be achieved through counselling and the women could ultimately have life after the abortion procedure. Counselling could also be helpful for the women who do not receive any support from their families because of the secrecy that termination of pregnancy is handled with.

As it has been shown earlier in Nonki's story, the women are made to feel guilty about their decision, instead of being provided with counselling to help them deal with their decision better. It has been established from the literature that women experience guilt feelings for their decision to terminate the unplanned and unwanted pregnancy. When these guilt feelings are aggravated by the hospital environment, these women will find it very difficult to live with their decision. It is also not said in the story whether any counselling was provided but the researcher is strongly of the opinion that pre-abortion counselling would benefit the women on a long-term basis.

## 6.6.2 CASE STUDY 2

The other story is that of a 16 years old woman, Joyce, which appeared in True Love magazine, by Gidish (2001:70-72), Joyce indicated that she was unable to look at herself in the mirror, because of what she has done. She fell pregnant because her boyfriend did not want to use a condom and also threatened to leave her if she would not sleep with him. The boyfriend left her immediately after learning that she was pregnant. She did not tell her parents but shared her ordeal with her friend, who ultimately linked her with someone who performs abortions. The illegal abortion was successful, without any physical complications, but affected her emotionally. Her school work deteriorated, she became moody and depressed. She indicated that she felt guilty about everything and hated living with the lie.

### 6.6.2.1 DISCUSSION

Of importance to note here is that this girl did not receive any counselling and support from her family, except from her friend alone, as this was her secret.

The story of Joyce, further illustrates the emotional trauma that the woman experiences when faced with an unplanned pregnancy. For this woman the worst thing is that she was forced to sleep with this irresponsible and selfish

boyfriend against her will, only to be abandoned when he found out about the pregnancy. This clearly demonstrates the circumstances that force women to opt for termination of pregnancy.

Joyce did not want to disappoint her parents, thus she went for abortion without involving them. This could have a devastating effects on her life on the long-term, as we have already seen how on the short-term, her life had been affected.

The importance of pre-abortion counselling is shown by the story of a 21years old woman, in the same article as Joyce' story. This lady was from Springs in the East Rand, and she had an abortion at a private abortion clinic. She was provided with pre-abortion counselling which helped her to deal with her decision. This is indicated in her statement that reads: "I feel quite OK about it all and have no regrets whatsoever." This shows the important role played by counselling prior to the abortion procedure, which prepares the woman emotionally and also enhances her coping capabilities after the procedure.

#### **6.6.2.2 CONCLUSION**

It is evident from Joyce's story that termination of pregnancy is not an experience that brings joy to the women. As a result of this fact it becomes very important to acknowledge this fact and strive towards providing a comprehensive service, so that the women could be equipped to deal and live with their decision. This has been seen with the women in the sample, who were determined to keep their undergoing abortion a secret, without considering the emotional impact on them. Although pre-abortion counselling is essential, in this case, the girl would benefit from post-abortion counselling, as she could not receive counselling prior to the procedure.

### **6.7 FINAL CONCLUSIONS REGARDING QUALITATIVE DATA**

The unavailability of respondents for the interviews with the researcher shows that termination of pregnancy is accompanied by psychosocial implications. Even if women are aware of these psychosocial implications, like the 21 respondents in the sample, they try hard to deal with them on their own without any professional help. The major motivation in this

situation is the women's efforts to forget about this traumatic experience, without being reminded.

The results from this phase of the study show that the majority of the women who seek abortion are young and have no other children. The major reason for the decision is that they do not want their career paths to be disturbed by the unplanned pregnancy. For those who have other children are unable to cope with an additional responsibility of raising an unplanned child.

When the woman goes for abortion she has already taken a decision, this is the reason why all the women in the sample indicated that they were not interested in any other option. The shock of dealing with an unplanned pregnancy motivates the women to be more serious about their utilisation of the contraceptives. After dealing with the problem, that is, an unplanned pregnancy, through abortion, women become relieved. Because this relief is short-lived, it is important to see to it that the women are provided with counselling prior to the procedure.

Women who are provided with counselling prior to the abortion procedure are able to cope with their decision, unlike those who are not provided with any counselling.

## 6.8 SUMMARY

In this chapter the research methodology was discussed, followed by the attempts that were made by the researcher to have respondents for the interviews. The process that followed after the disappointment from the respondents was then discussed, followed by the profiles of the women who requested termination of pregnancy from the Women's Choice Clinic, that were drawn from the data found in the files. Then the data regarding the women that were found in their files was then presented, followed by the case studies, to illustrate the psychosocial implications of termination of pregnancy, as experienced by different women.

The following chapter deals with the guidelines for social work intervention.