



# Lived Experiences of Women Who Terminated Pregnancy in Adolescence

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## Authors' contributions

*This work was carried out in collaboration between both authors. Author BRS has concept of the study. Authors VMB and BRS was drafting of the proposal, data collection, data interpretation and analysis and manuscript writing. Both authors read and approved the final manuscript.*

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## ABSTRACT

**Introduction:** Termination of pregnancy is an event flooded with personal and social conflicts. There are individual, relationship, community, and societal factors regarding termination of pregnancy in adolescence that need consideration.

**Background:** Teenage pregnancy is a public health crisis in the world. It is a major contributor to maternal and child morbidity and mortality rates. Termination of pregnancy was introduced as a safety measure to solve the problem of unwanted pregnancies and maternal deaths caused by backstreet terminations.

**Aim:** The aim of the study was to explore the lived experiences of women, who had a terminated pregnancy in adolescence, using the socio-ecological model.

**Methods:** Interpretive phenomenology analysis was used to explore the lived experiences of women who terminated a pregnancy in adolescence. Individual audio-recorded interviews were conducted with 11 participants, who terminated a pregnancy in adolescence.

**Findings:** Interpretive analysis yielded three themes, namely: failure to protect one's unborn baby, the burden of secrecy, and failure to form lasting relationships. The findings show the lasting negative effects of terminating a pregnancy in adolescence.

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**Conclusion and policy recommendation:** The qualitative study confirmed that women who terminated pregnancy in adolescence face a lot of challenges in adulthood. The study further confirmed that women do not forgive themselves for having had a termination of pregnancy in adolescence. Health-care policymakers need to hear the voices of women who terminated a pregnancy in adolescence, to enable them to develop relevant and appropriate policies that answer the needs of women who have a termination of pregnancy in adolescence.

*Keywords: Adolescents; termination of pregnancy; women.*

## 1. INTRODUCTION

Pregnancy is a normal phenomenon that occurs for the purposes of procreation. However, in human beings, a pregnancy may be unsafe when it occurs before the woman reaches mature physical and mental development. Ghose et al. [1] assert that adolescent pregnancy normally catches up with a girl before she is physically and psychologically ready for childbirth. Adolescent pregnancy, therefore, results in negative impacts on the mother and the new born as well as the socio-economic status of the family [2]. Studies have revealed that adolescent pregnancy-related conditions are the second major causes of mortality and lasting health problems in developing countries [3,2]. An estimated 21 million pregnancies among girls, aged 15-19 years, are recorded each year and almost 49% occur unintended [4].

In some countries, there are laws that criminalise and stigmatise abortion. These laws do not permit any kind of abortion irrespective of how it occurs, and therefore the decision to terminate a pregnancy is never an easy one. Unwanted pregnancies can be attributed to rape or incest, while other pregnancies are unwanted simply because of the psycho-social, cultural and developmental impact that it poses in the of a woman. Despite all these factors that may contribute to unwanted pregnancy, or even if the medical results may reveal that taking the pregnancy to term may have negative consequences on the woman's health and well-being, the woman would have no option, but to carry the pregnancy to term [5,6].

Notwithstanding the long-standing stigma, resistance to the practice of abortion and having to face the wrath of discriminative laws in abortion, many women around the world continue to self-induce abortion secretly, or obtain abortion drugs illegally from medical practitioners [7]. Abortion therefore, remains a common experience for most women in the world and one of the common controversial sexual and reproductive issues.

As a result of the negative consequences of pregnancy among the adolescents, WHO has placed the global improvement of adolescent sexual and reproductive health high on its agenda. In 2013, the UNFPA held a Convention on the Rights of the Child (CRC), with the aim of providing signatory governments and societies with basic elements for the protection of girls and boys. Within the CRC, the basic principles that were emphasised included: non-discrimination, the best interest of the child, the right to life, survival and development and respect of their views [8]. Following the CRC, a number of treaties and agreements were signed to help sustain and reinforce its provision, one of which is the International Conference on Population and Development (ICPD) that committed signatories to eliminating harmful traditional practices such as child pregnancy (UNFPA 2013). The ICPD further called on all countries and international communities to protect and promote the rights of adolescents to reproductive health education and to greatly reduce the incidences of adolescent pregnancies. Following this development, a number of countries started to conditionally relax the laws on abortion

### 1.1 Background

Pregnancy in adolescence is a public health concern in both developed and developing countries because it has some negative physiological, psychological and social effects on adolescents [9]. These negative outcomes may be compounded by the social stigma and laws that restrict termination of pregnancy. Following the UNFPA convention on the rights of the child (CRC) in 2013, many countries introduced mechanisms to curb the many negative effects of pregnancy, including premature deaths, suicide, suicidal ideation, depression and others (Islam et al. 2017).

The United States of America (USA) is reported to have the highest number of teenage pregnancies, but very few abortions. It is reported that 9% of American adolescents become pregnant each year and 3% of such

pregnancies end up in abortion [10]. Germany and Switzerland have the lowest number of adolescent pregnancies when compared to the USA, UK and Russia [9], (Fergusson Boden & Horwood 2007) [11].

In Africa, adolescent pregnancy is also a common public health problem and many countries are spending the largest portion of their national budget on prevention measures, with very little success [12]. In sub-Saharan Africa, the highest recorded countries with adolescent pregnancy, which end up in abortions, include Tanzania, South Africa and Ethiopia, and within these countries, most teenage pregnancy and abortions are associated with socio-cultural, environmental and economic factors [12]. Adolescent termination of pregnancy has been linked to a number of physical and psychological problems, including suicide attempts or suicidal ideation [13]. Studies [12,14] have found that there are contributing factors to both adolescent pregnancy and some may influence termination of pregnancy, with the overarching factor being coercion from either the father of the unborn child, the parents or the religious bodies as well as other circumstances one finds herself in at the time.

The Choice on Termination of Pregnancy Act 92 of 1996, in South Africa, was introduced as a safe measure to solve the problem of unwanted pregnancies and in the prevention of maternal deaths caused by backstreet terminations. Termination of pregnancy in South Africa was finally legalised in 1997, and in 2001, there were 155 624 legal termination of pregnancy done. More than half of these cases, 80373, involved adolescent girls under the age of 18 [15]. The experiences of how these adolescents and many who continue to terminate pregnancy every year have never been studied nor are they known by the researchers, hence, the intent of the study to bridge this existing gap.

## 1.2 Theoretical Framework

The social ecological framework, which proposes that individual behaviour related to termination of pregnancy affects and is affected by the social environment through multiple levels of influence, was used. According to Bronfenbrenner [16], it includes interaction with the self and with other people, organisations, societal norms, rules and beliefs. According to this framework, a single level of influence cannot effectively explain a

woman's behaviour in relation to termination of pregnancy, in order to understand their lived experiences [17]. As the focus of this study was on the impact that TOP had on the lives of adolescents, the model captured both the internal and external factors, as they influence how a person copes and accepts a situation in their lives. In this study, the self-factors included mainly maternal instincts, dependency on parents or partners and religiosity. External factors that influenced women's behaviour before or after termination of pregnancy were parents, partners and the community.

## 1.3 Purpose of the Study

The purpose of this study was to explore and describe the lived experiences of women who terminated a pregnancy in adolescence.

## 2. METHODS

### 2.1 Design

An interpretive phenomenological analysis (IPA) [18] was used for this study. This design requires the researcher to make an in-depth assessment of the lived experiences of each participant. The use of phenomenology is regarded as the best approach to explore lived experiences that are socially intricate [19].

### 2.2 Setting

The participants of the study were recruited from a family planning clinic and a community health centre, accredited to do termination of pregnancies in Tshwane, in the Gauteng province of South Africa. Recruitment was done through gatekeepers at each clinic. The gatekeepers are registered nurses, who are trained in both family planning and termination of pregnancy.

### 2.3 Population and Sample

Purposive and snow-ball sampling techniques were used to select 11 women, aged between 20 and 35 years, who terminated pregnancy by choice in adolescence. Five of the participants were recruited through the clinic designated for termination of pregnancy. Even though the registers for both clinics showed 58 women would meet the criteria to participate, the researchers were unable to access them all and, hence, the five participants were requested to

recruit others. From this method, six more participants were recruited from an initial 9, since not all the women met the criteria. To be included in the study, the women should have terminated a pregnancy in adolescence and they have to have had the TOP less than ten years to the time of study participation. The population comprised women aged 20 to 35 years, who chose a termination of pregnancy in adolescence.

See Table 1 on sample selection.

### 2.4 Data Collection

In-depth, semi-structured, audio-taped interviews were conducted and this was complemented with field notes. The first author was the primarily responsible for data collection. Preceding each interview, written informed consent was obtained. To ensure openness and freedom to talk about experiences, data collection began with a grand tour question, that is: "Tell me how you have experienced termination of pregnancy during adolescence." Subsequently, probing questions were asked, where necessary, to enhance the richness of the responses. The purpose of the study guided the exploration of relevant focused information.

For consistency, the researcher used an interview guide, which consisted of predetermined, open-ended questions that guided, but did not dictate the interview (Botma et al. 2010). Field notes were compiled after each in-depth interview, to capture and describe the non-verbal cues observed during the interview.

### 2.5 Data Analysis

A modified IPA framework [10] was followed in the analysis of the reported experiences of the women who terminated a pregnancy in adolescence. According to the framework, the transcripts had to be read several times for the

researchers to immerse themselves in the data. This was followed by careful noting of the words and notes that came out of the transcripts until the emerging themes were developed. This process was followed with all the 11 transcripts. The first and second author reviewed all the transcripts and listened to them at different times. The last author then checked the transcripts and the authors discussed them until consensus was reached.

## 3. FINDINGS

The following three themes emerged from the analysis: failure to protect their unborn babies, the burden of secrecy and dysfunctional relationships or failure to form meaningful relationships.

### 3.1 Failure to Protect their Unborn Babies

All the participants expressed feelings of having transgressed the natural instinct of a woman to protect their child/children, since they feel that they have not protected their unborn babies. They felt that mothers are endowed with maternal instincts, which drives them to protect their babies and, in this regard, they have failed. This was captured by the following extracts:

*(Resp A05). I felt I was doing a good thing when I did the TOP ... thereafter, I regretted it, because that child was mine, I was doing the baby for myself. I regret when I think about the baby. I shouldn't have aborted the baby. I must be honest, it does not settle with me very well, because that's an innocent child.*

*(Resp B03). I don't know if it was the pressure of wanting to return to school ..... I think I was still not mature. I did it without proper thinking and now when I look back, aahhh...sh (crying). Oohhh ... my child! It's so bad. Why did I allow it...!*

**Table 1. Sample selection**

Description	Number
Total number on register who met the criteria	58
Total on register not traceable	53
Total sample included from TOP clinic register	5
Total sample included from Family planning clinic	0
Total snow-ball sample recruited	9
Total snow-ball sample who met the inclusion criteria	6
<b>TOTAL SAMPLE INCLUDED</b>	<b>N= 11</b>

All 11 participants said they were forced into terminating the pregnancy by either their parents or boyfriends. They expressed that, although, at the time of termination, they were dependent on their parents or boyfriend, they should not have allowed them to coerce them into terminating the pregnancy. This was captured in these statements below:

**(Resp A02).** *My parents like to appear before the eyes of men as being holy and that is why they gave me no option, but to terminate the pregnancy, before neighbours and their friends realised I was pregnant ... This hurt, because, after that, they never supported me, for them I was free or they would be regarded as the good people in society ..... They still do not care.*

**(Resp A01).** *I was impregnated by a married man, who has always told me that he will leave his wife for me. When the time came for him to do so, I was on my own and he told me that his family should never know about this, so he paid for a private doctor to terminate my pregnancy.*

**(Resp B03).** *We were at school together and he told me that he was still young to be a father. Even when I told him that we will find work and support the baby, he forced me to terminate the pregnancy and I did.*

**(Resp B01)** *I wish we could at least say goodbye properly or maybe to the baby ... or at least that the baby can be recognised ... that there was such a person ... that is my wish. I think it would help me heal ... get buried in dignity. The way we disposed of the baby ... (pause) ... ja, ... we didn't do it right ... I think it would help me heal.*

Many of the participants felt it was right to terminate their pregnancies, because they had relationship problems, experienced reproductive coercion and the pregnancy was unwanted.

Another participant added:

**(Resp B04)** *I felt better to abort than dump the child somewhere. I did not want to hate the child, because when I see the child, I would think of what he (partner) did to me, because the child would remind me of him (23 year old woman).*

Being a mother and taking away the life of your own child was expressed by all participants as an emotionally painful, an uneasy experience and a huge thing. All the participants expressed that a TOP involved killing and most of the women referred to themselves as being murderers of

their own innocent children. The fact that the child was innocent, tended to intensify the emotional pain. The following comments further support this finding:

**(Resp A06).** *It is emotionally a painful experience...I asked myself why would I do such a thing? I must be honest, it does not settle with me very well, because that's an innocent child.*

### 3.2 Burden of Secrecy

The participants reported that for fear of being judged by family or community, they have carried the burden of secrecy with them, from the time they terminated the pregnancy until now. Nine participants reported that they have not been able to tell anyone about the TOP, which has meant that they have had to carry this burden, on their own, without assistance or support. This was captured by these extracts:

**(Resp B03).** *This is my 10th year after the abortion and I have two other children, but I also carry the burden that they would have been three, if I had not allowed my boyfriend to coerce me into having an abortion. I cannot even tell my husband what I have done. Every time he comes home upset, I always think maybe, just maybe, one of the nurses has exposed my secret. This is the burden I have to live with to my grave. (29-year-old woman).*

**(Resp A02).** *I terminated two pregnancies during adolescence, one when I was at 15 and the other one when I was at 18. I was still at school and my parents forced me to abort, so that I can complete my studies. Now I am working, married and I cannot conceive. We did tests and nothing was found to be wrong with either myself or my husband. I secretly know it's me; God is punishing me for what I did, but I cannot tell anyone, not even my husband. (30-year-old woman)*

**(Resp A06).** *Every time I see a seven-year-old girl, I imagine it could have been mine. I am so obsessed with the thought that my girl would have been seven years this year. I cannot even explain to anyone why I admire children at this age. I regret the decision I made, 7 years ago, and I feel bad. (21-year-old woman)*

### 3.3 Dysfunctional Relationships

Nine out of the 11 participants reported that, since the termination of pregnancy, they have not

had any functional relationships and they seem to attract abusive partners and even abusive friends. This was captured in the following extracts:

*(Resp B01). I seem to attract men who want to abuse me or who really do not care about my feelings. I terminated my first pregnancy four years ago and me and my partner (sic) continued the relationship, and we agreed that we will wait for a year to have another baby. Two years ago, I became pregnant and he asked me to abort and was very abusive to me. I am still with him, even though he abuses me. (24-year-old woman)*

*(Resp B06). I am on my fourth relationship since I aborted, five years ago, and all the men I have been involved with do not respect me ... they physically and emotionally abuse me. (21-year-old woman)*

*(Resp A01). I want to be loved and be cared for by people. However, all my relationships are strained. My siblings at home think I am odd and do not respect me. They always make nasty jokes about me and even support my boyfriend when he belittles me in their presence. (28-year-old woman)*

#### 4. DISCUSSIONS

Termination of pregnancy is viewed by the participants as having provided short-term relieve. Although each participant had valid reasons for undergoing the TOP, protecting the unborn child remains one of the strongest instincts that the women felt. The termination of pregnancy would therefore be opposed to this basic maternal makeup. This finding resonates with the studies by Makutoane [20] that concluded that, following an abortion, women often have feelings of betrayal towards their unborn babies. In addition, the way in which the pregnancy was terminated, in particular, made the participants feel that they had indeed not protected their unborn baby and had even denied the baby the right to a decent burial. This view is supported by other researchers (Koontse 2020; Theisseus 2019), who reported that, not going through the ritual of birth and loss, may increase the emotional burden of having failed the unborn baby. In African culture, to which all these participants belong, it is not the norm to abandon children, even those born out of wedlock; hence, abortion is non-existent in African culture [21]. In the case of an abortion that is self-inflicted, certain cultural rituals would not be performed; hence, this may lead to

feelings of inadequacy and failure to please the gods (Resele 2019).

Termination of pregnancy in adolescence is usually as a result of pressure from either the partners or the parents [22]. This has been true for the participants in the current study. Coercion that happens in teen pregnancy has been extensively written about and the research reveal that, how the adolescents feel about the termination and their reaction after the termination are not always considered (Thupayagale & Seloilwe 2005).

The burden of secrecy that stayed with these women was yet another finding of the study. Like all other stigmatised conditions, these teen mothers transited into adulthood by maintaining their silence and the secrecy around this event [21] Holding personal secrets is a ubiquitous part of life [23]; however, keeping secrets is stressful and it has physical and emotional consequences.

Some studies showed that women manage the stigma of abortion by hiding their abortion history. Kumar et al. [24] assert that women, who terminate the pregnancy, are labelled by society as inferior to the ideals of womanhood, undermining social norms related to maternity. Secrecy about abortion is associated with elevated levels of psychological distress, suppression of thoughts and emotions as well as social isolation [25]. In turn, this might reduce social support to assist the adolescent to deal with the stress associated with abortion experiences, like depression. Secrecy increases intrusive thoughts and psychological distress that result from suppression of abortion-related thoughts [25].

The participants reported that they have carried the burden of secrecy, from the time they terminated the pregnancy up to the present, because they perceived abortion as highly taboo and a potentially personally stigmatising event [26]. Internalised stigma can lead to women isolating themselves and, consequently, reporting increased psychological distress, which, in turn, predicts increased somatic symptoms [27].

Dysfunctional relationships, associated with termination of pregnancy, was also a finding of this study. Many relationships end shortly after an abortion, instead of uniting the partners. Research shows that this could be due to the woman's anger towards the partner, who may

not have been supportive or has ignored the partner's desire to keep the baby [28]. Keeping an abortion secret, creates a barrier and prevents the woman from giving and receiving unconditional love; thereby, depriving her of developing friendships that reach full potential.

Abortion is associated with self-hatred, self-punishment and a tendency to act out anger and rage toward others [29;30]. This causes the woman to be more likely to get involved in a relationship with a violent partner. A violent relationship may allow her to express her own anger and to unconsciously feel that is the punishment she deserves. Because of self-hatred and low self-esteem, she may remain in the abusive relationship because she thinks she doesn't deserve anything better [31]. Many abused women, who stay in abusive relationships, do so as a result of self-punishment of post-abortion trauma [31]. Self-destructive behaviour is associated with feelings of being less in touch with one's emotions, being unable to grieve, faking happiness and losing control over ones' life. Such women are more likely to become the victims of violence, using their partners as a means of self-punishment. Their outbursts of rage may be the only emotion which they can truly feel [21].

#### 4.1 Implications for Health-care Policy

Health-care policymakers need to hear the voices of women, who terminated a pregnancy in adolescence, so as to enable them to develop relevant and appropriate policies that address the needs of such women. Counselling for women who terminate a pregnancy in adolescence should be obligatory for at least five years, to ensure that they have accepted what they did and can now contribute effectively to society, without self-blame

### 5. CONCLUSION

The study found that women, who have terminated a pregnancy in adolescence, experience strong feelings of having failed their unborn babies, carry a burden of secrecy and have a tendency to be attracted to dysfunctional relationships. This study has demonstrated that women, who terminate a pregnancy in adolescence, do not forgive themselves for their actions. Based on these finding, it is recommended that women, especially adolescents, receive counselling, for at least for five years, after terminating their pregnancy.

### CONSENT AND ETHICAL APPROVAL

This research was approved by the Research Ethics Committee of the University of South Africa, Department of Health Studies. It was further approved at national level by the South Africa Department of Health (Ethical approval number: HSHDC /870/2018). Management of the participating health care centres also granted permission for the conduct of the study. Informed consent was discussed with participants before interviews were carried out. Confidentiality was assured and that no information would be shared with any other person except those in the research team.

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### COMPETING INTERESTS

Authors have declared that no competing interests exist.

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