

Women's experience of termination of a pregnancy

M Poggenpoel, PhD

School of Nursing, University of Johannesburg

CPH Myburgh, DEd

Educational Psychology, University of Johannesburg

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In November 1996 the Act on the Termination of Pregnancies (no 92 of 1996) was promulgated. This Act enabled women from the age of twelve years old to decide to terminate their pregnancies before twelve weeks gestation without permission of anybody else. Since February 1997 almost 160 000 terminations of pregnancy have been carried out in South Africa. Little research has been conducted to explore and describe the effect of the termination of pregnancies on women. Two aims were formulated for the research project described in this article: (1) the exploration and description of the women's experience of terminating a pregnancy, and (2) the description of counselling guidelines for caring professionals to assist these women. Participants were included in the sample through purposive sampling. Phenomenological interviews were conducted individually. Data were analysed by means of Tesch's descriptive approach. Counselling guidelines for educational psychologists and other caring professionals to empower the involved were being logically inferred from the results of the interviews. Measures to ensure trustworthiness have been applied in the research and ethical measures have been strictly adhered to during the research. One central theme was identified from the results of the interviews and naïve sketches, namely women's experiences of a negative relationship with themselves and other persons as well as their focus on their terminated pregnancies.

Opsomming

In November 1996 is die Wet in verband met die Beëindiging van Swangerskappe (92 van 1996) gepromulgeer. Hierdie Wet stel vroue van die ouderdom van twaalf jaar daartoe in staat om te besluit om 'n swangerskap voor die twaalfde week sonder die toestemming van enigiemand anders te beëindig. Sedert Februarie 1997 het byna 160 000 gevalle van die beëindiging van swangerskap in Suid-Afrika plaasgevind. Min navorsing het plaasgevind om die effek van die beëindiging van 'n swangerskap by vroue te verken of te beskryf. Twee doelstellings is geformuleer vir die navorsingsprojek wat in hierdie studie beskryf word: (1) die verkenning en beskrywing van vroue se ondervinding van die beëindiging van 'n swangerskap, en (2) die beskrywing van riglyne vir hulpgewende professionele persone om vroue gedurende berading by te staan. Deelnemers was by die steekproef deur middel van doelbewuste trekking ingesluit en onderhoude het individueel plaasgevind. Data is deur middel van Tesch se benadering geanaliseer. Riglyne vir opvoedkundige sielkundiges en ander hulpgewende professionele persone om die betrokkenes te bemagtig is logies uit die resultate van die onderhoude afgelei. Maatreëls om vertrouenswaardigheid te verseker is in die navorsing toegepas en daar is in die navorsing streng by die etiese maatreëls gehou. Een sentrale tema is uit die resultate van die onderhoude en naïewe sketse geïdentifiseer, naamlik vroue se belewenis van 'n negatiewe verhouding met hulleself en ander persone, asook hulle fokus op die beëindiging van die swangerskap wat plaasgevind het.

Correspondence address:

Prof M Poggenpoel
School of Nursing
University of Johannesburg
Auckland Park
2006
South Africa

Tel: (011) 489-2911

Fax: (011) 489 2257

E-mail: cphm@edcur.rau.ac.za

Rationale and problem statement

In November 1996 the Act on the Termination of Pregnancies (no. 92 of 1996) was promulgated. This Act enabled women from the age of 12 years old to decide to terminate their pregnancies before 12 weeks gestation without permission of their partners or parents. The reason for this Act was to enhance the health and quality life of women in South Africa by reducing and eradicating morbidity and mortality resulting from unsafe abortions and to enable women to exercise their sexual and reproductive rights (Potgieter & Andrews, 2004: 21). If, for any reason, a woman is of the opinion that the pregnancy is an obstacle to her health and quality life, she may request termination of pregnancy at an approved health service (clinics and hospitals) designated by the Department of Health. The Act made provision for non-compulsory counselling before, during and after the termination of a pregnancy. The Act also created a context where back street abortions could be reduced. Since February 1997 more than 160 000 terminations of pregnancy have been carried out (Badenhorst, 1999: 13). National statistics indicate that in South Africa 17.4% of women requesting termination of pregnancy are below the age of 18 years (Barometer, 1997:1).

The following research questions arise:

- How does a woman experience a termination of pregnancy?
- What counselling guidelines can be utilised by caring professionals to support women who chose to have a termination of pregnancy?

Research aims

From the research questions two aims were formulated:

- to explore and describe women's experience of terminating a pregnancy; and
- to describe counselling guidelines that can be utilised by caring professionals to support women who choose to terminate a pregnancy.

Research method

A qualitative research design was used because it deemed more effective than a quantitative approach in providing an

understanding of how women experience the termination of a pregnancy. A qualitative, exploratory, descriptive design from a larger interdisciplinary study was used and a secondary analysis was employed (Morse, 1994: 263).

The research was conducted in two phases. In phase 1 an exploration of women's experience of terminating a pregnancy was conducted. In phase 2 counselling guidelines that can be utilised by caring professionals to support women who choose to terminate a pregnancy were formulated.

Phase 1: Women's experience of terminating a pregnancy

In phase 1 attention was given to sampling, data gathering, data analysis and literature control. The issues regarding trustworthiness and ethics were addressed.

Sampling: Participants were included by means of purposive sampling (Creswell, 1994:15). The criteria for inclusion were women who chose to terminate a pregnancy and who voluntarily agreed to participate in the research. Altogether 26 women participated in this research. Sixteen interviews were conducted and ten naïve sketches were written. These women were between 15 and 50 years of age. They came from all race groups, religions, socio-economic levels and educational levels and they were single as well as married.

Data collection: Data were gathered by means of phenomenological interviews, written personal stories (naïve sketches), observations and field notes. Phenomenological interviews were conducted (Kvale, 1996: 81-107 *et seq*; Marshall & Rossman, 1995: 80-83 *et seq*) were conducted with participants. These interviews focused on the lived experience of each specific participant. One central question was posed, namely: "How did you experience the termination of pregnancy?" The interviewer created a context where the participants could speak freely and openly by utilising communication techniques such as clarification, paraphrasing, summarising, probing and minimal verbal as well as non-verbal responses (Wilson & Kneisl, 1996:110-131). During the interviews the interviewer used bracketing (placing preconceived ideas aside) and intuiting (focusing on the lived experience of the

participants regarding the termination of a pregnancy). The interviews were conducted until the data were saturated as demonstrated by repeated themes. The interviewer wrote field notes based on observations during the interviews. These field notes addressed the interviewer's observation, personal experience, methodological issues and theoretical notes (Wilson, 1989:436-438).

In instances where participants were not willing to be interviewed or where access was not readily available because of a variety of circumstances, the participants were requested to write their personal story (naïve sketches) regarding their experiences of the termination of a pregnancy (Giorgi, 1985:10-19).

Data analysis: Data were descriptively analysed by using Tesch's method (Creswell, 1994: 154-156) of descriptive analysis. An independent coder analysed the data independently from the various researchers (Creswell, 1994:158; Krefting, 1990:216). Consensus discussions were held between the independent coder and the researchers and identified themes were refined. A literature control was done to verify the results.

Measures to ensure trustworthiness:

Measures to ensure trustworthiness were applied. Guba's (Lincoln & Guba, 1985:290-327) strategies of credibility, transferability, dependability and confirmability were applied. Activities in achieving credibility were prolonged engagement in the field, keeping reflexive journals, the researchers' authority, triangulation, peer review and structural coherence. Transferability was achieved through a dense description of the data and purposive sampling. Dependability was achieved by a description of the method of data gathering, data analysis and interpretation. Finally, confirmability was achieved by ensuring an audit of the entire research process, reflexive analysis and triangulation.

Ethical measures: Ethical measures (Democratic Nurses Association of South Africa, 1998:5) were adhered to during the research regarding this sensitive issue. These include ensuring quality of the research informed consent of participants, providing feedback on the project to the participants, ensuring confidentiality and anonymity and protection from harm. The participants were told that they were free to withdraw

Table 1: Women's experience of changed relationships resulting from a termination of their pregnancies

EXPERIENCING A CHANGED RELATIONSHIP WITH:	
1. Themselves	<p>Physical pain and fatigue: -Experience of pain and discomfort during the termination of pregnancy -The presence of fatigue</p> <p>Psychological discomfort: -Initial uncertainty and confusion about the decision-The experience of being stuck – “roller coaster effect” -Fear that secrets will be exposed -Emotional responses: regret, self-blame, anger, guilt feelings, emptiness</p> <p>Psychological defense mechanisms -Rationalisation -Denial</p> <p>Relief resulting from termination of pregnancy</p>
2. Their partners	<p>Do not want to intrude into their partners' lives:</p> <p>Anger after termination of the pregnancy -Do not like the partner anymore -Breaking up of the relationship -Experiences that partner does not understand</p>
3. Their terminated babies	<p>Annual commemoration of date of presumed birth Attraction to objects related to babies Personalises baby, for example, gender is accepted as male</p>
4. Their mothers	<p>Blaming them for the decision of termination Feelings of hatred towards their mothers</p>
5. Their friends	<p>Wear a mask in relationships -Isolation -Not able to/not want to share pain</p>

from the study at any stage if they so desired. They were also told that if certain emotional issues might arise, they would be referred to a professional if necessary. Furthermore the participants were given the assurance that all taped interviews would be destroyed once they had been transcribed.

Phase 2: Description of counselling guidelines that can be utilised by caring professionals to support women who chose to terminate a pregnancy

Data gathering: Inference (Copi, 1986:57) was used to identify counselling guidelines from the results of phase 1.

Data analysis: This was discussed with caring professionals to ensure trustworthiness. Thereafter a literature

control was done.

Results and discussion

A central theme identified within the data was the women's experience of changed relationships resulting from the termination of their pregnancies. Their relationships with themselves, their partners, their terminated babies, their mothers and their friends changed. Changed relationships within the context of this research refer to the women who had a termination of pregnancy reviewing their relationships based on their experiences and the implications of their experience of their terminated pregnancies.

The discussion will be based on the schematic condensation of the data in Table 1. This discussion will be highlighted by direct quotations from the participants and accompanying literature control.

Subtheme 1: Experience of a changed relationship with themselves as a result of the termination of a pregnancy

The participants not only experienced physical effects from the termination of their pregnancies but some also experienced psychological discomfort. They tried to address the psychological discomfort by utilising defence mechanisms and some participants also experienced relief after their termination of pregnancy (see Table 1).

Experience of physical pain and fatigue:
The women verbalised the experience of pain and discomfort during the termination of pregnancy. The following direct quotations highlight this aspect:
“Die pyn was die seerste wat ek nog gehad het. Dit het gevoel asof my ingewande uitgesuig word”. (The pain

was the worst that I ever experienced. It felt as if my insides were being sucked out).

“Verskriklik! Ek sal dit vir niemand aanraai nie”. (Terrible! I would not recommend it for anybody).

The women explained that the pain did not end with the termination of the pregnancy itself, but they all experienced stomach aches or bleeding for some time after completion of the procedure:

“Ek het vir drie weke daarna nog maagkrampe gehad, niemand het vir my gesê dit gaan gebeur nie”. (I had stomach cramps for three weeks after the termination, nobody told me that it would happen).

This experience is supported by the data in *Fact Sheet: What is surgical abortion?* (1997) namely that the pain did not end with the termination of the pregnancy itself. The women also experienced fatigue after the termination of pregnancy (see Table 1). The women's everyday lives was influenced by this, but they had to continue. This is reflected by the following quotation: *“OK, fisies was ek moeg. Ek was siek”*. (Okay, physically I was tired. I was ill).

Experience of psychological discomfort: Some of the women who chose to terminate their pregnancies experienced psychological discomfort.

Initial uncertainty and confusion about the decision: The women's psychological discomfort included initial uncertainty and confusion about the decision to terminate the pregnancy.

“...I sat there for about 20 minutes thinking all sorts of things like why am I here and why am I doing this. You know I can't blame anybody. What am I supposed to do?”

According to research done by Myburgh, et al (1998: 16) these women also experience fear before the termination of their pregnancies. The following direct quotation of one of the participants in the current study demonstrated this:

“... senuweeagtig, angstig en ook bang. Ek het nie geweet hoe hulle dit gaan doen nie. Ek wou dit net oorkry”. (... nervous, anxious and also scared. I did not know how they would do it. I just wanted to get it over and done with). Thompson and Rudolph (1992:523) support this by stating that most anxiety is caused by fears of the unknown - in

this case the termination of the pregnancy. Another fear that the women experienced is related to the fear that the secret of their termination of the pregnancy could be exposed. A quotation in this regard was: *“Sjuut maar net oor alles wat ek sê”*. (Be silent, about everything I say).

Experience of being “stuck”: Although the freedom of choice to terminate a pregnancy has been legalised, most women experienced limited freedom in making this choice. They seemed to experience being “stuck” with the termination of a pregnancy but experienced it as being the only option available. One woman said that she was forced by her mother to have a termination of her pregnancy:

“...because the decision wasn't left up to me and I think if it had been left to me, I would have had the baby... I said for me that wouldn't have been my first choice I mean ...”.

For other women the experience of being stuck had almost a “roller coaster” effect as demonstrated by the following quotation: *“Die verantwoordelikheid en op 'n manier dié dat dit so vinnig moet gebeur, jy weet uhm ek weet nie eers of dit so vinnig hoef te gebeur het nie maar in my kop het ek net geweet ek het min tyd, ek moet vinnig dink”*. (The responsibility and in a way the fact that it has to take place so quickly. You know uhm I do not even know if it had to take place so quickly, but in my mind I knew I had little time and had to think fast).

Women also experienced being stuck after the termination of pregnancy because they felt guilty and wondered whether God would forgive them.

Emotional responses: These women experienced several negative emotional responses like regret, self-blame, anger, guilt feelings and emptiness. One woman referred to her self-blame and feelings of guilt after the termination of pregnancy, as caused by moral values and education which resulted in internal conflict:

“Ek's baie kwaad vir myself hoe ek myself verwyf”. (I am very angry with myself, how I blame myself).

“Ek meen, ek weet nou ek het nie die regte keuse gemaak nie. Ek meen, ek het 'n lewe geneem”. (I mean, I know now that I did not make the right choice. I mean, I took a life).

Another woman said: *“...thinking to*

myself what I mean how did things turn out if I could do it a bit differently”.

Gilles (1992: 27) states that self-blame is present because people set certain standards for themselves. If something like the termination of pregnancy takes place, they experience negative feelings towards themselves. The stronger the religious conviction, the greater the guilt feelings will be after the termination of a pregnancy (*Fact Sheet. Planned Parenthood* 1997:1-6). Researchers (Britz, 1997: 42-44; Myburgh, et al, 1998: 18) found in their research conducted with adolescents who had termination of pregnancies found that they experience self-blame and guilt feelings.

One woman described her self-blame as follows: *“... ek dink dit was 'n bietjie van 'n selffoltering en op 'n manier het ek gedink dit as boetedoening gesien. Ja, ek verdien darem nou om bietjie swaar te kry, so dit was een manier wat ek amper my skuld aan my kind kon betaal”*. (I think it was self-blame and in a way I thought I deserve to suffer as it would be one way in which I can pay my debt to my child).

She further remarked: *“...ek sit nou en dink aan die hele naweek wat ek in die bed gelê het en uhm my wonde gelê en lek het”*. (I am sitting now and thinking about the whole weekend I spent in bed, licking my wounds).

Women also refer to their regret in terminating a pregnancy: *“Well, I was lying there ... it wasn't visible for anybody else than me. It was just gone (laugh) you know its not exactly what any mother to be would like to feel, not a good feeling (laugh)”*.

“Ja, its I felt that I've done something very wrong for a long time uhm I mean it was ...it seems like yesterday it is something I don't think I will ever forget...”.

“... it will always be with me ...”.

“...I deprived (a) child of life...”.

Psychological defence mechanisms demonstrated by women in the changed relationships with themselves: Women demonstrated rationalisation and denial regarding the termination of their pregnancies.

Rationalisation resulting from the termination of pregnancies: The following quotations demonstrate various ways of rationalisation of the

termination of pregnancies:

"I didn't want to let my mother down because I know that she wanted me to do it and I didn't want to change that. I just want to get it over with just to make her happy and that's not always the best way to go ...".

"Ek is seker op 'n manier dankbaar, dit het my sterker gemaak. Dit maak nie altyd vir my sin nie. Partykeer wonder ek, ek het baie meer aggressie as wat ek wil hê en uhm ek dink al hierdie dinge het my verander sodat ek opstaan en die bul by die horings gryp en die probleem konfronteer". (I am thankful that in a way it made me stronger. It does not always make sense to me. I sometimes wonder if I have more aggression than what I would like and uhm I think all these things have changed me so that I am able to stand up and confront the problem).

".... if I kept it ... I mean that would have been hell because I mean financially that would never have worked....".

These women also used rationalisations when they made their decision about terminating their pregnancies more acceptable to them:

"O ja, ek het dit op drie maande laat doen. Dan is dit mos nog nie 'n lewe nie ... gehelp met my besluit". (Oh yes, I had it done at three months. Then it is not a life yet ... that helped me with my decision). *"... dit is nou in elk geval op 'n beter plek, in die hemel".* (It is now anyway in a better place, in heaven).

Another way in which a woman rationalised the termination of her pregnancy was to describe an unrealistic perspective regarding her relationship with possible children in the future by saying that they would be the center of her universe:

"If I had children one day they're going to be the absolute core of my universe, that's one thing for sure".

Denial resulting from the termination of a pregnancy: The women denied that their pregnancies and/or the termination of pregnancies would have an effect on them:

"In die begin wou ek niks daarvan weet nie, glad nie". (At the beginning I did not want to know anything about it, not at all).

"... het ek in 'denial' gegaan...gemaak of dit nie gebeur het nie". (I went into denial... I pretend that it did not happen). Orenstein (1994:54) is of the opinion that the termination of a pregnancy has an

influence on women; they are emotionally torn after the termination of a pregnancy and it has a social and mental impact on them. In the above cases the women denied that they had terminated their pregnancies.

Experience of relief after the termination of pregnancy

Some women voiced their experiences of relief after termination of their pregnancies. The following quotation demonstrates this:

"Ek wil hê dat ander swanger vroue moet weet dat 'n aborsie nie noodwendig die einde van die wêreld is nie. Dit kan jou weer 'n tweede kans gee. Dit is dikwels die beste keuse onder die moeilike omstandighede. Gebruik dit en weet dat jy nou 'n kans het om oor te begin, veral as jy nog baie jonk is". (I want other pregnant women to know that an abortion is not the end of the world. It can give you a second chance. It is often the best choice under difficult circumstances. Use it and know that you have a chance to start all over again, especially when you are very young).

Subtheme 2: Women's experience of a changed relationship with their partners

In the data two dimensions of the women's changed relationships with their partners were identified, namely some did not want to intrude into their partners' lives, while other experienced anger towards their partners.

Women do not want to intrude into their partners' lives

The following quotation demonstrates a woman's decision not to intrude into her partner's life:

"....ek wou nie inbreuk maak op sy lewe nie, ek het gevoel uhm jy weet hy moet voortgaan met sy lewe..." (I did not want to interfere with his life. I felt uhm you know, that he should continue with his life). In this instance her partner was a married man with children. In another situation the woman's partner was busy with post-graduate studies and she did not want to interfere with his dreams for his life: *"...I think I would have resented myself for jeopardising his academic future".*

Women's anger towards their partners after the termination of their pregnancies: The other dimension of experienced changed relationships with a partner was the women's anger after

the termination of their pregnancies. This anger was verbalised as not liking a partner anymore, breaking up of the relationship with the partner and experiencing that the partner does not understand their emotional turmoil regarding the termination of their pregnancies. From a naïve sketch written by a woman it was clear that she experienced that her relationship with her partner broke up after the termination of her pregnancy. She experienced that her partner did not love her, nor understood or supported her and that their relationship had become destructive.

Subtheme 3: Women's experience of a changed relationship with their terminated babies

The experience of a changed relationship with their terminated babies was expressed in the following ways by the interviewed women:

- commemoration of the presumed date of the babies' births;
- personalisation of the terminated babies, for example, the gender is most often male; and
- avoidance of contact with other babies.

Commemoration of the presumed date of the baby's birth: Women said that they were feeling down at the same time each year and have identified it as the presumed birth day of their terminated babies. One participant remarked: *"...on the sixth of September every year I just just break down I don't know why ...it just happen to be the six of September when this was happening and uhm I just burst into tears. It is difficult to say how I'm feeling, I felt like there was something missing there should have been something there on that day".*

Attraction to objects related to babies: Several of the participants told the researchers that after the termination of their pregnancies they were attracted to objects related to babies, such as baby clothes, toys and foods: *"I always think about something like if I'm going into the shop and see this beautiful little baby clothes I sort of turn in another direction".*

Personalisation of the terminated babies: Several of the participants personalised their terminated babies. One

participant viewed the baby as being a boy.

"... in my kop was dit in elk geval 'n seun. Nou loop ek rond en elke seun wat ek sien wat die ouderdom het en wat oulik is en wat 'nice' is en wat mooi is en vreugde gee dan dink ek en met tye het ek al vir die kind gevra : 'In watter jaar is jy gebore?'". (In my head it was a boy anyway and now I walk around and every boy I see that is of the same age and who is cute and nice and beautiful and gives joy and at times I ask the child: 'In which year were you born?').

"Ek wil skryf oor aborsie maar ek gaan skryf 'n brief aan my seun skryf want ek het nie kon nie half uitwerk hoe ek dit gaan doen nie". (I want to write about abortion but instead I am going to write a letter to my son because I could not work out how I could do it).

"Ek wonder hoe sou my seuntjie gewees het, uhm ek dink hy sou baie grand' gewees het". (I wonder how my son would have been, uhm I think he would have been very grand).

Cote and Reisser (1997:5) found that women depersonalise their babies probably to protect themselves from the painful memories of their termination.

Avoidance of contact with other babies:

One woman told the researchers that she avoided contact with babies because she was afraid that she could hurt them:

"...I can't really discuss it. It is nothing it is just the fear of babies... she said: 'You were pregnant and you terminate' and I said: 'But how do you know?' and then she said: 'Because I did as well'".

Subtheme 4: Women's experience of a changed relationship with their mothers

Some of the participants voiced their experience of a changed relationship with their mothers. They often blamed their mothers for their decision to terminate their pregnancies. Some even voiced feelings of hatred towards their mothers. One participant said: *"I shudder when my mother comes near me, I avoid her"*.

Another participant experienced that her mother avoided any discussion regarding the termination of pregnancy. So she did not receive any support:

"...it properly will be better for me to talk about it sometime I felt it but so I don't know the walls didn't listen so well as they use to but uhm my mother never really expect me to talk about it".

Subtheme 5: The women's experience of a changed relationship with their friends

Most of the women expressed a change in their relationship with their friends after the termination of their pregnancies. They wore a mask in their interaction with their friends, they showed a happy face, but inside they experienced emptiness, loneliness, sadness and isolation.

"I like to tell jokes and I like to make everybody laugh. Everybody around me must be happy, nobody must be miserable...uhm something about the sad eyes and the smiling mouth but uhm I mean inside there is always something something that's bothering me. In a way all that teasing and defending myself is really nothing, just saying ja, whatever uhm has helped me a lot because I can keep I can keep things to myself and I can uhm putting up a totally different face to how I actually feel (laugh) I don't know".

"Soos ek sê jy weet die lêers is gesluit maar dit was onwerklik eensaam... geweldige eensaamheid en geweldige uhm angs uhm jy weet dat daar nie 'n wen-wen is nie, dit is 'n verloor-verloorsituasie". (As you know, the files are closed, that it was very lonely...tremendous loneliness uhm anxiety uhm you know that there is not a win-win but there is a loose-loose situation).

"...dit ook een van my meganismes in die wêreld is. Jy lyk asof jy 'cope' nê want jy moet, jy het glad nie eintlik 'n keuse nie maar dit beteken nie jy 'cope' nie". (It is also one of my mechanisms in the world. It seems as if you cope, because you do not have a choice, but it does not mean that you cope).

The women experience loneliness in the presence of others.

"...baie erg, baie alleen. Na wie draai jy?" (Very bad, very alone. To whom do you turn?)

"Soms praat ek met my hond. Hy het nie 'n keuse nie, hy moet maar net luister. Dan vertel ek hom alles". (Sometimes I talk with my dog. He does not have a choice, he must listen. Then I tell him everything).

A reason for this could be found in the following quotation:

"...hulle was nie daardeur nie, dus het hulle nie regtig verstaan nie". (They were not through this, therefore they didn't really understand).

The participants reckoned that friends do not really understand what they went through and that results in the women feeling lonely and isolated.

The women are not able to share their pain and experience regarding the termination of pregnancy with their friends and they are not able to maintain their relationships with their friends. The participants remarked the following in this regard:

"I haven't really spoken to anybody else about it very much".

"... I don't see her anymore and uhm that's basically what happened with a couple of my friends they just drifted".

"...people that people do grow apart so its fully understandable".

This quite often contributes to their expressions of feelings of isolation and loneliness.

Conclusion

The women's experience of changed relationships resulting from their termination of pregnancy is evident on different levels namely their relationships with themselves, their partners, their terminated babies, their mothers and their friends. Their reactions to these changed relationships are to withdraw themselves from other people and to focus on themselves. They often break their relationships with their partners and friends. They also break their relationships with their mothers on a psychological level. In the process they are isolating themselves. These women should be assisted to deal with their changed relationships and to regain trust in themselves and others.

Phase 2: The description of counselling guidelines that can be utilised by caring professionals to support women who chose to terminate a pregnancy

Prerequisites for counselling these women are caring attitudes and facilitative communication. These caring attitudes include empathy, unconditional acceptance, no judgement, sincerity and congruence. Facilitative communication includes minimal verbal responses, clarification, reflection, paraphrasing and summarising (Wilson & Kneisl, 1996: 110-131; Myburgh, et al, 1998:19).

The focus of the counselling after the women's termination of pregnancy should be focused on the re-evaluation and reconstruction of their relationships. The caring professional should create a

context where the women who had a termination of pregnancy could verbalise their thoughts and feelings (Hanley, 1994:31). They should be supported to forgive themselves. Support should also be given by the caring professionals to the women to grieve the loss of their babies. They should be assisted to accept their decision to terminate their pregnancies.

The women's experience of a termination of pregnancy has changed their relationship with themselves and others – they are no longer novices regarding a termination and this make them wiser, but often sadder. After this life-changing experience, they should be assisted to evaluate the constructive and destructive aspects of their relationships with others and decide which relationships would be worthwhile to continue.

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