

Cultural Practices as a Coping Measure for Women who Terminated a Pregnancy in Adolescence: A Qualitative Study

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Abstract—Unintended pregnancy often results in pregnancy termination. Most countries have legalised the termination of a pregnancy and pregnant adolescents can visit designated clinics without their parents' consent. In most African and Asian countries, certain cultural practices are performed following any form of childbirth, including abortion, and such practices are ingrained in societies. The aim of this paper was to understand how women who terminated a pregnancy during adolescence coped by embracing cultural practices. A descriptive multiple case study design was adopted for the study. In-depth, semi-structured interviews and reflective diaries were used for data collection. Participants were 13 women aged 20 to 35 years who had terminated a pregnancy in adolescence. Three women kept their soiled sanitary pads, burned them to ash and waited for the rainy season to scatter the ash in a flowing stream. This ritual was performed to appease the ancestors, ask them for forgiveness and as a send-off for the aborted foetus. Five women secretly consulted Sangoma (traditional healers) to perform certain rituals. Three women isolated themselves to perform herbal cleansings, and the last two chose not to engage in any sexual activity for one year, which led to the loss of their partners. This study offers a unique contribution to understanding the solitary journey of women who terminate a pregnancy. The study challenges healthcare professionals who work in clinics that offer pregnancy termination services to look beyond releasing the foetus to advocating and providing women with the necessary care and support in performing cultural practices.

Keywords—Adolescence, case study, cultural rituals, pregnancy.

I. INTRODUCTION

THE prevalence of adolescent pregnancy remains a concern in Low Middle-Income Countries (LMICs). Adolescent pregnancy is a global public health concern with medical, emotional, social, spiritual and cultural consequences [1]. Reportedly, 61% of all unintended pregnancies and 29% of all pregnancies end in induced abortion. Approximately 73 million induced abortions take place each year, and nearly 45% of these are unsafe [1]. It is estimated that 21 million adolescents aged 15-19 years terminate a pregnancy each year, with most occurring in developing countries with strong cultural practices, especially in Africa and Asia [2].

Cultural practices have been ingrained in most facets of African life, including childbirth or abortion. Termination of pregnancy (TOP) was legalised in most countries, including South Africa. This has allowed adolescents to seek abortions without their parents' consent [3]. Abortion is morally

unacceptable in many African communities and religious organisations since it is equated to murder [4]. Due to its negative emotional and spiritual impact, adolescents who terminated a pregnancy face the dilemma of having to perform cultural rituals in order to feel cleansed of the death spirit [5]. Their practice is ingrained with the belief that without these rituals, their lives would be challenging, and they will encounter "bad luck" [6]. This belief has forced some to recall what was said should be done, or they secretly, without their parents' consent, consult traditional healers or herbalists to cleanse them of the spirit of their terminated pregnancy [6]. However, few studies have explored the effects of cultural beliefs and practices surrounding the TOP in an African context. We aimed to explore how women who terminated a pregnancy in adolescence coped by embracing cultural practices.

II. METHOD

A. Design

Qualitative, exploratory, case study approach was used. In-depth interviews were conducted among 13 women who terminated a pregnancy in adolescence. Since the TOP is a sensitive and personal topic, in-depth case studies were deemed an ideal method which would allow recruitment of many participants [7].

B. Recruitment

The participants were recruited from a community-based clinic designated for TOP in Gauteng Province, South Africa. The women were approached by the manager of the TOP clinic while attending post-TOP follow-up care. Four potential participants who would best contribute to the study were identified using the purposive sampling approach [8]. We explained the study to each recruited participant. Through snowball sampling [8], the remaining participants were recruited using early informants. We explained the study telephonically to the potential participants. The place and time for signing the consent and interviewing was agreed upon with each participant. Participants chose to sign the consent and be interviewed at the community health centre. Time was made flexible to accommodate the participants.

C. Sample

15 Black African women were recruited for the study. The

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participating Community Health Centre (CHC) serves predominantly Black African communities from surrounding townships and informal settlements. All participants belonged to the Christian faith. Two women withdrew from the study since they felt uncomfortable sharing their experiences, 12 women agreed to be individually interviewed, and one opted to write her story.

The women terminated their pregnancy during adolescence, aged between 15 and 19 years, and were between 20 and 35 years old at the time of the study.

D. Ethical Considerations

Approval for the study was granted by the higher degrees committee of the University of South Africa, Department of Health Studies (HSHDC/870/2018). Further approval was granted by the Department of Health, Tshwane Research Committee, South Africa (NHRD REF. NO: GP_2017RP19112). Potential participants received a consent form for signing and the researcher's contact details. Confidentiality and anonymity were safeguarded by using numbers in the place of participants' names.

E. Data Collection

In-depth, semi-structured and individual interviews were conducted from the 10th of August 2018 to the 31st of August 2018. An introductory question was posed: "Having undergone abortion, please share with me about the rituals related to abortion, that you underwent". Probing was done whenever there was a need. All interviews were audio recorded with the participants' approval, except for one participant who wrote a reflective diary. Each interview lasted between 60 and 90 minutes, with breaks in between. The written scenario was about one page (400 words).

F. Data Analysis

Data were analysed in accordance with case study analysis method [9]. Each case was analysed individually with a focus on cultural practices following the TOP. A mentor assisted by reading each transcript, noting data patterns and key points. Additionally, we reviewed each diary separately before comparing the findings with the mentor's notes [10].

III. FINDINGS

Participants secretly, without the knowledge of their parents, guardians or partners, performed different cultural practices after terminating a pregnancy. Two participants offered narratives of events, while the others agreed to individual interviews.

A narrated story

"My partner was forcing me to go even when I told him I want the baby. He was going to go with me so that I don't change my mind. Both my parents do not believe in abortion. After aborting I kept all my soiled sanitary pads for the rainy season. When things did not go well for me... I thought it's because I killed my child. I went to my diary, I always cried. I cried all the time, and I did not want to be around people. When feeling down I would talk to the

sanitary pads because my understanding was that the aborted baby was part of the blood lost. I named the pads Siphho. I would ask my baby to forgive me for not giving him a chance to live. I told him I wanted to keep him but his father wanted him aborted. I told him I will meet him in heaven one day. My partner started fighting with me about these pads. ... I decided to throw them in the nearby river. I burnt them, put the ash in a plastic bag. When it rained, I took the ashes to the nearby river and threw them into the river. I said my goodbyes, crying a lot, until I could see them no more. After this experience I felt better. I lay what would have been my baby to rest". (P4: 25 years old, unmarried with one living child).

A narrated story:

"I used to be very close to God, go to church every Sunday, and after TOP I don't think I went to church for a while-I would feel guilty and always when something went wrong in my life, I would think maybe it's God who is punishing me for the abortion and staff, but...ja..." (silence). I terminated a 9½ weeks old pregnancy. I feel guilty of the abortion because I believe it is murder as according to our Christian religion... killing your own child...because already everything is formed. I am anxious on and off. On the date of the TOP I always recall how old the baby would be.

I never told my parents about the pregnancy and the abortion (crying). I wish we could at least say goodbye properly to the baby...or at least that the baby can be recognised...that there was such a person...and name the baby. That was my wish. Also ...if the baby gets buried in dignity, I think it would help me heal. The way we disposed of the baby...(silence)...ja... we didn't do it right...I think it would help me heal. The least I did was that some months after the abortion, after we got married, I informed my in-laws about the aborted baby". (P13: 23 years old, married).

The interview data and narrations were compared for similarities. Three major themes were common among all participants. A strong belief in tradition, the burden of secrecy, and mixed feelings were observed in all 13 participants of this study. Many never shared their experiences for fear of being judged by their partners, family, the church, the community, and society.

A. Strong Belief in Tradition

Participants believed in using cultural practices to assist them in moving on with their lives after terminating a pregnancy. Practices included drinking herbs obtained from traditional healers and bathing in herbs. This was believed to relieve them and assuage their feelings. Three participants shared:

"I felt dirty and unclean before I did the traditional rituals. The traditional healer gave me herbs to drink to cleanse my blood, and to bath in." (P3: 23 years old, unmarried)

"Also ...if the baby gets buried in dignity, I think it would help me heal. The way we disposed of the

baby...(silence)...ja... we didn't do it right...I think it would help me heal. The least I did was that some months after the abortion, when we got married, I informed my in-laws about the aborted baby". (P13: 23 years old, married).

"Consulting a Sangoma was the best thing that I could do for myself. Because I was always thinking about the abortion, I had nightmares, dreaming about babies." (P5: 20 years old, unmarried).

B. Burden of Secrecy

The burden of secrecy was also observed among all participants. Those who used cleansing rituals, those who consulted traditional healers and those who abstained from sexual intimacy did so in secrecy. Participants thus carried the burden on their own. The accompanying guilt, spiritual desertion and aloneness rendered some helpless. Many never shared with others for fear of being judged. Statements such as these were expressed:

"I went ahead and consulted a Sangoma, hence I feel like I have lost my footing and blessing." (P11: 24 years old, unmarried).

"I always cried. I cried all the time and I did not want to be around people." (P4: 25 years old, unmarried with one living child).

"It is painful not to share because then you lack support. My mother was concerned about why I lost weight and she even wanted me to consult a traditional healer and I kept dodging her because I knew the truth would be revealed." (P7: 23 years old).

C. Mixed Feelings

Feelings of guilt and relief were experienced by some despite having engaged in cultural rituals after pregnancy termination (though done in secret). However, others were left with some silent doubts. A statement supporting mixed feelings included:

"I do not know if it works. But what if it does, so I decided just to consult traditional healers and relieve myself." (P2: 26 years old, married).

All the participants in this study believed they had killed their babies. One participant, who practised ancestral worship, attending a traditional ZCC (Zion Christian Church), aborted a 16-week pregnancy and saw the products of conception, including the foetus. Still regretting the termination, she pacified her ancestors. She shared:

"After pregnancy my partner deserted me. I was angry with him. He denied the pregnancy. I was 4 months pregnant, HIV positive, without parents for support and attending a judgmental church. I chose to kill him (the unborn baby). My decision to terminate was very difficult; I was rejecting the unborn child. I saw the products of conception, including the body parts of the aborted baby. I killed a person- I admitted to myself. This caused me overwhelming guilt and regret. As a ritual, I prepared "Mxomboti" (African beer), and slaughtered a white chicken because I killed a person. This was done to appease the ancestors, to ask them for forgiveness and to

make peace with myself. Now I still wish I had raised this child." (P9: 35 years old, unmarried, Christian).

D. Discussion

The aim of this study was to explore how women who terminated a pregnancy in adolescence coped by embracing cultural practices.

Culture is expressed externally through rituals and internally through people's values and beliefs, among others [11]. Although TOP-related rituals are culturally varied and they are constantly being recreated [6], performing a ritual causes most women to feel they are doing something for the aborted baby, thereby relieving them of their guilt [12].

All participants believed terminating a pregnancy is murder. The outcome of TOP was therefore clouded with overwhelming emotional pain, guilt, and regret. In seeking comfort, the individual participants believed they had to perform cultural rituals after abortion; for example, blood and bodily cleansing [13]. This was trusted to bring emotional healing and closure to the women. Fears of misfortune abound among many Africans because, to them, terminating a pregnancy means the death of the foetal baby, thereby mandating the performance of cleansing rituals, especially herbal cleansing [4], [22].

Some participants stated that they failed their aborted babies by not treating them with respect and dignity, especially women who saw their aborted, formed foetuses. A few participants who either named their aborted foetus for social identity or introduced them to family members experienced emotional relief. Burying the foetus was also a significant omission expressed by most participants. Even though it would not need a formal ceremony, many wished they had followed the cultural practice of burying the foetus, as this would help the mother find closure [14]. While customs and rituals regarding burial differ between age groups, cultures and religious affiliations, the human burial practice reveals man's desire to honour the dead and bring emotional healing and closure to those grieving [13].

The African culture believes that the TOP leaves the woman's body contaminated. This can cause the humiliation of a failure to conceive in future, illness, or death, including the death of a sexual partner [15]. Most participants in this study shared that such misfortunes can be avoided through self-isolation and rituals of blood and body cleansing by drinking herbs and taking herbal baths. Water in its fluid form symbolises change that is correlated to purification and rebirth, suggesting closure related to the effects of TOP and the rebirth of healing [16].

Women contaminated by the TOP are expected to isolate and avoid contact with children for up to six months. Moreover, even if the termination is performed without the consent of older adults, some traditional rituals are still required [17]. Adolescents are often not exposed to the details of what must happen in given situations, including pregnancy termination [18]. Such exclusion leaves them to fend for themselves and seek assistance from peers or individuals they are told could be helpful to them.

It is true that many Africans believe that non-adherence to

culture breeds misfortune [15]. In this study, participants felt strongly about practising traditional rituals to enable them to move forward with their lives. Individuals within communities feel stable and secure when they carry out the beliefs, values and rituals of the culture they share [19].

IV. IMPLICATIONS

A. For Health Care Practice

The study challenges healthcare practitioners to include traditional care practices in the TOP counselling process. Participation in a grief ritual can bring a guilt-laden woman to a healing resolution [20].

B. For Policy

Policies that integrate leaders in the community, leaders of religious organisations and clinic committees need to be developed to promote safe cultural coping for women who terminated their pregnancy [21]. The traditional healers also need to be consulted whenever TOP law is reviewed and be involved in TOP educational programmes [22].

C. For Research

There is a need for more research on cultural practices as a coping measure for women who terminated their pregnancy during adolescence [17].

V. CONCLUSION

This study makes a unique contribution to the cultural needs of women who terminate a pregnancy in adolescence. It offers an interesting scenario that, without cultural rituals, abortion is not complete, even if it is done by experts. The study is limited to one location in South Africa, and this serves as a major limitation for generalisation. However, it would still form a base for larger studies.

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A. Competing Interests

The author declares not to have any financial or personal relationship that may have influenced the writing of this paper.

B. Author's Contributions

The author of this paper is accountable for all its aspects.

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D. Data Availability

For anonymity and confidentiality, the data sets of this study are not publicly available but can be made available from the author upon reasonable request. Personal identifiers in the data

will be removed before data sharing.

E. Disclaimer

Views and opinions shared in this paper are of the author and are not related to the any official policy as well as to the affiliated agency of the author.

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