

Teachers speak their minds about abortion during adolescence

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Debates on abortion have escalated following the implementation in 1997 of the new law that legalises abortion from the age of twelve years in South Africa. Very often the person that opts for an abortion is merely an adolescent, who is still *en route* to adulthood. The adolescent's teacher shares the responsibility of the parent to accompany the adolescent to this procedure. The primary objective of the research was to determine from a socio-educational perspective what specific view teachers have of an abortion during adolescence. In order to achieve this, a qualitative method of research was used, with data being collected by means of focus-group interviews, through purposive sampling. The transcriptions were subjected to descriptive analysis. The findings of the research are presented and guidelines offered to teachers on more effectively accompanying the adolescent of our present-day society who plans to have an abortion or has had one.

Rationale

For a very large part of every school day the task of the parent (as primary educator) to educate the child is left in the hands of the teacher, who can be seen as the secondary educator. The school (as educational institution) can never replace the parent, but has the responsibility to act on behalf of and as an extension of the home, playing a very important complementary educational role (Beck, 1990). Pretorius (1998:75) regards the school as the "instrument" of society, by means of which socialisation takes place and knowledge, skills and attitudes are conveyed to learners, in accordance with what society will demand of them as adults one day.

As society has become more complex in recent years, the task of the teacher demands much more of him/her than mere instruction (Pretorius, 1998). He/she has to face the daily challenge to deal with the child in a variety of situations where the child is in need of meaningful accompaniment with regard to the complex world, characterized by changes in all spheres of life, fleeting contacts, superficial relationships, inadequate socialisation and insecurity in which the child is growing up (Greyling, 1995; Engelbrecht, 1989). It becomes evident therefore that the accompaniment of the adolescent, who is dealing with abortion, is one such responsibility of the teacher.

Adolescence is seen as a phase of life between being a child and being an adult, when radical developmental changes take place and various challenges are faced to bring forth maturity, an own identity and full-blown adulthood (Gouws, Kruger & Burger, 2000). It is a well-known fact that adolescents mature earlier nowadays, are more sexually active and that teenage pregnancies have become frequent (Olivier, 1996). The consideration or experience of an abortion may complicate the life of the adolescent even further.

Public debates regarding abortion have escalated after the new law (Choice on Termination of Pregnancy Act No. 92 of 1996 of 4 July 1996) was promulgated on 22 November 1996 in Government Gazette No. 17602 and implemented on 1 February 1997 (Maluleke, 1997). This legalised abortion on request in South Africa for women from the age of twelve years old during the first twelve weeks of the pregnancy. Since then literally thousands of legal abortions have been carried out (Die Burger, 2000).

This topic has not only interested the people involved and the man in the street, but also captured the attention of scientific researchers over a broad spectrum of scientific disciplines, e.g. psychology and sociology, social work, nursing and medical sciences, philosophy and theology, political science and law (Brien & Fairbairn, 1996; Pattis Zoja, 1997). The debate on whether or not to allow termination of pregnancy has been going on for a long time without a conclusion (Lombard, 1997). The topic remains emotionally sensitive in all segments of society, but the teacher's task of helping the adolescent to become a constructive member of society cannot be denied. More

important than what he/she teaches, is how and with which attitude and beliefs he/she does it.

Problem statement and research aims

The rationale clearly indicates why an educational perspective on the phenomenon of abortion during adolescence is necessary. It is obvious that the teacher, as secondary educator, who deals with the adolescent for most of the school day, has certain opinions, beliefs and attitudes regarding abortion during adolescence, which may influence him/her in his/her educational accompanying task. Furthermore, research on this last area is almost non-existent. The following research problems were accordingly formulated:

- What are the opinions of teachers, as secondary educators, of abortion during adolescence?
- What guidelines can be suggested to teachers to assist them in their accompanying and handling of the adolescent who is opting to have, or who has had an abortion?

The research aims were derived from these problems, and were to:

- explore and describe what the opinions of teachers, as secondary educators, are of abortion during adolescence;
- describe guidelines to teachers to assist them in their accompanying and handling of the adolescent who is planning to or has had an abortion.

Clarification of concepts

The concepts relevant to this research study need to be briefly clarified as follows:

Abortion

The concept 'abortion' is commonly used to refer to the termination of a pregnancy. The concept is derived from the Latin word *aboriri*, which literally means to loosen an object from its place (Olivier, Myburgh & Poggenpoel, 2000:214). It refers to "the expulsion (either spontaneous or induced) of a foetus from the womb, before it is able to survive, especially in the first 28 weeks of pregnancy; misshapen creature" (Hawkins, Weston & Swannell, 1992:2).

Secondary educator (teacher)

An educator has the task of accompanying the child *en route* to adulthood. Parents are the primary educators, who take the initial responsibility for the education task upon them. When the child enters the school, the teacher, who is considered to be the secondary educator (Bloem, 2000), accompanies him/her. A teacher is a person whose occupation it is to help children learn through his/her instruction (Hanks, McLeod & Makins, 1990). In the remainder of this article the concept 'teacher' will be used to refer to the secondary educator, who takes care of the adolescent during school hours.

Adolescent

The concept 'adolescent' is derived from the Latin word *adolescere*, which literally means 'to grow into' adulthood (Gouws *et al.*, 2000). For the purposes of this research study, the concept 'adolescent' refers to the secondary school child.

Research design

This research attempts to offer an educational perspective on the topic, with specific reference to Educational Psychology. Therefore the focus is on the opinions of teachers (secondary educators) on the phenomenon of abortion during adolescence.

A qualitative, explorative, descriptive, subjective, and contextual research design was used for this research (Mouton, 1996; Creswell, 1994). According to Rubin and Babbie (1989) qualitative research, as an inductive approach, is eminently effective in determining the deeper meaning of experiences of human beings and giving a rich description of the specific phenomenon that is being investigated in reality. The research was open and was not directed by a conceptual framework, pre-conceived notions or hypotheses. The participants were met in their own world (context), in an attempt to obtain a total picture of the research problem, thus to holistically determine their views (Morse, 1991).

Research method

The research was conducted in two phases:

Phase 1: Determining the opinions of teachers of abortion during adolescence

In order to explore and describe the opinions of teachers of abortion during adolescence, the following steps were taken:

Sampling of participants

A research sample of a group of 25 teachers, of all ages, socio-economic status, religious, race and gender groups, at a specific urban secondary school in Port Elizabeth, participated in the research. They were all employed at this school, where teachers were aware of the problem of prevailing abortions among adolescents, and which seemed likely to supply data "rich in information" (Schurink, Schurink & Poggenpoel, 1998:314).

Participants were included in the research through purposive sampling (Creswell, 1994; Morse, 1991). Participants who could best answer the research question were invited to the interviews. Five focus group interviews were conducted and each group consisted of five teachers.

Data collection

Data were collected by means of focus group interviews (Morgan, 1997), which, according to Shurink *et al.* (1998:315) can be described as "a purposive discussion of a specific topic or related topics taking place between individuals with a similar background and common interests".

The role of the researcher was that of a "research instrument" with no preconceived notions or expectations (Shurink *et al.*, 1998:315). Two researchers participated in the research, referred to as the moderator and the observer — one being the facilitator of the discussion and the other taking field notes in order to accomplish triangulation (Denzin & Lincoln, 1998; Creswell, 1994; Krefting: 1991).

One open-ended research question was put to the participants to gather information on the topic, namely:

What are your opinions of abortion during adolescence?

A context was created where participants could speak freely and openly. This was realised by making use of the following techniques: clarification, paraphrasing, summarising, probing and minimal verbal as well as non-verbal responses. During the interviews bracketing (putting preconceived ideas aside) was done. The research continued for four focus group interviews until definite patterns or themes became evident and the information became saturated (Shurink *et al.*, 1998).

Data analysis and description

The audio-tapes of the interviews were transcribed, after which the information was analysed by means of the descriptive analysis of Tesch (Bloem, 2000; Creswell, 1994). Coding by means of bracketing (putting preconceived notions aside) took place until prominent themes could be identified and described. Categories (sub-themes) and sub-categories within the major themes were also identified.

At the same time an independent qualitative researcher was requested to do an independent re-coding of the data in order to determine if the same themes became evident and could be confirmed (Creswell, 1994:168; Rubin & Babbie, 1989). Consensus discussions between the researcher and the independent expert were held in order to determine the final results of the research.

Literature study

A literature study was undertaken to control the findings and to compare the results of this research study with the results of other research studies previously undertaken, in order to determine differences, similarities, gaps and unique contributions (Creswell, 1994; Poggenpoel, 1993). According to Patton (1990), in the case of qualitative research, the literature study should preferably take place after the data gathering, otherwise it can influence the researcher's thinking. If the literature then confirms the results, this enhances their trustworthiness (Woods & Catanzaro, 1988).

Phase 2: An attempt to describe guidelines for teachers to assist them in their accompanying and handling of the adolescent who has opted for or has had an abortion

During Phase 2 an attempt was made to describe guidelines for teachers to assist them in their accompanying and handling of the adolescent who has opted for, or has had, an abortion.

Data gathering

The above results of Phase 1 served as data for Phase 2 (Copi, 1986: 7). Guidelines, with regard to equipment of adolescents with life skills for handling more effectively the difficult life situations with which they have to deal, could be deductively inferred from these results.

Data analysis

The guidelines were discussed with appropriate academic professionals, educational psychologists, teacher counsellors, teachers and abortion therapists to ensure trustworthiness. A literature study on this phase was also undertaken to verify the practicability of the guidelines.

Measures to ensure trustworthiness

Guba's model for qualitative research (Lincoln & Guba, 1985; Krefting, 1991) was applied in order to ensure the trustworthiness of the findings. Attention was given to the principles of credibility (checking the truth value of the findings), by means of field notes, triangulation, peer examination and independent coding; transferability (ensuring applicability of the findings) through comparison of sufficient descriptive data, as well as dense description of the data; dependability (ensuring consistency of the findings), by means of an audit, keeping of the raw material, giving a full description of the research method, applying the same procedure right through, triangulation, peer examination and the code-re-code procedure; and confirmability (which was accomplished by using the criterion of neutrality or freedom of bias), by keeping an appropriate distance in order not to influence the research, as well as triangulation and the code-re-code procedure.

Ethical measures

Researchers refer to various ethical considerations which should be taken into account during qualitative research (Miles & Huberman, 1996; Creswell, 1994). Care was taken to adhere to ethical measures during research of this sensitive topic. In order to secure the safety and rights of the participants, they were informed of the prevailing ethical

considerations, e.g. informed consent of the school and the participants, voluntary participation, anonymity, confidentiality and providing feedback (Berg, 1995).

Results of the research

From the transcriptions of the interviews it became clear that four main themes with sub-categories could be identified with regard to the opinions of teachers of an adolescent who had had an abortion, namely:

1. Different factors determine how the adolescent handles the situation, such as personality, mental health, maturity and responsibility, cultural background and education, specific circumstances and ignorance;
2. Abortion has an effect on the adolescent, e.g. with regard to secrecy, behaviour, attitude, emotional life, physical health, future education, rationalisation about the situation, and the rest of the adolescent's life;
3. Meaningful other people play an important role in the situation, such as parents, teachers, medical staff and the general public in society;
4. The adolescent has needs, e.g. professional help and therapy, love and support, life-skills, and knowledge and information.

The themes will now be discussed and supported by direct quotations from the teachers who participated in the research, as well as references to the studied literature.

Theme 1: Different factors determine how the adolescent handles the situation

Participants were of the opinion that each adolescent who has had an abortion will handle the situation in a unique way and mention was made of the following factors:

a) Personality, level of maturity and responsibility

A strong personality, emotional stability and high level of maturity and responsibility are factors that would contribute to the chances of the adolescent coping successfully in the situation:

"... *ek dink 'n kind wat 'n baie sterk persoonlikheid het ... het 'n goeie toekoms voor haar.*" ("...I think the child with a very strong personality ... has a good future ahead of her.")

"... some people are very good with defence mechanisms and coping skills. They just blank it out and get on with their lives."
 "... If you look at the maturity level the girl who is emotionally more mature ... uhm ... she will cope better ..."

"*Wat word die kind geleer omtrent verantwoordelikheid?*" ("What is the child taught about responsibility?")

In the research of Nathanson (1990:224) a respondent remarked that she "was completely undeveloped psychologically" at the time she had an abortion. Cozarelli (1993) emphasized that strong personal control and a positive self-concept will contribute to the adolescent's adaptation after an abortion. According to Pearton (1999:224) participants agreed that much depends on how "strong" the adolescent is at the time this happens to her, that adolescents were mostly too young and emotionally immature when they had the experience. Researchers refer to the fact that the whole experience can be a growth opportunity for the adolescent (Myburgh, Poggenpoel & Britz, 1997; Brien & Fairbairn, 1996), but Turrel & Armsworth (1990) state frankly that the adolescent is in most cases not mature enough to handle the situation effectively. Winn (1988:51), who had a participant who admitted that she had an abortion because she could not take responsibility for her situation, confirms this.

b) Cultural background and education

The adolescent's cultural background and education would be determining factors in her handling of the situation

"But for them (the black kids) ... it's not a good issue, there're all sorts of cultural things involved ..."

"But for a Christian child ... they know sex before marriage is

wrong."

"I think the background, the environment that the person is in, is fundamental to actually what will happen."

"... these kids ... are being educated in hearing about abortions ...

They are not going to suffer as much."

According to Suffla (1997) the socio-cultural environment in South Africa is mostly antagonistic regarding abortions and the Christian and Islamic religions consider them a sin. Mention was also made of the anxiety of a very religious adolescent who opts for an abortion (Du Puy & Dovitch, 1997; Myburgh *et al.*, 1997:5), whilst Russo and Dabul (1997) found exactly the opposite result in their research, namely, that such an adolescent does not experience more stress than others.

c) Particular circumstances

Particular circumstances can be seen as important factors with regard to the adolescent's handling of the problem, namely, circumstances that caused the pregnancy, financial circumstances, the emotional support that she gets from others under these circumstances, and circumstances of ignorance:

"Also, how did she become pregnant? Was it rape, was it from a stable relationship and what were the circumstances?"

"Perhaps it's very different when you live in a completely impoverished society ..."

"*As dit vermoënde ouers is, is hulle baie keer bang wat die samelewing gaan sê.*" ("If it is wealthy parents, they are often afraid of what the community will say.")

"... the attitude of the boy is very important if this girl is going to take this abortion ..."

Abortion is usually more acceptable if the pregnancy is the result of rape (Olivier *et al.*, 2000; Du Puy & Dovitch, 1997). Financial circumstances are widely mentioned in the literature (Olivier *et al.*, 2000; Du Puy & Dovitch, 1997), whether these are poverty or wealth. Haslam (1996) emphasizes the importance of parental support in the situation, whilst Taylor (1997) criticises social workers for the poor support they provide. Pearton (1999:251) on the other hand finds that the latter are often of more help than the nurses. The support of friends can be of utmost assistance and has a big influence on the adolescent (Boyle, 1997; Taylor, 1997). The same applies with regard to the boyfriend (Boyle, 1997), but in most cases that is out of the question (Du Puy & Dovitch, 1997).

It is, however, important that the adolescent can consult someone when she has to deal with the situation. Adolescents are often ignorant about sexual matters, birth control measures, pregnancy, medical procedures of an abortion and its implications (Olivier *et al.*, 2000; Pearton, 1999; Boyle, 1997; Taylor, 1997).

Theme 2: Abortion has an effect on the adolescent

Participants are of the opinion that an abortion will have an effect on the adolescent, but that it cannot be predicted how and to what extent, seeing that each person is a unique individual. They nevertheless mentioned the following possibilities:

a) Abortion has an effect on the adolescent's frankness and often leads to secrecy

The mere fact that the pregnancy is often kept secret from others, especially the parents, may create problems for the adolescent.

"I think often the friend know [*sic*], but the parents are often the last to know."

"... but it is all pushed under the covers."

In the literature this fact is confirmed by research (Major, Zubeck, Cooper & Cozzarelli, 1997; Suffla, 1997; Taylor, 1997).

b) Abortion has an effect on the adolescent's behaviour and attitude

Abortion may have an effect on the behaviour and attitude of an adolescent who has had the experience.

"She will always behave differently from the others."
 "... She had a licence to do what she wanted to do ..."
 "... she wasn't handling life, uhm, the way I think a normal adolescent who had matured in a normal way, would handle life at that stage."

According to Brien & Fairbairn (1996), an abortion can lead to promiscuity, whilst others (Taylor, 1997) mention her social isolation from others and regression to an earlier phase of life where she felt more secure.

c) **Abortion has an effect on the adolescent's emotional life**
 Abortion may have emotional implications for the adolescent and leave an emotional scar. However, different variables can determine the intensity of the emotional effect it may have on her.

• **Negative emotions**

"She was completely engulfed in guilt about would anybody ever be able to love her again, would her God ever be able to accept her."
 "... She might be in a kind of denial ..."
 "... she feels rejected"
 "... And she was worrying about what she's done[sic]..."
 "... working through things like shame and humiliation"
 "... is so scared of the consequences"
 "... signs of depression ..."
 "No matter how much counselling, does it ever take away the pain and the uncertainty that maybe you did the wrong thing?"

In the literature the negative emotional effect of abortion is also highlighted (Myburgh *et al.*, 1997; Nathanson, 1990).

• **Positive emotions**

"Isn't there perhaps sometimes a bit of relief factor because the girl is glad now that she's actually got rid of this thing?"

Some researchers also referred to the joyful relief the adolescent experiences afterwards (Russo & Dabul, 1997).

d) **Abortion has an effect on the adolescent's physical health**
 The adolescent may not bear visible physical scars, but abortion may result in physical deterioration and health problems.

"... that the woman has been damaged and possibly ... e ... can't have children again."

This fact has been confirmed by Pearton (1999) and Boyle (1997). Researchers also mention other physical reactions, such as weariness (Myburgh *et al.*, 1997).

e) **Abortion has an effect on the future education of the adolescent**

The incident usually causes an interruption in the adolescent's education and it may even have a permanent effect on her future education.

"... and if we are talking adolescent, then we are thinking of major disruptions to education ..."

"... their whole future uprooted and destroyed ..."

Researchers are of the opinion that their education may be a crucial consideration in the decision to have an abortion, because they want to carry on and complete their education (Boyle, 1997; Suffla, 1997; Taylor, 1997).

f) **Abortion leads to rationalisation about the matter by the adolescent**

The adolescent often rationalises her decision to have an abortion.

"Perhaps she had a friend or sister that had a child and it wrecked their life ... and therefore she has justified it."

Researchers explain that rationalisation is a means to make the decision more acceptable to herself and others (Olivier *et al.*, 2000; Guilbert & Roter, 1997; Myburgh *et al.*, 1997).

g) **Abortion has an effect on the rest of the adolescent's life**

It is unlikely that the adolescent will forget that she has had an abortion and it may impact negatively on the rest of her life.

"... the girl ... is probably someone that is not going to have a stable life after that."

"It's terrible baggage for a kid to carry through life."

According to Taylor (1997) all participants in his research group showed signs that the experience had had a profound influence on their lives. However, in some cases they could go on with a normal life.

"... it could be that ... uhm ... she finds an amazing future and career choice ... uhm ... as a result of having the abortion ..."

"... a girl might have a fantastic life because she's had the abortion and was able to go and study and get a career and get married and get on with her life."

Some researchers agree with this viewpoint and refer to the fact that the adolescent can make a new start and carry on with her life (Zabin & Sedivy, 1992:319).

Theme 3: Meaningful other people play an important role in the situation

Participants emphasized the important role influence different role-players can have in the situation.

a) **The support of parents**

It is problematic that the adolescent does not need consent from her parents to have an abortion and that many parents are not even informed of the incident, because the adolescent needs their support.

"... It is important for the immediate family to know, because that is where the basic support comes from."

The support of the parents is also underlined in the literature. Reference is made to the importance of their involvement in making the experience more manageable for the adolescent (Boyle, 1997; Guilbert & Roter, 1997; Taylor, 1997). In some cases the parents take the decision on behalf of the adolescent for the sake of their own status in society (Olivier *et al.*, 2000). Parents often do support the adolescent, but in many cases the opposite is true. In such cases Taylor (1997) suggests that a mediator between the adolescent and her parents should be used.

b) **The support of the teacher**

It is assumed that the teacher should support the adolescent under such circumstances, but the teacher is often unaware of the situation, depending on the relationship with the adolescent. Furthermore, some teachers consider this a private matter and none of their business, but concede that they should not be judgmental and condemn the adolescent. In many cases teachers themselves need guidance with respect to how this adolescent can be supported.

"I feel that the school will also need to support her, the teachers in particular."

"There must be a ... proper relationship between you and the girl ... there must be trust for that matter ..."

"As an educator ... uhm ... it is not up to us to judge and I don't think we should discriminate against a pupil ..."

"... maybe even the teachers might need some help in learning how to cope with this child ... so that you don't make her life worse because of insensitivity"

In the research done by Olivier *et al.* (2000:215) it was clear that adolescents do not trust their teachers enough to share this news with them.

c) **The role of medical staff**

The adolescent is dependent on the medical staff to help her through this experience, yet the feedback in this regard is not always positive.

"She regretted her decision to have an abortion, because she was treated badly by the nurses."

"... when a girl has an abortion, she is counselled ... before they do it and after ..."

The support the adolescent receives at the clinic is also questioned in the literature (Pearton, 1999; Boyle, 1997; Taylor, 1997). Such cases

receive the best treatment in private hospitals, but because of the high cost involved it is not an option in most cases.

d) The role of the broader public and society

The broader public and society make it more difficult for the adolescent, because of their stigmatisation of abortion. Furthermore, the media send out confusing messages to the young person.

"... it's a socially unacceptable thing"

"In the Xhosa society ... that concept is a derogative concept."

"It is as if society is saying: Go ahead, get pregnant, there's an easy option ..."

"I actually have a problem with the whole advertising of these Mary [*sic*] Stopes Clinics."

Mention is also made in the literature of the stigma attached to an abortion and the influence of the media regarding abortions (Olivier *et al.*, 2000; Du Puy & Dovich, 1997; Suffla, 1997).

Theme 4: The adolescent who has had an abortion has certain needs

Participants identified several needs of this adolescent:

a) The adolescent needs professional help and therapy

It is important that she receives the right counselling before and after the abortion.

"I would have insisted on some form of psychotherapy so that the adolescent could be taught coping skills."

"I just feel that it should be important that she should have therapy before and afterwards to work this through."

The nature of counselling before and after an abortion differs (Myburgh *et al.*, 1997). Before the time the focus is more on the procedure, physical matters and emotional preparation, whilst the handling, accepting and adapting is the focus afterwards. However, she often does not go for counselling afterwards.

b) The adolescent needs love and support

Although she needs love and support, she often goes without it and rather experiences conflict, criticism and opposition.

"It is very important what support or how much support and love she receives. If she is criticized and knocked and ripped off ... it would make her job of getting over it far worse ..."

Support groups are mentioned by different researchers (Taylor, 1997). The adolescent who is receiving loving support can handle her situation a great deal easier.

c) The adolescent needs life-skills

Life-skills, such as taking a decision, problem-solving and crisis management can help the adolescent in such a situation.

"It's a difficult one for them to decide ..."

Parents often have a big influence on the adolescent's decision (Pearson, 1999), seeing that the adolescent finds it very difficult to handle the decision on her own. Adolescents need the necessary life-skills to cope under these circumstances (Olivier *et al.*, 2000).

d) The adolescent needs knowledge and information

In many cases the adolescent is still ignorant and does not realize what she is in for.

"... obviously they didn't even know whether it was right or wrong to have an abortion."

"So, I don't think that ... uhm ... the girl can understand the full weight of it ..."

"... they don't realize what is ahead for them ..."

This fact is also confirmed in the literature (Pearson, 1999:295). One of Taylor's (1997:107) participants remarked as follows: "Then I was too young to fully comprehend". Another one said: "It was only afterward that the real enormity of what I have [*sic*] done, hit me".

Phase 2: Description of guidelines for teachers to assist them in their accompanying and handling of the adolescent who has terminated an unwanted pregnancy

From the research it became clear that teachers need guidance with regard to handling abortion among adolescents (Bloem, 2000), seeing that they do not have at their disposal adequate knowledge regarding the details about abortions. It is difficult for them to know if an adolescent has had an abortion, because often adolescents do not trust their teachers enough to share this information with them. The following guidelines are derived from the results of the investigation and are an attempt to help the teacher to deal with the matter more effectively:

1. The teacher should build up a trust relationship with the learners and know them well. This can be accomplished by showing interest in the learners, becoming involved with them and by refraining from becoming judgmental or derogatory (Gilles, 1997).
2. The teacher must handle the adolescent tactfully and must display delicate sensitivity. This can be done by means of his/her non-verbal communication, such as his/her body language (Jordaan, 2000; Gilles, 1997).
3. The teacher must see to it that a learner-friendly class atmosphere is created. This can be done by helping the learners to become more familiar with, caring for, and supporting of one another through co-operative learning and group work (Pretorius, 1998).
4. The teacher must equip the adolescent with life-skills, such as a positive self-concept, decision-making, problem-solving and crisis management (Jordaan, 2000:1; Gilles, 1997:158). This will enable the adolescent to handle difficult life situations with greater ease (Olivier *et al.*, 2000).
5. The teacher must make provision for the adolescent's sexuality education in the school. In research adolescents have strongly expressed themselves in this regard (Olivier *et al.*, 2000; Du Puy & Dovitch, 1997). In some cases parents still object to this idea, whilst some teachers also feel uneasy about the topic, but children need it because of their sexual experimentation. Adolescents usually prefer a more informal approach, such as role-play or dramatisation.
6. The teachers must themselves be equipped with life-skills, otherwise they cannot convey them to the learners and cannot serve as an identification model. They can improve their own life-skills by inviting professionals to address them, by doing some reading of relevant literature on the topic or by doing a short in-service course on life-skills. Teachers especially need the skill to listen, which is different from hearing (Jordaan, 2000).
7. The teacher must become knowledgeable regarding the problems the adolescent faces in this day and age. Abortion is only one of the many problems learners are facing in this century. Teachers are sometimes unaware of the realities that confront the learners. Once again they need professionals to come and inform them and they need in-service training to keep track of changes taking place in society (Bloem, 2000).
8. The teachers can form a support team at school for all adolescents who experience trauma. This can only be a viable option if the teachers are informed of learners who are suffering with problems. Members of such a team need to be carefully selected to be of assistance to the adolescent (Bloem, 2000).
9. The teacher can also initiate a peer group support team at school. Adolescents who have experienced an abortion can form part of such a group. These learners need also to be selected carefully and receive training from a mentor teacher who must monitor the group (Bloem, 2000). This remains a delicate procedure, because not all adolescents are mature enough to give guidance and support, but often learners find it easier to open up to their equals than to authority figures.
10. The teacher should encourage the adolescent who has had an

abortion to join a support group and also to receive professional therapy. These support groups usually function under the aegis of the church, clinics, or counsellors (Gilles, 1997; Taylor, 1997).

Conclusion

Teachers expressed themselves explicitly regarding the adolescent who has had an abortion, through the four themes and sub-themes discussed earlier. The results indicated that they feel the teacher has an important role to play in such a difficult situation, because it has serious implications for the adolescent. Yet they were not sure if they were adequately equipped to handle the adolescent effectively. Some guidelines were therefore inferred from the results to help teachers in this regard.

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