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Public discourses on Choice of Termination of Pregnancy in a
rural area of the Eastern Cape Province in South Africa

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ABSTRACT

A period of ten years has elapsed since the Choice on Termination of Pregnancy Act came into effect. Little has been done in South Africa to investigate public discourses concerning termination of pregnancy since the implementation of the Act. The social context and the quality of available support systems determine the outcome of the women's feelings after the abortion. Knowledge about the social context is important, as it will help to understand the complexities and nuances of abortion.

The aim of the research is to explore public discourses on Choice on Termination of Pregnancy (CTOP), and the potential implications of these discourses on the use of the CTOP service. The sample consisted of 23 black isiXhosa-speaking participants from the rural area of the Eastern Cape Province in South Africa. Four focus groups coming from different age groups (between the ages 18 and 52) with both men and women participated in the study. Fictitious vignettes that tap into two different scenarios regarding abortion based on women's stories were used. Discourses that emerged from people's text are explained, described and interpreted through a discourse analysis.

Since the study was interested in public discourses it led to the discovery of 17 interpretative repertoires as follows: social stigma, abortion equated to murder, degradation of society, pregnancy as an irresponsible act, conditional acceptance, TOP in the context of marriage, future potentiality invested in the foetus, dehumanizing foetus into a clot, shared decision making responsibility, gender dynamics interpretative repertoire, negative post abortion consequences, the scolding versus the supportive nurse interpretative repertoire, alternatives interpretative repertoire, rights versus no responsibility interpretative repertoire, more knowledge needed, male and female or generational differentiation repertoire, and the positive effects repertoire. Abortion is opposed on religious and cultural grounds. TOP has been legalized in South Africa but with this a debate and conflicting views have arisen. These variations in people's discourses may limit access to TOP for women who need the service.

Key words: Choice on Termination of Pregnancy, unsafe abortion, discourse analysis, interpretative repertoire, pro-life, pro-choice, abortion.

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LIST OF ABBREVIATIONS AND ACRONYMS

ANC:	African National Congress
ARAG:	Abortion Reform Action Group
CLA:	Christian Lawyers Association
CTOP:	Choice on Termination of Pregnancy
DFL:	Doctors for Life
MRC:	Medical Research Council
PAS:	Post Abortion Syndrome
TOP:	Termination of Pregnancy
SES:	Socio-economic status
WHO:	World Health Organization

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CHAPTER ONE: INTRODUCTION

1.1 BACKGROUND

It is estimated that 46 million pregnancies end in induced abortion each year worldwide. Nearly 20 million of these are estimated to be unsafe and about 13% of pregnancy related deaths have been attributed to complications of unsafe abortion. In developing countries as a whole, an estimated five million women are admitted to hospitals for treatment of complications from induced abortion each year (Singh, 2006). While the morality and legal status of abortion remain hotly contested, it is clear that women will not allow some pregnancies to continue and will procure an abortion regardless of societal approval. The World Health Organization (WHO) defines unsafe abortion as “a procedure for terminating an unintended pregnancy carried out either by a person lacking the necessary skills or in an environment that does not conform to minimal medical standards or both” (Singh, 2006, p. 1887).

The statistics for 1989 estimate that the total number of illegal and legal abortions in South Africa was approximately 43 000, that is 42 000 illegal and 1 000 legal, with an abortion rate of approximately 6 out of 1000 women aged 15–49 years (Singh, 2006). The Choice on Termination of Pregnancy Act No 92 of 1996 (hereafter referred to as CTOP Act) was introduced to help reduce the maternal mortality resulting from unsafe abortion. This made South Africa one of the countries with the most liberal abortion law (Department of Health, 1996). The CTOP Act replaced the Abortion and Sterilization Act (No 2) of 1975 that provided limited access to abortion services, resulting in the majority of South African women with unwanted pregnancies resorting to back street abortions. McGill (2006) reflected that arguments about deaths from backstreet abortions and equality were used as grounds for the legalization of abortion. Furthermore, media reports argued that widespread back street abortions predisposed women to a multitude of health complications (McGill, 2006).

The South African CTOP Act indicates that, if it is accepted that deciding to have children is a fundamental right for a woman, she must have access to reproductive health care services, including family planning and termination of pregnancy (Department of Health, 1996). According to the CTOP Act, legal termination of pregnancy is available on request during the first 12 weeks of pregnancy with no parental or spousal consent required for minors or married women.

From the 13th week through to 20 weeks, abortion is permitted if continuation of pregnancy would pose a risk to the woman's mental or physical health or that of the foetus, if the pregnancy resulted from rape or incest, or if it affects the woman's socio economic status (Department of Health, 1996). After 20 weeks, abortion is permitted if the doctor or trained midwife finds that continuation of pregnancy would threaten the health of the woman or cause severe handicap of the foetus (Department of Health, 1996). Additionally, women are required to be informed about the alternatives that are available to them including foster parenting, adoption, child support grant and maintenance from a biological father (Mhlanga, 2003).

1.2 ABORTION IN HISTORICAL PERSPECTIVE IN SOUTH AFRICA

Abortion is a global phenomenon which has affected different societies throughout history, and which evokes extreme reactions (Tautz, 2004). In South Africa, before the Abortion and Sterilization Act of 1975 came into effect, abortion was criminalized under common law. At the time it was rationalized that this was done to protect the health of women and unborn babies and as a matter of justice out of a fear of God (McGill, 2006).

However, the medical profession started to seek protection from the illegal abortions they were providing. There was also pressure from women's organizations such as the Abortion Reform Action group (ARAG) to expand the abortion law. Largely as a result of this increased pressure, the Abortion and Sterilization Act of 1975 was introduced, somewhat broadening access to abortion. Under the Act, abortion could be performed only when a pregnancy could seriously threaten a woman's life, or her physical and mental health, or when the child could be severely handicapped, or was the result of rape, incest or other unlawful intercourse.

Despite this, the Act was still limited, since two medical officers in addition to those going to perform the actual procedure were needed for its approval. Women continued seeking back street abortions and many died because of complications related to back street abortion. One of the main aims of the CTOP Act was to include access to legal abortion as an integral part of the national health plan (Althaus, 2000).

In South Africa, abortion has also been associated with the apartheid regime, as previous population policies distinguished between white, black and coloured population groups (Blanchard, Fonn & Xaba, 2003; Guttmacher, Kapadia, Naude & de Pinho, 1998). Before the

legalization of the Abortion and Sterilization Act of 1975, government policies were seen to suggest that the black population was growing too quickly and becoming a burden upon the country's resources (Blanchard et al., 2003; Guttmacher et al., 1998). The researchers noted that, as a consequence of this mentality, it was thought that contraceptives were promoted for black and coloured women as a means to control population growth, while white women were encouraged to multiply. In this manner, family planning became associated with the racist policies of the apartheid government (Guttmacher et al., 1998). Although white women had options when unwanted pregnancy occurred, including visiting private doctors, access to abortion was more restricted for blacks and coloureds. These population groups had to resort to back street abortions with the help of untrained midwives or lay practitioners (Guttmacher et al., 1998).

The legislation of the CTOP Act aroused debates between anti-abortion and "pro-choice" activists. This was complicated by the fact that many black people were opposed to abortion, as it was associated with apartheid policies designed to control the population growth (Guttmacher et al., 1998). Furthermore, the researchers noted that blacks were divided in their views towards abortion, with some opposing it for religious reasons and others, who were concerned with women's rights, supporting access to abortion. Although South African citizens predominantly support a democratic political system, few consider abortion as a democratic right. Proponents of the CTOP Act argue that according to the South African abortion law, abortion constitutes a basic democratic right in the context of reproductive health rights (McGill, 2006).

Groups such as the Women's Health Project, the Reproductive Alliance, the Planned Parenthood of South Africa, and ARAG supported the pro-choice stance of the African National Congress (ANC), which indicated that every woman must have a right to choose whether or not to terminate an early pregnancy according to her own beliefs (Guttmacher et al., 1998). This is seen as a means to create greater gender equality as well as furthering women's rights.

On the other hand, opponents of the CTOP Act, such as Doctors for Life (DFL), the Christian Lawyers Association (CLA), religious organizations representing Christian and Muslim churches, and other "pro-life" organizations, including networks that support pro-life initiatives, and mercy ministries, challenged the legalization of abortion on demand (Guttmacher et al., 1998; McGill, 2006). They argued that the unborn child has a right to live. Many Christians believe that abortion is murder and inherently immoral and many South Africans are religious.

By legalising abortion, the government and the law were commonly in conflict with people's views (McGill, 2006).

1.3 THE SITUATION IN SOUTH AFRICA FOLLOWING THE CTOP ACT

In 1994, before the CTOP came into effect, the Medical Research Council (MRC) estimated that 425 women died in public health facilities each year from unsafe abortions (Blanchard et al., 2003). However, the second Confidential Enquiry Report into Maternal Deaths in South Africa (Department of Health, 1999–2001) reported 40 abortion related deaths per year after the introduction of the CTOP Act, indicating a 90% reduction in maternal morbidity from abortion. According to the third Confidential Enquiry Report into Maternal Deaths in South Africa (Department of Health, 2002–2004), during 2002, 52 510 termination of pregnancies were done leading to a decline in maternal deaths associated with abortion. Additionally, McGill (2006) indicated that as at January 2006, since legalization of the CTOP Act over 500 000 abortions have been conducted. Nonetheless, although there was a decline in maternal deaths and complications related to abortion after the implementation of the CTOP Act, various studies indicated that women were still dying from complications associated with unsafe abortion (Althaus, 2000; Department of Health, 2002–2004).

Lack of knowledge about the Act and about women's legal rights was one of the primary reasons why many women were still using illegal services (Blanchard et al., 2003; Harrison, Montgomery, Lurie & Wilkinson, 2000; Jewkes et al., 2005; Varkey, 2000). Additionally, the Department of Health (2002–2004) also theorized that, although abortion had been legalized, the social stigma attached to the CTOP service, traditional morals and values, and fear of rejection by the community and spouses continued to limit use of the service.

Additionally, Varkey (2000) reflected that attitudes of the general public and health care workers did not support women's right to choose, and that there was a general reluctance to allow minors to have an abortion without parental consent. Althaus (2000) conducted a study focusing on the expansion of access to abortion services. The researcher indicated that almost half (48%) of the South African population considered abortion as morally wrong, while 41% said it was warranted in the cases of rape. Only 10% believed that abortion was a woman's right. Africans (54%) were three times more likely to see abortion as morally wrong than whites (19%).

Furthermore, Varkey and Fonn (2000) reflected that abortion services were available, but access, particularly for women from rural areas and teenagers, continued to be a problem. Value clarification workshops were conducted across the country to address health care workers' attitudes towards abortion services and women who chose to have an abortion (Althaus, 2000; Blanchard et al., 2003; Guttmacher et al., 1998; Varkey & Fonn, 2000;). Researchers indicated that these workshops have shown some success in changing health workers' attitudes and in improving support of women's right to choose abortion. Nevertheless, there is a need to expand these, and to evaluate their long-term effect as health worker resistance remains a powerful constraint to ensuring access.

1.4 RATIONALE FOR THE RESEARCH

Suffla (1997) indicated that changes in abortion laws do not necessarily produce a fundamental transformation in a country's social discourses. For example, while TOP in South Africa is legal, the law is under constant attack from the pro-life activists with various legal challenges having been mounted (Stevens, 2007).

Most South African studies have focused on different aspects of TOP, such as abortion reform in South Africa (Guttmacher et al., 1998), termination of pregnancy among South African adolescents (Varga, 2002), experiences of induced abortion amongst South African women (Suffla, 1997), moral concerns and emotional experiences among black South African adolescents (Mojapelo-Batka & Schoeman, 2003), and the quality of CTOP services including barriers to access (Althaus, 2000; Blanchard et al., 2003; Harrison et al., 2000; Varkey, 2000; Varkey & Fonn, 2000). Additionally, some research has examined narratives of people who have undergone TOP and perspectives on black masculinity (Erasmus, 1998).

Varkey and Fonn (2000) indicated that at the end of 1999, two years after the enactment of the CTOP Act only 50% of designated TOP facilities were up and running, predominantly in urban areas. This effectively limited rural women's reproductive rights. Furthermore, the researchers reported that while abortion services were more available than previously, access for specific groups, particularly women from rural areas and teenagers, remained a problem. Similarly, Althaus (2000) reported that access remained a major problem as many South African women lived far away from a hospital, especially those in rural areas. Additionally, Harrison et al. (2000)

indicated that the TOP Act faced significant opposition in some areas, and as a result was difficult to implement in rural areas. In traditionally conservative areas of the country, such as some rural areas, there was strong opposition since the passage of the Act.

According to the third Confidential Enquiry into Maternal Deaths in South Africa, the number of designated TOP facilities that were functional increased from 92 out of 292 in 2000 to 189 out of 309 in 2003 (Department of Health, 2002–2004). However, there were still challenges concerning accessibility to those who needed it, particularly those in rural areas (Department of Health, 2002–2004).

Jewkes et al. (2005) reported that in the Eastern Cape there were 11 designated services that were up and running in 2000. The Eastern Cape Province was rated among the three provinces with the lowest number of designated services (including the Free State and Northern Cape) with 41.1% of women staying more than 50 km from a service. With this in mind, this study focuses on how people in the rural areas in the Eastern Cape talk about abortion.

Mojapelo-Batka and Schoeman (2003) noted that the increase in the availability of TOP services and the increase in number of women accessing the service could in the long run lead to changes in the social discourses about abortion. Similarly, Faure and Loxton (2003) indicated that, with increasing awareness and acceptance of abortion in South Africa, there may be a decrease in stigma, and socially based post abortion emotions including shame and fear may diminish.

It is therefore important to evaluate how people construct TOP through language and what discursive influence different types of construction exert upon the moral disputes, political dilemmas, and conflicts associated with the issue in question (Potter & Wetherell, 1987). It is likely that individuals' decisions to have abortions and their experiences of TOP will be framed by the views and opinions of the general public. Consequently, it is important to understand how language is used in spoken and written texts regarding the issue of TOP, as this will influence the public's use and experience of legal abortion services.

Little has been done in South Africa to investigate public discourses since the implementation of the CTOP Act. Erasmus (1998) reflected that there was a paucity of research on the public views of legal abortions. Similarly, Varga (2002) indicated that little was known about male and

female viewpoints about abortion related dynamics. Furthermore, Mojapelo-Batka and Schoeman (2003) noted that there was a paucity of black women's voices and perceptions of legal termination of pregnancy. Moreover, Mhlana (2003) also indicated that "the attitude of the patriarchal societies makes abortion a taboo and therefore, abortion has never become a topic in the agenda of many countries despite its negative impact on the health of women and children" (p.126). This knowledge is important, as it will help to understand the complexities and nuances of abortion. The aim of this study is to expand on the existing, growing body of literature on the topic of TOP in South Africa by investigating some of the common public discourses regarding TOP.

1.5 LIMITATIONS OF THE STUDY

The sample size is small and therefore not representative. However, since the study is interpretive, the researcher was more interested in rich description and the transferability of the results than generalizability. There may be problems with variability and comparability across culture and regions, as although the sample included people from various groups, certain groups may have been omitted due to time constraints.

1.6 OBJECTIVES OF THE STUDY

In the light of the lack of research on the public's views on the CTOP Act post the legalization of abortion, this study aims to answer the following questions:

- i) What discourses do people from a rural setting in the Eastern Cape Province of South Africa draw on when discussing issues relating to hypothetical cases of abortion?
- ii) What are the potential implications of those discourses for women and their reproductive decisions?

This study is structured into five main chapters, the details of which will be outlined below.

Chapter 2 contains the relevant literature that outlines and guides the research. It is divided into three main sections: the general state of debate concerning termination of pregnancy from the perspective of attitude research; problems with attitudinal research and how social constructionism deals with these problems; and lastly, a focus on discourses around CTOP

including religious, antiabortionist, women's movement, feminist movement discourses and discursive and qualitative studies on abortion.

Chapter three provides the research methodology of this study, giving a detailed explanation of the data collection procedure. The methodology section includes a brief outline of social constructionism and discursive psychology, followed by the theoretical underpinnings of Potter and Wetherell's (1987) discourse analysis.

Chapter four includes analyses of the data and discussions of the interview information from the focus groups. The research question is answered and a summary of the results is provided.

In the final chapter, the results are discussed in much more detail. The relevant literature discussed in the literature section is compared against the analysis. Implications for the study and recommendations for further study in the area are also provided in this chapter.

CHAPTER TWO: LITERATURE REVIEW

2.1 BACKGROUND

This chapter provides a rationale for the theoretical background to this research, as it considers the literature that helped to inform my approach, which has implications for the findings of my research. The chapter is divided into three sections, including: the general state of debate concerning termination of pregnancy from the perspective of attitude research; problems with attitudinal research and how social constructionism deals with these problems; and, lastly, a focus on discourses and qualitative studies around TOP including religious, antiabortionist, women's movement, alternative feminist discourses and discursive and qualitative studies on abortion.

Abortion is a publicly controversial issue that speaks to existential issues of life and death and feeds into, among other things, cultural beliefs about the role of women, the role of the state as a moral agent, the sanctity of human life, the right to privacy, and society's obligations to women (Ferree, Gamson, Gerhards & Rucht, 2000). While the abortion issue remains a contentious and divisive topic in many countries, in South Africa there is limited debate around the topic (Varkey & Fonn, 2000).

In South Africa before the passing of the Abortion and Sterilization Act of 1975, abortion on demand was prohibited and this prohibition was so severe that one gynaecologist and obstetrician was struck off the medical register because of this (Mhlanga, 2003). Medical discourse advocates that harm must be avoided at all costs and health care professionals have the duty to prevent illness, to treat, to comfort, to cure and to allay pain in order to promote life (Hillman, 1997).

However, political morality is founded upon respect for individual freedom and autonomy (George, 2008). Mhlanga (2003) stated that ensuring women's rights is a political responsibility and the country needs to take steps in respecting, protecting and promoting women's rights.

In the following, I outline some of the research conducted on public understandings of abortion as well as the general state of debate concerning termination of pregnancy. The majority of

research conducted on public perceptions with respect to abortion has approached the issue from the perspective of attitude research. These include the correspondence between religion, or race, or gender, and abortion attitudes. These studies are discussed as well as African studies on attitudes towards abortion. In this chapter I plan to highlight some of the difficulties with attitude research.

2.2 ABORTION ATTITUDES

2.2.1 International studies

In the following I review some of the research on abortion attitudes and various socio-demographic variables conducted chiefly in the United States. Early research in the United States pointed to an association between various demographic variables and abortion. For example, according to Luker (1984), religion, age, marital status, level of education, and labour force participation or occupation were all important factors in women's attitudes toward abortion. Additionally, sexual morality had a strong effect on abortion attitudes independently of demographics, religion and political characteristics, and moral concerns over sexuality tended to reinforce restrictive abortion attitudes (Luker, 1984).

Remennick and Hetsroni (2001) explored socio-demographic correlates of abortion attitudes among Israeli Jews. Findings indicated that when gender was considered along with other variables such as age, race/ethnicity, socio-economic status (SES) and religiosity, women emerged in some strata as more pro-choice, and in others as more pro-life, than men, but these differences did not reach statistical significance. Higher education and greater income in every ethnic group were associated with more tolerant views on abortion.

Moreover, Strickler and Danigelis (2002) examined changes in determinants of abortion attitudes between 1977 and 1996. Findings indicated that, although the aggregate level of support for legal abortion remained stable, there were important changes in the determinants of abortion attitudes during this period with black adults becoming more supportive of legal abortion than their white counterparts. Additionally, research showed that in the 1990s there was a slight shift away from the abortion politics of the 1970s, as people were more likely to align their stand on abortion with their other political views. Thus, traditionally liberal women became more pro-choice than previously demonstrated and professed the same support for legal abortion as liberal men did; conservatives became strongly pro-life (Hout, 1999). While the

pro-life movement places more emphasis on sexuality and belief about the sanctity of human life, the pro-choice movement focused their claim on the right to privacy. Furthermore, they stated that legal abortion was an entitlement and the state should not be forced to deny women access to abortion by religious views, as abortion is necessary for gender equality (Strickler & Danigelis, 2002). In the following paragraphs, I outline findings specifically with regards to religion, race and gender as these features are important determinants of abortion attitudes.

Religious commitment is an important factor in understanding the abortion controversy and is probably the most important factor inhibiting belief in women's rights to choose abortion (Lerner, Nagai & Rothman, 1990). Researchers examined religious variables and their influence on abortion attitudes (Kelley, Evans & Headey, 1993; Woodrum & Davison 1992). Their findings showed that respondents who identified themselves as religiously more conservative and attended religious services regularly were more conservative regarding abortion than others. Tedrow and Mahoney (1979), Jelen (1984), Hartnagel et al. (1985), and more recently, Lerner et al. (1990), Waltzer (1994), and Bolzendahl and Myers (2004) indicated a correlation with religion and church attendance, and that the reason for termination of pregnancy aligned with church attendance levels, with levels of support for legalized abortion decreasing as frequencies of religious service attendance increased. Similarly, Hess and Rueb (2005) noted that religion had a significant impact on abortion opinions, typically producing conservative pro-life viewpoints.

Various researchers indicated that while Jews were the strongest supporters of choice, Catholics and fundamentalist Protestants were the most opposed to abortion (Hartnagel et al., 1985; Jelen, 1984; Lerner et al., 1990; Tedrow & Mahoney, 1979; Waltzer, 1994). In contrast to this, Strickler and Danigelis (2002) reported that by the mid 1980s in the United States there was a decline in the importance of Catholicism. While previously the Catholic Church influenced support for the pro-life movement, the pro-life movement of the 1980s was encircled in a broader politics with more focus on traditional family values with the influence of Christianity. Furthermore, there was a growth of the Christian Right and the pro-choice movement contributed to the growing alignment between abortion views and political liberalism (Strickler & Danigelis, 2002).

Nonetheless, Hess and Rueb (2005) reported that religion played an important role in abortion attitudes and in determining one's morals. This contributed to the fact that life was seen as

sacred and people believed that abortion was against God's rules as it devalued human life. Nonetheless, although some believed that a person has a right to control her own body, others believed that abortion is disturbing God's nature (Hess & Rueb, 2005).

Finlay (1996) examined clergy opinions on abortion as the clergy were in a position to counsel and advise individuals and couples who found themselves considering abortion. Findings suggested that men who were in ministerial careers might on average have been more conservative or traditional in attitudes about abortion than women in the same careers. This may have been because the ministry was not traditionally a women's career, and because women who were drawn to it may have been quite different from traditional women and, in particular, may have been more feminist in orientation (Finlay, 1996).

To investigate the significance of race in attitudes towards abortion over a period of time, Combs and Welch (1982), Hall and Ferree (1986) and Lynxwiler and Gay (1994) examined patterns of black and white support for abortion. Findings revealed that, while the overall gap narrowed between the two racial groups between 1972 and 1980, blacks were still less likely to support abortion than whites. Hall and Ferree (1986) indicated that the apparent convergence between black and white abortion attitudes in the period 1972–1980 was misleading as the gap in pro-choice attitudes was as great in the 1982–1984 period as it was ten years before. The researchers explained that the pattern of lesser black support for legal abortion remained constant up until the early 1980s. While it was reported earlier on that whites were more approving of abortion than blacks, Strickler and Danigelis (2002) reported that this pattern changed by the late 1980s. By the mid-1990s black adults had become more supportive of legal abortion than their white counterparts after controlling for other factors. The growing mobilization of black reproductive rights activists since the mid 1980s was thought to have caused the change in attitudes.

In another study, Walzer (1994) examined men's and women's attitudes in the general public towards abortion as men were deeply involved in policy-making related to this issue. In addition men shared different experiences concerning family and work than women (Walzer, 1994). Findings suggested that level of education and living in urban area had positive effects on support for legalized abortion among both men and women. Additionally, Hout (1999) explained that unlike women, no significant difference according to race was found in men. The researcher found that attitudes toward women's roles affected women's and men's abortion attitudes to the

same extent. The researcher further indicated that women who were traditional, and who did not participate in the labour force when married, were less supportive of abortion. Moreover, people who supported equality in women's roles in politics and the workplace also supported abortion rights (Hout, 1999). Liberal political and social views, marital status and education affected abortion support among women, with liberals being more pro-choice than women with the same political views who were retired or keeping house, and also more pro-choice than men with the same political outlook. Married women and widows were less pro-choice than single, separated or divorced women (Hout, 1999).

Nonetheless, Hess and Rueb (2005) reported that there were conflicting interpretations of results from various studies. For example, some researchers found a decrease in abortion acceptance; others reported no change at all. Additionally, others reported no change in men's attitudes and a decrease in women's acceptance. Strickler and Danigelis (2002) noted that gender is not a significant predictor of abortion attitudes. However, Hess and Rueb (2005) indicated that variables such as religion, age, sex, marital status, employment, religion, family values, and a number of children one wishes to have might moderate abortion opinions.

2.2.2 African studies on attitudes towards and views about abortion

Large-scale attitude research concerning abortion is not a significant feature of research in Africa. An exception is Rossier (2007) who conducted a survey in Burkina Faso on attitudes towards abortion and contraceptives in rural and urban areas. Findings suggested that teenagers were more favourably disposed to abortion, that abstinence before marriage was more approved of in rural than urban areas, and that abortion was frequently seen as a pregnant person's choice (Rossier, 2007). For urban dwellers, the researcher indicated that Christianity and the view that each life, once started, is unique and precious and that pregnancy should not be terminated shaped people's attitudes towards abortion.

A number of studies that have investigated public views and beliefs about abortion from a qualitative point of view have been conducted. Mitchell, Halpern, Kamathi, and Owino (2006) conducted a study on student beliefs and discourses on abortion among Kenyan students. In Kenya abortion is restricted and permitted only for therapeutic purposes. Findings suggested that students expressed incongruous beliefs and behaviour and this reflected the same contradictory messages that were embedded in Kenyan law, the media and educational

curricula. These messages indicated that sexual intercourse and induced abortion led to chronic health and social problems (Mitchell et al., 2006).

Varkey and Fonn (2000) reviewed literature in South Africa relating to community factors that affect access of potential and current abortion service users. They indicated that education levels influenced support for abortion, with acceptance for abortion increasing with increase in education. Furthermore, Varkey and Fonn (2000) indicated that support for legal abortion was slightly higher amongst non-or very infrequent religious service goers. Religion and church attendance and the support for abortion interacted. Support for legalized abortion decreased as frequency of religious service attendance increased (Varkey & Fonn, 2000).

Vorster (2007) noted that in South Africa the right to life is an inalienable right and the basis of all other rights. Abortion is often regarded as ending a potential innocent life as a foetus is identified as a human being who is later rational and self-conscious. However, even among the church groups there are extreme cases where abortion issues present legitimate moral dilemmas. These include cases of rape and when the mother's life is endangered by a pregnancy (Vorster, 2007). Similarly, McGill (2006) noted that in South Africa abortion is supported in cases of rape as it is seen as a terrible crime. Additionally, Vorster (2007) noted that a dilemma also occurs for some people in the case of mental retardation, single mothering, and poor socio-economic status of the mother. It is argued by some that these are not sufficient reasons to end life as there are other alternatives to resolve an unwanted pregnancy for instance adoption (Vorster, 2007). Furthermore, Harrison et al (2000) explored attitudes and beliefs about abortion and the CTOP Act among community members in a rural area in Kwazulu-Natal (KZN) in order to understand barriers to implementation of the act. Results suggested that although the community did not approve of TOP, it was supported in certain circumstances, for example in cases of rape, incest or if continuing pregnancy involved risk to the mother.

Mojapelo-Batka and Schoeman (2003) indicated that women's discourses about abortion are influenced by a broader social morality and religion. This suggests that women have internalized the church's teaching that abortion is a sin and morally unacceptable. As stated previously, and as is the case in other countries, in South Africa frequency of church attendance was linked with less support for abortion (Mojapelo-Batka & Schoeman, 2003).

In a study conducted by Varga (2002) the researcher noted that support for abortion among males in South Africa is three times less than among females. In rural areas men were often reluctant to comment about abortion as this was seen largely as a female matter. This was in contrast with other studies conducted in other African contexts. For example, in Kenya, Nigeria and Tanzania boys were shown to be more supportive of abortion than girls (Varga, 2002). However, in her study, Varga (2002) noted that males were involved in decision-making and would advise the teenagers to terminate their pregnancies and in some cases males would help the teenager in procuring a TOP.

Suffla (1997) noted that commitment and involvement of the male partner in decision-making was associated with good adjustment for a woman post abortion. On the other hand, poor support from the male partner may be stressful to a woman as she has to cope with her own negative emotions, her partner's emotional being and also has to think about the future of their relationship together. This shows that the role of men in decision-making is crucial.

Additionally, Tautz (2004) indicated that, in countries such as India, Ghana and South Africa, where liberal abortion has been approved, attitudes and stigmatization of abortion-seeking women by health personnel prevented access to the service. In Nigeria, although abortion was permitted only to save the life of a pregnant mother, the practice was common and occurred under unsafe conditions (Henshaw et al., 2008).

In South Africa almost 50 percent of South Africans considered abortion to be morally wrong (Althaus, 2000). Attitudes were divided along racial lines, with Africans being three times more likely than whites to condemn abortion. Varkey (2000) reported that although abortion services were available in South Africa, they were not accessible, and the community was not informed about the service.

2.3 LOOKING BEYOND ATTITUDE RESEARCH

“Social psychology has established a longstanding general principle that beliefs do not always predict behaviours” (Firmin, Hwang & Wood, 2007, p.1327). Firmin et al. (2007) contend that actions are not always consistent with beliefs. The abortion debate is strongly influenced by public moral norms, but people's views about the issue do not always predict their behaviour. Firmin et al. (2007) conducted a study on whether or not student views regarding abortion would

predict the behaviour or action that one would expect from respective abortion groups with strongly held views. Their findings indicated that attitudes would not accurately predict subsequent behaviour as expected and that it is likely that beliefs alone are insufficient to mobilise forces en masse even if such beliefs are held very strongly (Firmin et al., 2007).

Additionally, Potter and Wetherell (1994) argue that the problem with attitude research is that when people express attitudes, their views locate objects of thought on a dimension of judgment. The person analysing these judgements is then required to translate them from participants' evaluative terms to specified categories. As a result, variability in people's discourses is lost in this process. Another problem with the traditional attitude theory is that the attitude is considered as separate from the object of thought. It therefore becomes difficult to compare attitudes, and meanings of these attitudes are lost (Potter & Wetherell, 1987).

Attitudes towards moral issues such as abortion tend to be learned through specific communication (Jelen, 1984). Traditional attitude research neglects, amongst other things, the importance of examining contexts, variations in accounts and the construction of the attitudinal object in discourse. The discourse approach reflects that these factors give a fuller understanding of detailed accounts of events and stresses the importance of examining them in discourse (Potter & Wetherell, 1987).

The discourse approach therefore shifts the focus away from examining underlying attitudes to a detailed examination of how evaluative expressions are produced in discourse (Potter & Wetherell, 1987). This study recognizes language as the primary source from which discourse is realized. Social constructionism assumes that language is always rooted in discourse, which Gavey (1997) defines as being "a way of constituting meaning which is specific to particular groups, cultures, and historical periods and is always changing" (p. 53). The discourse analyst will focus on forms taken by evaluative discourse about social issues, such as abortion, and the effect of these forms. It is expected that people's discourses will not be consistent and coherent, and this means that there will be variations in people's accounts (Potter & Wetherell, 1987). Further details concerning the theoretical underpinnings of this approach are provided in Chapter 3. In the following sections, the public frameworks within which debates about termination of pregnancy have taken place are discussed.

2.4 ABORTION DISCOURSES

The most common discourses on TOP include the pro-life and the pro-choice discourses. The pro-life discourse is deeply rooted in religious teachings. The pro-choice discourse is based on the idea of individual autonomy and women's right to choose what they do with their own bodies. These discourses are rooted and advocated by various movements such as anti-abortionists, women's movement, feminist movement and religion as discussed below.

2.4.1 Abortion and religion

Theological discourse sees abortion as a sinful act, which is against God's will. Christian belief is an important source of opposition to abortion and represents the view that abortion violates the sanctity of life, is a rebellion against God's design and hence morally wrong. This belief continues to shape Christian ideology and greatly influences public opinion (Kelly, Evans & Heady, 1993). The new Christian Right is concerned not only about the sanctity of life but also about the consequences of abortion including promiscuity and the break-up of families (Hout, 1999).

In 1869 Pope Pius IX rejected the view that ensoulment occurs 40 days after conception. He proclaimed that a foetus gains a soul and becomes a full person at conception (Dolgin, 2004). After this claim, the Church classified all abortion as murder and took the standpoint that it was the same as killing the child after birth. This position on abortion then served as a condemnation of modern rationalism, with the church portraying pro-choice advocacy as entailing rejection of faith. The Catholic Church then publicised its new position about the moral status of the foetus as a child with the backing of the scientific claim that proposes that life begins at conception (Dolgin, 2004). Later this ideology was appropriated as the central claim of pro-life discourse. Similarly, Chang (2005) indicated that in Germany the foetal life frame has dominated the abortion debate, with Roman Catholic and Constitutional Court judges arguing that the foetus is an unborn child with an inalienable right not to be killed. In contrast, according to the Islamic law, ensoulment happens after 120 days, at which point the foetus becomes a person with rights and benefits (Kyriakides-Yeldham, 2005). At this stage abortion becomes a crime.

However, the women's movement noted that religious considerations should not be used as the basis on which abortion law is implemented. Furthermore, they argue against the official stance of the Catholic Church on ensoulment, stating that there has never been an agreement among Catholics concerning this (Heuman, 2007). Catholics are divided about when ensoulment

occurs, placing it between 40 and 140 days, which raised problems for their condemnation of abortion. Achieng (1999) argues that the Catholic Church considers abortion as first-degree murder of an innocent defenceless person and violates the sanctity of human life.

In Kenya, the Catholic Church dominates the abortion debate and prevents public health initiatives dealing with birth control and sexuality (Kulczycki, 2001). In Mexico abortion policy strongly represents Catholic and traditional social values as well as the closed nature of the policy-making system (Kulczycki, 2001). In South Africa there is a link between religion and the pro-life discourse in their view that life begins at conception. Many Christians believe that abortion is murder and thus inherently immoral and many South Africans are Christians (McGill, 2006). Catholic doctrine preaches that abortion is always the intentional taking of someone's life and should not be allowed.

Views about abortion in many countries are strongly influenced by religious and other social values. According to the Christian ethical perspective, abortion is clearly wrong because it interferes with God's creation and rejects the divine origin of humanity (Vorster, 2007). Given the prevalence of Christianity in Africa, religious influences in the African culture are important in terms of attitudes to abortion. In South Africa, as in other countries not all citizens support TOP and criticisms range from religious organizations representing the Christian and Muslim churches to professional groups such as Doctors for Life and the Christian Lawyers Association (Guttmacher et al., 1998).

Furthermore, the cultural and religious beliefs of the African people include respect for the sacredness of life, affirm the value of community belonging, and respect for the role and authority of the father and the Supreme Being (McGill, 2006). The sacredness of life is a fundamental value shared by African people, and any behaviour against life is considered sinful in the social and moral sense.

2.4.2 Anti-abortionist movement

Traditional anti-abortionists, drawing on a religious discourse, stress the rights of the foetus and the community's right to enforce a particular morality. They strongly associate sex with creating families and having children in fulfilment of the Biblical prescription to be fruitful and multiply (Hout, 1999). Additionally, this view reinforces the institution of marriage in which men are responsible for providing for their wives and children, with attitudes towards abortion related to

the beliefs and values about proper gender roles (Hout, 1999). In addition, Luker (1984) states that from the pro-life perspective human life begins at the time of conception and abortion amounts to murder. The pro-life argument is based on the concept of sanctity of life and this is deeply rooted in longstanding and ongoing religious beliefs. While they support claims about the sanctity of embryonic and foetal life, they oppose claims grounded in a woman's right to autonomous choice. Luker (1984) notes that pro-life activists argue that construction of abortion issues as a woman's choice **facilely ignores** the existence, value and rights of the unborn child. Furthermore, they decry abortion from the premise that human life commences with conception.

Not all anti-abortion movements utilize religious ideology, however. Among the anti-abortionist movement are those pro-life organizations which consider human fetuses and embryos to have the full legal rights of a human being; thus, the right to life of a developing foetus or embryo is considered more important than the woman's right to bodily autonomy (McGill, 2006). However, some pro-life activists see abortion as a last resort and focus on a number of situations where they feel abortion is a necessary option. For example in the case where a woman was raped, when the life of the woman is at risk, contraception was used but failed, or a woman feels unable to raise a child (McGill, 2006).

Christian groups, media sources and social conservatives centre their discussions of abortion within larger historical narratives of the downward spiral of youth into moral depravity due to moral laxity (Mitchell et al., 2006). There is also stigmatization of sexual activity among young people. As Vorster (2007) observes, these groups consider the right to life to be an inalienable right that forms the core element of all other rights.

There is, however, some confusion in these pro-life arguments, as many advocates believe abortion should be legally available at least under some extreme conditions during the earliest stages of pregnancy. Yet the same majority does not believe abortion should be legal merely as a birth control technique for convenience or at the later stages of pregnancy (Luker, 1984).

According to Luker (1984), the official position held by the pro-life advocates on abortion is the tip of the iceberg, as central to those values is a belief that a woman's proper role is to nurture children and take care of the home. Family is viewed as a private arena free from state regulation. However, in the debate about abortion, traditionalists have avoided expressing claims about the moral implications of disassociating family life from traditional forms and

instead relied on arguments about the biological and theological status of embryos and fetuses (Dolgin, 2004).

2.4.3 Pro-Choice movement

Pro-choice women's groups, by contrast, insist that women must be given a right to choice in fertility issues and not be coerced into accepting religious doctrine that forces them to carry pregnancies they do not want to term only to give the infant up for adoption (Achieng, 1999). The pro-choice movement suggests that a woman should have complete control over her fertility and pregnancy and this includes access to sexual education, access to safe and legal abortion, contraception and fertility treatments. Pro-choice supporters place emphasis on the capacity of women to decide their own fertility, insisting that women must have access to abortion and that any restrictions to this violate their human rights (Luker, 1984). From this perspective, the mother's rights take precedence over those of the fetus, particularly at the early stages of pregnancy (Luker, 1984). The women's movement claims that the unborn child is not a person and has no moral standing (Heuman, 2007).

While pro-life supporters claim to be concerned about the fetus as a human being, women's movement discourses seek a more complex and diversified approach to the issue of foetal life, claiming that because the cerebral cortex only develops after 20 weeks, before this time the fetus is unable to respond to any stimuli, to feel or fear pain or to move its body deliberately (Heuman, 2007). Furthermore, as it cannot survive outside the woman's body it cannot be regarded as an independent human being.

Hout (1999) noted that a pro-choice framework seeks to take away all responsibility and power from men on the matter of abortion and put this in the hands of women. The right to choose is placed with the woman and not the broader society or family. The woman thus has a right to decide whether or not she should choose abortion and this liberates women (Hout, 1999). In the United States, an individual rights framework has dominated the debate, which proposes that abortion restrictions are an unwarranted interference in people's lives (Chang, 2005). In South Africa, Suffla (1997) indicated that the pro-choice position suggests that whatever the religious belief, women of all religions have abortions. It further suggests that restrictions on abortion do not only deny women the right to save their lives but endanger lives by forcing women to seek illegal abortion.

In South Africa, as in other countries, pro-choice advocates defend abortion on request by appeal to the concept of individual autonomy and the woman's right to choose whether she wishes to continue with the pregnancy or not. Preventing a woman from having an abortion is seen not only as a violation of a woman's rights but also as having the unintended consequence of encouraging dangerous and life-threatening criminal abortions (St Clair, 1994). Groups such as The Women's Health Project, the Reproductive Rights Alliance, and Planned Parenthood of South Africa advocate abortion as a means for creating greater gender equality as well as furthering women's rights (Guttmacher et al., 1998).

2.4.4 Alternative feminist movement

Although the pro-choice framework is associated with feminism, some feminists have critiqued the theme of choice. They argue that the pro-choice position reflects the narrow white middle class experience of women who have access to resources that enables them to make choices (Ruhl, 2002). Black women have argued that they have struggled for abortion rights not on the basis of choice but on the basis of equality and the need to gain control over their bodies and their lives (Ruhl, 2002). Furthermore, they assume the right of individuals to determine the influences in their lives as much as possible, which is understood to be consistent with principles of freedom and justice (Woodrum & Davidson, 1992). For feminists, abortion is part of the larger concern with a woman's right to control her body. Similarly, Nossiff (2007) indicated that for radical feminists, pro-choice advocates separate abortion from the broader call for equality and this limits the women's argument for complete control over their reproductive rights.

Sherk (2006) has argued that pro-choice is the right word for people who actually have the choice but that reproductive justice is more complex than individual choice. Furthermore, according to Sherk (2006) the debate is not just about pregnancy, abortion, or contraception, but about the right to live life the way women choose and beyond that to have the social support necessary to live according to the choices they made.

A further feminist critique is that the debate about abortion has been framed from a liberal feminist position. According to Ruhl (2002), the feminist advocates oppose the religious belief that life begins at conception and that anything against this equals murder, arguing that this limits women's control over their own bodies. Liberal defences of abortion assume that the foetus is not a person and as such is not legally protected and therefore the woman's right to bodily self-determination is foundational and the foetus's interests must come second (Ruhl,

2002). Ruhl further argues that many feminists who defend reproductive freedom for women eschew the discourse of foetal personhood, preferring to set the debate around the centrality of bodily integrity as a foundational requirement for personhood.

Feminist advocates argue that inequality and gender roles assigned to women over their rights as citizens serve to discriminate against them (Nossiff, 2007). Furthermore, Nossiff noted that abortion law of the 1970s in the United States demanded that women must be made aware of the alternatives to abortion, for example adoption, and that dangers of abortion should be explained and a written consent for abortion provided. The feminist movement argued against this, stating that explaining the consequences of abortion and alternatives inferred that women were ignorant or incapable of understanding the implications of abortion. Furthermore, this symbolized gender and power issues and diminished the freedom of women to choose (Nossiff, 2007).

2.5 DISCURSIVE AND QUALITATIVE STUDIES ON ABORTION

The abortion debate brings disagreements about sexual morality and women's rights into the political arena. Although the religious divide remains, for the most part, the major demographic groups differ on abortion pretty much as they differ on sexual behaviour and women's roles (Hout, 1999). Some individuals see abortion as a threat to social morality that represents a loosening of social structure thus leading to promiscuity and disintegration of social or sexual morality (Hillman, 1997; Jelen, 1984). In the following sections, studies and articles taking a broadly discursive or qualitative focus are reviewed. Firstly, international studies that focus specifically on discourses surrounding abortion are discussed. Secondly, qualitative South African studies are reviewed.

2.5.1 International studies

Internationally, debate about abortion has shifted focus from the preservation of family life to expressions of the sanctity of foetal life (Dolgin, 2004). The researcher argues that discourse around abortion during the 19th and 20th centuries was largely focused upon the meaning of family, as the scope of family relations was generally considered more important than equality and choice. Anti-abortionists of the previous centuries viewed women as the preservers of hearth and home in accordance with their purportedly natural prerogative to serve their husbands and to care for their children (Dolgin, 2004). Additionally, this analyst explained that in

late 20th century the abortion discourse reflected a more general debate about the proper scope of family life and the parameters of personhood. Discourse in the present century, by contrast, is concerned with redefining the essence of human life. There has been a generalized social trend within western societies to forsake traditional family structures in favour of families constructed through negotiation of choice. Widely held social and legal norms valorize autonomous individuality and negotiated choice. As a result, opposition to abortion premised on the importance of preserving traditional family life has become less and less effective. With the “pro-lifers” ceasing to push their family agenda as vocally as before, the debate about abortion has come to focus more on contestations over the status of fetuses and embryos (Dolgin, 2004).

Jelen (1984) examined reasons for opposition of abortion in the United States. Findings suggested that while certain groups in the population align their opposition to abortion on the right to life grounds, others based their opinions on sexual morality. Furthermore, while highly educated pro-life people oppose abortion based on the right to life, less educated people's opinions are based on more direct and tangible views using sexual morality. Abortion is opposed because easily available abortion is viewed as encouraging promiscuity by removing some of the serious consequences of premarital or extramarital sexual activities (Jelen, 1984).

Hopkins, Reicher and Saleem (1996) conducted a study on constructing women's psychological health in anti-abortion rhetoric, and explored innovations in the abortion debate of that time. Researchers note that historically the pro-life movement based their arguments on the religious discourse focusing on ensoulment. Changes of women's self-definition by the pro-choice movement and the decline in people who identified themselves as religious led the pro-lifers to shift their position to claim that the fetus is a person and has a right to life (Hopkins et al., 1996). Additionally, the anti-abortionists show visual images of the fetus representing the fetus's full humanity as a self-evident fact visible to all. However, the women's movement argued that by focusing on the fetus, women are ignored. Thus, the pro-abortionists reconstructed the abortion debate and a focus on the women's rights took place. The anti-abortionists question the notion put forward by pro-choice advocates that abortion is essentially for the freedom for which women have been fighting, and argue that, on the contrary, it gives freedom to the man rather than the woman as this releases him from responsibility (Hopkins et al., 1996).

Hopkins et al (1996) indicated that anti-abortionists claimed that women are victimized by abortion. The concept of Post Abortion Syndrome (PAS) was then used to redefine the debate so that abortion was seen as a contradiction to women's interest. Abortion was then opposed on grounds that it is potentially a severe threat to women's health and claims were made that denial, guilt, and pain inherent in the abortion victimize women and prevent them from admitting the death and grieving for the child. Furthermore, they claimed that because women suffer from PAS post abortion means that abortion is not safe (Hopkins et al., 1996). Additionally, psychological experience was seen as related to the construct of the foetus as an unborn child. It was argued that if women experience grief, this supports the fact that the foetus is a person. Constructing women's experience allowed the construction of the foetus as rooted and arising from direct experience, which the anti-abortionists claimed to respect (Hopkins et al., 1996). Anti-abortionists argue that the pro-abortion movement arguments are based on mere rhetoric and not experience.

The discourses identified in Hopkins et al's (1996) study draw off the debate on the psychological consequences of abortion. David (1985) conducted a study on post abortion and post partum psychiatric hospitalization. The researcher noted that the early literature on abortion, from 1935 to 1964, generally concluded that serious psychological problems followed abortion basing their conclusions on the negative consequences of abortion. In the 1960s and 1970s, studies began to reveal that while legal abortion produces feelings of guilt and self-reproach in many women, it is rare that these are so severe to be described as pathological (Adler, 1979). Mueller and Major (1989) noted that victims of negative life events often blame themselves for events that are outside their control for instance rape, accidents or illness. Furthermore, while negative outcomes have been observed such as depression, anxiety, guilt and regret, positive outcomes were also reported as some women predominantly felt relief and improvement in mood and functioning following abortion (Major & Cozzarelli, 1992). Moreover, although few cases of longer-term psychotic reactions have been reported, negative outcomes of abortion are rarely severe and usually improve with time (Adler, 1979; Adler, David, Major, Roth, Russo & Wyatt, 1992; Mueller and Major, 1989). Several factors were seen as moderating the impact of abortion including support for abortion by a male partner and others, and the woman's abortion experience and coping strategies.

In a study by Dolgin (2004) on embryonic discourse, the researcher noted that anti-abortionist activists have at times publicized foetal images and are increasingly shifting their position from

words to images, which are facilitated by new technology through use of ultrasound. In the abortion talk, traditionalists have avoided expressing claims about the moral implications of disassociating family life from traditional forms and instead relied on arguments about the biological and theological status of the embryos and fetuses (Dolgin, 2004).

Greene (2006) conducted a study on political, social and local discourses surrounding teenage pregnancy. Findings suggested that community views about responsibility contribute to the decision-making procedures of young mothers. This means that women's decisions were influenced by the dominant discourse of responsibility, which suggests that abortion is an irresponsible way of dealing with an unplanned pregnancy. For example, among the teenagers' narratives, some noted that they were responsible for getting pregnant and they were also responsible for finding solutions to the problem. Furthermore, class, religion and cultural values prevented the majority of the mothers studied from considering abortion as a solution to an unplanned pregnancy (Greene, 2006). Abortion is stigmatized and because of this, it is difficult for women to consider choosing abortion even in situations where they felt certain they were making the right choice (Greene, 2006). Abortion was more tolerated if the circumstances that resulted in pregnancy were out of control of the mother, such as in the case of rape or when something is wrong with the fetus (Greene, 2006).

2.5.2 South African studies

Various studies have been conducted in South Africa addressing various aspects of abortion. For instance, Suffla (1997) conducted a study on the experience of abortion prior to the passing of the CTOP Act but many of the findings may still apply. Findings indicated that the decision-making process was diverse and had a number of influences including the religious, political and social values and personal belief systems held by a woman. For instance, the researcher noted that these decisions were influenced by the socio-cultural climate, which was against abortion, involvement of a male partner, and the family and religious doctrine. These factors influenced the right of the woman to choose. Similarly, Varga (2000) indicated that decision-making was a joint process involving multiple actors, including a mother or other senior family members or a boyfriend or partner. However, it appeared that most of the time the involvement of the family and the partner acted as a deterrent to abortion as they were gatekeepers (Suffla, 1997). Moreover, from the study women noted that informing the family about the pregnancy and abortion was hard because they feared disapproval from family members and did not expect support from them.

Furthermore, Suffla (1997) reflected that women's experiences post abortion were complex and were influenced by the women's psychological state and social beliefs. While women reported experiencing relief immediately post abortion, blame and guilt were among the long-term effects associated with abortion. The negative emotions were socially and internally based and while shame, guilt and fear were socially based, regret, anxiety, doubt and depression were internally based (Suffla, 1997). Additionally, the negative religious attitudes towards abortion were associated with feelings of guilt post abortion. Shame was associated with negative social attitudes about abortion, which women had internalized. Similarly, Varkey and Fonn (2000) indicated that negative feelings after the abortion were related to high anxiety traits, lack of support from the male partner, negative reactions and disapproval by their families and negative social stigma. Consistent with these findings Mojapelo-Batka and Schoeman (2003) reported that some women expressed feelings of sadness as they continuously thought about the foetus. As abortion experiences are complex, women of different age groups will experience and react differently to abortion.

Erasmus (1998) investigated the abortion debate in South Africa focusing on perspectives on black masculinity. The researcher noted that in black society the human being is a complex of social relationships. Men and women are accorded different status in the society and hold specific gender roles for men and women. There is an unequal power relation between women and men as men have social power and authority and tend to dominate the decision-making (Erasmus, 1998). The researcher noted that this poses a serious threat to women, as gender roles are socially ingrained, limiting women and men's rights to discuss reproductive issues. The researcher indicated that women are in no position to bargain with their partners about the number of children they bear. Once the woman is pregnant the man may deny the responsibility, and it is common to find men re-locating elsewhere (Erasmus, 1998). The men's denial of responsibility for the pregnancy and fear of family are the major causes for abortion.

These findings are consistent with Reader (2008) who noted that our culture forces women to procreate and motherhood is associated with reproduction and maternal responsibility. The researcher indicated that responsibility is associated with procreation and raising children and abortion is categorized as killing. Similarly, Mojapelo-Batka and Schoeman (2003) reported that in the black society fertility, procreation and motherhood are seen as the essence of womanhood, which means that women are coerced by the society into aspects of a role they

may not want. Shame, stigma and our society's expectations of women diminish women's right to choose when faced with unwanted pregnancies (Erasmus, 1998).

Similarly, Varga (2002) conducted a study on termination of pregnancy among South African adolescents. The discussions in this study were not centred on the acceptability of abortion but rather on identifying the circumstances under which abortion is a suitable response to teenage pregnancy. Varga (2002) indicated that paternity and public acceptance of fatherhood plays an important role in African society and the community ridicules a woman lacking a father for her child. A child without a father suffers denigration from peers and has no legal rights to inherit from the male's family. In the light of this, the researcher indicated that in cases where the young man refuses paternity, the teenagers would then consider TOP. In contrast to this, if the male partner accepts paternity they would give birth and raise the child. Therefore, male partners were seen to dominate the decision-making process and served as powerful gatekeepers in TOP behaviour (Varga, 2002).

Mojapelo-Batka and Schoeman (2003) conducted a study to describe black adolescent women's concerns and emotional reactions to the voluntary termination of their pregnancies. The researchers reflect that a central aspect of social constructions of abortion involves views about morality. Findings indicate that social morality, including women's financial position, unemployment and lack of affordability to support the child, male partners who were either at school and wanting to complete studies first, or fear of raising a child without a father, provided justification for deciding to undergo abortion (Mojapelo-Batka & Schoeman 2003). However, based on ecclesiastic values, women considered abortion as morally wrong and said they could not encourage other women to undergo abortion. Therefore, most women defined abortion as morally wrong based on cultural values and social norms (Mojapelo-Batka & Schoeman 2003). Additionally, Mojapelo-Batka and Schoeman (2003) noted that people from different generations also base their attitudes towards abortion on different values and different interpretations. Furthermore, a social construction of the foetus as a person was related to woman's moral reasoning in respect to abortion. For instance, results suggested that regarding TOP before the end of the first trimester as a clot or as menstrual blood justifies TOP and helped to ease the moral tension about abortion. On the other hand, describing the aborted foetus as a person and not a blood clot or menstrual blood is associated with feelings of guilt. Furthermore, social construction of the foetus as someone with a potential to be a person and not a clot is associated with negative feelings including sadness.

Reader (2008) conducted a study on how abortion is justified in South Africa. The researcher reflected that the anti-abortionists argue that women would rather continue with the pregnancy and give their babies for adoption afterwards. The researcher pointed to the complexity of this, and argues that this violates women's rights and that women may feel guilt and shame about abandoning their children (Reader, 2008). Seen from this point of view, adoption and abortion may be harder to justify (Reader, 2008). Reader (2008) theorized that recent discourses of abortion use the concept of relationship (bodily intertwined), which includes knowledge of, and concerns for the foetus no matter how underdeveloped they may appear. In this instance some claim that it would be morally wrong to do anything that threatens its life. On the other hand, some argue that the foetus has no moral standing; this means that the foetus has no independent claim grounded in intrinsic properties, relationship is its only source of value, and so abortion becomes permissible.

The CTOP Act has made abortion legal yet accessibility is still a problem. Various studies were conducted to investigate barriers to CTOP service. For example, Harrison et al. (2000) conducted a study in Kwazulu/Natal on barriers to implementation of CTOP Act. Findings indicated that members of the community felt that abortion was morally wrong and that the law encouraged irresponsibility on the part of the youth. Some participants indicated that the youth did not care about their future and would leave everything and go for boys. Furthermore, the researchers reported mixed feelings towards unplanned pregnancies among young and unmarried women. Although pregnancy outside marriage was stigmatized and disapproved of, children from these relationships were accepted and raised in extended families (Harrison et al., 2000). Although these pregnancies were initially unwelcome, they were more accepted than abortion. Abortion was opposed as it ran counter to societal norms and some disagreed with abortion even though supporting various clauses of the Act (Harrison et al., 2000). Most of the time, the community accepted abortion in cases of rape, incest, and incomplete abortion.

Varga (2002) noted that barriers to accessibility to legal services included overall community sentiment, which saw termination of pregnancy as a disgrace for both cultural and religious reasons. Participants' views about the acceptability of abortion were divided as many saw abortion as a sin equal to murder, or simply socially irresponsible behaviour that encouraged promiscuity (Varga, 2002). In contrast to this, others felt that regardless of TOP acceptability, teenage abortion did occur and that it should be made as safe as possible. Nonetheless, stigma

and health care service providers' attitudes were seen as barriers to service use. Similarly, negative and judgemental attitudes of the health care workers leading to the majority of women resorting to back street abortions were also reported in other studies (Harrison et al., 2000; Mojapelo-Batka & Schoeman, 2003; Varkey & Fonn, 2000). Similarly, Dickson-Tetteh et al., (2002) investigated reasons why women were still resorting to illegal abortions in Gauteng post legalization of the CTOP Act. Researchers indicated that women felt traumatized by the nurse's remarks which made them feel guilty and realise that having an abortion meant killing the unborn child and was therefore a sin. One woman explained that nurse's thought that they were "gods" and another woman noted that nurses were rude and cheeky (Dickson-Tetteh et al., 2002).

A number of studies investigated progress in implementation post legalization of the CTOP Act. Findings suggested that lack of knowledge about the Act was one of the primary reasons why many women were still using illegal services post introduction of the Act (Blanchard et al., 2003; Harrison et al., 2000; Jewkes, et al., 2005; Varkey, 2000). These studies indicated higher levels of awareness in some provinces than in others. In the Northern Cape and the Eastern Cape the public indicated the media to be the main source of information (Varkey & Fonn, 2000). Similarly, Blanchard, Fonn and Xaba (2003) indicated that research from different South African provinces showed higher levels of awareness. Varkey and Fonn, (2000) and Blanchard, Fonn and Xaba (2003) noted that this knowledge was tempered by the lack of community support, stigma about abortion and bad treatment by nurses. Harrison et al. (2000) theorized that young women were more likely to support the Act than older women. No significant differences were found between men and women regarding opinion and support for abortion. The community was more likely to accept abortion if the woman's life was at risk than to support abortion on request or with regard to women's poor socio-economic circumstances. Harrison et al. (2000) indicated that opposition for abortion revealed strong religious beliefs, and stemmed from both personal and societal beliefs. Furthermore, the researchers theorized that most women in their study in the rural areas were opposed to abortion. In this manner, younger women may have been intimidated from seeking abortion, or even information.

2.6 SUMMARY OF THE LITERATURE REVIEW

Much international research with respect to public understandings of abortion has been conducted using attitude questionnaires. This research highlighted that there is a positive

relationship between social class, education, religion, gender, age, living in urban versus in rural areas, occupation and approval for support. These determinants were seen as moderating and best predictors of abortion attitudes. For instance, people who are highly religious and attend church regularly may not necessarily oppose abortion, but if they did, would do so on a right to life basis. Individuals who are relatively highly educated, living in urban areas, and with better incomes are more likely to support abortion. Literature also revealed that currently there is a growing alignment between abortion views and political views, and while conservatives are becoming more pro-life, liberal women are becoming more pro-choice as are liberal men. Some fluctuations in abortion support related to gender and race were reported. For instance, at times women were reported to be more pro-choice than men or vice versa. Additionally other studies showed that before the 1970s blacks were less supportive of abortion than their white counterparts. However, the latest trend suggested that this has changed as blacks have become more supportive of abortion than their white counterparts.

Although limited, African studies on abortion attitudes suggested similar findings as religiosity, education, gender and race were seen as determinants of abortion attitudes. While studies in South Africa indicated that men were less supportive of abortion, in the African context men were seen to be more supportive of abortion than women. In South Africa, whites were seen to be more supportive of abortion than blacks. The literature also suggested that religion played an important role in abortion attitudes and in abortion decision-making. Abortion attitudes were found to depend on religious attendance with support for abortion increasing as church attendance decreases. No significant change in abortion attitudes related to place of stay has been reported internationally.

The abortion debate is, for the most part, conducted in terms of the concept of “rights.” The rights discourse has in turn brought with it two most common discourses either pro-life or pro-choice and a resultant debate in which both groups support their stances for either the right of the foetus or the right of the women. Support for abortion rights is mainly equated with the idea that abortion is a right, in which women may choose what to do with their own bodies. Supporters of the right to life claim that the foetus has a right to live that is based on religious beliefs that life begins at conception and therefore abortion is equivalent to murder. Pro-lifers argue that a foetus is a person, that life begins at conception and a foetus has status, yet they support abortion under certain circumstances. The pro-choice group contests this stating that

restricting a pregnant woman from the potential to terminate an unwanted pregnancy denies her a basic right.

However, in Africa the pro-life stance is not only rooted in religious doctrine but also in African culture. Cultural and religious values of the African people include respect for the sacredness of life, and any behaviour against life is considered sinful in the social and moral sense. Furthermore, views about fertility, procreation and abortion are shaped by traditional attitudes about the role of women as wives and mothers that are culturally embedded and thus shaped by society. Inequalities are further promoted by the separation of sexes resulting in gendered citizenship. The feminist movement opposes all the restrictions on abortion with a stance centred around women's equality based on women's rights and fights against discrimination of women at home and workplace. They argue that the term "choice" is limiting for the poor as it can only apply to the decision to have the abortion but not to obtain one.

Various studies also revealed that in South Africa since 2000, awareness of the CTOP Act has increased but this knowledge is tempered by stigma related to TOP services and attitudes of the health care providers, and this affects women's access to the TOP service. Additionally, women may struggle with their own morals and values, and risk the disapproval of their partners or parents.

In South Africa, although abortion has been legalized different studies indicate that access is the major problem. This problem is related to the limited number of designated abortion facilities, service related problems and attitudes of the general public to TOP.

Subsequently, in South Africa, despite the current legal status of abortion, TOP is resisted on social and religious grounds, health workers attitudes and lack of information; thus women's access to safe, legal abortion continues to be constrained. In the following chapter a brief outline of social constructionism and theoretical underpinnings of Potter & Wetherell's (1987) approach to discourse analysis will be described.

CHAPTER THREE: METHODOLOGY

3.1 BACKGROUND

This study aims to investigate the discourses deployed by the general public on the choice on termination of pregnancy (TOP) in South Africa, focusing on a rural setting in the Eastern Cape Province. It is important to analyse how people talk about abortion, examining the discourses used and the ways they are used in a political sense. Furthermore, the aim is to show how social realities are produced in discourses about abortion and how these make certain actions possible or impossible for people considering abortion. As noted in the previous chapter, the social context and the quality of available support systems influence the outcome of the women's feelings after the abortion.

This study will therefore investigate the discourses used by people in a rural setting in South Africa when talking about choice of termination of pregnancy. This knowledge will help us to understand how these are used to construct social reality, within which women may consider the outcome of their pregnancies.

The main elements of social constructionism will be described. This will include some examples of the application of this approach. The theoretical underpinnings of Potter & Wetherell's (1987) approach to discourse analysis including a discussion on interpretive repertoires, ideology, discourse and reflexivity will follow. Finally a description of the method used in this research project will be presented.

3.2 THEORETICAL FRAMEWORK

3.2.1 Social Constructionism

The research takes a social constructionist stance on the topic of public discourses on TOP utilizing discourse analysis as a means of exploring and analysing this issue. Social constructionism places the emphasis on the constructive power of language. Hence language is seen as always rooted in discourses as "a way of constituting meaning which is specific to particular groups, cultures and historical contexts and is always changing" (Gavey, 1997, p. 52).

Words are envisioned as having a function in producing certain truths and language as constructing reality. Therefore, language itself becomes the object of the study.

Furthermore, social constructionism aims to identify the role of our accepted and taken for granted truths, in producing and maintaining certain ideologies in society (Terre Blanche & Durrheim, 1999). The researcher would look at concepts and terms used and the ways in which these terms are used in the political sense. This would then point out how the use of these discourses makes certain actions possible or impossible. Therefore, this study will describe how talking about abortion serves to maintain or construct certain abortion discourses and ideologies. In addition it will show how language is used to create and maintain particular facts around abortion and how this knowledge fits into broader systems of meaning that constitute the social world (Terre Blanche & Durrheim, 1999). For instance this would include how everyday conversation constructs the image of TOP and what labels are produced from these constructions.

Discourses are then embedded in power relations; they have political effects and these are “tied to social structures and practices” (Burr, 1995, p. 54). It becomes impossible to separate abortion from the power relations that structure gender and sexuality, tensions between men and women and ambivalence over changing roles, and the power relations between the community and the government. The social constructionist would look at what groups of people gain or lose from employment of the discourse. For example the researcher would look at how people talk about the legislation of TOP to achieve a particular effect in a particular context. Furthermore, abortion discourses provide people with a structure against which they may understand their own experience and the experience of others. Therefore, the world we understand becomes constructed according to the discourses that are in a community at any particular time in history given the fact that it is socially and historically constructed, comprised and contained within the society in which it arises (Burr, 1995).

According to Willig (2001) discursive psychology is concerned with discourses and places more emphasis on the “fluidity and variability of discourses” (p. 164). Discursive psychology is a form of social constructionism since it emphasizes the constructed nature of versions of truth and locates the site of such constructions firmly in the social, interpersonal realm (Burr, 2002).

Due to the complex nature of abortion, and the fact that little is known about public experiences concerning abortion, the study used qualitative methods to understand public meanings associated with abortion. Social constructionist methods are qualitative, interpretive and concerned with meaning (Terre Blanche & Durrheim, 1999). Qualitative research aligns with social constructionism as it is concerned with “the importance of understanding the meaning of experience, action and events as these are interpreted through the eyes of particular participants, researchers and cultures in the contexts where they naturally occur” (Richardson, 1996, p. 27). The basic assumption is that researchers construct versions of the world through their activity as social and political subjects and do not merely reflect facts with a self-evident objective reality (Terre Blanche & Durrheim, 1999). Qualitative research links issues of research practice and method with the social and political dimensions of science inquiry. Since abortion is a social and political issue this method was seen as fitting for the research question.

3.2.2 Discourse analysis

Discourse analysis is connected to social constructionism and is a method of identifying the various discourses at work in a specific text, looking at how specific meanings have been formed in order to gain a better understanding of them and the way in which they function to reproduce or challenge “the distribution of power between social groups and within institutions” (Gavey, 1997, p. 56). Discourse analysis is a method of analyzing a text in order to identify the discourses at work within it or, in other words, to examine the specific ways in which language has been used in a text to construct particular social realities and meanings (Gavey, 1997). These meanings are further explored in order to gain a better understanding of the way in which they function to reproduce or challenge “the distribution of power between social groups and within institutions” (Gavey, 1997, p. 56).

Discourses construct the social world and the epistemology, then, assumes that the important focus of research should be discourses, which can then be studied by analyzing what people actually say and do and the effect of these discourses. Therefore, it is an act of showing how particular discourses are deployed to achieve particular effects in particular contexts, and includes analysis of linguistic devices (Terre Blanche & Durrheim, 1999). In the context of abortion, the constructionist researcher will describe how talking about abortion serves to maintain certain taken for granted discourses such as, “abortion is morally wrong as life begins at conception”. These constructs arise in a particular social, historical, political and cultural

context and serve to maintain that context and social reality, as well as certain rules and conventions.

3.2.3 What is a discourse?

According to Durrheim (1997, p. 180), the social constructionist approach sees language as not simply mirroring or being reflective of external realities – “for there are no independent things in the world which are merely pictured by words” – but rather as actively doing things and constructing what becomes socially and culturally accepted as being “reality” in the world. People’s views on abortion are socially constructed through discourse.

People can have different discourses around one object and each discourse “constructs an object in various ways” (Burr, 1995, p. 49). From the previous chapters it was noted that people position their arguments around abortion along the idea of rights. From the vantage point of the pro-lifers the fetus is a human being from conception and has a right to live. Within this discourse the pro-choice discourse assumes that women have a right to choose whether or not to terminate an early pregnancy. It is therefore necessary to analyze these discourses to see what function they serve in relation to power, identity and change (Burr, 1995). This approach therefore posits that the focus of research should be the discourses that construct the social world, and these can be studied by analysing what people say and do. This is how discourse is understood but within that there are interpretative repertoires, which will be discussed below.

3.2.4 Interpretative repertoires

Discourse analysis is concerned with the organization of texts and talk, and with the discursive resources that these draw upon. Interpretative repertoires help to identify resources available that can be used in a range of different settings to carry out a specific task; they are flexible and can be used according to the setting. Potter and Wetherell (1987) define interpretative repertoires as “recurrently used systems of terms” that people draw upon when characterizing and evaluating certain actions and events (p. 149). The authors posit that rather than taking what people say as an expression of internal states or underlying processes we should look at what people are doing with their talk and at the purpose served by their accounts. Interpretive repertoires then are statements or terms that are used to construct certain actions, cognitions, processes, and attempts to persuade the listener into accepting a particular discourse (Burr, 1995).

Burr (1995) explains that interpretative repertoires are social resources available to all who share a language and a culture and therefore are not located within the individual. People use these repertoires to defend particular versions of events to validate their behaviour (Burr, 1987). For example people might base their arguments on community-based repertoires that abortion is culturally unacceptable or on religious repertoires that abortion is a sin. In discourse analysis both consistency and variability are significant and it becomes important therefore to identify the occasions where some people draw on one repertoire and some another (Potter & Wetherell, 1987). Additionally, it then becomes essential to look at linguistic devices (e.g. use of examples during a conversation, statements that attempt to persuade the listener of the speaker's honesty or credibility, attempts to co-opt the listener into accepting a discourse, the use of active or passive voice) used and the purpose and function of people's talk.

3.3 THE RESEARCH QUESTION

The aim of the research is to explore public discourse on CTOP, and the potential implications these discourses have on the use of the CTOP service. The research questions, therefore, are as follows:

- 1) What discourses do people from a rural setting in South Africa draw on when discussing issues relating to hypothetical cases of abortion?
- 2) What are the potential implications of those discourses for women and their reproductive decisions?

3.4 SAMPLING

The study was conducted with rural black Xhosa-speaking participants of low socio-economic status in the Mount Ayliff Administration Area of the Eastern Cape Province. This area is approximately 30 kilometres away from Madzikane KaZulu Memorial Hospital, which offers a TOP service. Permission was obtained from the chief or headman of that area for the researcher to join them in their rural meeting (imbizo). The researcher explained the aim of the research and asked the headman to assist with identifying the groups. Naturally occurring groups in the area were used. The reason for this was that these people were acquainted with one another, and this fuelled the discussions.

The groups were broadly divided between younger and older participants, and the sample comprised four focus groups, aged between 18 and 52. Some participants were single and some married. These focus groups included a women's sewing group, a women's league group, a female youth society and a men's bakery group. Each group contained five to seven participants. The first group comprised six male participants aged between 22 and 32 years; the second group had seven female participants ranging between 26 and 45 years; the third group consisted of five female participants aged between 31 and 52 years and the fourth group had five adolescents ranging between 18 and 21 years. Single sex groups were interviewed to avoid potential gender dynamics within the groups. Basic profile information including religious affiliation was collected from the participants who all indicated that they were Christians. The researcher needs to be aware of the fact that although knowledge about participant's religious affiliation is essential to research in some aspects it can be harmful in others. A priori assumptions can influence research and conclusions leading to fallacious results.

The study was introduced to the respondents and they were given the opportunity to ask questions. Those who consented to take part were then invited to the interviews. Participants provided sufficient information to address the research question. All participants stated that abortion could be done from the age of 12 years without parental consent as suggested in the following extracts. Participants from all groups were aware of the law and had an idea of the duration of pregnancy at which an abortion could be obtained but one woman in group two had inaccurate information on this.

3.5 DATA COLLECTION

The objectives of the study were explained and permission was sought to tape record the interviews. All interviews were conducted in the local community office.

Focus group discussions were conducted to investigate how people talk about abortion decisions. The advantage of using focus groups is that one can gain access to intersubjective experiences that are shared by a community; it also helps to identify commonalities and differences amongst the people in the group (Kelly, 2002). Furthermore, it provides a useful space where people may get together and create meaning rather than using opinions of individuals in isolation (Terre Blanche & Durrheim, 1999). For this purpose, two short storied vignettes were developed with the hope that these would stimulate the discussions. These vignettes tap into two different scenarios regarding abortion based on fictitious women's stories

(See Appendix C). The use of vignettes in these focus groups often provoked contentious discussion of alternative courses of action, depending on the participants' assessment of the woman's desires, circumstances, status and personality. This proved to be an excellent way of generating discussion on such a sensitive issue and the groups provided deep discussion on the situational ethics involved in abortion decision making. Use of vignettes enables collection of information, which covers a wide range of opinions that exist across a large number of subjects (Gould, 2008). Additionally, it covers a range of attitudes that are likely to be encountered in any given population. Furthermore, it reduces ethical dilemma commonly found during observations. All interviews were conducted in isiXhosa. The vignettes and questions were translated into isiXhosa. A back translation from isiXhosa to English was performed to ensure linguistic and conceptual equivalence.

After the interviews, some participants were invited to listen to the tapes to check for interpretation and accuracy. Interviews were usually conducted during one session of one and a half hour to two hours per focus group.

3.6 DATA ANALYSIS

The foundational text on discursive psychology by Potter and Wetherell (1987) guided this discourse analysis which was conducted qualitatively. Qualitative analysis is the production of a meaningful account that fits together the multiplicities, variations and complexities of the participants' worlds (Richardson, 1996).

The transcription process involved close, repeated listening to the recordings. Translation and transcription took place simultaneously, done by the researcher. The transcription was checked for validity by reading it through while listening to the recordings and this was compared with the notes taken during the interviews. Furthermore, an independent bilingual colleague checked the transcription while listening to the tapes. All transcription and checking were completed by October 2008. The recordings were mostly audible and so few difficulties were experienced in terms of transcribing.

The transcription convention included minimal convention that was based on the suggestions of Parker (1992).

[]: Text omitted from the transcript

[Clarification]: indicated a need for clarity

=: Absence of gap between one speaker and another

(2): indicates pause in the speech in seconds

(.): Indicates small pauses

::: Indicated an extended sound

Text underlined: emphasis in speech

. yhoo: indicate an intake of breath before a word

The initial phase of analysis focused on organising the data. Then the transcripts were read repeatedly in order to become familiar with the data. After this, the transcripts were read multiple times in a more detailed way noting the relationship between words and sentence clusters. During the reading process, events and ideas about emerging material constantly sifted through the researcher's mind. These were then written down on cards in order to render the information retrievable.

The second phase was centred on the process of generating categories and coding. The initial coding took place by immersion in the material, scrutinising the data closely, line by line. Then the data was broken down into categories. After a fourth re-reading of the data, the final codes upon which the analysis was based were decided upon. This took place by means of the preliminary development and labelling of the concepts in the text that were considered to be of potential relevance to the research question. This process involved identifying code segments that can be used to describe information and developing themes. Seventeen themes, comprising stigma, abortion equated to murder, degradation of society, abortion or pregnancy as an irresponsible act, conditional acceptance, TOP in the context of marriage, future potentiality invested in the foetus, dehumanising the foetus into a "clot", shared decision-making responsibility, gender dynamics, post abortion consequences, the "scolding versus supportive nurse" interpretative repertoire, alternatives interpretative repertoire, rights but no responsibility interpretative repertoire, more knowledge needed repertoire, male and female or generational differentiation repertoire and the positive effects repertoire were identified.

Data were then coded into categories and examined for themes and patterns across texts in terms of underlying assumptions and discourses (Neuman, 1997) by category in the following manner:

Code 4.2. Discursive positioning of stigma attached to abortion:

- Sub-code 4.2.1 religion,
- Sub-code 4.2.1 culture or community values.
- Code 4.3. Abortion equated to murder.
- Code 4.4. Degradation of society:
 - Sub-code 4.4.1 degradation of cultural values,
 - Sub-code 4.4.2 degradation of society based on the abortion Act,
 - Sub-code 4.4.3 degradation of society based on promiscuity.
- Code 4.5. Abortion or pregnancy as an irresponsible act.
- Code 4.6 Conditional acceptance:
 - Sub-code 4.6.1 abortion acceptance based on irresponsibility,
 - Sub-code 4.6.2 abortion acceptance based on responsibility,
 - Sub-code 4.6.3 conditional acceptance of abortion based on danger,
 - Sub-code 4.6.4 conditional acceptance of abortion based on suffering,
- Code 4.7. TOP and pregnancy in the context of marriage.
 - Sub-code 4.7.1 TOP as unacceptable in marriage
 - Sub-code 4.7.2 Unwanted children as unacceptable in marriage
 - Sub-code 4.7.3 Mutual support within marriage
- Code 4.8. Future potentiality invested in the foetus.
- Code 4.9. Dehumanising the foetus into a clot.
- Code 4.10. Shared decision-making responsibility:
 - Sub-code 4.10.1 parents' involvement,
 - Sub-code 4.10.2 partner involvement.
- Code 4.11. Gender dynamics:
 - Sub-code 4.11.1 paternity refusal,
 - Sub-code 4.11.2 gender imbalance in consequences,
 - Sub-code 4.11.3 lack of responsibility,
 - Sub-code 4.11.4 gendered conflict.
- Code 4.12. Negative post abortion consequences:
 - Sub code 4.12.1 future consequences of repeat abortions,
 - Sub code 4.12.2 abortion resulting in physical illness
 - Sub code 4.12.3 guilt leading to illness.
- Code 4.13. The scolding versus supporting nurse interpretative repertoire.
- Code 4.14. Alternative interpretative repertoire.
- Code 4.15. Rights but no responsibility interpretative repertoire.

Code 4.16. More knowledge needed repertoire:

Sub code 4.16.1 information to the public,

Sub code 4.16.2 consultation,

Code 4.17 Male and female or generational differentiation repertoire,

Code 4.18 The positive effects repertoire.

The coding categories that were generated were influenced by the researcher's exploration of the transcripts and the theoretical orientation of the researcher. The researcher used the literature to inform the reading of the data within this phase. Potter and Wetherell (1987) indicate that the researcher constantly asks, "Why am I reading this passage in this way? What features produce this reading?" (p.168). First, data analysis included searching for patterns in the form of both variability and consistency and an identification of interpretive repertoires. The next phase was aimed at looking at the function and consequences of these patterns. Hypotheses about these functions were then formulated including searching for linguistic evidence against the data (Potter & Wetherell, 1987). The analyst was also open to alternative readings of the text and this meant making an analytic sense of texts, whether contradictory or fragmented. Willig (2001) noted that analysts are not only concerned with texts and talk but also with silences. The next phase included validation of the data. Potter and Wetherell (1987) identify several techniques that can be used in discourse analysis and specifically discuss four important ones, including coherence, participants' orientation, new problem, and fruitfulness. Data was checked for regular patterns and relationship between categories, differences, new problems generated, and issues of power. These will thus be reported and discussed later on. During the analysis of data, special attention was given as to whether it presents a coherent and an ordered argument. In the final chapter data will be compared with previous studies to see if literature provides confirmation of the validity of the interpretation. The researcher also looked at whether the interpretations made are warranted by the data presented. The last phase included examining the data for its fruitfulness to the existing body of knowledge. The researcher was satisfied that the data was useful in illuminating the question under exploration and therefore adequate in terms of its comprehensiveness, dependability and credibility.

Finally the data was captured through the writing of the report, and findings were presented within an analytic interpretive framework. The researcher's interpretations were presented in the form of discourse categories that were developed to assign meaning to the descriptive information compiled during the study. The final stage includes a discussion about the

implications of the study. Various social meanings created in discourses on the issue of abortion have a direct influence on people's willingness to use legal abortion services. Subsequently, it is important to examine the ways in which members of the general public speak about abortion, and this method of data analysis was therefore seen as being appropriate for this study.

3.7 RESEARCH ETHICS

A voluntary informed consent form was given to each participant to sign (See Appendix B). This form outlined the rationale and aim of the study and also provided the assurance of confidentiality. Participants were informed that data would be recorded and that the tapes would be kept in a safe place once the study was finalized. They were further informed that their personal identity and the name of the village would be concealed and that fictitious names would be used in the final report. Participants were informed that participation was voluntary and that they were free to withdraw from the study at any time should they feel uncomfortable. Participants were given a little token in the form of money at the end of the interviews as a form of appreciation. Terre Blanche & Durrheim (1999) noted that it is sometimes necessary to pay people or provide refreshments to show that their effort is appreciated. The research project is part of the Rhodes university project, which was responsible for this payment.

3.7.1 Comprehensiveness

Social constructionists do not seek to generalize the findings of their research, as meanings across the human context are highly variable, but instead argue that findings should be transferable (Terre Blanche & Durrheim, 1999). Transferability is gained by producing detailed and rich descriptions of the contexts, which can be transferred to other contexts with other participants. This provides a framework within which to reflect on the arrangement of meaning and action that occur in these contexts (Terre Blanche & Durrheim, 1999). Additionally, discourse analysis does not produce broad empirical generalization because of the contextual nature of the interpretive findings. However, it is possible to generalize the results as discourse is always constructed from particular interpretative resources and always designed for specific interpretative contexts (Richardson, 1996).

3.7.2 Dependability

Terre Blanche & Durrheim (1999) describes reliability as the degree to which the results are repeated and this applies to the subjects' scores on measures and the outcome of the study as

a whole. Social constructionists reject the notion of reliability since the meaning of the data will change over time and therefore they do not expect to find the same results repeatedly (Terre Blanche & Durrheim, 1999). They expect that individuals and groups will behave differently and express different opinions in changing contexts, and propose that findings must be dependable. This refers to the degree to which the reader can be convinced that the findings did occur as the researcher claims (Richardson, 1996). This is achieved through rich and detailed descriptions that show how certain actions and opinions are rooted in and develop out of contextual interaction.

3.7.3 Credibility

Validity refers to the degree to which the research conclusions are sound (Neuman, 1997). Social constructionism rejects the idea that research findings can be an accurate reflection of reality and suggests that research can be evaluated according to its credibility, that is, findings must be believable to self, the subjects and other researchers (Terre Blanche & Durrheim, 1999). The researcher continually looks for discrepancies in the evidence of the hypotheses that are developed in order to ensure that a rich and credible account is produced (Terre Blanche & Durrheim, 1999).

3.7.4 Reflexive concerns

Burr (1995, p.181) defines reflexivity as referring to the “equal status of the researcher and participants as well as of the accounts offered by each”. Reflexivity is useful in maintaining awareness that the involvement of the researcher in any project can have an effect on the interviewee and also on the interpretation of accounts provided by the interviewees. All interviews were conducted in the local community office and this could have impacted upon the study in a number of ways. The constant background noise and banging of doors of people walking in the passage made it difficult to concentrate and follow what was said during focus groups. Unfortunately, given the paucity of suitable, quiet spaces in the area, the office had to be used. Participants were aware of the researcher’s status as a psychology student and this placed her in a more powerful position than them, which could have had an impact on the way they responded during the interviews. Another factor that played a part was the duration of time spent in a focus group session. They found one and a half hours very long and by the end it could be noticed that some group members were distracted. Furthermore, at the end of the study with one focus group, some participants noted that they were aware of the fact that the interviewer was a nurse. This also could have affected the way they talked about the nurses’

attitudes as one of them noted “we were watching your reaction when we were speaking about what they will find at the hospital”.

The topic itself is a very controversial one and there were a lot of unsaid things, as they seemed to be wary of my standpoint. My own subjectivity may have played a part in the interpretation of the results. Being a female South African made it hard for me to distance myself completely and not to react to some of the language used.

3.8 SUMMARY

In this chapter I have outlined the basic premises of discourse analysis. Social constructionists emphasise the pivotal role of language in the construction of social categories. The focus is on how language captures and describes the world and is concerned with how a particular discourse produces the world. Different views about abortion are socially constructed and made meaningful in and by specific socio-historical contexts and by being established in discourse. Furthermore, social constructionists see language as always being rooted or located in discourse. Discourses construct the social world, and these can be studied by analysing what people say and do.

The second half of this chapter is a description of the research process where the process of data collection and analysis is outlined. Vignettes were used to conduct the study. Interviews were then conducted with four focus groups coming from different age groups. Discourse analysis was conducted in a number of steps. Meaningful units related to the aim of the study were identified and data that was not relevant to the study was discarded. The data was examined for commonalities, differences, new problems and interpretative repertoires. The data was then grouped into categories. Since the study was interested in public discourse, a close reading and analysis of the interview transcripts led to the discovery of 17 discursive themes. What follows is a description of the actual analysis of the data and the major findings that emerged. In the last chapter an integrated discussion of themes that were identified is presented as well as implications of the study.

CHAPTER FOUR: DATA ANALYSIS

4.1 BACKGROUND

This chapter discusses the analysis of the results. It examines the participants' talk regarding CTOP and the associated discursive themes that surfaced from the data that were collected for this study. Discourse analysis involves examining the relationship between language, power and context. A close reading and analysis of the interview transcripts led to the discovery of 17 discursive themes, which have been identified as the following: social stigma, abortion equated to murder, "the scolding versus supportive nurse" interpretative repertoire, conditional acceptance, TOP in the context of marriage, shared decision making, post abortion consequences, degradation of society, future potentiality invested in the foetus, dehumanizing the foetus into a "clot", alternatives interpretative repertoire, gender dynamics interpretative repertoire, rights but no responsibility interpretative repertoire, abortion as an irresponsible act, more knowledge needed repertoire, male and female or generational differentiation repertoire, and the positive effects repertoire.

4.2 SOCIAL STIGMA

One of the common discursive themes found in many of the participants' narratives was that of social stigma, whereby participants felt that they would be stigmatized in some manner if they were to have an abortion, as this was seen as being a disgrace for a number of reasons. Participants generally spoke about social stigma regarding abortion utilizing discourses around religion and community values. As a result, these two discursive sub-themes will be explored in more detail below.

4.2.1 Religion

The majority of the participants indicated that abortion was wrong based on a religious discourse. It can be seen that the focus groups employ the dominant religious discourse that abortion is against God's will and is therefore a sin. The following narratives illustrate this:

Extract 1

Her parents will never be happy again even in church when it is time for preaching every time the priest preaches about killing they will think about their child. They will be ashamed for the rest of their life (Notemba, female participant, aged 30, group 2).

Extract 2

Africans are religious and the bible says, "Thou shall not kill". It is killing of an innocent child. The community will blame her and they will ban their children from spending time with her, as she is a bad influence. She will be isolated and the community will not treat her right (Zodwa, 38 year old female, group 2).

Extract 3

I will tell her that the Lord is the planner of our life and that He knew beforehand what is going to happen. You can do everything to prevent a pregnancy but if God wants to give you a child you must accept that. One is not allowed to act against God's will. Accept the child because God can never give you something you cannot manage (Nombeko, 26 year old female, group 3).

These responses show that participants felt certain that if one acted against God's will, something bad would happen to them. Religious understandings extend beyond this ascription to seeing the hand of God in people's lives. These narratives therefore indicate that religious discourse may limit women's decisions regarding abortion.

4.2.2 Community values

In focus group discussions, stigma attached to abortion contributed to the feelings of "shame" and "guilt" post abortion because abortion was seen as being against the "community values". This is indicated in the following responses:

Extract 4

She will be miserable. She will be called a killer, as we believe that abortion is killing and therefore is morally wrong (Mapule, 52 year old female, group 3).

Extract 5

The community will blame her...she will be called a killer and a bad influence to other children (Ntando, 37 year old female, group 2).

Extract 6

The community will blame her. Other parents will tell their children to avoid her company and she will miss her friends. She will be called a killer and a bad influence to other children (Ntando, 37 year old female: group 2).

The above reflections indicated that participants felt that abortion was wrong based on discourse of community values. Abortion was described as being perceived as “an unwanted act”, a “disgrace” and “unacceptable” in the community. As a result, this discourse suggests that the decision to terminate an unwanted pregnancy is not an individual's choice but is predetermined by the societal norms and values. These social norms may restrict woman's right to choose what to do in the case of an unwanted pregnancy.

Furthermore, participants' narratives suggested that because the community does not approve of abortion their negative reactions would also be extended to the teenager's family even if they were not aware of the incident as seen in the following extracts:

Extract 7

The teenager will be treated badly and this will also affect her family because the community will blame the rest of the family even if the teenager has not told her parents (Bafikile, 16 year old female, group 4).

Extract 8

In the first place this is a disgrace. As parents we will lose our respect and dignity. The community will look at the whole family with shame (Veronica, 49 year old female, group 3).

Extract 9

Her parents will be embarrassed because the community will blame them (Ntando, 37 year old female, group 2).

The narratives revealed that if the community found out that a teenager had an abortion, she would be looked upon with “shame”. She would also be called “a murderer” and the community members would ban their children from involvement with her, as she would be seen as a “bad influence”. Furthermore, her family would also be looked upon with disgrace, even if they were

not involved in the procedure at all. The community's perceptions about abortion and their reactions to it might have a negative impact on the teenager and this might restrict her from considering it as an option in the case of an unwanted pregnancy.

4.3 ABORTION EQUALS MURDER

Throughout the interviews the majority of participants indicated that abortion was a sin amounting to murder. Therefore, a number of participants' narratives suggested that they would not advise women to have an abortion. These views are indicated in the following extracts:

Extract 10

She must keep the baby, continue with the pregnancy and deliver the child. She must not even think about an abortion (3) because if she does an abortion she is killing the child (Tabile, 27 year old male, group 1).

Extract 11

I don't see this as necessary. It's killing through and through. If they are unable to support the child they can even ask a relative to raise her/him (Ndoda, 32 year old male, group 1).

Extract 12

I will not advise her to have an abortion because I do not know what will happen in her life... If she chooses to have an abortion, this will remain in her conscience for the rest of her life because she has killed somebody (Ntando, 37 year old female, group 2).

The above extracts indicate the community's views about abortion equalling to murder. The status granted to the foetus that of an unborn child, allows TOP to be depicted as murder and limits the women's control over their own bodies. The above extract indicates that participants felt that the community saw TOP as being an act of "killing" the innocent child, equal to murder. Using the interpretative repertoire that justifies abortion as killing equal to murder may hinder women's access to the TOP service. It also suggests that those accessing TOP will suffer the consequences in terms of their conscience.

4.4 DEGRADATION OF SOCIETY

One of the common discursive themes found in many of participants' narratives was that of degradation of society, whereby participants felt that abortion is destroying societal norms and values. Participants generally spoke about degradation of society deploying discourses around culture and values, the abortion Act and promiscuity. As a result, these three discursive sub-themes will be explored in more detail below.

4.4.1 Degradation of cultural values

The majority of participants felt that abortion represents the degradation of society by “destroying values and culture” of the community.

Extract 13

The community does not like the idea. They say this law has come to destroy our culture (Temba, 27 year old male, group 1).

Extract 14

It is an unwanted act and against our culture. The community does not accept it. I don't think the community will ever accept this; it's against our culture (Notemba, 30 year old female, group 2).

These extracts illustrate how TOP is seen literally as degrading culture. Perceiving abortion as culturally unacceptable may lead to reluctance for women to consider abortion as an option when faced with an unwanted pregnancy as the community may reject them. This may hinder women's access to the TOP service, and further limit the woman's right to choose.

4.4.2 Degradation of society based on the CTOP Act

The following extracts suggest degradation of society based on irresponsibility of teenagers paired with the authority of parents being undermined by the law.

Extract 15

It allows children to have an abortion without talking to the parents first. The law gives teenagers permission to become pregnant repeatedly all the time (Zodwa, 38 year old female, group 2).

Extract 16

During our time when the young girl was initiated into womanhood it was the duty of one's mother to sit down with you and educate you about sexuality and how one sleep with the man (Veronica, 49 year old female, Group 3).

Extract 17

The teenagers were inspected before to see if they maintained their virginity. The government is against this as it called it child abuse. You tell your child that abortion is killing and the government says something else (Ntando: 37 year old female, group 2).

Extract 18

The government has failed the parents. We find it hard to discipline our children because they have more rights than responsibilities (Ntando, 38 year old female, group 2).

The above extracts indicate issues of power differences as participants feel that the abortion law was imposed on them. These discourses further suggest that the community feels powerless and exploited, as the government has taken their rights as mothers. The CTOP Act has undermined various practices and responsibilities of parents.

4.4.3 Degradation of society based on promiscuity

Some participants indicated that abortion is culturally unacceptable as it leads to promiscuity. The following extracts are examples of abortion seen as a degradation of society as it promotes promiscuity and is therefore seen as a disgrace.

Extract 19

It is common to find out that they will get pregnant this year. She does an abortion and within a year a person is pregnant again (Nombeko, 49 year old female, group 3).

Extract 20

Today's youth is promiscuous and a person will sleep with different men and at the end she cannot identify who the child's father is (Ndoda: 32 year old male, group 1).

Abortion is thus seen as promoting promiscuity and further pregnancies. These discourses serve as barriers and limit access to the service because women are part of the broader community who does not approve of abortion.

4.5 PREGNANCY AS AN IRRESPONSIBLE ACT

A number of participants' interpretative repertoires suggested that a teenager getting pregnant was an irresponsible act of which she was expected to bear the consequences. Some participants noted that she should have thought about the consequences of engaging in an unprotected sexual relationship beforehand. The teenager was therefore expected to leave school and raise the child. The following extracts illustrate this:

Extract 21

She should have thought about becoming pregnant before she engaged in an unprotected sex. We hear everyday that they must use condoms before engaging in a sexual intercourse, now she was irresponsible. She did not think about her future...she must give birth to this child and bear the consequences (Notemba, 30 year old female, group 3).

Extract 22

She was supposed to think about this before sleeping with the boy. They are not responsible (Ntombo, 36 year old female, group 2).

Extract 23

Again it depends on the girl's behaviour. Today's youth does not know how to behave. Most girls in our community get pregnant as early as 12 years; by the time they are 16 years old they already have a second or a third baby (Dini, 30 year old male, group 1).

Extract 24

Currently they just do not care; they do not know how to behave because they have rights (Ntando, 37 year old female, group 2).

The above extracts indicate use of a persuasive language of responsibility, which is placed on the individual teenaged woman. Although some participants indicated that the teenager must have an abortion and go back to school, a number of participants felt that getting pregnant was

an “irresponsible act”. This discourse indicates that she must learn responsibility even if everything else (such as schooling) might be suspended.

These interpretative repertoires suggest that both pregnancy and abortion are viewed as an act of irresponsibility on the part of the teenage girl and this restricts the teenager from decision-making in the cases of unwanted pregnancies.

4.6 CONDITIONAL ACCEPTANCE

One of the common discursive themes found in many of participants’ narratives was that of conditional acceptance. Participants’ narratives suggested that they would accept abortion based on responsibility, danger, suffering, struggle and conditional acceptance in the case of the couple. These discursive sub-themes will be examined in more detail below.

4.6.1 Abortion acceptance based on irresponsibility

In contrast to the repertoire of pregnancy as an irresponsible act for which the young mother must take responsibility by carrying the pregnancy to term, a number of participants’ interpretative repertoires suggested that they would advise the teenager to have an abortion to resolve this irresponsible act.

Extract 25

I say she must have an abortion because today’s youth is promiscuous and a person will sleep with different men maybe three a day and get pregnant. When you meet a teenager and ask her, “Who got you pregnant?” She will tell you that she does not know. “I slept with different men now I am not sure who the child’s father is”. Now you see you slept with different men and now you do not know who the real father is. Now you are confused and you are going to falsely accuse people. It’s better to do an abortion (Ndoda, 32 year old male, group 1).

This extract suggests that abortion would be suggested because teenagers often misbehave and when they are pregnant often they do not know who the child’s father is. A TOP thus would protect a man from the “irresponsible” behaviour of the young woman.

4.6.2 Conditional acceptance based on responsibility

Abortion may be accepted in circumstances where the woman is responsible for others or where there is poverty. In the latter case, abortion is seen as a responsible act to avoid economic problems. One participant's narratives suggested that he would advise the teenager to have an abortion because she is still young, and she does not have support structures.

Extract: 26

I will advise her to have an abortion because she has younger sisters than her and her sisters cannot take care of the child (Dini, 30 year old male, group 1).

Extract 27

I will also advise her to have an abortion because she is going to struggle when she has a child (Bafana, 25 year old male, group 1).

Extract 28

She must have an abortion because maybe she cannot afford to provide for child as it may happen that the family is poor (Nonceba, 16 year old female, group 4).

This interpretative repertoire was based on economic factors. For instance, some participants noted that although they do not accept abortion, they would suggest it if the family is poor and when education has to be suspended. In these circumstances abortion becomes a responsible act.

4.6.3 Conditional acceptance based on danger

Some participants indicated that the teenager having a child at a young age could result in complications and that they would thus advise the teenager to have an abortion.

Extract 29

I know that children of your age could die during the delivery of the child because of complications.... She can therefore think of the possibility that she might die even if she does not have an abortion (Dini, 30 year old male, group 1).

Extract 30

She can further her studies until she is ready to have children. ...Additionally, she is not going to have pregnancy related complications and have to absent herself from school (Zodwa, 38 year old female, group 2).

The above extracts point to the risks associated with carrying an unwanted pregnancy to term. These are seen as health-related but also as related to lost opportunities. Using these interpretative repertoires may serve to diminish negative feelings post abortion.

4.6.4 Conditional acceptance based on suffering

A number of participants' narratives suggested that they would advise women to have an abortion based on suffering interpretative repertoires. This uses an interpretive repertoire that implicitly opposes the "abortion equals to murder" repertoire as here abortion "saves a life".

Extract 31

I will tell her that abortion can save life. ...And the child can also suffer because she will be unable to support her (Dini, 30 year old male, group 1).

Extract 32

If I was in her shoes I was going to suffer too. They have four children and it's not as if they want more (Zodwa, 38 year old female, group 2).

Extract 33

Some will support her and will accept her reasons for abortion. She was going to suffer with the child, as she is not working (Tabo, 29 year old female, group 2).

In these extracts, not having a TOP is depicted as leading to suffering. TOP, thus, alleviated suffering and "can save life".

The above reflections suggest that conditions where participants would accept abortion are multiple and complex. This further suggests that although the community does not approve of termination of pregnancy, the choice to resolve teenage pregnancy through abortion was highly situation-specific. This suggests that the community may accept abortion under certain

circumstances, thus serving to alleviate the guilt associated with having an abortion, while still maintaining the belief that abortion is generally a sin or culturally unacceptable.

4.7 TOP AND PREGNANCY IN THE CONTEXT OF MARRIAGE

Participants felt that TOP is unacceptable in the case of the couple as this was seen as a disgrace. However, some felt that it would be better for the couple to terminate the pregnancy for a number of reasons. These will be discussed below.

4.7.1 TOP as unacceptable in marriage

Participants expressed varied views in the case of the married couple. A number of participants reported that, although they could understand the reasons why the couple may want to have an abortion, they would still not accept it, as the community sees abortion within the context of marriage as a disgrace and therefore culturally unacceptable, regardless of the situation. Furthermore, although a number of participants suggested that they would advise the couple to have an abortion given the fact that they are both old and not working a number of participants indicated that even so deciding for the couple was difficult because they are married and should not be considering an abortion. This is illustrated by the following extracts:

Extract 34

This is her husband's child and she has no reason to abort it. It is not as if she has committed adultery (Temba, 27 year old male, group 1).

Extract 35

This is difficult because she is married. The husband is not working, she is also not working, and they have four other children. No she must not abort because this is a disgrace (Nompendulo, 27 year old female, group 3).

Extract 36

They are married and this is not the same as in the case of the teenager who has to finish her education. ... They can even ask their relative for support. (Mziwakhe, 23 year old male, group 1).

These responses suggest that marriage is naturally associated with raising children. The couple was therefore expected to accept the pregnancy and the responsibility to take care of the baby even if it was unplanned. Termination of pregnancy in this case was therefore also seen as being culturally unacceptable and a disgrace.

Therefore, society views about marriage and motherhood may limit women's control over their reproductive rights as their reproductive function and raising children is placed at the forefront. Consequently, this may negatively impact the decision making process for women wanting to terminate their pregnancies.

4.7.2 Unwanted pregnancy as unacceptable in marriage

The following extracts reflect consequences of carrying the pregnancy to term in the case of the couple. In direct contrast to termination of pregnancy being seen as unacceptable in marriage, having unwanted children is spoken of as causing marital and familial problems.

Extract 37

Another thing is that you are not going to be happy to raise a child you do not want and this will affect the child because she is going to grow up knowing that her parents despise her and this will be a trauma to her for the rest of her life (Zodwa, 38 year old female, group 2).

Extract 38

Even her husband might leave her because there is an added burden...Marriage is not going to be stable (Zodwa, 38 year old female, group 2).

The above extracts indicate the negative consequences of carrying an unwanted pregnancy to term, further alleviating guilt associated with termination of pregnancy.

4.7.3 Mutual support within marriage

Some participants' views varied in the case of the couple. Perceived support from the spouse was associated with relief and better outcome as indicated in the following extracts:

Extract 39

They have made the decision together they will be relieved. They have each other for support (Ntando: 37 year old female, group 2).

Extract 40

People will talk as they always do but this will not bother them, as they know the reason why they want to have an abortion (Nandi, 26 year old female, group 2).

Most importantly, while participants felt that her parents, her male partner and the community, would blame the teenager, views were different in the case of the couple. Although it appeared that most participants did not approve of abortion in the case of the couple, perception of social support from the spouse was associated with a better outcome post abortion.

4.8 FUTURE POTENTIALITY INVESTED IN THE FOETUS

Some participants' narratives suggested that a foetus was a child that has a potential to develop into someone important and therefore abortion was seen as morally wrong.

The following extracts indicate this potentiality.

Extract 41

It is possible that this child was going to be the future president and now she is killing the child. Maybe she was going to be a doctor.... We must think about the future of the person that is going to be killed. We must think about the future of the child too (Temba, 27 year old male, group 1).

Extract 42

On the other side it could be that this was her only child. Maybe she was going to be the best child than the rest of her children even if she has other children later in life (Ntombo, 36 year old female, group 2).

Extract 43

Maybe a friend's child will study and become something important in life and this will always make her wonder about her child (Tabo, 29 year old female, group 3).

These extracts suggest that the community perceives the foetus as a child with the potential to become somebody important or, at least the best child in the family. Perceiving the foetus in this way could contribute to the women's feelings of guilt about abortion. The community's views about the foetus as someone with potentiality may restrict and diminish women's rights to choose.

4.9 DEHUMANISING THE FOETUS INTO A CLOT

In contrast to the above, a number of participants refer to the foetus in earlier stages of pregnancy as a clot, not equivalent to the child. At this stage the woman has a right to decide to have an abortion.

Extract 44

I agree with the opinion that this is still a clot and she can abort it. It's not like killing, because raising a child you do not want it's the same as killing (Zodwa, 38 year old female, group 2).

Extract 45

It is still a clot; you can abort it now because it is not yet a child (Pearl, 17 year old female, group 4).

Extract 46

I agree with the fact that it is still a clot and that they can have an abortion (Tandeka, 31 year old female, group 3).

Extract 47

I agree with the fact that it is still a clot and it is not the same as killing the child (Ndoda: 32 year old male, group 1).

Extract 48

Abortion is a sin under any circumstances. But I also support the fact that it is still a clot especially in the first two months. It's a clot; you are just cleaning the uterus (Nombeko, 49 year old female, group, 3).

The language used to refer to the aborted foetus has an effect on the woman's reaction post abortion. Referring to the child as a clot may justify abortion and may diminish guilt associated with abortion. Indeed, the contradiction of abortion being a sin under any circumstances and being a "cleaning of the uterus" in the first two months (as stated in extract 48) sits quite comfortably together with this construction of the foetus.

4.10 SHARED DECISION MAKING RESPONSIBILITY

Another discursive theme that emerged consistently in the participants' narratives was that of abortion being a group decision. As such, participants commonly noted that although they might support abortion in certain circumstances, other people needed to be involved in this process. This discourse particularly centred on the partners or parents of the women wanting to terminate their pregnancies and these will be discussed separately in more detail below.

4.10.1 Involvement of parents

A number of participants noted that they would advise the teenager to have her pregnancy terminated without parental consent. However, the majority felt that the teenage girl must inform her parents first.

Extract 49

I would advise the teenage girl to tell her parents and not make the decision alone (Tabo, 29 year old female, group 2).

Extract 50

She must not make the decision alone; she must inform the child's father. They must discuss this together. She must also inform her parents about the pregnancy. Both families must discuss this before making decisions. It is important that she must inform her parents first (Temba, 27 year old male, group 1).

Extract 51

She must tell her parents first. There are other options available like applying for the child's grant (Temba, 27 year old male, group 1).

Extract 52

I will ask her to tell her parents first. If they support her on keeping the child, she can attend the antenatal clinic (Bongiwe, 17 year old female, group 4).

Participants' suggest that parents will persuade her to carry the pregnancy to term. Having done this, parents are then invested with responsibility to assist her to make this possible. On the other hand, some participants indicated that the teenager might be afraid to speak with her parents about abortion, while others felt that talking to the parents might actually serve to deter the teenager from having an abortion.

This discourse indicates that the involvement of the parents would influence the women's decision concerning abortion and this may hinder the woman's reproductive rights.

4.10.2 Involvement of the partner

Participants' opinions concerning informing the male partner were divided. Although some participants felt that he must be involved in the decision making, others noted that this would depend upon whether the male partner wanted the child or not.

Extract 53

The boy may refuse paternity...we all know this, it's common practice among the black community (Tabo, 38 year old female, group 2).

Extract 54

She must have an abortion.... Maybe she knows that her boyfriend is going to deny the pregnancy. When this happens she will be frustrated and terrified ending up abusing liquor as a means to deal with the problem (Ndoda, 32 year old male, group 1).

Informing the male partner about abortion may hinder access to TOP depending on whether the man wanted a child or not.

In the case of the couple, although the majority of the participants felt that abortion was a disgrace a number of participants noted that the woman must inform her husband and they should make the decision together.

Extract 55

She must tell her husband and both of them must be involved in the decision-making (Nondyebo, 16 year old female, group 4).

Extract 56

I will advise her to speak to her husband and have an abortion afterwards because it is going to be difficult to support the child, as they are both not working (Ntombo, 36 year old female, group 2).

These discursive themes were seen to affect women's decision making regarding TOP and illustrate the manner in which men dominate the decision-making. This is seen as limiting the woman's right or entitlement to terminate her pregnancy at whatever time, in whatever way, and for whatever reason she alone chooses.

4.11 GENDER DYNAMICS INTERPRETATIVE REPERTOIRE

The participants talk referred to various gender dynamics that arises as a result of a pregnancy and possible TOP. These are "paternity refusal", "lack of responsibility", gender imbalance in consequences of abortion" and gender conflict. These sub-themes will be discussed in detail below.

4.11.1 Paternity refusal

Participants' interpretative repertoires suggested that women's decisions are affected by their male partners who may deny the pregnancy depending on whether the men wanted a child or not. This is demonstrated in the following extracts:

Extract 57

So if Veliswa decides to report the pregnancy, the girl's family may decide to meet the boy's family. The boy may deny the pregnancy. We all know this; it's a common practice among blacks. Children always suffer because they have to be raised by single parents. Boys do not want to own up responsibility. Teenage mothers also suffer the consequences of this alone (Dini, 30 year old male, group 1).

In this extract, the male partner is seen as being able to shirk responsibility through denying paternity. In this, he is able to exert power over the female, forcing her to become a single parent – something that is viewed as leading to suffering on the part of children.

4.11.2 Gender imbalance in consequences

Extract 58

She does not have money to take care of this child yet her man will continue with his studies. This is not fair on the girl's part (Notemba, 30 year old female, group 3).

This discourse indicates the gender roles assigned to different sexes by the community. The woman takes up the gendered role of mothering, while the father continues with his education.

4.11.3 Lack of responsibility

Extract 59

The boy...it depends if he does not have a child. If he wanted the child, he will feel bad. But if he is irresponsible he will feel good because it will mean less responsibility on his part (Ntando, 37 year old female, group 2).

This interpretative repertoire indicates the importance of the male partner's preference in influencing the decision-making.

In this extract the male partner is viewed as irresponsible should he feel relief at a termination of pregnancy. TOP means that he no longer has to take responsibility for fathering a child.

4.11.4 Gendered conflict

Extract 60

I think they will be sad if the decision was from one partner, especially the wife. When they have a conflict, the husband will swear at his wife saying that, "You don't have shame, you are a killer (Harriet, 45 year old female, group 2).

The above interpretative repertoire indicates the power of the male partner to define the event of a TOP. Responsibility for the act is placed on the woman's shoulders. the gender roles assigned

to men and women by the society influences the decision-making and this limits the woman's right to choose.

4.12 NEGATIVE POST ABORTION CONSEQUENCES

TOP may be opposed through an interpretative repertoire of negative consequences. These may be physical or psychological in the form of guilt. In this, concern is not expressed for the foetus, nor is an appeal made to morality; rather it is the suffering of the woman post-abortion that is of concern. A number of participants indicated that they would not advise the teenager to have abortion because after abortion she might have complications and become sick.

4.12.1 Repeat abortions

Participant's narratives suggest the negative views the community have about abortion as abortion is seen as having future consequences.

Extract 61

If she does an abortion now, it will affect her in future. Suppose she meet another man one day when she completes her studies. Suppose she gets pregnant and in the process they have a disagreement about the baby or the man denies the pregnancy. She will decide to have an abortion again because she has done it before (Ntombo, 36 year old female, Group 2).

The above interpretative repertoire implies that abortion breeds abortion and this might hinder women's access to TOP services.

4.12.2 Abortion resulting in physical illness

The following extracts suggest perceived negative physical symptoms associated with abortion.

Extract 62

I will tell her that I have seen the end results of abortion and most of the time they are bad. My friend decided to have an abortion without telling her parents. She went to see a doctor who gave her some tablets. She used these tablets, after that she became sick and nearly died. Her parents had to intervene and they spent a lot of money taking her to a

doctor. Therefore, I think abortion is dangerous and I would not advise my friend to do it (Notemba, 30 year old female, group 3).

Extract 63

She must not have an abortion. If she decides to have an abortion, she could also die in the process because of complications (Pearl, 16 year old female, group 4).

Extract 64

I will tell her what I know about abortion and then I can tell her about advantages and disadvantages of abortion. Sometimes people become sick after abortion and remain sick for the rest of their life (Ntando, 37 year old female, group 2).

Extract 65

Something will happen []; and she may die in the process, how will I feel when her parents approach me and tell me that she is dead because she was aborting (Veronica, 49 year old female, group 3).

Seeing abortion in this way (as leading to death and illness - sometimes for the rest of your life) may limit women's ability to choose to have an unwanted pregnancy terminated.

4.12.3 Guilty feelings leading to illness

The following extracts indicate that abortion is a sin leading to feelings of guilt post abortion, which could lead to illness.

Extract 66

We could discuss this, and decide if she is ready to have an abortion because she is the one who is going to feel guilty for the rest of her life (Nandi, 30 year old female, group 2).

Extract 67

Subsequently, she was guilty and she became sick as she continues to blame herself. At the end she also died (Harriet: 45 year old female, group 2).

Moral justification of abortion as a sin underpins the description of the negative feelings one might experience post abortion. In extract 67 this is viewed as being so severe that it results in physical illness.

The guilt, as opposed to stigma, is self-inflicted as seen in the following extracts.

Extract 68

She will feel bad because...you see when you have done something others do not know you always feel guilty as if people can see through you (Nandi: 30 year old female, group 2).

Extract 69

She will blame herself for the rest of her life because she knows that what she has done is unacceptable. (Harriett, 45 year old female: group 2).

Extract 70

When she has done it she will be unhappy because at times you do something wrong and blame yourself afterwards. She will feel guilty for the rest of her life. (Harriett, 45 year old female, group 2).

Extract 71

When she sees other children of the same age she will think about the child she has killed. She will feel guilty for the rest of her life, as she will be continuously reminded about the fact that she killed her own child (Nandi, 30 year old female, group 2).

These extracts indicate that the outcome of having undergone an abortion is not only ascribed to social support or social disapproval of abortion, but also to individual morality that will lead to guilt.

Although some participants noted that the teenager might be happy and relieved immediately after abortion, a number of participants also indicated that abortion could have long-term consequences. Participants' narratives suggested that the teenager would never be happy after abortion as she would feel guilt, as well as being blamed by the community and would be seen as a murderer and a bad influence.

4.13 THE SCOLDING VERSUS SUPPORTIVE NURSE INTERPRETATIVE REPERTOIRE

In the focus group discussions, a number of participants indicated that service is inaccessible to the community, especially to teenagers, because of health-care providers' negative attitudes. The interpretative repertoire that, "nurses are rude, and always harass people" was identified. Attitudes of the health care workers were seen to be consistent in both cases (the teenager and the married couple wanting to have abortions). The following extracts indicate participants' views about the health workers' attitudes in the case of the teenager:

Extract 72

She will be afraid because nurses are rude and they always scold people (Ntombo, 36 year old female, group 2).

Extract 73

Because of the nurses' attitude the teenager will be traumatized and end up going to the back street abortion. (Zodwa, 38 year old female, group 2).

Some participants' responses were consistent even for the couple as indicated by the following interpretive repertoires.

Extract 73

They will feel bad because nurses are going to ask them the same questions as to why they want to kill the child. This will make them uncomfortable. Furthermore, they are not going to be accepted because they are married (Nombeko, 49 year old female, group 3).

Whether these kinds of interactions do or do not take place, the fact that nurses are spoken about in this way has implications for how women approach TOP services. This suggests that the health workers' negative attitudes places them in a powerful position and hinders access to the abortion service for women who want to have their pregnancies terminated. Additionally, because of this constraint to access, women continue to terminate unwanted pregnancies by seeking back street abortions.

Contrary to this, some women's responses suggested that women would be treated well at the hospital, hence the opposite "supportive" nurse repertoire. Some women reflected that at the hospital women would be counselled and would receive good treatment as illustrated in the following responses:

Extract 74

Most of the time nurses give health education when you are sick even if you are not pregnant. Maybe, she will be told about different options apart from abortion. You can give birth to the child and give it for adoption. (Nombeko, 49 year old female, group 3).

Extract 75

Nurses are also parents; they will give her an advice and tell her about different options (Notemba, 30 year old female, group 3)

Extract 76

They will see that they are not alone and that there are other people who are in similar situation like them. They will tell the nurses about their problem and their reasons will be respected (Notemba, 30 year old female: group 3).

These findings indicate that some women did not perceive nurses' attitudes, as judgmental and negative TOP was associated with a better outcome. Interestingly, however, in extracts 74 and 75 the supportiveness comes in the form of providing alternatives to TOP (see discussion in the following section).

4.14 ALTERNATIVES INTERPRETATIVE REPERTOIRE

Throughout the interviews a number of participants indicated that there are a number of alternatives that the couple can look at including giving the child up for adoption, applying for a child's grant or asking a relative to help them with raising the child.

A number of participants indicated that they would not advise women to have an abortion as this was a sin equalling to murder, and thus would rather inform women about the possible alternatives to this action. This is illustrated in statements such as the following:

Extract 77

They can always apply for a grant or do gardening and sell the veggies to buy milk for the child (Bafana, 25 year old male, group1).

Extract 78

We must not think that this child is going to suffer. It's possible that she will be raised well. The girl has both parents who may be working. She can take the child to a relative or apply for a child's grant. (Mziwakhe, 23 year old male, group 1)

Extract 79

I will advise them to go to the hospital and get more information about different options. (Bongiwe, 17 year old female, group 4)

Although some participants noted that they would advise the teenager and the couple to have an abortion, some participants opposed this noting that there are other options that women should consider. The above extracts suggest a number of these options. The assumption here is that the woman has knowledge only of abortion and has to be 'educated' about other options. Participant's narratives suggest that educating women about different options would make them consider other options and that this could make them change their minds about having an abortion.

4.15 RIGHTS BUT NO RESPONSIBILITY INTERPRETATIVE REPERTOIRE

The following extracts indicate that by legalizing abortion the government has given the youth more rights but not responsibility and that in this situation parents feel powerless as they have lost control over their children.

Extract 80

Teenage pregnancy has increased and has become a common practice, currently, to find that a 12 year old is pregnant. Government has failed the parents. It is harder now to discipline our children because they have rights but not responsibilities (Ntando, 37 year old female, group 2).

Extract 81

No, there is no change because they get pregnant as early as 12 years old. One cannot say anything to these children because they have rights. If you discipline your child she tells you that you are abusing them (Ntombo, 36 year old female, group 2).

Extract 82

These children have got a lot of rights but not responsibility (Tabo: 29 year old female, group 3).

This indicates conflict with the law as it is seen as encouraging young women to act irresponsibly. Parents' ambivalence towards the CTOP Act indicates that the government has robbed them of their rights as mothers.

4. 16 MORE KNOWLEDGE NEEDED REPERTOIRE

Participants had an understanding of the legality and free status of abortion although for most part their information is a little sparse. Participants invoked a repertoire of needing more knowledge, both in the form of information and for the rationale of introducing the CTOP Act.

4.16.1 Information to the public

Participants felt that the public needs more information about a broad number of issues including family planning, the CTOP Act, and information about HIV/AIDS.

Extract 83

The community need information; adults are stubborn but it will make a difference if they have the information regarding this law. Family planning must also be included in the programme (Mapule, 52 year old female, group 3).

Extract 84

The public need more information on abortion law and HIV. Even if people have their religious foundations they need information why abortion is important and under what circumstances. People lack this knowledge (Zodwa, 38 year old female, group 2).

Extract 85

People are always against abortion because they lack knowledge. According to the African culture abortion is not accepted, it is not allowed, it's a sin and morally wrong (Zodwa, 38 year old female, group 2)

Focus groups noted that the public needs more information on TOP and other issues that concern women's reproductive health including family planning and other options available for the public apart from abortion. These discourses indicate ambivalent feeling towards abortion because of lack of knowledge. Knowledge is viewed as an antidote to religious beliefs in extracts 83 and 85, stubbornness in extract 84 and against African culture in extract 86.

4.16.2. Consultation

Some of the knowledge that is sought has to do with the rationale of introducing the CTOP Act.

Extract 86

We are confused about the reasons why the government made abortion legally. I think the public needs to be made aware of why abortion (Ndoda, 32 year16 old male, group 1).

Extract 87

The community does not accept it because people feel that they were not consulted beforehand (Mapule, 52 year old female, group 3).

This can be seen to have a huge impact on the people's attitudes towards the CTOP Act as they feel that it was imposed on them. Furthermore, this can hinder the acceptance of the law as they may feel that the government is applying yet another oppressive law about which they have no say.

4.17 MALE AND FEMALE OR GENERATIONAL DIFFERENTIATION REPERTOIRE

Participants' views about the community's acceptance of the CTOP Act varied. While some indicated no difference among teenagers and adults, some participants indicated that teenagers accept abortion more than adults, and females more than males, as suggested in the following extracts.

Extract 88

Women think differently as some think it is wrong. But some support the government as they feel it is going to save women's lives (Dini, 30 year old male, group1).

Extract 89

Teenagers support the legalization of abortion, but adult's views differ as some say this is against their beliefs. They are old fashioned and resistant. They say abortion is killing and therefore against God's will (Nomteto, 16 year old female, group 4).

Extract 90

Teenagers support the law but adults differ in their views and others support it under certain circumstances (Pearl, 17 year old female, group 4).

Extract 91

People's views vary and while adults do not support or accept abortion, teenagers support the CTOP Act (Ntombo, 36 year old female, group 2).

Extract 92

People are against this, especially males and adults. They do not agree with legalization of abortion saying it leads to promiscuity (Veronica, 49 year old female, group 3).

Extract 93

Views of women vary as some support the legality of abortion and they think it will reduce the number of abandoned children (Temba, 27 year old male, group 1).

The majority of participants indicated that people's views about TOP vary with adults and males being less supporting than teenagers and females. Seeing TOP in this way suggests a generational and gendered split. As adult figures and males are the most prominent figures in decision making this might affect women's decision to terminate unwanted pregnancies as their decisions are determined by the broader community norms and values.

4.18 THE POSITIVE EFFECTS REPERTOIRE

The majority of participants felt that there has been a change in the community since the passage of the CTOP Act as indicated in the following extracts:

Extract 94

There is a change. Everybody can have an abortion now and not certain people. We hear less about abandoned children (Afikile, 17 year old female. group 4).

Extract 95

Before, it was easy to hear that a child was found in a rubbish bin, or left on the streets or in the toilets. I think there is a change because now this is not common as before (Veronica, 49 year old female, group 3).

Although participants have mixed feelings about the CTOP Act, they indicated that there is a change as abandoned babies are rare now.

4.19 SUMMARY OF FINDINGS

Results from the interviews revealed that abortion is generally stigmatized and that there is a lack of support based on religious and cultural foundations. Abortion was debated on grounds that it leads to degradation of society, irresponsibility and promiscuity. Some participants indicated that abortion is killing in whatever stage of life. There was no significant difference in abortion opinions in relation to gender. As abortion is stigmatized it evokes less social support and women were expected to experience negative physical and psychological outcomes including guilt and self blame.

Although abortion was not well supported, attitudes towards abortion were dependent on a woman's marital status. Participants indicated that abortion is not accepted in the case of the couple as this was seen as against the community's cultural values. Abortion was seen as a disgrace and participants spoke about other alternatives that the couple may consider. Furthermore, marital status was also seen as playing a significant role in the decision making process as the woman was expected to include her husband in the decision-making. Perceived partner support was also significant, hence the relief that a married woman was expected to experience. Anticipated partner and parental support were seen to play an important role in the decision-making process and low levels of support from the partner depending on whether he

wanted a child or not was anticipated. However, the perceived poor partner support was related to lack of responsibility and gender imbalances, and some indicated that abortion might lead to gender conflict. This discourse revealed that gender dynamics are still embedded in the community.

The community's constructions of the foetus may also play a huge part in abortion decision-making and post abortion outcome. While some participants felt that because the foetus was still a clot, a woman had a right to abortion, others noted that even if it is a clot it is growing towards somebody and no one has a right to kill it. These attitudes may be associated with less negative guilt post abortion. Reasons for abortion were given on the basis of poor socio-economic status, danger, suffering, and irresponsibility although some saw it as a responsible act.

Focus group data provided insight into inaccessibility of TOP service because of nurses' negative attitudes. Contrary to this, some women's responses suggested that women would be treated well at the hospital, hence the opposite supportive nurse repertoire. These findings indicate that some women did not perceive nurses' attitudes as judgmental and negative were associated with better outcome. Different stakeholders, including men, health care workers and the community, play a crucial part in the abortion decision-making.

Although all participants indicated that they are aware of the CTOP Act and had reasonable knowledge about the content of the Act, support for the Act was low. Some felt that their roles as parents were undermined by legalization of TOP as teenagers were given more rights but less responsibility. The majority of participants indicated that people's views about TOP vary with adults and males less supporting than teenagers and females. Furthermore, some participants felt that the community needs more information about the CTOP Act, family planning and sexuality irrespective of religious affiliation. Moreover, although some participants do not support abortion, they noted that there is a positive change in the community. It can be seen that although the government has legalized abortion and there is higher awareness about the Act, there are still barriers to access. The above findings indicate the complexities and nuances of abortion. In the following chapter results will be discussed further and linked with the literature discussed in the literature review chapter.

CHAPTER FIVE: DISCUSSION

5.1 BACKGROUND

The aim of this study was to explore the discourses which people from a rural setting in South Africa draw on when discussing issues relating to hypothetical cases of abortion. The study also looked at the potential implications of those discourses for women and their reproductive decisions. During the interviews, questions that directly related to public discourses were asked. Many of the discourses analysed in the study were constructed around the dominant discourse that abortion is a sin and therefore a murder. This dominant discourse is further created and reinforced, and, at times, opposed with the aid of 17 interpretative repertoires as follows: social stigma, abortion equated to murder, degradation of society, pregnancy as an irresponsible act, conditional acceptance, TOP in the context of marriage, future potentiality invested in the foetus, dehumanizing foetus into a clot, shared decision making responsibility, gender dynamics interpretative repertoire, negative post abortion consequences, the scolding versus the supportive nurse interpretative repertoire, alternatives interpretative repertoire, rights versus no responsibility interpretative repertoire, more knowledge needed, male and female generational differentiation repertoire, and the positive effects repertoire. In this part of the study, the themes identified from the interviews will be discussed in detail.

5.2 SOCIAL STIGMA

The theme of social stigma was evident in the majority of the narratives, and serves to feed into the dominant religious and African cultural discourses that abortion is a sin and therefore unacceptable. This theme further supports a pro-life discourse, which is closely associated to the dominant Christian ideas that life begins at conception and that the unborn baby has a right to be protected. Within this religious paradigm, abortion is interpreted as being a sinful act originating within the individual and contrary to the will of God (Achieng, 1999; Hillman, 1997; McGill, 2006). Kelly et al. (1993) noted that this belief that abortion is subversion against God continues to greatly influence public opinion. This is seen to fit in with the findings of the current study.

McGill (2006) indicates that the African culture is dominantly influenced by the dominant religious discourses, as the majority of Africans accept Christian beliefs (McGill, 2006). As a

result, many African people see life as being sacred, and believe that it is therefore sinful in the social and moral sense to interfere with another's life in any way. It can be seen that the talk of the participants from this study about abortion was influenced by this dominant community value. Mojapelo-Batka and Schoeman (2003) reported similar findings as they suggested that women who define abortion as morally wrong based their views on cultural and social norms. This indicates that people have internalized the church's teachings that abortion is a sin and therefore morally unacceptable (Mojapelo-Batka & Schoeman, 2003).

In summary, the participants' views concerning the morality of abortion appear to be primarily based on religious and community values, and these were used as grounds to restrict women's access to legal abortion.

5.3 ABORTION EQUAL MURDER

Participants indicated that abortion is a sin and the killing of an innocent child. A number of studies reported similar findings. For instance Dolgin (2004) stated that Christians classified all abortion as murder and took a standpoint that this is seen as similar to killing the child after birth. Similarly, McGill (2006) reported that there is a relationship between religion and the pro-life discourse in their view that life begins at conception and any action against this is a crime.

Additionally, Luker (1984) stated that from the pro-life perspective human life begins at the time of conception and abortion amounts to murder. This is based on the longstanding and ongoing religious beliefs about the sanctity of life. Vorster (2007) supports this as he noted that Christians consider the right to life to be the core element of all rights. However, Ruhl (2002) posits that the feminist advocates oppose the religious belief that life begins at conception and anything against this equal to murder, arguing that this limits women's control over their own bodies.

In summary participants opposed abortion by utilizing a repertoire of sin and murder. This talk implies that women who undergo a TOP will suffer the moral consequences of her action. In this way women's access to TOP may be restricted and those who undergo a TOP will encounter moral pressure.

5.4 DEGRADATION OF SOCIETY

A careful examination of participants' discourses reveals interpretative repertoires that abortion causes community and cultural degradation and leads to promiscuity. These repertoires were influenced by the broader discourse of abortion as morally unacceptable and a disgrace. Participants spoke of how the legalization of abortion leads to demoralization of the culture and to irresponsibility. This corroborates the findings of Mitchell et al. (2006), who explain that Christian groups and social conservatives frame their discussions of abortion within larger historical narratives of the downward spiral of youth into moral depravity due to moral laxity. Three different studies indicate that the concern is not only about the sanctity of life but also about promiscuity and the break-up of families (Hillman, 1999; Hout, 1999; Varga, 2002). These results support the findings of the present study.

In summary, the participants' views concerning degradation of society were based on cultural norms, and these may be used as grounds to restrict women's access to legal abortion. Furthermore they may lead to social isolation and stigmatization of women who have decided to undergo TOP.

5.5 ABORTION AS AN IRRESPONSIBLE ACT

Participants felt that by legalising abortion, the youth was given permission to be irresponsible and become pregnant repeatedly, as they have a solution to an unplanned pregnancy. Furthermore, sexual activity and abortion were also viewed as being signs of irresponsibility on the part of the teenager in participants' narratives. These findings are consistent with those of the study conducted by Harrison et al. (2000), which indicates that members of the community felt that abortion was morally wrong and that the law encourages irresponsibility on the part of the youth. Similarly Varga (2002) noted that some participants in her study indicated that abortion is simply a socially irresponsible act. Greene (2006) found that the community's views about responsibility regarding teenage pregnancy affect young women's decisions. Teenagers felt that raising the child was a responsible act and this affected their right to choose in the case of an unwanted pregnancy. Furthermore, Luker (1984) posits that sexual morality had a strong effect on abortion attitudes and moral concerns over sexuality tended to reinforce restrictive abortion attitudes (Luker, 1984).

In summary, it can therefore be seen that in the rural community in which the current study was conducted, women may be reluctant to use the CTOP service because they might feel that this would be an irresponsible way to handle an unwanted pregnancy. This might restrict the woman's ability to choose to terminate an unwanted pregnancy.

5.6 CONDITIONAL ACCEPTANCE

It was evident in participants' narratives that although they did not approve of abortion, they would be willing to consider terminating a pregnancy under certain conditions, including accepting abortion based on responsibility, danger, suffering and struggle, unemployment and poverty. In contrast to allowing pregnancy to continue because getting pregnant was an irresponsible act, some participants felt that abortion was a solution to an unwanted pregnancy because teenagers are irresponsible and promiscuous.

These findings are similar to the findings reported by Varga (2002), who indicated that abortion was deemed acceptable in the cases of wanting to complete studies, poverty, unemployment, or lack of acknowledged paternity. Similarly, Mojapelo-Batka and Schoeman (2003) reported that social morality provided justification for deciding to undergo TOP and women's financial position, male partners who were either at school or unemployed, wanting to complete studies first, or fear of raising a child without a father were used as reasons to undergo TOP. Greene (2006) theorized that there are a variety of ways through which mothers assert their personal agency in the face of socially dominant and local discourses about motherhood and abortion. Findings of the current study suggest that although the majority of the general public are still not willing to accept abortion and instead oppose legal abortion, abortion is accepted under certain circumstances. Vorster (2007) noted that Christians often regard abortion as ending a potential innocent life, but even among the church groups there are extreme cases where abortion issues present legitimate moral concerns including single motherhood, poor socio-economic status of the mother and rape. Similarly, Luker (1984) reported that there is a dilemma in these pro-life arguments, as many advocates believe that abortion should be legally available at least under some extreme conditions during the earlier stages of pregnancy. Furthermore, Suffla (1997) also reported that some people who are pro-life accept abortion as a last resort and focus on a number of situations including when the life of the woman is at risk, contraception was used but failed or if the woman feels unable to raise a child.

However, some participants oppose abortion because it leads to lifelong complications. This is consistent with findings by Mitchell et al. (2006) who suggested that contradictory messages imposed by the community indicate that sexual intercourse and induced abortion lead to chronic health and social problems.

In summary, despite opposition in general to abortion, it is seen as acceptable under particular circumstances. Thus, many women would still consider abortion when they are faced with unwanted pregnancies in the midst of real life difficulties even if the community was against abortion.

5.7 TOP IN THE CONTEXT OF MARRIAGE

In addition, the participants' narratives indicated that abortion was seen culturally as being a disgrace in the case of the married couple as marriage was normally associated with raising children. To this, Luker (1984) noted that at the core of the pro-life discourse is a belief that a woman's proper role is to nurture children and take care of the home. It can therefore be seen that this idea appears to have filtered into the rural community utilized in this study. Hess and Rueb (2005) also reported that religion, and the fact that life is sacred and people believe that abortion is against God's rules as it devalues human life, plays an important part in abortion attitudes and one's morals.

5.8 FUTURE POTENTIALITY INVESTED IN THE FOETUS

Participants' discourses suggested that future potentiality of the child is important in the abortion decision-making. Some participants noted that maybe the child was going to be a future president, a doctor, or someone important. Additionally, a number of participants indicated that even if it is still a clot it is developing into someone important, maybe a teacher or a nurse, and no one has a right to kill it. Constructing the aborted foetus as a child had an influence on the way people think and experience abortion.

Mojapelo-Batka and Schoeman (2003) point out that the social construction of the foetus as a person is related to a woman's moral reasoning in respect to abortion. In their study, the researchers found that those women who describe the aborted foetus as a person and not as a blood clot or as menstrual blood had associated feelings of guilt. Furthermore, the social

construction of the foetus as someone with a potential to be a person and not a clot was associated with negative feelings including sadness (Mojapelo& Schoeman, 2003). Moreover, Vorster (2007) noted that abortion is often regarded as ending a potential innocent life because a foetus is identified as a human being who is later rational and self-conscious.

In summary, it can be seen that the interpretative repertoires used by the participants in this study might restrict access to women who choose to terminate unwanted pregnancy, and may result in negative emotional after- effects should a woman undergo a TOP.

5.9 DEHUMANISING THE FOETUS INTO A CLOT

Throughout the interviews the majority of participants indicated that abortion was a sin, the same as murder. However, some participants felt that because the foetus is still a clot abortion could be performed. Some indicated that this is not the same as killing a child as it has not yet developed into a child. Consistent with findings of the current study, Mojapelo-Batka and Schoeman, (2003) indicated that justification for TOP before the end of the first trimester as removal of a clot, or a menstrual blood may help to ease the moral tension about abortion. This is seen as fitting with the women's movement which claims that the unborn child is not a person and has no moral standing (Heuman, 2007). From this perspective, a woman should have complete control over her fertility and pregnancy and this includes access to sexual education, access to safe and legal abortion, contraception and fertility treatments. The mother's rights take precedence over those of the foetus, particularly at the early stages of pregnancy (Luker, 1984). Similarly, liberal feminists assume that the foetus is not a person and therefore the woman's right to bodily self determination comes first and the foetus' interest must come second (Ruhl, 2002).

In summary, some participants stated that the unborn foetus is not yet a child and abortion is permissible. Using this interpretative repertoire may be used to justify abortion and might limit guilt associated with abortion.

5.10 SHARED DECISION MAKING RESPONSIBILITY

It was evident in the study that decision making about having abortion was considered a group decision that rests with the family and/or the male partner. This interpretative repertoire stresses

the mutuality of families on both sides. It also draws on cultural practices of negotiation between families around issues of sexuality, reproduction and marriage.

Varga (2002) indicated that decision-making about abortion often involves the teenagers' parents or their sexual partners. However, it appeared that most of the time the involvement of the family and the partner acts as a deterrent to abortion as they are gatekeepers (Suffla, 1997). Nonetheless, in the current study, although participants felt that it was important to inform the male partner about the pregnancy, their views varied. A number of participants felt that often the man might refuse paternity. In this case, the decision was seen to rest solely with the girl's parents. Nevertheless, some participants noted that if the man wanted the child, he would then blame the girl if he found out about the abortion. On the other hand, participants felt that if the man did not want the child, then he would not mind if the girl had terminated her pregnancy, or else he might encourage the girl to have abortion, and might even accompany her to the CTOP service. Varga (2002) reported similar findings as she posits that the paternal decision is important in determining the fate of the pregnancy, as male partners often act as gatekeepers in the abortion decision-making process. Additionally, Suffla (1997) indicated that the decision-making process is diverse and has a number of influences including the socio-cultural climate, which is against abortion, involvement of a male partner, the family and religious doctrine. These factors influence the right of the woman to choose and value conflict is reported among women who believe that it is a woman's right to choose.

Interestingly, in the case of the married couple, the majority of participants felt that if the woman tells her husband about the decision to have an abortion, he would support her. This is seen to be in contrast with the findings reported by Varkey and Fonn (2000) and Suffla (1997), who noted that involving the partner in the decision-making did not merit complete support for the woman, as speaking about their decision to have an abortion with their partners may be met with stigma and disapproval. This could be a result of societal gender roles assigned to different sexes. Mojapelo-Batka and Schoeman (2003) reported that in black society fertility, procreation and motherhood are seen as the essence of womanhood. Similarly, Reader (2008) noted that in our culture motherhood is associated with reproduction and maternal responsibility and abortion is equated with killing. Nonetheless, Suffla (1997) noted that commitment and involvement of the male partner in decision-making is associated with good adjustment for a woman post abortion.

In summary, discourses around the decision to have an abortion suggest that involving other people in this process may serve to restrict women from accessing the CTOP service.

5.11 GENDER DYNAMICS INTERPRETATIVE REPERTOIRE

A majority of participants felt that the male partner must be involved in the decision making in both cases. Their narratives indicated the crucial role played by the men as gatekeepers and their influence on decision-making. If the man wanted the child, participants felt that he would advise the woman against abortion. According to Erasmus (1998), in black society, often gender roles are socially ingrained, limiting women and men's rights to discuss reproductive issues. The men's denial of responsibility for the pregnancy and fear of family reproach are the major causes for abortion (Erasmus, 1998). Similarly, Varga (2002) indicates that the male partners play a crucial role in decision-making and if the man accepts paternity, women would give birth and raise the child. On the other hand, he can deny the pregnancy in which case the woman had to consider other options including abortion. Varga (2002) suggested that paternity and public acceptance of the father plays an important role in the African culture and a woman whose child lacks a father is ridiculed. Roles assigned to women by society and judgements of abortion as killing negatively affect them. Erasmus (1998) reports that woman's right to choose is diminished as they are coerced by the society into aspects of a role they may not want. Moreover, Nossiff (2007) argues that inequality and gender roles assigned to women over their rights as citizens discriminate against them.

In summary, participants' narratives suggested that a male partner must be involved in the decision-making, but also indicated that they may deny the pregnancy in which case the woman can make the decision with her parents. This indicated that paternity refusal, lack of responsibility, gender imbalance in consequences and gender conflict might affect the woman's decision making to have an abortion in the case of an unwanted pregnancy.

5.12 POST ABORTION CONSEQUENCES

Participants' narratives suggested that there could be direct physical consequences to TOP. Furthermore, they felt that post-abortion psychological responses change with time. For instance, although some participants felt that the initial response would be relief, guilt and self-blame were among the long term consequences of abortion. These views are consistent with

those reported by Suffla (1997), which showed that women's experiences post abortion are complex and are influenced by the women's psychological state and the social beliefs. The researcher noted that while relief was the most common positive experience felt by women immediately after termination of pregnancy, guilt and blame were among the long-term experiences. Participants in the current study further noted that because abortion is poorly supported, the judgemental attitudes of the family and community would affect the teenager post abortion. A Woman will remain guilty for the rest of her life because she has done something wrong. These findings are consistent with the findings reported by Mojapelo-Batka and Schoeman (2003), which indicate that negative feelings including shame and guilt were related to abortion and to society's disapproval. These negative feelings were both social and internally based as women blamed themselves and perceive being blamed by the society. The deployment of this repertoire becomes in a sense a self-fulfilling prophecy. Predictions of negative physical and psychological problems made within this repertoire then become a reality based on the dominant discourse of abortion as morally wrong.

In the case of the couple, although participants felt that abortion was unacceptable, perceived social support from the husband was associated with better outcome. Varga (2002) reported that perceived support from parents or the partner or both was associated with better emotional outcome. Additionally, Varkey and Fonn (2000) and Suffla (1997) suggest that support from family and partners play an important role in women's adjustment post abortion. It can therefore be seen that if the social environment does not support CTOP, this influences women's experiences of abortion.

In summary the above findings indicate that perceived lack of approval and support for abortion because of cultural values and religious prescriptions influence women's coping abilities post abortion.

5.13 THE SCOLDING VERSUS SUPPORTIVE NURSE REPERTOIRE

Another theme that was identified centred on nurse's attitudes. Participants noted that nurses harass and scold people when they go to hospital even when they are not pregnant. Attitudes did not differ in the case of the married woman.

Hillman (1997) noted that health care professionals have the duty to prevent illness, to treat, to comfort, to cure and to allay pain in order to promote life. This could also relate to Varkey's (2000) findings that nurses form part of the broader community, which views abortion as morally wrong and it can be seen that their attitudes are also affected by the community's views, which further prevent women from accessing the service. Constraints to service use were linked to attitudes of the health care workers, and this serves as a barrier to access safe abortions as it intimidates women seeking information and abortion (Dickson-Tetteh et al., 2002; Harrison et al., 2000; Jewkes et al., 2005; Varkey & Fonn, 2000;). This is reflected in this study, where some participants indicated that nurses' attitudes do not only hinder women's access to CTOP service, but also sometimes force them to have back street abortions. This finding is in keeping with that of Varga (2000), who found that many of the participants in her study on abortion amongst South African adolescents suggested that they felt that they had to have back street abortions because of their negative experiences with health care workers. Furthermore, Mojapelo-Batka and Schoeman (2003) also reported similar findings and indicated that women were traumatized by the nurse's remarks.

Interesting, however, were some participant's narratives that nurses are supportive and are mothers as well and often give counselling. This perceived change in health workers' attitudes may have come about because of the value clarification workshops that are held countrywide. Various studies indicate that value clarification workshops have been conducted throughout the country to address health care workers attitudes towards abortion services and women who choose to have abortions (Althaus, 2000; Blanchard et al., 2003; Guttmacher et al., 1998; Varkey & Fonn, 2000). The researchers indicated that these workshops have shown some success in changing health workers attitudes and improving support of women's right to choose abortion in some areas.

In summary, nurses' attitudes and remarks, as well as and talk in communities about how nurses will react will have implications to access and the response of women to a TOP. Attitudes of the health care workers can therefore be seen as restraining women from accessing the service. Women may feel guilt as a result of interactions with nurses or they may feel supported, depending on the approach taken. Furthermore, talk of a scolding nurse may prevent them from seeking the service in the first place.

5.14 ALTERNATIVES INTERPRETATIVE REPERTOIRE

Many participants felt that abortion is not culturally accepted in the case of the couple and some suggested a number of alternatives including letting a relative raise the child, applying for a child's grant or giving the child up for adoption. Mhlanga (2003) reflects that the law stipulates that, in addition to the content of the CTOP Act women must be given information about the alternatives available to them including adoption services, child grants, and child maintenance. Additionally, Vorster (2007) noted some argue that single motherhood and poor socio-economic status of the mother are not sufficient reasons to end life, as there are other alternatives to resolve them for instance adoption. To this Reader (2008) also indicates that the anti-abortionists view is that women would rather continue with the pregnancy and give their babies up for adoption afterwards. Nonetheless, the researcher also points to the complexity of this, and argues that women's rights are violated, as women will always think about their children, longing for and missing them. Additionally women may feel guilt and shame about abandoning their children and the child and the woman will both suffer the consequences of this. Seen from the standpoint view of motherhood, adoption and abortion may be harder to justify (Reader, 2008). For the feminist movement informing women about alternatives implies that women are ignorant or are incapable of understanding implications of abortion (Nossiff, 2007).

In summary, some participants' narratives suggested that there are other options that a woman must consider apart from abortion. Furthermore, it can be seen that although participants' narratives are opposing abortion based on cultural foundations and religious doctrine, some participants felt that women have a right to go to the hospital and find out more about options. Participants indicated that even in the hospital women are informed about these options. This indicated that women have a wide range of options to consider when faced with an unwanted pregnancy. Furthermore, it is their right to choose from the options available whether to terminate unwanted pregnancy or to consider other options. However, the feminist advocates argue against this stating that it assumes that women are ignorant.

5.15 RIGHTS NOT RESPONSIBILITY INTERPRETATIVE REPERTOIRE

Participants indicated that by legalizing abortion the government has given the youth more rights but not responsibility and that in this situation parents feel powerless, as they have lost control over their children. They indicated that it is difficult to exercise control over their children as they are accused of child abuse.

Harrison et al. (2000) indicated that members of the community felt that abortion was morally wrong and that the law encourages irresponsibility on the part of the youth. Some participants indicated that the youth do not care about their future and would leave everything and go for boys. Furthermore, the researchers reported mixed feelings towards unplanned pregnancies among young and unmarried women (Harrison et al., 2000). Although these pregnancies are initially unwelcome, they are more accepted than abortion.

In summary, participants felt that by legalizing abortion, the government has taken away responsibility from the parents and that in this situation parents feel powerless, as they have lost control over their children.

5.16 MORE KNOWLEDGE NEEDED REPERTOIRE

An examination of participants' narratives from this study indicated that although participants felt that the general public was not informed about the details of the Act before its implementation, the community knowledge on the content and conditions of the CTOP Act is growing. Furthermore, participants felt that because people lack knowledge about the CTOP Act, it was difficult for them to support it. This is consistent with findings from various studies, which have found that lack of knowledge about the Act limits access to the service for women who want to terminate unwanted pregnancies and may lead to them resorting to back street abortions post legalization of the Act (Blanchard, et al., 2003; Harrison et al., 2000; Jewkes et al., 2005; Varkey, 2000). In contrast, Dolgin (2004) reported that Africans are religious and by legalising abortion the government was commonly in conflict with the public. Additionally, participants felt that the community needs more information not only on abortion, but also on other issues that affect women's health including family planning and sexuality.

In summary, participants showed an understanding of the legality and free status of the CTOP Act. The community support for abortion is restricted by the fact that they feel that they were not consulted before hand, hence the conspiracy towards abortion. Furthermore, participants felt that they need more knowledge, both in the form of information and for the rationale of introducing the CTOP Act.

5.17 MALE AND FEMALE OR GENERATIONAL DIFFERENTIATION REPERTOIRE

Participants indicated that the support for the CTOP Act varied; while the majority of adults do not support the law, some are more supportive than others. Furthermore, males were seen as less supporting of TOP than teenagers and females. Harrison et al (2000) reported that young women are likely to be more supportive of the Act than older women. Additionally, Rosier (2007) suggested that teenagers were more favourably disposed to abortion, and abortion was frequently seen as a pregnant person's choice. The above findings indicate that women of different age groups will experience and react differently to abortion. Mojapelo-Batka and Schoeman (2003) noted that people from different generations base their attitudes towards abortion on different values and different interpretations.

In summary, participants' repertoires suggest that adults and males are less supportive of the CTOP Act than females and teenagers. This might affect women's decision-making to terminate unwanted pregnancies as adults and males are the more prominent figures in the decision-making.

5.18 THE POSITIVE CHANGE REPERTOIRE

The majority of participant's interpretative repertoires suggested that despite poor support for the CTOP Act, there is a positive change in the community. Similarly, the second Confidential report into Maternal Deaths in South Africa reported a reduction in maternal mortality and morbidity following the introduction of the CTOP Act (Department of Health, 1999-2001).

In summary, although participants' narratives suggested ambivalence towards TOP, they felt that there is a change in the community following legalization of the CTOP Act.

5.19 LIMITATIONS OF THE STUDY

Most research is limited in some way or another due to different constraints including time and scope of research. This study has limitations, which are briefly outlined below.

While there is a vast literature on various issues on abortion after legalization of CTOP Act, there is limited literature on public discourses especially in the rural areas, which makes comparison of the results difficult.

My own subjectivity may have played a part in the interpretation of the results. Being a female South African made it hard for me to distance myself completely and not to react on the

language used, while at the same time it was difficult to objectively analyse the interpretive repertoires of the community members.

Despite attempts to recruit a diverse sample, the study was conducted with two groups of middle aged women, one group of young men, one group of old adolescents who were educated and Christians, and whose opinions therefore reflect the abortion experience in this population.

Furthermore, data was gathered only from four focus groups over a short period and has therefore been unable to examine changes in the ways in which South Africans, specifically the rural population, are able to negotiate the meaning of abortion, where the notion is heavily inspired with religious and cultural meaning and various associations. It would therefore be useful for future studies to conduct a longitudinal study with different stakeholders.

5.20 IMPLICATIONS

Public discourses on CTOP have implications for intervention. Culture and religion play a powerful role in maintaining the negative assumptions about abortion. Results obtained in this study support other researchers who felt that programmes aimed at impacting and educating the public on abortion and abortion services remain necessary especially in the rural areas (Blanchard et al., 2003; Harrison et al., 2000; Varkey & Fonn, 2000). There is a need for public awareness campaigns aimed at informing women about their reproductive rights. Interventions must be targeted at improving community knowledge especially for women, who may find themselves in a difficult situation and have no other option except abortion. Furthermore, education must aim at empowering women with regard to accessing reproductive health services. There is also a need to give more information to the adolescents with respect to sexual and reproductive experiences and for the improvement of adolescent sexual and reproductive health programming.

Additionally, parents, men and the community deserve more information concerning termination of pregnancies as their attitudes have a bearing on decision-making about abortion and have the potential to influence the terms and conditions under which partners experience abortion.

There is still a need to expand value clarification workshops, and to evaluate their long-term effect. Furthermore, there is a need to destigmatize abortion by making it a basic part of nurses' training, as it is difficult for women to access the CTOP services because of the health care workers attitudes.

5.21 CONCLUSION

The information gathered from various research studies and monitoring efforts indicates that although the Act has increased availability, the right to abortion remains elusive for certain groups, especially women from rural areas and younger women. Attitudes to abortion in the general community and among health workers do not support women's right to choose. It can be seen that changes in the law have greatly reduced the number of unsafe abortions, but there is still more to be done to improve access.

This points to the complexity of abortion and violation of women's rights. Often, abortion is spoken about in isolation of the precipitating factor, unwanted pregnancy. Various studies indicate that as long as unplanned pregnancies are still the problem, women will continue to undergo abortions when faced with real life events, despite religious and cultural sanctions (Suffla, 1997; Varga, 2002). Firmin et al. (2007) reported that the abortion debate is strongly influenced by public moral norms, but also noted that people's views and beliefs about abortion do not always predict their behaviour even if such beliefs are strongly held.

The purpose of the study was to explore public discourses on CTOP and to identify some of the implications that these discourses have in terms of the service use. In South Africa, like other countries, termination of pregnancy is not a new phenomenon. Before the legalization of the CTOP Act, women were dying because of complications related to back street abortions. CTOP has now been legalized in South Africa because statistics indicated that women were dying of complications associated with unsafe abortion. By legalizing abortion, the government commonly found itself in conflict with people and a debate between the anti abortionist groups, Christian groups and pro-choice activists were aroused. Findings of the current study were consistent with other studies, which reported higher levels of awareness of the CTOP Act in different parts of the country. However, although abortion has been legalized, barriers to accessing legal abortions still exist. As a result, the way in which language is used regarding the issue of TOP is likely to influence the public's use and experience of legal abortion services.

Overall, it can be seen that the results obtained in this study reflect themes and discourses that have been identified by several of the qualitative studies that have been conducted on abortion (Greene, 2006; Harrison et al., 2000; McGill, 2006; Mojapelo-Batka & Schoeman, 2003; Varga, 2002; Varkey & Fonn, 2000). The cultural climate of the community still resists the expression of alternate views other than the rights of the foetus, based on religious and cultural discourses. Luker (1984) indicated that pro-life activists support this claim as they argue that human life begins at the time of conception and abortion amounts to murder. However, these results indicate some variations in the types of discourses used when speaking about abortion. This pattern of results suggests that although the pro-life framework of viewing abortion influences the public more, openness towards different alternatives including the pro-choice perspective is growing. This study also provided insight into the relatively complex relationship between the community's perceptions and morality. It is expected that in the long run an increase in the availability of TOP services, an increase in number of women accessing the service, and awareness and acceptance of abortion in South Africa could lead to changes in the social discourses about abortion (Faure & Loxton, 2003; Mojapelo-Batka & Schoeman, 2003). Furthermore, stigma and socially based post abortion emotions may diminish.

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APPENDIX A

Vignette 1

Veliswa is a 17-year-old woman who is about to start Matric (final year of school). She lives with her parents and two sisters who are younger than her. She realizes that she has missed her last period and thinks that she may be pregnant. She decides to go to the nearest clinic to find out. The sister confirmed that she is pregnant. She goes home very upset and thinks about what she should do.

Question 1

Imagine you were Veliswa's friend, what would you tell her to do?

Dini: I will advise her to have an abortion because she has younger sisters than her, and her sisters cannot take care of the child. She is also young, and therefore cannot manage to look after the child.

Bafana: I will also advise her to have an abortion because she is going to struggle when she has a child. (2) If she performs an abortion she can continue with her education. But if she decides to keep the child, she has to leave school, as she has to take care of him/her.

Ndoda: I also think that she must have an abortion because in South Africa food is expensive. Furthermore, there is a high rate of unemployment; even if her parents are working it is possible that they are paid poorly, and the child needs financial support. It's better if she performs an abortion and continues with her education.

Temba: She must not take the decision alone; she must inform the child's father. They must discuss this together. She must also inform her parents about the pregnancy. Both families must discuss this before taking decisions. It is important that she must inform her parents first.

Mziwakhe: I also think that she must tell her parents before deciding on what to do next. =

Dini: I want to support my statement. It also depends on the age of the baby's father. Since the mother is seventeen years old, it is possible that the father is also young maybe he is 15 years old. So if Veliswa decides to inform her parents about the pregnancy, her parents may decide to meet the boy's parents. The boy may deny the pregnancy. . We all know this; it's a common practice among blacks. Children always suffer because they have to be raised by single parents. Boys do not want to own up to responsibility. Teenage mothers suffer the consequences of this alone. [What do you think Tabile?]

Tabile: I will not advise her about abortion. She can look for other family members who can raise the child. =

Temba: She must tell her parents first. There are other options available like the child's grant.

Veliswa heard from the radio that women could now have legal termination of pregnancy. She asks the sister about it who informs her that she may go to the hospital for termination of pregnancy. She decides to tell her friend first and ask for her advice.

Question 2

Imagine you were Veliswa's friend, what would you tell her to do?

Ndoda: I will tell her that a person who has a problem with a child can go to the hospital to perform an abortion. "Now my friend, you have a problem, you are also scared about the pregnancy, and the child's father is not convinced that this is his child. Go to the hospital and have an abortion".

=Dini: I will tell her that, "my friend although abortion is legal, I know that children of your age could also die during the delivery of the child because of complications." She can ask me "how?", and I will tell her that, "things were going to be different if you were 22 or 25 years old. You are young and this places you at a high risk of complications that are associated with teenage pregnancy. You will not complete your studies; anyway it is better to have an abortion." She can therefore think of the possibility that she might die even if she does not have an abortion.

Temba: I don't like the idea of abortion I don't want it (3) [What would you tell her?] I can tell her that she must live with the consequences. She must tell her parents about the pregnancy and her parents must also contact the boy's parents. Both families must be involved in the decision-making process. Maybe the boy's parents might choose to raise the child. (2) It's possible that this child was going to be the future president, and now she is killing the child. Maybe she was going to be a doctor. [You see]. Both sides must be involved in the decision-making. We must think about the future of the person that is going to be killed. We must think about the future of this child too. What I am saying here is that, before she takes a decision she must approach the boy's parents first. If they deny paternity, then she can make the decision with her parents. [You see].

Tabile: She must keep the baby, continue with the pregnancy and deliver the child. She must not even think about abortion (3) because if she does an abortion she is killing the child.

Bafana: I don't see this is necessary. It's killing through and through. If they are unable to support the baby they can even ask a relative to raise her/him.

Question 3

What kinds of things would influence the advice you would give?

Ndoda: I said she must have an abortion because today's youth is promiscuous, and a person will sleep with different men maybe three a day, and get pregnant. When you meet the teenager and ask her "who got you pregnant?" she will tell you that she does not know. "I slept with different men, now I am not sure who the child's father is". You tell her that, "You see you slept with different men and now you do not know who the real father is. Now you are confused, and you are going to accuse people. It's better to have an abortion. You enjoyed sleeping with all of them, and now you are alone. It is better to have an abortion." [Interrupted by a knock]

Mziwakhe: I will not advise her about abortion. We must not think that the child is going to suffer. It's possible that she will be well taken care of. The girl has both parents who may be working. She can even ask a relative for help, or apply for a child's grant.

Dini: Again it depends on the girl's behaviour. Today's youth does not know how to behave. Most girls in our communities get pregnant as early as 12 years of age, by the time they are 16 years old they already have a second, or a third child. You find out that someone is receiving the child's grant, yet she spends it on liquor with her friends in taverns. And when you pass the child's home, you see that the child is not properly cared for, and yet the mother is getting the grant but the child is not even attending the crèche. Children are left with their grandmothers while their mothers go to the "sheebens", and taverns to enjoy themselves. They are too busy, and do not have time to raise their children. To prevent this from happening, she must have an abortion, and enjoy life after that. This is what they say they are doing, "enjoying life". She must enjoy life and when she is ready she can get pregnant and maybe (); one day she will meet a man who might want to marry her.

=Tabile: She must have an abortion because she is still young and wants to "enjoy life". Maybe she knows that her boyfriend is going to deny the pregnancy. When this happens, she will be frustrated and terrified, ending up abusing liquor as a means to deal with the problem.

Bafana: She must not abort because there is always help. If the baby's father denies the pregnancy, she has parents and relatives. Nobody has ever died because there was no one to look after her. There is always someone who will be willing to offer help.

She decided to go to the nearest hospital for an abortion

Question 4

What would she experience?

Ndoda: She will be afraid because she does not know how the nurses are going to react to the fact that she wants to have an abortion.

Temba: She will be terrified because nurses are rude especially that she is young.

Mziwakhe: She knows that what she want to do and will not be terrified by the nurses' reactions.

Bafana: She will be embarrassed because she knows that what she wants to do is wrong. It's killing of another human being.

Tabile: After having an abortion she will be terrified because she knows that what she wants to do is morally wrong.

Dini: She will be relieved because finally she has done what she wanted to do.

Question 5

What do you think her feelings would be about having an abortion?

Temba: She will be sad and confused, because she is not sure if she made the right decision.

Bafana: She will be happy because she did not have other option. She has to think about her future.

Mziwakhe: She can enjoy life now. Having an abortion will give her the freedom she wanted. She will be relieved.

Tabile: I think she will be relieved because she did not have any options. She had to think about her education.

Dini: I said she would be relieved, because she did not have other options, and this is what she wanted to do.

It is not quite clear how it happened but the fact that Veliswa had an abortion became known to the community.

Question 6

What do you think people's response would be?

Dini: The community will look at her with shame because she has committed a sin. They will ban their children from seeing her.

Temba: Abortion is a sin. The community will look at her with shame.

Ndoda: People always have different views. Some will accept her option once they hear about the reasons why she had an abortion.

Mziwakhe: The community will be divided. Some will agree with her and accept her reasons for abortion. Some will blame her for having an abortion.

Tabile: The community will blame her because abortion is not accepted in the community. It is killing an innocent child.

Temba: The community will blame her. She knows that abortion is culturally unacceptable.

Question 7

What do you think her parent's response would be?

Ndoda: It depends, if her parents understand they will accept her decision when she tells them that she was thinking about her future. It is obvious that they will be furious at first and blame her.

Dini: I agree with Ndoda, her parents will be furious but when she tells them about the reason why she had an abortion they will understand.

Temba: They will be terrified and will blame her. They will ask her why she did not inform them before having an abortion. She will never be happy again.

Mziwakhe: Her parents will be embarrassed because the community will blame them for their child's behaviour. They will never feel happy again.

Bafana: Her parents will be sad, and they might tell her that, "When you were born we were also poor but we did not kill you." They will further tell her that she was supposed to tell them first, and because of this she will feel guilty for the rest of her life.

Question 8

What do you think the man responsible for the pregnancy's response would be?

Ndoda: Her boyfriend will be afraid of her now, and probably will end the relationship, as he will see her as a murderer. Maybe the boyfriend will welcome the idea that she had an abortion especially if he was also still studying, and young. Men do not like to take responsibility either.

Dini: I think her boy friend will feel bad, because maybe this is his first child, and was going to be proud to be a father.

Bafana: The boy will resent her because she is a killer, and he will not trust her again. He could probably end the relationship. Maybe he will think that she can kill him one day because she is capable of killing.

Temba: Her boyfriend will break-up with her because she is a killer.

Mziwakhe: It depends on whether the man wanted to have a child, or not. If he really wanted the child, he will be devastated and will blame her. He will terminate the relationship.

Vignette 2

Vuyokazi is a 39-year-old woman who has been married for 17 years. She lives with her husband, their four children, and her husband's mother. Her husband has recently lost his job. She discovers that she is pregnant even though she has been using contraceptives.

Question 1

Imagine you were Vuyokazi's relative, what would you advise her?

Ndoda: I think she must terminate the pregnancy. Given the fact that her husband is not working and the child was not planned.

Bafana: They are married and must keep the child even if she/he was not planned. Maybe the husband was on a "blue card" and will get money to support the child.

Temba: They have raised other children, and they must raise this one in a similar manner like others. She can breastfeed the child, and after weaning him/her, she/he can eat whatever the family is eating.

Dini: It is stated that this baby was unplanned, the father is not working, and they have four other children. I think it is fair for them to have an abortion, as it is difficult to raise a child under the circumstances.

Mziwakhe: They are married therefore are not supposed to have an abortion.

Tabile: They are married and have raised other children. Abortion is unacceptable in this case.

Vuyokazi and her husband talk to their friends about abortion, without telling them that they are considering having one. One friend states that abortion is a sin and should not be considered under any circumstances. Another friend feels that having an unwanted child is a worse sin than abortion. Nolundi says that if you do an abortion early you are only removing a clot, something that is not formed. Another one says if you really want to do abortion, you must go to the hospital because otherwise it is very dangerous.

Question 2

What do you think of these various opinions?

Ndoda: I agree with the fact that it is still a clot and it is not the same as killing the baby.

Temba: I do not support any of these opinions. Even a clot is a gift from God, and nobody has a right to kill it. It's killing even if it's a clot. It is therefore a sin.

Dini: It may be difficult to raise an unwanted child but this is not a sin, so I do not agree with that. She has other options like adoption.

Bafana: I do not agree with any of those opinions. Even a clot is developing towards becoming a baby and no one has a right to abort her/him. They can always apply for a grant or do gardening and sell the veggies to buy milk for the child.

Tabile: Abortion is a sin, and therefore killing of an innocent child.

Mziwakhe: They are married it is not the same as the teenager who has to finish her education. They must support each other and keep the child. They can even ask their relatives for help. As a friend I can also help them at times.

Question 3

If you were their friends, what would you tell them?

Ndoda: I will advise them to have an abortion. They have four other children; her husband is not working, so they are not going to manage having yet another child.

Temba: They must keep the child because they are married. It is not as if she has committed an adultery. This is her husband's child. They can even give the child for adoption.

Dini: I can advice them to have an abortion. It is difficult to raise a child if you do not have any means of support. Her husband is not working. If they decided to keep this child, their relationship will suffer because they will be stressed.

Mziwakhe: I would advise them to keep the child and raise her like others.

Bafana: I would advise them about different options available, including giving up the child for adoption once delivered, or applying for a child's grant. But what is important is that they must decide together about what they want to do.

Tabile: It depends on whether counselling is done, or not. If she is not counselled she will never feel good.

Question 4

What kind of things would influence the advice you would give?

Ndoda: My decision is influenced by the fact that they are married, old, and have four other children to look after. The husband is also not working.

Temba: My decision is based on the fact that abortion is killing of an innocent child. It is worse now, they are old and married, and they should support each other.

Mziwakhe: They are married, and old. What will they tell their children when they found themselves in a similar situation? They will not be able to tell a teenage girl to keep the child yet she had an abortion.

Bafana: I agree with this, what will happen if their children ask them about abortion. It is wrong they are married. It is against our culture, and therefore a disgrace.

Tabile: They are old, and both of them are not working. It will be difficult to raise this child.

Vuyokazi and her husband decide together that she should have an abortion. He goes with her to the clinic on the day of the procedure.

Question 5

What would they experience?

Temba: They will be afraid to go to the hospital because they know that this is a sin.

Mziwakhe: They will be afraid to go to the hospital because nurses are rude, and they will ask them why they are killing the baby when they are married. Maybe they will end up blaming themselves, and change their minds ending up raising the child.

Ndoda: It is not about them, nurses are rude, and they always harass a person even if she is sick. So, they will be weary of going to the hospital. Again they know that what they are doing is wrong they will be weary of what the community might say when they find out that they have done an abortion.

Bafana: There is no privacy at the clinic; it is possible that they will be afraid. They will also think about the possibility that they can meet someone they know at the clinic and start asking question.

Dini: They will be relieved because they know the reasons why they want to have an abortion.

Tabile: People always talk, and they will be afraid to go to the clinic in case they meet someone they know, and start asking questions.

Question 6

What do you think their feelings would be about having an abortion?

Ndoda: If they continue with it, they will be relieved because this is what they wanted all along. They will give each other support they need.

Mziwakhe: They will be embarrassed because they are old, and married.

Tabile: They will be embarrassed because they know that what they want to do is a disgrace.

Dini: They are together in this thing. They also know why they wanted to have an abortion. What other people might say is not important. They will be uncomfortable at first but afterwards they will be relieved.

Bafana: They will feel bad because they are old, and married. They will also be uncomfortable, as they will think about what people are going to say about this.

Temba: They know that this is what they wanted to do. They also have the support of each other therefore I think they will be fine.

General Questions

Question 1

What knowledge do you have about abortion? [Give some information if participant's response is inaccurate]

Ndoda: What I know is that abortion can be done from the age of 12 years.

Temba: They said abortion is legal and anybody can have an abortion without consent from her parents.

Mzwakhe: The media says even married people can have an abortion.

Bafana: It is said that one can have an abortion from the age of 12 years without parental consent. It is also done in cases of rape.

Dini: What I have heard is that it can be done from the age of 12 years.

Tabile: Anyone can have an abortion from the age of 12 years without the consent from her parents.

Question 2

Should more information be made available to the public? If yes, what kind of information?

Temba: Yes, I think the public needs more information on abortion because we are not sure of the reasons for the Act.

Ndoda: Yes, the community needs more information, not about abortion only, but also on HIV, family planning, and other options available.

Dini: We are confused about the reasons why the government made abortion legally. We hear from the news that most people did not agree with this. I think the public needs to be informed about why abortion was legalized.

Tabile: Yes, we need more information on the reasons for legalization of abortion.

Bafana: We need more information about other services available, and different options and information on different sites where abortion is performed.

Mziwakhe: The community needs more information on abortion and family planning. They think that abortion is another way of family planning.

Question 3

Do you think women think differently about abortion now that it is legal?

Ndoda: Women think that abortion is wrong.

Temba: Views of women varies as some support the legality of abortion and they think it will reduce the number of abandoned children. Some still believe that this is a sin and has come to destroy our culture and values.

Tabile: The majority does not support the law as they think it is going to destroy our values. Some support it especially in cases of rape.

Dini: Women think differently as some think it is wrong. But some support the government as they feel it going to save the lives of women.

Mziwakhe: Women in general do not support this as they think it is going to destroy the community values.

Bafana: Women are divided some support the legality of abortion but others do not support the Act.

Question 4

Have things changed in the community since abortion has been made legal? If yes, please explain.

Ndoda: I think there is a change as it is rare now to hear that someone died because she was having an abortion.

Dini: There is some change, and it is true that it is rare now to hear that someone had complications related to back street abortion and was admitted to the hospital. But teenage pregnancy has increased because teenagers are not afraid of getting pregnant anymore.

Temba: Yes, there is a change. Back street abortions now are rare.

Tabile: Yes, there is a change as it is rare now to hear about abandoned babies.

Mziwakhe: There is some change in that it is rare now to hear that somebody was admitted because she was aborting.

Bafana: There is a change; it is rare now to hear that a child was found in the rubbish bin.

Question 5

Do people speak about abortion in the community? What do they say?

Temba: The community does not like the Act. They say this law has come to destroy our culture.

Ndoda: The community is divided because the younger generation likes this law. But adults do not support this. They think we are moving away from our values and culture.

Dini: Men do not like the law; they say it's destroying the nation. They do not see any future for this generation.

Tabile: The community does not like the law as they think it is going to destroy our culture.

Mziwakhe: Community thinks that this is a sin and has come to destroy our culture. It's no good. And it is killing through and through.

Bafana: It's making things difficult for everybody, because once the girl marries and have problems with conceiving, people will always think this is because she terminated her pregnancies before.

Question 6

Is abortion spoken differently with regards to adults and teenagers?

Dini: Adults are against abortion, but teenagers differ in their views as some think abortion should be made available to people who needs it.

Ndoda: People differ in their views even among adults. Some say they do not support it, yet when their children find themselves in a difficult situation they advise them to have abortion.

Bafana: People of different ages do not like abortion as they think it is going to destroy our culture.

Tabile: People of different ages are against abortion as they think it is a sin.

Mziwakhe: Abortion is killing an innocent child and people are against it.

Temba: People differ in their views both for adults and teenagers as some support the law. Others think it is a sin and therefore unacceptable.

Group 2

Vignette 1

Veliswa is a 17-year-old woman who is about to start Matric (final year of school). She lives with her parents and two sisters who are younger than her. She realizes that she has missed her last period and thinks that she may be pregnant. She decides to go to the nearest clinic to find out. The sister confirmed that she is pregnant. She goes home very upset and thinks about what she should do.

Question 1

Imagine you were Veliswa's friend, what would you tell her to do?

Zodwa: If I was her friend, I was going to find out from her what does she thinks about the pregnancy. Does she know about the different options that she can consider including termination of pregnancy, placing the child to a foster care, or asking her parents to raise the child? I can give her homework to go and think about this issue, but I will not give her any advice until she decides for herself on what she wants to do.

Nandi: I can ask if her if the school would allow her to continue with her education while she is pregnant. Other schools let children continue with education, and break for few days when they are about to deliver. I will also ask her how she feels about this [about what?]; about abortion. When we think about abortion []; I will ask her to think about the advantages and disadvantages of abortion. It's possible that she will be traumatized by the abortion should she consider it.

Notemba: I will advise her to speak to her mother first; maybe her mother will go to the school to negotiate for her to continue with her education (1). Other parents do this. The school might let her write the examination before or after she delivers if she is going to deliver during examination time.

Ntando: I will advise her []; there is nothing much that I can tell her except hearing from her about what she thinks she wants to do, because the decision must be taken by her. In other schools they let children continue with their studies even if they are pregnant. (.), So it is her decision. She must find out from the school if they can let her continue with her studies while she is pregnant. She must also ask her parents if they can take care of the child for her. =

Ntombo: I support this; she must speak with her parents first. Then her parents could go to the school and negotiate with the teachers. I would not advise her to have an abortion. If she does an abortion now, it will affect her in the future. Suppose she meet another man one day when she has completed her studies. Suppose she get pregnant and in the process they have a disagreement about the baby, or the man denies the pregnancy. She will decide to have an abortion again because she has done it before. She will continue doing this because it's accepted. Whenever she gets pregnant, she will think of abortion.

Tabo: I will advise her to tell her parents, and the decision will come from her parents but she must not make the decision alone.

=Harriett: I will advise her against abortion. She must speak to her parents, and find out from them what they think she should do under the circumstances.

Veliswa heard from the radio that women could now have legal termination of pregnancy. She asks the sister about it who informs her that she may go to the hospital for termination of pregnancy. She decides to tell her friend first and ask for her advice.

Question 2

Imagine you were Veliswa's friend, what would you tell her to do?

Zodwa: I will tell her what I know about TOP, its advantages and disadvantaged. One of the advantages is that she can go back to school. She can further her studies until she is ready to have children. If she wants to go out, she doesn't have to worry about the child. Again she is not going to have pregnancy related complications, and have to be absent from school. At times she will have high blood pressure, at times she will have []; and will miss out, as she has to stay at home. If she chooses to keep the child and continues with her studies, she will lose out at school because she will be absent most of the time. She will lose out on sport because of absenteeism. Again if she chooses to keep the child because she is following her conscience,

as she thinks that maybe this was the first and my last child, she has to choose between two things whether she continues with the pregnancy and deliver her baby (3), and miss out on education.

Notemba: I will advise her that I have seen the end results of abortion, and most of the time they are bad. My friend decided to have an abortion without telling her parents. She went to see the doctor who gave her some tablets. She used these tablets, after that she became sick and nearly died. Her parents had to intervene, and they spent a lot of money taking her to see the doctor. Therefore I think abortion is dangerous, and I would not advise my friend to do it.

=Ntombo: I will tell her that I don't like abortion, but she can do it especially if the school does not allow children to continue with their studies while pregnant. On the other hand, it could be that this was her only child. Maybe she was going to be the best child than the rest of her children even if she has other children in future. But I will not advise her about abortion.

Ntando: I will tell her what I know about abortion, and then I can tell her about advantages and disadvantages of abortion. Sometimes people become sick after abortion, and remain sick for the rest of their lives. However, if she decides to carry the child to term and deliver her/him, she can stay with the child for a year, and then go back to school. It will depend upon her if she wants to keep or abort the child. The disadvantages are that if she has an abortion she will be sick for the rest of her life.

Nandi: We could discuss this, and decide if she is ready to have an abortion, because she is the only one who will be guilty for the rest of her life especially if she is not counselled.

Let's say pregnancy it's not accepted at school, then she can have an abortion but I will ask her first what does she wants to do with the child.

Tabo: I will tell her that abortion can save life because she can continue with her education, or else she is going to lose out at school, and the child can also suffer because she cannot afford to raise her/him.

=Harriett: I will tell her that this is her decision, but I will further tell her that maybe this is the only child God gave her and then she will decide for herself.

Question 3

What kinds of things would influence the advice you would give?

Zodwa: My reasons are that she will lose out as a child as now she is going to be a mother and look after her child. She is going to limit herself on the things she has to do. At home the budget is going to be affected, and children's clothes are expensive. Things were wrong even before

this, because we are not sure about her boyfriend's response. What happens these days is that these children do not know how to behave; they are always on the streets. When her boyfriend finds out that she is pregnant he is going to leave her for others who are not pregnant. She is delaying him from enjoying life. She has to stay at home now, and will not meet her friends. She does not even know her status. She could be HIV positive; at the clinic when you are pregnant you are tested. Now she will be worried about being HIV positive and the fact that she is pregnant. Maybe her status was going to be discovered later in life when she starts getting ill like everyone else. Let's say she is HIV positive and pregnant []. Another thing school is important, she is growing older, and the school is not waiting for her. If she misses out at school now, she will continue school later with younger children. This might embarrass her and end up leaving school.

Notemba: I repeat myself she must abort, as she will lose out at school. She does not have money to take care of this child, yet her man will continue with his studies. This is not fair on the girl's part.

Nandi: I will advise her not have an abortion because we do not know what will happen inside (.); when she sees other children of the same age she will think about the child she killed. She will feel guilty for the rest of her life, as she will be continuously reminded of the fact that she killed her own child.

Tabo: I support Nandi; if she was my child I was going to tell her that she must not abort the child. If she is still at school, she can continue with her studies until she delivers. As a mother, I can let her go back to school and take care of her child. If I say she must have an abortion, then she aborts, she will go back and sleep with another man and becomes pregnant again. Again, I will say have an abortion, and then she will get pregnant again because I am giving her permission to get pregnant. OR else I will ask her to continue with the pregnancy, deliver the child and raise her/him. If she decides to have an abortion, it's up to her as long as she is not going to say my mother told me to do this. Having an abortion is a risk even now I don't have a child but I cannot advise her to abort. [Cell phone rang]

Ntando: I will advise her against abortion because I do not know what will happen after that, maybe she might become sick. Therefore, she must raise her child. If she chooses to have an abortion, this will remain in her conscience for the rest of her life because she has killed somebody. (.) Abortion is the same as killing.

=Harriett: I will not advise her to have an abortion. I have seen someone who has done an abortion before. She told me afterwards. I told her that what she did was wrong she was not supposed to kill her child. After this, her first and the only child got sick, and she died. She will be cursed and something bad will happen. Subsequently, this person remains guilty, and she

became sick as she continued to blame herself. At the end she also died. And that is the reason why I would not advise someone to have an abortion.

Ntombo: I will advise her against abortion because she is pregnant now, she must continue with the pregnancy. Something will happen to her body because this is against God. God has given her a child and now she has decided to kill the child, definitely something is going to happen to her. And she will remain guilty for the rest of her life. When she sees children of the similar age, she will always experience pain, as she would think about her child. Maybe a friend's child will study and becomes someone important; this will always make her wonder about her child. Maybe when she is old, she will think about the child she killed and will remain guilty, and might never be happy again. It's worse when someone was not raped, I can only accept it if she was raped because this is a trauma, and in this case, I could advise her to have an abortion.

Zodwa: Raising their children, as parents do not prevent them from getting pregnant. Like doing an abortion does not preventing them to have another abortion. You can take her child, and let her go back to school but within two months she will become pregnant again. They don't know responsibility. They do not learn. It's not as if she is going to say that I have learnt my lesson and I am not going to get pregnant again. You will always take their children and raise them. It's like you are a mother again, this is why it is better to advise them to have an abortion and continue with their studies. It's not like you are giving her permission to get pregnant again; this depends upon her. Like she can have an abortion now, after that you will educate her about taking precautions. You are not telling her to have an abortion every time she becomes pregnant. These children become pregnant even before the first one is six months, and because she knows that my mother is available she will always let you raise her children. She will go out and enjoy life with her friends and leave the child with you.

She decided to go to the nearest hospital for an abortion

Question 4

What would she experience?

Zodwa: She is going to be afraid to go to the hospital and tell the nurses that she has come to do an abortion. It's not right, even the bible is against abortion. Africans are raised according to religion and scriptures tell us that, "thou shall not kill". Therefore abortion is killing.

She will be afraid of what people are going to say about this, as this is not going to be a secret. Maybe she will be attended by a nurse who happens to be her neighbour (.) we all know how nurses are. Nurses will ask her what she has come to do and she will be scolded. Nurses are rude; there is not a single nurse who is human. They always harass and scold you even when you are sick. She will feel guilty, and will be confused. Furthermore, she will be unsure if she

has made the right decision. Maybe, because of the nurses' belief system, they will refuse to assist her, and will probably send her to the doctor. After this, she will be being traumatized, ending up doing back street abortion, or using spirits to abort.

Tabo: She will feel bad because when you enter the hospital even if you are not sick you feel bad. It's worse now, you think about the nurses' reactions. Nurses always harass and scold people even when they are sick, or even when they are pregnant and are attending antenatal clinic. Now, you have come to have an abortion, you don't know how to approach the nurses because they are rude. You are also aware that what you have come to do is not accepted culturally.

Ntando: She will feel bad, from the moment she approaches the hospital she will start to feel anxious, because she knows that what she came for is socially unaccepted. After this, she will meet nurses who are always []; they always harass people. You can ask for abortion, or decide not to, because of nurse's attitudes, but you will never be OK in future if you decide to continue with abortion.

Harriett: From the moment she arrives at the hospital she will think about life and death. Abortion is a matter of life and death. After having an abortion she will never be the same again. Abortion is killing, and she could also die.

Ntombo: She will be afraid because nurses are rude and always harass people. They scold people who go to hospital to give birth, (.) this is worse. When I went to the hospital to give birth to my first child, they asked me why I got pregnant, as I was young, and supposed to be at school not in a labour ward. She will be afraid, it would be better if someone accompanies her.

Question 5

What do you think her feelings would be about having an abortion?

Zodwa: We talked about this before, and she sees how other children are suffering because they have to leave school, and take care of their children. Few children are fortunate enough to have their children raised by their parents. She will be relieved, and will start thinking about her future, and might decide not to repeat this again. We are talking about practical things here, things we see daily; most children have leave school and raise their own children.

Tabo: She will be terrified immediately after abortion, but in the long run she will feel guilty because she has killed a person.

Ntando: She has successfully done an abortion, but it will take time for her to get over this. As time goes on, she will go back to school and she will start to feel better, and maybe avoid having an abortion again.

Nandi: She will feel bad because []; you see, when you have done something others do not know, you always feel guilty. Every time you look at people, you feel as if people can see through you. She is not going to trust her friends, as she might think that they are talking about her behind her back.

Ntombo: She will feel bad, maybe her boyfriend has promised to marry her. After having an abortion, she will feel bad, because now their relationship will not be the same, and they might end the relationship.

Harriet: I don't see this (2), but when she has done it she will be unhappy, because at times when you decide to do something you know it's wrong you blame yourself afterwards. She will feel guilty for the rest of her life.

It is not clear how it happened but the fact that Veliswa had an abortion became known in the community.

Question 6

What do you think people's response would be?

Zodwa: People are always against abortion because they lack knowledge. According to the African culture abortion is not accepted, it is not allowed, it's a sin and morally wrong. Africans are religious and the bible says, "Thou shall not kill". It is killing of an innocent child. The community will blame her, and they will ban their children from spending time with her, as she will be seen as a bad influence. She will be isolated, as the community will treat her badly.

She will also feel bad, as she will always think that people are talking about her whenever she sees a group of people together.

Ntombo: She will be miserable. She will be called a killer, as we believe that abortion is killing therefore is morally wrong. The community will never accept her.

Ntando: The community will blame her. Parents will tell their children to avoid her company, and she will miss her friends. She will be called a killer, and a bad influence to others. When someone gets pregnant, the community will say that it's because of her bad influence.

Tabo: Some will avoid her; some will support her and will accept her reasons for abortion. She was going to suffer with the child, as she is not working.

Nandi: The community will be divided; some know about abortion and will always consider reason for abortion. Some will frequently mock her.

Question 7

What do you think her parent's response would be?

Zodwa: Her parents will be angry and blame her. They will tell her that she should have told them before deciding to have an abortion. Maybe, she was the only daughter to this family. They will tell her that she is their only child and this child was going to be like their second child, and a sister to her.

Tabo: Some will support her decision. Others will tell her that she is a killer, and one day she might kill another person. They will tell her that they did not raise her to be a murderer.

Harriet: They will be embarrassed, as they will think about what other people might say about them. The community will blame the whole family.

Nandi: It depends upon the family. They will be furious at first but when she tells them about her reasons for abortion (.), maybe they will be more supporting.

Ntando: Her parents will be embarrassed because the community will blame them.

Ntombo: Her parents will blame her because she did not tell them before. Maybe, they were going to advise her to keep the child.

Question 8

What do you think the man responsible for the pregnancy's response would be?

Nandi: The man will blame her because she did not talk to him first, maybe, he wanted the child, and now he hears afterwards that she has killed his child. He will never trust her again and will see her as a murderer.

Ntando: The boy []; It depends if he wanted a child or not. If he wanted the child, he will feel bad. But if he is irresponsible he will feel good because it will mean less responsibility on his part.

Zodwa: I also think it depends on the man, if he is responsible, or if he was just playing games. If he is a responsible person, he will reproach her, and he can even terminate the relationship. He will ask himself what else's she is capable of, apart from killing.

Ntombo: This man will feel bad; maybe, he was planning to marry her. Now, he is going to be afraid of her, and might end the relationship.

Harriet: This man will blame her, because, it could happen that this was his first child, and that he was looking forward to be called a father. Furthermore, he will be terrified, because she is a killer. He will terminate their relationship.

Tabo: I think this man will leave her because of this. Maybe, he will support her because the child was not planned.

Vignette 2

Vuyokazi is a 39-year-old woman who has been married for 17 year. She lives with her husband, their four children, and her husband's mother. Her husband has recently lost his job. She discovers that she is pregnant even though she has been using contraceptives.

Question 1

Imagine you were Vuyokazi's relative, what would you advise her?

Ntombo: I will advise her to tell her husband, and have an abortion because it is going to be difficult to support the child, as they are both not working.

Zodwa: I will advise her to give birth to the child, and then do sterilization. Because, she is married, they will have to raise the child.

I will also look at their finances first, and see if the husband has the blue card. Maybe she can start a small business, may be, and sell fruit to support the child. They can even ask a relative to raise the child.

Nandi: I will advise her to have an abortion. What are they going to do to support the child? She can tell her husband about this, as they are in the same boat. He is not going to get work now, as they are both old. People will talk as they always do, but this will not bother them. They know the reason why they want to have an abortion. This is their decision and she was using contraceptives, and they both don't know what went wrong.

Harriet: I will advise them to keep the child, and do sterilization afterwards. If she does an abortion, it's possible that she will get sick, and might die afterwards, leaving small children alone. She must just accept the fact that she is pregnant. It is God's will.

Ntando: They are married. Even if she was going to get pregnant again after this one, she is supposed to keep the child, because she is married. Yes (.), things are difficult now, but she can think about something else she could do; maybe, they can do gardening, or sell fruit. I have fear because; I don't know what is going to happen afterwards. She can die. Is it fair to die for one child leaving four children behind? This would be selfish; they can even take the child to their relatives.

Nandi: She must terminate the pregnancy. This person is old, and already has four children she is going to struggle. They are going to struggle, because, as it is there is no money and no food.

Vuyokazi and her husband talk to their friends about abortion, without telling them that they are considering having one. One friend states that abortion is a sin and should not be considered under any circumstances. Another friend feels that having an unwanted child is a worse sin than abortion. Nolundi says that if you do an abortion early you are only removing a clot, something

that is not formed. Another one says if you really want to do abortion, you must go to the hospital because otherwise it is very dangerous.

Question 2

What do you think of these various opinions?

Zodwa: I agree with the opinion that this is still a clot and she can abort it. It's not like killing, because raising a child you do not want it's the same as killing. You are not going to love the child, especially the one who is going to bring misery to your lives. Go to hospital and have an abortion, it's still a clot. This is the responsibility you do not want. At times when you look at this child you will despise her/him, and you will end up abusing the child.

Tabo: I agree with the opinion that under any circumstances abortion is a sin. This person is old, she has the experience of labour, and she learned at school that after a week the child is viable. She also can differentiate between what is morally right and morally wrong, and if she is religious she also knows that abortion is killing. Once she completes a month it's a baby.

=Harriet: I don't agree with everything, even if it's a clot it is a gift from God and she has no right to kill it.

Ntombo: I agree with the one, which say she must go to the hospital because if they both agree to have an abortion nobody can change them. It is their right to go to the hospital and then decide afterwards.

Ntando: They must have an abortion at hospital. [What do you think about various options?]. I agree with the one which says it's a sin, but thinking about abortion, they have already committed a sin. The scriptures indicate that the moment we think about something wrong we have already sinned. She must just as well have an abortion. Another thing they are not going to be happy raising a child they do not want, and this will also affect the child because she is going to grow up knowing that her parents despise her. This could be a trauma to the child for the rest of her/his life.

Nandi: She can go and look for work. They can even borrow money from someone as this is going to pass.

Question 3

If you were their friends, what would you tell them?

Zodwa: I was going to support them in their decision to have an abortion. If I was in her shoes I was also going to suffer. They have four children; it's not as if they wanted more children. Even her husband might leave her because now, there is an added burden. Maybe, they are in debt

already and now, they are going to have a child. Marriage is not going to be stable. Most relationships end when there is a new child.

Ntando: I support the speaker (.) she must have an abortion. The new child is going to be a burden to the family and even to the relatives. Maybe they are supported by the relatives even now; it's better that they terminate the pregnancy.

Nandi: I agree with Ntando, she must have an abortion. It is difficult to raise a child, and it's worse now as both of them are not working. On the other hand, I can also advise them to consider other options including applying for a child's grant.

Tabo: I can advise them to keep the child. She can look for piece jobs, or sell fruit, but not abortion. She can even borrow money from a friend, and buy fruit and sweets and sell these in the neighbourhood.

Question 4

What kind of things would influence the advice you give?

Ntombo: I support abortion because supporting a child is difficult, food is expensive. Even if I can sometimes give her food as a relative, I cannot do this for a long time and the child will suffer.

Harriet: They are married and therefore, not supposed to have an abortion. She must apply for a grant and sell fruit and keep the child.

Zodwa: They are old, not working and have four children.

Tabo: They are married and old. They are not supposed to have an abortion.

Ntando: She must have an abortion because both of them are not working. It is going to be hard for them to raise this child.

Vuyokazi and her husband decide together that she should have an abortion. He goes with her to the clinic on the day of the procedure.

Question 5

What would they experience?

Zodwa: Nurses don't have age, and they harass everybody that goes to the hospital. They are going to be scolded especially now that they are married and old. They will ask her why is she pregnant at this age. They will not understand their situation. They don't know how to talk to people. Even if she decides to continue with abortion, they are going to suffer, as they will be asked where did they see this before. Are they not afraid of God? [You see] [Background noise] they will tell them anything because they are not willing to help them.

Tabo: They are going to feel uncomfortable, because when they go to the hospital they will look for neighbours first, and wonder what will people say if they were seen.

Ntando: They will be relieved because they are now going to have an abortion; this is what they want to do given the circumstances. At the hospital they will feel guilty because they know that they are married, and are not supposed to have an abortion. People will also not understand why had an abortion.

Nandi: They will be confused because they are Christians, and now are deciding to do TOP.
[Voice inaudible].

Ntombo: I think that they are going to be treated badly, because nurses are going to ask them why are they doing abortion when they are married. They will also ask them why she got pregnant, and why she not uses contraceptives. After this, they will be afraid to go on with the termination of pregnancy.

Harriet: They will be terrified as they enter the hospital, because they are not sure if this is going to be successful or not.

Harriett: They will be uncomfortable when they arrive at the hospital, as they think about the nurses. But, maybe, when they tell the nurses what happened they would understand.
[Background noise].

Question 6

What do you think their feelings would be about having an abortion?

Zodwa: They will feel bad because they have been keeping other children. They will be unhappy because even if this is the right decision, they have never done this before and they don't know the consequences. So it's not going to be good, but as time goes on they will be relieved, as they will see that this was the only decision given the circumstances. What I like about this, is that they are together and they will give each other the support they need.

Nandi: They will feel guilty, because they will think that other children survived and nobody has ever died because her/his parents are not working. Other children survived, so this child was also going to survive, until she is old enough to eat whatever others eat. We were wrong we could have breastfed the baby until she is old enough to eat food.

Tabo: They will be hurt at first but will be fine as time goes on, because they have other children. When they are discussing this in future they will always experience some pain.

Ntando: They have done abortion knowing that it is wrong, they will be guilty, but because they took the decision together they will support each other. When they see how difficult it is to support other children, they will agree that this was a right choice.

Ntombo: They will feel guilty, and if they were always happy now things are going to be different. At times when are quiet and things are not going on well, they will think about this. Maybe, when they are with other people they will feel uncomfortable as if everybody knows what they have done. What can make them sadder is the fact that, maybe, this was the only child who was going to be responsible.

Harriet: I think they will be sad if the decision was from one partner, especially the wife. When they have a conflict, the husband will swear at his wife saying that, "You don't have shame, you are a killer".

General questions

Question 1

What knowledge do you have about abortion? [Give some information if participant's response is inaccurate]

Zodwa: What I know is that abortion is legal now, and can be done from the age of 12 years and can also be done in cases of rape.

Ntombo: I know that a 12-year-old girl can have an abortion without the consent of parents.

Ntando: A 12-year-old girl can have an abortion without consent from the parents. A married person can also do an abortion without the consent from the spouse.

Tabo: You can do abortion when you are two months or 8 weeks pregnant. I also know that a 12 year old can have an abortion.

Nandi: One can have an abortion when she is two months or 8 weeks pregnant from the age of 12 years.

Harriet: [Distracted] I do not pay attention to the news because I am against abortion but I heard that it can be done when one is 1 month pregnant and not above.

Question 2

Should more information be made available to the public? If yes, what kind of information?

Nandi: I think that the public needs to know more about abortion maybe, awareness about abortion, as we do not feel that the public has enough information:

Zodwa: I support Nandi. People need more information about abortion and HIV. Even if people have their religious beliefs they need information why abortion is important and under what circumstances. People lack this knowledge.

Because once you say the word abortion, the community frowns at you and call you names and you have already committed a sin because you are not allowed to say the word.

Tabo: I think they need information about prevention and contraceptives. They also need more information about services available for TOP. Parents need more information about abortion.

Harriet: The public also needs to know about other options apart from abortion. Also, parents need education on sexuality so that they can educate their children.

The public also needs more information on abortion and how to use the abortion tablets. At times the private doctors just give the women pills and without explaining how these work. People need education on this. Sometimes even nurses give people abortion pills but do not give them enough information about their use.

Ntando: Parents needs to be informed about sexuality so that they can talk with their children freely. Children are afraid to tell their parents about their pregnancies and would choose to have an abortion secretly.

Ntombo: I agree with this, we do not speak with our children about sexuality and when they have problems they are afraid to tell us because we do not talk about sexuality.

Question 3

Do you think women think differently about abortion now that it is legal?

Tabo: [Distracted][Yhoo] I think they are worried because children are telling them that the law gives them permission to get pregnant and do an abortion.

Zodwa: They see the law or government that does not care for the future of the young generation. Parents are sad as they think that they do not know their children anymore. A parent will think that her child is still a virgin not knowing that she has done many abortions.

Nandi: Some women are not happy because children got pregnant as young as 12 years old, without even having her first period.

Harriet: It's painful because the parent will hear about this later when the child is already sick because something will go wrong and the child can end up dying because of complications.

Ntando: Yes, even if it was done when it was illegal people often hide it. Women feel that government has come to destroy our values and culture. Although it was happening it was not done in public. Now we are moving away from white weddings as boys are going to find it hard to trust these children.

Ntombo: I support Ntando, these children has got a lot of rights but not responsibility. Women in general do not like the law.

Harriet: I think that the government is going to destroy our nation and our culture. Now it's no longer done secretly. This is promoting promiscuity.

Question 4

Have things changed in the community since abortion has been legal? If yes, please explain.

Zodwa: I don't think there is no change but, because we lack knowledge, back street abortions are still happening. They are afraid to go to the hospital. The community was not informed and it still continued. In people's minds it is still happening.

Nandi: There is a change, although it is still happening now it is rare, previously, every third day an abandoned child was found.

Tabo: What I see is the increase in teenage pregnancy of which this was not common before.

Ntando: Teenage pregnancy is on the increase. It's common practice currently to find a 12 year old pregnant. Government has failed the parents. We find it hard to discipline our children because they have more rights than responsibilities.

Harriet: There is no positive change, except that children are more promiscuous now.

Ntombo: No there is no change, they become pregnant as early as 12 years. You cannot say anything to these children because they have rights. If you discipline your child, she tells you that you are abusing her.

Question5

Do people speak about abortion in the community? What do they say?

Zodwa: They see abortion as unwanted, shameless act and a disgrace.

Tabo: People old and young ones do not agree with abortion as this lead to promiscuity. Some children say they have rights. It's also against our culture.

Nandi: Adults think it is wrong, the younger generation like it. It is going to destroy our culture. The government has given our children permission to kill.

Ntando: The way teenagers behave is disgusting. They do not know how to behave. Previously, teenage pregnancy was low as teenagers respected their parents. Currently, they just don't care; they do not know how to behave because they have rights. Teenagers were inspected before to see if they maintained their virginity. The government is against this as it is called child abuse. You tell your child that abortion is killing and the government says something else.

Harriet: (1) It is an unwanted act. It is against our culture. The community does not accept it. I don't think the community will ever accept this; it's against our culture.

Ntombo: Our culture says our kids must be inspected. Abortion is not among black people's value system. It is for white people. It came with white people and it is for whites only and not for

us. By allowing abortion the government is going to destroy our values. We have lost our traditions and customs and this is leading to a disaster.

Question 6

Is abortion spoken differently with regards to adults and teenagers?

Tabo: Teenagers differ in their views in the same way as adults. While other teenagers agree with the Act, others think that government is messing up with their future. They say it is wrong. Adults' views also differ; some accept this under certain conditions, the majority is against it.

Ntando: It depends on the child's behaviour. Teenagers who are promiscuous accept the law because it is giving them permission to do as they choose. Others say this is a disgrace. Views of the adults also differ but the majority of people are against abortion. Africans are religious and they say abortion is killing.

Zodwa: Some don't support the Act, especially adults. It is worse if you are married. People always talk about you, often accusing you of having committed adultery. They say that if this is your husband's child you were not going to kill it under any circumstances. They don't think about the circumstances that forced you to do abortion. Teenagers' views also differ in the same as those of the adults. Some say they don't want it and yet they perform it.

Ntombo: While adults do not support abortion, the teenagers are comfortable with the law.

Harriet: People of all ages do not like abortion.

Group 3

Vignette 1

Veliswa is a 17-year-old woman who is about to start Matric (final year of school). She lives with her parents and two sisters who are younger than her. She realizes that she has missed her last period and thinks that she may be pregnant. She decides to go to the nearest clinic to find out. The sister confirmed that she is pregnant. She goes home very upset and thinks about what she should do.

Question 1

Imagine you were Veliswa's friend, what would you tell her to do?

Mapule: She must tell her mother first.

Nombeko: Parents also differ in their views about pregnancy and abortion; maybe, they will not want to listen to the child especially if her mother is strong-headed. I think it will be better if the girl ask someone she trusts to tell her mother.

Notemba: I will ask her if she has told her boyfriend as he must also tell his parents.

Veronica: It is better if she tells her parents first before talking to her boyfriend. Maybe, her boyfriend did this on purpose, or it was a mistake. Before she tells him, she must tell her parents even if her mother is strong headed. She can even talk to her mother's friends and ask them to tell her mother.

Tandeka: I see this as the girl and her boyfriend's responsibility. Both of them must make a decision. Maybe, they will decide to keep the child in which case both of them must inform their parents. This will mean that the girl is not alone in making the decision because this is not her baby alone.

Veliswa heard from the radio that women could now have legal termination of pregnancy. She asks the sister about it who informs her that she may go to the hospital for termination of pregnancy. She decides to tell her friend first and ask for her advice.

Question 2

Imagine you were Veliswa's friend, what would you tell her to do?

Tandeka: I will not tell her anything about the abortion. Yes, the government has legalized abortion. Both of them must make a decision. Most of the time there are complications, and what will I say to her when this happens how will I feel about this knowing that this is a sin. Even if she was 1 month or 2 or seven months pregnant, this is still a child. There are a lot of children raising children.

Veronica: I will not advise her about abortion because this is a disgrace. Something will happen []; and she may die in the process, how will I feel when her parents approach me and tell me that she is dead because she was aborting.

Mapule: I also agree with this, I will not advise her about abortion. I will let her raise the child.

Notemba: I will not advise her about abortion. As a friend I will advise her about abortion, she can make her own decision.

Nombeko: I will ask her if she has told her boyfriend or her mother about her pregnancy. Maybe, she can say my parents know about this. My parents told me that I must leave school and raise my child. It's then that I can tell her about what I know about abortion. I will ask her to go back to her parents and tell them about this option, rather than leaving school because this will affect her future.

Question 3

What kinds of things would influence the advice you would give?

Nombeko: I said I would not advise her about abortion because she has engaged in an unprotected sex without using a condom. Secondly, if I am clear they say there is prevention. She knew that if she sleeps with a boy she would get pregnant. Now I do not feel that this is a good suggestion to tell her to have an abortion. She was supposed to use a condom. (1) It is about responsibility. Another thing we are talking about a child, and now she is going to kill a child.

Notemba: I am thinking about her future, maybe, her boyfriend is continuing with education and she is the only one who has left school. That is why I will advise her about abortion, we are looking at her future now.

Veronica: I will not advise her about abortion; every day we hear that they must use condoms, now she was irresponsible. She did not think about her future when she decided to engage in a sexual intercourse without using condoms. She must give birth to this child and bear the consequences. I don't care about her future because she did not think about it before. If it has to stop it must stop. It must stop.

Tandeka: [This look like a debate now], [group laugh]. I hear what you say Veronica. It is also stated that condoms are not 100% foolproof. We do not know what happened here, maybe, they were using the condom and it break. We must think about a lot of things here.

Notemba: I also say she must give birth to this child, she was suppose to think about the consequences of this before sleeping with the boy. She was supposed to think about her future, now it's too late. They are not responsible. Her future must stop, she will decide about it when the child is old enough to be left alone, maybe, after a year.

Nombeko: I will not advise her about abortion because, maybe, she loves this child and now she is involved in a dilemma because she is still a scholar of which she did not think about before. The government says no child should be refused education because she is pregnant. Secondly, we see children going to school while they are pregnant, therefore, she must give birth and go back to school. Maybe, if she decides to have an abortion, she will not be counselled prior to termination, and she will feel guilty for the rest of her life. People are supposed to be educated about the consequences of abortion before hand, so that they are aware of these things and base their decisions on the information given. Even if people do not know what happened, this will remain in her mind and she will think that people are aware of this because she has killed somebody.

Mapule: [Voice loud] Tandeka said condom does not offer full protection, if they are not safe why do you sleep with the boy. During our time when the young girl was initiated into womanhood it was the duty of your mother to sit down with you and talk to you about sexuality

and how you sleep with the man. We do this; if the child tells you but these children are wicked they do not tell you even when they start their periods.

She decided to go to the nearest hospital for an abortion

Question 4

What would she experience?

Tandeka: The hospital will be full of people and she will be afraid of other people (.) what if there is someone she knows, what will people think about me.

Mapule: She will be terrified; it's hard to tell the nurses about abortion as she is young, she will be thinking that maybe, they will treat me indifferently.

Nombeko: She will be anxious and ashamed. She will be so ashamed of what she wants to do that it will be difficult even to ask the nurses, because she knows that this is socially unacceptable. It's killing and a sin. She will be unsure of how she is going to address this to the nurses.

Notemba: She is going to be terrified. It's going to be hard even to tell the nurses what she has come to do.

Veronica: She knows that this is not culturally accepted. Abortion is killing; she may be killing a teacher, a police, or a magistrate. Yes I agree with the fact that this is legally but we are conscientious as humans. She will be guilty, once you abort you have killed someone you are no different to a witch. She knows that this is a sin.

When you go to hospital for whatever reason you will sit in a queue before being seen. She will be afraid even to speak to the nurses when her turn comes.

Nombeko: At hospital they know that it is accepted and legally. When she enters the hospital gates she will have hopes that finally I am going to be assisted. Then she will sit in a queue but she will be comforted by the fact that she will be alone when she tells the nurse about her problem. Everything after that will depend upon the nurse. Most of the time nurses give health education when you are sick even if you are not pregnant. Maybe, she will be told about different options apart from abortion. You can give birth to the child and give it for adoption.

Notemba: She will feel happy because she has made her decision. Nurses are also parents they will give advises and offer her other options which will make her doubt her decision and think that she has come to the wrong place. She can decide to leave the hospital without doing an abortion, but because she is under pressure, she can go back to the hospital on the following day. It's a sin that is why it is difficult to make decisions. She will be ashamed of herself because she knows that this is morally wrong.

Question 5

What do you think her feelings would be about having an abortion?

Veronica: Because she has made her decision she will feel (.) happy because now her future will be bright.

Mapule: I also think that she will be happy because (2) what was going to make her life miserable is removed.

Nombeko: She will be happy because this was the only decision given the circumstances. Even if nurses have advised her about different options because of the fact that she is still at school, this is the only decision possible for her.

Notemba: At the hospital nurses are rude maybe she will not feel comfortable and end up going to the private hospital. One will notice that while it is difficult to know about public places that perform abortion, private hospitals always advertise their services. They have pamphlets and posters everywhere and they are not rude.

Veronica: She will be relieved at first but in the long run she will always feel guilty because she has killed a child.

It is not clear how it happened but the fact that Veliswa had an abortion became known in the community.

Question 6

What do you think people's response would be?

Veronica: In the first place this is a disgrace. As parents we will lose our respect and dignity. The community will look at us with shame.

Nombeko: She will never be happy again, at school even in the community because she has killed somebody. Some parents will tell their children to stop seeing her because now she will be seen as a bad influence.

Nombeko: The community will see this as bad. I agree that this is legal but it is not acceptable culturally because it's killing.

Tandeka: It will be bad in the community, but because she was thinking about her future she will not mind what the community says about her.

Mapule: She is not going to be accepted by the community because she is a killer now. She has aborted the child. This is coming from the bible. Africans are religious.

Question 7

What do you think her parent's response would be?

Nombeko: Parents will be startled especially if they were not aware that she was pregnant. Parents always support their children, if she told them about her pregnancy; they were going to support her. When they discuss this, and she tells her mother about her education, her mother was going to suggest that she could take care of the child until she finishes her studies. Now it is too late.

Mapule: The parents will tell her that this was wrong, she was not supposed to have an abortion, and furthermore, they could have taken care of her child. She will feel bad after this.

Notemba: Her parents will never be happy again, even in church when it is time for preaching, every time the priest says something about killing, they will think about their child. It is going to be difficult for them to face the congregation knowing that their child has killed her child. They will be ashamed for the rest of their life.

Veronica: I agree with Notemba maybe the girl's mother is the leader of the mother's union, other people are going to hear about this, and she will lose respect. Maybe, she was leading the youth choir, and was teaching them about values and culture. Now her child has done an abortion, she will lose her respect and dignity, because nobody will trust her again.

Tandeka: It will depend on how the parents are like. They will hear that their child has done abortion, but this is their child and when the child explains the reason why she did this, they will understand and accept her decision.

Question 8

What do you think the man responsible for the pregnancy's response would be?

Nombeko: Her boyfriend will terminate the relationship because he cannot stay with a killer. It means that every time she is pregnant she is going to kill the child.

Veronica: I agree with this we have seen this happening repeatedly. Every time someone does an abortion the relationship ends.

Tandeka: If she has informed her boyfriend beforehand, they will both be involved in decision-making. Maybe, her boyfriend will support her decision to have an abortion. Both of them can continue with their education.

Notemba: If the girl told him before hand, they might accompany each other to the hospital because what they have done is a disgrace. They will continue their education; maybe, they will forgive themselves one day.

Vignette 2

Vuyokazi is a 39-year-old woman who has been married for 17 year. She lives with her husband, their four children, and her husband's mother. Her husband has recently lost his job. She discovers that she is pregnant even though she has been using contraceptives.

Question 1

Imagine you were Vuyokazi's relative, what would you advise her?

Nombeko: This mother will be feeling bad and continuously asking herself, "How could I get pregnant while I was using contraceptives?" I will tell her that the Lord is the planner of our life, and that He knew beforehand what is going to happen. You can do everything to prevent the pregnancy, but if God wants to give you a child you must accept that. You cannot act against God's will; accept the child because God can never give you something you cannot manage.

Veronica: I agree with this. This person is married even if the husband is not working they have the granny's grant.

Mapule: I also agree because this is different in that she is married.

Notemba: I will advise her to keep the baby because she is married.

=Tandeka: This is difficult because she is married. I will ask her what she wants to do. [Yhoo]
(1) The husband is not working, she is also not working, she has four other children []; No she must not abort because this is a disgrace even with her in laws.

(.) This is a problem. They will say "so and so's" wife decided to have an abortion because her husband is not working, and this is a disgrace to the family. If you are married, our culture does not allow you to abort your husband's child. People will say you have committed adultery, which is why you do not want to keep this child.

Nombeko: I remember another thing now; there is a story of a woman who had a lot of children. She got pregnant, when she went to the hospital the nurses asked her what was she going to do with the baby. She was not working, her husband was also unemployed and they were very poor. She was getting food parcels from the hospital because her children were malnourished, and some have been admitted repeatedly to the hospital because of kwashiorkor. In cases like this, nurses will advise the person about abortion and after this she can do sterilization. But that does not mean that I will advise her about abortion.

Notemba: I am thinking about the future of this child now because it is said that contraception's are harmful to the child. Again I am looking at her age, she is not working and her husband is also not working, the other children are also going to suffer because of this, I will advise her to do an abortion.

Veronica: First she has four children; she can get the child's grant. Mandela has legalized the child's grant, so rather than having an abortion, they must apply for a child's grant. She can get one thousand rands.

Tandeka: [yhoo]. This is not enough to support the family. She must have an abortion.

Veronica: This is better than nothing. She must raise the child. At home we are eleven, yet my parents raised us, and now we are old to raise our own children. She did not to kill us.

Mapule: Our parents raised us out of nothing. Those days it was common to find a family with 10 to 15 children, but our parents manage to raise us, yet they were poor.

Nombeko: [Voice loud] I want to ask if this is not their child. I agree with the fact that it is not planned but still it has a right to live. It is conceived in marriage. How can you say they are not going to love her? We are talking about a baby here. Whether it is a clot or not it is still a baby.

Vuyokazi and her husband talk to their friends about abortion, without telling them that they are considering having one. One friend states that abortion is a sin and should not be considered under any circumstances. Another friend feels that having an unwanted child is a worse sin than abortion. Nolundi says that if you do an abortion early you are only removing a clot, something that is not formed. Another one says if you really want to do abortion, you must go to the hospital because otherwise it is very dangerous.

Question 2

What do you think of these various opinions?

Notemba: They can accompany each other to the hospital and found out more about this before making any decisions. I support the fact that it is still a clot but a clot they are not supposed to kill.

Tandeka: I agree with the opinion that abortion is a sin under any circumstances.

Mapule: No I also agree with the fact that abortion is a sin. I will not consider it under any circumstances.

Nombeko: Abortion is a sin under any circumstances. But I also support the fact that it is still a clot especially in the first two months. It's a clot; you are just cleaning the uterus.

Veronica: Even if it's a clot maybe this is tomorrow's teacher or a nurse. God has a purpose He know why He has decided to give you a child knowing very well that both of you are not working. To say that nothing is frustrating than giving birth to a child you does not want is disgusting. Hey deliver your baby we are enlightened these days. Deliver you baby, wrap her in some cloth and take her to the social workers for adoption.

Question 3

If you were their friend, what would you tell them?

Veronica: She must continue with the pregnancy and deliver the child. She can even ask the relatives to raise the child. If they do not support her, she can give the child for adoption. She must give birth, and she will grow like others. [Background noise]

Mapule: She must keep the baby and raise her like other.

Tandeka: I still say that this is a clot they can have an abortion.

Nombeko: [Amm]. I think I will advise her that she must do an abortion.

Notemba: She must deliver the child and raise her like others.

Question 4

What kinds of things would influence the advice you would give?

Veronica: We are looking at saving this teacher or this doctor. We do not know anything about this child's future; maybe, she was going to be more responsible than the others.

Mapule: We are looking at the fact that she raised the others and they survived. Yes, her husband has lost the job but this does not mean anything, he is still the father to his children, they must think about other options. Losing a job is not the end of life.

Notemba: We are Christians. As Christians we are taught to have faith. So, we have faith in the fact that this child is going to grow, and most churches nowadays help its members through difficult times. We are looking at saving the child. She must also join different associations.

Tandeka: This husband is not working now, the pregnancy was unplanned, and the mother was using contraception. This is the reason why they should consider an abortion.

Nombeko: I am looking at the fact that she is going to deliver a child she does not even like. At the end it is possible that this can lead to child abuse and the child will suffer. Especially the child will hear one day that she was unplanned and her parents did not want to keep her.

Vuyokazi and her husband decide together that she should have an abortion. He goes with her to the clinic on the day of the procedure.

Question 5

What would they experience?

Nombeko: They are going to feel bad because nurses are going to ask them the same question as to why they want to kill the child and they will feel uncomfortable. Furthermore, they are not going to be welcomed because they are married.

Veronica: They have made their decision to go to the hospital together. They will feel good because they will be supporting each other.

Mapule: They will receive treated fairly; they are together and are married.

Notemba: They will see that they are not alone; there are others who are in similar situation like themselves. They will tell nurses their problem and will be accepted.

Tandeka: They will be accepted because they are together in this.

Question 6

What do you think their feelings would be about having an abortion?

Veronica: Because they have made their decision I think they will feel good. Another thing they are both old and they will give each other the necessary support.

Nombeko: Because this is their decision they will be relieved. They are going to support each other.

Mapule: They will support each other; they are aware of the reasons why they wanted to have an abortion. At times they will feel guilty about this but when they talk about it, they will give each other the support they need.

Tandeka: Maybe for some days they will blame themselves but they will support each other.

Notemba: They will always be guilty but because they had enough children and have support of each other. Children are not the same; God has a purpose for everything. Let's say within the four the first one is a thug, the next one is mentally ill, another one is abusing her parents, when these things happen they will think about the one they aborted. Maybe that one was going to be responsible and could have looked after them properly.

General questions

Question 1

What knowledge do you have about abortion? [Give some information if participant's response is inaccurate]

Mapule: It is done in cases of rape.

Nombeko: It can be done from the age of 12 years and no consent is needed. It is done up to four months.

Tandeka: (3) It is legal.

Notemba: I heard that a child from the age of 12 years could have an abortion without parental consent. One can also have an abortion in case of rape without any consent.

Veronica: I know it's legal.

Question 2

Should more information be made available to the public? If yes, what kind of information?

Nombeko: Yes, the community needs more information about services available in the community in relation to rape and community awareness on abortion is necessary.

Notemba: The communities need to be informed about abortion. The community needs to educate on rape, abuse, child rearing practices and teenage pregnancy.

Veronica: I think the public needs to be educated about the abortion law, including given more information about the reasons for the law and situations where abortion is allowed.

Tandeka: I think the community needs to be empowered especially on abstaining, teenage pregnancy, family planning and safe sex.

Mapule: The communities need to be informed about abortion. I say abortion under any circumstances it's a sin because the bible says so I see this as a sin. But when I think about street kids, children in foster care, children who beg and become exploited, children being used in prostitution I think differently. I think that a person who decides to have abortion did not have other options, but I still believe that abortion is wrong. That's why I say its' better if the community can attend workshops about different things.

Veronica: I think the public needs to be educated about this law why this law and situations where it is permitted. Parents are crying out there. They need more information about abortion and other options apart from abortion.

Mapule: The community need information old people are stubborn but it will make a difference if they have all the information regarding this law. Especially since the crime is too high people get raped every day. Family planning must also include in the programme.

Question 3

Do you think women think differently about abortion now that it is legal?

Notemba: Women still think that abortion is wrong.

Veronica: I agree with the first speaker we still think that this is a disgrace and has come to destroy our values. We still think this is a sin.

Mapule: It is not accepted because the bible is not changing. The bible states that, "thou shall not kill".

Tandeka: I think they still see this as wrong even it is done because it is a sin.

Nombeko: I think some support the Act, but the majority still think that this as wrong.

Question 4

Have things changed in the community since abortion has been legal? If yes, please explain.

Veronica: Yes, it was easy before to find abandoned children in rubbish bins or on the streets, or in the toilets. I think that there is a change because now this is not as common as before.

Tandeka: There is a slight change; it's an uncommon practice now to hear that an abandoned child was found.

Nombeko: There is a change though; it is rare to hear that someone died because she was having an abortion.

Notemba: It is rare now to find that someone was admitted because of complications associated with back street abortion.

Mapule: Yes there is a change. It's very rare to find abandoned babies.

Question 5

Do people speak about abortion in the community? What do they say?

Veronica: People are against this especially males and women. They say this is a sin, and they do not agree with government, they say it leads to promiscuity.

Tandeka: The community is divided, others agree with the law s especially in cases of rape. Others do not agree with the law, they say this is wrong because according to the bible abortion is a sin. We had posters in our community, which says pain free abortion. Within a week all those posters were removed and torn apart. This means that the majority does not agree with the government's law. I want to say that the community does not accept it.

Mapule: The community does not accept it because people feel that they were not consulted beforehand. Maybe if the government consulted people first there would be a difference.

Notemba: I agree with this the government was supposed to consult with parents first. We are talking about our children here.

Question 6

Is abortion spoken about differently with regards to adults and teenagers?

Nombeko: Teenagers do not like abortion because they think that pregnancy mess with their future. Adults in general do not support this because it leads to promiscuity.

Notemba: People's views vary even among the youth.

Tandeka: People's views vary in that while some support it, the majority is against the law. They are talking about the future whose future are we talking about here? Teenagers abort and have complications afterwards and die.

Mapule: Teenagers support the law, as they are always busy and say children are delaying them. There are also parents who support this, who advise their children to have it in cases of unplanned pregnancies.

Veronica: The community feels that abortion lead to promiscuity and therefore, does not support the law.

Mapule: They think that it leads to promiscuity.

Group 4

Veliswa is a 17-year-old woman who is about to start Matric (final year of school). She lives with her parents and two sisters who are younger than her. She realizes that she has missed her last period and thinks that she may be pregnant. She decides to go to the nearest clinic to find out. The sister confirmed that she is pregnant. She goes home very upset and thinks about what she should do.

Question 1

Imagine you were Veliswa's friend, what would you tell her to do?

Nondyebo: It depends on what type of the family she comes from. If she comes from a rich family I will advise her that she must keep the pregnancy because maybe, this is her first and her last baby.

Bongiwe: I will ask her to tell her parents first. If they support her, she could then attend antenatal clinic.

Afikile: I don't think her parents will accept this. I will advise her to tell her boyfriend first. And then I will ask her if she is ready to have a child. My decision will be based on this and her boyfriend.

Pearl: I will advise her to tell her parents about the pregnancy and let them decide for her.

Nomteto: I will advise her to go to her parents and pretend as if she is not pregnant and find out what they think pregnancy in general. If they support abortion then she can tell them. She must ask how they will feel if she becomes pregnant. Everybody does get pregnant.

Veliswa heard from the radio that women could now have legal termination of pregnancy. She asks the sister about it who informs her that she may go to the hospital for termination of pregnancy. She decides to tell her friend first and ask for her advice.

Question 2

Imagine you were Veliswa's friend, what would you tell her to do?

Nomteto: She must keep the baby.

Afikile: If she wants to have an abortion she can do this, but she must speak to her boyfriend first, if they agree she can have an abortion. Another thing she must decide if she is going to have time to pay attention to this child, and give her/him the love she deserves.

Bongiwe: I will advise her to do an abortion.

Nondyebo: If she comes from a well to do family, I would advise her against abortion. But if she comes from a poor family she can do an abortion.

Pearl: She must tell her parents and not hide the pregnancy but to continue with the pregnancy deliver the child, ask her parents to look after the child and go back to school.

Question 3

What kinds of things would influence the advice you would give?

Afikile: I said she must abort because a child needs financial support if she cannot afford, she must do an abortion. Another thing it depends on whether she is going to give this child all the attention she needs. If not, she must have an abortion. Abortion is better than giving birth to a child who is going to be killed later. Some of them suffocate their children after delivery.

Bongiwe: I said she must have an abortion, if they are poor providing for this child will be difficult.

Nondyebo: I said she must abort because maybe she cannot afford to provide for this child, maybe, the family is poor. She will be so stressed out that she will not give this child the love she deserves.

Nomteto: She must not do an abortion because, her parents were poor even when they give birth to her, but they did not abort her. They managed to raise her.

Pearl: She must not have an abortion. She will decide to do an abortion and at the end she can also die in the process because of complications.

She decided to go to the nearest hospital for an abortion

Question 4

What would she experience?

Nondyebo: When I hear they say you must get permission from the parents. I don't think they will terminate pregnancy without her parents' permission. Secondly, she must tell her boyfriend first and the decision must depend on both parties. When she sees others in the queue she will be confused especially when she sees that they have children.

Afikile: She will see that there will be people who have their children and she will be confused. I don't agree with Nondyebo, because according to the law you do not need parents' permission

to do an abortion. She will be confused because sometimes the nurses scold people. Sometimes they do not ask you directly but their attitudes will make her feel guilty.

Nomteto: I think she be afraid because of what she wants to do. She does not know how she is going to be treated by the nurses.

Bongiwe: She will be afraid because she can also meet friends from school and will feel guilty and ashamed of herself.

Question 5

What do you think her feelings would be about having an abortion?

Pearl: She will see someone who has done abortion that may be feeling guilty, and this will confuse her further and make her undecided.

Nondyebo: She will blame herself and think that if I have kept this baby thing would be different. Especially when she see her friends carrying their babies.

Afikile: She may blame herself at first but this will pass. When she is succeeding in future she will see that she made a right decision. But if she does not get children in future she will blame herself and would be miserable the whole life maybe ending up by committing suicide.

Nomteto: She will feel sorry for herself because her friends will ask her about this even if she did not tell her parents. She will blame herself.

Bongiwe: Her friends will talk about her behind her back, and she will feel ashamed of herself for having done an abortion. Furthermore, her friends will spread the news about what she has done, and she will be isolated.

Pearl: She will feel bad because her parents will hear about this, and they will always scold her about this. Whenever she has done something her parents will always come back to this. At the end, she might be depressed and leave school and abuse substance.

It is not quite clear how it happened but the fact that Veliswa had an abortion became known in the community.

Question 6

What do you think people's response would be?

Pearl: People will see her as a killer.

Afikile: It will depend because other people accept abortion. Although others do not accept this they will understand when they are told about reasons for this. Others will tell her that she is a killer.

Nondyebo: There are people who do not support abortion especially adults, as they say this affect their dignity. When she hears people talking she will feel guilty. And will be depressed and will become sick mentally.

Bongiwe: She will be treated badly and this will also affect the family because the community will blame all the family members even if she has not told her parents.

Question 7

What do you think her parent's response would be?

Bongiwe: Her parents will feel bad because she did not inform before hand and see how they feel about this.

Afikile: Her parents will feel bad depending about what type of the family. If the family is supportive they will still support her although they will be furious at first.

Nondyebo: Her family will feel bad if they do not understand. The child will feel bad also after this.

Nomteto: Her family will feel bad especially because they will hear about this from other people.

Pearl: They will feel bad but when she tell them the reasons for this it is possible that they will understand. Maybe, they will blame her but they will forgive her and talk with her not to repeat this.

Question 8

What do you think the man responsible for the pregnancy's response would be?

Bongiwe: He will feel bad because his friends will defy him telling him that he does not have a child because her girlfriend killed his child.

Afikile: It will depend on her boyfriend's age, if he is also still young he will agree, but if he is old and working he will be furious. If his family is rich he will blame her and ask her why she did not tell him before she performed an abortion.

Nondyebo: This will depend on how the boyfriend. Others are playboys and if he is like this he will be relieved. If he wanted a child he will blame her.

Nomteto: If the boyfriend loved the girl he will feel bad.

Pearl: He will not feel sorry they are playboys. It will look like nothing has happened. They do not like commitment.

Vignette 2

Vuyokazi is a 39-year-old woman who has been married for 17 years. She lives with her husband, their four children, and her husband's mother. Her husband has recently lost his job. She discovers that she is pregnant even though she has been using contraceptives.

Question 1

Imagine you were Vuyokazi's relative, what would you advise her?

Afikile: I will advise her to go to the hospital for a check up to find out if the child does not have abnormalities. Her decision will be based on this.

Nondyebo: She must tell her husband first and both of them must be involved in the decision-making. They have to think about how are they going to support this child if they allow the pregnancy to progress.

Bongiwe: She must tell her husband, although he might not understand.

Pearl: She must do an abortion whether her husband agrees or not.

Nomteto: She must tell her husband first, both of them must be involved in the decision-making.

Vuyokazi and her husband talk to their friends about abortion, without telling them that they are considering having one. One friend states that abortion is a sin and should not be considered under any circumstances. Another friend feels that having an unwanted child is a worse sin than abortion. Nolundi says that if you do an abortion early you are only removing a clot, something that is not formed. Another one says if you really want to do abortion, you must go to the hospital because otherwise it is very dangerous.

Question 2

What do you think of these various opinions?

Afikile: I agree with the fact that it is a sin to keep a baby you do not like. She can do an abortion now while it is still a clot provided that the church agrees.

Nondyebo: I think it is a sin to keep a child you do not want, because the child will grow up knowing that he is not wanted, and he or she might end up committing suicide when he is old.

Nomteto: I agree with the fact that abortion is a sin

Bongiwe: I agree that abortion is a sin under any circumstances but it is better than raising an unwanted child.

Pearl: It is still a clot, if you abort it now it is not a baby.

Question 3

If you were their friend, what would you tell them?

Bongiwe: I will tell them to go to the hospital and get more information about different options.

They are old and married and they are not supposed to do an abortion. It is a disgrace.

Pearl: I will tell her to do an abortion because it is still a clot.

Nomteto: She must go to the hospital and get more information about different options. If they decide to have an abortion after this, she can do this.

Nondyebo: It will depend upon them. They are married, both of them are involved in the decision-making and they will support each other.

Afikile: I will tell them to decide whether they want to keep the child, or not, given the circumstances. If they think they will not manage I can advice them to have an abortion.

Question 4

What kinds of things would influence the advice you would give?

Afikile: Her husband is not working, she is old, and it is possible that she could deliver an abnormal child.

Nondyebo: The child might have abnormalities as her/his mother was preventing (Using contraceptives). When one is preventing it is possible to deliver an abnormal baby. Her husband is also not working.

Pearl: Her husband is not working and both of them are old.

Bongiwe: She must keep the baby because she is old to even think abortion. She is married, furthermore, this is her husband's child, and why does she want to have an abortion? It's a disgrace.

Nomteto: She must keep the baby because she is married.

Vuyokazi and her husband decide together that she should have an abortion. He goes with her to the clinic on the day of the procedure.

Question 5

What would they experience?

Bongiwe: They will be ashamed, as they are old and married, what are they going to tell the nurses?

Afikile: It will depend on reasons why they want to have an abortion because they are not doing this to please other people. It will be painful but because they know why they have decided to have abortion they will support each other.

Nondyebo: They will see other people in the queue and will not be sure whether they have made the right decision or not. Since they have each other's support this will pass.

Pearl: They know that this is the only decision they have so they will feel good. Both of them are involved and they will support each other.

Nomteto: If both of them were involved in the decision-making they will support each. [What would they experience?] Their decision will be respected by the nurses and will help them.

Question 6

What do you think their feelings would be about having an abortion?

Afikile: They will feel bad, and hurt. Whenever there is a conflict or a disagreement between them, they will always talk about this, blaming each other. When they got married, they agreed that they were going to have children. Furthermore, the whole family will be against this as they are old.

Nondyebo: They will be relieved because they were not going to be able to support this child. The husband is not working and they have four children.

Pearl: They will feel good because they have other children to look after. Furthermore they both agreed on this.

Nomteto: They will feel happy if the family is not going to be involved. But if the family knows there will be a problem, as the family will blame her.

Bongiwe: [Distracted] What will their children say about this? Other children will tell them that their parents are killers. They will insult them. When their children grew up they will experience problems with discipline especially if they have a teenage girl. If she get pregnant and want to have an abortion what will they tell her? They cannot refuse this because they have also done it.

General questions

Question 1

What knowledge do you have about abortion? [Give some information if participant's response is inaccurate]

Nondyebo: Pregnancy can be terminated from the age of 12 years.

Pearl: It can be done from the age of 12 years and in cases of incest.

Afikile: I know that abortion is the killing of the child while you are still pregnant. They say a child from 12 years has a right to request an abortion without consulting her parent. One can also have an abortion in cases of unplanned pregnancy, in cases of rape, if the child is having abnormalities and if you are poor.

Nondyebo: Anybody has a right to terminate pregnancy from the age 12 years.

Nomajola: Anybody has a right to have an abortion if she cannot afford to have a baby. She can go to a hospital or a clinic.

Bongiwe: I know that if you are less than 2 months pregnant you can do an abortion and when one is poor.

Pamela: A child from 12 years old can have an abortion and it can also be done in cases of incest.

Question 2

Should more information be made available to the public? If yes, what kind of information?

Nondyebo: Yes, I think the community needs to be made aware of the reasons for termination of pregnancy and different options and sites that are available to them.

Nomteto: Yes, parents need to be educated on child rearing practices and they also need more information on abortion and sexuality.

Pearl: They need more education on sexuality and abortion.

Afikile: They need more information on HIV/ AIDS and teenage pregnancy and family planning.

Parents need more information on abortion because they do not understand.

Bongiwe: Yes, people need more information about family planning and about the abortion Act.

Question 3

Do you think women think differently about abortion now that it is legal?

Nondyebo: They differ in their views. Others still believe abortion is killing. Others accept it because it is legal.

Bongiwe: They say it is wrong it's against our values. It leads to promiscuity.

Afikile: People say this is a sin and against God. The bible say you must not kill. Others say if you cannot afford.

Nomteto: Others think it is not right as it leads to promiscuity. They say it is against God's Will.

Pearl: Women think differently about abortion as some support the law. [What about others?]

Others do not support the law as they say it is against our culture.

Question 4

Have things changed in the community since abortion has been legal? If yes, please explain.

Afikile: Everybody can do abortion now and not certain people. There is a change. We hear about few abandoned children.

Nondyebo: Yes, there is a difference few babies are abandoned.

Pearl: There is a change as few children are found in the streets.

Nomteto: Yes, there is a change. It is rare now we hear less about back street abortions.

Bongiwe: Yes, there is a change. It is rare to hear that someone died because she was doing back street abortion.

Question 5

Do people speak about abortion in the community? What do they say?

Afikile: The community is against abortion as they think it is going to destroy their culture.

Nondyebo: People do not like abortion as they think it is against God and therefore a sin.

Bongiwe: People differ in their perceptions. Others say this is wrong, others agree with the law.

Nomteto: The community is against abortion as they think that it is going to make the youth to sleep around without taking precautions.

Pearl: The community thinks that abortion is going to destroy our culture as they think it leads to promiscuity.

Question 6

Is abortion spoken differently with regards to adults and teenagers?

Afikile: Yes. While teenagers support the law, adults believe in God and therefore, are against the law.

Nondyebo: While teenagers support the law adults do not.

Nomteto: Teenagers support legalization of abortion, but adult's views differ as some feels that this is against their beliefs. They are old fashioned and resistance. They say abortion is killing and is against God's will.

Bongiwe: [Distracted] People's views vary; adults do not want to understand, they are resistant. They say it is killing and will quote from the bible. Teenagers' views also differ, although some support legalization, some feel abortion is a sin.

Pearl: Teenagers supports the law but adults are divided others agree and support the law under certain circumstances

APPENDIX B

APPENDIX C

APPENDIX A

Rhodes University
Department of Psychology
P O Box
Grahamstown
20 March 2008

Dear Chief or headman

Research project

I wish to discuss with you a research project that I would like to conduct in your village on behalf of the Psychology Department, Rhodes University. The purpose of the research is to understand people's opinions about termination of pregnancy. The project involves interviewing naturally forming groups in the community. Participants will be asked to respond to stories given to them by the researcher. The aim of the research would not be to find out whether they think abortion is right or wrong.

Participants in the project will be voluntary and people can withdraw from the project at any time if they feel discomfort. Participants will be compensated for their participation and giving up their time. Each session will be approximately 1 hour 30 minutes long. The interviews will be taped for the researcher use only and tapes will be stored in a safe place. The identity of the village and the participants will not be revealed in the research.

Yours faithfully

Nomakhosi Sigcau

Student Psychologist

Prof C Macleod

Supervisor

APPENDIX B

Consent form

I give consent to be a participant in a research project by the Psychology Department, Rhodes University, Grahamstown about the opinions of the people regarding the termination of pregnancy. I understand that my participation is entirely voluntary and that I may withdraw from the discussion at any time should I feel discomfort. I understand that my identity and the identity of the village will not be revealed in the research report. I understand that interview sessions will be taped but these tapes will be for the use of the research only and will be kept in a safe place.

Name: Signature
At..... Date

Witness Signature
At.....Date

APPENDIX C

Vignette 1

Veliswa is a 17-year-old woman who is about to start Matric (final year of school). She lives with her parents and two sisters who are younger than her. She realizes that she has missed her last period and thinks that she may be pregnant. She decides to go to the nearest clinic to find out. The sister confirmed that she is pregnant. She goes home very upset and thinks about what she should do.

1. Imagine you were Veliswa's friend, what would you tell her to do?

Veliswa heard from the radio that women could now have legal termination of pregnancy. She asks the sister about it who informs her that she may go to the hospital for termination of pregnancy. She decides to tell her friend first and ask for her advice.

2. Imagine you were Veliswa's friend, what would you tell her to do?
3. What kinds of things would influence the advice you would give?

She decided to go to the nearest hospital for an abortion

4. What would she experience?
5. What do you think her feelings would be about having an abortion?

It is not quite clear how it happened but the fact that Veliswa had an abortion became known to the community.

6. What do you think people's response would be?
7. What do you think her parent's response would be?
8. What do you think the man responsible for the pregnancy's response would be?

Vignette 2

Vuyokazi is a 39-year-old woman who has been married for 17 years. She lives with her husband, their four children, and her husband's mother. Her husband has recently lost his job. She discovers that she is pregnant even though she has been using contraceptives.

1. Imagine you were Vuyokazi's relative, what would you advise her?

Vuyokazi and her husband talk to their friends about abortion, without telling them that they are considering having one. One friend states that abortion is a sin and should not be considered under any circumstances. Another friend feels that having an unwanted child is a worse sin than abortion. Nolundi says that if you do an abortion early you are only removing a clot, something that is not formed. Another one says if you really want to do abortion, you must go to the hospital because otherwise it is very dangerous.

2. What do you think of these various opinions?
3. If you were their friends, what would you tell them?
4. What kind of things would influence the advice you would give?

Vuyokazi and her husband decide together that she should have an abortion. He goes with her to the clinic on the day of the procedure.

5. What would they experience?
6. What do you think their feelings would be about having an abortion?

General Questions

1. What knowledge do you have about abortion? [Give some information if participant's response is inaccurate]
2. Should more information be made available to the public? If yes, what kind of information?
3. Do you think women think differently about abortion now that it is legal?
4. Have things changed in the community since abortion has been legal? If yes, please explain.
5. Do people speak about abortion in the community? What do they say?
6. Is abortion spoken differently with regards to adults and teenagers?