

**EXPLORING BLACK RURAL BUSHBUCKRIDGE WOMEN'S CONSTRUCTIONS
AND PERCEPTIONS OF THE PRACTICE OF ABORTION.**

BY

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Submitted in accordance with the requirement for the degree of
MASTER OF ARTS IN PSYCHOLOGY: RESEARCH CONSULTATION

At the

UNIVERSITY OF SOUTH AFRICA

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February 2017

DECLARATION

I Molobela Lien, student no: 55761925 hereby declare Exploring black rural Bushbuckridge women's constructions and perceptions of the practice of abortion is my own original work and all the sources that I have used or quoted have been indicated and acknowledged by means of complete references. I further declare that I have not previously submitted this work, or part of it, for examination at Unisa for another qualification or at any other higher education institution.



15 February 2017

..... (signature) (Date)

Lien Molobela

ACKNOWLEDGEMENTS

I am mostly grateful to God and my ancestors for making all this possible!

To my supervisor Prof Puleng Segalo, thank you very much for assisting me through this journey and for your patience and invaluable advice on shaping this work that changed its shape several times before our eyes. Thank you for allowing me to be autonomous, for allowing this work to be free from intellectual conformism, most of all thank you for your efficiency.

To My mother Rolina Messe Tshehla, I could never be able to thank you enough for your support has allowed me to flourish and attain the unattainable. I am thankful of your faith that never weavers Mama I will always love and cherish you.

My siblings and Son you have been amazing throughout this journey, your support, encouragement and love has made this an actuality. Ke leboga ka matla bana ba gešu.

To You Makumana Moyana, your support through this journey has been impeccable! Thanks!

To my friends Gaogalalelwe Katide, Lesego Ramphele and Noni Khumalo, thank you for your support and intellectual input.

I would like to thank the leaders of the site of the study for allowing me to come into their community and for allowing me into their traditional court. Ke leboga go menagane

To my participants, without you this dissertation would have not been possible, thank you very much for giving me your time and sharing with me your invaluable knowledge!

I would like to express my deepest gratitude to all the scholars whose work I have used in this work of art. Kere Malebo

I would also like to thank the NRF innovation and scares skills scholarship for their financial assistance.

ABSTRACT

Abortion is a publicly contentious topic as it speaks to and draws on localized understandings of body politics, abortion beliefs, women's role in society, the sanctity of life, and the role of the state. South Africa's liberal abortion law has led to the removal of abortion restrictions at the macro-structural level. However, cultural and religious constraints at individual and community levels continue to exist as barriers to women's access to safe abortion which may put women's lives at risk. These constraints to safe abortion were explored through giving attention to the context of the participants so as to comprehend the nature of the resistance as well as to understand constructions and perceptions of abortion. This study used a combination of frameworks: the African epistemologies, Judith Butler's performativity theory and Foucault's notion of power. Data was collected through individual interviews and focus group conversations with women aged 25-40 in a rural Bushbuckridge area of South Africa and analyzed using Parker's discourse analysis approach. The results of the study revealed competing and contradicting discourses which provide multiple voices and realities. It highlighted discourses that emanate from African traditional epistemologies that view abortion as a taboo that is punishable by draught and shortage of agricultural products, illness, infertility and contamination of the body, which require ritual performances to alleviate. Furthermore, the findings showed the complexities of sexual reproductive decisions by alluding to conditions of poverty; gender based violence, gendered power relations as well as economic inequality. The findings of this study challenge us to be open-minded and mindful of other realities as scholars, policy makers and advocates of change in order to bring about meaningful and acceptable context appropriate change.

Key words: Abortion, African epistemology, Discourse analysis, Gender power relations

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CHAPTER ONE

Background, Context and Setting of the Study

Shying away from controversial topics, simply because they are controversial is also an avoidance of responsibility.

Sieber and Stanley (1988, p. 55)

1 Introduction

Even if it is legal as enshrined in the Constitution of the Republic of South Africa, abortion remains a contested subject that is confronted by a multiplicity of critical and opposing currents that include Christian, cultural, traditional and even moral and some legal arguments against it. As a result, women who wish to or are forced by circumstances to seek and find legal abortion services confront societal judgements, religious and cultural condemnation, stigmatisation and possible ostracisation. The present study employs as its theoretical and conceptual framework the concepts of power, knowledge and subjectivity that is enunciated by Foucault (1975; 1980) and the concept of gender performativity that is advanced by Butler (1993). Foucault's and Butler's concepts are employed in this study to understand how rural black women in the setting of Bushbuckridge in South Africa encounter powerful regimes of knowing and perceiving, and surmount performances of their constructed gender roles that they are expected to comply with. Methodologically, this study which deploys an explorative, observatory and interpretive approach is qualitative; more so as it enlists discourse analysis (Parker, 2002; 2004; 2005) as a critical tool of decoding the embeddedness of power and hegemony in participants perceptions, understandings and experiences of abortion. The study also explores the African worldview,

African cosmology and family structure that also manifest as powerful frameworks that govern the mind-sets of black women especially in rural areas. This introductory chapter departs from reflections on abortion and its historical background. The rationale of the study is fleshed out followed by the study questions, aims, objectives and significance. The terms that are used in the study are defined before the chapter outline.

1.1 Why abortion? A brief reflection

The question of abortion brings with it heated debates in any space, whether it is in communities, between professionals, and amongst friends and families. Although in a country like South Africa, abortion is provided within a legal framework, one still continues to notice that the framework in place is challenged in many ways. These challenges are from church structures, denial of service provision by health care workers, illegal abortion procedures and abortion stigmatization. With that said, it is worth mentioning that I grew up in a rural area and there I observed and experienced a cloud of silence over bodily changes and reproduction. The question of sexuality and reproduction was often frowned upon. As a child whenever I asked my elders where babies came from they would always say that they were bought from a supermarket or the hospital, and I believed in the illusion of buying babies. Nonetheless, I now understand why my mother and other mothers in the community disguised childbirth as a purchase; it is the shared culture of silence around reproductive and sexual issues within the community. The cultural silence on sexuality made us shy about our bodily developments and changes which made language a site of struggle, with no one to tell us that it was a necessary process and part of our development as human beings. Although the basic education system had taken the initiative of teaching us as learners about development of our bodies, it was not enough as teachers were often a part of the same community which appeared to struggle to articulate sexual matters. As

such we became teenagers that were occupied by curiosity, we experimented with our bodies as we were continuously exposed to content of a sexual nature on television and we also became influenced by our peers. These experimentations often left a lot of teenagers pregnant, facing negative future prospects because they now had to take on the roles of unplanned motherhood. I was one of those teenagers who ended up drowning in regret and suffering due to this 'experimentation'; I ended up pregnant at 16 frustrated and feeling lost. I always wanted children, but at the right time, at a time when I thought I would be able to care for them emotionally, financially and provide for them all the things that I never had growing up. But as my predicament prevailed I went on to assuming two roles; a child and a mother. However, mine was not the worst thing that could happen to a teenager that fell pregnant during those experimental times. I state this because I recall hearing of a girl that I knew quite well in my community who nearly died because she induced an abortion with the use of home-made remedies. I thought that maybe it is the community I came from that experience this kind of a problem, until I was afforded the opportunity to go to university, where during my second year of studies the women who worked as cleaners at the institution found a fully developed foetus wrapped in a plastic bag on a Monday morning. This incident sparked controversy with everyone talking about how whoever aborted the 'baby' was such a horrible person who deserves eternal burning in hell. I also judged her, forgetting that when I fell pregnant as a 16 year old I also wished for an abortion, but did not know where to start in my attempts of accessing the service. Apart from the personal experiences I have with sexuality and reproductive matters, I have read in a newspaper article about a 20 year old girl who died at her residence at the University of Johannesburg in 2012 (News 24, 2012). There was also a front page story in one of South Africa's leading newspapers titled "Officials stumble upon Jo'burg hospital horrors", in this

article it was reported that for an unknown period, individuals who did not have any medical training performed abortions in a dilapidated office building down town Johannesburg (Mail & Guardian, 2008). Abortion seems to be a phenomenon that is private and very public at the same time. It is hard to ignore the flyers and newspaper adverts that constantly advertise ‘pain free, quick and cheap abortions’. I am left with the question: why do people opt for backstreet abortions that may potentially put their lives in danger while there are health care facilities that provide safe and legal abortion services? There seems to be continuous silence and secrecy around reproductive issues which may leave many women with minimal spaces to articulate their lived experiences pertaining to reproductive health. I provide this reflection here as a way to situate my study and position myself within it. I therefore would like to delve further into understanding black rural Bushbuckridge women’s construction and perceptions of abortion.

1.2 Abortion: A Brief Background

The history of abortion around the world points to its frequency across cultures and time. Chinese, Greek, Egypt and Roman cultures had developed systems of dealing with unwanted pregnancies and regulating population growth in their respective societies (Devereux, 1976 cited in Kumar, Hessini & Mitchelle, 2009). Literature on abortion has existed in ancient China, Egypt, Rome and Persia (Joffe 2009). This indicates that historically abortion was socially accepted (Grant 1991, cited in McGill 2006) until the rise of the Christian era which brought public regulation of sexual life, including increased condemnation of abortion and infanticide (Joffe, 2009). Siegel (1998) states that physicians in the nineteenth century in America opposed abortion, and their arguments were based on the physiology of reproduction, structure of the family and population growth. Physicians urged the legislation to criminalise abortion in order to

preserve traditional patriarchal gender roles in matters of sexuality and motherhood, education, work and affairs of the state.

Today as in history, the abortion debate rests heavily on several social issues, mainly, the woman's right to choose as opposed to the foetus' right to life, as well as the beliefs about the role of women in the household and society (Sigcau, 2009). The abortion debate has evolved from being about the morality of murder and religion to being about the rights of women and autonomy, to the philosophical arguments of when a foetus is considered a human being. Thus literature suggests that many variables affect people's construction, understanding, beliefs and perceptions of abortion. Such variables include religion, religiosity, age, gender role attitudes and socio-economic status (Patrick, 2013).

1.3 Rationale of the Study

Macro structures such as the state and religious bodies have been dominant in deciding whether women are allowed formal access to abortion or not (D'Souza, 2013). This can be seen in the Roman Catholics' long standing equation of abortion with murder (Sigcau, 2009) as well as the quarter of the world population that lives in countries where the state actively prohibits abortions (Braam & Hessini, 2004). Legalization of abortion procedures in South Africa may have removed abortion restrictions at the macro-structural level but cultural and religious constrains at individual and community level continue to exist as barriers to women's access to abortion. Consequently, women in South Africa have to deal with and negotiate multiple individual, familial, community, religious and cultural moralities in deciding whether they should or should not utilise the provision of legal abortion service as provided by the state (D'Souza, 2013).

The South African government's efforts in calling attention to abortion policy have been successful. However there is still evidence of a significant number of South African women who

have restricted access to safe abortion services and as a result engage in unsafe abortion practices that endanger their lives (D'Souza, 2013). Issues such as discrimination, strong moral judgment and abortion stigma within society and amongst health workers manifest as barriers to the access of termination of pregnancy service (Kumar et al; 2009). Research by Harries, Orner, Gabriel and Mitchell (2007) suggests that lack of sufficient knowledge on the legislation of termination of pregnancy indicates that this reproductive issue is neglected in the health sector. It also shows that the perceptions people have about abortion may contribute towards the persistent silence about this practice as they might deem it a taboo based on their cultural, moral or religious views (Orner, de Bruyn, Harries, & Cooper, 2010). Mhlanga (2003, p. 125) noted that “the attitude of the patriarchal societies makes abortion a taboo and therefore, abortion has not become a topic in the agenda of many countries despite its negative impact on the health of women”.

Abortion is an intensely private matter and at the same time a public issue, because it is both a political question and as a practice complexly intertwined with social and gendered power relations (Macleod & Hansjee, 2013). Further, “abortion is a publicly controversial issue because it speaks to and draws on, localized understandings of women’s role, the role of the state, the sanctity of life and society’s obligation to women and the right to privacy” (Macleod & Feltham-King, 2012, p.2). In light of these conditions that surround abortion it is of no surprise that abortion remains marginalised as women’s bodies are viewed as the personification of society reproducing itself, which represents a critical arena for power struggles, causing society to exert control over women’s bodies through laws, customs and traditions as well as value systems (Braam & Hessini, 2004). However, South Africa’s abortion law is considered the most liberal law especially amongst developing countries (Harrison, Montgomery, Lurie, &

Wilkinson, 2000). To some degree, this abortion law has not been able to eradicate unsafe abortions as they still occur and are quite difficult to document as they are usually under reported or misrepresented as something else, thus making it difficult to understand the extent of unsafe abortions (Grimes et al., 2006). These misrepresentations of abortion cases are reinforced by expressions of abortion stigma at individual, community and health care practitioner's level, which are embedded in patriarchal social structures (D'Souza, 2013). Lack of information on abortion rights under the choice of termination of pregnancy (CTOP) Act and perceived poor quality of designated facilities were found to be one of the most important barriers to safe abortion access that needs policymakers' attention (Jewkes et al., 2005). Meanwhile, illegal public advertisement fliers of abortion services found in many parts of South Africa may be perceived as an indicator that the service is in high demand.

1.4 Aim of the study

The present study aimed at expanding the existing, growing body of literature on the topic of termination of pregnancy in South Africa by investigating some of the common socio-cultural public discourses regarding termination of pregnancy. I explored black rural Bushbuckridge women's construction and perceptions of the practice of termination of pregnancy. I intended to demonstrate the power relations that exist within individual, community, and institutional systems that may play a role in how abortion is understood, perceived and performed. The findings of this study are positioned to assist in understanding beliefs about abortion, body politics, social norms, reproductive and sexuality discourses from the perspective of black rural women within the rural Bushbuckridge setting in South Africa.

1.5 The Objectives of the study

- To explore and understand the socio-cultural construction and perceptions of termination of pregnancy amongst rural women.
- To explore possible structural challenges of access to termination of pregnancy services among rural women.
- To explore discourses surrounding the meaning given to the notion of abortion.

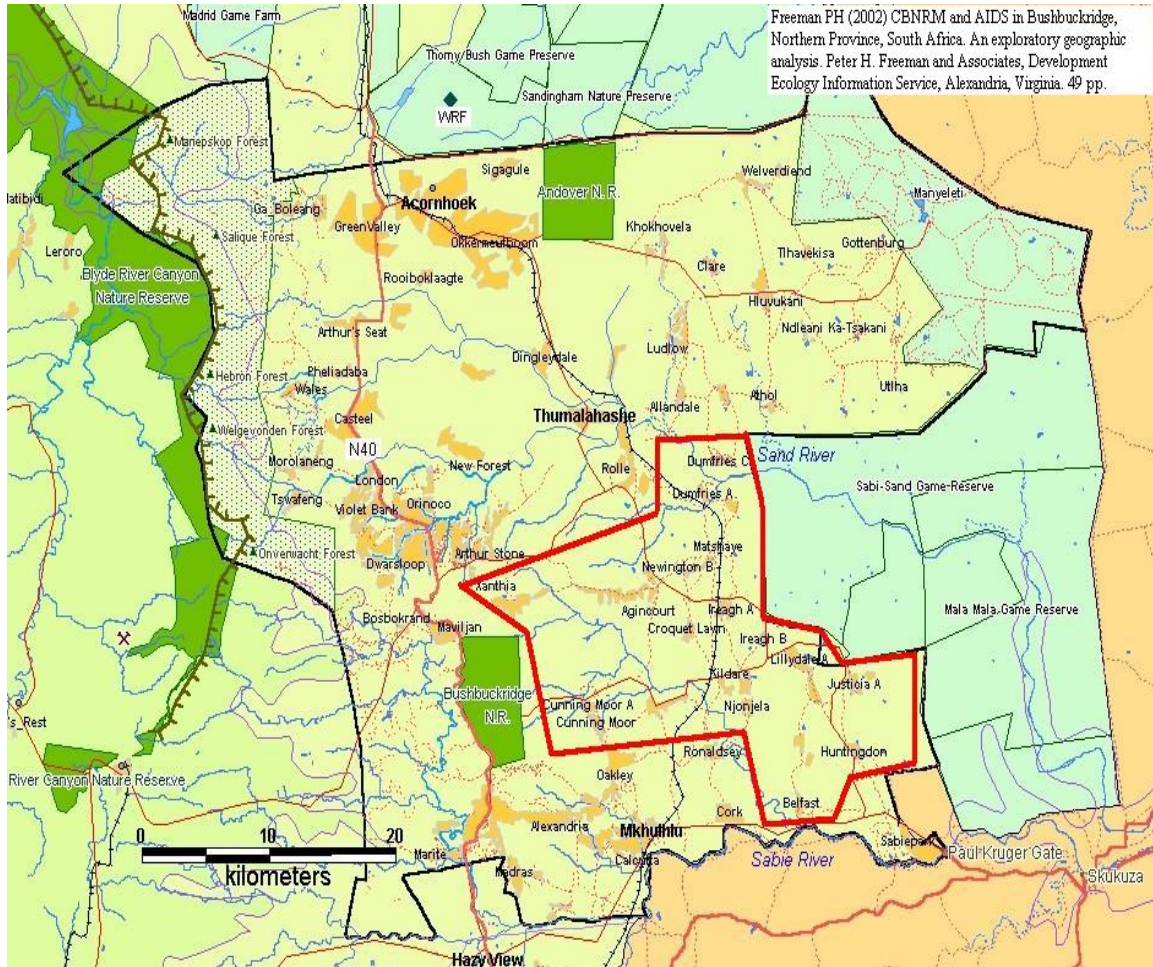
1.6 Research questions

- What are rural women's socio-cultural constructions and perceptions of termination of pregnancy?
- What are the possible structural challenges of access to termination of pregnancy services amongst young rural women?
- What are the discourses surrounding the meaning given to the notion of abortion?

1.7 Significance of the study

This study is aimed at contributing towards the creation of consciousness on how abortion is constructed and perceived by rural women based on their context. Further, I wanted to unravel the embedded gender power relations and its possible influence in individual decisions around abortion. The study also stands to generate understanding of localized abortion stigma, termination of pregnancy laws as well as reasons for unsafe abortion consultation in rural communities for appropriate interventions and policy update within the reproductive health field.

1.8 Contextualising abortion: The Site of the Study



The site of the study is within the Bushbuckridge Municipality, which is located in the Ehlanzeni District. This is in the Lowveld areas of the north-eastern part of Mpumalanga province and the south-eastern part of Limpopo province in South Africa. This area is bounded on the east by Kruger National Park and the sensitive watershed and forests of the Drakensberg Mountains. On its northern part runs the Olifants River that flows through a spectacular gorge in the escarpment and across the plain into the Kruger National Park. The escarpment is a delicate watershed for most of the lowveld and this region hosts many species of wild-life as it is part of a conservation and restoration project (Thornton, 2002). Historically Bushbuckridge formed part of the Eastern

Transvaal (Mavungu, 2011) and in the 1970's it was subdivided into two homelands, Mapulaneng of Lebowa and Mhala of Gazankulu which were occupied by the Mapulana ethnic group and Shangaane ethnic group respectively (Stadler, 2011). The Bushbuckridge area has several small urban areas including Acornhoek, Thulamahashe, Marite, Dwarsloop Bushbuckridge and Mkhuhlu (Mavungu, 2011). However rural areas make up the most part of Bushbuckridge municipality, with small rural villages comprising 29% of the population and dense rural villages represent 61% while only 9 occupy the urban centres (Mavungu, 2011). The Bushbuckridge municipality is densely-populated with approximately 509,964 people in 34 wards and over 135 villages (Bushbuckridge local municipality, 2012; Hove, 2013). According to the Bushbuckridge local municipality 2012 report accurate population figures remain a challenge as the municipality relies on the information provided by Statistics South Africa (SSA). Meanwhile, Mavungu (2011) is of the notion that the real population size may be higher due to unregistered immigrants in the area.

The apartheid government had established the homelands as part of their ethno-regional planning and land policies. Black communities in the Bushbuckridge region have painfully endured forced removals from their ancestral lands (Mavungu, 2011). These removals began during the colonial era where a series of legislative acts enforced racial segregation while empowering traditional authorities by placing the chieftaincy at the centre of land allocation. This became the future of land allocation system which shifted from communal to individual tenure that reinforced colonial perceptions of individual property rights (King & Mccusker, 2006). The Bantu Land Act no 27 of 1913 and the Native Trust and Land act No 18 of 1936 laid groundwork for political and economic segregation. This was done by establishing Bantu homeland in the Bushbuckridge area through forced removals and relocations, while reserving land for white private ownership which

became military reserves, airbase, nature reserves, game farms, commercial fruit plantations and bushveld pastures (Thornton, 2002).

The Bushbuckridge area has high levels of unemployment, HIV/AIDS, poverty, gender inequality (rape and gender based violence) as well as witchcraft accusations and assaults (Stadler, 2011). The high rate of unemployment and poverty has resulted in most adults migrating to Gauteng, Witbank mines and Limpopo farms to work, which has profound implications on social, familial cohesion and gender relationships (Niehaus, 2006). The Bushbuckridge area also lies in the path of the Mozambique Development Corridor, designed to create linkages between the port of Maputo in Mozambique and the Gauteng Province in South Africa. This creates pathways for the spread of HIV in and out of Bushbuckridge through truckers, migrants and sex workers (Niehaus, 2006).

During the nineteenth century the Swiss and Nazarene churches extended their mission and schools into the Bushbuckridge area. The Swiss mission denied the existence of ancestors and also the divine authority and power of chieftainships, thus swapping principle linkage of chieftainship from being the mediator of the dead and their subjects to being mediators of the state and its subjects (Ritchken, 1995). The teachers of the Bantu education in the 1950's whom were educated by the Swiss, Lutheran and Nazarene missions in the Bushbuckridge region adopted an extremely conservative and puritan stance towards sexuality, thus punishing any sexual behaviours displayed by students. Female students who fell pregnant were expelled from school and this resulted in them consulting street abortionists and resorting to infanticide, which if found, were arrested (Niehaus, 2000).

During pre-colonial years women in the Bushbuckridge area were marginalized by boundaries that were drawn as part of their socialization so as to confine their sexuality. This included institutionalized norms about a good or cultured woman who worked within her fathers or husbands boundaries. Their sexuality was intimately linked to labour, a woman worked during the day for her husband and in-laws and sexual contact was constrained for the evening for social reproduction. On the other hand her menstrual blood was deemed hot and ritually unclean. During their menstruation, these women were not allowed near livestock, as it was believed that they would kill the animals with the heat from their blood. These women were also excluded from attending meetings at the chief's kraal with men, as men were their rulers and were put in the world by their ancestors with the responsibility of guarding against the possibility of the woman being free to associate with men (Ritchken, 1995). Ritchken (1995) in his work further reported that in 1986 the youth of Brooklyn, a rural area in Bushbuckridge attacked elderly women who were alleged to be witches and sangomas who performed abortions. The people of Bushbuckridge associate abortions with permanent infertility of the woman who has had the abortion and illness or death of any man who will have sexual relations with her within the first six months after the abortion (Ritchken, 1995). According to Ritchken (1995) there are cleansing rituals that are followed after a woman has had a miscarriage, in order to preserve the Mapulana tribe from years of draught. Miscarriages and abortions are considered to have the same effects except that abortions are kept secret and performed intentionally. Similarly abortion in the Bapedi tribe is forbidden because it is thought to bring about too much heat in the land (Mokgobi, 2012). While the Balovedu tribe are of the notion that women who die during child birth, abortions, or miscarriages and people struck by lightning should all be buried in cool places, such as river valleys and waterways. This is done as an effort to cool their spirits as they

are thought to have died in hot circumstances. In the case of improper land burials, rain would not fall and such would be corrected by the use of rain medicines (Murimbika, 2006). A study conducted by Ngomane and Mulaudzi (2010) showed that pregnant women in Bushbuckridge perceive pregnancy as an honour which brings joy to the family and to the expecting parents as it symbolizes womanhood to the expecting woman.

The history of the Bushbuckridge area and its understanding of women shows that there was a persistent ideology of male dominance over nature and woman. Based on the above review of the Bushbuckridge area, there seems to be conventional ideas of the role of women, ideal womanhood norms and relations of power within the genders. These sources are also indicative of how abortion has been constructed within these Bushbuckridge communities that have unequal gender relations and traditional abortion beliefs. These historical discourses surrounding women's roles and their bodies within this cultural context has sparked my interest in understanding abortion in a contemporary Bushbuckridge community, especially since abortion is legal and women have equal rights as men.

1.9 Definition of concepts

Termination of pregnancy- will be used interchangeably with abortion in this study. Throughout history termination of pregnancy was called an abortion as illustrated in the Roman Dutch law of the 17th century and the 1975 abortion and sterilization Act of South Africa. The Choice of termination of pregnancy Act of 1996 uses the term Termination of pregnancy instead of abortion. Abortion is medically defined as the premature termination of a pregnancy. An abortion can occur naturally, as well as be induced through several different techniques (Wheeler, Zullig, Reeve, Buga, & Morroni, 2012).

Abortion stigma: This term is defined as a “negative attribute ascribed to women who seek to terminate a pregnancy that marks them, internally or externally, as inferior to the ideal of *womanhood*”(Kumar et al, 2009, p. 628)

Illegal abortion: This term will be used interchangeably with unsafe abortion which is a procedure for terminating an unintended pregnancy either by individuals without the necessary skills or in an environment that does not conform to minimum medical standards, or both, putting women’s health at risk (Grimes et al., 2006).

1.10 Outline of the dissertation

Chapter One

This chapter introduces the study by laying down the background, context and setting of the research. Such technical issues of the study as its rationale, significance are enunciated while research questions, aims and objectives are also treated. The definition of key terms is given before the chapter outline that illustrates the structure of the dissertation.

Chapter Two

This chapter focuses on two theoretical frameworks that the study adopts; it also covers vast literature on the topic of abortion to illustrate discourses around the phenomena. The theoretical frameworks that the study adopts are Foucault’s notion of power, knowledge and subjectivity and Judith Butler’s theory of performativity. Foucault’s notion of power provides an understanding towards how power operates and how it controls people through knowledge and desire that normalize behaviour and also operates as self-surveillance and conformity. This co-exists with disciplinary strategies for those who fail to conform. Butler’s theory on performativity provides

an understanding of gender identity and how power operates within gendered heteronormative frames and its fixed structures that defy other forms of gender or non –conformity to prescribed gender roles and performance.

Chapter three

Chapter three provides in-depth information on the philosophical underpinnings of the study, by explaining in detail the social constructionist philosophical paradigm and how it perceives reality to be diverse and dependent on time and place. It further views reality to be based on one's or a group's history, culture, politics, economic and gendered values which are highly influenced by language that shapes reality by creating social action through its constructions. This chapter also delves into the African worldview as a philosophical paradigm that people draw their understanding of reality, themselves, others and the world that they live in as well as its connections to the supernatural world.

Chapter four

This chapter highlights the methods that were undertaken when conducting the study; it delves into the politics of conducting research within a certain prescribed framework which may not necessarily meet the demands of the research site. It also focuses on ethical dilemmas and poses questions over who decides what is ethical and what is not, thus requesting for the decolonization of research methods to fit the purpose of the context of the participants. Furthermore this chapter provides thorough details into how entry to the research site was negotiated, the sample of the study as well as the type of qualitative methods that I adopted in the study.

Chapter five

This chapter is the first chapter of two chapters that focus on the analysis, interpretation and discussion of the data collected in the study. The extracts analysed in this section drew heavily on the practices of African epistemology where abortion was concerned. Discourses that were highlighted in this chapter ranged from the opposition of the legalization of abortion as a foreign imposition to the discourse of burial rites, body politics, draught discourse and motherhood amongst others that indicated the influence of a rather marginalized way of knowing and understanding as a reality.

Chapter six

Chapter six is the second section that focuses on data analysis, interpretation and discussion. This chapter highlights the many institutions in society that are entangled with the notion of sexuality and reproduction. This chapter highlights competing discourses on gender power relations, gender based violence, poverty, inequality, class and other factors that come into play when abortion as a notion and a practice is interrogated. This chapter reflects the discursive practices of modern society and the challenges that are embedded in it as a social structure.

Chapter seven

Chapter seven serves as the concluding chapter for the thesis, it sums up what has been learned through conducting this study and also points to shortcomings that were identified by the study or that are part of the study. This chapter further offers recommendations for those who may be interested in further exploring the topic of abortion and its relationship with society and its structures.

CHAPTER TWO

Theoretical Framework and Literature review

2. Introduction

The study draws from two distinct but intersecting theories; namely Foucault's theory of power and Butler's performativity theory. Both theories speak to the notion of power, subjectivity and Knowledge in various but intersecting ways and all address specific aspects of the phenomena studied in the study. It is the central enquiry on power and the social bonds that it manifests itself, which has made it necessary to understanding power and how it expresses itself in reality. Foucault's work on power is profound and widespread as it has been used to look at different social systems such as race, class, economics, geopolitics and gender (Kologlugil 2010; Legg 2005; Feder; 2007; Spargo, 1995). Foucault does not directly engage with gender or gendered power relations. This is one of the reasons his three volumes on sexuality have been vastly criticized by feminists as rendering the female subject invisible through failure to deconstruct gender (Buker, 1990). Although Foucault mentions women in the sexuality volumes, they are however, presented as passive objects in arguments about nature, morality, heterosexuality and reproduction which is a representation of the patriarchal view that constitutes women as bodies tied to nature (Buker, 1990). Nonetheless his work can be connected to gender, through Butler's work who demonstrates the linkage between Foucault's notion of power and gendered power relations, thus the necessity of utilizing both theories in providing an in-depth understanding of how power operates within gender relations and how that positions people in particular ways in society and also affects their experiences in life due to the materiality of their bodies. These theories complement each other in providing critical lenses that can assist in interrogating issues that are taken for granted such as identity, gender roles, sexuality, power, knowledge, conformity, race, class, poverty and culture in reproductive health matters.

2.1 Foucault on Power, Knowledge and Subjectivity

Foucault provides an understanding of power, knowledge and the body by linking discursive formation, power relations and historical specificity of structures (Blackman, Cromby, Hook, Papadopoulos & Walkerdine, 2008). To Foucault, as cited in Macleod and Durrheim (2002) power is not centralised or possessed by individuals, class, group, law, the economy or the state. Rather it is spread throughout society, inherent in social relationships, embedded in a network of practices, institutions, and technologies operating on micro levels of everyday life (Pylypa, 1998). This understanding of power does not mean that there is no inequality and domination from one group to another (for example the patriarchal system), but it offers an alternative view of power from a general theory, which deems power as exercised from innumerable points, in the interplay of non-egalitarian and mobile relations (Foucault, 1978). Foucault further emphasised that discourse links knowledge and power, and as such, power is not merely repressive, but actually productive of knowledge and subjectivity (Macleod & Hansjee, 2013). The scientific discourse of medicine, the criminal justice system, psychiatry, and the social sciences produce new forms of knowledge and truth. This knowledge is not neutral or objective; it represents particular perspectives, conventions, and motivations (Dreyfus & Rabinow, 1983). The type of knowledge produced influences people's behaviour and has a controlling effect on bodies, through the process of normalization. Power is both totalising, as it controls all aspects of life by creating pressure to conform to norms, and individualizing, as those who fall outside the norm are marked as deviant and targeted with disciplinary strategies designed to neutralise their deviance (Pylypa, 1998).

Foucault coined the concept 'Bio power' for the operation of disciplinary power on the body which he stated operates on our bodies, regulating them through self-disciplinary practices which we each adopt, thereby subjugating ourselves (Pylypa, 1998). Its force derives from its ability to function through knowledge and desire by producing scientific knowledge that results in a discourse of norms and normality. Individuals desire to conform voluntarily through controlling themselves by self-imposing conformity to cultural norms through self-surveillance and self-disciplinary practices, especially those of the body (Pylypa, 1998). According to Foucault (1980) political order is maintained through the production of docile passive bodies, subjugated, and productive individuals. Through its many institutions such as schools, hospitals, prisons, and the family, the state brings all aspects of life under its controlling gaze (Dreyfus & Rabinow, 1983). The institutional disciplining, surveillance, and punishment of the body creates bodies that are habituated to external regulation, working to discipline the body, optimize its capabilities, extort its forces, increase its usefulness and docility, integrate it into systems of efficient and economic controls (Foucault, 1980) and thus produce the types of bodies that society requires. Foucault visualizes power as operating at two poles, the human species and the human body. The former concerns a bio-politics of the population, the regulation of populations through the application of science to interventions into reproduction, mortality, and morbidity. The latter concerns the manipulation and control of individual bodies, through medicine and contraceptives (Macleod & Durrheim, 2002).

According to Foucault (1980) sexuality is a key focus of power because through its regulation power can operate at both poles, controlling both populations and individuals. According to Shein (2004) sexuality depends on disciplinary control because there is a need to exercise

constant surveillance over the individual body, for example, control over who, where and when to have sexual intercourse such as at night and in enclosed spaces and by a husband and wife, hence making those who don't follow this practice abnormal and subject to exclusion. At the same time sexuality entails control over the behaviour of the population at large. In particular, sexuality has to do with procreation which is part of a large biological process that does not concern the body of the individual, for example other states have one child policy while others have regulated means of reproduction through contraceptives, abortions and institutions such as schools which regulate the appropriate age of reproduction. Sexuality is situated exactly in the intersection of the body and the population (Shein, 2004) and the relationship between power and knowledge.

Disciplinary strategies are formed in different ways which include but not limited to exclusion, discrimination, demeaning and moral judgement. These disciplinary actions are executed on women who decide to have an abortion as they are thought to be deviating from the social norms of women's roles, the physiology of reproduction and the structure of the family. These women find themselves ridiculed because of the truth regimes that stem from religious discourse about their roles as women, motherhood, and the nature of their bodies as well as historical patriarchal systems that stand to control women's bodies. Furthermore, historical structures such as colonialism and Christianity have played a role in the understanding of abortion by criminalizing it, thus abnormalizing the act and creating a crime discourses and knowledge that people strived to live by and are living by even today regardless of legalization. These power strategies make it difficult for women to exercise their reproductive right and thus find themselves seeking abortion at unsafe places in order to be included and exempted from society's disciplinary actions. As

Foucault (1980) stated that there is a constant interaction between power and resistance within the network of power. When power is contested it doesn't go away but exhibit itself in a new power arrangement which in this case is seen in the change in policy in terms of abortion which does not guarantee change in social action such as abortion stigma.

2.2 Butler on Performativity theory

This study also draws on Butler's performativity theory, which draws heavily from Foucault and literary theories. Foucault did not directly engage with gender or gendered power relations, however his work can be connected to gender. Butler's work demonstrates the linkage between Foucault's notion of power and gendered power relations. The Performativity theory specifically addresses the materiality of the body in relation to its gender and how such a gendered subject is constructed through relations of power, normative constraints that produce and regulate bodily beings (Butler, 1993). Butler theorized performativity of gender as a repeated stylisation of the body, a set of repeated acts that exist within a highly rigid regulative frame that solidify over time to appear as a natural sort of being (Salih, 2007). Butler (cited in Salih, 2007) attests that we should not understand or mistake gender for a singular or deliberate "act" but rather as the reiterative, citational practice by which discourse produces the effects that it names. She perceives the body figure as a surface and a scene of cultural inscriptions, as such imprinted by history (Butler, 1990). All bodies are gendered from the beginning of their social existence, which means that there is no "natural body" that pre-exists its cultural inscription (Butler, 1990). This gives the assumption that gender performativity is a predetermined way of being by the society, economy, context, history, etc, in which one is situated (Salih, 2007).

Butler (1998) is of the opinion that what we believe to be gender identity is actually a performative accomplishment which is compelled by social sanctions and taboo. She further contends that gender as a performance has punitive consequences, where those who fail to perform their gender right are regularly punished (Butler, 1998). However, she views its character of performativity as a provision for possibilities of contesting its rectified status (Butler, 1998). She further argues that gender is not a stable identity or a locus of agency from which various acts precede; rather it is an identity that is constituted in time, through the stylization of the body Butler (1993). The gendered body's performative nature suggests that it has no ontological status, apart from the various acts which constitutes its reality (Butler, 1990). In other words its reality is the fiction of an interior substance, which is a function of public and social discourse, the regulation of the body, the gendered control that institutes the integrity of the subject such as acts, and gestures, articulated and enacted desires create the illusions that are discursively maintained for the purpose of regulation of sexuality within the obligatory frame of reproductive heterosexuality (Butler, 1990).

The performativity of gender identity theory indicates how when one is born they are already ascribed a gender script on how to perform their gender and which they have to cite those who precede them in doing their gender. This gender performance is not a conscious behaviour or something that one decides to perform for that particular day; it's embedded in culture and people's socialisation, which they often mistake as natural. Those with the same sexed body dress their bodies in a particular way and behave in a particular way that is in line with their gendered script. These gender scripts have sanctions and rules on how to perform them and those who fail to do their gender well are often punished. This punishment may come in different forms ranging

from social exclusion, to discrimination, name calling, humiliation, ect.... This gender performativity is framed within a reproductive heterosexual binary framework where sexed body symbolises a female or a male with distinct gender scripts. The male body, referred to as man symbolises masculinity which is often associated with the bread winner, courage, power and public spheres while the female body is regarded as a woman that is supposed to be delicate, sweet, caring, the mother or a nursing figure based on their reproductive capabilities which they should not try and exert any control over. This performativity theory shows the link to the construction of stigma of women who have abortions in their communities as they are viewed as transgressors of their gendered scripts signify motherhood, and a care giving. This stigmatisation is a form of punishment to those who abort as they fail to conform to their cultural gender scripts, thus fall short of the glory of womanhood and as such they are regarded as the other.

Both theories are grounded in historical specificity about the power of discourse in formulating subjects that are subservient through repetitive discourse and discursive practices as well as scientific knowledge about what is normal, natural and true over what is a taboo and unnatural. Historical Western and colonial discourses about human beings use essentialist discourses in claiming biological differences between the sexes which have been strong in maintaining gender asymmetry discourses that reinforce the subjugation of gendered bodies to norms about their bodies and their natural capabilities. Women in scientific psychological discourses and discursive practices are positioned as care givers, good mothers, possession of maternal instincts and loving in nature (Boyle, 1997). Furthermore, women were to find fulfilment and joy in motherhood and all women were constructed to desire motherhood as validation of their womanhood and their gender identity and this was presented as proximate to the supposed truth about the nature of

women. These are gender performativity rules which are guarded by social structures, sanctions and taboos, institutions and practices that use power to regulate human bodies and control their sexuality and reproduction through discourse and knowledge that has normalised gender identity and the institution of motherhood for all women. In other words, every woman's gender performativity entailed childbirth and care as performed by the women who precede them and are often cited as examples to illustrate how motherhood is a natural integral part of womanhood. This normalised expectation of gender performativity and identity for women is the reason behind the shunning of women who choose to have abortions as a method of postponing childbirth. This ostracisation extends to women who choose to remain childless and those who are infertile. The women who choose to have abortions and those who choose to be child free are viewed as transgressors of the highly regulative gender performance and as a result they are often punished by being excluded from certain community engagements on the basis that they do not know the pain of giving birth or that they are not complete women because they don't have children. This is aggravated when a woman is known to have had an abortion and is denied the identity of a woman by other women and men who guard womanhood identity possessively. In such instances different disciplinary strategies are used to neutralize such women's deviance. Tactics such as social events exclusions and rejections as subjects of reason or disrard may be employed to to punish women who have failed to truthfully perform their gender according to knowledge and practices of their gender scripts, which are a product of discourse and power.

2.3 Literature review

2.3.1. The history of termination of pregnancy in South Africa

Historical sources show that abortion is not a new phenomenon in South Africa and that it was socially condoned in the past Meade and Walker (as cited in Gumede, 2004). During the 19th century abortion was practised by all races and social classes in South Africa with the aid of abortifacients which were regarded as home-made remedies (Gumede, 2004). According to Hansjee (2011) abortion was induced by herbalists with the use of herbs which were often toxic or stimulated the muscles of the womb; this was fatal to both the woman and the foetus and was often difficult to access and usually ineffective. However, women of those times regarded terminating pregnancy as regulation of their bodies not as an abortion as the foetus regarded as blood or water (Gumede, 2004). Gumede (2004) argues that chiefs forced adulterous women to abort as a way of hiding the embarrassment of their adulterous relationships. On the other hand, abortion along with infanticide, warfare, prolonged breastfeeding and child spacing were regarded as social practice of population-resource control, amongst the indigenous Africans (Kuumba, 2008). Lebesse (2009) argues against the idea that abortion was socially condoned and practiced by all social classes in South Africa by stating that pre-colonial African communities performed abortions in line with their customary beliefs, laws and practices. These abortions were not legally regulated; nonetheless different ethnic groups are documented to have adopted different abortion practices. For the southern Sotho people abortion was viewed as a private matter, as such abortion matters were discussed within family structures rather than in indigenous courts. While the Tswana's viewed abortion as a punishable offence which should not be permitted under any circumstances (Rebouche, 2011). However it is worth noting that the family structures that were established by customary laws had overwhelming decision making

powers and were mainly men. These customary laws promoted the view that women were perpetual minors, who had to act under the direction of men, as such women's reproductive capabilities, were transformed into parts of the property of men. Gender imbalances, women's socially defined roles and relative powerlessness increase their exposure to unwanted pregnancies. These unwanted pregnancies have led to most black women resorting to illegal abortions as means of gaining control over their bodies. Customary law has also been directly linked to violence perpetuated against woman (Lebese, 2009). Lebese's view is echoed by Bradford cited in Hansjee (2011) who posits that although women in the Transkei might have had access to abortion, they still suffered through patriarchal controls over their sexuality and reproduction. He states that abortion was viewed as wrong as it is related to women's sexuality as property or commodity. Abortion itself devalued women as commodities because a woman who has had an abortion was no virgin and as such her family would receive less compensation when she was married (Hansjee, 2011). These sources document events that occurred before colonialism which also indicate the control placed on women's reproduction which influence cultural beliefs about reproduction and gender roles. Colonialism came with its own policies that were implanted through schools and churches that stood to depict the meaning of civilized human beings (Khapoya, 2013). They also adopted rigid reproduction policies of Europe and institutionalised them in Africa (Joffe, 2009).

Swartz's (2002) article on fertility and transition in South Africa, and its implications on the four major population groups indicates that in the 1960's the apartheid government structured population policies that offered contraceptives to women of all races. This was geared at reducing population growth as the country's resources were proving to be inadequate to cater for

the growing population, but at the same time these policies were driven by the government's fear of the African population overwhelming the smaller number of whites. It has also been documented by Kaufman (1997) that at this point most Africans left their homes to seek employment which changed the structure of the family and reproduction for native South Africans, the wage paid to men were inadequate to take care of their families which coerced women to join the labour force. Mhlanga (2003) reiterates this by pointing out that women were responsible for taking care of their families and at the same time were marginalised when it came to employment. This marginalisation oppressed them as they lacked financial security which made them vulnerable to abuse and unwanted pregnancies as they surrendered their bodies to men for income. In this regard women depended on men to provide finances for them to access health care, which results in women seeking medical attention late as they had to be sponsored first (Mhlanga, 2003). At the same time, jobs were scarce for black women which increased their desire to avoid pregnancy as it was unacceptable to be pregnant while employed, thus leading to a lot of contraceptive use and unsafe abortions for those who had conceived. Unsafe abortions were facilitated by the state which had criminalised abortion and did not provide it in their health facilities (Kaufman, 1997).

The state imposed punishment on those who performed the abortion and not the pregnant woman, and the sentence for such a crime was a fine or six months imprisonment with hard labour (McGill, 2006). Financially secure upper-class and middle class white women went to Europe if they were unable to obtain an abortion privately in South Africa, thus leaving black, coloured and white financially deprived women to seek street abortions (Gumede, 2004).

This history of abortion has a major impact on how people perceive and construct abortion, as it indicates the constructions of abortion over time and macro and micro structures that women had to deal with to terminate a pregnancy. Further the essence of the available literature on abortion, culture and socio-economic conditions in history indicates how black women were marginalised, denied employment and exploited by colonial capitalists. It is evident within the literature that the apartheid government had means of controlling women's bodies since according to Kaufman (1997), no population control ever occurs on individual means but by provision of contraceptive methods and employment opportunities by the state in this case. What can be read from the above is the apparent interplay of oppression and discrimination of black women and these challenges seem to intersect at the racial, class, gender and ethnicity level. This multiple oppression is what Crenshaw (1989) has theorised as intersectionality. This theory suggests that conceptualization of oppression within society, such as sexism, racism, gender inequality and social class inequality do not act independently of one another, but interrelate; creating a system of oppression that reflects the intersection of multiple forms of discrimination, as highlighted above. I shall now shift my focus to the discussion on abortion legislation.

2.3.2 Abortion Legislation Trends in South Africa

Abortion was first regulated in South Africa in the 17th century, when the Roman Dutch law was introduced, in which abortion was thought of as the killing of a foetus and as such a criminal offense. Exceptions were only provided for, if termination of pregnancy was "to save the woman's life (Lebese, 2009). This exception was known as "defence of therapeutic abortion" of which only medical doctors were allowed to perform. This Roman Dutch law was limited as it did not have specific conditions which an abortion was to be performed, for example

circumstances which fulfilled the criterion “to save a woman's life” were not clear, in turn this law confused health practitioners (Lebese, 2009). As a result, in 1975 South Africa passed the abortion and sterilization Act, which permitted abortion in certain conditions. Such conditions were if the continuation of the pregnancy puts the woman’s life in danger, the child would have severe deformities and if the pregnant woman being mentally or physically handicapped (Mookamedi, 2011) and if the pregnancy was a result of rape or incest (Ronco, 2013). These narrow conditions that demanded approval for abortion under the 1975 abortion and sterilization Act, favoured the white female population as opposed to the blacks who had no access to resources (D’Souza, 2013). This Act favoured white females because the process of obtaining permission to procure an abortion was often lengthy, unpleasant, humiliating and always expensive. This tedious process made it almost impossible for black women to get permission for the abortion to be effected within the recommended time. In terms of the Act only a medical practitioner in a hospital specifically designated by the minister of health was allowed to perform an abortion (Mookamedi, 2011). Furthermore, the Act stated that there had to be three doctors who had to agree that the woman needs a legal abortion. This was problematic in the case of black health facilities as they only had one doctor; in this regard, this Act neglected the welfare of many black women in rural areas who did not know about the facilities that could be available for legal abortion. Even knowing of facilities offering abortion black women were forbidden by the apartheid government to utilize whites’ only hospitals (Mhlanga, 2003). Some of the limitations of the abortion and sterilization Act, 2 of 1975 is that it did not stipulate who was supposed to give consent for married women. It is also critical to note that at the time when the Act was effective the constitution regarded women as minors. In addition to the constitution, the traditional black Africans view was that the husband should consent for anything requiring

hostile medical treatment (Mookamedi, 2011). As a result, abortion without the husband's consent was deemed a *crimen injuria* to him, which exposed doctors to court actions for civil damages. The husband was given power over his wife; as such, this did not express a view of shared procreation (Mookamedi, 2011). Women were robbed of their rights to self-determination and autonomy as their husbands oppressed them by making decisions concerning their reproduction, including being pregnant and the use of contraception (Mookamedi, 2011). Legislation changes started taking place shortly after 1994, when South Africa became a democratic country. The democratic government of South Africa sought to transform the health sector and their mandate also focused on including reproductive health policies which incorporated the legalization of abortion (Bowes, 2009).

According to Mhlanga (2003, p. 115) “South Africa reformed the abortion law in order to improve the health of women and prevent deaths among women”. The Choice on Termination of pregnancy (CTOP) Act, according to Mhlanga (2003) is one of the most significant steps in respecting the rights of women to choice and to bodily integrity. The Act—the Choice on Termination of Pregnancy Act of—1996, represents a departure from the past where a woman was always regarded as a minor irrespective of her age or marital status. It also represents a departure from the philosophy that the doctor would always know what is best, and make a decision based on his or her judgment. Access to safe pregnancy termination is easier, and maternal deaths from illegal abortions, though still occurring are reduced. Women still face challenges when seeking access to the service due to information availability, rurality, attitude of health workers and communities, and limited resources for counselling. The stigma attached to

termination of pregnancy is something that the health system and health care community has to deal with as it is immense (Mhlanga, 2003).

The Termination of Pregnancy Act (CTOP) no 92 of 1996 was passed in November 1996, and legal abortion services began on 1 February 1997 (Cooper et al., 2004). The aim of this Act was to upgrade the rights of women as equal citizens and to give effect to their rights to healthcare that includes the right to reproductive healthcare (Zeijlstra, 2004). This law was amended into the CTOP Act no 1 of 2008 and allows women to terminate unwanted pregnancies on request without parental or spousal consent requirement for minors or married women (Macleod & Hansjee, 2013). However minors are encouraged by health service providers during non-directive counselling to consult either one or both parents or a guardian, and if they choose not to, they may not be denied an abortion (Hansjee, 2011). The CTOP Act states that a pregnancy may be terminated at a woman's request during the first 12 weeks of gestation, which can be performed by either a doctor, registered nurse or midwife who have completed the prescribed abortion training (Harries, Lince, Constant, Hargey, & Grossman, 2012). Second trimester termination of pregnancy, beyond 12 weeks and up to 20 weeks can only be provided by doctors under certain circumstances, such as the case of incest, rape, as well as socioeconomic factors (Gumede, 2004). These also include when the medical practitioner is of the opinion that continued pregnancy would pose risk to the woman's health, and if there is a risk of the foetus suffering severe mental and physical abnormalities (Harries et al., 2012). A termination of pregnancy must be recorded by the person who performed it and must remain confidential; this is done for statistical purposes only and does not include the addresses of clients (Hansjee, 2011). It should be highlighted that the CTOP Act stipulates that termination of pregnancies should only

take place in a designated facility that meets minimal health standards and that any person who performs an abortion in a facility that does not meet the necessary requirements or who is not a medical practitioner, a midwife or a registered nurse or those who prevent or obstruct a lawful termination of pregnancy will be guilty of an offence and liable on conviction to a fine or imprisonment for a period not exceeding 10 years (Government Gazette, 2008). It is also worth noting that CTOP Act as amended allows clinics that offer a 24 hour maternity service not to obtain special approval to conduct an abortion (Mookamedi, 2011).

It seems unjust to exclude the role that the constitution plays in the comprehension of the CTOP Act, According to the bill of rights everyone has the right to freedom of conscience, belief, thought and religion (section 15), which reassures health care practitioners the right to conscientious objection to provide termination of pregnancy (Harries, 2010). Nonetheless these health care providers are obliged to refer women to facilities or healthcare providers that perform abortions (Mokgethi, 2011) as the constitution also stipulates that everyone has the right to information (section 32). However, Harries (2010) points out that the health care professionals' freedom to consent or not to consent to abortion provision is a complex matter. She suggests that for one to comprehend the complexities of the conscientious objection by health care providers, they have to first understand the constitutional right to freedom of conscience, belief, thought and religion in connection with a woman's constitutional right to access to safe legal abortion. She further points out that conscientious objection unravels competing constitutional rights which are women's rights to exercise reproductive autonomy and the health care worker's right to freedom of conscience, belief, thought and religion. The conscientious objection clause is also said to be complex as it is identified as an obstacle to women's access to abortion (Harries,

Stinson & Orner, 2009). The conflicting nature of the conscientious objection clause has sprung debates within constitutional scholars. Constitutional scholars mostly point to its contradictory nature and the fact that it is omitted in the CTOP Act and as such there are no guidelines or principles that determine its limits in the CTOP Act Ngwena (as cited in Harries, 2010). Ngwena (as cited in Harries, 2010) argues that the silence about conscientious objection by the CTOP Act leaves the constitution to fill in the omission. Beresford, Schneider and Sember (2007) argue that the South African constitution itself invites contradiction, by pointing out the tension between section 12, the right to “freedom and security of the person” and section 30 and 32 which protect “cultural, religious and linguistic communities” of which the freedom and security of the persons include the right to bodily integrity such as the right to make decisions concerning reproduction. Section 30 and 32 guarantees the right to enjoy ones culture and religion and to form, join and maintain cultural, religious, and linguistic associations and other organs of civil society. “Political, religious and community leaders appeal to their rights to culture, religion and linguistic communities in their debates about abortion” (Beresford et al., 2007). However, Harries et al., (2009) in their study of health care providers’ attitudes towards termination of pregnancy in South Africa mention that the South African nursing council has drafted ethical guidelines regarding conscientious objection and abortion provision. The guidelines state that a nurse refusing to participate in performing an abortion must lodge in writing to their employer his or her refusal. They further stated that irrespective of the conscientious objection, nurses must provide nursing care to women even after or during an abortion procedure.

Conscientious objection is one of the obstacles to safe termination of pregnancy as substantial numbers of qualified health care professionals refrain from performing it (Harries, 2010).

Harries et al., (2009) also found that there was confusion and uncertainty with regard to conscientious objection from both service providers and non providers. They reported that staff members, including non-nursing staff such as cleaners and administrative personnel refused to assist or provide basic nursing care to abortion clients while some admission clerks blocked access to care (Harries et al., 2009). This problem is further extended by the fact that there is a shortage of trained health care givers, who are abortion providers as health care professionals have the right to choose their trade, occupation or profession as stated in section 22 of the constitution. All these contradictions undermine the reproductive care for women and their right to determine (Harries et al., 2009) their reproductive destinies.

The passing of the CTOP Act was accompanied by passionate debates which included demonstrations by pro-life activist; polls also showed that the majority of South Africans were opposing the legislation (Hansjee, 2011). The implementation of this act was also challenged in a court of law by a group of Christian professionals who argued that the CTOP Act was unconstitutional based on the right to life. The ruling of this case favoured the state in that the personhood of a foetus begins with its first breath at birth. The same group objected to the Act on the basis that a person younger than 18 should not make a decision concerning her pregnancy without the consent of their parents. However the department of health held the view that a woman should be in a state to make decisions about her health and that of the foetus regardless of age. This view was supported by the fact that there is an increase of reported sexual offenses which are sometimes committed by relatives, close family friends and if women under 18 had to acquire parental consent, then such a woman or child would be under pressure to report the incident to the police or terminate the pregnancy (Mhlanga, 2003).

The literature on abortion legislation in South Africa shows the trends of abortion frameworks and also indicates the challenges which each had. These challenges often led to an implementation of new frameworks of which some were oppressive to the majority of the women in the country. The flaws in each framework have led to the current law that is regarded as the most liberal form of abortion act, however, it also embodies in it some contradictions with regard to the practitioner and the woman seeking an abortion, which provides an understanding to health practitioners' attitudes towards the practice of termination of pregnancy as well as reasons for denial of service to women.

2.3.3. Constructions of abortion within society

According to Mojapelo-Batka and Schoeman (2003), the introduction of the CTOP Act does not necessarily lead to fundamental changes in society's construction of abortion. Values that serve as ideals and ethics for people are relatively stable and enduring and as a result the support level for abortion remains low. It is thus possible that there could be discordance between the legal and social acceptance of abortion.

Mojapelo-Batka and Schoeman (2003) suggest that the increased availability and subsequent utilisation of abortion services could lead to changes in the social discourse or public understanding of abortion. However, Patel and Myeni (2008) argue that the South African public still opposes abortion and religion is still regarded as a primary cause for such. For example, in their study of female university students in Natal, the authors found that 55% of the 124 participants described themselves as pro-life and disapproved of abortion and almost 76% identified themselves as religious. South Africa's reproductive rights policy is not in accordance

with the public sentiment. It therefore appears that the majority of South Africans generally still have conservative attitudes towards TOP (Patel & Myeni, 2008). Niehaus (2002b) also reported that in his research, participants held strong beliefs against abortion based on their culture. Participants maintained that abortion polluted earth, caused draught, and prevented crops from maturing; these participants further stated that women who undergo an abortion have to engage in a special ritual for cleansing before they are reintegrated into their community. Scheper-Hughes and Lock (1987, p.19) state that “cultural constructions of and about the body are useful in sustaining particular views of society and social relations”. Not only do some of the people of South Africa equate abortion to murder, but abortion itself is also perceived as leading to a degradation of cultural values and beliefs (Sigcau, 2009).

Societal constructions of womanhood appear to play a central role in shaping individual women's sense of self and consequently their ability to exercise personal power in relation to their sexual and reproductive health. Motherhood is culturally viewed as a core aspect of womanhood which has consequences of asserting women some degree of prestige and personal power thus putting pressure on women to become mothers. Motherhood is also seen as a natural process over which women should not try and assert control while abortion is viewed as a deliberate intervention to stop the process of mothering and therefore a resistance by women to their assigned role in life. The cultural value placed on birthing and childbearing in Africa is also a significant factor that shapes women's reproductive decisions and places a particularly painful burden on those women who choose to terminate a pregnancy. Even though abortions are frequent, it is still morally condemned in the context of religiously conservative and pro-natalist cultural belief systems (Braam & Hessini, 2004). The mentioned and other issues are some of the reasons women's

productive rights remain a contested space as many societies expect women to bear children. Family structures perceive motherhood as an important aspect of nationhood as women are the producers of nations. The view of motherhood as a natural process and women as nation producers are indicative of predetermined ways of being which are fuelled by power, control and regulations of what is acceptable and what is not, consequently making motherhood an expectation from women (Segalo, 2013).

The traditional family unit has often been depicted by society as fundamental to the functioning of individuals and communities. For many years homes were regarded as the moral sanctuary and women were given the task to safeguard and produce the moral fibre of society. The family is a private world which deals with conflict internally without the interference of the state, thus it mediates between family and society. Men are identified as the primary mediators of women and children as part of their household responsibility (Bowes, 2009). The family is also a primary place wherein individuals confront and reproduce societal norms, values, power, and privilege. Gender norms expressed within the household are reinforced and reflected in larger institutions of society (Annan-Yao, 2002). In many traditional family structures men are primary decision makers about sexual activity, fertility and contraceptive use (Oladeji, 2008). Further, religion plays a role in family structures and views on relationships between the wife and the husband, for example, protestants invest fathers and husbands with spiritual authority, while catholic churches rely on the priest (who is almost always male) to keep people in check consequently creating inferiority in wives. Within the Islamic religion, all humans are equal before the eyes of Allah, yet women and men are expected to fulfil specific roles such as head of household (men) or primary child-rearer (women). Thus, religious ideology and practices have helped

institutionalise the idea of male dominance in all decision-making including reproduction. This logic of male domination has in turn served to alienate women from their own bodies (Braam & Hessini, 2004).

The literature on how people construct abortion indicates that people are not easily influenced by the change in policy and laws but rather the discourses that they hold firmly within their cultural, religious and social context which play a major role in constructions. It is apparent then that beliefs against abortion in South Africa are upheld by religion as well as by cultural constructions regarding pregnancy. The literature further shows that these cultural and social constructions are embedded in religious structures and patriarchal family structures of men dominating over women indicating the unequal power distribution.

2.3.4. Discourses of Termination of Pregnancy

The most common discourses that surround termination of pregnancy are the pro-life and pro-choice discourse. In debates about abortion regulation, both sides dominate public discourse through vocabulary. Nonetheless they are both accused of having a similar strategy of reducing complex and controversial issues into simple, powerful and opposing paradigms. These paradigms incorporate opposing terms like choice/life, woman/mother, foetus/baby, abortionist/physician, dignity/murder (Abrams, 2013). Most of the pro-life discourses are rooted in religious beliefs and are advocated by different movements such as anti-abortionist and religious structures who hold the notion that abortion is murder of a potential life with rights and a sin. Religious discourse has positioned its argument on the foetus being a baby from conception and that abortion is in fact against the sanctity of life and God's creation. Religion is

a strong influence on people's beliefs and constructions of abortion (Sigcau, 2009). Anti-abortionists such as doctors for life and Christian lawyer's association has a differing pro-life perspective which is concerned with the rights of the prospective human being. They are of the notion that the foetus should have full legal human rights and thus, the rights to life which should be more important than the woman's right to bodily autonomy (McGill, 2006). During the nineteenth century in the United States of America, doctors advocated for the criminalization of abortion using social discourses concerning women's roles, the structure of the family and women's obligations as mothers and wives (Siegel, 1998). However, such discourses have since diminished publicly but are still strongly held by individuals in society who use them in the form of interaction amongst their immediate communities. Contemporary opposition to abortions in America have landed themselves in courtrooms, one that seems interesting was captured by Hartouni (1997) in the book cultural conceptions on reproductive technologies and the remaking of life where she presents a case between Bray V. Alexanria Women's Health clinic in 1993, in the Supreme court where 'rescue' demonstrations by anti-abortion activists deliberately disrupted clinical operations as a means of depriving women of exercising their reproductive right. Hartouni (1997) finds the reasons given by the courts ruling striking as they represented the notion that the anti-abortion activists demonstrations do not deprive women of their reproductive constitutional right but rather such demonstrations were conducted for the purpose of preventing the abortion of innocent victims, thus have nothing to do with women. In this regard she writes that the Supreme Court Justice Antonin Scalia dismissed the idea that opposition to abortion such as blocking clinic entrances, damaging clinic property, threatening and intimidating clinic clientele should be considered irrational substitute for opposition to women as this opposition was not aimed at women and does not reflect a derogatory view or hostile attitude, or

discriminatory intent to women as a class. Gorski (2009) and Abrams (2013) point out that almost all courts in the nineteenth and early twentieth century viewed women as victims, by virtue of their social vulnerability. Abrams (2013) takes this further by articulating that the narrative of a woman as an object is closely related to the construct of a woman who acts but whose judgment cannot be trusted. This type of narrative may emanate from the fact that terminating a pregnancy challenges moral order, thus a woman's moral capacity to making life or death judgements (Kumar et al., 2009).

For Daniels (1997) the argument over fatal risk is not necessarily about the prevention of fatal harm, but rather about the social production of truth regarding men's and women's relationship with reproduction. Interestingly, the pro-life movement has been accused of attempting to control women. Luker (1984) maintains that the pro-life movement is actually fuelled more by gender issues than those of a religious or moral nature. According to Luker (1984) although pro-life supporters advocate for the protection of the foetus's life based on religious grounds, their main objective is to secure a traditional social system where men control women's reproductive lives.

Pro-choice discourses are based on the idea of gender equality, women's autonomy and right to choose what is to happen in their bodies. Active supporters of pro-choice are mainly women's movements and feminist movements. Pro-choice movements are influenced by liberal, modern and non-religious beliefs and value systems which believe that women should be given legal abortion to terminate unwanted pregnancy (Ronco, 2013). Further, pro-choice activists argue that the foetus is only a potential life form, which would not survive outside the woman's womb prior to 24 weeks; hence labelling it a human with rights makes no sense (Macleod, 2008). The

right to choose has been a longstanding feminist issue and current concern, this is rooted in the belief that women should reclaim their bodies and gain sexual autonomy from oppressive patriarchal social systems (Símonardóttir, 2013). However Williams and Shame (2004) suggest that pro-choice arguments should include abortion as a way of putting off childbirth until they can be taken care of, thus positioning abortion as an option for mothers trying to do what is best for their existing children and prospective ones. They argue that abortion reflects mothers' dreams for their children as they are motivated by the desire to be good mothers, and the decision to have an abortion is often taken in context of a woman's social and material conditions, especially since the cost of living is expensive in contemporary societies. Williams and Shame (2004) also argue that women often have good reasons for getting abortions, meaning that they conduct realist examinations of their life situations and may thus conclude that they are not financially and emotionally ready to have a baby. Additionally they are of the idea that "forcing a woman to bear a child she cannot afford or is in no position to care for amounts to punishing both the woman and the child for accidental pregnancy or contraceptive failure" (Williams & Shame, 2004, p. 831). They view the denial of access to abortion as placing women and their existing children or potential ones in a precarious position of hunger, homelessness, ill health and a multiplicity of other conditions resulting from poverty.

These discourses have major impact on how people view abortion in South Africa as they are often portrayed in the mass media, and the internet, thus reaching a lot of people and potentially influencing how they construct abortion. They also display power dynamics that highlight abortion as part of an ideological struggle over the physiology of reproduction, sexuality and motherhood.

2.3.5 The post abortion Syndrome Rhetoric

Maternal safety is a concern for any reproductive health care, as such there is high physical safety of legal abortion in states where abortion is legal, however on-going policy debates revolve around the questions of psychological harm (Robinson, Stotland, Russo, Lang, & Occhiogrosso, 2009). This alleged psychological harm is known as 'post-abortion syndrome', which is defined by Speckhard and Rue as cited in Hansjee (2011) as a post-traumatic stress disorder that has a delayed onset of wide range of adverse reactions after the abortion. These reaction are said to include flash backs, nightmares, regret, shame or guilt amongst others (Hansjee, 2011). This claim to psychological harm is a strategy of the contemporary discourse and debate that construct abortion as a violent traumatic interruption of natural processes or a grim and grievous choice (Hartouni, 1997). These discourses use tactics that adopt a pro-woman strategy with a fatal-focused mission; they claim that a woman undergoing an abortion is at risk of psychological trauma, sterility and breast cancer (Jordan & Wells, 2009). In court proceedings, women are often presented as the fragile emotional beings who will “regret” their decision to abort and as a result suffer dire emotional consequences. As such, she should not be trusted to make such decisions and should be protected from herself by the law (Abrams, 2013; Jordan & Wells, 2009). Meanwhile a qualitative print media analysis by Purcell, Hilton and McDaid (2014) in Britain portrayed an emotional risk framework, in which abortion could be the source of guilt, soul searching and the immense potential for regret which has the potential of extending throughout a woman's life. These anxieties were somehow associated with future child bearing and happiness; nonetheless these repeated suggestions about abortion posing psychological harm to women are at odds with scientific evidence. Although to individual women the narratives of regret and pain may be genuine, still this post abortion syndrome outcry narratives seem

manipulated for strategic ends (Jordan & Wells, 2009). It is worth noting that individual women's psychological responses to abortion are usually influenced by complex socio-cultural factors (Rue, Coleman, Rue & Reardon, 2004). Further, literature on the psychiatric sequelae of abortion has generally concluded that clinically significant adverse symptoms occur in a minority of women, and is usually predicated upon existing mental health issues prior the abortion (Robinson et al., 2009).

Jordan & Wells (2009) found the "abortion hurts women" rhetoric startling as it gave anti-choice movements momentum in promoting the sexist notion that women need to be protected from making their own decisions. This "talk of protecting women from psychological harm caused by their own decisions seems to recapitulate paternalistic stereotypes that are inconsistent with egalitarian ideals" (Suk, 2010, p.3). Robinson et al., (2009) points out that the research that shows psychological effects are usually methodologically flawed while Thorp, Hartmann and Shadigian (2003, p.1) go further to say those studies are "intertwined with political agendas of the authors and publishers."

Literature on the 'post abortion syndrome' indicates how some women's negative experiences with abortion have been used to lobby for the well-being of women while in the pursuit of criminalizing the procedure. This rhetoric is powerful because it is disguised with the notion of saving the woman. The challenge with this rhetoric is that it lacks scientific support, to indicate that majority of women experience the same predicament. This labelling of women who have had an abortion can contribute towards them being stigmatised as they may be perceived as not being psychologically balanced and incapable of making their own decisions.

2.3.6. The stigma of termination of pregnancy

According to Abrams (2013, p. 299) “Stigma is a powerful tool of social control,” which Goffman (as cited in Cockrill & Nack, 2013) describes as an attribute that is discrediting and marking of one as deviant in the eyes of society and devalues them in social interactions which often impacts their identity. For Kumar et al., (2009) stigma is produced through labelling persons into distinct categories, construction of stereotypes, then execution of disapproval and discrimination of labelled individuals. Norries et al., (2011) perceives abortion stigma as a social phenomenon which is constructed and produced locally in cultural and social contexts through various ways. Luker (1984) is of the opinion that abortion stigma stems from narrow, gender specific archetypes that inform cultural meanings of termination of pregnancy. These archetype constructs of the 'feminine' deem female sexuality as strictly for procreation, motherhood as an inevitable process for all females and women as possessing an instinct to nurture, as such women who choose to abort transgress these archetypes (Kumar et al., 2009). Abrams (2013) points out that women who have abortions are often shamed for violating cultural stereotypes of womanhood that requires them to refrain from non-procreative sex and embrace their roles as mothers. Abrams (2013, p. 299) attest that “abortion has a long history of association with stigma, which may have originated from economic, educational, legal, health and welfare systems, as differing institutions may create or perpetuate abortion stigma through policies, architecture and norms”. Such perpetuations can be observed in how organisations physically separate abortion services from other medical care in health facilities and in the fact that other countries consider it a crime (Kumar et al., 2009). The exclusion of abortion coverage by government and private health insurances also displays the role of political and economic

policies in preserving abortion stigma (Abrams, 2013). As such abortion stigma and status loss is most often articulated at community and social network levels (Kumar et al., 2009).

Activists and social scientists argue that abortion stigma is spread by systems of unequal access to power and resources, because of narrow and rigid gender roles as well as systematic attempts to control female sexuality. Various labels are attached to women who abort in different contexts; such labels include; promiscuous, sinful, selfish, dirty, irresponsible, heartless and murderous (Kumar et al., 2009). Silence, secrecy, taboos and fear of social exclusion are associated with abortion and thus keep women and others from speaking out in support of those who do abort (Shellenberg & Frohwirth, 2009). This is highlighted by Wainer (2008) in a study about *Australian women and their struggle to be good in the 1970's* which showed that social and legal cast on abortion left women and their partners effectively silenced, unable to talk about their experiences to anyone and struggle to integrate this deviant act to their self-identity as daughters, wives and mothers. These struggles can be understood through Goffman's (1963) three types of stigma theory and Hove's (2009) three manifestations of sexual stigma framework as cited in Cockrill & Nack's (2013, p. 975) which explain how individual women experience abortion stigma. They articulate that from Goffman's three types of stigma, abortion falls under two types which are blemishes of character and tribal stigma. They state that abortion is viewed as a sin that stains a woman's moral character and represents failure to fulfil the cherished archetype of femininity which denotes a woman's social status. These gender norms of sexual morality are then based on two distinct tribes of women; the 'good ' woman/girl and the 'bad' girls or fallen women. However they also state that tribal stigmas and blemishes of character can be discrete, rather than known. The challenge with this concealable stigma is that it involves information

management whereby women weigh their options in revealing that they have had an abortion and risking the potential downside of being discredited against the upside of connecting with others who could be understanding. From Hove's three manifestation, of sexual stigma model Cockrill and Nack (2013) provide an understanding of how individual women may experience stigma. These experiences may be in the form of internalized stigma that stems from a woman's understanding of cultural judgements of abortion or felt stigma which includes her evaluations of other's attitudes and how such attitudes may influence their behaviour towards her or in enacted abortion stigma where a woman experiences clear or subtle actions that reveal prejudice against those who have had an abortion. These frameworks were supported by the data of two studies that Cockrill and Nack (2013, p. 979) analysed, which showed that “many women had learned negative stereotypes about girls/women who receive abortions, e.g they were perceived as unintelligent, naïve, uneducated, promiscuous, irresponsible, cruel, careless and selfish”. These stereotypes facilitated the internalization of abortion stigma on women who participated in Cockrill and Nack’s (2013) studies. This can be considered prejudice or self-stigma especially for those women who came from families or communities that had strong negative attitudes towards abortion. The familial and community background combined with religion often leave women feeling guilty for procuring an abortion as their data suggested that there is a relationship between religion and self-stigma (Cockrill & Nack, 2013). Cockrill and Nack’s (2013) analysis also revealed that women experienced felt stigma because they imagined unsupportive reactions if they were to disclose an abortion decision. Furthermore, they foresaw double or triple stigma if the pregnancy resulted from pre-or extra marital sex, rape, poverty, not wanting to become a mother or a parent to a disabled child. The analysis also showed that women experienced loss of status when seeking abortion or disclosing an abortion experience which exemplified enacted

stigma that arose from subtle interactions (Cockrill & Nack, 2013). Kumar et al., (2009) contends that enacted stigma in interpersonal levels may manifest in forms of denial of accurate medical information, expensive fees for services, endangerment of marital prospects, ostracism and the use of untrained abortion providers in unsafe conditions.

Purcell et al., (2014) focused on stigmatization of abortion in Great Britain print media and they found that women who have abortions are described by specific negative terms. They were portrayed as 'irresponsible'; 'immoral'; 'selfish'; 'pathetic' ;'wretched' and not behaving respectably as well as incapable of looking after themselves, managing contraception or their own sexuality. There were also some personal testimonies on the print media materials that Purcell and colleagues (2014) analysed which seemed to suggest that women expected to be stigmatized for seeking an abortion. As such Purcell et al., (2014) argue that the expectation of stigma serves to strengthen and normalize moralizing discourse while emphasizing on abortion stigma by focusing on negative emotions such as guilt, shame, trauma and disgust. Kumar et al., (2009) posits that such representations in the media present abortion stigma as a universal social fact. This in turn marginalises the procedure, the women who seek abortion as well as the providers (Abrams, 2013). This established rhetoric on abortion stigma seems exceptionally creative of the category of women who abort as deviant from the norm (Kumar et al., 2009). Such rhetoric is constructive of a distinct group, of the “other”, whom are somehow different from 'normal ' women (Purcell et al., 2014). Nonetheless Kumar et al., (2009, p. 828) states that “the fact that so many women do have abortions despite powerful barriers, indicates that this is a contested space where agency and resistance are dynamics.”

This literature on abortion stigma explains how people have constructed abortion negatively through social structures, systems and interactions, thus making abortion an undesirable practice to be associated with. This explains to some extent the sustainability of unsafe abortions in South Africa. With the above background in mind, the study aimed to explore how rural women articulate, construct, perceive, and engage with the notion of abortion

2.4. Conclusion

This chapter has combined the fleshing out of a theoretical and conceptual framework with a critical review of literature. Michael Foucault's theory on power, knowledge and subjectivity and Judith Butler's theory of the performativity of gender have been elucidated as the theoretical and conceptual apparatus that this study deploys in an attempt to understand the constructions of abortion and its pursuant perceptions by black rural women who are the subjects of this study. The abortion legislation trends in South Africa, constructions of abortion in society, discourse on termination of pregnancy, the post abortion syndrome rhetoric and the termination of pregnancy stigma are some of the relevant topics that are explored in the literature review section of the chapter. The following chapter expands from this chapter by exploring the important and relevant social constructionist paradigm, which helps the study to provide an understanding the constructions of abortion and how it is perceived by black rural women.

CHAPTER THREE

Paradigmatic perspectives: African Worldview, Cosmology and Family Structure

3. Introduction

In an effort to understand in depth the constructions and perceptions of abortion in depth, this chapter draws on the social constructionist paradigm, and explores the African worldview, African cosmology and family structure. Social constructionism questions the inevitability or necessity of understanding things in a particular way (Macleod, 2011). Furthermore, it focuses on how reality is maintained and destroyed through interactions with others over time, thus locating psychological processes within social context (Owen, 1995). It also points to how reality has been shaped by historical, social, political, cultural, economic, ethnic and gender values (Scotland, 2012) which are diverse and thus ways of being differ considerably according to time and place (Macleod, 2011). Additionally, social constructionism points to how language does not passively label objects but actively shapes and moulds reality (Scotland, 2012). In other words discourse is considered to be more than a linguistic concept but rather a system of representations, which are viewed as a social reproduction and transformation of structures of meaning, conventions, morals and discursive practices that constitute the relationships we have with others and ourselves (Nightingale & Cromby, 1999). Knowledge and activity are deemed intertwined within a social constructionist stand point, in that we actively seek to explore aspects of our world in certain ways and for certain purposes, thus creating social action (Nightingale & Cromby, 1999). Further, social constructionism takes a critical stance by understanding that language contains power relations and that knowledge is both socially constructed and influenced by power relations within society (Elder-Vass, 2012) it explains that “ what counts as

knowledge is determined by the social and positional power of the advocates of that knowledge” (Scotland, 2012, p.13).

The Social constructionist paradigm provides a foundation to understanding the practice, perceptions and constructions of abortion within the Bushbuckridge rural context, as it puts emphasis on historical, cultural, ethnic, political, social, economic, power dynamics and gender values as the core aspects that shape reality. This paradigm highlights how each group in society has systems of representation which translate into social reproduction, structures of meaning, conventions, morals and discursive practices that serve as guidance to the knowledge that people gain. This paradigm is used in this study as a compass to assist me to navigate and get an understanding of the perceptions women in the Bushbuckridge area hold towards the notion of abortion. Furthermore, I married the paradigm with the African worldview perspective as a way to acknowledge the context wherein the women exist and the role that their positionalities may play out in how they make sense of the world in general and the understanding of abortion in particular.

3.1 African worldview: Brief overview

The African worldview is a humanistic philosophy with origins in the pre-colonial African rural settings. It embodies people’s allegiances and empowers relations with each other through the moral value of caring, sharing, respect, friendliness, generosity, hospitality, compassion, kindness, consideration and qualitative human community engagement with a family spirit (Broodryk, 2006; Cilliers, 2008; Van Niekerk, 2011; Mugumbate & Nyanguru, 2013; Sibanda, 2014). The African philosophy derives its moral and ethical values on binding dualities of what is good and bad, what is wrong and what is right. This is linked to the concept of Ubuntu which

serves as a factual description and rule of conduct (Louw, 2001) that is defined by discipline, morality, altruism, self and social consciousness, responsibility and duty (Sibanda, 2014). The African Philosophy “does not only describe human being as “being with others,” but also prescribe how we should relate to others, what “being with others” should be all about” (Louw, 2001, p.15). This prescriptive way of being of the African worldview is seen in how it places high value on interpersonal relationship, cooperation, collective responsibility and interdependence between humans (Chauraya, 2012). Chuwa (2014, p.34) stipulates that “Africans further view the community as precedent to its component individuals”. This entails that the community as a whole is more important than its individuals, thus solidarity should take precedence over individual needs. This notion can be further understood in how the African traditional thought perceives personhood in holistic terms, this perception does not deny the human individual as an ontological fact, rather it gives ontological primacy to the community through which an individual comes to know themselves and the world around them (Ramose, 1999). The African conception of the human is that he/she is not only an individual person, rather one born into a community whose survival and purpose is linked into that of others (Kanu, 2013). This has led to the argument that the African Ubuntu ideal of maturity is that an individual should retain their individualism without losing sense of the community as it facilitates individuality. This is due to the premise that the African worldview prepares people with the necessary normative principles for responsible actions and decision, for themselves and the community as a whole (Chuwa, 2014). Furthermore the African worldview of Ubuntu is thought to be a true realistic ethical freedom as it perceives individual freedom in relation to freedom of others and recognising that the slavery of another violates humanity and negates the freedom of all (Chuwa, 2014). The African worldview’s notion of the moral, ethical, and social

conduct of people presupposes a communal shared responsibility as well as dependence upon each other as community members. This then makes individual decision making a difficult task as all affairs are communal. This analysis assists in making sense of and getting a glimpse of some of the ways in which life is understood. With this overview in mind I would now like to turn to the discussion on African cosmology in general and its links to the notion of abortion in particular.

3.2. The African cosmology

The idea of African cosmology must be understood in a general and a restrictive sense as it is not shared by all Africans in its totality; nonetheless some of its characteristics are common elements to all Africans (Kanu, 2013). This idea is also echoed by Baloyi and Makobe-Rabothata (n.d., p. 324) when they express that “the African philosophy, epistemology or worldview is not restricted to a specific African ethno-cultural group, however it reflects a basic historical continuity, consciousness and cultural unity that offers a comprehension for things African, African culture, cultural adaptations and what being an African means”. This acknowledgement of an African philosophy, epistemology or worldview does not deny that there are differences between African communities in Africa and anywhere else in the world. However it necessitates that note that there are things that are exclusively African, which are African shared conceptual frameworks and practices that embrace an African reality that differ from others (Baloyi & Makobe-Rabothata, n.d.). With such emphasis on things that are distinctively African it becomes relevant to offer a comprehension of the concept of an African cosmology as noted by different authors in their attempt to explain what the concept entails. According to Kanu (2013, p. 535), the African cosmology is the underlying link that holds the African value system, philosophy of life, social conduct, morality, folklores, myths, rites, rituals, norms, rules, ideas, cognitive

mappings and theologies together. For others such as Ekeke, (n.d) and Airoboman & Asekhauno, (2012) the African worldview is a collective worldview concerning, life, happiness, fears, purpose of life, death and afterlife. Ekeke (n.d) posits that the African worldview is the central commonality of a particular African culture that makes up human productions and social structures such as language, folklore, and customs. This also includes complex beliefs that concern the origin of nature, structure of the universe and how it all interacts with human beings (Ekeke, n.d). The above conception of African cosmology highlights how it is a social construction that infers different elements on the conception of reality that is entrenched in history, cultural norms, values, discursive practices, rules of social conduct and social structures that are intertwined with African epistemology that is passed on throughout generations by means of folklores, myths, idioms, and social norms.

The above general description of African cosmology implies that there is multiple and fluid conception of reality. As a result this touches on different aspects of people's multi-layered ways of being through looking at life holistically by concerning itself with the origin of human beings, spirituality, death, afterlife, morality, the universe, social conduct and social organizations.

African philosophy presupposes and strongly assumes the existence of metaphysics that is uniquely African, which reflects an African experience of the universe and the African reality of existence (Etim, 2013). This is reflected in the idea that the spiritual culture of Africans lacks distinction between natural and supernatural worlds, of which through the unity of cosmos, structures and symbols of the invisible world are perceived and experienced in the visible world (Zimon, n.d). Ontologically, Africans as noted by (Esen 1982, cited in Etim, 2013) think in

hierarchical order. In this order of thinking within the spiritual realm, the Supreme Being is the creator of everything and author of all gods with different names (Zimon, n.d). Everything exists according to the plan and purpose of the Supreme Being, access to him is approached through his transcendental nature of intermediates such as ancestors and localised divinities (Etim, 2013). The Igbo and Yoruba African tribes also believe in spirits such as the god of agriculture, sea goddess, the goddess of children and earth goddess which are omnipresent and feared by people. There are several channels that are used to appease these spirits such as sacrifices, and offerings amongst others (Kanu, 2013). Ancestors are also believed to exist in the spiritual realm, and they represent the lineage of a person and are thought of as the spirits of the dead. Some call them the living dead and others view them as our dead forbearers (Futhwa, 2011). The belief in ancestors is linked to the African life of unending fellowship in the community of one's kin (Ekeke, n.d). However Futhwa (2011) and Kanu (2013) note that the closeness of relation between an ancestor and a person determines the relevancy of such an ancestor in one's life. As such Africans also concern themselves with ritual purity that is meant to bring harmony between ancestors and the living, thus regularly a descendant would slaughter an animal for appeasement or appreciation (Futhwa, 2011). Furthermore, life in Africa is believed to be cyclic, that is birth, death and rebirth. "Those who lived good lives and died at ripe old age, receiving the appropriate funeral rites, in relation to their status, go to the spirit-land where they live until they reincarnate" (Kanu, 2013, p.549). Whereas those who lived bad lives and died bad deaths are sent to the intermediate state between the spirit land and land of the living where they live frustrated as wondering and restless spirits who end up as wicked spirits (Kanu, 2013). The belief in reincarnation stems from an African view that the human person consists of three elements, the body, soul and spirit. The soul in this view affirms that the human being already has individuality in the spiritual world

before birth. This suggests that life does not begin at birth but rather when one acquires a soul in the spiritual world which defines their individuality (Kanu, 2013). Futhwa (2011) also expresses the same notion in his book, *Setho, Afrikan thought and belief system* when he states that in African spiritual terms the soul is considered an everlasting element in the human being. Therefore the soul in African thought has existed before birth and will continue to exist beyond death. The soul is thought to transcend into the next life form as when a person dies it is only the physical and the mind that perish thus the soul is the human aspect invoked during ancestral rituals and beliefs (Futhwa, 2011; Ramose, 1999). Africans also believe in the practice of magic and medicine. These are believed to operate in the African environment as forces that hinder people's progress in life, as such the use of magic and medicine is pragmatic in helping the African person to concur and sooth his environment. Witches and sorcerers are amongst those who use their magical powers for evil and harm while medicine people who treat people for various ailments and those who exorcize spirits out of those who are possessed are thought to use their magic in good ways (Ekeke, n.d).

Metaphysically, Africans think the spiritual invisible world and its structure can have an effect on the visible world of the living and as such there are ways that they can communicate with them to ask for gifts, peace and/or forgiveness. They also believe that the spiritual world exists in hierarchal power structure, with the Supreme Being as the most powerful being who created everything according to his plans. However, human beings cannot directly communicate with the Supreme Being thus the existence of the other gods, ancestors and deities that the Supreme Being has created as intermediates (Futhwa, 2011). Another aspect of the African metaphysics is the African conception of the soul as it is thought to exist before birth and after death with the

possibility of reincarnating which implies a cycle in human souls. From this metaphysical thought about souls and reincarnation one can presume that this will have an implication in how Africans think about abortion, more so because it is the souls of the forbears or ancestors that may be reincarnated to come into rebirth through a new born but such reincarnation may be denied through an abortion of the foetus. At the same time abortion would mean an interference with the Supreme Being's plans and creations since all things in the spiritual and physical world are created by the Supreme Being including birth, death and rebirth.

I will now move from the metaphysics of the African worldview to how Africans make meaning of life and how they conceptualize life in general. I shall illustrate the link between the conception of physical life and the metaphysics of African life through the analysis of literature on life to further clarify my assertion above.

Africans consider the earth to be the foundation of life and a boundless cradle of different kinds of existence thus earth is sacred (Zimon, n.d). The earth is the mother that feeds everything, as such it is thought of as the divinity, soul, and source of life, fertility, wellbeing and richness. The earth contains an earth spirit which is the source of life and provider of fertility that prefers peace and social moral order. The earth is also thought to possess definite commands and prohibitions which ascend from the earth spirit (Zimon, n.d). The earth spirit is known to punish violations of bans, taboos, social order through penalties in agricultural products shortage, famine, infertility, draught and illness (Zimon, n.d). The punishment executed by the earth spirit may befall particular clan members, the whole family or everyone living in the village. It is behaviours such as murder, shedding of blood, adultery, engaging in sexual intercourse outside the house in the

bush or on cultivated land that defile and offends the earth (Zimon, n.d). This construction of earth and its relationship with earthly creatures is indicative of the influence that the spiritual world has through the punishments that are executed when there has been violations within the African thought. This way of understanding the earth has an influence in how Africans construct, conceive life and their social action towards it, which provides a platform to understanding human life that stems from this way of knowing.

The African worldview values and respects life as it perceives it to be sacred. Furthermore it recognizes life as a central notion which each community is geared towards maintaining (Zimon, n.d). Africans consider the birth of a child to be the greatest life event for both parents and the community that the child is born into (Zimon, n.d). Futhwa (2011) supports this by highlighting that the sacredness of the human life in the African worldview is guarded by taboos and rituals. As such birth, is usually accompanied by several rituals that are meant to strengthen the life of a baby. One of the critical rituals is the burial of *mokgubu* (umbilical cord) which is performed at the sacred place called “*ntlong*” where women give birth and this ritual is supposed to link the child with nature (Futhwa, 2011). Another ritual and ceremony that Africans perform is the introduction and soliciting of protection for a new born member of the family called (*imbeleko*) or (*Pitiki*) where they sacrifice a goat (Cocks & Dold, 2008; Futhwa, 2011). Delivery of the baby is performed by elderly women whom are known as traditional birth attendants, these women specialize in pregnancy issues as they have been midwives for many years and possess obstetric and ritual expertise (Sodi et al., 2011). During the first two weeks after a child’s birth the baby remains secluded in the birthing house where the father, other males and outsiders are not allowed to see it as a way of protecting it from evil spirits (Ramokgopa, 2001; Futhwa, 2011).

Further, there are some traditional African religious measures to be observed during pregnancy to avoid secret activity of evil spirits which are communicated as precautions that a pregnant woman should take to protect herself and her pregnancy (Conteh, 2008; Sodi, et al., 2011). Futhwa (2011) argues that in African worldview there is an emphasis on the physical life, which has led to the view of post birth as a gift from the ancestors. The work of Zimon (n.d) contends that Africans view life as the greatest gift from the Supreme Being and a long life is considered a blessing from supernatural beings. Whereas any harmful behaviour aimed against life is considered a sin socially and morally, as God is the giver of life and the one who keeps (Zimon, n.d; Conteh, 2008). This analysis of the understanding of the African human life is strongly linked to the metaphysical beliefs that the Supreme Being is the creator of life and the one who plans everything according to his purpose. It also alludes to the relationship between ancestors and a new born to indicate the power they have in protecting one of their own from evil spirits as intermediates of the Supreme Being. As indicated before that there is a belief in witches, evil spirits and sorcerers in the African spiritual world, it then makes it necessary for humans to take precautions against these where a new-born's delicate life is concerned. All these beliefs and actions towards the maintenance of life would then mean anything aimed against it will be against the will of the Supreme Being and may sustain punishment from the angry supernatural forces. This then has implicit notions about the practice of abortion which I will briefly explain below.

Within the African worldview abortion is condemned, frowned upon, and strongly discouraged as the foetus is believed to belong to God. "Life/spirit is from God but enters the mother's body thus inspiring and giving Life to her blood, the foetus" (Conteh, 2008, p.73). The foetus is

considered to be defenceless and voiceless, thus its protection rests with the community (Conteh, 2008). Conteh (2008, p.73) notes that “Rape and poverty are not considered appropriate reasons for abortion. However abortions which are deemed medically necessary seem to be mildly tolerated”. Abortion is considered a forbidden taboo amongst other sexual behaviours that may lead to death through a process infused with supernatural pollution. Pollution is usually linked to dirt that is associated with witchcraft and immorality (Hassim, 2012). Taboos associated with sexual intercourse include engaging in intercourse with a female during her periods, having intercourse after a miscarriage or an abortion or immediately after child birth, engaging in commercial sex, sexual relations between close relatives and having intercourse with a widow who has not gone through cleansing rituals (Hassim, 2012; Osei, 2006). These sexual taboos are meant to control sexually transmitted infections such as gonorrhoea that can be contracted after a miscarriage or an abortion which may also lead to infertility (Rathete, 2007). Apart from the fear of infection, the taboos on child birth, miscarriage and abortion are meant to give the woman time to recuperate from internal injuries (Osei, 2006). This bodily restorative advice is also seen in how after giving birth a woman is given more than two months leave from her normal activities to nurse her child and herself. This period is known as “*setswetse*”, and it is categorised by sexual abstinence as the woman will spend their “*setswetse*” period in a separate house surrounded by women (Futhwa, 2011). Taboos are suggestive of social controls that act as moral codes of a society. Within the African Worldview taboos are believed to be prescribed codes by supernatural forces which if contravened, punishment will follow from spiritual forces. Punishment by the spirits may affect the individual, their family or the entire community (Hassim, 2012). As noted in the first chapter that served to contextualise the study, the people of Bushbuckridge associate abortions with permanent infertility of the woman who has had the

abortion and illness or death of any man who will have sexual relations with her within the first six months after the abortion (Ritchken, 1995). According to Ritchken (1995) there are cleansing rituals that are followed after a woman has had a miscarriage, in order to preserve the community from years of draught. Similarly abortion in the Bapedi tribe is forbidden because it is thought to bring about too much heat in the land (Mokgobi, 2012). While according to Murimbika (2006) the Balovedu tribe are of the notion that women who die during child birth, abortions, or miscarriages and people struck by lightning should all be buried in cool places, such as river valleys and waterways. This is done as an effort to cool their spirits as they are thought to have died in hot circumstances. In the case of improper land burials, rain would not fall and such would be corrected by the use of rain medicines (Murimbika, 2006). The idea of perceiving abortion as a taboo seems to be entangled with ecosystem notions of the environmental degradation and climate change which have disastrous implications for those inhabiting the land that has been punished by supernatural forces such as the earth spirit. Furthermore, the implications of committing an abortion are that there should be specific and proper burial for the aborted (and other burial conditions also need to be adhered to) which suggest that in the African perspective the foetus was in fact a being that deserve a proper burial. This burial must be accompanied by rituals and ceremonies for the appeasement of the spiritual deities implying a link between the spiritual world and the physical world. Further this link is suggestive of an interconnection between human beings, nature and the universe which gives an understanding of the effects that the spiritual world brings to humans through illness, infertility draught and famine. However the most significant part of the interconnection is the African belief that upon death the human ecology transcends itself into the natural world (Futhwa, 2011). Futhwa (2011)

posits that the fact that several African tribes refer to ancestors as “*Ba fase*” or “*aba phanse*” which means those on earth or underground indicates their transition to the natural world.

Physical death is considered to be the last stage of earthly life of the human being and also marks it as a transition into the spirit world which people have strong connection with through dreams, revelations, divination and belief (Futhwa, 2011). Soon after one’s death there are burial rites that are put in place to ensure a smooth transition for the departed to the spiritual world, it’s a way of asking the ancestors to gracefully accept the spirit of the newly departed (Baloyi & Makobe-Rabothata, n.d). These death rites consist of the slaughtering of an animal in the afternoon before the burial as a token of sending the departed off with respect and dignity (Futhwa, 2011). The burial ground is considered a sacred and special place for the dead, this place is called “*mabitla*” and people do not frequent there unless they have a valid reason. The grave yard, “*mabitla*” remains secluded from normal daily lives (Futhwa, 2011). This burial practice is not common to all Africans as some bury their family members in their family graveyard within the vicinity of their compound as a cultural belief that the dead remain part of their earthy families (Umoh, 2012). However embryos observe a different burial, as they are buried in old broken earthen pots and the smallest in an ox old horn. Only women who were midwives may perform the burial, this burial takes place in the early hours of the morning or at night fall (Futhwa, 2011).

Soon after the burial, the clan enters into a seclusion period known as “*bofifi*” which has a set of rules and behavioural conduct for those in mourning such as refraining from alcohol consumption and wearing a signifier that they are in mourning. This usually last for 3 months to

a year depending on the relationship one had with the departed which the seclusion period will be removed with a cultural cleansing ceremony (Futhwa, 2011). These burial practices that are specific to embryos and the rituals that accompany any burial of a dead person sheds a light on the African conception of abortion which detains that certain rituals and burial rites be observed otherwise trouble from the supernatural world may arise.

This analysis on the African metaphysics and conception of life shows that there is a strong relationship that exists between the physical and spiritual worlds. It may then be argued that the above discussion may assist us in understanding some of the reasons that may have linked abortion to be perceived as taboo.

3.3 African worldview and the family structure

The African worldview places importance on the family and respects the role and authority of the father as the provider and head of the family (Zimon, n.d). It is worth noting that the man's place in the African traditional view is recognisable through marriage and the family structure, where they are expected to keep their lineage alive (Futhwa, 2011). In this regard children are considered important to a married couple to the extent that a childless couple may take steps to ensure offspring either by marrying an additional wife or asking a close relative of the husband to procreate with his wife (Akujobi, 2011). This need for procreation maybe embedded in the African belief that children are wealth, not only do they continue the lineage but run errands and assist with work. Further children in African tradition look after their parents and family affairs when their parents are old and weak. They also provide a dignified burial for their parents while remembering them, surviving them as continuation of their genealogy (Akujobi, 2011). Women in the African society are viewed as the unifying force, as they are the only beings capable of

child bearing and it is also through the marriage of women that the scope of relations between people widens (Futhwa, 2011; Ansell, 2001). In other words, “the Female gender is the centre of life, the magnet that holds the social cosmos intact and alive” (Zulu Sofola cited in Hudson-weems, 2007, p.66). Motherhood is considered sacred as it is thought to be a God given role (Akujobi, 2011). This thought is supported by the claim that in the spiritual realm the mother is thought to be the god of children. Spiritually the children are connected more to their mother than father in matters of the soul (Futhwa, 2011). Mothers are also understood as the primary socialiser of children or teachers of moral values and social conduct and co-partners in the survival of African families as wives (Futhwa, 2011; Mazuru & Nyambi, 2012). In traditional African society every African woman is encouraged to express their womanhood through childbearing as it is regarded to be of central importance in the traditions of people of Africa (Akujobi, 2011). As such motherhood is the defining factor of women’s identity, self-respect and the understanding of womanhood in African thought (Dimka & Dein, 2013). Childless women are seen as people who never reached adulthood, who lack economic and social value where household wealth or lineage issues are concerned (Dimka & Dein, 2013). Within the African philosophy marriage is given prestige as through it there is an expectation to reproduce which entail immortality for the African (Chuwa, 2014). This perspective holds that having descendants will keep one’s lineage alive and will afford them immortality through the memories of their descendants. This assumption stems from the belief that marriage and reproduction are the intersection for the three layers of human life, that is all members of society meet, the departed, the living, and the yet to be born (Mbiti, cited in Akujobi, 2011; Chuwa, 2014). “The departed come into the picture because they are the roots on whom the living stands and the living is the link between death and life” (Akujobi, 2011, p. 6). The African thought also places great value

on solidarity by providing dignified care for the elderly, disabled, less fortunate, children and sick members of the community (Zimon, n.d; Chuwa, 2014). The elderly occupy a special place in the African communal life as they are regarded to be blessed with enormous wisdom from life experience which they can pass to the next generation (Futhwa, 2011).

Here one can see that the African worldview fosters childbirth through the gendered roles that both females and males occupy as the man is expected to continue his lineage and the woman to become a full woman through motherhood. Every woman and man is expected to reproduce and be part of a household for her/him to be considered as an adult worthy of engaging in certain social discussions of the community. However, there is great value that is put on children as they are thought to be wealth to the parents who may need them in their old age which then implies that having children offers some level of security and peace of mind. This thought is also promoted through the belief that children are interlinked to those who have died thus highlighting the connection between the living and the dead.

3.4 Conclusion

This chapter has explored the constructionist paradigm by examining the African worldview, African cosmology and the African family structure. This exploration and examination lays the ground for the study to make observations, raise arguments and advance conclusions on the constructions of abortion and perceptions of it by black rural women as it will be seen in the chapters that follow. This chapter has shown how culture, religion and traditional beliefs act as frameworks that govern the perceptions and beliefs of people including rural black women in South Africa. The next chapter delves into the important issue of the methodology of the study.

CHAPTER FOUR

Methodology

4. Introduction

This chapter delves into the methodology of the study. Qualitative research methodology is the elected research tool for the study that is observatory, descriptive, analytical and interpretative in nature and design. This chapter also covers the description of the population of the study, how the research site was accessed, the sampling method adopted, how the data was collected, ethical considerations and the analytical method that it adopted. The chapter also clarifies the ethical considerations of the study which are important for the reason that the study handles the matter of abortion which involves the private lives, reproductive lives and health of women, and is therefore an ethically charged subject where confidentiality and privacy are important.

4.1 Qualitative research design

The study used a qualitative research method which is defined as a system of inquiry which seeks to build a holistic, largely a narrative description to inform the researcher's understanding of a social or cultural phenomenon (Creswell, 2007). Qualitative research takes place in the natural settings of the participants, employing either or a combination of observations, interviews and document analysis (Creswell, 2008). This approach was selected on the basis that the nature of the social problem that I focused on required for the phenomena to be explored in depth, with a specific focus on the use of language and how the body is constructed in order to understand the constructions and perceptions that are ascribed by black rural Bushbuckridge women on practices of abortion. All research designs require a researcher to be mindful of ethical issues throughout conceptualisation and methodological design as it is a universal principle that entails

social and moral values. However, variations apply based on context, since what is considered morally acceptable in one cultural context may not be in another (Adu-Gyamfi, 2015). The study's ethical implications will be discussed in depth below.

4.2 Ethical considerations

Ethical codes guide the research process and should be integrated from the onset of the research process to completion and dissemination of results (Smith & Stillman, 2014). These codes serve as a guide to what should not be done (non maleficence) as well as what should be done (beneficence) in the research field (Salaam & Brown, 2013). According to Smith and Stillman, (2014, p.2) "Research ethics are monitored by review boards or a research ethics committee and are regulated by ethical codes of professional bodies". This entails that a researcher has to convince members of the ethics committee that the study they propose will follow strict ethical guidelines as specified in the ethical frameworks and guidelines (Adu-Gyamfi, 2015). Key issues that are stipulated in the ethics guidelines and frameworks are to ensure anonymity and confidentiality, the use of consent forms where necessary, and stating possible damage and danger to the participants. The purpose of the consent is for ensuring that participants voluntarily agree and willingly participate in the study (Makubalo, Netshidzivhani, Ratsaka-Mothokoa, Ntuli, & Shilumani, n.b). However, these guidelines may prove to be a challenge in practice where participants want their names to be on the research report (Saunders, Kitzinger & Kitzinger, 2015) or require compensation for their participation (Salaam & Brown, 2013) or when participants are suspicious of signing formal documents and prefer verbal consent (Salaam & Brown, 2013; Abu-Gyamfi, 2015). Further, a confidentiality contravention may result from a researcher's choice of employing focus group data collection method (Sagae, 2012). Qualitative research designs also require a thick description of the research context and site here mentioned

as Bushbuckridge area which may also violate the confidentiality part of research ethics (Kaiser, 2009).

Since obtaining an ethical clearance from the university's ethics committee is a prerequisite for the commencement of the study in this context, I applied for one and assiduously waited for a clearance that took more than expected. Finally, I received the clearance from the department of psychology's ethics committee, but it was challenged by the college of human sciences' research ethics committee since the population of the study was deemed vulnerable, the topic of the study sensitive and the gate keeping process questionable. The categories *vulnerable* and *sensitive* may be perceived as problematic as they take agency away from the participants and assume people to be unable of making decisions for themselves. The question may be asked, what criteria is used in determining that rural black women are a vulnerable group? Such prescriptive measures tend to limit and somewhat silence people who would otherwise want to have their voices heard without imposed restrictions.

Smith and Stilman (2014) argue that the research ethics committee impose a prescriptive and narrow ethical research framework that does not take into consideration contextual moral and ethical principles. This checklist approach in research ethics require reconsideration in demand of them to be informed by cultural practices, values and morals of each studied community (Adu-Gyamfi, 2015; Smith & Stillman, 2014). The discrepancy in the universal uncritical application of ethics emanates from the fact that conventional ethics are derived from a particular world frame and discourses that serve as regulator technology of governance that favours the research body instead of the researched community (Smith & Stillman, 2014). Ess (as cited in Smith & Stillman, 2014, p. 8) argues for the essence of "avoiding imperialistic harmonization while simultaneously preserving the irreducible differences between cultures and people". This,

Smith and Stillman (2014) assert is meant to serve as a caution to avoid re-colonization of indigenous people in the research process. This is in agreement with Chilisa (2011) argument that the current state of academic research is entrenched in the historical, cultural, and philosophies of Euro-Western, which marks them indigenous to the Western academy and institutions which poses a challenge when conducting research with non-Western indigenous or rural communities. With these arguments on how research is conducted and the ethical guidelines they follow it is important to ask a few questions as to who defines ethical conduct and from which framework or worldview do those emanate from. Thus making it mandatory to have context specific research ethics that respect research settings as well and community cultures without compelling them to adhere to prescribed guidelines that the researched communities does not identify with. I shall now provide some of the ethical guidelines that the study followed as well as illustrate some ethical dilemmas encountered and how they were dealt with.

4.3 Accessing the research site

Community entry is one of the most challenging responsibilities that a researcher has in a rural community context, if this entry is not appropriately handled, it may put an end to the research process and if it has been appropriately handled it may determine its achievement (Gasa, 2006). Furthermore, getting approval to conduct a study in a research site does not equate gaining entry to the site as some social and cultural insights are held by individual members of the community who may deny you access to them by deciding not to participate in the study (Kawulich, 2011). This procedure's difficulty is further exacerbated if the topic researched is of a sensitive nature (Johl & Renganathan, 2010). With that highlighted as part of my own preparations of data collection, I had to think about the community's gate keeper (*Induna*) and how I will approach him in order for me to collect data in the area where he is the leader. This gate keeping

consultation process is a vital part of the research due to the fact that “according to the established protocol in South African rural communities authorization must be obtained from the chief or leader before any research can be conducted” (Smith & Stillman, 2014, p.7). Further, Kawulich (2011) assert that this consultation with community leaders has encouraged researchers to research needs of communities or conduct research that is deemed relevant to the lives of community members (Kawulich, 2011).

According to Kawulich (2011) and Gasa (2006) the gatekeeping process requires establishing trusting and long term relationships or contacts through human interaction, key informants selection, representing yourself appropriately and showing respect for cultural customs which are important aspect of being issued entry to the field by gatekeepers. These contacts are most likely to provide information on how to best behave around members of the community, such as appropriate dressing for females in a meeting with community leaders as well as how to address males and females at the traditional court meetings (Gasa, 2006). In line with Kawulich (2011) and Gasa (2006) in their separate but similar assertions, I also experienced this in practice when I started tackling the gate keeping process through identifying a community member who knew certain community members who sit in the traditional court. The community member and I approached a traditional court member who deals with civic matters for more information on how we could access the gatekeeper and the procedures involved. The traditional court member referred us to the appropriate member who works on community project issues. Through this practice mentioned above, the essence of gaining entry through developing relationships which will assist in familiarising one’s self with the setting and establishing culturally appropriate ways of behaving as asserted by Kawulich (2011) was realised.

The traditional court, where the community meeting between me, the community leader and other tribal committee members took place is a space where the community issues are discussed; as such it can be regarded as a sacred place. The issues discussed may include, but are not limited to resolving conflict between members of the community, issuing permission for developing the land for economic purposes and community development projects. As such I also had to be given permission to collect data by the traditional court, so as to avoid being perceived as an intruder. As the day to hold a traditional court meeting arrived, I was invited to come and represent myself by explaining what I had intended to do in the community. I was informed beforehand by the traditional court member, the one who works with community projects that I had to dress properly to be accepted at the traditional court. Dressing properly entailed wearing a long skirt or dress and putting a head scarf as well as a jersey or something that will cover my shoulders, a requirement for females in order for them to be allowed to enter into that space. Men, though have to wear a jacket and have their heads uncovered when coming into the traditional court thus showing respect. I did as instructed and grafted an appropriate position for myself to be given permission to conduct the study in that community. I observed that in the traditional court men and women sat separately and that each person who had an issue that was to be discussed had a representative, a member of the committee whom they had asked to represent them. Soon after I was represented, I was asked to give more details relating to the study so the committee could make an informed decision regarding the effects it may have in the community. This clarification is in line with Johl and Renganathan's (2010) idea that researchers need to be clear about the aims, objectives and resources of their research at the initial stage. If aims and objectives of the research are not clearly presented gatekeepers may refuse access to

the research site (Johl & Renganathan, 2010). Thus, Horwood and Moon (2003) contend that research negotiations with gate keepers require careful considerations and planning.

Members of the committee were asked if they were willing to allow me to conduct the study in their community or not and none of the members objected. I was then asked if I needed any assistance from them to recruit participants of which I said I would be able to recruit on my own. The *induna* then signed the Xitsonga version of the consent form that was read out by one of the committee members which meant that I could start with the recruitment process. This process on its own challenged my academic thought of ethical conduct as the practices in the traditional court were different and also implied consensus amongst present members than decision by the leader. This experience also made me think of the gender dynamics that I had observed at the traditional court; as men and women had gender specific roles in the traditional court. These thoughts were triggered by the competing discourses of the literature I have studied prior to working on the project in the research field. This is due to the fact that traditional African societies are viewed as both patriarchal and matrilineal, which is observed from the separate responsibilities of decision making that they have and that in the traditional court both genders are represented (Diop, 1989).

The gate keeping process has been problematised by other researchers such as Smith and Stillman (2014) who conducted a research in a similar rural setting and articulate that the community structure is a patriarchal tribal authority one, as the chief's approval is required for most forms of collective activity, including research participation and that individuals may not partake in any research individually or collectively without the chiefs' support and authorisation.

Smith and Stillman (2014) further highlight a counter argument which is derived from a relativist approach to ethics. The relativist argues that cultural and social diversities of realities that may exist in traditional communities should be taken into consideration. They further argue that outsiders may object to the traditional patronage, when initiating the research process but it is not their right to interfere in it as the chief's authority is to be respected and traditional authority leaders are legally recognised in South Africa (Smith & Stillman, 2014). It is also imperative to be aware of and understand the power dynamics that are embedded in the research site that is to say that the power between the gate keeper and a researcher is not equal (Horwood & Moon, 2003). Although the researcher may come in as an expert from the university, such a standing is not regarded in the gate keeping and community context as such the researcher must be respectful and follow all protocols of the community they want to research. This process has highlighted that communities also have their own way of doing things and that coming in with permission from ethics board at a university does not negate acquiring permission from the people you intend to research especially if they prescribe to a collective way of living.

4.4 Population and Sampling of the study

The study used non-probability, purposive sampling which is defined as the deliberate choice of an informant due to the qualities the informant possesses, in this case the researcher decides what needs to be known according to the research inquiry and sets out to find people who can and are willing to provide the information by virtue of knowledge or experience (Dolores & Tongco, 2007). Purposive/judgemental sampling was applied in the study where women from a rural village around Ehlanzeni district, also known as Bushbuckridge in Mpumalanga were asked to voluntarily participate in the study. The participants were recruited from their respective rural community where permission was sought from the gate keeper. These participants were selected

on the basis that they are women who live within rural black community that uphold culture and collectivism and may construct abortion differently from the highly theorised urban women. The women who participated in the study were between the ages of 25 and 40. This age selection criterion was imposed on the study by the university's ethics committee who viewed abortion as a sensitive topic that carries challenges if discussed by women living in a rural community who are between the ages of 18 and 35 as they were viewed a vulnerable group. Lee and Renzetti cited in Horwood and Moon (2003, p.106) argue that "sensitive research topics are 'emergent, meaning that their sensitivity is located in the relationship between the topic and social context within which the research is conducted". They also highlight that research on sensitive topics do not only cause ethical dilemmas rather they challenge and expose the limitations in ethical theories (Horwood & Moon, 2003). As in my view abortion perceptions can never equal questions of abortion experiences thus distancing the topic from actual experience and sensitivity.

The vulnerability of the population emanated from their position in society as "rural black women" which I argue to be problematic as this silences and keeps these women at the periphery if not given a chance to express their views and knowledge systems on a topic that urbanised, educated women and men have a chance to engage in. Chilisa (2011) takes this further by arguing that the favoured Western academy methods exclude the knowledge systems, of the historically colonized, oppressed and marginalized from knowledge productions by signifying them as the other. Just as they did to the women in this study which is in fact a structural silencing and exclusion, as the ethics committee suggested that an 18 year old in a rural community may not be regarded as an autonomous being capable of making decisions on their

own. Further Chilisa (2011) advocates for decolonizing methods and ethics that afford the historically oppressed a space to rediscover and recover their culture, history, language and identity by allowing women, the elderly, disabled, and children to define themselves and their reality as well as what can be spoken and written about them.

The term “vulnerable or marginalized groups” is often used in research to refer to groups who do not want to be identified such as gang members or drug users or to a segment of the population such as children, the elderly, the illiterate, the poor, the disabled and those with mental health problems (Salaam & Brown, 2013). Smith and Stillman (2014) are however of the view that the category vulnerable population or community when referring to rural women presents ethical challenges for both the researcher and ethical boards who must approve the research. Smith and Stallman (2014, p.2) ask imperative questions such as “how is a vulnerable population or community distinct from the individuals imbedded in it?” and “what does it mean to be ethical or unethical, how are these terms defined in qualitative community based research and by whom?” Further Punch (as cited in Horwood & Moon, 2003, P.108) poses a similar and critical question “Who is to perform the moral calculus that tells us what to research and what to leave alone?” These are important questions that may untangle some of the ethical issue encountered in practice if engaged with.

The definition of vulnerable can be a problematic one since it is context specific. People who may be regarded as vulnerable in a Euro-Western bio-medical framework may not be regarded as vulnerable in other contexts. From within the Western framework disability includes poverty, ethnicity or class status, homelessness, age, gendering, landlessness and so forth which are a

norm in developing context as it is these axes of inequality that constitutes their lives. Nonetheless, the term vulnerable is viewed as a negative attribution as it may lead to stigmatization or incapacitation when positioning a group (Smith & Stillman, 2014). Yan and Munir (as cited in Smith & Stillman, 2014) attest that exclusion of vulnerable populations from research is unacceptable if the research is ethically defensible and if the vulnerable population stands to somehow benefit from the research. Further marginalised and vulnerable people may have important contribution to make to knowledge development and an understanding of a social or health phenomena (Smith & Stillman, 2014). These ethical and methodological issues point to the flaws that the frameworks used to decide on whom to research and who not to research carry. This indicates a need to be mindful and to converse with the frameworks with the aim of establishing frameworks that are fluid and considerate of what certain classifications imply about the research subject.

4.5 Data collection methods

As part of doing research in any research site, it is always important to do a background research on the area so that you can be able to understand the norms, values and practices of the research site you have selected to research (Gasa, 2006). This will help you know about the politics that exist with the area so you may be able to stay out of possible conflict (Gasa, 2006). Further knowing or understanding one or more languages that are used to communicate within the research site would come in handy in relationship building. Collaborations with research participants is determined by how the researcher presents themselves and having a common factor such as language (Kawulich, 2011). As noted my understanding of the language and background research and experiential knowledge came in handy when executing the data collection.

The study used both individual face to face interviews and focus group conversation data collection methods in order to gain in-depth understanding of the studied phenomena. I conducted two focus group sessions with six participants in each group and 5 individual interviews using semi structured interviews. The Focus group method of data collection was adopted because I wanted to explore collective constructions of abortion so as to be able to see competing, contradictory, and similar notions a group could produce in their talk about abortion. Further I sought to explore group dynamics since participants in a group build their argument from what other speakers have said. The individual in-depth interviews were aimed at providing a space where individuals could provide their sole understanding without the influence of other people so as to get a sense of their internalized understanding and perception of abortion. Participants in individual interviews did not participate in the group conversation as a method of ensuring were a true reflection of their knowledge and perceptions of the practice of abortion. I asked each participant in the study to sign the informed consent documents that I had with me prior to holding the interviews with them. I explained to each of them what the study was about in their own language and also allowed them to read on their own as it was written in Sepedi, a language they understand. I explained to each participant of the study that they have a right to discontinue at any point if they were uncomfortable, it was also explained to them that the study was voluntary. However there are few concerns, where informed consent is involved when doing research with rural or indigenous communities. Firstly Smith and Stillman (2014) argues that signing a pro forma document does not constitute consent, they state that consent can only be obtained as a result of an understanding between the participant and the researcher in the language that participants understands. With provision of sufficient information pertaining the research, such as the purpose, methods, demands, risks, discomforts and inconveniences of

taking part in the research. One of the other challenges of asking for a consent form is that participants are usually reluctant to sign a written consent form as it is perceived as an official paper (Salaam & Brown, 2013). This suspicion results from their past experience of exploitation where some people lost family land and property as a result of signing documents that they had no understanding of the content, thus verbal consent should be considered as another form of consent (Salaam & Brown, 2013). Further some challenges in field work involve participants asking for reimbursements while the ethics codes deem paying participants as a coercive strategy that should not be used when conducting research (Salaam & Brown, 2013). I highlighted issues of consent as I had two or three participants questioning the reason for signing on the document as their assembling at the venue implicitly implies that they have agreed to take part in the research. Further one of them asked me if I was going to pay them to participate in the study which contravenes the ethical conduct as it is perceived as financial coercion to participate. In these instances I found myself in an uncomfortable position where I had to either choose defying the strict guidelines of ethical conduct as illustrated by the College of Human Science Ethics Board by giving the participants what they asked to be done or adhere to the guidelines by letting the participants walk and look for other participants. These contradictions between participant's demands and the ethical guidelines demands were at tension with my own need to complete the field work part of the project as scheduled. All these competing demands made me think about my own accountability as well as ethical conduct in the research over who wants what among the three bodies. At the end I chose to adhere to the ethical guidelines of the College of Human Science Ethics Board, as I did not want to be viewed as a researcher who violated ethics. This was done because of the experience I had that took me many stressful months to obtain ethical clearance for the study. As such I made it a point to explain to the participants who felt that a

verbal consent and their physical presence imply consent that signing the forms was important as it serves as proof that I had behaved ethically and did not force them to take part in the research and that it was a requirement by the university's ethical board. I also assured them that nothing will happen to them for signing the documents. As for the participant who requested reimbursement for participating in the study, I explained that their participation was voluntary and would be unfair for me to pay them whereas I had not paid the others. I further explained that giving them money is an opposition of the ethical code that I had agreed to when I signed the ethical conduct form. I also reassured the potential participant that if they would not be able to participate without payment then it was okay for them not to participate and as a result they did not participate in the study.

The interviews and focus group conversations took place at a pre-arranged area that was booked for the convenience of all participants. This venue was distant from possible disturbances, and noise yet was a comfortable, relaxing and conducive for conversations as recommended in a study on focus groups by Masadeh (2012). I asked permission from participants to audio tape the interviews so that I could accurately record data for later transcription and data analysis. All participants in the study were asked the same questions; however, the responses were diverse which could have been the result of individual characteristics such as age, individual life experience and formal educational level. The focus groups seemed to stimulate competing opinions and beliefs about the topic of abortion and what it means to them as a people of the same community. The individual interview topics were limited to the questions I stimulated concerning knowledge about abortion and its construction, influences on reproductive decision making, access to abortion services and methods used to abort, which I consider limiting. While in

focus group conversations participants also pose questions about the topic which I had not formulated as the researcher. As a result the questions that participants formulated provided breadth for the study as they asked each other questions concerning rape and coerced sex, poverty and inequality which I had not included in the interview guide.

4.6 Confidentiality challenges in focus groups

Confidentiality in focus group conversations can prove difficult to obtain as there is more than one participant in the group, this even so in the case of a sensitive topic where individuals may divulge certain information about themselves (Sagoe, 2012). A focus group conversation moderator has the obligation to encourage participants not to disclose what was shared during the research process with other people who were not part of the study. The researcher also has the responsibility to ensure participants of anonymity of data when reporting and in this case this would mean either the use of pseudonyms or assigning participant's numbers. I chose to assign numbers to the participants, and in some cases pseudonyms both of which are ways of coding data that help when data has to be decoded (Sagoe, 2012). As indicated by the author I was also unable to guarantee confidentiality to the participants of the study nonetheless I encouraged them not to discuss what was discussed in the focus group conversation with other people.

4.7 Reflexive position

As part of reflexivity during conducting of the study, I found myself at tension with the positions that I hold which are multiple and contradictory. These multiple and contradictory positions stem from the fact that I am a rural born and raised black woman who speaks Sepulana as a home language and the research context and practices of the study site are familiar to me. I am also positioned as a student who is conducting a study for academic purposes and knowledge development as well as dissemination. Conducting this study in a village that I was familiar with

meant having pre-conceived notions on how abortion would be framed. These pre conceived notions were derived from experience of growing up in the area and also from extensive literature review of the topic. I anticipated that the participants of the study would inform me that abortion was in fact a loss of dignity to the woman performing it as it tainted her identity and prospects of attaining marriage proposals, thus the need to conceal it. I also expected them to articulate that abortions cause drought in the area as I had read from literature that such is a superstitious believe amongst people in the Bushbuckridge area. As I reviewed literature for this study, I found myself being influenced by the dominant Western discourses and theories of African women who were victims of patriarchy, who lacked agency to set themselves free from the oppressive systems of their existence. They were women whom decisions were made for by the men in their households; including reproductive health decisions. This is how Western feminist discourses othered women in the so called Third World countries. With such influence and carrying the Western-centric education on my back, I went into the research site with preconceived ideas filled with what literature says in my head, I was of the view that some of the perceptions I was to hear will involve issues around how the women exist in a context that may be oppressive in multiple and intersecting ways that resulted in their possible internalized subjugation. As such, I found myself battling with the conversations that unfolded between me and the participants of the study. I sat with the data in confusion over certain accounts and worldviews that were different to the contemporary views of human rights and reproductive rights in favour of the sacredness of life and its metaphysical and ecological interconnections. This confusion was further intensified by some of the participants' outlook on the topic of abortion that did not fit neatly with either the pro-choice or pro-life perspective. These metaphysical and ecological interconnectedness theories were in conflict with my worldview and

the research questions that I held which were informed by theory. The conflict between my ideologies and theirs led to my inability to probe further when the interconnected African worldview emerged in conversations with participants, thus limiting what could have been said about the worldview. This was an awakening moment as I worked with the data to analyse it, as it made me realise how terms such as superstitious beliefs are deployed into cultures that don't fit the paradigms or lenses that researchers are looking from.

As a researcher of critical qualitative psychology research I constantly had to be reflective of the entire research process, including how I feel about the process, the context of the study as well as the theories and assumption that I hold which are influenced by my worldview as outlined by Macleod and Bhatia (2008). Chilisa (2011) points out that institutional epistemologies have had great influence in researcher's understanding of how research should be conducted through the researcher's years of Western institutional learning of knowledge production methods. Chilisa (2011) further highlights that the underpinning paradigm in research presupposes the methodological approach; moreover it influences the perception of reality. This in turn influences the researcher's perception of reality, the conception of questions and the type of enquiry and approaches to be adopted (Chilisa, 2011). Thus it is important to be mindful of the politics of location in the research we undertake and we should attempt to divulge and put to the fore the assumptions that are obstinately engraved in our autobiographical trajectories of class, race, gender and the location of our research (Macleod & Bhatia, 2008). This reflectivity process is profound and requires constant conversations with one's self when engaged with a study that puts to the surface contradictory discourses and realities as presented by participants as a way of ensuring that the researchers worldview does not put a veil on the reflections of the participants.

4.8 Data analysis method

The analysis of data collected from the focus group discussions and individual interviews were transcribed verbatim taking into consideration the details of the speech as discourse analysis is based on details of speech (Nikander, 2006). The study used discourse analysis in order to understand the socio cultural constructions and perception of the practice of termination of pregnancy amongst black rural women within their context. This method of analysis assisted in identifying dominant and contradicting discourses that were formed culturally and historically through human interaction and text as well as power relations that are embedded in society. Discourse analysis is an analytical research approach that primarily studies the way social power is abused, dominance, how inequalities are enacted, reproduced, and resisted by text and talk in the social and political context (Van Dijk, 2007). Discourse analysis is further defined as the study of the ways in which people produce recognizable social orders and processes. It examines text as an “object of analysis.” Analysis can be quite detailed, looking at the specific structure of discourse and interaction between two or more speakers to understand how shared meanings are socially constructed (Nikander, 2006). In this study I made use of Ian Parker’s criteria of discourse analysis which is based on a Foucauldian discourse analysis perspective (Morgan, 2010). The analysis consists of seven criteria of identifying discourse and three auxiliary criteria which are concerned with institutions, power and ideology within discourse.

4.8.1 Parker’s criteria of discourse analysis

Below are different understandings of discourse that are drawn from Parker (2002). These are important in so far as they aid the present study in nuancing the different discourses that are expressed in the language and narratives of the participants that this study engaged.

4.8.1.1 A discourse is a coherent system of meanings

According to Parker (2002, p.145) a discourse is “any regulated system of statements”. This means that the statements in a discourse which refers to the same topic can be grouped together. It is essential to consider the culturally available understandings within a theme, as different cultures will prescribe to a different reality or understand the discourse differently.

4.8.1.2.A discourse is realized in text

This implies that text should be treated as objects of study, where text can be thought of as “delimited tissue of meaning produced in any form, that can be given an interpretive gloss” (Parker, 2002, p.147), hence there is a necessity to specify which text is to be studied as everything in the world that is ascribed meaning can be described as textual (Parker, 2002). The transcribed data from focus group discussions and individual interviews will serve as the text to be studied and open to interpretation by any audience that will read the text.

4.8.1.3.A discourse reflects on its own way of speaking

It is possible for a discourse to “comment” on itself, this occurs when the terms chosen within the text are themselves commented on, for example, the phrase “don’t get me wrong” (Parker 2002,p. 148). “One needs to ask, how the contradictions in the discourse are referred to and how would another person or text employing this discourse refer to or make sense of the contradictions within the discourse ” (Parker, 2002, p.149).

4.8.1.4.A discourse refers to other discourses

This means that for one to reflect on a discourse, they often have to employ other discourses. It’s in this sense that one can argue that the systematic character of a discourse includes its systematic articulation with other discourses. Discourses embed, entail and presuppose other

discourses to the extent that the contradictions within a discourse open up questions about what other discourses are at work (Parker, 2002, p.150).

4.8.1.5.A discourse is about objects

‘Analysis’ necessarily entails some degree of objectification, and in discourse there are at least two layers of objectification. The first is the layer of ‘reality’ that the discourse refers to (Parker, 2002, p.151). Language is used to create or construct an object and bring it into reality and to the set of statements about an object, thus a discourse is a representational practice (Parker, 2002).

4.8.1.6.A discourse contains subjects

The object that a discourse refers to may have an independent reality outside discourse, but is given another reality by discourse. An example of this is a subject who speaks, writes, hears or reads the text where discourse lives. “A subject is a location constructed within the expressive sphere which finds its voice through the cluster of attributes and responsibilities assigned to it as a variety of objects” (Parker, 2002, p.152).

4.8.1.7.A discourse is historically located

This is illustrated by the ways in which discourses relate to other discourses, change, and develop their connections with each other. Often one finds that the discourse refers to something which was always there to be found. “In other words, a discourse refers to past references to those objects” (Parker, 2002, p.153).

4.8.2. Auxiliary discourses criteria

4.8.2.1. Discourses support institutions

Discourses are present in aspects of the structure of an institution. For example, psychological discourse can be found in various texts: psychological publications, lectures and television

programmes as well as speech in consultation with a psychologist. In situations such as these, the use of a discourse often reproduces the “material basis of the institution” (Parker, 2002, p. 154). According to Parker (2002) discursive practices include giving therapy before and after an abortion. In this way, one could say that the abortion procedure is a discursive practice and that discursive practices reproduce institutions. Foucault cited in Parker (2002) maintains that discourses and practices should be regarded as the same thing and treated as such.

4.8.2.2. Discourses reproduce power relations

According to Parker (2002, p.155) “Power relations are given structure and reproduced by institutions”. Although discourses do often reproduce power relations, the presence of power is not a criterion for identifying a discourse. Two key steps for identifying discourses include, identifying which categories of person benefit and lose when the discourse is utilized and, identifying who would want to promote the discourse as well as who would want to discourage it. For example, some men and women influenced by a patriarchal discourse may oppose a reproductive rights discourse that advocates for legal abortion in order to retain control over women’s bodies.

4.8.2.3. Discourses have ideological effects

In terms of this characteristic of discourses, one should illustrate how a discourse relates with other discourses which support oppression. It should also be illustrated how the discourses permit dominant groups to tell their stories about the past so as to justify the present, and thus prevent those who utilize dominated discourses from making history (Parker, 2002). One can then address the ideological force of language by highlighting the patterns and structures of meaning. In other words, there is a need to identify those discourses which define entities that we

see in the world and in relationships, and as things we regard to be psychologically real in ourselves (Parker, 2004).

4.9 Conclusion

This chapter has delineated the qualitative methodology of the study. The important ethical considerations and challenges that the study had to surmount are explained. The research site is described and the manner in which the population of the study was sampled is clarified. The methods and tools of data collection are also explained to illuminate the way the study arrived at the observations, arguments and conclusions that are to follow. Importantly, the reflexive position of the researcher is exposed as the locus of enunciation of the one who is also a woman and shares in the experiences and sensibilities of the participants. Discourse analysis and the workings of discourses are explained to foreground the data analysis chapter that follow this chapter.

CHAPTER FIVE

Discourses surrounding the philosophical conceptions of abortion

5. Introduction

This chapter provides the analysis of the findings and discussion of the data that was gathered during field work conducted in one of the rural communities of the Bushbuckridge area in the Mpumalanga province. The chapter focuses on discourses that emanate from indigenous knowledge systems and African traditional epistemologies; and the discussion will continue into the next chapter which focuses on modern discourses of sexuality and will provide an understanding of the context in which reproductive decisions are made.

The data was collected through two focus group conversations and five individual interviews in which all participants were asked the same questions. This method of data collection was adopted because I wanted to explore collective constructions of abortion so as to be able to see competing, contradictory, and similar notions a group could produce in their talk about abortion, since participants in a group build their argument from what other speakers have said. The individual in-depth interviews were aimed at providing a space where individuals could provide their sole understanding without the influence of other people so as to get a sense of their internalized understanding and perception of abortion. Participants in individual interviews did not participate in the group conversation as I wanted to ensure that their answers to the questions were not influenced by others' beliefs and attitudes to the topic. The extracts presented below are used as in an attempt to illustrate the conversation that unfolded between me and the participants. Data was coded manually through reading and re-reading the transcripts over a period of time and highlighting quotes that represented a particular theme together with the same color code, relevance to the topic was given priority. The aim here was to highlight themes that were

recurrent in the data and the themes that emerged served to represent participants' thoughts about the topic. I made an effort to bring in the participants' voices by providing extensive extracts and this was an attempt to bridge the gap between the analysis provided and the actual voices of participants.

5.1 Description of participants

Participants for this study were selected on the basis that they were women living in the rural areas' of Bushbuckridge, thus may have common understanding of the notion of abortion. Their age group (25-40) was suggested by the ethical committee as youth women in rural communities may hold vulnerable positions in their communities. Participants were assigned pseudonyms as a way to protect their identities. This attempt in protecting the identities of the participants has also meant concealing the precise area where the study was conducted in Bushbuckridge. The participants spoke Xitsonga and Sepulana (a dialect of the Sepedi language) and were proficient and understood both languages, and the interviews were conducted in Sepulana to avoid holding a focus group that would be divided by language. The total number of participants was 17, five of the participants were interviewed individually and the other 12 were divided into two groups of six participants. Below is a brief profile of each participant with an indication of whether they were in an individual interview or a group discussion.

5.2 Individual in-depth interview profiles

Nolwazi is a 25 years old black Mopulana woman who was born in the area where the research was conducted but has had the opportunity to explore other areas during her post matric studies. At the time when the study was conducted she was residing in the rural Bushbuckridge area full time while searching for employment. She stated that she was not in any romantic relationship during the study and that she was not affiliated with any religious structure.

Lerato is a 40 year old married Mopulana woman who lives with her 4 children at the area where the study was conducted. She stated that her husband was a migrant labourer and that she has high school formal education and identified herself as a Christian.

Tshegofatso is a 33 year old Mopulana woman, who is in a long distance relationship with her boyfriend of 14 years. She lives with her 2 children in her own home and was born in the area where the data was collected. She has formal secondary education and works as a teacher at a pre-school.

Siziwe is a 37 year old Shangaan woman, who has adopted Sepulana as her language because of her marital family. She lives with her husband and kids. She is fully committed to the pre-school that she founded.

Tshepo is a 38 year old Shangaan woman who is married and lives with her husband and kids. She was born in the area and married a Mopulana man around the same area.

5.3 Focus group No 1

Focus groups consisted of 6 participants in each group; I will provide a brief profile of participants as the information about each is similar. In the first focus group, participants were born in the area and were Christians and all had children. Five of the participants were Mapulana's and only one Sindisiwe was Shangaan. Bongwiwe (38), Lethabo (31), and Motlatswa (35) were married and lived with their husbands and children while Linda (40), Sindisiwe (32) and Lebo (27) were single and living with their children except for Lebo who lives at her parents' house with her child. All participants have formal secondary education. Motlatswa is employed at a nearby hospitality facility while Linda works at a nearby farm and Sindisiwe owns a small shop, the others are unemployed and supported by their husbands.

5.4 Focus group No 2

In this focus group, participants were all born in the area and four of them were Christians Tebogo (26, Shangaan), Sammy (25, Mopulana), Thembi (31, Shangaan) and Thato (38, Shangaan) while Sihle (32, Shangaan) and Tiesetso (28, Mopulana), considered themselves spiritual. Sihle is the only participant who is a house wife with children who are financially supported by her husband who is a migrant labourer. The other participants were not married. Thato and Thembi had children that they were living with and both worked at nearby farms. Tebogo and Sammy live with their parents; both did not have children and were seeking employment with Matric as the highest qualification they have. Tiesetso lives with her daughter and her mother, she volunteers at her mother's local shop.

5.5 Analysis of data

The analysis of this data takes into consideration the impact of the African worldview as well as the Western worldview, which are highlighted differently according to the extracts that may make reference to any of the two. The Western and African Worldviews have different orientations and draw from distinct ideologies to support different institution or the same through different discourses which may affect the perception and comprehension of abortion. Furthermore, the participants live in a cosmopolitan society that has exposed them to the contradictions of both the African and Western frameworks and cultures. This exposure has created conditions for competing and contradicting discourses which provide multiple voices and realities. The data in this study was analyzed with the use of Ian Parker's criteria of discourse analysis (1990) in order to map out the different discourses constituted by the participants of the study by alluding to social rules and roles, contradictions, multiple voices, subject positioning in social bonds as well as relations of power while putting emphasis on historical locations of a

discourse as well as the connotations and implications of a discourse (Parker, 2005). Ian Parker's steps of identifying a discourse are outlined in the methodology Chapter.

5.6 The abortion taboo discourse

The notions people hold about abortion are constructed by the type of knowledge available to them. In this section participants drew their understanding of abortion from African traditional epistemologies. The African traditional epistemology views abortion as a taboo and its transgression is known to be punished by the earth spirit through shortage of agricultural products, famine, infertility, draught and illness. This punishment may befall particular clan members, the whole family or everyone living in the village (Zimon, n.d). Further some of these taboos are specific to the body as it is believed that bodies are unbounded and can integrate and transmit substances to one another through aura, breath, blood and flesh which give rise to a condition of heat. This heat condition renders one's body contaminated which can be avoided through observations of taboos that are associated with sex, menstruation, pregnancy, abortions and death, thus providing context to the complex taboo systems regarding the body by African traditional epistemologies (Niehaus, 2002a). I argue in this section using the data provided by participants below that the African traditional knowledge about the body and its relation to abortion creates spaces of contestation to South Africa's legal abortion policy thus implying resistance to it as a regulation of abortion.

5.7 Abortion: a weapon of mass destruction.

The extracts below illustrate how participants make sense of abortion through drawing their understanding of abortion from the taboo discourse and perceiving its practice as a weapon of mass destruction to all those who come into contact with the woman who has had an abortion. This way of understanding abortion serves as a platform for its opposition as a murderous act,

harmful act to others thus giving a foundation to the deliberate acts of social exclusions of women that are known to have undergone an abortion as illustrated by Motlaswa, Siziwe, and Lerato's assertions below.

Extract 1

Motlatswa : *The issue of termination of pregnancy in our culture is a taboo, because if someone terminates her pregnancy we see it as a disgrace, in such a way that we start to separate ourselves from her and fear her as, her friends because she has killed, this person yoh... eh even if she may talk to people, We don't even eat the food that she gives us ahh, even when she talks to people we just assume she is going to meet other men and sleep with them and kill them. Because she is supposed to sleep with them after she has bathed for three months.*

Interviewer: *Why three months?*

Motlatswa: *Because she has to bath all the dirt from the termination, she has to for one month, the second and the third month then she can meet or have a man. If she meets that man before the three months and sleeps with him, he will die (FG 1).*

Extract 2

Lerato: *The next time she sees her boyfriend she won't tell him that she had an abortion, she will just sleep with him and the man will die, if a man sleeps with a woman who had an abortion, he will die, in our culture we say (o wele)(he fell in to a pit).(Individual interview)*

Extract 3

Siziwe : *You will be like a living poison because you will kill every man who sleeps with you, and that baby you killed was a gift from God, you just removed it from the world without it doing something wrong, so such people are not loved in our community, they are feared. (Individual interview)*

Abortion is viewed as a multidimensional phenomenon by the participants as the extracts above illustrates that their understanding of abortion goes beyond the idea of abortion as murder but focuses on contamination of the body that has had an abortion. The contamination of the body consumes the contaminated person through their blood, aura, breath and flesh masking the person a dangerous being. These three extracts herein locate the contamination discourse within the frames of sexual intercourse and exchange of bodily fluids with women who have had an abortion, as these women are constructed as lethal because men die from sexual contact with them as illustrated by Lerato's idea of "*have fallen into a pit*" (*o wetse*) and Siziwe's expression that "*you're like a living poison*".

Further Motlatswa and Lerato in extracts 1 and 2 construct the woman who has had an abortion as promiscuous as 'the men' is in plural utterance implying that she is in a position of harming many men through her contaminated body. This contamination discourse offers a space for alteration through instructions that require cleansing of the woman's contaminated body through completing three menstrual cycles before sexual engagement. This finding is supported by Niehaus (2002a) research findings which were conducted in a similar setting in Greenvaley, a village in Bushbuckridge which highlights that after an abortion or miscarriage the woman has to complete three menstrual cycles before she can have sex as stated by Motlatswa.

Motlatswa and Siziwe's extracts construct the foetus as an innocent victim who is harmed by the aborting woman who tempers with natural processes of life, as such feared by community members, based on their African collective orientation to life. This fear translates into material practices of discrimination, alienation, exclusion and othering which are tactics of punishing the woman for transgressing against the expected gender performance norms and taboos of procreation. This punishment practices resonate with Butler's (1998) suggestion that gender is a

performance that is regulated by highly restrictive gender norms and social taboos and has punitive consequences, where those who fail to perform their gender correctly are regularly punished. This punishment is indicated in the data by the shaming of a woman who has an abortion by calling her a disgrace and socially isolating her for not conforming to the gender script thus targeted by disciplinary strategies of exclusion meant to neutralize her deviance (Foucault, 1975).

In extract 4 and 5 Nolwazi and Sihle put emphasis on how the contaminated body's dangerous effects are not limited to exchange of sexual fluids by indicating that coming into contact with such a person is not only dangerous to the men she will sleep with but to the young and sick. This discourse of a contaminated contagious body puts emphasis on the idea of abortion as a weapon of mass destruction when appropriated within the frame of the taboo discourse.

Extract 4

Nolwazi: *Like when they say if you sleep with a man after you had an abortion...the man will be sick and he will die, and if you had an abortion you're not supposed to touch the younger children because they will get sick.* (Individual interview)

Extract 5

Sihle: *And mm... if there's a family member who is sick and you have an abortion, if you give the person water or cook for them, he or she is going to die because women who have had an abortion are considered hot (go fiša) (FG2)*

According to Sihle contaminated bodies cause illnesses and deaths through its state of pollution or heat (*go fiša*). This *fiša* condition is a condition whereby the woman aura (*seriti*) and that of the foetus are fused together as the foetus was once one with the women and after the abortion the woman embodies diverse substances. Niehaus (2002a) also generated similar results as he

indicated that a woman who has had an abortion or a miscarriage was not to come into contact with children as they may contact *makgoma*, marked by convulsions and shortness of breath and the woman is considered *fiša* a dangerous state of heat. These beliefs about the contamination of a body is further understood through the precautions taken to protect young children within the African perspective as shown through the practice of secluding new born babies in the birthing house as a way of protecting them from evil spirits and polluted bodies (Ramokgopa, 2001; Niehaus, 2002a; Futhwa, 2011). Similarly to the first three extracts by Motlatswa, Lerato and Siziwe the aborting woman is constructed as dangerous to the sick and young and in turn the sick and young are constructed as vulnerable. This contamination positions the woman as evil and lacking of empathy for the wellbeing of all human lives around her.

The idea of abortion as a weapon of mass destruction forms an alternative competing discourse about the practice of abortion. It argues that abortion is a transgression of taboos which are punishable by contamination to the body that has transgressed the taboos. This makes the body poisonous to those who engage it sexually, and the vulnerable that come into contact with it, thus should be avoided irrespective of the current policy in South Africa. This view on abortion creates conditions that enable social exclusion and stigmatization of women who have abortion which serve as social penalty for transgressing taboos. Further this is a method of keeping prescribed gender roles and norms of procreation intact when argued from a point of gender performance and identity. This discourse makes it difficult for women in this context to access abortion as their understanding of it is complex and implies danger beyond the construction of abortion as murder of a foetus.

5.8 The restoration discourse

Extract 6 is indicative of the methods that the community uses as part of their indigenous knowledge system for health care when a man is known to have slept with a person who has had an abortion.

Extract 6

Siziwe: They have to find the girl he slept with; If she's not heartless she will reveal herself, So that they can use her (tshila) dirt and some of her clothes so that they can heal the boy. Then the boy will be healed, but if she's heartless, she will leave the guy to die from the abortion, that's why we are against abortion in our community because most of our children die because of it. (Individual interview).

This extract provides a guide about the methods that the indigenous healing process requires in order to be effective in healing a man who has had sexual intercourse with a woman who has had an abortion (fallen into a pit) (*Wetse*). This healing technique requires the use of the woman's dirt (*tshila*) which in this context is a combination of the woman's vaginal fluids, discharges and urine which is mixed with other traditional medicines and remedies to heal the man who has exchanged sexual fluids with a contaminated woman's body. This method is thought to cure the men as indicated in the extract which is supported by Niehaus (2002a) findings which stipulates that participants believed that a man contracted an illness from a woman who has had an abortion or a miscarriage can be healed by her urine.

Siziwe constructed the boy as an innocent victim and as a child, implying that the boy is innocent as most children are thought to be innocent. The boys in the community are referred to as our children, thus assuming collective responsibility for children within the community which puts

emphasis on the value placed on communal and kinship family structure. However the girl who has had an abortion is constructed in two ways as either a heartless person or as merciful person depending on the decision they will make by either disclosing their identity as a contaminated person who has exchanged sexual fluids with a boy after an abortion or by choosing not to reveal their identity. This maybe a complex decision for the girl to make since there is a strong stigma and other forms of social punishments against the act of abortion, thus the construction of a heartless irresponsible person for choosing to conceal their identity and remaining silent. This indigenous healing procedure and its complex issues pertaining identity disclosure by the woman who had an abortion serves as another reason for the rejection of abortion by the community. Further what is apparent here is that the bodies of those who have had sex after the abortion are represented as *a girl* and *a boy* inviting the reader to position the abortion phenomena as an act that is associated with young people whom are known to be ignorant, immature, neglectful and risk taking (Macleod, 2011) thus prone to contracting infections that are associated with sexual impurity.

5.9 The burial ritual discourse

Extract 7 observes cultural beliefs of burial rites that need to be observed in the case of abortions or miscarriages within the cultural beliefs of the African traditional epistemologies. According to Ritchken (1995), miscarriages and abortions are considered to have the same effects except that abortions are kept secret and performed intentionally, thus a need to perform the burial ritual in order to preserve a woman's fertility and the effects of draught.

Extract 7

Motlatswa: *The thing is it has its problems if you don't bury it properly or maybe you don't place it accordingly ,your are damaging your chances of having children in the future, you are*

supposed to place it gently on his/her side and keep visiting where you buried it and urinate every now and then so that you will be able to have children again ,because if you dig too deep and place it facing down saying you still want to continue with your studies and when you're done you even get a job but you will suffer in future because you will not have kids, She is supposed to bury it, maybe dig up to a knee deep hole then gently place it because if you throw it away in it faces the sun, it will burn and it will not rain and you may even suffer to have children in future

Linda: *So you are supposed to dig a bit and urinate and if your parents knew about the pregnancy they also have to go with you when you are going to urinate and make sure it is placed in a proper way (FG1)*

The discourse of burial rites makes a link between improper burials and ecological changes of the climate which are deemed undesirable conditions by the people who reside in the place where the lack of burial rites have not been observed. This comes from the idea that burial rites are performed to ensure a smooth transition of the departed to the spiritual world. This is perceived to be a way of asking the ancestors to gracefully accept the spirit of the newly departed (Baloyi & Makobe-Rabothata, n.d) thus making the burial rites a necessity for all those who are not part of the physical world. The discourse on burial rituals is historically located in the burial rites and practices that are observed by African people to honor and pay respects to those who were part of their lives and (foetuses) potentially part of their lives by giving them a dignified burial so that their souls may be accepted in the spiritual world and that they may also rest in peace.

Motlatswa makes the assertion that care has to be observed when performing the burial ritual for the foetus, as failure to do this may have adverse consequences for the woman who has an abortion and the community at large. This would be effected though future infertility for the woman and lack of rain for the community. This ritual has to be performed correctly in order to

separate the woman's aura with that of the foetus which was once one with her so as to relieve her of contamination. This practice is coupled with the three months cleansing, abstinence and a waiting period that was mentioned in the abortion as a weapon of mass destruction section, as such one's parents need to know about the abortion so they can assist in the performance of the ritual as Linda states. Motlatswa's sentiments about the exposure of the foetus to the sun and how the burial ritual has to be performed by having a knee deep grave with constant urination by the woman is similar to Niehaus (2002a) findings about the care that has to be observed when burying a foetus as it had never seen the outside world thus never to be exposed to the sun and that the grave of the foetus had to be only knee deep and the coffin had to have a hole in it which the woman would either breathe into or urinate in it so as to separate the aura *seriti* of the foetus from her and also to stimulate childbirth and restore her fertility (Niehaus, 2002a).

The discourse on burial rites has been referred to elsewhere by Murimbika (2006) who attested that the Balobedu tribe believe that abortions are to be buried in cool places, such as river valleys and waterways since they died in hot circumstances, this is mainly done to cool their spirits. Like Murimbika (2006), Niehaus (2002a, p. 200) mentions that "foetuses less than three months have to be buried in a cool place and those that are older in a homestead," however, he also states that the placenta was never buried with the foetus but destroyed and thrown down a pit latrine". Futhwa (2011) however States that in Sotho embryos are buried in old broken earthen pots and the smallest was to be placed in an old horn of an ox and then buried, the burial is conducted and attended by women only. This different method of burial rites for the foetus indicates that burial rituals differ depending on the practices of individual cultures within the African traditional epistemologies.

Motlatswa, further constructs the aborting woman as a young school girl who wants to further her studies and secure a job for her future and that of her prospective children. However Motlatswa does not portray the young woman's future motherhood aspiration as a political institution or an enforced identity of patriarchy as she is silent about the young woman's relationship with a man or the institution of marriage except that she will long to experience motherhood between herself and a child. The assumption here is that all women ultimately want to be mothers except that it needs to be under favorable conditions for them such as finishing school and finding a job. This way of thinking is similar to Boyle's (1997) argument about the endorsement of maternal instincts that strived to idealize and naturalize motherhood as part of women's biological desire to have children for their psychological fulfillment. This maternal instinct discourse originated from the discipline of psychology and psychiatry but recommended by the state (Boyle, 1997). This is similar to the emphasis made by Foucault cited in Macleod and Hansjee (2013) on how discourse links knowledge and power, and as such, power is not merely repressive, but productive of knowledge and subjectivity. Scientific discourse of medicine, the criminal justice system, psychiatry, and the social sciences produce new forms of knowledge or truth which influences people's behavior and has a controlling effect on bodies, through the process of normalization as done with the maternal instinct discourse. Ideological effects of the discourses presented in the extracts are to discourage abortion as it's connected to environmental degradation and infertility of those who attempt it without following the burial rituals. The construction of abortion in this extract makes it difficult for the woman who wants to seek abortion to exercise her reproductive right as the social discourse on abortion restricts the practice of abortion as it is thought to cause infertility and drastic climate changes. On the other

hand it requires the performance of a burial ritual which cannot be performed in secret thus revealing the woman's identity which may have adverse stigma consequences on her part.

5.10 The draught discourse

The participants in the extracts below provide an explanation of the impact that draught has on the environment and how such has negative effects for livestock as well as land cultivation for growth of crops and other agricultural vegetables which provides the basis for the strongly held disapproval of abortion. The woman who aborts may very easily be cast as an enemy of society that is akin to a witch or any other subject that brings pain, loss and suffering to the community.

Extract 8

Lerato: And if you have an abortion you're in big trouble especially in our village, you might even get arrested if they found out because you're destroying the community, we will suffer from draught and we are farmers we survive by having farm animals, we have cows, goats, sheep and pigs and all those things depend on the rain by having that abortion, throwing it away in the river and cause draught, then you're destroying our community (Individual interview)

Extract 9

Thato: When someone has that abortion, it will not rain and cows cannot feed because there will be no grass and we won't have vegetables because that's what we eat in the rural area (FG2)

Extract 10

Tshepo: Our culture is against abortion because it causes draught and that will require our old women to go and dance ntshelele because of someone who had an abortion (individual interview)

In the Extracts above, Lerato and Thato point to how whenever a person has an abortion they alter the weather conditions by bringing about draught and as such people who have abortions

are condemned as their actions are thought to have pervasive effects on the whole community which depends on agriculture as an economic method for food security and sustainability. Lerato further implies that the draught is caused by improper burial as she states that the foetus is thrown in the river. These discourses allude to the taboo belief that abortion provokes supernatural disasters of climate changes such as draught, famine, illness and other agricultural shortages. The section on burial ritual discourse offered an alteration to the effects of climate change caused by abortion by indicating that those who did abort have to observe proper abortion burials. However in the event that such was not done, Tshepo in extract 10 suggests a ritual performance. This ritual is characterized by women dancing naked (*Ntselentsele*) so as to alleviate the effects of the draught. These draught sentiments are also expressed by Mokgobi (2012) when stating that the Bapedi tribe forbids abortion on the basis that it brings about too much heat in the land. According to Murimbika (2006) improper land burials caused lack of rain and such would be corrected by the use of rain medicines and rituals, which may include the one that Tshepo has stated.

Lerato makes a declaration that if a woman who has had an abortion is found out, they will be in trouble because they will be arrested. This way of understanding abortion is closely linked to the criminal justice system where those who have transgressed the norms of the community or the state that they are part of will be detained. This is historically located within the introduction of the Roman Dutch law in South Africa in the 17th century where abortion was first regarded as the killing of a foetus and as such a criminal offense (Lebese, 2009). This idea of abortion as a regulated criminal act is closely linked to Foucault's (1980) notion on how political order is maintained through many institutions such as schools, hospitals, prisons, and the family, whereby the state brings all aspects of life under its controlling gaze (Dreyfus & Rabinow, 1983). Thus it's

possible that many other people beside Lerato still believe that abortion is a criminal offense irrespective of the current abortion policy and regulation that has decriminalized abortion which is indicative of serious knowledge gap about the abortion policy. Ideologically this discourse serves as an inhibitor for women to procure an abortion as it is understood to have negative side effects on the environment and the community through climate change which threatens food security which creates animosity towards women who have abortions. Further the lack of knowledge about the current abortion policy makes it difficult for women to access the abortion service since they do not have adequate information about them.

5.11 The pro-choice imposition ideology versus the responsibility ideology

The extracts below draw from the idea that pro-choice stance is imposed on African people and they don't identify with it. Nevertheless this idea of imposition is tangled with issues of responsibility for the baby by both the woman and man, which may provide the platform to use the contested provision of abortion by the state.

Extract 11

Linda: *I can put it in this way that termination of pregnancy has to do with falling pregnant unintentionally, and when I tell the man who impregnated me, he denies paternity and I saw that I will not be able to support the baby So I made it a point that I terminate the pregnancy So that I can proceed with my life to be precise*

Interviewer: *So termination of pregnancy also depends on what you are going through in your life at that moment? Okay, does anyone want to add something?*

Sindisiwe: *Nowadays in the modern world, of whites termination of pregnancy yes, is the right thing because a person gets cleaned immediately and does not have to wait for three months It is not like the cultural way because in our culture you have to avoid doing certain things*

Interviewer: *Okay, what do you mean avoid doing certain things?*

Sindisiwe: I mean that when you have terminated your pregnancy, you have to stay certain days, to follow the old rules, which say when a woman is having her periods after terminating her pregnancy, she has to tell the elders that she is having her first periods up until the third time then they can allow her to meet or have a man according to the culture

Bongiwe: We do hear the English/Western ways; I personally do not support them. A disgrace is a disgrace it does not change, if you sleep with a man in those seven days, His legs and tummy will be swollen(demonstrates with hands on how swollen the tummy will be) After that he will die And you will be left with your abortion (All extracts from FG1)

Extract 11 provides contradictory perspectives on abortion, one emanate from reproductive health rights perspective that views abortion as an option to solving the problem of unintended pregnancy and the other from the contamination discourse that rebukes abortion irrespective of advanced medical techniques. The idea of an unintended pregnancy is coupled with issues of women's responsibility not to fall pregnant by using preventive measures. Mrozek (2014) maintains that in the post sexual revolution age responsibility means not falling pregnant, in other words a woman who falls pregnant while she did not want to failed to be responsible (Mrozek, 2014) thus has the responsibility to do damage control by aborting as implied by Linda. Linda positions the man who impregnated the woman as irresponsible and blames him for the woman's decision to abort as she believes she had no choice as she would not be able to maintain the child on her own. Linda shows how agency may be utilized when a woman realizes her disadvantaged economic situation and decides to exercise one of her reproductive rights. However, the positioning of the man as irresponsible overshadows the woman's position as an active agent, since her agency is affected by the men's response to the pregnancy. Power relations exist between the man and the pregnant woman. However, one could conclude that there is a resistance to it as the woman ends up choosing to abort instead of proving to him that it

is his child. While another view of this might be that his denial of paternity is oppressive to her and leads her to have an abortion while it relinquishes him of his responsibility. This responsibility discourse paints the view that men are the reasons that women opt for abortion as they run away from their responsibility by denying paternity, which may lead to the assumed conclusion that the woman had no choice but to exercise the option provided to her.

In extract 11, Sindisiwe distances herself from the practice of abortion as she articulates that *it's a modern white thing*, suggesting that it is foreign to them. The conditions of possibility for this modernization discourse are the fact that abortion is legalized in South Africa which has made it a legal and public health issue. This legalization also came with democracy, which is also thought to have been adopted from foreign Western countries. At the same time this discourse carries contradictions of distancing while containing approval connotations as they say it takes away the restoration discourse of waiting for 3 months before intercourse as the woman who aborts will be cleaned. Further the Western white modern discourse renders the elders of a family irrelevant in reproductive decision making processes as all decisions now lie with the woman who can choose to utilize the abortion services of the Western technology at her discretion. The importance placed on elders of a family indicates that the population of this study place great value on kinship as well as extended family structure over the celebrated nuclear family. There are contestations of ideologies in extract 11, which are embedded in pro-choice and African epistemologies of contamination of the body. However the African perspective of contamination is given affirmation by Bongiwe who firmly contests the reproductive right to an abortion even with the use of modern technology.

The extract below carries many connotations about men's roles in reproductive decision making particularly where abortion is concerned. This extract refers and draws from many other

discourses such as the concealment discourse and the incest discourse which I will highlight in detail in the next chapter. I shall however concentrate here on the imposition discourse and how it is entangled with all the other discourses that it draws from.

Extract 12

Interviewer: *Okay so eh which role do men play in terms of deciding on an abortion? Which role do they play when someone has an abortion?*

Lebo: *Some men know that their wives had abortions, some do not know. They do it in secret, while other men are the ones who decide that their women should have abortions because maybe the woman slept with another man and got pregnant or probably that person is my colleague. If they find out that he's the father we could both lose our jobs, that is the reason why we agree to consider an abortion as an option, or maybe he's eh he's my pastor what would the congregation think? So he gives me money to have an abortion. It could be my teacher, neighbour or my uncle, even uncles, this person is my uncle but he has impregnated me so he offers you money to have an abortion, nowadays with these western ways of living even fathers sleep with their own children, so he has to give her money for the abortion if he impregnates her. That's why we oppose this Modern western ways (FG1).*

The extract above suggests that some men who impregnate women are aware of the women's decision to have an abortion while some are not as the abortion can be procured in secret. This is in line with the amended CTOP Act no 1 of 2008 law that allows women to terminate unwanted pregnancies on request without parental or spousal consent requirement for minors or married women (Macleod & Hansjee, 2013). The men who do play roles in the decision making of an abortion are portrayed as people who are looking out for themselves, their jobs, positions and social statuses. There is an emphasis on money which implies that people use private services to have abortions as opposed to government public health services that provide an abortion for free. Further this shows that women still depend on men for financial resources as the money seems to

be coming from men, indicating a gap in gender equality as well as power relations. Lebo notes that employment conditions and job security in the labour force of low skilled jobs are precarious as the employees are disposable and there is no maternity leave and colleague sexual relations are discouraged. Lebo argues that incest is brought by Western ways of living through imposed policies such as the CTOP Act which enables fathers, uncles and family members to sexually abuse children and conceal the incest by sending the child to have an abortion without the parents' consent. This argument that Lebo puts has been expressed in other literature as noted by Hansjee (2011) that the passing of the CTOP Act was accompanied by passionate debates which encompassed demonstrations by pro-life activist; polls also showed that the majority of South Africans were opposing the legislation. Further The CTOP Act was objected on the basis that a person younger than 18 should not make a decision concerning her pregnancy without the consent of their parents due to increased sexual offences which are sometimes committed by relatives, close family friends (Mhlanga, 2003). The imposition discourse highlights the blame game and implies that within the African culture man did not sexually abuse children and that such practices are foreign to the African indigenous people.

5.12 The Christian religious discourse

These extracts on the Christian discourse indicate that the community that the research was undertaken is a multi-layered community that consists of multi voices as some of the participants align their culture with the Christian religion while others are highly influenced by African cosmological beliefs centred on the supernatural world.

Extract 13

Interviewer: *So that's what makes people not to have abortions?*

Nolwazi: *There are many reasons, like they are against it because they believe in culture, they see it as murder because most of them are Christians and Christians see abortion as a sin, So that's why people don't do it because it's a sin before God (Individual interview)*

Extract14

Tshegofatso: *Mmm, but still with that being said, I still don't support having an abortion, Because according to our culture, it is a sin. The bible doesn't allow us to have abortions and so does God. God specifically said that abortion is a sin. That's why there's a song by maria and maria which says "o setlhogo thatha mme wampolaya ke sale ngwana" ("you are so heartless, mother you murdered me while I was just a baby") that song tells us that we should not kill and those infants we keep killing will be waiting for us in heaven. So we are scared to have abortions because of that and the bible doesn't allow us to have abortion (individual interview).*

Nolwazi and Tshegofatso both link their culture with a Christian discourse on abortion; they view abortion as a sin. This finding supports the argument by Patel and Myeni (2008) who argue that the South African public still opposes abortion on religious grounds. Further, Sigcau (2009) suggested that abortion is not only equated to murder, but abortion itself is also perceived as leading to a degradation of cultural values and beliefs by some South Africa's as evident in these extracts. Both participants use the bible as a qualifier for their statements and to justify their positions on abortion, however Nolwazi distances herself from the Christian discourse by using the noun "*they*" instead of "*we*", which presents her as someone with a different ideology where abortion is concerned. Both participants *use* the concept of God, implying an appeal to a higher spirit who is said to be against abortion. This resembles literature by Conteh (2008) who notes that African religious traditionalists condemn abortion on the basis that life is from the Supreme

Being (God) and pregnancy is a result of his blessing. The ideology imbedded in extract 13 closely resonates with the pro-life perspective that views abortion as murder that destroys the sanctity of life and God's creations (Sigcau, 2009). Further the pro-life Anti-abortionist such as doctors for life and Christian lawyers association views an abortion debate from a human rights perspective which are concerned with the rights of the prospective human being as implied in the expressions of extract 13 which assumes that a person who has an abortion is a killer, thus granting personhood to the foetus (McGill, 2006). Tshegofatso further cites popular Christian music categorized as gospel music to strengthen her position against abortion and through the use of such music she positions the woman who has an abortion as a heartless person as constructed by the song. This heartless construction of a person who decides to have an abortion represents a person who has weak moral values. Further her assertion that "*we should not kill and those infants we keep killing will be waiting for us in heaven*" also points to Christian teachings from the bible about the existence of heaven and hell as well as the afterlife in either hell or heaven.

The implications of the construction of abortion as a sin, and women who opt for abortions as murderers are severe as they denote limited access to safe legal abortion as indicated by (D'Souza, 2013) where she highlights that legalization of abortion procedures in South Africa has not removed restrictions at micro level as cultural and religious constrains at individual and community level continue to exist as barriers to woman's access to abortion.

5.13 Motherhood discourse

5.13.1 Selfless motherhood: An African perspective

Motherhood is presented as natural to all women as they are bestowed with unconditional love for their children for when they should be in a position to sacrifice everything in their life to take up this role irrespective of the consequences.

Extract 15

Sindisiwe: Honestly if we as women had the same mind, we wouldn't allow abortion because a mother by her nature has love. The child that your killing is your own blood, he's or she's made from the combination of yours and the fathers blood, But it's the mothers' blood that the child has more than the fathers'. We are alive because of our mothers; I don't have the right to have an abortion even though I have two men in my life. I'd rather keep the baby until birth or move out if the father doesn't want the child, my marriage will fail and I will just take my child and raise him/her, We can still get married /with children born out of wedlock (FG1).

In extract 15 Sindisiwe employs the Selfless motherhood discourse, by articulating that she would sacrifice anything for her unborn foetus, including her marriage. She sees her sacrifice as an indication of her love for her unborn child and she believes further that all women have maternal instincts as she moves from using the term women to using mothers. This signifies that all the women should identify as mothers and should stand against abortion. Sindisiwe alludes to the rights discourse in an interesting manner as she does not think she has the right to have an abortion particularly in her position as an African woman. This is linked to the African belief in the “production of people” ideology which is historically and culturally located in pre-colonial African society that placed great value on female fertility and reproduction which gave women significant social status and honour (Walker, 1995, p. 430). This competing marginal African

motherhood rights discourse contradicts the contemporary rights discourse that focuses on pro-choice arguments for abortion access and provision. Proponents of pro-life also use the rights discourse as a human rights discourse when giving the foetus personhood. This contradiction implies that African woman takes pride and finds joy in fertility, thus putting to the fore a marginalized African maternal rights discourse. This pre-colonial ideology that favours reproduction, fertility and motherhood has persisted remarkably to the present day as echoed by Sindisiwe. This resonates with literature that suggests that there is a continuation of high value on motherhood and reproduction by African women which suggests that there are feelings of self-worth, joy and power in African women's identity as mothers (Walker, 1995; Akujobi, 2011; Dimka & Dein, 2013). This extract suggests that wifedom does not take precedence over motherhood as African women do not associate childbirth with marriage, but it puts childbirth before marriage as there are marriage prospects irrespective of children born out of wedlock. It is however worth noting that her proclamation about marriage with children out of wedlock appears to be an afterthought as she has actively decided to raise her child alluding to the single parenting family structures, indicating that motherhood as a practice and social identity is and can be an individual autonomous choice. These findings resonates with those of Preston-whyte, Zondi, Mavundla and Gumede (1990) which indicate that for most black communities children on their own have high value and in some context marriage is irrelevant to a child. Furthermore the idea of autonomy and self-determination in motherhood decisions within feminist scholarship is problematized by Meyers (2001) who argues for an ability to distinguish between women's ideologically oppressed voices and emancipated voices, as women's bodies and psyche have internalized oppression and often lip-sync patriarchal views of what they should want for themselves. She illustrates that autonomous individuals are equipped to deal with changing and

challenging, possibly distressing situations, which have the potential to clarify one's deep desires and values. As such the African women's will to compromise their marriages and become single parents in the quest to protect their unborn children is a true reflection of autonomy.

Sindisiwe views motherhood as part of her self-actualization, and also as an affirmation of her womanhood especially since she cites the women that come before her, as the reason for women to care for their children, as they are alive because their mothers did not resort to an abortion. Sindisiwe further alludes to an interesting African cosmology ideology about the blood that creates babies as the man's and woman's blood. This expression that Sindisiwe makes is in line with the African folk models of descent that do not make a distinction between blood, semen, vaginal fluids, menstruation or actual blood, thus during sex blood is thought to be exchanged between the woman and man which can form a foetus. This is the view of "passing down blood to subsequent generations through conception and birth as what connects the ancestors and the living" (Thornton, 2008, p.157) in other words we all carry our forebearer's blood. Sindisiwe further believes the child has more of her mother's blood which is in line with the African view that the mother is supreme (Achebe, 1959). This thought is further supported by the claim that in the spiritual realm the mother is thought to be the god of children, spiritually the children are connected more to their mother than father in matters of the soul (Futhwa, 2011). The selfless motherhood discourse has strong effects in detaining women from having abortions, as it's the woman's duty to protect and love their child as they are an integral part of them irrespective of their social and financial circumstances. This discourse employs different tactics in making its point such as citing other women who have engaged in the practice of motherhood before as a

gendered practice and referring to the African cosmological belief on the flow of blood and human creation.

5.13.2. The good mother discourse

The good mother discourse gives the idea that all women ultimately want to become mothers and that there are appropriate conditions for motherhood, which pathologises other motherhood practices. Further it denotes that a woman will hate the man who persuades her to have an abortion.

Extract 16

Interviewer: *Mm, I hear you, so according to you, one has to be a mother in order to be a woman? What kind of a mother are you talking about?*

Lethabo: *I mean when you're grown enough you get pregnant and you don't go for abortion but you keep the baby. If you feel like you want to carry on with your studies, you will leave him/her with your parents or you take the child to a crèche if you can afford one. You take the child to crèche and continue with your studies and life goes on, because if you have an abortion in our culture it is murder we do not condone death; it will look like we are playing with it. Even after one has had a reason for the abortion....It causes one to have hatred, because maybe you wanted a child and the man who impregnated you is telling you to have an abortion she is going to hate that man, even in other encounters with other men she will still have hatred because she has never experienced the love of the one who asked her to have an abortion, so she will live the rest of her life saying she does not love men because things didn't go her way (FG1)*

Extract 16 implies that motherhood would have a negative impact on school going girls thus encourages women to reproduce when they are adults. Coping strategies are suggested for younger women who fall pregnant while in school, which encourage intergenerational parenting, whereby the girl's parents will take over and care for their grandchild. Lethabo argues that under no circumstances should a woman have an abortion as it is considered murder in her culture and condoning abortion is equated to condoning death. This resonates with Zimon (n.d) work about

how the African worldview values and respects life as it perceives it to be sacred and thus, recognizes life as a central notion which each community is geared towards maintaining. Lethabo represents the school institution as the main sanction for early reproduction as she represents the young mother as an individual who wants to continue with her studies. This assertion that Lethabo makes follows what Foucault (1980) regarded as political order which operates through the production of docile passive bodies, subjugated, and productive individuals. This political order ensures that bodies are disciplined; kept in surveillance, and punished. Political order as such creates bodies that are accustomed to external regulation, that works to discipline the body, optimize its capabilities, extort its forces, increase its usefulness and docility, integrate it into systems of efficient and economic controls (Foucault, 1980) and thus produce the types of bodies that society requires. This is in line with the findings of the study as it shows that women have to postpone child bearing in order to be fully functioning members of society who can also be productive economically thus Lethabo's insistence that one should be grown up and should make means to continue with their studies. This docile body that is created by the system for its economic benefit has created the contemporary good mother discourse, which Lethabo alludes to. This good mother discourse is ideally a middle class woman who is educated, holds employment and can provide financially for their child, thus Lethabo's insistence on being older and educated. This is also noted by (Walker, 1995) in her elucidation that for most black communities being a good mother entails providing financially for the child and being a disciplinarian as opposed to daily physical care which provides context to the intergenerational parenting when biological parents are striving towards providing financially for their children. Reasons for considering an abortion are constructed as possible pressure from men who insist on the woman to have an abortion. The woman will later regret and harbor resentment towards the

man who made her have an abortion and other men in her future. This way of thinking takes away agency from women who make sole individual choices to abort, however the idea of emotional turmoil resonates with the findings of the study by Purcell et al., (2013) that found an emotional risk framework, in which abortion was viewed as a source of guilt, soul searching and the immense potential for regret with the potential of extending throughout a woman's life. The positioning of women by Lethabo indicates that she strongly believes in the maternal instincts that women allegedly have, which destines them to want children as they will be fulfilled. This maternal instinct discourse follows tensions arguments laid about maternal instincts as a form of patriarchal socialization as well as women's own personal experience and attachment to the role of mothering (Boyle, 1997; Walker, 1995; Wager, 2000; Sevon, 2005). The good mother discourse stems from a pro-natalist ideology that encourages women to have children at a socially acceptable age while making exceptions for those who reproduce early in life and gives them alternative options of caring for the child. Further this discourse discourages women from having an abortion through the use of the post abortion syndrome rhetoric.

5.14 Womanhood discourse

The womanhood discourse denotes how gated womanhood is and emphasizes that women who have had an abortion do not qualify as women because according to the African epistemology abortion threatens women's womanhood identity.

Extract 17

Lerato: Even if we didn't see her, she won't get married, who's going to marry her? That person is a second hand material, Yes she's no longer a woman, you might have three abortions only to find out that God gave you three children then that means if my son marries her then they won't have kids because she has no children left, she threw them all in the river; she will be treated in

a bad way. Mm, it might happen that there's a certain boy who loves her, his mother will talk to him and warn him to stay away from her, and if that boy doesn't listen and comes home with her, I will chase her out as a parent Such women are treated very badly in our community

Interviewer: *Mm, okay I see, what do you mean when you say she's not a woman? What do you mean she's a second hand?*

Lerato: *I mean that other women have children and she threw her children in the river and yet she pretends like she's still a girl who doesn't have children, She's a second hand because she threw away her children, If a man wants to have a child with her, it will not be her first born, do you understand me? The man will think it's her first child but she knows that it's her fourth child; do you see that that thing is a second hand! She is a second hand material; she's not someone you can be proud of! Why, because when you are walking with her people say 'if only he knew how many children she has killed (Individual interview)*

From Lerato's expressions in extract 17, it appears marriage is intertwined with woman's ability to reproduce and that the sole rationale for marrying women is for their reproductive capacity, which explains the discouragement to marry a woman whom is known to have had an abortion. Within this frame of understanding womanhood, children define a woman and mark her special because children are a gift from God who also decides how many children will be born to a woman. The construction of children as a blessing is commonly expressed by participants throughout the study, this is also noted by Bowes (2009) findings who illustrated that children were considered a gift from God irrespective of being conceived out of rape, as such this way of perceiving children lays the foundation for the rationale that women who have abortions compromise their chances of having children as they have tampered with their fertility, and defiled God's plan. The mother in law is positioned as someone who has enormous power in the process of choosing a bride for her male children she can take the responsibility of disrupting relationships she disapproves of based on the prospective bride's moral and social character

within the community and perceived reproductive capacity. This relates to literature about the African traditional view that the man's place is recognizable through marriage and the family structure, where they are expected to keep their lineage alive (Futhwa, 2011; Akujobi, 2011) this gives context to the disruption made by the mother in law as an attempt to continue her family's lineage. Stigma also appears to be a serious social action against women who have had an abortion as it's displayed through discrediting, chastising, discrimination and shaming that affects the men interested in her as they will not be proud of her as she has compromised her womanhood. This is further exaggerated by the idea that a woman who has had an abortion is a second hand material, entailing that she has lost value as she is objectified and compared to commodity that have been used before and have depreciated in value. This resonates with Kumar et al., (2009) idea that abortion stigma and status loss are often articulated at community and social network levels which creates the category of "women who abort "as deviant from the norm these rhetoric's are constructive of a distinct group, of the "other", whom are somehow different from 'normal women' (Kumar et al., 2009, p. 629). Lerato further justifies her position by citing gender norms of heteronormative reproduction by mentioning that other women are having children while the aborting woman has defiled her expected gender performance thus cannot be considered a woman. This is similar to Judith Butler's idea that gender is characterised by a set of repeated acts that exist within a highly rigid regulative frame that solidify over time and appears as natural through which the body figure is a surface and a scene of cultural inscriptions, as such imprinted by history, thus has punitive consequences (Butler, 1990). This is illustrated by Lerato's thoughts that such a person has lost their gender identity of womanhood as they failed to adhere to the historical gender script of female procreation which is followed by stigmatization and othering as methods of punishment.

Lerato positions the aborting woman as a deceiver because she is passing as a girl who is innocent while she knows she has had many abortions, entailing that her sexual relationships that led to her conception have robbed her of her innocence and girlhood. Deception is further emphasized by the representation of the man as an uninformed subject whom is deceived by the woman who knows that she would not be accepted as a partner if she disclosed that she has had an abortion or a few. Further Lerato contends that conception equals motherhood by arguing that the child born of her will not be her first child as she had conceived prior to her first childbearing experience, thus awarding her the identity of a mother. This idea of conception as motherhood is similar to Bowes (2009) findings that the foetus is part of the woman's identity as a mother, irrespective of it being physically removed from her body. The womanhood gender identity discourse serves to detain women from having abortions as it's followed by social action against those whom are viewed to have transgressed the norm of womanhood by having an abortion which derails access to safe termination of pregnancy.

5.15. Conclusion

At the beginning of this chapter I mentioned that the analysis and interpretation is based on different frameworks as an attempt to making sense of the data. The data revealed multiple competing discourses on how abortion is framed and understood within the context of the study. The participants of the study in this section drew heavily from the African worldview, which constructs abortion differently from other frameworks. Throughout the discussion about abortion in this chapter the emphasis has been on the negativity of abortion and how it affects the community as a whole and the ecosystem thus its opposition as a practice. Foucault and Judith Butler's theories on power and gender performance and identity also played a significant role in

understanding how social bonds, social norms and social regulation, networks and other structures that form part of the community operate. This chapter highlighted discourses that are deeply and historically entrenched in the culture of the participants studied, these discourses serve as structural constraints to access to safe abortion as the practice of abortion is guarded by taboos and social chastisements. As such it becomes important to provide a space to navigate and understand discourses that are at the margins when the topic of abortion is discussed as they operate alongside the dominant discourse of legalized safe abortions. The understanding of these contradictory marginal discourses is vital because they have long lasting effects on whether safe abortion will be accessed or not creating a space for contestation of power. Further it is important to give legitimacy to other knowledge's and ways of being as an active method of decolonizing knowledge and accepting multiple fluid ways of being.

CHAPTER SIX

Discourses pertaining practical reproductive decisions

6. Introduction

This chapter forms part of the interpretation and discussion of results of the study. The chapter highlights discourses that influence the practical decisions on reproductive matters. These include gender inequality, sexual violence, sexuality, poverty, economic inequality and medical discourses that provide context to the decision that leads to an abortion. These discourses are strongly tied to historical practices, institutions such as patriarchy, the law, medical system and culture.

6.1 Gender based sexual violence

Gender based violence is a prevalent problem for South African women and the participants of the study are not an exception to this criminal act that undermines women's citizenship. This violence against women has created a sense of social fear that controls women's bodies and defines the boundaries for their behaviors and actions. This violence against women promotes unequal power relations and women are often silenced as they lack trust in the criminal justice system and their communities as gender based violence appears to be normalized as part of their society.

6.2 Rape culture and trauma

The extract below problematizes rape culture by illustrating how such violence to the woman's body leaves an imprint that remains an emotional scar. It also reflects on the notion that society holds about women's pains and its 'support' for rape culture.

Extract 19

Sihle: I want you to understand that I wasn't raped, I'm just pregnant with a child that I don't want to have, do you understand? Eeh, how is it, it's painful, I'll have regrets saying that I don't want a child, I wasn't raped but I was just having sex. So imagine if you were raped, something which you weren't willing to do, you can't even keep a child that you had sex willingly. It gives you questions, the one that you were raped will make things worse than the one that you weren't, so I just decide that because I was raped, I can't have that child

Tietsetso : I also believe that a child conceived through rape...Will always remind me of that rape, if there's been a situation like that, I won't love the child

Sammy: A child is a child you will kill that baby and be left with that wound, and you know that it's your child. Every month you'll be saying "my child could've been this old" you'll be...It's a wound that will be in the heart for the rest of your life (FG2)

Consented sexual engagement and sexual assault are compared by Sihle who illustrates the frustrations that one encounters from having an unplanned pregnancy that is a result of rape. Unplanned pregnancy is constructed as unpleasant even in the event of wilful sexual engagement, however it is worsened by rape, thus abortion should always be an option in either cases. The option to abort is encouraged by the first two participants as they perceive a rape child as a burden that will be unlovable to the mother and will be a memory of the inscribed rape and trauma in her life. On the contrary, Sammy is of the notion that a foetus is a child giving the foetus personhood status and further articulating that one will regret and will be wounded by their choice of terminating their pregnancies. Sammy uses the prolife stance in defence of her argument against abortion irrespective of it being preceded by sexual violence and she also employs the post abortion syndrome discourse to validate her argument as well as to portray herself as someone who is concerned about the mental wellbeing of the woman who is sitting with the decision of whether to or not to abort. Both arguments on gender based sexual violence

and the post abortion syndrome are based on the psychological discourse which is concerned with the mental wellbeing of a woman who has had a traumatic life experience. The psychological discourse reproduces institutional discursive practices that take place in the hospital setting with a mental health professional offering services to the victim of rape or the woman who is about to procure an abortion as defined by Parker (2002). It is worth noting that the narrative of unplanned pregnancies that result from sexual violence and abuse places the traumatized abortion discourse as an exception and discredits abortion as normal part of women's lives as entrenched in the extracts above. This results in stigmatizing, shaming and silencing of women who opt for abortions on other grounds other than the pregnancy being a result of sexual violence and medically dangerous (Doyle, 2009) as will be illustrated in the morally acceptable grounds for abortion section in this chapter. This literature is supported by the study as Sihle and Tiesetso use the sexual violence, trauma discourse to illustrate how such an abortion is an exception and should be morally accepted. Furthermore, the insistence by Sammy that women should carry to birth a child of rape even though not favoured by contemporary discourse has historical roots in the patriarchy institution that views women as legitimate objects of sexual aggression and property of men (Herman, 1984; Fletcher. 2010). Such ideologies have stood to oppress women in the past and continue to date. This has resulted in both women and man's acceptance of sexual violence as part of their normal daily lives, which can be observed through Sammy's complicit acceptance.

6.3 Rape culture and incest

This section provides an understanding of how rape culture operates and how it is tolerated within the family structure as a normal part of women's lives.

Extract 20

Sihle: And then what if my aunt doesn't believe that I was raped and thinks that we were dating? So if I have that child and keep the baby with him, it will seem like he didn't rape me, we were dating. So to show that I didn't want to, I was raped, I have to get rid of it and move on with my life so that they can also move on with their lives. So that I can find a man whom I will have children that I will love with him

Sammy: That's where we involve the elders, we involve the elders and they talk about the issue and what it means? We don't want the child, I would not come out with this in the open if I did and say, it's my uncle if ever I did want to have the child. I came out in the open to talk about the matter because I did not want it and I seek for the family to address it (FG2)

In extract 20 Sihle protests that incest allegations and sexual violence creates victim doubting, blaming and silencing when they occur within the family, as such victims often want to have the abortion in silence and avoid the drama and rape stigma. Victim blaming is fuelled by man's privileged economic positions that have made woman vulnerable as they are depended on them for survival and would rather defend the accused perpetrator than lose that subsistence. The extract constructs the elders of the family as knowledgeable subjects with immense problem solving skills as Sammy advices disclosure of sexual abuse for family and elderly mediation, in favour of keeping the pregnancy. This discursive construction affords the elder family members power in decision making, restoring justice and peace in their families. Such elders may also hold patriarchal views as it is an institution that has deep historical roots and acceptance of women's pain as a negotiable terrain and their bodies as men's sexual pleasure objects by both men and women (Gqola, 2015) thus Sammy's insistence that they should be consulted before one can make the decision to abort a foetus conceived out of incest. The use of the rape culture discourse continues to strengthen the institution of patriarchy through discrediting and marginalizing women who speak up against it as it is validated through rape myths.

6.4 Sugar Daddies: Older Professional men with money discourse

The idea of intergenerational, transactional relationships is given meaning in the extract below as relationships that are exploitative and bear unequal power relations.

Extract 25

Siziwe: Some have abortions because they are still in school and they want to finish their studies, So she decides that it's better to have an abortion so that she can finish her studies And she will continue with her studies, some may be impregnated by their teachers...and the law states that if a teacher is having an affair with a student, he/she should be suspended from work and when that teacher sleeps with that student and she falls pregnant, when she tells the teacher, he gives her money to go and have an abortion, and she will have that abortion, some won't tell anyone that they had an abortion. That's some of the things which make people to have abortions or she might do it because she doesn't want the teacher to get suspended from work (Individual interview)

Extract 26

Nolwazi: The people, who are supposed to teach you about protecting yourself against diseases and pregnancy, are the ones who are impregnating students, so I just think that, that is a bad example, how do you teach someone to protect themselves and not to have abortions where else you are sexually involved with them and after you impregnated them you tell them to have an abortion because you are married and you are their teacher. Most teenager in the rural areas are dating sugar daddy's. Men who have families, so you have fun with that sugar daddy he gives you everything you want and you sleep with him and end up being pregnant. When you tell him he tells you that he has a family, go and have an abortion.(Individual interview)

In extract 25 Siziwe represents the woman who undergoes an abortion as a young school going female who is impregnated by her teacher. The young learner is described in two distinct ways, firstly as an active participant who cares about the older man (teacher) that she is having an affair with and protects his job by having an abortion and remaining silent about it. This representation of women who are involved in intergenerational relationships resonates with the research by

Shefer and Strebel (2012) who highlight emotional investments in intergenerational relationships as supported by Siziwe. The second portrayal is of an innocent naïve victim who is instructed by the older man on what to do with the pregnancy since he is legally deterred from having sexual relations with students on the basis that their relationship is unequal. Nolwazi in extract 26 makes the link between exploitative sexual relations and sexual reproductive health education by arguing that the school should be a safe environment that teaches learners about sexually transmitted infections, reproductive health as well as safe sexual practices. This safe space is compromised by teachers who take advantage of their positions and initiate sexual relationships with students, relationships that have imbalanced power relations as the teacher instructs the learner on what to do with her body, illustrating the exploitation of their act. Meticulous attention about teacher misconduct as well as power dynamics in a teacher-learner sexual relationship is noted by Smit and du Plessis (2011) who view it as sexual violence that impedes on the learner's personal autonomy and right to education. Nolwazi puts it bluntly, that teenage women and sugar daddies 'older family men' in rural areas date for fun which consist of the sugar daddy providing everything that the girl wants, alluding to the concept of sex for consumption as noted by (Hunter, 2002; Gbalajobi, 2010). This may come in the form of gifts, money and favours such as transport services, which are followed by sexual relations between the young woman and the older sugar daddy. These sexual relationships end with pregnancy as they were not established for procreation but recreation, as the man already has a family he coerces the young woman to have an abortion similar to the story about teachers. Men's multiple concurrent heterosexual relationships are encouraged within the discourse of intergenerational relationships as a socially accepted norm and never face punishment of social exclusions and discrediting as promiscuous.

This encouragement further strengthens the institution of patriarchy and unequal gender relations.

6.5 You trapped me discourse

The extracts below illustrate contradictions on the roles that men play in the decision to have an abortion.

Extract 21

Sindisiwe: Most men love children, So if he ever found out that you had an abortion he might even divorce you if you are married. So some men want to have children in their lives. So they differ, as we differ as women, some love children, some are having abortions in secret! They are similar with men who do not want to have children. (FG1)

Extract 22

Sihle: Mmm, I think men are the main reason for women to have abortions, one minute he wants a baby and when you're pregnant he changes and says he doesn't want a baby anymore, he starts telling you things like he has a wife elsewhere, even though when you started dating he never said he has a wife, so I think men are the reason why women have abortions. (FG2)

Extract 23

Tshegofatso: We meet in town and he tells me that he's single and I get convinced, we end up sleeping together and I get pregnant. After that he starts showing his true colors and tells me he doesn't want to be stressed so I just decide to get rid of the baby and end the relationship or he will put something in my drink without me knowing, because he knows he has a wife and he's scared of supporting many children and he thinks I'm trying to trap him, because some men think you're trying to trap them when they find out that you're pregnant (Individual interview)

Extract 21 illustrates the multiplicity of tensions that are associated with the decision to abort; as men and women differ in terms of their desire to have children. Sindisiwe notes that some men will divorce their wives if they find out that she had an abortion, which collaborates with

Lerato's ideas on the Womanhood discourse section in chapter 5. Sindisiwe represent the decision to have an abortion as a child free choice, which contradicts the work by Williams and Shame (2004) who position abortion as an option for mothers trying to do what is best for their prospective children by putting off childbirth until they are able to better care for them. Extract 22 and 23 hold similar sentiments about betrayal and deceit that are experienced in romantic relationship with men. Tshgofatso constructs the man that she has a romantic relationship with as a pretender and a deceiver who "*shows his true colors*" when she discloses her pregnancy, which ends with her aborting as a solution to the problem of being betrayed. Tshgofatso's response to the situation resonates with the research of Fitness (2001, p.7) in which she notes that "betrayal constitutes power balance between the betrayed and the betrayer if accompanied by deceit and humiliation the betrayer assumes a one up position to the betrayed". The betrayed is at disadvantage regardless of explicit humiliation as the betrayer had put his interests ahead of their partner thus degrading the betrayed. In such circumstances, Fitness (2001) argues that responding to the act by the betrayed is vital in order to shift power as done by Tshgofatso through procuring an abortion that signifies the end of their relationship as she disapproves of his true colors, which Foucault (1980) termed the resistance of power and new formation of power.

The notion of trapping a man with a pregnancy in order for him to stay with the pregnant woman or be obligated to pay child support for the maintenance of the child seem to give context to men's attempt of taking measures into their hands. Men do this through attempting to induce the abortion so as to mitigate the risk of losing his wife and incurring additional responsibility. These findings are supported by Jewkes, Wood, & Maforah (1997) and Niehaus (2000) who note a scenario where some men were reported to have tricked women into ingesting abortion pills or a herbal concoction without their knowledge. Men in both extract 21 and 22 are presented as the

sole reasons for women to have abortion and as pretenders while women are represented as naïve victims to these men's deceptions and betrayals. However, there is a space for women to resist the intensity of the victimization through mitigating the effect of the deceptive relations by utilizing agency through having an abortion. The implication of this kind of discourse is that men's intentions are faced with suspicion by women as they doubt men's capacity to love, because they are perceived to be motivated by lust. This makes it hard for genuine men interested in genuine relationships to initiate meaningful relations as they are faced with suspicion. However there is a space for contestation in favor of men by Sindisiwe in extract 21 who indicates that it is not all men who will leave you to care for a child alone or coerce you into having an abortion as they love children.

6.6 The intersections of poverty, Sexual transmitted infections and multiple sexual relations discourses

The extract below demonstrates the role that poverty plays in people's daily life choices as well as the choices they make when navigating survival.

Extract 24

Interviewer: *Mm, do you think that the reason women end up being pregnant with someone else's child is caused by their husband working very far from them?*

Tshegofatso: *Yes, the thing is we are struggling in the rural areas, once your man goes to work on January, he will return on December and when they leave to work they don't want us to go with them because they know that they are leaving with other women there and they don't even send you money to buy food, so I'll be struggling to find something to eat, so I end up deciding that its better I find myself a man so that I can get money. So when I find that man who gives me money, we end up sleeping together. That's how most people fall pregnant, so I have an abortion because my husband knows that he was not around the whole time*

Interviewer: *Mm, and then I heard you talk about sexual intercourse and nowadays there are many diseases which can be transmitted through sexual intercourse, how does it relate with the issue of termination of pregnancy?*

Tshegofatso: *They do relate to each other especially when we reach a point where we are having sexual intercourse without the use of a condom because we don't know each other. In that way I'm infecting him with diseases or he has diseases and infects me on top of my own diseases. And if I'm pregnant while having all this diseases, my baby will also suffer from them so I decide that its better I have an abortion so that my child doesn't suffer (individual interview).*

Poverty is the root of many ills in society, sexually transmitted infections, and abusive gender sexual relations, as one can observe how the narrative of poverty has affected the nature of sexual and socio-cultural relations within families and the community at large. Furthermore, this narrative reflects on the historical structures of colonialism as well as apartheid that destabilised the African family structure through the introduction of the migrant labour market and monetary economy which influence contemporary domestic and sexual fluidity (Niehaus, 2002b; Robins, 2006; Motsemme, 2007). This is vividly captured through Tshegofatso's statement about masses in rural areas who suffer from poverty as they cannot afford basic human needs and her example of dependence on migrant labourer husbands who forget the family left behind in efforts to respond to the demand of a migrant labourer's life. The conditions of lived experience with poverty leads to the decision to have multiple concurrent sexual partners as women need to fend for themselves and their children implying that they are exercising agency that provides them resources and power, which in some ways challenge patriarchy while in others reinforce it. These multiple sexual partner relationships are constructed as transactional in nature and unprotected as Tshegofatso notes that women are exposed to pregnancy and infections while trying to secure subsistence. Transactional sexual networks created by poverty are noted by other authors as a major influence of multiple sex partner relations (Hunter, 2002; Stadler, 2003;

Robins, 2006; Motsemme, 2007; Mapfumo, Shumba, Zvimba & Chinyanganya, 2012; Formson & Hilhorst, 2016). Furthermore gifts and ideals of masculinity as well as the economic privileged position of men coupled with cultural changes have been observed to play a major role in sustaining and increasing multiple-partner relationships and are considered the main cause of the spread of HIV/AIDS in some areas (Hunter, 2002). What is noteworthy in the extract is Tshegofatso's inherent idea that unprotected sexual intercourse is socially acceptable when partners have known each other for long; this is also noted by Motsemme (2007) as the biggest reason for unsafe sex as it involves trust. Gender power dynamics such as economic dependency as well as people's need to maintain and sustain meaningful, lasting relationship is some of the reasons that can hinder protected sex. The intersection of poverty, sexual transmitted infections and multiple partners goes beyond discourse into the materiality of the conditions that create them, which are deeply rooted in the historical, economic, cultural and structural changes that shift with the times to meet the demands of the ever changing society.

6.7. Affordability discourse

The idea that money provides opportunities for people is illustrated in this section by showing the inequalities that are embedded in different job markets as well as the education system, thus giving them power to influence the decision to abort.

Extract 31

Motlatswa: Another problem is maintaining your pregnancy, it's nine months! During those nine months you may struggle with finding food, there's nothing to help you, or maybe I was working but lost my job because I got pregnant. Those are the things that can make one to consider abortion. There are many encounters that can cause one to have an abortion. Maybe I cheated

on my husband and got pregnant so I have to have an abortion so he doesn't find out because at least he was able to buy me a bag of maize meal (FG1)

Extract 32

Lerato: Yes when I'm say I'm poor I mean I'm unemployed, I don't have money and I survive by the use of social grant, So having another child is not an option for me and things are expensive nowadays, you have to be able to get your child the best education So that he/she can also be successful. Because if you have a child and you don't support that child, he won't be successful (individual interview)

In extract 31 Motlatswa attempts to illustrate that pregnancy requires a lot of money ranging from antenatal care to a specialized diet depending on the cravings that one has during that phase, thus the need to have money to maintain the pregnancy up to successful birth. This is further complicated by Motlatswa's assertion that women who fall pregnant find themselves in economically precarious positions especially if they are unskilled and work for employees who do not adhere to the labor law with regard to maternity leave, constructing such employees as disposable objects subject to poverty, inequality and precarity. The politics of unskilled job markets are also highlighted in chapter 5 under the pro-choice imposition ideology versus the responsibility ideology section.

Motlatswa's assertion of having nothing to help implies that the men who impregnated the women have left them without any social, emotional and financial support, which intensifies the effects of poverty and sets the grounds for an abortion. Motlatswa's example about the pregnancy indicates that it resulted from multiple partner relations that are reinforced by poverty wherein one has to gather resources for survival from different men, alluding to the discourse of transactional sex for subsistence. Lerato in Extract 32 speaks explicitly about poverty, which she links to unemployment which renders child support grants the only means of survival. Which

women make critical situational analysis of their social and material conditions and comes to the conclusion that things are expensive including basic needs such as food, housing, healthcare and education which are important to the development of any child. This is in line with Williams and Shame's (2004) argument that abortion reflects mothers' dreams for their children that are motivated by the desire to be good mothers, and the decision to have an abortion is often taken in context of a woman's social and material conditions, especially since the cost of living is expensive in contemporary societies. Lerato's assertion that one must be able to get the best education for their child in order for them to be successful indicates the disparity in the education system, as the South African education system offers different types of education in terms of quality depending on the individual's socioeconomic class and affordability, thus minimizing or maximizing child chances of success. This is also argued by Gardiner (2008) who contends that the conditions of poverty in rural areas are reflected in the absence of quality education which hinders people's opportunities to lead long healthy and creative lives as argued by Lerato. This discourse of financial security and parenting is the contemporary discourse on reproduction which serves to marginalize parenting styles of the lower class in society.

6.8 The politics of pleasure and desire

Pleasure and desire are cited as reasons that motivate people to engage in sexual activity. However this is coupled with other politics concerning sexuality.

Extract 28

Lerato: Okay, when I spoke about poverty I didn't make it clear what I really want from him It's a matter of me being poor... I'm not able to provide for my kids and I'm struggling to support those three children, do you understand? I won't avoid matters of feelings and other things but it is about having someone to talk to and laugh with, I'm not doing all that because I want his

money, no! I laugh with him because I also have feelings, do you understand? Then I end up being pregnant by mistake (individual interview)

Extract 29

Nolwazi: Well most like I said before women who fall pregnant the most are between the age of 13 to 25 Years and most of them are still studying, As they are still in school, the person she's in love with is still having fun and doesn't want to use a condom and then she falls pregnant and your partner tells you to get rid of that thing that's how they tell you, they don't say go and have an abortion, they don't comfort you or accompany you to the hospital to have abortions like people do it in the cities, Kids who are from a good back ground. For some of us who are from the rural areas they talk to you harshly and tell you to get rid of that thing who said you shouldn't use contraception? You are a fool but he never told you to use contraception the time you were having fun, he didn't even want to use protection

Interviewer: Mm, What does that person say when you want to use protection?

Nolwazi: Well most men from the rural areas don't want to use protection they will tell you that they won't use a plastic because God didn't create them with a plastic on, they will say they won't eat a sweet while it's wrapped and that you don't eat a banana while it has its coverings that's why. They will ask you that when have you seen anyone eating a banana without peeling it first and that they don't enjoy a condom, So like, they pressurize you especially if you're still a teenage and you love your boyfriend, you'll want to satisfy him, So you're scared that he will dump you because you love him especially if he's popular at school and stuff like that, you'll find that a lot of students don't use protection anymore because the boyfriend is popular and other girls want him so she ends up not using protection and when she falls pregnant and when you tell him he tells you to remove that thing or he says it's not his child or he will say if you love him you will have an abortion. (Individual interview)

In Extract 28 Lerato explains that poverty must not be mistaken as the reason for the establishment of her relationship with the man in her life as she seeks companionship, love and intimacy which may lead to unplanned pregnancy. This discourse of intimacy highlights the positive desires for human relationships and offers a contradictory discourse to transactional

sexual relationships and women's economic dependency on man, however does not provide profound details about women's sexual desires and pleasure. In extract 29 Nolwazi represents young women between the ages of 13 to 25 as the group that falls prey to unplanned pregnancies and end up in coerced abortion by partners who refuse to use protection. Nolwazi is critical of location as well as class in highlighting the different behaviour that will be portrayed by people depending on their geographical location which have offered them different tools to deal with problems, thus the idea of rural man as abusive and risk taking by refusing to use condoms while middle class and upper class city men as gentle and responsible. Metaphors about wrapped sweets and unpeeled bananas are employed in their denial to the use of condoms. They further validate their speaking positions by appealing to a higher power; God whom they claim in his creation did not create them with a condom on. Nolwazi attests that the metaphors are used to coerce women into having unprotected sex with men for their sexual gratification and women are also manipulated in the name of love, as sleeping with these men without a condom is constructed as an indication of a woman's love. Further these young women have multiple pressures to perform risky sexual acts in order to keep the love of their male partners. These pressures to engage in risky sexual acts emanates from rivalry with other women, as they compete for men who hold respectable social statuses as it is an acceptable norm that men have an uncontrollable sexual drive, and they are not to blame for it. This highlights the sexist notion that women are disposable and unappreciated in contemporary society especially since there is a narrative that there are more women than men thus creating grounds for competition. These politics of pleasure and desire are complex with competing overlapping discourses that indicate the dynamics of power relations in matters of sexuality and how they are practiced; nonetheless the patriarchal ideology of men as sexual beings with uncontrollable desire still takes centre

stage and marginalizes women's voices about their sexual pleasure and desires (Shefer & Foster, 2001; McClelland & Fine, 2008).

6.9 Medical discourse

6.9.1 Contraceptives politics

Extract 33

Interviewer: *Mm, I heard you talk about contraception, which type can a woman use if she doesn't want to have a baby?*

Lerato: *Okay, on this...we are based on our culture Yes, right now we are in a new generation and we have ways of preventing, which is the injection we get from clinics or hospitals and then we also have pills and loops which we find in hospitals but they also had this in the olden days because traditional healers have herbs which they give you if you do not want to have a baby. You drink all of them and in our culture they can help you immediately you start having your periods, they take you to a traditional healer then the traditional healer will do his thing. Then you will drink whatever they give, that will prevent you from falling pregnant, then when you want to have a baby, you go back to the traditional healer then he will undo whatever he has done, that's what I mean when I say there are ways to prevent yourself from having a baby. Yes, before we were using traditional methods, nowadays we have a lot of ways to prevent ourselves from being pregnant. Instead of killing children, abortion is a sin and it is murder. (Individual interview)*

Extract 34

Interviewer: *And what do men think of this thing of using contraception?*

Tshegofatso: *They don't support it and if you're using it, you shouldn't let them know because they say it damages their waist when they sleep with you. People are saying it kills their waist, so they don't want you to use contraception while you're sleeping with them (Individual interview).*

In extract 33 Lerato illustrates that contraceptives work within the frames of two discursive constructs, the institutions of indigenous health systems and contemporary public health. She affirms that due to changes in society the new generation uses contemporary methods of contraception. Here we can observe that Africans had their own indigenous health systems for population control and contraceptives that affirmed traditional healers' roles in the birth control measures used to prevent women from falling pregnant through the use of herbs. Lerato historically locates the use of contraceptives within indigenous health systems to indicate that the use of contraceptives is not an invention of the West as claimed. Through her appeal to historical and other contemporary methods of contraceptives, she condemns abortions by using a religious discourse and the historic-legal discourse on abortion as mentioned in the drought discourse and the Christian discourse sections in chapter 5. When Tshgofatso in extract 34 was asked about what men think about contraceptives, she mentioned that they were not in support of these methods of controlling child birth as they claimed that it has negative effects on their bodies. The claim that contraceptives have negative effects on men was found in another study by Matlala and Mpolokeng (2010) in Ga Sekoro Limpopo province who noted that men in their study complained about experiencing aches, pains, premature aging, early deaths, weak erections and other chronic diseases that result from women's use of contraceptives and the women also used contraceptives in secret just as Tshgofatso states. This contradicts the expressions made in the earlier section on pleasure and desire as the participants quoted in that section illustrate that when one falls pregnant the men ask them why they did not use contraceptives while on this section they are said to condemn the use of contraceptives. It is possible from the presentations of participants that men are opposing the use of contraceptives but advocate for them in the event of an unwanted responsibility and pregnancy. Furthermore, the idea that a woman's use of

contraceptives may affect the body of the man she is having sexual relations with resonates with Thornton's (2008) conception that South African's cultural understanding of sex and sexuality is that there is sexual transmission of bodily substances that flow and are exchanged between sexual partners. The contradictory discourses on contraceptive use depicts man's patriarchal desire to control women and their bodies by telling them when they can or cannot use contraceptives, just as they control other aspects of their lives through different means.

6.9.2 Commercialization of health care and the concealment discourse

Extract 35

Sammy: *I think women prefer doctors but few people go there because most of them cannot afford. Whatever happens is known by you and the doctor only. In public hospitals, you will be seen by all the nurses.*

Thembi: *You have to wait in a long queue*

Sammy: *Even people from where you stay will be there and start wondering what you are doing there*

Thembi: *They will see that you want to do something wrong*

Interviewer: *Uhhm, what makes people to keep their abortions as a secret?*

Sammy: *It's because people will look at them differently and treat them differently. They will say "that's the woman who killed her own child" "That's the one who had an abortion", they will side line you from everyone else in everything you do. They will even call you by the "the one who had an abortion, the one who killed her own child"*

Thembi: *They make you expire (in its literal sense is that you lose value) (FG2)*

Extract 36

Interviewer: *Okay, so where do women go when they want to have abortions? Do they go to private hospitals, traditional healers or do they go to private clinics?*

Nolwazi: *Well, most people from rural areas do not have enough money, it's rare to find someone who will go to a private clinic or hospital, they usually use public hospitals or they go*

to traditional healers and when they go to hospitals they don't go to hospitals around the community. They will use taxis to go to other hospitals, maybe two villages away to avoid what? To avoid being seen and being talked about and they also do the same with traditional healers, they go to other villages because they will call her names like murderer and others (individual interview)

In extract 35 Sammy is of the view that women prefer to go to a doctor for a one on one consultation when they want to have an abortion because it affords them privacy unlike public hospitals that exposes people to judgements by health care worker, patients and hospital visitors elaborating on the gaze that Foucault (1980) referred to. Public hospitals have long queues as elucidated by Thembi who indicates that it has an ability to expose one's private intentions that bring them to the hospital, as it is a place that gets over populated since it is a public facility. When the question about women's preference to discretion through having abortions at the private doctor's practice was raised, Sammy explained that it was caused by women's awareness that an abortion is chastised, othered, stigmatized and discriminated. These discursive practices of othering also manifest in social actions of isolation as stated by Sammy, who notes that women who abort get socially ostracised as murderers leading to women concealing their intentions to abort or their past abortions. A similar finding was noted in Boffard's (2012) study where women expressed that they felt a need to keep their abortions a secret as a quest of avoiding rejection and judgments from their community. Thembi states that the woman known to have procured an abortion will be constructed as expired goods, reducing their subjective being to an object, a similar notion to Lerato's assertion of second hand material in chapter 5 on the womanhood discourse section. This idea of people expiring is in relation to the idea of commodities that have an expiry date which become useless when they have expired as they have passed their use date. In extract 36 Nolwazi also supports the idea of secrecy around

abortion which indicate that it is a silenced and marginalized practice. Nolwazi illustrates this by pointing to how women in the rural community who cannot afford private health care consult traditional healers or go to distant public health facilities in order to conceal the abortion. She further states that the traveling to distant areas to procure an abortion is an attempt to avoid being stigmatised and dehumanised by community members who hold strong moral beliefs against abortions. This discourse of concealment and commercialized health care marginalizes access to abortion health care within the public sector which leads poor women to self-induce abortions or procure it in the black markets and far-off areas. The construction of women who have abortions as expired goods as well as other discursive practices aimed at neutralising the deviance of abortion encourages the concealment discourse and other practices that attempts to conceal the act of abortion.

6.9.3 Public Health care workers service to abortion

Extract 37

Nolwazi : I mean like I've never seen a private hospital in the rural areas, all we have are public hospitals and when you go there being sick or bleeding after the abortion, they don't give you attention instead they curse you, they will say you deserve it; you're supposed to pay for what you did. They won't admit you and that can cause the infection to spread, or if they clean you, they will do it while blaming you.

Interviewer: Mm, are you talking about a scenario where the person tried to have abortion by herself or she came to have it in the hospital?

Nolwazi: Well, both if you tried to do it by yourself they don't care, I'm not sure if they will treat you the same if you came to have the abortion there, but from what I've heard if you want to have an abortion, they start treating you bad, they will tell you that your opening your legs for men at a young age, they curse you (Individual interview)

Nolwazi in extract 37 highlights that the economic situations in the rural context does not allow for the establishments of private hospitals as people who live in rural areas are predominantly poor and cannot afford the services of private hospital care. As such private health care services are limited to private doctor's practices as there are no private hospital establishments which are perceived to offer quality health care when compared to public hospitals. Nolwazi highlights the challenge in quality healthcare by illustrating that health care workers and administrators in the public healthcare do not want to provide services to young women who present themselves to the hospital after an attempted illegal/unsafe abortion. Healthcare workers are represented as neglectful due to their reluctance to aid the young woman who had a spreading infection. These health care workers reluctance to provide service emanates from the attitude that the young woman lacks moral values and deserves the pain that comes with their attempt to abort. Nolwazi further attests that public healthcare workers' negative attitudes were not influenced by the patients' unsafe attempt to an abortion or request to one at the hospital due to their unresolved issues with abortion which is observed in their acts of cursing patients for having sex particularly if they are young. The construction of abortion as an immoral act, a taboo that is infused with pollution and deviant from prescribed gender roles throughout the analysis sets the tone for health care workers to resist providing service to people who require abortions. This attitude towards abortion by health care workers maybe one of the enablers of back street abortions and self-induced abortions. Further the blurred lines between conscientious objection clause based on one's moral values within the CTOP Act creates confusion for both health care workers and non-health care workers as highlighted by a number of scholars (Harries, 2010; Harries et al., 2009).

6.10 Unsafe illegal abortion practices

Extract 38

Interviewer: *i hear what you're saying mmh, so what do you hear about this issue of terminating pregnancies around the village? What have you heard?*

Sindisiwe: *Some die after having abortions because they don't do it legally, they say they just cook some herbs for you and tell you to drink it and then you die, then it's over*

Motlatswa: *Yes, we used to hear that you can even use the needle used for netting, do you know it? They say you just take that needle in put it in then you just stir and the pregnancy will be terminated, some say you boil coke cool drink, mix it with spirit and add ten cent and then you drink it, some say coco tea and FG tea can also do the trick, you just make it strong tea mixture but sometimes they don't work and Some die, they differ. (FG1)*

Extract 39

Interviewer: *Oh, okay, where do people go when they want to have abortions? Do they go to doctors, clinics or traditional healers?*

Tshegofatso: *As I said earlier that the government realized that people are dying, before they used to go to traditional healers but nowadays they go to clinics and some go to doctors. You might find that someone is 8 months pregnant and the next time you see her she is no longer pregnant because doctors can do abortions even if it's 8 months and the government allows it. (Individual interview)*

Extract 38 provides methods of termination of pregnancy that are well known in the village. Sindisiwe notes that often people perform illegal abortions when the back street abortionist provides herbs to the patient, which is not safe as sometimes they lead to the death of the pregnant woman. Motlatswa gives more details particularly on the self-induced abortion methods, she states that in the village people use mixed herbal concoctions, needles or other foreign instruments which they insert into their vaginas to achieve an abortion. In extract 39 Tshegofatso shows an understanding of the rationale behind the termination of pregnancy act

even if she does not seem to understand what the act entails in terms of limits and how the procedure can be acquired. She speaks from observation that some women have abortions after they are 28 weeks pregnant and that it is permitted by the CTOP Act. Tshegofatso's assumption that these illegal abortions are legal and performed within the stipulations of the CTOP Act is an indication that there is lack of information about the CTOP Act; which is also highlighted in a study by (Macleod, Seutlwadi & Steele, 2014). These discourses surrounding the methods of unsafe illegal abortions indicates the level of knowledge about abortions and its history within the community as well as the meaning given to the notion of abortion as a concealable shameful deed. This history is closely tied to the historical legal discourse that made it difficult for black women to procure safe legal abortions resulting in botched abortions and high maternal mortality; which resonates with cited literature in chapter 2 (Mhlanga, 2003; Mookamedi, 2011; D'Souza, 2013). Further the speaking positions of participants refer to the discourse of risk, entailing that women who take these measures to ensure that they hide their abortions to avoid social exclusion, stigmatization and financial, emotional responsibility were aware that they may lose their lives.

6.11 Morally acceptable grounds for abortion discourse

Extract 40

Nolwazi: Another reason can be if you have complications with your pregnancy and the doctors' advice you to have an abortion. Maybe they discovered that your child has Downs Syndrome then they tell that your child has 50-50 chance of surviving or you can keep him but he will be crippled, but they will advise you to have an abortion (Individual interview)

Extract 41

Sammy: Okay, I can say if I am pregnant...and I find out that the child inside is not sitting properly or the child has a lot of diseases, then you can have an abortion, besides that I don't see any other reasons

Tebogo: Also if I'm sick, and I can't survive till nine months and there's no other way, I can have an abortion so that I can live, because it's no use giving birth to a child and then die, my child will grow up without a mother (FG2)

Extract 42

Sindisiwe: From what we know, women go to the doctors for abortions and the doctors will do the abortion if you are seriously ill. I don't think they agree if that's not the case but we don't really know because we just hear rumours about it. The only people who know about this are those who have had abortions, we haven't Mm doctors do not allow you to have an abortion without a reason! Not knowing about special doctors because these days some only care about money (FG1)

This section provides conditions that participants thought abortion can be tolerated and morally accepted within their community. These thoughts were expressed in different ways for instance Nolwazi in extract 40 thought that the doctor was in a position to advise a woman if she has to have an abortion after making thorough assessment of her health and that of the foetus. This advice normally takes place if the doctor reached the conclusion that the foetus will have challenges adapting to the physical world and may require a lot of assistance to survive. In extract 41 Sammy also gives a similar scenario as reasons of having an abortion and insists that if the prospective child would be unable to cope in the physical world then one can have an abortion. Tebogo on the other hand is of the notion that the health of a woman should take precedence over that of the foetus if continued pregnancy would put her life in danger. Sindisiwe shares the same sentiments as Tebogo but like Nolwazi, she emphasizes on the doctors expertise.

The grounds that are thought to be morally acceptable by the participants of the study seem to give massive power to the expert advice of the doctor and the medical institution, thus taking power away from patients or pregnant women. Further such medical advice from doctors pose ethical dilemmas especially in the event where abnormality does not cause death, an example is the Downs Syndrome that Nolwazi alluded to. This ethical dilemmas stem from the long history of eugenics where discriminatory selective abortions against disabled people were performed to exterminate them and create a genetically pure human race (Moodley, 2008; Mcwrorter, 2009). The discourse on morally acceptable grounds for abortion is tangled with ethical issues and stands to disregard other grounds for seeking abortion such as a woman's choice. At the same time it awards the medical institution enormous power as the only authority that can determine when an abortion can be procured as illustrated by Sindisiwe.

6.12 Conclusion

This chapter focused on understanding the multiple and contradictory frames of abortion as participants of the study are influenced by different ideologies, the media and the fluid ever changing culture of society. The data in this section highlighted the intersections of economic inequality, gender inequality, educational inequality, class inequality and other systems of oppression and structural violence. This data illustrated how structural positions of people's lives enables or disables them from obtaining quality lives, quality health care, and education as well as opportunities. It further highlighted how people respond to the eminent changes and challenges in their lives so as to survive within their context. This chapter went beyond the discourse of abortion into institutions that frame people's lives thus creating conditions for different responses based on social and economic positions. It provided an understanding to the link between sexuality, reproduction, gender norms as well as the culture that governs them. This

chapter vividly shows the complexities that entangle abortion as a notion and a practice. When the issues that are highlighted in this chapter are fully understood and transformed to better the lives of those who live in the margins of poverty, exploitation and inequality, perhaps there could be change in the reception of policies such as the CTOP. Further this challenges us to be open-minded and mindful of other realities as scholars, policies makers and advocates for change in order to bring about meaningful and acceptable change.

CHAPTER SEVEN

Conclusions

This chapter provides a summation of the study. South Africa's introduction of the CTOP Act is said to be the most progressive and liberal act in the world. This post-apartheid Act is aimed at upgrading women's rights as equal citizens and also at providing rights to reproductive healthcare (Zeijlstra, 2004). This Act permits access to government funded abortion services to all women of all ages within the first trimester (12 weeks) and the second trimester (20 weeks) gestation period. Nevertheless, cultural and religious constraints at individual and community levels have been cited to exist as barriers to women's access to safe abortion which may put women's lives at risk. Further my own observed constraints and resistance to the CTOP Act (explained in detail in chapter 1), set the tone for undertaking this study so as to gain insight on abortion discourses and the nature of constraints and resistance so as to add to and expand existing literature on the topic of abortion in South Africa. This was achieved through exploring rural Bushbuckridge black women's construction and perceptions of the practice of abortion by conducting focus group sessions and individual interviews.

This exploration and the quest to add to existing literature brought with it immense learning curves for me as a researcher. It pointed to the major shortcomings of deploying theories and prescriptive academic ideas of how reality was structured and how people make sense of it. As such the initial proposed methods of the study had to be mended to be in line with the multidimensional realities of the people who were interviewed in the study. This study had to attain few patches that render it methodologically imperfect according to academic standards as it joins Western theories and African epistemologies. This intersection of frameworks was adopted to ensure a comprehensive analysis of the multi-layered data that emanated from the

participants comprehension of the topic of abortion. The ability to intersect frameworks enabled me to give the voices of the participant's space to articulate the marginalized discourses on abortion that did not fit in to the popular academic discourse on abortion. The participants in this study drew heavily on the African epistemology when engaging with the notion of abortion as a practice as well as in highlighting their knowledge, perceptions and constructions. As noted that language has power in constructing and creating the reality that it speaks of. Participants' talk about abortion created a web of power relations that have historical, economic, political, and gender principles. These power relations are tied to abortion beliefs, body politics, social norms, gender dynamics, socio economic class values, reproduction and sexuality discourses which are entrenched in communal shared discourses.

The results of the study unveiled some of the social and communal constraints that individuals who want to undergo an abortion have to contend with and navigate through within their communities. The results highlighted that the major resistance emanates from the idea that abortion is a taboo that is punishable by supernatural ills and losses within the community and by individuals through draught and shortage of agricultural products as well as its contaminating effects on the body. Further, childbirth and motherhood is given prestige irrespective of the conditions that one finds themselves in, such as the loss of their marriage. Also women whom are known to have had an abortion are socially isolated and stigmatized as the other. Participants appeal to God's divine power and plan for the world also serves as a constraint to access to abortion as women who have abortions are thought to be deviating from the physiology of reproduction and their gender roles as mothers. Other findings in the study provide practical circumstances that enable abortion to take place within the context of the participants irrespective of its disapproval which also contributes to unsafe abortion practices as women seek

to conceal their abortions so as to preserve their dignity and social and moral status within their community and to avoid stigmatization and isolation. These results further highlight the context in which sexual and reproductive decisions are made which has illustrated the imbalance in gender equality and distribution of resources within the genders which provides conditions of structural violence.

The findings of the study have the potential to highlight issues that serve as barriers to implementing the CTOP Act in practice and where the challenges to the policy stem from. These findings can serve as a needs analysis that could be undertaken before implementing policies so as to make sure that they are understood by the people who will utilize the service and those who will deliver the service. Further if this is done people will feel included in policy development and may not oppose it, thus navigating through these discourses may be beneficial to understanding the high rate of street abortions and the resistance to the abortion policy of South Africa.

7.1. Limitation of the study

One of the limitations in this study was that the participants of this study were women only which means they provided information that was based on their positions in society as women. Further their gendered position commented on gendered power relations that could only be analysed and interpreted from their perspective.

Another limitation is my position as a researcher who is a rural born woman who understood the context of the participants and interacted with them in a particular way that showed mutual understanding which could have limited the depth of their explanation of their conception of abortion. For instance the infections that affected people who came across as contaminated

bodies were not named but only explained and I did not interrogate this as I understood what the participants were referring to.

Another limitation is that I went into the field with preconceived notions that were derived from the theoretical frameworks and literature review around the topic of abortion. This guided the questions that were asked and in a way limited what the study could have achieved through allowing participants to explain their knowledge of abortion instead of having specific structured questions that they had to answer.

The sample of the study was two focus groups and 5 individual interviews which is a small number and cannot be generalized to the whole population of people living in Bushbuckridge or anywhere else in South Africa which contributes to the limitations of the study. Further analysis of the data was done in a second language which was translated from vernacular to English and this may have potentially lost some of the actual meaning of the information provided as some things are not translatable.

7.2 Recommendations

Given that I went into the study informed by research questions that emanated from theoretical frameworks in order to guide the research process I would recommend that in furthering this research one should either use grounded theory or participatory action research to give participants an opportunity to be knowledge creators and to let them provide other forms of knowing without constraining them to prescribed Western research process especially since the data they provided does not conform to the Western paradigms. Further conducting research that includes a larger sample of indigenous African people from different ethnic groups may yield in-depth research results on the constructions and perceptions of abortion in rural communities. It

is essential that academic institutions become inclusive and flexible so as to value and understand the diverse ethical standards of indigenous communities and people where research takes place. This requires radical decolonial transformation in how research with indigenous communities are conceptualized and designed.

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APPENDIX 1: CONSENT FORM

My name is Lien Molobela I am a master's student at University of South Africa. I would like to invite you to take part in a research study entitled **Exploring black rural Bushbuckridge women's constructions and perceptions of the practice of termination of pregnancy**. The purpose of the study is to explore and understand rural women's understanding, beliefs and perceptions of the practice of termination of pregnancy within their social and cultural context. I hope this study will offer me a broader understanding of the meanings that women attribute to termination of pregnancy as well as how womanhood is understood within the Bushbuckridge context by women. Your participation will involve you having a face to face individual interview with me about your perception and understanding of the practice of termination of pregnancy. This interview will be conducted in a convenient private location. The interview will take about 30 minutes to 1 hour of your time which I would like to ask your permission to audio-record the interview so I could record the interview accurately for data analysis purposes. The tapes will only be heard by me and my supervisor. All information gathered will be kept strictly confidential, and will be stored in a computer that has a password, of which only I will have access. Your participation in this research study is voluntary. You may choose not to participate and you may withdraw your consent to participate at any time. There are no direct or known risks or benefits to you for participating in this study, but kindly take note that it is possible that you may feel uncomfortable talking about termination of pregnancy.

Kindly take note that this study is part of a requirement for a master's degree in psychological research consultation at the University of South Africa (UNISA) and will be published as a dissertation and may be published as an article and presented as conference papers. No names of people and identities will be mentioned in any publications, should you like copy of the study, please provide me with your address and I will send you a copy of the summary report of the study.

Thank you for your participation in the study. I will give you a copy of this form to take with you.

Contact information

Lien Molobela can be contacted on 0794011440 or reabetswe4eva@gmail.co.za/ should you have any questions or concerns about this study or any problems, please contact me on the above contact details or my supervisor Prof Puleng Segalo on segalpj@unisa.ac.za

Consent

I have read this consent form and have been given the opportunity to ask questions. I give my consent to participate in this study.

Participant's signature _____ Date: _____

Researchers' signature _____ Date: _____

APPENDIX 2: GATE KEEPER'S LETTER

Dear Recipient

My name is Lien Molobela, I am a master's student at the University of South Africa. I would like to ask your permission to conduct research at the area which you are an *induna*. The title of the study is "**Exploring black rural Bushbuckridge women's constructions and perceptions of the practice of termination of pregnancy**". The purpose of the study is to explore and understand rural women's understanding, believes and perceptions of the practice of termination of pregnancy within their social and cultural context. I hope this study will offer me a broader understanding of the meanings that women attribute to termination of pregnancy as well as how womanhood is understood within the Bushbuckridge context by women.

The project will consist of a face to face individual interview with rural women between the ages of 25 to 40. These interviews will be held in a private and convenient place and will take about 30 minutes to 1 hour for each participant. Kindly take note that this study is part of a requirement for a master's degree in psychological research consultation at the University of South Africa (UNISA) and will be published as a dissertation and maybe published as an article and presented as conference papers, these published materials will not mention any participants names or yours.

Consent

I have read this consent form and have been given the opportunity to ask questions. I give my permission for the study to be conducted and I reserve the right to withdraw this permission at any time.

Participant's signature _____ Date: _____

Researchers' signature _____ Date: _____

APPENDIX 3 INTERVIEW GUIDE

1. What does terminating a pregnancy mean to rural women?
2. What does your culture say about termination of pregnancy?
3. Under what circumstances can one have an abortion?
4. What do people say about abortion? / What have you heard about termination of pregnancy?
5. What do people in your community say about women who have had an abortion?
6. How is a woman who has or suspected to have terminated a pregnancy treated within your community?
7. Where do people go when they want to have an abortion?

Do they go to government hospitals?

Do they go to traditional healers?

Do they go to private clinics?

Can people have an abortion at a clinic or hospital where they are known?
8. What role do men play in abortion decisions?
9. What influences women's decision to have or not have an abortion?

APPENDIX 4: BIOGRAPHICAL DATA

Item	Response
Age	
Marital status	
Do you have children?	Circle one: Yes No
Race/Ethnicity	
Religion/spirituality	
Language	
Were you born and reared in a rural community?	Circle one: Yes No
Who do you live with?	Alone __ with friend/s __ with parents __ with a partner __ with a guardian __ other (please specify) __

Contact details:

Name:

Phone number:

Email address:

APPENDIX 5: LENGWALO LA TUMELO LA MOTSEA KAROLO

Dumela Motšea Karolo

Leina laka ke Lien Molobela, ke morutwana wa masters ko unibesting ya afrika borwa. Ke thabela gogo meme gore otšeye karolo mo dinyakanyakišong tse bitswang “**Gonyakanyakiša diponelo le dikwešišo tša basadi bamagaeng mo leagong le setšong ka ga gontšha mpa**”. Mokgola wa dithuto tsena ke go nyakišiša le go kwiššia diponelo tša basadi ba metsemagaeng le dilo tšeo badi tshepang ka ga gontšha mpa goya ka setšo leleago la gagabo bona. Ke tshepa gore dinyakišišo tsena ditla mpha kwešišo ka bophara ya dihlalošo tše basadi ba difang gontšha mpa le gore bosadi bokwešišwa ka tsela efeng mo leagong la Bushbuckridge. Gotšea karolo ga gago go amana le gore gobe le poledišana magareng gaka le wena ka ga diponelo le kwesiso ya gago kaga gontšha mpa. Poledišana ya rena etla tshwarelwa lefelong le bolokegilego. Poledisano ena etla tšea 30 ya metsutsu go fihla go iri ya nako ya gago mo ke tla gago kgopela tumelelo ya gago gore ke rekote poledišana ya rena gore ketle ke kgone go ahlahlana le dipoledišano tša rena. Ditaepo tše ditlakwa kenna le supervisara yaka, ditšebiso tše ditla tšewwa mona ditla dirwa sephiri ebile ditla ba ka gare ga komputera enaleng lentsu-kunutu e elego gore etla somisa kenna fela. O tšea karolo ka go ithaoupa , o kana wa kgetha go se tšeye karolo kapa go tlogela go tšea karolo ka noko engwe le engwe. Ga gona mokgola goba dikotsi tše ditsebegago tše amanago le go tšea karolo gagago mo dinyakišišong tsena, eupša ke kopa o tsebe gore gonale kgonagalo yagore o kekwe osa lokologa mo dipoledišanong tsena tša gontšha mpa.

Ke kgopea gore o tsebe gore dinyakišišo tsena ke tšedingwe tša dinyakwa tša dithuto tša masters degree mo psychological research consultation ko unibesting ya afrika borwa., ebile etla phahlalatswa bjalo ka buka ya dissertation le artikile e elego gore etla nehelwana ko dikonferenseng. Ga gona mabitso goba ditšebiso tša hlagiso tša batšea karolo tše ditlagago hlagiswa mo diphahlalašong. Ge eba o thabela setswantsho sa dinyakanyakišo tša dithuto, ke kgopela o neelane ka adresse ya gago gore ke te ke gofe seripana sa dinyakišišo tsena. Ke leboga ko tšea karolo gagago mo dinyakišišong tsena tša dithuto, ke tla gofa setshwantsho sena sa lengwalo lena la gotšea karolo

Ditšebišo tša go ikgahlantšha le monyakanyakiši

Lien Molobela aka tswara mo mogaleng wa 0794011440 kapa mo emailing ya reabetswe4eva@gmail.com/ ge okaba le dipotso kapa dingongorego tše amanago le dinyakišišo tsena tša dithuto ke kopa o ikopantshe lena mo mogaleng o o ngwetseng ka mo godimo. Ditšebišo tša go ikopantšha le supervisara yaka ke Dr Puleng Segalo mo segalpj@unisa.ac.za

Tumelo

Ke badile lengwalo lena e bile ke filwe sebaka sa gore ke botšitse dipotso. Ke file tumelo yaka gore ke tšea karolo mo dinyakanyakišong tsena

Mosaino wa motsea karolo Letsatsi kgwedi.....

Mosaino wa monyakanyakisisi Letsatsi kgwedi.....

APPENDIX 6: LENGWALO LA MOETA PELE WA MOTSE

Dumela Moeta pele wa motse

Leina laka ke Lien Molobela, ke morutwana wa masters mo unibesting ya afrika borwa. Ke thabela gokgopela tumelelo ya go dira dinyakišišo mo motseng o olego moetapele. Dinyakanyakišo tše dibitswa “**Gonyakanyakiša diponelo le dikwešišo tša basadi bamagaeng mo leagong le setšong ka ga gontšha mpa**”.Mokgola wa dithuto tsena ke go nyakišiša le go kwišiša diponelo tša basadi bamagaeng le dilo tseo badi tshepang ka ga gontšha mpa goya ka setšo le leago la gagabo bona. Ke tshepa gore dinyakišišo tsena ditla mpha kwešišo ka bophara ya dihlahoso tše basadi ba difang gontšha mpa le gore bosadi bokwišišwa ka tsela efeng mo leagong la Bushbuckridge.

Dinyakišišo tsena ditla tswarwa lefelong le lebolokilegogo le motho o tea ka sebaka ba mengwaga emagareng ga 25 le 40.dipoledišano tsena ditla tšea metsotso e lesome tharo goya go iri etee ya motšea karolo. Ke kgopea gore o tsebe gore dinyakišišo tsena ke tsedingwe tša dinyakwa tša dithuto tša masters degree mo psychological research consultation ko unibesting ya afrika borwa., ebile etla phahlalatswa bjalo ka buka ya dissertation le artikile e elego gore etla nehelwana ko dikonferenseng. Ga gona mabitso goba ditsebiso tša hlagiso tša ba tšea karolo tše ditlagago hlagiswa mo diphahlalatšong.

Ditsebiso tša go ikgahlantšha le monyakanyakiši

Lien Molobela aka tswara mo mogaleng wa 0794011440 kapa mo emailing ya reabetswe4eva@gmail.com/ ge okaba le dipotso kapa dingongorego tse kopanago le dinyakišišo tsena tša dithuto ke kopa o ikopantse lenna mo mogaleng o o ngwetseng ka mo godimo. Ditsebiso tša go ikopantšha le supervisara yaka ke Dr Puleng Segalo mo segalpj@unisa.ac.za

Tumelo

ke badile lengwalo lena ebile ke ke filwe sebaka sa gore ke botse dipotso. Ke file tumelo yaka gore dinyakišišo tsena di tshwarelwe mo motseng ebile kenale ditukelo tša go gana gore e dinyakanyakišo di dirwe

Mosaino wa motsea karolo..... Letsatsi kgwedi.....

Mosaino wa monyakanyakisisi..... Letsatsi kgwedi.....

APPENDIX 7: DIPOTSETSO TSA DINYAKISISO

1. Ekaba go ntšha mpa gora goreng mo basading ba metsemagaeng?
2. Setšo sa gago sereng kaga gontšha mpa?
3. Ke ka fase ga mabaka amafeng ao motho a kagago gontšha mpa?
4. Batho ba reng kago ntšha mpa? O kwele eng ka ga gontšha mpa?
5. Batho mo motseng wa lena bareng ka basadi bao bakilego ba ntšha mpa?
6. Mosadi o elego gore o ngwongworelwa goba a ntshitse mpa o tswarwa bjang mo motseng wa lena?
7. Basadi ge ba nyaka go ntšha mpa ba ya kae?
 - Baya dipetlele tša mmuso?
 - Baya go dingaka tša setšo?
 - Baya go di kliniki tsa sephiri/ tša bao banalego tshelete?
 - Batho baka kgona go ntšha mpa mo kliniking goba sepetlele seo ba tsebegago?
8. Banna ba tšea karolo efeng mo go tšeeng ga sepheto sa go ntšha mpa?
9. Ke eng seo se hlohleletšago basadi gore ba ntšhe dimpa goba gore baseke ba dintšh

APPENDIX 8: DITSEBISO KA BOTLALO

Ntho	Karabo
Megwaga	
Seemo sa lenyalo	
Afa onale bana?	Rarela e tee: Eee Aowa
Morafe	
Bodumedi	
Polelo ya gae	
O belegetswe waba wa gola motsemagaeng?	Rarela e tee: Eee Aowa
O dula le mang ?	Ole mong __ le batswadi __ le molekane __le mohlokomedi __ engwe (e hlalose) __

Contact details:

Lebitso:

Nomoro ya mogala:

Attrese ya emaile:

APPENDIX 9: PAPILA RA MUNGHENELERI

Eka Mungheneleri

Vito ra mina ndzi Lien Molobela, ni muchudeni wa Dyondzonkulu ya “Psychology in Research Consultation” e Univesity ya Afurika Dzonga”.

Ndzi tsakela ku mi rhamba eka ku teka goza ra ndzavisiso-dyondzo “ Mahanyelo ni ndzhavuko ya vavasati va matiko xikaya ni mavonelo ya vona eka endlelo ra susa khwiri”. Xikongomelonkulu xa dyondzo I ku lavisisa no twisisa vonelo ra vona ni ripfumelo eka ndzhavuko wa vona. Ndzi pfumela leswaku dyondzo leyi yi ta ndzi endla leswaku ndzi twisisa xandla lexi vavasati va hoxaka endlelo leri ra ku susa khwiri ni makulele nil aha va rhandzaka ku twisisiwa kona ha ndlela leyi. Ku nghenelela ka n’wina eka xiphemu lexi xa ndzavisiso-dyondzo swi ta endliwa hi endlelo ra ntlawa wa angulano naswona eka ndhawu ya le xihundleni. N’wangulano lowu wu na mpimelo wa tiawara timbirhi laha ndzi tlhelaka ndzi kombela ni ku teka marito eka n’wangulano wa hina ku endlela ku hetisisa ku hletela hi mbulavulo lowu hi ku hetiseka. Leswi nga ta va swi rekhodiwile swi pfumeleriwa ntsena ku yingiseriwa hi mina, murhangeri wa mina ni mukamberi. Hungu leri ri ta hlayisiwa a xihundleni eka khomputara naswona a yi nga fikeleriwi hi munhu un’wana ni unwana ehandle ka mina. Ku teka ka wena xiphemu eka dyondzo leyi a hi ku bohiwa , a ku ve hi ku swi tsakela naswona u nga hlawula ku ka u nga ngheneleli eka hungu leri hambu ku ri ku tshika exikarhi.A ku nga vi na nghozi (switandhzaku),mbuyelo lowu kunguhatiweke eka manghenelo ya wena ka dyondzo leyi. Ntsena swi tekeli enhlokweni leswaku u nga titwa u nga tshamisekanga eku vulavula hi hungu leri.

Swilemuki leswaku dyondzo ndzavisiso leyi yi hlayiwa tani hi xiphemu xa swilaveko swa dzondzonkulu ya “Psychology Reseach Consultation” eka Yunivesity ya South Afrika na swona swi ta kandziyisiwa etibukwini ta matimu ya xikolo. A ku nga paluxiwi vito kumbe mavito ya munhu eka hungu leri. Loko u tsakela ku kuma hungu leri heleleke u fanele ku ndzi longoloxela diresi leyi ndzi nga ta ku rhumela ha yona hungu leri.

Ndzi khensa ku nghenelela ka n’wina eka hungu leri naswona ndzi ta mi nyika khopi ya nsayino wa n’wina.

TI HLANGANISENI NA MINA:

Mina Lien Molobela ndzi kumeka eka nomboro ya riqhingo leri landzelaka 079 4011 440 kumbe reabetswe4ever@gmail.com , swivutiso mayelana ni dyondzo leyi kumbe leswi mi lavaka ku hundzisiwa eka swona tirhisani vuxokoxoko lebyi nyikiweke kumbe mulanguteri wa mina : Dr. Puleng Segalo eka segalpj@unisa.ac.za ,

MPFUMELELO:

Ndzi pfumela leswaku ndzi hlaye matsalwa lawa hi ndzexe na swona ndzi nyikiwile nkarhi wa ku vutisela leswi ndzi nga swi twisisiki haswona ndzi nyika mudyondzi mpfumelelo wo yisa emahlweni ni ku ndzi vutisa swivutiso swihi ni swihi mayelana ni ndzavisiso-ndyondzo lowu paluxiweke.

Nsayino wa mina: _____ Siku _____

Mulavisisi : _____ Siku: _____

APPENDIX: 11 SWIVUTISO SWA SWILAVISIS.

1. Xana kususa khwiri swivula yini eka vavasati vale matiko xikaya?
2. Xana ndavuko wa wena wu vula yini hikususiwa ka khwiri?
3. Eka swilaveko swini kumbe swivangelo leswi swinga endlaka ku munhu asusa khwiri?
4. Xana vanhu vari yini hiku susiwa ka makhwiri kumbe hiswi swilo leswi wena ungaswitwa?
5. Xana vanhu eka ndhawu yaku n'wina vari yini hivavasati lavanga susa makhwiri?
6. Xana munhu loyi angasusa kumbe a ehleketeleriwaka kuva asuse khwiri ikhomiwa hindlela ya njani eka ndhawu yaka n'wina?
7. Xana vanhu vaya kwihi loko valava kususa makhwiri?
Xana vaya swibedlele?
Xana vaya ekatingangha?
Xana vaya ti clinic?
Xana vanhu vangasusa khwiri eka swibedlele laha vativekaka kona?
8. Xana vavanuna vatlanga ndzima yini eka kutekiwa ka xiboho xo susa khwiri?
9. Xana iyini xitshikelelaka vavasati kuva va enla xiboho xo susa khwiri kumbe kuri tshiki?

COLLEGE OF HUMAN SCIENCES RESEARCH ETHICS REVIEW COMMITTEE

9 December 2014

2014 CHS 016
Ms M Lien
Student: 55761925

Dear Ms M Lien,

Decision: Ethics Approval

Name: Ms M Lien,
Department of Psychology
rahetswe4eva@gmail.com
079 401 1440

Proposal: Exploring rural women's socio-cultural construction and perceptions of the practice of abortion.

Qualification: Postgraduate degree

Thank you for the application for research ethics clearance by the College of Human Sciences Research Ethics Review Committee. Final approval is granted for the duration of the research period as indicated in your application.

The application was reviewed in compliance with the Unisa Policy on Research Ethics by the College of Human Sciences Research Ethics Review Committee on 16 October 2014.

The proposed research may commence with immediate effect with the proviso that:

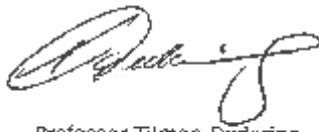
- 1) The researcher/s will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.*
- 2) Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study, as well as changes in the methodology, should be communicated in writing to the (Name of unit/sub-unit) Ethics Review Committee. An amended application could be requested if there are substantial changes from the existing proposal, especially if those changes affect any of the study-related risks for the research participants.*
- 3) The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study.*



Note:

The reference number [top right corner of this communiqué] should be clearly indicated on all forms of communication [e.g. Webmail, E-mail messages, letters] with the intended research participants, as well as with the College of Human Sciences Research Ethics Review Committee.

Kind regards,



Professor Tilman Dedering
Chair: CHS Ethics Review Committee
Department of History
Tel: +27 12 429 6869
Fax: +27 12 429 3221
Cell: 082 331 5608



Professor RMH Moeketsi
Executive Dean: College of Human Sciences

09/12/2014

