

CHAPTER 1

ORIENTATION AND BACKGROUND

1.1. INTRODUCTION

Abortion or the termination of a pregnancy is seen within demographics as part of the fertility component of population growth and it is within this framework that a focus on the reproductive behaviour of women came into focus. Concerns regarding population growth became prominent in the international arena in the middle of the twentieth century with the Malthusian threat at the foreground. Nations became overtly concerned that the earth's resources could not sustain the current population growth experienced by nations. At the heart of population growth and a direct determinant to this, were the fertility rates of women.

When taking demographic transition into consideration, the aim of nations was to lower fertility levels to reach replacement levels. This was designed to be addressed through family planning programmes and reaching demographic targets set by nations and supported by the international community. Not central to this was the role of women and the influence of women on population growth and development. Population growth and fertility levels were viewed in terms of statistics to indicate the dire position of the earth's population position. Population growth is not only influenced by fertility, but various other developmental factors as well, that act as proximate or non-proximate determinants.

Central to reproduction is women as only women bear children and therefore influence fertility levels. This does not stand in isolation as a woman's position in society and her ability to influence reproductive behaviour in terms of decision making on the number of children she wants, when she wants, how far apart, and if she wants any children at all, was not part of the framework provided for women. Reproductive decision making was in the hands of policy makers as to what is deemed better for society (collective good) and not the individual.

As it became clearer that women are central to lowering fertility levels and therefore population growth, more rights were given to women to theoretically exert a personal choice. This was fleeting during the 1970's-1980's but became more prominent in the 1990's. This was true with the emergence of human rights and therefore reproductive rights afforded women. The voice of feminism also became louder which allowed a greater focus again on women and their personal decision making capability. Even though this emergence of women's rights was prominent within reproductive health and rights, and all that is encompassed within this, reproductive behaviour was discussed within a

demographical and statistical framework and not within the influences of women's experiences and personal choices. Reproductive and sexual rights do not only include the freedom of choice to exercise individual rights, but includes the provision of services provided. This includes access to family planning services, access to safe and legal abortion, access to safe maternal health care as well as safe and accessible health care services to all women, and access to the basic right of education.

When determining women's reproductive and sexual behaviour based on individual decision making, demographical profiling and statistics provide a basis of trends of current or predicted scenarios. Due to the fact that reproductive and sexual behaviour is personal to each women, especially where choosing to either use contraceptive methods to avert conception or when choosing to terminate an unwanted pregnancy, it was deemed important to do an investigation of women's personal stories and narratives and not focus on statistical analysis.

When taking the issue of abortion into consideration, demographics provide us with the numbers per demographic characteristic and profile as well as the most frequently stated reasons women give for terminating their pregnancy. These statistical reasons usually correlate to conditional allowances for women terminating their pregnancy or not terminating their pregnancy. It does not provide us with a true¹ reflection of reasons as to what influences women to terminate their pregnancy and whether it is a personal choice exercised or if it is forced.

To be able to investigate the reasons or sets of reasons that women have for deciding to terminate their pregnancy, and the relationship between these reasons, the study aimed for women to be able to tell their own stories in their own words, based on their own reality and personal experiences, situations and circumstances. Only by allowing this would we be able to get a true reflection of reasons that influence women into choosing to terminate their pregnancy or not.

1.2. ABORTION LEGISLATION

David (1974:3) states that as a means of fertility control, abortion is as old as humanity and probably occurs in all cultures as women have resorted to abortion to terminate

¹ When referring to a true reflection or true meaning within the text, the essence of truth is referred to in the context of a woman's personal perception and the meaning that she assigns to her own understanding of her reality. It is therefore "true" to her personal situation and circumstances and the meaning and understanding that she ascribes to her experience.

unwanted pregnancies regardless of moral or legal sanctions often at considerable physical or physiological risk and cost.

With populations becoming more concerned with population growth and thus with fertility levels, the realisation that women do not stand in isolation to development, increased awareness of human rights and women's rights and the strong voice of feminism, all contributed to placing abortion as a right to choose, on the map. This however did not occur overnight and not only must this emergence be viewed in terms of the historical evolution on the stance on abortion and abortion legislation, but it must also be viewed in terms of a change in focus in the international arena.

Historically abortion has been viewed as deviant and pathological behaviour, and therefore criminal, as it was largely concerned with the moral and religious values specific to a nation. Illegal abortions have been performed since recorded history but it was a practice that women were forced into either by exerting a personal choice to end a pregnancy or being forced by partners or society to end a pregnancy.

A shift in attitude toward abortion and abortion research were only experienced in the mid-sixties for Western countries. The restrictions of abortion, both morally and legally, only began approximately 200 years ago as the laws that were implemented were intended to curb the number of non-medical abortions which were present, and which resulted in high mortality and morbidity rates. Even with these restrictions in place, unlawful abortions still continued widely with much the same frequency and continued to present a leading cause of death among women, and a threat to the health of women who have non-medical abortions (David, 1974:19; Ferreira, 1985:5)

The liberalisation of abortion laws must be seen within the context of moving from illegal laws to restrictive, conditional or liberal laws. This affects the right of women to determine their own choice regarding their reproductive behaviour and their choice as to whether or not to terminate a pregnancy, free of recrimination and fear of reprisal. Even within conditional abortion legislation, women cannot freely determine their choice as they are still bound to certain conditions and their personal circumstances and situations are not taken into consideration. In countries where legal abortion is permitted, access to safe services is to be provided, and women have the right to choose to terminate their pregnancy or not. Terminology in terms of legislation differs from country to country. A significant indicator in terms of legislation is whether abortion is permitted on request from the women. Within certain liberal legislation, this exact wording may not be present but by including abortion on the grounds of socio-economic conditions and the impact thereof on

the women, it does allow women to consider their personal situation and the impact of continuing with the pregnancy on their lives.

According to Ferreira (1985:5), the rationale offered by many countries with more liberal abortion laws embraces the following arguments: 1) recourse to abortion (legal and illegal) may affect all women, regardless of their incomes, social backgrounds, religion, level of education and marital status. Socioeconomic conditions prompt some women to seek abortions. If a woman decides to terminate a pregnancy, she will use whatever means available, 2) to view abortion from solely a moral viewpoint is unwarranted. To do so, is to refuse to face the real social and health problems involved. Morality evolves with the transformation of society. It therefore remains a woman's right to have recourse to abortion if her own moral view allows it, and 3) to refuse a woman the possibility of having an abortion under proper medical and psychological care, is forcing her to seek an abortion under clandestine conditions, with consequent serious risk to her health and even her life.

The liberalisation of abortion legislation can only be viewed in terms of a change in the international arena regarding reproductive rights and therefore the right to safe and accessible abortion services and the choice whether to terminate a pregnancy or not.

1.3. THE INTERNATIONAL ARENA

From the 1940's up until the World Population Conference in Bucharest in 1974, population growth was seen as a threat to the earth's resources and the only recourse was to lower population numbers and fertility rates through applying family planning programmes and contraception. The goal was to reach set demographic targets regardless of personal choice as this was driven by governments and policy makers.

As the worth of family planning became more evident and the people reaped the rewards of smaller families and experienced socio-economic improvements, the need for improved provision of family planning services came to the foreground. Women had to some extent a choice as to whether or not to use contraception, depending on the gender position of women in a society.

Only in 1974, at the World Population Conference in Bucharest, was it realised that chasing demographic targets does not stand in isolation to development. Development could not be realised without the contribution of women to development and for the first time gender equality came into the picture.

Family planning and the provision thereof to be universally available within the context of non-discrimination was a milestone for women. Within the provision of safe and adequate family planning services to be available, the issue of abortion was raised and was given focus when the USA declared that it will retract funding from any agency that support abortion related services. This milestone was achieved at the 1984 International Conference of Population in Mexico City where the international community declared that population is interlinked with resources, environment and development. Women are central to the three overarching themes and the focus was on their contribution within these to the population issue.

The significant breakthrough however occurred at the International Conference on Population and Development (ICPD) in Cairo in 1994 which had a strong focus on women as reflected in its concern with gender inequality and with a definitive emphasis on the concept of reproductive health. The conference focused strongly on the human rights of women and the girl child, and states that they are an integral and indivisible part of human rights (IUSSP, 1995:26).

The ICPD program reflected a move away from the lowering of population numbers as a goal in itself and focused towards the goal of improving the quality of life by promoting human rights. The most prominent topic on government's and Non-governmental organisations (NGO's) political and developmental agenda's universally was: the protection and promotion of women's rights.

The IUSSP (1995:26) states that the Program of Action of the ICPD did not create any new international human rights, but that the emphasis on reproductive rights and reproductive health introduced a new perspective on human rights. The notion of reproductive health encountered, emphasised the need for equality of men and women in universal access to health care services and reproductive health care programs, including those related to reproductive health care, which includes family planning and sexual health. The relationship between family planning, contraception and abortion are intricately linked within the reproductive health framework. In addition to the promotion of gender equality and equity, is the ensuring of women to control their own fertility. Reproductive rights also include the right to make decisions concerning reproduction, free of discrimination, coercion and violence.

Of importance is the fact that reproductive and sexual health does not only refer to the freedom of choice to exercise individual rights, but also to the provision of health services. These include access to safe family planning services, access to safe and legal abortion

services; access to safe maternal health care as well as safe and accessible health care services to all women, access to information, and access to the basic right of education. Reproductive rights and reproductive health clearly encompasses abortion. The ICPD (Cohen, 1995:47) recognises safe abortion as an integral part of reproductive health programs and emphasises the following points: 1) abortion should never be promoted as a method of family planning, 2) the need for abortion should be eliminated, 3) all efforts should be made to deal with the health impact of unsafe abortions, and 4) in circumstances where abortion is not against the law, access to safe abortion services should be provided.

Nafis Sadik, former director of the United Nations, placed the whole abortion debate within medical terms and not population terms by advocating that abortion is not a form of contraception but rather a medical issue as countries where access to safe abortion is restricted by legislature, very high maternal mortality rates prevail. This sparked criticism from feminist groups as the issue was taken out of the women's rights context, but it led to a greater acceptance of the incorporation of the advocacy of safe and legal abortions (Cohen, 1995:78-79).

1.4. SOUTH AFRICAN LIBERALISATION

South African population policies never stood in isolation to the international arena as seen by the National Family Planning Programme that was implemented in 1974 and aimed at limiting population growth. This stood in direct correlation to the 1972 World Population Conference Charter developed in Bucharest in 1974. Contraception was provided free of charge at various designated clinics to achieve a lowering of population numbers as a goal. Unfortunately, due to South Africa's political situation, this was not accepted by the African population group which saw this as a method of curbing African population growth as a politically motivated incentive.

In 1984, the Population and Development Programme (PDP) aligned to the implementation of strong family planning programmes and chased demographic set targets as per the International Conference on Population in Mexico City.

The programme realised that family planning itself would not achieve the demographically set target of a total fertility rate of 2.1 by 2010 and included supportive interventions such as education, primary health care (including family planning), economic development, human resources development and housing.

In South Africa, a long awaited democratic political dispensation dawned to coincide with the ICPD of 1994. The White Paper for a Population Policy was developed in 1996, within the context of democratisation and within the framework of the new Constitution. In contrast to previous population policies, which focused on fertility reduction as a goal in itself to reach demographically set targets, the principles of the White Paper for a Population Policy provided the ethical context for a human rights approach aligned to the findings and charter of the ICPD of 1994. The Population Policy was based on the charter of the ICPD and the predominant view expressed was that of human and women's rights. It advanced gender equality and the empowerment of women and that *"all couples and individuals had the right to decide freely and responsibly the number and spacing of children, and to have information, education and the means to do so"*.

Out of the historical evolution in the international arena and the alignment thereto of South African Population Policies, the Choice of Termination of Pregnancy Act no. 92 of 1996 was passed in South Africa.

1.5. SOUTH AFRICAN LEGISLATION

The South African Choice of Termination of Pregnancy Act no. 92 of 1996 is a liberal abortion law. The Act determines the circumstances and conditions under which a pregnancy may be terminated, and thus repeals the conditional Abortion and Sterilisation Act no. 2 of 1975.

The new act is in direct relation to the international arena in terms of population development and policies and the role of women. The act therefore encompasses individual freedom of choice, as well as the advancement of women's rights as per the international ICPD and our South African White Paper for Population policy.

The Act was passed in parliament on 22 November 1996, but was only implemented on 1 February 1997. The South African Choice of Termination of Pregnancy Act no 92, does not encourage abortion, it simply makes abortion safe (Parliamentary Bulletin, 1996:2). According to the Choice of Termination of Pregnancy Act no. 92 of 1996, an abortion may be performed upon the request of a women during the first 12 weeks of the gestation period of her pregnancy, and from the 13th up to and including the 20th week of the gestation period if a medical practitioner consents to the termination and for socio-economic reasons.

Various reasons can influence the women in her decision to terminate her pregnancy and it is vital to investigate these reasons and sets of reasons and their intricate relationship. Studies prior to 1996 were focused on the impact and incidence of illegal abortions in terms of maternal mortality rates and morbidity rates. Again, this indicates alignment to the international arena in terms of placing abortion within a medical health/safety paradigm and advocating the safe access to abortion services.

1.6. RATIONALE FOR THE STUDY AND PROBLEM STATEMENT

Studies regarding abortion within a liberal framework commenced after the implementation of the Choice of Termination of Pregnancy Act no. 92 of 1996. Based on the fact that legalised abortion is a relatively new phenomenon in South Africa; information and data regarding women that choose to terminate their pregnancy is not widely accessible. Current statistics compiled from data received from state hospitals and abortion clinics is not unified or standardised as seen by discrepancies in the reporting from the Department of Health. The information provided is in terms of the number of abortions performed nationally and on provincial level, number of institutions providing abortion services, and a percentage profile of women that terminate their pregnancy.

The percentage profile is based on the demographical characteristics of women at private and state hospitals and clinics. The percentage profile is also extended to include the reasons for women terminating a pregnancy based on the demographical characteristics of women. Generalisations are based on these perceptions and do not advance the right of women to choose freely and fairly whether or not to end their pregnancy as it does not allow for their own reasoning and decision making. The most frequent stated reasons is taken in isolation and presented as the true reasons for women terminating a pregnancy. These reasons are not investigated in relation to each other or within a relationship where reasons are influential to making a decision to terminate a pregnancy.

This is not a true reflection of why women choose to terminate their pregnancy or choose not to. There exists an intricate relationship between reasons and sets of reasons. Numerous reasons exist for women wanting to terminate a pregnancy and it is crucial to explore the relationship between these reasons and the sets of reasons as no reason stands in isolation to another. An intricate web of relationships between reasons exists and those that are not primary are influenced by secondary reasons. The relationship is either a proximate cause for women deciding to terminate their pregnancy or non-proximate/ influential in the decision making process. Important as well is that reasons are personal to the situation or circumstances of women but the relationship between

HIV/AIDS, contraceptive use and abortion cannot be ignored. The proximate determinant to falling pregnant is the non-use or failure of contraception. One proximate determinant to contracting HIV/AIDS is the non-use or failure of condoms. The influence of this on the decision making process of women is part of the personal reasons for deciding to terminate a pregnancy but important when investigating the reproductive rights of women.

The reasons for choosing to terminate a pregnancy is personal and in relation to the current (and possible perceived future) of women and must look at the personal circumstances, situation and experiences of women that is their true reality. To be able to investigate the true reality of women in deciding to terminate their pregnancy, we must allow for women to narrate their personal stories by using their own words and the meanings that they ascribe to it. Only when we allow women to give a voice to their personal situation, can we get a true reflection of what reasons or sets of reasons motivate women to choose to end their pregnancy.

Some might argue that we already know why a woman obtains an abortion: she does not want the baby, and that we should look no further (Bankole, Singh & Haas, 1998:1). The immediate explanation that women often give for seeking induced abortion is that the pregnancy was unplanned or unwanted. A time lag exists between a woman knowing that she is pregnant and having the actual abortion and this indicates that the decision is more complex and is usually motivated by more than one reason. However, the complex social, economic and health circumstances that underlie such explanations have not yet fully been explored and can only be done if we give women the platform to tell their stories within this complex reality. By not allowing women their say, it denies the existence of various steps between the acknowledgement of a pregnancy and having an abortion.

Conditions that were either unknown or were less serious before conception may change, resulting that the pregnancy wanted at the time of conception is not wanted later on. The same holds true for women that were faced with an unwanted pregnancy. Conditions that were more serious at conception may change to make it conducive for women to continue with the pregnancy and therefore not to opt for a termination. Women that are faced with choosing to terminate their pregnancy may therefore choose to either do so, or may choose an alternative dependent on their personal situation.

To be able to identify the reasons or sets of reasons within their unique relationships and the impact on women's decision making, it is crucial to allow women to tell their own stories true to their own reality as to what motivated and influenced them to decide to terminate their pregnancy.

1.7. AIM OF THE STUDY

Not all unwanted pregnancies end in a pregnancy termination. The importance was to investigate why certain women choose to terminate an unwanted pregnancy while others choose not to. What are the factors that led to women to follow this specific course of action? What are the reasons that differentiate women terminating a pregnancy compared to women that choose not to?

International and national studies conducted as to the reasons for women terminating their pregnancy are based on statistics gathered to indicate a ranking in terms of the most frequent reported averages for the most common reasons cited. The studies do not however allow for women to give a voice to their personal situations, circumstances and experiences which led to their decision to terminate their pregnancy.

Thus the aim of the study was to investigate the reasons given by women for choosing to terminate a pregnancy over other alternatives to deal with an unwanted pregnancy.

1.8. DELIMITATIONS OF THE STUDY

The delimitations of the study is in terms of the participation of respondents: 1) the only variable under consideration was that women had already terminated their pregnancy, and 2) twelve willing respondents were interviewed based on voluntary participation.

1.9. LIMITATIONS OF THE STUDY

The limitations of the study can be seen in terms of the following:

- 1) A literature review on a controversial subject such as abortion can never be fully complete. Problems regarding the literature were found, as most literature on abortions in South Africa is completely out-dated, i.e. in the years prior to the Choice of Pregnancy Termination Act no. 92, 1996. Few studies have been completed about the reasons for women choosing an abortion since the status of abortion has been legalised;
- 2) Studies after the implementation of the act does not focus on the reasons women have for deciding to terminate their pregnancy, but rather on statistical profiles;
- 3) Most of the literature regarding legalised abortion is limited to countries where the status of abortion has been legalised for a number of years. This poses a problem as

the culture and factors contributing to women having abortions differ from the scenarios present in South Africa.

- 4) Data regarding abortion in South Africa is limited and contradictory to each other. Studies preceding the legalised status of abortion, focused mainly on the number of illegal abortion performed with varying statistics. Statistics provided by the Department of Health also contradict each other and no uniform method of data collection exists between state hospitals and abortion clinics.
- 5) Problems regarding the fundamental statistics of abortion were also experienced, as the Department of Health is reluctant to provide the information. The researcher had to make use of limited information gather from various forms of media.
- 6) Due to the sensitive nature of the topic, access to respondents was difficult. This resulted in the study being limited to one reproductive health care clinic, the Reproductive Choices Clinic in Midrand, Gauteng. The choice of the clinic was based on the fact that the clinic was the only clinic found to be providing post-abortion counselling. Other designated hospitals and clinics only provide counselling preceding the abortion. This meant that an interview had to be conducted with patients immediately following an abortion procedure. This was unacceptable to the researcher as it was viewed as unethical. The consequence of this is that some variables may be underrepresented in the study and some information may have been lost. This did not however impact on the study as the aim was not to generalise findings to the greater population.
- 7) Problems were also experienced with respondent's reluctance to be interviewed due to the sensitivity of the subject matter. Respondents either refused to be interviewed and those that willingly did, may have been reluctant to provide too much information.

1.10. ASSUMPTIONS

The assumptions made regarding this study was that the women that had an abortion at the Reproductive Choices Clinic had access to money as the cost of an abortion was R850.00. This led to an assumption that the respondents could be classified in terms of their socio-economic status as middle-class or financially free as they are able to afford the abortion at a private clinic and did not need to have the procedure performed at a government hospital. The assumption also holds true as accessibility to the clinic was between Pretoria and Johannesburg and not close to public transport routes.

No other assumptions were made as to the age, marital status, race or level of education of the respondents or the gestation period.

1.11. RESEARCH METHODOLOGY

To achieve the aims of the research, it was decided that a feminist framework would provide the basis for a qualitative study to be employed to explore the reasons that women have for terminating their pregnancy as well as to provide the platform for women to narrate their stories in terms of their personal situation, circumstances and experiences. Only by allowing women to give a voice to their personal situations, do we allow women to share their true reality and what is important to them. By employing a qualitative study, it provided the platform for women to relate their stories and not be grouped into categories with weightings attached to their answers or discussions.

Taking the above into consideration, the research study was formulated as an exploratory study to investigate the reasons that women have for deciding to terminate their pregnancies. Current studies found regarding the reasons that women decide to terminate their pregnancies is based on statistical analyses of averages and rankings. It was important to explore these reasons as narrated by women themselves without preconceived categories or classifications. It was important to provide a more open-minded and investigative platform to investigate the relationship between reasons and sets of reasons narrated by women.

A semi-structured interview was used during the interviews. The reasons for the semi-structured interviews were that certain questions regarding demographical factors were pre-populated as well as certain questions regarding the investigation as to the reasons for women deciding to terminate their pregnancy. This was used as a framework for the interview but allowed the researcher further scope for probing questions as to further explanations or clarifications were possible, and to understand the construct of the woman's reality. A semi-structured interview was conducted on a one-on-one basis with twelve women that had already terminated their pregnancy. This was conducted at the Reproductive Choices Clinic in Midrand during post-abortion counselling sessions.

Access to respondents was fraught with difficulty due to the sensitive nature of the topic under investigation. To gain access to respondents, a purposive sampling technique had to be employed. Access to the respondents would have been impossible without the assistance of the staff at the clinic. The clinic staff facilitated access to the respondents for the interviews to be conducted by explaining the reasons for the study in detail during the post-abortion counselling sessions. This allowed for twelve women to participate in the research and women that were willing to participate did so on a complete voluntary basis. Anonymity and confidentiality was guaranteed to each respondent.

Many women (24) refused to participate in the research although anonymity and confidentiality were guaranteed. This is ascribed to the sensitive nature of the research as well as the fact that many women fear identification within our judgmental society.

1.12. SUMMARY

The reasons or sets of reasons that influence women in their decision to terminate their pregnancy, is crucial for us to understand the relationship between reasons or sets of reasons and their influence on one another. Reasons for deciding to end a pregnancy do not stand in isolation to each other but form a web of interlinked relationships. By allowing women to decide the outcome of their pregnancy, is giving women the power to choose their future. This does not stand in isolation to women but external factors such as the gender position of women or the liberalised status of abortion legislation impacts the extent to which women can decide.

The power of decision making must be seen within the context of human and women's rights, and therefore reproductive rights. The emergence of these rights is in accordance with the evolution of international perception changes and legislative contexts of nations. Reproductive rights are also central to the population debate and issue and it is recognised that women do not stand in isolation to this. Population polices align to the change in the international arena, and South Africa is no exception. South African population policies aligned to the ICPD led to the creation of the Choice of Termination of Pregnancy Act no. 92, 1996 which is a liberal abortion law which allows women to decide whether or not to terminate their pregnancy.

The reasons for women choosing to end their pregnancy, is not isolated to women's personal situations and circumstances. Primary reasons may be intrinsically motivated but factors such as contraceptive use, abortion and HIV/AIDS cannot be seen outside of the relationship between reasons.

1.13. CHAPTER LAYOUT

In Chapter 1 the outline and rationale for the study was discussed as to the aims and objectives of the study. The limitations and delimitations of the study as well as the assumptions for the study were listed. This encompassed the clarification of the difficulties experienced in obtain detailed literature as to the why women decide to terminate their pregnancy. It also provided a framework for the study in terms of the historical evolution of abortion legislation aligned to the change in the international arena.

From this, the South African liberal legislative stance was placed within a population policy context. An overview of the theoretical framework and the research methodology was also provided.

In Chapter 2 a literature study is undertaken to clarify the international context or arena in which the abortion debate grew. A historical overview regarding the emergence of human rights, women's rights and ultimately reproductive rights placed within a demographic context and within a feminist theoretical perspective will also be discussed. Within this context the South African population policies that affect the South African population will be set out in detail and within that, the abortion context in our country. The legal aspects of the South African Termination of Pregnancy Act no. 92 of 1996 will be detailed and compared with our previous conditional Abortion and Sterilisation Act no. 2 of 1975. An overview regarding abortion legislation within the context of the international arena will be provided. In terms of liberal, conditional, restrictive or illegal legislation will be discussed in terms of comparing international countries as well as drawing a comparison with South Africa. The rationale for conducting the study within a feminist framework will be noted as this influenced the research methodology applicable to the study. Reasons as to why women choose to terminate a pregnancy will be provided based on international studies and ethical considerations as well as the impact of the relationship between maternal mortality, abortion, contraceptive use and HIV/AIDS on women deciding to terminate their pregnancy.

Chapter 3 involves the research methodology used for the study within a feminist framework. The rationale for the research design, data collection methods, data coding and analysis within this context as well as the sampling methodology will be provided. A detailed discussion of the research process is also provided as well as the ethical considerations during each phase of the interviews.

Chapter 4 provides the research findings as per the interviews conducted at the reproductive Choices Clinic in Midrand. The findings are classified per reasons or sets of reasons stated by the respondents who had their pregnancies terminated. The reasons and sets of reasons will be discussed as well as their intricate relationship with each other.

Chapter 5 will provide a discussion and interpretation of the study. Gaps in the research will be identified and discussed and singular recommendations will be made.