

CHAPTER 4 RESEARCH FINDINGS

4.1. INTRODUCTION

Any decision to be made requires information to be interpreted and evaluated. It is based largely on an awareness that a non-desired state exists and that a decision needs to be made to attain a desired state. Making a decision is a perceptual issue (Louw: 1995:82). The complexity of making a decision lies in that a decision is made as a reaction to a perceived problem. There exists a discrepancy between a current state and a perceived desired state which requires careful consideration of alternate courses of action. Choices are then made among these alternate courses as to which would be the correct choice to meet the perceived desired state or to eliminate the non-desired state (Meyer, 2003:3).

The importance of a woman's current situation that is relevant to choosing to terminate her pregnancy is crucial when identifying alternatives and the strengths and weaknesses of each alternative are evaluated. This links with the woman's perception of the outcome of choosing a specific course of action and whether this would be the desired state she requires.

The decision made to terminate a pregnancy is not a decision that is taken lightly and is made after careful and serious deliberation of alternatives and the desired outcome of each. Women that are faced with an unwanted pregnancy will not necessarily opt to have the pregnancy terminated but will consider other alternatives. The consideration here is what is relevant to making the decision. The woman's interests, values and personal situation is taken into consideration and weighed-up against each other in order to give them correct priority in the decision making.

Although ultimately the choice to terminate a pregnancy lies with the woman, decisions are not made in isolation to other people and their perceptions of abortion. Consideration of the impact on other people's desired state also comes into play. Women can also be influenced in their decision to terminate their pregnancy by other people such as their partners or could be influenced not to tell other people about their decision due to perceptions. Women that do decide to have their pregnancy terminated must have the right to exert their choice free of coercion and fear of reprisal from partners or significant others.

When identifying and considering various alternatives and their desired outcomes, the personal situations and circumstances of women as well as their values are taken into

consideration. Once these situations and circumstances have been evaluated, the reasons and sets of reasons for women deciding to terminate their pregnancy becomes evident. It is important to note that no single reason stands in isolation in women's account of reasons for terminating their pregnancy. An intricate web of links between reasons exists to form the basis of a woman exerting her choice to terminate her pregnancy.

This chapter will discuss the theme identification process in detail. The themes identified are the reasons and the sets of reasons that led women to make their decision to terminate their pregnancy. It will also discuss the webbed relationship between these sets of reasons identified in detail and the impact of these on the decision made to terminate a pregnancy. Similarities in terms of the webbed relationships between reasons are identified and discussed as well as the importance of reasons in relation to respondents' current personal situations.

4.2. IDENTIFICATION OF SETS OF REASONS

The identification of reasons and sets of reasons started with structuring the demographical data collected in the semi-structured interviews with the transcribed interviews and field notes, to provide a unified base of information per respondent. This was deemed important so that all information pertaining to each respondent was integrated and presented as a whole so that data was not lost. The demographical data, the transcribed interviews and the inclusion of the field notes all support each other in providing a true reflection of the data collected and the personal position of the women interviewed.

After this integration, each respondent's data was read and re-read numerous times so as to gain a full understanding of each respondent and their specific situation and circumstances. This process also allowed for the researcher to start identifying concepts that were both similar and re-occurring across respondents or that stood in complete isolation and were very personal to a specific respondent. This initial analysis also allowed the researcher to form a basic profile of the respondents in terms of similar reasons identified.

Because the researcher now had a better understanding of the identified preliminary concepts and a basic profile of the women, the process of data coding started. It must be mentioned at this point, that some preconceived themes were already present, not only from the constant reviewing of the raw data, but also from themes identified in the

literature study. This resulted in preliminary bias as the researcher initially tried to group themes together to conform to findings as per the literature review.

The coding of data started with the using of coloured highlighters to note the preliminary sets of reasons per each respondent. For instance, where age was identified, the theme was searched for in each respondent's interview and highlighted. This was a cumbersome task as certain themes were similar across respondents and also were repeated within a single respondent's interview. As this process continued, the researcher realised that although certain reasons correspond to studies presented in the literature review, the sets of reasons that were identified in the coding process could not necessarily be grouped according to other studies. They were unique in their relationship and were also linked to other sets of reasons. Many of the reasons did not stand in isolation but a series of webbed relationships were identified. It was found that data would be lost if the researcher continued to align the identified themes as per the literature review.

This led to restarting the coding process with an open mind and evaluating each possible theme found in the raw data. Colour coding using highlighters were used again but codes within colours were also used to group together the relationships between sets of reasons which did not stand in isolation to each other but, formed an influential reasoning process with varying importance ascribed to the themes within this sequence. This also allowed for a more in-depth search of patterns across respondents as well as within each interview. The themes identified continuously within a respondents interview also assisted with the sequencing and ordering the importance of reasons as the researcher could identify how many times this was repeated and in relation to what other reasons it was given.

It was also found that the relationship of certain themes that were similar across various respondents only differed in terms of the relationship of one dissimilar reason that broke the now identified pattern. This led to re-grouping and new codes being formed to enable the inclusion of the particular pattern. In relation to this, a deviance of reasons within a certain themes was also found to be present, which led to sub-categories being formulated within specific themes.

Certain identified reasons stood in complete isolation to any other and this were found to be unique and easy to code. These reasons indicated the intense personal circumstances of the respondents and was grouped together in a relationship with other themes in terms of personal concerns where applicable. Much of the demographical data collected also stood in relative isolation.

It must be noted that a continuous review of the raw data occurred with every reason identified. Along with this continuous re-evaluation, and as new sets of reasons came to the foreground, a reorganisation of reasons took place per set of reasons or to the order of the relationship between these. The order of the relationship between sets of reasons is important as this indicates the intricate link within a set of reasons as well as within the webbed relationship between the different sets of reasons.

4.3. REASONS FOR WOMEN TERMINATING THEIR PREGNANCIES

4.3.1. THE RELATIONSHIP BETWEEN AGE, EMPLOYMENT STATUS, FINANCIAL CONCERNS AND PERSONAL CIRCUMSTANCES

The average age of respondents was 25 years and varied from age 20 – 40. Age was found to be the most frequently mentioned reason identified across respondents and repeated within their interviews. On the continuum of age being the main reason for deciding to terminate a pregnancy, two distinct sub-themes were identified:

- a. being too old, and
- b. being too young

The respondent that cited that being too old is the main reason for her terminating her pregnancy stated that “*Ek is te oud vir hierdie tipe goed*”. This indicates that the decision to terminate her pregnancy, is to stop childbearing. This is supported not only by her age, but also the ages of her two live children.

The same theme was identified throughout the interview as she also substantiated this claim by further stating: “*Hel, ek is 40 jaar oud en my jongste kind is 17 jaar oud. Hoe sou ek weer kans sien vir ‘n baba? O nee, ek sien net nie weer kans daarvoor nie*” and “*My oudste kind, my meisiekind is 20 en my seun 17. Kan jy dink wat sal gebeur het as ek nou, op my ouderdom, nog ‘n kind moet grootmaak?*”.

It must also be noted that although age was the most frequently mentioned reason, by repeatedly stating and referring back to the ages of her current children, consideration for her live children also played an important part in her decision to have terminated her pregnancy.

Being too young to have children was the most common reason cited and was applicable across respondents and re-emphasised throughout interviews. Age could not be seen in isolation but rather within a relationship with other reasons, therefore within a set of

reasons. Although age was the most frequently mentioned reason, the order within the relationship changed per respondent and her personal circumstances.

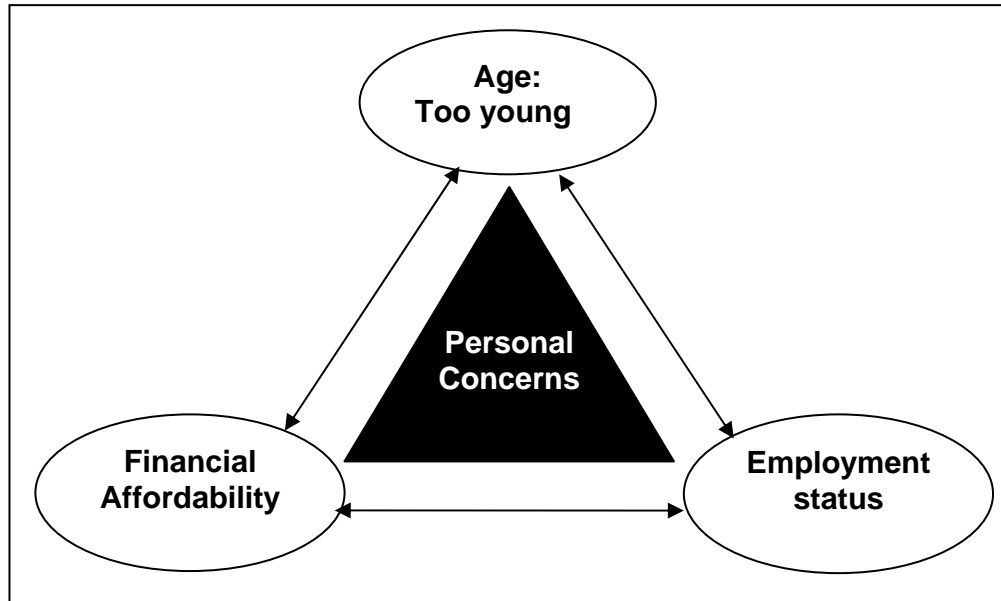
“I am too young...we are too young”. The respondent includes that the age of the father of the foetus is also too young according to their definition of what age is deemed appropriate to have children.

“I am way too young to be raising a child”. Age identified as a reason to raising a child is supported with specific mention of being too young. This indicates a perception of the requirements of raising a child and the respondent clearly felt that her age would not allow her to meet these requirements. The same holds true for another respondent as she states that she is aware that some women enter motherhood at even younger ages, but according to where she is on a personal continuum regarding age, she is also too young to meet the requirements of motherhood. *“I am 20. That is too young. I know that there have been younger mothers but I just couldn't face having a child now. I am studying and my boyfriend is studying”*. The relationship between age, the requirements for motherhood becomes ordered in terms of importance as she includes the fact that she is a student and so is the father of the foetus.

The theme of either the mother and/or the father still studying (their current employment status) was found to be a recurring reason and can be seen as part of a prominent relationship correlated to age and financial concerns and personal circumstances or perceptions. The relationships are related to each other as follows:

- between either age and current employment status;
- between age, current employment status and financial concerns;
- between current employment status and financial concerns; or
- the above relationships supported and substantiated by a personal concern.

The relationship can be depicted as follows:



The current employment status was significant in terms of women being unemployed but currently studying at a tertiary institution. Due to the fact that they are currently students, it correlates directly with their being “too young” and also being unemployed and therefore citing financial concerns. *“We are way too young and still students, how will we pay for a baby?”* The statement clearly indicates that both the mother and father are not in a position to financially afford to have a child. It is also clear that the initial concern is the actual cost of having a baby but not taking the future cost of raising a child into account. This in itself indicates a short-term view regarding the financial impact of having children.

“Both of us are studying. We don’t work, where would we get the money from? Our lives are ahead of us. We would probably have to quit varsity and get jobs. What kind of job would we get?” The same relationship is evident but concerns for the future also come into play as the respondent considered the result of not only the financial impact of raising a child but also the impact on their current lifestyle as she took into consideration that the possibility of ending their studies exists and that the job market is not open to people that do not have a tertiary qualification.

“I also think I am too young and would like to concentrate on my career”. Age cited as the primary reason for choosing to terminate a pregnancy is supported by a view of disrupting the future lifestyle of the respondent pertaining to her career in advertising. It can be seen that a disruption of ideals/dreams and goals also plays a significant part in choosing to terminate a pregnancy when balanced with a longer term view in terms of the impact of having a child at that particular moment in time.

"I am studying and my boyfriend is studying. We don't work. We aren't responsible enough". Both the parents are studying and currently unemployed, again emphasising unemployment and in relation to this financial concerns. A personal aspect of not being responsible enough also contributed to the decision to terminate the pregnancy. This relates back to consideration for their current personal position on a continuum of what is perceived to be the correct characteristics for parents, i.e. a perception that parents should be responsible individuals to have a child.

Again both age and the fact that the respondent is currently studying at a tertiary institution are two reasons given for her decision but the order has been changed to indicate that her personal relationship with the father of the foetus outweighs the fact that she is still a student. *"Too young. I have only been with this guy for 6 months and don't know if we'll get married. I am still getting to know him. I am in my third year at RAU..."*. The respondent took the fact that her relationship was of a relatively short duration as well as the fact that she is still getting to know him into consideration. Her response also indicates her perception that parents with children should be married and that the traditional "order" of events should be followed, i.e. marriage first and then children.

"I am too young and I am studying.....and I don't have a mother that could help me". In this situation, age and current employment was ordered first and second respectively, but the personal situation of this respondent supported the decision. The personal situation of this respondent was the primary reason to her decision to terminate her pregnancy as *"I don't have anyone that I can rely on to help or support me...I don't have a mother that could help me, my mother died when I was very young, she committed suicide. What if I am like her? What will happen to my child if that happens to me?"* The main reason for her decision was the fact that she doubted her ability to be a mother *"I don't know if I would be a good mother"* due to her tragic past experience where her mother committed suicide and she found her mother's body. Her fear is that she might follow the same pattern and what would then happen to her child.

Where age was not considered a primary consideration, financial status linked to employment most definitely was where the personal circumstances in terms of the relationship with the father of the foetus was of utmost importance. *"I never worked while we were married and how am I going to support a baby? I have to find work to be able to support myself let alone a child.....He won't pay maintenance or help me...."*. Financial concerns were not limited to just having a baby or supporting a child but were also a valid concern for the respondent herself as she is unemployed and does not earn an income.

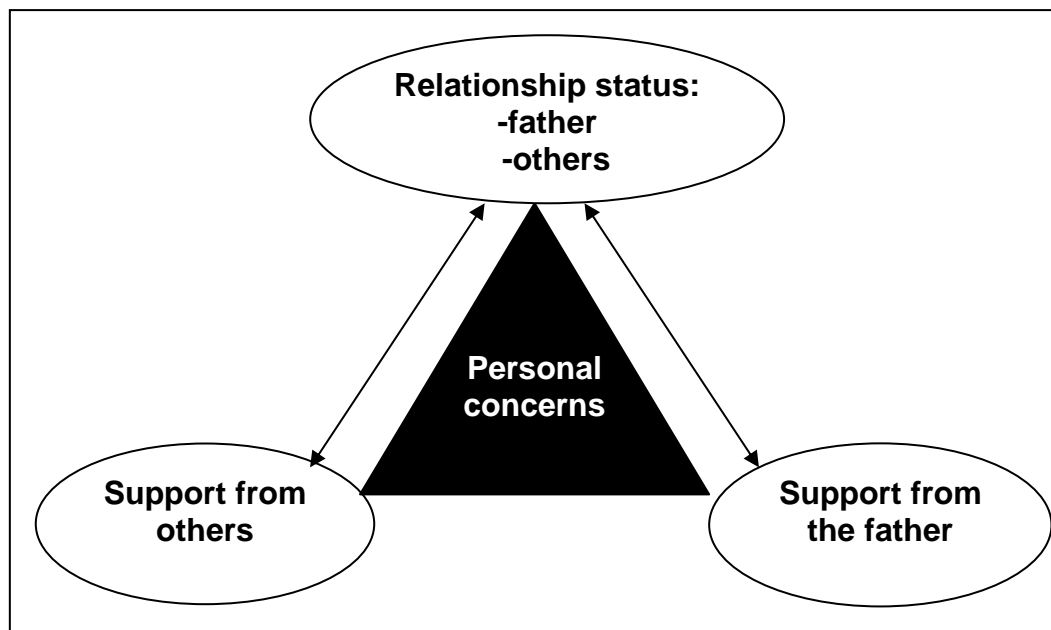
She was also concerned that she does not have an employment history as she never worked whilst married and now has to enter the job market.

She also believed that she would not receive financial support from the father which placed an almost double financial burden on her. This again indicates the circular relationship identified.

4.3.2. RELATIONSHIPS

Another set of reasons that was identified was the relationship status with the father of the foetus, the relationship status with significant others, support received from the father as well as the support received from significant others. Although this was identified as a strong theme or even a primary theme in terms of relationships, other secondary reasons to the specific relationship can also be viewed as personal circumstances or concerns as each relationship is a personal and private in experience.

The relationship can be depicted as follows:



Data analysed from the semi-structured interviews found that the profile of the respondents did not conform to the national stereotyping of being promiscuous as most of the respondents were in a relationship of longer than three months. This is significant where the duration of the relationship was cited as a reason for choosing to terminate a pregnancy.

“I have only been with this guy for 6 months and don’t know if we’ll get married.” The significance of this is that although the respondent was in a relationship of six months, this was not deemed long enough for the respondent and her partner to bring a child into this world or to get married. This again indicates the personal experience and views of respondents as the duration of a relationship differs for each individual as to the stability and long term prospects of the relationship.

The most significant finding in this regard was that marriage would be assumed to be the most stable relationship and be secondary to other reasons playing a primary or dominant role. In the case of married respondents, the relationship with the husband was identified as the primary reasons for choosing to terminate the pregnancy.

One married respondent indicated that she and her husband were separated after five years of marriage and she did not know that she was pregnant when she moved out. When she told him that she was pregnant he responded by *“.....telling me that I was a slut and that the baby wasn’t his. Like I would sleep around? I married him when I was 20.I thought that maybe the baby would sort things out, but he doesn’t believe it is his”*.

The respondent feels “forced” into having her pregnancy terminated as she is now without a partner, unemployed, not financially able to afford the baby by herself, and her husband does not earn enough to provide her with enough maintenance support: *“I cannot see how I can cope with a divorce and a child”*. This also clearly indicates the choice to deal with problems in a systematic way and deal with the first problem at hand without exasperating a personal situation with the inclusion of having a child.

The relationship also got abusive when she told her husband that she was pregnant *“...what a scene. The practically threw me out”* which indicates the mistreatment and abuse of women that was also classified as an independent reason. It is also evident that no support was received from the father in terms of both the pregnancy as well as the decision to terminate the pregnancy. From the above it is clear the personal experience and circumstances of this respondent’s relationship carries more importance in terms of her decision to terminate her pregnancy and can be seen as her primary reason.

Another married respondent had been trying to fall pregnant for two years. She was ecstatic when she found out that she was pregnant after six years of marriage but unfortunately: *“When I was two months pregnant I found out that he was having an affair. Can you believe it, here I am preparing for the most important thing in our lives and he has been having an affair for almost three years.”* The overarching reason for this respondent for terminating her pregnancy was the fact that her husband was having an

affair and she did not know if her marriage would survive. This was her first concern and priority as *“How can I have a child if I don’t know even know if we are going to get divorced or what is going to happen. I don’t know if we are going to make it. I don’t know what to do”*. In this case the respondent’s sole reason for choosing to terminate her pregnancy was the fact that her personal relationship with her husband was not stable. The greatest influence was not the fact that he was having an extra marital affair but the fact that she did not know if the relationship would survive and what the future outcome would be. The respondent was also very angry as the future that she has foreseen and planned was disrupted and did not conform to expectation. It was also clear that the decision was not an easy decision on two levels, firstly, being the fact that she wanted to initially have a child, and secondly, that she is still hesitant regarding her future relationship with her husband.

Although the respondent based her decision on the relationship status with her husband, she was also not supported in her decision to terminate her pregnancy as *“He did not want me to have an abortion but I am trying to cope with the fact that he has been having an affair. ...He wants me to keep the child”*.

In terms of receiving support from the father to terminate the pregnancy, it was found that although not all the women were supported in terms of the decision made because their partners wanted to have children; they were supported in terms of having the pregnancy terminated. This is evident as *“He says he supports my decision, but I don’t think so, he is very kind and loves me very much. I think that is why he tries to be supportive, but I can see that he is not happy”*.

“Ja, soortvan. Hy dink ook dit is die beste ding om te doen...hy is maar hartseer, want hy will graag kinders hê”.

“He didn’t want me to have the abortion....He wants a big family and was very happy when I told him I was pregnant”.

“No, he wants me to keep the child and is against abortion. So am I, but I just don’t know how to cope”.

“Hy is ‘n ou-jong kêrel en wil kinders hê, die eerste keer toe ek vir hom daarvan sê, to sê hy hy sal my dagvaar as ek daarmee voortgaan. Nou maak hy net of hy niks weet nie”.

It is clear from the above statements that the partners did not want the respondents to terminate their pregnancy as they wanted children or had values that oppose abortion. Although the fathers were not supportive of the decision to terminate the pregnancy, this was secondary to other identified reasons as the respondents did terminate their pregnancies which indicate that this does not carry as much importance in terms the decision making process. It must be noted that in the case of these respondents the partners were informed of the decision and discussion regarding the decision took place.

In certain situations, partners were not informed of the decision to have the pregnancy terminated. This links directly with the relationship status and the personal influences within the relationship. *“No, I didn’t tell him I was pregnant”*.

“I didn’t want him to know. I was scared he would want to keep the baby....I am too scared to keep the baby”. This was aligned to the primary reason² indicated by the respondent in terms of her personal experience of her mothers suicide and fear that she would have to continue with her pregnancy against her will and be forced to face her greatest fear, that of being a mother and having a child.

Of interest is the fact that the respondents that conceived as a result of a one-night-stand and that were not in a stable long-term relationship with the father of the foetus, did tell the fathers they intended to terminate their pregnancies. *“He is aware of it but both of us feel that it is the right thing to do.....we are not a couple and don’t love each other or anything like that”*. The relationship status with the father is a secondary consideration in this relationship as they are not in a stable relationship. This reason supported the primary reason³, the relationship between age, employment status and financial concerns which impacted on the decision made to terminate the pregnancy.

“Hy dink ook dit is die beste.....die ou wil ook nie moeilikheid hê nie (met die verloofde)”. The primary reason for this respondent choosing to terminate her pregnancy was her relationship status with her fiancé (significant others) and not so much the relationship status with the father of the foetus. The respondent was having relationship problems with her fiancé and the father of her current live child. They had temporarily separated and she had a one-night with her fiancé’s friend. It cannot be denied that the relationship status with the father of the foetus was important in terms of them being friends and not being in

² The differentiation between primary and secondary reasons is done within the context of the reasons stated by the respondents. This allows for reasons in terms of their importance and value that each woman assigns to her personal situation and circumstances that led to her decision to terminate her pregnancy.

a stable relationship, but this was a secondary consideration. Her primary reason for her decision falls within the personal concerns category as she and her fiancé has reconciled and that her current live child is the child of her fiancé. She feels very strongly about reconciliation and her concern is for her current son *“Ek moet aan my seuntjie dink. Kan jy dink hoe die ander hom sal terg as sy boetie of sussie nie dieselfde pa het nie. My verloofde is baie goed vir ons en ek is baie lief vir hom. Ons het net deur ‘n moeilike stadium gegaan. Dit moes nooit gebeur het nie”*. The respondent also indicates that she wants more children but that the father must be the same father as her live son.

The relationship cycle can also be viewed in terms of a stable relationship with joint decision making, which indicates that the status of the relationship, and the support received, acted as a motivating reason for terminating the pregnancy. This is true when looking at equality within a relationship and makes it easier to exercise the decision, as both parties are in agreement with the decision and mutual support is given. This impacts significantly on the relationship identified between guilt and the “have I made the right decision” theme identified by closing the gap of the two extreme points on the continuum. *“Yes, he actually brought me for the abortion and even came in with me during the abortion..... We made the decision together and although we both want children, now is not the right time, no, bad planning. We first thought we could keep the baby but we really, really discussed it and we both decided that we couldn’t.....We made the decision together and he did not force me.”*

The relationship with significant others and the support received or support to possibly be received from others, play a significant role in the decision making process. This affects whether a support structure exists outside of the relationship with the father of the foetus. Not only is the stability, strength and the support structure crucial, but also the considerations of the impact of a pregnancy on significant others. This relationship is important in the decision making process but it was classified as a secondary set of reasons.

Respondents that did not tell significant others in their lives about the pregnancy or the abortion, based this decision on perceived responses or perceptions of what the reaction would be. *“I would also not be able to face my parents. Maybe I am wrong, maybe they would have supported us”*. The perceived impact of the pregnancy and choosing to keep the child was definitely not a consideration in the decision making. It was also supported by the “fear” of being able to tell her parents that she was pregnant. Also significant was the fact that the respondent did not know what the reaction would have been but assumed

it would have been negative. This relates directly with the strength, support and openness within the relationship between her parents and herself.

“Ek is seker hulle sou my ondersteun, maar nog steeds, dis nie ‘n maklike ding nie. Ek kom uit ‘n familie van 7 kinders en ons leef baie naby mekaar. ...Ek wou juis nie ‘n groot familie gehad het nie, ek het gesien hoe my pa-hulle partykeer sukkel”. Significant for this respondent was that she perceived that her family would have supported her but the impact of past personal experience played a greater influence. She comes from a large family and financial concerns played a primary influence.

“I know they would support me and help me but I have to sort out my marriage first”. This respondent's primary reason was the relationship status with her husband. The support structures that would have been offered to her was not a consideration in her decision, as it carried less weight than her personal concerns regarding her marriage.

Respondents that did tell significant others about the pregnancy and their choice to terminate their pregnancy, was influenced not by finding support to keep the child, but was looking for support in terms of the decision to terminate the pregnancy. This was found not to be a primary consideration in the decision making but played more of an emotional supportive role than an actual influence.

“I told my mom....she is not happy and said that she would help me....My mom's also working and trying to do the best that she can. She is a single mom and I cannot place even more on her. My brother is still in school; and my sister at Technikon. She cannot support me and the baby now as well. No, it just wouldn't be fair to her”. The respondents concern was not for herself but more for her family and the impact that having a child could have on the lives of her significant others. Her primary consideration was financial concerns, but mostly for her family and secondary for herself. This indicates that women that terminate their pregnancy do not conform to the stereotype of being “selfish and only thinking of themselves”.

My dad had to raise my sister and myself, by himself. It was very difficult for him. He did his best and we are all very close”. The concern identified here was again for her significant others, i.e. her father and her sister. She took into consideration what the impact of her pregnancy could have on the relationship between the three of them even though they have a close relationship, again indicating consideration for others and selflessness.

Interlinked with informing significant others and the relationship status with significant others, is the perceptions and value codes not only of significant other but of society regarding both illegitimate children as well as abortion. This carried more importance in terms of telling significant others than the values that oppose abortion held by the father of the foetus.

4.3.3. VALUES

Values can be classified in terms of the following value themes identified:

- a. Moral values of respondents and/or partners;
- b. Religious values of respondents and/or partners;
- c. Moral values of society/community;
- d. Religious values of society/community;
- e. Cultural values; and
- f. Traditional values.

The differentiation between moral and religious values is done as people that hold moral values are not necessarily religious, although the value itself may be the exact same. Of interest is the fact that societal values played a more significant role than the personal values of the respondents and/or their partners. The values that are present also directly link with whether the respondent told significant others that she was pregnant or that she had her pregnancy terminated.

“My family, no way. A good Afrikaans girl from a good Afrikaans family?.....Just the two of us know. I couldn't face my parents or his either. They don't even know that we are living together so can you think what would have happened, they would kill me”. This respondent's primary influence was not based on values or perceptions, but on the relationship between age, employment status and financial concerns. However, values played a secondary role. It is interesting to note that she did not tell significant others due to the perceptions of her specific culture and the cultural position of her family within society based on both moral and religious values that oppose illegitimate children as well as abortion.

The findings also indicate that family perceptions are closely interlinked with societal perceptions *“Can you imagine the scandal of all the ooms and tannies if this should come out”.* Of interest is that although the “scandal” of an abortion weighs heavily, the perception of an illegitimate child carries more weight in the decision making process *“(the scandal being the pregnancy or that you had an abortion?)....well, mostly the pregnancy”.*

Important is cultural values that not only oppose illegitimate children and abortion but also cultural values regarding tradition. *“We are a big family and very traditional (Hindi). If they knew that I was dating a black and we were living together and I was pregnant they would die”.*

Race was identified as a theme for influencing the decision made but played a lesser role. It can be classified under cultural values in terms what is acceptable or not for the family and cultural society.

“Hulle (family) sal my verkwalik dat ek swanger is by ‘n ander man. My verloofde is baie goed vir my en ons kind.” Moral or religious values were not a consideration for this respondent but what was significant, was family values that would oppose sexual behaviour, i.e. carrying another man’s child.

Due to the fact that many women (and their partners), that have values that oppose abortion do not decide to opt for a termination of pregnancy but consider other alternatives. It is not possible to draw a comparison regarding the proportion of women that consider other sets of reasons as more important or consequential than their values.

Although the following statements indicate both moral and religious values that oppose abortion, this did not outweigh the most prominent reasons cited for the termination of a pregnancy as might be assumed. *“We are really very religious and my parents would die. They would see it as murder and I just don’t have the energy to try to explain. They would really be disappointed in me and would make me keep the baby”.* Not only is the perception of reaction prominent but also the perception of a change in the current personal relationship between herself and her parents. *“I would also not be able to face my parents”.*

“...(He) is against abortion. So am I, but I just didn’t know how to cope....I was 11 weeks pregnant and if I decided to have an abortion later on, it wouldn’t be possible.” Significant was that not only values were taken into consideration but that the gestation period and other primary sets of reasons were more important in the decision making.

“I am an only child and have a wonderful mom and dad. We really get on well, but this would kill them.....they believe abortion is wrong and would never understand”. Although the respondent had a strong and open relationship with significant others, values outweighed the relationship status in terms of informing them of the pregnancy and the decision to terminate it.

"I just didn't think abortion is right, you know, killing the foetus, but because I am so young and I had to make a decision".

"Hulle (familie) is groot Christene en glo dat jy nie 'n aborsie mag hê nie. Ek sal hulle nooit vertel nie".

The above statements clearly indicate that both moral and/or religious values is important in terms of telling significant others that they are pregnant or terminating their pregnancy. The impact of values is not as significant as would be assumed in the decision making process, as all the respondents did terminate their pregnancies regardless of values. It is however significant in the relationship between feeling guilt regarding the decision and whether or not they had made the correct decision. *"I am very religious and so is he. You probably think that that is strange, being religious and having an abortion. It really wasn't easy as I do see it as life, from conception, but I had to make a choice...I will have to live with what I have done, but I believe that God will, hopefully forgive me".* Very strong religious values are identified but again it is secondary to the most important identified sets of reasons for the respondent.

Sadly, it is also true for the respondent that wanted to have a child. Due to family and societies perceptions of women that terminate their pregnancies, she could not tell them that she had an abortion but rather *"I told everyone that I had a miscarriage. I had to lie. I couldn't tell them I killed my own child. They wouldn't understand. Abortion is wrong, but I didn't know what else to do".*

4.3.4. ALTERNATE CONSIDERATIONS

Alternate considerations were found to play an influencing role in a woman's decision to terminate her pregnancy. This did not stand in isolation to primary reasons that affected their decision as these ordered as more important. However, if alternate considerations were an option to the respondents, the pregnancy may not have been terminated.

It was found that the respondents that were married initially wanted to continue with the pregnancy. *"If we could have worked out our marriage and he would go for counselling".* However, as their situation changed, so did their alternatives. As previously discussed, the primary consideration for these respondents choosing to terminate their pregnancy, was there current relationship with their spouses.

Other respondents that considered continuing with their pregnancy was influenced by the fact that their partners wanted children and did not support their decision to terminate their pregnancy. *“I only thought about it because he wants children”*.

“Ja, maar wat van my seun en verloofde?”

Although the respondents did initially consider keeping the child as an alternative, other reasons outweighed the initial response to keep the child. This however did not change their decision when the other primary sets of reasons that led to their decision were considered more important. This again indicates and supports that no single reason contributes to the decision making process and that reasons that may have been conducive to keeping a child change as the pregnancy continues. As the respondents situation changes and the other identified sets of reasons began to play an increasing role, the alternative of keeping the child decreases. It can also be seen in conjunction with the support and relationship with partners and significant others when viewed within the webbed relationship.

Once the decision had been made that keeping the baby is not an alternative, adoption could be assumed to be a choice. Interestingly, not one respondent even considered carrying the child to term and then giving the child up for adoption which dispels this as a viable option. *“Ek sal nooit die kind vir nege maande kan dra en dit weg gee nie....Ek is te lief vir kinders. Daar is nie genoeg mense wat kinders aanneem nie, sê nou die kind sit vir die res van sy lewe in ‘n kinderhuis, ek sal dit nooit kon doen nie. Ek sou altyd wonder en dit sal heeltemal te erg wees”*.

“I think that it is more cruel. To live your life wondering what happened to your child. Is he happy, even alive? Not a chance. How do you explain to your child that you were not ready to have him?” The impact of future feelings are prominent but more important is the emotional consideration for the child knowing that her/his mother was not ready to be a mother as the primary reason would possibly not be explainable. This can be ascribed to the emotional condition of always wondering what would happen to the child compared to the finality of ending the pregnancy.

4.3.5. GUILT VERSUS THE RIGHT DECISION

The emotional state of women are crucial in the decision making process. It however does not stand in isolation with the values that were represented previously when weighted against the more primary tangible and rational reasons identified by the women.

Of importance is the perceived importance of less tangible values against the more tangible reasons. This relationship places the woman on a continuum of what is more important. The decision to terminate a pregnancy is about the current situation pitted against the “what would be” or “could be” future perceived outcome.

This relationship is evident when considering whether the respondents felt that they had made the correct decision. *“Al het jy besluit om dit (abortion) te doen, is dit nog steeds moeilik want jy kan nie help om daaroor te wonder nie, was dit ‘n seuntjie of dogtertjie, het dit seergekry. Ek sal nooit weer kinders hê nie, en ek kan nie help om daaroor te wonder nie, maar ek is nie jammer oor die besluit wat ek gemaak het nie, ‘n mens wonder maar.....Ek glo ek het die regte keuse gemaak, dit was nie maklik nie”*. It is clear that the “what could have been” factor was present as the respondent considered the gender of the child. She also considered whether the baby had suffered during the abortion self. She will also not have any more children and therefore the consideration of whether an abortion will impact on her future fertility was not a consideration as she ultimately wanted to stop childbearing. Although this was evident her primary reasons outweighed all these considerations and she was confident that she had made the correct decision.

“It is hard knowing at times that you had a baby inside you, growing, but I think that I made the right choice. I sometimes wonder what the baby would have looked like. But, I’ll never know”. The consideration was for what the baby would have looked like and the guilt of never knowing is present. But again, when viewed against primary reasons the decision was correct at the time of making it.

In situations where the postponement of a child was the consideration, emotions was present as future children were wanted, but the primary considerations again outweighed the want of a future desire for children. *“Dit was nie lekker nie en ek wil nog kinders hê. Maar ek moes dink aan my seun en my verloofde. Ja, dit was die regte besluit maar ek is nog hartseer”*.

“What else could I do? It is not easy because I want to have kids but what else could I do? I hope that one day I will be able to have kids.....I just hope that I can have kids again. I will never forgive myself if I can’t have kids, one day”. The emotional consideration is the fact that she wants to have future children and the guilt is more prominent not for the current child but for possible impact of potential future children. It was felt that the decision was the correct decision but the “what would be” factor in terms of having future children is evident.

“Yes, I don’t see what else I could have done. I do want children but not now”.

“In a sense yes (feel guilty about the abortion), it was not nice. It is not physically painful but I am very scared that the baby felt pain. I don’t like to think about that. I just hope that it didn’t feel anything. I feel very scared that it was painful for the baby.

The guilt felt is not only about the decision made to terminate the pregnancy but for the pain possibly endured by the foetus.

A respondent indicated that she was worried about the phase of development of the foetus and wondered whether it could have been classified as a person. This indicates a level of ignorance on the part of the respondent especially seeing as she has one live child. *“Ek probeer maar net dink dat dit nog nie ‘n mens was nie. Hulle sou seker nie ‘n aborsie gedoen het as dit al soos ‘n mens gelyk het nie. Sou hulle? Nee, ek dink nie hulle sou as dit al handjies en voetjies gehad het nie”.*

Respondents that did not initially want to terminate their pregnancies, felt that they were “forced” to make the decision to do so. Ultimately it was their own decision but the status of their marital situation pushed them in this direction whilst they did not even consider a termination during the initial phase of their pregnancy.

“I didn’t have any other choice. I am sorry and angry that I had to have an abortion, but I didn’t have a choice. I want children but not alone in this world”. The emotions involved are more complex due to feeling “forced” to terminate the pregnancy as well as the fact that she wanted children but her situation had changed drastically from initially finding out she was pregnant to making the decision to terminate the pregnancy. Another consideration was the fact that she did not want to raise a child alone in this world.

“I don’t know. Everyday I wonder if it was the right choice. I don’t feel that I had a choice, but killing your baby, that is something else. I don’t know, I don’t know. I will always wonder. What if I can never have children again. I don’t know what I would do then”. Due to the fact that circumstances changed drastically from when she found out that she was pregnant and evolved to having a termination performed, the feelings of this respondent are more guilt ridden. She continues to doubt whether she has made the correct decision as well as whether she can have children again. She does however feel that she “did not have a choice” in the decision that she made, but still wonders whether it was the right choice.

4.3.6. COUNSELLING

The following relationships regarding pre-abortion and post-abortion counselling were identified:

- a. relationship status with significant others;
- b. support provided by partners or significant others;
- c. guilt versus the right decision made; and
- d. values

The impact of correct and supportive counselling played an influencing role in the decision making process. It is not seen as a primary or secondary reason, but does shape the situation in which the decision is made and makes the setting for women more conducive to making their decision. It also provides a support network especially where this was not present within terms of the relationship with partners or with significant others. It also links with the values detailed previously, as well as the perceptions and stereotypes labelled to women who choose to terminate their pregnancy.

Pre-abortion counselling is more directed at setting the scene conducive to making the decision as the facts regarding a termination are explained. Fear is more prominent during this phase of the process as the facts are now balanced against primary and secondary considerations.

"I came to find out about the abortion but wasn't sure if I was going have it. They told me everything about it.....they sent me away again to really think things over but nothing had changed".

"They make sure that you are sure about your decision. I think that it is very important because it is not an easy decision. I think some women aren't sure and then they regret that they had an abortion". This indicates that the pre-abortion counselling also determines whether woman have considered all the contributing reasons in making the decision to terminate the pregnancy. It can again be related back to the guilt versus the right decision syndrome.

"...I wanted the baby and now couldn't, they were very understanding". Support was provided in the counselling sessions not just for making the decision but also supported the personal circumstances of women.

Post-abortion counselling is linked with “feeling better” about the decision made and the abortion process. *“Ek was vreeslik bang voor die tyd, maar as jy na die tyd weer inkom en hulle kyk of alles reg is en gesels met jou, dan voel jy sommer beter”*. Before the termination, fear outranks other considerations but after the termination the considerations are for physical well-being and feeling better about the choice exercised.

Counselling is also linked to the personal support received as it provides a support structure to women as they are seeking understanding for their decision. In many cases this is also the only support that they received, as they did not receive support from partners or significant others. *“I was more scared before the time and on the day that I had the abortion, but they were nice and kind. I came for the check-up today and they really help you. You know, someone to talk to about how you are feeling. Someone that understands”*.

“...I came back here and they supported me. They listened to me”.

“It is scary after the abortion and my boyfriend was very upset. It helped me to handle him”. In terms of this respondent it was interesting to note that the counselling was not just limited to assist her with her decision made but stretched to include support to her partner. This was important as partners that opposed the termination also need to be supported especially where partners wanted to keep the child.

“They helped me cope with that and try to make peace with my decision...It was nice to know that someone cared about how you are doing after having an abortion. I know it is their job but it does make you feel better”. This is related the feelings of guilt versus the correct decision made as the respondent felt support was needed to make peace with their decision. It is also linked to the support structures provided after the termination as the respondent indicated that someone cared how she was after the abortion.

It was also found that the support provided by counselling services, provided a support base for whether guilt outweighed the reasoning that led to the decision to terminate the pregnancy. *“It makes you feel less guilty about your decision”*.

“Yes, especially because I felt I was doing something very wrong. Morally you know. They helped me cope with that and try to make peace with my decision”. Although the respondents felt that the correct decision was made at the time of making the decision, the values of respondents weighed heavily on their feelings of guilt and the counselling provided a support structure in which these emotions could be discussed with others that

did not judge their decision or condemn them in terms of the stereotypes labelled to women that choose to terminate their pregnancy.

4.3.7. IDEAL FAMILY SIZE

The stopping or postponement of childbearing is directly linked to the ideal family size indicated by respondents. The respondent that already had two live children indicated that she had reached her ideal family size and this was one of her considerations for terminating her pregnancy.

The average number of future children wanted was two and respondents indicated that they were concerned about falling pregnant in the future as this would impede their future expectation or perception of their life. Although the number of children wanted did not impact on their decision to terminate their pregnancy, it does impact on their feelings of guilt versus the right decision made.

4.3.8. CONTRACEPTIVE USE

A direct correlation exists between a women conceiving and the non-use of contraceptive methods or the failure of contraceptive methods to curb, postpone or to stop childbearing. Contraception does not play a direct role in the decision making of having a pregnancy terminated but is the proximate cause for women falling pregnant and must be investigated as a recurring theme. The common premise is the fact that women would not have had to make a decision to terminate a pregnancy if they had either used contraceptive methods or the contraceptive method they were using did not fail.

By taking this into account, contraceptive use can be viewed in terms of the following themes:

- a. the failure of contraceptive methods used;
- b. the non-use of contraceptive methods;
- c. access to contraceptive services;
- d. lack of knowledge regarding contraceptive methods;
- e. ignorance regarding consequences of non-use of contraception; and
- f. response to finding out that they were pregnant.

The most common form of contraception used was the condom, the pill and the injection.

Respondents that were using one of the contraceptive methods indicated, cited failure of the contraceptive method as a reason for falling pregnant. *"We used a condom but it broke"*.

"The condom broke. Maybe there was something wrong it".

"I was scared after the condom broke, but didn't worry too much". This statement indicates that knowledge regarding the consequences of a condom breaking was present as the respondent was scared of falling pregnant, but did not pay much attention to the fact. It can be surmised that the initial fear disappeared and the "it won't happen to me" syndrome kicked in.

When respondents were asked why they thought the specific contraceptive method failed, the response was that they did not know: *"No idea, absolutely no idea"*.

"I was on the pill, but don't know what happened. I have been taking the pill since I got married".

A respondent that indicated that she was using the contraceptive pill, stated that she had forgotten to take the pill *"I am using the pill but forgot to take it...I am a bit of a scatter brain and my boyfriend always joked that I would get pregnant because I forgot to take the pill"*. This cannot be classified as using contraception. Only when the correct and prescribed usage of the contraceptive method is applied, can it be ascribed to contraceptive failure. This in itself indicates either a lack of knowledge regarding the correct usage or ignorance regarding the impact of the consequences of incorrect usage. This is supported by the statement that she was aware that she could fall pregnant if she did not take the pill, but did not take this "threat" seriously, which also relates to the "it won't happen to me" syndrome.

The same argument is true for the respondent that stated that the method failed as she was taking antibiotics: *"I was taking antibiotics but didn't really think it would make a difference"*. This again supports the prevalence of ignorance of the consequences, and lack of knowledge regarding when the contraceptive pill becomes ineffective.

"Die ergste was dat ek op die inspuiting was. Vandat my seun gebore is. Hy is al 17 jaar oud. Gewoonlik sê hulle mos die inspuiting steriliseer jou". This could be attributed to a lack of knowledge regarding the specific contraceptive method, as well as the fact that this respondent also viewed her age as a reason of not being able to have children.

Ironically the profession of this respondent was that of a nurse and it would be assumed that she would have a better knowledge and understanding of contraceptive methods as well as applying it. This indicates that knowledge and the practice of correct usage should never be assumed for what we stereotype certain characteristics to hold.

The following statement from a respondent also indicates the lack of knowledge regarding contraception as well as the lack of knowledge of the fertility cycle of a woman. It can also be contributed to ignorance on the part of the women and the “it won’t happen to me” syndrome “.....we always use a condom. Well, not always, but I was sure that it was a safe stage”.

“I didn’t think it would happen (fall pregnant). I am usually careful and monitor my cycle.....but I was off”. These statements also indicate that less formal and therefore more traditional (although more unsafe) methods of contraception are also used such as fertility cycle monitoring. Due to the lack of knowledge and ignorance displayed it is evident that this was done half-heartedly as falling pregnant would not happen to them.

Of interest in the findings is the fact that none of the respondents indicated that they used an IUD or a female condom. This could be attributed to the fact that the IUD required medical insurance and is quite costly, where the female condom is not as widely marketed as the condom, pill or injection, and is quite cumbersome to use.

Certain respondents stated that they did not use contraception. One reason was that the respondent wanted to conceive and therefore did not use contraception. It does not indicate lack of knowledge or ignorance but the exertion of her personal choice in falling pregnant. *“I wanted to fall pregnant..... I have been wanting to fall pregnant for the past two years”.* Unfortunately for the respondent, circumstances that was conducive to her wanting to and to her falling pregnant changed, which led to her deciding to terminate her pregnancy.

The only other true admittance of blatant non-use of contraception identified was with the two respondents that conceived from a one-night stand and that were not involved in a stable relationship. In both these cases, alcohol played a significant part and was a primary reason in not using contraception. : *“...ons was dronk en dit het net gebeur”.*

“It just happened. We were at a party and had a bit much too drink and then we had sex”.

It was not indicated that respondents did not have access to contraceptive methods or services, and therefore this was not a contributing reason to not using contraception to prevent an unwanted pregnancy.

The lack of knowledge and ignorance regarding failure or non-use of contraception can be seen in terms of the respondents reactions to when they found out that they were pregnant. This indicates clearly that they did not want to fall pregnant in the first place which was the initial step to considering terminating the unwanted pregnancy. *“Goeie vader, dit was ‘n baie groot skok. Ek kon my ore nie glo nie. Ek dink ek het dit eers geignoreer en gedink dit is ‘n groot fout”.*

“I was frightened.....petrified”.

“We both cried when I told him I was pregnant. It was a great shock to us and we couldn’t believe it”.

“Oh my God. That was all I thought. Oh my God”.

“Shock...horror. I couldn’t believe it. This could not be happening to me”.

“I couldn’t believe it. All I thought was that I don’t need this right now. Things are bad enough as it is. I don’t need this now”.

These clearly indicates that respondents did not wanted to fall pregnant, but also illustrates the “it won’t happen to me” syndrome as the pregnancy could have been prevented by either using contraception or using contraception correctly.

Only one respondent was happy about being pregnant as she had been trying to fall pregnant. *“I was so happy. It was wonderful news. I was really happy”.* Circumstances had changed and her primary reasons outweighed her wanting to continue with the pregnancy. In this case the non-use of contraception was aimed at conceiving.

4.3.9. SEXUAL BEHAVIOUR

The sexual lifestyle of the respondents can be classified into the following sub-themes:

- a. treatment for sexually transmitted diseases, especially HIV/AIDS;
- b. number of previous sexual partners;
- c. current live children; and

d. previous abortions.

None of the respondents indicated that they had ever been treated for a sexually transmitted disease. The most significant impact of a sexual transmitted disease would have been HIV/AIDS. This was never cited as a reason for choosing to terminate a pregnancy in any of the interviews conducted. The impact of HIV/AIDS in relation to a women choosing to terminate her pregnancy was not a primary or secondary reason and had no impact on the decision making process of the respondents. If the impact of HIV/AIDS or any other sexual transmitted disease were present, the number of sexual partners may have had a secondary impact. Demographical data collected indicate that the father of the foetus was the first sexual partner for most of the respondents.

The number of live children of respondents played a primary role in terms of the women deciding to terminate their pregnancy. *“Ek moet aan my seuntjie dink. Kan jy dink hoe die ander hom sal terg as sy boetie of sussie nie dieselfde pa het nie?* The respondent was concerned about her current son and the perceptions and behaviour of society towards him if she continued with her pregnancy that was not fathered by the father of her live son.

Consideration for live children is clearly also indicated by another respondent that repeatedly took the age of her current live children into consideration. *“My oudste kind, my meisiekind is 20 en my seun 17. Kan jy dink wat sou gebeur het as ek nou, op my ouderdom, nog ‘n kind moes grootmaak?* Although the primary concern in this case was her age, the constant repetition of her current children’s ages indicated that this definitely played an important role in her decision.

No previous abortions were identified or recorded. This was the first time that any of the respondents had a pregnancy terminated and this was not found to be an influencing reason in the decision making process.

4.3.10. GESTATION PERIOD

The gestation period was found to be a consideration in the decision to terminate a pregnancy with regards to the following respondent as *“I was 11 weeks pregnant and if I decided to have an abortion later on, it wouldn’t be possible”*. The gestation period did indeed influence her decision as she could not have waited longer to decide whether certain reasons that were primary in her decision would change to make keeping the baby an option. Because she was considering the option, the “cut-off” timeframe in terms of legislation was primary in having her pregnancy terminated.

4.4. SUMMARY

The reasons that influence women to decide whether or not to terminate their pregnancy must be viewed in terms of linked relationships between primary and secondary reasons or themes. These reasons do not stand in isolation to each other but form a relationship in terms of importance ascribed to each reason and set of reasons based on the continuum of a woman's personal and private circumstances.

Various themes and sub-themes were identified that all support and interlink with each other to form the basis of the decision. The relationships are also linked through a thread between the themes, as well as in terms of importance.

The proximate determinant in terms of falling pregnant is the non-use or failure of contraception. It does not relate directly to choosing to terminate a pregnancy but plays an important role in whether the woman wanted to fall pregnant or not. It was found that both the non-use and failure of contraception was significant but even more so the knowledge regarding the correct usage of contraception and ignorance regarding the consequences of non-use or incorrect usage. It was found that the "it won't happen to me" syndrome was dominant especially when viewing the feelings when women found out that they were pregnant.

It must be noted that although the relationships are detailed as primary between age, employment status and financial concerns as well as primary between the relationship status and support of the partner, and the relationship and support of significant others, either set of reasons are viewed as primary or secondary depending on what is more important to the woman. Where a woman's primary considerations are her age, employment status and financial concerns, the relationship with her partner could also be a primary consideration and therefore supports the personal concerns allocated in each webbed relationship. Another primary consideration could be the gestation period. Each woman's primary and secondary considerations vary although a pattern of importance and commonality was established.

A primary relationship was found to be between the age of the woman and partner, employment status and financial concerns. The respondents stated that their age, either being too young or being too old was significant in their decision making. This again relates directly to the employment status as the respondents that stated that they were too young were still studying at a tertiary and were students. Again, linked to this was the fact that because they were students, they did not have an income and financial concerns

regarding the raising of a child was an important consideration. The importance of these reasons within the relationship varied between respondents and is dependent on the personal situations and concerns of the women.

Another relationship was found to be between current unemployment and financial concerns as maintenance would also not be available to raise a child and this indicates the importance of relationship concerns.

These personal circumstances are primary when reviewing the relationships between partners and significant others. This in turn relates back to the support received by partners and significant others. Although respondents were in relatively stable relationships apart from two, their personal perceptions of what is deemed a stable relationship, also came into play. The relationship with partners and significant others also influenced women to either choose to tell them about the pregnancy and the abortion.

This relationship basis must be viewed in terms of a relationship between age, current employment status and financial concerns as well as values, and can be identified as primary compared to secondary when making the decision to terminate a pregnancy. Again, this is dependent on the importance ascribed to these sets of reasons that in turn is dependent on what is more important in a woman's life at that current point. The making of the decision is also closely linked with the support received or the perceived support received by the respondents. Although many respondents did tell their partners, they did not receive support for the decision made but did receive support for the termination. Support was also important in terms of values.

A relationship was found between values and the relationship status, and the support between partners and significant others. Moral and religious values played an influencing effect only in so far telling partners and significant others about the pregnancy and the abortion and was not primary in deciding whether to terminate a pregnancy. Cultural and traditional values also affected this relationship and were found to play a stronger role than moral or religious values. Even though values featured to a great extent, this was a secondary concern to terminating the pregnancy as all respondents interviewed, had already terminated their pregnancy.

Values were interlinked to feelings of guilt when measured against whether the decision was the correct decision or not. The feelings of guilt are linked to moral and religious values but the more tangible reasons weighed more than the values.

In terms of cultural and traditional values, these were not evident in terms of feelings of guilt. It must be noted that although strong feelings of guilt were present, the respondents felt that their decision was the correct decision.

Values and the relationship between guilt versus the correct decision are also linked in terms of alternate considerations. Certain respondents initially considered keeping the child but their personal situations or circumstances did not allow for this option. Circumstances that may have been conducive to this being an option changed when primary reasons were evaluated. The reaction of respondents indicated that in most of the situations, the pregnancy was unwanted from conception. Due to emotions, moral and religious values were less important as no respondent considered carrying the baby to term and then giving it up for adoption.

Counselling and the importance thereof, are important as a conduit to the decision making. It sets the setting for women to discuss their emotions, options and decision especially when related to the relationship status and support from partners and significant others. It allows them to give a voice to their decision when weighing values against tangible reasons. Counselling is also crucial when a perceived understanding of their situation is needed, and someone listening occurs in a non-judgemental setting.

Sexual behaviour can be viewed in terms of the diagnosis and treatment for sexually transmitted diseases, the number of sexual partners, number of live children and number of previous abortions. No respondent indicated that they have been treated for sexually transmitted diseases and none cited HIV/AIDS as a reason for choosing to terminate a pregnancy. This could be ascribed to the fact that the current father of the foetus was the first sexual partner in the majority of the cases.

Consideration for current live children was a primary consideration for two respondents. Ideal family size was found to be a primary consideration in one situation where the respondent had already reached her ideal family size of two children and the primary reason was to stop childbearing. This is not an isolated reason but relates to a range of other primary considerations such as age and financial concerns. Where the father of the foetus was not the same father as the current live child, this was found to be a primary consideration in the decision making process.

In only one case did the gestation period play a primary role in the decision making process. Where the women was still weighing her options, her gestation period forced to make the decision quickly, maybe even pre-maturely, as she was already eleven weeks

pregnant and would not be able to consider a termination of pregnancy after twelve weeks.

Gestation period, ideal family size and sexual behaviour were primary considerations for certain respondents. It was not re-occurring across respondents but was no less important or valuable in terms of the specific women's situations.

Primary reasons are identified per women in terms of her ordering identified reasons and sets of reasons in term of importance. Although reasons were recurring across respondents, the order may differ depending on the importance she ascribes to her specific situation or personal circumstances. The aim of the research was not to draw comparisons to other studies. It is important not to isolate reasons as there exists a definite webbed relationship between reasons and between sets of reasons and we cannot remove the personal experience and situations of women from their decision making and following through with their decision to terminate their pregnancy.