

## **CHAPTER 5**

## **DISCUSSION AND INTERPRETATION**

### **5.1. INTRODUCTION**

The value of the research findings must be viewed in terms of the evolution of abortion from a moral-ethical debate to a woman's right to decide freely and fairly to terminate her pregnancy or not to terminate her pregnancy.

When placing the research findings in context, we must firstly place abortion within a historical perspective and the evolution of international abortion legislation. This evolution must be seen within the changing international context regarding reproductive rights and the rights of women which have become a prominent developmental and human rights issue. A focus on the liberalisation of South African abortion legislation within South African population policies is also needed to provide the premise from which the respondents were legally "allowed" to terminate their pregnancy. The aim of the study provided the basis for the research methodology which in turn leads us to the interpretation of the reasons and sets of reasons and their linked relationships identified in the study. Based on the findings, general perceptions will be discussed and recommendations made to policy makers. Recommendations for further research and studies will also be discussed.

### **5.2. HISTORICAL EVOLUTION OF ABORTION LEGISLATION**

Historically abortion has been viewed in terms of moral and religious values specific to a nation or to a society. These values formed the basis of abortion being viewed as deviant and pathological but did not eradicate the presence of illegal abortions being performed. The evolution of abortion legislation started two hundred years ago, moving from the deviant and pathological perceptions to a more liberal or acceptable stance.

This is true for the more western countries where a shift in attitude toward abortion started in the mid-sixties. This attitude encompassed a more lenient and acceptable stance and moved away from abortion being viewed as pathological and deviant. Certain nations, especially Eastern European countries had however permitted abortion since the turn of the twentieth century. The prominence of abortion during the nineteen-sixties was due to the voice of feminism becoming stronger and gaining momentum as well as the fact that physicians became more aware of the complications associated with illegal abortions.

The most significant historical change in terms of abortion liberalisation was in 1973 when the five most populous nations, namely China, India, the Soviet Union and the United States permitted legal abortions in the early phases of pregnancy<sup>3</sup>. This led to a ripple effect as other nations, e.g. Denmark, Austria and Tunisia also liberalised their abortion legislation to permit legal abortions within the first trimester of a pregnancy based on certain conditions, therefore still placing certain restrictions on women asserting their own opinion and choice, but evolving from an illegal stance on abortion.

Underlying the values and a nation's stance on abortion is the moral-religious debate of when does life begin. When viewed in terms of the historical and current legislative context, this provides the framework for abortion laws as to whether they are:

- Illegal - abortion is prohibited with no exception.
- Very restrictive – abortion is only permitted in life-threatening circumstances.
- Conditional – grounds for abortion include genetic factors, humanitarian factors such as rape or incest, and broad health indications.
- Liberal – abortion is granted upon request of the women.

The progression towards liberalisation is seen in terms of what is acceptable to a nation in terms of their values as to when is abortion legal. The legal status of abortion is important as this determines whether or not a legal course of action can be taken against a woman for having a pregnancy terminated. The outcome of this shift is that abortion moved away from being a criminal activity to an activity justified on human grounds. This refers not just to the legalisation of abortion laws but also to the relaxation of illegal and more restrictive laws as fundamental changes in the international arena became more evident. The evolution of abortion legislation must therefore be viewed within the historical development of population concerns, family planning and the strong emergence of human and women's rights.

### **5.2.1. THE INTERNATIONAL ARENA**

From the 1940's up until the World Population Conference in 1974 in Bucharest, the international arena was underlined by the Malthusian threat: the earth's resources cannot sustain or contain the worlds rapid population growth.

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<sup>3</sup>The USA, under the Reagan administration tried to change this stance at the International Conference of Population in Mexico (1984) by withdrawing funding to agencies assisting in abortion-related services. A turnaround in terms of this policy was evident at the 1994 ICPD conference where support to agencies re-instated. However, in March 2005, a debate regarding the Bush administration stance on abortion is in the headlines again by wanting to withdraw any support to abortion-related services. This was however resolved as it was accepted that this is not a new right as such, but is placed within the current reproductive rights sphere.

The solution was lowering population numbers and fertility rates through the introduction of family planning programmes and the use of contraception to reach set demographic targets.

As the curbing of population growth gained momentum and support, the concept of family planning became more acceptable to nations and societies. As the advantages of family planning became clear, the desired family size tended to decrease and this in turn led to an increase in the requirements for the provision of family planning services.

Through the emergence of family planning services, the rights of women regarding their own reproductive behaviour came to the foreground as this was the first time women were allocated some control over their reproductive behaviour in terms of exerting a choice as to using contraception or not. Although this choice could theoretically be made, the provision of contraception and access to contraception was urgently required for women to make the choice to use contraception so as to be able to curb population growth.

At the World Population Conference in Bucharest (1974), the importance of including women in terms of their contribution to development was noted as well as the notion of equality. However, this was brief and the focus of population issues were still based on a framework of development as opposed to individual rights. It was important though as this was the first time even mention was made of equality and women contributing to development.

Only during the International Conference of Population in Mexico City (1984), did the international community declare that apart from population being interlinked with resources, environment and development, nations must make safe and accessible family planning services universally available in the context of non-discrimination. The focus was still on contraceptive distribution, but the theme of abortion in terms of non-discrimination and equality could not be removed especially when the USA revoked funding from agencies assisting in abortion-related services. Within this context, the USA in essence created a greater awareness of the need for adequate abortion-related services and a new focus was given to abortion as a basic human right.

The International Conference on Population and Development (ICPD) in Cairo (1994) was the breakthrough in the international sphere by emphasising reproductive rights in terms of human rights as “*women have the individual right and social responsibility to decide freely when/if and how many children they desire*”, and that family members, religion, policy makers, ethnic groups or governments may not dominate these rights of women.

Reproductive and sexual rights include the freedom of choice regarding reproductive behaviour but also include the provision of reproductive services provided. This in turn 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 the basic right of education. Reproductive rights encompass more than just the right to choose to terminate a pregnancy, but also the right not to make the decision to terminate a pregnancy. The right to the provision of education, access to family planning services and health care services, allows for women to exert a choice to prevent conception by choosing to use effective contraceptive methods and to have knowledge regarding the correct usage thereof. It must be clearly noted that in no way was the advocating of abortion as part of reproductive rights meant to be promoted as a method of family planning, but rather as an alternate course of action dependant on a woman's choice and decision.

The right of women to exercise their own choice regarding their reproductive behaviour could not have been possible without the emergence of human rights, and in turn women's rights. The above definitions therefore include that abortion on demand is an integral part of reproductive rights, and safe abortion services, an integral part of reproductive health. Although these were the findings and sentiment of the ICPD, no nation is forced to comply with these regulations as religious, moral and cultural codes still outweigh these principles.

### **5.2.2. SOUTH AFRICAN LIBERALISATION**

In accordance with the international abortion liberalisation, the evolution in South Africa from the Abortion and Sterilisation Act no. 2 of 1975, to the Termination of Pregnancy Act no. 92 of 1996, clearly indicates that South African abortion legislation evolved from a conditional law in 1975 to a liberal law in 1996.

The evolution of South Africa's abortion liberalisation stands in direct correlation to the international shift in the acceptance of the reproductive rights of women and the liberalisation on the stance on abortion. This acceptance aligns to the change in the South African population policies as seen in the shift from the Population and Development Programme (PDP) that chased set demographic targets, to the Green Paper and White Paper for Social and Administrative Affairs.

The approach of this is that population concerns are multi-faceted between population, development and the environment.

The population policies conform to the Bill of Rights contained in the Constitution of the Republic of South Africa and is part of the strategy to enhance the quality of life of the entire population. Included is the embracing of the concept of equality, the empowerment of women and important to women that *“all couples and individuals have the right to decide freely and responsibly the number and spacing of their children, and to have information, education and the means to do so”*.

The Termination of Pregnancy Act no. 92 of 1996 allows for South African women to fully exert their choice to terminate their pregnancy or not. Abortion is provided on request during the first 12 weeks of the gestation period. Termination can also occur from the 13<sup>th</sup> and up to and including the 20<sup>th</sup> week of the gestation period under conditional circumstances as well as *“if the continued pregnancy would significantly affect the social or economic conditions of a woman”*.

Although the implementation of a liberal abortion law is based on the stance taken by the international community, the right to education regarding reproductive behaviour and its consequences, is vital when contraception is taken into consideration as contraception is a proximate determinant to whether a woman falls pregnant or not. Linked to this is the right of a woman to choose to terminate her pregnancy as well as the right to safe and accessible services. Where access to this is not provided, illegal abortions or self-inflicted abortions are performed, which could lead to severe complications or even death.

In South Africa, concern regarding the maternal mortality and morbidity rates of unsafe abortions was reviewed in accordance with the international arena and the ICPD. These rates were extremely high in South Africa as it is estimated that in 1994 alone, 44 686 women were admitted to hospital due to complications from unsafe abortions. Due to these high rates of illegal and unsafe abortions, questions were raised as to the provision of safe abortion services as the conditional status of the Abortion and Sterilisation Act no. 2 of 1975, did not stop women having their pregnancies terminated when this was the decision that they made. This indicated a desperate need as women's situations or personal circumstances outweighed the legal status of abortion laws and did not impact the course of action taken once the decision had been made by women to have their pregnancy terminated.

The implementation of the Termination of Pregnancy Act no. 92 of 1996 now allowed women to exert their choice as to whether or not they want to terminate their unwanted pregnancy without fear of legal reprisal and consequences. Government medical facilities as well as private clinics perform abortions within the specified framework.

Although this is within the legislative framework of South Africa, the provision of abortion services is still fraught with problems as medical staff cannot be forced to perform abortions if this is against their moral or religious values. Societal perceptions of women that do terminate their pregnancies as well as those medical staff members that assist with terminations, are also negative and can influence the treatment of women and staff. Statistics regarding abortion in South Africa is also not consistent and varies depending on the source. Information is not readily available from the Department of Health and therefore it is difficult to get a true or complete view in terms of the status of abortion in South Africa.

As women make decisions to terminate an unwanted pregnancy or choose not to terminate the pregnancy, a study as to the reasons for a woman deciding to terminate a pregnancy was deemed appropriate.

### **5.3. THE 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?

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. This is true as the study aims to understand the situations, circumstances and experiences of a woman's life and these influences on their decision to terminate their pregnancy.

### **5.4. RESEARCH METHODOLOGY**

To achieve the aims of the research, it was decided that a qualitative study was to be employed to explore the reasons that women have for terminating the pregnancy as well as to provide the platform for women to narrate their stories in terms of their personal situation and circumstances.

When 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 pregnancy.

Due to the fact that current literature regarding the reasons that women decide to terminate their pregnancy, is based on statistical analyses of averages and rankings, it was important to explore these reasons as narrated by women themselves. It was important to provide a more open-minded and investigative platform to give a voice to their stories.

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. The reasons for the semi-structured interviews were that certain questions regarding demographical factors were pre-populated. Certain questions regarding the investigation as to the reasons for women deciding to terminate their pregnancy were also used as a framework for the interview. The advantage of this methodology was that probing questions as to further explanations or clarifications were possible.

Access to respondents was fraught with difficulty due to the sensitive nature of the topic under investigation. Access to the respondents would have been impossible without the assistance of the staff at the Reproductive Choices Clinic. Respondents were interviewed during the post-abortion counselling sessions provided by the clinic. The staff at the clinic facilitated access to the respondents for the interviews to be conducted. Participation in the research process was completely voluntary and anonymity and confidentiality was guaranteed.

## **5.5. RESULTS**

Findings from the study can be viewed in terms of the diagrammatical representation as presented in Appendix B. This indicates the reasons and sets of reasons that women have for deciding to terminate their pregnancy. The webbed relationship<sup>4</sup> between the reasons is indicated by the arrows. This indicates that no reason stands in isolation to each another. There exists an intricate link between reasons as these forms a set of reasons which in turn links to other sets of reasons.

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<sup>4</sup> Webbed relationships refer to the interlinked and related relationship between reasons and sets of reasons. The term is used to depict that no reason was found to stand in isolation, but they are intricately linked and related to each other.

The reasons that influence women to decide to terminate their pregnancy can be summarised as follows:

#### **5.5.1. THE LINKAGES BETWEEN AGE, EMPLOYMENT STATUS, FINANCIAL CONCERNS AND PERSONAL CIRCUMSTANCES**

A definite relationship exists between age, employment status, financial concerns and personal circumstances and can be linked as follows:

- Between either age and current employment status;
- Between age, current employment status and financial concerns;
- Between current financial concerns; and
- The above relationships supported and influenced by personal circumstances

Age was the most frequently mentioned reason for women deciding to terminate their pregnancy. Two sub-themes identified were that the respondents felt that they were either too old or too young to have children. Age being a reason is also relative as it aligns to a women's perception of what constitutes too old or too young to raise a child. The age of the father of the foetus as being too young also impacted on the respondents as they felt that they (partners) were too young to have a baby and raise a child.

Being too young however does not stand in isolation and is linked to the current employment status of the women. The respondents that indicated being too young as a reason, also indicated that they are currently still studying at a tertiary institution, and are students. Again, the employment status of the father also came into play as the father of the foetus was also a student.

This in turn led to financial concerns regarding having a baby and raising a child due to their current employment status and being unable to afford having a child. Due to the respondents and their partners being students, they are currently not employed and therefore they do not earn a salary to be able to support a child.

Of importance is that it was also found that an interruption of their current life style (being a student) was also a consideration in the decision making. Respondents stated that even if they disrupt their current studies to find immediate employment to have a child, they would not be able to afford raising a child as the employment they would be able to get would not be worthwhile without a tertiary education.



Personal circumstances underlie the decision made to terminate the pregnancy. Within the sets of reasons discussed in Chapter 4, personal circumstances within this relationship could include the relationship status with the father, the relationship status with significant others, etc. These circumstances are either primary or secondary influencing reasons that impact on women deciding to terminate their pregnancy.

### **5.5.2. INTERPERSONAL RELATIONSHIPS AND SUPPORT NETWORKS**

In terms of relationships identified, the following sub-themes were identified:

- The relationship status with the father of the foetus;
- The relationship status with significant others;
- The support received from the father of the foetus;
- The support received from significant others; and
- The above supported and influenced by personal circumstances.

The length of the relationship with the father of the foetus was found to be relative to the personal perception of women as to what is deemed as long enough and a stable relationship. Respondents also indicated that the length of the relationship does not implicate that the respondent and partners will be married and therefore impacted on their decision. Respondents indicated that in terms of sequence, marriage should be first then followed by having a baby.

The relationship with the father of foetus also impacted on whether or not respondents told the father of the foetus that they were pregnant or that they were deciding to terminate their pregnancy. It was significant that most of the respondents informed their partners of their pregnancy and the fact that they decided to terminate their pregnancy. In a minority of cases, the decision was a mutual decision.

It was found that the fathers that were informed of the pregnancy and the decision, did not want the woman to terminate the pregnancy as they wanted children. Although they did not want the pregnancy terminated and did not support the decision to have the pregnancy terminated, they did support the woman in terms of the course of action followed.

Interesting was the fact that married respondents were involved in the unstable and volatile relationships. These personal factors were the primary reasons for these respondents in terms of the current relationship status with their partners and not knowing

what the future status with their partners would be. Physical abuse from the partner also impacted on the decision made.

The length of the relationship did not stop respondents that fell pregnant from a one-night-stand to tell the father of the foetus of the pregnancy or the decision to terminate the pregnancy. They were supported in their decision but again, their personal circumstances determined their choice to terminate their pregnancy.

The relationship status with significant others also influenced women's decision to terminate their pregnancy. Of interest is the fact that this relationship was indicative of the concerns that women had regarding the impact of their pregnancy on significant others and their perceptions thereof. The impact of their experience in terms of their relationship with significant others also played an influencing role. This relates back to their past experiences within the relationship with significant others.

This relationship also influenced whether women told significant others about the pregnancy and the decision to terminate the pregnancy. It was found that the perceived reaction and perceptions of significant others influenced women in not telling them about the pregnancy and therefore not telling them about the decision to have the pregnancy terminated.

### **5.5.3. PERSONAL VALUES**

Values were identified in terms of the following:

- Moral values of respondents and/or partners;
- Religious values of respondents and/or partners;
- Moral values of society/community;
- Religious values of society/community;
- Cultural values; and
- Traditional values

A differentiation between moral and religious values is done on the basis that not all people that hold moral values are necessarily religious, although the values may be the same. These values directly link with whether respondents told significant others in their lives.

It was found that the values, be it moral or religious, influenced whether respondents told significant others about their pregnancy.

The fear of reprisal and disappointment in terms of the values held by significant others were very strong and exerted an influence on making the decision to terminate their pregnancy.

This links to the values held by families and societies in terms of what they deem virtuous and acceptable. In terms of this, cultural and traditional values also are important. This was found to be true for the perceptions of illegitimate children as well as perceptions and stereotypes of women terminating a pregnancy. This must again be viewed in terms of moral and religious values. Cultural values had an influence on making the decision to terminate the pregnancy where race was identified as a theme.

An important finding was that although many respondents indicated that their own, as well as their partners moral and religious values opposed abortion, this did not stop the respondents from terminating their pregnancy when they took their personal circumstances and other more tangible reasons into account. This is supported by the fact that although these values oppose abortion, it did not stop women from terminating their pregnancy. Due to the fact that all the women that were interviewed had already terminated their pregnancy, it is not possible to establish a comparison between the reasons as to why women decided to terminate their pregnancy compared to why women decided not to.

These values influenced respondents as to whether they feel guilt or whether they see their decision as the correct decision. It also impacts on the value of counselling provided to the women.

#### **5.5.4. ALTERNATE CONSIDERATIONS**

Some of the respondents indicated that they initially considered having the baby and raising the child, but due to a change in circumstances that were initially conducive to do this, decided to terminate the pregnancy. One respondent wanted to fall pregnant and have a child while others took the fact that the father of the foetus wanted children into consideration. Again, due to a change in circumstances, and then considering other primary reasons, decided to terminate the pregnancy. Once the decision was made that keeping the child was not an option, the decision to terminate the pregnancy was made.

No respondent indicated that adoption was considered as an alternative to terminating the pregnancy. This was influenced by the values of respondents in terms of not being able to explain to a child that they were not ready to have children or to wonder about the child for

the rest of their lives. In turn, this influences the feelings of guilt versus the right decision made on a different level to feelings of guilt regarding the termination itself.

#### **5.5.5. EMOTIONAL RESPONSES: GUILT VERSUS THE RIGHT DECISION**

The emotional state of women is important in making the decision to terminate their pregnancy as well as dealing with the consequences of their decision. The values of women affect whether their feelings of guilt outweigh their perception of whether they made the correct decision.

The respondents indicated that they do have feelings of guilt and wonder about whether it was a boy or girl, did it suffer, did it feel pain and what it would have looked like.

Although the respondents indicated feelings of guilt regarding their course of action in terminating their pregnancy, they felt that they made the right decision when taking their reasons and considerations into account. Their personal reasons and sets of reasons are more important and more heavily weighted than their values.

It was indicated that the consequence of the termination in terms of infertility was considered and this “what would be” factor is of grave concern. Respondents also indicated that they hope they would receive forgiveness for making this decision but again, that it was the correct decision at the time of making it.

#### **5.5.6. ADVANTAGES OF PRE-ABORTION AND POST-ABORTION COUNSELLING**

The following relationships in terms of counselling were identified:

- Relationship status with significant others;
- Support received by partners or significant others;
- Guilt versus the right decision made; and
- Values.

Counselling played a supportive role in creating a platform for making the decision to terminate a pregnancy. This was found to be true where women were not able to tell significant others of their pregnancy and the decision to terminate their pregnancy. Pre-abortion counselling provided a premise for women to be able to discuss their

circumstances and situations free of perceived reprisal for their decision. It provides them with a support network that was otherwise not present.

Counselling also assisted women in feeling less guilty regarding their decision as again, they could discuss their decision and the consequences without recrimination and fear of being judged and stereotyped. The values of women in terms of the turmoil of considering the reasons for deciding to terminate a pregnancy were not seen to be selfish and immoral as they were defying their moral and religious values.

Counselling also supported woman in terms of extended support to the father of the foetus where he did not support the decision to terminate the pregnancy and wanted children.

It was found that both pre- and post-abortion counselling services were of great importance although for two different reasons. Pre-abortion counselling provided the platform for discussion and fact finding whereas post-abortion provided a confirmation of whether the right decision was made, whether they are physically unharmed and that the procedure was successful.

#### **5.5.7. IDEAL FAMILY SIZE / CURRENT FAMILY CONSIDERATIONS**

Ideal family size was found to be a social reason for deciding to terminate a pregnancy. In terms of women citing this to be a primary reason, it was found to be out of consideration for the current family unit and not due to financial concerns. Where respondents felt that they were too old, a primary reason for deciding to terminate the pregnancy was to stop childbearing as the ideal family size of two live children was already reached.

Where respondents indicated that they were too young, the ideal family size was indicated to be two children, but the primary reason was to postpone childbearing. The sets of reasons that were primary, was more important than having a child at the current point in their life. Financial concerns were an important consideration as part of postponing childbearing in terms of the linkages between age, employment status and financial concerns. Because of the future ideal family size that was indicated to be two children, this did impact the feelings of guilt versus the right decision.

## **5.5.8. WOMEN'S REPRODUCTIVE HEALTH**

### **5.5.8.1. CONTRACEPTIVE USE**

Although contraceptive use does not impact on making the decision to terminate a pregnancy, it is the proximate determinant to whether a woman will fall pregnant or not. The importance of this is that the decision to terminate a pregnancy would not have had to been made if women used contraceptive methods and used them correctly. Conception of an unwanted pregnancy can be seen in terms of the non-use and failure of contraception or the incorrect use thereof.

The following reasons for conception were identified:

- Failure of contraceptive methods used;
- Non-use of contraceptives;
- Access to contraceptive services;
- Lack of knowledge regarding contraceptive methods; and
- Ignorance regarding consequences of non-use of contraception.

The most common cited contraceptive methods used was the condom, the pill, the injection and more traditional methods such as the rhythm technique. Failure of contraception was the most frequently mentioned reason for falling pregnant with condoms that broke, the pill being ineffective and miscalculating their monthly cycle in terms of the rhythm technique.

Findings were that the actual failure of contraception as the reason for conception was limited. Where respondents initially indicated this to be the determinant of falling pregnant, it was found that lack of knowledge regarding the correct usage of contraception methods was the actual reason cause. It was found that the "it won't happen to me" syndrome was very prominent.

Ignorance regarding the consequences of incorrect use and non-use was also prominent when taking the lack of knowledge into consideration. Again, the "it won't happen to me" factor was obvious especially when taking the response of the respondents when finding out that they were pregnant into account. The response was overwhelmingly that this was an unwanted pregnancy.

### **5.5.8.2. SEXUAL BEHAVIOUR**

Sexual lifestyle can be classified as follows:

- Treatment for sexually transmitted diseases;
- Number of previous sexual partners;
- Current live children; and
- Previous abortions.

The sexual behaviour of the respondents was important as no respondent indicated that they had ever been treated for a sexually transmitted disease. This was significant where HIV/AIDS could have been a primary reason for deciding to terminate a pregnancy.

This could link directly with the number of sexual partners of the respondents as a secondary reason. The demographical data collected indicates that for many of the women, the father of the foetus was the first sexual partner.

No previous abortions were indicated so there was not a relationship established in terms of using a termination of pregnancy as a family planning method.

A relationship between personal circumstances and current live children was present in terms of taking the current live children into account by evaluating the impact of carrying the pregnancy to term, on the current live children. This was found to be a primary consideration in making the decision to terminate the pregnancy.

### **5.5.8.3. GESTATION PERIOD**

The gestation period was found to be a primary reason for deciding to terminate a pregnancy only in so far the time period of obtaining a termination is within the legislative framework. Respondents whose gestation period was close to or reaching twelve weeks had to act and make a decision to either terminate their pregnancy or not.

## **5.6. GENERAL PERCEPTIONS AND RECOMMENDATIONS**

It is clear from the research findings that we cannot group or investigate reasons that women have for deciding to terminate a pregnancy in isolation to each other. A definite relationship exists between reasons which form a set of reasons and then between the sets of reasons as well.

By just viewing these reasons in isolation and only in terms of statistics, we do a disservice to women as we do not allow them to narrate their personal stories in making their decision. By viewing women in terms of just statistics, we also deny them identity which is a principle of feminism and women's rights.

The value of statistics lie in presenting the most common cited reasons and the number of terminations performed for certain nations, countries or continents. When taking these statistics into consideration, it provides an invaluable profiling framework from which to work as well as assessing the status of abortions in terms of increases and decreases in the number of abortions performed or even the projected number of abortions when continuing along certain developmental paths.

It is however crucial that we allow women to voice their reasons and to then investigate the linked relationships between reasons and sets of reasons. If we do not investigate these relationships between reasons we cannot accurately present profiles and target demographic characteristics or profiles in terms of supportive action, policies and corrective action. The relationship between these reasons and the sets of reasons provide a framework from which policy makers can identify neglected areas such as access to contraception and education regarding the correct usage of contraceptive methods.

Also, we would not be able to target specific demographic characteristics and determinants to try to prevent the termination of a pregnancy. Although making the decision to terminate a pregnancy is a fundamental human right and reproductive right of women to make the choice, it is clear from the research that this is not a decision without emotional and even physical consequences.

The respondents indicated that "what would have been" if their personal situations and circumstances were different. This leaves women with an emotional feeling of guilt even though the decision that they made was seen as correct and the only choice at the time of making it. Safe and accessible abortion services and the right to choose is the right of every woman but is a decision that is not without incredible insight and surety especially when moral and religious values are present.

When placing the choice of terminating a pregnancy into the international context according to the ICPD and women's rights conventions, the right to choose and to decide to terminate a pregnancy is a right that must be available to all women. Alongside the right to choose, it must be supported by access to safe abortion services. Women viewed their termination more in terms of the service provided than the actual right to do so but by



making the decision and following through with the decision, they exercised their right to choose in terms of what “is better for me” at that specific point in their lives.

The research proves that the decision is not an easy one and that the decision process requires the placing of reasons in terms of importance that will impact on the current position of the women. Although all the respondents felt the decision was the correct decision at the time of making the decision, and following through with the decision, the feeling of guilt are evident. Also, it is evident that the respondents question their decision after-the-fact because of feeling of guilt or remorse. Abortion should not be placed within the terms of contraception and every effort should be made to decrease the prevalence of abortion.

Based on this and the previously discussed findings, the following recommendations can be made:

1. Every effort must be made to make family planning accessible to all women in terms of accessibility to various contraceptive methods. The education of women regarding the failure rate of contraception and the correct usage thereof is crucial to address the level of ignorance and lack of knowledge regarding this.
2. Combined contraceptive methods should be promoted to counteract the failure rate of chosen contraceptive methods. Alternate forms of contraception should also be promoted such as the IUD and female condom. This would only be possible once the level of knowledge regarding contraception has been addressed for women to take ownership of using contraception and using it correctly.
3. Due to the fact that being too young, current employment status and financial concerns were the most frequent set of reasons stated, policy makers need to target young adults that are currently still studying at a tertiary institution. An education campaign regarding contraception needs to be highlighted as well as that “it could happen to you”.
4. Improved counselling services need to be provided nationally as the study proves that effective counselling is crucial to assist the woman in her decision but more importantly to deal with her decision to terminate her pregnancy. This means that skilled counsellors need to be employed at all institutions that provide abortion services. Alternatives to terminating a pregnancy should also be presented and assistance provided to women to investigate alternatives such as adoption.

5. National social services need to be revisited in terms of adoption services. Currently the number of children in orphanages far outweighs the requests for adoption. The fact that funding to institutions is largely based on public support also creates a perception that these institutions are less than adequate. Requirements for people wanting to adopt must also be revisited to make this a viable alternative for women that are facing an unwanted pregnancy.
6. Post-abortion counselling needs to be implemented at abortion service institutions which is currently not the case at the governmental and certain private clinics. The value of this lies in assisting women to deal with their decision and to provide a portal for communication.

Many women do not have a support network and this provides the support that they require. Post-abortion counselling does not just end at the woman self, but encompasses assistance to the partner as well.

It helps women to also deal with the impact of the abortion on themselves, their partner and the relationship. It also ensures “peace-of-mind” that physically everything is fine.

7. Although medical staff cannot be forced to partake in abortion services due to their own opposing values, medical staff involved in the needs provision of abortion services, should be orientated and educated to provide the support required by women that terminate their pregnancy and receive the necessary guidance or training that would better enable them to render abortion services without creating personal value conflict. The findings clearly prove that the support provided and the perceptions of medical staff weigh heavily on women dealing with their decision.

#### **5.6.1. RECOMMENDATION FOR FURTHER STUDIES**

The subject of abortion is very wide and can be viewed from so many different fields that the possibilities are endless for further investigation. Abortion can be viewed from demographical, sociological, physiological, anthropological and medical fields, just to name a few.

The theme of abortion also encompasses many facets that need to be taken into account. The aim of this research project was to identify the reasons that women have for terminating their pregnancy. Because the research was exploratory in nature and wanted to allow for women to narrate their own stories, certain elements that could add immense

value to understanding the process of deciding to terminate a pregnancy was not included as these reasons were not narrated. Other reasons were identified but a stronger focus could be given to investigate their individual impact.

The following are recommendations for further research:

1. The impact of HIV/AIDS on the decision to terminate a pregnancy.
2. The impact of rape on the decision to terminate a pregnancy.
3. The impact of abusive relationships on the decision to terminate a pregnancy.
4. The impact of the father's position in terms of influencing the decision to terminate a pregnancy.
5. Follow up studies with women that have terminated their pregnancy to establish whether the woman and the father of the aborted foetus are still involved in a relationship.
6. Follow up studies with women that have terminated their pregnancy to establish whether they still regard their decision as the correct decision at the time of terminating their pregnancy.
7. Follow up studies with women that have terminated their pregnancy to establish whether they have closure and acceptance of making the decision to terminate their pregnancy.