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Abortion: Some insights into power and patriarchy[1]

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Introduction

As in the rest of the world, abortion in South Africa, is a pressing social problem.[2] It is also an issue about which we know and understand very little, in part because the question of abortion has received limited attention in both the popular and academic literature in this country.[3]

The issue of abortion in South Africa has generally been kept silent. Two reasons can be cited for this. Firstly, the availability and accessibility of abortion have been determined by the medical profession and the State, both historically dominated by white men.[4] Secondly, political and women's organisations in South Africa have been both divided and silent on the issue. Reproductive politics has assumed little political profile. Abortion, and indeed "fighting for a woman's right to choose, was not like being part of any other political cause, [because] the issue is not 'malestream' politics".[5] The fight against apartheid has assumed a far greater significance than reproductive politics.[6]

While the issue of reproductive politics has been missing from the agenda of mainstream political organisations, it has not assumed any particular significance within women's organisations either.[7] Abortion has been a source of immense division and controversy. For many women abortion and associated ethical considerations are by no means straightforward. Questions of marriage, motherhood and morality all deeply affect women's attitudes towards abortion. While some women's organisations may be taking steps to confront the controversy, abortion has largely been a private dilemma and not a public or policy question.

The problem of abortion in South Africa has been also been compounded by the dearth of local research on the issue. Researchers and organisations alike are generally dependent on international literature. Some current research aims to fill the statistical gap about the prevalence of backstreet abortions.[8] However, the issues and questions associated with abortion are often a source of anxiety and uncertainty for many women. Abortion is for many women a complex issue to which they respond in complicated ways. Investigating such complexities thus becomes an exploration of more general aspects of their consciousness as women, their moral values and their priorities as mothers. While survey research which documents important statistics about abortion is useful, it is unable to capture the complexities of the issue. Research into meanings which women attach to abortion are less often pursued. This paper is an attempt to grapple with these qualitative issues. The issue of abortion thus provides a window into the complex concerns of power, patriarchy and the construction of gender identity.

This paper describes a study conducted amongst a group of African Primary Health Care Nurses (PHCNs), practising in Soweto clinics.[9] The choice of this group of women was not made at random. Firstly, of all health workers, PHCNs presently have the closest contact with patients, their families and members of the community more broadly. As a result they confront key social problems such as abortion on a daily basis. Secondly, their views and understandings have been, and will continue to be, enormously influential in shaping the ways in which abortion as a social problem is managed. It is widely anticipated that PHCNs will perform an increasingly important role in the provision of health care in a restructured health care service in South Africa, where the emphasis will undoubtedly be on the use of community-based clinics.

The central finding of the study was that the overwhelming majority of PHCNs expressed a strong opposition to abortion. This opposition took the form of angry, hostile and judgemental responses which the nurses directed at women who face the predicament of an unwanted pregnancy. This paper argues that the key to explaining their anger and hostility lay in unpacking and exploring their identities as African women, mothers and nurses. This paper thus seeks to explore the subjectively constructed meanings which the PHCNs accord to their experiences as nursing professionals, mothers and wives.[10] Exploring their subjectivity does not discount or minimize the idea that subjectivity has a material existence. For subjectivity is "both experientially powerful but historically and culturally circumscribed".[11] Subjectivity "is formed within a nexus of structures, experiences, relationships and events".[12]

This paper argues that for the PHCNs interviewed, motherhood is the essence of womanhood, so that an abortion symbolises a denial of women's true calling. For these PHCNs, it seems that when a woman has an abortion, she is ending more than her pregnancy. In terminating her opportunity to be a mother she is terminating her womanhood. To the PHCNs, they have rejected who and what they are as women. They are denying and extinguishing their own strength, and indeed what lies at the heart of their identity as women. In these terms, abortion epitomises a reckless and reprehensible woman, whose pregnancy is a symbol of her lack of control, irresponsibility and self negation.

The discourse of the PHCNs is riddled with contradictions, which illuminate some of the ways in which African women, in this case PHCNs, respond to the patriarchal power of African men. For the PHCNs men are childlike in their irresponsibility, yet certainly not in their power to command obedience from women. Men - for all their foibles and patent weaknesses - remain head of the household; women for all their demonstrable strength in reproducing their families, must remain weak in submitting to the authority of men, particularly over women's fertility. This paper highlights the contradictory responses of the PHCNs to patriarchal control. It attempts to account for these contradictions by using Posel's analytical framework which seeks to theorise women's mixed responses to patriarchy, which allows for a more nuanced and focused enquiry into urban African gender relations.

This approach challenges Bradford's contention that "that abortion fundamentally challenges patriarchal controls over female fertility and sexuality".[13] Bradford presents a powerful argument based on historical research in which she "explores the terrain of abortion techniques in South Africa".[14] In documenting the existence of various techniques she demonstrates that "abortion has been a South African way of life for a large part of the last 150 years". Bradford argues that "at all times, in all places, females have tried to regulate their fertility. And they have resorted above all to abortion".[15] While abortion may be seen as one crucial way through which women are able to claim a degree of control over their fertility, I would suggest that Bradford overstates the case. Her argument does not take into account the ambivalence, and indeed hostility, many African women display towards abortion. Bradford's careful examination of the politics of abortion in which poor African women bear the brunt of male oppression and domination, underestimates the strength and persistence of patriarchal control. To suggest that abortion, which may be performed without men's knowledge, fundamentally challenges patriarchal control, underestimates men's authority over women. This paper argues that the situation is more complex. It suggests that the surreptitious techniques which women use to advance their control over their fertility can rather be seen as a symptom of the extent to which patriarchal values and hierarchies remain in place. The discussion which follows indicates that women's responses to abortion and patriarchal control more generally, are complex and contradictory and need to be understood from the point of view of the women themselves.

False Start: Mistaken assumptions about PHCNs

In the initial stages of this study it was anticipated that a number of factors were likely to shape the PHCNs understandings of and responses to abortion. The issue of abortion highlights a serious tension within nurses' socialisation. On the one hand, nurses are compelled to adhere to the legislation which outlaws abortion, except under certain circumstances.[16] On the other hand nurses are socialised as care-givers. As such they are expected to empathise with and understand the very difficult and often traumatic experiences women have when faced with the predicament of an unwanted pregnancy. While this gives rise to a seemingly irresolvable contradiction, it gives rise to the expectation that the PHCNs may have difficulty in reconciling their understanding of the needs of women in the community with their professional roles.

This expectation of role conflict is highlighted in the literature. Previous studies have stressed the growing social consciousness of nurses. Cheater provides evidence that nurses use their professional associations "as potentially useful weapons in fighting for improvements in the living conditions of Africans in South Africa".[17] Similarly, Kuper documents a "growing consciousness among African nurses, operating at two levels. First, the emancipation of African women and second, the emancipation of the African people".[18] Marks' works also suggests that the Nursing Amendment Act of 1957[19] radicalised black nurses: "Despite threats of dismissal and victimisation, large numbers of black nurses demonstrated against the legislation and joined the ANC Women's League".[20]

It was expected that this role conflict may be heightened by the high status held by African nurses in their community. Cheater argued that African nurses were members of the elite in their communities, as evidenced by their friendships, lifestyles and membership of professional and voluntary organisations. [21] Kuper also indicates that African nurses "see themselves as educated, civilised, Christian and sophisticated".[22] It was thus anticipated that their high status, and middle class position, as well as their professional power, would shape the way in which they perceive their role in the community. Their prominence, as identified in the literature, gave rise to the initial hypothesis that they may have been expected to play an active role on behalf of women in the community who were rendered powerless by the medical profession. It was anticipated that PHCNs in particular, given their specific training, would use their status to come to the assistance of women in the community.

It was expected that the question of role conflict and the dilemmas of choice that it involves, would be particularly acute for the PHCNs as they are accorded a great deal of clinical responsibility. While all nurses are trained to care for and empathise with their patients, this is particularly true for PHCNs whose nursing role is extended. In the Soweto clinics PHCNs carry 80% of the patient load.[23] The PHCNs therefore have direct, regular and intense contact with the community. Within the Primary Health Care (PHC) approach it is stressed that PHCNs are expected to understand and empathise with the social problems faced by their patients.

It was further anticipated that Christianity could prove to be a significant source of inner conflict around abortion for the PHCNs. Christianity permeates the lives of many African women.[24] Brandel-Syrier, writing in 1962, found that, for many African women, Christianity "meant a civilised existence, it points to the route of escape from tribal servitude, it gives a new sense of security in life and a safe place to rest in death".[25] The influence of Christianity in the nursing profession generally, is referred to by Marks when she documents the significance of religion in the formation and development of the profession.[26] Christianity, however, has a particular relevance for African nurses: Cheater claims that nearly all African registered nurses in her survey, demonstrated an allegiance to a church.[27] In line with this literature it was expected that questions of morality and religion would provide both reasons and explanations for the PHCNs responses to abortion.

The findings of this research, however, contradict many of these initial expectations in revealing and important ways.

Abortion dammed - nurses reject the right to choose

The large majority (70%) of Primary Health Care Nurses (PHCNs) interviewed rejected abortion. 19 out of 27 PHCNs interviewed expressed an overwhelmingly and unambiguously negative response to the issue of abortion as well as a deep anger and hostility towards all women who have abortions or who face unplanned pregnancies. Experience of role conflict was singularly absent: instead, their attitudes towards abortion were cast in harsh,

antagonistic and judgemental terms. 5 PHCNs (17%) felt that the abortion should be available on demand and the remaining three (13%) felt undecided and ambivalent about abortion. While these minority responses are important, for the purposes of this paper I shall focus on the negative responses.

Those PHCNs opposed to abortion expressed the view that it was unacceptable and unjustifiable under any circumstances. Significantly, their anger was directed towards the women who have unwanted pregnancies and who want abortions rather than towards the men who place women in this predicament.

The PHCNs consistently viewed women as murderers, as evil, and as immoral.

> Women who are having abortions are like killers. You are a killer. You are killing the child.[28]
>
> Abortion is about killing people. They are being killed by their own kind. How can this woman kill her child?.[29]
>
> Women won't care if they are allowed to have abortions, they will just do it all the time.[30]

The PHCNs also accused these women of being irresponsible, careless, unthinking and even promiscuous. They felt that women had no excuse for not using contraception.

> These days there is no space for unwanted pregnancies. Women can prevent [them] through family planning. There is no need for abortion. Abortion is expensive. It costs too much to do the abortions.[31]
>
> Some women just come in and cry and tell you their story, but there's no reason to have an abortion. Family planning must be upheld.[32]
>
> I do know the problems of women, but the women you know, they must be responsible. There's no need to help them with abortion when they can use family planning.[33]

It seems that regardless of the circumstances of the pregnancy, the PHCNs believed no excuse would justify an abortion. Unplanned pregnancies and abortion were thus seen to be the result of women's extreme irresponsibility. Indeed, the PHCNs have very exacting standards of women's responsibility: "women must know where they stand, what they are supposed to do and how".[34]

The PHCNs also said they did not identify with their patients' problems as women: being a woman is not a basis for empathy, support or solace.

> A woman who wants an abortion would come here and expect to be helped because I am a woman as well, but they are wrong. They are disappointed that I don't help them. What they are doing is wrong. It is like murder.[35]

> If anybody applies pressure to me I tell them that a health centre was never meant to do anything like this. I say to them, if you don't want babies then you must use contraception. I say wait until you have delivered this one, then go for family planning.[36]

> My work as a woman is to help the woman who wants to have the child, not the woman who wants to have an abortion.[37]

In their discourse a 'culture of responsibility' emerges prominently and their notions of responsibility appear to be inextricably tied to the expectations they have of women as mothers.

The PHCNs also expressed a deep mistrust of women who come into the clinics saying that they had fallen pregnant even though they were using contraception. While their comments could be described as less judgemental than those about the women "who sleep with men and then afterwards think about contraception", none of them saw abortion as an answer to these women's problems.[38] Furthermore, they said that the onus is on the women to prove to the PHCNs that they were using contraception. They claim that women are so desperate that they will lie.

> These women who want abortions are not telling you the truth. They just say they were using contraception to get you on their side.[39]

The PHCNs are painting a picture of these women as devious, deceitful, uncaring and above all irresponsible.

As stated previously, it was anticipated that religion would be a key factor influencing the responses of PHCNs towards abortion. However, of the 19 PHCNs who rejected abortion, only 2 expressly cited religious beliefs as the central reason for their opposition to abortion.

> I would not support any change in the abortion legislation. I think the law should stay the same. Because I think abortion is murder and the Bible tells us not to murder. God doesn't want us to kill anybody. This is my view.[40]

> I am a Christian, I live a Christian life. I am born again. I live for Christ. So to me

> abortion, I don't think any government or anybody has got the right to say that people should abort. Your see, the Bible says it is wrong. To me it means that you are authorising people to murder children. To me it means that in all these abortions the parents are killing their children. So I say No to abortion!.[41]

While 14 PHCNs interviewed stated that they attended church regularly[42], they claimed that their participation in the church did not account for their attitudes towards abortion. On the basis of this it seems, that 'institutionalised religion' plays a very limited role in shaping the PHCNs responses towards abortion. However, it is important to note that while the influence of religion may not be explicitly acknowledged by the PHCNs, religion may remain part of the 'inherent ideas'[43] of this group of women and consequently cannot be dismissed as having no relevance to their understanding of abortion.

Surprisingly, morality for the PHCNs seems not to stem explicitly from Christianity. Rather, it seems to derive from an alternative but equally compelling source, associated with their expectations and understandings of motherhood and womanhood.

The majority of PHCNs interviewed also argued that abortion can and does affect all women. They claimed that the wealth, status and class position of the women did not affect the likelihood of their experiencing unwanted and unplanned pregnancies. Very few of the PHCNs saw abortion and women who have unwanted pregnancies in terms of the socio-economic status of that woman. In other words, their attitudes towards women wanting abortions was not significantly shaped by issues of the woman's class position. Their anger appeared to be directed towards all women irrespective of their class position or social standing.

It is interesting to note that amongst those PHCNs who rejected abortion, very few drew a distinction between different kinds of abortion, such as therapeutic or legal abortions and illegal abortions. 18 of these PHCNs indicated that all abortion is illegal regardless of the circumstances in which it is obtained. Only 1 PHCN in the total sample indicated that there were differences between therapeutic and illegal abortions.

> Legal abortion, but not illegal abortions are acceptable.[44]

However, in discussion regarding the present abortion legislation it was said;

> If medical teams were doing abortion it would be an abuse of the medical team. They would be doing abortions that shouldn't even be there at all. They could be attending to other things.[45]

This indicates to some extent, that even in circumstances where women have been granted therapeutic abortions, abortion is still rejected and seen as inappropriate.[46]

The understandings and responses of the PHCNS were gauged on two levels. Firstly, through

intensive interviews and secondly, their attitudes were explored through the manner in which they behaved and interacted with their patients. Observing consultations between PHCNs and patients, in particular women who arrived at the clinics with unwanted pregnancies, revealed the practical expression and manifestation of their anger and hostility.[47]

While very few of the PHCNs working in the SCHCs received requests for abortions,[48] they did, however, confirm a number of pregnancies throughout the time the research was conducted. In all these cases the pregnancies were unplanned and unwanted. Their behaviour to these patients reflected their attitudes towards women in these situations, and towards abortion more broadly. It is interesting to note that the antagonism expressed by the majority of PHCNs in their interactions with patients, was only visible in relation to the issue of abortion or unwanted pregnancies where they displayed cold and dismissive responses. Their manner changed quite significantly when dealing with other patient problems.

In one instance a PHCN saw a mother and daughter who came into the consulting room together. The girl was 18 years old and in Std.9 at school. The mother was concerned that her daughter may be pregnant, which the PHCN confirmed. When the mother expressed her disappointment with, and worry about, the pregnancy, the PHCN did not respond to the concern about the pregnancy and the consultation ended. When asked (by the mother) what she thought the young girl should do about her pregnancy, she said that it was not her concern, and that she could not help her anyway. She later expressed the view that "women come here expecting to be helped [in these situations]. They are disappointed that I don't help them".[49] This PHCN demonstrated no empathy for her patient and the situation in which she found herself. Discussion regarding possible solutions to the problem or ways of coping with the situation were simply not an option for this PHCN.

In another case a PHCN confirmed the pregnancy of a 22 year old woman who expressly stated when she walked into the consulting room that she did not want another baby. She went so far as to say that she "would just kill herself if she was pregnant". The PHCN did not respond to this, but rather seemed to be lighthearted about the issue, dismissing the worries and concerns of the patient. Throughout the consultation, the PHCN displayed feelings of mistrust towards the patient, who told her that she had been using contraception. The PHCN indicated that 'all women say this to get you on her side'. In discussion regarding the issue of abortion this PHCN made it clear that she did not support it, and did not feel that the legislation should be liberalised. She said "the abortion law should stay the same. If it is changed there will be more abortions".[50]

In sum then, the central issue to emerge from this research is that when PHCNs are confronted in practice with the question of abortion and unplanned and unwanted pregnancies they tend overwhelmingly to retreat into cold indifference. They withdraw from their patients and do not act to help or empathise with their patients in any way. Moreover their responses to the issue of abortion are singularly definitive and different. These findings are particularly surprising given the training and care-giving role of the PHCNs. Indeed, the

predominant role of nurse is still seen as that of the care-giver. Charlotte Searle states, "the primacy of the caring role in nursing, whether at a primary or more complicated and sophisticated level, is the core of nursing practice".[51] Moreover, such opinions do not reflect insight into the social problem of abortion which is required of nurses practising within a PHC approach.[52]

These findings are even more unexpected when examined in relation to the PHCNs understanding of themselves as nurses.

Nursing as mothering

The PHCNs' identity as nurses is characterised, most overtly, by the relationship between their membership of the profession and their experiences of mothering and motherhood. Their identity is dominated by the mothering role they ascribe to the profession. Being a nurse was tantamount to being a mother. Moreover, this relationship was seen as an uncomplicated and natural one, seemingly beyond question.

> Nursing starts at home, it is second nature, like maternity is. It relates very much to my role as a mother at home.[53]
>
> Women were born to be nurses, to look after sick people. If the person is sick the woman is already there to help them at home.[54]
>
> Nursing is an inborn thing for women. We are able to care in a similar way to that of a mother. I relate to my patients in the same way as I relate to my children.[55]
>
> Being a nurse means being a mother to somebody.[56]
>
> Only woman are nurses because they are caring, mothering and kind.[57]
>
> Nurses are motherly, and as a mother I can be a nurse. They way you handle your children adds when you come to a patient.[58]

The notion that nursing primarily means being a mother is reinforced by the assertion, made by many PHCNS, that men would not make good nurses.

> Women would make the best nurses considering how impatient men are. They are impatient. Men would have to be like women to be good nurses.[59]
>
> Women are more understanding than men. Men are too aggressive to be nurses. For a woman to bond with a patient, they just have to think of the labour pains they go through.[60]

In their discourse, motherhood entails a series of obligations and responsibilities towards children who are unable to care for themselves. The PHCNs 'mother' their patients in claiming the authority and wisdom to judge and discipline their behaviour. Paradoxically, the source of these judgements is the expectations which the PHCNs have of their patients as mothers. These are the same notions of responsibility which the PHCNs claim for themselves as nurses and mothers. Thus while PHCNs see their patients as irresponsible children, they also paradoxically see them as women and mothers. In other words, the PHCNs identity of themselves as mothers shapes their expectations of their patients as women and mothers. They therefore expect their patients to behave as responsible mothers. If the PHCNs saw them only as irresponsible children, perhaps they would forgive them their lapses in behaviour. Instead they expressed deep anger and hostility towards their patients as women and as mothers. On the one hand, mothering involves empathy and care, and on the other, however, it entails discipline and control. When it comes to 'mothering' women with unwanted pregnancies, it seems that it is the latter which emerges more strongly. For some PHCNs, the role of mother is thus an authoritative one. In their discourse then, mothering explains rather than detracts from their dismissal of women confronting the problem of an unwanted pregnancy.

The meanings which the PHCNs ascribe to being a nurse and a mother are also established in relation to meanings of womanhood more generally. In the language of PHCNs, the terms 'women' and 'motherhood' are almost synonymous. The way in which they represent womanhood revolves primarily around women's experiences of mothering, and their roles and responsibilities as mothers. Women are seen as naturally nurturing and responsible because of their ability "to bring children into the world".[61] For the PHCNS the relationship between being a woman and being a mother is automatic and unquestionable - their identity as women starts with and is based on the decision to have children and the experience of childbirth. To be a woman then is to bear children.

> A woman is a mother.[62]
>
> A woman's role is to mother. She has to remain in the home and look after the children and the house.[63]
>
> Women have that feeling, you are naturally given that feeling to be sympathetic and to know because of that nurturing ability where you bring children into the world.[64]
>
> A woman is a mother, we were born like that.[65]

In their discourse then, women who do not want children are denying their role as mothers, and rejecting their identity as women.

If burdensome however, the role of mother for the PHCNs is also enormously powerful. Their fertility accords them powers as mothers: they exercise considerable control over their

children and further, they command tremendous power within their homes.

These women, however, are not just mothers, but they are wives as well. If their fertility accords them strength as mothers, it is also the source of their weakness as wives.

Nurses as wives.

The PHCNs' identity of themselves as wives is constructed in relation to their experiences and relationships with their men. Furthermore, the PHCNs' representation of themselves as wives reflects a struggle between themselves and their men over control of their own fertility, struggles in which men are destined to have the final say. This struggle for control over fertility gives substance and meaning to their identity as wives.

The issues which highlight these struggles most clearly are the pressures which men place on women to have children, struggles around contraception and conflicts which emerge over the question of abortion.

The PHCNs say men use children to abuse women. Men, they say, think it is their right to demand children from women. Women, according to the PHCNs interviewed, are forced to prove their fertility to men.

> The black man is the man who thinks he must have many children.[66]
>
> Many men say I'll marry you, but I want a kid first.[67]
>
> A woman has to have children to please men.[68]
>
> Men give me children to punish me.[69]

Men hold women to ransom by demanding that they have children before they will pursue a relationship with them.

> Men think that having a baby is sort of punishing a woman. It looks like they enjoy seeing her bring up a baby. Men use it to control their women so they know where they are.[70]

According to the PHCNs, women's choices and decisions regarding their own fertility, are manipulated by men, through the demand that women must have children. Thus the PHCNs believe men are winning the battle to control women's fertility.

Men's needs or perceived right to control their women at this level is also reflected, according to some PHCNs, in their attitudes towards contraception.

> Some men don't like contraception because when you talk to them about it they talk as if the woman they are having is going to be exposed to all males. They see it as a threat for not keeping to him, because then she won't have a baby.[71]
>
> The husbands don't want their wives to use it, because they want more kids. So then the women don't tell their men, they just come to the clinic.[72]
>
> Sometimes in school where men discover the girls are using contraception they just walk into the classroom and slap them.[73]

Men's refusal to use contraception is seen by the PHCNs as a way of avoiding women's control. They use it as a mechanism to boost their authority over women and further to assert dominance over women's fertility. Yet, surprisingly, the PHCNs don't regard men as the root of the problem.

Accepting that men, for whatever reason, will refuse to use contraception, the PHCNs deem it the women's responsibility to ensure effective contraception. The PHCNs do not expect men to change their attitudes towards contraception nor do they see themselves as in a position to challenge it. This is because the implications of such a challenge are great: challenging a man's attitude towards contraception would constitute a broader challenge to his authority.

> Women are submissive to the husband, so the woman cannot tell the husband what to do. So the man is the head of the household, he has the final decision. It is very rare for a woman to tell the man, go and wear a condom.[74]
>
> Husbands view contraception as means of control. No husband would stop that.[75]
>
> The husband is controlling his wife, so she cannot tell him what she wants.[76]

Controlling and manipulating women's fertility, for their own purposes and desires, lies at the heart of men's authority over women. Indeed, it is the most fundamental exercise of power which men assert over women. Their fertility empowers women as mothers, but disempowers them as wives. While it can be seen that motherhood accords PHCNs their identity and strength as women, in the context of their identity as wives, motherhood simultaneously allows men to control, dominate and disempower them, in ways that the PHCNs deem legitimate or inevitable.

In this discourse then, being a woman is fraught with contradictions and struggles for control and power. Their overlapping identities as mother and wives result in the contradictory experience of being both strong and weak, powerful and dominated.

Paradoxically, men are dismissed as being inherently irresponsible and unreliable. So the burden of holding the family together falls squarely on the mother.

> Men are not kind, they are not hard working. They are lazy, they are not kind and they have no tolerance.[77]
>
> Men neglect the home, they have outside affairs and they don't co-operate in the upbringing of their offspring.[78]
>
> I find my husband at the gate saying "The child is vomiting, where have you been"?.[79]

The PHCNs compare the care they give to their children to the care expected from them by their men. They see their men as needing constant nurturing and security, and as unable to provide it for themselves or anybody else.

> When you look after the children the men become so jealous so much that when you are having children, he decides to run away because you are no more giving that special love to him. Now he looks from somebody who is going to take care of him.[80]
>
> Our black men are very lazy; they are dependent on the woman and if they have got a wrong woman, who is very lazy, they are going to run away from her; they are looking for somebody who is going to look after them.[81]

No PHCN referred to her man as a father from whom they could expect respect and shared responsibilities. The PHCNs interviewed did not experience their men as fathers: in their eyes women are mothers and men are 'men' who provided no security and behaved in irresponsible ways.

Moreover, they see men's behaviour as unalterable. For them this means that women have no choice but to accept men as they are. It seems that they accept their husband's behaviour, and the behaviour of men in general, with an overwhelming sense of resignation and passivity.

> I'm hoping that God will get into my husband's heart and change him. He will be a changed man one day, but I believe God is going to do it.[82]
>
> The women just sit and pray and hope that one day things are going to be alright.[83]
>
> I am defeated by my husband. I have given up.[84]

In sum, it seems that the gender identity of the PHCNs is characterised by a complex web of meaning and interaction. The PHCNs identities as nurses, mothers and wives overlap and intersect in ways that are variously complex and contradictory. For most of the PHCNs,

motherhood is the essence of womanhood so that an abortion symbolises a denial of women's true calling. For these PHCNs, it seems that when a woman has an abortion, she is terminating more than her pregnancy. In terminating her opportunity to be a mother, she is terminating her womanhood. Women who have abortions, or who want to have abortions have, in the eyes of most PHCNs, rejected responsibility and ultimately motherhood. They have rejected who and what they are as women. They are denying and extinguishing their own strength, and indeed what lies at the core of their identity as women. It is in terms of this that abortion epitomises an irresponsible and reprehensible woman, whose pregnancy is a symbol of her lack of control, irresponsibility and self-negation. African women confronting the predicament of an unwanted pregnancy bear the brunt of the PHCNs' moral anger which has its roots in a deeply moral understanding of motherhood and responsibility. While nurses can be seen as the bearers of morality, it is their 'culture of responsibility' rather than their professional identity which accounts for their morality.

Men emerge blameless in this discourse on abortion. While men's control over women's fertility is seen as legitimate, men are in no way expected to assume responsibility for unplanned and unwanted pregnancies. Seemingly, to the PHCNs, men's child-like and dependent behaviour absolves them from taking any kind of responsibility for contraception.

This discourse is riddled with contradictions, which illuminate some of the ways in which African women, in this case PHCNs, respond to the patriarchal power of African men. The PHCNs represent motherhood in very powerful terms. As mothers, they are strong and responsible. They are the protectors of their families. They survive in the face of adversity. Mothers are the stalwarts of their families and in some instances, their communities. Yet, men are perceived as manipulating women's fertility in order to assert their own strength and dominance. It was earlier stated that men 'use children to abuse women' and that they 'punish women by giving them children'. It is contradictory that what women see as their power is what simultaneously allows them to be disempowered by men. Their strength as mothers is therefore tempered, bound and mediated by their men. It is highly paradoxical that men who are child-like in their irresponsibility, are able to command obedience from women: men who exercise such fundamental control over women simultaneously demand nurturing and motherly care.

Aspects of this research reveal the contradictory behaviour of "women who appear to act independently in some respects, and yet submissively in others".[85] The PHCNs are women who both comply and resist men's powers. Posel's attempt to theorise women's mixed response to patriarchy has particular resonance in the context of this research where women are caught in a web of contradictory relationships with their men.

The key problem she tackles "is to make sense of women's simultaneous submission to patriarchal norms in some respects and rejection of these norms in other respects".[86] Posel argues that an understanding of patriarchal relationships requires an understanding of "different types of power and how these differences shape relations between men and women".[87] Through distinguishing between the concepts of power and authority, where

relations of authority "tolerate a degree of resistance within strictly defined limits" she suggests that "patriarchal relationships can absorb the exercise of some degree of power by women if these leave men's authority intact".[88]

The PHCNs see themselves as attempting to strengthen their position in the home as mothers. Their responsibility in the home is extensive and their power as, very often, the sole providers in the home, greatly increases their degree of control over their lives and their families. Moreover, they use their men's child-like behaviour to their own advantage so to entrench further their power within the home. This gives them the opportunity to strengthen their position as mothers.

Despite their manoeuvring to increase their power, they remain subject to their men's authority as head of the household. They endure abusive relationships with their men. They acquiesce to their men's desires. They accede to male demands 'to have children just to please them'. They are forced to 'prove their fertility'. Above all, they accept their men's behaviour with an overwhelming sense of passivity and resignation.

It can in no way be said that these women are attempting to challenge male authority which would "involve a (partial or wholesale) rejection of patriarchal norms".[89] Rather, in accepting the man's authority, they seek only to extend control over their lives in areas which do not constitute a threat to their men's authority. The PHCNs have "thus succeeded in considerably expanding their degree of control over their own lives, albeit within the limits set by men's authority".[90] Men - for all their shortcomings and patent weaknesses - remain head of the household; women for all their demonstrable strength in reproducing their families, must remain weak in submitting to the authority of men, particularly over women's fertility.[91]

The use of contraception or abortion without men's knowledge may, as Bradford and Klugman[92] suggest, be one way in which women can claim a degree of control over their fertility. Interestingly, many of the PHCNs interviewed encourage their women patients to use contraceptives which do not require their partners knowledge or consent. Yet, when women do not 'prove their fertility', by 'giving men children', they are confronted with their men's anger and consequently rejected. While bargaining, manoeuvring and 'buying time' may extend women's powers, 'covert resistance' does not seem to pose a direct threat to men's authority. Nor can it be seen as a "fundamental challenge to patriarchal controls over female fertility and sexuality".[93] This is not to say that patriarchy is fixed forever; on the contrary, it can be restructured by women's struggles of this sort - but these restructurings do not herald the overthrow of patriarchy, nor do they represent a fundamental challenge or subversion.

Theorising women's mixed response to patriarchy, allows for a more nuanced enquiry into urban African gender relations. Such a framework is sensitive to the complexities of gender relations, and tentatively seeks to challenge orthodox feminist theory, which either fails to recognise women's rebelliousness, or accords recognition to women's struggle, but cannot

explain their submissiveness. The consciousness of the PHCNS, as revealed by their understandings and responses to abortion, is one such instance of the complexities of patriarchy.

Conclusion

On one level, this paper has attempted to respond to the need for sociological investigation into the issue of abortion. The findings of this research highlight the complexity of women's response, which remains undocumented in much of the literature on abortion in South Africa.

The abortion debate in South Africa is only just beginning. At the crux of the pro-abortion lobby's argument is the idea that "if women are to play a full part in society, then they must be able to choose when, and if, they want to have children".[94] The right of women to control their fertility lies at the heart of their argument. This assertion, however, is based on the assumption that women are both willing and empowered to challenge patriarchy. In particular, it fails to recognise the complexities of patriarchy, which the responses of the PHCNs clearly illustrate.

While this article has sought to explain the hostile and antagonistic responses of the PHCNs to abortion, this explanation too serves to reveal aspects of their complex and contradictory gender consciousness. While some studies have identified this contradiction, few have sought to theorise it.[95]

This paper has suggested that theorising women's mixed response to patriarchy allows for a more nuanced and focused enquiry into urban African gender relations. It suggests that control over reproductive rights and fertility can be seen as sites of control and contestation. Understanding the meanings which women attach to abortion through an exploration of their subjectivity, in part, reveals their consciousness as women. Perhaps this should be the starting point for advancing women's struggle for control over their bodies, their fertility and their lives.

NOTES

1. Thanks for comments on earlier drafts of this paper to Deborah Posel, Belinda Bozzoli and Glenn Adler.

2. At present abortion in South Africa is illegal except under certain conditions specified in The Abortion and Sterilisation Act of 1975: (1) continued pregnancy would endanger the life or constitute a serious threat to the mental or physical health of the woman; (2) there is a serious risk that the child will suffer from a serious physical or mental handicap; (3) the pregnancy has resulted from rape or incest; (4) the pregnancy is conceived by a woman who is mentally handicapped or unable to understand the full implications of parental responsibility. The channels through which abortions are legally obtained, and the grounds on which they are allowed, exclude the large majority of women. Only 800 - 1000 women are granted legal abortions each year. In 1992, 70% of legal abortions were carried out on White women and 10% on African women. *Epidemiological Comments*, 21, 6, (1994). Furthermore, "it is estimated that backstreet abortions are carried out every two minutes in South Africa". *The Star*, 25 July 1991. Maternal mortality rates are high; "at least 100 women die each year as a result of illegal abortions", and approximately 36 000 women annually are seen in hospitals suffering from the effects of incomplete and septic abortions. *Tribute*, May 1991.

3. Since the election of a democratic government in South Africa the abortion debate has opened up particularly with the possibility of new legislation coming before parliament. The adoption of a Bill of Rights in which 'the right to equality', 'the right to privacy', and 'the right to life' are all guaranteed raises important questions for the abortion debate in this country.

4. The Abortion and Sterilisation Act of 1975 was considered by an "exclusively white male committee" (Bradford, 1991, 17). In arguing that white men have historically steered the course of abortion legislation in the country, I am not suggesting that all white men, and doctors in particular, are opposed to abortion. In a study conducted by J Westmore, in which she documents the attitudes of medical practitioners in Natal towards changes in abortion legislation, the large majority of male doctors interviewed supported the legislation as they felt it adopted a more liberal stance on abortion than was previously the case. J Westmore, 'Abortion in South Africa and Attitudes of Natal Medical Practitioners towards South African Abortion Legislation', Centre for Applied Legal Studies (Durban, 1977), p 55. Neither am I arguing that all women favour abortion or that all women have an innate feminist consciousness. Rather, I am suggesting that women have certain interests, which are not always shared by men, and are thus better represented and articulated by themselves.

5. H. Bradford, 'Her body, her life': 150 years of abortion in South Africa', Paper presented to the conference on 'Women and Gender in Southern Africa'(Durban, 1991), p 21.

6. Bradford develops this argument in a recent article "You call that Democratic?' Struggles over abortion in South Africa since the 1960s. Paper presented to the History Workshop, Univeristy of the Witwatersrand, 13-15 July 1994.

7. The lack of attention paid to reproductive politics in this country can also be attributed to the absence of a strong feminist movement. Feminism has been treated with suspicion by men and women in South Africa. Certain reasons have been cited for this. In this regard, K Jayawardena makes a series of comments which are arguably applicable to the South African case. She suggests that feminism is seen "as a product of decadent Western capitalism, based in a foreign culture of no relevance to women in the Third World; that it is the ideology of women of the local bourgeoisie, and that it alienates or diverts women from their culture, religion and family responsibilities on the one hand and from the revolutionary struggles for national liberation and socialism on the other". K. Jayawardena, *Feminism and Nationalism in the Third World*, (Zed Books, London, 1986), p. 2.

8. At present an incidence study which aims to document the number of unsafe abortions in South Africa is under way. The study is being conducted at 60 hospitals/health centres nationally. The results are expected early in 1995.

9. Soweto is situated 15 kilometres to the South-West of Johannesburg and has a population of approximately 2.5 million people. Soweto consists of 29 townships and they cover approximately 8000 ha. The health needs of the township residents are serviced primarily by Baragwanath hospital. The Soweto Community Health Centres (SCHCs) are one of the services offered by the hospital. At present there are 12 SCHCs situated throughout Soweto and 1 at Orange Farm, a squatter camp situated next to Chiawelo Township. A combination of two qualitative research methods were used in this study, namely, participant observation and intensive interviewing. Both methods served as a basis for a case study. 27 intensive interviews were conducted with Primary Health Care Nurses in three different SCHCs. In addition, 8 follow up interviews were conducted. The research was conducted over a period of 6 months. See: E. Walker, 'The responses and understandings of a group of Primary Health Care Nurses, based in Soweto, to the issue of abortion, unpublished Masters thesis, (University of the Witwatersrand, Johannesburg, 1993).

10. Exploring the subjectivity of nursing professionals was also motivated by the fact that the literature on the profession in South Africa has focused primarily on the nurses' social position and their objective material circumstances.

11. M. Barrett, *The Politics of Truth. From Marx to Foucault*, (Polity Press, Oxford, 1991), p. 111.

12. B. Bozzoli, *Women of Phokeng: Consciousness, Life Strategy and Migrancy in South Africa 1900 - 1983*, (Raven Press, Johannesburg, 1991), p. 239.

13. Bradford, 'Her body, her life', p. 1.

14. Bradford, 'Her body, her life', p. 2.

15. Bradford, 'Her body, her life', p. 2.

16. Present South African Nursing Association (SANA) policy on abortion states "except where it is performed in terms of the Abortion and Sterilisation Act, 1975, abortion on request is totally unacceptable and contravenes the ethical code and pledge of the service of the nursing profession". SANA Position Paper, (Pretoria, 1987).

17. A. Cheater, 'A Marginal Elite? African registered Nurses in Durban, South Africa', *African Studies*, 33, 3, p. 146.

18. L. Kuper, *An African Bourgeoisie. Race, Class and Politics in South Africa*, (Yale University Press, Yale, 1965), p. 232.

19. The 1957 Nursing Amendment Act firmly entrenched apartheid in Nursing. Previously all legislation relating to nurses had made no distinction on racial lines. For example, in terms of the Act it became an offence to "cause or permit the control of and supervision over registered or enroled European nurses or midwives in hospitals and similar institutions by persons who are non-Europeans, because of the great embarrassment Europeans have experienced when they have to take instructions from non-European nurses". S. Marks, 'The Nursing Profession and the Making of Apartheid', Unpublished Mimeo, (London, 1991), p. 5.

20. Marks, 'The Nursing Profession', p. 9.

21. Cheater, 'A Marginal Elite', p. 146.

22. Kuper, 'An African Bourgeoisie', p. 227.

23. This figure was mentioned in an interview with a doctor responsible for PHCNs' training in the Soweto clinics.

24. J. Cock, 'Towards the Greening of the Church in South Africa: Some Problems and Possibilities', Group for Environmental Monitoring Discussion Document. (Johannesburg, 1991), p. 1.

25. M. Brandel-Syrier, *Black Women In Search of God.* (London, 1962), p. 149.

26. S. Marks, 'Race, Class and Gender in the South African Nursing Profession', Unpublished Mimeo, (London, 1987), p. 3.

27. Cheater, 'A Marginal Elite', p. 146.

28. Interview, 3 December 1991.

29. Interview, 20 April 1992.

30. Interview, 17 January 1992.

31. Interview, 20 January 1992.

32. Interview, 13 April 1992.

33. Interview, 13 March 1992.

34. Interview, 17 March 1992.

35. Interview, 6 February 1992.

36. Interview, 24 March 1992.

37. Interview, 14 April 1992.

38. Interview, 27 January 1992

39. Interview, 23 March 1992.

40. Interview, 24 March 1992

41. Interview, 25 March 1992.

42. Regular church attendance was defined as attending church at least twice a month.

43. For discussion on 'inherent' and 'derived ideas' see G. Rude, *Ideology and Popular Protest*, (Lawrence and Wishart, London, 1980).

44. Interview, 14 April 1992.

45. Interview, 13 April 1992.

46. In recent years the number of legal abortions has increased. In part this is due to many more medical practitioners attempting to exploit loopholes in the current legislation. By not distinguishing between legal and illegal termination PHCNs who may have access to pursuing legal abortions for women, would not do so.

47. Participant observation was conducted with the permission of clinic authorities, the patients and PHCNS. Participant observation most often took the form of sitting in on consultations between the PHCNs and patients.

48. 19 out of 27 PHCNs interviewed stated that they had never received direct requests for abortions. Some of the PHCNS said that this was because women knew that, abortion, in a lot of circumstances, was illegal and feared "getting into trouble with the law". (Interview, 25 November 1991). Others said that women felt too ashamed and embarrassed to ask for abortions because it was seen as immoral by the community. They said that women who have abortions are stigmatised by people in the community. One commented: "we have a reputation in the community, not to give abortions. We don't help them, so they don't come".

49. Interview, 21 February 1992.

50. Interview, 22 January 1992.

51. C. Searle, C. *Testimony of Fifty Years of Service: An Outline of the History of the South African Trained Nurses Association and of the South African Nursing Association*, (South African Nursing Association, Pretoria, 1987), p. 63.

52. For further discussion see: L. Walker, 'The Practice of Primary Health Care: A Case Study', *Social Science and Medicine,* Vol 40, No 6, 1995.

53. Interview, 20 January 1992.

54. Interview, 24 March 1992.

55. Interview, 23 January 1992.

56. Interview, 22 January 1994.

57. Interview, February 1992.

58. Interview, 5 March 1992.

59. Interview, 28 April 1992.

60. Interview, 20 January 1992.

61. Interview, 24 November 1991.

62. Interview, 25 November 1991.

63. Interview, 31 March 1992.

64. Interview, 28 April 1992.

65. Interview, 13 April 1992.

66. Interview, 8 May 1992.

67. Interview, 30 April 1992.

68. Interview, 30 April 1992.

69. Interview, 23 March 1992.

70. Interview, 24 November 1991.

71. Interview, 28 November 1991.

72. Interview, 21 January 1992.

73. Interview, 2 December 1991.

74. Interview, 23 March 1992.

75. Interview, 23 January 1992

76. Interview, 22 January 1992.

77. Interview, 9 December 1991

78. Interview, 5 May 1992.

79. Interview, 24 March 1992.

80. Interview, 31 March 1992

81. Interview, 5 May 1992

82. Interview, 19 March 1992.

83. Interview, 28 April 1992.

84. Interview, 6 February 1992.

85. D. Posel, 'Women's Powers, Men's Authority: Rethinking Patriarchy', paper presented to the conference on 'Women and Gender in Southern Africa', (Durban, 1991), p. 4.

86. Posel, 'Women's Powers, Men's Authority', p. 11.

87. Posel, 'Women's Powers, Men's Authority', p. 11.

88. Posel, 'Women's Powers, Men's Authority', p. 15.

89. Posel, 'Women;s Powers, Men's Authority", p. 15.

90. Posel, 'Women's Powers, Men's Authority', p. 17.

91. Bozzoli's concept of 'domestic struggle' sheds light on the household as a contested terrain in which patriarchy itself is a constantly changing set of practices and discourses, subject to 'challenges from below'. In terms of this the PHCNs show both counter discourses and patriarchal discourses. Women can thus be seen as constantly 'bargaining' to improve their position in the home. Their relationships with their men are characterised by mutual surveillance and contestation. Bozzoli moves beyond the resistance/submission argument in suggesting that women may also 'buy into their submission' in order to bolster their own position. Further research with the PHCNs may allow for a development of this argument. See: B. Bozzoli, 'Marxism, Feminism and South African Studies', *Journal of Southern African Studies*, 9, 2 (1983).

92. See: B. Klugman, 'Decision-making on Contraception amongst a sample of Urban African Working Women', Unpublished Masters thesis, (University of the Witwatersrand: Johannesburg, 1988)

93. Bradford, 'Her body, her life', p. 1.

94. H. Rees, 'The Abortion Debate in South Africa', *Critical Health*, 35, (Johannesburg, 1991), p. 21.

95. Klugman, for example, in her study 'Decision-making on contraception among urban African women' highlights a series of such contradictory attitudes regarding fertility and marriage. Klugman, however, fails to theorise this contradiction.